

EVALUATION OF PATIENT PERCEPTION OF THE HUMANIZATION OF MEDICAL CARE IN A UNIVERSITY OUTPATIENT CLINIC IN THE CITY OF ANÁPOLIS, GOIÁS

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ABSTRACT

Humanization in healthcare encompasses comprehensive patient care, assistance that goes beyond the disease to address the individual as a whole. These characteristics depend largely on medical education, which should aim to train humanized professionals. Given this, the present study aims to investigate patients' perceptions of the relevance of humanized care provided by eighth-semester medical students, all from the medical course at the Evangelical University of Goiás – UniEVANGÉLICA, at the Central University Outpatient Clinic, in the city of Anápolis, Goiás. This is a cross-sectional, observational, analytical study of a quantitative nature, with patients enrolled in the Unified Health System (SUS) as the target audience. The patients evaluated perceived the care as impersonal and focused on the physician and the disease. The humanization of medical care faces significant challenges, such as work overload and lack of communication, which hinder the physician-patient relationship. Improving communication and adopting more patient-centered practices are essential to creating a more welcoming and effective environment.

Keywords: Humanization of Care; Medical Education; University Hospitals; Doctor-Patient Relationships.

INTRODUCTION

Humanization in healthcare is defined by the value placed on care in which the patient is seen as an end in themselves, rather than merely a means to technical and scientific ends (LIMA, *et al.*, 2014). Latin medicine has undergone three distinct periods of evolution, initially characterized by a focus on the numerical shortage of medical professionals, followed by improvements in the quality of training, and finally, the search for satisfaction of population demands (RIOS; SIRINO, 2014).

Technical medical training, biotechnological advances, and increasingly sophisticated diagnostic methods contribute to the more intense reverberation of the biomedical model, in which the focus of care is centered on the disease, extinguishing the approach to the feelings experienced by the patient during illness. Therefore, considering the weaknesses in the relationship between doctors and users due to the focus on the disease, the solution found was based on the reformulation of the Pedagogical Political Projects (PPP) of medical courses with the

inclusion of specific methodologies structured for the student's understanding of the patient in their social, cultural, and economic context (MIRANDA; FELICIANO; SAMPAIO, 2014).

The investigation of user perceptions aims precisely to rethink certain medical practices and intervene in the model of care organization, with a view to improving it, in addition to assessing the capacity of medical education to train more humanistic professionals. Given this, the main objective of this study is to investigate patients' perceptions of the relevance of humanized care provided by eighth-semester medical students, all from the medical course at the Evangelical University of Goiás – UniEVANGÉLICA, at the Central University Clinic, in the city of Anápolis, Goiás.

METHODOLOGY

This is a quantitative, observational, cross-sectional study conducted at the Central University Outpatient Clinic, coordinated by the Evangelical University of Goiás (UniEVANGÉLICA). The population consisted of patients treated on an outpatient basis under the Unified Health System (SUS), with the inclusion criterion being patients who had just undergone outpatient care in a medical specialty and signed the Free and Informed Consent Form (TCLE). For exclusion criteria, it was established that all individuals who contravened the above provisions or who did not respond adequately to all items in the questionnaire would be prevented from participating in the study. The data were collected in the first half of 2024 using the Medical-Patient Orientation Scale (EOMP) (Pereira *et al.*, 2013) with eight participants. The data were analyzed using IBM SPSS Statistics version 22 and Microsoft Excel. This research was approved by the Research Ethics Committee (CEP) of the Evangelical University of Goiás – UniEVANGÉLICA (CEP-UniEVANGÉLICA).

RESULTS

In the present study, eight patients aged between 18 and 56 years were evaluated. Female respondents prevailed in this sample, with a majority of participants having higher education and declaring a family income between two and four minimum wages. All interviewees reported that they would like to be seen again

by the doctor who had just treated them. Seventy-five percent reported having a medical professional in the family. Regarding current occupation, 50% responded positively. Fifty percent of participants had a family income between 2 and 4 minimum wages. All respondents reported being Catholic, with the majority showing a moderate degree of involvement.

In addition, according to the analysis of the EOMP scale scores, it was observed that 75% of respondents reported attitudes focused on the doctor and the disease during the consultation. Similarly, it was found that most patients had low scores (average score <4.57) on questions related to the caring domain (75%) and the sharing domain (62.5%).

DISCUSSION

The Medical-Patient Orientation Scale (EOMP) (Pereira *et al.*, 2013) is a scale that assesses the attitudes of patients, physicians, and medical students regarding the physician-patient relationship based on eighteen items that reflect domains related to the attitudes of “sharing” and “caring” for patients.

In agreement with the results presented in this study, in which patients reported attitudes focused on the physician and the disease during their consultations (EOMP scores < 4.57), two bibliographies agree that humanization in patient care is due to optimized time and organized care.

Excessive workload is an obstacle to this humanized care, just as professional self-awareness is an important consideration for establishing a bond between doctor and patient. Thus, it can be observed that, according to patients, care is automated and impersonal, hindering the doctor-patient relationship (CALEGARI, MASSAROLLO, SANTOS, 2015). However, in one of the studies, communication failure was pointed out as the main factor for the unsatisfactory quality of service from the family's perspective. In corroboration with this, this study found that patients feel that attitudes are centered on the doctor and the disease (WALLAU, *et al.*, 2006).

This study had limitations related to self-reported data during the questionnaires, and did not assess qualitative variables, so the analyses may be underestimated or overestimated in terms of the assessment of practical attitudes

toward humanization of care. In addition, the sample size was small, as there was considerable resistance on the part of patients to respond to the questionnaire proposed by the study.

CONCLUSION

The present study demonstrated that patients treated by medical students reported the presence of attitudes focused on the physician and the disease, with average EOMP scores below the range (< 4.57).

Therefore, promoting humanization in medical care is an ongoing challenge that requires the commitment of all those involved. A commitment to practices that value the patient experience not only improves the quality of care but also strengthens the doctor-patient relationship, promoting a more welcoming, effective, and satisfactory environment.

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