

Holistic Nursing Care As Perceived By Nurses Working In Wards and Critical Care Units at Menoufiya University Hospital

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Abstract: Holistic nursing care is defined as a philosophy of nursing practice that takes into account total patient care, considering the physical, emotional, social, economical, and spiritual needs of patients, their response to their illnesses, and the effect of illness on patients' abilities to meet self-care needs. Holistic nursing is an attitude, a philosophy, and a way of being. In Egypt, few studies were conducted, and there was a gap of knowledge in the area of holistic nursing care ,especially, in Menoufiya Governorate.

Aim: This study aimed at exploring and describing nurses' perception of the meaning of holistic nursing care in wards and critical care units at Menoufiya University Hospital.

Subject and Methods: Descriptive cross sectional research design was used in this study. The current study was conducted in Menoufiya University Hospital. One group of sample was included in this study, which incorporated random sample of staff nurses (N =100) working in wards and critical care units in the previously mentioned setting. One standardized questionnaire was used to measure the variable in this study from nurses' point of view.

Results: The findings of this study revealed that the great majority (89.7%) of studied nurses in critical care units had high perception regarding holistic nursing care and nearly about three fourth (73.8%) of them had high perception in wards. On the other hand, the lowest percentage (10.3%) of studied nurses in critical care units had poor perception and about one fourth (26.2%) of them in wards had poor perception.

Conclusion: The majority (80%) of studied nurses had high perception regarding holistic nursing care, while (20%) of them had low perception in both departments. There was difference of statistical significant regarding direct nursing care, infection control, biological aspect of nursing care and management responsibility of nursing care between two departments. However, no differences of statistical significance could be found between the two variables regarding social aspect, activities related to nursing and psychological aspect.

Recommendations: Designing and implementing an educational program on the importance of delivering holistic nursing care on patients' outcomes. Further studies are needed with a larger sample size ranging across different governmental and private hospitals in different governorates to generalize the results.

Keywords: Nurses' perception, holistic nursing care, wards, critical care units.

I. Introduction

Holism and holistic nursing have taken on a number of forms and been defined in a number of ways, but in recent years it has become an established specialty with a significant impact on both nursing and healthcare (Nalley, 2014). Holistic nursing focuses on promoting health and wellness, assisting healing and preventing or alleviating suffering. Holistic care in today's nursing helps to enhance the total well-being of the patient. Every individual is unique and should be cared for as an entity comprising of body, soul and spirit (Bamfo and Hagin, 2011, O' Brien, 2011 and Odbehr et al. 2014). Humans seek harmony, and healthy humans are those whose biopsychosocial and cultural needs are in balance (Selimen and Andsoy, 2011).

The American Nurses Association (ANA) officially recognized holistic nursing as a specialty area of nursing practice in 2006. Specialty status provides holistic nurses with a foundation for practice. It provides a clear depiction of who we are to the rest of the world of nursing, other healthcare professionals, and the public. The American Holistic Nurses Association defined holistic nursing as "all nursing practice that has healing the whole person as its goal (Hess, 2011). A holistic nurse is a licensed nurse who takes a "mind-body-spirit-emotion-environment" approach to the practice of traditional nursing (Thornton, 2012, Dossey et al. 2013 and Klebanoff and Hess, 2014).

Holistic nursing focuses on health promotion, viewing the individual as a whole, body, mind, and spirit (Dossey & Keegan, 2009). It is based on a philosophy of living and being that is grounded in caring, relationship, and interconnectedness. A holistic nurse recognizes and integrates the principles and modalities of holistic healing into daily life and clinical practice. It encourages nurses to integrate self-care, self-responsibility, spirituality, and reflection in their lives (Dossey et al. 2013). Holism is more than certain actions performed or words spoken to a patient. Holistic care is a philosophy; it's a method to ensure care for all parts of

a patient. Holistic nurses are those that recognize and treat each individual differently. They are often described by patients as those nurses that “truly care” (Nalley, 2014).

The holistic nurse also focuses on becoming a partner in the patient’s healing process and may use nursing knowledge, theories, expertise and intuition to provide care for the person as a whole (Ackley and Ladwig, 2011). From Maslow to modern holistic theories, the holistic approach embraces the total of human needs and puts them in a hierarchy by accepting a person’s individuality and the gravity he puts on each individual need (Papathanasiou et al. 2013).

Nursing is indeed holistic in nature, as the nursing profession has traditionally viewed the person as a whole, concerned with the interrelationship of body, mind and spirit, promoting psychological and physiological well-being as well as fostering socio-cultural relationships in an ever changing economic environment of care (McEvoy and Duffy, 2008). As nurses we can not only use holistic nursing care to enrich the lives of our patients, but also to enrich our own lives as well. Nursing is a tough profession. It is physically, mentally, and emotionally draining at times. Other times you experience a patient or moment that reminds you why you became a nurse. One way to increase these experiences and provide better overall care to our patients is through holistic nursing care (Selmen and Andsoy, 2011).

Hippocrates first mentioned the idea of holism in his interference theory, in which he proposed that the mind and body affect each other. This idea was further expounded on by Florence Nightingale, who promoted nursing care that focused on unity, wellness, and the interrelationship of humans, events, and environment. In Nightingale’s holistic approach, the role of love and empathy was considered paramount (Mariano, 2009).

The goal of nursing, which is a blend of art and science, is to interact with the patient as a person, together with his or her family and environment, and to make every effort to protect this delicate balance (Dossey et al. 2013). Leathard and Cook (2009) stated that, the purpose of holistic care is to enable a person to achieve and maintain a condition of well-being in which self healing competence of body, mind and spirit can advance easily. They recognized attentive or empathic presence or relation as the seal of holistic caring.

The holistic approach has two important aspects. Firstly, it treats each individual as a separate entity, both in biological and social terms. Secondly, it is multidimensional, introducing a less simplistic view on health and disease. These two aspects affect the nurse-patient interaction, (Papathanasiou et al. 2013). One of the most important aspects of holistic care is the involvement of the patient in making their own decisions, always being allowed to consent or deny a route of care, and a focus on self-care where ever possible (American Holistic Nurses Association, 2012). Holistic nursing will continue to evolve as nurses incorporate holistic principles and practices into their personal and professional lives, and as the needs of patients and society evolve. Yet, no matter the setting or the time, holistic nursing will retain its focus on healing the whole person- the foundation of holistic nursing (Centinkaya et al. 2013).

Holistic ethics are based on the need for spirituality in the healthcare system. To practice holistic ethics is to understand the individual as a mind-spirit-body unity. Every individual is in control of their own health, and should actively participate in decisions regarding this. Holistic nurses identify the importance of the patient and their family’s idea of spirituality, and uniquely respect these beliefs (American Holistic Nurses Association, 2009). The heart of holistic nursing is helping empower the patient to utilize their inner resources to improve their quality of life and adapt to changes caused by the disease. The concept of empowerment is frequently used in nursing, particularly in relation to quality of care, since the mission of nursing is to provide safe and quality nursing care, thereby enabling patients to achieve their maximum level of wellness (McEvoy and Duffy, 2008).

There are many factors which hamper the practice of holistic care which are: insufficient management support, manpower and resources, cultural factors, increased workload and nurses’ consideration that their knowledge and skills are insufficient to administer holistic care (Wong and Yau, 2010). Insufficient coverage of the subject of holistic care in nurses’ training programs is the most significant barrier in the administration of holistic care (Baldacchino, 2008 and Smith and McSherry, 2003).

Significance of the study:

Knowing the meaning of holistic nursing care provides a good perspective of the state of nursing care provided to patients which reflects the quality of care rendered. Holistic care has significant effects on patients’ physical and psychological status. If nurses have knowledge of holistic care and the concepts related to holism and if they use holistic nursing care, this will contribute to the application of an integrated approach and thus increase the quality of care. This study will not only be of benefit to the studied hospital, but also to other similar hospitals as well. Moreover, it is important to both decision makers and care providers to put in their perspectives these data during policy making and to nurses themselves to insight them about the needs and importance of holistic nursing care to be included in their care. In Egypt, few studies were conducted, and there was a gap of knowledge in the area of holistic nursing care ,especially, in Menoufiya Governorate. So, this

study was conducted to explore and describe nurses' perception of the meaning of holistic nursing care at Menoufiya University Hospital.

Aim of the study: The main aim of this study was to explore and describe nurses' perception of the meaning of holistic nursing care in wards and critical care units at Menoufiya University Hospital.

Subjects and Methods:

Design: Descriptive cross sectional research design was used in this study.

Setting: The study was conducted in Menoufiya University Hospital.

Subjects: The sample included a random sample of staff nurses (N= 100) working in two main areas (wards and critical care units). Wards included (medical, surgical, orthopedic, and pediatric departments). Critical Care Units, included haemodialysis unit, Critical Care Unit (ICU) and pediatric ICU with at least one year of experience who working in the previously mentioned setting.

Data collection tool: In order to fulfill the aim of the study, one standardized tool was used for data collection. This tool was developed by **Shakweer, (1999)**, and modified by the researchers based on literature review to identify the nurses' perception of the meaning of holistic nursing care (**Watson, 2009 and Takase & Teraoka, 2011**). It included the following two main parts:

Part I: Socio-demographic data and workplace items such as age, sex, years of experience, education, marital status, departments and previous training.

Part II: Holistic nursing care questionnaire which, consisted of (54) questions using a (5-points Likert scale). This questionnaire was subdivided into 7 groups which are: Direct nursing care included (15 items), Psychological aspect nursing care consisted of (5 items), Social aspect nursing care composed of (5 items), Infection control precautions care contained (11 items), Management responsibilities of nursing care included (6 items), Other nursing related activities consisted of (6 items) and Biological aspect nursing care also included (6 items). The possible response ranged between strongly agree (5 point) to strongly disagree (1). Level of perception was classified into two levels: high and low. Higher degrees of perception were indicated by higher scores. The scores were then calculated for the mean scores which were then categorized as follows: mean scores < 3 = low perception, and mean scores ≥ 3 = High perception.

Pilot study: A pilot study was performed on ten staff nurses not included in the study sample to test the practicability and applicability of the tool, identify any difficulties, estimate the time needed to fill in the questionnaire. Based on the results of the pilot study, the necessary modification and clarification of some questions were done. Validity and reliability of the study tool was tested using Cronbach's coefficient alpha (0.84).

Procedure:

Protection of Human Subjects:

A formal letter of introduction was issued from the Nursing College, Menoufiya University to obtain approval of the hospital's administrator to carry out the study. Oral consent was taken from each staff nurse before data collection. Data collection procedures, analysis, and reporting of the findings were undertaken in a manner designed to protect confidentiality of subjects. The data collection period was from June to August 2012.

Data Analysis Plan: Data were revised, coded, entered, analyzed and tabulated using SPSS version 16. Both descriptive statistics (frequency, percentage, mean and standard deviation) and inferential statistics (Pearson correlation test, chi-square test, independent t test were used according to type of variables. P value less than 0.05 was considered significant.

II. Results

The aim of this study was to explore and describe nurses' perception of the meaning of holistic nursing care in wards and critical care units at Menoufiya University Hospital. Out of 130 questionnaires distributed only 100 staff nurses completed the questionnaires. The response rate was 77%. **Table (1)** Revealed socio-demographic characteristics of the studied nurses, where the main age of studied nurses were (28.9 ± 3.2 and 28.6 ± 4.4) in wards and critical care units respectively. The mean years of experience of studied nurses were

(7.2±3.1 and 6.9±3.5 years) in wards and critical care units respectively. The highest percentage (86%) of studied nurses were female. The majority (50%) of studied nurses were bachelor degree and 36% of them were diploma nursing. The least percentage (14 %) of them were technical institutes. Nearly about two thirds (69%) of studied nurses were married and about one fourth (24%) of them were single while the smallest percentage (7%) of them were widow.

Table (2) Showed holistic nursing care perception of studied sample distributed by their working departments. The great majority (89.7%) of studied nurses in critical care units had high perception regarding holistic nursing care and nearly about three fourth (73.8%) of them had high perception in wards. In both departments the majority (80%) of studied nurses had high perception and only 20% of them had low perception. The difference between them were significant statistically ($p = 0.05$). The mean and standard deviations for holistic nursing care in wards and critical care units were (135.54±38.79 and 148.7±14.9 respectively) and the difference between them was statistically significant ($p = 0.01$).

Table (3) Illustrated direct nursing care perception of studied sample distributed by their working departments. In critical care units (100%) of studied nurses had high perception related to direct nursing care and most of them (83.6%) in wards had high perception. The difference between them was statistically significant ($p = 0.006$). The mean and standard deviations for direct nursing care in wards and critical care units were (41.4± 8.0 and 44.5±1.7 respectively) and the difference between them was statistically significant ($p = 0.005$). **Table (4)** Displayed social aspect nursing care perception of studied sample distributed by their working departments, where the majority (55%) of studied nurses had low perception regarding social aspects and the lowest percentage (45%) of them had high perception. As it can be noticed, no differences of statistical significance could be revealed among the two departments concerning social aspects ($p = 0.56$). The mean and standard deviations for social aspects nursing care in wards and critical care units were (9.65±6.00 and 10.23±4.313 respectively). Also, no differences of statistical significance in the mean percent scores of nurses' opinions regarding social aspect between two departments($p = 0.57$).

Nursing care related to infection control perception of studied sample distributed by their working departments were demonstrated in **table (5)**. In critical care units (100%) of studied nurses had high perception related to infection control , while in wards (80.3%) had high perception. In general, the majority (88%) of studied nurses had high perception and only (12%) of studied nurses had low perception regarding infection control. The difference between them was significant statistically ($p = 0.003$). The mean percent scores and standard deviations of nurses' opinions regarding infection control were (29.26±7.05 and 32.28±1.55 respectively). The difference between them was significant statistically ($p = 0.002$).

Activities related to nursing care perception of studied sample distributed by their working departments were presented in **table (6)**, where the highest percentage (76%) of studied nurses had high perception regarding activities related to nursing and the lowest percentage (24%) of them had low perception. No differences of statistical significance could be found between the two variables($p = 0.76$). The mean percent scores and standard deviations of nurses' opinions regarding activities related to nursing were (15.67±3.05 and 15.69±1.90 respectively). The difference between them was not significant statistically ($p = 0.96$).

Table (7) Presented psychological aspect of nursing care perception of studied sample distributed by their working departments, where about two thirds (64%) of studied nurses had high perception regarding psychological aspect of nursing care and about one third (36%) of studied nurses had low perception regarding psychological aspect. No differences of statistical significance could be found between wards and critical care units ($p = 0.402$). The mean percent scores and standard deviations of nurses' opinions regarding psychological aspect of nursing care were (12.47±3.33 and 12.48±2.59 respectively). The difference between them was not significant statistically ($p = 0.98$).

Table (8) Showed biological aspect nursing care perception of studied sample distributed by their working departments. In critical care units about (90%) of studied nurses had high perception related to biological aspect nursing care and about (74%) in wards had high perception. In general, the majority (80%) of studied nurses had high perception and only (20%) of studied nurses had low perception. The difference between them was significant statistically ($p = 0.051$). The mean and standard deviations for biological aspect nursing care in wards and critical care units were (13.54±7.62 and 16.66±4.073 respectively) and the difference between them was statistically significant ($p = 0.009$).

Lastly, **table (9)** Demonstrated management responsibilities of nursing care perception of studied sample distributed by their working departments. Also, in critical care units about (90%) of studied nurses had high perception related to management responsibilities of nursing care and about (74%) in wards had high perception. In both departments, the majority (80%) of studied nurses had high perception and only (20%) of studied nurses had low perception. The difference between them were significant statistically ($p = 0.051$). The mean and standard deviations for management responsibilities of nursing care in wards and critical care units were (13.54±7.62 and 16.66±4.073 respectively) and the difference between them was statistically significant ($p = 0.006$).

Table1: Socio-demographic Characteristics of Studied Sample (N = 100).

Demographic data	Department				Total		P value of difference
	Wards		Critical Care Units		N0.	%	
	N0.	%	N0.	%			
Age (Years) X±SD	28.9 ± 3.2		28.6±4.4				t=0.45,P=0.6,NS
Experience(years)	7.2±3.1		6.9±3.5				t=0.38,P=0.7,NS
Sex:							
Female	55	90.2%	31	79.5%	86	86%	X ² =2.3,P=0.3, NS
Male	6	9.8%	8	20.5%	14	14%	
Education:							
Bachelor	33	54.1%	17	43.6%	50	50%	X ² =1.1,P=0.6, NS
Diploma	20	32.8%	16	41%	36	36%	
Technical Institute	8	13.1%	6	15.4%	14	14%	
Marital status :							
Married	40	65.5%	29	74.4%	69	69%	X ² =4.8,P=0.09, NS
Widow	7	11.5 %	0	0 %	7	7%	
Single	14	23%	10	25.6%	24	24%	
Total	61	100%	39	100%	100	100%	

Table 2: Holistic Nursing Care Perception of Studied Sample Distributed by their Working Departments (N= 100).

Holistic Nursing Care	Department				Total		P value of difference
	Wards		Critical Care Units		N0.	%	
	N0.	%	N0.	%			
Low perception	16	26.2%	4	10.3%	20	20%	0.05 Sig.
High perception	45	73.8%	35	89.7%	80	80%	0.001 Sig.
X ± SD	135.54±38.79		148.7±14.9				
Total	61	100%	39	100%	100	100%	

Table 3: Direct Nursing Care Perception of Studied Sample Distributed by their Working Departments (N= 100).

Direct Nursing Care	Department				Total		P value of difference
	Wards		Critical Care Units		N0.	%	
	N0.	%	N0.	%			
Low perception	10	16.4%	0	0%	10	10%	0.006 Sig
High perception	51	83.6%	39	100%	90	90%	
X ± SD	41.4± 8.0		44.5±1.7				0.005 Sig.
Total	61	100%	39	100%	100	100%	

Table 4: Social Aspects Nursing Care Perception of Studied Sample Distributed by their Working Departments (N= 100).

Social Aspect	Department				Total		P value of difference
	Wards		Critical Care Units		N0.	%	
	N0.	%	N0.	%			
Low perception	29	47.5%	26	66.7%	55	55%	0.56 NS
High perception	32	52.5%	13	33.3%	45	45%	
X ± SD	9.65±6.00		10.23±4.313				0.57 NS
Total	61	100%	39	100%	100	100%	

Table 5: Infection Control Nursing Care Perception of Studied Sample Distributed by their Working Departments (N= 100).

Infection Control	Department				Total		P value of difference
	No.	Wards %	Critical Care Units No.	%	No.	%	
Low perception	12	19.7%	0	0%	12	12%	0.003 Sig
High perception	49	80.3%	39	100%	88	88%	
X ± SD	29.26±7.05		32.28±1.55				0.002 Sig
Total	61	100%	39	100%	100	100%	

Table 6: Activities Related to Nursing Perception of Studied Sample Distributed by their Working Departments (N= 100).

Activities Related to Nursing	Department				Total		P value of difference
	No.	%	Critical Care Units No.	%	No.	%	
Low perception	14	23%	10	25.6%	24	24%	0.76 NS
High perception	47	77%	29	74.4%	76	76%	
X ± SD	15.67±3.05		15.69±1.90				0.96 NS
Total	61	100%	39	100%	100	100%	

Table 7: Psychological Aspect of Nursing Care Perception of Studied Sample Distributed by their Working Departments (N= 100).

Psychological aspect	Department				Total		P value of difference
	No.	%	Critical Care Units No.	%	No.	%	
Low perception	20	32.8%	16	41%	36	36%	0.402 NS
High perception	41	67.2%	23	59%	64	64%	
X ± SD	12.47±3.33		12.48±2.59				0.98 NS
Total	61	100%	39	100%	100	100%	

Table 8: Biological Aspect of Nursing Care Perception of Studied Sample Distributed by their Working Departments (N= 100).

Biological Aspects	Department				Total		P value of difference
	No.	%	Critical Care Units No.	%	No.	%	
Low perception	16	26.2%	4	10.3%	20	20%	0.051 Sig
High perception	45	73.8%	35	89.7%	80	80%	
X ± SD	13.54±7.62		16.66±4.073				0.009 Sig
Total	61	100%	39	100%	100	100%	

Table 9: Management Responsibilities of Nursing Care Perception of Studied Sample Distributed by their Working Departments (N= 100).

Management responsibilities of nursing care	Department				Total		P value of difference
	No.	%	Critical Care Units No.	%	No.	%	
Low perception	16	26.2%	4	10.3%	20	20%	0.051 Sig
High perception	45	73.8%	35	89.7%	80	80%	
X ± SD	13.50±7.61		16.82 ±4.06				0.006 Sig
Total	61	100%	39	100%	100	100%	

III. Discussion

This cross-sectional descriptive study had included 100 nurses, with the aim of describing their perceptions of the meaning of holistic nursing care. The findings of the study indicated that the majority of nurses had high perception of holistic nursing care. Holism in health care is a philosophy that emanated directly from Florence Nightingale, who believed in care that focused on unity, wellness and the interrelationship of human beings, events and environment (Odbehr et al. 2014).

The present study's findings revealed that the majority of nurses focused in their perception mainly on direct nursing care, infection control, biological aspect of nursing care and management responsibility of nursing care as the most important components of holistic nursing care as evident by highest means. This result was in contrast with Jones (2011) who mentioned that a holistic approach incorporating all aspects and dimensions of nursing (physical, psychological, and sociological). Moreover, these findings were incongruent with Volland et al. (2013) who reported that holistic nursing care is comprehensive in that it takes into account the patient's physical, emotional, social, spiritual and psychological well-being and includes the consideration and use of complementary and alternative modalities (CAMs). In our opinion, these difference may be related to different cultures, policies and procedures and also this is truly the actual nursing care given to patients.

The results of this study demonstrated that although all nurses didn't receive any training regarding holistic nursing care their perceptions of holistic nursing care is high, which were about (90%) in critical care units and about (74%) for wards. This means that the majority of nurses were aware of its significance on patient outcomes, which may be due to the fact that, in our study the mean years of experience were (7.2±3.1 and 6.9±3.5 years) for nurses working in wards and critical care units respectively. This result was in the same context with Smith and Mcsherry (2003) and Giske (2012) who revealed that holistic care was an important concept which should be included in the training of nurses.

Moreover, this finding was supported by several studies Cetinkaya et al. (2013) revealed that 96.9% of nurses included in their study had not received any training regarding holistic care. In another study nurses who had not been trained in holistic care stated that they felt inadequate in regard to the administration of holistic care to patients (Baldacchino, 2008). Yilmaz and Okyay (2009) conducted a study aimed at establishing nurses' opinions on spirituality and spiritual care. This showed that 65.2% of nurses had not been informed about spirituality. In nursing, patient care is approached in an integrated way. Nurses evaluate the patient's physical, mental, psychological and spiritual facets when giving care. Therefore, although there is insufficient training on the subject of spiritual care, nurses are aware of its importance.

On the other hand, the results were in contrast with Christiaens et al. (2013) who highlighted that nursing students gained knowledge about holistic nursing and felt empowered through personal interactions with national holistic nursing leaders. They felt motivated to incorporate holistic nursing principles into practice and self-care. In addition, they expressed an appreciation for the importance of lifelong learning and maintaining clinical competency through attendance at a professional conference.

The results of the study indicated that nurses had high perception related to direct nursing care dimension. This result was in the same line by Shakweer (1999) who revealed that, nurses had moderately perceived direct nursing care dimension. Moreover, the study indicated that majority (55%) of nurses had low perception regarding social aspect and the lowest percentage (45%) of them had high perception. This finding was incongruent with Shakweer (1999) who indicated that nurses have moderately perceived social care of patients. Jerry (2013) reported that most of people take our social networks for granted but it's when we need help that we truly feel the benefit of support. The type of support required depends on our needs and this indicates that more than one kind of social support exists. Joni et al. (2012) suggested that higher levels of social support are associated with improved clinical outcomes.

Regarding nurses' perception of infection control precaution as a component of holistic care. The findings of this study indicated that the majority (88%) of studied nurses had high perception and only (12%) of studied nurses had low perception. In critical care units (100%) of studied nurses had high perception related to infection control, while in wards (80.3%) had high perception. This result was in the same context with Shakweer (1999) who reported that, nurses working in emergency unit moderately perceived this dimension, while nurses working in medical and surgical wards had low perception of dimension of infection control precaution. This result may be related to nurses working in critical care units may consider critical conditions of patients liable to infection. Sean et al. (2011) reported that oncology nurses were in a unique position to deal with these infections by monitoring patients post-therapy and enacting evidence-based practices to reduce the risk of infection. Also Zitella et al. (2009) emphasized that their efforts help improve patients' quality of life and ease the economic impact of treatment on families and the healthcare system.

The findings of this study stated that the highest percentage (76%) of nurses had high perception regarding activities related to nursing and the lowest percentage (24%) of them had low perception. Scrubs (2014) stated that direct patient care is taking up less time for nurses than it was five years ago, and technology is increasingly helping nurses do their jobs more effectively. Atlanta et al. (2012) reported that the majority of

nurses are spending one quarter of their twelve-hour shift on indirect patient care, which supports care delivery but does not require direct interaction with the patient. That is according to a recent study by Atlanta-based staffing and technology company Jackson Healthcare. The study also found the number of nurses reporting to spend at least two hours per shift on indirect patient care increased slightly from 73% to 78% in 2009.

Moreover, the findings of this study indicated that about two thirds (64%) of studied nurses had high perception regarding psychological aspect of nursing care. This result was incongruent with **Shakweer (1999)** who denoted that all nurses moderately perceived this dimension as a component of holistic care of nursing.

In addition, the results of this study revealed that the majority (80%) of studied nurses had high perception regarding biological aspect nursing care. This finding was incongruent with **Shakweer (1999)** who indicated that nurses working in emergency unit had low perception regarding biological aspect. **Hermann (2001) and Sellers (2001)** conducted qualitative studies and found that patients desired the inclusion of spirituality by nurses. Many studies found that spirituality was a positive factor as patients experienced illness (**Albaugh, 2003 and Kociszewski, 2003**). **Deal (2010)** concluded that spiritual care appears to be beneficial to the patients when a shared belief is noted. The nurse can support the patient with spiritual interventions such as time spent with them, listening if they requested and praying with them. Spiritual care is an integral part of nursing.

Generally, and away from the emphasis on direct nursing care, infection control, biological aspect and management responsibility and the de-emphasis on social aspect, psychological aspect and activities related to nursing, one positive thing was certain from the present study findings, the majority of nurses appreciated the importance of holistic nursing care to improve and upgrade the effectiveness of the delivered services.

Limitations of the study:

This study had some limitations, where all data in this study was obtained through cross-sectional, self-report surveys, which could lead to common method variance. Also, the sample size in this study was small and taken only from one governmental hospital. Therefore, it is suggested that these results be used cautiously.

IV. Conclusion

Despite the limitations of the study, the findings of the current study support the hypothesis that nurses do not receive any training on the subject of holistic nursing care both before and after graduation, but their perceptions of the topic is quite high. The majority (80%) of studied nurses had high perception regarding holistic nursing care, while (20%) of them had low perception in both departments. This result may be due to the fact that, in our study the mean years of experience were (7.2 ± 3.1 and 6.9 ± 3.5 years) for nurses working in wards and critical care units respectively. This means that the majority of nurses were aware of its significance on patient outcomes. Moreover, there were statistical significant differences regarding direct nursing care, infection control, biological aspect of nursing care and management responsibility of nursing care between two departments. However, no statistical significance differences could be found between the two variables regarding social aspect, activities related nursing and psychological aspect of nursing care.

V. Recommendations

Based on the findings of this study, the following recommendations are proposed:

- 1- Designing and implementing an educational program on the importance of delivering holistic nursing care.
- 2- Further studies are needed with a larger sample size ranging across different governmental and private hospitals in different governorates to generalize the results.
- 3- The concept of holistic nursing care must be emphasized in the undergraduate as well as the postgraduate curricula to prepare candidates to apply the established programs where they work.

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