Original article

Components and Indicators of Humanistic Care Characteristics of Nursing Students under Praboromarajchanok Institute, Thailand Ministry of Public Health

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Abstract

This exploratory factor analysis aimed to determine components and indicators of humanistic care characteristics among nursing students. Our study subjects included five hundred fourth-year nursing students who were studying at nursing colleges of Ministry of Public Health in the third semester of the 2016 academic year. We deployed a stratified sampling technique. To extract factors, we used both exploratory factor analysis and principal components analysis with orthogonal rotation by Varimax method. Results showed that humanistic care characteristics of nursing students at PI had 4 components representing 15 indicators from the questionnaire. The four components included: 1) appreciation and pride (6 indicators) , 2) ashamed about lying to their patients 3 indicators), 3) holistic care and empathy (3 indicators) 4) understanding the community and accepting one's own mistakes (3 indicators) . Based on these findings, we suggest that executive management at PI and affiliated colleges should strengthen nursing training for all four components and 15 indicators by incorporating these components into policies and by explicitly defining them in PI's strategic plan. At the college level, lecturers should integrate these components with theoretical teaching, hands-on practice, and curriculum enrichment activities to promote concrete and sustainable humanistic care in nursing students.

Keywords: Humanized care characteristics, Components and indicators, Nursing students

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Introduction

Nursing is a practice affecting the life and health of humans of all ages, including individuals, families, groups, and communities in all health conditions. This practice connects knowledge from nursing sciences, medical sciences, related sciences and technologies, and empirical evidence. Nurses also must consider ethics, codes of conduct, and laws and regulations. The art and science of nursing means understanding their own experiences as health care providers and the experiences of patients. Nurses can provide humanistic care in health promotion, illness prevention, rehabilitation, and nursing care for patients and the disabled as well as those who are at the end stage of life (Hanuchareonkul, S. , 2011) . Nurses may incorporate humanistic care into five nursing care processes, including 1) health assessment, 2) nursing diagnosis, 3) nursing care plan to solve the problems or meet essential needs, 4) implementation plan, and 5) evaluation (Nimitanand, N. & Durongritthichai, W, 2010).

Previous studies showed the problem of patient-centered care that there were complaints about behavior and services of nurses, including patients did not satisfy and meet their expectation of the service recipient (Tassanun Thaiautvitee, T. & Jumpamool, A. , 2019) and using words and tone of voice expressions to patients resulting in dissatisfaction, misunderstandings about nursing care (Chantadong, B.,2011). According to statistics, over half of the causes of lawsuits are wrongdoing, misdiagnosis, followed by delivery service, behavior and drug allergy (Ministry of Public Health, 2019) . Several cases have been sued related to direct nursing cares and medical activities. Patients may be filing lawsuits against nurses due to a number of reasons, such as: 1) Nurses have had insufficient knowledge of laws and regulations related to professional practices, 2) Nurses failed to comply with nursing ethics and midwife professional ethics, or 3) Nurses have not followed professional nursing guidelines and standards or practices (Suwanchat, P. , 2009).

To improve overall nursing care, nursing instructors need to better train nurses in the skills and competencies they need to be effective nurses. Better training can enable nurses to empower patients, families, and communities to care for themselves, be independent, adjust to their illnesses and limitations, and achieve a better quality of life. Ultimately, with better nursing care, we hope to increase the quality and access to health services in the community. One way to improve nursing education is to train nurses to deliver holistic care. Holistic care involves working in partnership and teamwork with other health care providers to improve the quality of services. It means translating knowledge from research into practice, knowledge building from their practices, using the technologies for information management, effective communication, and presenting a viewpoint or paradigm in public health. Therefore, nursing teaching strategies for holistic care should demonstrate how to self- reflect and assess, define their identities, develop ideas on social justice, and use system thinking. Teaching holistic care should involve applying knowledge as well as covering the dimensions of essential cognitive processes and experiences (Hanuchareonkul, S. , 2011) . In addition, qualified nurses can provide academic training on the standards and practices that nurses need to follow to provide humanistic care. Therefore, nursing colleges have a major role in cultivating the desirable humanistic characteristics that their nursing students need to be successful as professional nurses in the future (Black, P.B. & Chitty, K.K.,2011).

Humanistic care is the interaction of individuals based on understanding, empathy, and acceptance when providing the attention or help to treat another person. It involves accepting a person, and seeking to understand each individual' s unique physical, mental, social, and spiritual characteristics. Ideally, the humanistic care approach creates happiness for both the giver and the receiver (Chuangpanich, U.,2007). In 2011, the PI adopted a policy that requires that nursing students under the Ministry of Public Health (MOPH) to attain

certain capabilities of humanistic care. Specifically, the PI integrated humanistic care concepts into their new curriculum management and social sciences with two-dimensional teaching. Two- dimensional teaching integrates theoretical professional knowledge and teaching from real situations and settings (Praboromarjchanok Institute,2011). The goal is for nursing students develop their humanistic care skills set to include deep listening to the patients, not making their own judgment beforehand, providing services with patients as if the patients were their families and relatives, and also smiling and speaking politely when delivering their services Inthawat, J. , et al, 2017).

However, the authors found that the PI still lacks formative humanistic care assessment and has no list of desired characteristics of humanistic care. As a result, there was no direction on how to help students develop humanistic care characteristics. We were unable to improve the quality of humanistic care among PI's graduates. Moreover, we were unable to integrate humanistic care concepts into in both the theoretical and practical courses. Thus, the main objective of this study was to determine the components and indicators of humanistic care characteristics identified by nursing students of the PI. The results of this study could help guide future policy, course management and academic services regarding humanistic care. Specifically, we hope results from the study can lead to the development of humanistic care in both theory and practice, in the classroom and in extracurricular activities. The goal is that nursing graduates of PI and that nurses working at MOPH feel that their identities reflect the humanistic care. After they graduate and work as a professional nurse, we envision that MOPH"s nurses provide humanistic care that elevates the image of nurses working at governmental hospitals and public health agencies. We also hope that more humanistic nursing care reduces patient complaints about services and improves patient satisfaction.

Materials and methods

Conceptual Framework

In this study, the authors used the concept of humanistic care nursing developed by Kleman (Kleiman, S. , 2009) . Kleman explained that nursing practice, nursing research, and nursing education are composed of two important components: 1) Scientific nursing care, which is treatment for disease relief, and 2) Humanistic nursing care, which is focused on looking after patients, families, and communities that are both healthy and sick. Humanistic care consists of responsive interactions based on mutual respect between the nurse and the patient. Tools to achieve this include reflection strategies, dialogue methods, self- actualization and professional empowerment as tools. To achieve humanistic care, nurses need time for reflection, which leads to critical thinking and questioning, making personal decisions, and developing self- confidence that finally leads to self-actualization.

We conducted a descriptive study to identify the components and indicators of humanistic care characteristics among nursing students of PI, MOPH Thailand.

Study population and sample

The underlying study population was 4th year nursing students (N= 3,782) who were studying at the nursing colleges of the MOPH in the 2016 academic year. We sampled students who were studying in their 3rd semester of the 2016 academic year. We calculated that our sample size group needed to be 20 times the number of indicators in our study. There were 23 indicators in our study. Therefore, the proportion of sample size were 460 subjects. This study used simple random sampling among 10 different colleges (500 subjects). We used a multistage sampling method and then selecting population units inside each cluster within each 2- college cluster. We divided the 10 different colleges into 5 groups of 2 colleges each. We also calculated the proportion of the participants in each 2-college cluster divided by the total population of the two combined college populations.

Study Tools and Questionnaire Interviews

We developed the questionnaire using humanistic care nursing concepts described by Kleiman (2009). Our questionnaire consisted of two parts. Part I included general information such as gender, age, etc. Part II asked participants about 23 different characteristics of the humanistic care. The respondents were asked to express their points of views on how much the statements reflected their understanding of humanistic care as clinical experience nursing students. The rating scale of the 14 positive statements meant to illustrate concepts of humanistic care ranged from 4 (strongly agreed) to 1 (strongly disagreed). The rating scale for 9 nine negative questions meant to contradict concepts of humanistic care ranged from 1 (meaning strongly agreed) to 4 (strongly disagreed).

Content Validity and Reliability

Content validity was evaluated by three external experts, including two nursing professors and one nursing instructor with health promotion expertise. We sent them questionnaire interviews to review. The content validity index of Item Objective Congruence (IOC) ranged from 0.67 - 1.00. After verifying that the questionnaires had adequate content validity with three external experts, we evaluated reliability of our questionnaire by testing the questionnaire with a group of 50 subjects similar to our study population. We calculated that the Cronbach's Alpha Coefficient was 0.76 (Cronbach, 1951).

Data Collection

We sent letters requesting participation of nursing students in our study to the directors of 10 different nursing colleges in the PI network. Then, the research assistants at each college briefly explained the objectives of the study to respondents and obtained informed consent. Next, the respondents completed written questionnaires, which took about 15- 20 minutes to complete.

Data Analysis

This study performed exploratory factor analysis and used principal component analysis to extract the factors using Principal Component Analysis (PCA) with orthogonal rotation by Varimax method. We considered components that had eigenvalues greater than 0. 50. The authors also tested the following assumptions:

1. We tested whether the data had a normal distribution by creating a normal probability plot graph. We found that most of our data was plotted around a straight line. We concluded that our data characteristics reflected a normal distribution (Hair, F.J. et al, 2010).

2. We used the Kaiser- Meyer- Olkin (KMO) Measure of Sampling Adequacy (MSA) index to check that an adequate proportion of variance in each variable is predicted by other variables in our dataset. Thus, a sufficient KMO index indicates that factor analysis is appropriate for our dataset.

3. We performed the Bartlett's Test of Sphericity to test the null hypothesis that the correlation matrix for variables in our dataset matched the identity matrix, which shows no correlation between variables and that factor analysis is inappropriate.

Ethical Concerns

This study was approved by the Human Research Ethics Committee of Boromarajonani College of Nursing, Songkhla (BCNSK 3/2559; February 15 2016).

Results and discussion

Of the 500 questionnaires that were distributed, participants completed and returned 487 questionnaire interviews. Thus, we had a 97.40% response rate. Demographic data from respondents (n=487) showed that most subjects were female (89.5%) with an average age of 21 years old (Min=20 and Max = 28).

The KMO value was 0. 837, which was higher than 0. 50 and close to 1. This value indicates that factor analysis was appropriate for our dataset. For the Bartlett's test of sphericity, the Chi- square test statistic was 3469.331 and the significance value was 0.001. These results indicate that we can reject the null hypothesis, and that the various variables in our data set were correlated with each other. Therefore, it was appropriate to conduct exploratory factor analysis for our questionnaire's components.

Using an eigenvalue cutoff of 0.5, we identified six components, which were composed of 19 indicators from our questionnaire. The six components explained 59.4% of the variation. The eigenvalues of the six components were 5.12, 3.50, 1.58, 1.25, 1.21, and 1.01, from largest to smallest. Since the fifth and sixth components reflected only two indicators from our questionnaire, we decided to drop them and retain only four components with 15 indicators (Tables 1 and 2). The variance of " appreciation and pride" component was highest (22.26%), followed by " ashamed about lying to their patients" component (15.20%), " holistic care and understanding for others" component (6.86%) and " understanding the community and accepting one's own mistakes" (5.44%) component (Table 1).

Table 1. Eigenvalue, percentage of variance, and cumulative percentage of variance explained by components of humanistic care among nursing students of Praboromarajchanok Institute (PI), Thailand

The Component	Eigen value	Percentage of variance	Cumulative percentage of variance
Appreciation and pride	5.12	22.26	22.26
Ashamed about lying to their patients	3.50	15.20	37.47
Holistic care and understanding for others	1.58	6.86	44.32
Understanding the community and accepting one's own mistakes	1.25	5.44	49.76

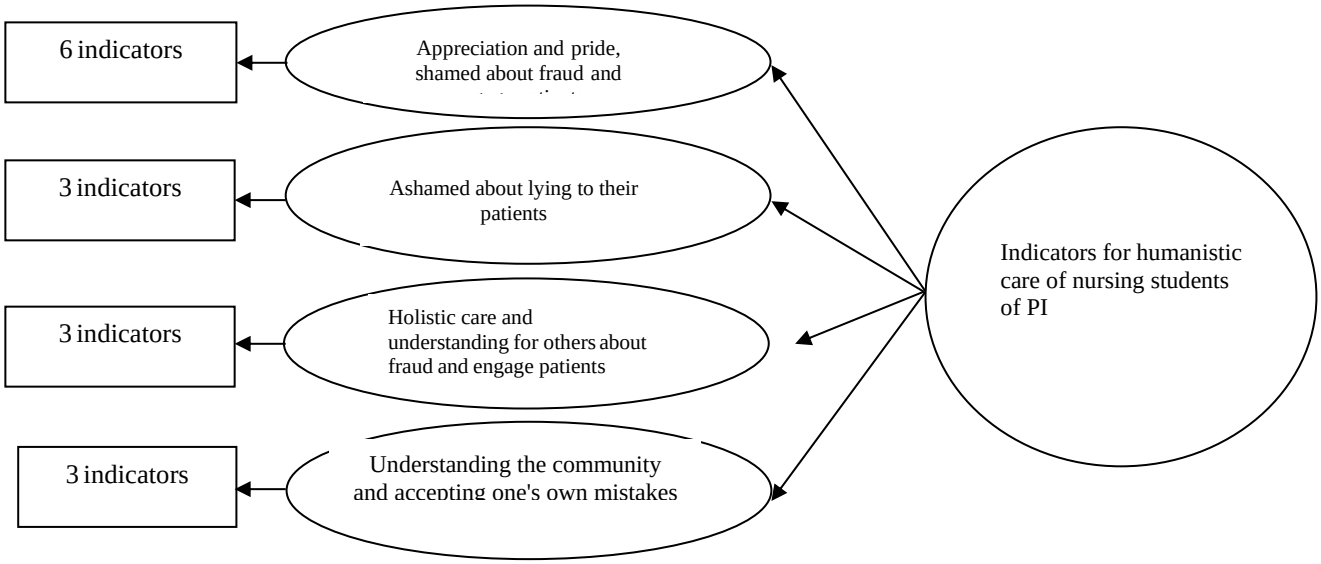


Figure 1 Diagram of 4 principal components representing 15 questionnaire indicators for humanistic care among nursing students of Praboromarajchanok Institute (PI), Thailand

The component "appreciation and pride" represented 6 indicators and explained the highest amount of variance among any of the components (22.26%). The factor loadings of the indicators ranged from 0.771 - 0.575. From the highest to lowest weight, these indicators were: 1) self-esteem, 2) ability to communicate with patients, 3) applying knowledge and skills to take care patients, 4) having morality and ethics, 5) appreciation and the meaning of life, and 6) the pride in having the opportunity to take care for patients (Table 2).

The component "ashamed about lying to their patients" reflected three indicators and explained 15.20% of the variance. The weight of the indicator was 0.749 - 0.630. Ranked by weight of the indicators from high to lo, these indicators were: 1) ashamed of lying, 2) engaging patients to make decisions in medical care, and 3) students are more interested in learning the material and applying it to their profession than getting high exam results (Table 2).

Three indicators reflected in the component "holistic care and understanding of others" explained 6.86 percent of the variance. The weights of the indicators ranged from 0.777 - 0.588. From high to low indicator weight, the indicators were: 1) abstraction of holistic care for patients 2) empathy for patients, and 3) reducing selfishness (Table 2).

Lastly, there were three indicators represented by the component "understanding the community and accepting one's own mistakes," which accounted 5.44% of the variance. The weights of the three indicators ranged from 0.755 - 0.518. From high to low weight, the indicators were: 1) readiness for working in the community, 2) accepting one's own mistakes, and 3) understanding the minds of patients, respectively (Table 2).

Table 2. Principal components and weights for corresponding indicators from questionnaire about humanistic care among nursing students of Praboromarajchanok Institute (PI), Thailand

Principal components and indicators	Indicator weight
Appreciation and pride	
1) Self-esteem	0.771
2) Ability to communicate with patients	0.750
3) Applying knowledge and skills to take care patients	0.694
4) Being cultivated with morality and ethics	0.680
5) Appreciation and meaning of life	0.560
6) Pride of having the opportunity to take care the patients	0.575
Ashamed about lying to their patients	
1) Ashamed about lying to their patients	0.755
2) Involvement patients in medical treatment decisions	0.749
3) Students are more interested in learning the material and applying it to their profession than getting high exam results	0.630
Holistic care and understanding for others	
1) Holistic care for patients is abstraction	0.777
2) Empathy for patients	0.731
3) Reducing selfishness	0.588
Understanding the community and accepting one's own mistakes	
1) Readiness for working in the community	0.755
2) Accepting one's own mistakes	0.576
3) Understanding the minds of patients	0.518

Discussion

The results showed that humanistic care among nursing students of PI were reflected in four components, including: 1) appreciation and pride, 2) ashamed about lying to their patients, 3) holistic care and understanding of others, and 4) understanding of communities and accept own mistakes. Our results were similar to those from a study conducted by Wangthong and colleagues.13 Wangthong and colleagues found that nursing practices with humanistic care in different cultural settings14-16 consisted of 5 components, including 1) empathy and desire for happiness to others, 2) competencies consisting of knowledge, ability in working with the community, and having skills or experiences, expertise and individual decisions, 3) confidence, trust, and faith, 4) conscience is the feelings of what should be done and should not be done, and 5) commitment, patience, sacrifice, enthusiasm, determination to practice in nursing care. Providing humanistic care requires a profound emotional touch for healing

(Thamikabowon, S. , 2011) . Therefore, humanistic care should be integrated into nursing practice, nursing research and nursing education. It should focus on caring for people, families, and communities in both healthy and ill through responsive interactions and respect between nurses and patients. In order to provide humanistic care, nurses must develop their own identity. They need to reflect upon their own education, skills, experiences, life, perceptions, ideas, beliefs, and competencies in professional roles, ethics. Nurses must act honestly, not deceive patients, be aware of and seek to understand their patient needs, and empower patients. Nurses should pay respects for the honor and dignity of humanity, human rights and personal rights, and consider the different culture of patients, 11 as well as use a holistic approach to see humans as individuals and the develop their ability to see their suffering.(Wanchaithanawong, W., et al, 2017). In addition, humanistic care nursing focuses on holistic nursing care, including body, mind, society and spirit, with emphasis on participation, friendships, providing nursing care with love and compassion. The humanistic care philosophy is holistic, sensitive to different cultures and gender identities, and takes into account individual differences. The humanistic care approach seeks to promote a harmonious lifestyle for patients as well as being as health care providers assessing the emotional state of themselves and others (Kittiraktrakul., S.. et al., 2011).

The fact that the highest indicator weight was for the indicator "self-esteem" shows how important this characteristic is for nurses to provide humanistic care. This high weight infers that nurses' perception and appreciation for themselves are an important quality for providing humanistic care. Nurses must interact with clients through dialogue, questioning, reflecting, etc. Therefore, nurses need to have their own identities and should already have clarified how their own education, life skills, perceptions, opinions, ideas, beliefs and even personal behaviors influence their behavior and patient interactions. Their self-esteem and self-identity affects their ability to perform their professional roles, practice good ethics, honesty, avoid deceiving patients and provides self- confidence to perform their professional duties [11] . Self- esteem helps nurses to understand and provide mutual support with kindness and generosity to their colleagues, and to forgive others. When nurses take care of themselves with happiness, they can convey that kindness and generosity to their patients (Thamikabowon, S. , 2011) . Therefore, self-esteem, which is part of spiritual well- being, is an important basis for the development of different dimensions of an individual's health. Self- esteem is also crucial for nurses to be leaders in providing quality care, especially providing the spiritual dimensions of humanistic care (Chantaweemueang,W. , & Thongmikwan, T., 2019)..

Based on these study results, we suggest that the executive management at PI and affiliated colleges should strengthen in the four components reflecting the 15 indicators of humanistic care characteristics for nursing students. We recommend that leadership at PI define these components in the strategic plan of the PI and formulate policies for

implementation. Moreover, at the college teaching level, lecturers should integrate these humanistic care concepts into lessons teaching the theory underlying humanistic care, hands-on practice of the concepts, and curriculum enrichment activities to promote learning of concrete and sustainable humanistic care practices among nursing students. For the future research, we recommend a study to assess the theoretical validity of the components and indicators of the humanistic care of nursing students by analyzing the identified components using Confirmatory Factor Analysis. Lastly, each college should implement the sustainable and realistic strategies for the training and development of humanistic care skills among nursing students at their institution.

Conclusions

Based on these findings, we suggest that executive management at PI and affiliated colleges should strengthen nursing training for all four components and 15 indicators by incorporating these components into policies and by explicitly defining them in PI's strategic plan. At the college level, lecturers should integrate these components with theoretical teaching, hands- on practice, and curriculum enrichment activities to promote concrete and sustainable humanistic care in nursing students.

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