

HUMANISTIC VERSUS PRAGMATIC APPROACH TO NURSING CARE FOR CARDIAC PATIENTS

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Abstract

Introduction: This paper deals with the attitude of nurses to cardiac patients undergoing modern non-pharmacological methods of treatment of atrial fibrillation (AF), with reference to the fundamental principles of nursing and nursing care. AF is the most common supraventricular arrhythmia for which, in the last twenty years, there has been a significant increase in recorded prevalence and incidence. The issue of the perception of nursing care presents the view on the orientation and specialization of nurses, i.e. whether the specialization is technical (i.e. only on performance) or humanist.

Objectives and methods: The aim of this research was to assess whether the nurses in the nursing care of patients after the radiofrequency catheter ablation (RFA) after AF were more oriented to the technical or humanistic approach. The research was conducted using a quantitative survey through a standardized questionnaire CBI-24 (Caring Behaviors Inventory) and took place between 2012 and 2014.

Results: The research sample consisted of two groups: patients with AF undergoing RFA ($n = 264$) and nurses in cardiology ($n = 92$) caring for them. Based on the assessment of the nurses' orientation dealing with patients after RFA, the nurses assessed their technical skills to be better than the humanistic approach to patients ($p = 0.025$). It is evident from the results that the nurses' orientation to performance was a better assessed area than the creation of the feeling of security and safety ($p = 0.035$).

Conclusion: Nurses dealing with patients after RFA assessed their technical skills to be better than the humanist approach to patients. At the same time, the patients also assessed areas focused on performance to be better than the creation of the feeling of security and safety.

Key words: : nursing care; nursing; humanism; cardiological patient; a pragmatic approach; nurse

INTRODUCTION

Humanism focuses on well-being. Nowadays, the need to accept solidarity among people is emphasized more than the self-realization of an individual (Berman and Snyder 2012, Wu and Volker 2012). However, these two aspects, solidarity

and self-realization cannot be separated from each other (von Wright 2001). In nursing, at the end of the last century, the philosophy of humanism started to dominate. Holistic principles were a response to the overly technological nursing practice and also a consequence of applying scientific aspects (Pavlíková

2006, Papathanasiou et al. 2013). At the beginning of the 21st century there was great scientific and technological progress, not only in medicine but also in the field of nursing, which resulted from scientific knowledge much more than in the previous century. The results of studies are subsequently reflected in practice, particularly in order to achieve quality nursing care (Farkašová et al. 2006, Plevová et al. 2011). The evaluation of the level of nursing care is not a simple process because there are a large number of factors. Among them we can mention, for example, differences in the perception of nursing care of patients, family or medical personnel involved in the provision of nursing care and its continuous improvement. It is also necessary to consider the patients' level of knowledge, their life values, cultural background, interaction with the environment and many other factors that affect the approach to health (Plevová et al. 2011). Nowadays, in order to increase the quality of care, a need has arisen to increase the humanistic approach in patient care. Cardiology as one of the fastest growing fields of internal medicine should not lack such modern concept of nursing care.

The most common cardiac diseases include atrial fibrillation (AF). AF is the most common supraventricular arrhythmia (Hradec and Spáčil 2001, Ascherman 2004, Bulava et al. 2015). This heart rhythm disorder is currently regarded as an epidemic of the 21st century, because its prevalence and incidence tends to be permanently increasing (Šedivá 2011). Aging population and improved overcoming of other cardiovascular diseases, especially acute myocardial infarction, has a significant impact on the rising incidence of heart rhythm disorders (Táborský et al. 2011, 2013). In the last decade there has been a rapid development in modern non-pharmacological therapies of AF and, thereby, to influencing nursing care.

As one of the modern non-pharmacological methods, radiofrequency catheter ablation (RFA) is used in the treatment of AF. The development of the RFA method had a critical contribution to understanding the pathophysiology of AF, thereby improving the success rate of treatment (Bulava 2009). This interventional procedure is associated with nursing care, which lies in the need to prepare the patient for the treatment and

also to participate in the care during and after it. Usually each patient is first examined and informed about the treatment of the arrhythmological ambulance. This task involves both physicians and nurses. The preparation and care of patients with AF involves mental and physical preparation. Stabilization of the mental state of the patient has a considerable impact, not only on the disease, but also on the progress of the healing process, collaboration and relationship with the nursing staff (Kapounová 2007, Eisenberger et al. 2012).

MATERIALS AND METHODS

The research showed the evaluation of the perception of nursing care associated with RFA, where humanistic and pragmatic care were assessed. The field research was divided into two phases. In the first phase of the research a survey was carried out, aimed at the needs of patients with AF *before* and *after* RFA. The second phase focused on identifying the health condition after one year of implementing RFA, where perceptions of nursing care associated with RFA were in focus. For the purposes of this study, only the results of the second phase of the research are presented, where a standardized questionnaire CBI-24 (Caring Behaviors Inventory) was used. The standardized questionnaire CBI-24 is a measuring instrument for evaluating nursing behavior in the context of the nursing care provided. This questionnaire is divided into four areas of nursing care: the area of "security" (assurance) containing 8 items, the area of "knowledge and skill" containing 5 items, the area of "respectfulness" containing 6 items and finally the dimension of "connectedness" containing 5 items (Wu et al. 2006). Nurses and patients rated each item using the modified Likert six-point scale: 1 = never, 2 = almost never, 3 = occasionally, 4 = usually, 5 = almost always, 6 = always. Individual dimensions were evaluated from the perspective of the significance of differences in perception of patients and nurses. Subsequently, answers "never" to "always" were assigned the importance of 1–6, and questions were assessed on the basis of the average of the two groups of respondents.

The research was conducted between 2012 and 2014. The sample groups consisted of

two groups of respondents. The first group were patients of the cardiological centre in the Hospital of České Budějovice Inc., with AF undergoing RFA. The second sample group consisted of nurses working in an inpatient cardiology department and caring for patients with AF (before and after RFA). The sample of respondents came from cardiological centres of the Hospital of České Budějovice Inc., and the Institute for Clinical and Experimental Medicine (IKEM) in Prague.

For processing statistical data, the statistical software STATISTICA and PSPP along with MS Excel were used. For the evaluation of results, descriptive statistics was used. All tests were performed and interpreted at a significance level $\alpha = 0.05$.

The basic demographic data of both groups is presented in Tables 1 and 2. The study involved a total of 158 men (59.8%) and 106 women (40.2%) of the total of 264

patients whose average age was 63.6 ± 9.6 years. Approximately half of the patients had a paroxysmal form of AF. Of the diseases caused by the treatment, the most prevalent were hypertension and diabetes mellitus. Further studies were attended by 92 nurses, of whom 78 were women (84.8%) and 14 men (15.2%), who were most commonly between 31–40 years of age (46.7%). Nurses most commonly reported having a secondary education, that is in 38 responses (41.3%). A university Bachelor's degree was the second most common (28; 30.4%). The length of experience was most represented in the category of 11 to 20 years of age, that is in 39.1% of responses. The second most frequent answer was that the length of experience was in the range of 6–10 years, that is in 23 nurses (25%). There was only one nurse in the category of more than 30 years.

Table 1. Basic clinical characteristics of the sample group of patients

Demographic data	
Respondents in total (n)	264
Men/women	158 (59.8%) / 106 (40.2%)
Average age (in years)	63.6 \pm 9.6
Patients with paroxymal AF	139 (52.7%)
Patients with a persistent AF	125 (47.3%)
Diseases caused by the treatment	
Hypertension	182 (68.9%)
Diabetes mellitus	61 (23.1%)
Hyperlipoproteinemia	59 (22.3%)
Stroke	16 (6.1%)
Ischemic heart disease	46 (17.4%)

RESULTS

Within the comparison of the humanistic and pragmatic approach of nurses, two areas were assessed.

The first issue examined was the technical (pragmatic) and humanistic approach of nurses. To assess the technical areas, questions from the dimension of “knowledge and skills”,

were used, where the average rating of nurses was 5.5. To assess the humanistic orientation of nurses, questions from the dimension of “respectfulness” were used, with the average rating of nurses was 4.9. Nurses assessed their technical skills to be statistically significantly better ($p = 0.03$) than the humanistic approach to patients (Table 3).

Table 2. Basic characteristics of the sample group of nurses

Demographic data	
Respondents in total	92
Men/women	78 (84.8%) / 14 (15.2%)
Education of nurses	
School of Nursing	38 (41.3%)
Higher vocational school – Dis.	11 (12%)
University – Bc.	28 (30.4%)
University – M.A.	4 (1.3%)
Specialization – ARIP	11 (12%)
Length of experience	
Less than one year	3 (3.30%)
1–5 years	20 (21.70%)
6–10 years	23 (25%)
11–20 years	36 (39.10%)
21–30 years	9 (9.80%)
More than 30 years	1 (1.10%)

Table 3. Assessment of nurses of technical and humanistic oriented care

	Technically oriented care	Humanist oriented care
Average assessment	5.5	4.9
T-test	$p = 0.03$	
Average difference	0.5	

A similar conclusion emerged having assessed patient areas. For technical area, questions from the dimension of “knowledge and skills” were used: *skills in injections and other activities, using professional knowledge and skills, skillful use and control of equipment and timely implementation of therapeutic procedures and medications*. The average rating of the focus of nursing care was 5.6. In the assessment of a humanistic focus

to nursing care, results from the dimension of “respectfulness” were used (*attentively listening to the patient, encouraging the patient, manifesting empathy, respecting the feelings of the patient, fulfilling the patient’s needs*), where an average score of 5.0 was achieved. The results obtained from responses show that even patients rated the “technical skills” nurses better ($p = 0.01$) compared to those of humanistic orientation (Table 4).

Table 4. Assessments from patients of technical and humanistic nursing care

	Technical orientation of nursing care	Humanistic orientation of nursing care
Average assessment	5.6	5.0
T-test	$p = 0.01$	
Average difference	0.6	

In the second examined area, the research analyzed whether nurses focus on performance more than on creating a relationship based on security and safety for patients. In this section we compared the dimensions of “knowledge and skills” to the dimension of “security”. The results of the responses of nurses showed that patients assessed the nurses’

performance and gave an average score of 5.5. The answers from the CBI-24 questionnaire in the dimension of security reached an average score of 5.3. A better assessed area by the patients was, therefore, the orientation of nurses on performance rather than on creating a relationship of security and safety ($p = 0.04$; Table 5).

Table 5. Nurses’ assessment of the orientation on performance and the ensurance of safety and security

	Technically oriented care	Humanist oriented care
Average assessment	5.5	5.3
T-test	$p = 0.04$	
Average difference	0.2	

The same findings were achieved when the assessed areas were assessed by patients. Questions from the dimension of “knowledge and skills” again served to gather results about the nurses’ focus on performance, with an average rating of 5.6. The compared area was the dimension of “security” (*security in negotiating and nursing, visiting a patient, communication, responding to the problems*

of the patient, helping the patient, interest in the patient, reduction of symptoms), whose average ranking reached a score of 5.2. When assessing the results, from the patients’ perspective, a better evaluation of the nurses’ orientation on performance was achieved than of providing a sense of safety and security ($p = 0.01$; Table 6).

Table 6. Evaluation of nurses’ performance and ensuring safety and security from the patients’ perspective

	Technically oriented care	Humanist oriented care
Average assessment	5.6	5.2
T-test	$p = 0.01$	
Average difference	0.5	

When comparing the dimensions from the nurses’ and patients’ point of view (Tables 5 and 6), there is a visible difference (0.2 vs. 0.5) between the perception of the nurses’ focus on performance and providing a sense of security and safety to patients.

DISCUSSION

For patients with AF, this cardiac disease doesn’t only mean a worse prognosis, but also a worse quality of life. The nurses’ task is to be able to adequately meet the needs of these patients and strive to provide humanistic and

holistic oriented nursing care. At the same time, using their professional knowledge and skills, the nurses an affect on patients with AF (Sovová and Sedlářová 2014). To assess the humanistic and pragmatic orientation of nurses in patients with AF after RFA, a standardized questionnaire CBI-24 was used (Caring Behaviors Inventory), whose author Zane Robinson Wolf based her assumption on the conceptual model of M. J. Watson.

In examining the question of “what the focus of nurses in nursing care for patients with AF was”, the results from individual dimensions “knowledge and skills”, “respectfulness” and “security” were compared. The results showed

that within the dimension of “knowledge and skills”, differences between the perceptions of patients and nurses were significant: nurses assessed their activities to be better than patients in the areas of *injecting skills and other activities in the area of using their professional knowledge and skills*. Patients, on the other hand, assessed the *skillful use and control of equipment and rapid response to the call of the patient*. Nurses had a tendency to underestimate their work and see discrepancies in it. This perception of nursing care can be justified by the fact that cardiology, and especially arrhythmology, are dynamic fields with new scientific and technical knowledge. This has an impact on nursing care and the demands on nurses. This fact is also provided by LeMone et al. (2011), when they emphasize that caring for a patient with a heart rhythm disorder requires rapid action to recognize, identify and treat arrhythmia quickly. Quick decisions and actions thus affect the subsequent condition of the patient. Nursing helps to stabilize the patient and to monitor their response to treatment. That is why it is good when nurses perceive their discrepancies in the care provided, which is a further motivation for professional growth and self-improvement. Jarošová et al. (2010) reached the same conclusions in their study, which also reported that patients rated instrumental skills of nurses as the best.

When assessing the dimension of “*respectfulness*”, the results were compared with the results from the dimension of “*knowledge and skills*”. The reason was to obtain information on nurses’ approach to nursing care in patients with AF. The evaluation of the answers of nurses showed whether technically (pragmatically) based nursing care is better assessed than the humanist approach. The results of the research showed that nurses assessed technical skills better than a humanistic approach to patients. These results correspond with other international studies (von Essen and Sjöden 1991, Zamanzadeh et al. 2010).

The last dimension assessed as part of the research was a “*security*”. Detected outputs of this dimension were compared to the results regarding the nurses’ orientation on performance. As part of mapping the nurses’ orientation on performance, the results regarding the nurses’ skills in injecting and

other activities were used, as well as the nurses’ knowledge and skills associated with caring for patients undergoing RFA and the levels of usage and control of the equipment. The last nurses’ activity to be monitored was the timely implementation of treatment procedures and medications. The researched area was the whole dimension of “*security*”. Our research shows that the above mentioned areas, which were aimed at performance, were assessed as better than the area of creating a relationship of security and safety for patients. The same finding was reached in the study of Drahošová and Jarošová (2013) realized in 2012, where patients appreciated technical-rational aspects of nursing care more than interaction and support. It is interesting that we have achieved the same results, although a standardized questionnaire was used (PSS; Patient Satisfaction Scale), which is also aimed at identifying patient satisfaction with the care provided.

Communication appeared to be the most problematic area. Communication with patients was assessed differently among nurses and patients in negative responses. It shows that communication is the nurses’ weaker area. According to Farkašová et al. (2006), and Berman and Snyder (2012), the meaning of the need to support communication in nursing practice is that the effective use of communication influences the relationship between a nurse and a patient. This then leads to the acceptance and support of both positive and negative interaction. Drahošová and Jarošová (2013) also refer to the benefits of effective communication in nursing care. According to these authors, it is possible to increase a patient’s satisfaction with nursing care through communication, education and maintenance of quality interpersonal relations and an active involvement of the patient. The above aspects should be emphasized in early nursing education.

CONCLUSION

The development of modern medicine, particularly in the field of cardiology, confirms the necessity to change the perception and status of nurses in patient care, when the developing field of nursing requires strengthening of the prestige and status of

nurses in the society. The justification for this also lies in the fact that nursing as a discipline requires professionally trained nurses who will provide quality nursing care. These ideas are necessary to be actively supported and developed in practice, especially in patients with cardiac arrhythmias in whom invasive procedures are performed. The research results showed the technical and performance oriented skills of nurses are used, the humanistic approach to patients disappears into the background. Furthermore, communication emerged as the most pro-

blematic area. The consequence for daily practice is a clear need to focus on the support of the nurses' humanistic way of thinking and their communication skills. It seems to be the only way to achieve a higher overall satisfaction of patients with the nursing care they receive.

CONFLICT OF INTEREST

The authors have no conflict of interest to disclose.

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