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HOLISTIC WELLNESS IN ELDERLY CARE FROM NURSING PERSPECTIVE – A LITERATURE REVIEW

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Abstract

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This research was carried out with the aim of adding knowledge on the importance of holistic wellness among the elderly in nursing care environments. The purpose of this study was to describe how nurses can apply the holistic approach in their work and the challenges they face in the provision of holistic care in elderly nursing care environments. Data search was based on the use of keywords and limiters from CINAHL, PubMed and manual searches. Data was analysed through content analysis by condensing raw data into meaning units and then generating codes and categories from these units. Main categories were then created and were utilized in answering the research questions. The results affirmed the multifaceted nature of holistic care, encompassing effective communication, therapeutic practices, family involvement, emotional and spiritual support, and a strong nurse-patient relationship. Educational frameworks and healthcare environments need to be improved to empower nurses in providing compassionate, holistic care that respects the dignity and unique needs of elderly patients by addressing challenges such as emotional burden, time constraints, inadequate training and communication challenges.

Keywords: Holistic wellness, Elderly care, Well-being, Holistic nursing

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1 INTRODUCTION

The concept of healthy aging, as defined by the World Health Organization (WHO,2020), refers to one's potential to grow and preserve their functioning capability to support good health in old age. To function well is to be able to exist and carry out activities that one considers worthy all through their lifetime, which includes one's potential to cater for their basic needs; learn, grow and make decisions; able to move; create and nurture relationships; and add value to society.

Everyone deserves a chance to live long and well. Our surroundings, which comprises of one's home, community and broader society, and all the factors within them such as the built environment, people and their relationships, attitudes and values, health and social policies, the systems that support them and the services that they implement do have a huge impact in terms of supporting or inhibiting one's chance at a long and healthy life. (WHO 2020).

At the core of professional nursing code of conducts as stipulated by The Nursing and Midwifery Board of Australia (NMBA,2018) is the provision of safe, personalized and evidence-based practice that advance the health and wellness of people and done in collaboration with the healthcare recipient, promote shared decision-making and care delivery between the recipient, chosen partners, family, friends and healthcare providers.

Given the above data and included definitions, it suggests that the concept of care cannot just be limited to basic care or treatment of diseases and conditions that affect the elderly, but a more all-round care to achieve the vision of healthy aging need to be applied to care, hence the concept of holistic wellness in elderly nursing care.

In this study, we will use the Finnish Centre for Pensions' definition of old age; also considered as the retirement age of a person who is 65 years and above.

2 BACKGROUND

The Elderly population is growing rapidly, presenting a significant challenge for healthcare systems worldwide. Providing effective and compassionate care for older adults calls for an all-round approach that considers their mental, emotional, physical, and social well-being. This study aims to understand the perspectives of nurses, who are at the forefront of elderly care, on the concept of holistic wellness, its practical application as well as challenges that emerge in its provision.

Nursing has been grounded in holistic principles and has incorporated natural remedies and healing therapies since the 4th century B.C. Holistic comes from the Greek word “holos” which means whole and the general believe then was that “...the part can never be well unless the whole is well” as espoused by Socrates. Things began to change in 400 BCE when Hippocrates, the so-called father of Western medicine, proposed a new scheme on the origin of disease based on anatomy and physiology. The Hippocratic Corpus, made of some 60 medical treatises, identified germs as the primary cause of diseases and medicine as an ultimate cure. Over time, this science of medicine has undergone profound transformations, propelled by ground-breaking medical discoveries, advanced understanding of diseases, improvements in therapeutic practices, and the advent of cutting-edge technology. (Corey et al., 2024).

The vision of Florence Nightingale, an English social reformer who acknowledged that one’s health and their surrounding are interconnected, lies the basis for rekindling modern holistic wellness. Nightingale emboldened holistic care by acknowledging the significance of elements such as the use of light, music, scents, selective reflection and touch during therapy (Erickson, 2007).

In ‘Notes on Nursing,’ Nightingale described the supremacy of nature in the recovery process. It is often thought that medicine is the curative process. It is no such thing ... Surgery removes the bullet out of the limb, which is an obstruction to cure, but nature heals the wound. So it is with medicine; medicine so far as we know, assists nature to remove the obstruction, but does nothing more. And

what nursing must do in either case, is to put the patient in the best condition for nature to act upon him. (Nightingale, 1859)

To preserve and enhance the health and well-being of the aged, a holistic care approach considers an elderly person as someone with hopes, dreams, emotions, unique preferences, meaningful relationships, personal values, and prosperous life experiences. Such considerations ensures that any relationship between the providers of health care and the patients is based on respect, relative openness, equality, and mutuality and patients participate in decision making in this kind of caring (Olive, 2003)

Since nurses play an important role in promoting holistic wellness for elderly individuals by understanding their unique needs, embracing a holistic approach, and overcoming barriers, nurses can foster better health outcomes, enhance quality of life, and contribute to a more compassionate and patient-centered healthcare system. which is the center focus for this research.

This research will investigate some nurses' perspectives about holistic wellness in elderly care (Black,2000) such as the value of holistic approach: Nurses often express strong beliefs in the importance of holistic care, recognizing the profound impact of emotional, social, and spiritual factors on physical health. Barriers to Implementation: Nurses often encounter significant barriers to implementing holistic principles in practice, citing time constraints, limited resources, and inadequate training as major obstacles. Importance of Individualized Care: Nurses emphasize the need for personalized care plans tailored to the specific needs, preferences, and goals of each elderly individual. Desire for Improved Support: Nurses express a desire for increased training and support to effectively incorporate holistic principles into their practice and navigate complex care situations (Black,2000).

Holistic wellness – As defined by Oliver, Baldwin & Datta (2018), holistic wellness is an active process of making changes toward an optimal living and successful existence. This definition is derived from Hettler (1983,13), who defined wellness as “an active process through which people become aware of and make choices toward a more successful existence.” The American Nurses Association (ANA) states that nurses who are mentally, physically, and spiritually

strong provide superior patient care, leading to improved outcomes, higher satisfaction scores, and increased reimbursements.

Well-being – Huppert (2009) defines well-being as experiencing a state of life where an individual is functioning well and having positive emotions while also being able to manage the unavoidable negative emotions, thus ensuring the sustainability of well-being. The Finnish Institute for Health and Welfare (THL,2024) attributes the well-being of older people as being supported by factors such as activity, good health, functional ability, family, other close people and friends, participation and doing things together, sexual well-being, voluntary work, and participating in organizational activities.

Elderly care – Also known as aged care, is the assistance given to the elderly who need help in their own home or who are no longer able to live at home. This includes among others, help with daily living, personal and healthcare, staying connected to the community, being more independent as well as meeting cultural and social needs (Australian Government,2024).

Holistic nursing – Refers to nursing practice focused on healing the entire individual. This approach can be applied in various settings, including acute care hospitals, hospices, academic institutions, and private practices. In 2006, the American Nurses Association (ANA) acknowledged holistic nursing as a unique specialty with its own scope and standards of practice. Holistic nurses utilize a range of healing and integrative therapies, such as imagery, visualization, relaxation, deep-breathing techniques, stress management, aromatherapy, and subtle energy therapies, to care for patients in both hospitals and private practices.

3 PURPOSE, AIM AND RESEARCH QUESTIONS

The purpose of this study is to describe how nurses can apply the holistic approach in their work and the challenges they face in the provision of holistic care in elderly nursing care environments.

The aim of the research is to add knowledge on the importance of holistic wellness among the elderly in nursing care environments.

The research questions that will guide this study are:

1. How can nurses apply a holistic approach while caring for the elderly?
2. What challenges do nurses face in the provision of holistic care for the elderly?

4 METHODOLOGY AND METHODS

A descriptive qualitative method will be used to identify effective factors in holistic care provision which enhances elderly care. The method was chosen for its preferred readiness to studies that do not require a deeply theoretical context and aim to stay close to and describe available research data as they appear.

Descriptive Literature Review

Qualitative description (QD) is a label used in qualitative research for studies which are descriptive in nature, particularly for examining health care and nursing-related phenomena (Polit & Beck, 2009, 2014). By providing a comprehensive summary of events, qualitative descriptive research generates data that describe the 'who, what, and where of events or experiences' from subjective perspective (Kim et al., 2017, p. 23).

Strengths of method

A qualitative descriptive study is an important and appropriate design for research questions (such as those employed for this study) that are focused on gaining insights about a poorly understood research area, rather than on a specific phenomenon. One major advantage they provide in nursing and healthcare research is their inherent simplicity, flexibility and utility in diverse healthcare contexts.

Weaknesses of method

Despite its widespread use within nursing research, descriptive research is sometimes critiqued in terms of scientific rigor. Inconsistency in decision making within the research process coupled with a lack of transparency has created issues of credibility for this type of approach. The method is broadly considered as being less sophisticated, requiring less interpretation than other qualitative

study designs such as case studies where interpretation and explanation are key characteristics.

Data search and selection

The data search and selection were mainly based on the use of the key words that were selected in this study. Data was sought from medical sources such as CINAHL and MEDLINE, as well as manual searches based on reference materials from the selected articles. The data was limited based on factors such as using the smart text search criteria based on timeline (10 years or less being preferred) and peer reviewed articles. Selected articles were also shared with fellow students to help ensure that they met the selection criteria.

4.3 Qualitative Content analysis

Qualitative content analysis entails a process designed to condense raw data into categories or themes based on valid inference and interpretation. It uses inductive reasoning, by which themes and categories emerge from the data through the investigator's careful evaluation and continuous comparison (Zhang & Wildermuth, 2009).

It is used to examine and interpret the content of textual data, thus providing a systematic way to recognize patterns, concepts and larger themes within the data, with the aim of obtaining an understanding into the meaning and context of the content. Its application in investigating complex phenomena such as beliefs and attitudes provides the researcher with a deeper understanding of the viewpoints and experiences of people or institutions. By computing the frequency of words or phrases, it answers the "whys", "what" or "how" of research, thus signaling relevance within a set of data by grouping the words or phrases into codes and categories that represent similar meanings (Delve,2024).

5 ETHICS AND VALIDITY

Research principles guide the standards of conduct for scientific researchers. It is therefore crucial to comply with these principles to protect study participants' dignity, rights and welfare. Thus, studies that involve human beings ought to be assessed by an ethics body to ascertain proper upholding of ethical standards (WHO, 2024).

Given that the nursing profession is a social science rooted in Evidence Based Practice, it is crucial to ensure that the nursing research is governed by ethical principles and codes to control and protect the practice of the nursing profession (Cannon & Delahoyde, 2017).

In this research, the use of Metropolia's written assignment and thesis guidelines were applied in the writing process. For example, proper referencing to avoid plagiarism and ethical fraud, the use of the proposed search strategy and tools such as PICO and BOOLEAN techniques were applied. Data was obtained from reliable scientific data bases to include PubMed and CINAHL. Manual searches were based on articles from the already obtained data. The researchers have also met the required competency needed before conducting the research (the required number of credits and the Methods of Research course were completed before executing the research).

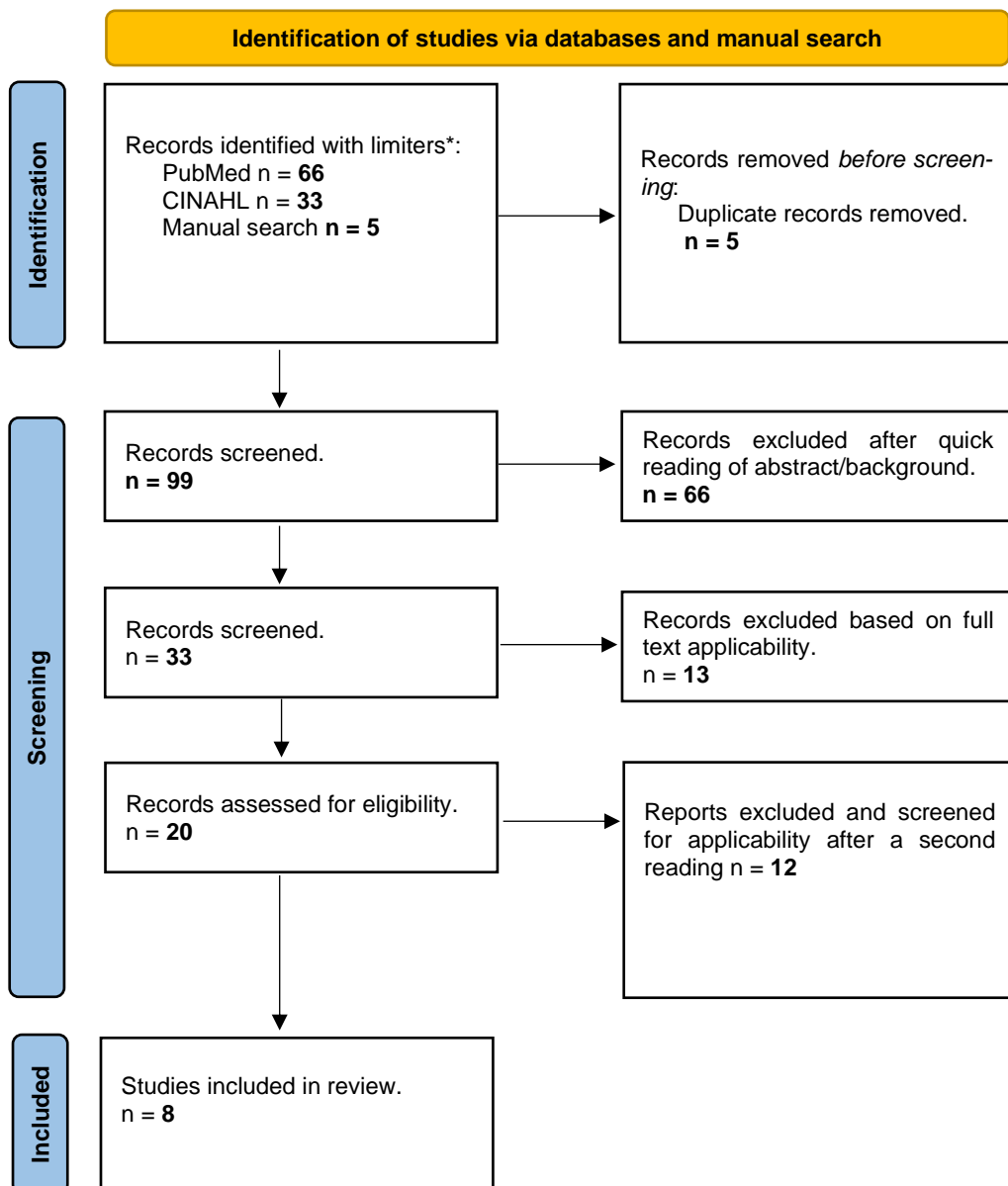
BOOLEAN TECHNIQUE AND SEARCH STRATEGY

CONCEPT 1	CONCEPT 2	CONCEPT 3	CONCEPT 4
Holistic well-ness or wellbe-ing or wellness	Elderly care or aged care	Nursing perspec-tive	Holistic nursing or in-tegrative nursing

INCLUSION AND EXCLUSION CRITERIA

CRITERIA	INCLUSION	EXCLUSION
Publication characteristics	Published in English within the last 10 years (2014-2024), peer re-viewed.	Published in other lan-guages, published be-fore 2014, not peer re-viewed.
Population	Elderly people aged 65 years and above.	Data does not support the desired age group.
Interest	Holistic wellness pro-vided by nurses.	Holistic wellness pro-vided by other healthcare personnel.
Context	Elderly care	Relevance to context not ascertained.

PRISMA SEARCH TABLE



Source: Page MJ, et al. BMJ 2021;372:n71. doi: 10.1136/bmj.n71.

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6 FINDINGS

HOW NURSES CAN APPLY A HOLISTIC APPROACH WHILE CARING FOR THE ELDERLY. (Appendix 1).

Strategies for Providing Care

Communication and interaction

Positive communication and interaction involve the nurses' ability to clarify as well as inform the patients about their procedures as it brings a sense of fulfillment and satisfaction, as well as a sense of calmness. It also involved the nurse being available to comfort a patient through talking when the patient needed it. Smiling during interactions and being unconditionally present, even when there is nothing to say was considered a means of comfort by the patients. Being empathetic and attentive to the needs of the patient and trying to understand concerns was considered a source of comfort, hence a positive way of interaction (Alruwaili et al., 2023).

Therapeutic practices

Practices such as the use of music therapy, massage to relieve discomfort, and mobilization were considered very useful therapeutic practices as strategies that nurses can apply to ensure all round care of the elderly. Music was considered to overcome and bring warmth to the heart. A simple touch, even without talking was considered comforting. Touch can also be applied while asking the elderly person a question. For example, in this study, the nurse was asking if the patient was still experiencing back pain while holding their hand. Another therapeutic practice employed by the nurses in the study was relieving discomfort through massage or mobilization. Back and leg massages as well as changing the patient's position were all strategies employed to ensure holistic care (Alruwaili et al., 2023).

Family involvement

Involving the elderly person or their family member as a partner in care was considered a very effective strategy from the study results. Making suggestions and explaining what role the patient can play is important. In this study, the nurse explains to the patient the importance of going to the bathroom as opposed to using a diaper. Also, getting a nod or an okay from the older person during feeding was important so the nurse can know if the patient wants to eat and if they need assistance, without making any assumptions (Alruwaili et al., 2023). Encouraging the resident to feed themselves and only be assisted when necessary was considered a way of ensuring independence among the elderly (Gholizadeh et al., 2015).

Special moments

When it comes to moments as encountered by the elderly, the ability of the nurse to turn it into a special and comforting moment can be a very useful strategy of holistic care. The results show that the study group appreciated having a warm welcome when they visited the hospital and they attribute this to the nurse's ability to receive them in a warm and friendly manner, show them to their room and explain things in a way the patient understands. Also, asking the patient if they need anything like an extra blanket or a bite was considered comforting.

A visit from a family member was also considered important and comforting, and a source of strength and encouragement. One result showed that the patient appreciated the nurse sitting by her bedside and talking about the patient's garden. This moment was considered special and therapeutic by the patient (Ribeiro, Marques, & Ribeiro, 2017; Alruwaili et al., 2024).

Dignity in care

Ensuring privacy during moments of personal hygiene was considered comforting. Being given a bath or shower was considered important (Ribeiro, Marques, & Ribeiro, 2017).

Results also show that ensuring that the patients stayed clean and comfortable during mealtimes was a strategy used by nurses during care to maintain respect and dignity of the elderly (Gholizadeh et al., 2015).

Emotional and Spiritual Support

Spiritual care

Spiritual care was expressed in terms of dialogue with the patient by using positive words of encouragement as a source of belief, faith, strength and embracement. Offering a moment of reflection was also considered important. Nurses mentioned using positive words of comfort while encouraging believers to pray as well as sometimes praying with the patients. There was also the use of reassuring songs and if applicable, using Bible verses. In some instances, mediums such as radio, television and musical instruments were applied. Nurses also facilitated the presence of a religious leader upon a patient's request. Embracing diversity and different perspective was mentioned as crucial to spiritual care as well. The use of own strong spiritual presence to calm the patients was also mentioned (Veras et al., 2019; Alruwaili et al., 2024; Podgorica et al., 2024).

Respect for spiritual beliefs

Respecting beliefs that led to faith was noted as having a positive impact on the patient's clinical outcome. Respecting the schedules of those who had to pray was also mentioned as important. Respecting rituals as part of end-of life care was also noted as a positive way of providing care, translating into humanistic care, since care involves the family, hence the importance of recognizing the family's feelings and wishes (Veras et al., 2019).

Comfort care

Being involved in a patient's journey was mentioned as being able to understand a patient's life story and what brings them comfort, which goes beyond the routine comfort provided by administering medication or pain management. Needs beyond physical discomfort like emotional, psychological and spiritual wellbeing of a patient, as well as addressing fears and anxieties, were mentioned by nurses as important ways of providing holistic care (Alruwaili et al., 2024).

Nurse – Patient Relationship

A nurse's personality and beliefs

Having attributes such as being sociable, genuine and warm were mentioned as being influential while building rapport by lifting a patient's spirit and building trust, hence making it easier for patients to confide in a nurse as well as cooperate in care. A warm greeting and a handshake were mentioned as effective strategies. Being sensitive and compassionate were also mentioned as strategies that led to better outcomes during care (Zamanzadeh et al., 2015).

Impact of personal experiences

Nurses mentioned their personal experiences of either being hospitalized themselves or having their family members hospitalized as having enhanced their sympathy and understanding of patients and the patients' family and needs. Unpleasant experiences like neglect of basic and secondary care influenced the nurses' willingness to provide best care so that their patients did not have to undergo the same negative and painful experiences (Zamanzadeh et al., 2015).

Nursing duties

One participant mentioned that the nurses need have a sense of duty to provide all round care while resolving patients' needs. Nurses' commitment to their profession was also stated as a key role in the provision of holistic care (Zamanzadeh et al., 2015). A crucial part of nursing duties as patients' advocate was being responsible for those in their care (Podgorica et al., 2024).

CHALLENGES FACED BY NURSES IN PROVISION OF HOLISTIC CARE FOR THE ELDERLY (see Appendix 2).

Burden of Care

Exhaustion

The emotional, spiritual and physical nature of nursing work led to moral distress, hence contributing to burden of care (Nikbakht Nasrabadi et al., 2021). Work pressure from the residents, family members and other staff members, as well as the physical needs of some residents, led to feelings of exhaustion and contributed to burden of care (Podgorica et al., 2024). The deep nature of care provided by geriatric nurses in palliative care left the nurses feeling overwhelmed and emotionally drained. Nurses mentioned that giving so much of themselves took a toll on them and led to feelings of running on empty (Alruwaili et al., 2024).

Loss and grief

Patient deaths took an emotional toll on the nurses as well, given that the nurses had developed strong bonds with their patients. Nurses mentioned that it was hard to shake off these losses, and every death felt like losing a part of self (Alruwaili et al., 2024).

Communication pain

Breaking bad news to patients and their families was considered heartbreaking given the sensitive and delicate nature of the news, like conveying a negative prognosis and end-of-life options. This was challenging for both the families and the nurses (Alruwaili et al., 2024).

Workplace Challenges

Time constraints

Results showed that despite nurses' willingness to offer better care and spend more time with their patients, insufficient time was a huge barrier. Time constraints did also affect nurses' ability to efficiently carry out routine basic tasks (Alruwaili et al., 2024; Gholizadeh et al., 2015; Nikbakht Nasrabadi et al., 2021; Park & Min, 2023; Podgorica et al., 2024).

Workload

Busy and crowded wards meant increased workload for the nurses, hence less chances of meeting all of their patients' needs. Workload also included huge number of shifts which left the nurses exhausted and unable to provide comprehensive care. Nurses' ability to be empathetic was also affected, increasing their stress levels and making them lag in care. Increased workload also meant that the nurses could not finish their own tasks on time if they took time to provide holistic care, and this led to overtimes (Zamanzadeh et al., 2015; Gholizadeh et al., 2015; Park & Min, 2023; Podgorica et al., 2024).

Staffing issues

In comparison to the nursing tasks, results suggested that there were not enough staff to carry out all the required tasks. Staffing issues were also mentioned regarding the number of nurses in a shift verses the nursing assistances. Results suggest that there were more nursing assistances in a shift and few nurses, yet the nursing assistances were limited in what tasks they could carry. This meant the nurse on duty had to perform more tasks including computer

work, answering calls and dealing with residents' families. Sick leaves and unwilling workers led to staffing issues. One consequence of this was mentioned as patient dying alone, which led to experiences of distress among nurses (Park & Min, 2023; Nikbakht Nasrabadi et al., 2021; Podgorica et al., 2024).

Unsupportive work environment

Emphasis on routine tasks by the management was considered a barrier to provision of quality care. Results suggest that nurses' were evaluated based on their ability to complete routine tasks, and there was no recognition or incentive for catering to a patient's secondary needs. Results also suggest that low pay, less promotional opportunities and lack of help in busy times affected nurses' ability and willingness to provide quality care. Lack of support from management while dealing with difficult patients or family members was also highlighted as a factor that affects care negatively (Zamanzadeh et al., 2015; Park & Min, 2023; Podgorica et al., 2024).

Training and Preparation

Inadequate training

Results suggests that the structure and content of the educational system was considered inadequate in preparing nurses to provide holistic care to the elderly. In some instances, the courses were too short while in others the clinical/practical training periods were not enough for the students to establish relationships with the patients, long enough to recognize the patients' various needs. Results also suggest that in some cases, the education focused on solving the physical problems of patients, not whole needs. In instances where the educator had limited knowledge of geriatric care, the students automatically became unequipped and unprepared to offer quality care. Lack of expertise training in nursing school was also highlighted (Zamanzadeh et al., 2015; Nikbakht Nasrabadi et al., 2021; Podgorica et al., 2024).

Communication Issues

Family/ Patient dynamics

Results suggest that in some instances, the families of patients refused to consider the nurses' expertise in care when it came to what procedures to undertake. The families insisted on procedures that the nurses considered futile. Family members were also cited as imposing care or institutionalization on the residents. This further led to ethical dilemmas since it affected the patient's right to choose and participate in care decisions. The diverse needs and backgrounds of patients ranging from physical and mental disabilities also led to communication challenges, hence affecting care (Nikbakht Nasrabadi et al., 2021; Podgorica et al., 2024).

Staff conflicts

Individual differences based on cultural backgrounds and positions affected communication between staff members and ways in which they provided care. For example, a nurse noted that her level of care as a nurse was different from the care offered by a caretaker. Staff also perceived that care was affected by their colleagues' negative attitudes which reduced the sense of care and mission as well as their cultural differences that affected how they perceive and provide care (Podgorica et al., 2024).

7 DISCUSSION

The aim of the research was to add knowledge on the importance of holistic wellness among the elderly in nursing care environments, by describing how nurses can apply the holistic approach in elderly care and the challenges they face while doing so. Results from this study highlight the strategies applied by nurses in the provision of holistic care to the elderly, thus supporting the idea that impactful nursing goes beyond physical treatment to embracing the emotional, psychological, and spiritual aspects of care.

Strategies for Providing Care

Being empathetic while communicating to a patient has been shown to improve patient satisfaction, treatment compliance, and clinical outcomes. Patients who felt heard and understood were more likely to follow their treatment plan (Ted AJ,2023). Empathetic interactions offer immense support to the patient, having the capability of alleviating loneliness of a patient's experience of illness and increasing the patient's dignity as well (Sibiya MN,2018).

The journal of practical nursing proposes measures such as the use of therapeutic touch, massage, music, and relaxation techniques as means of improving relationships with patients and promoting a healthy psychological, emotional and spiritual environment (Practical Nursing,2024).The use of Evidence-based music therapy can be an effective tool in lowering pain in palliative care patients by using patient-preferred music as part of an individualized treatment plan (Gutgsell et al ;2014).

Emotional and spiritual support reflects on a nurse's ability to show kindness, genuine concern, cheerfulness (Chandramohan S, Bhagwan R, 2017). Empathy and compassion share attributes of acknowledging, understanding, and resonating emotionally with a person who is suffering (Sinclair, et al;2017). The feeling of being respected and being treated with dignity is related to patient's comfort in knowing that they are being listened to in decision making, as well as being talked to and treated as highly regarded adults. Family members or friends' visits are related to feelings of being loved and wanted. Personal hygiene relates to a feeling of cleanliness, being helped when needed in shower or dressing, having suitable clothing on, looking good and being harmonic (Caspari et al;2014).

Family members as co-partners in care provide valuable information in terms of the patient's medical history and functional ability. Being in regular contact with the patient also empowers them to act as patient advocates and speak on behalf of the patients or interpret patient's actions to the professionals (Riffin et al;2022).

Challenges in Care Provision

Nurses' inability to provide quality care for patients and family members is closely linked to work-place challenges such as workload, lack of time, staffing issues, lack of management support, shift work, and lack of self-care (Enns & Sawatzky, 2016). Clear discussion, documentation and ensuring that care goals were up to date is important to ensure that the patient's and the family's wishes are in realignment. Lack of knowledge on health and death related issues appeared to be a key reason for family members overruling one's end of life wishes (Sarah M, Jacqui H, John A, et al,2023). A nurse's training and preparation in providing spiritual and emotional care is vital while supporting patients who are usually faced with illness, psychological distress and emotional difficulties (Chandramohan & Bhagwan, 2015).

Study Limitations

Given the holistic nature of care that the research was based on, the results failed to include primary care as part of holistic care.

Studies included in the research were mainly outside the researcher's locale, which raises the researcher's curiosity and calls for more research.

Study Implication in Nursing

There is need for nursing education to incorporate holistic care education into the general curriculum.

Clinical practice environments could be improved to prepare nursing students for their future work in providing holistic care.

Continuous in-service training for nurses is important to ensure they stay up to date with new research findings or nursing practices aimed at improving the general wellbeing of the elderly.

8 CONCLUSION

The study results acknowledged the multifaceted nature of holistic wellness in elderly nursing care. Applicable strategies vary and are individualistic in nature, calling for a nurse practitioner to be aware of the patient and the current need being presented. Being an effective communicator, applying therapeutic practices, involving the patient as well as the family members in care, offering spiritual and emotional support and having a strong nurse-patient relationship are the suggested strategies. The barriers to provision of holistic care for the elderly including the emotional burden, limited knowledge, communication challenges, and challenging work environments must be addressed to ensure that nurses are well equipped to provide holistic care that caters for the unique needs of the elderly.

9 REFERENCES

- American Holistic Nurses' Association (2024). Retrieved from: <https://www.ahna.org/About-Us/What-is-Holistic-Nursing>. Accessed Sept 2,2024.
- Australia Government: Department of Health and Aged Care (2024). Retrieved from: <https://www.health.gov.au/topics/aged-care/about-aged-care>. Accessed Sept 2,2024.
- Black, B. (2022). *Professional nursing-e-book: concepts & challenges*. Elsevier Health Sciences. Retrieved from. [Black, B. \(2020\). Professional nursing: - Google Scholar](#)
- Cannon, S., & Delahoydne, T. (2017). Introduction to nursing research: Incorporating evidence-based practice. Burlington, MA: Jones & Bartlett Learning. Retrieved from: https://samples.jblearning.com/9781284149791/9781284168167_CH05_Marketing_Sample.pdf. Accessed Sept 10,2024.
- Caspari, Synnøve, et al (2014). "Dignity and existential concerns among nursing homes residents from the perspective of their relatives." (2014). Retrieved from: <https://nordopen.nord.no/nord-xmlui/bitstream/handle/11250/277291/Lillesto.pdf?sequence=3>. Accessed Nov 8,2024.
- Chandramohan S, Bhagwan R (2015). Spirituality and spiritual care in in the context of nursing education in South Africa. *Curationis*, 38(1), 1471. Retrieved from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC6091640/#s0016>. Accessed Nov 10,2024.
- Enns C L, Sawatzky J V (2016). Emergency nurses' perspectives: Factors affecting caring. *Journal of Emergency Nursing*, 42(3), 240-245. Retrieved from: https://www.sciencedirect.com/science/article/abs/pii/S0099176715005747?casa_token=V5aRRXM5A2gAAAAA:8VMJlc7BNCJ8Ognw5WqEIn-B2qhA-NAOwRizAO9HR52DDPT3Cv2Uuq1dTHufU4FZDie7Fmh8m#bb0060. Accessed Nov 8,2024.
- Fagerberg, I. and Kihlgren, M., 2001. Registered Nurses experience of caring for the elderly in different health care areas. *International Journal of Nursing Practice*, 7. pp.230-231. Retrieved from: <https://onlinelibrary.wiley.com/doi/abs/10.1046/j.1440-172x.2001.00273.x?sid=nlm%3Apubmed>. Accessed Oct 5,2024.

Felicia A Huppert (2009). Psychological well-being: Evidence Regarding its Causes and Consequences. *Applied Psychology Health Well Being* 1(2):137–64. Retrieved from: <https://doi.org/10.1111/j.1758-0854.2009.01008.x>. Accessed Sept 5,2024.

Finnish Centre for Pensions (2024). Retrieved from: <https://www.etk.fi/en/finnish-pension-system/pensions/earnings-related-pension-benefits/old-age-pension/#:~:text=Within%20the%20national%20pension%20scheme,pension%20scheme%20will%20rise%20correspondingly>. Accessed Sept 10,2024.

Gholizadeh L, Yazdi K, Nayeri N D, Mohammadi E. Nutritional care of elderly patients in acute care settings: a qualitative study. *Genetics in Medicine*.2015; 17(12):947-952. Retrieved from: https://onlinelibrary.wiley.com/doi/full/10.1111/ggi.12532?casa_token=UO1uDaS8xAgAAAAA%3A15ELdWNLfw7M4rd3_d9zQyo9SdY-IAIfak_rxfQn8Rqfw9Pnj_OHSI37f_6b_adDWDIbMayCpHkMLHQ. Accessed Oct 10,2024.

Grace B (2023). The Importance of Correct Perspective of The Nursing Profession. Retrieved from: <https://milnepublishing.geneseo.edu/processes/chapter/the-importance-of-correct-perspective-of-the-nursing-profession/>. Accessed Sept 19, 2024.

Gutgsell, Kathy Jo et al (2014). Music Therapy Reduces Pain in Palliative Care Patients: A Randomized Controlled Trial. *Journal of Pain and Symptom Management*, Volume 45, Issue 5, 822 – 831 [https://www.jpmsjournal.com/article/S0885-3924\(12\)00330-2/fulltext](https://www.jpmsjournal.com/article/S0885-3924(12)00330-2/fulltext). Accessed Oct 10,2024.

John L. (2023). Holistic approaches to aging and mental health: Integrating geriatric psychiatry in care. Retrieved from: [Journal of Aging and Geriatric Psychiatry |Home \(alliedacademies.org\)](https://www.alliedacademies.org/journal-of-aging-and-geriatric-psychiatry). Accessed Nov,2,2024.

Kim, H., Sefcik, J. S., & Bradway, C. (2017). Characteristics of Qualitative Descriptive Studies: A Systematic Review. *Research in nursing & health*, 40(1), 23–42. <https://doi.org/10.1002/nur.21768>. Accessed Oct 15,2024.

Nikbakht Nasrabadi, A., Wibisono, A. H., Allen, K. A., Yaghoobzadeh, A., & Bit-Lian, Y. (2021). Exploring the experiences of nurses' moral distress in long-term care of older adults: a phenomenological study. *BMC nursing*, 20(1), 156. Retrieved from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC8406037/>. Accessed Oct 2,2024.

Oliver, M. D., Baldwin, D. R., & Datta, S. (2018). Health to wellness: A review of wellness models and transitioning back to health. *The International Journal of*

Health, Wellness and Society, 9(1), 41. Retrieved from: https://www.researchgate.net/publication/329258077_Health_to_Wellness_A_Review_of_Wellness_Models_and_Transitioning_Back_to_Health. Accessed Sept 4,2024.

Pamela J. Potter, Noreen Frisch (2007). Holistic Assessment and Care: Presence in the Process. *Nursing Clinics of North America*, volume 42, Issue 2 Pages 213-228. Retrieved from: <https://www.sciencedirect.com/science/article/abs/pii/S0029646507000114#preview-section-cited-by>. Accessed Sept 20,2024.

Park Y, Min D. Registered Nurses' perspective of systemic factors affecting nursing home care quality decline: A qualitative descriptive study. *Nurs Open*. 2023;10(3):1900-1908. Retrieved from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC9912408/>. Accessed Oct 7,2024.

Podgorica, N., Pjetri, E., Müller M A, A. W., & Perkhofer, S. (2024). Difficulties and challenges experienced by nurses in eldercare institutions in Albania: A qualitative content analysis. *PloS one*, 19(3), e0300774. Retrieved from. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10971328/#sec015>. Accessed Oct 9,2024.

Polit DF, Beck CT. *Essentials of Nursing Research: Appraising Evidence for Nursing Practice*. 8. Philadelphia, PA: Wolters Kluwer Health; Lippincott Williams & Wilkins; 2014. Supplement for Chapter 14: Qualitative Descriptive Studies. Retrieved from: http://downloads.lww.com/wolterskluwer_vitalstream_com/sample-content/9781451176797_Polit/samples/CS_Chapter_14.pdf.

Practical Nursing, 2024. The Importance of Holistic Nursing Care: How to Completely Care for your Patients: Retrieved from: <https://www.practicalnursing.org/importance-holistic-nursing-care-how-completely-care-patients>. Accessed Nov 2,2024.

Riffin, Catherine et al (2022). Caregiver-provider communication about pain in persons with dementia. *Dementia (London, England)*, 21(1), 270–286. Retrieved from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC9158475/#S11>. Accessed Nov 2,2024.

Sarah M, Jacqui H, John A., et al (2023). Preferences and end of life care for residents of aged care facilities: a mixed methods study. *BMC palliative care*, 22(1), 124. Retrieved from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC10472708/#Sec8>. Accessed Nov 4,2024.

Shaheen, N., et al (2023). Appraising systematic reviews: a comprehensive guide to ensuring validity and reliability. Retrieved from: <https://doi.org/10.3389/frma.2023.1268045>. Accessed Sept 15,2024.

Sibiya, Maureen Nokuthula, 2018. Nursing: Effective Communication in Nursing. Retrieved from: https://books.google.fi/books?hl=en&lr=&id=Ib-QDwAAQBAJ&oi=fnd&pg=PA19&dq=effective+communication+in+nursing+care&ots=7hmvJ2p7sD&sig=Y7u4zPbOmJ9baLScLkIsv3CF-tq&redir_esc=y#v=onepage&q=effective%20communication%20in%20nursing%20care&f=false. Accessed Nov 4, 2024.

Sinclair S, Beamer K, Hack TF, et al (2017). Sympathy, empathy, and compassion: A grounded theory study of palliative care patients' understandings, experiences, and preferences. *Palliat Med.* 2017;31(5):437-447. Retrieved from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC5405806/#section29-0269216316663499>. Accessed Oct 28, 2024.

Sousa Valente Ribeiro PCP, Dourado Marques RM, Pontífice Ribeiro M. Geriatric care: ways and means of providing comfort. *Revista Brasileira de Enfermagem.* 2017;70(4):830-837. Retrieved from: <https://research-eb-sccom.ezproxy.metroplia.fi/c/gnwe6c/viewer/pdf/52rkx7o3qb>. Accessed Oct 4, 2024.

Ted A James, 2023. Trends in Medicine: Building Empathy into the Structure of Health Care. Harvard Medical School. <https://postgraduateeducation.hms.harvard.edu/trends-medicine/building-empathy-structure-health-care>. Accessed Oct 28, 2024.

The Finnish Institute for Health and Welfare (2024). Well-being in old age. Retrieved from: <https://thl.fi/en/topics/ageing/well-being-in-old-age>. Accessed Sept 5, 2024.

The Nursing and Midwifery Board of Australia (2024). Professional standards: Code of conduct for nurses. Retrieved from: <https://www.nursingmidwifery-board.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx>. Accessed Sept 17, 2024.

The Practical Guide to Qualitative Content Analysis. Retrieved from <https://delvetool.com/blog/guide-qualitative-content-analysis>. Accessed Oct 10, 2024.

United Nations: Department of Economic and Social Affairs (2017). *World Population Ageing, 2017 Highlights*. Retrieved from: https://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2017_Highlights.pdf. Accessed Sept 6, 2024.

Veras SMCB, Menezes TMO, Guerrero-Castañeda RF, Soares MV, Anton Neto FR, Pereira GS. Nurse care for the hospitalized elderly's spiritual dimension. *Rev Bras Enferm.* 2019;72(suppl 2):236-242. Retrieved from: <https://pubmed.ncbi.nlm.nih.gov/31826216/>. Accessed Sept 25, 2024.

Zamanzadeh V, Jasemi M, Valizadeh L, Keogh B, Taleghani F. Effective factors in providing holistic care: a qualitative study. *Indian J Palliat Care*. 2015;21(2):214-224. Retrieved from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC4441185/>. Accessed Sept 26,2024.

Zhang & Wildemuth (2009). Qualitative Analysis of Content. Retrieved from: https://www.ischool.utexas.edu/~yanz/Content_analysis.pdf. Accessed Oct 10,2024. Accessed Oct 10,2024.

CATEGORIZATIONS IN INDUCTIVE CONTENT ANALYSIS

MAIN CATEGORY 1: HOW NURSES CAN APPLY A HOLISTIC APPROACH WHILE CARING FOR THE ELDERLY.

10 Appendix 1

Meaning Unit	Code	Sub-category	Generic category
<p>The ways and means of providing comfort are centred on strategies for promoting care mobilized by nurses and recognized by patients (clarifying/informing, positive interaction/communication, music therapy, touch, smile, unconditional presence, empathy/proximity relationship, integrating the older adult or the family as partner in the care, relief of discomfort through massage/mobilization/therapy) and on particular moments of comfort (the first contact, the moment of personal hygiene, and the visit of the family.</p> <p><i>3- Sousa Valente Ribeiro, Patricia Cruz Pontífice; Dourado Marques, Rita Margarida; Pontífice Ribeiro, Marta (2017).</i></p>	<p>Clarifying/Informing</p> <p>Positive interaction/communication</p> <p>Smile</p> <p>Unconditional presence</p> <p>Empathy/proximity relationship</p> <p>Music therapy</p> <p>Touch Massage</p> <p>Mobilization</p> <p>Therapy</p> <p>Integrating older person or family as partner in care.</p> <p>The first contact</p> <p>Moment of personal hygiene</p> <p>Visit of the family</p>	<p>Communication and Interaction.</p> <p>Therapeutic practices</p> <p>Family involvement</p> <p>Special moments</p> <p>Practical assistance</p> <p>Special moments</p>	<p>Strategies for Providing Care.</p>
<p>Spiritual care were dialogue, encouragement and respect for religious activities, embracement, empathy.</p>	<p>Dialogue</p> <p>Encouragement</p> <p>Respect for religious activities</p> <p>Embracement</p>	<p>Spiritual support</p> <p>Respect for Beliefs</p>	<p>Emotional and Spiritual Support.</p>

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MAIN CATEGORY 1: HOW NURSES CAN APPLY A HOLISTIC APPROACH WHILE CARING FOR THE ELDERLY.

<p><i>2-Veras SMCB, Menezes TMO, Guerrero-Castañeda RF, Soares MV, Anton Neto FR, Pereira GS. (2019).</i></p>	<p>Empathy</p>		
<p>I'm a very good mixer, highly sociable; I make sure to greet my patients warmly; I even shake hands with the old patients, because I believe that lifts their spirits and makes them trust me and cooperate. ''</p> <p>''One of the reasons why I attend to my patients' needs more carefully now is my dad's time in hospital. ''</p> <p>''I try to perform my duties in the best way. I think our duty is not limited to some routine tasks. Addressing all the needs of my patients is my duty as a nurse and I try to resolve their entire problems. ''</p> <p><i>4- Zamanzadeh V, Jasemi M, Valizadeh L, Keogh B, Taleghani F. (2015)</i></p>	<p>Being sensitive</p> <p>Social</p> <p>Caring</p> <p>Compassionate</p> <p>Use of past experiences</p> <p>Sense of responsibility towards patients</p> <p>Considering attention to patients as proper work</p> <p>Being committed to nursing duties.</p>	<p>Nurse's personality and beliefs.</p> <p>Impact of personal experiences.</p> <p>Nursing duties.</p>	<p>Nurse – Patient Relationship.</p>
<p>"I remember Mrs. Johnson, who loved gardening. We used to sit by</p>	<p>Talking about her garden.</p> <p>Sitting close by.</p>	<p>Special moments</p>	<p>Strategies for Providing Care</p>

CATEGORIZATIONS IN INDUCTIVE CONTENT ANALYSIS

MAIN CATEGORY 1: HOW NURSES CAN APPLY A HOLISTIC APPROACH WHILE CARING FOR THE ELDERLY.

<p>I have to be responsible for his/her care. ”</p> <p>“I feel like I have a very strong spiritual sense. I feel like some of my patients can feel that just by me going in the room and calming them... I feel like I don’t have an issue with... end of life. So I kind of help families through that. And I think that they do feel that.”</p> <p><i>1 - Nikbakht Nasrabadi A, Wibi-sono AH, Allen KA, Yaghoobzadeh A, Bit-Lian Y (2021).</i></p>		<p>Spiritual care</p>	<p>Emotional and Spiritual Support.</p>
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CATEGORIZATIONS IN INDUCTIVE CONTENT ANALYSIS

MAIN CATEGORY 2: CHALLENGES FACED BY NURSES IN PROVISION OF HOLISTIC CARE FOR THE ELDERLY.

11 Appendix 2

Meaning unit	Codes	Sub-category	Generic category
<p>"There are days when I feel emotionally drained. You give so much of yourself, and it takes a toll. " "It's like you're running on empty sometimes. You care so deeply, but it's overwhelming."</p> <p>"Losing patients you've grown close to—it never gets easy. It's like losing a piece of yourself every time."</p> <p>"You celebrate small victories, but losses can be hard to shake off. It stays with you."</p> <p>"Breaking the news gently is hard. Families often don't want to accept it, and it's heartbreaking to see their pain."</p> <p>"You have to find the right words. It's not just what you say but how you say it that matters."</p> <p>"We want to give our patients all the time and care they need, but the reality is we're stretched thin. It's tough." "Sometimes, I wish I</p>	<p>Feeling emotionally drained.</p> <p>Running on empty.</p> <p>Losing patients you've grown close to.</p> <p>Celebrating small victories versus hard losses.</p> <p>Breaking bad news.</p> <p>Finding the right words.</p> <p>Wishing for more time with patients.</p>	<p>Exhaustion.</p> <p>Loss and Grief.</p> <p>Communication pain</p> <p>Time constraints</p>	<p>Burden of Care</p> <p>Workplace challenges</p>

CATEGORIZATIONS IN INDUCTIVE CONTENT ANALYSIS

MAIN CATEGORY 2: CHALLENGES FACED BY NURSES IN PROVISION OF HOLISTIC CARE FOR THE ELDERLY.

<p>had more time to just sit with a patient, hold their hand, and listen to their stories."</p> <p><i>7- Alruwaili A N, Alruwaili M, Ramadan O M E, Elsharkawy N B, Abdelaziz E M et al., (2024).</i></p>			
<p>“During the course, most of our education was about the physical problems of patients and dealing with them...” “Most of our educators had limited knowledge of the various aspects of patients’ needs and their effects on health recovery. “ “ We did not receive any practical training in considering patients’ various needs. “ “Sometimes, the ward is too crowded and busy; “, “Because of the huge number of shifts, “ “Our head nurse and the supervisors emphasize the routine tasks...”</p> <p><i>4- Zamanzadeh V, Jasemi M, Valizadeh L, Keogh B, Taleghani F. (2015)</i></p>	<p>Limited knowledge on holistic care.</p> <p>Lack of practical training in holistic care.</p> <p>Crowded and busy ward.</p> <p>Emphasis on only routine care.</p>	<p>Inadequate training</p> <p>Workload</p> <p>Unsupportive work environment</p>	<p>Training and Preparation</p> <p>Workplace Challenges</p>
<p>The following five themes were derived: lack of sufficient number of RNs, poor work conditions, unclear job descriptions for RNs, no</p>	<p>Lack of enough staff.</p> <p>Poor working conditions.</p> <p>Unclear job descriptions for RN.</p>	<p>Staffing issues</p>	<p>Workplace Challenges</p>

CATEGORIZATIONS IN INDUCTIVE CONTENT ANALYSIS

MAIN CATEGORY 2: CHALLENGES FACED BY NURSES IN PROVISION OF HOLISTIC CARE FOR THE ELDERLY.

<p>official position of nursing director and absence of transition care system.</p> <p><i>5- Park Y, Min D. (2023).</i></p>		<p>Unsupportive work environment</p>	
<p>“But I am sorry I have to say that we often don't even have enough time to properly check the patients' vital signs. It is a shame to be a nurse and see patients' foods left untouched on the tables.”</p> <p>“I feel sorry for them; so, despite my heavy workload, I try to help them at mealtimes.”</p> <p><i>6 - Gholizadeh L, Yazdi K, Nayeri N D, Mohammadi E (2015).</i></p>	<p>Insufficient time for patient monitoring.</p> <p>Heavy workload.</p>	<p>Time constraints</p> <p>Workload</p>	<p>Workplace challenges</p>
<p>“We don't have enough staff in one shift.”</p> <p>“But it's too tricky because two people can't monitor fifty elderly people. “Considering the time and workload, we try to fulfil their wishes somehow.” We don't have enough time to make sure we're doing right.” “Sometimes we feel guilty. But the negligence in the care of the older people happens</p>	<p>Staff shortages.</p> <p>Insufficient time.</p>	<p>Staffing issues</p> <p>Time constraints</p>	<p>Workplace Challenges</p>

CATEGORIZATIONS IN INDUCTIVE CONTENT ANALYSIS

MAIN CATEGORY 2: CHALLENGES FACED BY NURSES IN PROVISION OF HOLISTIC CARE FOR THE ELDERLY.

<p>because of the lack of staff. Because of the lack of funds, the staff is insufficient. `` Even if we learn from our work, we still need proper training to fulfill our duties and protect our residents. `` ``But we need more training in caring for older adults. The problem is that our institution does not offer proper care for the elderly, and we, the nurses, are not even specialized in caring for the elderly.” “In some ways, we face problems communicating with each other because we have different cultures and ways of caring for patients. I take care of them as a nurse. Another staff member helps as a caretaker” “Sometimes the relatives are in a dilemma whether to do the right thing or not to bring their father or mother, so they often need us to listen or confirm when they’re right. There are cases in which family members impose things on the patients. For example, they force them to eat more than they want, which is a source of conflict for us” ``So, we give patients the</p>	<p>Need for more training.</p> <p>Cultural differences.</p> <p>Family/relative interferences.</p>	<p>Inadequate training</p> <p>Staff conflicts</p> <p>Family dynamics</p>	<p>Training and Preparation</p> <p>Communication Issues</p> <p>Communication Issues</p>
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CATEGORIZATIONS IN INDUCTIVE CONTENT ANALYSIS

MAIN CATEGORY 2: CHALLENGES FACED BY NURSES IN PROVISION OF HOLISTIC CARE FOR THE ELDERLY.

<p>news their relatives want them to know. We do nothing to protect the older adult residents here, which makes me feel terrible” “The relatives insist on giving the patient futile therapy until the last moment of his life, even though they know we don’t give curative therapy. ” “In my opinion, the attitude of some of the nurses was wrong. They do not have a sense of mission or a sense of professional duty; they have no emotions” “sometimes I feel pressured by the resident, relatives, or other staff. I change diapers, take residents to physiotherapy, and feed them lunch or dinner; lots of stress, that’s all. I’m sorry, but many residents need me to help them physically. ” <i>8 - Podgorica N, Pjetri E, Muller A W, Perkhofer S (2024).</i></p>	<p>Wrong attitude from some nurses, no sense of duty or emotion.</p> <p>Work stress</p> <p>Physical strain</p>	<p>Staff conflicts</p> <p>Exhaustion</p>	<p>Communication issues</p> <p>Burden of Care</p>
<p>“Moral distress is kind of like an everyday thing particularly in ICU. It’s emotional, spiritual, and even physical at times.” It has become very difficult to care for patients who I know will never get better and have no quality of life. ”</p>	<p>Emotional, spiritual and physical burden of care.</p>	<p>Exhaustion</p>	<p>Burden of Care</p> <p>Communication issues</p>

CATEGORIZATIONS IN INDUCTIVE CONTENT ANALYSIS

MAIN CATEGORY 2: CHALLENGES FACED BY NURSES IN PROVISION OF HOLISTIC CARE FOR THE ELDERLY.

<p>“There are some situations which you know the patients better and want to care him/her better, ... based on what you have learnt. However, the family insists on to not do it or do it in other way. ”</p> <p>“The family’s stringent about what they want. ” “Because of lack of staffing...”</p> <p>“Nursing school did not prepare me for this.” “I feel like I have become less empathetic and care-less, due to workload.” “No helper available when I was busy. I felt so much stress and so behind in care.”</p> <p><i>1 - Nikbakht Nasrabadi A, Wibi-sono AH, Allen KA, Yaghoobzadeh A, Bit-Lian Y (2021).</i></p>	<p>Family resistance to care decisions.</p> <p>Lack of staffing.</p> <p>Unpreparedness to offer all-round care.</p> <p>Feeling less empathetic due to workload.</p> <p>No help during busy times.</p>	<p>Family dy-namics</p> <p>Staffing is-sues</p> <p>Inadequate training</p> <p>Workload</p> <p>Workload stress</p>	<p>Workplace challenges</p> <p>Training and preparati</p> <p>Workplace challenges</p>
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