

Communication Factors in Holistic Humanized Nursing Care: Evidenced from Integrative Review*



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Abstract

The aim of this integrative review was to identify the factors which characterized the humanized nursing care in nursing practice, and to propose a holistic humanized care model for nursing education. A primary search evaluating nursing care for the individual, family and community from published research was undertaken on seven databases CINAHL, MEDLINE, EMBASE, British Nursing Index (BNI), Chinese Biomedical Database (CBM), China Medical Academic Conference (CMAC), and China Academic Journal (CAJ). Out of the 1130 references found from the electronic search, reviewing of the titles and abstracts reveal 629 duplicate references, 43 were not journaled papers. Among 458 references, only 25 papers were selected based on the following criteria; original articles; published in English during 2000 to 2018 and fit with the theme of humanized nursing care. The content was analyzed using thematic analysis.

The findings revealed the six noble qualities “love, commitment, empathy and sympathy, compassion, confidence and competence, and confidentiality and privacy” that nurses can use to communicate in their daily nursing practice to provide an effective humanized nursing care to individuals, families, and groups.

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These factors have reciprocal effect upon the perception of patients and nurses which determine the quality of nursing communication and care delivery. Identified variables could be a baseline data to measure service quality and should be incorporated in the nursing curriculum. Consequently, a holistic humanized nursing care model for nursing education was proposed. Further research to test the model and its effects were recommended.

Keywords: Nursing Communication; Humanized Nursing Care; Nursing education; Integrative Review

Introduction

Nursing is one of the helping professions that focuses on serving the needs of human as a biopsychosocial and spiritual being which requires not only a composition of scientific and clinical knowledge but also interpersonal, intellectual and technical abilities and skills (Raya, 2009; Kourkouta & Papathanasiou, 2014; Salazar, 2016). Nursing involves being with people at the most difficult times in the patients' lives, physically or psychologically. The type of care given by the nurses is humanized care which is perceived by both nurses and patients as a kind of unconditional human care from human heart, as Gelinas (2015) pointed out that a culture of caring is a culture of curing. Interpersonal communication skill is a crucial facilitating factor (Raya, 2006) which enables nurses to express their humanized nursing care through courtesy, kindness, and sincerity, with the necessary confidentiality to the patients and their family members (Salazar, 2015; Salazar, 2016).

As an instinctive feeling that all humans possess, humanization is defined as the act or effect of humanizing, which in turn means "making human; granting human traits or conditions to; making benevolent, gentle; showing oneself benevolent, compassionate, and generous; adopting the good as a precept of social relations (Salazar, 2016). The concept of humanized care has become essential not only in nursing practice but also in the teaching-learning process of nursing education (He et al, 2016) for the development of a sustainable society in the 21st century (Intawat, Bundasak & Jangasem, 2017). Understanding insightfully of humanized care, its theory and meaning helps the nursing student to adopt humanistic mind when they become professional nurses (Ferreira, Freitas do Amaral, & Lopes, 2016). The successful outcome of individualized nursing care of each patient is not only based on the physical abilities of nurses, but also on education and experience (Button & Barrington, 2014; Didy & Barrington, 2014). The different dimensions of humanized care were addressed in different situations or circumstances (De Almeida & Chaves, 2013).

The development of evidence-based practice in the integration of humanized nursing care for individual, family, and group is a current major challenge in the

fields of nursing practice and nursing education. It also concerns health institutions because, in spite of efforts to ensure it with the individuals hospitalized, complaints are frequent due to flaws in care, dehumanizing conditions and miscommunication (Norouzinia et al., 2016). Dealing with humanized care and communicate humanized nursing care to patients establish the pertinence of the research study reported in this article, which is aimed at understanding its meanings in the experience of those participating in it, especially seen in light of the ‘humanized’ attribute due to the importance it represents for nursing. Achieving its comprehension, the practice of humanized nursing care will become a reality (Kanerva, Kivinen, & Lammintakanen, 2015).

With the advance of information technology, literatures concerning humanized care were considerably increased and accessible through major databases. However, the factors which characterize the humanized nursing care in nursing practice were not clearly identified, these factors form pleasant messages and expectedly have reciprocal effect upon the perception of patients and nurses which determine the quality of nursing communication and care delivery. Variables identified could be a baseline data to measure service quality and to create a humanized care model for nursing education. Therefore, two main objectives would be addressed in this paper (1) to determine components of humanized communication in holistic nursing care for the individual patient, family, and community participation from the nursing literature, and (2) to propose factors in a theoretical model of holistic humanized nursing care for nursing education.

Review of Related Literature

The concept of humanized nursing care in views of individual-centered, family-centered, community-centered, and communication elements were reviewed as follow.

Individual-Centered Humanized Nursing Care

Every individual patient is unique and has his/personal journey in life to undertake. Individual-centered humanized care acknowledges the individual

differences, perception of illness, attitude and coping. In dealing with any kind of condition especially chronic diseases such as DM, hypertension, cancer, liver cirrhosis, nursing interventions should acknowledge that these are human beings who have unique characteristics (Grobbel & Rowe, 2014). Despite the clinical differences across these chronic conditions, each illness confronts patients and their families with the same spectrum of needs however, research results showing that changes to the organization and delivery of care can improve the quality of care and certain outcomes of chronic disease (Wagner & Groves, 2002). Patient satisfaction regarding humanized nursing care is a significant indicator of the quality of care, and quality of life the patient (Brown, 2013; Bramley & Matiti, 2014; Piva, Quadri, & Destrebecq, 2011; Létourneau, Cara, & Goudreau, 2017).

Family-Centered Humanized Nursing Care

To efficiently practice family-centered humanized nursing care in dealing with chronic or lifestyle diseases requires nurses to shift from a professionally-centered view of health care to a collaborative model that recognizes families as central in a patient's life and their values and priorities as pivotal in the plan of care. Nursing strategies to promote the family's role as a primary caregiver for their patient involve recognizing and accepting diverse styles of a family coping (Lamont, 1997). Family members should be included in planning, implementation, and evaluation of nursing interventions (Chamberlain, 2000). Good communication between families and health care providers is central to quality care, providing valuable insight into medical history and preferences, increasing family involvement, satisfaction, and reducing complaints (Ahmann, 1994; Majerovitz, Mollott & Rudder, 2009).

Community-Centered Humanized Nursing Care

Community participation is a very integral part of high-quality nursing cares particularly those who work in disadvantaged areas. Positive health outcomes can only be achieved by addressing the factors that protect and create health and wellbeing, and many of these are at a community level. Community life, social connections and having a voice in local decisions are all factors that make a vital

contribution to health and wellbeing. They build control and resilience, help buffer against disease and influence health-related behavior and management of long-term conditions (Cohen, 2015). Nursing research emphasized on community-centered nursing care as element to improve the patient outcome (Button & Barrington, 2014; Danny, Pamela, & Callista, 2008). There are entrenched societal factors, such as lack of green space for recreation, poor access to healthy foods, and unsafe neighborhoods that discourage social bonding, take a heavy toll on their patients' health.

Element of humanized care communication

Communication involves the exchange of messages between sender and receiver and the quality of effective communication in interactions between nurses and patients has a major influence on patient outcomes (Majerovitz, Mollott & Rudder, 2009) either in stressful or non-stressful situation (André, Frigstad, Nøst, & Sjøvold, 2015). Communication is a very important element in humanistic nursing care, because once our message reach to the target audience (individual patients, families and groups), effect of the message can be extremely different; positive effect lead to longevity, and good health and the negative effect is poor health and death (Barbara, 2010). What is not clearly known and understood is the element or variable of the messages which are the focus of this study.

Methodology

a. Study identification and selection

An integrative review was conducted, guided by the Cochrane Collaboration methods to assure comprehensive search methods and systematic approaches to the analysis of the review materials. The keywords used to identify the literatures in seven databases; CINAHL, MEDLINE, EMBASE, British Nursing Index (BNI), Chinese Biomedical Database (CBM), China Medical Academic Conference (CMAC) and China Academic Journal (CAJ). To maximize the sensitivity of the search, Boolean operators were used to combine the terms ('humanized' and 'care' and 'health professional'). Both electronic and manual searches were conducted to

identify all published research studies focusing on the humanized care view and practice in the health profession. Search facets and terms used are summarized in Table 1.

Table 1. The facets and search terms used to identify related papers in electronic databases

Facets	Search terms
Caring	Nursing care;
Humanized care	The act of caring with a human heart, taking in consideration the feelings of the patient, family, community.
Health professional	Nurse/s; nursing staff, nursing faculty; health professional, health care personnel; health care provider/s, physician/s; doctor/s; medical professional
Humanized Nursing Care	The act of care provided by a nurse with a human heart, taking in consideration the feelings of the patient, family, community.
7 Noble Qualities	Love, commitment, empathy, sympathy, compassion, confidence, confidentiality

The search started in August 2017 and was completed in January 2018 and was restricted to papers published since 2000 to 2018 focusing on the humanized care view and practice in the health care for individual, family, and community. The search process is summarized in Figure 1



Figure 1. Literature search process and results

b. Data analysis

The data was analyzed using thematic analysis. A qualitative analysis was conducted across the different interventions reported to describe intervention types and contexts, and mechanisms for change. This analysis was conducted in smaller groups in the research team but further enriched through discussion of process and emerging findings among all group members. Results were tabulated and used to generate summary descriptions across key characteristics.

c. Reliability of quality assessment and data extraction

Initial screening was undertaken by one researcher and then checked by another. Disagreements about inclusion were discussed until agreement was reached. Two reviewers verified the extracted data and made corrections as necessary and agreed on the assessed study quality using the Strobe checklist (Vandenbrouckel et al., 2007). All four researchers contributed to the literature synthesis.

Results and Discussion

Thematic analysis of 25 papers of which include 68.0% (17) of qualitative research; 24% (6) of the quantitative research and 8.0% (2) of mixed method researches papers yields fruitful results. Six components of caring messages were identified to form a central component in communication: caring messages in the theoretical model of holistic humanized nursing care for nursing education.

1. Components of communication message in holistic humanized nursing care

Data analysis revealed that concept of communication was the central elements through which caring messages reached the target audience (individual patient, families and other stakeholders). Six noble caring messages were identified which could be further described as follows.

a.Caring for Love

Love is a very important concept in nursing profession. During the times of suffering and sorrow due to illness, loss of a body part or death, the nurse who cares with love plays a vital role in alleviating pain. Love is a universal concept, an emotional state that is typically directed at another person, such as a nurse and the patient. Love, thus, imbues intentional acts of sympathy towards others, to promote well-being. For the nurse, the primary form of love is the capacity to share and understand the sorrow, pain, and joy of others such as patients. Consequently, love begins with knowing, relationships and understanding and it results in the other person's freedom, development and alleviated suffering. Given the preceding reasoning, many researchers have concluded that mankind's most significant necessity is love. Love is connected to other good qualities, such as humility (Didy & Barrington, 2014).

A caring relationship forms the meaningful context of caring and derives its origin from the ethos of love, responsibility, and sacrifice. Love is a strong feeling, and when the two forms of love are combined, one starts leading a life of generosity, which is expressed with joy. Humanized care nurses have always something to offer to their patients. Even when they cannot give medication or any other form of

nursing care, they just give love to their patients, and that is a precious gift they offer to them all the time, especially those patients with terminal diseases (de Almeida & Chaves, 2013).

b. Caring with Commitment

Nurse's commitment to the nursing profession and to the patients is a very important quality need by all people in general, and all humanized care nurses. Commitment is needed every day in performing various nursing cares. Humanized nursing goes along with commitment, which is not just a pledge or a promise; but a "dedication." Nursing care requires the nurses always put the patient first. Commitment implies performing supplementary activities or working overtime without asking compensation, just for the sake of helping the patients and elevating the standards of nursing profession. Commitment means, "awareness of the challenges ahead and working to overcome these for the sake of the patient and the team; accepting that your social life may, at times, be secondary to the needs of your patients; maintaining your health to be the very best role model; exhibiting a willingness to learn from your co-workers, and always striving to provide the best possible guidance and care for your patients" (Lamont, 1997; Todres, Galvin & Holloway, 2009).

c. Caring with Empathy and Sympathy

The simple definition of empathy is: "Feeling with people you serve." To care with compassion mean to treat every patient as if they were part of your own family would very only be the end of your ability to do your job at all. Empathy is characterized by the identification and understanding of the patient. Having empathy is one side of the emotional coin; sympathy is another side of the coin to complement empathy. Sympathy has been defined as an emotional reaction of pity toward the misfortune of another, especially those who are perceived as suffering unfairly. Therefore, sympathy is defined as the act or capacity of entering or sharing the feelings or interests of another person, and it becomes more crucial when it comes from someone who unconditionally and truly cares like do humanized care nurses (Majerovitz, Mollott & Rudder, 2009). Humanized nursing caring is to be able to create an affinity with the patient and share the feelings with the patient (Todres, Galvin, & Holloway, 2009; Calegari, Massarollo, & José dos Santos, 2015).

d. Caring with Compassion

The term compassion means to have sympathetic pity and concern for the sufferings or misfortunes of others. Compassion is like to have pity about someone who is in trouble in life, i.e., someone without clothes or food, or sick but no money to go to the hospital. Then, you feel sad and if you can, you help this person, or ask someone to help (Dietze & Orb, 2000). Caring with compassion means to have pity or sorrow for the patient who is suffering, for the family and groups in pain caused by sickness or death. In nursing practice, caring with compassion is to be aware of that the patient is suffering, and the extent to which the patient is suffering, and move to relieve that suffering (Da Silva, da Silva & Christoffel, 2009; Youngson 2016). Humanized nursing care requires us to enter into these sensitive space with compassion, sensitivity and skill guided by a sound knowledge (Hayter, 2010).

e. Caring with Confidence and Competence

Caring with confidence or competence goes beyond all those noble qualities such as empathy or sympathy, requires people through education, and obtains certifications that they are competent enough to work on human lives. During the time of Florence Nightingale, training was not a requirement to prove that you are a confident or competent nurse. Nowadays, things have drastically changed. Nurses are expected to have more advanced skills in order to provide nursing care with competence and confidence. The longer the nurse works, the more he/she develops enough knowledge and skills which make him/her work with confidence. Knowledge and skills go along to define the level of competence the nurse possesses, while experience increases confidence in providing quality nursing care. Certainly, skill without knowledge is dangerous, so, nurses must do more to become more competent (Youngson, 2016).

f. Caring with Confidentiality and Privacy

All nurses are required to maintain confidentiality and privacy with regards to information about their patients. Privacy and confidentiality are related concepts but not identical. Privacy refers to the right to control access to oneself and includes physical privacy such as ensuring curtains are closed during physical examinations. Confidentiality relates to information only. The legal duty of confidentiality obliges

health care practitioners to protect their patients against inappropriate disclosure of personal health information. The most significant challenge we have is this growing interest in automating healthcare information, and the emergence of the computer-based patient record-keeping have brought the issues of privacy and confidentiality to the fore-front (Didy & Burrington, 2014).

2. A theoretical humanized communication model in holistic nursing care for nursing education.

The thematic analysis of the source articles yields the holistic factors in humanized nursing care theoretical model which could be used for nursing education. Categorizing of concepts of humanistic nursing care in the nursing literature revealed six elements to achieve high-quality nursing care. These included Love, Commitment, Empathy & Sympathy, Compassion, Confidence/Competence, and Confidentiality and Privacy. Caring is the act of providing unconditional total care to a dependent person, and helps this person to become independent as soon as possible. We, nurses, provide full care not only to the individuals but also to the families and other stakeholders. Visual model is detailed in Figure 2 below.

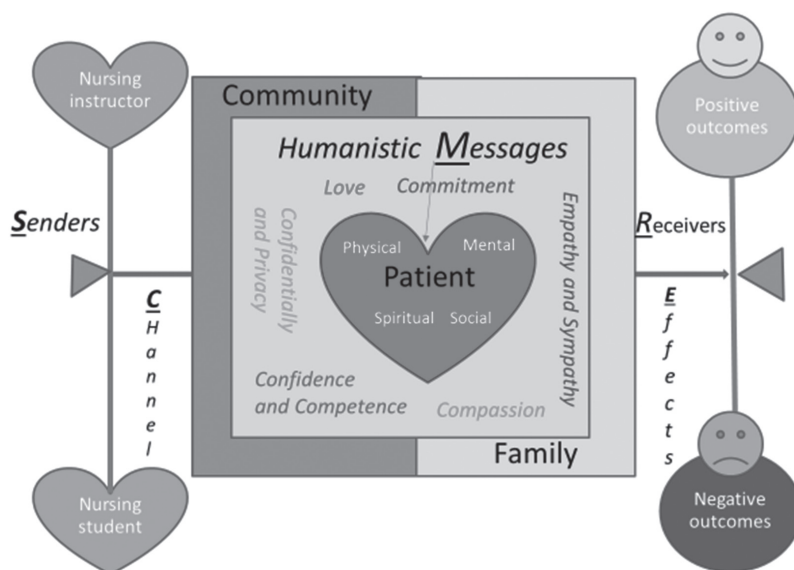


Figure 2. A theoretical model of communication in holistic humanized nursing care for nursing education

With humanized nursing care, we proposed a holistic (total) care to the person on individual basis taking in consideration the 4 dimensions of health: “physical, social, mental, and spiritual” which yield a state of complete well-being not merely the absence of disease or infirmity. Each dimension of health is connected one another. An individual person lives in the family and is connected to each family member therefore what affects one dimension, affects others as well (Barbara, 2010).

The noble qualities of humanized nursing care are reflected in daily practice through verbal and non-verbal communication. Communication failures are associated with grave consequences to the patients and healthcare team including nurses. Nurses need to communicate and express professional concerns and share common “critical language” to alert team members to unsafe situations. Effective communication can bring hope to the patients and build proper professional relationships for the high-quality nursing care (Button & Barrington, 2014; Weller, Boyd & Cumin, 2014).

Implication and Recommendations

The findings revealed that the aforementioned six noble qualities are needed in providing quality nursing care in this digital age period, where strong waves of change have engulfed human undertakings. The socio-economic status push many nurses to move from rural to urban places, from poor to rich countries, and to some extent change nursing profession. However, the concern of humanized care nurses is to provide high-quality nursing care which can be applied on daily basis by nursing students among themselves and in taking care of the patients. Likewise, nurses can integrate them in their daily routines while providing nursing care to patients. These noble humanized care qualities can be integrated in the nursing education curriculum and can be used by nursing instructors and students. Nursing instructors can apply them in teaching nursing students by becoming role models to them and teaching the nursing students to apply them in their nursing care in the clinical area. The understanding of patients’ feelings, without any prejudgment or prejudice, is in the heart of such unconditional love required in health care delivery (Nouri, Ebadi, & Alhani, 2015; Todres, Galvin, & Holloway, 2009).

The holistic humanized care requires nurses, and nursing students exercise empathy through (a) understanding the patient's situation, perspective, and feelings (and their attached meanings); (b) communicating that understanding and check its accuracy; and (c) acting on that understanding with the patient in order to solve his problems or assist him solve his problems by himself (De Almeida & Chaves, 2013; Wang, 2016; Youngson, 2016). Nurses can demonstrate confidentiality through keeping all information committed to them by their patients, family members of the patients, and their respective communities (Todres, Galvin, & Holloway, 2009).

From the above Theoretical Model, Nursing instructors and students collaborate in the process of caring for the patients. Nursing students received adequate skills and knowledge, and positive attitude from the instructors, clinical instructors, physicians, and other members of the health team. From there, all efforts are coordinated to provide holistic nursing care with the total involvement of the patient. The humanized nursing is produced using six noble qualities which then turn the patient condition from uncertain future to a happiness and positive outcome. Even for a dying patient, there is a hope of dying with dignity. This suggests that application of the model could substantially improve physical, social, mental, and spiritual health in any setting, and in any country. With the wave of professional migration to look for better opportunities, holistic humanized care, still opt to give the best nursing care to their patients, as they are dedicated to serving them, no matter what happens (Kret, 2011; Mullan, 2010).

Humanized nursing care had always been an integral part of the nursing profession and is perceived by patients and nurses as a driving dynamic power toward recovery and career progression. Humanized care is not only needed by and their significant others but also by nurses. On one hand, there is a great need for nurses today to be highly trained, well-educated, and critical thinkers with a caring human heart. On the other hand, there is a need for patients, family members, and fellow nurses to learn how to communicate their gratitude for the care they receive, because this becomes another way of caring for nurses (Hung et al. , 2015).

As the population's healthcare needs have changed, the scope of nursing practice needed also change. This has required a change in education and training to

ensure that nurses can perform new and complex roles. One of most significant concerns is the lack of structured continuing professional development for nurses focusing on humanized nursing care. Not only is it difficult for nurses to ensure they are always up to date in their practice, but we also don't have a clear, clinical career path supported by relevant education and development. More structured support regarding study time, funding for continuing education and designated training posts is a key to the development of the nursing profession and proper nurses who have a humanistic mind when they serve. What we need are some career pathways that span both academia and clinical practice for those keen on an academic career, and we believe humanized nursing care is a vital practice we need to maintain this changing world.

Nursing profession has changed from the lowest to a high demanding profession. In health care industries, nurses constitute the largest amount of employees. Nurses play a significant role not only in improving the health of the people they serve, but also by increasing the economic status of respective nations where they serve. Therefore, nursing profession should receive a high appreciation it deserves from around the world. We would like to have nurses who adapt to change but maintain the noble qualities that would enable them to provide holistic care to the patients.

Summary

To conclude this integrative review, the holistic humanized care requires the full participation of patients, their family members and significant others, and the stakeholders in their respective communities. To be able to provide a holistic humanized care in its true sense, the six noble qualities incorporated in the proposed model for nursing education should be considered and integrated in the daily nursing work should be a package of care, in this fast-changing era as good communication between families and care providers is central to quality care.

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