

UNDERSTANDING HOLISTIC NURSING PRACTICE

Grace Ngugi Olorunleke Igunnuoda

Degree Programme in Nursing
2015

DEGREE THESIS		
Arcada		
Degree Programme:	Bachelor of Nursing	
Identification number:	5281, 5282	
Author:	Grace Ngugi & Olorunleke Igunnuoda	
Title:	Understanding holistic nursing practice	
Supervisor (Arcada):	Gun-Britt Lejonqvist	
Commissioned by:	Arcada	
	<u> </u>	

Abstract:

Holistic nursing is a philosophy and a model that integrates concepts of presence, healing and holism. These concepts are based on broad academic principles that incorporate a sensitive balance between art and science, analytic and intuitive skills, and the interconnectedness of body, mind and spirit. Holistic nursing was form by the American holistic nurse association in 1980 (AHNA, 2000). The aim of this study is to explore what is found in the literature on nurses' view on holistic nursing and also to describe the challenges nurses encounter in holistic nursing. This study will seek an answer to the following research questions 1. What are nurses view holistic nursing 2. What are the challenges in holistic nursing practice? Katie Eriksson theory of caritative caring and biopyscosocial theory was introduced as a guild seeking solutions for the research questions. In the analysis twenty one articles were reviewed, inductive content analysis was used. Result of the study shows nursing's view on holistic nursing as social wellbeing, communication and attitude & knowledge, while challenges encountered by nurses includes religion belief of the care giver, education and meeting patient need. Limitation on this research work includes the broadness of the thesis topic and the time used in getting this research work done.

Keywords:		
	Holistic nursing, caring, patients, nurses	
Number of pages:	45	
Language:	English	
Date of acceptance:	01.12.2015	

OPINNÄYTE	
Arcada	
Koulutusohjelma:	Hoitotyön koulutusohjelma
Tunnistenumero:	5281, 5282
Tekijä:	Grace Ngugi & Olorunleke Igunnuoda
Työn nimi:	Understanding holistic nursing practice
Työn ohjaaja (Arcada):	Gun-Britt Lejonqvist
Toimeksiantaja:	Arcada

Tiivistelmä:

Kokonaisvaltainen hoitotyö on filosofia ja malli, joka integroi käsitteet läsnäolosta, paranemisesta ja holismista. Nämä käsitteet Nämä perustuvat laajaan akateemisiin periaatteisiin, jotka sisältävät herkän tasapainon taiteen ja tieteen välillä, analyyttisen ja intuitiivisen taidon välillä, ja kehon, mielen ja hengen yhteyden. Kokonaisvaltaisen hoitotyön luojana on Amerikan kokonaisvaltainen sairaanhoitajien yhdistys vuonna 1980 (AHNA, 2000). Tämän tutkimuksen tavoitteena on tutkia, mitä löytyy kirjallisuudesta kokonaisvaltaisesta hoitotyöstä hoitajien näkemyksellä ja myös kuvata sairaanhoitajien kohtaamia haasteita kokonaisvaltaisessa hoitotyössä. Tutkimuksessa etsitään vastausta seuraaviin tutkimuskysymyksiin Mitkä sairaanhoitajien näkemykset 1. ovat kokonaisvaltaisessa hoitotyössä 2. Mitä haasteita on kokonaisvaltaisessa hoitotyössä? Katie Erikssonin teoria ja kokonaisvaltaisesta hoitotyöstä ja biopyscosocial teoria esitellään tutkimuskysymyksille. Analyysissä kaksikymmentäyksi artikkelia tarkistettiin. Tutkimuksen tulos osoittaa hoitotyön näkemyksen kokonaisvaltaisen hoitotyön sosiaalista hyvinvointia, viestintä ja asenne & tietoa, vaikka haasteet kohtaavat sairaanhoitajien sisältää hoitaja uskonto, koulutus ja kokous potilaan tarpeeseen.

Avainsanat:	
	hoitotyö, Kokonaisvaltainen hoito, potilas hoito,hoitaja
Sivumäärä:	45
Kieli:	Englanti
Hyväksymispäivämäärä:	01.12.2015

CONTENTS

1 II	NTRODUCTION	7
2 B	BACKGROUND	8
2.1	Holistic care	9
2	2.1.1 Holistic Nurse	10
2	2.1.2 Holistic Nursing Philosophy	12
2	2.1.3 Spirituality and Healing	12
3 Т	HEORETICAL FRAMEWORK	14
3.1	Katie Eriksson's Theory of Caritative Caring	14
3.2	Bio-psycho-social-spiritual model	15
4 A	AIM AND RESEARCH QUESTIONS	17
5 N	METHODOLOGY	17
5.1	Data collection	17
5.2	Data Analysis	22
5.3	Sub-themes and Theme	26
5.4	Reliability and Validity	28
5.5	Ethical Considerations	28
6 F	INDINGS	29
6.1	Findings for research question 1	29
6.2	Findings for research question 2	32
7 0	DISCUSSION	34
7.1	Relating findings to the theoretical framework	37
7.2	Limitation	38
7.3	Work Division	39
8 C	CONCLUSION AND RECOMMENDATIONS	40
9 R	REFERENCES	42

Figurer / Figures

Figure 1 Holistic nursing	13
Figure 2 Biopsychosocial Model	16
Figure 3 Picture of how articles where selected	20
Tables	
Table 1. Search result	19
Table 2. Including and excluding criteria table	21
Table 3. Summary of the articles used in content analysis	23
Table 4. Theme, categories and sub-categories formation	26

ABBREVIATIONS

AHNA American Holistic Nurse Association

ANA American Nurses Association

CAM Complementary/Alternative Modalities

WHO World Health Organization

1 INTRODUCTION

Presently, there are two major challenges that are emerging in nursing. First the integration of the concept of technology, mind and spirit into nursing practice and secondly is to create models that focus on the healing of self and others. (Wunderlish, Kohler, 2001).

The idea of caring for the entire person, not just their physical body, is one that dates back to Florence Nightingale. Florence Nightingale devotion was to care for those who could not care for themselves. Florence Nightingale herself encouraged holistic care by recognizing the importance of environment touch, light, scents, music and silent reflection in therapy process (Erickson, 2007).

In order to get a clear understanding of Holistic nursing, Katie Eriksson theory of Caritative caring will be used. Katie Eriksson who is a Finnish and Swedish nurse, came up with this theory of Caritative care that helps differentiate the relationship between a nurse and a patient and the concept of caring ethics which guide the nurses in decision making. The theory of Caritative care includes love and charity which in other words is known as caritas. It highlights the importance of respecting the dignity of a human being and holiness. (Alligood, Marriner-Tomey, 2010)

Holistic nursing is the concept of caring of a person as a whole. The aim is to restore the patient as a whole. Holistic nursing emphasizes on the nurses taking into account the connection between mind, body, emotion, spirit, social, cultural, environment and past relationships in order to restore the patient to a whole. This however has not always been possible to achieve. (American Nurse Today, 2013)

The study is a literature review and the aim is to find out about Holistic nursing, what are the nurse's view on holistic nursing and the challenges that are there in practicing holistic nursing.

2 BACKGROUND

Holistic self-care. Holistic nursing is a model that combine the idea of presence, healing and holism. These ideas are grounded on broad academic principles that find the relationship between art and science with the help of analytic and intuitive skills, and the relationship between the body, mind and spirit. Holistic nursing was formed by the American holistic nurse association in 1980 (Mariano, 2013).

The goal of holistic nursing is to possibly elevate, reduce or prevent suffering. In the mid-90s, nursing began to become a profession and became connected to developments medicine. In 1970, most nurse student and researcher sees nursing as being concerned with the whole person. Dossey theory of nursing was boldly based on holistic, integrated, and multidimensional theory. (American Nurse Today, 2013)

The American Holistic Nurses Association (AHNA) was established in 1980 to represent holistic nurses, also to encourage in educating of nurses, researcher in practicing holistic nursing. The American Holistic Nurses Certification Corporation (AHNCC) was also established in 1997 to recognize holistic nurses, AHNCC work hand in hand with AHNA to further holistic nursing and also to provide educational opportunities in holistic nursing field (American Nurse Today, 2013)

Is holistic nursing a specialty practice?

The American Nurses Association (ANA) first recognized holistic nursing in 2006 as a special area of nursing practice which also give nurses practicing holistic nursing a base for practicing and also difference the difference between holistic nurses and ordinary nurses in healthcare professions (American Nurse Today, 2013).

Standards and scope of practice for holistic nursing practice

AHNA with the cooperation of ANA made possible Holistic Nursing Scope & Standards of Practice. The standard of Practice that describes the standards of practice and professional performance of holistic nursing, it also definition of holistic nursing and also give the historical culture of holistic nursing. AHNA standards of Practice made it possible for all nurses to understand the philosophy, values, knowledge, and skills needed to practice holistic care, health, and healing are based, and show the relationship of CAM to the standards. Below the five core values of holistic nursing are shown (American Nurse Today, 2013)

- Holistic philosophy, theories, and ethics
- Holistic caring process
- Holistic communication, therapeutic environment, and cultural diversity
- Holistic education and research

(American Nurse Today, 2013)

2.1 Holistic care

Holistic nursing focuses on protecting, promoting, and optimizing health and wellness and preventing illness and injury at the same time reducing suffering and supporting people to find peace, comfort and balance through their illness. (Mariano, 2007)

Holistic nursing also recognizes holism. According to American Holistic Nurses, 1994 "holism involves studying and understanding the interrelationship of the bio-psychosocial-spiritual dimensions of the person recognizes that the whole is greater than the sum of its parts; and that holism involves understanding the individual as an integrated whole interacting with and being acted upon by both internal and external environment"

It is believed that the whole person is made up of interdependent parts and if one part is not working properly, all the other parts will be affected. Therefore there is an in balance of physical, emotional, or spiritual in sick people which in turn negatively affect their overall health. The aim of holistic nursing is to focus on all forms of healing from

conventional medication to alternative therapies to treat a patient (Strindberg, et al, 2007).

According to (Dossey, 2005) the role of holistic nurses "is to learn to incorporate mindoriented therapies in all areas of nursing in order to treat the physiologic as well as the psychologic and spiritual sequel to illness"

2.1.1 Holistic Nurse

A holistic nurse is described as one who really cares. They are nurses who really take their time with the patient; they recognize and treat each individual differently, they are able to see beyond the diagnosis and not treat the patient as a burden. A holistic nurse needs to recognize the psychological and emotional well-being of a patient to facilitate physical healing. Respecting the patients role in the treatment process having the patient take part in the process and encouraging self-care is an aspect of holistic care which leads to therapeutic consultation, hope, dignity, self-discipline, social growth a sense of autonomy, vigor and vitality. The goal of a holistic nurse is to identify what the patient's idea of health and healing is and facilitate a treatment plan to enhance the entire well-being of the individual. A holistic nurse acts as a partner to the patients guiding them in their journey of healing. The holistic practice is built on the philosophy that all elements in life are connected; self, nature, spirit and others. All aspects influence the other and can impact the overall health of a patient. (Mariano, 2007)

Holism is a concept that is found in holistic nursing which means treating a human being as a whole. For nurses to deliver holistic care, it is important to differentiate and understand healing and curing. Curing focuses on manly eradicating what is causing the illness this includes the use of medicine in order to find a physical cure to a disease. Healing which is mainly the concept of holistic nursing focuses on finding balance in the body, mind, and spirit in a human being. (Dossey, 2005) The best outcome for a patient is when the two healing and curing are combined.

CORE VALUES OF HOLISTIC CARE

Holistic nursing is governed by four core values that summarize the ideals and principles of holistic nursing. The core values describe a diversity of nursing activities in which holistic nurses are involved. They are based on the philosophy is an art and science for which the primary purpose is to provide services that enable individuals, families and communities to achieve wholeness. The core values of holistic nursing are 1.philosophy theory and ethics, 2.Holistic caring process, 3. Holistic communication, 4. therapeutic environment and cultural diversity, 5. Holistic education and research and 6. Holistic nurse self-care. (Mariano, 2007)

THE HOLISTIC CARING PROCESS

A holistic nurse provides care recognizing the patient as a whole. The holistic caring process involves assessment, diagnosis, and outcome, therapeutic plan of care, implementation and evaluation (Mariano, 2007).

Holistic Communication

Holistic communication is the art of sharing and as well as factual communication. It involves the patient experiencing the presence of the nurse as caring, sincere, non-judgmental, and compassionate and appreciating the patient's point of view. This begins with non-verbal communication for example keeping eye contact and an inviting facial expression and willingness to listen to a patient's point of view. "Active listening" is the basic form of holistic communication. It is the act of listening to what the patient says and reflecting it back to the patient. The goal is to listen to the whole person and provide the person with empathic understanding. This helps the patient feel heard and understood (Klagsbrun J 2001)

Holistic nurse self-care

Holistic nursing requires the integration of self-care. It is important for holistic nurses to recognize that they cannot facilitate healing unless they are in the process of healing

themselves. The World Health Organization defines self-care as "activities individuals, families, and communities undertake with the intention of enhancing health, preventing disease, limiting illness, and restoring health. These activities are derived from knowledge and skills from the pool of both professional and lay experience. They are undertaken by lay people on their own behalf, either separately or in participative collaboration with professionals." (WHO, 1983). Holistic nurses value themselves and mobilize the necessary resources to care for themselves. They endeavor to integrate self-awareness, self-care and self-healing by engaging in practices such as self-assessment, meditation, yoga, good nutrition, movement, art, support and lifelong learning. They strive to achieve balance and harmony in their own life and help others do the same. (AHNA, 2007)

2.1.2 Holistic Nursing Philosophy

Holistic nursing is a philosophy of holism, healing and spirituality. As mentioned earlier, holistic nursing uses the bio-psycho-social-spiritual model to take into consideration the whole being of a patient. In holistic nursing disease and illness have an impact on the four bio-psycho-social-spiritual model and contribute to the patient's symptoms, method of treatment and healing. This theory shows how the four components have the ability to be interdependent and interrelating. The theory acknowledges that the patients are more than just the disease or illness. It uses the theory that caring for a patient requires the consideration of body, mind spirit and soul. It is caring for the whole self of the patient through traditional and alternative approaches to achieving holism and optimal quality of life (Montgomery, et al, 2004).

2.1.3 Spirituality and Healing

The interest in spirituality has really increased recently and has resulted in the publication or related literature. According to Miner, Williams (2006), survey indicates that more than 90% of people believe in a higher being. In times of difficult times such as illness or difficult life circumstances, patients have a tendency to re-evaluate what in their life brings meaning or purpose and a sense of importance and often spiritual ave-

nues provide comfort (Baldacchino 2006) As patients population are desiring the need of spiritual care, nurses need to understand the nature and importance of spirituality and the need to provide spiritual care. Unfortunately the nurses of today lack the knowledge and education on spirituality due to the indefinite or indistinct nature of spirituality and lack of education and guidance on how to give spiritual care. (Grant 2004). It is therefore important for the nurses today to understand the concepts of spirituality in order to offer the essence of holistic nursing (Baldacchino, 2006)

Spirituality and healing are defined as a critical component of an individual wholeness that is carried out throughout their lives. Spirituality is unique for every individual. To some people spirituality is expressed as a religion and involves particular rituals and behaviors unique to their practice. Spiritual beliefs provide meaning and directions to some people's lives. To others spirituality has a broader meaning than religion and cannot be defined by a mere action. Blonna (2007) defines spirituality as a "belief in a relationship with a higher power, creative force, divine being or infinite source of energy" (p101). Holistic nurses believe in the effectiveness of spiritual care and use spiritual interventions in situations when patients experienced serious of complex emotional situations. When spiritual care is given, patients may experience inner peace, physical relaxation and a decrease in physical pain (Grant. 2004)



Figure 1 Holistic nursing

3 THEORETICAL FRAMEWORK

A theoretical framework is used to describe, support and provide answers to the research questions, in this case to understand the concept of holistic nursing Katie Eriksson's theory of caritative caring and the Bio-psycho-spiritual model will be used to explain the concept of holistic nursing.

3.1 Katie Eriksson's Theory of Caritative Caring

According to the fundamental assumptions of caring science, caring is basically seen as natural and inherent. Katie Eriksson caritative caring theory was developed from the art of caring science. (Alligood and Marriner-Tomey, 2010).

Eriksson recognize human being as an entity of body, soul and spirit. She further stated that we human beings depend on one another, and relationship where we can give and receive love, experience faith and hope and also know that we exits and have a meaning for our existence. Human being in term of caring according to Katie Eriksson become a patient in content to a suffering human being. A suffering patient will want to acknowledge that he or she is suffering and also need the time and space to accept this fact because suffering can from one person to another (Alligood & Tomey, 2010).

What motivates nursing to care is love and charity or caritas. According to Eriksson it is the inner most core of nursing and a goal to care. Caring seen as something real and true, the care relationship between nurses and patient according to Eriksson is seen as an open invitation which is strong and always welcoming. Playing and learning in spirit of love and faith and hope is also seen to the basic of caring (Alligood & Tomey, 2010).

Caring is more like a relationship between nurses and patients and caring can exists in different categories. True communion and the awareness for the unique human being are central and important in caritative caring, and it also implies creating possibility for others. (Alligood & Tomey, 2010).

Basic Assumptions of Eriksson's Theory (Alligood & Tomey, 2010 p. 197.).

- 1. The human being is fundamentally an entity of body, soul, and spirit.
- 2. The human being is fundamentally a religious being, but all human beings have not recognized this dimension.
- 3. The human being is fundamentally holy. Human dignity means accepting the human obligation of serving with love, of existing for the sake of others.
- 4. Health means a movement in becoming, being and doing, and striving for integrity and holiness which is compatible with bearable suffering.
- 5. The basic category of caring is suffering.
- 6. The basic motive of caring is the caritas motive.
- 7. Caring implies alleviating suffering in charity, love, faith, and hope. Natural basic caring is expressed through tending, playing, and teaching in a sustained caring relationship.
- 8. Caring relationship forms the meaningful context of caring and derives its origin from the ethos of love, responsibility, and sacrifice, that is, a caritative ethic.

 (Alligood & Tomey, 2010 p. 197)

3.2 Bio-psycho-social-spiritual model

The bio-psycho-social-spiritual model has been reviewed to better understand the concept of holism. In this model the biological, psychological, social and spiritual connecting to a patient are looked and put into consideration when treating a patient. This model makes it possible for us to learn more about patient's symptoms and disease that influence the variety of manifestations that occur in each patient (Dossey 1995).

The biological system deals with the anatomical, structural and molecular substance of disease and the effects on the patient's biological functioning, the psychological system handle the effects of psychodynamic factors such as motivation and personality on the experience of and reaction to illness. The social system examines the cultural, environmental and family influence on the experience of the illness. The four concepts are unique and interconnected, and regardless of the cause of disease, they need to be combined in order to obtain or aim for optimal healing (Dossey, 2005).

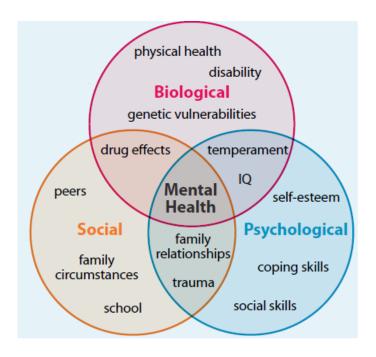


Figure 2 Biopsychosocial Model

The biopsychosocial model provides a conceptual framework for dealing with ill patients and as a reminder that there may be important issues beyond the purely biological. This model healing is not, as it is often characterized, as "making whole." Rather, healing, in its most basic sense, means the restoration of right relationships. What genuinely holistic health care means is a system of health care that attends to all of the disturbed relationships of the ill person as a whole, restoring those that can be restored, even if the person is not thereby completely restored to perfect wholeness. A holistic approach to healing means that the correction of the physiological disturbances and the restoration of the body interior is only the beginning of the task. Holistic healing requires attention to the psychological, social, and spiritual disturbances as well (Hatala, Andrew, 2012).

4 AIM AND RESEARCH QUESTIONS

The aim of this study is to explore what is found in literature reviews on nurses' view on holistic nursing and also to describe the challenges nurses encounter in holistic nursing.

This study will seek an answer to the following research questions

- 1. What are nurses view on holistic nursing
- 2. What are the challenges in holistic nursing practice

5 METHODOLOGY

Qualitative approach is applied by inductive content analysis to review the literature. A literature review has been used for this study, which assists the researchers to get a clear knowledge about the area of study. Inductive reasoning was used to look and seek results to our research questions and to draw conclusion based on our research and results. The information about understanding holistic care was collected from pre-existing scientific articles which were used to answer our research questions. The research questions were used as a guide in the study and the main aim was to find answers to the research questions in the review.

5.1 Data collection

Arcada University of Applied Science Nelli-Portal database was accessed and a number of databases were searched for pre-existing articles full text literatures, published academic journals, web pages and published books were used. The following databases were of importance and were used by the authors: Academic Search Elite (EBSCO), Cinahl (EBSCO), PubMed and Sciences Direct.

First search the authors was conducted in "Academic Search Elite (EBSCO)". The first search was conducted using the Boolean phrase: "holistic nursing AND "challenges" also "holistic nursing" AND nurses view or perception or experiences". Based on the

fact that new knowledge is need for the research work, and more recent findings is more applicable to today's situations the search result were limited by choosing articles from 2000 which decreased the number of hits. Same process stated above was used for CI-NAHL (EBSCO).

After reading through the titles and the abstracts of selected articles, the pre inclusion criteria were to what extent these article's abstracts were related to formulated research questions and to what extent they shared the same keywords as the research questions included. The articles which did not meet these conditions were excluded resulting in articles for further studies and investigations. Criteria for selecting article, can be found in table 1 below.

The second search was conducted using the Boolean phrase with PubMed database. In PubMed database the advanced search was used with the following search words with followed fields which are shown in brackets: "holistic nursing [Title/Abstract]) AND "challenges [Title/Abstract]) AND holistic nursing AND "nurses view [Tit le/Abstract]" same criterial was set

In the third search the advanced search of "Science Direct" was used. Searching for phrases "holistic nursing "and" challenges" in "TITLE ABSTRKEY" was conducted while refining search results with choosing" Journals and All" options and limiting of time period to "2000 till present.

Finally, over 50 articles were found to be relevant to be included in our study. The results of our investigation among the searched literature are summarized as follows.

Table 1. Search result

DATABASES	SEARCH WORDS	YEAR	NUMBER OF HIT	SELECTED ARTICLES
EBSCO (Academic	Holistic nursing AND	2000 - 2015	75	6
Search Elite)	Nurses view or expe-			
	rience or perception			
	Holistic nursing AND		32	6
	Challenges			
EBSCO (CNAHL)	Holistic nursing AND	2000 - 2015	35	1
	Nurses view OR per-			
	ception OR Experi-			
	ence			
			17	2
	Holistic nursing AND			
	Challenges			
SCIENCE DRECT	"Holistic nursing"	2000 - 2015	28	2
	AND "Nurses view"			
	Holistic nursing AND		84	2
	Challenges			
PUBMED	"Holistic nursing"	2000 - 2015	41	2
	AND Nurses view			
	Holistic nursing AND		69	0
	Challenges			

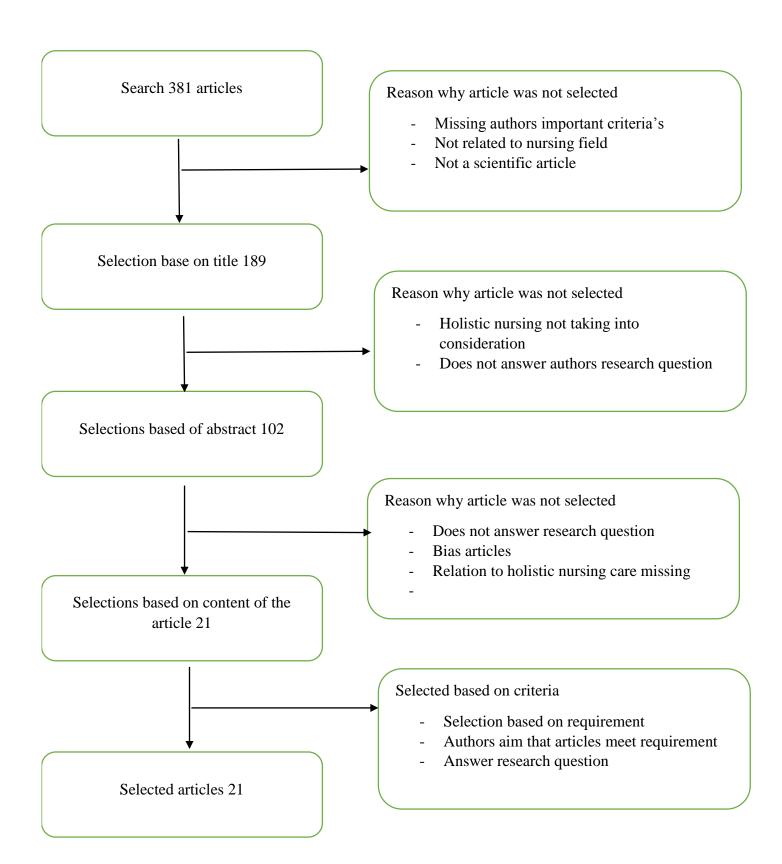


Figure 3 Picture of how articles where selected

Including Criteria

The authors set a criteria aiming to ensure that only articles that met the criteria were selected. Only academic databases such as Cinahl, Sciencedirect and Ebsco were used to search for articles for the study. All articles must be in English and be free to access.

The articles must have been published from 2000-2015, this is to ensure that must findings and researches are up to date. Older articles were also taking into consideration because some carries enough information need to answer the research questions.

Excluding Criteria

It was important for the authors to include some criteria in excluding articles; this ensures reliability of the study and establishes articles that are relevant to this review.

All articles whose material was irrelevant and non-scientific were not considered. Articles below the year 1998 were eliminated. Articles which do not meet the author's criteria were excluded, in order to attain credibility for the study. The selection criterion is summarized in the table below. The criterion used is presented in the table below.

Table 2. Including and excluding criteria table

Including Criteria	Excluding Criteria

- Must be retrieve from an academic database such as CINAHL,
 SCIENCEDIRECT, ACADEMIC
 SEARCH ELITE.
- ii. Articles in full text and relevant to the research topic
- iii. Articles must be in English
- iv. Articles publication date period between 2000 2015
- v. Articles should be free
- vi. OECD Member countries

- i. Articles not in full text
- ii. Articles not written in English
- iii. Articles not relevant to the topic
- iv. Articles that are not free

5.2 Data Analysis

Qualitative content analysis is a tool to describe phenomena, learn to understand and identify different processes and build new knowledge bases. (Elo & Kyngäs, 2008). The process of qualitative data analysis involves researching and finding articles that help in explaining, understanding and interpreting the topic that is been investigated. The content analysis involved reading and choosing scientific articles from different databases that were relevant to our topic and also those that answer our research questions. The research questions used helped in analyzing and creating results. (Schreier, 2012) The selection criteria focused on the content of the articles, attitude of the writers, weather the views were individual or group views and if the articles were actual or hypothetical. This involved the use of the including and excluding criteria. (Elo & kygäs

2007). 21 articles were selected and the results found were divided into categories and subcategories.

Below articles chosen for analyzing listed in chronological orders are:

Table 3. Summary of the articles used in content analysis

Author	Title	Year	Result
Article 1 Patricia O'Regan, Teresa Wills, and Anna O'Leary	Complementary therapies: A challenge for nursing practice	2010	This study show that nurses inexperience and lack of enough education affect clinical practice.
Article 2 Higgins A, Barker P, Begley CM	Sexuality: The challenge to espoused holistic care	2006	This study shows that the majority of nurses did not teach, support or counsel patients regarding the impact of illness, or advice on the management or treatment on sex related issues.
Article 3 Alison L. Kitson, sa Muntlin Athlin, Tif- fany Conroy	Anything but Basic: Nursing's Challenge in Meeting Patients' Fundamental Care Needs	2014	Nursing's challenge to meet patients' basic or fundamental needs is complex.
Article 4 Fawcett T.N. & Noble A	The challenge of spiritual care in a multi-faith society experienced as a Christian nurse	2004	This study shows how nurse with different belief can offer the ideal of spiritual care to a patient with different belief.
Article 5 Miki Goodwin, Lori Candela	Outcomes of newly practicing nurses who applied principles of holistic comfort theory during the transition from school to	2012	This study insists the introduction of holistic nursing education.

	practice: A qualitative study		
Article 6 Carla Mariano	An Overview of Holistic Nursing	2003	The study show that the challenges that nurses face might be the skills needed to practice
Article 7 Louise Byrne, Brenda Happell and AnthonyWelch	Reflecting on Holistic Nursing: The Contribution of an Academic With lived Experience of Men- tal Health Service Use	2013	The author found three main themes stated below as (1) Recovery—Bringing Holistic Nursing to Life; (2) Influencing Practice; and (3) Gaining Self-Awareness through Course Assessment: Challenge and Opportunity
Article 8 Odette N. Gould, Dusty Johnstone & Louise Wasylkiw	Nurse practitioners in Canada: Beginnings, ben- efits, and barriers	2006	The author identify 6 subtopic (a) approach to care, (b) client issues, (c) NP as profession, (d) acceptance, (e) relationship with other professions, and (f) system issues
Article 9 Sonja McIlfatrick and Felicity Hasson	Evaluating an holistic assessment tool for palliative care practice	2013	The articles stated that meeting and understanding patient need is a challenging task. Also acknowledge that holistic assessment is complex.
Article 10 Kevan Coffey & Allison Shorten	The challenge of preconception counseling: Using reproductive life planning in primary care	2012	According to the author meeting patient need, education and advice is a big task ahead of nurses. Patient expectations towards the care they might receive depends on some factors.
Article 11 Mari Cahmen Portollo and Sara cowley	Working the way up in neurological rehabilitation: The holistic approach to to nursing care	2011	To provide understanding of the nurse's role in Neurological holistic rehabilitation. The lack of time, knowledge, experience and the poor definition of nursing role and ineffective communication limited holistic care.

Article 12 NS550Priest H(2010)	Effective psychological care for physically ill patients in hospital.	2011	Highlights the importance of nurse's knowledge interpersonal skills and sensitivity to deal with patients experiences.
Article 13 Eva Lena Stranberg, Ingvar ovhed, Las Borgquist and Susan Whilhelmson.	The perceived meaning of a (w) holistic view among general practitioners and district nurses in Swedish primarycare: A qualitative study)	2007	Aim of the article is to explore the perceived meaning of a holistic view among general practitioners and nurses.
Article 14 C Johns	How holistic are we (The role of narrative, storytelling and reflection in the development of holistic practice	2012	Nurses view on the importance of reflection whereby the practitioner can look back and reflect on their encounters with patients and how it can be improved.
Article 15 Cathie O'Mahoney	Widening the dimensions of care	2005	The article highlights the Importance of communication and holistic care in improving the wellbeing of trauma patients.
Article 16 Selimen D, Andsoy	The importance of holistic approach during the Preoperative period	2011	The article emphasis that the goal of holistic nursing is to help patients integrate Self-care in their lives.
Articles 17 Mozaffari N, Peyrovi H, Nayeri ND	The social wellbeing of nurses shows a thirst for holistic support:a qualita- tive study	2015	The article shows that nurses need support in order to rebuild their social wellbeing. This improves job satisfaction, commitment, hope, motivation and confidence.
Articles 18 F.Kieran Mclaughlin	Familycenteredcare during resuscitation events.	2014	The article focuses on the nurse's view on holistic family centered care during and after resuscitation
Articles 19 Derik T Wade	Holistic Health Care. What is it and how we can achieve it.	2009	The article focuses on the different dimensions of viewing holistic care, highlights the current understanding of illness which is

			a disorder within the body causing bodily symptoms that lead on to disability and restriction to a normal life.
Articles 20	BiopsychosocialS piritual Model for the	2002	The article expands on the Biopsychosocial model to
Daniel P.Sulmasy	Care of Patients at the End of Life,		include the spiritual aspect of patients.
Articles 21	Effective Factors in	2015	Examines the effective fac-
Vahid Zamanzadeh	Providing Holistic Care: A Qualitative Study		tors in nurses' provision of holistic care to help enhance it. The structure of education systems, professional environment and personal traits can help enhance holistic nursing.

5.3 Sub-themes and Theme

Table 4 below shows the major and minor common categories among the above mentioned 10 articles and how these categories can be gathered to make a theme.

 $Table\ 4.\ Theme,\ categories\ and\ sub-categories\ formation$

Units of anal-			
ysis	Definition	Sub-theme	Themes
11, 12, 13, 14, 15, 16, 18, 19	Good communication the nurses are able to analyze patients, and family member's knowledge, feelings, thoughts and problems. This helps to understand the patient and family members and evaluate the quality of healthcare.	Communication	Nurses view on holistic nursing

11, 13, 16, 20, 21	Social wellbeing is a reflection of experience in a social environment indicating how social challenges are determined. A professional attitude involves recognizing a person as a whole and not fragments of a person with a disease.	Attitude & Knowledge	
3, 7, 10	Many factors also affect meeting patient's need which varies from age group, sex, social class and cultural background.	Meeting patient need	
1, 2, 6, 8	Technology is growing fast it is creating a challenge for nurses and nursing body to keep pace with the fast growing trend to insure the continued delivery of high quality and effective patient oriented care		Challenges in holistic nursing
4, 5	Our beliefs may affect us as a nurse to fully give care to our best if believing the receiver's belief is different from the care giver.	Religion Belief	

5.4 Reliability and Validity

According to Long and Johnson, when conducting a research work reliability and validity should be taking into consideration when seeking the originality or genuinely of a research work since both are very important principle in qualitative research (Long and Johnson, 2000).

Reliability in this research work refers that this research work can be perform under the same criteria and the result of study would be the same while the authors refers validity of the research measures contemplate to seek answer the research question.

5.5 Ethical Considerations

Ethics is simple terms means doing what is right and avoiding doing wrong. When it comes to research it means that the researcher has a moral obligation to protect the participants in the research from harm, invasion into their privacy, promoting their wellbeing and obtaining consent for the study. Harm in research ethics means preventing psychological stress, pain or death or anything that causes embarrassment or humiliation to the participants. Participants of the study should be fully informed about the purpose of the study, method to be used, requirements of the study and the risks involved. This can be achieved by obtaining a consent from the participants. At all times it is important to maintain the privacy of the participants. In this study no interviews were conducted therefore the research did not harm anybody directly. (Moule & Goodman, 2009)

Deception in research is also an ethical consideration which should be taken into account. Deception is the intentional misrepresentation of facts related to the purpose of study. This could be brought about by lack of enough data, time or finance. This would lead to the researcher simulating an incident which is unethical. Qualitative research focuses on not interfering with original done studies in other words the natural setting under studies. (Denzin & Linclon, 2005)

Integrity is also taken into consideration where the researcher honestly does the research. Lack of integrity in research whether it is unintentional weakens the study which could lead to invalidation of the study. Researchers are obligated to respect source material and not to plagiarize it. Plagiarism is a situations where a research or report does not show significant differences from what has been published before. This could be possible in data which has only been changed slightly. (Denzin & Linclon, 2005) Plagiarism has been avoided by marking correctly references according to Arcada University of Applied Sciences thesis/report writing guidelines. Articles have been obtained from trusted web databases. Findings presented are from the selected articles.

6 FINDINGS

In this chapter, the author will be presenting the results found from selected articles.

6.1 Findings for research question 1

Attitude and Knowledge

A professional attitude involves recognizing a person as a whole and not fragments of a person with a disease. Factual knowledge is acquired through special training and long professional experience. Knowledge is also about feelings and social competence. Holistic view is a strong motivator and it is a facilitator. The way in which primary care is organized can either be a barrier or a facilitator and could influence a holistic approach. For example offering nurses the opportunity to do house calls would facilitate a holistic view which is essential. In preventive work and palliative care, a holistic view was stated to be specifically important. The assessment of patients and relatives needs and possibilities at home was important when planning a rehabilitation programme based on individual needs. In article (11) the nurses stated that they needed to know what social life, emotional needs, hobbies or work patients and relatives had before the disease and

could develop afterwards to diagnose, intervene and delegate and evaluate any problem and develop their role. Consultations and communication with patients were seen as important tools. (11, 13, 21). The articles also highlighted the importance of nurses receiving proper education in order to offer holistic care. The content of educational programs, the teaching method and the educator competence was highlighted. Motivational factors for example personal traits, personal experience of hospitalization and input sources. Personal traits for example sensitivity sociability would help nurses in providing holistic care. (21) Holism is the philosophy of understanding people by addressing factors that affect people in all situations. The goal of a holistic nursing is to help patients integrate self-care into their lives. By providing holistic care nurses can for example help surgical patients experience fewer complications and reach discharge more quickly. Holistic nurse can use music, guided imagery, therapeutic therapy, touch therapy and communication skills. The articles highlight that successful surgery for the patient means not only recovering but regaining physical, mental, and spiritual health as a whole.(16, 20.)

Communication

Relationships in care provide the foundation for many important activities in healthcare. In this relationships information is exchanged, resources are allocated, diagnosis are arrived at, treatments are chosen and outcomes of the care given are assessed. All this can only be achieved with the quality of relationship that links the patient to the doctors, nurses, organization and community. According to article (16) communication during preoperative care is very important because the patient is depending on the health care professionals. With good communication the nurses are able to analyze patients, and family member's knowledge, feelings, thoughts and problems. This helps to understand the patient and family members and evaluate the quality of healthcare. In order to make a patient whole all individuals involved in this process should know their roles and limitations. This relationship centered care is health enhancing and is significantly influenced by the different relationships that promote the wellbeing and full functioning of a patient. (18, 19)

Active listening is a technique of reflecting back what the patient has said. It requires that the nurse listen to the patient, ask the right questions not to force answers or interpret replies, respond sincerely to questions and ensures that the patients understands what has been discussed. During the communication process it is important for the nurse not to be judgmental or confrontational this would otherwise make the patient feel uncomfortable. Active listening decreases anxiety and help reduce physiological effects. Nurses need to help the patients feel more deeply seen and understood. Focusing is a body centered method of developing self-awareness and also a way of listening to feelings by becoming aware of body movements that carry meaning about issues or concerns. The articles also highlight the role of holistic communication which is the art of sharing emotional and factual information. It involves not judging the patient and appreciating the patient's point of view. Holistic communications begins with nonverbal communication for example inviting eye contact, hands uncrossed and warm (11, 12, 13, 14, 15, and 18)

Social wellbeing

Social wellbeing is a reflection of experience in a social environment indicating how social challenges are determined. The article highlights the importance of holistic support for nurses. The qualitative study which nurses were the participants intended to explore nurse's experience of social wellbeing. It was found there is thirst for a holistic support for nurses from family, colleagues, organizational and external support (Society support and media's support). The society support involves the society respecting, accepting and valuing an individual within a professional group. Nurses need to feel needed and valuable to the society which contributes to the social well-being of a nurse.

The nurses' immediate family members and spouses for married ones helped the nurse continue in his or her field on study. The sympathy and companionship from family members towards a nurse when facing difficult situations helped in the social-wellbeing of a nurse. By providing a comfortable and peaceful environment to relax and giving encouragement when their hopeless increases tolerance and satisfaction in nurses.(17)

Colleagues support helped the nurses in building effective and pleasant relationships attendance and bringing hope and increasing self-confidence. For example when a nurse is facing a difficult situation with a patient, it's always good when a nurse gets help from their colleagues.

Organizational support creates a positive impression and satisfaction in nurses. Understanding and caring about work conditions for the nurses is very important. Poor organizational support as well as discrimination can spread frustrations among nurses. Organizations are expected to treat its staff fairly and offer support when needed. For example increase nurses when needed to avoid work overload which leads to exhaustion and lead to medical errors. (17). Social wellbeing improves job satisfaction, hope, support, motivation, commitment and confidence. For a nurse to provide quality care they need to begin with themselves. (17)

6.2 Findings for research question 2

Education

As the world of technology is growing fast it is creating a challenge for nurses and nursing body to keep pace with the fast growing trend to insure the continued delivery of high quality and effective patient oriented care. To be in same level and on a saver side, nurses must be educated and well equipped with latest means of technology device in the market, i.e. appropriate competencies, knowledge, skills and attitudes. As education is the way out for nursing to grow professionally in their theoretical knowledge and skills for a greater clinical output for a better holistic caring however the development in technology and the increase in the use of latest devices in healthcare field has continue to put increase pressure of nurses which is seen as a challenges that are ahead to keep holistic nurses to present time or up-to-date. The authors are not condemning the use of technology in health care practice, only giving nurse what stake is at hand and how the use of technology could make a big change terms of given efficient care. The trend in

which the use of technology in healthcare field have a good advantages, nurses have to upgrade and adapt to their use. (1, 2, 6, and 8).

According to O'Regan (2010) She stated that education give a huge boost to the development of nursing practice which is seen as a continuous and dynamic. Further stated that education with special skills of therapies is not needed to international nursing (1). Lack of knowledge and skills of nurses when it comes to sexual health education counselling brings nurses confusion and shame when patient are willing to discuss the sexual problems to health care professionals. In the sense of providing holistic nursing care this problem need to be addressed (2).

Religion beliefs

Our beliefs may affect us as a nurse to fully give care to our best believing the receiver's belief is different from the care giver. It is also believe by many that challenges faced by a nurse who wishes to administer this spiritual care and holds a personal commitment to the Christian faith which might not be always true. Additionally, it is not ethical for a nurse to decide patient care based on his/her religion beliefs. Spiritual care cannot be however taken away from physical, social and psychological care because their combination makes a whole person in regards to holistic care (4, 5). Even according to Katie Erikkson's assumption that stated the human being is fundamentally a religious being, but all human beings have not recognized this dimension (Alligood & Tomey, 2010 p. 197) dealing with patient's high hope for spirituality, nurses have to consider the sociological and cultural aspects. Also young nurse also mix the term spirituality with religion which are two different thing to be learn my nurses (4). Nurses are agues to know their limit or to which extent they feel comfortable in meeting with patient with spiritual need. It is highly recommended to nurse to seek the help of priest or imam when patient are willing to discuss about their spiritual faith.

Meeting Patient need

The main of holistic care is to meet patient need and consider them as a whole but the challenges health care givers face might be meeting the patient need. Many factors also affect meeting patient's need which varies from age group, sex, social class and cultural background. When patient need is been put into consideration, certain point have to be put in mind such as what a patient want as individual and patient preference, most likely also patient values, respect, support and patient right must be remembered and access but this things mention are challenging also patient need varies from one patient to another, all patient have to access differently for example palliative care patient might decide not tell the implication of a very serious diagnosis which makes it difficult for nurses to access their needs. Family intervention in given care might also have a large role in meeting patient needs to provide full support. Lastly, health care professionals may also lack the basic training to support and educate patient. Nurses are the one who are more close to the patient and their family compare to doctors, nurses also have to acquire the basic skill to listen, communicate efficiently and understand patient (3, 7, and 10).

7 DISCUSSION

In this study, authors seek answers to nurses' view on holistic nursing and also seek answer to the challenges nurses face in practicing holistic nursing. Our results show that three (3) different factors affect nurse's view on holistic nursing and nurse challenges practicing holistic nursing.

Research question seeking nurses challenges yield three significant result, meeting patient need, religion belief and finally education. Meeting patient need is a big problem in health care field. Patient expectation according to the author also affect the fact of meeting patient need. The result suggest that social class, culture, environment participate to also affect patient need. Author totally agree with this because human wants and expectations varies from one another.

Previous study according to Graham found that the rate in which technology is moving, nurses have to recognize it and also move with the pace otherwise the traditional skills of nurses in caring will be null. In the author's opinion what he think about is statement to my understanding might be that for instance measuring blood pressure, it used to be done manually but this days there is a digital measuring instrument that does the job faster and give the result in digital form making it easy to use and less error compared to the old system of measuring blood pressure. Nurse have to improve, challenges themselves to keep up with the fast growing technologies, Nursing institutions should also arranges supportive courses for health care professional. However, he stated that new technology will not override the traditional nursing care but will only increase the effectiveness in nursing pedagogy and enlighten patient more about their own care.

Additionally, religion in nursing is been taking to another level because people this days are linking religion to spirituality Our beliefs may affect us as a nurse to fully give care to our best believing the receiver's belief is different from the care giver. It is also believe by many that challenges faced by a nurse who wishes to administer this spiritual care and holds a personal commitment to the Christian faith which might not be always true. It is not ethical for a nurse to decide patient care based on his/her religion beliefs. The author now asked themselves that can an atheist be a good holistic nurse? I will reserve my personal comment about the question but nurses should know there limit when it comes to spiritual care because all every nurse feel comfortable when it comes to providing spiritual care. However, spiritual care is still the core valve of holistic nursing (AHSA, 2000). To author's opinion there are many priest (pastor or imam) out there that are willing to offer spiritual support for patient during their hard time, nurse should only suggest to offer a professional priest that has more experience to discuss with patient rather than putting themselves into an uncomfortable position when it comes to meeting a patient spiritual need.

As we stated earlier in the introduction chapter, the focus in nursing care is not just on sickness or illness but also on the human being. In holistic care the connectedness of body, mind and spirit are valued and acknowledged and therefore individuals are treated as unique (Mariano, 2005). The assessment and evaluation of holistic needs in a patient and life choices are considered the backbone of rehabilitation. The need to assess the

patient's family situation and find a balance is important. Friends and family should help in encouraging patients to be more active in their care, relate with others and meet other people and go out even if the patient does not want to.

Reflection on data collected from patients is also important to nurses. Reflecting on data from interviews with patients and family members and observation is needed to make the process of care individual and evidence based. This could provide nurses with information to develop coaching and collaboration skills. Patients and family could also benefit from reflecting on data collected by being actively involved, developing positive attitude and by recognising own needs, limitations and strength and coming up with a care plan that is best for the patient. The inclusion of psychosocial assessment is important in that it could help overcome the myths of social life in patients and undertake the non-physical care naturally. This reflection assessment method helps nurses develop their role as leaders, gaining self-confidence and improve their communication skills with patients and other care givers. However sometimes this is not possible for nurses to achieve because of heavy workload and time schedule which should be taken into consideration, explored and evaluated by health care supervisors.

Holistic nursing treats and heals the whole individual, and as states, nurses are the facilitators of the healing process and honour the individual's subjective experiences and beliefs about their health and values (Dossey 2005). One goal of holistic nursing is to reduce the patient's fear of the unknown and to reduce anxiety. Reducing anxiety facilitates the healing process, increase patient satisfaction and improves the efficacy of the care given. This can be done with music, relaxation via guided imagery e.g. imagining happy moments, therapeutic massage, and play therapy for children, touch therapy and active listening. Simple gestures such as holding the patients hand can make the patient feel less alone.

Holistic nursing is challenging in the fact that is requires or demands that the nurse give something of his or her self. However, it is not easy to teach nursing students or even nurses to develop therapeutic use of self in a caring relationship. The qualities of compassion and empathy are elusive. This can only be learnt in the field and many years of

practice. Reflecting back on past experiences with patients helps nurses in identifying what they did right and what can they do better next time. It opens up a learning space and this can be done by writing journals about their everyday practice. Writing helps nurses to be attentive to their own and others needs through description of their experiences.

Holistic nursing care from author's imagination is the future of nursing which need to be developed and adapted with by all institution offer nursing education. In today's world, where government expenses are subject to be cut might be a big challenge or treat for hospital or nurses to provide a genuine and truthful care. Migrating nurse from one country to another for the purpose of finding their career job must also be willing adapt to different culture so as to fulfil the content of holistic nursing care.

We will not conclude from our result that all answers reflect nurses' view and challenges on holistic nursing practice due to limited access to paid articles and articles and data gathered from one language however, the result provided for this research work according to the authors finding are to their best knowledge seeking answers to the research questions.

7.1 Relating findings to the theoretical framework

Relating the result of this research work to presented theoretical framework which is Katie Eriksson's Theory of Caritative Caring and George L. Engel Bio-psycho-social spiritual model. The analysis of 21 articles used in the study and categories used correlated to theoretical framework the framework can be used as a guideline when dealing with patient of all kind. So far as patient is been consider as a whole i.e. body, soul and sprit. The caritas motive, been seen a motive of caring which implies the responsibility for another person in a caritative caring. According to (Erikkson 2002) caring is based on human love.

The biopsychosocial model includes the spiritual aspect of patient. Where it emphasize the need of health care professional to focus on patient's needs. Spirituality affects one's physical, psychological and interpersonal state and vice-versa which contribute to quality of life. The spiritual history of a patient present religious coping style, present biopsychosocial state plus any spiritual intervention which would all affect the present state of spiritual well-being which in turn would contribute to the overall quality of life. Therefore, holistic health care of holistic nursing must address patient physical, social, spiritual and psychological needs and both models confirms that patient should be consider as a whole human being but neither do both model discuss nor talk about the challenges face by nurses practising holistic care and nurses view on holistic care. Some of the patient's psychological reaction to illness may include previous experiences of health care, knowledge and beliefs about illness, stress, social and emotional support, culture and beliefs of the patient and staff. Cognitive adaptation theory suggests that the way in which people understand and make sense of illness will affect how they cope with it (Taylor 1983). Therefore it is important for patients that get the right support from nurses friends and family members to put meaning control and optimism back in their lives.

The lack of providing psychological care leads to prolonged recovery and hospital stays, increased use of medical and nursing services, stress and distress and the development of more serious problems. This could be brought about by lack of time unsupportive clinical environment, negative attitude on the part of staff, competing priorities and staff shortages. However, simple acts of touch e.g holding hands, eye contact or active listening could help reduce some psychological effects.

7.2 Limitation

The amount of literature utilised in this final project's findings was limited and this may have been caused by the small amount of published articles on the topic or insufficient database searches due to the authors' lack of knowledge and experience. However, the authors contemplate that regardless of the limited amount of articles used in this final project's findings, all articles were written and published by professionals in their own field from many different countries and continents. Subsequently, this would show that what the authors findings of this final research are based on a global sample. As the research question inquires what the best practises in nursing care, the authors feel that considering these practises on a global level is far more beneficial than focusing on just one country or continent.

First, we recognize that this is not a full description of holistic nursing care about nurse's view and challenges and some points may be missing. For example, the language restrictions, authors not able to access paid articles may have influenced the findings; research studies in other languages might have added new information to our description. Further studies are needed to systematically elaborate the topic further, that is, to examine what researchers have emphasized when dealing with holistic nursing practices from the perspective of nurses and the challenges they might face, and how criteria of articles, language of research have affected the result of the studies.

Secondly, the author also take into consideration time constraint used in processing this research may have affected the result of the studies. Additionally, Holistic nursing is a broad area in nursing field which might be a load for a bachelor's thesis.

7.3 Work Division

Both Authors worked together to make the research work possible. Most part of the thesis were written together. The research questions where share by both authors. Author 1 (Grace Ngugi) found the research answer to research question 1 while author 2 (Olorunleke Igunnuoda) handled the second research question. At the end both finding where discussed together to give a final result for the project work.

8 CONCLUSION AND RECOMMENDATIONS

The goal of this research work is to seek what is found in literature about nurse's view on holistic nursing and challenges nurses might face when practicing holistic nursing. Qualitative methods was used and an inductive data analysis where used to screen selected articles. The results shows that communication, attitude and knowledge, social wellbeing are most view by nurses on holistic nursing while religion belief, education and meeting patient need are most challenging for nurses in holistic nursing practise. Maybe we could also argue practicing holistic nursing approach requires technology skills and up-to-date nursing skills and knowledge.

Holistic nursing is not factual knowledge but it also about feelings and social competence, training that last within us throughout our life long experience. Holism is the idea of treating a person as a whole, with this perspective; a part cannot be looked at in isolation from the whole. Holistic nursing challenges the limited perspective of medical model which looks at disease and not the person. One aspect of holistic nursing is the relationship with the patient. To respond to the patient's psychological emotional and spiritual needs is challenging. A holistic nurse must ask themselves to what extent are they willing to get involved? However nurses are not mindful of this tension which can be risky for the insecure. The nurse would feel threatened and adopt defensive and fail to meet the patient's needs hence holistic needs will not be meet. Holistic nurse should be trained to know that every engagement with a patient is a unique encounter.

Holistic nursing includes both the modern and alternative treatment methods. Natural mild alternative are used when it is a guarantee that it is a safe and secure treatment. Patients are not just biological organisms but a multidimensional entity with a body, mind, soul and spirit. All the elements interact and affect one another. Therefore health is a state of balance between these elements which require harmonising. For a person to be healthy it requires self-awareness, personal happiness and self-actualization. There is still room for more scientific research which would help demonstrates the above and if holistic nursing is practised in Finland.

The authors have tried to the best of knowledge to analysis holistic nursing which is a broad topic in nursing field. It is possible that all 21 articles review during this research

work does not give enough information needed for the research questions.	More studies
and recourses are suggested for further studies.	

9 REFERENCES

Ahna.org, (2015). *Welcome to AHNA: What is Holistic Nursing?*. [Online] Available at: http://www.ahna.org/About-Us/What-is-Holistic-Nursing [Accessed 20 Aug. 2015].

Alligood, M. and Marriner-Tomey, A. (2010). Nursing theorists and their work. Maryland Heights, Mo.: Mosby/Elsevier.

Baldacchino D. (2006) Nursing competencies for spiritual Care. Journal of Clinical Nursing 15, 885-896

Byrne, L., Happell, B., Welch, A. and Moxham, L. (2013). Reflecting on Holistic Nursing: The Contribution of an Academic with Lived Experience of Mental Health Service Use. Issues in Mental Health Nursing, 34(4), pp.265-272.

Carla Mariano (2003). An Overview of Holistic Nursing. International Journal of Nursing Practice, 11(4), pp.48-51

Coffey, K. and Shorten, A. (2013). The challenge of preconception counseling: Using reproductive life planning in primary care. Journal of the American Association of Nurse Practitioners, 26(5), pp.255-262.

Derik T Wade, (2009), Holistic health care; what is it and how we can achieve it. Journal of Clinical Nursing, 46(3)

Denzin, N.K., & Lincoln, Y.S. (2005). Introduction: The discipline and practice of qualitative research. In N.K. Denzin & Y.S. Lincoln (Eds.), The sage handbook of qualitative research. Thousand Oaks, CA: Sage

Dossey Barbara (2005). Florence Nightingale and holistic nursing. NSNA Imprint, 56-58

Dossey BM. Nursing: integral, integrative, and holistic—local to global. In: Dossey BM, Keegan L, eds. *Holistic Nursing: A Handbook for Practice*. 6th ed. Sudbury, MA: Jones & Bartlett; 2013:3-57.

Elo S. & Kyngäs H. (2008) The qualitative content analysis process. Journal of Advanced Nursing 62(1)107 – 115

Erickson HL (2007). Philosophy and theory of holism. Nursing Clinics of North America; 42:139-63.

Fawcett, T. and Noble, A. (2004). The challenge of spiritual care in a multi-faith society experienced as a Christian nurse. J Clin Nurs, 13(2), pp.136-142.

Grant, D. (2004) Spiritual interventions: How when and why nurses use them Holistic Nursing practice. 18, 36-41

Goodwin, M. and Candela, L. (2012). Outcomes of newly practicing nurses who applied principles of holistic comfort theory during the transition from school to practice: A qualitative study. Nurse Education Today, 33(6), pp.614-619.

Gould, O., Johnstone, D. and Wasylkiw, L. (2006). Nurse practitioners in Canada: Beginnings, benefits, and barriers. Journal of the American Academy of Nurse Practitioners, 19(4), pp.165-171.

Hatala, R. Andrew (2012), The Status of the "Biopsychosocial" Model in Health Psychology: Towards an Integrated Approach and a Critique of Cultural Conceptions, OJMP, 01(04, pp.51-62).

Higgins, A., Barker, P. and Begley, C. (2006). Sexuality: The challenge to espoused holistic care. International Journal of Nursing Practice, 12(6), pp.345-351.

Jasemi, M., Zamanzadeh, V., Valizadeh, L., Keogh, B. and Taleghani, F. (2015). Effective factors in providing holistic care: A qualitative study. Indian Journal of Palliative Care, 21(2), p.214.

Johnston, A. N. B. (2010). Anatomy for nurses: Providing students with the best learning experience.

Johns, C. (2012). How holistic are we? The role of narrative, storytelling and reflection in the development of holistic practice. European Journal of Cancer Care, 21(5), pp.561-564.

Klagsbrun J (2001), Listening and focusing: holistic health care tools for nurses

Kitson, A., Muntlin Athlin, Å. and Conroy, T. (2014). Anything but Basic: Nursing's Challenge in Meeting Patients' Fundamental Care Needs. Journal of Nursing Scholarship, 46(5), pp.331-339.

Long, T. and Johnson, M. (2000). Rigour, reliability and validity in qualitative research. Clinical Effectiveness in Nursing, 4(1), pp.30-37.

Mariano, C. (2007). Holistic Nursing as a Specialty: Holistic Nursing—Scope and Standards of Practice. *Nursing Clinics of North America*, 42(2), pp.165-188.

Marriner –Tomey, A & Alligood, Martha Raile, (2002) Nursing Theorists and Their Work . St. Louis, Mo.: Mosby p.197

McIlfatrick, S. and Hasson, F. (2013). Evaluating a holistic assessment tool for palliative care practice. J Clin Nurs, 23(7-8), pp.1064-1075.

Mclaughlin F. (2014). Family centered care during resuscitation event. Resuscitation, 77, p.S61.

Mozaffari, N., Peyrovi, H. and Nayeri, N. (2015). The social well-being of nurses shows a thirst for a holistic support: A qualitative study. International Journal of Qualitative Studies on Health and Well-Being, 10(0).

Montgomery Dossey, B. Keegan, L and Guzzetta. C. (2004) Holistic Nursing a Handbook for practice, 18. 36-41Laukhuf, G. and Werner, H. (1998) Spirituality:

Moule, P. & Goodman, M. (2009). Nursing Research. London: Sage Publication.

Miner-Williams, D (2006) Putting a puzzle together: making spirituality meaningful for nursing using an evolving theoretical framework, journal of Clinical Nursing 15: 811-21

Nurse Education in Practice, 10 (4), 222–226. doi:10.1016/j.nepr.2009.11.009

O'Regan, P., Wills, T. and O'Leary, A. (2010). Complementary therapies: a challenge for nursing practice. Nursing Standard, 24(21), pp.35-39.

O'Mahoney, C. (2005). Widening the dimensions of care. Emergency Nurse, 13(4), pp.18-24.

Portillo, M. and Cowley, S. (2010). Working the way up in neurological rehabilitation: the holistic approach of nursing care. Journal of Clinical Nursing, 20(11-12), pp.1731-1743.

Priest, H. (2011). Effective psychological care for physically ill patients in hospital. Nursing Standard, 24(44), pp.48-56.

Selimen, D. and Andsoy, I. (2011). The Importance of a Holistic Approach During the Perioperative Period. AORN Journal, 93(4), pp.482-490.

Schreier, M. (2012). Qualitative content analysis in practice. Scientific Study of Literature, 3(1), pp.165-168.

Strandberg, E., Ovhed, I., Borgquist, L. and Wilhelmsson, S (2007). The perceived meaning of a (w)holistic view among general practitioners and district nurses in Swedish primary care: a qualitative study. BMC Fam Pract, 8(1), p.8.

Strandberg, E., Ovhed, I., Borgquist, L. and Wilhelmsson, S. (2007). The perceived meaning of a (w)holistic view among general practitioners and district nurses in Swedish primary care: a qualitative study. BMC Fam Pract, 8(1), p.8.

Sulmasy, D. (2002). A Biopsychosocial-Spiritual Model for the Care of Patients at the End of Life. The Gerontologist, 42(Supplement 3), pp.24-33.

Taylor, K. (2000). Ahna Standards of Holistic Nursing Practice. *AORN Journal*, 72(6), p.1080.

Wilson, J. (2010). Essentials of Business Research: A Guide to Doing Your Research Project: SAGE Publications

Wunderlich, G. S., Kohler, P. O., (Eds.) (2001); Improving the quality of long-term care. Washington, DC: National Academy Press.

Who.int, (2015). [online] Available at:

http://apps.who.int/iris/bitstream/10665/126786/15/rdr46_PHC.pdf?ua=1 [Accessed 10 Nov. 2015].