

Nursing Care in Humanized Reception of Patient-Family in Coping with COVID-19: an integrative review

Ana Caroline Mendes ¹, Karolayne Gomes Pereira ¹, Lara Caetano Magalhães ¹, Ligiana de Sousa ¹, José Evaldo Gonçalves Lopes Junior ¹, Cesário Rui Callou Filho ¹, Juliana Pinto Montenegro ¹, Amanda Sousa Araújo ¹, Samuel Ramalho Torres Maia ^{1,*}

¹ Curso de Enfermagem do Centro Universitário Ateneu – UNIATENEU, Fortaleza, CE, Brazil.

* Correspondence: samuel.maia@professor.uniateneu.edu.br.

Abstract: The pandemic has highlighted that humanization and care must be inseparable. The abrupt change in the global health landscape underscored the fundamental importance of empathetic human action, extending beyond healthcare equipment. Machines cannot replace the nurse-patient relationship in the pandemic context; thus, the theme of humanization in healthcare becomes crucial for care practices. From this perspective, the aim was to emphasize the importance of nursing care in providing humanized support to patients and their families in the face of COVID-19. This research is of a bibliographic nature. Cross-references were made using the following keywords: "Humanization of Care"; "Nursing"; "Communication"; "Pandemic"; "Covid-19"; and "Patients," in the LILACS, BVS, SciELO, and SANARE databases. Six articles were selected. The results revealed that the humanization of care was essential for establishing a bond of trust and empathy between the healthcare professional and the patient, making the care effective and transcending beyond the biological dimension. It addressed the patient's physical, mental, and emotional needs.

Keywords: Humanization of Care; Communication; Nursing; Covid-19; Pandemic; Patients.

Citation: Mendes AC, Pereira KG, Magalhães LC, Sousa L, Lopes-Junior JEG, Callou-Filho CR, Montenegro JP, Araújo AS, Maia SRT. Nursing Care in Humanized Reception of Patient-Family in Coping with COVID-19. Brazilian Journal of Clinical Medicine and Review. 2023 Oct-Dec;01(4):3-8.

Received: 7 May 2023
Accepted: 12 July 2023
Published: 20 August 2023



Copyright: This work is licensed under a Creative Commons Attribution 4.0 International License (CC BY 4.0).

1. Introduction

Amid the severe social and health crisis caused by COVID-19, the principles of humanization have become even more essential, highlighting the need to strengthen comprehensive care based on inter and multidisciplinary practices, whether in primary care services or in critical life support units. The goal is to minimize the biopsychosocial damage to patients caused by the pandemic [1]. The concept of humanization, according to Freitas and Ferreira, is associated with the right to health and the development of care in healthcare services, aiming for the quality of care. It disregards the principles of charity and philanthropy, instead understanding the autonomy of individuals and their role in the context of citizenship [2]. In this way, humanizing habits in healthcare go beyond protocol execution. Acts as simple as social interaction with individuals, communication, and dialogued care can be significant in forming a bond, which supports the co-responsibility for care and can be decisive in addressing health vulnerabilities [3].

In the last two years, the global health landscape has undergone an abrupt change. The COVID-19 pandemic is the first of the 21st century, with a humanitarian cost that has surpassed 221,143,542 confirmed cases worldwide, resulting in 4,574,100 deaths by early May 2022. Discovered in 2019 following reported cases in the city of Wuhan, China, a new virus from the coronavirus family (SARS-CoV-2) emerged. The virus caused the disease COVID-19 (Coronavirus Disease 2019), which became a serious global public health issue, rapidly evolving and challenging both the population and healthcare ser-

vices [1]. Furthermore, the care provided to patients and families with COVID-19 isn't solely based on scientific services. Instead, it should be humanized, individualized, and empathetic, focusing on the whole person in a holistic manner. This aligns with Jean Watson's theory of transpersonal care, which encompasses the individual's physical, mental, and spiritual aspects. Thus, this work is intended for nursing students and professionals, as well as those considering entering the field. It emphasizes that all nursing care provided to COVID-19 patients should be performed with technical procedures and verbal communication that is both humanized and compassionate.

The justification for the theme of this work lies in the increasing need for nursing care to be integrated into processes of humanization. Considering that the coronavirus is the latest discovery by humanity, generating doubts and studies on how to work with the virus during the pandemic. Therefore, this present work is of utmost importance to nursing, contributing to knowledge and the capacity for change in hospital, professional, family, and patient contexts. Thus, the relevance of this research underscores the importance of humanizing nursing care for COVID-19 patients. Given the vulnerability that the disease brings, there is a need to focus on providing humanized care from the initial patient assessment, in line with nursing practices. The lack of effective verbal communication between professionals and patients can lead to the healthcare team not fully understanding the individuals' needs, and even the families' lack access to information about the current health status of the admitted patient.

Given the above, the following question emerged: *What is the importance of nursing care in providing humanized support to patients/families in coping with Covid-19?*. Hence, this work aimed to emphasize the significance of nursing care in providing humanized support to patients and their families in the face of COVID-19.

2. Materials and methods

The research was characterized as a methodological, analytical, and descriptive study with a technological approach for the construction of an instrument aimed at the physiotherapist's role in rehabilitating cognitive disorders in the elderly. This study was developed from August 2021 to June 2022. This constituted an integrative review that was grounded in the selective analysis of research material, contributing to the process of synthesis and analysis of results from various studies, creating a comprehensive body of literature. Exploratory research aims to familiarize with the problem, proposing a better understanding in hypothesis construction. The planning allows greater flexibility considering various aspects or phenomena addressed.

The instruments used in the literature search were scientific articles, theses, journals, and other types of written sources that have already been published [4]. The integrative review itself was carried out through the Latin American and Caribbean Health Sciences Literature (LILACS), Virtual Health Library (BVS), Brazil Scientific Electronic Library Online (SciELO), SANARE databases, using descriptors such as "COVID-19" AND "Humanization of Care" AND "Communication" AND "Nursing" AND "Pandemic" AND "Patients".

The inclusion criteria were texts with content available in full, considering the time frame of the last five years (2017-2022). Exclusion criteria were repeated texts and those that did not correspond to the theme proposed by the author. The search included articles from the last five years (2017-2022), with 25 articles found and 6 selected that addressed the proposed theme, enriched by approaching research conducted in different periods. This allowed the theme to take shape and become tangible in different contexts.

The cross-referencing of articles was carried out using Health Sciences Descriptors (DeCS) with the Boolean operator AND, namely "Humanization of Care," "Communication," "Nursing," "Pandemic," "Covid-19," "Patients." The databases used were Latin American and Caribbean Health Sciences Literature (LILACS), Virtual Health Library (BVS), Scientific Electronic Library Online (SciELO), SANARE. The conducted research was a review based on qualitative articles from the last five years, targeting healthcare

professionals involved in humanized patient-family care. It was based on innovations obtained during the response to COVID-19, both in advanced and basic care. To data analysis, a table was constructed, presenting important variables for each article. The articles were read in their entirety and analyzed according to Author, title, objective, year, methods, and results.

3. Results and discussion

In the context of an integrative review, the following section presents a comprehensive summary derived from Table 1, which classifies the 6 selected articles based on several key variables including title, database source, publication year, employed research methods, and achieved results. This process serves to encapsulate the core findings and insights from each article within the realm of Humanized Care during the Covid-19 pandemic.

Table 1. Summarization of the articles about Humanized Care in Covid-19.

| Authors/Year | Method | Results |
|--------------|--|--|
| [5] | Bibliographic Research: Implementation of Humanization Practices for Critical Patients/ICU. | In the critical scenario of intensive care units, the Humanization of Care stands out as a fundamental factor in the patient's recovery and well-being, proposing a comprehensive approach to their needs. |
| [6] | Reflective Research: Discussion about the bodily dimensions of human life, will, language, social aspects, and nursing care. | Influenced by the pandemic context caused by the novel coronavirus, the implementation of humanizing nursing interventions became necessary, such as clinical and therapeutic management, psychological support, and open listening. |
| [7] | Qualitative Research: Conducted with seven practicing intensive care nurses in a COVID-19 Intensive Care Unit. | Nursing actions were humanized through comprehensive health care, where beyond the biological life-supporting care, music therapy was introduced as an intermediary, providing emotional comfort to both nurses and patients present at the moment. |
| [8] | Qualitative Research: Using an action research methodology, responding to the following algorithm: action planning, needs diagnosis, and hypothesis-action. | A total of 1,754 interactions were conducted, impacting 490 patients. Case managers carried out 767 calls primarily aiming to provide information regarding admissions (71.45%) and changes in unit location or operations (18.84%). |
| [9] | Exploratory qualitative research: supported by reflections on the Humanized Care Methodology. Study conducted with 28 elderly individuals in a Residential Care Facility for the Elderly in Northern Portugal. | From the content analysis of the interviews, three categories emerged: (1) Self and Other Protection, which gave rise to two subcategories: fear of getting infected and fear of infecting the elderly; (2) Maintenance of Affectionate Relationships; (3) Confinement of the elderly who used to attend the Day Center. |
| [10] | Experiential Account, derived from the Practice of Nurses Engaged in Management and Care of Critically Ill Pa- | The use of communication tools has become crucial for fostering interaction between nurses and family members, especially during pandemic times like Covid-19 that hin- |

tients Affected by Covid-19 and Admitted to the Intensive Care Unit at a Hospital in the Northern Region of the State of Ceará.

dered physical gatherings. Video calls, conducted when the patient is stable, have emerged as a pivotal process for establishing connections, as well as for alleviating the sense of abandonment reported by some family members.

3.1 The Relevance of Nursing in Providing Humanized Care to the Patient-Family

The presence of the nursing team is undeniably important, as they are the group of professionals who remain close to the patient 24 hours a day, establishing a stronger relationship of trust. Given this daily engagement, it is necessary to question the mechanization of work, moving away from an operational mode and transitioning to a more human-centered approach. It's important to recognize that the utilization of advanced technologies can serve as allies in dispensing and streamlining care, allowing more time for meaningful tasks with patients and their families [10].

The existence of interaction between the nursing team and the patient's family has been consistently underscored in studies as a fundamental aspect of nursing care. All studies emphasize the significance of communication between both parties as a cornerstone of humanized care. For effective communication, dialogue and emotional engagement are necessary from the nursing team towards their respective patients and families, fostering a deeper bond of trust and empathy. This interaction is of paramount importance for effective care, significantly influencing the patient's therapeutic progress.

Individuals who are socially isolated, have restricted mobility, and limited contact with others have shown increased vulnerability to psychiatric complications ranging from insomnia, anxiety, depression to post-traumatic stress disorder (PTSD). In this context, nursing plays an active role in providing humanized care that transcends mere physical assistance, as suggested by Jean Watson's theory. At an advanced level of care, nursing can access emotional and subjective aspects, aiming to facilitate transpersonal connections through communication and empathy [6].

Humanized care extends beyond the biological dimension, encompassing the physical, mental, and emotional needs of the patient. The nursing team has an extremely relevant role in caring for hospitalized patients during a pandemic, as they are the ones who receive the patient in the unit, remain present with them every day, and provide care ranging from a simple bath to offering words of encouragement.

3.2 Humanized care provided during the pandemic

Humanized care can take place in various ways. Authors in their articles present different intervention strategies for humanized nursing care across various dimensions during times of pandemic. For instance, placing photographs of healthcare professionals on their chest, allowing patients to identify their caregivers, particularly benefits patients in the final stages of life, providing them with a sense of support from the nursing team. Other dimensions include the use of games, employing relaxing and enjoyable activities to promote patient well-being. Drawing is used to facilitate communication, and the preservation of each patient's religious beliefs serves to maintain faith and hope according to individual beliefs and principles.

To mitigate the negative impact experienced by patients and healthcare professionals due to intensive hospital care in the context of COVID-19, strategies involving music interaction have gained prominence. Music therapy, for example, leads to behavioral and psychological improvements, reducing signs of stress, depression, and irritability [7]. Music has been employed as therapy for hospitalized patients affected by the virus, assisting in achieving specific changes in behavior, feelings, or physiological responses.

Leveraging technology during the pandemic, a significant strategy involved providing cell phones to patients for video calls with their families. For stable patients, this strategy maintained the emotional family bond for those hospitalized, as they were

unable to receive in-person visits. Even from a distance, contact lessened discomfort and anguish for families involved in the process. It allowed families to receive information about the patient's health status, see and hear them, and helped reduce the feeling of abandonment among patients' relatives.

3.3 Challenges in Confronting COVID-19

The entire context of confronting the viral infection by SARS-CoV-2 demanded changes in the daily life activities of humans, thus affecting the dimensions of their existence. Considering these alterations, significant repercussions in the health-disease process stand out, particularly affecting healthcare practices, especially in nursing. This is since nursing skills and competencies are tied to the development of care ranging from health promotion and disease prevention to the assistance of highly complex critical patients [6].

The social distancing brought about by the pandemic resulted in numerous setbacks in the lives of hospitalized individuals. Beyond the critical state of the patient's illness, they are unable to receive visits from their family members. During intensive treatment, in the absence of visits and reduced information about the patient's condition, the family experiences anguish and fear due to uncertainty. The use of PPE for COVID-19 spread control has been observed as a barrier to communication and interaction between patients and healthcare professionals. The use of personal protective equipment like masks, especially among the elderly population, posed a daily challenge as they have difficulty hearing well, can't read lip movements, and can't see facial expressions. This ultimately limits the approach and even the care provided by the nursing team.

A common factor highlighted in all articles is the significant challenge faced by the nursing team in delivering care during the pandemic. These professionals are at a higher risk of contamination, as they had to deal with infected individuals daily. Fear of getting infected and transmitting the virus to their families, the distress of witnessing multiple deaths, and other challenges dominated their lives for an extended period. However, despite feelings of insecurity and uncertainty, many statements from these professionals emphasize that their focus remained centered on one goal: caring for people in a humane manner.

5. Conclusion

In the research articles, the implementation of all nursing interventions is observed, highlighting several positive aspects of technical services, verbal approach, and the specific communication approach that each professional employs with the patient and their family, in alignment with the nurse. In this regard, nursing professionals, guided by the principles of humanization in their daily work, comprehensively and optimally fulfill the services provided to each COVID-19 patient. This approach aims to enhance the likelihood of providing excellent care, demonstrating empathy to every individual.

Consequently, a well-trained and technically skilled group of nursing professionals, coupled with their strong verbal communication skills, will yield effective and complementary outcomes within the hospital setting and beyond. Moreover, their willingness to engage with each patient undergoing treatment is crucial. Recognizing that a humanized relationship expressed towards the patient and their family can expedite the healing process and contribute to mental relief and familial reassurance. As such, a technically proficient and empathetic cadre of nurses will generate impactful and complementary outcomes both within the hospital environment and beyond. Their dedication not only enhances patient care but also contributes to a positive healing journey and the alleviation of family anxieties.

Funding: None.

Research Ethics Committee Approval: None.

Acknowledgments: None.

Conflicts of Interest: The authors declare no conflict of interest.

Supplementary Materials: None.

References

1. DE SOUZA PAIXÃO GL, et al. Estratégias e desafios do cuidado de enfermagem diante da pandemia da covid-19. *Braz J Dev.* 2021;7(2):1912519139.
2. ANACLETO G, CECCHETTO FH, RIEGEL F. Cuidado de enfermagem humanizado ao paciente oncológico: revisão integrativa. *Rev Enferm Contemp.* 2020;9(2):246-254.
3. DE GOIS LC, et al. A importância da humanização em tempos de pandemia. *Res Soc Dev.* 2022;11(4).
4. DE SOUSA AS, DE OLIVEIRA GS, ALVES LH. A pesquisa bibliográfica: princípios e fundamentos. *Cad FUCAMP.* 2021;20(43).
5. GÓMEZ-GONZÁLEZ JF, et al. Humanización de los cuidados intensivos: un llamado a la acción durante y después del COVID-19. *Rev Arch Med Fam Gen.* 2021;18(1):5-9.
6. PAULA PHAD, et al. The dimensions of the human being and nursing care in the pandemic context of COVID-19. *Esc Anna Nery.* 2021;24.
7. SILVA JUNIOR SV, et al. Humanizando a assistência intensiva de enfermagem a pessoas com COVID-19. *Rev Rene.* 2021;22.
8. AVELLANEDA-MARTÍNEZ S, et al. Gestión de la comunicación de los pacientes hospitalizados, aislados con sus familias por la COVID-19. *J Healthc Qual Res.* 2021;36(1):12-18.
9. CELICH KL, et al. Desafios vivenciados por profissionais portugueses no cuidado em humanidade a idosos institucionalizados durante a pandemia. *Rev Esc Enferm USP.* 2022;56.
10. DE SOUSA JVT, et al. Práticas de promoção da saúde diante da covid-19: humanização em unidade de terapia intensiva. *SANARE Rev Polít Públicas.* 2021;20(2).