

The Effect of Humanity – Driven Program for Elderly Care by Nurses in Medicine Ward, Trat Hospital

Paweena Kabsalab^{1*}, Antika Karawanich², Ladawan Chanchang³

¹ Internal Medicine Department, Trat Hospital, Trat Province, Thailand

² Nursing Department, Trat Hospital, Trat Province, Thailand

³ Research and Development Department, Trat Hospital, Trat Province, Thailand

*Corresponding Author Email: joykea6733@gmail.com

Abstract

This quasi-experimental research aimed to develop and evaluate the effectiveness of a Humanity-driven care program for elderly patients in the medical ward of Trat Hospital. The study, conducted from March to May 2024, included 15 nurses, 34 caregivers, and 34 elderly patients selected through purposive sampling. The intervention comprised a 10-activity program based on Humanity principles. Post-intervention, both nurses and caregivers showed significant knowledge improvement in elderly care ($p < .01$). Furthermore, nurses' practical abilities and satisfaction levels significantly surpassed the established benchmarks ($p < .01$). Crucially, the elderly patients' functional capacity, as measured by the Barthel Activities of Daily Living (ADL) Index, demonstrated a significant improvement ($p < .01$). This study confirms that the Humanity-driven program effectively enhances the care process by fostering engagement, thereby promoting a higher quality of nursing services and supporting sustainable practices in elderly care.

Keywords

Elderly patient Care, Humanity nursing program, Nursing outcome.

INTRODUCTION

Thailand, like many nations worldwide, is grappling with the profound healthcare challenges posed by a rapidly aging society [1]. The nation currently has the second-highest proportion of elderly citizens in ASEAN, a demographic trend that places escalating and complex demands on its healthcare infrastructure. In Trat province, this national challenge is particularly acute, with an elderly population rate of 21.18%, a figure that significantly exceeds the national average of 20.08% [2]. While advances in medicine have laudably increased longevity, they have also resulted in a higher prevalence of chronic conditions [3], leading to greater functional dependence and an intensified need for specialized care among the elderly. The conventional care model prevalent in many Thai hospitals, including Trat Hospital, is often oriented towards acute, episodic treatment and rehabilitation. This focus, while necessary, can inadvertently overlook the holistic and continuous needs that are central to high-quality geriatric care. An internal analysis conducted at Trat Hospital identified several critical deficiencies stemming from this model: the absence of a dedicated geriatric ward, a widespread lack of specialized geriatric knowledge among nursing staff, and a consequentially high average length of stay for elderly patients. Such an environment can precipitate a cascade of negative outcomes, including an increased risk of falls, the development of pressure sores, and a progressive decline in functional ability, thereby creating a cycle of dependency [4]. This situation reveals a significant problem gap: the existing

care paradigm is inadequately equipped to meet the multifaceted needs of elderly patients, leading to suboptimal health outcomes and an inefficient allocation of hospital resources.

To address these shortcomings, a fundamental shift in the care paradigm is not merely beneficial but essential. The Humanity care methodology, a philosophy rooted in recognizing and respecting the dignity of the individual, presents a promising and innovative approach. It is built upon four interconnected pillars: Gaze, to establish a human connection and acknowledge their presence; Speech, to communicate gently and continuously affirm their value; Touch, to provide comfort and establish trust; and Verticality, to help patients maintain an upright posture [5], which is fundamental to a sense of dignity and self-worth. This philosophy moves beyond task-oriented procedures to foster cooperation and mitigate patient resistance [6]. Therefore, this study was designed to develop, implement, and rigorously evaluate a Humanity-driven care program within the medical ward at Trat Hospital. The central research objective was to investigate whether this program could serve as an effective, evidence-based solution to bridge the identified gap in care, by systematically enhancing the capabilities of both professional nursing staff and family caregivers, with the ultimate goal of improving patient functional outcomes.

MATERIALS AND METHODS

This study employed a quasi-experimental, single-group pre-test/post-test design to assess the program's impact. The

ethical rights of all participants were rigorously protected; each individual provided informed consent after being fully briefed on the study's objectives, procedures, and their unconditional right to withdraw at any stage. The study formally commenced following full ethical approval from the Trat Provincial Public Health Office's Human Research Ethics Committee (Reference No. 5/2567).

Population and Sample

The study, conducted from March to May 2024, involved 15 nurses, 34 caregivers, and 34 elderly patients, selected through purposive sampling. The sample size was statistically determined using G*Power software (Version 3.1.9.7) [7] for a paired t-test, set at a significance level of $\alpha = .05$ and a power of 0.80 to ensure robust.

Research Instruments

A suite of validated instruments was utilized for data collection. The intervention instrument was the Humanity-Based Nursing Care Program itself, a 10-activity curriculum developed by the researchers that achieved a perfect content validity index (CVI) of 1.0. Data collection tools included: demographic questionnaires for all participant groups; validated knowledge tests designed to assess understanding of Humanity principles for nurses and caregivers (Cronbach's $\alpha = 0.90$); and surveys to measure practical ability (Cronbach's $\alpha = 0.95$) and satisfaction (Cronbach's $\alpha = 0.92$) using a 5-point Likert scale. Finally, patient functional status was measured using the Barthel Activities of Daily Living Index (ADL) [8], a widely recognized tool with established high reliability (Cronbach's $\alpha = 1.00$).

Table 1. The Humanity-Based Nursing Care Program for Elderly Patients consisted of 10 activities

| Program | Activities | Times |
|---|--|--------------------|
| Activity 1: Introduction to the Humanity Concept and Practice for Participating Nurses | - Group lecture & discussion | 1 day (6 hours) |
| Activity 2: Enhancing Nurses' Competency in Humanity Nursing Care | - Demonstration and Practicing of Humanity nursing care - Q & A session | 1 day (6 hours) |
| Activity 3: Improving Caregivers' Competency in Providing In-Home Humanity Care <i>Note: Training will be conducted in the hospital during the elderly patient's admission.</i> | - Introduction of the Humanity concept and practice by trained nurses - Demonstration of Humanity care by trained nurses - Return Demonstration of Humanity care by caregivers | 3 hours |
| Activity 4: Strengthening Caregivers' Competency in Providing In-Home Humanity Care | - Daily visit by trained nurses to caregivers during the elderly patient's admission to improve competency | 45–60 minutes |
| Activity 5: Program Evaluation with Caregivers Prior to Patient Discharge | - Final evaluation of caregiver's competency - Providing encouragement and motivation for in-home Humanity care - Planning for monitoring and follow up | 45–60 minutes |
| Activities 6–9: Monitoring and Follow-Up Activities | - Weekly monitoring and follow-Up via Phone - Provide support when needed | 30–45 minutes |
| Activity 10: Final program evaluation | - Evaluation of program effectiveness - Suggestions for future program implementation | 1 day |

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Data Analysis

The collected data were subjected to comprehensive statistical analysis. Descriptive statistics (frequency, percentage, mean, standard deviation) were used to summarize participant characteristics. To assess the program's effectiveness, inferential statistics including paired t-tests and One-Way Repeated Measures ANOVA were employed.

RESULTS

The program's outcomes were systematically evaluated across three interconnected domains: the service providers (nurses), the service recipients (caregivers), and the quality of service (patient outcomes). The results demonstrated positive and statistically significant improvements across all areas [9].

- **Service Providers (Nurses):** The first level of analysis focused on the nurses, whose development was foundational to the program's success. Their mean knowledge score on Humanity care principles increased significantly from a pre-program level of 11.06 to a post-program level of 14.80 ($t=5.439$, $p <$

.01). Furthermore, their self-reported ability to implement the program (mean=4.19) and their overall satisfaction (mean=4.29) were both high and significantly surpassed the pre-defined target benchmark of 3.51 ($p < .01$).

- **Service Recipients (Caregivers):** The program's positive impact extended robustly to the family caregivers. Their mean knowledge score also showed a significant improvement, rising from 8.02 to 10.64 ($t=6.262, p < .01$). Mirroring the results seen in nurses, caregivers demonstrated high levels of practical ability in applying Humanitude techniques (mean=4.11) and expressed high satisfaction with the program (mean=4.50), with both metrics significantly exceeding the established benchmark ($p < .01$).
- **Service Quality (Elderly Patients):** The most critical finding of this study, representing the ultimate goal of the intervention, was the progressive and significant improvement in the patients' functional ability. The mean Barthel ADL score, measured at three intervals, rose from a baseline of 7.68 to 12.03 after one week, and further to 14.35 after four weeks. A one-way ANOVA confirmed that these improvements over time were statistically significant ($F=44.231, p < .01$), indicating a substantial and meaningful enhancement in the patients' independence in performing daily activities.

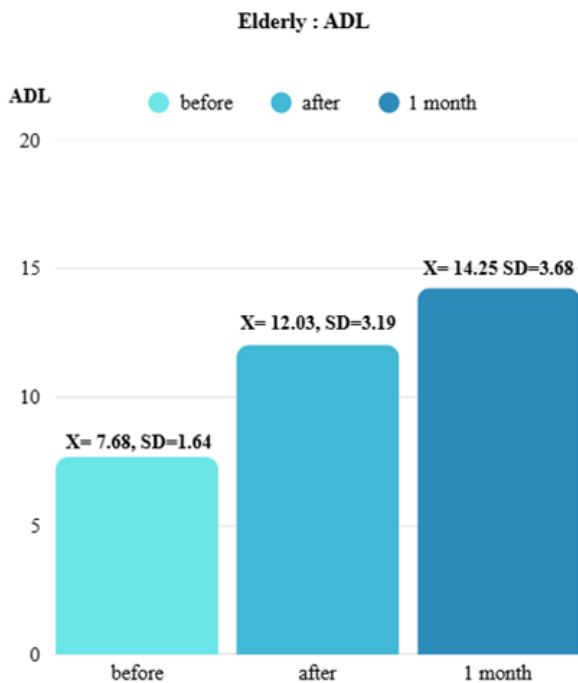


Figure 1

The mean Barthel ADL score, measured at three intervals, rose from a baseline of 7.68 to 12.03 after one week, and further to 14.35 after four weeks, were statistically significant ($F=44.231, p < .01$).

DISCUSSION

This study demonstrates that enhancing nurses' knowledge and understanding of the elderly care process based on the Humanitude concept, combined with the accurate transfer of this knowledge to caregivers, yields significant benefits. Specifically, it enables older adults to perform daily activities efficiently, improves their quality of life, and fosters positive family relationships.

Furthermore, this approach contributes directly to the improvement of quality and safety within the healthcare delivery system, emphasizing collaboration and effective communication. Consequently, the research concludes that cultivating a culture of quality and safety is crucial for every healthcare organization to: elevate service standards, build confidence among patients and the community and develop a sustainable healthcare system for the future.

Interpretation of Findings

The program's profound success can be understood as a cascade effect. It began by significantly enhancing the knowledge, skills, and confidence of the nurses (the service providers). This professional empowerment enabled them to not only improve their own practice but also to effectively train, mentor, and support the family caregivers (the service recipients), creating a competent and consistent partnership in care. This collaborative ecosystem, built on the trust and mutual respect that are central to the Humanitude philosophy, directly translated into the most critical clinical outcome: a significant and sustained improvement in the functional independence of the elderly patients themselves. Unlike traditional, task-oriented care, which can sometimes be met with resistance, the Humanitude approach works by first rebuilding the relational foundation between the caregiver and the patient. This improved relationship fosters a sense of safety and a willingness in the elderly patient to engage in daily activities, which is a vital precursor to functional improvement. This interpretation strongly resonates with the work of other researchers who have found that Humanitude care is effective in reducing agitated behaviors in patients with dementia, thereby creating a more therapeutic and conducive environment for all care activities.

Study Limitations

The researchers transparently acknowledge several methodological limitations. First, the quasi-experimental design lacks a concurrent control group, which means that while the association between the program and the positive outcomes is strong, causality cannot be definitively claimed; other confounding variables may have contributed to the results. Second, the use of purposive sampling within a single hospital setting inherently limits the generalizability of the findings to other patient populations or diverse healthcare contexts. To build upon this promising research, future studies employing more rigorous designs, such as a randomized controlled trial (RCT) across multiple healthcare centers, are recommended to provide more robust and

generalizable evidence.

Implications for Policy and Practice

Despite these limitations, the study's results carry significant and actionable implications for healthcare.

- For Hospital Policy: This study provides compelling evidence for hospital administrators to invest in Humanitude training as a high-impact, cost-effective strategy. The program has been shown to directly improve care quality and patient safety, and its focus on increasing functional independence holds the potential to reduce patients' average length of stay. We strongly recommend that Trat Hospital considers integrating this program into the standard orientation for all new nursing staff and establishing it as a core competency for geriatric care.
- For Nursing Practice: The program highlights the immense value of formally involving and empowering family caregivers as integral partners in the patient's care journey. This collaborative model not only leads to better clinical outcomes but also helps to alleviate nursing workload, improve job satisfaction, and ensure a smoother continuity of care as patients transition from hospital to home.

CONCLUSION

This study successfully demonstrated that a structured, Humanitude-driven nursing program can serve as a powerful catalyst for change in a hospital setting. It significantly enhanced the knowledge and skills of both nurses and caregivers, which in turn led to profound and measurable improvements in the functional independence of elderly patients. By addressing the fundamental human need for dignified, empathetic, and respectful connection, the program offers an effective solution to the challenges inherent in conventional geriatric care. This study provides crucial evidence from a non-Western context, demonstrating that the Humanitude philosophy is not only effective but also culturally adaptable. It offers a validated, replicable model for improving geriatric care in settings with high family involvement, providing a tangible solution for healthcare systems worldwide that are facing similar demographic challenges.

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REFERENCES

- [1] Foundation of Thai Gerontology Research and Mental Institute. Situation of the Thai elderly. Institute for Population and Social Research, Mahidol University; 2023. p. 137-147. https://www.dop.go.th/download/statistics/th1738230377-2563_1.pdf
- [2] Department of Provincial Administration, Ministry of Interior. Number of Thai nationals aged 60+ categorized by province, B.E. 2023 [Internet]. 2023 [cited 2023 Jan 12]. Available from: https://www.dop.go.th/th/statistics_page?cat=1&id=2
- [3] Adisaichakda S, Chansinthop S, Thongnueang P, Walohtae F, Adisaichakda K. The effectiveness of using a bilingual (Thai-Malay) Humanitude concept elderly care manual on knowledge, caregiver burden, and satisfaction of elderly caregivers in Mueang District, Narathiwat Province. *Journal of Naradhiwas Rajanagarindra University*. 2024; 16 (1):95-109. <https://search.tci-thailand.org/article.html?b3BlbkFydGljbGUmaWQ9NzQ2MzU5>.
- [4] Iamnak N. Standards of elderly care in hospitals. *Journal of Academic Public Health*. 2022; 31 (1):124-132. <https://thaidj.org/index.php/JHS/article/view/11763/10083>.
- [5] Gineste Y, Marescotti R, Honda M. Humanitude: A new concept and technique for family care (Ngermmuen A, translator). Bangkok: Thai Health Promotion Foundation (ThaiHealth) Healthy Learning Center; 2020.
- [6] Kobayashi M, Honda M. The effect of a multimodal comprehensive care family caregivers methodology for of people with dementia. *BMC Geriatr*. 2021; 21(434). <https://pubmed.ncbi.nlm.nih.gov/34294036/>
- [7] Faul, F., Erdfelder, E., Buchner, A., & Lang A.-G. Statistical power analyses using G*Power 3.1: Tests for correlation and regression analyses. *Behavior Research Methods*, 2009, 41(4), 1149-1160. <https://link.springer.com/article/10.3758/BRM.41.4.1149>.
- [8] Aroonsaeng P. Recording the nursing process for the elderly: From concept to practice. 3rd ed. Khon Kaen: Khlang Nana Witthaya Printing Limited Partnership; 2008.
- [9] Wutthi wong K, Lazer P. The promotion of home care for the elderly with dementia for family caregivers based on the Humanitude concept. *Journal of Nursing Science, Siam University*. 2023; 24(47):100-110. <https://search.tci-thailand.org/article.html?b3BlbkFydGljbGUmaWQ9NzQ1MDg2>.