

Background

- Each year more than 3,000 LVADs are implanted for persons with end stage heart failure.
- Many LVAD patients live with a device for years or the rest of their lives.
- Devices can cause dehumanization as they have loud and unpredictable alarms, are dependent on power sources, are obvious and bulky.
- Devices provide lifesaving blood flow, but can also limit people from normal "human" activities.
- Many people are further dehumanized as clinicians may focus more on the "machine" than the actual person.

Objectives

- Understand the literature that supports the medical dehumanization/humanization framework
 - Review literature for relevance related to LVAD and dehumanization
- Understand communication strategies that support individualism such as:
 - Listening skills
 - Open communication
 - Therapeutic presence
- Understand nursing Caritas Caring framework used to support caring based interventions
 - Strategic implementation of a clinician tool
 - Increasing human interaction
 - Improving the trusting relationship

Methods

- Completed a literature search to understand dehumanization of persons specifically whom use electronic medical devices/ LVAD
- We propose providing a guide for clinicians to improve humanistic interactions for persons with LVAD.
- This guide will contain methods encompassing: open communication, presence, listening, and individualizing care.

Statement of the Problem

- Clinicians unintentionally use dehumanization is a method for resiliency and coping with the constant pain and illness encountered.
- Clinicians unintentionally dehumanize their patients by being impersonal, focused on tasks and machinery.
- Treating patients as less than human leaves the person feeling demoralized.
- Dehumanizing people causes a host of negative effects including loss of self, dignity, autonomy and which can then impact a patient's ability to make medical decisions.

Guiding Human Connections

- We propose a guide for clinicians to for persons with LVAD.
- The guide will provide a model for the clinician to prioritize human interaction as he or she communicates with and cares for persons with LVAD.
- Together this guide assists the patient and clinician to focus on the human aspects of care and form a caring, harmonious relationship thus together improving the quality of care.

Conclusion

- As clinicians, we should consciously focus on the patient as a person and understand that the "machine" should not be the emphasis of attention.
- Caring for persons with LVADs requires being supportive of their thoughts and feelings and creating a human connection.
- Practical applications to help patients regain some form of a normal life and quality of life, include specialized vest or clothing options to help conceal the noticeable and cumbersome equipment.
- Clinicians should provide open communication, listening, presence and inclusion of patients in care planning.
- Self reflective practices promotes wellness and resiliency in providers, thereby promoting compassionate human centered care.
- By showing human care to a patient and their family, we bridge the gap between humanity and treatment.
- More research is needed to understand the effects of dehumanization on persons who live with medical devices and LVAD

Guide to Improve the Human Connection

PROVIDER

- Leave lab coat at the door
- Call person by name
- Don't label person by diagnosis
- Focus on the person not the monitors, devices, computers
- Individualize care
- Ask open ended questions
- Provide presence
- Practice active listening
- Self reflective practice

PERSON FACING

- Encourage active participation in plan of care/ decision making
- Allow hospitalized people to wear their own gowns/clothes
- Ask two questions about the persons background, job, family life
- Ask "what do I need to know about you as a person to give you the best care possible?"
- Provide vest or ideas for concealing equipment



References

- C
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- Vaes, J. & Muratore, M. (2013). Defensive dehumanization in the medical practice: A cross-sectional study from a health care worker's perspective. *British Journal of Social Psychology*, 52, 180-190. DOI: 10.1111/bjso.12008

Future Directions

- Provide education on the use of standard practice for communication that supports humanization.
- Provide further education on the use of standard tools for nurses and providers to support caring based interventions which increase human interactions.
- Provide education on communication which improves trusting relationships with persons
- Encourage self reflective practice