In the 1970s, the field of medical humanities developed and included ethics, literature, history, integrative medicine, and other topics, most often described from a physician’s perspective. During this same period of revolutionary changes in health care, nursing curricula did not seek to emphasize content in humanities, perhaps because stereotypical views of nursing as the “caring profession” made such coursework seem redundant. In 2001, as a result of the Institute of Medicine’s call for all health professionals to be educated in interdisciplinary teams, there was a new focus on the importance of interdisciplinary education. Collaborative experiences in the humanities can foster professional relationships that lead to professional growth, promote collaboration, and enhance patient-centered care. The purpose of this article is to describe the relevance of humanities to the interdisciplinary education and practice of health care providers. This article extends the thinking about the value of interdisciplinary education beyond the traditional dimensions of evidence-based practice, quality improvement, and informatics to humanities. Ways to provide nurses and physicians with interdisciplinary humanistic experiences are illustrated through an overview of projects jointly developed by the School of Nursing and the College of Medicine at The Pennsylvania State University. (Index words: Humanities; Interdisciplinary; Physicians; Nursing) J Prof Nurs 23:174–9, 2007. © 2007 Elsevier Inc. All rights reserved.

**Humanities and Health Care**

In the 1960s, as medical technology expanded, a paradigm shift in the delivery of health care occurred. No longer was the physician–patient or nurse–patient relationship central to the healing process as subspecialized experts and layers of equipment and documentation came between professionals and those for whom they cared. As health care became more procedure oriented and driven by technology and specialization, hospital costs increased. Rogers (1975) referred to this problem of reconciling the concern for the welfare of people with the scientific and technological requirements of medicine as the challenge of the century for young health care providers.

The term humanistic medicine was formulated to remind physicians that they needed to be compassionate and empathic, perhaps as a consequence of changes in the 1970s that revolutionized the practice of medicine (Little, 2002). Although the practice of nursing was also profoundly affected by those same changes in the health care delivery system, little, if any, discussion of the need for “humanistic nursing” occurred. Nursing curricula of the 1970s included experiences in the humanistic care of patients, but content specific to the humanities was clearly that which comprised the general education requirements of the degree. Consequently, the early
focus of medical humanities was largely shaped by physician education.

Humanities is traditionally defined as studies intended to provide general knowledge and intellectual skills (rather than occupational or professional skills) (Farlex Inc., 2005). Pellegrino (1979) offers a more specific definition of humanism as it relates to patient care:

Humanism encompasses a spirit of sincere concern for the centrality of human values in every aspect of professional activity. This concern focuses on the respect for freedom, dignity, worth and belief systems of the individual person; and it implies a sensitive, non-humiliating, and empathetic way of helping with some problem or need. (p. 118)

Interdisciplinary Health Education
There has never been another time in health care that has seen the rapid growth in knowledge and technology that we have witnessed over the last 50 years (Kohn, Corrigan, & Donaldson, 2000). However, the system as it is today falls short of translating that knowledge into clinical practice and applying it safely and appropriately (Kohn et al., 2000). “If the health care system cannot consistently deliver today's science and technology, we may conclude that it is even less prepared to respond to the extraordinary scientific advances that will surely emerge during the first half of the 21st century (Committee on Quality of Health Care in America, Institute of Medicine, 2001, p. 3).

The Institute of Medicine’s 2001 report titled Health Professions Education: A Bridge to Quality (Committee on the Health Professions Education Summit Board on Health Care Services, 2003, hereafter CHPE) calls for changes in the traditional way health care providers are educated. These changes are important to the long-term goals of improved quality, decreased costs, and decreased error rates. The Institute of Medicine's vision statement from the report is “All health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidenced-based practice, quality improvement approaches, and informatics” (p. 3). Incorporation of "teamwork" into the delivery of health care is one facet of a multifaceted approach to decreasing error rates and costs as well as improving the quality of health care (CHPE, 2003). With the increasing complexity of patients and the increased chronicity of disease, the need to rely on interdisciplinary teams to provide care will grow (CHPE, 2003).

Humanities in the Nursing Curricula
The inclusion of humanities in nursing curricula goes back to the early days of nursing education. Humanities were included so that graduates of nursing programs could respond to and change in a competitive health care delivery system. In order to prepare truly educated, compassionate and socially conscious nurses, a founda-

tion in the liberal arts was essential. A focus solely in the scientific and technical aspects of nursing education was necessary but insufficient to prepare the kind of nurse who focuses on the complexity of the human experience. Donaldson (1983) suggests that without the humanistic perspective of nursing, the uniqueness and justification of the existence of the nursing discipline is lost. The nursing curricula need to emphasize the broad interrelationships between nursing aesthetics and caring attitudes and empirical knowledge required to practice quality health care and human care (Hermann & Wright, 2002; Smith et al., 2004). In short, it is the appreciation of the art of nursing woven together with the application of the science that prepares the practitioner for the challenges and rewards of nursing practice.

Once labeled the “caring profession” (Boykin & Schoenhofer, 1993; Dyson, 1997; Morse, Solberg, Neander, Bottorff, & Johnson, 1990), some nurses now complain they are little more than paper pushers. With the shift away from the bedside and toward the computer monitor, burnout among nurses has skyrocketed (Aiken, Clarke, Sloane, Sochalski, & Silver, 2002). Bruderle and Valiga (2001) suggest that new approaches are needed to educate nurses to avoid burnout and to function effectively in the current health care environment. They advocate inclusion of the arts and humanities to both encourage creativity and move nursing students away from dualistic, black-and-white thinking.

Given the importance of humanities in the nursing curricula and the long history of its integration into nursing educational programs, why now has there been an erosion of humanities education in current nursing programs? The most significant reason for the reduction of humanities content in nursing curricula has been an explosion of knowledge in the science of health care. Curriculum directors of undergraduate programs have to decide how to spend the student credit hours in their programs. If we just look at the information we know about genetics and its impact on health and illness today compared with 10 years ago, the amount of time needed to spend on this content area has increased dramatically. And genetics is just one area in which there have been huge scientific advances. Add to this the advances made in the technology that supports health care delivery or the pharmacological advances that impact health and illness. Given that the undergraduate curriculum is limited in number of credits in most universities, curriculum directors have focused on the science of nursing while sacrificing the content in the humanities.

In the 1980s, nursing curricula moved from a block curriculum to an integrated curriculum approach. In the integrated curriculum, students were exposed to concepts and principles of nursing rather that a focused setting or population for practice. At times, this resulted in difficulty identifying where elements of the curriculum were being taught without an extensive and exhaustive content analysis of the curriculum. During the integrated curriculum phase of nursing education, there may have
been humanities concepts included in the curriculum, but it was not obvious from an external review.

A final reason why humanities education has eroded in the curriculum might be found in the perspective of humanities education by some nursing faculty. In an editorial by Davis (2003) entitled “Nursing Humanities: The Time Has Come,” she recounts a conversation with a nursing instructor about her contributions to humanities education in the medical school. Ms. Davis asked why she does not teach a similar course for nurses in the nursing school. The nursing faculty responded “Medical students need to be sensitized; nursing students are already empathetic. Wouldn’t studying the softer aspects of nursing reverse the hard won gain in respect that nursing has made in the eyes of physicians and patients” (p. 13).

Humanities in the nursing curriculum has never been more important than it is today. As health care becomes more and more complex and the allocation of resources becomes more challenging, the need to have a full appreciation of the human existence is paramount. Nurses need to find ways to preserve caring connections with patients and other professionals in a work climate that is increasingly complex and impersonal.

Medical Humanities and Education of Physicians

In 1967, George T. Harrell, MD, founding dean of The Pennsylvania State College of Medicine, developed an innovative medical school curriculum that was the first in the country to include a Department of Humanities. Dean Harrell wrote:

> Diagnosis, medical care and clinical judgment function in a cultural context that embraces the complexity of man's world, his values, and his historical legacy.... Our primary objective is to help educate physicians who see medical practice in a context that is comprehensive—that emphasizes and enlightens, rather than avoids, the rich complexities of man, his society, and his heritage. (Harrell, 1974)

An early discussion of how humanities apply to medicine was provided in the introduction to the first medical humanities course offered at The Pennsylvania State University College of Medicine. Barnard, Dayringer, and Cassel (1995) wrote:

> Over the years, the humanities at Hershey have consisted of the disciplines of history, literature, religious studies, philosophy, anthropology, ethics, and law. The methodologies of these disciplines are complementary to those of the biomedical sciences—different, but equally relevant to the work of the practicing physician. The medical humanities explore questions of value and meaning in and around medicine. They address, for example, the patient's experience of illness; social and cultural contexts of sickness and healing; the development of the medical profession and its relationship to society; and moral dimensions of the physician–patient relationship. (p. 807)

Throughout the 1970s, the number of medical schools with course content devoted to human values grew from 11 in 1972 to 65 in 1976 (Pellegrino, 1979). Many of those having a slant toward bioethics incorporated a wider range of humanities-based topics in their curricula over time (McElhinney & Pellegrino, 1981). In 1976, Human Values Teaching Programs for the Health Professions was published for the third time by the Institute on Human Values in Medicine. This document described 29 medical schools where some aspect of human values or the humanities were taught (McElhinney & Pellegrino, 1981). During this same time, The Society for Health and Human Values was founded to look at the integration of human values in medical education.

In 1988, the Arnold P. Gold Foundation was founded with a focus on:

Fostering the values and behaviors that reflect humanism: traits such as empathy, respect, caring, integrity and service. We concentrated on changing behaviors. Our intention was to collaborate with medical schools in order to foster humanism in the medical culture (transform the culture of medical education) and help to educate humanistic physicians (Arnold P. Gold Foundation, 1988).

Initially, medical ethics was the dominant focus of medical humanities, but gradually, other foci such as medical narratives (Charon, 2004), arts and healing (Malchiodi, 1999), and spirituality (Fortin & Barnett, 2004) were included. In 2003, the interest in medical humanities had expanded so greatly that the journal Academic Medicine devoted an entire issue to descriptions of selected programs from around the world. Those featured articles provided a snapshot of how medical humanities has grown in recent years. They described use of literature, music, dance, religion, philosophy, drama, ethics, history, law, communications, culture, complementary and alternative medicine, palliative care, international medicine, and other topics to provide humanistic education for medical students (Association of American Medical Colleges, 2003). Some programs required credits in the humanities, whereas others offered different options. All recognized that “the study of the humanities can illuminate human interactions and concerns in a way the genome map or nanomedicine cannot” (Dittrich, 2003, p. 952).

Model for Interdisciplinary Education in the Humanities

By broadening the education of medical and nursing students to include interdisciplinary experiences in the humanities, nurses can become aware of the values that shape their actions and those of the physicians and patients with whom they work. In turn, physicians can come to appreciate a hidden side of medicine that incorporates softer sciences traditionally thought to be reserved for nurses. This blending of medical and nursing perspectives in areas such as literature, ethics, history, and spirituality can lead to patient and provider empowerment, mutuality among health pro-
fessionals, and professional growth, as depicted in Figure 1.

Although the literature has been replete with discussions about the benefit of interdisciplinary education, most authors address issues related to evidence-based practice, quality improvement approaches, and informatics. This model extends the thinking beyond the traditional area of interdisciplinary education to address the importance of developing a shared culture on which to base health care practice. Learning together using the humanities allows nurses and medical students to break down the power differentials inherent in the health science disciplines and to begin to reconcile their world views based on shared values (Shaver, 2003). In this context, each profession can learn from the other.

Opportunities for Mutual Learning

For physicians and nurses, ethical decision making and a focus on patient-centered care in an era of technological advances are difficult skills to learn from scientific content in textbooks. Often, literature or the arts can offer both disciplines the opportunity for a fuller exploration of the whole experience, sometimes from varied or conflicting viewpoints. Valiga and Bruderle (1997) suggest that education in the humanities can help health professionals think more critically and move toward "synthesis rather than reductionism" (p. 14).

The humanities also offer an ideal neutral territory where professionals can dialogue. For example, no discipline can claim ownership of literature or art. Therefore, physicians, nurses, and other members of the health care team can use writing and art as a springboard to discuss key issues related to their practice from a shared rather than territorial perspective. For example, reading One True Thing, a novel by Anna Quindlen (1995) (or viewing the movie based on the book), can prompt an exchange on end-of-life care that is free from the traditional role constraints a health care provider might feel when talking in a team meeting about pain management, palliative care, or life-prolonging therapies.

The absence of educational experiences that emphasize similarities rather than differences in professional roles can lead to conflicts between nurses and physicians in various health care settings. In hospitals where there is poor communication and collaboration between nurses and physicians, there is reduced productivity, increased error (Rosenstein & O'Daniel, 2005), and reduced job satisfaction (American Association of Colleges of Nursing, 2002). Recently, there has been renewed attention to the nurse–physician relationship (Kramer & Schmalenberg, 2003; Rosenstein, 2002) and a belief that these two professions must come together and work collaboratively and humanistically to truly affect the lives of patients and to improve the health care delivery system.

Yet, few universities or health care institutions promote humanities content in their educational programs for health professionals, either independently or from an interdisciplinary perspective. The authors conducted an external curricula review of graduate nursing and medical education programs from the Big Ten University system. Course titles from the Internet were reviewed for inclusion of content related to the humanities. Although course title is not wholly indicative of course content, few courses that reflect humanities content were offered by graduate nursing programs and medical schools.

The mission of The Pennsylvania State University College of Medicine’s Department of Humanities is to engender a critical awareness of the values, presuppositions, and methods that undergird medical education and practice (Hawkins, Ballard, & Hufford, 2003), a goal equally relevant to the School of Nursing. Until recently there were few, if any, shared educational experiences between the two disciplines on our campus. Using the model described above, over the last 2 years we have piloted several programs designed to promote interdisciplinary experiences for graduate and undergraduate nurses, medical students, residents, and faculty from both the College of Medicine and School of Nursing in an effort to enhance the development of a shared perspective on health care and health care education. Each involves a creative, humanistic component.

Humanities Coursework

All medical students are required to take a fourth-year humanities elective offered by the Department of Humanities. Some examples of past classes include Medicine and Madness, Death and Dying in Literature, Bioethics in Mass Media, and Religion and Health. The realization that none of these courses contain content exclusive to medicine led to a dialogue between nursing and medical faculty on the possibility of an interdisciplinary option.

In 2004, a humanities elective on Arts and Healing was opened to both nursing and medical students. Taught by a doctorally prepared nurse from the College of Medicine, the focus of the course was the use of
artistic modalities such as writing, music, movement, and visual media for therapeutic purposes. One nursing student participated, using the course to fill her elective credits. Evaluations from this course spoke of the importance of the opportunity to hear the perspective of another discipline.

In 2005, a second elective on Physicians and Nurses invited participation from both disciplines. This time, three nursing students enrolled. The focus of the course was to explore differences and similarities in how physicians and nurses are educated and practice. One of the key assignments was to shadow a nurse and physician practicing in a similar clinical area and to observe similarities and differences in their care.

Commentaries on the degree and quality of nurse/physician collaboration were presented in class and as a final paper, along with an action plan. In the evaluations, one medical student wrote:

I have become more aware of the training and experiences of nurses and how there are many overlaps with medicine. It hopefully will make collaboration with nurses easier in my future training and practice, ... and I will certainly be more conscious about my attitudes toward nurses and respect their ideas and input while practicing medicine, as well as try to develop relationships with nurses modeled after some of our physician-nurse visitors.

A nursing student wrote:

Invaluable information was shared about the medical profession that will definitely improve my career as a nurse. To be able to see and hear what the medical students go through increased my appreciation and understanding.

Residents’ Retreat

For many years, a 2-day spring retreat has been held as a capstone event where chief medical residents can take time away from clinical practice to discuss relevant humanistic issues. Seminars are presented by faculty on issues such as ethics, burnout, stress, and power, and leisure activities promote casual discussions on health care practice.

During the retreat held in spring 2004, graduate nursing students were invited to attend for the first time. Two accepted, participating in the same discussions and activities as the 18 medical residents. In the written evaluations of the retreat, there were several comments on the benefits of the interdisciplinary approach. When asked about the strengths of the retreat, comments included “building relationships with other professions and the input of other disciplines.” It was also suggested that more nursing students should be included in future retreats.

Orientation of Incoming Students

At the medical center, each incoming class of medical students is met by the Director of the School of Nursing, and each cohort of nursing students is welcomed personally by the Dean of the College of Medicine. Their presentations stress the humanistic side of clinical care and shared professional values. A picnic for both groups of students and faculty is held early in the semester to promote ongoing collaborations between students, and activity groups focused on special interests such as arts and healing, international care, and alternative therapies are open to all students. A joint medical and nursing student affairs group has been established to facilitate collaborative problem solving on student issues.

Nursing Coursework

Communication skills that include the ability to listen effectively are essential to the delivery of humanistic health care. Recognizing that this process begins with respect across disciplines, faculty of the College of Medicine and the School of Nursing are developing an interdisciplinary course entitled “Dialogue: Building a Foundation for Communication In Health Care.” In the spring of 2006, this course was offered as an elective to graduate nursing students and medical students with a goal of teaching the dialogic skills of listening, respecting, suspending, and speaking one’s voice (Finch, 2000). Development of these skills will help students incorporate humanistic values in communication with colleagues, other professionals, and patients. Faculty from both disciplines will co-teach so as to model the dialogic processes for students.

Conclusions

The preliminary efforts made at our university to promote an interdisciplinary model of humanities suggest that both nurses and physicians are motivated to collaborate more, rather than less. Future efforts will involve inclusion of other health care professionals and evaluation of short- and long-term outcomes of such activities.

The humanities provide an ideal common ground for nurses and physicians because there are no domain issues. As a neutral discipline not owned by either medicine or nursing, both groups can discuss shared values and concerns and can learn to approach health care as a true team. Potential for other cooperative ventures for nurses and physicians exists throughout clinical practice settings and research endeavors. A knowledge of the humanities can help nurses and physicians understand cultural and faith traditions, be open to the use of complementary and alternative therapies, and facilitate the development of ethical decision making (Jackson & Jackson, 2005; Wainwright & Williams, 2005).

The world of health care is increasingly complex, technologically intensive, and subspecialized. This has created the need for medicine, nursing, and other health professions to come together as an effective team with exceptionally high levels of mutual respect and effective communication. The humanities provide a platform especially well suited to foster these qualities.
References


