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REFRAMING GLOBAL HEALTHCARE THROUGH A HUMANISTIC LENS: A CONCEPTUAL OUTLOOK

ABSTRACT

Despite the incredible advancements in medical science, the global healthcare systems lack a humanistic thrust at many levels. The dissonance arises in everyday practice due to the failure to balance values and actual practices. What can we do to make the global healthcare system more humanistic? A conceptual framework has been designed to address this deficiency, that aims to underscore the need to embed humanistic values in healthcare policies at the global level. The attempt here is to reframe the global healthcare through a humanistic lens, which includes six core concepts of ethical care, combining the humanistic care with efficient outcomes, implementation of CARE philosophy, patient-centered healthcare culture, organizational policy changes, and transformational and organizational leadership. Among all these six identified core components of the framework, the ethical care functions as the essential unifying principle that integrates rest of the components to create sustainable global healthcare systems within the scope of a humanistic lens. This framework relies heavily on the active participation and expertise of healthcare professionals, policymakers, and researchers. By promoting the authenticity and kindness of healthcare professionals, as demonstrated through humanistic medicine, efforts must be taken to empower medical professionals to prioritize their patients' subjective well-being, and thereby enhancing their holistic health.

Keywords: Humanistic lens, Global healthcare system, Conceptual framework, Transformational and organizational leadership

INTRODUCTION

Beyond biomedicalism, a humanistic lens in global health care is crucial amidst considerable strain to improve services at the organizational level. Humanistic medicine has been defined as a "deep-seated personal commitment to incorporate human values like caring, compassion, and respect into every healthcare relationship" (Rider et al., 2018, p. 1092). The humanistic approach in medicine implies a zeal for changing the current system, the overall approach of the healthcare professionals toward their patients, building up mutual trust, embracing a moral order, and an overall sense of responsibility. All these values can be summed up as compassionate behaviors of medical professionals. Unfortunately, the orientation of healthcare professionals in various countries lean towards

at times profit-driven marketing, neglecting purpose-driven activities.

Humanism creates an ethical structure based on the virtues of trust, honesty, compassion, and courage (Kvesic et al., 2019). Therefore, general humanistic ideals are widely accepted in most countries, but unfortunately, dysfunctions at the organizational levels lead to the deficiency of a moral culture of medicine. Eventually, non-medical determinants of health are often prioritized. This widens the gap between health policies and their practical implementation strategies. Along with the compassionate behaviors of the health providers, the humanistic perspective can be combined to accompany patients empathetically in a patient-physician relationship. Compassionate care behavior includes understanding relational care, self-awareness practices, and engaging in caring conversations as a team, which aligns strongly with humanistic care (Pehliven & Guner, 2020). This humanistic working environment motivates them to commit themselves despite their discomforts and challenges.

This paper is an attempt to develop a new conceptual framework namely global healthcare and humanism. The pertinent question that triggered this discussion is “what can we do to make the global healthcare system more humanistic?” The question of creating humanistic medicine may look challenging, but highly crucial to responding.

DEFINING THE PROBLEM

Despite scientific advances indicating possibilities and horizons, healthcare still faces a deadlock in professional practice. This is where humanistic medicine comes into play. A good collaboration and compassionate accompaniment still need to be improved in healthcare settings. The competition that spoils the collaboration and harmony of humankind would be another area of concern. The dissonance arises in everyday practice due to the failure to balance values and actual practices.

Most healthcare professionals have been facing various socio-economic consequential struggles at organizational

levels due to increased attention to the profit-driven thrust of the institutions and related work pressures. While analyzing the profession's practice structure, Ferry-Danini (2018) talks about three imperatives of the humanistic approaches, including the emotions of both physicians and patients, treating patients as physical and psychological beings, and finally, defining medicine as an intersubjective practice. Further, Lantz et al. (2007) claimed that the overarching goal of advancing the health has been mostly overlooked by health providers trying to increase the access to healthcare services. The World Health Organization (WHO), in their 14th general program of work, envisaged three strategic objectives namely, to promote health, provide health and protect health (World Health Organization, 2024). Unfortunately, a considerable investment in the global economy is for the defense, failing to invest in its citizens' overall well-being adequately. What we require today is the promotion of skills and knowledge needed to access healthcare, make decisions, and advance health to improve quality of life. Subsequently, addressing the socio-political-economic conditions of the communities and individuals will reorient the focus and appreciate the humanistic values of healthcare institutions.

CONCEPTUAL FRAMEWORK

The conceptual framework, Global healthcare and Humanism, is well grounded in practical question of “what can we do to make the global healthcare system more humanistic?”. The attempt here is to develop a conceptual framework that may help to reframe the global healthcare through a humanistic lens, which includes six core components of ethical care, combining the humanistic care with efficient outcomes, implementation of CARE philosophy, patient-centered health care culture, organizational policy changes, and transformational and organizational leadership.

Humanistic Lens

The identified components provide a convergent path to materialize the goal of achieving humanism at the organizational level in the global health care context. There

is an ongoing debate between the dehumanizing face of biomedicine and the humane face of medical practice. Hence, a conceptual clarity is needed to incorporate multidimensional aspects of human life including social capital, and trust building relationships between patients and healthcare providers. This conceptual framework may be used in health policy formations to achieve a humanistic elevation in the global healthcare system.



(Figure 1. Conceptual Framework: Global Healthcare and Humanism)

In Figure 1, the conceptual framework: Global healthcare and humanism displayed through a hexagon radial diagram, which indicates the radial relationship among these six core components with a clear interdependence and integration.

A. Ethical Care

Ethical care has been defined as the love of patient rooted in care for one another and fostering it (Erwin & Klugman, 2021). Exhibiting professional virtues of humanism is possible only when medical professionals and healthcare providers begin to consider the needs of others in every situation (Fink, 2013). Apparently, in a culture of humanism, the community and patients remain at the core of decision-making. That indicates the need for broad-scale training for healthcare professionals in social virtues to enhance resilience and qualities of professional behavior. Positive clinician attitudes are rooted in ethical care they provide to their patients.

The contention is that patients must be treated with utmost

care and compassion despite their physical and economic conditions. Ethical care functions as the essential unifying principle that integrates rest of the following five components to create sustainable global healthcare systems within the scope of a humanistic lens. Compassionate relationships and emotional presence are two significant qualities that healthcare providers may always need to embrace to elevate the care into an ethically informed care.

B. Combining the Humanistic Care with Efficient Outcomes

Authentic presence and therapeutic relationships have been identified as two potential competencies that healthcare professionals need to develop adhering to the Care science principles and 10 caritas processes (Brewer & Watson, 2015; Horton-Deutsch & Watson, 2025). The overall healthcare effectiveness is centered on the five core professional components such as love, compassion, trust, dignity and healing (Horton-Deutsch et al., 2025).

The medical profession must translate and replicate caring science principles and results-based management dynamics into its organizational vision and activities. This component is vital as it helps administrators and leaders address the breakdown of humanistic perspectives in their respective organizations and healthcare settings. A collective decision-making process is possible when there are effective and fruitful conversations. Health development is conceptualized as an intervention to instill desired end states, and a value-based framework must be in place. When we analyze closely, the outcomes that the frontline workers and their colleagues must make could be navigated through the following questions generated by Bardach and Patashnik (2020):

- a. "Are the frontline workers doing a good job? Are they competent? Motivated? And were they adequately supported by the organization?"
- b. What incentives, supervision, and support systems are in place to motivate, help, and hold them accountable?
- c. Does the organization fully use the talents and information at the frontline level?

d. Does the agency manage its co-producers well? Does it provide the proper tools, information, and motivation?" (p. 160).

Since medicine aims to alleviate suffering and foster wellness, investing in the health sector is mandatory for efficient outcomes (Ferri-Danini, 2018). So much so, an ethical system integrates humanistic care with efficient outcomes. Hence, the overarching idea is to anchor humanistic values in healthcare policies through an increased emphasis on promoting the authenticity and kindness among healthcare professionals with their patients (Dewar & Christley, 2013). In short, better outcomes are achieved through ethical and trust-based care.

C. Implementation of CARE Philosophy

In a world of polarized global capitalism, the world needs incorrupt healthcare professionals, politicians, and leaders with great vision who can develop integrity and character. A leadership that adequately addresses the needs of the people. What we require today is Humanistic Healthcare Professionals (HHPs) with CARE acronyms: Committed, Accountable, Responsible, and Empowering professionals and leaders who can fight against any unjust system and inequalities and work to materialize the humanistic care possible. CARE philosophy acts as the behavioral expression of ethical behavior, translating ethics onto daily practice and engage in a shared professional value for the upliftment of the vulnerable populations at large.

A focused intervention and professional participation empowering the lives of the suffering would be a concrete manifestation of these ideals. In a world driven by profit and competition, some medical providers and professionals fail to recognize the voices of the marginalized, who are merely considered consumer goods (Siderius & Zink, 2023; Robin, 2004). When individuals are often reduced to mere objects and data points, efforts need to be made to maintain a delicate balance between professional ethics and ethical care in an actual practice setting as an area to operationalize this philosophy.

D. Patient-centered Healthcare Culture

Healthcare professionals sometimes fail to create a positive social and environmental impact on society with the rise in technology, medicine has shifted toward dehumanization, resulting in patient dissatisfaction (Amin et al., 2021). The framework of patient-centered lean healthcare model has been explained by Chen and colleagues (2024) focusing "personalized patient needs assessment, optimized doctor-patient communication and enhanced the systematization and comprehensiveness of healthcare services through the introduction of scientific management and information technology" (p. 14).

The holistic care encompasses respect for patient values, shared-decision making, and cultural sensitivity. Patient-centered healthcare culture needs to be promoted primarily at the organizational level to meet any healthcare crisis locally and globally. Patient-centered lean healthcare model would be an ideal model that global healthcare settings may replicate to bridge this disconnection between healthcare providers and patients.

E. Organizational Policy Changes

Policies build organizational support for humanistic ethical care. Given the implicit and explicit biases, power differentials happen at the organizational level (Mithani et al., 2021). Analyzing an existing policy that aligns with the values of humanistic ideologies is pertinent to our discussion. For example, the original purpose of the Patient Safety and Quality Improvement Act (PSQIA) of 2005 was to protect the patients' personal health information with the support of the healthcare organizations and clinicians (Department of Health and Human Services, 2008). Notably, the ethical care in PSQIA, envisioned a culture of safety and assistance to minimize risks that may come up for patients (Department of Health and Human Services, 2008).

PSQIA is used here as an ideological pointer, which could generate discussions on the need to design policies with robustness and commitment. This could be replicated in other countries especially in the medical practice settings despite

its variations. PSQIA was a solution for obtaining details of errors and adverse events. The advantage of PSQIA is that it implements the Institute of Medicine's recommendation to break down legal and cultural barriers that impede safety improvement (Department of Health and Human Services, 2008). Patient Safety Organization (PSO) is an important agency that collects safety and quality improvement information. However, according to the HIPPA security rules, the security information needs to be perfect without any breaches. This is where the challenge comes in.

Today, more importantly, the health services are in grave difficulties, and outcomes are not focused comprehensively. Policymakers should be bold enough to consider lessons learned from healthcare reform practices and models. Equity-informed hiring, patient advocacy systems and inclusion policies are to be highly promoted and implemented. Compelling policies should be in place to create a healthy community of individuals through an adequate investment of resources by the Government in the health sector with a focus on to promote health, provide health and protect health for all.

F. Transformational & Organizational Leadership

Transformational and organizational leadership is used in healthcare settings in administration and at all levels of functioning, where subordinates can give input into the daily operations of the hospitals, institutions, and other related healthcare agencies. The Conscious Full Spectrum Response (CSFR) is a tool advocated by Sharma (2017) in transformational leadership that intertwines three components: inner capacities for action, shift in the cultural norms, and solving problems aiming to achieve sustainable results.

Transformational leadership relies on the leader to work cooperatively with subordinates to make decisions on a team level (Díaz-Sáenz, 2011). Transformational & organizational leadership will lead humanistic medicine to a sustainable level, encouraging cooperation from both sides so everyone can contribute. A fruitful dialogue is not merely a discussion

on a certainly designed agenda but a conscious effort of conscientization and unshakable solidarity with the poorest of the poor. Opinions might vary, but decisions are taken unanimously despite the differences and diversities.

As a transformational leader, a medical practitioner would look for a strategic action to interrupt the 'ism.' For example, Sharma (2017) provides the following essential values: "dignity and respect, inclusion, peace, prosperity, full potential, basic needs met, equity, thriving planet, compassion, the mindset of abundance, contentment, and embody universal values and act" (p. 222). Medical practitioners and the quality of care they provide to patients indicate the significance of the role of moral virtues among medical staff. The physical-patient relationship must strengthen positive human interpersonal relations (Kvesic et al., 2019). Hoffman (2020) discussed the significance of the humanistic ideal of presence, which includes awareness, acceptance, availability, and expressiveness. The system can generate the desired results when all the actors in these stages are trained well to perform their best.

Framework Statement

The discussion of this topic area commenced with the pertinent question of what can we do to make the global healthcare system more humanistic? Among all these six identified core components of the framework namely, combining the humanistic care with efficient outcomes, implementation of CARE philosophy, patient-centered health care culture, organizational policy changes, and transformational and organizational leadership, the ethical care functions as the essential unifying principle that integrates rest of the components to create sustainable global healthcare systems within the scope of a humanistic lens.

In global health care, ethical culture will be wrinkled without appropriate leadership, the outcome will be meaningless, efficiency will become mechanical, ethics will be unpredictable, and all without implementation of proper organizational policies.

Embracing a Culture of Humanism

Medicine must be founded on a solid physician-patient relationship where physicians can intersect their knowledge and skills with humanism, showing respect for and interest in patients (Dell'Oro, 2022; Branch et al., 2001). When physicians begin to embody humanistic values by looking at the multidimensional spheres of the patients, their needs are better taken care of. A holistic approach of looking at the physical, social, cultural, emotional, and spiritual experiences is considered while providing the care. In addition, previous studies have prioritized the role of professional and humanistic aspects of medicine, entailing many positive effects in medical schools (Cohen, 2007).

Humanism is a virtue based on respect and mutual trust developed by being open to other people and their cultural differences both in Western and Eastern health care settings. Cultural humility has been defined as a respectful attitude toward other cultures and challenging our cultural preferences and preconceptions (Pham et al., 2021). In an ongoing self-reflection and critique of beliefs, values, attitudes, and cultural identity, cultural humility enables one to redress the imbalances and restore the dynamic partnership with individuals and various cultures in each society (Dietsch, et al., 2021). Patients often feel anxious about the situation when not treated as a person with all characteristics and uniqueness.

DISCUSSION

This conceptual framework provides some means to reach solutions for the dichotomies that we confront in the health sector. In our discourses, we should frame valid questions of humanism and solidarity with thriving frameworks to analyze the healthcare system and structure. While dealing with the bureaucratic and political reforms, a broader understanding of the humanistic approach is inevitable. Compassionate and empathetic clinicians can win over the systemic symptoms of division and discontent. By gauging the critical causes of health disparities, we will land upon various effective interventions in multiple sectors, including

child development, community cohesion, and increasing the socio-economic well-being of individuals. Pertinent policy considerations are discussed below along with a replicable model called Eden Alternative.

Major Policy Considerations

The global healthcare setting is in its critical moment, facing issues and challenges due to increased divisions, increased dehumanization in the medical industry, structural inequalities, and climate change. The struggle between the dehumanizing face of medicine and the humane face of medicine continues. Health workers have high rates of stress-related illness, and resources are unevenly distributed. People use healthcare services to purchase health insurance, and the health care is unequally distributed and is not humanistic at the organizational level. The structural policy roots that fail to promote a compassionate and collaborative approach in medicine must be addressed effectively. Therefore, what changes to policy would support and address the fundamental issues of the dehumanizing face of medicine at the organizational level?

Medical care interventions are needed to reorient its focus to address the ameliorating health inequalities of people across the world. This is where the need for humanistic healthcare professionals and their proactive engagement emerges as potential game players. Evidence and critical thinking are two pillars of humanistic medicine, and multiple sectors of the health sector need to intersect to speak above the noise and confront administrative difficulties (Kvesic et al., 2019). What would be a good meeting point for evidence and critical thinking where superficial communication systems generate multiple challenges? Skill management, equipping health care professionals with value-based approaches, and designing short-term and long-term medical courses with specific plans for employers to train them in humanistic values are effective strategies that policymakers can think of other than board certification and licensing renewal.

Another policy consideration is to focus on the growing tendency for complementary health practices, highlighting

the importance of collaboration among different medical and knowledge systems (Balakrishna et al., 2025). Modern and traditional medical systems are viewed as complementary to each other, rather than hostile, stressing the need for integration of ethnic and cultural considerations (Park & Canaway, 2019). Such models should be developed globally and internationally, combining humanistic care with efficiency optimization. Advocating the morality of medicine in providing hands-on services indicates the Government's failure to access health insurance equally (Zhu & Clark, 2015). Healthcare is not largely seen as a 'right', and fragmentation and complexity still rule the health sector, throwing people into a dilemma despite its citizens' potential health-conscious environment. The following is an example of a successfully tested model namely, Eden Alternative that has achieved applause globally.

A Realistic Version of Eden Alternative: Organizational Level Humanism aligns strongly with the many well-being domains of Eden Alternative intervention, namely identity, connectedness, security, autonomy, meaning, growth, and joy (Thomas, 1996). Producing creative and highly responsive teams has become the mantra of this framework, and the specifics that worked included building a consistent, caring relationship with the patients and staff and fostering a sense of ownership (Callarman, 2022). Eden Alternative, a trademark in the long-term care industry, began to incorporate adult services (Brenda, 2004), indicating the significance of structures that facilitate humanism and the dire need for organized activities in healthcare institutions and hospitals transforming the traditional nursing care system. How effectively could this Eden Alternative be replicated in the global healthcare sector to optimize the effectiveness of the healthcare settings? A large budget allocation is needed on the part of the respective Governments to various health-related sectors and their fruitful materialization. The aged care industry and career path have become the most important markets globally, especially in the United States. The aged care industry, the biggest market that falls outside

the dichotomy, must be revisited, prioritizing the provision of material means and social resources (Eisenmenger et al., 2020).

CONCLUSION

As services costs are spiraling upward and the aged care deficit is enormous, the need for a humanistic outlook emerges. We are reminded of the words of Charles Lemert: "when we find ourselves able to put into words what nobody seems to want to talk about, and when we find those words and say them, we begin to survive" (2010, p. 20). This proposed framework is grounded in literature and have identified six core components. As it at the developmental level, the framework has not yet been empirically tested, however, it is intended to provide a foundation for future research. A sensible solution can be provided only with the help of a conceptual framework that is feasible and lasting.

First, multisectoral convergence and competency development should occur in the healthcare sector to evaluate the socio-economic impacts of humanistic approaches and their benefits. Second, this framework may be criticized for not including all the aspects of the healthcare setting and sticking with one aspect of the humanistic approach. The realistic Eden Alternative version may not apply in every healthcare setting.

There are limitations to achieving the desired result of sustainable and professional care with a humanistic ideal of presence, as individual traits, personalities, and values differ from person to person. The limitations of this approach while developing a conceptual framework include the fact that the intersection of six components is only a gradual process and needs more time and the active engagement of various agents and actors simultaneously. We need a profound policy to address the growing distance between humanistic medicine and practice. This conceptual framework used PSQIA as a reference, not a policy. However, this framework would map an approach beyond the opposition it may receive from various sources and medical professionals. This will eventually help lead an organization, institution, and Government, both State

and Federal, to navigate potential health sector changes. Efforts must be taken to remove the notion of medicine tailored only to profit-based markets and treat people as objects (MacKenzie & Chiang, 2023). This conceptual framework embraces a culture of humanism through ethical care, combining the humanistic care with efficient outcomes, implementation of CARE philosophy, patient-centered health care culture, organizational policy changes, and transformational and organizational leadership that conducts an active engagement of the politicians, policymakers, medical professionals, health care workers, and related employers to work together to construct a responsive and sustainable healthy society. A comprehensive strategy prioritizing the holistic wellness of its citizens and health promotion is achievable only through an intersection of these six components played diligently by various actors and healthcare workers. By enhancing a culture of humanism as its central component, global healthcare could plunge into to confront the inherent challenges at the organizational policy level.

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