


Practice

Development of a Quantitative Measure of Holistic Nursing Care

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Holistic care has long been a defining attribute of nursing practice. From the earliest years of its formal history, nursing has favored a holistic approach in the care of patients, and such an approach has become more important over time. The expansion of nursing's responsibility in delivering comprehensive primary care, the recognition of the importance of relationship-centered care, and the need for evidence-based legitimation of holistic nursing care and practices to insurance companies, policy-makers, health care providers, and patients highlight the need to examine the holistic properties of nursing care. The *Holistic Caring Inventory* is a theoretically sound, valid, and reliable tool; however, it does not comprehensively address attributes that have come to define holistic nursing care, necessitating the development of a more current instrument to measure the elements of a holistic perspective in nursing care. The development of a current and more comprehensive measure of holistic nursing care may be critical in demonstrating the importance of a holistic approach to patient care that reflects the principles of relationship-based care, shared decision-making, authentic presence, and pattern recognition.

Keywords: *holistic; conceptual/theoretical descriptors/identifiers; holistic care; holistic nursing; methodological innovations/instrument development; common themes*

Holistic care has long been a defining attribute of nursing practice. Indeed, as Lang and Krejci (1991) attest, "the phrase 'holistic nursing' is redundant. Whether nursing is defined by the [ANA] Social Policy Statement, Nightingale (1860/1992), or Rogers (1990), it is holistic or it is not nursing" (p. 16). From the earliest years of its formal history, nursing has favored a holistic approach in the care of patients, and such an approach has become more important over time. With the publication of the Institute of Medicine's (IOM, 2010) recommendations for the future of nursing and passage of the Patient Protection and Affordable Care Act (PPACA, 2010), nursing continues to broaden its practice boundaries and more clearly articulate its perspective, as the profession takes on greater responsibility in delivering high-quality patient care. In view of patients' expressed preference for relationship-centered care, the high cost and growing fragmentation of health care delivery, and the struggle to secure reimbursement for holistic practices, it has

become necessary to quantify and substantiate holistic nursing care to policy-makers, legislators, nurses, and consumers. The purpose of this article is to identify instruments that describe and quantify holistic nursing care from the patient's perspective and to explore those attributes of holistic care that may be lacking in existing instruments and that may contribute to the development of a current and comprehensive measure.

Evolution of Holistic Nursing Care

The defining characteristics of holistic nursing care have evolved subtly over time. Nightingale (1860/1992) considered illness as a state of disequilibrium

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and healing as a natural process, strongly influenced by a patient's environment. By the turn of the 20th century, this view had expanded to public health nursing, and although the term "holistic" was not yet used, nurses continued to promote health using a holistic approach—considering the effects of the physical, social, and community environments in patients' lives (Boschma, 1994). In the latter half of the century, nursing theorists (Orlando, 1961; Peplau, 1952) had begun to include concepts from psychology and sociology relating to the dynamics of interpersonal relationships in care theories, and models emerged that were individualized, comprehensive, and patient- and relationship-centered. Social consciousness, planetary stewardship, dissatisfaction with the effects of industrialization and technology, and interest in new age and Eastern philosophies and spiritual beliefs contributed to the conceptualization of a holistic focus in health and healing. Such a focus embraced the unity of mankind and the interconnectedness of mind, body, and spirit. The counterculture of the 1960s was especially influential in bringing what are now termed alternative and complementary modalities such as meditation, yoga, acupuncture, herbal remedies, and relaxation techniques into the public discourse. The concepts of patient- and relationship-centered care, the interconnectedness of the mind and body, and the healing potential of alternative therapies began to define a holistic framework for nursing (Boschma, 1994).

The American Holistic Nursing Association (AHNA) was formally established in 1981 as a venue for the exploration, discussion, and dissemination of holistic ideas and the American Nurses Association (ANA), recognizing holistic nursing's unique approach to health and healing, granted specialty status to the AHNA in 2006. The AHNA (2012) describes a holistic nurse as one who takes a holistic (mind-body-spirit-emotion) approach to the practice of traditional nursing, an approach that is based on a body of knowledge, sophisticated skill sets, standards of practice, and a philosophy of living and being that is grounded in caring, relationship, and interconnectedness.

The Importance of Holistic Nursing Care

Patient Preference

The nurse's relationship with patients constitutes the foundation for therapeutic interactions

and healing activities. A relationship that focuses on the patient's experience of health and illness and seeks to understand and honor the patient's priorities in healing is an integral component of holistic nursing care (Dossey, 2009). Patient preference for a relationship-centered approach to care is well-documented (Luxford, Safran, & Delblanco, 2011; McQueen, 2000; Miller & Apker, 2002; Tresolini, 1994; Watson & Foster, 2003); such an approach is characterized by a conscious and intentional shift toward caring and healing relationships and modalities, communication patterns, and authentic relationships (Moore & Hanson, 2009). These qualities mirror a holistic focus in care delivery, and patient preference for care that honors these qualities is an important impetus for exploring its advantages.

Comprehensive Care

Comprehensive care is aimed at coordinating and improving how care is delivered, with the goal of improving health outcomes and quality of life.

Advances in medical science have enabled people to live longer; this increase in longevity has brought with it an increase in the number of individuals living with chronic illnesses (Volland, Schraeder, Shelton, & Hess, 2013). Chronic illness presents significant challenges in care management, as the needs of patients with chronic conditions are often complex, and may be addressed by numerous health care providers. Patient care is therefore often fragmented, incomplete, and inefficient, leading to unnecessary hospitalizations, increased use of emergency facilities, polypharmacy, and conflicting plans of care (Volland et al., 2013).

Holistic nursing care is comprehensive in that it takes into account the patient's physical, emotional, social, spiritual, and psychological well-being and includes the consideration and use of complementary and alternative modalities (CAMs), if desired or indicated. And although the use of CAM is not necessarily a defining attribute of holistic nursing care, such therapies may be proposed and utilized by patients as avenues to healing and as adjuncts to more conventional medical treatment.

CAMs

Public interest in CAMs has increased in recent years. The American Hospital Association, in partnership with the Samueli Institute (2011), reports

that holistic therapies used in conjunction with or as alternatives to conventional medical therapies (pharmaceuticals, surgery, etc.) are becoming more popular across the United States. Their most recent survey indicates that approximately 38% of all Americans use therapies such as meditation, massage, yoga, and natural products (including herbal preparations) for a variety of chronic conditions, including musculoskeletal pain, migraines, arthritis, anxiety and depression, and high cholesterol. In addition, and largely in response to consumer demand, hospitals offer these therapies to patients as part of their care. In fact, many patients (43%) report that they prefer holistic therapies over conventional medical approaches, more than 10% say that they prefer to see a health care practitioner who would consider using them, and 69% pay for complementary or alternative therapies out-of-pocket (Samueli Institute, 2011, p. 6).

According to the National Center for Complementary and Alternative Medicine (NCCAM, 2011), most patients who seek complementary or alternative therapies pay for them out-of-pocket, as many of these therapies are not reimbursable by insurance. This means that access to CAM therapies and providers is often limited to those who have disposable income. The NCCAM cites the lack of scientific evidence for the cost-effectiveness and efficacy of such treatments in treating and relieving the effects of stress-related and chronic health conditions as a factor in the insurance industry's reluctance to underwrite such practices.

Policy, Recognition, and Reimbursement

With passage of the PPACA (2010) and publication of the IOM's (2010) report, nurses are slated to take on an expanded role in health care delivery in the near future. Nurse practitioners, in particular, will be instrumental in filling the gap in primary care practitioner availability engendered by the increasing specialization of physician practice and increased access to health care made possible by the provisions of the PPACA. The IOM (2010) cites nurses' "steadfast commitment to patient care, improved safety and quality, and better outcomes" as making them ideally suited to delivering high-quality, safe, and equitable patient care, and for assuming a leadership role in redesigning the health care system (pp. xi-xii). Key recommendations from the report call for

nurses to be allowed to practice to the fullest extent of their education, to achieve higher levels of education, to be recognized as full partners with physicians and other health care professionals in reforming health care delivery, and to expand research and improve data collection, in order to identify best practices and ensure better quality health care.

In addition, the question of legitimation of holistic nursing care and practices for purposes of reimbursement and policy creation has highlighted the need for studies that show the effectiveness and value of holistic nursing care and for correlating holistic nursing care with positive health outcomes; gauging the degree to which nurses use a holistic, patient-centered, and comprehensive approach should constitute the first step in this endeavor.

Working Definition of Holistic Nursing Care

For the purposes of this article, and in alignment with the AHNA's (Mariano, 2009) statement of core values of holistic nursing, holistic nursing care may be comprehensively defined as developing a relationship with patients in which the nurse honors and promotes consideration of the wholeness of persons, authentic presence, and facilitation of healing, while incorporating the physical, emotional, spiritual, social, and psychological aspects of the patient's existence in supporting, guiding, and assisting patients in gaining self-knowledge and in co-creating a plan of care. This definition may serve as a starting point in defining the critical attributes of holistic nursing care, in order to identify and evaluate possible limitations in existing measures.

Instruments Measuring Holistic Nursing Care

As the focus of nursing care has shifted to patient- and relationship-centered care and patient preference for a holistic approach in health care delivery has become more evident, defining and measuring holistic nursing care has become more important. However, measures designed specifically to evaluate the holistic quality of nurse-patient encounters are somewhat scarce.

There are many scales designed to measure caring in nurse-patient interactions (Watson, 2009), as well as scales designed to measure individual components

of holistic care, such as physical and emotional well-being (Giasson & Bouchard, 1998), spiritual needs (Galek, Flannely, Vane, & Galek, 2005), empathy (Mercer & Reynolds, 2002), relationship (Simmons, Roberge, Kendrick, & Richards, 1995), personal support (Brandt & Weinert, 1981), and compassion (Burnell & Agan, 2013). And although these measures certainly incorporate some features of holistic care, they do not adequately or completely operationalize all the components of a holistic focus in nursing care.

In an effort to locate existing measures of holistic nursing care, a literature search was initiated. Keywords *holistic nursing*, *holistic caring*, *measures*, *instruments*, and *scales* were used. The majority of instruments accessed ($n = 63$) were concerned with measuring some aspect of holistic nursing care, such as spirituality, coping, self-transcendence, stress relief, self-help, life attitude, psychosocial factors, serenity, comfort, meaning and quality of life, sexuality, transcultural considerations, or empathy. Two instruments were tentatively identified as comprehensive measures of holistic nursing care. One was a scale designed to measure holistic nursing competence (Takase & Teraoka, 2011), but it did not address or define holistic attributes of nursing care; rather, it explored “general aptitude and competencies” in providing nursing care. The other (Williams, 1998) was the *Holistic Caring Inventory* (HCI), which will be discussed below.

The HCI

The most comprehensive holistic nursing care instrument to date is Latham's (1988) HCI, and, while it addresses some aspects of holistic nursing care, it was developed in the late 1980s, and does not completely reflect those attributes that have come to define a holistic approach in promoting health and healing. The HCI was developed to measure patients' perceptions of nurse caring—specifically, humanistic caring from a holistic nursing perspective (Latham, 1996). According to Howard (1975), humanistic caring encompasses the principles of inherent worth, individuality, the consideration of the entirety of a person's existence rather than a specific problem, freedom of choice, status equality, shared decision-making, empathy, and emotional connectedness. Using Howard's (1975) theoretical model as a guide, holistic nurse caring in the HCI explores the social, physical, mental, and

spiritual domains of nursing care in four subscales: Physical Caring, Interpretive Caring, Spiritual Caring, and Sensitive Caring.

The HCI is a 40-item, 4-point Likert-type scale scored by summing responses, with the total score divided by the number of items to produce a definitive score between 1 and 4. A score of 1 indicates that the patient does not feel cared for, and a score of 4 indicates that caring is evident to the patient. Reliability and validity of the HCI were established early in its development and use; content validity was established by two content specialists. The HCI was determined to have a content validity index of 1.00 (a perfect score). In addition, a pilot study of 30 hospitalized medical patients confirmed item clarity and a sixth- to seventh-grade reading comprehension level (Latham, 1988).

Discriminate validity was assessed by simultaneous administration of Kiesler's (1987) Message Impact Inventory, which measures the interpersonal impact of others, and concurrent validity was evaluated using the Interpretive Caring Subscale in the HCI and the Supportive Behavior Checklist (Gardner & Wheeler, 1987). Low correlations supported discriminate validity of the HCI with the Message Impact Inventory's Hostile subscale ($.20, p < .01$), and with its submissive scale ($.16, p < .05$), and moderate correlations ($.39, p < .001$) were found between the Interpretive Caring Subscale in the HCI and the Supportive Behavior Checklist. Reliability of the HCI has been established in several studies of predominantly hospitalized medical and oncology patients (Latham, 1996; Williams, 1997a, 1997b, 1998) and was found to be strong, with scores for all four subscales of .89 (interpretive caring), .87 to .91 (spiritual caring), and .90 (physical and sensitive caring).

Analysis of subscale content. Physical caring in the HCI refers to caring for the patient's physical condition or needs and is addressed by exploring discussion of and adjustment to physical problems. Although the HCI does consider how physical conditions may affect other areas of the patient's life, it does not explicitly consider how patterning of life events and choices may be influencing a physical condition.

Interpretive caring items in the HCI reflect the nurse's ability to recognize and consider patient feelings in providing information and care; these items are mainly centered on the acknowledgment of the patient's feelings and on how the patient's condition may affect personal relationships and circumstances

Table 1. Holistic Attributes Not Addressed in the HCI

Authentic Presence	Pattern Recognition	Shared Decision-Making	Spirituality
Therapeutic use of self	Patterning of life events and choices	Empowerment	Importance for healing
Relationship	Self-healing	Complementary and alternative therapies	Purpose and meaning in life
Nurse as instrument of healing	Self-care	Therapeutic partnering	Peace
Intentionality	Self-knowledge	Facilitation of healing	Wellness/well-being

in the patient's life, such as work. These items do not, however, address the pursuit of conscious awareness of the interconnectedness of mind and body, the exploration of pattern recognition in emotion-laden life events, or how exploring feelings may assist in gaining self-knowledge.

Spiritual caring in the HCI covers such topics as the nurse's ability to recognize and assist the patient in obtaining spiritual guidance, but items do not explore the nurse's discussion of a patient's belief system or his or her search for meaning in life.

Items relating to sensitive caring involve perception of the nurse's behavior—listening, showing concern, discussing, and reacting to patient feelings. These items do address empathic or compassionate support for the patient, but do not explore the patient's perception of the nurse's intentional presence or support for patient input in care decisions, especially when those decisions do not follow a conventional treatment plan.

Although the HCI is considered here as a comprehensive holistic measure and its reliability and validity are not called into question, the holistic attributes it measures are limited to aspects of the physical, emotional, and spiritual dimensions of nursing care, without considering those features that holistic nursing has come to be defined by—namely, authentic presence, the facilitation of pattern recognition in the development of self-knowledge and self-care, and shared decision-making, including the use of alternative and complementary modalities as therapeutic tools (Mariano, 2009). In addition, the items in the HCI addressing the nurse's consideration of spiritual factors influencing health and healing do not consider those aspects of spiritual meaning not necessarily associated with religious entities, such as the search for peace, meaning, and purpose in life. Therefore, development of a more current, comprehensive tool that includes

these elements of holistic nursing care should be considered.

Holistic Attributes Not Addressed in the HCI

Dimensions or attributes of holistic nursing care not comprehensively addressed in the HCI are presented in Table 1.

Authentic Presence

Authentic presence is a vital component of holistic nursing care and is integral to the nurse's relationship with patients (Burkhardt & Nagai-Jacobson, 2009). The nurse's presence in the relationship is defined by the ability to be consciously focused on the patient and to bring the qualities of support, empathy, and compassion to interactions (McKivergin, 2009).

Support. Support is a key component of holistic nursing care. Support for care decisions, in life choices, and in catastrophic events are common threads in holistic nursing care. In fact, a supportive environment (both social and emotional) has been shown to reduce the incidence of health problems, and it has been noted that the number of supporters, as well as the quality of that support, are important factors in promoting healing (Stuart-Shor & Wells-Federman, 2009, p. 185).

Examples of questions designed to elicit the perception of support by the nurse might include: "The nurse asks if there is someone who loves and cares about me" and "When I am upset, the nurse asks if I have someone I can talk to." Although the HCI does address the nurse as a source of support in the Sensitive Caring subscale, elements such as these

could expand that dimension to explore other, more personal sources of support for patients.

Empathy. Included in the consideration of authentic presence is the concept of empathy. Mercer and Reynolds (2002) propose that the aims of empathy in therapeutic relationships are “to initiate supportive interpersonal communication in order to understand the perceptions and needs of the patient, to empower the patient to learn or cope more effectively, and to reduce or resolve a problem” (p. S9). LaMonica (1981) defines empathy similarly as “a central focus and feeling with and in the client’s world” (p. 398). Interestingly, LaMonica (1981) postulates that all elements of the concept must be present for empathy to be perceived and further that the “empathic process” is hierarchical, with each step building upon the previous one. In other words, the helper must perceive need in another, communicate the perception of need, and convey understanding to the person expressing the need (p. 399).

Mercer and Reynolds (2002) support this notion, observing that “it is the patient’s perception of the helping relationship that determines the effectiveness of empathy” (p. S10). Stuart-Shor and Wells-Federman (2009) also highlight the importance of empathy as an effective coping technique and as a critical component in holistic communication by maintaining that the ability to consider another’s perspective promotes caring through mindful reflection and active listening (p. 187). Items designed to address empathic interactions with the nurse might include “the nurse shows concern for what matters most to me” and “the nurse talks to me about what is stressful in my life.”

Compassion. Compassion is a concept closely related to empathy, as it requires, according to Roach (2007), “immersion into the pain, brokenness, fear, and anguish of another, even when that person is a stranger” (p. 37). Similarly, Burnell and Agan (2013) define *compassion* as “a sympathetic consciousness of another’s distress, with the intention of alleviating it” (p. 181). The HCI does contain items that address the nurse’s attention to patients’ feelings; however, questions that more directly address the nurse’s ability to enter into the patient’s situation and provide hope, kindness, and understanding might with advantage be included in a comprehensive measure of holistic nursing care.

Pattern Recognition

The recognition of patterns in life events and situations is aimed at bringing self-knowledge to the level of conscious awareness. Newman (1986) describes the responsibility of the nurse as not to make sick people well or to prevent disease, but to assist patients in recognizing the healing power that is within them, by facilitating self-knowledge through the identification of life patterns. The nurse uses self as a therapeutic tool to assist patients in recognizing how life circumstances and decisions may be affecting their capacity for healing. An important component in self-knowledge is the ability to be gentle with oneself in the discovery of flaws and setbacks.

In holistic nursing practice, self-compassion is seen as a necessary antecedent to healing and to developing a healing relationship with others. Neff (2003) defines self-compassion as being open to one’s own suffering, caring for self, and taking a nonjudgmental attitude toward one’s own inadequacies and failures. Neff (2003) makes the distinction, however, between self-centeredness (selfishness) and self-compassion, emphasizing that self-centeredness may involve a ruminative, or even obsessive, preoccupation with one’s own troubles to the exclusion of others, whereas self-compassion entails “acknowledging that suffering, failure and inadequacies are part of the human condition, and that all people—oneself included—are worthy of compassion” (p. 224).

Examples of items that might assess the nurse’s attention to a patient’s level of self-compassion could include “the nurse explores how I feel about my own flaws and inadequacies” and “the nurse helps me to see my failings as part of the human condition.” The exploration of a patient’s ability to be “self-compassionate” would be an important component in a measure of holistic nursing care, as it might assist in identification of pattern formation and level of self-knowledge.

Shared Decision-Making

The promotion of shared decision-making in health care choices is another area that has come to define holistic nursing care (Mariano, 2009). Shared decision-making involves the patient as the authority on his or her own health, and the nurse as a partner and facilitator in the understanding of options, effects, and implications of therapeutic choices,

including the use of CAMs, if desired. Mariano describes this involvement as “a process of engagement versus compliance” (p. 54) and stresses that holistic nursing care honors the belief that patients have an inherent capacity for self-healing and a right to self-direction, qualities that the nurse supports and respects.

Items designed to capture the nurse’s attention to shared decision-making might include “the nurse is interested in what I think is causing or influencing my condition” and “the nurse supports my health care decisions, even if they differ from what others think is best for me.”

Spirituality

Spirituality is something of a “special case” in terms of evaluating the meaning or quality of life in the facilitation of healing. It is, in essence, what “arises from a search for meaning” (Mariano, 2009, p. 49). And as Dossey (1984) contends, “at some level, health ... is a ground state, a state of wholeness which excludes nothing. It is lodged ‘in spirit’; it is subsumed by spirit. And the knowledge of health is made possible by spiritual awareness” (p. 181).

Spirituality, with its inescapably religious connotations, can be an emotional and somewhat contentious area in nursing care, as spiritual beliefs are intensely personal, difficult to express at times, and viewed as potentially controversial; indeed, its nature is such that meeting (or even attempting to assess) spiritual needs in clinical environments is often avoided (Galek et al., 2005). However, as Burkhardt and Nagai-Jacobson (2009) point out, “the work of healing requires recognition of the spiritual dimension of each person, including the healer, and an awareness that spirituality permeates every encounter” (p. 623).

The question of how to comprehensively assess and attend to spiritual needs in patient care has long plagued nurses, in part because of the difficulty in defining such an intangible and elusive concept. Galek et al (2005) propose that the inherent difficulty in dealing with spirituality arises because “the human spirit is not easy to define and, perhaps, there is an argument that ... the human spirit is indescribable.” Furthermore, they acknowledge the challenge in understanding and investigating a “phenomenon that is both transcendent and beyond the sphere of the finite mind” (p. 62).

Exploring patients’ need for and success in achieving inner peace and relaxation, however, should be included in a measure of holistic care, especially items addressing general health, positive well-being and self-control, and such feelings as satisfaction with life and overall happiness—certainly subjects of interest in considering health and healing from a holistic perspective. Items such as “the nurse explores my need for guidance from a power outside myself” and “the nurse asks if I have a quiet place to meditate or reflect” may point to ways of attending to spiritual beliefs and of providing a holistic approach to spiritual care in a way that is not wholly dependent on religious reference (Galek et al., 2005).

Conclusion

A holistic focus has traditionally defined nursing’s approach to patient care, and this approach has become more important over time. The expansion of nursing’s responsibility in delivering comprehensive care, the recognition of the importance of relationship-centered care, and the need for evidence-based legitimization of holistic nursing care and practices to insurance companies, policy-makers, health care providers, and patients highlight the need to examine the holistic properties of nursing care. The HCI is a theoretically sound, valid, and reliable tool; however, it does not comprehensively address attributes that have come to define holistic nursing care, necessitating the development of a more current instrument to measure the elements of a holistic perspective in nursing care. The development of a current and more comprehensive measure of holistic nursing care may be critical in demonstrating the importance of a holistic approach to patient care that reflects the principles of relationship-based care, shared decision making, authentic presence, and pattern recognition.

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