

## Challenges for Hospital Management in Supporting Nurses to Deliver Humanized Care

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### ABSTRACT

This research delves at the difficulties encountered by hospital administration in assisting nurses in providing individualized care to patients. A prior ethnographic study's interview data was used to adopt a qualitative approach via secondary analysis. Using a purposeful sample technique, nurses from four different hospitals' internal medicine units were chosen to participate. Extensive interviews, backed up by field observations and reflective notes, were used to gather data. The study was conducted using an inductive strategy, which included using ATLAS.ti software for coding, classification, and theme generation. Major obstacles to delivering humanized care, according to the results, include institutional regulations, administrative burden, personnel shortages, and a lack of organizational support. Furthermore, the capacity of nurses to provide compassionate and dignified care to patients is greatly affected by management practices and the distribution of resources. Creating a supportive workplace for nurses requires effective management methods and policy adjustments, according to the research.

**Keywords:** *Management, Humanization, Nursing, Policies, Challenges.*

### I. Introduction

More and more, people are realizing that providing treatment with a personal touch is essential to providing high-quality healthcare. Both the physical and mental health of patients are receiving more attention in today's healthcare systems, with a focus on improving therapeutic results. A patient receiving humanized care will have their physical, mental, social, and emotional needs met in addition to their bodily ones. Consistent delivery of this sort of treatment is greatly influenced by nurses, who are main caregivers. They are in a special position to promote kindness, understanding, and respect in healthcare environments because of the constant contact they have with patients.

But it's not only up to the attitude and competence of individual nurses to provide humanized care. It is also heavily affected by the work environment of the company. The rules and practices of hospitals and other organizations have an impact on the working conditions of nurses. The hospital's work culture, administrative support, resource availability, task allocation, and personnel numbers are all aspects to consider. When these factors are in harmony with patient-centered care principles, nurses may better tend to patients with kindness and respect. On the other side, providing humanized care may become more difficult due to institutional limitations.

The amount of time nurses may spend directly interacting with patients is decreasing due to rising workloads, administrative duties, and time restrictions in many healthcare facilities. The quality of treatment is significantly impacted by high patient-to-nurse ratios because of the stress, weariness, and burnout that nurses typically experience. As a result, nurses may put less emphasis on the interpersonal and more on the mechanical parts of patient care. Because of this, there is a disconnect between the concept of personalized care and what is actually provided in hospitals. In order to overcome these obstacles, hospital administration must enact policies that are helpful, and they must provide sufficient resources and personnel.

In order to direct the actions and procedures of healthcare organizations, institutional policies are crucial. Care delivery, responsibility allocation, and performance evaluation are all governed by these policies. Nurses may feel more pressure to finish chores rapidly rather than interact with patients meaningfully when regulations prioritize efficiency and productivity above human elements of care. Conversely, humanized care is better facilitated by regulations that prioritize the needs of patients, foster open lines of communication, and uphold the autonomy of healthcare providers. Consequently, enhancing healthcare quality necessitates comprehending the connection between policy and practice.

Hospital administration's chosen leadership style is another critical component impacting humanized care. A supportive and interactive leadership style creates an encouraging workplace for nurses, making them feel appreciated and inspired to do their best. Leaders who excel in healthcare environments understand the significance of EQ, communication, and collaboration. In order for nurses to do their jobs well, they provide them with information, support, and direction. On the other hand, managers who are too authoritarian or inflexible may make their employees feel unsafe on the job, which in turn lowers morale and makes it harder to provide compassionate care. To close the gap between institutional objectives and patient-centered procedures, leadership is essential.

Another important factor in fostering humanized care is access to training and professional development opportunities. Nurses who participate in continuing education programs are better able to meet the unique requirements of their patients. It helps them communicate better, handle stress better, and keep their empathy in tough times. It is the responsibility of hospital administration to provide such chances and to guarantee that nurses possess the necessary interpersonal and technical skills. No nurse, no matter how well-meaning, will be able to provide comprehensive care without proper training.

The organizational and physical setting of healthcare facilities also affects the quality of service that patients and providers get. Infrastructure, equipment availability, and organizational support systems are some of the factors that impact the efficiency and quality of care. Instead of worrying about administrative tasks, nurses may concentrate on interacting with patients in a well-run facility. Humanized care, on the other hand, is impeded by poorly managed systems.

## **II. Review of Literature**

Alkhrisi, Abdulaziz et al., (2024) The last ten years have seen quality management become more popular across all industries, including healthcare. The major objective of this study is to analyze the level of quality management expertise among Saudi Arabian healthcare personnel from 2014 to 2024. In order to find research that addressed the topic of quality management awareness among healthcare workers in Saudi Arabia, we searched several databases including MEDLINE, EBSCO, Science Direct, Google Scholar, PubMed, and CINAHL. In accordance with PRISMA standards, this systematic review only included papers published between 2014 and 2024. The majority of healthcare workers throughout the country have a solid understanding of quality management and its applications. Nevertheless, a few of studies have shown that certain specialists exhibit an extremely low level of awareness. The main factors that have been found to influence quality awareness are training, backing from higher-ups, an emphasis on constant development, employee participation, and teamwork. The majority of Saudi Arabian healthcare workers are seen to have great knowledge of quality management and how it is used in the healthcare industry. However, recent research has shown that some specialists really do not grasp the most fundamental concepts.

Owolabi, Oluwaseyi et al., (2024) The ever-changing relationship between healthcare financial management and the pursuit of cost-effective treatment is the focus of this study. Technological advancements, value-based care models, and strategies for operational efficiency are all included in the study. We look at how they affect financial outcomes and regulatory compliance. Statutes like MACRA

and the Affordable Care Act regulate the regulatory environment, which in turn strongly determines financial practices. Data analytics and electronic health records are two examples of how technology is helping to improve financial efficiency. Examining financial outcomes, particularly ROI and cost-effectiveness ratios, reveals the intricate connection between budgetary restraint and better patient care. In view of persistent challenges such as resistance to change and inadequate financing, the study emphasizes the need of a well-rounded strategy by urging more research into the long-term financial consequences and the development of new payment models compatible with value-based care.

Kurti, Sllavka. (2022). The Albanian healthcare system is always changing and improving to address the issues it encounters, such as the increasing need for infrastructure and technological advancements and the competition from private medical services. Providing high-quality treatment to both medical professionals and patients is a basic human right, and this is everything done to achieve that right. The purpose of this study is to assess the level of private health care in Albania and the level of satisfaction that patients have with it. Finding and prioritizing the most essential factors impacting patient satisfaction is another goal of this research, which aims to improve service quality and boost patient pleasure. Five main features were selected for the SERVQUAL tool, which is utilized for quality evaluation: dependability, empathy, tangibles, safety, and despair. The results from the survey of 400 patients show that just four of the variables were associated with patient satisfaction. There will be more support for realistic recommendations to improve quality and increase patient satisfaction based on the results.

Sikorska, Magdalena. (2020) in cases when a patient requires medical assistance, a nurse could provide the necessary injections. She helps the doctor with patient diagnoses and treatments. The job description changes to match the changes in knowledge and the rise in expectations for health care. One indicator of the field's growth is the emergence of new nursing paradigms that prioritize the application of academic knowledge in clinical settings. The major objective of this endeavor, which sought to highlight the responsibilities and abilities of nurses, was to improve the standard of patient care. This dissertation makes use of a literature review to its advantage. The study's original research was based on a synthesis of previously published works and academic articles. Based on the analysis of the collected scientific data, nurses are vital in establishing the quality of treatment and the efficient running of the whole facility. The services offered by healthcare institutions have a direct influence on the health and lifespan of patients. Care must therefore be the primary concern of all employees, but especially of the nurses who are in constant contact with patients. In addition to their medical knowledge, patients rely on nurses for trust, reassurance, and effective communication. Those who work in nursing have had to adjust to a constantly changing industry in order to follow the newest developments and trends. The expectations of patients have also changed. The success of an endeavor depends on their satisfaction and blessing. Recurrence is inevitable for a satisfied patient.

### **III. Method**

#### **Design and Data Collection**

According to the opinions of nurses, institutional regulations are a major factor in deciding how much humanized care is feasible, according to earlier ethnographic research that sought to investigate the provision of dignified care by professional nurses. We reanalyzed the interviews from the ethnographic research and found new patterns that might shed light on the connection between policy and practice. In particular, we were interested in nurses' perspectives on how hospital administrators should encourage and support the delivery of humanized patient care.

Registered nurses working in the internal medicine departments of four provincial hospitals were the main subjects of the research. Purposive sampling was used to choose them in order to gather reliable informants who had first-hand knowledge of the topic under investigation.

Interviews lasted an average of 68 minutes. Researchers gained participants' informed permission before beginning every interview by outlining the study's goals and methods. Questions on the overarching idea of humanized care were asked in the interviews, followed by more targeted inquiries regarding the ways in which the management of healthcare facilities may impact its implementation. All participants also had their sociodemographic information gathered.

While conducting interviews, the researcher also maintained a field journal to document her findings, including any nonverbal cues shown by the participant. To keep an eye on her own biases and ensure that they didn't affect the data gathering or analysis, the researcher kept a mindset of continuous reflexivity throughout.

### **Data Analysis**

The first step in doing the inductive analysis was to compile all of the interview transcripts into a single document. As a first phase, the primary researcher and another team member look over the transcriptions many times to get a feel for the phenomena under study and to pick out key passages that will help to illustrate their points. After that, they communicated their findings to the remainder of the study group in an effort to come to a mutual understanding. The detected units of meaning were further classified and categorized into sixteen groups according to their degree of resemblance. Three main themes were derived from the six sub-themes that were discovered via further examination of these categories. Data management and organization were carried out using ATLAS.ti 7.2 for Windows.

### **Consideration of Rigor**

The standards put forward by researcher were used to guarantee rigor. As a result, the research team discussed the results and their interpretations of the data and the consistency of the emerging categories by triangulating them.

### **Ethical Considerations**

All relevant institutional approvals were acquired, and the research was approved by the ethics committee of every participating hospital. The goals of the research and the possibility to withdraw permission were communicated to participants before any data was collected. Everyone who took part in the interviews gave their written approval, which included permission to record them. The whole tape was accessible only to the lead investigator.

## **IV. Result**

**Table 1: Description of The Research Context**

S. No.	Hospital	Type of Management	No. of Beds	No. of Professionals	No. of Nurses
1	A	Private	280	920	275
2	B	Private	220	800	255
3	C	Private	110	160	60
4	D	Public	760	3300	1000

With minor differences in infrastructure and personnel, four chosen hospitals are shown in Table I as research setting. A, B, and C are privately run hospitals, but Hospital D is a public facility. Hospital A stands out among private hospitals with its 280 beds and balanced staff of 275 nurses and 920

professionals. There is a comparatively high concentration of nurses at Hospital B, which has 220 beds but only 800 professionals and 255 nurses. Out of all the private hospitals, Hospital C has the fewest resources due to its modest 110 beds, 160 doctors, and 60 nurses. However, among the publicly operated hospitals, Hospital D stands out as the biggest. In comparison to private hospitals, it has a much larger capacity and manpower, with 760 beds, 3300 professionals, and 1000 nurses. This distinction emphasizes the larger scope of public healthcare institutions. Hospitals' bed and staffing numbers vary somewhat between institutions, as shown in the table; this discrepancy could affect service quality, patient care, and overall organizational effectiveness.

Twenty nurses were surveyed, all of them were employed by medical facilities. There was a wide variety of nursing experience among the participants, from 5 to 36 years, and ages ranging from 26 to 57 (mean: 39). Out of the total, 18 were female and 2 were male. Seven of them, or 35% of the total, said they have participated in CEUs focused on upholding professional ethics.

In light of the three ways in which institutional regulations and variables impact nurses' capacity to provide humanized care, three overarching themes emerged from the data: Leading nursing teams, overseeing ethical principles, and managing the environment. Table 2 displays the three main themes, sub-themes, and categories that relate to them.

**Table 2: Aspects of Hospital Management That Influence the Delivery of Humanized Care**

Categories	Sub-themes	Themes
Patient-to-nurse ratio Distribution of human resources Staff and shift rotation	Workload	Management of nursing teams
Administrative tasks		
Recognition by hospital management Opportunities for promotion Support from line managers Work climate	Professional motivation	
Nurses' ethical values are shared by the institution Access to training in value-based practice	Institutional values	Management of ethical values
Professional values Professional experience	Professional values	
Use of care protocols Electronic medical records	Contextual facilitators	Management of the context
Speed of IT systems Interruptions	Contextual barriers	

## V. Discussion

Nurses have highlighted three areas where they may take action to promote or already contribute to the delivery of humanized care, as shown in the image. In addition, these measures have a domino effect of positive effects that extend beyond the immediate region of focus. Nurses are less likely to leave their jobs due to stress, burnout, or lack of motivation if their management supports them in taking a more compassionate approach to caring for patients. Patients gain from this because nurses who are appreciated and content in their work are more likely to provide safe and high-quality treatment. Consistent with other research, our results here demonstrate a two-way street between humanized care and contentedness in the

workplace. Furthermore, and most crucially, our findings imply that hospital administrators may accomplish the objective of cost-effectiveness while simultaneously executing plans to foster personalized healthcare.

Last but not least, it is worth noting that the nurses' perspectives mirror those of research done in other nations; hence, we feel our findings contribute to the global corpus of information on this subject.

## VI. Conclusion

The research shows that hospital administration is very important for nurses to be able to provide patients with personalized care. The leadership styles, organizational support structures, and institutional rules all have a noticeable impact on the treatment that patients get. Based on the results, it seems that nurses always struggle to practice with compassion, dignity, and empathy in the absence of sufficient staffing, appropriate allocation of resources, and supportive work conditions. Management techniques that prioritize efficiency and production restrict the ability to provide humanized care, according to the research. The study also highlights the need of patient-centered policies, ongoing professional development, and interactive leadership styles for hospital managers. As a result of these changes, the nursing staff is more likely to feel supported and encouraged in their work. Both the physical and mental health of patients should be the top priorities of healthcare facilities. The research concludes that stronger management techniques increase healthcare outcomes, nurse performance, and patient happiness.

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