

# Loving and Humane Care: A Missing Link in Nursing

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Historically, caregiving has been the core of nursing, and those involved in the profession have long strived to embody the humane virtues of caring as manifested in practice (1). Watson (2) considered nursing to be an intersubjective human process and placed high value on the care relationship between the nurse and the recipient of care. Love, as a part of caring, may lead to patient healing and also benefit nurses, helping them to convert themselves and system (2, 3). Loving as an aspect of human care can mean showing respect for human values, cooperation and altruism, respect for human dignity, and devotion to one's patients (4, 5). It is imperative for nurses to consider their patients' dignity, because doing so is essential for establishing an effective relationship between the patient and healthcare provider (4). Love, the highest concept in human care, is a natural human characteristic that tends to disclose one's identity to those around us (6). Love originates from one's heart, creates hope, and costs nothing. It may be considered as a neglected, but preferred, priority in strengthening the effect of care-giving in modern nursing practice; it has also been shown to empower nurses in dilemmas, improving their problem-solving abilities, aiding in effective communication, and lending a sense of independence to their practice (7). Respecting human dignity and values, cooperation and philanthropic relations, and taking time to care for the patient all may be corollaries to the inborn love of nursing. On the contrary, a lack of compassion and love may lead to defective care (8). Acceptable professional practices are rooted in care-giving that has been integrated with respect for human dignity. In other words, what is expected of nurses could be an intelligent effort to provide appropriately-designed care that is respectful of patients in all aspects of its practice (9).

The question being raised today is whether modern nursing practice is associated with compassion and love or not. What characterizes the compassionate nurse? What

are the elements of compassion? Why is compassion not tackled deeply in nursing practice? Indeed, the practice faces challenges, despite the merits and virtues associated with the profession of nursing. Researchers contend that the modern practice of nursing is mostly becoming professionalized, and that compassion and love are no longer the axis of nursing; they believe that the office workload and time pressures of modern nursing practice hamper nurses' efforts to interact with patients; other barriers may include low staffing levels, inappropriate nurse-client ratios, short-term employments, and financial problems (4, 7). Nurses who come under the influence of an acquisitive climate that has been embedded in the clinician-patient relationship by organizational concerns will not be able to establish a humanistic relationship with their patients. The climate has changed, so nurses are now expected to follow decisions that are empty of loving care. Excluding love from humanistic care may threaten the identity of the nursing profession and weaken the valuable features that distinguish nursing from other disciplines. Further, there is no rational reason to restrict nurses from caring for their patients under these conditions, when doing so makes no difference. Indeed, caring relationships require passion. What seems to be true is that love is the core complemented by the nurse's knowledge and skills as he or she works to provide the best care. Sometimes, external factors, such as pressures in personal life, tend to marginalize the former, and the nurse is urged to assume a position where tasks are conducted mechanically, devoid of love. There might be a need to stimulate the nurse's motivation, to spark love and compassion in the workplace to renew the relationship.

Loving care being extended to patients, and the factors enhancing such feelings in the mechanical modern world, are either not often investigated or less reported on in the literature. The concept of love itself is not elaborated in de-

tail in the literature; further, the characteristics of a nurse who loves her patients and her profession are not listed in studies. In addition, barriers that impede the actualization of such traits still need to be brought forth. Love might be less clearly associated with themes such as altruism, intimacy, commitment, responsibility, respect, mutual understanding, sympathy, honesty, kindness, and concern (10). According to the aforementioned statements, love and spiritual caring are crucial to nursing, but some studies have shown that most nurses display only moderate or unfavorable competence in terms of spiritual care (3).

With the above in mind, we want to begin re-emphasizing and recommending a comprehensive analysis of the concept of love in nursing, including its characteristics and dimensions and outcomes, to delineate a crystallized concept for nurses. Finally, we want to conduct qualitative studies on nurses' practices of loving and humane care, to explore the deepest foundations of expressing love. The results may be applied to the process of training loving nurses (11). In other words, the missing link in providing the best nursing care may be sought by exploring the role of love in the nurse-client relationship.

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