Humanistic Nursing Services: A Perspective on Improving Nursing Care

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ABSTRACT

Humanistic nursing is a service provided by nurses to patients by involving the patient's role in meeting bio-psycho-socio-spiritual needs to restore health. The perspective of humanistic nursing is important for nurses and nursing students in providing services to patients. The method used is narrative or traditional review which is a narrative approach in collecting knowledge and directing readers to the topic of humanistic nursing. The strategies used include SQRR, namely *surveying* humanistic nursing topics, raising *questions* to be written related to humanistic nursing, the necessary *reading* for connecting the idea with the obtained, and *recitation*. Humanistic nursing behaviors include listening, empathy, therapeutic relationships, respect, communication, and collaboration. Humanistic nursing is a need for nurses and patients in the future, which aims to increase patient satisfaction.

Keywords: Humanistic nursing; Nursing care; Perspective

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INTRODUCTION

Nurses are a health profession that has existed since ancient times, as told by Monica Green in the book "Documenting Medieval Women's Medical Practice" written in 2000. The term nurse (referring to medieval and early modern studies), a brief historical lexicography can explain the meanings that have been acquired, absorbed, and perhaps, to some extent, are still contained in the word nurse. Historical traces come from the substantive noun "wet-nurse" to caretaker of children, caretaker of the sick, asexual hive bee, and health professional, in which there are traces of gendered identity and work [1]. The word "nurse" in English is derived from the Anglo-Norman nourish, which dates to the early thirteenth century and is ultimately rooted in the post-Classical Latin noun nourish, first attested in the fifth century. The word wet nurse means someone who is employed to provide breast milk for

babies when the baby's mother is unwilling or unable to do so. When entering the lexicon, the word "nurse" absorbed the figurative meaning that every child caretaker is typically a woman. Etymologically, it comes from the word nourish, which means to feed. In the late fourteenth century, nurses had a figurative meaning that maintained or developed a quality or condition. In the early fifteenth century, it meant anyone who took care of, looked after, educated, or advised someone [1].

In the nineteenth century, Florence Nightingale, who was born on May 12, 1820, emerged as a transformative figure and shaped the direction of nursing in the modern world. Nightingale during the Crimean War, emphasized cleanliness, hygiene, and sanitation. It also revolutionized the way health care was done and set new standards for hospital care. Her commitment to evidence-based practice and patient-centered care became the beginning (precedent) of the nursing profession, which shaped the trajectory for several generations [2].

After Florence Nightingale, nursing education experienced significant development. More nursing schools were established, providing aspiring nurses with the knowledge and skills needed to provide high-quality care. The formation of professional organizations, such as the American Nurses Association (ANA), the International Council of Nurses (ICN), and the Indonesian National Nurses Association (INNA) on March 17, 1974, further strengthened nursing as a respected profession. The 1983 National Nursing Workshop was an important turning point in the history of nursing in Indonesia. The resulting definition of nursing became the basis for the development of professional nursing, education, and practice standards in Indonesia. This workshop produced a comprehensive definition of nursing, namely as a form of professional service that is an integral part of health services, based on nursing science and skills, and includes bio-psycho-social-spiritual aspects. The definition of nursing is described as follows [3]: (1) Professional services are provided by nurses using nursing knowledge and skills obtained through nursing education; (2) Nursing as an inseparable part of overall health services; (3) Nursing pays attention to the biological, psychological, social, and spiritual aspects of patients; and (4) The targets of nursing are individuals, families, groups, and communities. Nurses have the main role of service providers, educators, managers, and researchers.

This perspective paper aims to provide reinforcement to nurses and nurses student about the importance of humanistic nursing as a basic for providing nursing services in all health services.

METHODS

The method used narrative or traditional review which is a narrative approach in the collection of knowledge and directs the reader to the topic [4] humanistic nursing. The review is sourced from a search for theory, organizational writings, expert writings, and articles related to humanistic nursing. Two theories were found, namely Humanistic Nursing Theory and Theory of Human Caring, and their supporting writings. The strategy used is SQRR [5]. Search limitations by *surveying* humanistic nursing topics. Next, raise *questions* to be written related to humanistic nursing. After being found, the necessary

reading. Then, connect the idea of the writing with the reading obtained. If appropriate, *recitation* is carried out.

RESULT AND DISCUSSION

The word "humanist" in KBBI (*Kamus Besar Bahasa Indonesia*) means an adherent to the ideology that considers humans as the most important object. This means that patients or clients are also subjects of nursing care who need attention through direct expressions or symptoms felt. When associated with the existing definition of nursing, the bio-psycho-socio-spiritual aspects of individuals (patients or clients) are an inseparable whole and an important thing that must be provided by nursing services. It can be said that a nurse has empathy (present in the patient). Humanistic nursing was first developed by Josephine Paterson and Loretta Zderad in 1971 as Humanistic Nursing Theory [6]. Humanistic Nursing Theory is described as follows:
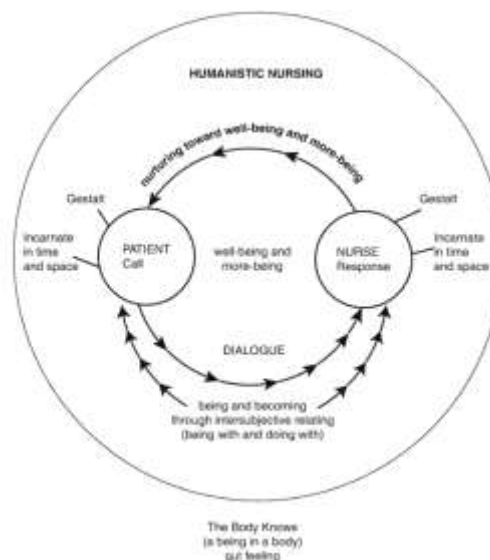

Figure 1 Josephine Paterson & Loretta Zderad Humanistic Nursing Theory (Psych-Mental Health Hub, 2025)

This theory teaches that nurses must carry out eleven essentials, namely awareness, openness, empathy, caring, touch, understanding, responsibility, trust, acceptance, self-awareness, and dialogue.

Awareness is part of consciousness, it is a person's condition to be aware of, cognizant of, and attending to aspects of oneself and the environment [7]. Nurses' openness is needed to explore ideas, values, emotions, and sensations from previous experiences or established preferences. Openness aims to increase creativity, curiosity, adaptability, mental flexibility, and acceptance of others. Thus, nurses think outside the box and generate innovative solutions to problems [8]. Nurse empathy helps and plays a vital role in understanding individuals and feeling the emotional state of others, resulting in compassionate behavior. Compassion cannot exist without empathy, as both are part of the same perception and response that moves humans from observation to action [9]. Nursing care is the

application of humanistic science to reduce the suffering felt by patients. Caring aims to restore the condition to its original state [10].

Touch in nursing care needs to be done with empathy. Empathetic touch becomes something valuable and meaningful, which can strengthen the relationship between nurses and patients [11]. Self-understanding is a fundamental aspect of self-development. Self-understanding enables individuals to recognize potential, manage emotions, and make decisions that are in line with values and life goals as nurses [12]. According to the American Nurses Association, the primary responsibilities of nurses are (1) Performing physical examinations and documenting patient health histories, prior to making important decisions; (2) Providing health promotion, counseling, and education to patients and families; (3) Administering medications and other personal interventions for care; and (4) Coordinating patient care, working with multiple health care professionals [13].

Trust is the expectation that another party will act in the patient's best interests [14,15]. Patient trust in nurses is an important ethical issue that can influence a variety of patient behaviors and attitudes, such as seeking health care, sharing confidential information, receiving care, and complying with recommendations [16]. Nurse self-acceptance is essential to creating a therapeutic nurse-patient relationship. Self-acceptance is an awareness of the role one must meet the patient's needs as part of the therapeutic relationship [17,18]. Nurse self-awareness is essential for improving the therapeutic nurse-patient relationship and patient care. Nurse self-awareness can increase the confidence to manage challenging situations and provide competent care based on the patient's culture and religion [19]. Nurse-patient dialogue is a prerequisite for developing a trustworthy relationship, and without such a relationship the patient's needs cannot be met. Dialogue with the patient should not be a reason for efficiency [20].

There are four main concepts of humanistic nursing theory by Josephine Paterson and Loretta Zderad, namely (1) Nursing Dialogue occurs when nurses and patients meet; (2) Nurses present themselves as helpers who are ready to help patients; (3) Nurses are open to understanding patient feelings with the aim of restoring health; and (4) Openness is an important quality for humanistic nursing dialogue. In humanistic nursing services, nurses are required to understand the five phases of the nursing process, namely:

1. Preparation of the Nurse Knower for Coming to Know: At this stage, the nurse acts as an investigator who is willing to take risks and is open-minded. The nurse must be a risk taker and willing to experience anything. "Accepting the decision to approach the unknown openly".

2. Nurse Knowing the Other Intuitively: At this stage, the nurse tries to understand the other person, as in the "I-You" relationship, where the nurse as the "I" does not impose herself on the patient's "you".

3. Nurse Knowing the Other Scientifically: The nurse as an observer must observe and analyze from the outside. At this stage, the nurse moves from intuition to analysis. Analysis is selecting, comparing, differentiating, relating, interpreting, and categorizing.

4. Nurse Complementarily Synthesizing Known Others: The ability of nurses to develop or see themselves as a source of knowledge, to continue to develop nursing abilities through education and skill enhancement, including experience as part of learning.

5. Succession Within the Nurse from the Many to the Paradoxical One: At this stage, the nurse takes the information gained and applies it in a practical clinical setting, here the nurse brings the dilemma to resolution.

Humanistic nursing, also developed by Jean Watson in 1975-1979 known as the Theory of Human Caring [21]. The theory emphasizes the values, knowledge, and nursing actions directed to fulfill the psychological needs of a patient/client with the art of healing care. The art of healing care developed by Jean Watson is called the "carative factor" called the 10 Caritas Processes [22]:

1. **Embrace** (Loving-Kindness)
   Sustaining humanistic-altruistic values by practice of loving-kindness, compassion and equanimity with self/others.
2. **Inspire** (Faith-Hope)
   Being authentically present, enabling faith/hope/belief system; honoring subjective inner, life-world of self/others.
3. **Trust** (Transpersonal)
   Being sensitive to self and others by cultivating own spiritual practices; beyond ego-self to transpersonal presence.
4. **Nurture** (Relationship)
   Developing and sustaining loving, trusting-caring relationships.
5. **Forgive** (Holding Space)
   Allowing for expression of positive and negative feelings - authentically listening to another person's story.
6. **Deepen** (Creative Self)
   Creatively problem-solving 'solution-seeking' through caring process; full use of self and artistry of caring-healing practices via use of all ways of knowing/being/doing/becoming.
7. **Balance** (Learning)
   Engaging in transpersonal teaching and learning within the context of caring relationship; staying within other's frame of reference; shift toward coaching model for expanded health/wellness.
8. **Co-create** (Caritas Field)
   Creating a healing environment at all levels; subtle environment for energetic authentic caring presence.
9. **Minister** (Humanity)
   Reverentially assisting with basic needs as sacred acts, touching mind body spirit of spirit of other; sustaining human dignity.
10. **Open** (Infinity)
    Opening to spiritual, mystery, unknowns - allowing for miracles.

Also, Jean Watson's theory includes seven assumptions about nursing: (1) Nursing can only be demonstrated and practiced interpersonally; (2) Nursing consists of factors that meet specific human needs; (3) Effective nursing promotes health and growth; (4) Nursing responses accept individuals as they are and what may happen to them; (5) The nursing environment encourages patient development and provides opportunities to choose the actions that are most appropriate for them; (6) The science of nursing complements the science of healing; and (7) Caring is a core element of nursing practice [23].

In two nursing theories that describe humanism, it leads to nurses having a sense of humanity towards patients / clients who are given nursing care. **The humanistic attitude** that must be carried out while providing nursing services is caring, realizing the uniqueness of the patient's personality, being trustworthy, appreciating, and helping to decide. The ability of a nurse to carry out a humanistic attitude is very necessary for **communication skills**.

Caring brings a nurse to understand that a patient / client who is given nursing services is assumed to be themselves or family members. So, nurses feel psychologically that nursing services will be obtained as they are currently doing. **Realizing personal uniqueness**, although individuals consist of bio-psycho-socio-spiritual, each individual who becomes a patient / client is different in expressing their condition or state including the act of seeking services. **It can be trusted**; a nurse has various complex bio-psycho-socio-spiritual problems so that they need someone who can be trusted to solve their problems. **Appreciating**, patients / clients who need nursing services have different bio-psycho-socio-spiritual from nurses. Making, a nurse must understand without giving judgments that are detrimental to the patient. **Helping to decide**, patients/clients who need nursing services require problem solving with various alternatives that benefit the patient/client. This is, nursing actions that need to be realized by nurses that problem solving must have a small risk or loss including considering a solution offered by the patient.

Communication is an important part of a humanistic attitude in dealing with patients with different bio-psycho-socio-spiritual and nursing service needs. Communication is defined as the process of sending and receiving messages from or to nurses and patients, which can be verbal and/or nonverbal [24]. Of course, it takes intelligence for a nurse to receive and respond to the form of communication given by the patient. The form of verbal communication of nurses as an effort to receive and respond to communication given by patients is to act as a coach and make patients coaches. Words that can be used as a coach are what is felt now, moreover, continue, what has been done, how are the results, how do you feel afterwards, and so on. Communication carried out by nurses is the result of interactions with patients who have needs that change at all times. Therefore, nurses really need to have communication competence [25].

Efforts to realize humanist nursing services in every health service setting to meet the needs of patients/clients can be done by:

1. Humanism-based education. During the nursing education process, human values are instilled from an early age, empathetic communication, cultural understanding, and applied professional ethics. Thus, prospective nurses have self-awareness and personal reflection to easily build meaningful relationships with patients.

2. Holistic and person-centered care. Humanist nursing prioritizes a holistic approach, namely paying attention to the patient's bio-psycho-social-spiritual conditions. And, the person-centered care approach provides an opportunity for patients (and their families) to actively participate in decision-making regarding their care.

3. Supportive environment and system. A healthy practice environment and a fair service system are the main foundations in humanist nursing practice. Support from nursing management to create a work culture of mutual respect greatly influences socialization for prospective nurses.

4. Communication and empathy. The interaction between nurses and patients must be based on open, honest, and empathetic communication. Listening attentively to patients, providing a calming touch, and showing genuine concern are concrete forms of humanistic nursing practice.

5. Continuous evaluation and reflection. Efforts to humanize nursing services need to be evaluated periodically through patient satisfaction surveys and feedback from families. Nurses also need to routinely reflect on themselves to improve the quality of interactions and services.

CONCLUSION

Humanistic nursing can optimize care, improve health outcomes, and increase patient satisfaction. The characteristics of humanistic nursing for patients are listening to expressions, showing empathy, having a therapeutic relationship, respecting autonomy, communicating effectively, and working together in decision-making. Thus, humanistic nursing is the nurse's action in the future.

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