





EDITORIAL

HUMANISED ONCOLOGICAL NURSE CARE

HIGHLIGHTS

1. Humanized care is a citizen's right.
2. O Oncology patients require particular attention from nurses.
3. There is an urgent need to clarify and disseminate the attributes of the concept of humanization.
4. Humanization must move from the realm of discourse to clinical practice.

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The discourse on the humanisation of global assistance services, namely healthcare, has been on the agenda in the last decades, mainly since it is politically correct to approach the subject in a panorama of scientific progress, not necessarily because it is reflected in practice.

The concept of humanisation being something intangible adds difficulties to its operationalisation. However, the need to provide humanised care in different dimensions of our society has never been felt more than nowadays. The development of new responses to citizens' needs, such as the emergence of artificial intelligence, compromises the relationship between assistance services and their users¹. Though the public services having already solutions" called human" in this field, these seem only to do something other than resort to a realistic avatar.

Regarding the care provided by different professionals, the circumstances have not been favourable, namely due to a lack of staff and consequent insufficient time, fatigue, fragmentation of care, or the growing bureaucratic demands and progressive institutional pressures.

Particularly in oncology, these constraints significantly impact the patient, the target of care¹. Moreover, this is mainly related to the negative connotations still associated with the disease, namely suffering, lack of hope and death. We deal with people with high vulnerability, significantly affected by the medical diagnosis and stereotypes that are difficult to demystify, but also by a complex and disturbing health illness along the way. However, even though the person with cancer disease is very present in all health systems worldwide, cancer, in general, is a chronic disease with an increasingly high survival rate.

In addition, there is a need for more knowledge about the attributes that make up the concept of 'humanisation'. It is important to clarify them and call for an increased effort in their implementation by health professionals that facilitate teaching and clinical practice². Without disregarding others, we will reflect on six consensual constituent elements: a) communication; b) respect; c) empathy; d) honesty; e) trust; and f) compassion^{1,3-9}. Firstly, as a therapeutic strategy, communication is one of the most important in humanising care. It is necessary to go back to basics, to use language, to be able to speak in a welcoming way, to transmit clear information appropriate to the interlocutor's understanding, and to promote a perception of his/her involvement in the whole care process. Creating environments that ensure the need to share patients' experiences, anxieties and insecurities. The availability of nurses to listen attentively, discuss the illness and answer the questions raised, which can be done through different strategies. Secondly, respect for the person's beliefs, privacy, and preferences. Respect for human dignity can be expressed by the friendliness shown to the person by treating him/her in the way he/she wants to be treated and not in a standardised way. Thirdly, empathy is the ability to put oneself in the place of the other. It indicates an understanding of the patient's condition and the impact the illness has on their life, thus managing to help them establish more effective therapeutic relationships and increase their satisfaction. Empathic assistance favours improving the person's mood and mental and emotional well-being. Fourth and fifth honesty and trust.

Establishing communication and promoting honest behaviour increases patients' trust in nurses. Sincerity, harmony between verbal and non-verbal language, and transparency throughout communication will increase confidence in the professional, enhancing patient involvement. Paying attention to people, greeting people when you cross paths with them or showing a caring attitude towards them will give them more confidence to ask questions and express their feelings and emotions.

Finally, compassion, which is a spontaneous, generous and welcoming attitude. It is within anyone's reach and can make a difference for the better. One can include here the permission for the younger children to be involved if that is the parents' wish, which also necessarily implies the availability of the health institutions.

Humanisation is thus characterised as an attitude, a set of principles and practices

addressed to each person and not something to be applied in the same way to everyone. It implies caring for the person considering their biopsychosocial and spiritual context. Humanised care facilitates the process of transition that the patient goes through, increases adherence to therapeutic regimes, self-esteem, involvement in decision-making and sense of control over the disease, and decreases pain, anxiety and fear, thus improving disease adaptation.

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