



Research Article

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Perception of Humanised Care in Hospitalised Patients in a Public Institution in Post-Pandemic Lima, Peru

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Abstract

Objective: To determine the level of perception of hospitalised patients in a public institution in post-pandemic, Lima-Peru. Methodology: Quantitative, descriptive, cross-sectional, non-experimental design. 280 patients from the medical service. An instrument with characteristics of humanised nursing care was used, which was subjected to validation and reliability. Results: It is evident that the majority of patients perceive humanised care as favourable to moderately favourable. The dimensions that stand out according to their importance are prioritising the cared-for person, nurse characteristics, proactivity and emotional support. It is concluded that humanised care in post-pandemic is key to sustain the work of caring, where the patient in a condition of vulnerability and exhaustion as a result of the disease, needs care with high professional competencies, soft skills and a safe environment, to ensure strengthening the users' perception of the quality of the health services provided. It is evident that nurses have the capacity for resilience in adverse environments; however, training and coaching are essential for them to be able to apply coping strategies and avoid emotional exhaustion in their work.

Keywords: Humanised care, patient, post-pandemic COVID 19, nursing, hospitalisation

1. Introduction

Health institutions, after having survived the coronavirus pandemic and having faced serious diseases such as pneumonia, severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS), managed to stop the dizzying increase of the disease, with international organisations asking the population to take personal protection measures such as the use of masks, social distancing and permanent hand washing, to reduce contagion (Organización de las Naciones Unidas, 2020)

(OPS/OMS, 2020) (Organización Mundial de la Salud, 2021).

During the pandemic, high morbidity and mortality statistics were recorded worldwide, health services collapsed due to high patient demand, and health professionals, especially nurses, made great efforts to manage care. However, in the face of the excessive situation, staff burnout, stress and loss of health workers' manpower were produced (Minsa, 2020). It should be noted that isolated cases of COVID 19 still persist, generating fears of possible re-infection. The World Health Organisation (WHO) has stated the urgency of humanising health services with universal coverage for the population at a global level, which is why there must be highly qualified human resources committed to health, as well as financial resources (Allande Cussó et al., 2021; Merino et al., 2018).

Humanised care in the hospital context is a complex process that is still fragmented, with a biomedical vision that still persists in the shift from patient-centred hospital management (Solórzano et al., 2019). Castelo-Rivas et al., (2020), point out that there is an overexertion of nursing staff to continue providing timely, quality care services with human warmth despite the limitations of resources, both material and infrastructural. Faced with the pandemic situation, nurses had to apply and reinforce security and protection measures to provide the patient with a safe and humane environment. Faced with this problem, there was a need to be creative and innovative in order to provide dignified and humane care in the face of the tragedy and pain of a disease classified as high risk (Allande Cussó et al., 2021; Blanco-Nistal et al., 2021).

It should be noted that the behaviour of humanised care includes: emotional support and availability for care in its various human dimensions (Guerrero-Ramírez et al., 2016). However, humanised care requires high professional competencies such as the art of caring, knowledge updating, soft skills and ethical attitudes, in order to generate environments of trust and human sensitivity for the subject of care (Meneses-La-Riva et al., 2021). Therefore, the practice of humanized care is knowing how to be, knowing how to do and knowing how to act with ethical commitment (Garza-Hernández et al., 2020), (Guerrero-Ramírez et al., 2016).

Consequently, the events of the pandemic provided positive and negative lessons to reflect on and redesign the care services offered to patients and families (Lopera, 2016). Humanising health definitely implies recognising the holistic nature of the health professional, especially for nurses, it goes beyond clinical diagnoses (Díaz-Rodríguez et al., 2020; Garcia Teles Nunes & Mendes Gaspar, 2016). For this reason, holistic and singular care must be imposed in the daily practice of the nurse in his or her needs of the patient-family (Gutiérrez Vásquez & Lázaro Alcántara, 2019). For this, the professional must incorporate in their practice the capacity to listen, compassion, solidarity, humility, accompaniment, closeness, empathy, motivation and acceptance of the person in their multicultural diversity (Santos et al., 2017).

In addition, humanisation implies positive gestures and attitudes of hope in order to support patients in the educational sphere to benefit preventive actions and the recovery of physical, psychological and spiritual health, among others (Salazar, 2016a). From a theoretical perspective, Watson indicates that the work dynamic of the nurse aims to promote care that offers benefits such as: meeting basic needs, comfort, pain relief, physical, psychosocial and spiritual well-being, among others (Cruz Riveros, 2020). (Marques dos Santos et al., 2018), in addition to this, implement actions to reduce risks and costs during health care (Bautista-Rodríguez et al., 2015), (Silva et al., 2020), (Navarrete-Correa et al., 2021), (Almanza-Rodríguez, 2020).

The practice of humanised care for people with health problems or who are at the end of their lives requires a sensitive and loving care approach of readiness to deal with the unseen phenomena of pain and fear of death (Romero Massa et al., 2016), (Ospina Vanegas et al., 2014). Therefore, the correct route to raising the standards of quality of care in health services has a connotation of the right to live or die with dignity (Melita-Rodríguez et al., 2021), (Salazar, 2016b).

It should be noted that humanisation is the essential feature of care. (Oviedo et al., 2020), abordadas desde las dimensiones humanas (Correa-Pérez & Chavarro, 2020), (Ferrer, 2015) Watson's postulates indicate that it is necessary to promote and cultivate caring actions to strengthen the patient's self-esteem, generating confidence and security to face adverse situations (Arriaga-García & Obregón-De La Torre, 2019), (Freitas et al., 2016).

Finally, humanised care is an added value in health care services and is desired by the user. (Freitas et al., 2016). Health care institutions need to recruit highly competent professionals who possess soft skills and keep in constant training to address patient and/or family care in their condition of vulnerability and fragility (Arriaga-García & Obregón-De La Torre, 2019). In this respect, academic training is fundamental to achieve the humanisation of health, where the trainers of university institutions provide humanising models and leaders for the practice of health care (Feitosa Sousa et al., 2019; Ugarte Chang, 2017). It should be made clear that technology needs to be supported by humanising actions that show the compassionate face of a trusting environment (Garcia Teles Nunes & Mendes Gaspar, 2016), (Pablo Monje et al., 2018), this is where health policies must be effective and efficient (Pabón-Ortiz et al., 2021), (Pérez-López et al., 2017).

2. Methodology

The research was quantitative, descriptive, cross-sectional and non-experimental in design (Hernández-Sampieri & Mendoza Torres, 2018). The sample consisted of 280 patients hospitalised in the medical services of a national hospital. The survey was applied (in virtual mode), on the patient's perception of the human care provided by the nursing team, Melita-Rodríguez et al., (2021), which was adapted to the context to fit the objectives of the study, consists of 22 questions and 4 dimensions: emotional support, proactivity, nurse characteristics and prioritising being cared for. The results were then categorised as follows: favourable, moderately favourable and unfavourable, with positive and negative statements being rated on the scale: always (3), sometimes (2), never (1). Finally, a total of 99 points were reached with a favourable perception, which will be measured according to the values of the categories: favourable perception 65-99, moderately favourable 55-64, unfavourable 22-54. The questionnaire was subjected to expert judgement with an Aiken V 0.9 and to a pilot test obtaining a Cronbach's Alpha of 0.82 respectively.

The statistical package SPSS version 25 was used for the analysis and processing of the data, where the descriptive statistical analysis was carried out and presented in tables. During the research process, informed consent was requested from the study subjects, in accordance with the official regulations in force, according to the Declaration of Helsinki.

3. Results

Table 1: Description of levels of perception of humanised care.

Perception of humane care in hospitalised patients	N	%
Favourable	126	45%
Moderately favourable	102	36.40%
Unfavourable	52	18.60%
Total	280	100.00%

The levels of perception of humane care among patients were found to be mostly favourable and moderately favourable.

Table 2: Description of the levels of perception of humanised care according to the dimensions.

Dimensions of humanised patient care	Favourable		Somewhat Favourable		Unfavourable	
	N	%	N	%	N	%
Emotional support	120	43	101	36	59	21
Proactivity	84	30	146	52	50	18
Characteristics of the nurse	112	40	115	41	53	19
Prioritises being cared for	143	51	95	34	42	15

It was found that the levels of perception of humanised care in patients, according to the dimensions: emotional support, proactivity, characteristics of the nurse and prioritising being cared for, are mostly favourable and moderately favourable; the dimension prioritising being cared for stands out favourably.

4. Discussion

The findings obtained show that the events that occurred during the COVID 19 pandemic left health personnel physically exhausted, stressed at work and emotionally worn out, especially nursing professionals. For this reason, it was important to evaluate the patients' perception of humanised care, and it was found that most of them perceive it to be favourable or moderately favourable. These results coincide with the study by (Blanco-Nistal et al., 2021), who also obtained an overall good perception, despite the negative impact of COVID-19. On the other hand, the indicator of good perception of humanised nursing care is related to the quality and satisfaction of the service provided (Guerrero-Ramírez et al., 2016).

In this sense, hospitalisation units had a high demand for chronic degenerative diseases and others that were not attended to during the pandemic, but fear and apprehension about the risk of contagion still persists in patients and health personnel. However, despite the harsh negative impact of the pandemic, health professionals, despite their mixed feelings, continue to show resilience in the face of adverse situations that are inherent to the nature of the profession.

It is also essential that during the process of nursing care, safe interventions linked to humanising actions are offered (Lopera, 2016), the nurse-patient relationship, communication, holistic approach, among others (Marques dos Santos et al., 2018). Illness is a delicate situation that implies alteration of health, which makes the person vulnerable and fragile morally and/or spiritually, plunging him/her into a condition of suffering, fear and dread of the risk of losing his/her life and is an obstacle to communication (Ugarte Chang, 2017). Consequently, the process of care in critical areas requires nursing professionals with high cognitive, procedural and attitudinal competences, because they will help to provide the support for the stabilization and recovery of the person's state of health, during the process of care intervention, where the nurse interacts with various emotional responses of the patient, most of which can be negative and affect the health condition (Romero Massa et al., 2016), (Ospina Vanegas et al., 2014). In addition, during the process of the final outcome of a historical and earthly life, it is necessary to accompany the patient and family in order to maintain adequate transpersonal and interpersonal relationships for a dignified death (Melita-Rodríguez et al., 2021).

With regard to the dimensions of emotional support, proactivity, nurse characteristics and prioritises being cared for, the majority were favourable and moderately favourable, with emotional support standing out in the unfavourable opinions. These results coincide with the study of Blanco-Nistal et al., (2021), who in each dimension of humanised care, highlighted a good level in the qualities of caring practice, openness to nurse-patient communication and willingness to care. On the other hand, Almanza-Rodríguez, (2020), argue that nursing professionals and the health care team are articulating care actions that provide confidence and security in the face of the risks of nosocomial infections (Ospina Vanegas et al., 2014).

In this sense, emotional support is focused on good, cordial, humane and friendly treatment, which facilitates the comfort and confidence of the patient, in order to provide wellbeing and comfort during the hospital stay (Yoon et al., 2018), (Carlouise, et al., 2019). However, the pandemic situation led to strict measures of social distancing and the use of protective equipment, which limited the actions of humanised nursing care (Meneses-La-Riva et al., 2021). La proactividad requiere actividades afines a la información clara y oportuna, que brinda la enfermera al paciente y familia sobre la evolución de la enfermedad y los procedimientos realizados, con la finalidad de evitarles mayor estrés y preocupación. Por ende, la identificación de limitaciones y obstáculos que el paciente exterioriza, aunado a sentimientos y emociones que experimenta por la enfermedad, pueden

interferir en el proceso de recuperación y ayudaran a reducir los posibles problemas de estrés y ansiedad, y crear una mejor relación paciente-enfermera de alcance práctico-científico y abordaje holístico (Lopera, 2016), (Carlouise, et al., 2019).

Indeed, humanising health implies recognising the integrality of the nursing professional, beyond the clinical diagnoses that identify the emotional and social needs of the patient, which affect their health and wellbeing (Gutiérrez Vásquez & Lázaro Alcántara, 2019). Aspects that have been left aside with the passage of time, which should not only be dealt with theoretically, but should be taught in the classroom and in health establishments, as spaces where professionals are encouraged to be educated in treating people responsibly, respectfully, with the ability to listen and in a comprehensive manner (Garza-Hernández et al., 2020), (Acosta et al., 2020), the nurse must have the appropriate emotional skills and competencies to communicate and educate in health (Gutiérrez Vásquez & Lázaro Alcántara, 2019), (Garza-Hernández et al., 2020).

Characteristic features that differentiate humanisation therefore include the ability to listen, compassion, solidarity, humility, accompaniment, closeness, empathy, motivation and acceptance of the sick person (Salazar, 2016a). Thus, perception is the individual patient's experience of the humanised care he/she receives during the services provided by nurses, through gestures and attitudes that will help him/her to recover physical, psychological and spiritual health (Cruz Riveros, 2020), (Larico Calla & Mamani Quispe, 2020).

Likewise, the nurse must cultivate humanistic values to strengthen the development of professional practice, where she incorporates the scientific knowledge that will guide her work, as this scientific-humanistic relationship forms the core of the nursing doctrine (Almanza-Rodríguez, 2020), (Gimenes & Silva, 2021). In addition, the threat of dehumanisation and depersonalisation of health care as a result of administrative disorganisation, lack of human resources and infrastructure jeopardises the quality of services provided (Salazar, 2016b), (Yáñez-Dabdoub, M., & Vargas-Celis, 2018), (Carreto-Cordero et al., 2021).

Therefore, health professionals deal daily with risky and unexpected situations, where the humanisation of care is a current, relevant and urgently needed argument, since it involves ethical and moral responsibility of the professionals, in order to sensitise them to the vulnerable moments that the patient brings with him/her (Almanza-Rodríguez, 2020), (González-Noguera & Guevara-Rumbos, 2018).

Likewise, humanized care is a quality indicator that raises or improves patient satisfaction, as well as the standards of the services provided by the nurse in the healthcare environment, which is supported by the theory of Watson, who maintains that caring is a way of linking and connecting to transmit confidence during the assistance of the nurse-patient binomial, to sustain and apply competencies and skills of care that are complemented by the human part, of relationship and affinity with the patient to achieve holistic care (Marques dos Santos et al., 2018).

In summary, human care must be centred on the *raison d'être* of nursing work, who cares and must care for herself in order to ensure the quality of the care she provides, in the various contexts of the nursing profession (Meneses-La-Riva et al., 2021), (Niy et al., 2019), (Bautista-Rodríguez et al., 2015), the correlation of support and interrelationship between the nurse-patient, is a bond that humanizes the patient (Freitas et al., 2016), (Kheokao et al., 2019). Finally, the nurse must promote humanising spaces in the workplace, multidisciplinary and interdisciplinary work to favour interpersonal relationships, which generate healthy working environments that respond positively to adverse situations in healthcare practice. Likewise, health professionals must acquire a self-care behaviour in their physical and emotional health in order to continue the fight against illness and human pain of people worldwide.

5. Conclusions

It is evident that during the COVID 19 pandemic, the humanized care indicator provided by nurses from the perspective of patients reached medium to high levels. It should be noted that nursing

professionals are trained to respond to critical situations in the health field, in addition to having a resilience capacity in adverse environments. It is important to continue training soft skills in professionals who join the direct care of patients with this type of pathology, as well as apply coping strategies and avoid emotional exhaustion at work. Preventive and recuperative psychological interventions aimed at health professionals, specifically nurses, is of vital importance to ensure dignified treatment, favor the patient's quality of life and well-being in the hospital setting.

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