



## HEALTHCARE DELIVERY: TIME FOR A PARADIGM SHIFT TOWARDS A MORE HUMANE CLINICAL CARE

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**ABSTRACT:** *The healthcare delivery centres, i.e. from primary, secondary, tertiary and specialist levels are certainly not known to be a place where inhumane care is rendered to clients/patients who finds the hospital environment new and strange, and are worried about their medical/surgical conditions. Unfortunately, there are several reported forms and manners of inhumane treatment being meted out on patients daily in various hospitals by some healthcare workers. These include verbal abuse (shouting, scolding, or using insulting languages), physical abuse, rude behaviors (such as providers ignoring, dismissing or ridiculing the patient's opinions), and abandoning patients during consultations or in critical situations when assistance was required, and disregard of patient's privacy. Also, unavailability or absenteeism of either the doctor or nurse who is supposed to be on-call or on duty has also been reported and has left the patients to suffer untold hardship, and some have paid the ultimate price – death. Healthcare professionals, most especially doctors and nurses' negative behaviors towards patients, are fast becoming a norm, as patients are being perceived as an object rather than a human being with dignity. The thought of the medical/nursing profession as a calling or a profession borne out of the altruistic concern for humanity is fast fading away and is being replaced with a job title that is more transactional. To eschew inhumane nursing/medical care in healthcare institutions, health workers need attitudinal change. Patients get attached to professionals with a positive, lovely, and friendly attitude, just like bees to nectar. There is a need to reattach great value to human life, respect, and uphold the dignity of every patient, and this could only be achieved through attitudinal change. The government must also help in regulating the activities in the healthcare sector, and ensuring formidable partnerships amongst the federal, state, and local governments and the private (NGO) sectors.*

**KEYWORDS:** Human, Inhumane, Nursing, Attitude, Healthcare, Healthcare Workers, Attitudinal Change

### INTRODUCTION

The act of caring goes beyond the provision of a patient's physical and basic needs, as it is a humanistic venture that involves interacting and demonstrating sincere care and concern towards resolving the patient's physical, mental, psychological and spiritual healthcare needs. And to be a good healthcare worker, you must first be a good human being. According to a quote in an essay derived from a talk Dr. Frances Peabody gave to the students at the Harvard Medical School, October 21, 1926, "One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is in caring for the patient" (Coleman, 2015).



The word '*Human*' is rooted in the Latin word *humanus*, which simply means of man, of a human being. It is defined as "pertaining to or characterizing man or mankind," which includes the ability to reason, feel and act that humans tend to possess naturally. The concept of 'humane' is closely linked to a particular perspective of a human being (Martien, 2002). '*Humane*' is an adjective that is used to depict the best human attributes. It is defined as "having or showing compassion or benevolence for others" (Lexicon, 2019). The following synonyms illustrate it: beneficent, benevolent, benignant, compassionate, good-hearted, kind, kindhearted, kindly, softhearted, sympathetic, tender, tenderhearted, warmhearted. The term Humane usually connotes a proper manner of behavior expected of a human with sentient beings. Humane treatment is characterized by tenderness, compassion, and sympathy for people, especially for the suffering or distressed.

'*Humaneness*' is the related noun of the word humane. It is defined as the "sympathetic concern for the wellbeing of others" (Online Merriam-Webster Dictionary, 2019). In other words, it is the altruistic concern for an injured or ill patient and recognizing each patient as a unique human being irrespective of their attitude, behavior, gender, age, and socio-economic class. The act of 'knowing' the patient is often overlooked in the hospital, and they are forced to assume a sub-human role devoid of a unique personal identity except for their disease state or condition. Healthcare workers often refer to a patient as that "hypertensive/diabetic patient" or that "cancer patient" rather than identifying him/her by name/title as a unique individual. In the expression 'humane nursing/medical care,' humane appears as an adjective of an individual healthcare provider's manner of delivering services via best human attributes (such as love, compassion, benevolence).

The regrettable and disheartening reports of the poor, neglectful, demeaning, and sometimes downright cruel treatment been perpetuated by some healthcare workers against patients and individuals under their supervision is a serious matter, a matter of concern for human rights. Some healthcare professionals, most especially doctors and nurses' negative behaviors towards patients, are fast becoming a norm in the various healthcare institutions across the globe. Patients are being perceived as an object and a means of acquiring wealth rather than a human being requiring humane medical care. Though it may be more common in Africa, Asia, Latin America, Middle East, which show frequent reportage of negative attitudes and behaviors, most commonly verbal abuse, rude behaviors and neglect in public rather than privately owned health facilities, it has also been reported in developed countries (Kessler, 2011; Han, Niying, Mengsi, Keith & Chee-Ruey, 2017).

The one too many Incidents of dehumanization of patients by medical professionals would make one wonder if these personnel were adequately trained and believed that they share a very unique and pertinent aspect of God's work, which is to give life and sustain life. For this is the basis of nurses' pledge or the Hippocratic Oath (for the doctors) – to safe life. The thought of the medical/nursing profession as a calling is fast fading away and is being replaced with a job title that is more transactional.

It is important to stress here that these patients also recognize the doctors and nurses who rise above the status quo and behave more professionally and rationally, and patients do not just speak about these sets of professionals in terms of their pedigree or dexterity, but rather because of the humaneness they see and perceive in them. Health practitioners' must never allow power or authority to blind their eyes to the value and dignity of a human being, irrespective of the patient's condition.



## Forms of Inhumane Care in the Hospital

The hospital is certainly not known to be a place where inhumane care is rendered to patients. Unfortunately, patients seeking medical care in the hospitals, daily have their fair shares of the worrisome trend even in the face of the most life-threatening emergencies. Patients have reported being verbally abused by healthcare professionals, which include shouting, scolding, or using insulting languages (Pell, Meiiaca, Were, Afrah, Chatio, Manda-Taylor, et al., 2013; Mannava, Durrant, Fisher, et al., 2015). Rude behaviors such as providers ignoring, dismissing or ridiculing the patient's opinions have been recorded in Bangladesh, Benin, Ghana, Nigeria, Tanzania and South Africa (Yakong, Rush, Bassett-Smith, Bottorff & Robinson, 2010; Akin-Otiko & Bhengu, 2012; Ngomane & Mulaudzi, 2012; Ith, Dawson & Homer, 2013). More worrisome is the accounts of physical abuse suffered by patients in the hands of healthcare professionals during the period of hospitalization (Magoma et al., 2010; Ith, Dawson & Homer, 2013; Rahmani & Brekke, 2013; Kruk, Kujawski, Mbaruku, Ramsey, Moyo & Freedman, 2014; Mannava, Durrant, Fisher, et al., 2015).

In some instances, the healthcare professionals did not deem it fit, or necessarily tell patients the reasons for, or the outcomes of physical examinations done (Foster, Burgos, Tejada, Caceres, Altamonte, Perez, et al., 2010; Ith, Dawson & Homer, 2013; Mannava, Durrant, Fisher, et al., 2015), the medications administered (Rahmani & Brekke, 2013; Rai, Dasgupta, Das, Singh, Devi & Arora, 2011; Mannava, Durrant, Fisher, et al., 2015), and surgical operations performed, such as cesarean sections (Weeks, Lavender, Nazziwa & Mirembe, 2005; Mannava, Durrant, Fisher, et al., 2015).

Accounts of doctors and nurses abandoning patients during consultations or in critical situations when assistance was required and are found either sleeping, chatting, or watching television have recently been reported (Lubbock & Stephenson, 2008; Foster, Burgos, Tejada, Caceres, Altamonte, Perez, et al., 2010; Gao, Barclay, Kildea, hao & Belton, 2010; Mselle, Kohi, Myungi, Evjen-Olsen & Moland, 2011; Mannava, Durrant, Fisher, et al., 2015). The incidence of unavailability or absenteeism of either the doctor or nurse who is supposed to be on-call or on duty has also been reported and has left the patients to suffer untold hardship, and some have paid the ultimate price – death (Sundby & Chimango, 2006; Titaley, Hunter, Dibley & Heywood, 2010; Igboanugo & Martin, 2011; Seljeskog, Mannava, Durrant, Fisher, et al., 2015).

Also, issues of doctors, nurses and midwives refusing to deliver healthcare services or treatment to patients have also been reported (Silal, et al., 2012; Rahmani & Brekke, 2013; Mannava, Durrant, Fisher, et al., 2015) and when some do, they sought to collect bribe from these patients and their significant others (Foster, Burgos, Tejada, Caceres, Altamonte, Perez, et al., 2010; Kabali, Gourbin & De Brouwere, 2011; Rai, Dasgupta, Das, Singh, Devi & Arora, 2011; Akin-Otiko & Bhengu, 2012; Pryterch, Kagone, Aninanya, Williams, Kakoko, Leshabari, et al., 2013; Rahmani & Brekke, 2013; Kruk, Kujawski, Mbaruku, Ramsey, Moyo & Freedman, 2014; McMahan, George, Chebet, Mosha, Mpembeni & Winch, 2014; Mannava, Durrant, K., Fisher, et al., 2015).

Patients have also reported the disregard of their privacy by doctors and nurses during the hospital admissions, as these healthcare professionals conduct interviews in a loud voice such that other patients could hear. Some undertake examinations in an open place without a screen, such that other patients could see their nakedness (Yakong, Rush, Bassett-Smith,



Bottorff & Robinson, 2010; Hassan-Bitar & Narrainen, 2011; Mannava, Durrant, Fisher, et al., 2015). It is essential to state here categorically that any action, no matter how minute it may be that deprives a patient of his/her respect and dignity is considered inhumane.

### **Attributable Causes of Inhumane Care**

The growing dearth of humane medical/nursing care in the hospitals may be attributed to two significant factors – individual-level factors and governmental-level factors (system failure)

#### **Individual-Level Factors**

##### **Healthcare Professional's Attitudes**

Healthcare professional's attitude is the numero uno factor that determines how successful they are in delivering humane medical/nursing care. Therefore, saying that the attitudes of healthcare professionals are essential, and everything is not an understatement. Attitude is “a settled way of thinking or feeling about something, or a truculent or uncooperative behavior” (Online Merriam-Webster Dictionary, 2019). In other words, it is an all-encompassing terminology that defines the doctor's/nurse's outlook and approach to patient care and includes the inner thought processes and its resultant outward manifestations. The way and manner patients are received by healthcare providers, from the hospital gate through the accident and emergency unit, record staff, account staff, nurses, doctors, laboratory scientist, radiographer, operating room staff, and any form of hindrance experienced by the poor patient and relations are attitudinal and seem to have become a norm.

It is no longer news as regards the haughty attitude exhibited by some doctors, nurses and other health care providers that they are of higher social-economic status than patients, and thus feel superior and well educated than the patient (Nguyen, Gammeltoft & Rasch, 2007; Pryterch, Kagone, Aninanya, Williams, Kakoko, Leshabari, et al., 2013; Rahmani & Brekke, 2013; Mannava, Durrant, Fisher, et al., 2015), and therefore, whatever they say is law and final without the patient's input. This attitude, in itself, is an abuse of power and privilege.

Another negative attitude to work exhibited by some healthcare professionals and which may be termed inhumane is assigning higher priority to personal commitments and refusing to provide services to patients in order to attend to personal matters of interest (Pryterch, Kagone, Aninanya, Williams, Kakoko, Leshabari, et al., 2013; Mannava, Durrant, Fisher, et al., 2015). Some healthcare professionals, rather than being in their respective clinics, units or departments during official working hours, are found in their private facilities – hospitals, laboratories, pharmaceutical shops, and physiotherapy centers. The situation is made worse in indigent patients who cannot foot the mundane bills to be sneaked out by agents to their private facilities and thus abandoned to their fate.

In a recent Afrobarometer study conducted across 25 countries, the study result revealed that more than 50 percent of the respondents reported absenteeism of healthcare professionals in a recent health care visit. Absenteeism of healthcare professionals was found to be 23 percent in Burundi to as high as 90 percent in Morocco (Kankeu, 2018). When one thinks of these staggering and horrific encounters, one is tempted to conclude that patients may likely die from the healthcare provider's inhumane attitude and behavior than what brought them to the hospital in the first place.



A Healthcare provider with a harmful work habit is always caught in a cruel, inhumane cycle, whereby his/her poor attitudes lead to inhumane care and ultimately a failure, and the cycle begins again. Patients get attached to professionals with a positive, lovely, and friendly attitude, just like bees to nectar. There is a need to reattach great value to human life, respect, and uphold the dignity of every patient, and this could only be achieved through attitudinal change.

### **Work Stress and Burnout**

There has been a public outcry regarding work-related stress due to its deleterious effects on health and the consequent low productivity and economic loss. Work-related stress has been shown to cause physical and psychological distress, especially to healthcare workers. Work-related stress in the healthcare industry is said to be higher than others because the healthcare providers' job is demanding, requires a high degree of responsibility, and errors can have devastating effects on the patient as well as the healthcare provider. Healthcare professionals suffer work-related stress as a result of increased staff turnover, high public expectations, prolonged working hours, exposure to infectious diseases and occupational hazards, the threat of malpractice litigation, and frequent contact with dead and dying patients. Persistent work stress will always lead to burn out.

Burnout is a work-related mental health issue with no universally accepted definition and not even included in the current versions of the universal classification systems (ICD-10 and DSM-5) (Bakker, Le Blanc & Shaufeli, 2005; McGarry, Girdler, McDonald, Valentine, Lee, Blair, et al., 2013). However, the multifaceted definition of burnout by Maslach and Jackson is widely accepted by numerous scholars. Maslach and Jackson describe job burnout in terms of three components: Emotional Exhaustion (EE), Depersonalization (D), and the lack of Personal Accomplishment (PA) (Maslach & Jackson, 1981; Mattei, Fiasca, Mazzei, Necozone & Bianchini, 2017). Emotional Exhaustion (EE) is likened to a state of feeling emotionally overextended and exhausted by one's job/work; Depersonalization (D) is described as person's negative and cynical attitudes toward his/her job/work; and lack of Personal Accomplishment (PA) refers to the feelings of incompetence, inefficiency, and inadequacy. Burnout in the healthcare settings is said to be caused by stress arising from the relationship between a helper (healthcare provider) and a help recipient (patient) and may have a long-term psychological effects – such as anxiety, substance abuse and depression on the healthcare provider (Awa, Plaumann & Walter, 2010; Doolittle, Windish & Seelig, 2013; Mattei, Fiasca, Mazzei, Necozone & Bianchini, 2017).

Therefore, as work-related stress and burn out have an untold physical and psychological impact on the healthcare workers, it also has resultant adverse effects on the care being delivered, both in quality and quantity.

### **Family/Marital Crisis**

The family has a critical role to play in the life of a healthcare professional, as it helps to provide effective emotional and psychological equilibrium. A family crisis occurs when there is a situation that disrupts the normal functioning of a family and requires new sets of the reorganization of the family pattern. It occurs when there is a misunderstanding between the members of a family. The loss of a partner, child or close relations, physical illness/injury, infidelity, spousal violence, and abuse could be a recipe for inhumane nursing/medical care in



healthcare settings because the healthcare professional may not be in the right frame of mind to think through any given situation and act responsibly, as he/she is emotionally and psychologically unbalanced.

In most cases, the practitioner transfers the annoyance or aggression on innocent patients who are oblivious to the situation. Therefore, a crisis-free family enables a healthcare professional to provide efficient, effective, and humane nursing/medical care. Nevertheless, when the practitioner's family is in crisis, the reverse is the case.

### **Healthcare Professional's Pay and Income**

Salary and remunerations are essential determinants of humane nursing/medical care. Poor and epileptic salary payment, as seen in the healthcare sector of some countries, most notably in developing countries, is seen as a bane to humane healthcare delivery, as it reduces the morale, motivation, and overall performance of the healthcare professionals. In some instances, to augment the poor pay packages, some healthcare workers has left for greener pasture elsewhere, some imbibe in absenteeism in order to work elsewhere per diem, and some has resorted in providing private healthcare services and collecting informal fees from patients and even their relation (Global Corruption Report, 2006; Vian, 2008; Mackey & Liang, 2012). One's guess is as good as mine regarding the consequences of this problem ranging from poor waiting time to very poor/ineffective and inhumane healthcare services.

### **Governmental Level Factor (System Failure)**

The health sector of any nation is regarded as the backbone of its growth and development. However, unfortunately, accessibility to healthcare at affordable cost constitutes a high-profile challenge in both the developed and developing world, though more profound in developing nations. The reasons for the dysfunctional health system, include government placement of low priority on healthcare and corruption/fraud.

### **Low Priority on Healthcare**

All health care systems across the globe face problems of justice and efficiency related to the setting of priorities by the government for health in the allocation of a limited pool of resources to her population. Studies have shown that global life expectancy at birth has increased with almost three months every year in the last decades, and healthy life expectancy is said to be on the increase. Nevertheless, these improvements are not equally distributed, as there seems to be a wide discrepancy in healthy life expectancy of the poorest and wealthiest countries and between the poorest and wealthiest groups within countries, respectively (Sabik, & Lie, 2008; Norheim, 2017).

When a low priority is given to the healthcare sector by any government of a given nation, the challenges are very daunting. There could be a skilled personnel shortage due to brain drain and widespread structural deficiency due to low budgetary allocation. Supply of drug/vaccine to cater for infectious diseases is reduced, and the electric supply needed to ensure that all procured drugs/vaccine is stored at the appropriate temperatures is epileptic. Patients are exposed to a very few, expensive, inhumane, and yet inadequate care delivery, therefore, putting the healthcare sector in a state of comatose (Obansa & Orimisan, 2013). The consequences are limitless.



Globally, the Health care system is faced with serious quality and cost challenges. Various countries have come up with different policies at different times to help ameliorate the situations but had lacked the strong political will to sustain such policies. For instance, the 15 percent Abuja declaration on health financing is a pledge that was set by African Union countries in 2001 to allocate at least 15 percent of member countries annual budget to improve their health sector, and at the same time urge donor countries to scale up their priority and support for healthcare. Though as laudable as this policy is, a 16 years data from W.H.O vividly showed that only one African country has met this target, while twenty-six (26) countries had expanded the proportion of government expenditures allocated to the health sector, eleven (11) countries had decreased and no noticeable trend of either up or down in the remaining nine (9) countries (Musvanhiri, 2017).

### **Poor/Lack of Public Information**

Information about how the healthcare system is faring concerning to the set standard in a form that the citizens can use is not always made readily available to the public. The credentials and performance of the healthcare providers, hospitals, and other institutions that provide healthcare services need not be withheld from public view and scrutiny, but rather should be made open to eschew secrecy. The Freedom of Information (FOI) legislation is viewed as a pivotal component necessary for the establishment of an enabling environment for citizen access to information. When citizens have the legal right to information, it tends to increase the government openness and responsiveness to requests for information in a sane climate. However, the reverse is the case in developing countries where citizens do not have adequate legal provisions for the right to information. The literature revealed that less than 7.5 percent of African countries have an enforceable right to information law (Darch, 2009), and this is due to political leadership failure, a long-standing culture of secrecy, inadequate public awareness, and institutional encumbrance (Carter Centre, 2010).

### **Corruption/Fraud**

Fraud and corruption are a global phenomenon. They are two inseparable conjoined twin-like cancers that have eaten deep into the bone marrow and fabrics of nations around the world with a resultant catastrophic impact on socio-economy and healthcare delivery. It is estimated that the annual global health expenditure is about US\$ 5.7 trillion (2008), with about US\$ 415 BILLION (6%) lost via corruption (WHO, 2011).

Fraud is any deliberate and dishonest act committed with the knowledge that it could result in an unauthorized benefit to oneself or someone else who is similarly not entitled to the benefit. It means to 'cheat or intentionally deceiving someone to gain an unfair or illegal advantage' (Transparency International, 2019). Corruption is the "misuse of entrusted power for private gain" (Global Corruption Report, 2006), or "dishonest behavior especially by influential people (such as government officials); inducement to wrong by improper or unlawful means (such as bribery) the corruption of government officials; a departure from the original or from what is pure or correct" (Online Merriam-Webster, 2019).

Fraud and corruption in the healthcare sector occur both in the developed and developing world, but its effects are more pronounced in developing countries, as it can be a matter of life and death. Fraud and corruption may arise from individual habits, customs, tradition and demography, political and economic environment, and professional ethics and morality, with



a resultant lowering of trust in the law and the rule of law, education and consequently the quality of life (access to infrastructure, health care) (Šumah, 2018). In the health sector, fraud and corruption may assume different forms depending on the organization structure and healthcare funding sources of every nation. However, there seem to be commonalities found across every nation. It may assume a top-bottom approach (trickle-down effect) and vice versa. Fraud and corruption encompass the diversion of budgetary allocation for healthcare services for selfish gains, embezzlement of budgetary allocation to the healthcare sector, bribery of regulators, and public officials who enforce a standard for practice. It includes the conduct of unethical research, procurement, and sale of substandard, falsified, and unregistered drugs and diversion/theft of medicines and medical supplies. Fraud and corruption also include informal payment, overbilling patients for health services, absenteeism, or ghost worker phenomenon practice by healthcare providers. Corruption in health procurement (bid-rigging and kickbacks), nepotism, and favoritism in the management of the healthcare workforce, bribery for employment, and promotion of healthcare workers can all be termed fraud and corruption (Global Corruption Report, 2006; Vian, 2008; Mackey & Liang, 2012).

Fraud and corruption as one of the significant causes of system failure is a bane to humane nursing /medical care. Evidence has linked it to the deficiencies in the working conditions and the work environment of hospitals (Mselle, Kohi, Myungi, Evjen-Olsen & Moland, 2011; Mannava, Durrant, Fisher, et al., 2015), weak supportive supervision or poor relations with co-workers (Akin-Otiko & Bhengu, 2012; Rahmani & Brekke, 2013; Mannava, Durrant, Fisher, et al., 2015), poor remuneration (Silal S, et al., 2012; Pryterch, Kagone, Aninanya, Williams, Kakoko, Leshabari, et al., 2013; Rahmani & Brekke, 2013; Mannava, Durrant, Fisher, et al., 2015), Heavy workloads and long working hours of the healthcare professionals (Akin-Otiko & Bhengu, 2012; Rahmani & Brekke, 2013; Mannava, Durrant, Fisher, et al., 2015), inadequate training and retraining of healthcare professionals (Kempe, Noor-Aldin, & Theorell, 2010; Tilahun, Mengistie, Egata & Reda, 2012); Mannava, Durrant, Fisher, et al., 2015), and lack/inadequate instrument or equipment and other hospital supplies to deliver the necessary services required (Titaley, Hunter, Dibley & Heywood, 2010; Mannava, Durrant, Fisher, et al., 2015).

Fraud and corruption are one of the greatest threats to the achievement of universal health coverage, which is one of the targets under the Sustainable Development Goal 3. It reduces the government funding to the health sector, thereby harming the access as well the quality of patient care, with a resultant decrease in health outcomes. For instance, if constituted authorities divert budgetary allocation to the health sector for selfish gains or the patient hospital fees or even health insurance contributions are embezzled, there will be insufficient money for healthcare workers' salaries, drugs and vaccines, instrument/equipment and other consumables. The result is the demoralization of the Underpaid healthcare professionals, leading to inhumane healthcare services.

## **Caring in A Human Humane Way: Individual Roles**

### **Attitudinal Change**

Medical professionals are bound by their professional code of conduct that explicitly depicts a set of behaviors, values, and attitudes that should be portrayed to foster a healthy relationship with the patients and hospital work environment. Disregard for the code of ethics





binding all healthcare professionals as related to the appropriate attitudes and behaviors towards patients is unacceptable, as it dehumanizes the patients and causes further harm to their emotional and psychological wellbeing. It also brings the healthcare provider's profession to a state of disrepute and causes damage to the integrity of the healthcare institution in which they work.

The healthcare environment is a busy one with patients from diverse backgrounds who presented with one ailment or the other, requiring attention, which is a fact! Furthermore, the healthcare provider, like the patient, may also have his/her problem (physical, emotional, or psychological), which is also right! Nevertheless, the fact remains that as a trained healthcare provider, it is not what happens to an individual that matters but how one chooses to respond that makes all the difference. Regardless of what may be happening, as a healthcare professional, one is in sole control of one's mood and can choose to be optimistic and positive to situations. Therefore, to eschew inhumane nursing/medical care in healthcare institutions, health workers need attitudinal change, which will help to guide their thought, behavior, and feelings towards patients.

### **Counseling**

A healthcare professional having difficulties in managing stress and burnout or going through family crises may need help from a counselor or therapist as the case may be to resolve the crisis, build resilience and enhance the effective and efficient quality of care to be rendered.

### **Caring From the HEART**

The human heart is a muscular organ weighing about 450g and comprising of four chambers and valves that helps to direct the flow of oxygen and nutrients – rich blood around the human body to sustain life. And except the heart is diseased, it is capable of doing this stressful work almost indefinitely. The heart beats incredibly about 100,000 times per day and over 2.5 billion times in an average lifetime of an individual. Because the heart can sustain life, it is regarded as the center and source of the inner life – thinking, feeling, and willing.

Caring from the heart means care being rendered (by healthcare professional) to another in need (patient) that originates from the core of the inner life (heart), which include the process of considering or reasoning about a situation, expression of emotional state or reaction (e.g., love, care, affection, fondness, tenderness, warmth, passion) to another, and the willingness to offer some form of help to somebody in need. It is more than just the act of caring; it means caring with the heart filled with love, compassion, and kindness towards a patient. It encompasses spending quality and meaningful time with the patient to establish a good foundation of friendship, gathering and keeping in confidence pertinent patients' information about their past and present and paying attention to details. It involves offering patients a shoulder to cry on and ears to listen to their complaints, concealing one's weaknesses and fragile heart with a smile, and being ALWAYS there (presence) for the patient. Caring from the heart also entails attending to patient's healthcare needs in a non-judgmental manner, even when it is known that it might lead to death.

However, there are five (5) sets of activities in a simple, easy-to-use tool that can help in ensuring that a healthcare professional humanely renders care. These sets of activities are embedded in an acronym called the **HEART**.



**H = Hear:** To hear is "to perceive or become aware of by the ear" or "to listen to with attention" (Online Merriam-Webster Dictionary, 2019). Genuine and humane caring starts with hearing or active listening to patients, which conveys the feeling of respect, and help to build trust and confidence. **PATIENCE** is a vital personality trait needed by healthcare professionals who need to listen to patients, and offer help in hectic and stressful situations, such as found in the healthcare settings. Patience is "the capacity, habit, or fact of being patient" and being patient means "manifesting forbearance under provocation or strain" or "not hasty or impetuous." As a caregiver, one is in the hospital to help the ailing and dying one. That is a fact! Because without these people (patients), you have no business in the healthcare setting. Therefore, one must exercise **PATIENCE** and **LISTEN, LISTEN AND LISTEN** to them, paying attention not only to verbal but also non-verbal signs and their feeling before responding. Reassure them and talk to them respectfully and kindly. Having compassion and patience towards the patients is a vital personality trait for all healthcare professionals who want to hear or listen to them.

**E = Empathy and Emotional Stability:** ability to understand and share the feelings of the patients as a healthcare professional, and this can only be possible when providers have love and a compassionate spirit towards another. Staying focused and composed under work pressure is germane here. Let the patient know that you understand and care about him/her.

**A = Assess:** involves the careful assessment and analyses of the patient situation truthfully, and this may include history taking, physical examination, reviewing the various radiological and laboratory investigations. Consent must be taken via written or as implied, and patient privacy and confidentiality must be ensured. Paying attention to details is critical here as patient life is on the line.

**R = Respond:** This involves responding to the patient promptly without delay. This stage encompasses the prompt identification of the patient's healthcare needs and instituting a care plan in order of priority to resolve the identified need(s). As a healthcare professional, one needs to have excellent communication skills to let the patient know the outcome of the assessment and the plan of care to be undertaken in solving the problem(s) identified and gain their consent. Excellent communication skills enable a healthcare professional to explain a patient's prognosis of his/her problem succinctly and what to expect. Care must be holistic.

**T = Take Action:** This is the implementation phase, where the outlined plan of management is carefully and systematically carried out with love, respect, and dignity. Help is the ability "to give assistance or support to someone, or to make more pleasant or bearable, or to be of use to someone" (Online Merriam-Webster dictionary, 2019). Helping patients requires that a healthcare professional to have **COMPASSION** for others. It is an outstanding personality trait needed in healthcare settings. Being compassionate connotes showing sympathy and care towards patients who are at their most vulnerable and critical state (ill and injured). Healthcare professionals need to take actions that are of the best interest of the patient. All actions must be patient-centered. Healthcare providers need to monitor the patient's response to treatment plan and review case appropriately, and if need be consult/invite must be sent to other units or departments to assist where possible. Care must be holistic and patient-centered.



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## **Caring in a Human Humane Way: Governmental Roles**

### **Ensuring Access and Affordable Healthcare Services**

The healthcare sector of every nation is complex and one of the largest essential service delivery sectors with numerous departments, hundreds of thousands of different healthcare professionals, and caring for millions of patients both in private and public institutions. The government can play an essential role in ensuring that health care services are accessible and affordable to her citizenry and above all rendered in a humane manner by given healthcare top priority and ensuring a robust budgetary allocation to the sector. The government must also help in regulating the activities in the healthcare sector, and ensuring formidable partnerships amongst the federal, state, and local governments and the private (NGO) sectors.

### **Ensuring Open Access to Information**

Governments must ensure that information is made public regarding how the healthcare system is functioning concerning the set standard of care. Public access to information is essential as it enables the citizens of every nation to exercise their voice, to successfully monitor and hold government accountable, and to enter into informed dialogue about decisions that affect their health. To have a transparent and accountable health system, in which the quality of care delivered is authenticated by valid data obtained via carefully designed methods, there must be timely public reportage of information on the credentials and performance of healthcare providers, hospitals, and other institutions providing healthcare services.

Freedom of Information (FOI) legislation is viewed as a pivotal component necessary for the establishment of an enabling environment for citizen access to information. When citizens have a legal right to information, it tends to increase the government openness and responsiveness to requests for information. This will help to curtail the many atrocities and other excesses being perpetuated in the healthcare sector and hospitals and help to rebuild patient's trust.

### **Reducing Fraud and Corruption**

The following are some the strategies that can be used for reducing fraud and corruption, which is the bane to the growth and development of the healthcare sector and humane nursing/medical care:

1. Healthcare should be given a high priority, as the health sector is the backbone of the growth and development of any nation. A healthy nation is a productive nation.
2. Increase budgetary allocation for healthcare and healthcare delivery to ensure universal healthcare coverage, improved healthcare infrastructure, availability of drugs and vaccines, prompt payment of improved salary, employment of qualified staff, etc.
3. Analyzing corruption risks using the W.H.O framework of six 'building blocks for health system' and critically examining the various linkages and decision points along each supply chain of the building blocks in order to decipher loopholes where fraud and corruption is likely to occur is key in reducing this menace in the health sector,



and this, of course, will require strong commitment and political will. The building blocks for the health system are: health service delivery, health workforce, health information, essential medicines, health financing, leadership and governance (W.H.O., 2010)

4. Establishment of a strong partnership with bilateral and multilateral development, health, and enforcement agencies, civil societies, and the private sectors, which may help to improve the performance of the health institutions.
5. Promotion of a strong whistleblowing policy: Whistleblowing is an act of reporting to the public or constituted authority of any perceived and evidenced-based sharp practices or misconducts within private or public governmental institutions. Adoption of a whistleblowing policy with legal protection and incentivizing the whistleblower may help reduce fraud and corruption in the health sector.

## CONCLUSION

As a healthcare professional, being kindhearted and compassionate to patients who are in their worst vulnerable state is the human and moral integral part of care in which other factors revolve around it. It must be an essential and valuable gift to be given to all patients coming to the healthcare institution. Professional knowledge and skills without love and compassion are cruelty and a recipe for inhumane care. The healthcare system needs healthcare providers who are technically competent, and kind-hearted, empathic, and compassionate. These aspects of the healing arts must be an integral part of their training.

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