Original Article

The Outcomes of Humanistic Nursing for Critical Care Nurses: A Qualitative Study

Zeynab Zamaniniya, Mojgan Khademi[1], Tahereh Toulabi[2], Kourosh Zarea[3]

Student Research Committee, Department of Nursing, School of Nursing and Midwifery, Lorestan University of Medical Sciences, [1]Social Determinants of Health Research Center, School of Nursing and Midwifery, Lorestan University of Medical Sciences, [2]Cardiovascular Research Center, School of Nursing and Midwifery, Lorestan University of Medical Sciences, Khorramabad, [3]Nursing Care Research Center in Chronic Diseases, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran

ORCID:

Zeynab Zamaniniya: 0000-0002-2648-4205

Mojgan Khademi: 0000-0001-7051-1605

Tahereh Toulabi: 0000-0003-3125-6765

Kourosh Zarea: 0000-0001-5124-6025

ABSTRACT

Background: Despite the importance and the necessity of humanistic approaches to care, there are limited studies into their outcomes for nurses. **Objectives:** The aim of this study was to explore the outcomes of humanistic nursing for critical care nurses (CCNs). **Methods:** This qualitative study was conducted through conventional content analysis. Data were collected through semi-structured interviews with 16 CCNs purposively selected from hospitals in Ahvaz, Iran. Trustworthiness of the data was ensured using Lincoln and Guba's criteria. **Results:** The outcomes of humanistic nursing were grouped into three main categories, namely personal growth and self-actualization, protection of personal dignity, and greater satisfaction and comfort. Each of these categories had three subcategories which were development of abilities, self-concept and self-worth, spiritual transcendence; greater popularity, improved social status of nursing, appreciation, respect, and support for nurses; and happiness, satisfaction, and motivation, respectively. **Conclusion:** Humanistic approaches to care help fulfill the needs of both patients and nurses. The findings of this study provide a deeper understanding about how to reinforce humanistic behaviors and can be used in nursing education and practice.

KEYWORDS: *Content analysis, Critical care, Humanistic nursing, Outcomes*

INTRODUCTION

*H*umanism and respect for human being are the core and the starting point of nursing.[1] Humanistic nursing is a mutual subjective interaction between nurse and patient and is a response to the situation which aims at facilitating recovery.[2] It is characterized by empathy, respect for human dignity, altruism, patient autonomy, friendly environment, and holistic care.[2] Humanistic approach to care helps recognize nurses' personal values,[3] develops their professional abilities, and improves their satisfaction.[4]

Address for correspondence: Dr. Tahereh Toulabi,
Cardiovascular Research Center, School of Nursing and
Midwifery, Lorestan University of Medical Sciences,
Khorramabad, Iran.
E-mail: tolabi.t@lums.ac.ir

How to cite this article: Zamaniniya Z, Khademi M, Toulabi T, Zarea K. The outcomes of humanistic nursing for critical care nurses: A qualitative study. Nurs Midwifery Stud 2021;10:114-20.

Access this article online

Quick Response Code:

Website:
www.nmsjournal.com

DOI:
10.4103/nms.nms_32_19

Rapid advances in medical technology and the use of sophisticated interventions for saving patients' lives[5] have turned critical care units (CCUs) into the most stressful hospital wards.[6] Multiplicity of routine protocols and the wide use of mechanical equipment in these units interfere with care provision based on human values.[7,8] Although patients experience humanistic behaviors in CCUs,[8,9] some evidence shows instances of inattention to their basic needs, ineffective communication with them, and the necessity of strengthening humanistic approaches in these units.[7,10] On the other hand, critical care nurses (CCNs) face unresolved and complex conflicts in patient care.[11] These problems highlight the importance of combining skills, technology, and humanism in nursing care provision in CCUs.[12]

As rewards are a main factor affecting a behavior, exploring and highlighting the positive outcomes of humanistic nursing in CCUs can motivate CCNs to more frequently use humanistic behaviors.[4] Humanistic approach to nursing education and care can also promote human values in the nursing profession[13] and help researchers develop and support humanistic nursing theories.[14]

Despite numerous studies into humanistic nursing, there are limited data about humanistic nursing in CCUs. Most studies into humanistic nursing in CCUs focused on its characteristics or indicators[12,15] from the perspectives of patients and provided limited information about nurses' experiences.[7,8] Therefore, the present study was conducted to fill this gap.

Objectives

The aim of the study was to explore the outcomes of humanistic nursing for CCNs.

Methods

Design, setting, and participants

This qualitative study was conducted using conventional content analysis.[16]

Participants were CCNs who were selected purposively from several public and private hospitals in Ahvaz, Iran. Selection criteria were having the experience of humanistic nursing (assessed through observation and asking colleagues), desire and ability to share experiences, experience of work in CCUs for at least 6 months, and bachelor's degree or higher in nursing. As data collection necessitated several probable contacts with participants, those who permanently left the study setting or voluntarily withdrew from the study were excluded. Table 1 shows participants' characteristics.

Table 1: Participants' characteristics

Age (years)	Position	Work experience	Educational degree	Gender
42	Supervisor	9 years	Master's	Female
30	Staff nurse	4 years	Bachelor's	Female
33	Staff nurse	6 years	Bachelor's	Female
36	Staff nurse	11 years	Bachelor's	Male
25	Staff nurse	6 months	Bachelor's	Female
40	Charge nurse	7 years	Bachelor's	Male
39	Staff nurse	14 months	Bachelor's	Female
41	Staff nurse	13 months	Bachelor's	Female
49	Charge nurse	8 years	Bachelor's	Female
50	Charge nurse	17 years	Bachelor's	Female
39	Supervisor	5 years	Bachelor's	Male
40	Staff nurse	7 years	Bachelor's	Female
29	Staff nurse	6 years	Bachelor's	Female
34	Staff nurse	9 years	Bachelor's	Female
40	Staff nurse	8 years	Bachelor's	Male
48	Staff nurse	12 years	Master's	Female

Data collection

For data collection, in-depth semi-structured interviews were held with participants. The main interview questions were, "How do you define humanistic care?" "Have you ever provided humanistic care or showed humanistic behaviors during your nursing practice?" and "What were the outcomes of such behaviors?" Probing questions were also used, such as "Can you explain more about this?" After the primary analysis of each interview, a second interview was held with the interviewee if there was any ambiguity in his/her first interview. In the second interviews, more specific questions were asked based on the concepts and categories generated during the analysis of the first interviews. Data collection lasted up to data saturation. Accordingly, 24 interviews were held with 16 participants. All interviews were held in a room in the study setting. The interviews lasted 30–90 min. Data collection and analysis were performed from November 2014 to June 2016.

Data analysis

Data were analyzed through conventional content analysis proposed by Elo and Kyngas.[17] Each interview was read for several times for the purpose of immersion in the data.[18] Words, sentences, and paragraphs which were relevant to the study aim were identified and coded. Then, the codes were compared, combined, and categorized into subcategories based on their similarities and differences. Subcategories were also compared and grouped into three main categories [Table 2].

The four criteria proposed by Lincoln and Guba[19] were used to ensure trustworthiness. Prolonged engagement with the study helped us establish effective

Table 2: An example of developing subcategory based on meaning units

Meaning unit	Condensed meaning unit	Code	Subcategory
I work for several years in ICU. I started to feel that my mood and behaviors have changed and I am able to spend stressful conditions more conveniently. Now, I, as a supervisor, manage stressors more skillfully. These are the outcomes of my effective communications with families and critically-ill patients. I've learned what to do (P. 1)	Greater ability to manage stressful conditions	Development of stress management ability	Development of abilities
	Improved endurance and patience	Development of patience	

ICU: Intensive care unit

communication with participants, gain their trust, and collect in-depth data. Sampling with maximum variation respecting participants' age, work experience, and official position helped ensure transferability. Credibility was also ensured through member checking, in which the transcript of interviews together with their corresponding codes was given to some participants and their comments were used to revise the findings. To ensure confirmability, the process of the study was precisely documented, and several interviews together with their codes and categories were assessed and approved by two experienced qualitative researchers. The dependability of the findings was also ensured through seeking comments from two experienced qualitative researchers who were external to the study.

Ethical consideration

This study was approved by the Ethics Committee of Lorestan University of Medical Sciences, Khorramabad, Iran (code: IR. LUMS. REC.1395.128). Before each interview, the interviewee was provided with clear explanations about the importance, aims, and methods of the study and the reasons for recording the interview. The time and place of each interview were determined through participatory decision-making. Participants were informed about how to access the authors and the findings and were ensured of confidentiality of their data and the voluntariness of participation in and withdrawal from the study. Finally, written informed consent was obtained from all of them. All voice files of the interviews were kept confidential and used for the purpose of the present study.

RESULTS

The outcomes of humanistic nursing for CCNs were categorized into three main categories, namely personal growth and self-actualization, protection of personal dignity, and greater hope and comfort [Table 3]. The participants equated humanistic care with close attention to conscience and spirituality at work, good relationships with patients, comprehensive nursing care delivery, and respect for patients' human dignity. They highlighted that humanistic care is always associated with positive outcomes.

Each nurse should work for God and consider Him as an observer of his/her practice. We need to consider patients, particularly unconscious patients in ICU, as our own family members and work for them as they are our own family members. This attitude boosts our morale and will have positive outcomes (P. 3).

Personal growth and self-actualization

Personal growth and self-actualization were among the most important outcomes of humanistic nursing for CCNs. Participants considered their humanistic interactions with their patients as an opportunity for self-nurturing, self-development, and cultivation of their intrinsic aptitude. This main category included the following three subcategories.

Development of abilities

One of the best outcomes of humanistic nursing for CCNs was the development of their different abilities, including ethical and professional abilities. They highlighted that humanistic care improves their endurance and patience, communication skills, and stress management skills, and helps them learn better humanistic behaviors.

Previously, I had limited endurance and patience. But during several years of work in ICU, I started to feel that my mood and behaviors have changed and I am able to spend stressful conditions more conveniently. Now, I manage stressors more skillfully. These are the outcomes of my effective communications with families and critically-ill patients. I've learned what to do (P. 1).

Self-concept and self-worth

Most participants referred to experiences which denoted self-concept and self-worth. These experiences included sensing to be a healer, performing significant role in patient care, positive self-image, self-pride, and self-confidence.

Reducing somebody's burden by a simple speech or empathy gives you good feelings such as usefulness and self-confidence. You feel that you have been able to solve somebody's problem. It is not like pills prescribed by physicians; rather, it is the outcome of your own practice (P. 4).

Table 3: The subcategories and main categories of the study

Main categories/subcategories
Personal growth and self-actualization
Development of abilities
Self-concept and self-worth
Spiritual transcendence
Protection and restoration of personal dignity
Greater popularity
Improved social status of nursing
Appreciation, respect, and support for nurses
Greater satisfaction and comfort
Happiness
Satisfaction
Motivation

Spiritual transcendence

Our participants' experiences showed that attention to moral values and humanistic practice helps CCNs find meaning in life and move toward spiritual transcendence and perfection. They believed that such spiritual transcendence helped them obtain God's favor.

> *I respect patient privacy even when they are in coma. You know, this also affects ourselves because we feel that we respect humanity. Then, you thank God for giving you reason, wisdom, and ability to take these things into account (P. 15).*

Protection of personal dignity

Participants noted that humanistic nursing protects their personal dignity and improves their professional status both in personal life and at workplace. The three subcategories of this category were greater popularity; improved social status of nursing; and appreciation, respect, and support for nurses.

Greater popularity

According to the participants, humanistic relationships boost nurses' popularity and result in patients' love for them and good remembering of them in the society. The findings showed that nurses' good conduct can form positive image of nurses in patients' mind.

> *There was a child in our unit. They (i.e., his family) were passengers from another city who had an accident near our city. Whenever I was at his bedside, I felt that he was my own child and hence, played for him my son's favorite music using my cell phone. Moreover, I read poem for him. That child liked me very much and knew when my next shift would be (P. 8).*

Improved social status of nursing

One of the most important outcomes of humanistic nursing was improved social status of the nursing profession. Humanistic approach to nursing care has improved public awareness of the value of nurses' work.

> *We had a critically-ill patient in this ICU. Our doctor had said to his family that his death was imminent. But, we didn't lose our hope and didn't consider him on the verge of death. Every day, we fed him and listened to his words. He received care for several days. When he was going to get discharged from hospital, he thanked us a lot and said that he couldn't say anything but to say that nurses are angles (P. 5).*

> *Humanistic conduct can even change their attitudes. An example is public attitude about the nursing profession. Until recent years, families didn't allow their daughters to enter nursing, while now it's not so anymore because they see nurses' good conduct in hospitals (P. 7).*

Appreciation, respect, and support for nurses

According to the participants, nurses' humanistic practice helps them gain managers' appreciation, respect, and support.

> *When our care is humanistic, managers respect us. They have appreciated me as the best nurse for several times and hence, support me at work. For example, they resolve problems in my monthly work schedule or sought my opinion on my preferred ward after maternity leave. They rarely seek nurses' preferences in these occasions (P. 9).*

Greater satisfaction and comfort

The third main category of the outcomes of humanistic nursing for CCNs was greater satisfaction and comfort brought about by humanistic attitudes, empathetic relationships, and healthy interactions with patients. This category had three subcategories, namely happiness, satisfaction, and motivation.

Happiness

Participants' experiences showed that humanistic approach to nursing in CCUs brings CCNs happiness and thereby, alleviates the discomfort associated with hardship at work.

> *We had a patient with hepatitis in our coronary care unit. As he was a famous musician, all staff knew him and attempted to remind him of his positive memories. This practice filled his eyes with happy tears. He smiled despite respiratory distress. We also felt happy at his happiness and realized how kindness is pleasant and joyful (P. 11).*

Satisfaction

Another outcome of humanistic nursing for our participants was greater satisfaction. Improved job

satisfaction was associated with greater interest in work and the nursing profession.

> *We had an eighteen-year-old boy in our unit with head trauma due to accident. He had a respectful family. I just calmed his family members and allowed them to visit him. They thanked me a lot in front of the doctor and said that my words had calmed them a lot. It was a good feeling. Thanks God that I became a nurse and can experience such moments (P. 13).*

Motivation

Higher morale and greater motivation for work were other outcomes of humanistic nursing for CCNs. Greater job motivation in turn motivated nurses for greater participation in humanistic behaviors.

> *The doctor had prescribed surgery but the patient did not consent. I talked with the patient a lot and even contacted his family to come to the hospital. Finally, the patient consented. A while afterwards, his family contacted and thanked me. This experience motivated me to get involved again in patient-related affairs"* (P. 12).

DISCUSSION

Humanistic nursing is to save the essence of humanity which some believe has been lost due to technological advances.[10] The three main categories of the outcomes of humanistic care in the present study were personal growth and self-actualization, protection of personal dignity, and greater hope and comfort. These findings are remarkably similar to the definition of humanistic nursing as a mutual subjective interaction between nurses and patients for facilitating recovery.[2] Effective communication as a key aspect of humanistic care was the common point of this definition and our findings. However, humanistic care in the literature is presented as a postmodern approach rooted in the inner world of care providers[2,3] with little attention to spirituality and religiosity. Contrarily, participants in the present study paid close attention to the spiritual aspect of humanistic care and defined humanistic care using religious beliefs and values.

Findings showed that one of the outcomes of humanistic nursing is personal growth and self-actualization. Growth is the inseparable part of Paterson and Zderad's Humanistic Nursing Theory which considers growth as nurturing well-being and more-being.[19] In line with our findings, a former study showed that nurses' personal growth and development and their depiction as symbols of in-depth humanistic activities were among the outcomes of humanistic care.[15]

One of the subcategories of the personal growth and self-actualization main category was the development of abilities. Nurses form the largest group of health-care providers and their abilities have significant role in the accomplishment of the mission of health-care delivery system and provision of effective nursing care.[20] Two former studies implicitly reported the development of nurses' professional abilities as an outcome of humanistic nursing.[4,21] Some studies also reported that love-based care, which is a concept of humanistic care, can develop nurses' personal and professional abilities.[22,23]

Another subcategory of the personal growth and self-actualization was self-concept and self-worth. Nurses' self-worth and self-efficacy have prominent role in the formation of their thinking, desires, values, and goals and are decisive factors in their psychological growth.[24] A study showed that humanistic relationship helps recognize intrinsic values and enables people to develop their identity.[3]

Spiritual transcendence was the third subcategory of the personal growth and self-actualization main category. Findings showed that effective clinical presence, respect for patient's individuality, and attention to the humanistic aspect of care can result in nurses' spiritual transcendence and strengthen their belief in God, manifested by finding meaning in life. A study showed spiritual growth for nurses as a consequence of care delivery to terminally ill patients.[25]

Protection of personal dignity was the second main category of the study. Findings showed that nurses' attempt to provide humanistic nursing care helped them protect their personal dignity through boosting their popularity; improving their social status; and gaining greater appreciation, respect, and support. Our participants' experiences showed that humanistic nursing boosts nurses' popularity among colleagues, patients, patients' family members, and nursing managers. A former study also reported trust and connectedness as important outcomes of humanistic care.[26]

Findings also showed that humanistic nursing helps CCNs gain senior nursing managers' appreciation, respect, and support. Nurses' sincere humanistic care attracts managers' attention and requires them to appreciate it through support and respect for nurses. Moreover, the participants noted that humanistic nursing can improve public awareness and attitude about nurses, nurses' professional power, and public image and social status of nursing. Similarly, a study reported that clinical humanism and humanistic procedures in care can modify public attitude and form an ideal public attitude about nursing.[27]

The study findings also showed greater satisfaction and comfort for CCNs as the third main category of the

outcomes of humanistic care. One of the subcategories of this category was happiness for CCNs, patients, and patients' families, which in turn reinforced humanistic behaviors and increased their frequency. Similarly, a former study reported that happiness improved nurses' job motivation.[28]

Satisfaction was another subcategory of the greater satisfaction and comfort main category. Satisfaction has a multi-component structure. One of its components is job satisfaction. Our findings showed that humanistic nursing provides CCNs with higher job satisfaction. In line with this finding, a former study reported satisfaction as the most important outcome of humanistic care.[4]

Finally, the findings showed that humanistic nursing improves CCNs' motivation. Motivation can reinforce humanistic behaviors and increase their frequency.[10] An earlier study showed that humanistic care develops and strengthens nurse–patient relationships.[19] Nurses with high job motivation and satisfaction are more ready for patient care, are more collaborative with other health-care providers, and provide care with higher quality.[29]

Conclusion

This study concludes that humanistic nursing is associated with many different outcomes for CCNs. It not only provides an appropriate response to patients' needs in CCUs, but also plays a significant role in fulfilling nurses' personal and professional needs. The findings of the present study help recognize and develop the concept of humanistic nursing in societies and improve health-care management. Moreover, this study paves the way for further studies in the area of humanistic nursing such as studies for developing instruments to measure the outcomes of humanistic nursing. Integration of humanistic nursing courses into the curriculum of nursing is recommended.

Due to time limitations, the participants of the study consisted only of CCNs. Future studies are recommended to explore patients' and their family members' experiences of humanistic nursing.

Conflicts of interest
There are no conflicts of interest.

References

1. Cao Q. Humanistic caring: The core of nursing. J Med Coll PLA 2013;28:125-8.
2. Wu HL, Volker DL. Humanistic nursing theory: Application to hospice and palliative care. J Adv Nurs 2012;68:471-9.
3. Lee I, Wang HH. Preliminary development of humanistic care indicators for residents in nursing homes: A Delphi technique. Asian Nurs Res (Korean Soc Nurs Sci) 2014;8:75-81.
4. França JR, da Costa SF, Lopes ME, da Nóbrega MM, de França IS. The importance of communication in pediatric oncology palliative care: Focus on humanistic nursing theory. Rev Lat Am Enfermagem 2013;21:780-6.
5. He J, Hu DY, Liu YL, Wu LF, Liu L. Study of the effect of humanistic nursing care model wards in children caring ward school on the nurses' caring ability. Chin Nurs Res 2016;3:45-7.
6. Luiz FF, Caregnato RCA, Costa MRD. Humanization in the intensive care: perception of family and healthcare professionals. Rev Bras Enferm 2017;70:1040-7.
7. Meriläinen M, Kyngäs H, Ala-Kokko T. 24-hour intensive care: An observational study of an environment and events. Intensive Crit Care Nurs 2010;26:246-53.
8. Pereira MM, Germano RM, Câmara AG. Aspects of nursing care in the intensive care unit. J Nurs UFPE Line 2014;8:545-54.
9. Da Silva FL, de Oliveira CC, de Sá LD, de Lima AS, de Oliveira AA, Collet N. Humanization of nursing care in a hospital environment: The user's perception. Cienc Cuid Saude 2014;13:210-8.
10. Pastor N. The nursing in the humanization of the attendance in unit of intensive therapy–systematic literature review. J Spec Nurs Care 2010;3:700-11.
11. Leite NC, Vasconcelos JD, Fontes WD. Communication in the process of humanization of the assistance at intensive care unit: Experience of relatives and cares. J Nurs UFPE line 2010;4:1587-94.
12. Facioli AM, Amorim FF, de Almeida KJ. A model for humanization in critical care. Perm J 2012;16:75-7.
13. da Silva RC, Ferreira Mde A. The practice of intensive care nursing: alliance among technique, technology and humanization. Rev Esc Enferm USP 2013;47:1325-32.
14. Lélis AL, Pagliuca LM, Cardoso MV. Phases of humanistic theory: Analysis of applicability in research. Text Context Nurs 2014;23:1113-22.
15. Morais GS, Costa SF, Carneiro AD, Frana JR, Nóbrega MM, Duarte MC. Scientific production about the theory of humanistic nursing: Integrative review. J Nurs UFPE Line 2014;8:137-45.
16. Chernicharo ID, Silva FD, Ferreira MD. Description of the term humanization in care by nursing professionals. Esc Anna Nery 2014;18:156-62.
17. Elo S, Kyngäs H. The qualitative content analysis process. J Adv Nurs 2008;62:107-15.
18. Elo S, Kääriäinen M, Kanste O, Pölkki T, Utriainen K, Kyngäs H. Qualitative content analysis: A focus on trustworthiness. SAGE Open 2014;4:1-10.
19. Nowell LS, Norris JM, White DE, Moules NJ. Thematic analysis: Striving to meet the trustworthiness criteria. Int J Qual Methods 2017;16: 846-54.
20. Valizadeh S, Fallahi Khoshknab M, Mohammadi E, Ebrahimi H, Arshadi Bostanabad M. Nurse's perception from barriers to empowerment: A qualitative research. J Urmia Nurs Midwifery Fac 2015;12:1128-38.

21. Luo S, Wang Y, Li Z, Ynag C, Chen A. Establishment and implementation of humanistic nursing care in ophthalmic ward. Eye Sci 2015;30:125-7.

22. Rad M, Mirhaghi A, Shomoossi N. Loving and humane care: A missing link in nursing. Nurs Midwifery Stud 2016;5:e34297.

23. Adib-Hajbaghery M, BolandianBafghi S. Love in nursing: A concept analysis. J Caring Sci 2020;9:113-9.

24. Farzianpour F, Hosseini SM, Hosseini SS, Movahed Kor E, Amerzadeh M. The relationship between nursing managers' self-reliance and patients' satisfaction in hospitals affiliated to Tehran University of medical sciences (TUMS). Payavard Salamat 2013;6:330-41.

25. Liu Y, Ku Y, Yang W. Exploring the spiritual growth experiences of nurses caring for terminally ill patients. J Nurs Patient Care 2016;2:2.

26. Khademi M, Mohammadi E, Vanaki Z. A grounded theory of humanistic nursing in acute care work environments. Nurs Ethics 2017;24:908-21.

27. Stievano A, Marinis MG, Russo MT, Rocco G, Alvaro R. Professional dignity in nursing in clinical and community workplaces. Nurs Ethics 2012;19:341-56.

28. Shojaee F, Abolhassan R, Ebrahimi S, Ghadimi N, Mousavi S. Nursing students' happiness status. Iran J Med Edu 2011;11:161-2.

29. Valizadeh S, Haririan H. Nurses work motivation: A big challenge for health system: A review article. Prev Care Nurs Midwifery J 2016;5:56-64.