

A concept analysis of holistic nursing care in paediatric nursing

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Key words:

concept analysis, paediatric child health, holistic nursing care, spirituality

Abstract: Curationis 30(4): 45-52

Holistic nursing care is widely advocated and is espoused in the philosophy of the South African Nursing Council. This concept is unclear, variously interpreted and poorly understood in paediatric nursing. This study was undertaken to examine the meaning of holistic nursing care and to develop a framework for holistic nursing care, which can be utilised in nurse education settings and in clinical nursing practice in the context of paediatric nursing. A qualitative, interpretive, explorative and contextual research design was used. An evolutionary concept analysis was undertaken to clarify the concept "holistic nursing care" in paediatric nursing in three Johannesburg hospitals. Rodgers' (1989, 2000) evolutionary method was utilised to analyse the concept.

The study objectives were formulated in two phases to:

- Conduct an analysis of the concept "holistic nursing care"
- Obtain an emic viewpoint of holistic nursing care from paediatric nurses working in the academic hospitals.
- Identify the characteristics and dimensions of "holistic nursing care" and develop a framework of holistic nursing care for paediatric nurses working in the academic hospitals.

Attributes of holistic nursing care yielded two dimensions; whole person and mind-body-spirit dimension. The descriptors of whole-person include physical, mental, emotional, spirit and spiritual being. Spirituality is the predominant antecedent. Holistic nursing care is initiated by the recognition of the individual as a spiritual being with a mind-body-spirit dimension. Spirituality is an ever-present force pervading all human experience. Complimentary alternative medicine (CAM) was identified as a surrogate term. The connection of CAM with holistic nursing care is the focus of therapeutic interventions that are directed to the mind-body-spirit dimension. Therapeutic interventions are designed to meet the needs of the whole-person. Caution is advocated in the use of CAM therapies in child nursing, as CAM efficacy has not been sufficiently investigated in child health care.

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Introduction

Holistic nursing care is based on the humanistic view of the person and is evolving. Many articles in the literature do not clarify the meaning of holistic nursing care (Tongprateep, 2000:197; Tonuma & Winbolt, 2004:214; Sawatzky & Pesut, 2005:19). The tendency is to emphasise different aspects of holistic nursing care and how it is applied in different clinical settings, without providing a description of what holistic nursing care means. This concept is espoused in the philosophy of the South African Nursing Council (SANC) and it is embodied in most nursing practice philosophies. The concept is widely used in paediatric clinical nursing; its use and understanding is limited in the absence of an organising framework. The South African Nursing Council advocates the use of holistic nursing care without providing practice guidelines (South African Nursing Philosophy). Absence of a guiding framework has resulted in a plethora of information referencing to the use of holistic nursing care with varying interpretations at patient care level. The absence of guiding principles in an environment of transition and differing meanings about health and illness, produce confusion and a clutter of ideas around the meaning of holistic nursing care. Constructions of holistic nursing care in paediatric clinical practice were considered context-specific and deemed dynamic.

The literature pertaining to holism is vast and is closely linked to the Cartesian dualism (body-mind) of medicine, which interprets the body as nothing more than a compilation of mechanical systems composed of cells, tissues, and biochemistry and this body is understood as a machine void of a mind or soul (Owen and Holmes, 1993:1688; Holden, 2002:457). It was Jan Christian Smuts in 1926, who described holism as the principle, which makes for the origin and progress of wholes in the universe (Owen and Holmes, 1993:1689; Smuts, 1999).

The holistic philosophy influenced a number of disciplines being refined and modified, as it was being applied. Engel's work cited in Owen and Holmes (1993:1689) on "bio-psychosocial model of medicine" is a case in point and is now considered as one of the founding the principles of modern field of holistic care. Engel's "bio-psychosocial model" treats biological and social issues as systems

of the body. The model draws distinction between the actual pathological processes that cause disease and the patient's perception of his or her health called illness. Because of the close relationship between medicine and nursing, the Cartesian metaphysics of the health care system has continued to influence the nursing profession as evidenced by the educational programmes that emphasise the systems approach; mind and body, to teaching, to the exclusion of the spirit and its influence to the well-being of the person. The purpose of this study was to examine the meaning of holistic nursing care and to develop a framework for holistic nursing care, which can be utilised in nurse education settings and in clinical nursing practice in the context of paediatric nursing in academic hospitals in Johannesburg.

Research objectives

The objectives of this study were set in two phases:

Phase 1:

- Conduct an analysis of the concept "holistic nursing care".
- Obtain an emic viewpoint of holistic nursing care from paediatric nurses working in the academic hospitals.

Phase 2 :

- Identify the characteristics and dimensions of "holistic nursing care"
- Develop a framework of holistic nursing care for paediatric nurses working in the academic hospitals.
- Validate and refine the framework for paediatric nursing.

For the purpose of this paper, only the results of the concept analysis will be presented.

Methods

Rodgers' evolutionary method was utilized to conduct this concept analysis (Rodgers 2000:78). This method is based on philosophical positions that view a concept as an abstraction that is expressed in some form. The method stresses that concepts change over time, affected by contextual factors or by convention or purposeful definition. This method was ideally suited for this analysis as the goal of this research was

to clarify and develop concepts rather than describe their essence.

The method uses an inductive approach based on the idea that concepts have some practical utility rather than innate truth. Concepts are dynamic and contextually dependent rather than static. The goal is to clarify, develop the concept and resolve existing conceptual problems (Hattori, McCubbin & Ishida, 2006:165). This method uses a rigorous approach to concept analysis and calls for a systematic investigation of available literature to identify the concept's attributes, antecedents, consequences, references, surrogate terms, and related concepts.

Sample

A series of searches of the EBSCO Host, CINAHL, OVID, MEDLINE, Pubmed, PsycINFO, Medline and Sociological databases were completed. In the absence of local data on holistic nursing care, the search was expanded to include a selection of books with definitions, uses and historical expositions of the concept holistic nursing care (Rodgers, 1989: 332). The target population for the concept holistic nursing care was qualitative and quantitative studies in the fields of nursing, medicine, anthropology, sociology and psychology. A purposive sampling method was used. The searches were directed at identifying references that met the following criteria: (a) holistic nursing care and definition, (b) holistic care and holism, (c) holistic nursing care and health, (d) holistic nursing care and child, (e) holistic nursing care and paediatrics, (f) holistic nursing care and pediatrics, (g) holistic care and complimentary medicine. To facilitate discovery of shifts in usage of the concept and related terms over time, searches were conducted from 1652 to trace the discourse and evolution of holism and holistic nursing care. After reviewing abstracts and eliminating inappropriate references, attempts were made to retrieve 133 references. Some references were not found and some, after being read and analysed were eliminated, resulting in a total sample of 77 references. Because of the paucity of research on holistic nursing care in South Africa, anthropological viewpoints were searched in books with special reference to nursing and medicine; three books met the above criteria.

Data analysis

Each of the 77 articles on holistic nursing

care was labelled according to the criteria mentioned above. Each article retrieved was read to gain an overview of the content. During the second and sometimes third reading, data were organised into terms indicating antecedents, attributes and consequences of holistic nursing care. Each of these key terms were tallied to determine the frequency of use. The key terms and phrases were then clustered into groups, reflecting logical and understandable categories for each aspect of the concept. Each category was labelled using general descriptors obtained from data. Data were inductively analysed.

Each reference was assigned to one of three categories; holistic nursing care within paediatric nursing (n=21) holistic nursing care in adult nursing (n=50) and other; psychology and sociology (n=6). The dimensions suggested by Rodgers (2000) were used to develop a structure of the analysis; attributes, antecedents, consequences, surrogate terms and related concepts.

Each paper was initially read in its entirety before summarizing the attributes, antecedents, consequences, surrogate terms, and related concepts, as specified by the evolutionary method (Rodgers', 2000:78). Data were synthesized to identify attributes, antecedents, consequences and related terms of holistic nursing care. The remaining general articles and books were read to provide background information and to gain understanding on the evolution of the concept of holistic nursing care, its importance on time and how the concept has evolved (Rodgers, 1989:332).

Findings

The most prominent findings were the similarity of definitions and descriptors of holistic nursing care observed from varying qualitative and quantitative studies across disciplines and the circular relationship between the descriptors of attributes, antecedents, surrogate and relevant concepts and consequences.

Surrogate and relevant terms

The aim of this stage was to investigate literature and analyse the presence and frequency of the concept holistic nursing care within the population selected (Rodgers, 1989:333). Identification of surrogate terms is an important step in

the analysis. In this step individual concepts are not necessarily employed in association with only one specific term; there may be several terms that serve as manifestations of the concept and similar terms may be used to convey more than one concept. The surrogate terms related to the concept included whole-being, holism, biological, psychological, social and spiritual and cultural competent care incorporating beliefs and values (Allen, 1991: 258; Blattner, 1981:3; Boshma, 1994:324; Campbell & Campbell, 2005:39; Goldberg, 2002:449; Holden, 1991:1379; Hassed, 2004:405; Loccin, 2002:ix; Sawatzky & Pesut, 2005:19; Touhy, 2001: 45; Tzeng & Yin, 2006:163).

Relevant terms included complimentary alternative medicine (CAM), integration of Eastern perspectives, alternative therapies, complimentary therapies, integrated medicine, humanistic caring and holistic medicine (Boschma, 1994:325; Burke, Peper, Burrows & Kline, 2004:1115; DiJoseph & Cavendish, 2005:148; Dossey, 2001:5; Loscin, 2002: ix; Femros, Furhoff & Wandell, 2005:522; Hassed, 2004:405; Schutz, 2005:12; Sourial, 1997:1190).

Complimentary alternative medicine (CAM) as a surrogate term requires a special discussion because of its relationship to holistic nursing care. Consumer driven public interest in CAM is increasing worldwide (Fernross, Furhoff & Wandell, 2005:521; Hassed, 2004:407; Schutz, 2005:10; Van Velden, 1998:40). Dossey (2001:5) defines CAM as those interventions that are not readily integrated into the dominant health care model. CAM incorporates the concepts from Eastern philosophy and diverse cultural notions on healing including use of herb, acupuncture, massage and relaxation techniques (Bodkin, 2003:44; Boschma, 1994:328; Hassed, 2004:405). CAM treatment strategies include mind-body medicine (MBM) techniques: meditation, relaxation, yoga, biofeedback, hypnosis and guided imagery. These strategies are being incorporated to nursing as part of holistic nursing care (Dossey, 2001:7). The connection between holistic care and CAM is the importance of body-mind and spirit domain with its emphasis on preventative health rather than curing. Providers of CAM claim that their therapy techniques are holistic medicine caring for the whole person (Femros et al., 2005:522; Hassed, 2004:405). The philosophical foundations of CAM come from a multitude of different medical and

human science traditions. The person is treated in wholeness: meaning mind-body-spirit. The spirit being the foundational premise informed by holistic medicine, traditional Chinese, Ayurvedic medicine, homeopathy medicine and medicine of the ancient Greeks as well as and transpersonal psychology (O' Connor, 2001; Schutz, 2005).

The key factor in CAM is the preventative health with special emphasis to nutrition, stress management, physical fitness, and environmental health. The therapies used in CAM include therapeutic milieu, herbal remedies, meditation and visualization, supportive counselling, energetic healing, intuitive healing, colour therapy, psychotherapy, breathing exercise, spiritual activities, homeopathy and Chinese medicine and psycho-neuro-immunology (Bodkin, 2003:40; Dossey, 2001: 7; Hassed, 2004:405). Therapies used in CAM are also advocated in managing pain, stress and emotional well-being of patients as part of holistic nursing care (Dossey, 2001:22; Bodkin, 2003:40). The results of a systematic review conducted in over 13 countries on the use of CAM by adult patients revealed a prevalence of 31% to 64% Ernst and Cassileth (1998, cited in Chong, 2006:84) and similar studies conducted in United States document a usage ranging from 28% to 91% Henderson and Donatelle (2004, cited in Chong, 2006:84). Even though the popularity of CAM interventions is well documented in literature across disciplines, the efficacy of CAM interventions has been a subject of controversy as the apparent effectiveness of these treatment modalities is yet to be empirically supported especially in younger populations. Tsao (2006:165) argues that CAM interventions which have been studied in children are limited and this is attributed to the low probability of solid effects and adverse events required before the clinical researchers would be willing to test a CAM intervention in paediatric samples. In places like Oxford University, there is openness towards development of CAM research capacity to better understand the popularity and apparent effectiveness of these therapies and support integration of safe and effective CAM in health care (Tsao, 2006:165). Nursing literature is inundated with research studies where CAM interventions are being used and similar concerns are being raised about efficacy of CAM interventions and possible

consequences of these interventions on conventional treatment. The need to include CAM in nursing curricula is encouraged to increase knowledge capacity and improve preparedness at clinical level (Bodkin, 2003:40; Chong, 2006:85; Eschiti, 2006:52; Hassed, 2004:405; Schutz, 2005: 53). Other concepts that are linked to CAM include folk medicine, traditional medicine, holistic medicine, traditional Chinese, Ayurvedic medicine, homeopathy medicine all of which are used by different practitioners in caring for diverse populations (Dossey, 2001: 7; Hassed, 2004:406; Schutz, 2005:54).

Attributes

Identification and analysis of attributes of holistic nursing care yielded two dimensions of the concept. Firstly, holistic nursing care appears to have a central whole-person dimension. The whole person dimension is characterised by integration of a harmonious balance between the body-mind-spirit dimensions (Burke et al., 2004:1117; Burkhardt & Nagai-Jacobson, 2001:23; Dossey, 2001:1; Ferrros et al. 2004:521; Hassed, 2004:405; Narayanasamy et al., 2004:6; Norris, 2001:37; Ormsby & Harrington; 2003:203; Tzeng & Yin, 2006:163).

Tongprateep (2000:197) suggests that the holistic nursing approach should be used to enhance well-being. The person's well-being reflects the integration of body, mind and spirit. Even though the authors use different terms in their definitions, there seems to be a convergence of ideas in defining the characteristics of holistic nursing care.

The second dimension; wholeness embraces the mind-body-spirit in relationship with others, with nature or the environment and with God or life sense of the Life force (Burkhardt & Nagai-Jacobson, 2001:24; Campbell & Campbell, 2005:39; Narayanasamy et al., 2004:7).

Kolcaba (1997:291) describes three types of wholes: persons, systems and organisms. A whole person includes the body, mind, emotions and spirit (Burkhardt & Nagai-Jacobson, 2001:23) ... a self or agent, which owns a body. Ownership of the body means ownership of self (Kolcaba, 1997:292). Mind-body and spirit are embodied in an organic whole. Any disturbance in one dimension can cause distress in the other dimensions creating health problems (O'Connor, 2001:34). According Thornton

(2005:107) a person is an energy field that is open, infinite, and spiritual in essence, and in continual mutual process with the environment. Each person manifests unique physical, mental, emotional, and social attributes relationally. A harmonious relationship between the three entities of the person is necessary for well-being (Narayanasamy et al., 2004:7). Kolcaba (1997:291) describes the second whole as a system in relation to biological sciences and function. The system is described as a group of interrelated parts that jointly perform the function, an example: the taxonomy of systems within biology includes urinary system, respiratory, etc.

Nurse theorist, Martha Rogers was influenced by this contemporary thought and defines a human being as a unified being integral with the environment in continuous mutual process with his environment (Marriner-Tomey, 1994:216). The third whole is organism. A whole organism is actualised in genetic codes and interacts with the environment. Within a suitable environment, the organism causes a formation of an integrated group system of organism (Kolcaba, 1997:292). In viewing the person from a system of organs would be reducing the person into a biological entity.

In Watson's (1988:53) view, a person is "a being-in-the-worldwho exists as a gestalt... and possesses three spheres of being-mind-body-soul that are influenced by the concept of self" (Malinowski & Stamler, 2002:599). In this definition, Watson (1988) uses the soul while Burkhardt & Nagai-Jacobson (2001:23), Dossey (2001:7) and Narayanasamy et al. (2004:7) use the term spirit. This observation is noticeable in Collins' Concise (1991) dictionary where the 'spirit' and 'soul' are distinguished from another. For Holden (1991:1376) the word "soul" is synonymous with "mind" and both can be considered as non-material. O'Connor (2001:34) differs as she uses the "soul" and "spirit interchangeably. Authors agree that both the soul and spirit are immaterial entities and are seen as essential characteristics of human life (Burkhardt & Nagai-Jacobson, 2001:24; Holden, 1991:1376; O'Connor, 2001:34; Sims, 1999:97).

Antecedents

Data analysis revealed that spirituality is the predominant antecedent of holistic nursing care. Spirituality includes a belief in God, supernatural Being or Life force

(Narayanasamy et al., 2004:12; Newlin, Knafel & Melkus, 2002:65; Tanyi, 2002:502; Tongprateep, 2000:198; Van Loon, 2005:266). Spirituality is central in making a person unique Carson (1989, cited in Dyson, Cobb & Forman, 1997:1183) is the essence of life (Narayanasamy et al., 2004:6) is the core of human existence and the most elusive and mysterious constituent of our human nature (Tanyi, 2002:500). An analysis of spirituality in nursing literature revealed different definitions even though there appears to be some agreement on attributes, consequences, and related concepts (Dyson et al., 1997:1184; Newlin, et al., 2002:58; Tanyi, 2002: 500). Van Loon (2005: 266) defines spirituality as that which breathes life and vitality into a person. In 1989 Burkhardt published the first conceptual analysis of spirituality in nursing. She defined spirituality as a process involving the "unfolding of mystery through harmonious interconnectedness that spring forth from inner strength". Newlin et al. (2002:65) define spirituality for African-Americans as the:

"Faith in an omnipotent transcendent force; experienced internally and or externally as caring interconnectedness with others, God of higher power: manifested as empowering transformation and liberating consolation for life's adversities and thereby inspiring fortified belief and reliance on the benevolent source of unlimited potential". The notion of 'God' having a central role in the individual's life is discussed and argued. According to Dyson et al., (1997:1185) the concept of having some sort of relationship with God has always been understood from a religious framework and a more liberated and less restrictive view of 'God' is emerging within the literature. The centrality of 'God' is acknowledged as an individual's 'God' that provides the focus and purpose of time and life (Dyson, et al., 1997:1185). O'Connor (2001:35) broadens the definition beyond the person as the sense of connection with life and other people. Narayanasamy (1999:274) found that nurses in the United Kingdom understand that spirituality is about being 'religious' while Moberg (1984, cited in Dyson et al., 1997:1184) observed that most Americans, when asked to define spiritual well-being, had no automatic answer but the majority of responses were given in terms of religious faith. Dyson et al., (1997: 1185) state that

separating spirituality from religion alone portrays a very narrow conception of holism, as spirituality is not synonymous with religiosity. Religion is a social institution in which a group of people participates rather than an individual search for meaning. Walsh (1999, cited in Tanyi, 2002: 502) and O'Connor (2001:35) agree that religion has definable boundaries and is more about systems of practice and beliefs within which a social group engage. Religion according to O'Connor (2001:35) can be a rich expression of spirituality. Being a member of a religious group does not mean one will be spiritual according to Long (1997, cited in Tanyi, 2002:502). Many authors acknowledge that spirituality involves an individual's search for meaning in life, wholeness, peace, individuality and harmony (Elkins & Cavendish, 2004:180; Mahlunqulu & Uys, 2004: 23; Sawatzky & Pesut, 2005:23; Tanyi, 2006:288; Tanyi, 2002:504).

There is, however, a paucity of research on spirituality in South African nursing literature. Mahlunqulu and Uys (2004:20) conducted a concept analysis of spirituality in nursing and found no studies done in South Africa. These authors conceptualised spirituality as a unique, dynamic quest for a transcendent relationship. This quest for a transcendent relationship is manifested in an individual's desire to establish and/or maintain a dynamic relationship with God/supernatural power, self and significant others (Mahlunqulu & Uys, 2004:22).

Consequences

According to Walker & Avant (1995:45), consequences are useful in determining neglected ideas, variables, or relationships of the concept. Identification and analysis of the consequence descriptors of holistic nursing care yielded three categories which are important in the care of children and their families; person-centred care, cultural sensitive care and spiritual well-being. Person-centred care is very much linked to the whole-person and mind-body-spiritual attributes. It includes recognition of the patient as a whole-person emphasising the spiritual dimension while recognising that the family is an integrated whole (Burkhardt & Nagai-Jacobson, 2001:24; O'Connor, 2001:34; Narayanasamy et al., 2004:7; Sawatzsky & Pesut, 2005:26; Sims, 1999: 97). The essence of a person is rooted in the spiritual sphere (Burkhardt & Nagai-

Jacobson, 2001:23). Spiritual care of the whole-person according to Sawatzsky and Pesut (2005:23) begins with a perspective of being with the person in love and dialogue that emerges in therapeutically-oriented interventions that take direction and cues from the person's religious or spiritual orientation.

Cultural sensitive care includes understanding and appreciation of family traditions, values and beliefs and how these impact on the health of the child. Nursing authors emphasise the importance of dialogue in holistic nursing care as nurses encounter an array of cultural and religious practices on a frequent basis. (Burkhardt & Nagai-Jacobson, 2001:30; Dossey, 2001:10; O'Connor, 2001:35; Sawatzky & Pesut, 2005:26; Smith & McSherry, 2004:313). Engaging in interpersonal dialogue is facilitated by excellent verbal and non-verbal communication skills, an attitude of warmth, respect, openness and a non-judgemental attitude (Sawatzky & Pesut, 2005:27).

Cultural beliefs and practices can affect parental health seeking behaviours and consent to health care (Linnard-Palmer & Kools, 2005:353). The shift in paediatric care from a paternalistic and controlling approach to negotiation and greater involvement of families in decision-making and care delivery necessitates more sensitive communication (Smith & McSherry, 2004:312). Understanding of cultural traditions and values of families is becoming a critical factor in holistic nursing care. Spirituality and or religion may overlap as some cultural practices have spiritual implications and maybe better conceived as an integrated whole within the concept of culture (Smith & McSherry, 2004:313). Beliefs about health may also be formed by religion or spirituality and may be inseparable as often observed in Jewish, Christian, non-Christian and Islamic practising families. Common practices of applying ointments to children, giving alternative medicinal remedies and wearing of jewellery may have spiritual significance (McEvoy, 2003:41).

Spiritual well-being is described in relation to helping families cope with life-threatening illness, terminal illness, chronic illness, permanent disability and death and dying DeTrill and Kovalcik (1997 cited in McEvoy, 2000:216). Conceptual models of nursing care from theorists like Neuman's systems model,

Rogers' science of unitary beings, Roy's adaptation model and Watson's theory of human caring and support recognise the impact of individual's spirituality on health and well-being (Marriner-Tomey, 1994:271).

The goal in spiritual well-being has benefits for nurse-patient relationships. Spiritual expressions such as love, hope and compassion constitute basic spiritual care that can be integrated into all aspects of nursing care. Families who consider their religious faith-based traditions essential for spiritual well-being benefit from inclusion of spiritually based activities in nursing interventions (Sawatzsky & Pesut, 2005:29). Antecedents of spirituality such as the ability to make meaning, loving and sensitive care, therapeutic use of self and caring presence have relevance to the spiritual well-being of individuals (Burkhardt & Nagai-Jacobson, 2001:24; Narayanasamy et al., 2004:8; O'Connor, 2001: 39; Sawatzsky & Pesut, 2005:23; Sims, 1999:97). The above antecedents of spirituality allow the nurse to extend beyond the mechanistic outcomes-oriented approaches to intuitive approaches based on the nurse's transcendent awareness (Burkhardt & Nagai-Jacobson, 2001:24; Narayanasamy et al., 2004:7). Nursing literature confirms that the inclusion of spirituality in nursing care brings a dimension where patients and families are encouraged to continue openly to question issues pertaining to their quest to find meaning in life with self, others and God with respect to issues pertaining to suffering and end of life. The reason and purpose of this quest includes a search for relationships and situations that give a sense of worth and a reason to live. Illness, suffering and death are perceived to challenge personal meaning and if meaning can be found, an individual can find peace no matter how severe their illness (Dyson, et al., 1997:1184; Mahlunqulu & Uys, 2004:23; Sawatzsky & Pesut, 2005:23; Tanyi, 2002:503; Tanyi, 2006:288).

Implications for nursing

The results of this concept analysis have certain implications for paediatric nursing practice. Most importantly, the understanding and application of the current knowledge about holistic nursing care, its attributes, antecedents, consequences and related concepts to paediatric nursing. This knowledge is applicable in a variety of settings in clinical practice. Up until now, paediatric

nurses have had to rely on the current body of knowledge from studies conducted in other countries to understand the concept holistic nursing care. Culture is very specific and contextually bound. Incorporation of constructs developed from other cultural perspectives may be difficult to implement without subjecting such constructs to research for contextual relevance. Holistic nursing care is whole care designed to meet the needs of the whole- person; body, mind and spirit. To achieve wholeness in nursing care, caring interventions are designed to meet all three body, mind and spirit domains of child and family.

In holistic nursing care, caring activities are child and family focused, culturally sensitive, and congruent with family beliefs and values, planned to meet the physical, emotional, mental, spiritual, social, and cultural dimensions of care.

To meet the holistic needs of the child, spiritual interventions are mentioned frequently in nursing literature in addition to the bio- psychosocial needs. In taking care of the family, not only the whole-person of the child is considered but also each individual that make up the family unit. Spirituality is advocated frequently in the literature with respect to care of children who are terminally ill and end of life care (Dyson et al., 1997:1184; Smith & McSherry, 2004:313). This care includes the extended family, community and pastoral support for parents during impending death, which continues during the period of mourning. Alternative therapies such as therapeutic touch, imagery, music and prayer are provided for the psychological and emotional well-being of the patient as well as for pain management in terminal illnesses (Bodkin, 2003:40). During these times, families often resort to measures that would give them purpose and strength to continue with predetermined life goals. End of life period or the death of a child imposes some functional constraints to family goals and this brings with it challenges that need redefining of those goals (Feudtner, 2005:23; Tzeng & Yin, 2006:168). Spirituality is described as the one aspect of the body-mind-spirit domain that enables the family to continue with their goals in the midst of tragedy (MacLaren, 2004: Touhy, 2001:49). If an individual is unable to find meaning all domains of life may be affected and spiritual distress will be experienced Kobassa (1979, cited in Dyson et al., 1997:1185).

Fehring, Miller and Shaw (1997, cited in Touhy, 2001:46) investigated the correlation between spirituality, well-being, religiosity, hope and depression in 100 adults living with cancer. The presence of spirituality was identified as a hope-fostering strategy giving pleasure and hope. From the foregoing discussion, we can infer that spirituality has two dimensions: the internal and the external. The internal dimension is the faith or belief in the God or supernatural Being or Life force experienced internally, it is personal while the external dimension refers to the interconnectedness with God, supernatural being or Life force that enables one to connect interpersonally with self and others.

Conclusion

This concept analysis is largely informed by studies conducted in other countries due to the paucity of local research on holistic nursing care in this country. Rodgers' evolutionary method of concept analysis enriched the process of tracing and analysing the concept. The attributes of holistic nursing care proposed in this article are drawn from a humanistic view of the person. The person is whole; body, mind and spirit. Whole- person manifests unique physical, mental, emotional and social attributes. A harmonious relationship between the three entities of the person is essential for well-being. To meet the holistic needs of the child, nurses engage in bio-psychosocial and spiritual care to meet the needs of the child as a whole-person.

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