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Humanity-based nursing care in the ICU: a descriptive qualitative study

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Abstract

Background Providing humane care in intensive care units (ICUs) is a crucial ethical issue due to the critical nature of patients in these units. This study aimed to examine the experiences of ICU nurses in providing humanity-based care (HBC) to patients admitted to these units.

Methods This study uses an exploratory-descriptive qualitative design. In-depth, semi-structured interviews were conducted with 9 nurses working in the ICUs of five educational hospitals. Finally, the data were analyzed via conventional content analysis with the five steps of Graneheim and Lundman's technique.

Results Data analysis identified a main theme and eight main categories. The main themes of this study were: "humanity-based care" and the eight categories included providing patient-centered care, providing patients' best interests, providing mental and emotional comfort, evidence-based practice, respect for human dignity and values, avoiding violence in care, patient education, and effective patient communication.

Conclusion Since helping and caring for a person at risk is a moral obligation, the critical conditions of ICU patients and the need for HBC increase the duty of nurses as providers of direct care to this group of patients.

Keywords Human rights, Nursing care, Intensive care units, Qualitative study

Introduction

An intensive care unit (ICU) is an environment that provides care for patients with complex and severe clinical conditions who require mechanical ventilation and acute medical care [1]. Patients admitted to these units include vulnerable patients whose general condition is variable and who require intensive and specialized nursing care [2, 3]. These patients have a life-threatening physiological crisis in one or more body systems [4]; therefore, it is important to understand the factors that could affect the nursing care of patients in these units [5].

Nursing care in the ICU is a skillful, safe, high-quality, comprehensive, ethical, collaborative, individualized, and personalized care process that is planned and designed based on the best available evidence and ultimately results in positive patient outcomes, optimization of health, relief of symptoms, or a peaceful death [6]. Babaei et al. (2022) consider nursing care to be humane care beyond the task. This includes the nurse's continuous presence, communication, mutual interaction, empathetic understanding, compassionate behavior, patient support, participation in decision-making, and family-centered care as important components of comprehensive care with potentially positive effects on comfort and stress in unconscious patients [7]. Owing to the specific conditions of patients in intensive care units, one of the main concerns in these units is the development

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of humane approaches [8], as these patients experience different experiences of discomfort and loss of control. Therefore, this is a relevant discussion on how to humanize ICUs and whether humanization is necessary [9]. In this context, efforts to identify factors affecting humanistic nursing can help humanize nursing care in these units [8].

Humane intensive care remains hidden behind many interventions that claim to humanize the ICU. As a result, a deeper understanding of what constitutes humane intensive care needs to be achieved [10]. Some studies define humanity-based care (HBC) as comprehensive care, which implies seeing the patient as a whole [11, 12]. However, a comprehensive approach with a greater emphasis on the patient forms the basis of humanizing critical care, which is reflected in the attitudes of nurses and other healthcare professionals. Therefore, placing the patient at the center of all nursing care is necessary to provide patient-centered care, which is defined as providing care with the patient's values, needs, and desires, and in the ICUs, it can lead to providing HBC [9, 13].

In her theory, which is based on human values, Watson stated that the theory of human care can guide clinical nursing practice by enabling it to go beyond the physical dimensions of the care recipient to understand the entire care situation experienced by the individual [14]. These statements clarify the centrality of the individual's humanity and the assessment of the benefits and risks of providing human-centered care [15], which can ultimately improve patient health [16]. Humanity in care is considered a responsibility; however, the humanistic nurse tries to provide a healing environment (intimate, pleasant, and comfortable) to ensure the client's human dignity in various ways and prioritize it in their care [17, 18]. Such care is the core concept and primary task of nurses and can enhance patients' ability to cope with stress and recover [19]. Since valuing humans is the foundation of the nursing profession and the essence of care, humanism in care is currently a fundamental necessity and a global priority for improving the quality of care today [20]. Humane care undoubtedly enables nurses to consider patients' needs more systematically and scientifically [21], and a lack of awareness of such care and the inability of nurses to provide HBC lead to increased patient dissatisfaction, whereas "humanity and high quality" are important issues for nursing [22].

Despite this knowledge, the importance and prominent role of HBC as an important approach in nursing practice, and the nature and boundaries of humanity-based care are not clear to ICU nurses; thus, understanding the characteristics of this care in such units is very complex and challenging, and does not cover all its meaning and aspects. To clarify and explore meanings and aspects related to human lived experience, qualitative

methods are considered the most appropriate approach [23]. Therefore, given the importance of identifying the precise applicability of humane care, the present qualitative study aimed to investigate nurses' experiences with humanity-based nursing care in the ICU.

Method

Study setting and design

The present study was conducted via a descriptive qualitative research approach and a conventional content analysis method. Qualitative content analysis is a self-contained method that can be used at different levels of abstraction and interpretation. A key issue is to demonstrate logic in how categories and themes are abstracted, interpreted, and related to the goal and each other [24]. By using the content analysis method, a deeper understanding of a specific phenomenon can be created. This method is used to determine the presence of specific words, themes, or concepts in qualitative data (e.g., text), and the meanings and relationships of specific words, themes, or concepts can also be extracted [25].

Participants and setting

9 nurses with clinical and rich experience (BSc ($n = 3$), MSc ($n = 3$), and Ph.D. ($n = 3$) degrees) in the ICUs (such as internal, surgical, neurosurgical, and...) from 5 educational and treatment centers in Tabriz University of Medical Sciences in northwestern Iran were purposively selected to participate in this study. After the purpose and procedures of the study were explained, the participants' informed consent was obtained, and the interviews were arranged by the main researcher (RCh). The mean age of the participants (1 male and 8 females) and their clinical experience were 37.2 and 10.8 years, respectively. The participants were selected purposefully on the basis of an analysis of previous interviews to clarify any ambiguities. In this type of research, the main criterion for determining sample size is reaching data saturation, which indicates replication of discovered data and validation of previously collected data [26]. In the present study, sampling continued until data saturation, with no new concepts emerging in the last two interviews.

Data collection

In this study, nine face-to-face, semi-structured interviews and four complementary interviews were conducted by the main researcher from November 2023- June 2024. The interviews were conducted by an interview guide that was developed for this study, and started with a general question about the nurses' experiences with ICU patients' care to improve their sense of communication in a private environment agreed upon by the participants (restroom or hospital courtyard). Probing questions were asked based on the ambiguities of

the previous interviews, such as: “What do you consider when you care for patients in the ICU?” “Please explain more about the items you mentioned.” “Based on your experience, what effect can humanity-based care have on patients?” All interviews were recorded and transcribed into a Word file. The interviews lasted between 40 and 55 min.

Data analysis

Data analysis was conducted immediately after data collection via the five-step method of conventional content analysis proposed by Graneheim and Lundman (2004). The steps of this method included (1) transcribing the entire interview immediately after completion, (2) reading the entire text to obtain a general understanding/summary of the content, (3) determining meaning units and initial codes, (4) grouping similar initial codes into more comprehensive categories, and (5) determining the main theme of the categories [27]. To ensure the trustworthiness of the findings, four criteria of Guba and Lincoln were used: credibility, transferability, dependability, and confirmability [28]. Credibility was achieved through the long-term presence of the main researcher (RCh) in the study environment. To achieve dependability, the entire research process, including data collection and analysis, was reported in more detail, and after extracting themes and initial codes, experts were consulted as auditors. Transferability was achieved through maximum sampling, and the criterion of confirmability was obtained through a complete recording of all activities performed in the research process.

Results

The results obtained from the experiences of the nurses working in ICUs in this study were extracted from 265 codes, 33 sub-categories, and 8 categories: providing patient-centered care, providing patients' best interests, providing mental and emotional comfort, evidence-based practice, respect for human dignity and values, avoiding violence in care, patient education, and effective patient communication. Finally, the main theme of this study was “humanity-based care” (Table 1).

The participants in this study considered the provision of nursing care to patients admitted to ICUs to be different from that in general wards because of the specific, complex, and critical conditions of these patients. The presence of unconscious patients in these units makes nursing care special. These conditions place the patient as suffering, critically ill, and dependent at the center and prioritize all care. These experiences have become necessary for providing HBC as an essential core of ICU nursing, and have made that the heart of intensive nursing.

The 8 main categories extracted from this study that formed the main theme of HBC in the ICU include the following:

Providing patient-centered care

The participants in this study emphasized that in caring for patients admitted to the ICU, owing to the nature of the patient's dependency and disability, all aspects of patient care should be provided. In caring for these patients, one should avoid mechanistic, robotic, and purely technologically and device-based care and consider the patient as a vulnerable individual who requires the provision of all human needs. In addition to their physiological needs, patients have other needs that must be considered when providing care. Subcategories of this category include lack of robotic care, hope-giving, morale-boosting, respect for religious and spiritual beliefs, compassionate care, satisfaction with care, and meeting physiological needs.

The patients in the ICU are not like objects or machines, but rather human beings, like our family. That is why I take care of them like my family, speak to them in a language they understand, and do whatever they need. I make sure the patient does not feel like a stranger, so they can trust me and feel comfortable, and that way they are more satisfied....
P08

... As much as time allows, I usually talk to my patients. I talk about their illness, and sometimes, if I see that they are bored, I talk to them and ask them what's up. Did you eat? How was the food? I communicate with them verbally to improve their mood. ... I try to arrange for one of their family members to visit them because they are emotionally dependent. This will help patients feel better and increase their hope for recovery.... P02

Provision patient's best interests

Owing to the critical conditions of patients hospitalized in these units, one of the subjects that ICU nurses stated for HBC was trying to ensure the best interests of patients, who sometimes do not have the opportunity to make decisions and choices because they are unconscious. The subcategories of this category include ensuring the patient's interests, respecting the patient's preferences and desires, providing comfort and convenience, and considering end-of-life care.

When a patient comes to the ICU, it means that he /she is in the greatest need of receiving care and attention, and I think this is the right and appro-

Table 1 Subcategories, categories, and main theme extracted from ICU nurses' experiences

Sub-categories	Categories	Main Theme
Lack of robotic care	Providing patient-centered care	humanity-based care
Hope-giving		
Morale-boosting		
Respect for religious and spiritual beliefs		
Compassionate care		
Satisfaction with care		
Meeting physiological needs		
Ensuring the patient's interests	Provision patient's best interests	
Respecting the patient's preferences and desired		
Providing comfort and convenience		
Considering end-of-life care		
Communication with the family to calm the patient	Providing mental and emotional comforts	
Efforts to reduce stimuli that disrupt mental comfort		
Pay attention to prevent the patient from becoming agitated		
Pay attention to reducing the patient's stress		
Commitment to continuous learning	Evidence-based practice	
Paying attention to training before entering the ICU		
Keeping nursing knowledge up to date		
Having a role as a preceptor		
Concern for human dignity	Respect for human dignity and values	
Concern for human nature		
Having respectful behavior		
Respect for the patient at the end of life		
Respect for the patient's privacy		
Gender concordance in patient care		
Non-violent in care procedures	Avoiding violence in care	
Avoidance of violent behaviors		
Education during admission	Patient education	
Education during hospitalization		
Education during discharge		
Proper communication for effective education	Effective patient communication	
Proper communication creates trust and adherence to treatment		
Proper communication creates comfort and reduces stress		

priate intervention that has the best benefit for the patient. In ICUs, the patient is admitted as a dependent human being because he is not conscious enough to defend his rights or refuse or accept care. To be clearer, nursing for this patient means taking action for the patient's benefit, or in other words, doing something for the patient's benefit.... P03

When the doctor prescribes medicine, I administer it because I cannot do anything on my own. However, I try to do whatever is in the best interest of my patient without harming him. Sometimes, my sug-

gestion to the doctor may be a better choice for the patient. Let me say this: even though we see that the patient is dying, I generally do nothing to accelerate this process. No one has the right to take the right to life of a patient and say it is useless.... P06

Providing mental and emotional comforts

The effort to provide mental and psychological comfort to hospitalized patients in ICUs as the experience of participants, was an important issue. One of the significant tasks for nurses in these units is paying attention to the

patient's mental and physical dimensions and providing psychological and physical care for patients who tolerate complicated conditions and are deprived of family care. Providing mental conditions and relaxation reduces patients' stress and prevents them from becoming agitated. Verbal communication with patients, even those who are unconscious, is also very effective in providing their mental comfort.

When I sympathize with my patient, she feels psychologically comforted and trusts me. When she knows she is not a stranger and my task is not just giving her medication or oxygen, she feels valuable and important. P09

... I had a patient with delirium, and her husband was coming to visit her; I gave him a chair and told him to talk to his wife. Although he did not know her husband, he was talking to her, and I saw it had a good effect on them. After a day or two, I went to see my patient. His wife had not come. I asked my colleagues where the patient's husband was. They said that he probably decided not to visit because he saw that his wife did not know him. At that moment, the patient said that he would not go anywhere without me and that the patient had recovered. P07

Evidence-based practice

One of the issues mentioned in the nurses' experience in order to improve patient care was evidence-based care, which requires continuous education and learning, up-to-date nursing knowledge, and the experience of experienced nurses. The advancement of high-tech in intensive care units, along with the improvement of evidence-based care, has made the need for nurses more acute. As mentioned, this teaching-learning process continues in the ICU environment with the help of sharing the experiences of preceptor nurses with less experienced nurses.

... As a registered nurse with a Master of Science in Intensive Nursing, I have 18 years of experience in ICU nursing. I always attend several training classes that teach up-to-date topics. In addition, I always provide training to new nurses during patient care. We even have informal rounds to discuss our patients' care plans during shifts. This training will greatly help improve the quality of nursing care for patients and allow us to learn how new equipment works. P08

Respect for human dignity and values

On the basis of nurses' experience, preserving human dignity in intensive care units is sometimes difficult

owing to the unique circumstances of critical patients. Respecting a patient as a dependent and seriously ill human being is important, but as mentioned, it can also be accompanied by numerous challenges. This issue is a principle and a human and ethical priority that is prioritized in providing nursing care. Even if the patient is unconscious, it is essential to respect the nature of a patient as a human being and to preserve his/her dignity. On the other hand, the effort to save life, which is the highest priority, may sometimes lead to harm to respect for the patient's privacy as an ethical right. Trying to provide an environment where the privacy of patients, even unconscious patients, is respected, and even trying to provide gender concordance in patient care, can lead to respecting this patient's right.

... The patient is admitted to the ICU at some point and is going to stay there for a while. Why should it not be respected? My respect for the patient is because of being a human, and the human dignity of individuals requires us to respect the patient regardless of anything and according to his/her humanity. P07

... Communication with the patient in the ICU should be respectful... It is very important how the patient is treated. This respect I have for the patient will affect the patient's attitude toward the nursing profession; the conscious patients observe what is happening and how they and other patients are being treated. P05

... I know that I must respect my patient's privacy, not only me, but all my colleagues also respect this, even if the patient is unconscious. However, the patient is a human being, and I have to respect him/her. I try to respect the patient's coverage as much as possible, especially when caring for the private part. P08

... Owing to the patient's condition, where saving lives is the priority, sometimes it is practically impossible to respect privacy in the ICU, or it is not always possible to provide concordant gender in patient care. However, we try to dress patients, cover them with blankets and sheets, put a hat on their heads, and close the curtains while caring for them. P09

Avoiding violence in care

Avoiding violent behavior in the care of patients hospitalized in intensive care units due to their dependencies and disabilities was extracted as a main category in HBC

based on the participants' experience. The agitation of patients, the delirium of some patients, and the attempt to prevent harm to them through physical restraint may unintentionally lead to violent behavior, which should be anticipated and considered when educating patients on how to deal with these patients.

In the ICU, some patients are agitated; to prevent them from harming themselves, we may have to use physical restraint because we want to control them, which may seem like violent behavior, but it sometimes happens. P05

Sometimes we have invasive procedures, for example, suction or injection, so in these cases we have to restrain the patient because some of them are agitated. In these cases, I try to avoid using force during the procedure or talking loudly to the patient. I do not neglect these patients at all, because at any time they could harm themselves. P06

Patient education

One of the categories extracted from the most codes in the participants' experiences was patient education, which includes patients admitted to the ICUs. Accordingly, providing information and education to patients throughout the entire hospitalization period and at the time of discharge from the ICU can have many short-term and long-term consequences for the patient, the family, and even the healthcare system. In this context, the least costly nursing intervention will yield valuable results.

One of the things I do during a patient's hospitalization is to educate them and their families. Education is very effective, because not all of our patients are literate and informed, and not all are health literate. I educate the patient about the patient's nutritional status, care for wounds, follow-ups, next visits, what he/she should do after discharge, and how to take his/her medications. In addition to the patient, we also educate the family because the patient may not be trainable, and this issue is so useful in the patient's recovery process. P09

.... I have seen from my own experience that educating a patient in the ICU is the best and least expensive way to prevent multiple hospitalizations, because the patient learns to change his/her lifestyle after discharge, costs are reduced, and it has a great impact on his recovery. Even by providing education during the patient's hospitalization, the communi-

cation between the patient and the nurse improves. P08

Effective patient communication

Due to the specific conditions of patients admitted to the ICU, they have difficulty communicating with nurses. However, based on the participants' experiences, communicating with this group of patients, despite the difficulties, can increase their comfort and well-being, help them understand their needs, lead to improved trust between the patients and the treatment team, increase the patients' sense of security, and reduce their sense of loneliness.

I introduce myself even to an unconscious patient and ask how he is because I know he hears and feels. You see, how to deal with the patient is a form of communication. When a patient comes to the ICU, I can put myself in their shoes. They have entered a strange place, and they expect someone to come and treat them with kindness and warmth. In this way, their trust is gained, and they want to communicate with us. When my treatment of the patient is sincere, and my behavior is good, he/she trusts me and can even share his/her thoughts and needs with me. ... P04

Discussion

The findings of this study clarify the scope of humanity-based care (HBC) in intensive care units. Because the main duty of nurses is to provide humane care to their patients, patients are always a priority [4]. Therefore, while providing nursing care, they must appreciate the uniqueness of each patient and try to promote their health and well-being as much as possible [29]. The perceived chaos of the difficult and complex conditions of caring for patients in ICUs may lead to a loss of humanity. This loss of humanity may occur in various forms, including the loss of personal identity, control, respect, privacy, and support systems, and is referred to as dehumanization. Dehumanization can consist of treating a human being as an "object" rather than a "person" and is often accompanied by failure to honor dignity [30]. Patient-centered care (PCC) is an evolving concept that was first described by Edith Balint (1969) as "understanding the patient as a unique human being" [31]. Today, the concept of the individual has been accepted by Santana et al. (2018) as requiring a more comprehensive approach to care and encompassing different dimensions of well-being, including a person's context and individual expression, preferences, and beliefs [32]. The WHO also considers striving for people-centered care a competency of healthcare workers [33]. Although improving safety

and quality of life are considered goals for a patient-centered care approach, studies show that there are virtually no standardized and agreed-upon parameters for providing such care [34]. However, there is strong evidence for positive effects of PCC on patient satisfaction and even self-management [35]. On the other hand, providing health care services that respect and meet patients' needs is effective in promoting positive care outcomes and perceptions of care quality, thereby meeting an important aspect of patient-centered care needs [36] because patient-centered care is based on patient respect and responsiveness [37].

Choosing the course of action with the most favorable balance of harm and benefits for the patient on the basis of his/her preferences and values is a significant issue in health care. Efforts to humanize the ICU may be helpful in enhancing patients' perceptions and participation in their well-being [38]. Therefore, acting in the "best interests" involves taking steps or following specific rules to ensure that the individual survives and potentially flourishes. The long-term understanding of best interests refers to balancing benefits and harms concerning ultimate goals or objectives. Short-term best interest refers to a specific health care decision, without reference to the overall situation [39]. The best interest standards attempt to ensure that choosing the course of action provides the most favorable balance of harm and benefits for patients [40]. Healthcare professionals consider patient values and preferences in healthcare through a variety of approaches, including showing concern for the patient as a person, demonstrating competence in disease management, communicating with patients as partners, and coordinating and balancing overall care [41]. Medical ethics also suggest that sustaining treatment decisions should be made based on patients' preferences and quality of life, as personal patient preferences may conflict with any health policy that limits the allocation of intensive care based on age, function, or quality of life [42]. Since some patients admitted to the ICU are at the end of their lives, providing end-of-life care in these units necessitates the participation of nurses to provide comfort and achieve peace, dignity, and respect for them [43, 44].

ICU care has traditionally focused on curative treatment, but awareness of the key role of palliative care and patient comfort is essential [45]; however, patients in this unit experience significant psychological distress both during and after admission [46]. Studies that have implemented emotional support for patients in the ICU have shown significant improvements in patient outcomes, including improved vital signs, reduced pain, anxiety, morbidity, length of stay, and improved sleep and patient satisfaction [47, 48]. Since admission to the intensive care unit is an unanticipated event for most patients, causing significant psychological distress [49], reducing

these effects is increasingly recognized as a major goal of intensive care, along with managing and preventing organ failure, providing timely prognostic information, and providing compassionate end-of-life care [50]. As mentioned, routine care in these units results in pain and discomfort; in most cases, pain or discomfort is not recognized by these patients because of their inability to communicate verbally. Therefore, understanding the distress of these patients and focusing on treatment and overall comfort are important to improve the quality of the ICU experience and reduce psychological consequences after ICU discharge [51]. One way that can contribute to psychological distress in ICU patients is through the inability to communicate, so communication is a critical part of the role of nurses in the ICU [52, 53]. Several considerations may improve the humane and respectful behavior of ICU patients, including patient-centered family visits [38]. Studies have shown that caring in an environment where families are present and involved maximizes their satisfaction with ICU care and ensures that the patient's human values and preferences are respected [54].

Another aspect of human-based care in the ICUs is evidence-based care (EBC). Evidence-based care involves the development of skills and knowledge needed to make evidence-based practice (EBP) an integral part of clinical decision-making and daily nursing practice [55]. Today, education and learning are widely accepted by all humanity [56]. With continuous advances in technology and changes in medical and nursing practices, there is a need for continued professional development while working in intensive care settings. Therefore, learning and practicing competently in these departments is essential for nurses to provide high-quality patient care [57]. In this context, providing appropriate opportunities for nurses to enhance their clinical expertise and skills, including diverse teaching methods, critical thinking, and clinical reasoning, is crucial, especially in ensuring the provision of superior nursing care [58, 59]. Studies have shown that improving nurses' learning can improve their practice efficiency and quality of care and increase patient safety and compassionate care [60–62]. One of these learning methods is peer learning, which is currently used as an innovative teaching-learning method in clinical education for nurses and has many advantages for promoting individual learning [63]. Moreover, senior nurses play a significant role in training novice and inexperienced nurses in challenging ICU environments, which is effective in improving the quality of humane care [64]. Research results have shown that the clinical learning environment, along with the curriculum, has the greatest impact on nurses' practical competence and learning [65]. This demonstrates the role of learning in HBC

because education as a way to promote human dignity is a theme that encompasses this reflection [66].

Respect for human dignity is recognized as a foundation of ethical insight for society, a key concept in bioethics, and the applicability of the principle of beneficence [67–69], and all humans have inherent dignity because they are human [70]. Dignity refers to how people feel, think, and behave in relation to their own worth and that of others. Respectful behavior is the treatment of someone in a manner that is respectful and valuable. Complex and critical situations requiring immediate interventions may interfere with healthcare professionals' efforts to maintain patient dignity [71]. With respect to patient dignity, it is necessary to create an environment of respect in the ICU where healthcare professionals protect the concept of preserving human integrity and respect patients' autonomy and equality. Healthcare professionals should value the dignity of ICU patients and treat them as unique individuals throughout their care and treatment [72]. The ICU is a unique environment, characterized by stress and anxiety among patients and their family members, and the highly technical nature of the environment can pose particular threats to respectful and dignified treatment [73]. Henry et al. (2015) identify three sources of dignity for patients in the ICU: their shared humanity, personal narratives, and autonomy of which independently warrant respect [74]. However, this care requires holistic patient perspectives and approaches [75]. Studies support the finding that failure to treat patients as human beings has serious consequences for their physical and mental health, both during critical illness and long after survival [38, 76]. On the other hand, intensive care should be used to protect the privacy of critically ill patients because they experience a loss of personal identity and significant limitations in physical activity and emotional expression [77]. Maintaining patient privacy in the ICU may be challenging due to the presence of many patients in the same setting, witnessing the treatment and care of other patients, and their inability to communicate and make decisions to maintain privacy [78, 79]. However, protecting patient privacy increases patient trust, patient satisfaction, and the quality of healthcare services [74]. One way to protect patients' privacy is to provide gender concordant care [80]. Studies have also shown that patients in mixed-sex care settings experience a loss of dignity and privacy because they are concerned about being exposed and feeling uncomfortable [81]. Even though most patients prefer providers with a similar background, such care, along with gender concordance, is associated with improved quality of care [82].

Healthcare professionals attempt to provide highly humane care [83]; moreover, nursing is a meaningful, therapeutic, and interpersonal process that aims to promote individual well-being and health development, so in

this process, the nurse's role should be evaluated in terms of patient safety and the protection of patient rights [84]. Studies have shown that workplaces such as ICUs are increasingly exposed to violence [85]. Patient violence toward nurses sometimes leads to nurse violence toward patients through the mediating effect of burnout [86]. Common forms of patient violence include physical restraint, verbal abuse, and neglect [87]. This type of violence can lead to complications such as poor quality of life, low self-esteem, and depression [88]. Nurses have a professional and ethical responsibility to protect their patients when incidents occur, so a cultural shift to mutual respect and dignity for patients is necessary to achieve the best outcomes [89]. Avoiding violence and violent behaviors is one way to reduce the suffering of patients admitted to the ICU based on the confirmation of HBC [83].

The importance of education for humans as a characteristic of humanity, regardless of background, culture, race, and religion, is not hidden from anyone [90]. Nurses play a vital role as educators in the ICU, and patient education is one of the duties and responsibilities of nurses in these units [91]. Providing information or educational interventions as a communication strategy in various formats has been proposed to improve the knowledge of patient prognosis, treatment, or anticipated challenges in the ICU [92]. Patients are often admitted to these units unexpectedly and experience stress and uncertainty. Since one of the sources of stress is unclear, inconsistent, or contradictory communication and information, education and giving correct information in the ICU may lead to reduced anxiety levels, increased satisfaction with health care, improved understanding of patients and their families, and a reduced psychological burden of supporting a critically ill patient [93–97].

An important application of HBC is establishing appropriate patient communication. Dehumanization occurs during "communication" when ICU team members talk about patients and make upsetting statements in their presence, or fail to inform patients about ICU-related care. Dehumanization behaviors result in a loss of patient trust in the care team; a loss of motivation to participate in recovery; and feelings of distress, guilt, depression, and anxiety, but humanizing behaviors improve recovery, well-being, and trust [76]. Communication plays an important role in every aspect of human life [98], and it is essential for quality care in intensive care units [99], because the goal of nurses' communication with patients in these units is to optimize the care provided to them [100]. Wilson et al. (2019) recommended that all ICU patients, even those who are delirious, comatose, or unable to speak, should be spoken to as a good approach to humane care. When entering the patient's room, the nurse should introduce her/his role and what

is happening [38]. Nurses use effective communication skills to provide new information, encourage understanding of patients' responses to health problems, explore care options, assist in decision-making, and facilitate patients' well-being [101]. Because nurses need to interact with patients with diverse needs, they must communicate verbally and nonverbally in a complex manner [102] to understand patients' needs [100]. Nurse-patient communication can occur through facial expressions and negotiation through conversations that provide opportunities for patients to engage in self-care by offering their opinions through verbal or nonverbal communication [103].

Conclusion

Because helping and caring for a person at risk is a moral imperative, the critical conditions of patients in ICUs on the one hand, and the need to receive intensive care on the other hand, make the duty of nurses as providers of direct care to this group of patients much greater. These patients, as dependent human beings, require care based on humanity, and the present study revealed the applicability of nursing humanity-based care. Striving to provide care that can provide patient-centered care, ensure their best interests, provide them with mental and emotional comfort, promote an evidence-based practice system among nurses, respect for the human dignity and values of patients, avoid violence in care, provide education to patients, and ultimately establish effective communication with patients are considered the most important tasks in providing humane care in ICUs.

Abbreviations

HBC	Humanity-Based Care
ICU	Intensive Care Unit
PCC	Patient-Centered Care
WHO	World Health Organization
EBC	Evidence-Based Care
EBP	Evidence-Based Practice

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Author contributions

RC: main researcher, project design, interviewer, data coding, analysis, interpretation, writing and reviewed of the manuscript. HE: methodological adviser, project design, analysis, and interpretation. SS: design the project, analyzed, and interpreted the data. MB: adviser, project design, data analysis, interpretation, and revision of the manuscript. MS-F: ethical adviser, project design, analysis, and interpretation. HH: Correspondence, supervisor, project design, analysis, interpretation, and revision of the manuscript.

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Data availability

The datasets used and analyzed during this study and the interview guide used are available from the corresponding author upon reasonable request via email: hassankhanihadi@gmail.com.

Declarations

Ethics approval and consent to participate

The present study was conducted after obtaining the necessary permits from the Ethics Committee of Tabriz University of Medical Sciences with the ethics code IR.TBZMED.REC.1402.450. Participation in the study was completely voluntary, and participants were free to withdraw from the study at any time if they did not wish to continue participating. After a verbal explanation of the purpose of the study, informed consent was obtained from all participants. Data confidentiality was observed throughout the data collection, analysis, and reporting of findings. The participants' data were anonymized, and numerical codes were used for participants in the analyses and reports.

Competing interests

The authors declare no competing interests.

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