

The humanization of health care: is it a bad word ?

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One of the tasks of a hospital psychologist is to collaborate in the design and implementation of projects aimed at "humanizing" the healthcare facility where they work. In fact, if the psychologist were to exclusively focus on patients with psychological distress, even if they were to perform excellent clinical work, they would inadvertently end up sharing a fragmented system, with one more specialist, but at the risk of losing the holistic and systemic perspective that should be inherent in modern Medicine and Psychology.

We share with other healthcare professionals the annoyance with the term "humanization," although it is now widely used. We should humanize what is inhumane, and we do not consider the healthcare system, despite being in a serious crisis, as inhumane at all. However, we appreciate everything that this term intends to convey, whether it be theories, models, or operational procedures. Never before, as during and after the pandemic, has the need to communicate and establish personalized relationships become so clear: the need to be recognized by others, with our emotional burden, has proven indelible for both patients and healthcare providers.

Humanization, therefore, was the creative effort made by many healthcare workers in many Italian hospitals to personalize their sterile gowns with names or images, so that patients would always recognize them during the pandemic.

Humanization is creating rooms for, allowing patients to safely meet their family members. We often say that every illness affects the family due to emotional burden and commitment, but COVID-19 truly struck entire families, and the isolation experienced while simultaneously being a patient and a family member of a patient was particularly painful.

Humanization is providing free psychological support to the families of deceased individuals because taking care means not only treating diseases but also caring for people. It is an approach that has no end.

Humanization is gifting books to patients because during their hospitalization, we know how boredom can fuel negative thoughts, and it is important to feel "thought of" by those who care for us. This practice

has been adopted by us for many years, thanks to the commitment of volunteer associations, and we are pleased to see it spreading in more and more healthcare settings.

Humanization is designing a multi-faith room because we recognize, as believers and non-believers, the importance of prayer during the experience of illness, and such a space should be guaranteed to everyone, regardless of their religious beliefs, as part of the L.E.A. (Emotional Well-being) of psychological well-being.

Humanization is planting an olive tree in the hospital in loving memory of all healthcare workers: memory makes us human.

Moreover, thinking about what has already been accomplished over the years, humanizing means taking in-patients to visit museums for free because "beauty is also healing." Started in 2017 in Oncology wards through collaboration with the Archaeological Museum of Naples, this project is expanding to other cities because an increasing number of people consider the quality of life and attention to their interests and passions as curative factors for well-being.

Humanization is hosting book presentations in hospitals, starting with those written by patients, which we hope will become authentic textbooks in every medical faculty, teaching us how to coexist with illness and search for elements of opportunity in what remains a situation of suffering.

With many decades of experience in public healthcare contexts, we continue to nurture ambitious dreams. However, we also remain grounded, fully aware of the risks that all these activities, whose importance we also advocate for, face.

Indeed, humanization means very little if it remains a mere superficial addition, if it is only a façade that leaves the foundations of the building substantially unchanged.

Humanization must become part of the shared culture of all individuals working in hospitals and of the political decision-makers. A change in mindset is needed so that the emotional and subjective needs of patients will be deeply fulfilled.