



## SPECIAL ARTICLE

## Humanization in healthcare arises from the need for a holistic approach to illness<sup>☆</sup>

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**KEYWORDS**

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**Abstract** Suffering is not only exclusive to patients or their relatives, but also to the health professionals, who feel to be at the center of the depersonalization process. Over-technification and the fact that the disease process is sometimes the only focal point of our activities, together with the ever-increasing influence of institutional power seen in recent times, all cause the health professional to be the first in demanding a change in health institution dynamics. Following initial reflection from one of the most technified medical specialties (Intensive Care Medicine), classically isolated from the rest of the Hospital and from the community, we implemented a project aimed at securing integration and empathy in our approach to patients and their relatives in the Intensive Care Unit (ICU) of Infanta Margarita Hospital. The project was designed to incorporate tools for working on the most important elements of a humanization plan, i.e., the patients, their relatives, the health professionals and the community, attempting to disclose the work done in the ICU over a period of 12 months. This project is referred to as the Project ICU Infanta Margarita: 1 year: 12 months for 12 commitments.

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**PALABRAS CLAVE**

Unidad de Cuidados  
Intensivos;  
Humanización;  
Musicoterapia

**Implantación de un proyecto de humanización en una Unidad de Cuidados Intensivos**

**Resumen** La humanización en sanidad surge por la necesidad de acercarnos a una dimensión más holística de la enfermedad. El sufrimiento no solo es exclusivo de los pacientes y las familias, sino que el profesional se encuentra en el centro del proceso de depersonalización. El

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exceso de tecnificación y la colocación del proceso patológico en ocasiones como único objetivo de actuación, así como la hipertrofia del poder institucional que estamos viviendo en los últimos tiempos, hacen que en ocasiones el propio profesional sanitario sea el primero en demandar un cambio en el abordaje de la dinámica dentro de las instituciones sanitarias. Tras una reflexión inicial, desde el corazón de la medicina más tecnificada, como es la Medicina Intensiva, clásicamente aislada del resto del entorno hospitalario y de las familias, decidimos abordar un proyecto de integración, empatía y acercamiento a los pacientes y familiares de la Unidad de Cuidados Intensivos (UCI) del Hospital Infanta Margarita, en el que se pretendieron implementar herramientas para trabajar en los elementos más importantes de un plan de humanización (las familias, pacientes, profesionales, y nuestra comunidad), potenciando el dar a conocer el trabajo que se realiza en la UCI y que se desarrolló a lo largo de 12 meses, el proyecto: UCI Infanta Margarita, 1 año: 12 meses para 12 compromisos.

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## Introduction

The need for humanization is currently patent in many settings in both private and professional life—not only in the field of healthcare but also in many other professions. Nevertheless, healthcare is possibly the scenario where the situation proves most delicate, since vulnerability and suffering are almost inherent to the disease process. The healthcare changes of recent years have generated much debate regarding humanization in the care of ill people.<sup>1</sup> The term “humanize” is sometimes controversial, despite the fact that it is an intrinsic part of the healthcare profession.<sup>2</sup> In strict terms, the Royal Spanish Academy (Academia Real Española [RAE]) defines the term as: *to make something or someone human, familiar and affable*. On the other hand, it can also be taken to mean *to soften, free from anger, or become benign*.

Humanization in healthcare is not an ideology: it is an alliance with the person and his or her way of living. It entails aspects referred to quality and constitutes an ethical commitment to consider an individual in its entirety: both in relation to autonomy and in its more subjective dimension. *In order to humanize in healthcare we must respect the fact that each person is unique and unrepeatable, and responds differently to life crises.*<sup>3</sup> A range of settings therefore must be addressed: healthcare (care and caregiver), ethical, cultural, professional competence (communication, skills), as well as human resources.

Humanizing is related to the environment (spaces, wellbeing, warmth), competence and collaboration interventions, integration in the community, the individual and collectivity. All this implies the need to include human sciences in the training of healthcare staff and, of course, to protect the right to retain control of one’s own life.

In contrast, dehumanization means depersonalization, and views the disease process as the sole target of medical care. Some of the main causes of dehumanization are: *the “dictatorship of technology”, which leads to patients being seen as “things”; super-specialization; the application of economical value-based criteria to healthcare management; and the negation that suffering and death affect patients, relatives and professionals equally.*<sup>3</sup>

*The intensive use of technology may have caused the humans needs of patients, relatives and professionals to be seen as a secondary concern.*<sup>2,4</sup> For this reason, from the core of the most technified medical practice, from the sophistication and strict organization of Intensive Care, we postulate the need to compatibilize and accompany the incorporation of technological and scientific advances with the best of human values.

In this context, and following initial reflection, we decided to implement a humanization project in the Intensive Care unit (ICU) of Infanta Margarita Hospital (Córdoba, Spain), called Project ICU Infanta Margarita Hospital: 1 year: 12 months for 12 commitments.

This ambitious project was designed to implicate all the professionals in the ICU—physicians, nurses and assistant staff, with their exceptional commitment qualities.

It constitutes a solidary initiative for integration and closeness with the patients and their families, seeking to become aligned with them, their needs and expectations, opening our Unit and making purely professional care compatible with much more personalized attention.

In addition to improving in our profession, we established other objectives:

1. To make the specialty of Intensive Care Medicine and the work in the ICU known.
2. To improve communication, not only among the professionals of the Unit but also with the rest of the professionals in the hospital setting and in our healthcare area, and with our patients and their relatives.
3. To promote motivation at work, seeking tools to care for the professionals.

In sum, the aim was to secure a greater presence in the community.

## Conception and development of the project

The ICU of Infanta Margarita Hospital comprises of 12 rooms, and registers approximately 400 admissions a year (polyvalent disease and coronary patients) in the setting of a

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