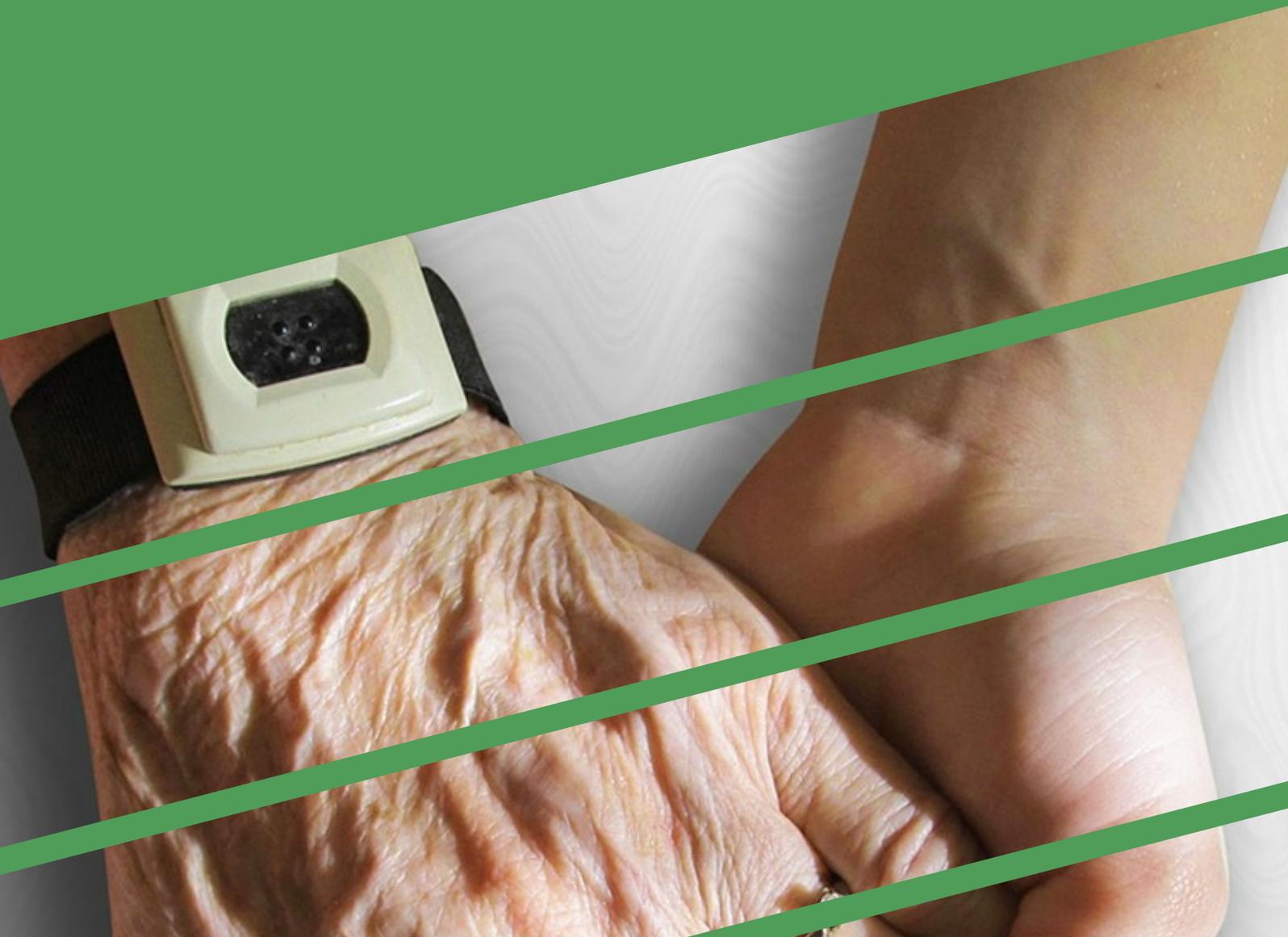# STORYAID.EU
HUMANISM
CONCEPT ANALYSIS

ERASMUS+ PROGRAMME

2014-2020
KEY ACTION 2: STRATEGIC PARTNERSHIP

HUMANIZING HEALTHCARE EDUCATION THROUGH THE USE OF STORYTELLING
AGREEMENT N°2019-1-ES01-KA203-065728

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STORYAID - HUMANIZING HEALTHCARE EDUCATION THROUGH THE USE OF STORYTELLING

Concept Analysis: Humanism

May 2020

Contents

The aim of this paper is to develop a concept analysis which explores the concept of humanism in order to provide greater clarity within the context of the project *Humanizing Healthcare Education through the use of Storytelling* (StoryAidEU). The paper establishes an operational definition for the concept 'humanism' as it relates to the health care setting. A concept analysis is a strategy that allows one to examine the attributes or characteristics of a concept (Walker and Avant 2005 p 37). Concept analysis methodology is vital in order to gain scientific and conceptual clarity to guide research (Wilson 1963). A number of different concept analysis methodologies exist within the nursing science literature (Walker and Avant 1994, Morse 1995 and Chinn and Kramer (1995). According to Fitzpatrick and McCarthy (2016) the concept analysis method proposed by Walker and Avant (2005) is the most frequently used method within the healthcare sciences. Undertaking a concept analysis is important to clarify the meaning of humanism and to contribute to the body of health care knowledge. Humanism is a challenging concept to understand and thus define and has been viewed from varying perspectives within the literature.

Despite humanism being used liberally in the literature there is no agreement over concrete definitions. Humanism is an essential part of human life. It is an important element in building and maintaining the healthcare professional-patient relationship within the healthcare setting. Humanism is referred to by theorists such as Watson, Leninger, Swanson, Parse and Paterson and Zderad. Parse's Humanistic Theory is based on philosophic works and is used to support caring globally. Paterson and Zderad's Humanistic Nursing Theory defines humanism as attempting to take a broader perspective of the individual's potential and trying to understand each individual from the context of their own personal experiences.

The Walker and Avant (2011) concept analysis methodology has been utilised to provide a framework for this paper. Walker and Avant (2011) were the first to develop an 8-step model of concept analysis for nursing based on the work of Wilson (1963). The Walker and Avant (2011) framework is a step by step approach giving rise to the defining attributes, antecedents and consequences of the concept which in turn provide an operational definition. They suggest that concepts are categories of information that contain defining attributes and concept analysis is the formal, linguistic exercise that enables delineation of these defining characteristics or attributes. It includes the following steps: (1) selecting a concept; (2) determining the aim of analysis; (3) identifying all possible uses of the concept in nursing; (4) determining concept-defining attributes; (5) identifying a model case; (6) identifying a borderline case; (7) identifying antecedents and consequences of the concept; and (8) defining empirical referents of the concept. Walker and Avant stipulate that a number of cases are constructed to illustrate how the concept is used and for the purpose of this paper the cases will include only two cases: a model and a borderline case. The model case illustrates a real-life example of the use of the concept that includes the attributes of the concept and the borderline case includes some, but not all, of the defining attributes.

Selecting a concept

According to Walker and Avant (2011) the first step is to select a concept. The concept should make some contribution to acknowledge the development of the discipline and there should be some lack of clarity or consensus over its meaning or use within the context in which it is to be explored. In the context of this project, humanism is used liberally but it is rarely defined and appears as the main concept within several nursing theories classified under the caring theories (Pepin et al. 2010) or grand theories explored by authors such as Rogers (1961); Mayeroff (1971); Watson (1988); and Smith and Parker (2015).

Determining the aims of analysis

Once the concept is identified, the second step is to determine the aim of the analysis. The aim of this paper's analysis is to explore the concept of humanism within the health care setting in order to define the concept with greater clarity.

Identifying all uses of the concept

The third step includes the identification of all the uses of the concept. A search of the database *The Cumulative Index of Nursing and Allied Health Literature* (CINAHL) was undertaken. This search was limited to ten years and it yielded 77 articles. A search of other databases (Cochrane, PubMed, PsycINFO and PsycARTICLES) yielded 116 articles which were scanned for their relevance to humanism within the healthcare setting.

Humanism appears in the nursing literature in a variety of ways. Parse's (1992) humanistic theory of 'The Human becoming theory' provides a particularly important basis for understanding humanism in the nursing literature. It draws on philosophical literature to place caring at the centre of nursing, demonstrating that humanism is integral to this approach.

Humanism resonates back to the time of the Italian Renaissance (13th –16th centuries), in which the Latin term 'studia humanitatis' appeared (Mazzocco 2006). This led to a plethora of programme development grounded in the Roman and Greek classical curriculum which involved rhetoric, poetry, history and moral philosophy (Norman 2004): the humanities as we know it today. In 1945 humanism came to prominence following a lecture by Jean-Paul Sartre on 'Existentialism is a humanism'. In the mid-1950's there was a number of existentialist philosophies developing with the person at the centre. Maslow established humanistic psychology with an emphasis on choice, responsibility and self-actualisation (Maslow 1954).

The Humanistic philosophers Martin Buber (1996), Carl R. Rogers (1961) and Milton Mayeroff (1971) influenced the emergence and growth of humanistic theories. Theorists such as Alligood, Pepin et al., Reed and Shearer, Smith and Parker, Smith et al., McCance, McKenna and Boore, Paterson and Zderad, Watson, Roach, Boykin and Schoenhofer, Cara et al. were influential in progressing humanism through their works. Roach's (2002) six C's – compassion, commitment, competence, confidence, conscience and comportment – represents an important humanistic perspective that is embedded in human existence. Boykin and Schoenhofer (1993) define humanism as a process which leads to individuals growing in their capacity by virtue of their humanness and the core of the relationship being characterised as relational. Cara et al. (2012) refer to humanism as the ability to care while focusing on empowering the patient's growth potential. Paterson (1973) cite noetic locus as a key concept in humanism. The concept "noetic locus" highlights the dual importance of scientific and practical knowledge, developed through the unique ability of human beings to contemplate, deliberate, internalize, and create out of that which they have acquired with a view to some good end.

The concept of humanism appears in the nursing literature in such a way that it has significant implications for the role of nurses. Paterson and Zderad (1988) refer to humanism as nurturing a person through an intersubjective transaction found between two human beings. The implications of this for the role of the nurse is that they should be authentically present and committed to establishing relationships between individuals. In a similar manner, Watson (1988) focuses on the transpersonal caring relationship but emphasises that this transforms both the nurse and the patient through the conscious and intentional commitment of the nurse.

The literature also highlights how humanism has important implications for how education is approached. According to Elias and Merriam (1980) the humanistic approach emphasizes human freedom, dignity, and potential meaning that human beings are capable of making choices within certain constraints. These authors also highlight that human beings have responsibility to themselves and to others (Elias & Merriam, 1980). The implications of this for humanistic education is that it provides a foundation for personal growth and developments that allow individuals to learn throughout their lives in a self-directed way (De Carvalho, 1991). Ediger (2006) alludes to learning within humanism as student-centred and personalised involving many different ways to evaluate learning. Tomei (2004) adds that teaching involves helping students deriving personal meaning from the information so they are motivated to learn. Ediger (2006) argues that an integrated curriculum which features a strong emphasis on the arts is a key part of including humanism in education.

Despite the plurality of definitions relating to humanism, the theoretical literature reveals that the concept is linked to a number of common attributes which consistently appear across the literature. These attributes are summarised in Table 1.

Table 1: Similar attributes in the theoretical literature

Paterson and Zderad	Watson	Roach	Boykin and Schoenhofer	Cara et al.
Dialogue, relationship	Caring transpersonal relationship	Relationship	Relationship as caring	Reciprocal and relational relationship
Mutuality	Mutuality		Mutuality	Mutuality
Intersubjective transaction	Reciprocity			Reciprocity
Commitment	Commitment	Commitment	Commitment and responsibility	Commitment
Authenticity	Authenticity	Authentic presence	Authenticity and congruence	Congruence
Human potential	Human capacity		Caring potential	Potential and empowerment
	Empathy	Compassion	Empathy	Empathy
Growth and more being	Emencipation and growth		Personhood and growth in caring	Growth and more being
Presence	Intentionality and conscience	Conscience		Conscience

	Being with		Being with	

Defining attributes

The fourth step involves defining the critical attributes within the specific context of the StoryAidEU project. The defining attributes of a concept are described as the characteristics that consistently appear in the manner with which it is used (Walker and Avant 2005). The defining attributes of humanism include authentic relationship, presence, mutuality and commitment.

The first attribute, *authenticity* is derived from the fact that humanism involves more than one individual. Authenticity is about being real and this is evident in the definition proposed by the Oxford Dictionary Online (2019) which defines authentic as a quality of being that is professional in origin, and as being genuine. Within a teaching context, authenticity refers to the authentic teacher developing a personal style to relate to and assist students in a genuine way (Cranton and Carusetta 2004). Within a nursing context, authenticity involves both participants in the relationship admitting that they do not really know each other and therefore not having preconceptions or judgements. According to Porr (2005), a key predisposition for being authentic is getting to know the other person by imagining belonging to their world.

The second attribute, *presence* is defined by the Oxford Dictionary Online (2019) as being with and attending to another, and hence offering companionship. Within the healthcare professional-patient relationship it is defined in a holistic manner: a relationship which is inclusive of the patient experience and this connection being experienced by both the patient and provider.

The third attribute, *mutuality* is defined by the Oxford Dictionary Online as relating to a state of relatedness in a reciprocal exchange. In a similar vein, McCann and Baker (2001) describe it as a connected relationship involving openness, self-disclosure, trust and friendliness. Henson (1997) emphasises that mutuality is a process of relating to patients in a manner that facilitates *active involvement* between the patient and the healthcare professional.

The fourth attribute, *commitment* is defined by the Oxford Dictionary Online as the agreement or pledge to do something in the future. Commitment is about giving priority to the person requiring care rather than to oneself. According to Ireland's Department of Health (DoH) (2016) commitment is associated with professional courage to do the right thing for people. It is having the capacity to be dedicated to the good of others and providing quality safe care. Therefore, health care professionals can display commitment through developing a therapeutic relationship with patients which involves engaging in effective communication through patient-centered care. This engagement supports the person's ability to interpret and self-manage the health and illness journey.

The fifth attribute is *becoming* part of another person's story, and is directly related to storytelling. Storytelling is defined as the giving and receiving of information consciously and unconsciously which can be played out in numerous ways, including voice, rhythm, reflection, the written word and body movement (Francois 2019). For further information, please refer to the concept analysis on storytelling (Anderson 2020) which has been developed as part of the StoryAidEU project.

Definition

In light of the above, humanism can be defined as:

An authentic relationship embracing presence, mutuality and commitment, achieved by becoming part of another person's story.

Model case

The fifth step involves constructing a model case to include all the defined attributes of humanism. A model case encompasses all the defining attributes of a concept and is a pure exemplar of the case (Walker and Avant, 2011). The following is a model case which includes the defining attributes of humanism.

Antoni is a health care professional working in the Emergency Department of a local hospital. Each day, Antoni cares for acutely ill patients and their families. It is a busy and demanding department. An obese man named John with a cardiac history arrives presenting symptoms of chest pain. Antoni administers pain relief ensuring John is pain-free and organises specific tests for the safe transfer of John to the Coronary Care Unit. John starts to shout, saying, 'I will die if I don't give up the cigarettes, but I can't do it, I can't'. Antoni is surprised to hear John shouting. Antoni places a chair beside John's bed and listens attentively ***(presence)****. John calms down and starts to tell Antoni about his twin brother, who died of a myocardial infarction due to smoking and alcohol. John says he is scared and really misses his brother. Antoni places his hand on Johns shoulder* ***(becoming part of the story)*** *and says, 'I understand your anxiety and upset'* ***(authentic in his ability to understand the perspective of another person)****. He says 'it may be best to treat your chest pain episode first and then talk to specialists who are trained to support you with the grieving process and with your smoking habit. It is difficult to do it on your own. Everyone needs support'. John agrees that he would like support from specialists* ***(mutuality)****. Antoni helps with the transfer of John to the Coronary Care Unit and explains to John that he will refer him to the specialists for follow up discussions. John appears more relaxed in the Coronary Care Unit as he waves goodbye to Antoni. That evening Antoni refers John to a smoking cessation officer and to the hospital counsellor* ***(commitment)****.*

Contrary case

A contrary case is a clear example of 'not the concept' (Walker and Avant 2011).

Michael is 45 years of age. He has worked as a waiter in a local café for 20 years. He is a smoker. A health care professional is caring for Michael in a six-bedded unit. He has just been told by the Medical Consultant that he has a growth in his stomach. He did not ask the Consultant any questions when told about the growth, nor did the Consultant give any further information. The health care professional who was with the Consultant when he broke the news to him now approaches Michael to take his blood pressure. Michael appears upset, he is wiping a tear from his eye. The health care professional proceeds to take his blood pressure and records the result telling Michael that his blood pressure is fine, no worries. The health care professional walks away to record the next patients' blood pressure. This contrary case demonstrates an absence of humanism as it contains none of the four attributes of humanism.

Antecedents and consequences

The identification of antecedents and consequences is the seventh step in the Walker and Avant framework and these are useful for highlighting the social context in which the concept would be used, and reaffirming the associated attributes (Walker and Avant 2011).

Antecedents

Antecedents are defined as those events or incidents that must occur prior to the occurrence of the concept (Walker and Advent 2005). There are many antecedents identified in the literature but the following are relevant to the concept of humanism. Humanism in healthcare must involve a health care professional and patient (Figure 1). Humanism is an essential part of human experience and wellbeing. It is an important element in building and maintaining a quality healthcare professional-patient relationship.

Consequences

Consequences are the factors derived from the literature that result from the concept (Walker and Avant 2011). The literature was reviewed and personal growth emerged as the key consequence. Additionally, a concept analysis on anxiety also noted that personal growth was a consequence of anxiety (Heffernan 2016). Heffernan (2016) suggests that interventions directed toward assisting individuals in positive adaptations that result in growth and learning are essential. The consequences of humanistic education according to Gage and Berliner (1991) include positive self-direction and independence, ability to take responsibility for what is learned, creativity, curiosity and interest in the arts. The consequences of humanism for the patient include individual choice, responsibility, valuing person, and self-fulfilment. These can be grouped together to include the positive benefit of personal growth for the individuals.

Figure 1: Humanism
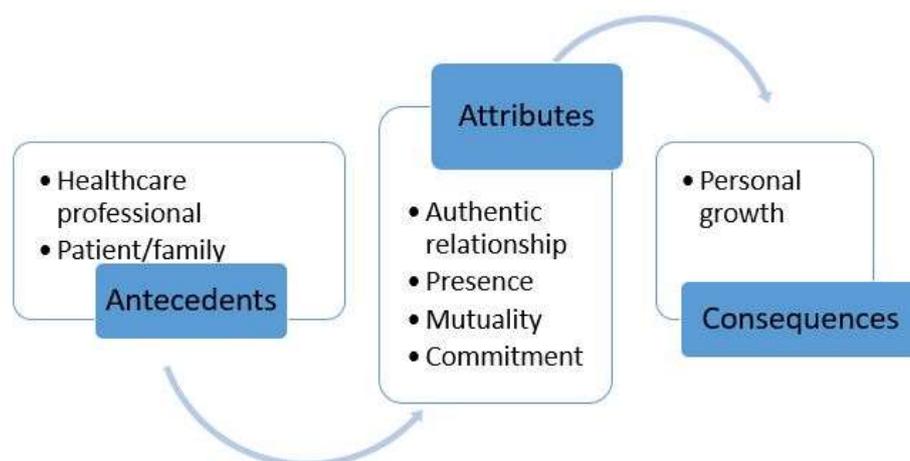
Defining empirical referents

The eighth and final step in the process of concept analysis is the identification of empirical referents, which involves individuals being able to measure or identify the concept. Empirical referents are classes or categories of actual phenomena that by their existence or presence demonstrate the occurrence of the concept itself (Walker and Avant 2011). The literature found that the most common

tool to measure humanism was the quantitative measure often relying on self-reported survey instruments. These consist of the following tools to measure humanism: Totalitarian-Authoritarian-Dogmatism (TAD), Rokeach tests for attitudinal assessment, and Physician Humanism Scale and the IECARES (integrity, excellence, compassion, altruism, respect, empathy, and service) framework. In light of humanism being a complex construct that defies simplistic measurement (Buck et al. 2015), there is a need to develop a further tools which combine an eclectic number of existing tools; this would enable the identification and measurement of humanism to consider the manifold dimensions of this complex concept.

Conclusion

Humanism is a concept which has multiple definitions and uses throughout the healthcare literature. This paper presents a preliminary exploration of the concept and humanism is depicted through an array of attributes. This concept analysis paper has identified five key attributes that constitute the concept of humanism, presented examples of model and contrary cases of humanism in a healthcare setting, outlined the antecedents and consequences of humanism, and listed empirical referents for humanism: it is hoped these can collectively provide a useful resource for healthcare professionals to identify, measure, and practice humanism in their work.

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