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ANÁLISIS DE LA HUMANIZACIÓN EN EL ÁMBITO SANITARIO EN REDES SOCIODIGITALES

Analysis of humanization in the health field in digital social networks

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Resumen

La humanización en la atención implica un conjunto de recursos sociales, personales y emocionales en el profesional sanitario que faciliten el desarrollo de su labor y les posibilite tener un papel activo en la recuperación de los pacientes. Por ello, es imprescindible el papel de las redes sociodigitales para la formación e información en humanización dentro del ámbito sanitario, donde se creen debates y manifiesten la importancia de la humanización en el entorno sanitario. Por todo ello, es analizar la presencia de la humanización en redes sociales a través de entradas de Twitter y Facebook, como reflejo de la influencia en población general, de Estados Unidos, España, Italia, Colombia, Brasil, Portugal, Canadá y Francia. En total, se analizaron 154 tuits y 23 entradas de Facebook, todos aquellos relacionados con la humanización en el ámbito sanitario. Tras el análisis de las diferentes entradas en las redes sociodigitales, se muestran diferentes fuentes que expresan opiniones sobre la humanización hospitalaria desde los propios hospitales, congresos dirigidos exclusivamente a esta temática, pacientes, familiares, fundaciones, asociaciones, sindicatos, entre otros. La mayoría de entradas tanto en Facebook como Twitter, hablan de la importancia de la humanización en cuidados y el trato dirigido tanto al paciente como a sus familiares y a los propios profesionales sanitarios, siendo imprescindibles en la humanización en cuidados dentro del sistema sanitario. Así mismo, reivindican desde todos los ámbitos sociales la poca visibilidad que se le da a la humanización en cuidados. Además, se observa la preocupación y el interés que genera la humanización las Unidades de Cuidados Intensivos. De forma general, se muestra cómo las redes sociodigitales son de vital importancia para la comunicación e intercambio de información y conocimientos sobre la humanización, una temática que comienza a suscitar interés a nivel social dentro del ámbito sanitario.

Palabras clave: humanización, salud, cuidados, redes sociodigitales, comunicación.

Abstract

The humanization of care implies a set of social, personal and emotional resources in the health professional that facilitate the development of their work and enable them to play an active role in the recovery of patients. For this reason, the role of socio-digital networks for training and information on humanization within the health field is essential, where debates are created and the importance of humanization in the health environment is manifested. Therefore, the objective of this work is to analyze the presence of humanization in social networks through Twitter and Facebook entries, as a reflection of the influence on the general population, the United States, Spain, Italy, Colombia, Brazil, Portugal, Canada and France. In total, 154 tweets and 23 Facebook entries were analyzed, all those related to humanization in the health field. After the analysis of the different entries in the socio-digital networks, different sources are shown that express opinions on hospital humanization from the hospitals themselves, congresses aimed exclusively at this issue, patients, family members, foundations, associations, unions, among others. Most of the entries on both Facebook and Twitter

speak of the importance of humanization in care and the treatment directed both to the patient and their families and to the health professionals themselves, being essential in the humanization of care within the health system. Likewise, they claim from all social spheres the little visibility that is given to humanization in care. In addition, the concern and interest generated by the humanization of the Intensive Care Units is observed. In general, it shows how socio-digital networks are of vital importance for the communication and exchange of information and knowledge about humanization, a topic that is beginning to arouse interest at the social level within the health field.

Keywords: humanization, health, care, digital social networks, communication.

1. INTRODUCTION

Humanisation in care implies a set of social, personal and emotional resources in healthcare professionals that facilitate the development of their work and enable them to play an active role in the recovery of patients. A process in which the well-being and needs of people are taken into account (García-Salido et al., 2019), thus showing interest and empathy for their concerns and fears (Calegari et al., 2015). Likewise, healthcare professionals provide tools with the aim of improving people's health (Luiz et al., 2017; Nora and Junges, 2013; Tripodi et al., 2019).

Thus, humanisation is defined as a series of personal competences that make it possible to develop professional activity within the field of healthcare, caring for, attending to and respecting the human being. Therefore, humanisation focuses on improving physical, mental and emotional care, aimed not only at patients but also at healthcare professionals, these two being essential in the humanisation of care (Pérez-Fuentes et al., 2019a; Pérez-Fuentes et al., 2019b).

The aim of humanisation in care is to ensure excellent patient care, thus meeting patients' needs during their hospital stay (Borbasi et al., 2012; Pérez-Fuentes et al., 2018). To achieve this, healthcare professionals must be committed to their work, which has an impact on improving patient outcomes (Carli et al., 2018; Pérez-Fuentes et al., 2018).

Therefore, humanisation in healthcare professionals is related to aspects such as affect, self-efficacy, emotional understanding, optimism and sociability (Pérez-Fuentes et al., 2019b).

Humanisation in care in the healthcare professional implies an optimistic attitude, through which they solve the problems they face in their lives by generating positive expectations as they are motivated to achieve the goals they set for themselves (Di Fabio et al., 2018; Segerstrom et al., 2017). Optimism in the healthcare profession can lead to improved job performance, social relationships, and physical and psychological health (Carver and Scheier, 2014; Seligman et al., 2007).

On the other hand, it is common for healthcare professionals to possess social skills due to their ability to deal with patients and their families, thus increasing their work performance. Moreover, cooperating in a team in this area is essential for the development of effective work where person-centred care is carried out (Lown et al., 2016; Molero et al., 2018a).

Likewise, self-efficacy in the healthcare professional is another factor related to humanisation. This is understood as the expectations that the individual has of him/herself regarding his/her abilities, so that he/she directs and executes actions with the aim of achieving the estimated performance (Bandura et al., 1987). As well as being able to manage and express their own emotions, which implies facing specific situations that require an action adapted to the person and the context, thus improving the quality of healthcare (Molero et al., 2018a; Pérez-Fuentes et al., 2019a). Furthermore, it is worth highlighting the relationship between self-esteem, emotional intelligence and self-efficacy, since these are associated with the individual's ability to communicate and relate to the people around them (Pérez-Fuentes et al., 2019c).

Healthcare professionals often face stressful situations arising from complex situations in the workplace. This type of situation can generate anxiety and feelings of guilt in the worker if they do not successfully overcome the problem they are facing. Therefore, it is essential to self-regulate emotions in which the control of affect is essential to ensure the quality of care and the well-being of the professional (García-Rodríguez et al., 2015; Pérez-Fuentes et al., 2019a; Soriano et al., 2019; Wersebe et al., 2019).

Finally, there is emotional engagement in humanisation in care, referring to the ability of people to understand themselves and others, so that a logical consonance is maintained between what they think, what they feel and what they finally decide to do, understanding and effectively managing emotions as emotionally intelligent people (Bartosiewicz and Januszewicz, 2019; Howick et al., 2017; Pérez-Fuentes et al., 2019d).

1.1. Influence of humanisation on socio-digital networks

From the need for training and information on humanisation in the healthcare environment, socio-digital networks are beginning to make use of this concept, where debates are created and the importance of humanisation in the healthcare environment is expressed. This is why socio-digital networks play a crucial role in the development of humanisation in care in the healthcare environment. As a result of this lack of information from quality scientific sources, social-digital networks have become an option for approaching healthcare (Penni, 2017).

The use of the internet has generated new alternatives for socio-digital networks, which have been changing and adjusting to meet the needs and demands of the population (Erfani and Abedin, 2018). Socio-digital networks establish connections between people, institutions, organisations, political entities, healthcare, and a multitude of units. As a result, communicative interactions originate between people who use

these media to express opinions or share ideas, material resources, information, knowledge on different topics of interest (Anwar et al., 2019).

The most notable characteristics of socio-digital networks are easy access (Bendayan and Blanca, 2019; Klimova and Pikhart, 2020), the creation of human links, interactivity, immediate and continuous communication, with no need for experience to know how to use them. Socio-digital networks have facilitated and increased communication between people worldwide (Mehdipour, 2019).

In the field of healthcare, social-digital networks are useful for finding out about the services offered by different healthcare centres; however, it is worth noting that on many occasions people use their social-digital networks to consult their ailments before contacting the healthcare system (Amoah et al., 2018).

In socio-digital networks, links are created through shared activities, ideas, exchange of opinions, debates, sharing of feelings, among others. These types of links create different types of support such as emotional, instrumental or informational (Perkins et al., 2015).

In the field of health, socio-digital networks make it possible to communicate with other people who have the same uncertainties about the health problems they face or express the deficits of health systems in certain areas. This can lead to changes in the system, generating mass protests that influence health policy to bring about changes that improve the health system (Griffiths et al., 2015).

Communication through social-digital networks has generated a change in the way in which people access and obtain information about health issues, it has become a space where they exchange health data from their own personal experience and where they get an immediate response that gives them peace of mind and support (Ziebland and Wyke, 2012; Griffiths et al., 2012). Socio-digital networks such as Facebook or Twitter are a free and fast service that allows users to disseminate information about the shortcomings of health systems through publications, providing a new perspective, especially at a time when the media do not cover certain health information (García Del Castillo et al., 2020).

However, it should be borne in mind that the information displayed on socio-digital networks is mostly unchecked, so it may contain misinformation about health that can be easily disseminated (Scanfeld et al., 2010).

Through the networks, various digital network groups are created, including families, people with rare diseases, people with chronic diseases, among others, who take advantage of this resource to achieve an efficient and quality health system, thus providing an innovative approach with the aim of improving health services policies (Griffiths et al., 2015).

2. OBJETIVE

The aim of this paper is to analyse the presence of humanisation in social networks through Twitter and Facebook posts, as a reflection of the influence on the general population in the United States, Spain, Italy, Colombia, Brazil, Portugal, Canada and France.

3. METHODOLOGY

3.1. Design

This work is based on a systematic review and analysis procedure of a qualitative nature, with the aim of identifying existing information in networks on humanisation in the health sector. The qualitative methodology was selected because it allows us to analyse fragments in a global and contextualised way (Pizarro, 2000). The study attempts to analyse through publications on humanisation in health in socio-digital networks, specifically Twitter and Facebook.

3.2. Data production

The collection of publications was carried out between 8 December 2019 and 21 December 2020. Thus, all publications containing the descriptors "humanisation", "humanisation in care", "humanisation in management", "humanisation in paediatrics", "humanisation in pharmacy" were collected, limiting the language to Spanish, Portuguese, French, English and Italian. Postings were obtained from different countries such as the United States, Spain, Italy, Colombia, Brazil, Portugal, Canada and France.

The exclusion criteria for the publications were: Retweets, shared publications, mentions, publications not related to humanisation in care, and private access accounts. On the other hand, as inclusion criteria, we chose the Tweets and Facebook posts published that reported on humanisation in care, as well as publications coming from public and open access profiles.

After applying the different exclusion and inclusion criteria, a total of 154 tweets and 23 Facebook posts were analysed.

Table 1 shows the publications selected according to the category from which they originate, among which we highlight Associations (n=9), Hospitals (n=30), Users (n=95), Healthcare Portals (n=14), Foundations (n=8), Healthcare companies (n=3), Institutions (n=7), Media (n=6), Congresses (n=5).

Table 1. *Compilation of publications according to the medium obtained*

Categories	Number of publications
Associations	9
Hospitals	30
Users	95
Health Portals	14
Foundations	8
Health companies	3
Institutions	7
Information media	6
Congresses	5
<i>Total</i>	<i>177</i>

Source: *own elaboration*

3.3. Data analysis

For data extraction and analysis of Twitter and Facebook posts, ATLAS.ti software (version 8.4, Scientific Software Development) was used. Through this software, the application programming interface (API) of Twitter and Facebook transmission was accessed, where the publications of both socio-digital networks were extracted.

On the other hand, an open categorisation was carried out where categories were created as the analysis of the different publications was carried out (Pizarro, 2000). Once the initial coding was completed, the researchers of the present study discussed and finalised the coding to complete the analysis process. To do this, it was corroborated that the categories chosen were appropriate to the publications analysed in relation to the research objective (Clarke and Braun, 2014). Finally, the names of the categories were determined according to the area where the topic of humanisation was addressed, symbolising the most salient ideas and references in the publications (Vaismoradi, Jones, Turunen, & Snelgrove, 2016).

3.4. Ethical considerations

The tweets as well as the Facebook posts analysed for this study were extracted from the Twitter and Facebook API, through the ATLAS.ti software. All of them were from public and open-access profiles. Furthermore, only the content of the posts was used and not the personal information of the linked account, so no use is made of the personal data of the users who posted the content.

4. RESULTS

Nowadays, the dissemination of information through socio-digital networks has become an essential tool for the dissemination of knowledge. For this reason, this study has analysed the current dissemination of humanisation on Twitter and Facebook among the general population in the United States, Spain, Italy, Colombia, Brazil, Portugal, Canada and France.

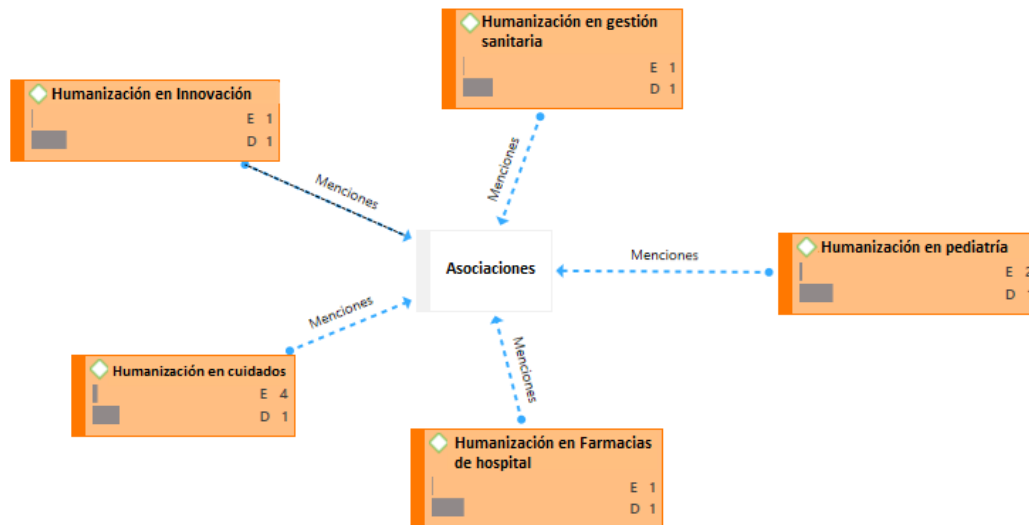


Figure 1. Association publications

*E=Number of publications.

*D=Number of connections established.

Source: Own elaboration

As shown in Figure 1, it can be observed how humanisation in health appears in different healthcare fields. In relation to the analysed publications of the different health associations, such as cancer associations, paediatrics associations, rare diseases, among others. The most commented tweets deal with humanisation in care (n=4), followed by humanisation in paediatrics (n=2), humanisation in hospital pharmacy (n=1), humanisation in innovation (n=1), and humanisation in hospital management (n=1), the health associations show how health staff are involved with patients and their families, making society aware of the importance of humanising care in hospitals.

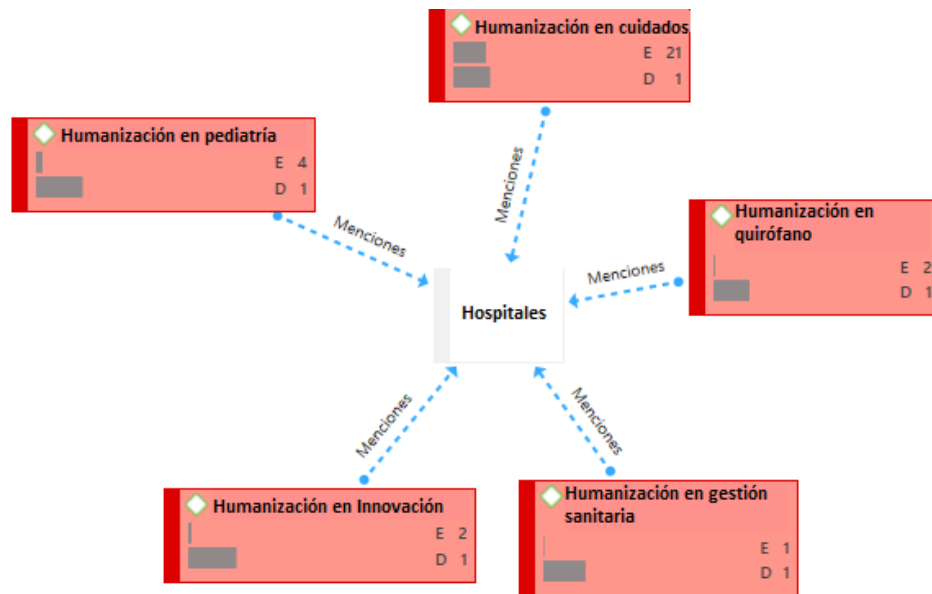


Figure 2. *Publications by hospitals*

*E=Number of publications.

*D=Number of connections established.

Source: *Own elaboration*

Hospitals are one of the main sources of information and dissemination of humanisation in the healthcare field, which is why there are numerous discussion points on Facebook and Twitter from hospitals, which show the lack of humanisation in all areas. Most of them show the importance of humanisation in care (n=21) within the hospital environment where patient treatment is fundamental, followed by humanisation in paediatrics (n=4), humanisation in the operating theatre (n=2) and in innovation (n=2), and humanisation in hospital management (n=1).

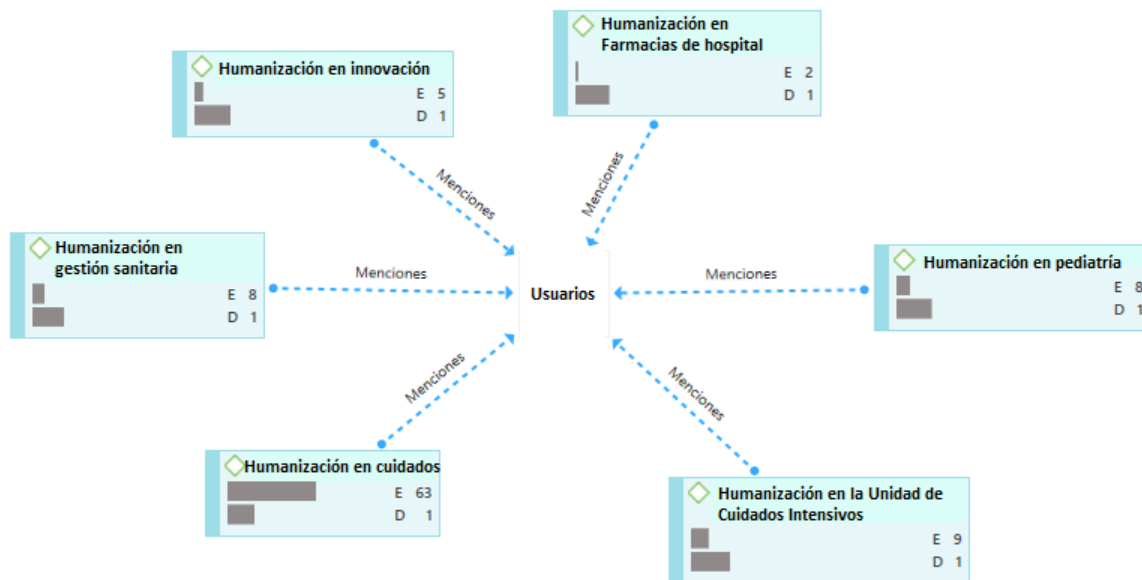


Figure 3. Themes addressed by Twitter and Facebook users

*E=Number of publications.

*D=Number of connections established.

Source: Own elaboration

As can be seen in Figure 3, Twitter or Facebook users are those who provide the greatest amount of information and opinions about humanisation in the healthcare context, to a greater extent expressing their opinions about humanisation in care (n=63), This is due to the fact that on most occasions it is the users themselves who perceive this humanisation in care, followed by humanisation in the Intensive Care Unit (n=9), humanisation in paediatrics (n=8) and in hospital management (n=8), humanisation in health innovation (n=5), and humanisation in hospital pharmacies (n=2).

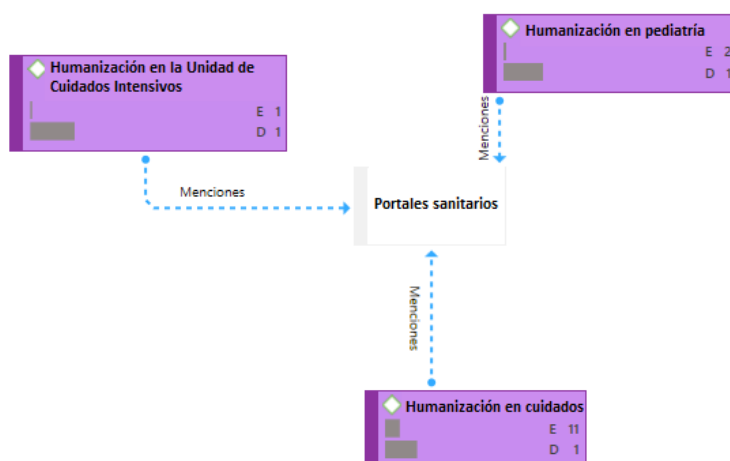


Figure 4. Topics covered by health portals on Twitter and Facebook

*E=Number of publications.

*D=Number of connections established.

Source: Own elaboration

As can be seen in Figure 4, the health portals offer different opinions about the humanisation of healthcare within care (n=11), as well as in the area of paediatrics (n=2), and the Intensive Care Unit (n=1).

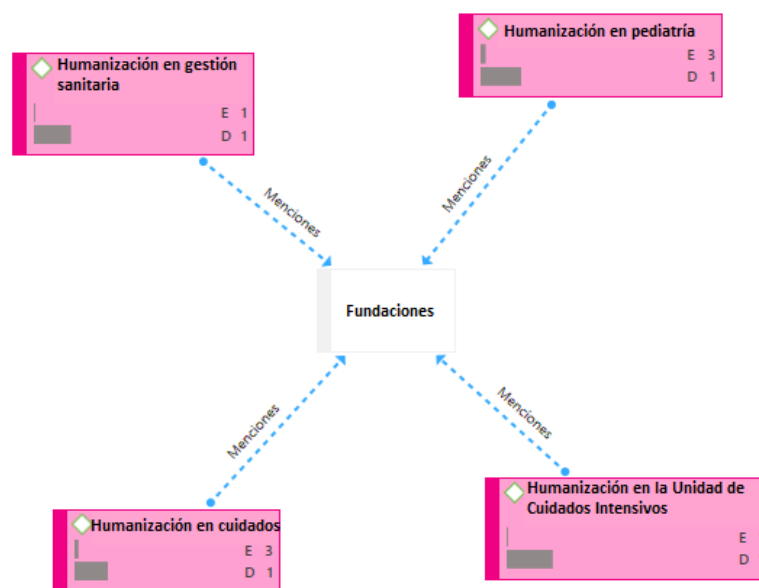


Figure 5. Publications by foundations

*E=Number of publications.

*D=Number of connections established.

Source: Own elaboration

Likewise, many foundations have begun to express their opinions about the humanisation of healthcare, with the aim of expressing the appropriate humanisation that is beginning to take place in hospitals, as well as the improvements that the healthcare system needs in order to guarantee the quality of healthcare. Therefore, most of them expressed their opinions on humanisation in care (n=3), humanisation in paediatrics (n=3), and humanisation in the intensive care unit (n=1) and in hospital management (n=1).

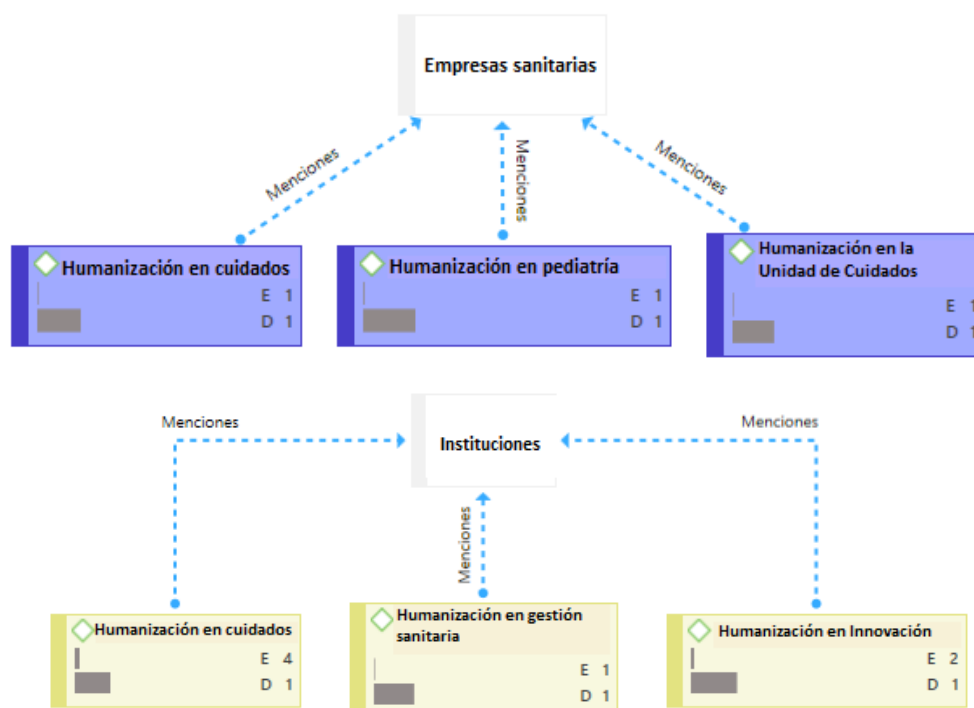


Figure 6. *Publications by health companies and institutions*

*E=Number of publications.

*D=Number of connections established.

Source: *Own elaboration*

In Figure 6, we analyse the entries from healthcare institutions and companies. It can be seen how companies dedicated to healthcare begin to express their opinions on humanisation in care (n=1), in paediatrics (n=1), and in the ICU (n=1). On the other hand, we find the Institutions, where the relevant topics deal with humanisation in care (n=4), humanisation in Innovation (n=2), and humanisation in hospital management (n=1).

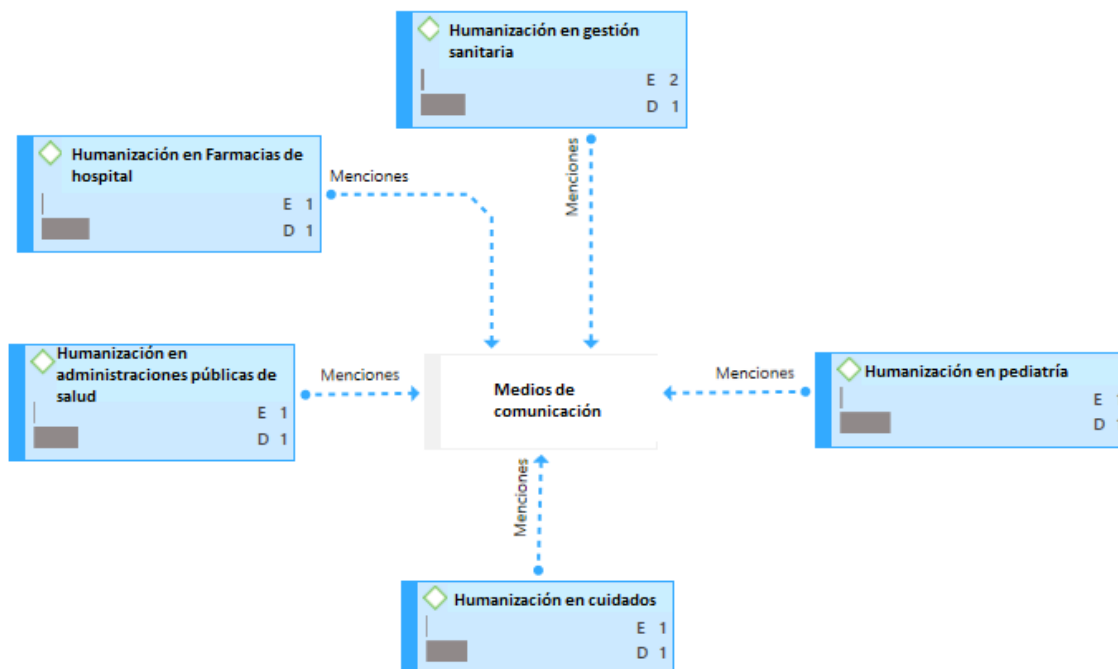


Figure 7. Publications by media outlets

*E=Number of publications.

*D=Number of connections established.

Source: Own elaboration

As shown in Figure 8, the media are currently aware of the importance of humanisation in healthcare, which is why several of their entries are aimed at disseminating information about it. These media disseminate news about humanisation in management (n=2), care (n=1), public administrations (1), hospital pharmacies (1) and paediatrics (1).

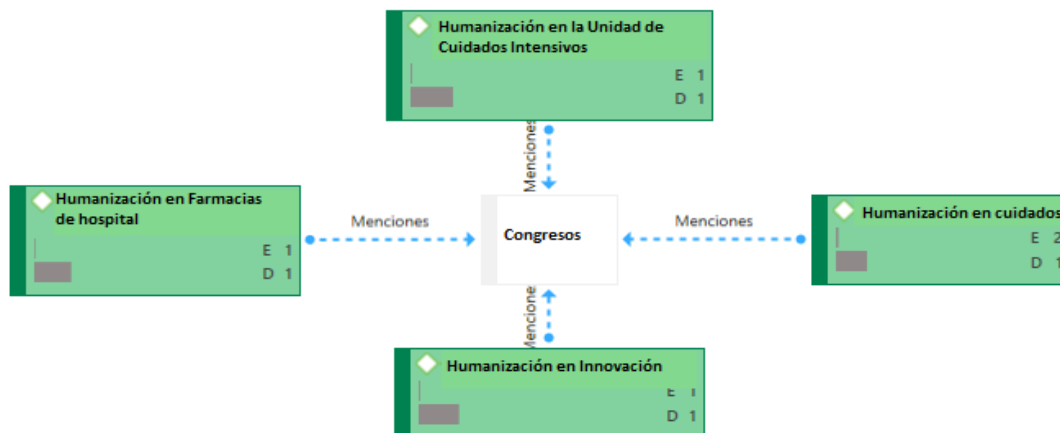


Figure 8. *Publications at conferences*

*E=Number of publications.

*D=Number of connections established.

Source: *Own elaboration*

Finally, we found several tweets from congresses dedicated to the subject of humanisation in healthcare, analysing their social network, which deal with humanisation in care (n=2), humanisation in the intensive care unit (n=1), humanisation in hospital pharmacies (n=1) and humanisation in innovation (n=1).



Figure 9. *Distribution of humanisation by country*

Source: *Own elaboration*

Information in socio-digital networks is spread across different countries thanks to new technologies, so we are interconnected. For this reason, the debate on the humanisation of healthcare in different countries was analysed, including Spain (n=127), Brazil (n=10), Colombia (n=7), Italy (n=10), France (n=10), the United States (n=5), Canada (n=3), and Portugal (n=2), in a smaller percentage. These messages focused on the dissemination of humanisation in the healthcare environment in order to give importance to humanisation in hospitals. In addition, the work carried out by healthcare professionals is shared through the socio-digital networks analysed, where humanisation acquires a fundamental place in all areas of hospitals.

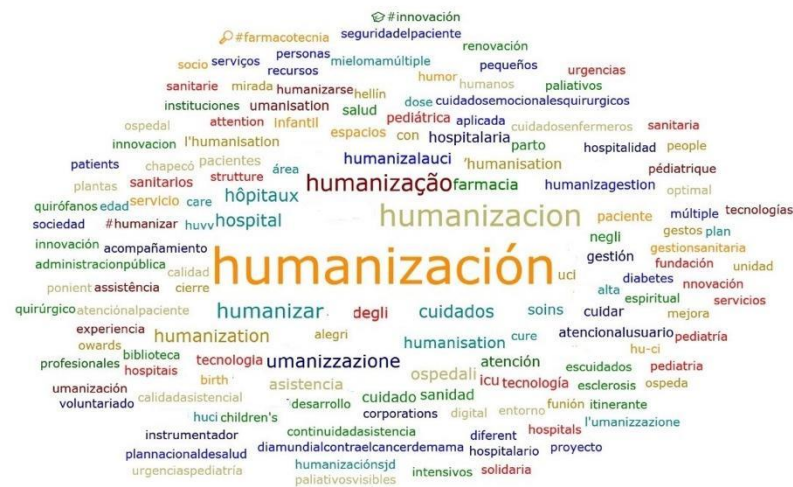


Figure 10. Word cloud
Source: Own elaboration

Along the same lines, the importance of keywords in scientific work is corroborated, as it makes it easier to visualise the most popular terms in socio-digital networks. Therefore, Figure 10 shows how the size of the different concepts that appear in the word cloud represents the relevance of each of the keywords related to the number of tweets and Facebook posts that contain them. The words that can be observed in the word cloud are related to the term "humanisation of health" in the different languages used for this work.

5. DISCUSSION

The increased use of social-digital networks has become a common phenomenon in recent years, causing a great change in the way people communicate and socialise. Likewise, it is perceived that people spend much of their free time browsing socio-digital networks, which facilitates the exchange of knowledge, information and ideas (Kakushi and Évora, 2016).

Social-digital networks help on many occasions to highlight the deficits suffered by public health. They also provide information on various topics that have not been studied in depth in research work to date, such as the issue of humanisation in healthcare, where they find social support from different users (Zhang and Xiang, 2019). Therefore, this paper has investigated the impact of humanisation in healthcare on socio-digital networks.

There have been different sources expressing opinions on hospital humanisation from the hospitals themselves, congresses aimed exclusively at this subject, patients, relatives, foundations, associations, trade unions, among others. In general, they are of the opinion that humanisation in healthcare has become more important in recent years (Catapan et al., 2019; Pérez-Fuentes et al., 2019a). It is essential to improve patient care in order to achieve quality care and consequently improve healthcare systems (Carli et al., 2018).

Most posts on Facebook and Twitter talk about the importance of the humanisation of care and the treatment of patients, their relatives and healthcare professionals themselves, which are essential for the humanisation of care within the healthcare system (Pérez-Fuentes et al., 2019). Likewise, all social spheres claim that little visibility is given to humanisation in care, falling into the error of believing that it is not relevant for success in healthcare (Calegari et al., 2015).

On the other hand, the concern and interest generated by humanisation in paediatrics at a social level is observed, which is why it is necessary to emphasise the importance of humanisation within the paediatric area, where socio-digital networks serve for the public, patients and healthcare professionals to express their point of view and exchange information on the problems that arise in the healthcare system and allow them to improve results and intervene to solve the problems they face (Chan and Leung, 2018; Moorhead et al., 2013).

Likewise, there is an incipient interest on the part of users of socio-digital networks in humanisation in the Intensive Care Unit, showing the relevance of patient care in this area, which is why it is essential to continue working on humanisation in the ICU to raise awareness among healthcare professionals, guaranteeing a more familiar and welcoming environment where the family can participate and collaborate with their recovery (Camelo, 2012; Luiz et al., 2017).

Finally, it is shown how humanisation is of interest in different countries, especially in Brazil where humanising policies are being carried out in the healthcare field, where the evident social differences have determined the need to generate humanisation programmes with the aim of guaranteeing equal opportunities for care and review for the entire population (Tripodi et al., 2019).

Future lines of research can be derived from the results presented above. It may be of interest to increase the number of Facebook and Twitter posts analysed, in order to gather more comprehensive results from this research. Likewise, the context could be

broadened, analysing different professional fields such as the educational and judicial spheres, among others.

6. CONCLUSIONS

In general terms, it is shown how socio-digital networks are of vital importance for communication and exchange of information and knowledge on humanisation, a subject that is beginning to arouse interest at a social level within the healthcare field, therefore, socio-digital networks are essential for carrying out intervention programmes to improve the quality of healthcare systems and consequently improve healthcare for patients, families and healthcare professionals.

Based on the above results, it is essential that hospitals, as well as healthcare portals, become more involved and interact more in socio-digital networks, with the aim of informing other Facebook or Twitter users of the importance of humanisation in the healthcare field, as these are some of the categories analysed in which the fewest publications have been found, both of which are conducive to the dissemination of humanisation.

This paper attempts to reflect the importance that socio-digital networks such as Facebook and Twitter have acquired in order to vindicate the deficits that healthcare currently has, as well as to recognise the merit of the progress of humanisation in patient care. However, the lack of existing information on humanisation in the field of scientific research should continue to be highlighted, which is why it should continue to be emphasised that this information should not only be presented in networks, but also be researched and made known in scientific articles.

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