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Perception of Humanized Nursing Care in Institutionalized Elderly's

Research Article

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Abstract

Introduction: Technique in nursing has led to the dehumanization of care, with low sensitivity of the nursing professional, reduction of continuous care activities, attentive listening and personalized and comprehensive care, especially in residents of nursing homes.

Objective: Determine the level of humanized care provided by the nursing professional in a nursing home.

Methodology: Quantitative, descriptive, cross-sectional, observational study in 21 seniors. The "Instrument for assessment of humanized care provided by nursing professionals to hospitalized people" was applied and evaluated according to the score established by dimension.

Results: The humanized care perceived by older adults in the home is at a low and very low level. 66.67% of older adults report perceiving humanized care "sometimes" and 19.05% "never." The dimensions "Installation of Faith and Hope" and "Promote and accept the expression of positive or negative feelings" are those that are perceived more frequently than ever (61.9%). The dimension "Formation of a system of humanistic and altruistic values" was the only one that was always perceived by a minimum percentage (4.76%).

Conclusion: Older adults perceive care with scientific and ethical foundations, but not warm and human care. The training of nursing professionals should emphasize teaching to consider the person in a holistic way, including their emotional needs, including the expression of their emotions in a reliable and safe way.

Keywords: Elderly; Perception; Nursing Care; Geriatric Nursing

Introduction

According to the WHO, aging is the result of the accumulation of a wide variety of molecular and cellular damages over time, leading to a gradual decline in physical and mental capacities, an increased risk of disease, and ultimately, death [1]. This process begins at birth and ends with death [2]. The increase in life expectancy has led to a steady rise in the elderly population worldwide. This growing population demands care and attention in specialized centers including hospitals and nursing homes or retirement houses, where nursing professionals are responsible for this care, making providing humanized care a challenge for the healthcare system and nursing professionals.

Elderly individuals rely on integrated care for their subsistence, and it is essential that this care be provided in a humanized manner [3], understood as the act of welcoming the other warmly while remaining true to oneself, shedding all external factors that may affect committed and optimally prepared professional and practical attention. Humanized nursing care takes place both in hospitalized patients and in social, institutional, and relational network contexts [4], such as homes or nursing homes. It requires values [5] specific scientific and technical knowledge based on behaviors and attitudes [6].

Nursing care should inspire the elderly individual with a high level of confidence, attending to their basic needs, providing support and respect [7] at all times, which is essential for improving the quality of care and the quality of nursing care [8]. According to Watson, this involves being consistent in care, being empathetic, offering non-possessive acceptance, and clear and effective communication, to understand their attitudes, behaviors, and frustrations [9].

Previous studies show that the perception of elderly individuals regarding the humanized nursing care received is not related to their level of functionality [10] or length of hospitalization [11], but is significantly associated with the type of hospital, length of hospitalization [12], the time spent by staff providing care [13], how they are treated, and the trust they inspire. In a hospital setting, humanized care is perceived by elderly individuals as being of regular quality, described as methodical with very little time dedicated to individual personal care moments [13].

Considering the importance of perception of care on the well-being of elderly individuals, the objective of this study is to determine the perception of elderly individuals regarding the level of Humanized Care provided by nursing professionals in a nursing home in the state Morelos, Mexico.

Methods and Materials

A quantitative, descriptive, cross-sectional, observational study was conducted on 21 elderly individuals (aged 65 and above) from a nursing home in the city of Cuernavaca, Morelos, Mexico. The entire population of residents in the nursing home at the time of the study who met the inclusion criteria were included, which were: having been in the nursing home for more than 6 months; functional capacity to hear and speak; willingness to participate by signing the informed consent form. Ethical principles of Respect for the individual, beneficence, non-maleficence, autonomy, and justice were upheld.

For data collection, the "Instrument for assessing humanized care provided by nursing professionals to hospitalized individuals" created by Alicia Hermosilla Ávila, Rodolfo Mendoza Llanos, and Sonia Contreras Contreras [14] was used, which was administered individually and privately to each resident. It consists of 36 items and evaluates 10 dimensions on a Likert scale, with a score of 1 to 5 points for each item, on the following scale: Always: 5 points; Almost always: 4 points; Regularly: 3 points; Sometimes: 2 points; Never: 1 point. The maximum total score obtainable was 180 and the minimum was 36. The result was classified according to the score obtained in each dimension and in the total questionnaire, considering Deficient when the score obtained was up to 50%; Regular when it was from 51 to 79%; Good from 80 to 90% and Excellent for scores greater than 90%, both in the total score and for each of the dimensions.

The dimensions evaluated by the questionnaire are:

DIMENSION 1: Formation of a system of humanistic and altruistic values

DIMENSION 2: Installation of Faith and Hope

DIMENSION 3: Cultivation of sensitivity towards oneself and others

DIMENSION 4: Development of a relationship of caring assistance and trust

DIMENSION 5: Promotion and acceptance of the expression of positive or negative feelings

DIMENSION 6: Systematic use of the scientific method for problem-solving and decision-making

DIMENSION 7: Promotion of transpersonal teaching and learning

DIMENSION 8: Creation of a supportive environment or connection encompassing mental, physical, sociocultural, and spiritual aspects

DIMENSION 9: Assistance in satisfying human needs

DIMENSION 10: Acceptance of existential-phenomenological forces

Results

The mean age was 78.5 years with a standard deviation of 7.2. 85.71% were female. 47.96% were widowed, 42.86% had completed primary education, and only 4.7% had completed high school. 80.95% were retired or pensioned, and 85.71% received some form of fixed economic remuneration Table 1.

Regarding the perception of care, 67% of older adults report perceiving humanized care "sometimes" and 19% "never." None of the individuals perceive receiving humanized care always [Figure 1].

The analysis of the dimensions showed that 61.90% of the participants never perceive dimensions 2 "Installation of Faith and Hope" and 5 "Promotion and acceptance of the expression of positive or negative feelings." Only 2 dimensions were always perceived by only 4.76%. These are dimension 1 "Formation of a system of humanistic and altruistic values" and dimension 6 "Systematic use of the scientific method for problem-solving and decision-making."

In the analysis of perception of humanized care by dimension, it allows us to observe that the majority is perceived at low and very low levels, with the exception of DIMENSION 6 "Systematic use of the scientific method for problem-solving and decision-making," DIMENSION 9 "Assisting in the satisfaction of human needs," and DIMENSION 8 "Creating a supportive environment or connection mental, physical, sociocultural, and spiritual," perceived at a low level in greater proportion. The only dimensions that reached the high category were dimension 1 (Formation of a sy9stem of humanistic and altruistic values) and 6 (Systematic use of the scientific method for problem-solving and decision-making), at 4.76%. In turn, the dimensions perceived at a very low level almost entirely were DIMENSION 4 (Developing a relationship of caring, helping, and trusting care) and DIMENSION 5 (Promoting and accepting the expression of positive or negative feelings) Table 2.

The analysis of the perception of humanized care stratified by sex shows that among women, the perception of low-level humanized care was higher than that of men. 72.22% of women perceived low-level humanized care, while among men, this percentage was 66.67%, and this difference was statistically significant (p=0.0389). No significant difference was found in perception in relation to education level, age, or marital status of the participants.

Table 1: Socio-Demographic Characteristics of the Elderly, Morelos, Mexico 2022.

Characteristic	n	%
Sex		
Male	3	14
Female	18	86
Age Group (Years)		
65-69	3	14
70-74	4	19
75-79	4	19
80-84	5	24
85-89	4	19
90-94	1	5

Marital Status		
Married	4	19
Bachelor	5	24
Divorced	2	10
Widower	10	48
Schooling		
Primary	9	43
High school	9	43
Other	3	14
Receive Remuneration		
Yes	18	86
No	3	14
Retired or Pensioned		
Yes	17	81
No	4	19

*Source: Applied questionnaires.

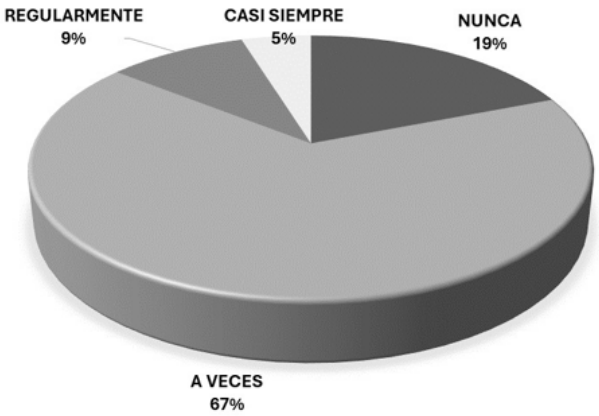

Figure 1: Perception of Humanized Care in A Care Home In Morelos, Mexico 2022.

Table 2: Perception of Humanized Care by Level, Morelos, Mexico 2022.

Dimension	Range	Level of Perception (Percent)			
		Level 1 Very Slow	Level 2 Slow	Level 3 Regular	Level 4 High
DIMENSION1	0-4	67	29	0	5
DIMENSION 2	0-2	95	5	0	0
DIMENSION 3	0-2	90	10	0	0
DIMENSION 4	0-2	95	5	0	0
DIMENSION 5	0-2	95	5	0	0
DIMENSION 6	01-Apr	5	81	10	5
DIMENSION 7	0-3	67	33	0	0
DIMENSION 8	01-Mar	52	48	0	0
DIMENSION 9	0-3	29	67	5	0
DIMENSION 10	0-3	81	19	0	0
TOTAL	55-126	29	71	0	0

Note: Data obtained from the researcher's database.

Discussion

The results align with those found by Kenion, who concluded that the overall perception of humanized care by nurses among the elderly reflects a high level of knowledge and skill.10 While they differ from what Guizado Tello reported [13], it is important to consider that his study was conducted on hospitalized patients, making it evident that nursing care is provided and perceived differently depending on the context in which the elderly person is cared for. Similarly, the results support Pérez's findings, highlighting the need to develop empathy in nursing staff to provide humanized care [9].

The perception of care in the elderly depends on aspects related to the residents themselves, the institution, and the nursing professionals. Factors associated with aging, such as hearing and visual impairments and memory alteration, lead to poor communication between nursing professionals and residents. Additionally, the experiences lived in the nursing home, their physical, emotional, social, and spiritual conditions, and feelings of abandonment, as well as their interactions with other residents and staff, can affect their perception of care [13]. Among institutional factors, it is necessary to consider the deficiency in the number of nursing staff attending to the residents. Work overload and long working hours limit the unhurried communication, attentive listening, and timely emotional support needed. Similarly, the cognitive capacity of the staff and the development of competencies for elderly care greatly determine the professional's performance, making it essential to establish ongoing training programs to provide the best possible care. New staff should receive an induction, emphasizing the importance of meeting the residents' needs, including physical and emotional needs [12].

This study did not find an association between the perception score of humanized care and the residents' education level, age, or marital status, but it did find an association with the residents' sex. The care provided by professionals might be related to the professionals' sex, as only women attend to the residents in this care home, and women perceive a lower level of care.

Limitations

This study was conducted in a government-run care home with a limited number of residents, so it would be appropriate to conduct similar studies in institutions with different conditions to more accurately identify areas for improvement and establish programs to enhance care. This research was conducted without any type of funding.

Relevance to Clinical Practice

Professionals who care for institutionalized elderly individuals need to further develop their knowledge about elderly care. It is essential to conduct educational interventions for staff working in these institutions and to foster interest in this population group from the academic training stage, both in undergraduate and postgraduate programs. Emphasis should be placed on humanized care, considering that the elderly population is increasing, and this group will demand a greater proportion of personnel dedicated to their care now and in the future.

Therefore, the results of this study highlight the significant need to focus more on training future generations of healthcare professionals, encouraging them to provide quality care that is humanized and respects the dignity of the elderly.

Conclusions

In light of the results, it is deduced that the humanized care perceived by the elderly in a care home ranges from low to very low levels. The aspects reflecting a lower perception of humanized care are related to "Developing a helping and trusting human care relationship" and "Promoting and accepting the expression of positive or negative feelings." Both include personalized, direct interaction and attentive listening, which are imperative needs for elderly individuals who are far from their close family members.

The elderly feel a great need to express their ideas and to feel help and trust to express their feelings, which are the areas where they perceive the greatest deficiency. They perceive care based on scientific and ethical principles but not warm and humanized care.

It is necessary to consider that while assistance must always be based on scientific knowledge and ethical rigor, it does not exclude a warm, kind approach with attentive listening and understanding.

The staff caring for the elderly must consider all the needs of these patients, not limiting themselves to addressing physical or physiological needs, but considering the person holistically, including their emotional needs, which encompasses the expression of their emotions in a reliable and safe manner.

Conflict of Interest

The authors declare that they have no conflict of interest.

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