



Holistic care

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Outlines:

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Introduction

In the past, healthcare systems mainly followed a **disease-centered approach**. This model focused primarily on diagnosing diseases and treating physical symptoms using medications, medical procedures, and clinical interventions.

However, this approach was considered limited because it overlooked many important factors that influence a person's health and well-being.

Health is not determined only by biological factors; it is also affected by psychological, social, spiritual, and environmental conditions. For example, a patient suffering from hypertension may also experience stress, poor lifestyle habits, family problems, or work pressure. Treating the physical symptoms alone may not fully address the underlying causes of the illness.

For this reason, modern healthcare has shifted toward a **holistic and person-centered approach**.

Holistic healthcare focuses on understanding the patient as a **whole person**, rather than simply focusing on the disease. It considers multiple dimensions of health that interact with each other.

These dimensions include:

Physical dimension:

This involves the biological and physiological aspects of health such as disease processes, physical symptoms, nutrition, and physical activity.

Psychological dimension:

This includes emotional and mental health factors such as stress, anxiety, depression, coping ability, and cognitive functioning.

Social dimension:

Social relationships and support systems play a major role in health outcomes. Family support, friendships, social roles, and community connections all influence well-being.

Spiritual dimension:

Spiritual beliefs, values, and meaning in life can influence how individuals cope with illness, suffering, and recovery.

Environmental dimension:

Living conditions, economic status, work environment, and access to healthcare services also impact health.

Holistic care therefore aims to **promote healing, improve quality of life, and support overall well-being** by addressing all these dimensions together.

Nurses play a crucial role in holistic care because they interact closely with patients and are able to assess not only physical health but also emotional, social, and psychological needs



Definition of Holistic Care

- Holistic care is an approach in healthcare that considers a person's life as a whole rather than focusing solely on physical symptoms. This means addressing mental and physical health, spiritual care, and emotional well-being in equal measure. Nurses provide holistic care by integrating traditional nursing practices with alternative therapies, ensuring patient-centred care that is tailored to individual needs and preferences.(Frisch& Rabinowitsch,2019).
- A comprehensive nursing approach that addresses the physical, psychological, emotional, social, and spiritual needs of patients through a collaborative relationship between nurse and patient in order to promote healing and well-being.(Yıldız & Çiftçi, 2025).

Components of Holistic Care

Holistic care is based on the principle that every patient is a unique individual with multiple interconnected needs. Therefore, healthcare professionals should not focus exclusively on the physical aspects of illness but should assess and address all dimensions of the person's health. These dimensions include **physical care, spiritual care, and social care**, which work together to promote healing, improve well-being, and enhance the patient's quality of life. The effectiveness of holistic care depends on integrating these components rather than treating each one separately. When one dimension is neglected, the overall recovery process may be compromised.

1. Physical Care

Physical care refers to all nursing interventions that aim to maintain or restore the patient's physiological health. It includes the assessment, prevention, treatment, and monitoring of physical conditions while also promoting healthy behaviors. Although physical care is an essential component of nursing practice, holistic nursing recognizes that it should not be provided in isolation from the patient's emotional, social, and spiritual needs. Effective physical

care not only relieves symptoms but also improves comfort, promotes recovery, and prevents complications.

Important Points

Physical care includes:

- **Pain management:** Assessing pain regularly, administering analgesics, and using non-pharmacological methods such as relaxation techniques or positioning to reduce discomfort.
- **Medication administration:** Ensuring that medications are given safely, monitoring therapeutic effects, identifying adverse reactions, and educating patients about medication adherence.
- **Wound care:** Preventing infection, promoting tissue healing, maintaining skin integrity, and monitoring the wound healing process.
- **Patient education:** Teaching patients about their illness, treatment plan, medication use, lifestyle modifications, and self-care practices to improve long-term health outcomes.

2. Spiritual Care

Spiritual care addresses the patient's inner beliefs, values, meaning, purpose in life, and sources of hope. Spirituality should not be confused with religion. While religion may be one expression of spirituality, many individuals derive spiritual strength from personal values, relationships, nature, or life experiences. During illness, patients often experience fear, uncertainty, and existential questions such as "Why is this happening to me?" or "What gives my life meaning?" Nurses play an important role in supporting patients as they explore these concerns while respecting their individual beliefs and cultural backgrounds.

Important Points

Spiritual care includes:

- **Emotional support:** Listening actively, offering reassurance, and providing a caring presence during times of distress.
- **Empathy:** Understanding the patient's feelings without judgment and communicating genuine compassion.
- **Respect for beliefs:** Recognizing and respecting religious, cultural, and personal beliefs, even when they differ from those of the healthcare provider.

- **Encouraging prayer and spiritual practices:** Facilitating access to religious leaders, providing opportunities for prayer or meditation, or supporting other spiritual practices that are meaningful to the patient.

3. Social Care

Health is strongly influenced by the patient's social environment. Social care focuses on identifying and addressing the external factors that affect health, including family relationships, financial difficulties, employment, education, housing, cultural beliefs, and access to healthcare services. Many patients experience poor health outcomes not because of inadequate medical treatment, but because of unresolved social problems. Holistic nurses therefore assess the patient's social circumstances and collaborate with multidisciplinary teams to ensure that appropriate support services are available.

Important Points

Social care includes:

- **Addressing social conditions:** Identifying issues such as poverty, unemployment, homelessness, or family conflict that may affect recovery.
- **Respecting culture:** Providing culturally sensitive care that acknowledges the patient's traditions, customs, language, and values.
- **Connecting patients with support services:** Referring patients to social workers, community organizations, financial assistance programs, rehabilitation services, or support groups when needed.

Integration of the Three Components

The three components of holistic care are closely interconnected and should always be considered together. Physical health influences psychological well-being, spiritual beliefs affect coping with illness, and social conditions determine access to healthcare and recovery. Holistic nursing therefore aims to integrate physical, spiritual, and social care into one comprehensive care plan that addresses the whole person rather than focusing on a single aspect of health.

The Benefits of Holistic Healthcare

Holistic healthcare has become an essential approach in modern nursing because it focuses on treating the whole person rather than concentrating solely on the disease. By addressing the physical, psychological, emotional, social, and spiritual dimensions of health, holistic care promotes healing, improves patient outcomes, and enhances overall quality of life. Unlike the traditional biomedical model, which primarily targets symptom relief, holistic healthcare recognizes that successful recovery depends on understanding the complex interaction between biological, emotional, social, and environmental factors. Consequently, patients receiving holistic care often experience greater satisfaction, improved coping abilities, better adherence to treatment, and more sustainable health outcomes.

1. Improving Physical Health

One of the primary benefits of holistic healthcare is the improvement of physical health. Holistic care combines evidence-based medical treatments with complementary therapies to promote healing and enhance the body's natural recovery processes. These complementary interventions are not intended to replace conventional medicine but to support it by reducing pain, improving circulation, decreasing stress, and enhancing overall physical functioning. As a result, patients often experience faster recovery, fewer complications, and better symptom control.

Important Points

Holistic care improves physical health through:

- Combining conventional medicine with complementary therapies.
- Improving symptom management.
- Enhancing recovery from acute and chronic illnesses.
- Reducing pain and physical discomfort.

Examples of Complementary Therapies

- Massage therapy
- Deep breathing exercises

- Yoga
- Relaxation techniques

2. Supporting Mental Well-Being

Mental health is an essential component of overall health. Holistic healthcare recognizes that emotional distress, anxiety, depression, and chronic stress can negatively influence physical recovery and quality of life. Therefore, holistic care incorporates interventions that promote psychological well-being and strengthen coping abilities. By helping patients manage stress and regulate emotions, nurses support resilience and improve both mental and physical health outcomes.

Important Points

Mental well-being is promoted through:

- Stress reduction.
- Emotional support.
- Mindfulness.
- Meditation.
- Therapeutic activities.

3. Providing Spiritual Support

Serious illness often causes patients to question the meaning and purpose of life. Holistic healthcare recognizes that spiritual well-being contributes significantly to emotional adjustment and resilience. Spiritual care does not necessarily involve religion; rather, it focuses on helping patients identify sources of hope, meaning, purpose, and inner strength. Respecting patients' spiritual beliefs allows nurses to provide compassionate care that supports both emotional healing and psychological adaptation.

Important Points

Spiritual care includes:

- Respecting religious beliefs.
- Encouraging spiritual practices when desired.
- Helping patients find hope and meaning.
- Supporting resilience during illness.

4. Creating a Supportive Environment

Healing occurs more effectively in environments characterized by compassion, dignity, trust, and respect. Holistic nursing promotes therapeutic relationships in which patients feel valued, listened to, and emotionally supported. A supportive environment reduces fear, strengthens communication, and encourages active participation in treatment.

Important Points

Supportive environments promote:

- Respect.
- Compassion.
- Trust.
- Patient dignity.
- Effective communication.

5. Encouraging Self-Care and Prevention

Rather than focusing only on treating illness, holistic healthcare emphasizes disease prevention and patient empowerment. Nurses educate patients about healthy lifestyle behaviors that reduce risk factors and promote long-term wellness. By encouraging patients to take responsibility for their own health, holistic care improves self-management and decreases future complications.

Important Points

Health promotion includes:

- Healthy nutrition.

- Regular exercise.
- Stress management.
- Smoking cessation.
- Disease prevention.

6. Integrating Alternative Therapies

Holistic care integrates complementary therapies with conventional medical treatment to improve patient comfort and overall well-being. These therapies are selected according to scientific evidence, patient preference, and clinical appropriateness.

Important Points

Examples include:

- Acupuncture.
- Reflexology.
- Herbal medicine.
- Aromatherapy.
- Massage therapy.

Complementary therapies **support conventional medicine** but **do not replace evidence-based medical treatment**.

7. Increasing Patient Satisfaction

Patients are more satisfied when they actively participate in healthcare decisions and feel respected by healthcare professionals. Patient-centered communication improves trust, strengthens therapeutic relationships, and increases adherence to treatment recommendations.

Important Points

Patient satisfaction improves through:

- Shared decision-making.

- Respect for patient preferences.
- Therapeutic communication.
- Individualized care.

8. Reducing Healthcare Costs

Holistic healthcare reduces costs by emphasizing prevention, early intervention, lifestyle modification, and non-invasive therapies. Preventing complications decreases hospital admissions, emergency visits, and long-term treatment expenses.

Important Points

Cost reduction results from:

- Prevention.
- Early detection.
- Reduced hospitalization.
- Fewer complications.

9. Supporting Emotional Health

Emotional support is a fundamental nursing responsibility. Holistic care helps patients cope with illness by providing counseling, active listening, therapeutic communication, support groups, and opportunities for emotional expression.

Example

A newly diagnosed cancer patient joins a support group where members share experiences and coping strategies, reducing fear and emotional isolation.

10. Individualized Patient Care

Holistic healthcare recognizes that every patient has unique needs, beliefs, preferences, and life circumstances. Therefore, nursing care plans should be individualized rather than standardized.

Important Points

Individualized care considers:

- Patient preferences.
- Cultural beliefs.
- Religious values.
- Lifestyle.
- Medical condition.

11. Involving Family in Care

Family members provide essential emotional, practical, and social support throughout the recovery process. Holistic nursing encourages family participation whenever appropriate because informed and supportive families contribute positively to treatment adherence and patient well-being.

Example

The family of a patient with schizophrenia receives psychoeducation about medication adherence, relapse warning signs, and communication strategies to improve long-term outcomes.

12. Improving Quality of Life in Palliative Care

Holistic care is particularly valuable in palliative and end-of-life care, where the goal extends beyond curing disease to maximizing comfort, dignity, and quality of life. Nurses address physical symptoms while also supporting psychological, emotional, social, and spiritual needs.

In palliative care, **the focus shifts from curing disease to relieving suffering and preserving dignity.**

13. Strengthening Social Connections

Social isolation negatively affects both mental and physical health. Holistic healthcare promotes participation in family, community, and social activities, helping reduce loneliness and improve emotional well-being.

Example

An elderly patient living alone is referred to a community senior activity center, where social interaction improves mood and reduces feelings of isolation.

14. Managing Chronic Diseases

Most chronic illnesses require long-term lifestyle modification in addition to medication. Holistic care teaches patients self-management skills that improve disease control and reduce complications.

Important Points

Lifestyle management includes:

- Diet modification.
- Exercise.
- Weight control.
- Stress reduction.
- Medication adherence.

15. Using Technology to Support Care

Modern holistic healthcare incorporates digital technologies to improve continuity of care. Telemedicine, wearable health devices, and mobile health applications allow healthcare providers to monitor patients remotely, reinforce health education, and improve access to care, particularly for individuals living in remote areas.

Example

A patient with heart failure uses a mobile application to record daily weight and blood pressure. The healthcare team reviews the data remotely and intervenes early when deterioration is detected.

Foundational Theories of Holistic Nursing Care

1. Peplau's Interpersonal Relations Theory

Peplau's theory is one of the most important theories in psychiatric nursing because it explains that nursing care is not only about giving medication, observing symptoms, or carrying out doctors' orders. The main idea of the theory is that the **relationship between the nurse and the patient itself can become therapeutic**. This means that the way the nurse communicates, listens, responds, supports, and guides the patient can directly influence recovery. This is especially important in psychiatric and mental health nursing, because many psychiatric patients suffer not only from symptoms, but also from fear, anxiety, loneliness, lack of trust, poor coping, and difficulty expressing emotions.

Peplau looked at the patient as a person who is experiencing a problem and needs help to understand this problem, express feelings, reduce anxiety, and develop healthier coping skills. In this theory, the nurse is not passive. The nurse is an active therapeutic agent who helps the patient move gradually from anxiety and dependence toward understanding, participation, independence, and psychological growth. Therefore, the nurse-patient relationship becomes a structured professional relationship with a clear purpose, not just ordinary kindness or social conversation.

The first phase in Peplau's theory is the **Orientation Phase**. This phase begins when the nurse and patient meet for the first time. At this moment, the patient may feel afraid, anxious, confused, suspicious, or uncertain, especially in psychiatric settings. The nurse's role is to reduce this anxiety by introducing herself, explaining her role, clarifying what will happen, listening carefully, and helping the patient identify the main problem. The most important goal here is not to solve everything immediately, but to build trust. Without trust, the patient may refuse communication, resist treatment, or hide important feelings.

The second phase is the **Identification Phase**. In this phase, the patient begins to feel safer and starts to identify with the nurse as someone who can help. The patient may begin to express sadness, anger, fear, guilt, or confusion. This is a very important therapeutic moment because the patient starts moving from silence or resistance into emotional expression. The nurse helps the patient understand these feelings and recognize the relationship between emotions, behavior, and illness. For example, a depressed patient may begin to say, “I feel worthless,” and the nurse helps the patient explore this feeling without judgment.

The third phase is the **Exploitation Phase**. The word “exploitation” here does not mean using someone in a negative way. It means that the patient begins to use the available healthcare resources effectively. At this stage, the patient becomes more active in treatment. The patient may attend therapy sessions, ask questions, follow medication instructions, use coping strategies, participate in group activities, or seek family support. The nurse encourages independence and teaches the patient how to benefit from available services. This phase is very important because the patient is no longer only receiving care, but actively participating in recovery.

The final phase is the **Resolution Phase**. This occurs when the patient’s needs have been met, goals have been achieved, and the patient becomes more independent. The dependence on the nurse gradually decreases. This does not mean that the nurse abandons the patient, but rather that the patient has developed enough confidence, coping skills, and self-understanding to function with less professional support. In psychiatric nursing, this phase may appear before discharge, when the patient can identify warning signs, use coping strategies, follow treatment, and seek help when needed.

Peplau also explained that the nurse performs several roles during this therapeutic relationship. The nurse may be a **teacher** when explaining illness and treatment, a **counselor** when helping the patient express emotions, a **leader** when guiding the care process, a **resource person** when providing information, a **surrogate** when the patient transfers feelings from important people in their life onto the nurse, and a **technical expert** when providing safe clinical care. These roles show that psychiatric nursing requires knowledge, communication skill, emotional maturity, and professional boundaries.

Relationship Between Peplau's Theory and Holistic Care

Peplau's Interpersonal Relations Theory strongly supports the philosophy of holistic care because it views the patient as a whole person rather than as a collection of symptoms or a medical diagnosis. According to Peplau, healing occurs through a therapeutic relationship in which the nurse understands the patient's emotional experiences, psychological needs, interpersonal relationships, and coping abilities. Instead of focusing solely on physical treatment, the nurse actively addresses the patient's feelings, anxieties, communication patterns, and social interactions. This approach reflects the essence of holistic nursing, which recognizes that physical health cannot be separated from psychological, emotional, social, and even spiritual well-being. By establishing trust, promoting self-awareness, encouraging patient participation, and fostering independence, Peplau's theory provides a practical framework for delivering truly holistic and patient-centered nursing care.

Martha Rogers' Science of Unitary Human Beings (1970)

Martha Rogers introduced the **Science of Unitary Human Beings** in 1970 as one of the most philosophical and holistic nursing theories. At that time, healthcare was still largely influenced by the biomedical model, which viewed the human body as a collection of organs and systems. When a disease occurred, healthcare professionals focused on identifying the affected organ and treating it. Rogers believed that this way of thinking was too limited because it ignored the complexity of human beings. She argued that people cannot be understood by studying individual body parts separately. Instead, every individual should be viewed as a **whole, unified person** whose health is continuously influenced by interactions with the surrounding environment.

According to Rogers, human beings are **unitary energy fields** rather than separate physical structures. This does not mean that she believed people are made only of energy in the physical sense. Instead, she used the concept of energy fields to explain that every aspect of a person's life—including physical health, emotions, thoughts, behaviors, relationships, and spirituality—is interconnected. Therefore, any change in one dimension of health will inevitably influence the other dimensions. For example, severe emotional stress may eventually produce physical

symptoms such as hypertension, headaches, or sleep disturbances, while chronic physical illness may contribute to anxiety or depression.

One of the central concepts of Rogers' theory is the **Human Field**. She described every individual as a unique and indivisible energy field that cannot be separated into isolated parts. This means that nurses should never focus only on a patient's diagnosis or physical symptoms. Instead, they should understand the patient's entire life experience, including emotional responses, family relationships, coping mechanisms, cultural background, and personal values. Every patient is unique because each person interacts with the world differently.

Another important concept is the **Environmental Field**. Rogers believed that the environment is not simply the physical surroundings, such as a hospital room or a patient's home. The environment also includes social relationships, cultural influences, family interactions, work conditions, and life experiences. Because the person and the environment constantly interact, changes in the environment can influence health, while changes in the person can also affect the environment. For example, a supportive family may improve a patient's recovery, whereas a stressful home environment may worsen anxiety or depression despite appropriate medical treatment.

Rogers also introduced the concept of **Energy Exchange**, which refers to the continuous interaction between the human field and the environmental field. This interaction never stops throughout life. Every experience, relationship, and environmental change influences the individual in some way. Therefore, nurses should not only ask, "What disease does this patient have?" but also, "What environmental factors may be affecting this patient's health?" This perspective encourages nurses to assess family support, housing conditions, occupational stress, financial difficulties, and social relationships as part of comprehensive nursing care.

Another important concept in Rogers' theory is **Pattern**. Rogers believed that every individual has a unique life pattern that reflects how they think, behave, adapt, and respond to stress. Two patients may have exactly the same diagnosis but completely different patterns of coping. For example, two patients diagnosed with major depressive disorder may receive identical medication, yet one improves rapidly because of strong family support and effective coping

skills, while the other continues to deteriorate because of loneliness, financial stress, and poor social support. Rogers argued that nurses should understand these unique patterns rather than assuming that every patient will respond in the same way.

The final concept is **Openness**, which means that human beings and their environments continuously exchange information and influence one another without rigid boundaries. This explains why life experiences, education, relationships, and environmental changes can modify health throughout life. Health is therefore viewed as a dynamic process rather than a fixed condition. Nurses should recognize that patients are constantly changing and adapting, and nursing care should be flexible enough to support these ongoing changes.

In psychiatric nursing, Rogers' theory encourages nurses to look beyond psychiatric symptoms and understand the patient within the context of the entire life situation. For example, when caring for a patient with generalized anxiety disorder, the nurse should not focus only on reducing anxiety symptoms. Assessment should also include sleep quality, family relationships, work stress, financial concerns, spiritual beliefs, social support, lifestyle habits, and environmental stressors. By understanding how these factors interact, nurses can develop more comprehensive and individualized care plans that address the root causes of distress rather than simply treating symptoms.

Relationship Between Rogers' Theory and Holistic Care

Rogers' Science of Unitary Human Beings is considered one of the strongest theoretical foundations of holistic nursing because it emphasizes that individuals cannot be understood by examining isolated physical symptoms alone. Instead, every person is viewed as an integrated whole whose physical, emotional, psychological, social, spiritual, and environmental dimensions continuously interact. This philosophy closely reflects the principles of holistic care, which require nurses to assess the whole person rather than focusing only on disease. Rogers reminds nurses that improving health often requires modifying the environment, strengthening coping abilities, enhancing relationships, and supporting emotional and spiritual well-being in addition to providing medical treatment. Consequently, her theory encourages comprehensive, individualized, and patient-centered nursing care.

3-Jean Watson's Theory of Human Caring (1979)

Jean Watson developed the **Theory of Human Caring** in 1979 during a period when healthcare systems were becoming increasingly dependent on technology, advanced medical equipment, and technical procedures. Although these scientific advances improved diagnosis and treatment, Watson observed that something very important was gradually disappearing from nursing practice: the human relationship between the nurse and the patient. She believed that nurses were becoming more concerned with machines, medications, laboratory results, and documentation than with the human being who was experiencing illness. Therefore, Watson proposed that nursing should never become merely a technical profession. Instead, she argued that nursing is fundamentally a **human science of caring**, in which compassion, empathy, and authentic human connection are as important as clinical knowledge and technical competence.

The central idea of Watson's theory is that healing involves much more than curing disease. A patient may recover physically while continuing to suffer emotionally, psychologically, or spiritually. For this reason, Watson emphasized that nurses should care for the **mind, body, and spirit simultaneously**. According to her theory, genuine caring has a therapeutic effect. When patients feel respected, understood, valued, and emotionally supported, they become more hopeful, less anxious, and more willing to participate in treatment. In other words, caring itself becomes a healing intervention rather than simply a pleasant attitude.

Watson believed that the relationship between the nurse and the patient should be based on **authentic presence**. This means that nurses should not interact with patients mechanically or automatically. Instead, they should be fully present during every encounter, giving the patient their complete attention. Active listening, maintaining eye contact, showing empathy, and acknowledging the patient's emotions all demonstrate authentic presence. Patients should feel that the nurse is genuinely interested in understanding their experiences rather than simply completing nursing tasks.

To guide nursing practice, Watson introduced the concept of the **Carative Factors**, which she later refined into the **Caritas Processes**. The word *Caritas* comes from Latin and means love, compassion, and charity. Through these principles, Watson emphasized that caring should be

intentional, compassionate, and respectful of human dignity. One of the first Caritas Processes is **practicing loving-kindness**, which encourages nurses to treat every patient with kindness, respect, patience, and compassion regardless of diagnosis, behavior, or background. This principle reminds nurses that every patient deserves dignity, even during periods of severe psychological distress.

Another important principle is **developing a helping-trust relationship**. Watson believed that trust is the foundation of effective nursing care. Patients who trust their nurses are more likely to express fears, discuss sensitive issues, adhere to treatment, and actively participate in recovery. Building trust requires honesty, consistency, confidentiality, and genuine concern for the patient's well-being. Without trust, even the most effective medical treatment may fail because patients may withdraw emotionally or refuse care.

Watson also emphasized the importance of **promoting emotional expression**. Illness often causes fear, sadness, anger, frustration, guilt, or hopelessness. Rather than suppressing these emotions, nurses should encourage patients to express them openly in a safe environment. By actively listening without criticism or judgment, nurses help patients process emotional distress and reduce psychological suffering. Emotional expression is particularly important in psychiatric nursing, where many patients struggle to communicate their feelings.

Another essential component of Watson's theory is **creating a supportive and healing environment**. Healing is influenced not only by medication and procedures but also by the environment in which care is delivered. Nurses should therefore create surroundings that promote comfort, safety, privacy, relaxation, and emotional security. A calm voice, respectful communication, adequate privacy, reduced noise, and a welcoming atmosphere all contribute to the healing process. Watson believed that the environment should support both physical recovery and emotional well-being.

Watson also highlighted the importance of **attending to spiritual needs**. Serious illness often causes individuals to question the meaning of life, experience spiritual distress, or seek comfort through personal beliefs. Nurses should respect every patient's spiritual values, whether religious or non-religious, and support practices that provide hope, peace, and meaning. Spiritual care may

include facilitating prayer, meditation, quiet reflection, or simply being present with the patient during difficult moments. According to Watson, healing is incomplete if spiritual needs are ignored.

In psychiatric nursing, Watson's theory has particular importance because many mental health conditions involve emotional suffering, loneliness, hopelessness, and impaired interpersonal relationships. Nurses applying Watson's theory focus not only on symptom reduction but also on establishing meaningful therapeutic relationships, strengthening hope, promoting self-worth, and helping patients rediscover purpose in life. For example, when caring for a patient with major depressive disorder, the nurse does more than administer antidepressant medication. The nurse provides emotional support, listens actively, encourages expression of feelings, respects the patient's dignity, and creates an environment in which the patient feels safe, accepted, and understood.

Relationship Between Watson's Theory and Holistic Care

Watson's Theory of Human Caring is one of the strongest theoretical foundations of holistic nursing because it recognizes that human beings cannot be separated into physical, psychological, emotional, and spiritual components. Instead, these dimensions function together and must all be addressed to achieve true healing. The theory emphasizes compassion, empathy, therapeutic relationships, emotional support, and spiritual care, all of which are fundamental principles of holistic healthcare. Rather than focusing exclusively on disease or technical procedures, Watson encourages nurses to care for the whole person by promoting dignity, hope, meaning, and human connection. In this way, her theory transforms nursing from a task-oriented profession into a caring profession that supports healing in every dimension of the patient's life.

4-Betty Neuman Systems Model (1972)

Betty Neuman developed the **Systems Model** in 1972 after observing that many healthcare professionals focused mainly on treating diseases after they had already developed. She believed that this approach was incomplete because it ignored the numerous internal and external factors that continuously influence a person's health. Instead of viewing patients as isolated individuals with specific diseases, Neuman viewed every person as an **open system** that is constantly

interacting with the surrounding environment. According to her theory, health is not a fixed condition but a dynamic state of balance that is continuously challenged by various stressors. Whenever individuals successfully cope with these stressors, they maintain stability and wellness. However, when stressors exceed the person's coping abilities, this balance is disturbed and illness may develop.

The central idea of Neuman's theory is that every person is surrounded by numerous stressors throughout life. These stressors may originate from within the individual or from the external environment. Rather than asking only, "What disease does this patient have?" Neuman encourages nurses to ask a broader question: "**What stressors are disturbing this person's stability?**" This shift changes nursing care from simply treating illness to identifying, preventing, and reducing the factors that threaten the patient's overall well-being.

Neuman classified stressors into three major categories. The first are **intrapersonal stressors**, which originate within the individual. These include physical illness, pain, anxiety, depression, fear, hormonal changes, or negative thoughts. The second are **interpersonal stressors**, which arise from interactions with other people, such as family conflict, marital problems, workplace disagreements, or communication difficulties. The third are **extrapersonal stressors**, which come from the external environment and include financial problems, unemployment, poor housing, community violence, lack of healthcare access, or environmental disasters. By identifying these different stressors, nurses can better understand why patients become ill and how recovery can be supported.

An important feature of Neuman's model is the concept of the **Five Variables of the Person**. Neuman believed that every individual consists of five interconnected dimensions that must all be assessed during nursing care.

The first variable is the **physiological variable**, which includes physical health, body systems, nutrition, sleep, pain, medications, and disease processes. This is the dimension most commonly assessed in traditional nursing practice.

The second variable is the **psychological variable**, which includes emotions, thoughts, stress, anxiety, depression, coping mechanisms, memory, and emotional regulation. In psychiatric

nursing, this dimension is often one of the most significant because psychological distress strongly influences recovery.

The third variable is the **sociocultural variable**, which refers to family relationships, cultural beliefs, religious practices, education, occupation, financial status, and social support systems. Neuman emphasized that patients cannot be fully understood without considering the social and cultural environment in which they live.

The fourth variable is the **developmental variable**, which recognizes that people experience different developmental challenges throughout the lifespan. The needs of a child, adolescent, adult, and older adult differ considerably, and nursing care should always be adapted according to the patient's stage of development.

The fifth variable is the **spiritual variable**, which includes personal beliefs, values, hope, meaning in life, and spiritual well-being. Serious illness often affects spirituality, making this dimension particularly important during chronic illness, palliative care, and mental health nursing.

Another important contribution of Neuman's theory is her emphasis on **prevention**. Rather than waiting until disease develops, nurses should intervene at different stages to maintain patient stability. Neuman described three levels of prevention.

Primary prevention occurs before illness develops and focuses on reducing risk factors and strengthening the individual's defenses. Examples include health education, vaccination, stress management, and lifestyle modification.

Secondary prevention occurs after symptoms have appeared but before significant complications develop. The goal is early diagnosis, prompt treatment, and prevention of further deterioration.

Tertiary prevention occurs after treatment has begun and focuses on rehabilitation, relapse prevention, restoring function, and helping patients maintain long-term stability.

In psychiatric nursing, Neuman's model encourages nurses to perform comprehensive assessments that extend beyond psychiatric symptoms. For example, a patient admitted with generalized anxiety disorder should not be assessed only for anxiety severity. The nurse should also evaluate physical health, family relationships, financial stress, employment status, cultural background, developmental stage, coping abilities, and spiritual concerns. By addressing all these variables, nursing interventions become far more comprehensive and effective.

Relationship Between Neuman's Theory and Holistic Care

Betty Neuman's Systems Model strongly supports holistic nursing because it recognizes that health is influenced by the interaction of multiple dimensions rather than by biological factors alone. By assessing the physiological, psychological, sociocultural, developmental, and spiritual variables simultaneously, nurses gain a comprehensive understanding of the patient as a whole person. The theory also emphasizes prevention, early intervention, environmental assessment, and individualized care, all of which are fundamental principles of holistic healthcare. Rather than focusing solely on disease management, Neuman encourages nurses to maintain balance across every dimension of the patient's life, making her model one of the strongest theoretical foundations for holistic nursing practice.

5-George Engel's Biopsychosocial Model (1977)

Before George Engel introduced the **Biopsychosocial Model** in 1977, healthcare was almost entirely dominated by the **Biomedical Model**. According to the biomedical model, disease was viewed primarily as a biological problem caused by infection, injury, genetic abnormalities, or physiological dysfunction. Consequently, healthcare professionals concentrated mainly on identifying pathological changes within the body and treating them with medication, surgery, or other medical interventions. Although this approach achieved remarkable success in controlling many diseases, it gradually became clear that it could not explain why patients with the same disease often experienced very different outcomes. Some patients recovered quickly, while others developed chronic symptoms, poor treatment adherence, or emotional distress despite receiving identical medical care. Engel believed that this difference could not be explained by biological factors alone. Instead, he argued that health and illness are the result of continuous

interaction between biological, psychological, and social factors. This revolutionary idea became known as the **Biopsychosocial Model**, which transformed both medicine and nursing by expanding the understanding of health beyond physical disease alone.

The central idea of Engel's theory is that illness should never be explained by biology alone. Human beings are complex individuals whose physical health is constantly influenced by emotions, thoughts, behaviors, family relationships, social support, culture, education, occupation, and socioeconomic circumstances. Therefore, effective healthcare requires simultaneous assessment of all these dimensions rather than focusing only on laboratory results or physical symptoms. According to Engel, every illness has three interacting components that together determine the patient's health status.

The first component is the **biological dimension**, which includes all physiological and medical aspects of health. These include genetics, body systems, hormonal regulation, infections, injuries, chronic diseases, medications, and other biological processes. This dimension remains essential because no comprehensive assessment can ignore the physical causes of illness. However, Engel emphasized that biological factors represent only one part of the patient's overall health.

The second component is the **psychological dimension**, which includes emotions, thoughts, beliefs, attitudes, coping mechanisms, personality, stress, anxiety, depression, motivation, and behavioral patterns. Psychological factors often influence how individuals perceive illness, respond to treatment, and cope with stressful life events. For example, two patients with the same diagnosis may experience completely different levels of disability because one possesses effective coping strategies while the other experiences severe depression or hopelessness. Engel argued that psychological health directly affects both physical recovery and long-term health outcomes.

The third component is the **social dimension**, which includes family relationships, social support, education, occupation, financial status, cultural beliefs, housing conditions, community resources, and access to healthcare services. Social circumstances frequently determine whether patients are able to follow treatment recommendations, purchase medications, attend follow-up

appointments, or maintain healthy lifestyles. Engel believed that many chronic health problems cannot be successfully managed unless these social determinants are recognized and addressed.

One of the greatest contributions of the Biopsychosocial Model is that it explains why patients with the same medical diagnosis often have completely different recovery experiences. Consider two patients diagnosed with type 2 diabetes. Both receive identical medication and dietary advice. The first patient has a supportive family, stable employment, adequate income, and positive coping skills, resulting in excellent disease control. The second patient lives alone, experiences financial hardship, suffers from depression, and has limited access to healthcare services. Despite receiving identical medical treatment, the second patient experiences poorer health outcomes because psychological and social factors negatively influence disease management. Engel used examples such as these to demonstrate that health is always the product of multiple interacting influences rather than biology alone.

The Biopsychosocial Model has become particularly important in psychiatric and mental health nursing because psychiatric disorders rarely develop from a single cause. For example, depression may result from biological changes such as neurotransmitter imbalance, psychological factors such as negative thinking and low self-esteem, and social factors such as bereavement, unemployment, family conflict, or social isolation. Psychiatric nurses therefore perform comprehensive assessments that examine all three dimensions simultaneously. Nursing care is planned not only to reduce symptoms but also to strengthen coping skills, improve family support, address social problems, and enhance overall quality of life.

Relationship Between Engel's Theory and Holistic Care

George Engel's Biopsychosocial Model is considered one of the strongest conceptual foundations of holistic healthcare because it rejects the idea that disease can be understood through biological factors alone. Instead, it recognizes that biological, psychological, and social dimensions continuously interact to influence health, illness, recovery, and quality of life. This philosophy perfectly reflects holistic nursing, which emphasizes treating the whole person rather than focusing only on physical symptoms. By encouraging comprehensive assessment and individualized care, Engel's model helps nurses understand the patient's complete life situation

and develop care plans that address physical health, emotional well-being, coping abilities, family relationships, and social circumstances simultaneously.

6-Humanistic Psychology (Maslow & Carl Rogers)

Humanistic Psychology emerged during the 1950s and 1960s as a response to the limitations of two dominant schools of psychology at that time. Psychoanalysis focused mainly on unconscious conflicts and childhood experiences, while behaviorism emphasized observable behaviors and external reinforcement. Although both approaches contributed significantly to psychology, they often overlooked the positive aspects of human nature such as personal growth, free will, creativity, hope, and self-development. Humanistic psychologists believed that people are much more than their illnesses or behaviors. They viewed every individual as a unique human being with the capacity for growth, resilience, and self-fulfillment. Among the most influential contributors to this perspective were **Abraham Maslow** and **Carl Rogers**, whose work has had a profound influence on modern nursing, psychiatric care, and holistic healthcare.

Humanistic psychology is built upon the belief that healthcare professionals should not concentrate only on treating disease but should also help individuals achieve their highest level of functioning and personal well-being. According to this perspective, every person possesses strengths, abilities, and inner resources that can support healing and recovery when appropriate care and support are provided. Instead of asking only how to eliminate symptoms, humanistic psychology encourages healthcare providers to ask how patients can achieve a meaningful, satisfying, and productive life despite illness.

Abraham Maslow's Hierarchy of Needs

One of the most influential concepts within humanistic psychology is **Maslow's Hierarchy of Needs**. Maslow proposed that human needs are organized into a hierarchy in which lower-level needs must generally be satisfied before individuals can focus on higher levels of personal growth and fulfillment. He believed that human behavior is largely motivated by the desire to satisfy these needs.

At the foundation of the hierarchy are **physiological needs**, which include food, water, oxygen, sleep, shelter, and other basic requirements for survival. Unless these essential needs are met, individuals will naturally focus their attention on survival rather than psychological growth or recovery.

The second level consists of **safety needs**, which involve physical security, emotional stability, financial security, protection from harm, and a predictable environment. Patients who feel unsafe, threatened, or uncertain often experience increased anxiety, making recovery more difficult.

The third level is **love and belongingness**. Human beings naturally seek meaningful relationships, affection, friendship, acceptance, and family support. Social isolation or rejection may contribute to depression, anxiety, and reduced quality of life.

The fourth level includes **esteem needs**, which involve self-confidence, independence, achievement, recognition, respect from others, and feelings of personal value. Serious illness may threaten a person's self-esteem by reducing independence or altering body image. Nurses therefore play an important role in preserving patients' dignity and encouraging self-confidence throughout recovery.

At the highest level is **self-actualization**, which refers to achieving one's fullest potential. According to Maslow, individuals who reach this stage continue seeking personal growth, creativity, purpose, wisdom, and fulfillment. Self-actualization does not require perfect health. Even individuals living with chronic illness may continue developing personally, spiritually, intellectually, and emotionally when appropriate support is available.

Maslow's hierarchy reminds nurses that patients are motivated by different needs depending on their life circumstances. For example, a homeless patient experiencing severe hunger is unlikely to focus on health education before receiving food and shelter. Similarly, a patient experiencing overwhelming anxiety may not benefit fully from rehabilitation until emotional safety has been restored. Understanding these priorities enables nurses to individualize care according to the patient's current needs rather than following the same approach for everyone.

Carl Rogers' Person-Centered Theory

While Maslow focused on human needs, **Carl Rogers** focused on the therapeutic relationship itself. Rogers believed that every individual possesses an inherent tendency toward growth and psychological health. However, this natural tendency can only develop fully when people are accepted, respected, and understood without judgment.

Rogers introduced the concept of **Person-Centered Care**, emphasizing that healthcare professionals should treat patients as unique individuals rather than as diagnoses. He argued that nurses and therapists should create an atmosphere characterized by empathy, genuineness, and unconditional positive regard. This means accepting patients regardless of their behavior, diagnosis, or emotional state while maintaining professional respect and compassion.

According to Rogers, people are more likely to change and grow when they feel understood rather than criticized. Therefore, effective communication, active listening, empathy, and respect become powerful therapeutic interventions. In psychiatric nursing, this approach encourages nurses to understand patients' experiences from their own perspective instead of imposing assumptions or judgments.

Relationship Between Humanistic Psychology and Holistic Care

Humanistic Psychology provides one of the strongest philosophical foundations for holistic care because it views patients as complete human beings with physical, emotional, psychological, social, and spiritual needs. Maslow reminds nurses that individuals cannot achieve optimal health until their fundamental human needs are recognized and addressed, while Carl Rogers emphasizes that healing occurs most effectively within relationships characterized by empathy, acceptance, respect, and genuine human connection. Together, these perspectives encourage nurses to move beyond symptom management and focus on supporting personal growth, dignity, hope, and self-actualization. Consequently, humanistic psychology reinforces the central philosophy of holistic nursing, which aims to promote healing by caring for the whole person rather than simply treating disease.

Educational Preparation of Psychiatric Nurses for Holistic Care

Modern psychiatric nursing has evolved far beyond the traditional role of administering medication and observing patients. Today, psychiatric nurses are expected to provide comprehensive, holistic, and person-centered care that addresses the biological, psychological, emotional, social, cultural, and spiritual needs of individuals experiencing mental illness. Because psychiatric patients often present with complex and multidimensional problems, nurses require specialized educational preparation that equips them with advanced knowledge, clinical competence, therapeutic communication skills, critical thinking, emotional intelligence, and professional values. Comprehensive educational preparation enables psychiatric nurses to understand patients as whole persons rather than simply focusing on psychiatric diagnoses, ultimately improving recovery, quality of life, and long-term mental health outcomes.



1. Strong Theoretical Foundation

The first step in preparing psychiatric nurses is providing them with a strong theoretical foundation. Before nurses can deliver holistic care, they must understand the scientific principles that explain mental illness and human behavior. Their education should include psychiatry, psychology, neuroscience, psychopharmacology, therapeutic communication, psychotherapy, crisis intervention, and recovery-oriented care. These disciplines help nurses understand not only the biological mechanisms of mental illness but also the psychological, emotional, and social factors that influence patients' experiences. Without this theoretical knowledge, nursing interventions may become task-oriented rather than therapeutic.

2. Development of Therapeutic Communication Skills

One of the most important competencies in psychiatric nursing is therapeutic communication. Unlike ordinary conversation, therapeutic communication is purposeful and directed toward helping patients express feelings, reduce anxiety, solve problems, and develop healthier coping strategies. Psychiatric nurses must therefore be trained in active listening, empathy, motivational interviewing, conflict resolution, de-escalation techniques, and non-verbal communication. These skills allow nurses to establish trust, strengthen therapeutic relationships, and create safe environments in which patients feel understood and respected.

3. Clinical Competency

Theoretical knowledge alone is insufficient for psychiatric nursing practice. Students must also receive supervised clinical education in diverse mental health settings, including psychiatric hospitals, community mental health centers, outpatient clinics, addiction services, and emergency psychiatric units. Clinical training enables students to apply theoretical knowledge while developing practical skills such as performing mental status examinations, conducting psychosocial assessments, developing individualized nursing care plans, implementing evidence-based interventions, and evaluating treatment outcomes. Exposure to different clinical environments prepares nurses to care for patients with varying psychiatric conditions across the continuum of care.

Example

During clinical placement, a student nurse performs a comprehensive mental status examination for a patient with schizophrenia under the supervision of an experienced psychiatric nurse, gradually developing confidence in psychiatric assessment and clinical decision-making.

4. Evidence-Based Practice (EBP)

Modern psychiatric nursing requires nurses to base clinical decisions on the best available scientific evidence rather than tradition or personal opinion. Educational preparation should therefore include training in evidence-based practice, enabling nurses to critically evaluate research, apply clinical guidelines, integrate research findings into patient care, and assess the effectiveness of nursing interventions. Evidence-based practice ensures that patients receive safe, effective, and up-to-date care while continuously improving nursing quality and patient outcomes.

Example

A psychiatric nurse reviews current research supporting Cognitive Behavioral Therapy (CBT) as an effective intervention for anxiety disorders and collaborates with the multidisciplinary team to incorporate CBT into the patient's treatment plan.

5. Cultural and Spiritual Competence

Psychiatric patients come from diverse cultural, religious, and social backgrounds. These differences influence how individuals perceive mental illness, seek help, express emotions, and respond to treatment. Educational preparation should therefore develop cultural and spiritual competence by teaching nurses to respect diversity, recognize individual beliefs and values, avoid stereotyping, provide culturally sensitive care, and address patients' spiritual needs. This approach strengthens therapeutic relationships and improves patient engagement.

Example

A patient attributes depressive symptoms to spiritual distress and requests spiritual counseling. The psychiatric nurse respects the patient's beliefs and facilitates access to appropriate spiritual support while continuing evidence-based psychiatric treatment.

6. Trauma-Informed Care

Because trauma is highly prevalent among psychiatric patients, psychiatric nurses should receive education in Trauma-Informed Care. This preparation includes understanding the effects of trauma on brain function, emotional regulation, behavior, and interpersonal relationships. Nurses also learn how to avoid re-traumatization, recognize trauma-related symptoms, create safe therapeutic environments, and implement interventions that promote trust, empowerment, and emotional safety.

Example

Instead of interpreting aggressive behavior as non-compliance, the nurse recognizes that it may represent a trauma response and applies verbal de-escalation techniques before considering restrictive interventions.

7. Recovery-Oriented and Person-Centered Care

Modern psychiatric nursing emphasizes recovery rather than symptom elimination alone. Educational programs therefore prepare nurses to adopt recovery-oriented practice, which focuses on patient strengths, hope, empowerment, shared decision-making, self-determination, and individualized goal setting. Recovery does not necessarily mean complete symptom resolution but helping patients achieve meaningful, productive, and independent lives despite ongoing mental illness.

Example

A patient with schizophrenia participates actively in setting treatment goals related to employment, independent living, and social participation rather than focusing exclusively on symptom control.

8. Interprofessional Collaboration

Psychiatric care is delivered by multidisciplinary teams rather than individual professionals working independently. Consequently, psychiatric nurses should be educated to collaborate effectively with psychiatrists, psychologists, social workers, occupational therapists, pharmacists, and peer support specialists. Interprofessional collaboration improves continuity of care, enhances treatment planning, and ensures that patients receive comprehensive services addressing every dimension of health.

Example

During discharge planning, the psychiatric nurse collaborates with the psychiatrist, psychologist, social worker, and occupational therapist to develop an integrated community-based care plan.

9. Ethical and Legal Competence

Psychiatric nursing involves numerous ethical and legal responsibilities because patients may experience impaired judgment, involuntary hospitalization, or reduced decision-making capacity. Educational preparation should therefore include patient rights, informed consent, confidentiality, professional ethics, and mental health legislation. Understanding these principles enables nurses to balance patient autonomy with safety while protecting human rights and professional accountability.

Example

A psychiatric nurse explains informed consent before treatment and ensures that the patient's legal rights are respected throughout hospitalization.

10. Self-Awareness and Reflective Practice

Perhaps the most important characteristic of an effective psychiatric nurse is self-awareness. Psychiatric nursing is emotionally demanding, and nurses frequently encounter aggression, suicide risk, grief, trauma, and severe psychological distress. Without self-awareness, nurses may develop burnout, compassion fatigue, emotional over-involvement, or unconscious bias.

Educational preparation should therefore encourage reflective practice, emotional intelligence, resilience, stress management, professional boundaries, and self-care strategies. Nurses who understand their own emotions are better able to provide objective, compassionate, and therapeutic care.

Responsibilities of Holistic Nurses

- Holistic nursing requires healthcare professionals to adopt a person-centred approach that prioritises the whole person rather than just their illness. Nurses play a crucial role in this by ensuring that care in nursing includes emotional support, mental well-being strategies, and spiritual aspects alongside physical treatments.
- Responsibilities of a Holistic Nurse
- Holistic care in nursing comes with several responsibilities due to its wide scope. Everyone has different needs, so nurses need to be familiar with each facet of wellness, such as the physical, emotional and spiritual needs of their patients. Holistic nursing care can happen in several ways, according to Indeed.
- **Mental health:** Understanding how mental health affects all other aspects of health and encouraging the pursuit of mental health through meditating, maintaining social connections and practicing creative pursuits.
- **Emotional health:** Developing emotional connections with patients and treating all patients with dignity regardless of their emotional state.
- **Spiritual health:** Learning about a patient's religious and spiritual beliefs and customs, and helping the patient maintain their practices while in their care.
- **Physical health:** Helping patients heal and condition their physical bodies. This could include traditional western medicine and complementary and alternative medicine in nursing

Summary

Holistic care represents a fundamental shift from the traditional disease-centered model toward a **person-centered, biopsychosocial approach** that recognizes health as the result of continuous interaction between biological, psychological, emotional, social, spiritual, and environmental factors. Rather than focusing solely on diagnosing and treating disease, holistic nursing aims to promote healing, well-being, resilience, and quality of life by addressing the patient as a whole person.

Effective holistic nursing requires comprehensive assessment of all dimensions of health and the integration of physical care, psychological support, spiritual care, social interventions, therapeutic communication, patient education, family involvement, and evidence-based practice into one individualized plan of care. This comprehensive approach improves patient satisfaction, treatment adherence, emotional well-being, self-management, quality of life, and long-term health outcomes while reducing complications and healthcare costs.

The philosophy of holistic nursing is strongly supported by several foundational nursing and behavioral theories. **Peplau** emphasized the therapeutic nurse–patient relationship; **Rogers** viewed human beings as integrated energy fields interacting continuously with the environment; **Watson** highlighted caring, compassion, and human connection as essential components of healing; **Neuman** explained health through the interaction of multiple stressors and prevention strategies; **Engel's Biopsychosocial Model** demonstrated that illness results from the interaction of biological, psychological, and social factors; while **Maslow and Carl Rogers** provided the philosophical foundation for person-centered care by emphasizing human needs, dignity, empathy, self-actualization, and therapeutic relationships.

Within psychiatric and mental health nursing, holistic care extends beyond symptom management to include recovery-oriented, trauma-informed, culturally sensitive, and person-centered practice. Consequently, psychiatric nurses require advanced educational preparation that combines strong theoretical knowledge, therapeutic communication skills, clinical competence, evidence-based practice, cultural and spiritual competence, ethical and legal awareness, interdisciplinary collaboration, self-awareness, and lifelong learning. This preparation

enables nurses to deliver comprehensive, individualized care that promotes recovery, empowers patients, strengthens therapeutic relationships, and improves overall mental health outcomes.

Ultimately, **holistic nursing is not an additional component of nursing care; it is the philosophy that guides all professional nursing practice.** By integrating scientific knowledge with compassionate, individualized, and evidence-based care, holistic nursing enables healthcare professionals to move beyond treating diseases toward promoting healing, dignity, resilience, and optimal well-being for every individual.

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