

LETTER TO EDITOR

"Humanize to heal" as a care strategy in the cardiac intensive care unit of a specialized pediatric institute in Peru

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To the Editor,

According to the Royal Spanish Academy (RAE), to humanize is "to make someone or something human, familiar and affable" (1), which implies an empathic contact between two or more people. In the health field, "humanize" are all those practices oriented to improve the quality of care and patient care. During this process, the aim is also to maintain patient safety and avoid errors in the actions of health professionals (2). When speaking of humanization in health care, it goes far beyond simply showing friendship; it is about personalizing the care provided to the patient and not minimizing them to a simple object of care or a simple disease but considering them as what they are, a human being. It involves not only a relationship with the patient but also with the patient's relatives or companions and other healthcare team members (3,4). When care is humanized, pain is treated with drugs and looks, words, smiles, details, listening, empathy, emotional support, and ethical practices (3).

In the Cardiac Intensive Care Unit of the Instituto Nacional de Salud del Niño San Borja, we provide comprehensive, efficient, and timely care to critical pediatric patients with complex cardiac pathology, requiring admission to surgical procedures, immediate postoperative hemodynamic management and, in some cases, palliative care. In the Cardiac ICU, we provide holistic care, and many patients manage to overcome their critical health condition with the possibility of going to a hospitalization service. Because of this, it is necessary to educate family members during their visiting times, mainly about the care to be provided while accompanying patients during their hospital stay, using simple language that allows them to understand quickly and thus carry out an action of humanization in health.

There are also chronic patients with prolonged hospital stays, to whom we provide holistic care, which not only involves physical health but also emotional health (4,5). An example of this activity is the birthday celebrations we hold with patients and their parents or relatives. We consider this celebration to be essential in improving the mood of the patient and family members. Finally, the Cardiology ICU also receives terminally ill patients who access palliative care. Despite their seriousness and the fact that they cannot recover according to medical diagnosis, we provide all available care, offering them the best quality of life for as long as necessary. In implementing our strategy, "Humanize to heal," in the cardiac ICU, we have identified the main problems, the actions we have implemented, and the results obtained (Table 1). The entire Cardiology ICU team is committed and faithfully believes that the humanization of the patient is a critical element of their recovery and healing process. Finally, I recommend that decision-makers and health professionals value the importance of promoting humanization in health, aiming to promote the well-being of patients and their families.


Cite as:

Urquiaga-Vargas TM. "Humanize to heal" as a care strategy in the cardiac intensive care unit of a specialized pediatric institute in Peru. *Investig Innov Clin Quir Pediatr.* 2024;2(1):76-8. doi:10.59594/iicqp.2023.v2n1.85

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Received : 10/16/2023

Accepted : 03/21/2024

Published : 04/23/2024



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Table 1. Identified problems, implemented actions as part of the "Humanize to heal" strategy and results obtained.

Identified problems	Intervention's objective	Implemented actions	Obtained results
Pediatric patients in critical condition	Provide holistic care, which positively impacts the patient's recovery (5).	Comprehensive care including physical, emotional and spiritual aspects.	Controlled hemodynamic status.
PChronic pediatric patients with prolonged hospital stay.	Decrease mechanization and routinization of daily care. Provide a protective and supportive environment taking into account the physical, emotional and cultural aspects (6). Sensitizing nursing staff on the importance of recognizing each care experience as unique (7).	Celebrating patients' birthdays.	Motivated health staff, parents who trust health professionals and comfortable patients.
Parents are concerned about their child's critical condition and having difficulty understanding the disease process.	Provide adequate treatment by the nursing staff and explain procedures, care, and attention using precise language.	Education to parents through simple language.	More confident parents and knowledgeable about the health situation of their children and/or family members.
	Provide sufficient, transparent, and timely information to the patient and the family. Show empathy, warmth, companionship, trust, reassurance, and active listening to the family (8).	Emotional support.	Anxiety is controlled.
	Motivate nursing staff to involve caring behaviors in their care practice based on emotional support (7).		
Chronic pediatric patients with the possibility of transfer to hospitalization	Include family members in patient care (9).	Training for parents regarding their children's health care.	Motivated and active parents in the care of their children in the hospitalization areas.
	To provide holistic care (5).	Comprehensive care of patients including physical, emotional and spiritual.	Quality of life.

Authors' contribution

The author confirms his responsibility for the conceptualization and design, data collection, analysis, interpretation, and final manuscript preparation.

Funding

The present study was self-financed.

Ethical aspects

Does not apply.

Conflicts of interest

The author has no conflict of interest associated with the material presented in the manuscript.

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