

Humanistic Care in Nursing: Concept Analysis Using Rodgers' Evolutionary Approach

Abstract

Background: Despite the importance and prominent role as a clinical, theoretical, and research approach in nursing practice, humanistic care nature and boundaries are not explicit and challenging for nurses to understand. This study was conducted to clarify the concept of humanistic care in nursing. **Materials and Methods:** Based on Rodgers's evolutionary concept analysis, keywords such as "humanistic car *," "caring behave *," "humanistic nurs *," "humanistic model of care," were searched in PubMed, SCOPUS, Science Direct, Web of Science, WILEY, Springer, SAGE, ProQuest, SID, Iranmedex without time limit until November 2018. Sixty-five documents in nursing and ten documents in the medical discipline were finalized for thematic analysis. **Results:** Nine attributes of the humanistic care, including "excellence in clinical literacy," "creating a healing environment," "a comprehensive and unique viewpoint," "contribution to clients' adaptation and flourishing of their talents," "unrequited love and affection," "preservation of human dignity," "real presence," "constructive dynamic interaction," and "nurse's self-care," were recognized. Assessing the historical and evolutionary course of the concept's semantic tendency revealed three periods: The focus in first, second, and third was on the nurse-patient relationship, quantitative tendency/measurement, and metaphysics/spiritual humanism, respectively. The comparison of interdisciplinary differences indicated greater semantic comprehensiveness and depth in the nursing discipline. **Conclusions:** Clear and practical definition and identification of humanistic care in nursing can be helpful in the further development of existing knowledge, instrumentation, designing guidelines, clinical interventions, knowledge translation, and correction of concept misuse. The identified antecedents and consequences can be in various aspects of clinical management.

Keywords: Analysis, concept formation, humanism, nursing care, nursing

Introduction

Caring can be considered the core of clinical practice and the most critical and complex part of nursing knowledge. Valuing human beings is the basis of the nursing profession and the essence of care. Therefore, humanism in care is a basic necessity and a global priority to improve care quality.^[1] Nurses have a broad caring role; therefore, their care quality is directly related to the health systems' overall functioning.^[2] Researchers and theorists have widely explained the importance of the humanistic approach to nursing care: Paterson and Zderad^[3] considered it a factor for joint personality development and human nurturing in patients and nurses. Parse considers humanistic behavior with the client as an essential factor in improving quality of life,^[4] and Watson^[5] considers it a response to the high-level needs of the

patient. Rainbow^[6] believes this caring method leads to more attention paid to the client and the nurse's effective presence. Most researchers, including Nightingale *et al.* have mentioned that humanistic care improves nurses' and patients' satisfaction, mental well-being, and positive health outcomes in the clients.^[7,8]

Although there is a consensus on the importance, a clear and practical definition of humanistic care has not been provided. Field researchers and thinkers have mentioned that one of the challenges of institutionalizing the concept in clinical practice is the complexity, ambiguity, and opacity of its boundaries and dimensions,^[9] which has caused the function of humanistic care to be reduced to moral philosophical propositions.^[10] Most definitions available about the concept are abstract and impractical for clinical nurses

Fakhredin Taghinezhad¹,
Eesa Mohammadi¹,
Mojgan Khademi²,
Anoshirvan Kazemnejad³

¹Department of Nursing, Faculty of Medical Sciences, Tarbiat Modares University, Tehran, ²Social Determinants of Health Research Center, Lorestan University of Medical Sciences, Khorramabad, ³Department of Biostatistics, Faculty of Medical Sciences, Tarbiat Modares University (TMU), Tehran, Iran

Address for correspondence:
Prof. Eesa Mohammadi,
Department of Nursing,
Faculty of Medical Sciences,
Tarbiat Modares University,
Bridge Nasr (Gisha),
P.O. Box 14115-331,
Tehran - 1411713116, Iran.
E-mail: Mohamade@modares.ac.ir

Access this article online

Website: www.ijnmrjournal.net

DOI: 10.4103/ijnmr.ijnmr_156_21

Quick Response Code:



This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: WKHLRPMedknow_reprints@wolterskluwer.com

How to cite this article: Taghinezhad F, Mohammadi E, Khademi M, Kazemnejad A. Humanistic care in nursing: Concept analysis using rogers' evolutionary approach. *Iran J Nurs Midwifery Res* 2022;27:83-91.

Submitted: 25-May-2021. Revised: 10-Aug-2021.

Accepted: 04-Oct-2021. Published: 14-Mar-2022.

to understand. Paterson and Zderad^[3] consider nursing an experience of human relations and believe that nursing is a kind of dialogue that leads to 'nurturing well-being and more-being.' Concept misuses and overlaps are another reason for clarifying the concept. Based on a critical review of the texts, the concept of humanistic care has been referred to in the form of other concepts such as "patient-centered care,"^[11] "compassionate care,"^[12] and "dignify care."^[13,14] Hsu and Hsieh^[15] consider humanity in care as a kind of responsibility. Cohen reports the overlap and tension between professionalism and humanism.^[16] Murgia *et al.*^[17] state that in many medical and nursing sciences texts, humanity is considered to conflict with spirituality and is equivalent to being non-spiritual and secular.

Rodgers *et al.*^[18] critically reviewed the concept analysis articles in nursing between 1972 and 2017. They concluded that if some requirements are considered in selecting concepts and analysis methods, there is a "pressing need" to use concept analysis for systematically advancing nursing science and promoting clinical care. From this perspective, the humanistic care concept analysis is a step toward developing and translating knowledge in this field. Despite the importance and acceptance as a clinical, theoretical, and research approach and good caring model, the nature and boundaries of humanistic care are not explicit.^[9,10] Over time, the high abstraction of the relevant theories, different interpretations, practical misuse, and evolution has caused and added ambiguities. This study aimed to clarify the concept of humanistic care in nursing based on Rogers' evolutionary approach.

Materials and Methods

This concept analysis study is a part of larger research (Ph.D. dissertation) based on Roger's evolutionary method. This research phase was started in November 2018 and ended in February 2021. There are several methods for concept analysis. Rodger's evolutionary method is a systematic and dynamic approach that assesses the evolutionary changes and interdisciplinary differences in the concept's meaning. This approach consists of six steps which actually can be developed iteratively: (i) Identifying the concept of interest, associated expressions, including surrogate and related terms (Introduction section); (ii) Identifying and selecting an appropriate realm for data collection (Method section); (iii) Collecting data relevant to identify attributes, contextual bases of the concept, interdisciplinary, sociocultural, and temporal variation (Method section); (iv) Analyzing data regarding the above characteristics (Results section); (v) Identifying an exemplar of the concept, if appropriate; and (vi) Identifying implications, hypotheses, and implications for further development of the concept (Discussion and Conclusion sections).^[19]

The first step in Rogers' approach is identifying the concept of interest and associated expressions. Based

on the literature review, MeSH browsers, and previous research team experience, humanistic care was selected for analysis. Related concepts and surrogated terms were identified before the final data analysis stage using the literature search. The concepts and keywords: "humanistic car *," "caring behave *," "humanistic nurs *," "humanistic model of care," were searched in international and Persian databases including PubMed, SCOPUS, Science Direct, Web of Science, WILEY, Springer, SAGE, ProQuest, SID, and Iranmedex without time limit until November 2018. It is important to identify the total number of documents and obtain the original data in Roger's method of concept analysis.^[19] Hence, the more general terms "Humanism" and "car *" were also searched. Boolean logic was applied to configure the words. Some search strategies include but are not limited to 1; ("humanistic car *") OR ("caring behave *") OR ("humanistic nursing") OR (humanistic model of care). 2; TITLE (car *) AND "Human *" NOT self-care. 3; humanism [Title/Abstract] Filters: Humans; Nursing journals. Nursing was selected as the primary discipline and compared with medicine. Inclusion criteria were Writing an article in English or Persian, being relevant to human research (excluding animal research), and publishing in peer-reviewed journals.

In the initial search, the primary researcher (first author), under the supervision and advice of other research team members, searches the databases in the first stage, and 26,019 documents were found without removing the overlap. Duplicate studies were automatically deleted using the EndNote software. By screening through the title and abstract, 435 papers remained.

In the next step, the full text of the articles was skimmed by the main researcher and checked and approved by other team members. Another 313 articles were left out using the guide questions for reasons such as not being relevant to the study's purpose (including descriptive studies), and 140 documents remained. We added five studies, including one article, one Persian dissertation, and three books on nursing theories related to humanistic care (Watson, Parse, and Paterson, and Zderad theories), to the sources, searching the gray literature and references list. Out of the 145 documents obtained at this stage, 127 were in the nursing discipline, and 18 were in the medical discipline. Based on Roger's approach of selecting at least 20% of the resources from each discipline, finally, 65 documents from the nursing discipline (51%) and 10 articles from medicine (55.50%) that were more relevant and did not overlap in terms of content were selected for the final analysis. The final documents were sorted using the EndNote software based on the publication year to examine how the concept had evolved. Figure 1 presents article search and selection strategies.

According to Roger's suggestion, the analysis was performed at the end of the data collection to prevent

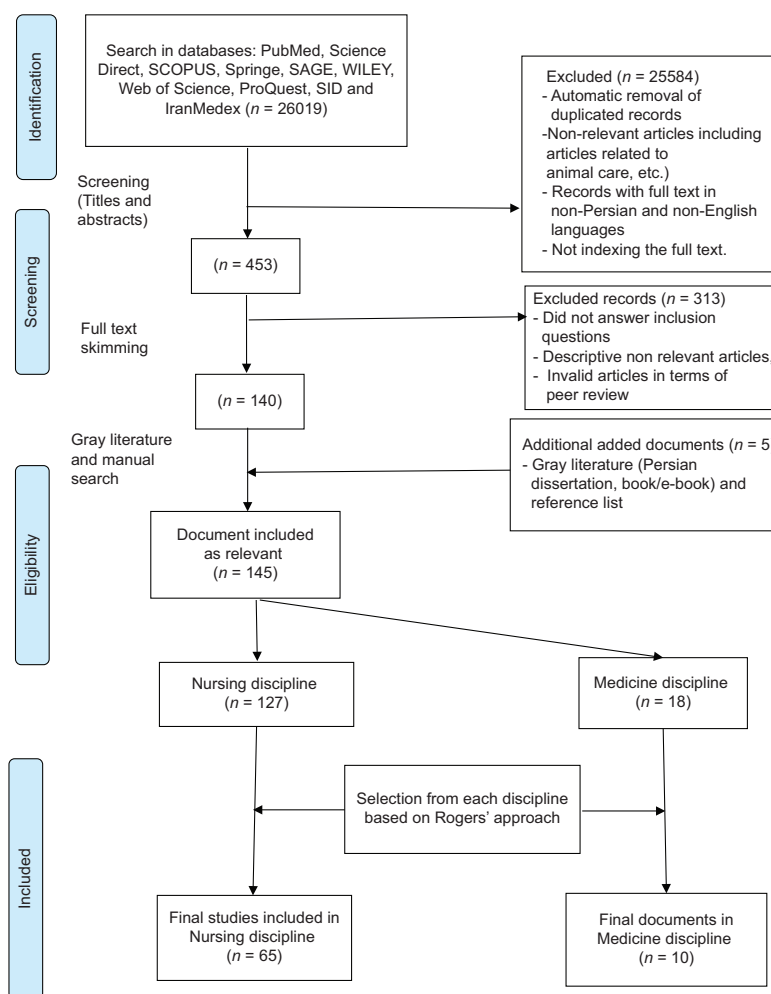


Figure 1: Flow chart of the search strategies and selection.

the bias of applying the research teams' ideas, premature saturation, and the incomplete classes and subclasses formation. Initially, each article was reviewed several times and read word for word as a unit of analysis. Based on the guide questions, meaning units and segments related to attributes, antecedents, and humanistic care consequences were identified and coded. Questions such as (i) What events or phenomena are related to humanistic care before happening? (Antecedents); (ii) What phenomena are related to the characteristics of humanistic care? (Attributes); and (iii) What happens after the concept? (Consequences) were responded. The research and supervisory team re-checked the coding process and analysis method, reaching an agreement on the details. Afterward, similar codes were formed in a category to form subcategories and categories based on the differences and similarities.

A comprehensive and operational definition was presented based on the interpretation of the attributes, antecedents, and consequences. Also, the practice application and further development of the concept, an interdisciplinary comparison of the meaning,

the evolutionary change in concept over time, and related concepts and surrogated terms were identified, summarized, and discussed.

Ethical considerations

This research was approved by the Medical Ethics Committee of the Tarbiat Modares University, Tehran, Iran (approval No: IR.TMU.REC.1396.716). The principles of research ethics, honesty, and transparency were considered in all the stages of the study.

Results

Related concepts and surrogated terms

Related terms overlap with humanistic care in some dimensions; however, they are distinct and separate in other respects.^[19] "Person-centered care,"^[11] "compassionate care,"^[12] "dignify care,"^[13,14] "spiritual care,"^[20] and "professional ethics"^[16] were identified as related terms. Their associated documents were excluded from the final analysis, while the surrogated terms are another expression of the selected concept. The concepts and phrases "caring behavior," "humanistic nursing," and "humanistic model of

care” were identified as surrogated terms; therefore, their related findings were included in the analysis.

Antecedents

Antecedents provide the context and are necessary for the occurrence of humanistic care.^[19] Four antecedents were identified based on the final analysis: “client’s need” and “client’s readiness and acceptance,” related to the client and “nurse’s personality, moral, and spiritual characteristics,” and “educational infrastructure” related to the nurse.

Client’s needs

Humanistic care occurs in the context of “need” in which a client needs the nurse’s human intervention and interaction due to mental or physical disorder, being in a critical situation, or a tendency for health promotion.^[21]

Client’s readiness and acceptance

Based on humane and professional principles, humanistic interventions in the field of care require client preparation and acceptance.^[22] Human-to-human interaction in care requires the client to cooperate with the nurse, share his/her experiences, and answer the care provider’s questions.^[23]

Nurse’s personality, moral, and spiritual characteristics

The human values of care are provided by the nurses who have moral and personality maturity, are committed to helping others, tend to solve individuals’ problems, and have a good sense of altruism and a high level of emotional intelligence.^[8,24] A nurse’s spiritual attitude gives him/her a solid motivation to care for and help other human beings.^[24,25]

Nurse’s educational infrastructure

It is necessary to provide nurses with a university education in practical and straightforward language to build a professional and scientific foundation.^[26]

Attributes

Critically analyzed, nine attributes of humanistic care were identified, including “excellence in clinical literacy,” “creating a healing environment,” “a comprehensive and unique viewpoint,” “contribution to clients’ adaptation and flourishing of their talents,” “unrequited love and affection,” “preservation of human dignity,” “real presence,” “constructive dynamic interaction,” and “nurse’s self-care” [Table 1].

Excellence in clinical literacy means utilizing clinical knowledge and mastery in performing specialized procedures and skills. Contrary to some perceptions, humanistic care includes both clinical and humanistic aspects. Accordingly, the nurse controls how the equipment is handled to provide human care, performs proper medication and specialized procedures appropriately in the best way, and keeps his/her information up to date.^[27]

Creating a healing environment means providing an intimate, compatible, pleasant, and calm environment where the client feels comfortable and facilitates his/her healing and recovery. In humanistic care, nurses make an effort to create a friendly environment for clients to express their feelings, relieve anxiety, and stress. The nurse’s attention paid to the client’s neatness, the ward and the environment’s cleanliness are other nurses’ measures in this field.^[28]

A comprehensive and unique viewpoint includes a comprehensive view of all dimensions of existence while considering each client’s distinctions and specific characteristics. In humanistic care, the nurse considers the client’s psychological, spiritual, social, and family aspects.^[29-31] Multidimensional and comprehensive care mean that the nurse’s care is not limited to specific tasks during hospitalization; however, it includes pre- and post-discharge time.^[24]

Contribution to clients’ adaptation and flourishing of their talents refers to helping them have a positive attitude, improving the self-care abilities, and recognizing their strengths and limitations in various situations. The nurse helps the client to better understand these aspects and use the appropriate strategies to deal with the challenges.^[9,30] He/she also teaches the patient to evaluate their condition and move toward independence and self-care.^[32] The nurse also encourages the patients’ progress in this area and assures them of the treatment team’s effort.^[33]

Unrequited love and affection encompass the nurse’s attending work with enthusiasm to provide affectionate service, responsibility, empathy, and intimacy in caring. Humanistic care is issuing a nurse’s love and affection to a human being who has needed him/her at a particular stage of life. This type of care is formed based on altruism and compassionate love. In humanistic care, the nurse works with motivation and compassionately provides care for the patient.^[34]

Preservation of human dignity implies respecting clients in all care situations, politeness, and courtesy in dealing with them, paying attention to their privacy, providing impartial care, and comprehensively protecting their rights. In humanistic care, the nurse respects the client in all caring stages until discharge in various situations.^[25] On the condition that the nurse observes other treatment team members’ negligence, he/she supports the client without creating tension.^[23]

Real presence refers to the nurse’s constant monitoring and evaluation of the client, availability, his/her focus on the care and the client, and provision of deep, comprehensive, full-fledged, and high-level care. It is the transition from the mere physical presence and providing routine care. “Real presence” is a kind of interpersonal process and contains deep knowledge in which the nurse and the client cooperate.^[5,27] Presence is a therapeutic intervention for the client’s recovery and healing.^[35]

Table 1: Defining attributes of the humanistic care concept

Defining attributes/sub-attributes	
Excellence in clinical literacy	Proficiency in specialized procedures and skills, excellence in specialized clinical knowledge
Creating a healing environment	Providing a friendly and consistent, quiet, and pleasant environment
A comprehensive and unique viewpoint	Paying attention to individual differences, acceptance of client's choices and preferences, simultaneous attention to the integrity of the client as a human being, recognizing and paying attention to values and spirituality, maintaining the safety of the client
Contribution to the client's adaptation and flourishing of talents	Helping the client to know himself/herself and the situation, inducing optimism and positive thinking, empowerment
Unrequited love and affection	Responsibility, empathizing with the client, intimacy and humility, eagerness for the client, and care
Preservation of human dignity	Privacy, respect, protecting the rights of the client
Real presence	Continuous monitoring, availability, being focused on care, presence of diversity
Constructive dynamic interaction	Effective communication with the client, demonstrating trust and honesty, interacting with colleagues, partnership, and interaction with the organization
Nurse's self-care	Self-knowledge and self-support, using adaptation strategies

Constructive dynamic interaction refers to effective, honest, and trustworthy communication in nurse-client relations and the nurse's constructive communication with colleagues and the organization. Nurses try to help create the appropriate organizational climate for the colleagues and head nurses, just as they are for the clients.^[36] They are also aware of the communication principles, including active listening, body language, non-verbal communication, and eye contact with the patient.^[37]

Nurse self-care implies that the nurse uses strategies to cope with work and job stress and self-care. Humanistic nurses use positive adjustment mechanisms such as generosity, avoidance of resentment, and positive thinking to adapt to workplace tensions.^[36] They strive to balance work and life and care about exercise, recreation, and healthy eating. As much as possible, nurses avoid accepting overtime and overwork in order to come to work energetically.^[21,38,39]

Consequences

Consequences are the product of the concept of incidence. Seven nurses' humanistic care results were identified, including nurture and transcendence, satisfaction and comfort, improving caregiving abilities, reducing violence/complaints, compassion fatigue, improving the care/cure quality, and positive social image. These consequences are significant in terms of the client, nurse, organizational productivity, and professional effects.

Nurture and transcendence

The humanistic approach to care promotes the nurse and client's personality.^[3]

Satisfaction and comfort

The nurse's effective presence and compassionate interaction are associated with satisfaction and peace of mind for both the nurse and patient.^[35] Due to the reciprocal nature of humanistic care, the nurse also achieves a kind of inner happiness resulting from compassion in which she experiences a positive sense of helping others.^[21,38]

Improving caregiving abilities

The humanistic approach to care provides the nurse with a thoughtful and multifaceted experience and continuous learning that improves her caregiving abilities.^[40]

Reducing violence/complaints

The humanistic treatment with the client reduces violations of the nurses' human and professional rights and verbal and non-verbal violence against them.^[9,39]

Compassion fatigue

Despite all the positive consequences, comprehensive and humane patient care is associated with time and energy consumption. A failure to consider the nurse's limitations as a "human being," not being supported, and ignoring self-care by the nurse can challenge the process of providing humanist care and lead to the nurse's compassion burnout and fatigue.^[36,38]

Improving the care and treatment quality

Humanistic care can improve clinical outcomes, including adherence to treatment and medication regimen, reduced readmission, better pain relief, lower systolic blood pressure, and improved client adaptation and self-care ability.^[8,30]

Positive social image

The caring behavior strengthens mutual trust and respect for the nurses and the nursing profession. It forms a suitable professional image of nursing in the clients' minds in society.^[25,41] The antecedents, attributes, and consequences are shown in Figure 2.

Changes in the concept over time

By reviewing the selected documents in chronological order, three periods can be considered regarding the semantic changes and orientation of humanistic care studies:

First period (1970–2000): Focus on patient-nurse relationship: Humanistic care, especially in the early

decades of its existence, was influenced by “the nurse-patient relationship.” In this period, humanistic care is mainly compared to communication-oriented theories such as Peplau’s theory.

Second period (2000–2010): “Caring science,”—the tendency to measure and objectify. In response to criticisms of philosophical expression and a significant focus on the psychological aspects, countless efforts have been made to examine the humanistic care principles’ conformity with known scientific standards and improve their applicability, including paying attention to the independent contribution of care to recovery.

Third period (2010–2020): Focus on metaphysics and spirituality in care. With the further development of the concept, attention to metaphysics has become more prominent. Dr. Watson’s books of the past decade can be considered as a turning point in this period in which a return to Rogers’s principles, focus on religion and metaphysics, and challenging the classical view on the science is evident, and the role of religion and spiritual dimension of care has received more attention than ever before.^[5,23]

The difference in the concept between nursing and medicine disciplines

Based on the medical discipline’s literature analysis, the philosophical basis of humanism has existed in the philosophical texts and medical ethics. However, the positivist and biomechanical paradigm has always been the dominant approach in the treatment and medical discipline.^[42] Some conceptual functions, such as “appropriate communication with the patient,” “confidentiality,” “listening,” and “making time for the patient,” are similar in the two disciplines.^[43] However, a more profound analysis shows: (i) The dimensions and depth of the concept in medicine have

generally reduced compared to nursing. It is more developed and rich in nursing.^[42] Presence, focus on care, transpersonal caring, caring moment, shared transcendence, healing environment, attention to the patient as a whole, and sharing the experiences are less considered in medicine^[44]; (ii) Care is the core of nursing and a kind of science. In contrast, it is considered an art and “complementary skill” in the medical discipline^[45]; and (iii) The level of humanism in medicine varies according to the type of specialty; for example, it is highly considered in psychiatry compared to the other specialties.

Discussion

This study aimed to clarify the concept of humanistic care and provide a comprehensive and explicit definition. Based on the findings, humanistic care is a multifaceted and dynamic process that requires the client’s “readiness and acceptance” and “need” for care and the nurse’s educational background and moral and personality traits. In this process, the nurse who excelled in clinical literacy with a comprehensive and unique viewpoint helps the client adapt and flourish the talents through establishing constructive and dynamic interaction. While considering their personal life and taking care of themselves, nurses treat the client with love and affection, and their presence is actual (in different situations, focused on care, with constant monitoring and availability). The humanistic nurse tries to provide a healing environment (intimate, compatible, pleasant, and comfortable) to ensure the client’s human dignity in various ways and prioritize it. This model of care leads to the nurse-clients nurturing and transcendence, satisfaction, and comfort. It improves the quality of care and caregivers’ abilities, reduces violence and complaints against nurses, and provides a positive social image. In this type of care, if the nurse’s need and attention, as a caregiver, are neglected, humanistic care is imperfect and not realized, leading to compassion fatigue.

The humanistic care attributes and contextual factors introduced in the present definition are more transparent, comprehensive, and practical than the available definitions. Paterson and Zderad describe the components and framework of humanistic care as follow:

“The elements of this humanistic nursing framework include incarnate men (patient and nurse) meeting (being and becoming) in a goal-directed (nurturing well-being and more-being), inter-subjective transaction (being with and doing with) occurring in time and space (as measured and as lived by the patient and nurse) in a world of men and things.”^[3] In this explanation, according to the usual framework in theorizing, humanistic care is explained in terms of features and functions such as “Incarnate men meeting,” “Goal-directed inter-subjective transaction,” and attention to “time and space” to achieve nurturing well-being and more-being. However, these features are highly abstract and challenging for the nurse to understand and do not

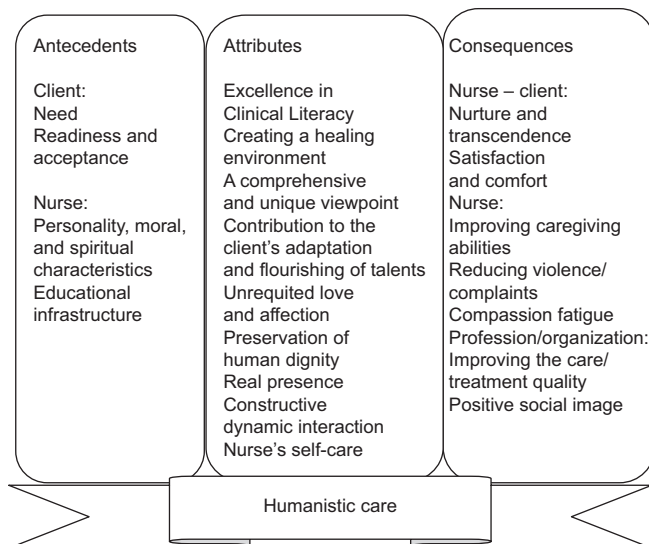


Figure 2: Antecedents, attributes, and consequences of the humanistic care concept.

cover all the meaning and aspects of humanistic care. In the present study, the concept's features in the mentioned explanation were also recognized. The attributes such as "constructive and dynamic interaction," implying effective verbal and non-verbal communication that is honest and based on building trust between the nurse-client and constructive interaction of the nurse with the colleagues and organization, "creating a healing environment," implying providing an intimate, pleasant, and compatible environment facilitating the client's healing, "real presence," implying continuous monitoring and evaluation, availability, focusing on care and the client, and the transition from a mere physical presence as well as consequences such as "nurture and transcendence" are more objectively identified and defined. Furthermore, more attributes such as "unrequited love and affection," "Contribution to patients' adaptation and flourishing of their talents," and "self-care," as well as the seven consequences of the concept are presented comprehensively and in understandable language.^[3]

Watson first presented caring in 10 Caritas factors, and then later, Caritas processes. Comparing the identified attributes and contextual factors in this research with the Caritas factors/Caritas process in Watson's theory suggests some similarities and relative agreement. The process of "Practicing Loving-kindness" in Caritas, for example, is consistent with the characteristic of "Unrequited love and affection" in the present analysis. Other Caritas processes such as "creating a healing environment," "Nurture Helping, Trusting, and Caring Relationships," "Soul care for self" have also been identified in the present study as themes or sub-themes of humanistic care. In "Practicing Loving-kindness" as one of the 10 Caritas processes, Watson has provided general explanations about the importance of care and love connection. However, in the present study, the attribute of "unrequited love and affection" is presented as four tangible sub-attributes, including "responsibility," "empathizing with the client," "intimacy and humility," and "eagerness for the client and care" with objective explanations. This clarification is also applicable to other shared attributes such as "real presence;" consequently, we can conclude that the present study's findings may help clarify and apply Caritas in nursing practice.^[46]

Analyzing the concept of "good nursing care," Ghahramanian *et al.*^[47] identified two characteristics, including communication factors and procedural factors, and introduced "recovery," "reduction of care costs," and "patient satisfaction" as the main consequences of "good nursing care." Comparing the results of the mentioned research with the present study shows that the two attributes "excellence in clinical literacy" and "constructive and dynamic interaction" achieved from the current concept analysis can be considered equivalent to the elements of procedural factors and "communication factors" in good nursing care concept analysis. Other humanistic care

attributes, such as "real presence," "creating a healing environment," "nurse self-care," and "helping to develop the client's talents," were identified in this study. Therefore, we can conclude that the provided definition and findings of humanistic care are more comprehensive and profound compared to the framework for "good nursing care" in Ghahramanian *et al.*'s^[47] study.

One of the defining attributes of humanistic care in the present study was "excellence in clinical literacy," which means mastery of procedures and specialized clinical skills and knowledge. This dimension has been considered in other studies such as Ghahremanian *et al.*^[47] to explain good nursing care and Romero-Martín *et al.*^[48] to analyze the concept of care.

Assessing and comparing other identified humanistic care attributes shows the support of the literature; "preservation of human dignity" has been introduced by other researchers as one of the key features of the nurses' caring behaviors.^[49-51] This supports other attributes such as "creating a healing environment,"^[9,41,31] "a comprehensive and unique viewpoint,"^[8,10] "unrequited love and affection,"^[52] "real presence,"^[24,29] and "constructive dynamic interaction."^[29,30,31] Furthermore, most of these attributes are in line with the values and principles of the Universal Declaration of Ethics Universal Declaration on Bioethics and Human Rights, including the principles of "consent," "autonomy," and "human dignity."^[53]

"Contribution to the client's adaptation and flourishing of talents" is another identified attribute of humanistic care. Hwang *et al.*^[34] identified a similar aspect as "encouraging" in conceptualizing caring behavior to construct a related tool. In several studies, the nurse's efforts to help the client better view the conditions and limitations and avoid negative thoughts have been reported as part of caring and humanistic care.^[37,50]

"Nurse's self-care" as the last identified attribute is the new dimension of humanistic care in nursing that has received less attention.^[39] Khademi *et al.*^[21] in their grounded theory study, concluded that the main reason for the violation of patients' rights by Iranian nurses was the lack of attention to the nurses' rights, which leads to reciprocal violations of patients' rights and careless behaviors by the nurses.

The identified attributes of the nurse's humanistic care can be considered in the further development of the concept and theorizing, measuring and instrumentation, knowledge transition process, design of interventions and clinical guidelines, and facilitation of the institutionalization of this approach to care. Recognizing the related concepts and surrogated terms help correct inappropriate uses of the concept. According to antecedents, nurses with "appropriate personality, moral, and spiritual characteristics" and "specific educational background" can better deliver humanistic care

regarding the antecedents. This finding can be taken into account in the nurses' employment and in-service training as well as the development of nursing training curricula. The consequences can be significant for the managers and policymakers: Compassion fatigue in the nurse occurs due to neglecting their legal rights and providing a suitable work environment. Therefore, health managers and professional organizations can prevent it by protecting the nurses' rights, avoiding work beyond their capacity, and drafting the necessary charters. Future research in humanistic care should build consensus and bring different perspectives on related viewpoints and theories. This study has provided relatively clear and more objective indicators in terms of context-oriented and various objective manifestations in the societies and cultures; it is suggested that appropriate qualitative and context-oriented studies in different clinical settings be performed. One of the limitations of the present study is that it is limited to Persian and English languages. Therefore, not considering studies in other languages may limit our understanding of the concept.

Conclusion

Recognized attributes and contextual factors of humanistic care and moving from abstraction to operational definition in this study can help institutionalize this approach in clinical nursing practice and promote the clients' and nurses' satisfaction, improved organizational productivity, and a better professional image of nurses in the society. Part of the future research in humanistic care can focus on building consensus on the existing literature, designing clinical guidelines in different areas according to the humanistic approach, and simplifying concepts for the nurses and clients' better understanding through appropriate qualitative and context-oriented studies in different areas of clinical settings.

Acknowledgments

This article is derived from the first author's Ph.D. dissertation. The authors would like to thank the Department of Interlibrary Loan gratefully, and Article Delivery in Tarbiat Modares University helped us retrieve the articles and books' full-texts.

Financial support and sponsorship

Tarbiat Modares University, Tehran, Iran

Conflicts of interest

Nothing to declare.

References

- Sebrant L, Jong M. What's the meaning of the concept of caring?: A meta-synthesis. *Scand J Caring Sci* 2021;35:353-65.
- Ghadirian F, Salsali M, Cheraghi MA. Nursing professionalism: An evolutionary concept analysis. *Iran J Nurs Midwifery Res* 2014;19:1-10.
- Paterson JG, Zderad LT. *Humanistic Nursing*. New York: National League for Nursing; 1988.
- Parse RR. *Illumination: The Human Becoming Theory in Practice and Research*. 1st ed. Massachusetts: Jones and Bartlett publishers; 1995.
- Watson J. *Human caring sciences*. 1st ed. Colorado: Jones & Bartlett learning; 2012.
- Rainbow JG. Presenteeism: Nurse perceptions and consequences. *J Nurs Manag* 2019;27:1530-7.
- Létourneau D, Goudreau J, Cara C. Humanistic caring, a nursing competency: Modelling a metamorphosis from students to accomplished nurses. *Scand J Caring Sci* 2021;35:196-207.
- Nightingale S, Spiby H, Sheen K, Slade P. The impact of emotional intelligence in health care professionals on caring behaviour towards patients in clinical and long-term care settings: Findings from an integrative review. *Int J Nurs Stud* 2018;80:106-17.
- Norman V, Rossillo K, Skelton K. Creating healing environments through the theory of caring. *AORN J* 2016;104:401-9.
- Koithan MS, Kreitzer MJ, Watson J. Linking the unitary paradigm to policy through a synthesis of caring science and integrative nursing. *Nurs Sci Q* 2017;30:262-8.
- Carvalho JC, Cordeiro RA. Theories of the interpersonal relationships, transitions and humanistic theories: Contribution to frameworks of psychiatric/mental health nursing in Europe. In: Santos JC, Cutcliffe JR, editors. *European Psychiatric/Mental Health Nursing in the 21st Century: A Person-Centred Evidence-Based Approach*. Cham: Springer International Publishing; 2018. p. 49-58.
- Zamanzadeh V, Valizadeh L, Rahmani A, Ghafourifard M. Compassionate care in nursing: A hybrid concept analysis. *Hayat* 2017;22:362-80.
- Kadivar M, Mardani-Hamooleh M, Kouhnavard M. Concept analysis of human dignity in patient care: Rodgers' evolutionary approach. *J Med Ethics Hist Med* 2018;11:4.
- Rafii F, Ghafouri R. Dignify care concept analysis: Rodgers' evolutionary approach. *Int J Adv Biotechnol Res* 2017;8:1195-202.
- Hsu LL, Hsieh SI. Testing of a measurement model for baccalaureate nursing students' self-evaluation of core competencies. *J Adv Nurs* 2009;65:2454-63.
- Cohen JJ. Viewpoint: Linking professionalism to humanism: What it means, why it matters. *Acad Med* 2007;82:1029-32.
- Murgia C, Notarnicola I, Rocco G, Stievano A. Spirituality in nursing: A concept analysis. *Nurs Ethics* 2020;27:1327-43.
- Rodgers BL, Jacelon CS, Knafk KA. Concept analysis and the advance of nursing knowledge: State of the science. *J Nurs Scholarsh* 2018;50:451-9.
- Knafk KA, Rodgers BL. *Concept Development in Nursing: Foundations, Techniques, and Applications*: Saunders Philadelphia, PA; 2000.
- Salander P, Hamberg K. Why "spirituality" instead of "the humanistic side of medicine"? *Acad Med* 2014;89:1430.
- Khademi M, Mohammadi E, Vanaki Z. A grounded theory of humanistic nursing in acute care work environments. *Nurs Ethics* 2017;24:908-21.
- Geyer NM, Coetzee SK, Ellis SM, Uys LR. Relationship of nurses' intrapersonal characteristics with work performance and caring behaviors: A cross-sectional study. *Nurs Health Sci* 2018;20:370-9.
- Watson J. *Nursing: The philosophy and science of caring*. *Nurs Adm Q* 2008;3:86-7.
- Kaur D, Sambasivan M, Kumar N. Impact of emotional

- intelligence and spiritual intelligence on the caring behavior of nurses: A dimension-level exploratory study among public hospitals in Malaysia. *Appl Nurs Res* 2015;28:293-8.
25. Heidari MR, Norouzadeh R. Respecting the spiritual beliefs of patients from the perspective of nurses: A qualitative study. *J Qual Res Health Sci* 2014;3:239-46.
 26. Jo K-H, An G-J. Effect of end-of-life care education using humanistic approach in Korea. *Collegian* 2015;22:91-7.
 27. Papastavrou E, Efstathiou G, Tsangari H, Suhonen R, Leino-Kilpi H, Patiraki E, *et al.* A cross-cultural study of the concept of caring through behaviours: Patients' and nurses' perspectives in six different EU countries. *J Adv Nurs* 2012;68:1026-37.
 28. Cao Q. Humanistic caring: The core of nursing. *J Med COLL PLA* 2013;28:125-8.
 29. Weyant RA, Clukey L, Roberts M, Henderson A. Show your stuff and watch your tone: Nurses' caring behaviors. *Am J Crit Care* 2017;26:111-7.
 30. Cheraghi MA, Esmaeili M, Salsali M. Seeking humanizing care in patient-centered care process: A grounded theory study. *Holist Nurs Pract* 2017;31:359-68.
 31. Boscart VM, Pringle D, Peter E, Wynn F, McGilton KS. Development and psychometric testing of the humanistic nurse-patient scale. *Can J Aging* 2016;35:1-13.
 32. Tapp D, Lavoie M. The humanbecoming theory as a reinterpretation of the symbolic interactionism: A critique of its specific nature and scientific underpinnings. *Nurs Philos* 2017;18. doi: 10.1111/nup. 12123. Epub 2016 Jun 22.
 33. Makic MB. Critical care connection nurses' caring behaviors. *J Perianesth Nurs* 2017;32:367-9.
 34. Hwang H-L, Tu C-T, Chen S, Wang H-H. Caring behaviors perceived by elderly residents of long-term care facilities: Scale development and psychometric assessment. *Int J Nurs Stud* 2012;49:183-90.
 35. Deborah FC. Meta-synthesis of presence in nursing. *J Adv Nurs* 2006;55:708-14.
 36. Crane PJ, Ward SF. Self-healing and self-care for nurses. *AORN J* 2016;104:386-400.
 37. Tektaş P, Çam O. The effects of nursing care based on Watson's theory of human caring on the mental health of pregnant women after a pregnancy loss. *Arch Psychiatr Nurs* 2017;31:440-6.
 38. Wu S, Singh-Carlson S, Odell A, Reynolds G, Su Y. Compassion fatigue, burnout, and compassion satisfaction among oncology nurses in the United States and Canada. *Oncol Nurs Forum* 2016;2016:E161-9.
 39. Goncalves SA, Strong LL, Nelson M. Measuring nurse caring behaviors in the hospitalized older adult. *J Nurs Adm* 2016;46:132-8.
 40. He J, Hu D-Y, Liu Y-L, Wu L-F, Liu L. Study of the effect of humanistic nursing care model wards in children caring ward school on the nurses' caring ability. *Chin Nurs Res* 2016;3:45-7.
 41. Clarke PN, Watson J, Brewer BB. From theory to practice: Caring science according to Watson and Brewer. *Nurs Sci Q* 2009;22:339-45.
 42. Kesselheim JC, Agrawal AK, Bhatia N, Cronin A, Jubran R, Kent P, *et al.* Measuring pediatric hematology-oncology fellows' skills in humanism and professionalism: A novel assessment instrument. *Pediatr Blood Cancer* 2017;64. doi: 10.1002/psc. 26316.
 43. Bates V. Yesterday's doctors: The human aspects of medical education in Britain, 1957-93. *Med Hist* 2017;61:48-65.
 44. Bolderston A, Lewis D, Chai MJ. The concept of caring: Perceptions of radiation therapists. *Radiography* 2010;16:198-208.
 45. Ferry-Danini J. A new path for humanistic medicine. *Theor Med Bioeth* 2018;39:57-77.
 46. Watson J. Nursing: The philosophy and science of caring. *Nurs Adm Q* 1979;3:86-7.
 47. Ghahramanian A, Rassouli M, Zamanzadeh V, Valizadeh L, Asghari E. Good nursing care: Rodgers' evolutionary concept analysis. *NLP* 2020;7. doi: 10.18502/npt.v7i1.2295.
 48. Romero-Martín M, Gómez-Salgado J, Robles-Romero JM, Jiménez-Picón N, Gómez-Urquiza JL, Ponce-Blandón JA. Systematic review of the nature of nursing care described by using the caring behaviours inventory. *J Clin Nurs* 2019;28:3734-46.
 49. Hegge M, Bunkers SS. Living human dignity: A nightingale legacy. *Nurs Sci Q* 2017;30:291-5.
 50. Rosa W, Estes T, Watson J. Caring science conscious dying: An emerging metaparadigm. *Nurs Sci Q* 2017;30:58-64.
 51. Franco H, Caldeira S, Nunes L. Dignity in nursing: A synthesis review of concept analysis studies. *Nurs Ethics* 2021;28:734-49.
 52. Adib-Hajbaghery M, BolandianBafghi S. Love in nursing: A concept analysis. *J Caring Sci* 2020;9:113-9.
 53. Obi EC. Post-trial access to drugs in developing nations: Global health justice. Cham, Switzerland: Springer; 2017. p. 275-86.