PROMOTING THE HUMANIZED CARE COMPETENCY FOR CHRONICALLY ILL PATIENTS OF NURSING STUDENTS

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Abstract

Background: Chronic disease is a life-threatening serious progressive illness and the leading cause of global dead, including Thailand. Nurses are expected to provide quality care for patients. Boromarajonani College of Nursing Phra-Putthabat (BCNPB) has the mission of humanized care as an identity for graduated nurses to provide quality care for chronically ill patients. To promote the competency of humanized care to all nursing students is the ultimate goal. Humanized care competency was defined as service mind, analytical thinking, and participation of nursing students. Humanized care for chronically ill patients was integrated into the love hometown project during the vacation. The main concept of promoting humanized care competency was authentic learning. The activities were composed of volunteer caring for chronic illness patients, narrative storytelling, reflective thinking, small group discussion, and participated in the BCNPB show & share chronic care exhibition. They shared the experience, knowledge, innovation, and local Thai wisdom that was important as their transformative learning.

Purpose: This study aimed to 1) develop the activity promoting the humanized care of nursing students for chronically ill patients which integrated to the love hometown project and 2) examine knowledge of chronically care for patients and attitude of nursing students and patient satisfaction.

Methods: Study design was research and development. The first cycle was developed in 2015. The second cycle was implemented in 2016 which compose of 3 phase: planning, acting, and reflection and evaluation. The sample was 275 chronic illness patients and 283 nursing students of BCNPB who participated in the love hometown project from June to August 2016. The chronic care knowledge and the attitude of nursing student data were collected as pre-posttest.

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Also, the satisfaction of chronically ill patients was measured. The knowledge and attitude of nursing students and patients’ satisfaction questionnaires were used which Cronbach’s alpha reliability 0.72, 0.88, and 0.88 respectively. The percentage, standard deviation, average, range and pair t-test was used to analyze the data.

**Results:** The love hometown project was developed to promote the humanized care competency of nursing students. After caring for the patient during the vacation, the knowledge about the chronic care of nursing students had statistically significantly higher than before they care for the patient (p<.01). Also, the level of the attitude of nursing students was statistically significantly higher than before caring for the patient (p<.01). The mean score of patient satisfaction was 92.93 % (SD = 5.80, range = 100.00 – 72.00) that was at the very good level.

**Conclusions:** The integrated of humanized chronic care to the love hometown project was effectiveness to promote the improvement of humanized chronic care in nursing students. For more usefulness implementation, the period of time for promoting the achievement and sustainable of humanized chronic care in nursing students should be extended.

**Keywords:** Humanized care, chronic illness patients, nursing student competency

**Background and Significance of the study**

Non Communicable Diseases (NCDs) kill 56.9 million global deaths in 2016, 40.5 million people each year, equivalent to 71% of all deaths globally (WHO, 2016). Each year, 15 million people die from the NCDs between the ages of 30 and 69 years; over 85% of these "premature" deaths occur in low- and middle-income countries (WHO, 2018). Likewise, the mortality rate of Thailand revealed that 50% of 464,000 people died in each year was occurred from NCDs (Aekplakorn, 2016). The morbidity and mortality rate from NCDs have increasingly. The burden of these diseases is continuous rising related to cardiovascular diseases, cancers, diabetes, and chronic lung diseases. The loss of adjusting daily life year of Thai people from non-communicable disease is about 30% which totally 10,611,000 years In addition, the prevalence of obesity, diabetes, hypertension are increasing, on the other hand, physical inactivity, sodium intake, and smoking is diminishing, however, it still not encounters the standardized. The incidence and projected rise of NCDs is a significant global public health threat. Nurses play a crucial role in arresting and controlling NCDs Due to nurses as health care personnel are well positioned to solve, challenges and enabling factors in carrying out this important role in addressing the NCDs crisis (Mech-cat, 2018).

Borommarajonnani College of Nursing Phra-Putthabat (BCNPB) is a nursing institute of a ministry of public health. The vision of our college was to be the 1-5 leader of the nursing institute of Thailand which promoting the humanized care competency of nursing students and being the learning resource center related to the care of NCDs. Nurse identity of our college is humanized care which defined as the service mind, analytical thinking and client’s participation as a core concept providing care (Praboromarajchanok Institute, 2013). Service mind is considered to be providers of friendly service delivery with love and compassion. It’s also meant ready to devote time, energy and focus more concern about the problems or suffering of the
clients. Analytical think is the ability of thinking based on a variety of resources and the ability to analyze problems and needs critically. It's also meant a critical component that nursing students give an extensive viewpoint and ability to solve the client’s problems effectively. Moreover, the client’s participation was also significant because nursing students have to play respects human rights, autonomy, freedom, and value which concern individually and factors related to patients’ health. The NCDs have to make a decision by themselves which supporting form nursing students. Humanized Care is the important factors that promote holistic caring for patients.

The concept of humanization has become necessary in healthcare because the human being is a bio-psychosocial and spiritual being and his essence and individuality should be respected. Humanized care competency defined as a foundation for professional nursing practice and has known positive outcomes such as patient satisfaction. The humanized care proficiency promoting for chronic illness patients of nursing students is a vital role of nurse instructors. The literature reviews revealed that promoting the competency of nursing students was composed of intra-curriculum and extra-curriculum. However, the gap about how to promote humanized chronic care competencies in nursing students is not actually sufficient. Then, researchers have to develop the way promoting humanized health care to allow the further discipline advancement.

**Objectives**

1) To develop the activity promoting the humanized care competency of nursing students for chronically ill patients which integrated to the love hometown project and

2) To examine the knowledge of chronic care, the attitude of the nursing profession, and patients’ satisfaction after participated in the love hometown project.

**Conceptual Framework**

Humanize health care is a significant factor for quality of health service development. It's should be developed both individual and cultural of an organization. One of the best ways to promote the humanized care is authentic learning (Wongkhongkatap, 2007). Authentic learning is a process of learning in a real-life situation that encourages nursing students to create, use, and share the outcomes for caring the NCDs patients. Learning-by-doing is generally considered the most effective way to learn to understand other's life which happening by observation, talk, caring, and discussion with NCDs patients.

Nursing students have to play as an enthusiastic learner which data collection, analysis fact, dare to learn by themselves, understand humanity and the way of life of patients, adjust their thinking and perspective of learning, study data according to the actual conditions. The activities enhancing the humanized competencies were composed of an analysis of the real-life situation of patients for understanding the context and data receiving. After that, they have to lesson learned and share the knowledge and experience. They have to adopt point of view, reduce prejudice, learn through the thinking process, use the technique of reflection, thinking, questioning, and making choice provide them comprehend the benefits and happiness that occur from their practice.
Nurse instructors took the vigorous role as facilitators, create an atmosphere of learning, encourage the learner curiosity to know, and reflect the learner to approach the clients as holistic. As a facilitator, have to promote the nursing student to learn in the context of real-life situation, understand and accept the NCDs life as the humanity, assent the difference between individuals based on the concept of humanizing health service (Wongkhongkatap, 2007).

The evidence revealed that the way to develop humanized care was composed of promotes a good relationship, caring the client as relative, environmentally concern, healing each other, reflective thinking, client and family participation, which provide patients center care (Juangpanich, 2010). Moreover; narrative writing, aesthetic story-telling, deep listening, appreciate inquiry, proactive with disadvantage person and motivations with non-monetary incentives were the developmental approach for the humanized organization (Chainarong, 2009).

In order to enhance humanized care competencies of nursing students have implemented in various activities including curriculum, learning and teaching method and students affairs. The example of activities of a nursing college in Thailand was inside and outside the classroom such as employing local wisdom, moral camps, authentic learning, and volunteer activities (Pitaksongkham & Siriwanij, 2016). Additionally, being a volunteer can develop concepts and behaviors of humanized care because it’s mean sacrifice body spiritual and time for the public. It’s not only happy to help others but also spiritual development which peaceful and the power of good (Visalo, 2016). A volunteer is mean a person who does something, especially helping other people, willingly and without being forced or paid to do it. It’s including hope, does with willingness, adhere to the moral system, good ethics, and shame on the wrong thing (Chanprapai, 2012). Moreover, it also cooperates for mutual and social benefit and improves the quality of life.

Figure 1 the conceptual framework of this study

Research methodology

The research and development on humanized chronic care competencies of nursing students which integrated with the love hometown project were conducted and employed on the vacation during June to August 2015. After that, the researcher provided the result to modify and regenerate to the second round of this project in the 2016 academic year.

The population was the nursing students of BCNPB in the 2015 - 2016 academic years and chronic illness patients. The purposive sampling was totally recruited 558 persons which composed of 283 nursing students and 275 chronic illness patients. Data collection was conducted between June – August 2016.
Research procedures

1. Planning phase

The researcher analyzed the health problems situation of Thailand which found that the most significant health problem of Thai people was NCDs. Then, production of graduates to meet the health care systems and identity of nursing students, researchers have to integrate the concept of humanized health care to solve the NCDs problems. To promote the humanized care competencies caring for chronic patients, researcher integrated the activities into the love hometown project. Afterward, present to the expert for comment and suggestion before trial period.

2. Acting phase

The integrated between being a volunteer for chronic patients and the love hometown project was demonstrated and trialed during a vacation in the 2015 academic year. Subsequently, the development approach for promoting the humanized health care capacity in chronic patients was conducted by evaluation and lesson learned from all the stakeholders, before implemented the second round in the 2016 academic year.

As a result of this phase, the activities for promoting the humanized chronic care capacities were composed of

2.1 Educate nursing students which related to the aim and capacity in each year. The first year nursing students received the knowledge about chronic care concept, lifestyle and the risk factors related to NCDs, and chronic disease trajectory. The second-year adds more information about pathophysiology and the holistic care of diabetes mellitus patients. The third-year add more information about pathophysiology and the holistic care of hypertensive patients, and innovation and local wisdom caring for chronic illness patients.

2.2 Being volunteer caring for chronic illness patients at the primary, secondary, and tertiary health care setting near students’ home during a vacation in the love hometown project.

2.3 Nursing student was assigned for caring at least 1 chronic illness patient. The assignment was different in each year depending on the complex problems. They had to develop a nursing care plan, narrative storytelling related to knowledge, experience, and the truth that they learned and gained from the real situation.

2.4 The satisfaction of the patients was evaluated after received care from nursing students.

2.5 Adviser used techniques of small group discussion and reflective thinking with nursing students to lesson learn related to knowledge, experience, and the truth that they learned and gained from the real situation.

2.6 The nursing students shared the experience, knowledge, innovation, and local Thai wisdom at BCNPB show & share chronic care exhibition. All these presentations were important as their transformative learning.

3. Reflection and evaluation phase
This phase was composed of various activities such as observation, small group discussion, and lesson learn from all stakeholders including nursing students, health care personnel who supervise students, their parents, client, and relatives. The advisors took the role as promoting, supporting, and facilitating.

**Data collection**

The data were collected by survey technique in June – August 2016. The knowledge about chronic care and the attitude of the nursing professional questionnaire were asked from the nursing students as pretest and posttest. Another one, the patients’ satisfaction questionnaire, was requested to complete from clients or relatives at the same time. The percentage of response rate from the nursing students, and chronic illness patients were 100, and 97.17 respectively.

**The instrument and quality testing**

The instruments in this study were composed of the research instrument and the data collecting instruments.

The research instrument was the volunteer activities of the love hometown project which was developed from the literature reviews and the expert’s opinion. The first trial was conducted and implemented in 2015. The second trial was developed in the next academic year form the outcome of the first trial.

The data collecting instruments were composed of three questionnaires. The knowledge related to chronic care and the attitude toward nursing professional questionnaires were used for nursing students. The last one, the patient’s satisfaction to humanized health care questionnaire was designed for chronic illness patients or relatives. All instruments quality testing was conducted not only content validity index (CVI) but also reliability. The content validity context = 0.87 was rated by the three experts who knew about NCDs, humanized care, and evaluation. The knowledge and attitude of nursing students and patients’ satisfaction questionnaires were used which Cronbach's alpha reliability 0.72, 0.88, and 0.88 respectively.

**The protection of human right**

The protection of human right subjects in this study has been approved by the research ethics committee of BCNPB for permission prior to data collection. Anonymous, no identification, and confidentially were managed.

**Data analysis**

The obtained data were analyzed with descriptive, and pair t-test statistics.

**Result**

The number of nursing students was correspondingly in each year. Most of them were female. The hometown of nursing students and chronic illness patients were generally located in the central part of Thailand except for the third year nursing students. There are shown in table 1 as follows:
Table 1 general data of the sample

<table>
<thead>
<tr>
<th>General data</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nursing students</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The first year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>87</td>
<td>30.74</td>
</tr>
<tr>
<td>Female</td>
<td>5</td>
<td>5.75</td>
</tr>
<tr>
<td>The second year</td>
<td>103</td>
<td>36.40</td>
</tr>
<tr>
<td>Male</td>
<td>2</td>
<td>1.94</td>
</tr>
<tr>
<td>Female</td>
<td>101</td>
<td>98.06</td>
</tr>
<tr>
<td>The third year</td>
<td>93</td>
<td>32.86</td>
</tr>
<tr>
<td>Male</td>
<td>5</td>
<td>5.38</td>
</tr>
<tr>
<td>Female</td>
<td>88</td>
<td>94.62</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>283</td>
<td>100</td>
</tr>
</tbody>
</table>

The homeland of nursing students and chronic illness patients

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>The first year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central area</td>
<td>85</td>
<td>97.70</td>
</tr>
<tr>
<td>North – Eastern area</td>
<td>2</td>
<td>2.30</td>
</tr>
<tr>
<td>The second year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central area</td>
<td>99</td>
<td>96.12</td>
</tr>
<tr>
<td>North – Eastern area</td>
<td>4</td>
<td>3.88</td>
</tr>
<tr>
<td>The third year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central area</td>
<td>39</td>
<td>41.94</td>
</tr>
<tr>
<td>North – Eastern area</td>
<td>54</td>
<td>58.06</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>283</td>
<td>100</td>
</tr>
</tbody>
</table>

The mean score of knowledge related to chronic care was 14.94(SD 2.76) at pretest and 16.45(SD 2.10) at posttest. The mean score of the attitude to the nursing profession was 165.85(SD 20.12) at pretest and 171.23(SD 14.08) at posttest. All these data presented that the mean and percentage of the knowledge related to chronic care and the attitude to the nursing profession score at the posttest were higher than the pretest. There are shown in table 2 as follows:

Table 2 The mean, percentage, and standard deviation of the knowledge related to chronic care and the attitude to nursing profession score between pretest and posttest of the nursing students

<table>
<thead>
<tr>
<th>The score</th>
<th>Pretest</th>
<th>Posttest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>X</td>
</tr>
<tr>
<td>Knowledge (Total 20)</td>
<td>74.70</td>
<td>14.94</td>
</tr>
<tr>
<td>Attitude to the nursing profession (Total 230)</td>
<td>72.11</td>
<td>165.85</td>
</tr>
</tbody>
</table>
The mean score of chronic illness patients’ satisfaction was 92.93 (SD 5.80). Moreover, the maximum score was 100 and the minimum score was 72.00 that presented at the high level. All data received from 275 chronic illness patients (response rate 97.17%) There are shown in table 3 as follows:

**Table 3** the mean, percentage, standard deviation, maximum, and minimum score of chronic illness patients’ satisfaction

<table>
<thead>
<tr>
<th>The score</th>
<th>N</th>
<th>( \bar{X} )</th>
<th>SD</th>
<th>Maximum</th>
<th>Minimum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients’ satisfaction (Total 100)</td>
<td>275</td>
<td>92.93</td>
<td>5.80</td>
<td>100</td>
<td>72.00</td>
</tr>
</tbody>
</table>

The comparison of the knowledge related to chronic care and the attitude to the nursing profession at pretest and posttest were tested by dependent t-test statistical. The mean score of the knowledge, and attitude to the nursing profession of nursing students after joining the love hometown project (posttest) were higher than the pretest. The result showed that after participating in the love hometown project, nursing students had statistically significant of the knowledge related to chronic care and the attitude to the nursing profession than before (p<.01).

**Table 4** the comparison of the knowledge related to chronic care and the attitude to nursing profession scores between pretest and posttest of the nursing students

<table>
<thead>
<tr>
<th>The score</th>
<th>( \bar{X} )</th>
<th>SD</th>
<th>95% Confidence Interval of the Difference</th>
<th>t</th>
<th>df</th>
<th>sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge related to chronic care</td>
<td>1.51</td>
<td>2.24</td>
<td>1.25 1.78</td>
<td>11.25</td>
<td>282</td>
<td>.000*</td>
</tr>
<tr>
<td>Attitude to the nursing profession</td>
<td>5.36</td>
<td>23.97</td>
<td>2.58 8.19</td>
<td>3.78</td>
<td>282</td>
<td>.000*</td>
</tr>
</tbody>
</table>

**Discussion**

The humanized care competency promoting of nursing students for chronically ill patients was integrated into the love hometown project. Authentic learning was used as the main concept through this study. Because nursing students have to face the NCDs crisis problems in the real-life situation. Then, promoting the humanized chronic care competencies is the ultimate goal of effective nursing care. The others concepts and activities which cooperated in this model were composed of 1) Educate and gain knowledge related to NCDs care 2) Being volunteer for caring chronic illness patients 3) Develop chronic individual nursing care plan 4) Use the narrative storytelling related to knowledge, and experience 5) Use small group discussion and reflective thinking techniques 6) Share the experience, knowledge, innovation, and local Thai wisdom at BCNPB show & share chronic care exhibition. The health assessment, case study presentation, innovation, and local wisdom presentation, narrative storytelling in my heart,
innovation development competition, and walk really related to the lifestyle modification were
the example display in this exhibition. 7) After action review as a lesson learn related to
knowledge, experience, and the truth that they learned and gained from the real situation. All
activities promoting the humanized chronic care of nursing students were important as their
transformative learning. The opportunity to do in the actual situation is one of the best ways to
develop the attitude and competencies in each profession (Achava-amrung, 2011).

The authentic learning concept was used for promoting the humanized chronic care
competencies as the process through the love hometown project which employed in the real
situation. It is characterized by understanding real life, linking with chronic health problems,
and application knowledge into practices of nursing students (Prombuasri, Intana, Srimahan, &
Meebunmak, 2015). Promoting the humanized care concept as volunteer encouraged the nursing
students to understand the chronic illness patients’ problems that represented the value
outcomes of patients’ satisfaction. The volunteer activity based on the authentic learning
concept through the love hometown project can enhance the humanized care behaviors of
nursing students. All activities allowed them to learn from real life situations would be beneficial
in cultivating humanized care which related to the study of Pitaksongkham & Siriwanij (2016)
stated that the humanized care emerged from the volunteer activities of nursing students.

The chronic illness patients perceived the humanized care of nursing students. The
patients’ satisfaction was occurred from the receiving care which related to utilized knowledge in
term of talking with understanding the context of patients, accepted the truth of patients. The
nursing students provided and take cared patients with compassion and competence including
knowledge and consistent with patients' life. Moreover, the nursing students perceived that they
played important roles in caring for chronic illness patients. Then, they have enthusiasm in
learning by searching the knowledge and providing care with more sensitivity in understanding
the clients' problems.

After being a volunteer and participated in the love hometown project, nursing students
had the humanized chronic care competencies which presented service mind, confidence,
rappor, compassion, and empathy behaviors towards patients. They had the analytical thinking
skill related to the context of the patients' life situation. In addition, they promoted the patients'
participation by mutual rapport relationship; reconsidering patient's needs, and providing health
care. Humanized care is a challenge for the nurse because the patients want a nurse to become
humanitarian, friendly, available, receptive and willing to listen to them (Salazar, 2018).
Moreover, humanized care is a crucial strategy to guarantee the quality of nursing care which
involved the holistic respective patients.

**Conclusion**

Promoting the humanized chronic care competencies through the authentic learning
concept was important in developing quality chronic care which meets the satisfaction of the
chronic illness patients with respect as the human being. Moreover, learning in a real situation
underpinned with humanized care concept can improve the knowledge and attitude of nursing
students. Humanized chronic care mindset and behaviors are vital for cultivating the
development of chronic care competencies in nursing students.
Suggestion

In this study the love hometown project was conducted in a short duration, then the further research should extend a long time period and should assess the value outcome from all stakeholders. Promoting the humanized chronic care competency in nursing students is the significance of professional developmental growth, and they should be continuous and consistent.

References


