

The Opinions of Nursing Students Regarding Humanized Care through Volunteer Activities at Boromrajonani College of Nursing, Chonburi

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Abstract—This qualitative study aimed to describe the opinions in relation to humanized care emerging from the volunteer activities of nursing students at Boromrajonani College of Nursing, Chonburi, Thailand. One hundred and twenty-seven second-year nursing students participated in this study. The volunteer activity model was composed of preparation, implementation, and evaluation through a learning log, in which students were encouraged to write their daily activities after completing practical training at the healthcare center. The preparation content included three main categories: service minded, analytical thinking, and client participation. The preparation process took over three days that accumulates up to 20 hours only. The implementation process was held over 10 days, but with a total of 70 hours only, with participants taking part in volunteer work activities at a healthcare center. A learning log was used for evaluation and data were analyzed using content analysis. The findings were as follows. With service minded, there were two subcategories that emerged from volunteer activities, which were service minded towards patients and within themselves. There were three categories under service minded towards patients, which were rapport, compassion, and empathy service behaviors, and there were four categories under service minded within themselves, which were self-esteem, self-value, management potential, and preparedness in providing good healthcare services. In line with analytical thinking, there were two components of analytical thinking, which were analytical skill for their works and analytical thinking for themselves. There were four subcategories under analytical thinking for their works, which were evidence based thinking, real situational thinking, cause analysis thinking, and systematic thinking, respectively. There were four subcategories under analytical thinking for themselves, which were comparative between themselves, towards their clients that leads to the changing of their service behaviors, open-minded thinking, modernized thinking, and verifying both verbal and non-verbal cues. Lastly, there were three categories under participation, which were mutual rapport relationship; reconsidering client's needs services and providing useful health care information.

Keywords—Humanized care service, volunteer activity, nursing student, and learning log.

I. INTRODUCTION

PRABOROMRAJCHANOK Institute for Health Workforce Development (PIHWD) describes the identity of their students as “providers of healthcare services with humanized care” [1]. This means that graduates from all colleges under

PIHWD will provide friendly service with love and compassion. Not only the health problem but also the suffering happen with the patients will be taken into the consideration. Moreover, they will provide the health services to the health problems identified through attentive listening and understanding of the patients. There are three key indicators for humanized care, which are service minded (S), analytical thinking (A), and participation (P) or SAP [2].

Service minded is considered to be providers of friendly service delivered with love and compassion, which also pay attention to patients' needs. Students provide appropriate health services by focusing more concern on the patients' health problem rather than healthcare providers' concern. Students should also have the neutral trust, rely on reason and gain an understanding of others, not through their senses, but by empirical evidences. There are three characteristics of service minded. The first one provides the health service with a sense of willingness to help the patients based on their needs and accept, without any bias or any judgment, the attitudes, behaviors and identity of the patient. The second provides health services without the need for incentive or any rewards and without conflicts of interest. The last provides health service based on the problem and needs of the majority and pays much attention to their health problems and suffering.

Analytical thinking is the ability of thinking based on a variety of resources and ability to analyze problems and needs critically. In addition, the implementation of these data through interventions that are related to the circumstances of the patients' life is the essence of analytical thinking. There are six characteristics of analytical thinking. The first one understands real life situations and generates interventions to adopt in various settings. The second uses the learning process and the continuous thinking process to collect data systematically. The third analyzes health problems and the needs of patients based on circumstances. Next is the knowledge application to implement the interventions, which relies on the needs and conditions of patients. Then plan for health services that consider the daily activities of patients. The last is competency development without boundary and does not rely on any theory or experiences.

Participation in the health services from the patients is the third category of humanized care. In doing this, students have to provide health services concerning individuality, conditions, potential and other factors that relate to the health status. Moreover, students should select knowledge and interventions that are appropriate to the preferences of

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patients. These interventions should be easy for the students to implement. Moreover, interventions should have an effect on enhancing self-reliance among the patients. Therefore, participants in any interventions should have the right to make their own decision. There are four characteristics of participation categorized. In the first category, students provide health services based on the patients' needs. The second allows patients to participate in data collection, analyses and identification of solutions and allows patients to make their own decisions based on the appropriate and comprehensive information given. Next, as a healthcare provider, students should play a role in supporting, motivating, and providing solutions, but do not decide the medical intervention required for the patients. And lastly, healthcare providers should promote competency development in order to allow patients to increase their competency in solving their own problems and build their strong self-reliance.

In order to enhance humanized care behaviors among nursing students, colleges under PIHWD have implemented various activities, such as curriculum, learning and teaching methods and student affairs. Since 1994, several exercises have been implemented that include activities conducted both inside and outside of the classroom. For example, one college in the Southern part of Thailand has been employing local wisdom to enhance humanized care for more than seven years. This local wisdom allows for the interaction between different organizations in society. More importantly, students complete the entire process independently without supervisions from their instructors. One college has been implementing moral camps for enhancing humanized care. This camp creates a strong relationship between caring and humanism. Moreover, it also enhances the understanding on basic human needs. Another college in the Central part of Thailand has been using authentic learning in order to enhance humanized care for more than ten years. The authentic learning leads nursing students to understand the relationship between caring individuals, understanding humanity and providing human basic needs also. Significantly, few colleges implement the ideas of volunteer to enhance nursing students to be service-minded individuals.

Empirical evidence from a previous study showed that the humanized care model among nursing colleges under the PIHWD should concentrate on developing graduates who manifest the characteristics of humanized healthcare [3]. Boromarajonani College of Nursing, Chonburi has been implementing several activities aiming to cultivate humanized care competency among nursing students both inside and outside the classroom, such as volunteer activities. However, little empirical evidence has shown that volunteer activities affect humanized care behaviors. The aims of this study was to determine the attitude towards humanized care behaviors developed from volunteer activities among nursing students at Boromarajonani College of Nursing, Chonburi. The findings will be useful in improving the volunteer model and other related activities in order to promote humanized care among nursing students. Other nursing colleges under PIHWD can implement the findings from this study into the development

of volunteer activities in their college as well.

II. METHOD

This study was a qualitative study conducted in Chonburi, Thailand.

A. Participants

Participants consisted of 127 second-year nursing students. Participants were purposive samplings from second-year nursing students of Boromarajonani College of Nursing, Chonburi, Thailand.

B. Instruments

Instruments in this study comprised of a volunteer activity model and learning logs.

The volunteer activity model was developed by the researcher and was sent to five experts to construct validity. This model composed of three steps, which were preparation, training and implementation, and evaluation. The aims of preparation were to introduce participants into three main categories of humanized care which were service minded (S), analytical thinking (A), and participation (P). After preparation, the participants visited 32 designated healthcare centers to take part in volunteer activities. Each participant was required to practice seven hours a day for 10 days. Therefore, the total hours to practice were 70 hours. The volunteer nurses taking part in the study were expected to implement the acquired knowledge from the preparation process and put it into practice. At the end of each day, they were expected to log their experiences. These learning logs were used as evaluation instruments.

C. Data Collection

The Institutional Review Board (IRB) of the Boromarajonani College of Nursing, Chonburi, approved this study. Nursing students from the college were invited to participate in the study. They were informed of the overall purpose of the study and the time required for participation before seeking their written consent to take part.

To protect confidentiality and anonymity, participants were not asked to identify themselves and were not required to write their names on the questionnaires. Moreover, participants were informed that findings would be presented as group data with no personal respondent information being reported. Participants were also informed that findings would not affect their academic grades and school performances.

D. Data Analysis

Content analyses were utilized to describe the findings. SAP as students' characteristics from PIHWD were used as framework to develop thematic in describing the humanized care emerged from volunteer activity model. The research team read the learning logs daily and repeatedly to establish a good understanding of experiences collected in the notes. At the end of training and implementation process, the research team focused in groups to describe the findings and evaluation of the volunteer activities model.

III. RESULTS

All 127 nursing students participating in the study completed the preparation, training, and implementation process of the volunteer activity model as programmed. The findings were as follows.

As for service-minded, three subcategories emerged which were rapport, compassion, and empathy service behaviors. Some examples of the participant's notes are presented below:

"I was impressed with the people. They trusted me. They told us lots of stories and I also shared my stories with them. This made us feel very impressive."

"I was very impressed that when providing health care services there were someone sitting beside me and supporting me all the time."

"A feeling of empathy from another person was observed when my patient was crying during wound care."

There were four subcategories under service-minded towards themselves; self-esteem, self-value, management potential, and preparedness in providing health services. Examples notes are as follows:

"I was very pleased and happy to be a part of their healing and encouragement..."

"I felt proud from the learned experiences spent outside of the school environment."

"I am very tired, but feel proud to have spent my leisure time on something that has good benefits and in helping nursing staff."

"I was very happy to see the big smile on the faces of patients as they got better, and could get out of bed and walk around."

Regarding the analytical thinking related to their work, there were four subcategories which were evidence-based thinking, real-situational thinking, cause-analysis thinking, and systematic thinking, respectively.

"I gained more understanding on how to diagnose patients, especially for their type of medical complication and this will help me to resolve their problem more efficiently."

"In nursing care, although we might find only a slight change in a patient's vital signs, we cannot neglect the signs, and we have to respond quickly."

"It is such a good time to learn how to diagnose the patient from different sources of information, especially considering their own personal thoughts and feelings."

There were three subcategories under analytical thinking of nursing students for themselves, which were open-mind thinking, modernized thinking, focusing on expression based on thinking. Some self-assessment notes are as follows:

"It was a good time to practice different skills and have the chance to improve our skills; however, concentrating and reviewing carefully are crucial..."

"Slowly but surely, giving patients more time, would result in better outcomes for patients rather than having to do everything in a hurry..."

"I have learned that people have the same basic needs."

"I gained deep understanding about what patient's problems are... I need to be attentive in listening to their problems and concentrate more."

"I have learned a lot about nursing care plans for patients and can translate these into practice next year."

Lastly, for the humanized care behaviors in the participation category, there were three subcategories which were developing a friendly relationship, providing care as they need, and dispensing useful health information. These also imply that the strong sense of bias diminished and that participants also changed their mindsets. Some of notes from the learning log supporting these subcategories include:

"Every word from a patient is very informative. Everything should be taken into consideration, and you should ask for permission first..."

"Some patients felt very happy when I asked what they were feeling and when I listened to what they were saying..."

"I had a lot of fun taking part in these activities, and I feel more confident in explaining and in answering health related questions."

"Teamwork is very important. Without teamwork we cannot fulfill our role as caregivers effectively. Teamwork in nursing improves overall competency."

"It was significant that we needed to ask for permission first."

"It seemed to me that patients were more like our family members or friends... rather than like strangers."

IV. DISCUSSIONS

In regards to the meaning of humanized care, the findings from this study were similar to those from Angkana, Anuchit, Tounhananee, and Wandee, which described humanized care for the nursing practice as consisting of compassion, and competence including knowledge and capability consistent with community's way of life, confidence, trust and faith, conscience, and commitment including patients' sacrifice, and responsibility [4]. The meaning of humanized care from this study was the same meaning as mentioned in the Suphaphon, Pimpimon, Sirisuda, and Somsri's study [5]. In that study they mentioned that humanized care meant in providing care with the feeling as they would be like their own family member, and not just as a job to serve patients [5]. Experiencing humanized care from this study was also similar to the findings from Sukanya and Areewan, which showed that humanized care meant providing care with the feeling that they want to administer nursing care, but with no specific pattern. Moreover, they mentioned that value of the work is non-financial reward not money and this non-financial reward meant self-valued [6].

Regarding to the effect of volunteer activities on humanized care, the findings from this study were similar to those from the previous study, which investigated how volunteer activities affected humanized care behaviors among university students [7]-[9]. The volunteer activity model can enhance the humanized care behaviors among nursing students because it allows students to setup volunteer activities by themselves.

Similarly as Kittipron, Sermsak, Wittawat suggested that if nursing instructors encourage students to run their own projects or activities, this would benefit them in cultivating humanized care [10]. The training was also beneficial for nursing students as it allowed them to develop a deeper understanding of volunteer services. Any activities that allow nursing students to learn from real life situations would be beneficial to gain a deeper understanding of humanized care [11]. Suphaphon, Pimpimon, Sirisuda, and Somsri [5] suggested that information and knowledge about humanized care could be promoted through teaching and learning, and integrated via theoretical, practical courses, as well as additional student development activities. Moreover, the implementation of knowledge into practice by providing care to patients at a designated health care center would have a great effect on humanized care behaviors. As Ruamphorn, Natpalin, Aunypat, Chayanisa found that factors related to the community-based learning focus were contributing to the success of the project in building confidence in nursing skills [12]. These researchers also stated the significant input factors that have a powerful effect on enhancing humanized care behaviors were friendly practicum training sites, along with close supervision of senior nurses graduated from the same institution and providing freedom of opportunity for nursing students to practice based on their own interests [12].

The volunteer activity model has an affect not only for students, but also for nursing instructors. Instructors gained a deeper understanding on how to develop activities that can enhance humanized care. The findings were also similar to those put forward by Sangdao, Wilaiwan, Watcharee, Ratdawan, Sansook, and Montree [13], in which humanized care can develop from volunteer services and can enhance perceptions on how to enhance humanized care services for village healthcare volunteers. There was a consensus from health care providers who supervised students at the health care center that the volunteer activity model also assisted teachers in implementing acquired knowledge and putting it into practice. Another positive outcome from the volunteer activities was the improvement in the competency of both the instructors and students in regards to working in teams, because the joint efforts benefit in creating a strong collaboration between patients and health care providers.

V. SUGGESTIONS FOR FUTURE RESEARCH

The findings from this study reveal that the volunteer activity model can improve humanized care behaviors in second-year nursing students; therefore, future research should be conducted in other academic levels, especially for first year students. Moreover, research and development in other activities should be carried out in order to develop a variety of activities that can cultivate humanized care behaviors among nursing students. An extensive study should also be conducted to determine the change on humanized care behaviors among nursing student from first year to graduation.

VI. CONCLUSIONS

Humanized care behaviors composed of service-minded, analytical thinking, and participations. The volunteer activity model was beneficial in cultivating humanized care behaviors among nursing students. Analyzing learning daily logs and several subcategories in these three main categories would lead to more efficient humanized care behaviors. Therefore, promoting humanized care behaviors through volunteer activity should be continual and consistent.

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