



Current Status of Humanistic Caring Competence of Chinese Nursing Staff

Xi Zhang¹, You Wu², Yuling Liao³, Jing Zhou⁴, Hanying Dai⁵, Yijia Zeng⁴ and Shuting Luo^{1*}

¹Zhuhai College of Science and Technology, China

²The Fifth Affiliated Hospital Sun Yat-sen University, China

³Meizhou People's Hospital, China

⁴Guangdong Provincial People's Hospital Zhuhai Hospital (Zhuhai Golden Bay Center Hospital), China

⁵Meizhou People's Hospital Huacheng Hospital, China

Abstract

Humanistic caring competence is a core competence of nursing, and with the high number of registered nurses in China, the importance of humanistic caring competence among Chinese nurses has become increasingly prominent, playing an essential role in improving the quality of care and increasing patient satisfaction. Multiple studies have found that the humanistic caring competence of nursing staff is related to various factors. In this paper, we summarize the influencing factors and other situations of humanistic caring competence of nursing staff in China, and by discussing the situation of humanistic caring competence of nursing staff in China, we provide references to improve the humanistic caring competence of Chinese nurses.

Keywords: China; Nursing staff; Humanistic core competence

Humanistic Caring Ability

By the end of 2022, the total number of registered nurses in China exceeded 5.2 million, with about 3.7 registered nurses per 1,000 population, and the ratio of healthcare to nursing in China was 1:1.18, with the educational quality and professional service capacity of the nursing workforce constantly improving [1]. Nursing humanistic care plays a vital role in improving the patient experience, promoting the harmonious relationship between doctors and nurses, and contributing to the development of the nursing profession and the construction of a healthy China [2]. The "Healthy China 2030" plan outline proposes strengthening the humanistic care of medical services and building a harmonious doctor-patient relationship. Although the nursing profession in China is trying to improve nurses' humanistic caring competence [3], studies have shown that the humanistic caring competence of Chinese nurses is at a moderately low level [4]. By discussing the situation of the humanistic caring competence of Chinese nursing staff, this study provides a reference for further improving the humanistic caring competence of Chinese nurses. The concept of humanistic care was first summarized by Morse [5] in the early 1990s based on nursing theories and predecessors, which is a therapeutic interactive communication between people subject to ethical norms and the expression of feelings that exist in human nature. Scholar Watson [6] pointed out that the nursing profession is a combination of humanities and sciences, and she was also the first nursing scientist to introduce humanistic competencies into the nursing profession, with the main point being that a humanistic altruistic value system should guide the actions of nursing staff in nursing activities.

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***Corresponding author:** Shuting Luo, Zhuhai College of Science and Technology, china

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Nursing humanistic care refers to the nurse's sincere care and concern for the patient's life and health, personality and dignity, and power. It needs to care for the patient in a humanitarian spirit [7]. Chinese scholar Yan Haiping [8] believes that nurses' humanistic practice competence is the ability and skill of using humanistic knowledge demonstrated by nursing staff in clinical nursing work, which is complementary to clinical therapeutic nursing competence and is the outward embodiment of nursing staff's humanistic concepts, knowledge, skills, and spirit.

Influencing Factors of Humanistic Caring Ability in Clinical Nurses

Including personal factors, relationship with others, willingness to engage in nursing work, recognition of humanistic caring ability, and whether to participate in humanistic caring training several parts.

1 Personal Factors

1.1 Gender

Female nursing staff have higher humanistic care competence than male nursing staff. A study [9] of the humanistic caring competence of nurses in 27 provinces in China found that the humanistic caring competence of female nurses was higher than that of male nurses, which is consistent with the study of Li Yuqin [10]. The human world is made up of both men and women, who are similar in many ways but also have many differences, and these differences between men and women make the world more enriched. Carol Gilligan [11] proposed the ethics of caring in 1982, arguing that there are two moral dispositions in individuals, justice and caring, with females showing more caring and males more justice, and that males and females differ in their attachment to their parents in the process of moral development, with males being separated from their mothers and identifying with their fathers, which leads to justice as the norm in their moral development; Females, on the contrary, are dependent on their mothers leading to a focus on relationships and emotions and their moral development is guided by the principle of caring. Although Gilligan's approach is to find "another voice" from a female perspective that is different from male morality, this female ethic of caring is not unique to females; males sometimes show caring as well; on the contrary, females sometimes embody the rationality and justice of males as well. Presently, the development of gender awareness in China is slow, and the number of male nurses in China is relatively small. The data may have some errors, and the author will continue to pay attention to it.



1.2 Only Child

An only child is a unique phenomenon in China, and some studies [12,13] show that if a nurse is an only child, the nurse's humanistic caring ability is lower. Since the implementation of China's family planning policy, only-children have been a group of concern, and some research has shown that only-children have a lower level of mental health status than non-only-children [14-16]. Unstable levels of mental health can cause individuals to focus more on themselves, ignore the feelings and difficulties of others, and be less able to do what it takes to care for others.

The difference between the caring ability of non-only children and only children may be related to their personality and environment. In terms of personality, non-only children have to deal not only with the relationship with their parents but also with other children in the family, so non-only children have experience in dealing with interpersonal problems, can solve problems well when they encounter them, and are more adaptable to the environment. It was found [17] that non-only children have a higher capacity for empathy than only children. The starting point of implementing care is correctly perceiving and understanding the object of care and generating empathy. The good empathy of non-only children can help nurses understand the patient's feelings and emotions, make the patient feel that he or she is understood and respected, promote the patient's self-expression, make the communication between the two sides more effective, and can be targeted to solve the difficulties encountered by the patient and to give comfort in words and actions, and to truly realize the humanistic care service of nursing. Secondly, the difference in environment is most affected by the difference between family environments. In one-child families, they are the focus of attention of all family members and enjoy all the love and care from family members alone, so one-children think of themselves first when they meet things.

On the other hand, due to the lack of other children in the family who need to be cared for and looked after by the only child, it is difficult for them to develop the idea of caring for others, and even more so, they do not have caring behaviors, resulting in the lack of caring ability. Thirdly, some studies [18] have found that the peer care felt by only children during childhood is lower than that of non-only children. This may be because only children lack siblings to bear and share when they encounter difficulties in learning as well as in interpersonal interactions, lack the opportunity to help each other with peers of the same age, and are prone to escaping in the face of difficulties, with lower levels of psychological resilience, which leads to easy psychological problems and makes it more challenging to care for others.

1.3 Different Academic Qualifications

Currently, most nurses in China have three primary levels of education: secondary school, junior college, and bachelor's degree. In a study of 150 nursing students in Hubei Province by Zhen Wei [19], the results showed a statistically significant relationship between different educational levels and the dimensions of humanistic care. Nursing students at the undergraduate level had the highest level of humanistic caring, followed by those with a college education, and the lowest level of humanistic caring was for nurses at the junior college level, which is consistent with the study of Li Cheng [20]. Presently, undergraduate nursing programs offered by China's higher education institutions are generally four-year/five-year. Junior colleges and secondary schools are three-year, and undergraduate students study more subjects in introductory courses, various specialized courses, and humanities courses. At the same time, undergraduate nursing staff's learning ability is generally better than that of nursing staff in senior and junior colleges and secondary schools, and they are skillful in learning and more likely to transform their knowledge and experience into the ability to improve their quality. Finally, due to differences in educational levels and psychological maturity, Nursing students at different educational levels differ in their independence of thinking, criticality, and self-control, resulting in differences in humanistic caring abilities.

2 Relationship with others

Nurses' relationships with others include relationships with mothers, relationships with fathers, and relationships with peers. It is generally believed that nurses who have good relationships with others have higher levels of humanistic caring competence. A study [21] found that nursing students who had good relationships with their parents and peers, especially with their mothers, had better humanistic caring skills. When nurses' parents cared to help them, children could easily imitate their parents' caring behaviors towards them. During the growth period, those who can feel care often have close relationships with parents and peers, a cheerful family and class atmosphere, and everyone cares for each other and is willing to help and care for others, so the nurses who have a good relationship and the more they are cared for have better humanistic caring ability. At the same time, nurses cared for by others will be more stable at the psychological level, and their humanistic caring ability will be higher than that of nurses whose parents do not care. It has also been found [22] that the interpersonal behavioral relationship between nursing staff and others will have a specific effect on the caring ability, and the subtle influence of others may influence their words and actions.

American educator Nel Noddings [23] believed that any caring relationship must have two parties, one for the carer and one for the cared for, and that establishing a caring relationship requires efforts on the part of both the carer and the cared for. When the caregiver cares for a person, attention will appear, which is manifested explicitly in the caregiver carefully observing every move of the cared-for person, feeling the actual needs of the cared-for person with all his/her heart, accepting all the information conveyed by the cared for person with all his/her heart, and thinking about the problem from the cared for person's point of view. However, it is not enough to pay attention to the caregiver; after focusing on the cared-for person, the caregiver must respond in some way to what the cared-for person is feeling. In family and peer care, when the individual is the focus of caring, he can acquire the ability to care for others and respond to the care of others as he feels the care from his parents and peers. His ability to care continues to grow as he tries to care for others.

3 Willingness to Engage in Nursing

The stronger the willingness to engage in the nursing profession, the stronger the humanistic caring ability of the nurses. Nursing students who chose nursing because of their interest have higher humanistic caring abilities [24]. Some surveys [25,26] found three main reasons for nursing students to choose a specialty: their preference, filling in under the influence of others, and accepting transfers into the significant. Nursing students choose the nursing profession because of their personal preference; they can take the initiative to participate in the learning of professional knowledge, they are willing to study, they are good at communication and exchanges in the internship, in the process of learning and internship, they will consciously cultivate professional thinking, careful observation and reflection, they have a high degree of recognition of the profession, a strong sense of professional identity, they pay attention to patients, and they have a high level of humanistic care [27]. Nursing interns who are influenced by others to choose the nursing profession usually begin their contact with the nursing profession after learning the basics of the profession in-depth, and will become more and more accepting of the nursing profession if they are helped by the support of their relatives and friends, and if their instructors correctly guide them. Acceptance of voluntary transfer in favor of the nursing program. These practicing nursing students have the lowest scores of professional identity, generate low self-efficacy in the nursing profession, ignore patients in their work, and have low humanistic caring skills [28].

4 Participation in Humanistic Care Training

A study of 15,653 nurses in China [29] found that nurses who had attended humanistic caring education programs had better humanistic



caring abilities. Guo Yujie [7] argued that nursing humanistic care education should be interspersed throughout the nursing learning process and that its main humanistic courses include “nursing ethics,” “nursing law,” and medical psychology. Its main humanities courses include “nursing ethics,” “nursing law,” “medical psychology,” “nursing etiquette,” “nursing management” and so on. You Chuan [30] and Li Wei [31] used the reflective teaching and goal-contract evaluation methods to intervene in three aspects: humanistic knowledge, humanistic behavior, and humanistic awareness of nursing staff. Chen Rongfeng [32] and others have confirmed through research and practice that developing humanistic caring competence through innovative teaching methods such as reflective teaching and narrative teaching has a specific effect on developing humanistic caring competence in nursing staff. Humanistic caring competence has been improved in all of them.

5 Recognition of Humanistic Caring Ability

Chinese scholars have found [33,34] that nursing staff who agree that “humanistic caring ability is the core competence of nurses” have higher humanistic caring ability. The United States put forward the concept of humanistic care in 1978 and emphasized that humanistic care is the core concept and value of nursing [35]; under the guidance of this cognition, by increasing humanistic care and humanistic practice activities, it is possible to achieve targeted and targeted improvement of nursing staff’s humanistic caring competence. On the other hand, the nursing staff who identify with humanistic caring competence will pay special attention to caring behaviors in their usual work and life. They will be prone to practice caring behaviors in their daily lives, which will also help improve humanistic caring.

Challenges and Prospects

1 Emphasize Nursing Humanistic Care

Humanistic care is the core content of nursing, and it is also the extension of the concept of “person-centered,” and humanistic care should be used throughout the whole process. At present, Chinese nursing started late, and humanistic care in Chinese nursing started even later. Chinese nurses should shift their focus from the disease to the patient’s overall needs as a human being, including both physical and psychological aspects. Humanistic care is carried out while relieving the pain of disease.

2 Strengthen Nursing Humanistic Care Education

In China’s nursing education, the popularization of humanistic care lags behind that of developed countries [36]. China’s humanistic nursing education started late, as early as 1995; Gan Lanjun pointed out that caring nursing is an essential content of clinical education, emphasizing the urgency of nursing humanistic care education in China. In the past, most of the theoretical courses of nursing humanities course modules and professional courses in China still adopted the traditional teacher-led teaching mode, i.e., teachers focus on instilling the theoretical knowledge related to humanistic caring to students through classroom teaching for the practical training courses of nursing humanities course modules, simple classroom narratives, and case discussions are the main focus [37]. Zhang Mingkun’s study found that the proportion of humanities courses in ten Chinese undergraduate nursing colleges accounted for only 13.3% of the total curriculum. At the same time, it reached 1/3 in foreign countries [38]. In a survey of 1050 nursing undergraduates [39], 80.55% of the students said that they “do not understand these concepts,” and only 18.25% of the students said that they “have heard of them and are clear about these concepts”; as much as 9.5% of the students said that they had heard of these concepts and were transparent about them. Only 18.25% of the students said they had heard of and were aware of these concepts. 94.97% of the students thought it was “necessary to strengthen” and “essential” to increase humanistic care courses and activities. Nursing students in China have secondary school, junior college, and undergraduate education; their ages range from 14 to 25 years old, and they are all in school. At this stage, students’ outlook on life, values, and worldview are not yet stabilized, and the plasticity of their

personality characteristics is extreme, so it is essential to guide them to develop humanistic caring ability correctly.

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