

The Humanization of Nursing Care: A Utopia in the Intensive Care Unit?

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When speaking of humanization, one might think that this concept is immersed in different contexts where people interact, such as school, family, work and in different professions. However, in the area of health care, it can be uncertain due to working conditions and health systems, so the justification for providing humanized care is blurred. Among the best known aspects are all those circumstances related to the decrease in human talent in the institutions, with the increase in patients and the decrease in both financial and material resources, which makes it impossible to provide care based on the concept of humanization. Now, taking into account the deficits of the systems, could it be said that this is what hinders or limits the provision of humanized care in intensive care units?

Reflecting on the subject, it is pertinent to take into account what is understood by the concept of “humanization in health institutions”. Bermejo and Villaceiros describe that “Humanizing in the world of health and dependency, involves influencing not only the design and development of programs that meet material needs, but also influencing the health and autonomy of relationships, in respecting values, in managing feelings of frustration and loss, in enhancing self-perception. It constitutes an ethical commitment to consider the person as a whole and a holistic, global and comprehensive intervention” [1].

Taking into account the above, the care provided by health professionals is limited only to the tangible needs of the institutions, but those felt by patients, family members and other work colleagues are ignored.

In the case of intensive care units, it can be observed that a systematic record of the hemodynamic behaviors of the patients is carried out, both medical and nursing interventions related to all invasive routes, highly aggressive treatments such as sedation, are coordinated, mechanical ventilation and constant relationship with advanced technology for the maintenance of life. However, the challenge of nursing care lies in the individualized care of the other taking into account their human condition, assisting the other with nursing responsibility. This is how the nursing professional provides care in any health condition, even supports the health process of people’s disease and more when they are in a state of high vulnerability when being in the intensive care unit.

Likewise, the humanized care of the nursing professional must be applied in the same way for the care of oneself in view of the patient’s fear of the traditional companion, “death”. That pain or that fear felt by the patient and her family can be diminished by the devices and treatments that perhaps respond to a corporeal external need, thus making it impossible to contact their real external needs, which are restricted by the external realities that arise. they live outside the health institution “Caring is not just monitoring hemodynamic behavior; It also implies a training based on the real interest to reestablish the condition of the other, sensitivity to receive, understand feelings and to maintain confidentiality and intimacy, ability to act and humanize their actions based on scientific knowledge” [2].

In the case of humanized care for nursing personnel, it should be noted that this postulate begins with the theory of Jean Watson, who defines transpersonal care as “humanized care”, which depends on the moral conditions of the nurse and her commitment to highlight human dignity [3] based then, this nursing care on values but focused on the care of health institutions, which seek the promotion of care for life, family and security, but all with the human touch that defines the difference in nursing care.

In this order of ideas, some proposals at the world level try to generate public policies about humanized care, although this is related to quality activities for the qualification and accreditation of health institutions. Another aspect to consider is one of the best known projects worldwide “HUCI Project” in Spain, as a result of the need to humanize the units, not only in Europe but also that it is promoted worldwide, a proposal that includes some necessary points that they agree with the existing literature on the subject. An example is the effective communication between all health professionals, patients and their families, which seeks a constant interaction that evolves beyond giving simple answers that are limited only to a human pathology. However, this trivial evolution, which may perhaps be information where “the other” is contemplated, as Fromm says, really contemplating as a person ... it satisfies us with seeing and teaching only what is superficial and hides in a pseudo empathy [4]. This is how affective communication is solved just by giving some kind of indication. Only when the humanization of care in intensive care units is taken into account, active listening with others is highlighted to try to locate needs and thus carry out more holistic interventions of each of the actors. Other suggested points are the flexibility of visiting hours, family participation, care between health professionals, training of skills related to teamwork, help, empathy, handling of terminal situations, well-being and patient satisfaction. It is also suggested to strengthen the skills that nursing professionals have, and those who are in charge of facilitating direct contact with caregivers as well as the people who have their care “the patients” [5].

When we then ask ourselves if humanization is possible in intensive care units, the elements available to the nursing professional would support the motion that “it is not a utopia” since the aspects that are aimed at improving care in the ICU They are not unknown, they are part of the entire column of knowledge acquired about nursing care.

Considering the above, nursing professionals have all the elements that range from methodology, philosophy and ethics so that all care is framed in that column that is not distracting, all of them constructs that are necessary to apply every day in the practice of the profession. It is appropriate to point out the meaning of the word utopia as defined by Tomás Moro “a word formed from two Greek neologisms: outopia - ou no - and topos - place, which translates into Spanish what is not in any place - idea a perfect society, where harmony and coexistence reign and where all aspects of community life are in balance” [6]. It could be said that the utopia of the humanization of nursing care in intensive care units is possible by providing humanized care in these units. It will then take the will of each one of the nursing professionals and the empowerment of the discipline itself, where “it is not my turn” “it is impossible to interact with others”, “I have many patients and there are no conditions,” go from just be justifying and become a must-do with conscience. Self-reflection is required to be incorporated into daily tasks as a fundamental axis of care based on humanization, in this way the recognition of the nursing professional becomes visible - visible care- The satisfaction of both the people who receive the care, their caregivers, family members and the work team is reflected in the smiles, in the thanks and therefore in the indicators of the institutions related to the quality of care. All of the above will contribute to achieving a positive impact at the institution level to position it in the middle. The position of the nursing professional will be guided not by the one who raises his voice the most; it will be reflected in the care stimulated by leadership, teamwork and proper management of the intensive care service without losing sight of the “humanization” that an intensive care unit must go through. Thus, we can verify that the humanization of nursing in the ICU is possible; it’s just a matter of conscience.

Bibliography

1. Bermejo Higuera C and Villaceros Durbán M. “The commitment to humanization in institutions”. José Carlos Bermejo articles. Spain (2013).
2. Vargas Toloza RE. “Humanized care for critically ill patients: nursing a key part of care”. *Rev Science and Care* 4.4 (2007): 21-27.
3. Espinoza L., et al. “Humanized care and the perception of the patient in the Hospital Es Salud Huacho. Peru”. *La Revista de Educación y Desarrollo* 13 (2011): 1-9.
4. Fromm E. “The art of listening”. Mexico (2010): 177.

5. Ministry of health - Madrid community. Strategic lines - 2016 - 2019 Humanizing intensive care (2019).
6. Nicola Abbagnano. "Dictionary of philosophy". Fund of Economic Culture. Mexico (1963).

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