Humanism as an Educational Philosophy

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In nursing education, the philosophy of humanism has been the subject of much discourse. Many experts in the field see humanism as part of the natural change of nursing philosophy, which is able to better suit a multicultural population with varying needs (Mullholland, 1994). As stated in Billings and Halstead (2009), “The primary concern with humanism as an educational theory is the autonomy and dignity of human beings” (p.112). Humanism stems from existentialism, which focused much of its efforts on, “uplifting the place of the individual’s role of personal choice and commitment” (Billings & Halstead, 2009, p.112).

Educators who believe in the humanist philosophy of education create an environment where the student is primarily responsible for learning, emphasizing freedom of choice with regards to the learning process. The student is the director of learning, while the educator serves as a facilitator or “guide”. The educator seeks to maximize the student’s personal growth and support the student in becoming a mature human being, while at the same time taking care to be non-authoritarian in their methods which creates a liberating learning environment for the student. The educator also assists the student in becoming “self-actualized”, which Maslow defines as, “the full use and exploitation of talents, capacities, potentialities, etc.” (Maslow, 1954, p.150).

Humanist nursing curriculums should provide opportunities for the student to learn through a multitude of experiences and reflect upon them thoroughly, resulting in the development of self knowledge (Billings & Halstead, 2009, p.111). The overarching goal of the humanistic educational philosophy is to assist the learner in realizing and maximizing their true potential (Billings & Halstead, 2009).

The metaphysical implications in the humanistic philosophy vary from more traditional educational philosophies. In medicine, what is real is empirical evidence. Objective assessments by the practitioner are considered reality versus the subjective. However, in humanism the
subjective and what exists in the mind is considered reality. As stated earlier, humanism has its roots in existentialism in which they, “seek to find personal meaning in a world of impersonal thought” in a secular manner (Billings & Halstead, 2009, p.112). In humanism, reality is based on feelings and experiences of humans. The meaning that the person obtains in certain experiences is considered the ultimate reality. Personal meaning and subjectivity could be considered vague and hazy to some, but this is reality and the primary concern of humanists (Playle, 1995). Therefore, “reality is in the individual” (Bevis, 1989). Much importance is placed upon freedom of choice in the existentialist/humanistic philosophy (Billings & Halstead, 2009). This would lead one to believe that such philosophers would not consider concepts such as fate or karma as real.

Knowledge in the humanistic philosophy is gained through experiences which, “illuminate the values and meanings central to each person’s life world” (Kleiman, 2007, p.210). Phenomenological methods such as self reflection help the learner recognize what is true central to their personal beliefs and values (Kleiman, 2007). In research, humanists do not engage in quantitative studies but rather they want to explore the lived experience of humans taking a phenomenological approach to research and gaining knowledge (Traynor, 2008). Contrary to traditional educational philosophies, knowledge in the humanistic philosophy is gained by experience using both cognitive and affective processes (Scanlon, 2006). The philosophy of humanism has been subjected to many epistemological criticisms. Humanistic research (mainly qualitative) has been said to lack rigor, therefore truth. Some critics of humanism describe it as an, “attempt to sharply differentiate the profession from medicine, and later, managerialism, which have been represented as reductionist and failing to adequately respond to the whole
patient” (Traynor, 2008, p.1560). Traynor (2008) goes on to say that the ambiguity of the humanistic model does not leave the nurse accountable for providing quality patient care.

The axiological components of the humanistic philosophy are compassionate and respectful interpersonal interactions. In the humanistic philosophy, the optimal characteristics which a nurse should possess clearly identified. Kleiman (2007) states, “The tenets of humanism illuminate the value of and individual and the responsibility that human beings have toward one another” (p. 209). A nurse should be caring and compassionate when interacting with patients, coworkers and others. Nurses should also be empathetic and sensitive to patients while treating them with dignity and respect. These professional attributes are paramount in a humanistic nursing philosophy and are considered good for patients, coworkers and all human beings. By interacting with others in this way, the outcome should be a “favorable effect” on patients and colleagues, as well as the student as they achieve self gratification (Kleiman, 2007, p.212).

As of late, there has been a push towards humanistic educational models. Kleiman argues that, “The humanistic teaching method can be used as a template for teachers of all levels of students in various courses to help create a balance between scientific and technical aspects of nursing and the even important human-centered aspects, which illuminate the primordial nature of nursing” (2007, p.213). Humanism encourages learning through experience and doing. Methods such as journaling have been used which focus on reflection, allowing the student to, “search for personal meaning in human existence” (Billings & Halstead, 2009, p.113). Much research and commentary is available concerning “the curriculum revolution”, which calls for a shift from the behaviorist paradigm to a more caring centered model. Bevis (1993) states, “The underlying problem is that both education and practice are driven by behaviorism, a closed and limiting theoretical base which is oppressive, supports authoritarianism and denies the existence
of anything that is not observable” (p.56). She claims that these traditional educational nursing philosophies stifle creativity, and produce immature students (Bevis, 1993). She pushes for a “nursing educational revolution” that will make caring the center of nursing, which is humanistic in nature (Bevis, 1993). Some think that the humanist philosophy was adopted by nursing as a backlash to the medical model and behaviorist paradigms. Humanism in nursing attempts to distinguish its self from the medical model as well as behaviorist paradigms nurses are prepared to deliver care that is often characterized as impersonal and mechanical (Traynor, 2009).

Several major universities have shown a humanistic influence in their curriculums and programs. At the University of Pennsylvania in the Teacher Education Program, they stress the importance of education being student centered and that the student is “willing and able to be responsible for their own learning” (http://www.nursing.upenn.edu/teachered/Pages/Philosophy.aspx). This shares certain concepts from the humanistic philosophy such as, the educator acting as a facilitator of learning as well as freedom of choice for the students with regards to the learning process. Also sharing the humanistic philosophy is the University Of Virginia School Of Nursing. On its website they clearly state, “The faculty believes that education is based on humanistic approaches that foster critical thinking and promote awareness of social and cultural diversity among individuals” (http://www.nursing.virginia.edu/about/mission/). The site also stresses that the student is the party responsible in the learning process, while the teacher acts as the facilitator which is a major theme in the humanistic educational philosophy.

While the humanistic philosophy seems to be a perfect fit for nursing education and caring centered care, it does have some critics with relevant concerns. Also, the educational model allows students to conduct the pace of their learning without objectives, which can result
in the student lacking direction (Scanlon, 2006). Educators can consider implementing aspects of the humanistic philosophy into their curriculums because the collaborative relationship between student and teacher will help students mature to be confident and better able to collaborate with a multidisciplinary team (Bevis, 1993). Educators should consider utilizing this philosophy when dealing with graduate level students as well as mature adult learners where responsibility for learning and evaluation of outcomes lie within the person. We can expect to see this philosophy utilized frequently due to the “curriculum revolution” in nursing education as well as an increased emphasis on caring and empathy.
References


http://www.nursing.upenn.edu/teachered/Pages/Philosophy.aspx


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