Communicating the humanisation of hospital care. An exercise in social responsibility in Madrid's hospitals[1]

Comunicar la humanización de la atención hospitalaria. Un ejercicio de responsabilidad social en los hospitales de Madrid

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Abstract:

Humanisation is, undoubtedly, a socially responsible commitment for hospitals, an inescapable duty to achieve excellent public relations with patients and their families. Our goal is to learn how the humanisation of health care is communicated in four public hospitals in the Community of

Resumen:

La humanización constituye, sin duda alguna, un compromiso socialmente responsable de los hospitales, un deber ineludible para lograr unas relaciones públicas excelentes con los pacientes y sus familiares. Nuestro propósito es conocer cómo se comunica la humanización de la atención sanitaria en cuatro hospitales públicos

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Madrid, which serve as a qualitative sample, and to explore the perception that healthcare professionals have of it. To this end, we take as our starting point the Plan for the Humanisation of Health Care presented by the Consejeria de Salud [Regional Department of Health] in 2016. The results of the documentary analysis, in-depth interviews with those responsible for humanisation in four hospitals and focus groups with doctors and nurses show that the humanisation process is uneven in these hospitals in Madrid, that communication is an essential tool in order to achieve its goals, and the need to optimize.

Keywords:

Humanisation; hospital communication; social and health responsibility; excellent public relations; healthcare; patient centered care.

de la Comunidad de Madrid, que sirven de muestra cualitativa, y explorar la percepción que tienen sobre ella los profesionales sanitarios. Para ello, tomamos como punto de partida el Plan de Humanización de la atención sanitaria presentado por la Consejería de Sanidad en 2016. Los resultados del análisis documental, las entrevistas en profundidad a los responsables de humanización de estos hospitales, y los grupos de discusión con médicos y personal de enfermería, revelan que el proceso de humanización se presenta dispar en dichos hospitales madrileños, que la comunicación constituye una herramienta fundamental para alcanzar sus objetivos, y la necesidad de optimizar las acciones comunicativas para conseguir los mejores resultados.

Palabras clave:

Humanización, comunicación hospitalaria, responsabilidad social sociosanitaria, relaciones públicas excelentes, atención sanitaria, atención centrada en el paciente.

1. Introduction

In October 1984 the National Institute of Health of Spain (INSALUD) set in motion the first Plan for the Humanisation of Hospital Care. This plan, which was first implemented in 15 hospitals, was based on a proven fact: "sickness creates, in patients as well as in their families and social environments, a situation of selflessness that makes them feel powerless, for which they need a health care as human as possible" (Ministry of Health and Consumer Affairs, 1984:19). Since then, Spanish hospitals have adopted different measures in order to optimize hospital care, with uneven results.

Thirty-two years later, in 2016, the Department of Health of the Community of Madrid implemented the Health Care Humanisation Plan in response to a discouraging scenario: "sadly there is a sense of dehumanisation and depersonalization in health care" (General Sub-directorate for the Humanisation of Health Care, 2016:25).

This four year plan presents the humanisation of health care as the best way to address the relationship between hospitals and patients and their relatives. And it also points out the importance of communication as the most efficient strategy to better that relationship.

Humanisation and its communication affect the whole health care system. However, hospitals are the most complex organizations within the Healthcare Standards, due to their structures as well as their relationships. And patients and their families are an audience of special interest for the hospital, because of their direct interaction with numerous professionals: physicians, nurses, lab technicians, assistants, customer service personnel, clerks, waiters, cleaning staff, among others. For this reason hospitals will be the focus of our paper.

Patients and their families, however, are not the only audience of a hospital. Hospitals, especially public ones, are organizations that concern all citizens, although many have never needed to be attended to in a hospital facility. Also,

public hospitals depend on the Department of Health, to which they report, and they are necessarily involved with its administrators. Thus, although hospital authorities in the Community of Madrid have autonomy to take certain actions and to make certain decisions, it is the regional hierarchic structure that sets the general lines of action, which include the Health Care Humanisation Plan.

In this paper we aim to study the communication elements and processes that are being implemented as part of the aforementioned Humanisation Plan in several hospitals in the Community of Madrid that are part of the public hospital network of this Community and, therefore, of the Spanish public health sector.

The Spanish healthcare system stands out for its prestige, as is stated in international rankings regarding the quality of healthcare that place it among the best in the world (Lancet, 2018). Also, the healthcare system has a high approval rating by the Spanish population, as reflected in the Health Barometer of the Sociological Research Centre [Centro de Investigaciones Sociológicas, CIS] of 2018, which includes the following data regarding the population throughout the national territory:

– 68.3 percent of Spanish citizens rate the public healthcare system as good or very good: 47.1 percent replied "good, but some changes are necessary"; and 21.2 percent replied "very good".

– When asked about where they would go if they were to require medical assistance (for the interviewee or for a relative), if they could choose, 68.2 percent of those questioned would go to the public system.

– And in the event of having to be inpatients in a hospital, 67 percent would prefer the public system, and only 26.3 percent would choose private health care.

Regarding the Community of Madrid, the aforementioned Health Barometer of the CIS states:

– 48.9 percent of Madrid residents rate the health care system as good, with some changes being necessary.

– 26.2 percent thinks some changes are important, although they acknowledge the proper functioning of specific procedures.

– And 3.9 percent state the need to redesign the whole public health care system due to its bad functioning.

And the residents of this Community point out the main issues of its health care system:

– First and foremost, waiting lists (85.7 percent).

– In the second place, congestions at emergency wards in hospitals (75.8 percent).

– And 15.1 percent of Madrid residents consider that the main issue is the treatment received by medical professionals, while the national average for this item reaches 19.7 percent (CIS, 2018).

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2. Hospital communication

As organizations that intend to communicate with their audiences, hospitals have a series of distinctive features, derived from their main function of healing and caring in response to a basic need that in general terms cannot be avoided or postponed. This is a service that, at least in Spain, is warranted by the State as it is deemed a universal right (Costa, 2012a: 176).

On one side, hospitals are organizations where most of the staff is in direct contact with patients and their relatives. On the other, hospital care implies a high degree of proximity with the audience, with the patient being present throughout the whole process of health service provision. That is to say, health care may only be provided in an encounter with "the other", with the patient, "insomuch as communication and dialogue arise from interaction" (Quintana, Castillo, Carreton, 2018:86). Therefore, dialogue with health care service providers is a unique and differential feature of the human being, and it implies an ability to communicate, to understand, to want and to choose (Quintana, Castillo, Carreton, 2018).

Furthermore, and despite all pre-emptive efforts, sickness is unpredictable, and it is for this reason that the health care profession is considered an activity subject to uncertainty. And this sometimes provokes "peaks" in the needs for health care provision, which are hardly predictable, such as in the case of tragic events or epidemics (Costa, 2012b).

Either way, and regardless of the specific circumstances, the audience of a hospital organization, as with any business, may be classified in three categories based on their relationship with the institution: internal audiences, external audiences and intermediate or ambivalent audiences. Internal audiences are part of the organization and maintain a direct and permanent relationship with it. External audiences, however, have a sporadic relationship with the organization. And intermediate audiences are those that, without belonging to the organization or having a permanent relationship with it, have a somewhat direct influence on it or are affected by it. Also, as pointed out by Viñaras and Cabezuelo, this classification, derived from the strategic planning of public relations, is also valid to identify the CSR targets of an organization (Viñaras and Cabezuelo, 2012:58).

Citizens are an external audience of the hospital. However, if a citizen requires hospital service he or she becomes a user, a patient, thus acquiring the status of an intermediate audience, as also happens to his/her caretakers and relatives. And it is necessary to stop and reflect on the reasons why that citizen has become an intermediate audience. It is because he/she is in a fragile, stressful state, where the interpersonal communication skills of health care professionals have an impact on the patient's motivation and could condition his/her decisions, such as to follow a treatment or to attend follow-up appointments (Medina, 2017: 357). Patient centred care turns out to be the most efficient approach to interpersonal communication for medical treatment, although "it has barely been explored by national physicians" (Salcedo, 2012: 42).

On the other hand, the internal audiences of a hospital include different groups: medical staff, students in training, biologists, technicians, matrons, nurses, psychologists, assistants, administration and services staff and research groups, among others (Costa, 2012b: 111).

In this context, the strategic management of communication in the relations of a hospital and its internal audiences plays an essential role, and in it "the involvement, collaboration, motivation and cohesion of all the personnel within the organization is essential to reach excellence" (García Nieto, 2012b: 129). And, in this sense, internal communication at hospital centres serves three purposes: identifying, integrating and motivating (García Nieto, 2012b: 133). Since the General Theory of Systems (Von Bertalanffly, 1976) it can be stated that "a hospital is a system in permanent interaction with its environment and in constant adaptation in its internal processes" where the necessary effort of management to "warrant staff's integration and cohesion" prevails (García Nieto, 2012b: 130).

3. Excellent public relations and humanisation

The humanisation of health care is only conceivable in the epistemological framework of the excellence of public relations, always within the unavoidable patient centred care. Humanisation is a basic and essential principle in hospital chores and it stands for the most elemental precepts of social responsibility in health care. Humanisation is key when communicating with people who are feeling insecure due to health issues. For this reason it is important to detach it from any philanthropic connotation that would give it a discretional and arbitrary nature as something optional and voluntary, which is unthinkable when dealing with relations with patients.

3.1. Excellence in public relations

As is known, the Theory of Excellence in Public Relations arose from the studies conducted in 1985 at the request of the IABC (International Association of Business Communicators) Research Foundation, in order to explain "the value of public relations for an organization, and to identify the features of the role of public relations that increase its value" (Grunig and Grunig, 2008: 327).

One of the main contributions of the Theory of Excellence is the definition of the four models of Public Relations. These models, based on empirical research, are a reflection of the different ways of conducting relations with audiences throughout history since the beginning of the twentieth century, extrapolated to the present time along with the elements from each model that may be found in the current context. Therefore, as its authors state, the different models may be currently applied in organizations in different proportions. However, they add, the model most desirable for the development of public relations is the so-called excellent public relations model, with bidirectional communication and balanced results (Grunig, 1992; Grunig and Hunt, 2003).

Excellence refers to a set of features that define the efficiency of an organization. And an organization is efficient when "it reaches the goals set upon consulting its audiences –goals that serve the interests of the organization and those of

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these strategic recipients" (Grunig and Grunig, 2008: 328). These are features and practices that help "build long-term, quality relationships with the strategic target" (Grunig, Grunig and Ehling, 1992: 86).

This fourth model of excellent relations, the bidirectional symmetric model, "provides a theoretical rule on how public relations should be conducted in an ethical and effective manner, this being typical of an excellent communication management" (Grunig and Grunig, 1992: 285).

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Communication in the bidirectional symmetric model "is more of a dialogue than a monologue (Grunig and Hunt, 2003: 75). And the decisive uniqueness of symmetric relations is the balance in the results for both parties, thus adjusting the relationship between an organization and its audience: "understanding, rather than persuasion, is the main goal of public relations" (Grunig and Grunig, 1992: 289).

The practice of excellent public relations is based on research and it uses communication to manage conflict and to improve the relationship with strategic audiences. It is based on negotiation and commitment, with clear ethical assumptions. "Excellent public relations are those that add value to the organization, helping it reach its goals, collaborating with the organization to establish synergies with its audiences and promoting the construction of relational processes while taking into account public interest" (Grunig, Grunig, Aparecida-Ferrari, 2015: 14).

In summary:

– Excellent public relations are socially responsible by definition. "Excellent public relations are a socially responsible policy that must govern the behaviour of a natural person or legal entity, in order to reach and maintain mutual understanding with the different audiences" (García Nieto, 2012a: 101). To meet the demands, needs and interests of strategic audiences becomes a priority.

– The bidirectional symmetrical model of excellent public relations is the ideal and most convenient model for the progress of the humanisation of health care, given that there is a clear convergence between bidirectional, symmetrical, excellent relations and patient centred health care.

– Excellent public relations and corporate social responsibility (CSR) are inseparable, for this reason the humanisation of health care is only possible from an ethical, socially responsible stance by the organization.

3.2. The double challenge of CSR in health care

Over the last few decades there has been a significant increase in the specific actions of corporate social responsibility taken by the Spanish health care system in regards to its own scope as a public service, in which humanisation plays an essential role.

Let's remember that CSR "is assumed by an organization when it responds to the need of being accountable for its actions, policies, procedures, behaviours and communication, regarding the different social groups, current or future, affected by it in the short, mid or long term" (García Nieto, 2012a: 94).

CSR in the health sector, due to the specific aspects of the service provided, has a more pronounced social and human component than organizations in other areas.

Looking at the levels of accountability in organizations stated by Preston and Post (1975) and Grunig (Grunig and Hunt, 1984, 2003, Grunig, 1992), we could say that accountability of health care organizations, specifically hospitals, involves the so-called "public responsibility" as well as a "social responsibility". Health care per se represents a guarantee of social welfare and of improved living standards. Health care professionals, and therefore the organizations for which they work, are not only committed to healing, remedying and looking after patients and assuming the consequences, but also to do this properly and always following the principles of a calling to serve people, a vocation of social service, of respect towards the patient and of ethics, specific to social responsibility.

3.2.1. The social component of health care and CSR

The health service provided to people by hospital is in and of itself an exercise in CSR, seeing as the patient is the main target of social responsibility in health care, for which some hospital administrators refer to it as patient centred social responsibility (Redaccion Medica, 2014). The emotional and social impact of health care, the high level of specialization of health care professionals and the direct contact of employees with patients are "elements that compel those responsible for communication in hospital centres to think about a new concept of CSR adapted to the hospital structure, while respecting the essence of the organizational social responsibility. This new concept must be based on three main aspects: the primary value of interpersonal communication, the increased role of the patient and the commitment towards scientific knowledge" (Medina, 2012a: 82). "To medically and emotionally satisfy the patient is one of the main actions of CSR that may be taken in a hospital. Therefore, training employees in interpersonal communication skills must be among the CSR initiatives carried out by a hospital" (Medina, 2012a: 83).

But if we put the focus on public health care, we must necessarily refer to the framework of social responsibility in the public sector, which has been strengthened over the last decade. When approaching SR in the public sector, we will find that it has been the subject of divergent comments by some authors, for whom public institutions "already were of public interest". While it is acknowledged that "doing things right from a regulatory and quality-oriented point of view isn't enough, given that the manner in which this is performed also has an economic, social, environmental, occupational and reputational impact that must be administered, seeing as it is also of public interest and part of the accountability that must be assumed by institutions before society" (Canyelles, 2011: 84). In this sense, "the public administration has two approaches to CSR: one, to promote good practices on a voluntary basis and another, to suggest the need to regulate on the matter" (Rodríguez Cala, 2017: 63) and "it is necessary that the organization of the institution itself incorporate SR in its management policies and procedures, involving the interested parties and thus attaining the directors' commitment" (Rodríguez Cala, 2017: 65).

In this regard, social responsibility in public organizations may be defined as "those policies voluntarily established by public institutions that are oriented to the common good and to creating social value (with social, economic and

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environmental benefits that converge) exceeding the minimum required by law, and aligned with the needs and expectations of its stakeholders" (Bustos, 2017:134).

3.3. Humanisation and CSR

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Humanisation and Corporate Social Responsibility go hand in hand in the health sector, they are intertwined, they share tasks and goals, overlapping in some areas, and they grow together, or at least they have over the last few years. As stated in the text of the Strategic framework for the promotion of Social Responsibility in Health Care in the Community of Madrid, CSR "is directly related with the ethical and humanizing perspective of health organizations" (General Directorate for the Coordination of Citizen Information and the Humanisation of Health Care, 2017:3).

The Institute of Innovation and Development of Social Responsibility in Health Care [Instituto de Innovación y Desarrollo de la Responsabilidad Social Sociosanitaria (Inidress)], in its decalogue of Social Responsibility in Health Care, states, in its second precept, that "the humanisation of health care is a transcendent and essential value of Social Responsibility in Health Care" (Inidress, 2017: 7).

Some authors think that CSR initiatives may serve as incentives for the implementation of humanisation plans in health care. Such is the conclusion of the workgroup for the humanisation of health care, composed by researchers from the Inditex Chair on Social Responsibility at the University of A Coruña, health care professionals from the A Veiga Gerontology Therapy Centre and health care administrators from the Integrated Management Office of the Health Care Department of Santiago de Compostela (Gil Paz, *et al.* 2018). This workgroup states the need to "place value on the social responsibility departments of health care areas… regarding actions that promote humanisation" (p. 60), and concluded that "the principles of social responsibility and its efficient communication could provide an excellent strategy towards the humanisation of health care" (p. 54). CSR actions and the humanisation of health care are two processes that share spheres of action in the hospital. They share the same recipients and a common goal of progressing towards excellent public relations.

Some CSR actions by the hospitals are clearly actions towards the humanisation of health care. The "Proyecto Plata" [Silver Project] may serve as a model, as it is a CSR plan destined to the development of a platform of voluntary work to accompany the patient after his/her discharge. This project, developed by the CSR Health Network[2] , based on the data of the departments of patient services of six large level 3 hospitals (hospitals that hold most of the specializations) within three autonomous communities, aims to solve a problem found in 5.21% of patients discharged from hospital institutions, that is, the lack of social support necessary for the patient to go from the hospital to his/her usual residence. A social problem, non-specific of the health care area, but that has an impact in the patient's wellbeing (CRS Health Network and Innova-Docencia Group No. 176, 2018).

2 The CSR Health Network, created in 2015, is a non-profit organization formed by professionals from different public hospitals, now close to forty, in different autonomous communities, with the purpose of establishing social responsibility policies in the health care area, for social, environmental and sustainability issues. One of its keys is to create projects in which the patient always "goes first".

In the Community of Madrid, specifically, social responsibility in health care has gained prominence since the year 2017, with the presentation, by the Department of Health, of the aforementioned Strategic Framework for the Promotion of Social Responsibility in Health Care. An idea is clearly stated in its text: social responsibility "in the health care area acquires a strategic importance, seeing as it is directly related to an ethical and humanizing perspective of health care organizations" (General Directorate for the Coordination of Citizen Information and the Humanisation of Health Care, 2017: 3).

But social responsibility in health care doesn't come only from hospital initiatives. We find other CSR actions taken by companies from areas other than health care supporting hospitals that also contribute to the humanisation of health care. We can look, for example, to those initiatives destined to the improvement of spaces in public hospitals, or to those that aim to decrease the traumatic impact of hospital stays, or of surgical interventions, especially in children.

3.4. Humanisation and patient-centered care

Julio Zarco, Director of the Humans Foundation and former general Director of Citizen Information and Humanisation of Health Care of the Community of Madrid, states that humanizing "means to warrant the dignity of a person when he/she is most vulnerable, it is also a compassionate approach towards treating the patient, therapeutic and empathic, and to establish a symmetrical relationship between patients and professionals" (Zarco, 2018a).

Jose Carlos Bermejo, a specialist in humanisation and the director of the San Camilo Hospital in Tres Cantos (Madrid), considers that a humanized health care must respect the patient as a unique individual, and acknowledge "the importance of patients and their relatives in health care" (Bermejo, 2014:3). However, the humanisation of health care also demands an efficient communication. The patient must be "aided to understand his/her situation with clear and accurate information", he/she must know the options available regarding treatment, "otherwise, he/she will only play a passive, dependent role" (Bermejo, 2014:3).

Nevertheless, some health care professionals question the term "humanisation" and instead use "patient-centered care" (Zarco, 2018b:2018). This expression, used in Anglo-Saxon literature (King and Hope, 2013; Stewart, 1995, 2001; Greene, Tuzzio and Cherkin, 2012), refers to a specific way to conduct relationships between health care professionals and patients, more attentive to the needs, preferences and values of the latter at the time of making decisions and when prescribing and applying health care and treatments. Patient centred care can only be conceived from a bio-psycho-social perspective, exceeding strictly biomedical schemes, and based on a bond of trust between patient and physician (King and Hope, 2013; Stewart, 1995, 2001; Greene, Tuzzio and Cherkin, 2012).

In the book Patient-Centred Medicine: Transforming the Clinical Method (Stewart et al, 2003), a group of researchers from the Universities of Ontario, Western Ontario and Ottawa, Canada, attribute the concept "Patient centred medicine" to the Hungarian psychiatrist Michael Balint, who, along with a group of peers, after studying the psychology of the relationship between doctors and patients, coined the term and pointed out its differences with sickness centred care (Balint, 1979). Patient centred care will entail a transformation in the clinical method (Stevens, 1974) and its refinement

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(Byrne and Long, 1984). The group directed by Stewart also understood that the new paradigm, this renewal in the interaction of physicians with patients, would imply a fundamental twist in power relations: "in order to provide a patient centred care, the physician must be able to empower the patient, to share the power in the relationship" (Stewart et al, 2003:5).

In 1995, Stewart published a paper that held the results of research on the physicians-patients community, conducted throughout 25 years. This longitudinal study revealed the problems derived from the lack of transmission of information. On one side, this refers to the information transmitted from patients to doctors, when a physician is drawing up the always essential clinical history of a patient. And on the other side, this also affects the information transmitted from physicians to patients, when a physician is trying to explain a prescription and treatment.

All in all, the studies consulted by Steward stated:

– 50 percent of psychosocial and psychiatric issues go unnoticed in consultations.

– Doctors interrupt patients after 18 seconds, on average, when the latter are explaining their symptoms

– 54% of the patients' ailments and 45% of their concerns are not expressed in consultations.

– In 50% of cases patients and doctors don't agree when identifying the essential part of an ailment, and as a consequence patients are left unsatisfied (Stewart, 1995: 1429).

It also highlighted the importance of differentiating and exploring separately, on one hand, the disease itself, and on the other, the individual patient's feelings towards his/her disease. Stewart insists on the importance of patient centred care and highlights its beneficial results: less malpractice complaints, higher satisfaction of physicians, higher satisfaction of patients, better monitoring of treatments, less concerns and better psychological state in patients (Stewart et al, 2003: 14).

Years later, in 2012, Greene, Tuzzio and Churkin conclude that patients that have a good relationship with their physicians undergo less clinical procedures and are less inclined to take legal action in cases of malpractice. And they saw that patient centred care also benefits medical professionals who turn out to be more efficient when treating their patients. These authors also state the need to expand the model of "Patient centred medicine" to other relations in the health care environment, so that it is not limited to the relationship doctor-patient, but rather broadened in its application to any type of interpersonal relationship in the health care area, be it in primary care, at the hospital or in any other scenario within the health care system.

4. The Humanisation Plan of the Community of Madrid

The General Health Law of April 25th, 1986 established a national health system in Spain that integrated the different public health networks existing until then. This law established the universality of health care for Spanish citizens and residents, and it determined a decentralized system in autonomous communities.

The Community of Madrid, with a surface area of 8,022 km2, is the third largest region in Spain based on its number of inhabitants (6,579,711), and it is the most densely populated. The Annual Report by the National Health System of the Ministry of Health, Consumer Affairs and Social Welfare stated that in 2018 this Community had 108 hospital centres, also being the third tier. Madrid has a rate of 1.2 hospitals for every 100,000 inhabitants. Of these centres, 37 belong to the National Health System, with 12,660 beds and 2,267 outpatient care stations (Ministry of Health, Consumer Affairs and Social Welfare, 2018:32).

As we already pointed out, in 2016 the Department of Health of the Community of Madrid presented the Humanisation Plan to "foster the improvement of the humanisation of health care" (General Sub-directorate for the Humanisation of Health Care, 2016: 19). The following groups of interest were identified during its development: patients, caretakers, patient associations, citizens, professionals, management, other institutions, society (p. 20); 10 strategic lines were established along with 27 action plans.

These are the strategic axes of the Plan:

– Culture of humanisation.
– Personalized information and accompaniment.
– Humanisation of health care in the early stages of life, childhood and adolescence.
– Humanisation in emergency health care.
– Humanisation during hospitalization.
– Humanisation of intensive care units.
– Humanisation in mental health care.
– Humanisation and oncology patients.
– Humanisation at the end of life.
– Madrid Health School.

The presentation of the first of these strategic lines, the Culture of humanisation, already involves aspects that are specifically related to public relations and communication. In this line, the Plan brings up issues that will have direct repercussions on patients' satisfaction, such as the behaviour of the professional staff and that of management, their attitudes, beliefs, customs and practices, and their way of providing health care. Its application should be horizontal throughout its development, in order to better assess and improve the culture of a specific hospital, health care centre or service. It also underlines the importance of leadership in order to change the culture of an organization, and it presents a "Decalogue of Humanisation" with the main guidelines regarding the relationship of workers within the

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health care system and patients. This decalogue was re-edited in April 2019 and presented by the Community of Madrid with the addition of some guidelines for patients.

The Plan also acknowledges that "information in health care is part of the professional activity and it represents an essential value during the health care process that must be warranted by the organization" (p. 81) and it also highlights the importance of accompaniment and support being provided to the patient.

In this sense, information "is an essential requirement for citizens to enhance their ability to make decisions related to their health along with the health care team" (p. 81), much more than the mere transmission of contents and instructions.

The second strategic line of personalized information and accompaniment, directed to improve relationships with audiences, sets the following goals:

– To develop essential institutional educational contents that are homogenous throughout the whole health care network with personalized information and communication.

– To establish a program that develops the different levels of institutional information in each centre.

– To optimize institutional communication.

– To perfect processes that improve personalized assistance.

– To facilitate the patient's accompaniment by a person chosen by him/her.

The Plan also refers to the emergency services: "emergency care is a basic point of reference and it is critical for the National Health System" (p. 99). It is critical because access to these services cannot be controlled by the organization, and it is a basic point of reference because in Spain, while there are other health care spaces, "hospital emergencies are the most common level of assistance" (p. 99). For this reason, when thinking about the hospital's communication as a whole, it seems necessary to address this issue.

In the Community of Madrid, in 2018, hospital emergency services attended 3,378,220 patients (Madrid Health Service and General Directorate of Humanisation, Results Observatory, 2018). It is important to consider that for many people their only contact with a hospital in years is with the emergency service alone. For this reason, the Plan considers the levels of satisfaction and dissatisfaction of patients and their relatives at emergency services, based on satisfaction surveys conducted annually by the Community of Madrid. And, as can be seen in Chart 1, aspects related to communication and information are paramount.

Chart I: Dimension of the satisfaction and dissatisfaction of patients and their relatives

Satisfaction	Dissatisfaction
Information provided	Lack of information during waiting time
Kindness and empathy	Delay in attention after first contact
Active listening, trust and intimacy during conversation	
Perceived waiting time	

Source: Compilation based on the Health Care Humanisation Plan

The Plan concludes that "satisfaction depends basically on the patient's feelings that he/she is being well treated" (p. 100).

Regarding hospitalization, the Plan defines it as "an emotionally intense experience for the patient as well as for his/her relatives and companions" (P. 119), who feel fragile in an unknown environment, probably perceived as hostile, and in a situation in which uncertainty becomes a determining factor, even during the recovery process.

The main areas of improvement in hospitalization are extracted from the Madrid Health Service satisfaction survey:

– Information provided to patients and relatives, about health care assistance and administrative procedures.

– Accessibility for the disabled.

– Patient's comfort in the room.

– Companions' comfort.

– Food quality.

– Pain management.

Explicitly mentioned among them due to its negative assessment are the lack of information and the lack of comfort in the rooms. And when looking at claims presented by patients and relatives we can see how those related with the area of health care organization, health care circuits and treatment stand out.

Julio Zarco, former general Director of Citizen Information and the Humanisation of Health Care in the Community of Madrid, when asked about the role of communication in the design of the Humanisation Plan, states: "Communication pervades the whole strategic humanisation plan, because communication is essential as a tool for professionals and

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the health care system and patients and their relatives. Also, within the perspective of corporate social responsibility, communication is a basic element to achieve osmosis between the hospital and the social structure it is entrenched in" (Zarco, digital interview held on July 17th 2019).

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5. Purpose and methodology

Following our study of the Health Care Humanisation Plan of the Community of Madrid, the general purpose of our research is to learn about the communication actions taken in four hospitals in Madrid regarding the humanisation of health care, and to explore the perception that health care professionals have of it.

As we already pointed out, the field of study defined for our research holds all public hospitals in the Community of Madrid, due to this being one of the first regions to implement humanisation plans. The study population is composed of 37 hospitals belonging to the National Health System.

We take the hospital as a research unit in order to learn about the communication processes inside this type of organization, regarding the different audiences, participants and recipients of the different actions for the humanisation of health care. The hospital is also a recipient and executor of the measures established by the Community of Madrid as per the 2016-2019 Humanisation Plan.

The final sample selected is composed of 4 hospitals that stated their will to collaborate in this research, all members of the Social Responsibility in Health Care Network, formed by administrators and managers of Spanish hospitals, committed to the task of humanizing health care.

When selecting the participant hospitals we used the criteria of size and location, choosing the following: San Carlos Clinical Hospital, University Hospital 12 de Octubre, University Hospital Infanta Cristina of Parla and the Hospital of Guadarrama. Although the sample is not sufficiently representative, the results of the research allow us to reach some reasonable, adequate conclusions.

Chart 2: Features of selected hospitals

Hospital	Beds 2018	Staff 2018	Complexity	Population reference	Type of Health Care	Admissions 2018	Size
Clinical U.H. San Carlos	861	5016	High	374,369	General	31908	Large
U.H. 12 de Octubre	1162	6559	High	446,628	General	45053	Large
Infanta Cristina	188	906	Low	169,612	General	8902	Medium
Guadarrama	144	307	Other	*	Geriatrics and/ or long stays**	1114	Small

Source: Compilation based on the Hospitals Catalogue of the Ministry of Health (2018), the website of the Community of Madrid, the Results Observatory of Madrid Health Service (2018) and the Management Programs of the participant hospitals

*Guadarrama doesn't have a reference population since those admitted are derived from other health care facilities in the Community of Madrid.

**In the Hospitals Catalogue of the Ministry of Health, Consumer Affairs and Social Welfare (2018) the Hospital of Guadarrama is classified as "Geriatrics and/or Long Stays", while in the website of the Community of Madrid it is referred to as a "mid-term stay hospital". In the Results Observatory of the Madrid Health Service (2018) this hospital is included in the category "others" which includes "hospitals supporting other centres, mid-term stay hospitals and psychiatric hospitals".

In order to achieve our goal we applied the following techniques:

– Analysis of materials produced by hospitals and the Department of Health.

– In-depth interviews.

– Focus groups.

We analyzed the following materials:

– Report of humanisation activities proposed for 2018 (Department of Health).

– Balance of humanisation actions in each hospital during 2018.

– Patient care indicators according to the Results Observatory by the Madrid Health Service.

– 2019 management program for each hospital.

– Website of each hospital.

– Information materials developed by the hospitals' communication departments.

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We conducted five in-depth interviews with those responsible for different areas of management at the four hospitals regarding humanisation, social responsibility, quality and communication. Once these interviews were completed and we obtained their results, we deemed it necessary to also look into the perception that health care workers in those hospital have about humanisation and its communication. For this purpose two focus groups were applied: one composed by nursing staff, the other by medical staff.

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6. Results

6.1. Documentary analysis

Of all the documents analyzed it is important to highlight the data reflected in the following chart:

Chart 3: Satisfaction indicators in Patient Care according to the Results Observatory of the Madrid Health Service – Year 2018

	12 de Octubre	San Carlos Clinical	Infanta Cristina	Guadarrama	General
Global satisfaction	85.28%	86.70%	84.58%	82.80%	89.0%
Recommendation	92.04%	92.51%	89.83%	90.07%	93.7%
Information	87.21%	88.26%	87.45%	83.21%	90.28%
Humanisation during hospitalization*	83.57%	85.40%	86.70%	82.30%	87.73%
Humanisation in ambulatory surgery	85.58%	87.99%	89.73%	Not applicable	90.03%
Humanisation in outpatient care	81.84%	80.17%	79.47%	Not applicable	83.5%
Humanisation in emergency service	74.30%	77.98%	75.92%	Not applicable	81.5%
Medical professionals	91.30%	93.12%	90.06%	87.42%	93.05%
Treatment & kindness of med. prof.	92.50%	91.93%	90.62%	90.63%	93.45%
Nursing professionals	89.44%	91.30%	90.06%	85.00%	92.36%
Treatment & kindness nursing prof.	95.03%	90.06%	87.50%	84.91%	92.20%
Pain treatment	87.95%	86.59%	81.71%	75.86%	88.99%
Rooms	53.42%	78.88%	94.97%	85.00%	77.14%

Source: Compilation based on the Results Observatory of the Madrid Health Service 2018

* Percentage of patients that are satisfied or very satisfied with humanisation during hospitalization

In order to build this chart eleven questions from the satisfaction survey were chosen and aggregated in seven key dimensions related to humanisation such as: 1) the treatment and kindness of professionals 2) the information provided at different stages of health care 3) the time and dedication of the professionals 4) respect for privacy 5) participation in decisions regarding treatment and health care 6) silence at night, and 7) pain treatment.

6.2. In-depth interviews

As a summary we will point out the most relevant issues derived from the results of the in-depth interviews:

In large hospitals:

– The communication of humanisation does not reach all hospital staff. And there are significant differences between some departments and others. Some are more committed to humanisation, others not so much.

– Interpersonal communication ends up being the most efficient method to summon participation in humanisation actions.

– Given their larger size, despite the numerous activities conducted and the great effort made, messages don't reach internal audiences.

– Hospitals use different tools to communicate humanisation with patients. The 12 de Octubre Hospital stands out for having a more straightforward and general communication, with information materials and consultation with patients. And the San Carlos Clinical Hospital excels for working together with patient associations.

At mid-sized and smaller hospitals:

– The concept of humanisation reaches health care professionals at these hospitals, although for different reasons it is not sufficiently applied.

– Some hospital service areas do not acknowledge their own participation in humanisation actions, even though they are being implemented in the relationship with patients as well as in the provision of services.

– Oddly enough, health care professionals consider the amount of activities proposed at their hospitals regarding the humanisation plan to be excessive.

The features of the communication of humanisation at hospitals researched are outlined in the following chart.

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Chart 4: Communication of humanisation at the four hospitals

	Information about humanisation activities	Humanisation communication	Main problems	Key actions	Humanisation presence in the website
San Carlos Clinical	Intranet: Service directors. Institutional email. Personal phone call.	Commission members promote actions in their areas. Humanisation referents in services.	Numerous staff. Information or communication doesn't reach all staff. Lack of internal communication. How to create culture in the organization.	Identified humanisation referents in services. Exchange with patient associations.	
12 de Octubre	Intranet: Service directors. Institutional email. Personal phone call.	General sessions. Sessions by specialization or service. Commission members promote actions in their areas. Intranet.	Numerous staff. Information or communication doesn't reach all staff. What actions to conduct to raise awareness.	Actions prior to the Plan. Humanisation in Paediatric Service and 2015-2019 Strategic Plan with an important focus in humanisation.	Almost no presence of humanisation in website.
Infanta Cristina	Very clear and straightforward. Intranet, agenda and news. Through training. Work coordinating with Training and Communication.	Commission members promote actions in their areas. Humanisation-related messages in screens and banners.	Complaints for too many activities. Not all health care staff applies patient centred care.	Campaign "Hospital with Empathy". Improvements in patient experience.	Humanisation very present in the website.

Source: Compilation based on interviews maintained with the directors and coordinators of humanisation actions in hospitals in the sample

6.3. Focus groups

6.3.1. Focus group conducted with nursing staff from the following services: Intensive Care Unit, Surgery, Patient Care, Outpatient Service and Paediatrics

This dialogue held by two participants stands out:

– Participant A: "And why is humanisation so big now?"

– Participant B: "Maybe because we are being de-humanized".

The concept of humanisation in health care is present in the group.

Some participants declare to complete their daily tasks in a humanized manner. They understand and state that the right way to do their job is by putting their focus on the patient and his/her caretakers (especially relatives). But from their comments it can also be inferred that this is not something that is generalized throughout the hospital. And on several occasions they refer to the manner in which other colleagues perform their work as "de-humanized".

However, they consider that they are sufficiently trained on the topic, and that communication about training related to humanisation and patient centred care is frequent and abundant, but that sometimes "it doesn't reach the worker".

Overall they mention the peculiarities of a type, the amount of responsibilities of health care workers and the risks they imply, that may even lead them to stress or to suffer from burnout syndrome, pointing out the lack of tools to overcome personal situations of stress.

And they spontaneously comment about the different behaviours that are demanded of different health care professionals. The physicians are expected to possess a wide scientific and technical knowledge, and the nurses to provide good treatment.

6.3.2. Focus group conducted with physicians from a large hospital

One of the participants in the focus group began with a surprising comment:

> Professionals are sent a perverse message, on one hand we tell them that there is a Humanisation Plan, that we should treat patients well, but they are only asked to perform based on activity. In the end your productivity bonus depends on how many patients you operated, how many consultations you attended… activity, activity, activity. What does the head of service care for? Activity, activity, activity. He doesn't care if you asked a patient how he is doing.

The group in general is critical of the scope of humanisation in the health care system, and it is critical of the Humanisation Plan, especially due to the large amounts of administrative tasks that take time away from other tasks.

They consider that humanisation actions in the hospital achieve great results, but these actions are based on proposals prior or independent to the Plan.

The medical group is very critical of the communication of the Humanisation Plan within the hospital, they deem it insufficient and of suboptimal efficiency. Overall they state that internal communication is scarce: "The middle management doesn't inform, but information doesn't reach them in a clear manner either".

Physicians are knowledgeable and interested in humanisation, but they don't consider it a basic standard, "such as, for example, hand-washing".

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They question the satisfaction surveys that always achieve results higher than 80 percent. These results are perceived as "a failure if they don't reach 90 percent".

It is important to point out the perception that these medical professionals have about the type of patient. An informed patient, who asks and demands, and who will force a gradual improvement of the system.

The youngest participant in the group holds an optimistic view. She refers to a new way of practicing medicine, more humanized. "With these new professionals and appealing to the sensibility of the older ones the health system will tend to improve".

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7. Conclusions

Since the 1984 Insalud Humanisation Plan until the Plan developed by the Community of Madrid in 2016, Spanish hospitals established and more or less informed about actions regarding patient centred care, which apart from assistance and empathy included active listening, information and empowerment of the patient when making decisions about his/her health and life.

However, and despite the relevance assigned to communication by the Humanisation Plan, in the results of our research we observe the non-existence of a clear line of activities of communication regarding humanisation. And, while many activities are conducted, as we could see, no specific channels or proposals have been established in order to reach all members of a hospital's staff. Also, although the Plan acknowledges the importance of organizational culture, the problems seem to stem from the lack of planning and specific channels to communicate humanisation in the analyzed hospitals.

Thus, in large hospitals, health care professionals demand more communicational efficiency. Messages don't reach them, "they go unnoticed". Only those who were already interested in the subject are informed. Therefore we verified that communication in the hospital sector has not improved as it should.

The perception by representatives of larger hospitals corroborates the conclusion reached by previous studies. The magnitude of certain hospital centres hinders communication between same-level departments and it is an obstacle for the proper development of vertical communication, for which many efforts of internal communication get lost along the way.

However, the communication of humanisation in smaller-sized hospitals is perceived as efficient: "it reaches the target". Undoubtedly, their more reduced, less complex structure and a much more straightforward communication contribute to that.

A future line of work, derived from this study, could be posed in the spectrum of large hospitals, with middle management and informal leaders from the different services, with the purpose of turning them into true ambassadors

of humanisation in the hospital. To train and foster this staff is the way to make information go both ways, to their subordinates as well as to their superiors, which could result in an improvement of communication in large hospitals.

As we could verify, hospital communication bears its own specific complexities. In the first place, hospitals are organizations where there are many ways to establish communication with the users. And, in the second place, workers are grouped in structures formed by different types of professionals. After listening to physicians and to the nursing staff during the focus group, a high level of corporatism is observed among the different professionals in hospitals. The "us" and "them", with the other group being physicians, nurses, assistants or wardens, has a strong presence in the statements made by health care professionals.

Despite the pursuit of innovation by those who coordinate activities at large, mid-sized and small hospitals in their desire to find new ways to bring humanisation to every hospital worker, the data of the Observatory of the Madrid Health Service regarding patient care satisfaction in 2018 are, in general, somewhat lower than those of 2017.

One of the causes for this decrease could be the fact that the health care system is overloaded, with more patients, more consultations, physicians that don't stop, who have less time, all of which could lead them to paying less attention to the patient.

Or perhaps the answer lies in the patients themselves, who begin to embrace certain standards and to demand more in the provision of hospital services, with the added pressure this brings to physicians and all health care professionals.

This could be a future line of research, working with patient associations and citizens in general in order to learn more about their perception of humanisation, and developing campaigns to foster the figure of the "informed patient". Informed, yes –but also respectful, aware and empathetic with the specific circumstances that go along with the practice of health care professions.

And a third relevant line of research could be a comparison of health care services in the different Autonomous Communities in Spain and their advances in humanisation. The Social Responsibility in Health Care Network, with its growing national expansion, could be a valid commentator for this project.

We conclude that patient centred care, humanized care, is the ideal way to provide services within the health care system. At some point we will find it hard to remember that there was another way of providing hospital service. In order to achieve this and to provide the health care system with the necessary tools and communicational strategies it is important to continue research in the areas of communication and public relations.

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