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

Zeynab Zamaniniya, Mojgan Khademi¹, Tahereh Toulabi², Kourosh Zarea³

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

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

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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.[6] 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>
<thead>
<tr>
<th>Age (years)</th>
<th>Position</th>
<th>Work experience</th>
<th>Educational degree</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>42</td>
<td>Supervisor</td>
<td>9 years</td>
<td>Master’s</td>
<td>Female</td>
</tr>
<tr>
<td>30</td>
<td>Staff nurse</td>
<td>4 years</td>
<td>Bachelor’s</td>
<td>Female</td>
</tr>
<tr>
<td>33</td>
<td>Staff nurse</td>
<td>6 years</td>
<td>Bachelor’s</td>
<td>Female</td>
</tr>
<tr>
<td>36</td>
<td>Staff nurse</td>
<td>11 years</td>
<td>Bachelor’s</td>
<td>Male</td>
</tr>
<tr>
<td>25</td>
<td>Staff nurse</td>
<td>6 months</td>
<td>Bachelor’s</td>
<td>Female</td>
</tr>
<tr>
<td>40</td>
<td>Charge nurse</td>
<td>7 years</td>
<td>Bachelor’s</td>
<td>Male</td>
</tr>
<tr>
<td>39</td>
<td>Staff nurse</td>
<td>14 months</td>
<td>Bachelor’s</td>
<td>Female</td>
</tr>
<tr>
<td>41</td>
<td>Staff nurse</td>
<td>13 months</td>
<td>Bachelor’s</td>
<td>Female</td>
</tr>
<tr>
<td>49</td>
<td>Charge nurse</td>
<td>8 years</td>
<td>Bachelor’s</td>
<td>Female</td>
</tr>
<tr>
<td>39</td>
<td>Supervisor</td>
<td>5 years</td>
<td>Bachelor’s</td>
<td>Male</td>
</tr>
<tr>
<td>40</td>
<td>Staff nurse</td>
<td>7 years</td>
<td>Bachelor’s</td>
<td>Female</td>
</tr>
<tr>
<td>29</td>
<td>Staff nurse</td>
<td>6 years</td>
<td>Bachelor’s</td>
<td>Female</td>
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<tr>
<td>34</td>
<td>Staff nurse</td>
<td>9 years</td>
<td>Bachelor’s</td>
<td>Female</td>
</tr>
<tr>
<td>40</td>
<td>Staff nurse</td>
<td>8 years</td>
<td>Bachelor’s</td>
<td>Male</td>
</tr>
<tr>
<td>48</td>
<td>Staff nurse</td>
<td>12 years</td>
<td>Master’s</td>
<td>Female</td>
</tr>
</tbody>
</table>

**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
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, Khorrramabad, 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.

<table>
<thead>
<tr>
<th>Table 2: An example of developing subcategory based on meaning units</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Meaning unit</strong></td>
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<tr>
<td>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)</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Main categories/subcategories</th>
<th>Subcategories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal growth and self-actualization</td>
<td>Development of abilities, Self-concept and self-worth, Spiritual transcendence</td>
</tr>
<tr>
<td>Protection and restoration of personal dignity</td>
<td>Greater popularity, Improved social status of nursing, Appreciation, respect, and support for nurses</td>
</tr>
<tr>
<td>Happiness, Satisfaction, Motivation</td>
<td></td>
</tr>
</tbody>
</table>

**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 angels” (P. 5)._  

**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.[3,22,23]

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.

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**Conflicts of interest**

There are no conflicts of interest.

**REFERENCES**