

RESEARCH ARTICLE

WHOLISTIC HUMANIZED NURSING CARE: A MODEL FOR CULTIVATING A HUMANISTIC CARING MIND IN NURSING STUDENTS

Tassanee Krirkgulthorn, DNS, RN, Jantima K. Kheokao, PhD, Samuel Umereweneza, DrPH, MSN, RN¹, Sansanee Seetangkham, MNS, RN, Boonseub Sosome, PhD, RN

Abstract

The aim of this qualitative research was to identify the meaning of wholistic humanized nursing care, to identify the professional process of cultivating a humanistic mind, and to create the Cultivating Humanizing Nursing Care Model based on the experiences of nursing students and nurse instructors of Boromarajonani College of Nursing Saraburi. Data were collected from 3 focus group discussions, 50 nursing students, selected key informants from the 1st to 4th years, as well as 6 nursing instructors, using purposive sampling. In addition, in-depth interview from 4 instructors was conducted. The interviews data were transcribed and content analyzed. Nursing students perceived holistic humanized care as the high quality provided to patients and their families through unconditional love and compassion; competence, commitment along with empathy and sympathy, confidence and confidentiality. The nursing instructors perceived wholistic humanized care as a will to care directly for nursing students and patients, cultivate a humanistic caring mind in their students through the process of serving as role models to them, and equipping them with sufficient skills and knowledge, positive attitude toward nursing; and sustaining a close collaboration with them in preparing them to be future nurses and nursing instructors who possess a humanistic caring mind. The nursing students perceived wholistic humanized care as a way to show generosity in providing quality nursing care to their patients, and a way to care for them through understanding their feelings, attitudes and thoughts, and providing to their needs with love and compassion. In conclusion, humanized care concepts proposed by theorists are an eye opener but to realize the true meaning of the concept the students need to have hand-on experiences which can only acquire from practicum and interaction with patients, and their nursing instructors. A Model for Cultivating a Humanistic Caring Mind in Nursing Students was therefore proposed in this study, and an experimental research to test this model has been recommended.

Keywords: Wholistic care, humanized nursing care, nursing education, cultivating humanistic caring mind

Introduction

Nowadays, from different perspectives, humanization can be understood as: "Humanistic and ethical principle of conduct; Movements supporting human rights and against institutional violence in health; Movements that care of humans and respect their rights, and Care technology in healthcare systems", (Hayter M, 2010).

Caring is a major concept in nursing profession and a core competency for nurses as it is the heart of nurses' ability to work with patients providing respectful and therapeutic nursing intervention, (Grobbe & Rowe, 2014). The first efforts to conceptualize the term humanization occurred in the 1970's. This term was based on the premise that human beings have biological and physiological needs which has to be fulfilled (de Almeida &

Chaves, 2013). In order to achieve high quality of care, it is necessary for the nursing team to seek improvement and be updated in the perspective of the humanization of care, (Pontes Ferreira, Amaral and Lopes, 2016).

Humanization is an interpersonal relation between the health care team and its clients under values of respect for human being. It includes social, ethical, educational, and psychic that are present in each individual, (Intawat, Bundasak & Jangasem, 2017). It is an important process of communication in which caring can be applied to any aspect of care, including all health conditions with all age groups, diseases and politics or education. Since nurses constitute one component in health care professional's team, humanization should consist of different noble elements such as

¹ Correspondence: International Affairs Officer, Researcher and Lecturer, Boromarajonani College of Nursing Saraburi. 18/64 Tessaban 4 Road. Tambon Pakprew Saraburi, Thailand 18000; Email address: sic482010@hotmail.com

compassion, competence, knowledge, and capability of conscience, patience, spirit of sacrifice, and a sense of responsibility, (Wangthong, watsen, and Suttarangsri, 2013).

The nursing instructor who takes into account humanized care and incorporate a sense of ethics and moral into lessons will most likely motivate student's process of thinking. Together with their provision of a worthwhile experience will lead the nursing students to be competent on humanized nursing care when they become professional nurses, (Wangthong, Watsen, and Suttarangsri, 2013). The 2011-2015 strategic plan of Praboromarajchanok Institute specified the guidelines for the identification of learners and institutions in all its colleges. One important identification is about "humanized health care service", which means that all nurses and nursing students are supposed to provide their nursing services with love, compassion, concern for the problems and suffering of clients and their relatives, and provide service according to client needs by listening to their opinions. There were three indicators set to evaluate the strategy, which were service mind, analytical thinking, and participation in caring (SAP), (Kirkgulthorn, Ratchawat & Narapong, 2013).

Boromarajonani College of Nursing, Saraburi is one of the nursing colleges that are under the Praboromarajchanok Institute in which caring for patients with a generous heart is an important characteristic required of all its nursing graduates. Caring concept is always embedded in the process of teaching and learning in all nursing courses of the Nursing Science program, especially in nursing practicum. Based on behavioral theory, cognition is a major factor directed to a person's behavior. Therefore, Boromarajonani College of Nursing Saraburi produces nursing graduates who can perform professional caring tasks with a human heart. To achieve this aim, there is a collaborative effort from nursing instructors and nursing student in the learning process. The meaning of humanized care is perceived by lecturers and students, and ways to effectively cultivate this virtue within the students is the most important element in curriculum development of the Boromarajonani College of Nursing Saraburi.

Methodology

Research Design

Descriptive qualitative research design had been utilized to achieve research objectives.

Participants and Data Collection

The participants consisted of 50 nursing students and 10 nursing instructors of Boromarajonani College of Nursing, Saraburi which have been selected using purposive sampling method. The inclusion criteria used to draw the students were: 1) must be a student who currently enrolls in the undergraduate program in Boromarajonani College of Nursing Saraburi at the time of

interviewing and 2) willing to share their knowledge concerning to the research objectives, on the voluntarily basis. The student participants were recruited twice. The first recruit was during the second semester, Academic Year 2016.

Table 1. Nursing student participants distribution

Year	First Round (no.)	Second Round (no.)	Total
First	10	8	18
Second	3	4	7
Third	3	15	18
Fourth	3	4	7
Total	19	31	50

Data were also collected from 6 nursing instructors from Boromarajonani College of Nursing Saraburi using purposive sampling method and in-depth interview was used to collected data from 4 instructors. For the group of lecturers, invitation was sent to the BCNS lecturers informing of this research project. The inclusion of the participants was their experiences in using humanized care concepts in their classes. Six lecturers accepted invitation and available for focus group interview. These lecturers were representatives from 4 departments in order to get different views from various departments.

Data Analysis

The interview data were transcribed and content analyzed to answer the research questions. The transcriptions were proof read to verify the correctness and completion of the interviews. After the first analysis, the humanized care model was drawn.

Research Ethic Approval and handling ethical issues

Prior to the study, ethical approval was sought and gained from the Ethics Committee of Boromarajonani College of Nursing, Saraburi. Full written informed consent was gained prior to interviews. The participation was entirely voluntary, and emphasis was placed on the participants' rights to withdraw at any time if they wished to do so. The information sheet clearly explained that in the event of poor practice being exposed, it would be reported in accordance with the Ethics Committee of Boromarajonani College of Nursing, Saraburi, to in order to prevent any further occurrences. There was no physical or psychological harm inflicted to the participants.

Findings

The findings and discussion of this work are presented together to ensure that interpretation of the findings can be presented alongside description to provide insight into the experience of the participants (Chamberlain, 2000). The analysis of data revealed

concept of humanized care and ways to cultivate the humanistic caring in the nursing students' mind as follows: humanistic caring perceived; cultivating caring mind in nursing students and how could we teach the student?

I. Humanistic Caring Perceived

In general, people simply perceived "Caring" differently. It is a display of kindness and concern for others. The data revealed that humanized care was a shared heart between nursing instructors and nursing students to care for the patients' heart. The nursing instructors perceived humanized care as a will to care for patients. This will is the beginning of a long trail of humanized care. With a will to care for others, the others caring acts could be emerged. The nursing students perceived that humanized care is embedded in two main virtues, one is care with generosity and the other one is having a "heart of human" to gain understanding of patient's sufferings and to alleviate those sufferings. The concept could be summarized in Figure 1.

How could three hearts work together?

The participants perceived the humanized care in nursing profession as a combination of three hearts: nursing instructor, nursing student and the patient. These three hearts synergistically work together to achieve an optimum wellbeing of a patient. For the nursing students, humanized care viewed as a way to show generosity to patients by caring for them like their own family members. Asking to clarify the meaning of generosity, one of the nursing students said that "...for me, I think humanized care is the best care, generosity care, their heart our heart like we are caring for our own family member, like we care for our mother or father" (2FS31).

What is a "heart" of human?

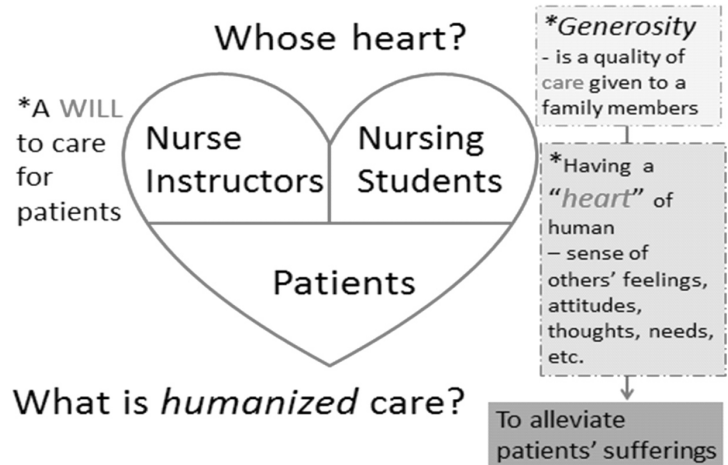
To have "heart of human" means that person takes into consideration others' hearts, feelings, attitudes, thoughts, needs, etc. All these actions enable the nurse to alleviate patients' sufferings:

"...it seems like giving heart to heart care. How we want to be cared for, we give that kind of care to others. When people go to the hospital, it already is a bad situation...if they receive bad service, it makes it even worse...so as nurses, we have to give good care or take good care of the patients..." (3FS33).

A couple more of junior female nursing student added:

"...humanized care understands patients, have the same mind with patients, think like the patients, perceives what patients want..." (3FS37) and *"...even the people get sick they are still human,*

Figure 1. A Shared Heart of humanistic Care Model

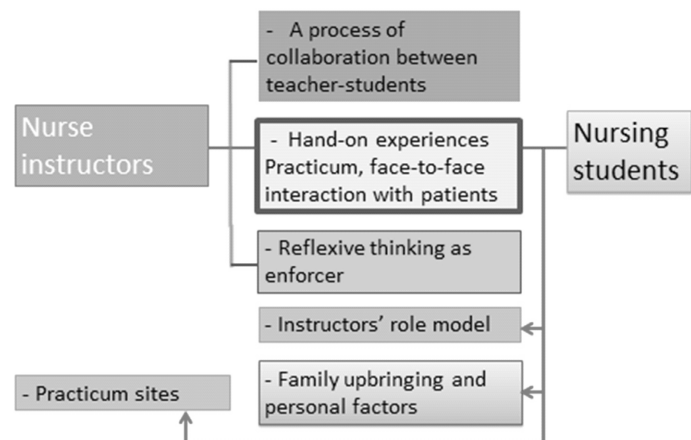


not an object...when we do something (care) to them we have to think about their heart...if we want to give any nursing care, we have to think about their feelings... they are intertwined... will they get hurt?..." (3FS34)

II. Cultivating caring mind in nursing students

All participants agreed that it is possible to cultivate a caring mind in nursing students. From the instructor point of view, cultivating a humanistic caring mind to the nursing students is a process of collaboration between the teachers and students. Both, instructor and students agreed that humanized care concepts proposed by theorists are eye opener to realize the true meaning of the concept. The students need to have hand-on experiences which can only acquire from practicum and interaction with patients. The instructor also reiterated that reflective thinking activities after the students finish practicum session reinforced the understanding of the virtue, appreciated the perspectives of caring in their fullest sense. The students admitted that teachers' humanized care given to them increases their humanistic caring inspiration with responsibility in the search for the care quality. The cultivation process is shown in Figure 2.

Figure 2. Cultivation of Humanistic Care Mind Model



Humanistic mind is a synergistic work of teacher-student endeavor involving different factors from theory into practices, and learning from best practices. In nursing students' opinions, factors that influence humanized care mind included families, practicum sites, physical and psychological status, and best practice model. A 3rd year female nursing student said: "...theory gives us just an understanding of only a part of it (humanized care), unlike hands-on experiences. In practice, we can see clearer." (2FS36). Another male nursing student also added that

"...it (Humanized care) was cultivated and naturally came out, at the beginning when we studied the theory, like a law subject, it gave us better understanding as we studied more and as we practiced...As we understood better (Humanized care,) it made me realized that providing nursing care with a human heart comes in different ways not only in legal perspective, not only doing no harm to patient, not only protecting patient's right, but we have to take in to consideration the patient's heart and mind..." (2MS32).

The students emphasized that the best way to learn and practice humanized care is from hand-on experiences and lesson learned from nurse instructors. A 3rd year female nursing student in the third focus group said that:

"...when we practiced in the lab (nursing fundamental laboratory) our teacher told us to talk with the mannequin like we are talking with a real patient. Just like when we insert a urine catheter, we have to ask or inform the mannequin 'do you feel pain?', you may feel little pain'....but it is not the same in real situations in the ward,.. with the mannequin we can do anything because it has no feeling, but with the real patient, they can speak, they can tell, we can see pain from their facial expressions, from their eyes. Someone may be in an unconscious condition, but their body can respond to pain and we can see that, so we have been absorbed all those, we have to talk with the patients, understand them (patients)...it becomes a habit and it comes out automatically..." (3FS37)

Learning from the role-model

Best practice as role-model is also crucial cultivating factor. Having a best practice role-model is essential to cultivate a humanized care for the nursing students such as from the nursing teacher, nurse supervisor and doctor who practice the humanized care. Witnessing these behaviors encouraging the students, they can gradually learn, absorb, and adapt these best practices into their own practices later on. Not only the best practices but also the negative practices were observed. The medical treatment that the student considers inappropriate, such as words or gestures that express disrespect, saying impolite word to patients and relatives could make students learn that things should not be done and not put into practice.

The 3rd year female student talked about following the best practice from their role-model,

"One of nurses in the ward is very nice. She speaks with patient's relatives very well...she always empowers the patients, always notifies patients on what she is going to do, she never complains...when I saw what she did, I think when I become a nurse, I would like to be like her" (4FS31)".

Likewise, one student mentioned about good role-model she learned from doctor in the ward:

"...The physician is also our good model...there is a surgeon who is always mindful of the patient, cares on how patients feel... when he was suturing the surgical wound, he kept asking, 'is the patient frightened?'. If she wakes up and see the wound's condition, he tries to make the wound look well even he knows the patient will not live much long" (FS37)

Family upbringing and students' physical and psychological status

It was found that family upbringing and students' physical and psychological status are also essential factors to cultivate humanized care service-minded for nursing students. Those who can provide humanized nursing care must have a tender heart which include gentleness, be kind and sympathetic to others. These characteristics are collectively groomed by the family. A male student nurse said that "...my mother taught me that don't treat a living person like a dead person...It means don't care for a patient like they are dead..." (3MS31). This means a sick person also has dignity deserve to be treated like normal person.

As far as physical and psychological situation of the students are concerned, most nursing students reported that physical and psychological factors were also critical to service care competency and attention to care. If the student nurses are sick, weak, or lack rest, their competencies and efficiencies decrease. Third year male nursing students claim,

"...physical health is also important...if we are tired, it is deteriorating... just want to finish it and be over with...done...It doesn't matter with the quality...decreasing attentiveness..." (3MS32) and "...like when I was reprimanded by a teacher or supervisor first thing in the morning, I will feel bad...my enthusiasm decreased... felt low...didn't want to work...cannot fully function..." (4FS34)

Practicum site matters.

It was also found that characteristic of the practicum sites is also a promoting factor in the cultivation process. These factors cover several aspects concerning physical and psychological aspects. These are number of patients, jobs on hand, relationships with

the patients, patients' relatives and on-duty staffs. All factors can affect humanized care service provided. Overload works forced the nurses to speed up all works resulting in less attention paid to details and quality of cares. In some cases, the patients' relatives dislike the student nurses to care for their love ones and never hesitate to express their bad feelings and distrusts that increase student nurses' nervousness and gradually avoidance. The strain relationships with the staffs in ward also discourage the student nurses to come to the ward, hesitate to ask for any unclear issues/problems concerning nursing cares or other related issues. Devotion to work and practicum are likely lessening. One female student from the 3rd year indicated her willingness to care for the patient, "...seeing the willingness from the patient to let me care for their love one is a kind of encouragement...I gain my confidence to care (them) and willing to do my best to care..." (4FS37).

Likewise, a male student nurse also supports this notion. He said,

"...patient is also a reason... I wanted to give them the best care, equally, to everyone but some patients were reluctant...don't want me to care...no response to my question, turn their face away... this is discouraging...but if the patient happily talk, willing with our cares... I am very happy to care for them, especially the elderly patient with no relatives...I pity them...seeing this I want to care for them wholeheartedly... want to care, want to talk and frequently visit them to talk and to cheer them up" (3MS31)

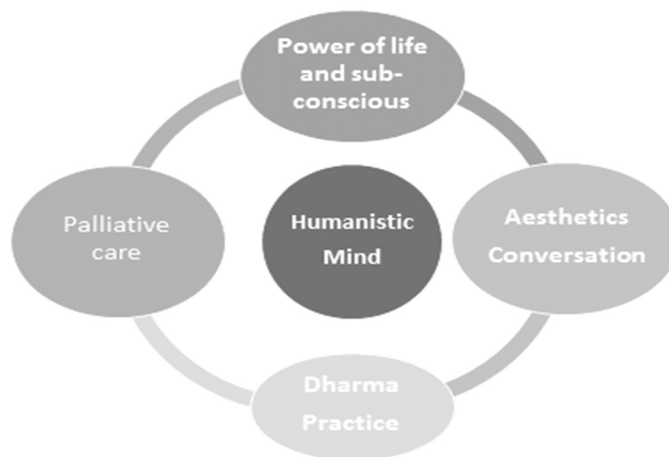
Another positive comment from third year female student,

"...good practicum site encourages us to work, to practice more...work as a team, helping each other's...if the working environment is good, we feel energized... active... feeling good...having supporting hands..." (4FS31).

III. How could we teach the student?

Besides being a collaboration process between teacher-student, teaching is not only an art but also a scientific strategy which involves curriculum design and reinforcement. As mentioned by one lecturer, the curriculum is an important factor that influence humanized care mind in nursing students, thus, the humanized care concept has to be discussed in classes and practices: "...For me...myself, I start teaching it (humanized care) in nursing theory subject, give them the basic of this concept before they study other 8 nursing subject" (1FT1).

It means that cultivation is a recurring and dynamic process. It was found that reflexive thinking is a crucial reinforcement to strengthen humanistic care mind. This is not an easy task and involving intertwining of factor mentioned above. No fix model could be formulated. However, interviewing data reveal a showcase from one lecturer who develop a lesson plan and successfully, more or less implemented her model.



Source: Mantana made the summarized model above based on her experienced of preparing the 3rd year nursing students about humanized care before the start of the practicum course in the 2013 academic year.

Discussion

Figure 1 shows that there is a heart that represents a humanistic caring mind which is from nursing instructors and nursing students. In the same heart, the patient is in the center. The patient, is very important person in this diagram, because nursing instructors cultivate all possible knowledge, skills, and positive attitude in students, so that they can provide a high-quality nursing care to patients without any conditions, respecting them and their rights as human beings. Louise Bramley (2014) stated that compassion is a fundamental part of nursing care. Individually, nurses have a duty to care and show compassion to patient, and provide emotional support to them. Humanized nursing care is understanding patients' needs and sufferings. In this perspective, nursing instructors and nursing students are willing to provide a humanistic care with generosity extended not only to the individual patients, but also to their family members, and their significant others. Through humanistic caring mind and proper understanding of patients' feelings, needs, attitudes and thoughts, nursing instructors and students can alleviate human sufferings. Some strategies used to cultivate humanistic care are: keeping patients' company for the longest time and caring for them. In this respect, practicing loving kindness, initiating faith and hope, having sensitivity to indicators of disease, improvement of healing environment, and communication arts make people understand why nurses and nursing students are considered as the symbol of angel. De-Ying (2016). Through the process of collaboration between nursing instructors and students, a reflective thinking is used to provide hands-on experiences to patients.

While nursing students are a receptive and fertile ground, nursing instructors always serve as excellent role models to their students. Cultivation of a Wholistic Humanistic Care in diagram 3.

In the diagram nursing instructors and students with humanistic caring mind use their wholistic care to their patients who come to them in unhappy state of mind, with a range of different problems and needs including acute and chronic illnesses, disability, and mental health, socio-psychological, economic or spiritual problems. In this wholistic care, nursing instructors and patients put the patient in the center of care, while considering him/her as a human being with 4 dimensions of health namely: physical, social, mental, and spiritual. By caring for the patient according to the four dimensions of health, the nursing care becomes complete (Lamont, 1997; Dewar, Pullin & Tocheris, 2011). The strategies for cultivating wholistic humanized care, involves caring with love, empathy, sympathy, compassion and confidentiality, and competence. This wholistic care is extended to the family members of the patients, significant others, and other community groups. In this respect, the care leads to better or happy outcome. Noble qualities such as compassion, love, empathy, sympathy, commitment, and confidence are closely aligned to the broader concept of conveying care within nursing practice, (Bramley, 2014).

Conclusion

It is concluded that the nursing professionals described care humanization as a practice of all professionals, based on a professional/client relation, includes personal characteristics, looks at the needs, involves dialogue, attentive listening, holistic view, empathy, moral and ethical values and includes subjective issues like love, thinking, the valuation of the being, bonding, attention, wanting, understanding and kindness. In summary, it is providing a wholistic humanized care with all the moral values along with the highest good qualities from an excellent human being. This is contrary to the non-humanization nursing care which provides mechanical act, treating the disease and not the human being, with a lack of communication, only acting based on technique, the exhaustive hour load, institutional problems, problems related to material resources and evidencing technology. It can be summarized that humanized care could be cultivated under conscious collaboration and good relationship. The findings highlighted two notions proposed by Jean Watson's humanized care nursing practice: humanized care 1) cultivate one's own spiritual practices with comprehension of interconnectedness that goes beyond the individual, and 2) engage in genuine teaching-learning experiences that arise from an understanding of interconnectedness.)

Recommendations

In the light of the findings in this study, it is proposed that this wholistic Model for Cultivating a Humanistic Caring Mind in Nursing Students" be tested, used acknowledged in nursing education and practice. Conducts that do not included wholistic humanized care should be extinguished, such as those related to the valuation of procedures, mere "know-how". A curriculum

mapping should be reviewed to ensure that each subject has included activities that are conducive to humanize care development in the students' mind. Much as reflexive thinking is an instrumental to enforce the students' humanized care mind, this activity should be made compulsory and regularly conducted. The instructor as role model who inspires students, undergoes a training on humanized care concept to ensure the consistency of role model behavior which could continuously guide the nursing students' humanized care mind. For future enhancement of the proposed model, an experimental research design can be explored.

References

- Chamberlain K (2000) Methodology and qualitative health research. *Journal of Health Psychology* 5, 285–296.
- de Almeida, D. V., & Chaves, E. C. (2013). Teaching humanization in undergraduate nursing course subjects. *Invest Educ Enferm*, 31(1), 44–53.
- De-Ying Hu b, Jiao He, Yi-Lan Liu b, Li-Fen Wu a, Lian Liu a (2016). *Chinese Nursing Research*. 3, 45–47.
- Grobbe, C. C., & Rowe, L. (2014). Exploring Pre-Nursing Students' Perceptions of Caring and Nursing: A Phenomenological Study. *International Journal for Human Caring*, 18(1), 8–16.
- Hayter M (2010) Editorial: researching sensitive issues. *Journal of Clinical Nursing* 19, 2079–2080.
- Intawat, J., Bundasak, T., & Jangasem, N. (2017). The humanized care paradigm :The chapter of giladhamma camp. *Journal of MCU Peace Studies*, 5(2), 381–392.
- Kret DD (2011) The qualities of a compassionate nurse according to the perceptions of medical-surgical patients. *Medsurg Nursing* 20, 29–36.
- Kirkgulthorn, T., Ratchawat, P. & Narapong, W., (2013). Utilizing of evidenced based pedagogy towards graduate identity at Boromarajonani College of Nursing, Sarabury. *EAU Heritage Journal*. 7(2), 108.
- Lamont, C. (1997). *The philosophy of humanism*, 8th Ed. Amherst, NY: Humanist Press
- Louse Bramley. (2014). *Journal of Clinical Nursing*. Volume 23, Issue 19–20, Pages 2790–2799
- Pontes Ferreira, J. H., Freitas do Amaral, J. J., & Coelho Oliveira Lopes, M. M. (2016). Nursing team and promotion of humanized care in a neonatal unit. *Revista Da Rede De Enfermagem Do Nordeste*, 17(6), 741–749. doi:10.15253/2175-6783.2016000600003
- Salazar OA, B. (2015). Humanized care: A relationship of familiarity and affectivity. *Invest Educ Enferm*. 33(1):17–27.
- The Holy Bible, New International Version®, Niv® Copyright © 1973, 1978, 1984, 2011 By Biblica®.
- Todres, L., Galvin, K.T., & Holloway, I. (2009). The humanization of healthcare: A value framework for qualitative research. *International Journal of Qualitative Studies on Health and Well-being*, 4, 68–77.
- Wangthong, A., Watsen, T., & Suttarangsri, W. (2013). Clients' Perspectives on Humanized Nursing Care within a Multicultural Context: A Case Study of Nongjok District, Pattani Province. *Nursing Journal of the Ministry of Public Health*. Retrieved December 18, 2017, from <http://km-bcns.blogspot.com/2013/>

ABOUT THE AUTHORS



Tassanee Krirkgulthorn, RN, D.N.S. is the director of Boromarajonani College of Nursing, Saraburi Thailand. She holds a Doctorate degree in nursing science. Her specialty is Chronic Care and Elderly Nursing. Her research interests include self-care and self-management for chronically ill patients, health promotion intervention for the elderly, and nursing education focusing on evidence-based nursing.



Associate Professor Dr. Jantima Kheokao received her PhD in Communication from the University of the Philippines and other degrees in the fields of Political Sciences, Law, Library and Information Sciences, as well as a certificate in marketing and branding from New York University. She is a director of PhD Program in Marketing Communication at the School of Communication Arts, University of the Thai Chamber of Commerce. Her research interests include public relations, branding, marketing communication and health information. She is actively involved in public opinion research where she serves as President of the Asian Network for Public Opinion Research (ANPOR) and eHealth literacy.



Samuel Umereweneza, MSN, RN, DrPH, is currently a Lecturer at Boromarajonani College of Nursing Saraburi. He holds a doctorate degree in Public Health, major in Preventive Health Care, from the Adventist University of the Philippines and a Master of Science in Nursing, major in Medical-Surgical Nursing, with speciality in nursing administration and nursing education. His research interest is on lifestyle diseases, chronic diseases, and academic and clinical stress of nursing students.



Sansanee Seetangkham, RN, M.N.S., is currently a nursing instructor at Boromarajonani College of Nursing, Saraburi Thailand. She holds a master's degree of Community Nurse Practitioner and specializing in community nursing and elderly health care in community. Her research interests include health care in aging society, and community participation in health care.



Boonseub Sosome, RN, Ph.D., is currently a senior professional lecturer Boromarajonani College of Nursing, Phraputtabaht. Thailand. She holds a doctor of philosophy (PhD) in nursing, and a bachelor of science in nursing. She has taught courses on Basic Concept Principal of Nursing, Midwife, Maternal and newborn Nursing, Nursing Research, and Family and Community Nursing Care.

To do what
nobody else
will do, in a
way that
nobody else
can, in spite
of all we go
through; is to
be a
NURSE.

- Rawsi Williams