PERCEPTIONS OF HOLISTIC CARING PRACTICE IN A PRIVATE HOSPITAL IN KWAZULU-NATAL, SOUTH AFRICA

by

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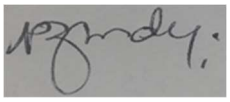
DECLARATION

I declare that **PERCEPCEPTIONS OF HOLISTIC CARING PRACTICE IN A PRIVATE HOSPITAL IN KWAZULU-NATAL, SOUTH AFRICA** is my own work and that the sources that I have used or quoted have been indicated and acknowledged by means of complete references, also, that this work has not been submitted before for any other degree at any institution.



Signature **Date: January 2022**

PATRICIA ZANELE KHUMALO

DEDICATION

I dedicate this dissertation in memory of my late mother Roseline Ntombizodwa Khumalo, for all the sacrifices she made and to my children, Sibahle and Umuhlenkosi for their unconditional love, my family, oMzilikazi kaMashobane for all the faith they have in me, to my friends and colleagues for the support and encouragement.

And to all my colleagues and student nurses who participated and supported me in this journey

"To God be the Glory."

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My gratitude is due to the KZN DOH, the management of the private hospital, the nursing school for allowing me to conduct this study for the benefit and betterment of humankind. Sincere appreciation to the nurse educators and student nurses who participated in this study. Lastly but not least am grateful to Dr FG Gxamza for all the assistance during the data coding process of this study.

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ABSTRACT

Qualitative, exploratory, and descriptive research was conducted to explore and describe the perceptions of holistic caring practice in a private hospital in KwaZulu-Natal, South Africa. The study population included a convenient inclusive sample of twelve (n=12) nurse educators teaching purposely selected second-year students in a bridging programme (SANC, Regulation R683) in a private nursing school in this study.

Qualitative data collection methods of structured interviews with nurse educators and student nurses focus group discussions were conducted to explore and describe perceptions on holistic caring practice and develop specific outcomes for nurse educators for future teaching and learning of the holistic caring practice. Field notes taken during interviews were analysed and used as supplement data. Data were analysed concurrently with collection through content and thematic analysis and Tesch's coding method.

The findings revealed the perception of holistic caring practice as comprehensive, patient-centred care that meets total patient needs. The study highlighted challenges affecting the teaching and learning of holistic care as perceived by both student nurses and nurse educators. The need for creative strategies for teaching and learning holistic care that could promote the future holistic caring practice and possibly improve the professional image of the nursing profession also emerged.

Keywords: perception, holistic care, comprehensive care, patient-centred care.

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CHAPTER 1: ORIENTATION TO THE STUDY

1.1 INTRODUCTION

Nursing is a humanistic service that involves a moral ideal in the translation of scientific knowledge centred on the notion of caring (Jooste 2018:22). Therefore, caring practice in nursing is based on connection, mutual recognition, and involvement of both nurse and patient (Berman, Snyder and Frandsen 2016:424). The American Holistic Nurses Association further explains holistic nursing practice as caring based on the science of holism by attending to all human aspects of growth, health, and wellness, such as the physical needs, human values, and emotional wellbeing of the patient (AHNA 2017:5).

Holistic caring practice, therefore, involves the treatment of a patient through body-mind-spirit integration; thus, any change in each health aspect will affect the patient's whole being and overall health quality (Williams 2017:19). The patient should be viewed and treated humanely as a complete being, addressing all physical, psychological, and spiritual human health needs. Therefore, nurses should recognise the importance of a mutual relationship between the nurse and the patient during the holistic caring practice encounter.

Engaging in holistic caring practice is a competency every nurse should possess to ensure holistic healing for patients in different healthcare settings. However, a literature review revealed that despite the benefits of holistic healing for patients and improving nurses' personal development holistic care is still poorly understood in different perceptions and not applied by nurses during practice within various contexts (Jasemi et al. 2017:71).

According to Matthen (2015:1), perception is the ultimate source of knowledge, including awareness of one's ideas obtained through observing scientific phenomena that can be evaluated as true or false. Uys and Middleton (2018:832) concur that perception involves the mental process of sensing, interpreting, and comprehending world experiences. This study aims to explore and describe perceptions on the holistic

caring practice of nurse educators and student nurses in a bridging programme (SANC, Regulation R683, 1989) within a private hospital in KwaZulu-Natal. The study findings could assist in providing more evidence to bridge the knowledge gap in the practice of holistic care and contribute to improved future teaching and training of holistic care in nursing.

This chapter will present the background and a problem statement highlighting the need for holistic nursing practice. The aim and significance of this study are set out, and the theoretical framework, research methodology, rigour and trustworthiness and the ethical considerations applied during the research process.

1.2 BACKGROUND TO THE RESEARCH PROBLEM

Polit and Beck (2018:95) explain that the research background presents the study focus regarding the problem's source, nature, and context. The following discussion presents background information about holistic nursing practice: how it is defined, perceived, and delivered.

Dossey and Keegan (2016:59) define holistic nursing as a caring practice based on a mutual nurse-patient partnership focused on achieving holistic healing by satisfying all human health needs. Similarly, the American Holistic Nurses Association's (AHNA 2019:5) description of holistic nursing as a caring practice focuses on recognising complete human health needs with holistic healing as the final goal.

Nurses have also perceived holistic care as a nursing quality improvement model that can promote patient satisfaction and improve the public image of nursing. A study conducted in Egypt by Jasemi, Valizadeh, Zamanzadeh and Keogh (2017:18) found that holistic nursing care has dual benefits for patients and nurses. Holistic care can be used as a comprehensive caring practice model for delivering nursing care, thus improving nursing conditions and as a tool for improving patient health outcomes. According to Duffy (2016:21), practice models are essential in guiding nursing care delivery and improving patient outcomes. Therefore, a holistic nursing practice should be based on the holistic care model, which provides a mutual understanding of the patient's physical, psychological, emotional, and spiritual health needs (Jasemi et al. 2017:18).

Research also revealed criticism of holistic care as a patient practice model. Bullington and Fagerberg (2013:493) described holistic care as a confusing, unscientific, time-consuming practice model focusing more on patients' psychological issues, leading to nurses' emotional exhaustion. A qualitative analysis of stakeholders' perspectives conducted by Malik et al. (2018:4) in a hospital's obstetric department in the Netherlands revealed that a "physicians in the lead" strategy does not support a holistic healthcare delivery approach, primarily because of the strong biomedical focus of the physicians. Holistic care delivery requires greater integration and teamwork in the care chain. Matthew (2019:280) conducted a study on nurses' perception of holistic nursing in India. He found that nurses perceive holistic care practice greatly influenced by incompatible personality traits, academic learning, and workload.

However, this researcher did not find further studies critical of holistic care as a practice model in nursing. Contrary to the above argument, studies conducted on the holistic care model in nursing have revealed benefits for patients and nurses. Jasemi et al. (2017:77) conducted a concept analysis of holistic care in Iran. They found that this model acknowledges the wholeness of the patient within their environment, and nurses describe it as a comprehensive model to address all physical, psychological, emotional, and spiritual patient needs. The study (Jasemi et al. 2017:18) further found that the holistic care model was more beneficial towards the total healing of individuals by incorporating all patient needs.

A qualitative study conducted by Zamanzadeh et al. (2015:224) in Iran found that appropriate education of nurses on holistic care can induce nurses to provide holistic care and improve the quality of nursing care. Therefore, nurse educators should impart the necessary knowledge and skills to student nurses to successfully integrate holistic care theory into caring practice.

America pioneered holistic nursing education into a formal qualification with a well-defined scope and practice standards in 2006 (Dossey & Keegan 2016:56). Later developments led to holistic nursing curriculum guidelines being published to direct the teaching of holistic nursing to student nurses (AHNA 2017:1).

Holistic nursing has been around for decades, and one expects this approach to be mastered and perfected by nurses during the provision of nursing care. On the

contrary, reviewed evidence suggests that holistic care provision has been largely perceived as spiritual care, which is also confused with religion, with poor integration to practice and inadequate educational preparation of nurses. Furthermore, international studies conducted on holistic care have highlighted the gap in the educational preparation of student nurses both at nursing schools and during clinical practice. According to a survey conducted by Boswell, Cannon and Miller (2016:333), student nurses perceived spiritual care as religion and were not competent in integrating it into holistic nursing practice.

In Nigeria, a study by Igunnuoda and Ngugi (2015:29) revealed that student nurses perceived holistic caring as addressing patients' social needs, further inhibited by a lack of knowledge and religious beliefs. Spiritual care is an important part of holistic nursing that student nurses must provide. However, it should not be confused with religion. The lack of knowledge of holistic principles and the inability to understand patients' spirituality and religious needs can be barriers to achieving a holistic healing process (AHNA 2019:1). Therefore, a patient's religion should not be ignored to attain holistic healing.

However, on the contrary, in Saudi Arabia, a study conducted by Al Baqawi, Butcon and Molina (2017:826) revealed that nurses perceived holistic care as physiological, sociocultural, psychological, and spiritual care. This study further found that nurses could provide holistic care. It attributed this compliance to Saudi Arabia's affiliation to one uniform religion, making it easier for nurses to incorporate patient religion into nursing care. This could not be said in diverse countries like South Africa, where nurses deal with more than one religion.

According to Van Niekerk (2018:11), the fundamental difference between spirituality and religion is that spirituality involves a sacred connection between human values, mental health, and a political, socio-cultural, and environmental milieu that embraces the person as a whole being. In contrast, religion includes prescriptive social group behaviour based on specific death and after-life beliefs. Therefore, religion should not be the only basis of nursing care but should be regarded by nurses as an important piece in the puzzle of holistic nursing care.

Nurse educators should adequately train student nurses to distinguish between spiritual care and religion and integrate these concepts into holistic caring practice. This study is conducted at a faith-based private hospital and aligned with the Christian religion. Patients seeking healthcare services at the hospital selected for this study come from diverse communities with different religious choices and practices. Student nurses should recognise, respect, and consider such practices as an important aspect of spiritual care in holistic caring practice.

Teaching and adequately preparing student nurses in holistic care practice is crucial in promoting its application during nursing care. However, evidence suggests that a holistic care teaching curriculum is inadequate in preparing student nurses for holistic care. A study conducted in Iran by Zamanzadeh et al. (2015:214) found a lack of curriculum guidelines for teaching holistic care in university hospitals; hence student nurses could not integrate holistic caring and clinical practice. Similar findings from Brazil and Portugal by Caldeira et al. (2016:134) indicated an absence of formal holistic care curricula for teaching spiritual care in nursing schools. Nurse educators should have clear curriculum guidelines to ensure student nurses acquire knowledge and practice of holistic care.

Local studies conducted in South Africa (Chandramohan & Bhagwan 2016:10, Linda & Klopper 2016:6, Nkala & Monareng 2017:37) have also highlighted nurses' poor preparation for holistic care due to a lack of curriculum guidelines. In KwaZulu-Natal, Chandramohan and Bhagwan (2016:10) found uncertainty in providing holistic care in terms of spiritual care due to insufficient training of student nurses. Linda and Klopper (2016:6) found that neither qualified nurses nor undergraduate nursing students could integrate spiritual care into holistic care practice in Western Cape private hospitals. Nkala and Monareng (2017:37) explored bridging student nurses' perception of spiritual care at a public hospital in KwaZulu-Natal. They found that student nurses perceived spiritual care as holistic care but were not adequately prepared to render such care. Recent evidence from a follow-up study by Linda, Phetlhu and Klopper (2021:8) on clinical nursing supervisors who taught Regulation 425 (R425) nursing skills further highlighted the gap in holistic care teaching guidelines despite the SANC's holistic care approach and holistic philosophy. The above evidence suggests

a general lack of guidelines in teaching holistic care, which influences nurses' ability to learn and be adequately prepared to engage in holistic care.

The inadequate preparation of nurses in rendering holistic care has contributed to poor quality in nursing practice and a growing negative global perception of the nursing profession. In England, the Francis report (2013:1) highlighted the apparent lack of compassionate nursing care in hospitals and questioned the training of nurses. In the United Kingdom, the nursing profession has been reported as characterised by uncaring younger generation nurses who have been inadequately trained in holistic practice (Moberly 2017:1).

Furthermore, the World Health Organization 2016-2020 global strategic directions for improving nursing and midwifery (SDNM 2016b) attest to a decline in nursing recruits due to the growing negative professional image (Nkowane & Ferguson 2016:206). In addition, increased staff shortages contributed to a lack of holistic caring, aggravating the problem of inferior quality in nursing care (WHO 2016b:7).

In India, a negative perception of nursing has been found to have dire consequences for both nurses and patients. Disrespect for the profession with social prejudice greatly influences the choice of nursing as a professional career (Sreeja 2018:17). This finding is supported by a study conducted in Vietnam by Thi Ha and Nuntaboot (2016:252). They investigated the consequences of the poor nursing image. They found that nurses experienced low social status, low confidence, and emotional stress that further led to nursing incompetence, characterised by missed nursing care, medical errors, poor patient safety, poor health outcomes, low quality of nursing care, and patient dissatisfaction.

Similar negative consequences from a lack of knowledge in holistic care and poor teaching of student nurses have also been reported within the South African context. Oosthuizen (2012:57) noted an overwhelmingly negative portrayal of nurses in South African newspapers. Subsequent reports by Rispel and Bruce (2015:1) highlighted a crisis faced by the nursing profession from a lack of holistic care coupled with a general decline in caring ethos resulting in an inferior quality of nursing care. In social media, nurses have been portrayed as rude, uncaring, unhelpful, and lacking compassion

(Pieterse 2019:2). These reports illuminated the problem of a general lack of holistic caring and poor nursing practice.

In South Africa, the South African Nursing Council (SANC) is a professional body entrusted to safeguard the nursing practice and patient welfare and has experienced an increase in complaints regarding nursing care. According to the annual report for the year 2016/2017, there has been a dramatic increase from ninety to one hundred and ninety-seven complaints about patient negligence associated with a lack of holistic care (SANC 2016/2017:17). This increase in complaints indicates the severity of the problem of poor holistic care in both state and private hospitals.

Studies investigating the poor quality of care and malpractice cases in private hospitals also highlighted the magnitude of the lack of holistic nursing care and poor nursing quality. For example, a study conducted in Gauteng in private hospitals by Williams (2018:85) found that most malpractice cases from 2011 to 2016 were due to a failure to apply clinical care guidelines and insufficient training of nurses on the provision of holistic care. The findings revealed that 46,3% were severe adverse events, with 7,3% resulting in patient mortality, while 75.6% resulted from a failure to attend to clinical manifestations and patient needs. Holistic caring involves careful attention to all health needs of a patient.

A quantitative, retrospective audit conducted by Samlal (2018:75) in the Western Cape private hospitals reported a general lack of knowledge of holistic care, inadequate preparation, and poor supervision of nursing students during clinical practice as contributory causes to increased nursing malpractice claims. The findings revealed that 35.8% resulted in patient fatalities due to insufficient clinical nursing care. These authors further highlighted poor holistic care as aggravated by inadequate training of student nurses, which should be addressed for nursing quality to improve.

In the study by Samlal (2018:75), general nurses were the main nursing category involved in malpractice claims. However, it is concerning that general nurses are mostly associated with such malpractices because they are entrusted with responsibility and accountability for patient care, including clinical teaching and supervision of student nurses at clinical facilities (SANC: Regulation R2598, 1984:5

(a)). The future quality of nursing care and the professional reputation and image could be further compromised if this continues.

The target population for this study consists of student nurses in a bridging programme (Regulation R683, 1989) who will become general nurses on completion of their training (Regulation R683, 1989). Student nurses in this study are yet to learn holistic caring from general nurses who function as role models at clinical facilities. Exploring and establishing their experiences of holistic caring practice may help identify what is needed for the adequate preparation and delivery of quality holistic nursing care in future nursing programmes replacing legacy programmes such as the bridging course in this study.

Competence in holistic caring requires successfully integrating holistic care theory into practice. It is further dependent on the effective clinical placement of student nurses at hospitals and clinics for the achievement of clinical learning outcomes (SANC 2013: section 58 (1) [g]). Nurse educators should ensure that clinical placement caters for the students' holistic learning experiences. Studies conducted on the clinical placement of student nurses have suggested that faith-based learning environments have adequate learning opportunities for integrating holistic care theory into practice compared to traditional hospital settings.

A study conducted in America by Power, Toone and Deal (2016:11) found that nurse educators perceived faith-based hospitals as providing adequate learning opportunities to integrate spiritual care into holistic practice, which other clinical facilities may not offer. In Swaziland, a study by Connerton (2016:102) found that professional nurses at private, faith-based hospitals demonstrated an enhanced perception of spiritual care compared to those at non-faith-based hospitals.

In South Africa, most studies were conducted in private hospitals (Linda & Klopper 2016:6; Subke et al. 2019:5) and a few public hospitals (Nkala & Monareng 2017:37; Chandramohan & Bhagwan 2016:7; Monareng 2013:24) with only one study conducted in a faith-based hospital (De la Porte 2016:5). Linda and Klopper (2016:6) found that neither qualified nurses nor undergraduate nursing students in Western Cape private hospitals could integrate spiritual care into holistic care practice. These findings are supported by Subke et al. (2019:5), who conducted a study on the caring

behaviours of student nurses in the bridging programme on clinical placement in private Western Cape hospitals. The study (Subke et al. 2019:5) found that anxiety, insecurity and being treated as an additional workforce interfered with the student nurses' integration of holistic care to practice at private hospitals. Student nurses need to experience caring in a clinical learning environment to learn and practice caring for others.

One study conducted in faith-based hospitals (De la Porte 2016:5) found that South African faith-based hospitals provided a context for holistic care through religion, compassion, hope, and a caring presence that promoted healthy behaviours and relationships. This author highlighted the role of faith-based hospitals in healthcare. Still, the researcher found a gap in the literature on how nurses, student nurses and nurse educators perceived holistic caring practice at faith-based hospitals.

The context of this study is a private hospital in KwaZulu-Natal that is also faith-based. Identifying the perceptions of nurse educators performing clinical accompaniment and student nurses placed for clinical instruction on holistic caring practice at this specific hospital may generate valuable recommendations for future teaching and integrating holistic care into clinical practice. It may also contribute to increased knowledge and provision of holistic care.

The following section involves the research problem identified for this study presented as a problem statement.

1.3 PROBLEM STATEMENT

Gray et al. (2016:76) define a research problem as a gap in knowledge or practice that necessitates scientific inquiry to provide evidence as the basis for future practice. Brink et al. (2018:50) further explain that a research problem can emanate from the researcher's area of interest or topic. The researcher in this study is a nurse educator with a special interest in teaching, learning and clinical practice of quality holistic care, hence the focus of this study. A problem statement should define the problem and provide a valid reason why the investigation must be undertaken (Polit & Beck 2018:95).

Global evidence highlighted the gap in knowledge, teaching, and practice of holistic care (Boswell et al. 2013:333; Al Baqawi et al. 2017:826; Caldeira et al. 2016:134; Zamanzadeh et al. 2015:214; Igunnuoda 2015:29). The disjuncture between knowledge and practice of holistic care has further contributed to a lack of holistic caring practice leading to inferior quality of nursing care and a negative nursing image abroad (Moberly 2017:1; Thi Ha & Nuntaboot 2016:252; Francis Report 2013:1).

Local studies in South Africa focused on spiritual care as a part of holistic nursing. Nonetheless, findings support global evidence of nurses' poor knowledge of holistic care (Chandramohan & Bhagwan 2016:7), poor integration of spiritual care into holistic care practice (Linda & Klopper 2016:6; Downing & Kearns 2019:5), poor quality of holistic nursing care with increased complaints, negligence and malpractice cases (SANC report 2016/2017:17; Williams 2018:85; Samlal 2018:75) and poor nursing image (Oosthuizen 2012:57; Rispel & Bruce 2015:1; Pieterse 2019:2). Local studies have also found that poor application of holistic care by nurses can be attributed to inadequate preparation of student nurses in providing holistic care through a lack of clear guidelines for teaching holistic care (Tjale & Bruce 2007:47; Monareng 2013:4; Nkala and Monareng 2017:37) and an invisible holistic nursing curriculum (Linda & Klopper 2019:6).

Therefore, the nursing curriculum appears inconsistent, unclear, and inadequate to ensure student nurses' readiness for holistic care practice. International evidence (Power et al. 2016:2, Connerton 2016:102) portrays private, faith-based hospitals as an ideal clinical placement setting for integrating holistic care theory into practice. In faith-based hospitals, student nurses and nurse educators may perceive holistic care differently from peers in other contexts. However, despite evidence (De la Porte 2016:5) of private faith-based hospitals' critical role in providing healthcare and training of nurses in South Africa, the researcher found a lack of studies conducted on nurses' perceptions of holistic caring practice in faith-based hospitals.

Exploring and describing the perceptions of the holistic caring practice of nurse educators and student nurses in a bridging programme (Regulation R683, 1989) experiences within a private hospital as in this study may provide an in-depth description of holistic caring practice. In addition, it can assist in developing specific

outcomes for nurse educators who will be teaching holistic care in the future in new programmes.

The next discussion presents the purpose, objectives and research questions guiding this study.

1.4 PURPOSE OF THE STUDY

According to Brink et al. (2018:74), a research aim involves a less specific statement of what the study wants to achieve. In contrast, the research purpose expresses the essence of the research and is developed from the research problem. The research purpose for this investigation is presented in the next section.

1.4.1 Research purpose

Polit and Beck (2018:97) further explain the research purpose as a summary of the overall goal, including the nature, key phenomena, the group, and the research setting of the study.

The purpose of this study is to generate an understanding of the perceptions of holistic caring practice in a private hospital in KwaZulu-Natal, South Africa.

The objectives for this study are presented in the next section.

1.5 RESEARCH OBJECTIVES

Research objectives are concrete, measurable ends that direct the study process (Brink et al. 2018:74). The following objectives directed this study process:

 Explore and describe the perceptions of the nurse educators on the holistic caring practices within a private hospital in KwaZulu-Natal, South Africa.

 Explore and describe the experiences of the student nurses in the holistic caring practices within a private hospital in KwaZulu-Natal, South Africa.

 To develop specific outcomes for nurse educators to improve holistic care education and experiential and work-integrated learning for student nurses in future nursing programmes that might produce general nurses.

This study was further guided by the questions presented in the next section.

1.6 RESEARCH QUESTIONS

According to LoBiondo-Wood and Haber (2018:515), a research question involves a preliminary step that builds the foundation of a study generated from problem to findings. Polit and Beck (2018:98) further state that research questions in qualitative research should clearly explain the phenomenon and population of interest.

Below are three research questions that served as the foundation for this study:

- What are perceptions of holistic caring practice in a private hospital in KwaZulu-Natal, South Africa?
- What are the experiences of student nurses on holistic caring practices within a private hospital in KwaZulu-Natal, South Africa?
- Which specific outcomes can be developed for nurse educators to improve holistic care education and experiential and work-integrated learning for student nurses in future nursing programs that might produce general nurses?

The following section discusses the significance of this study.

1.7 SIGNIFICANCE OF THE STUDY

According to Brink et al. (2018:52), the significance of a study involves its feasibility and aims, including the meaningful contribution to society and the body of knowledge in health sciences. Exploring perceptions of nurse educators and experiences of student nurses in the bridging programme (Regulation R683, 1989) on holistic caring practice in a private hospital within the South African context may provide deeper meaning and thick description of holistic care, thus contributing to the body of knowledge on holistic nursing.

The information from this study may assist in establishing a link or disjuncture between what is perceived and practised as holistic care by student nurses during clinical instruction and what is perceived and taught by nurse educators during theory instruction and clinical accompaniment of student nurses (Regulation R683, 1989). This could help eliminate the theory-practice gap in holistic nursing education and improve the application of holistic care theory in nursing practice.

The study's findings could generate specific outcomes for nurse educators to improve theory-practice integration of holistic care education and clinical practice during teaching. Adequate preparation of future student nurses for their practice role in providing holistic care in new nursing programmes such as the diploma in nursing (Regulation R171, 2013) could be achieved.

Findings may generate evidence on which future holistic care practices can be based and can improve caring ethos and overall quality of nursing, restoring the nursing profession's positive public image in South Africa and globally.

The following section defines the terms used in this study.

1.8 DEFINITIONS OF TERMS

Terms used in this study include theoretical/conceptual and operational definitions.

1.8.1 Caring

According to Pera et al. (2017:22), caring means professional nursing activities, including emotions based on knowledge, skill, experience, and human values directed at nurturing and helping others. In this study, "caring" means professional activities of student nurses and nurse educators based on holistic nursing knowledge, skills and values directed at nurturing and assisting patients during clinical instruction at a private hospital in KwaZulu-Natal, South Africa.

1.8.2 Clinical learning

According to the SANC Standards for Education and Practice (2013:3), clinical learning is an educational process in any practice setting, including hospitals and

clinics. Clinical learning in this study refers to the holistic educational approach and practical experiences of bridging student nurses (Regulation R683, 1989) that occur in a private hospital during clinical instruction.

1.8.3 Clinical placement

Clinical placement is the period a student nurse spends in clinical facilities or other experiential learning sites to achieve clinical learning outcomes of a nursing programme (Regulation R174, 2013). Levitt-Jones et al. (2018:6) define clinical placement as a clinical environment providing student nurses with the opportunity to perform patient care whilst learning professional norms and standards. It is also referred to as clinical practicum or work-integrated learning.

Nursing education and training standards (SANC 2013:4) define work-integrated learning as an educational approach involving technical, theoretical, problem or project-based authentic workplace learning that addresses specific competencies identified to acquire a qualification. According to SANC (Regulation R683, 1989), student nurses should accumulate a minimum of one thousand clinical hours through work integrated learning at hospitals and clinics each year of training in the bridging programme.

In this study, clinical placement or workplace-integrated learning means allocation and placement of student nurses (Regulation: R683, 1989) from the private nursing school in the private hospital to integrate holistic nursing philosophy into caring practice as a competence for achieving qualification as a general nurse.

1.8.4 Holistic care

Holistic care is the art and science of caring for the whole person based on the belief that the mind, body and spirit are integrated to facilitate healing (Dossey & Keegan 2016:849).

In this study, holistic care refers to nursing activities to ensure the integration of physical, spiritual, social, and psychological needs rendered by student nurses from a private nursing school to patients in a private hospital to promote health and holistic healing.

1.8.5 Holistic nursing

Holistic nursing involves all nursing practices directed at healing the whole person. It values the interconnectedness between the nurse, patient, nature, and spirituality, intending to protect, promote and optimize overall health (Dossey & Keegan 2016:4). Holistic nursing in this study involves all activities performed by student nurses that facilitate the treatment of the patient as a whole being, maintain the connection between the nurse, patient, and nature for achieving optimum health at the faith-based private hospital.

1.8.6 Nurse educator

According to the SANC, a nurse educator is a professional nurse who possesses an additional qualification in nursing education and is responsible for teaching the theoretical and/or practical components of nursing science to students, promoting their learning and performance through effective teaching and assessment methods that guide nursing actions (Regulation R118, 1987).

In this study, a nurse educator is a professional nurse with an additional qualification in nursing education who teaches student nurses in the bridging programme (Regulation R683, 1989) at the private nursing school sampled for this study. The nurse educators in this study further possess a minimum of four years of teaching experience in nursing and perform clinical accompaniment of student nurses at the private hospital to successfully integrate holistic nursing philosophy into holistic caring practice.

1.8.7 Student nurse

According to Nursing Act 2005 (Act no33, 2005), a student nurse is a person registered as a student with the SANC to follow a course of study leading to registration as a nurse. The Nursing Act 2005 (Act no33, 2005) further prescribes different categories of student nurses in different programmes. These programmes include the Diploma in General Nursing, Community, Psychiatry Midwifery (Regulation R425, 1985), the Enrolled Nurse (Regulation R2175, 1993), auxiliary nursing (Regulation R2176, 1993), the Diploma in Midwifery (Regulation R254, 1975) and the Diploma in General Nursing

bridging from Enrolled Nurse to General Nurse (Regulation R683, 1989). According to SANC circular 3/2010, the bridging qualification in this study (Regulation R683, 1989) was phased out from June 2015.

In this study, a student nurse is a person registered at a private nursing school for the second year of the bridging programme (Regulation R683, 1989) who accumulated one thousand clinical hours during their first year of work integrated learning at the private hospital sampled for this study.

1.8.8 Work-integrated learning

According to SA Higher Education Quality Council (HEQC) work integrated learning is an umbrella term that describes curricular, pedagogic assessment practises across a range of academic disciplines that integrate formal learning and workplace concerns (HEQC, Work integrated learning good practice guide, 2011:4). Nursing education and training standards (SANC 2013:4) define work integrated learning as an educational programme approach involving technical, theoretical, problem or project-based authentic workplace learning that addresses specific competencies identified to acquire a qualification.

In this study, work-integrated learning means the allocation of student nurses in a clinical learning environment of a private hospital for the purpose of integrating theory to practice.

The following section presents the theoretical framework guiding this study process.

1.9 THEORETICAL FOUNDATIONS OF THE STUDY

A theoretical framework is an abstract, logical structure used to direct the study, allowing the researcher to identify and link study concepts and results of the study to the body of knowledge of the nursing profession (LoBiondo-Wood & Haber 2018:78).

According to McEwen and Wills (2019:25), theories involve structuring and organizing knowledge systematically and gathering information that describes and predicts the nursing practice to promote rational practice by validating intuition. Watson’s theory of human caring science (Watson 2012:2) is the theoretical framework that guided the

research process of exploring and describing the perceptions of nurse educators and student nurses in the bridging programme (Regulation R683, 1998) on holistic caring practice within a private, hospital in KwaZulu-Natal. This theory was considered appropriate for this study because of the emphasis and this study's focus on perceptions of holistic caring practice within a private hospital.

The Watson Theory of Human caring is discussed next.

1.9.1 Watson's Theory of Human Caring (2012)

The foundation of Watson's theory refers to a human interactive process between the nurse, patient and caring process which provides a holistic approach to caring where the patient is viewed as an interacting whole being (McEwen & Wills 2019:159).

The theory focuses on a holistic approach and the person's healing as the core of nursing. This links with the study's aim to explore and describe the perceptions on holistic caring practice within a private hospital in KwaZulu-Natal. Watson (2012:19) defines three major meta paradigm concepts: person, health, and nursing. According to McEwen and Wills (2018:180), the theory does not include the fourth concept of environment. Still, it is replaced by "carative factors", as discussed in detail in the next chapter.

This section discusses three major concepts of theory, namely person, health, and nursing, including seven theoretical assumptions.

1.9.1.1 The major concepts/assumptions of the Theory of Human Caring Science (Watson 2012)

The major concepts of the theory of human caring science (Watson 2012:19-90) are discussed as follows.

A person is perceived by Watson (2012:19) as the patient who is an individual with a unity in mind-body-spirit connection that is not confined to time and space, which must be valued, assisted, and nurtured during caring (Alligood 2017:71). In this study, the person is a patient that seeks treatment and care at the faith-based, private hospital and is treated as a whole individual by student nurses during nursing practice. Holistic

caring practices of student nurses should allow the patient to be the focus of nursing care.

Health is the harmony that exists between mind-body-spirit health aspects as perceived and experienced by the person (Watson 2012:60). In both holistic nursing and the theory of human caring, harmony between emotional, spiritual, psychological, and physical aspects of the patient is an important facet of holistic health (Alligood 2017:71). In this study, the health concept involves interconnectedness of the patients' psychological, spiritual, and physical aspects that student nurses must nurture and restore during holistic caring practice within the private hospital.

Nursing is a caring science involving a patient's health-illness experiences based on genuine ethical and professional humane, caring, relationships (Watson 2012:66). The theory focuses on the belief that holistic care is central to nursing practice, which involves the nursing process. Kandula (2019:30) concurs that both theory (Watson's 2012:2) and the nursing process are scientific processes that provide a framework for problem-solving and clinical decision-making in nursing. In this study, nursing means caring activities of student nurses under the guidance and supervision of nurse educators directed at preventing illness, promoting health and holistic healing based on the professional and ethically based caring relationship at a private hospital.

The theory further identifies seven assumptions based on the belief that human caring promotes whole health benefits for the patient, nurse, and family. The assumptions are discussed in detail in the next chapter.

1.9.1.2 Human caring theory assumptions (Watson 2012:88-89)

Polit and Beck (2018:395) define theory assumptions as principles based on logical reasoning accepted as untested truth. According to Watson (2012:88), there are seven assumptions described as the foundational principles of human caring science.

The first assumption is effective interpersonal holistic caring through conscious, compassionate personal contact and connectedness (Watson 2012:89).

The spiritual human-to-human connection between student nurses and patients during caring practices paves the way for effective holistic caring and healing. Holistic trusting-caring relationships are important for holistic caring practices to flourish (Watson & Sitzman 2014:18). Private and faith-based hospitals may provide an opportunity for student nurses to create caring experiences based on humanity, spirituality, and compassion by prioritising spiritual needs aligned to patient context. The interpersonal relations that occur during holistic caring should transcend physical illness, space, and time (Watson 2012:3).

The second assumption involves carative processes that guide holistic caring, leading to the satisfaction of human needs (Watson 2012:88).

According to Watson (2012:3), carative processes evolved from carative factors, which define a framework and ethical commitment to the living process for caring in nursing. The carative processes clearly describe a connection between caring, love and patient life processes that exist during each caring encounter. Nurse educators and nurse supervisors can assist student nurses in applying the *caritas* processes by showing love and kindness when providing nursing care during work-integrated learning at a private hospital and promoting holistic healing. Caritas processes are discussed in detail in the next chapter.

The third assumption is effective caring that promotes individual health and family growth (Watson 2012:88).

Watson assumed caring is effective when it benefits both patient and family. In holistic caring, both patient and family reactions to illness are important in achieving holistic healing. Family dynamics, including cultural background, relations, and financial support, should be considered during nursing care to create a holistic image of the patient's total health needs (Watson 2012:88).

Williams (2018:19) further explains that the patient has family cultures and values that often differ from those of the nurse. These should be respected for effective holistic caring to prevail. Nurse educators are responsible for teaching student nurses that patients do not exist in isolation but have families that are also affected by the patient's health status. Addressing all their needs facilitates healing for both patient and family.

Promoting overall patient and family growth even in an environment where the patient's faith and family values might be different from that of the student nurse or the hospital is important.

The fourth assumption involves caring that accepts the patient as is and whatever they may become (Watson 2012:89).

This assumption involves accepting the patient's potential health status as equally important as the current illness state (Watson 2012:89). The student nurses need to attend to patients' actual, presenting health problems and consider complications or potential problems that may occur. Nurse educators should encourage student nurses to be present and render emotional support for patients throughout the illness stages, from diagnosis, through the caring process and prognosis. Offering psychosocial support to assist patients in accepting the disease and planning for the future is essential to promoting holistic healing (Watson 2012:89).

The fifth assumption is about a caring environment that supports the patient's right to self-determination (Watson 2012:89).

The theory assumes that a caring practice allows self-determination that empowers the patient to make the best health choices and develop their full potential. Affording patients the opportunity to make their own decisions may contribute to holistic healing. The patient's physical environment includes a caring culture and unique societal interaction (Kandula 2019:30). Any hospital environment that imposes or withholds health services based on religious orientation violates the patient's right to self-determination.

In South Africa, self-determination is not new to nurses. It is enshrined in the Patients' Right Charter, the Constitution of the Republic of South Africa (Act No.108 of 1996) and the nursing ethical code (2013:7). In a private hospital, student nurses must accept patients' culture and religion as important aspects of holistic caring. Caring actions should not be determined by the nurse's faith or cultural beliefs but align with the patient's choices.

This study setting is a private hospital which is also faith-based, and patients who affiliate with the same faith as the hospital may find this type of environment comfortable, caring, and beneficial for healing. On the contrary, some patients may feel uncomfortable in an environment based on religious doctrines different from theirs. Nonetheless, patients need to be treated and cared for with respect. The nurses' code of ethics (2013:7) prescribes that nurses must respect and treat patients with dignity, regardless of their economic or social status or religious orientation. Nurses must remain neutral regardless of the hospital's religious affiliation.

In Watson's theory (2012:2), a caring environment is equally important for both the patient's healing and the nurse's wellbeing. Student nurses allocated for work integrated learning at a faith-based hospital may experience this environment differently. They may have a conflict regarding holistic care and how it is practised or not practised at this private hospital due to its practices aligned to a particular faith group. Student nurses are expected to comply with hospital policies and procedures where they practice. This might pose challenges if a patient's treatment choice is not offered due to hospital doctrines, such as family planning and termination of pregnancy not provided in the private hospital in this study due to faith and religious beliefs. The student nurse must properly advise and afford the patient the right to choose treatment and referral to public institutions where these services are offered.

Holistic caring includes advocacy where student nurses assist and allow the patients to choose the best treatment regardless of faith, religion, and culture (SANC: Regulation 2598: section 2 (s)). Student nurses should create an environment that empowers patients to make their own choices regarding health and allow them to feel more cared for. Caring practice should be based on patients' values and beliefs regardless of the hospital environment, even in private hospitals that conform to faith or religious practices. Nurse educators should ensure the hospital environment is conducive to student nurses' learning through clinical accompaniment and adequate supervision to improve care competence (Bradshaw & Lowenstein 2014:417).

The sixth assumption is caring science that complements curing science (Watson 2012:89).

The assumption emphasizes the importance of a caring practice that complements curative care. Curing alone cannot achieve holistic healing; the treatment process should include compassionate caring to achieve maximum patient health potential (Watson 2012:90). This assumption highlights a complementary relationship between the two sciences, namely, carative and curative. The importance of the coexistence of both medical treatment and caring cannot be ignored.

Student nurses at a private hospital emphasising spiritual care might be able to understand better that medical treatment alone cannot heal patients holistically but should be complemented by alternative methods of treatment such as spiritual care and emotional and psychological counselling. The holistic caring practice of student nurses should heal the physical illness and psychological and spiritual dimensions through caring based on scientific knowledge and not merely on religious orientation or association.

The seventh and last assumption is that caring practice is central to nursing and is evidenced in nursing (Watson 2018:216).

Caring as a focus and an integral force for nursing practice is the essence of holistic nursing (Watson 2018:216)**.** The holistic caring process in nursing involves a moral obligation to meet all human needs across all health dimensions (Williams 2018:19). It is, therefore, a competency that student nurses need to develop to ensure that all patient needs are attended to improve the patients' overall health outcomes across all healthcare settings.

Student nurses and nurse educators can use Watson's Human Caring Theory (2012:88) assumptions as a foundation for establishing transpersonal relations to maintain body-mind-spirit connection in holistic caring and promote holistic healing.

The following section discusses the rationale for utilising a theory as a framework for this study.

1.9.1.3 Rationale for the use of Watson's Theory (2012:19-90) as a framework for this study

The Watson Theory of Human Caring Science (Watson 2012:19) focuses on holistic treatment and human caring relations (McEwen & Wills 2018:181). The focus of the study is holistic caring practice, and Watson's theory (2012:19) was deemed a suitable framework to guide this study process. This choice is further supported by the theory's (Watson 2012:19) emphasis on the holistic treatment of the patient and providing an opportunity for nurse educators and student nurses to improve knowledge and practice of holistic care during work-integrated learning.

Available evidence supports applying the theory to nursing and its contribution to evidence-based nursing practice. A study done in Turkey, conducted by Durgun Ozan et al. (2015:34), found that interactive nursing care that involved applying Watson's theory (2012:19) contributed to providing support for women with infertility and promoted holistic health, including complete healing. Holistic healing is the desired outcome of engaging in the holistic caring practice. Therefore, student nurses should be given opportunities to apply the theory to daily nursing activities.

In nursing education, Lukose (2011:2) recommended that the theory be used as a practice model for teaching holistic caring to student nurses to promote a caring curriculum. Nurse educators should devise strategies incorporating the theory during teaching and learning to promote student nurses' knowledge and skills in holistic caring practice. A study completed in America by Costello and Barron (2017:4) on the use of the theory to teach compassion to senior student nurses further supports the use of the theory as a framework to teach student nurses to understand the holistic caring practice.

In Brazil, theoretical reflection on Watson's Theory by Riegel et al. (2017:5) supports its contribution to promoting holistic critical thinking of nurses. Thus, the theory can assist in bridging the theory-practice gap and critical clinical decision-making during holistic caring practice.

According to Watson (2012:3), nursing must continue to develop methods that allow the advancement of knowledge about lived experiences that deepen understanding of

human caring, wholeness, healing, and wellbeing. The information gathered from the perception of both student nurses and nurse educators on holistic caring practices within a private hospital would enable a deeper understanding of the holistic caring practice and its future development in nursing.

Providing specific outcomes for nurse educators teaching holistic care to student nurses in future nursing programmes is an objective of this study. Therefore, the theory (Watson 2012:19) can be used as a foundation to base information generated from nurse educators' and student nurses' perceptions of holistic caring practice within the context of this study.

The following section presents an overview of the research methodology followed in this study to explore and describe holistic caring practice perceptions within a private hospital in KwaZulu-Natal, South Africa.

1.10 OVERVIEW OF RESEARCH METHODOLOGY

Brink et al. (2018:104) explain that qualitative research is mainly concerned with an idiographic motive of the in-depth understanding of the study phenomena instead of generalising findings Polit and Beck (2018:184) concur by explaining that qualitative research is concerned with understanding the whole in terms of its parts. Therefore, a qualitative approach was chosen in accordance with the purpose of this study to generate an in-depth understanding and thick description of perceptions of holistic caring practice within a private hospital in KwaZulu-Natal. The qualitative research approach applied in this study includes a review of literature relevant to holistic caring in nursing, as discussed in detail in the next chapter.

- ***Research design***

Caring practices are an integral and persistent phenomenon in nursing practice. An explorative, descriptive design was deemed more appropriate in understanding what nurse educators and student nurses in the bridging programme (Regulation R683, 1989) understand and perceive as a holistic caring practice.

Exploring and describing how holistic care is perceived within this environment through student nurses' experiences and nurse educators' perceptions could thus help bring

new evidence supporting or contradicting previous studies regarding holistic caring practice. A more detailed discussion is presented in Chapter 3.

- **Research setting**

This study setting is a private hospital in KwaZulu-Natal, which is faith-based and provides district health services to about one million people. This private hospital was selected since student nurses in this study could only be placed at this hospital for clinical instruction, as explained earlier. In South Africa, studies conducted on the holistic care practice of student nurses were mainly at public hospitals (Tjale & Bruce 2007:47; Chandramohan & Bhagwan 2016:7; Nkala & Monareng 2017:36).

- **Research method**

***Study population*:** The universal population for this study consisted of nurse educators and bridging programme student nurses placed for clinical instruction at private hospitals in South Africa. The target population comprised thirteen nurse educators and seventy-four second-year bridging student nurses from the private nursing school placed at the private hospital in 2017 within this study context who met the inclusion criteria.

The accessible population for this study was the thirteen nurse educators and sixty student nurses placed at the private hospital for clinical instruction who were willing and readily available to participate in this study comprised.

- ***Study sampling technique***

In purposive sampling, the researcher relies on their judgement in selecting participants with the potential to give more information about the study phenomenon (Polit & Beck 2018:164). The second-year student nurses registered for the bridging programme (Regulation, R683, 1989) at the selected private nursing school were purposely chosen as participants and deemed a potentially rich source of information regarding perceptions of holistic caring practices.

The nurse educators teaching the bridging programme (Regulation R683, 1989) in this study conduct clinical accompaniment of student nurses during their clinical practice

at the private hospital. Therefore, nurse educators were conveniently selected based on the study criteria and those who were readily available, accessible, and willing to share information on holistic caring practice perceptions.

The study's purpose of exploring and describing perceptions of holistic caring practices at a private hospital in KwaZulu-Natal justified convenient sampling of nurse educators and purposive sampling of student nurses to generate a rich and thick description of perceptions of holistic caring practices.

Sample size: Twelve nurse educators formed the sample size for this study, with twenty-five student nurses in the bridging programme as determined by data saturation.

- **Data collection methods**

According to Polit and Beck (2018:203), qualitative researchers use qualitative data collection methods, including interviews and field notes. A qualitative interview is a conversation between the interviewer and the participant to pursue the research topic (Polit & Beck 2018:204). The data collection methods used in this study involved conducting in-depth, semi-structured interviews to gather data from nurse educators and focus group interviews with student nurses.

Interview guides used as data collection instruments for an in-depth interview for nurse educators and focus group interviews with student nurses in the bridging programme (Regulation R683, 1989) were pretested before data collection. Nurse educators and student nurses who participated in the pre-test were excluded from the actual study. A detailed discussion of the data collection process and pretesting of in-depth interviews and focus group guides is presented in Chapter Three.

Data from semi-structured interviews with nurse educators and discussions during student focus groups were captured on voice recorders and transcribed verbatim and transcripts were kept under lock and key by the researcher. Field notes were taken by the researcher during interviews and used as collateral data.

Transcripts were further organized and analysed through open coding. Data categories were constantly compared, and themes identified to provide meaning to

holistic caring practice as perceived by nurse educators and experienced by student nurses in the bridging programme (Regulation R683, 1989) at the selected private hospital. The coding process was done under the supervision of a colleague experienced in qualitative research, and a letter of proof is attached (Annexure J). Field notes collected from the interviews with nurse educators and focus group interviews were included in the analysis process. Thematic content analytic phases are presented in chapter three.

The data collected were kept locked in the researcher's home cabinet during collection and analysis and will be retained for five years after completion of the study. People not directly involved with the study had no access to data. The data analysis was done immediately after and during data gathering to ensure the study's trustworthiness. A detailed discussion regarding data analysis and study findings is communicated in Chapters three and four, respectively.

The research methodology included planning and designing, sampling, data collection, and analysis procedures discussed briefly in this section and greater detail in Chapter Three, with the data analysis method further discussed extensively in chapter four.

The following section briefly presents how trustworthiness was ensured in this study.

1.11 TRUSTWORTHINESS

Trustworthiness involves the researcher ensuring that international evidence-based standards are met in qualitative research (LoBiondo-Wood & Haber 2018:125). Lincoln and Guba's (1985:289) four criteria of trustworthiness, credibility, transferability, dependability, and confirmability were used to ensure trustworthiness. Authenticity is a fifth criterion added in 1994 (Guba & Lincoln 1994), and it was also applied. A more detailed discussion is included in Chapter Three.

Strategies including triangulation, member checking, data saturation, peer debriefing and reflexivity were used to confirm confidence in the truth of the data collected in this study. These are discussed in detail in Chapter Three.

1.12 ETHICAL CONSIDERATIONS

LoBiondo-Wood and Haber (2018:232) refer to ethical considerations in research as the legal and ethical issues to be addressed before, during and after the study. This section provides information about the researcher's attempt to adhere to legal, professional, and social values during the study process.

A brief synopsis is provided in this chapter. Before data collection commenced, ethical approval was obtained from the Research Ethics Committee of the Department of Health Studies, University of South Africa (Reference HSHDC/561/2016, see Annexure A). Ethical clearance from the KwaZulu-Natal Department of Health was also sought and obtained before conducting the study (Annexure B). Permission to use the private hospital as research setting for this study was requested and was granted by the Chief Executive Officer (see Annexure C). Finally, permission to recruit the nurse educators and student nurses in the bridging programme (Regulation R683, 1989) as participants for this study was sought in writing from the principal of the private nursing school sampled for this study (see Annexure D).

Informed consent was also obtained from nurse educators (see Annexure F) and student nurses in the bridging programme (Regulation R683, 1989) (see Annexure E) before commencing data collection. A detailed reflection on the process of obtaining consent is provided in chapter three.

There are three fundamental ethical principles of respect for persons, beneficence and justice that guide the research process involving human participants following the Belmont report (1978) of the National Commission for Protection of Human Subjects of Biomedical and Behavioural Research in America (Polit and Beck 2018:78). Brink et al. (2018:29) further concur these three principles form the basis of human participant protection rights under South African National Health Research Ethics Council (NHREC) and the National Health Act (Act 61of 2003). Discussion on how these ethical principles were applied during this study is provided in detail in Chapter Three.

The scope and limitations of this study are discussed in the next section.

1.13 SCOPE AND LIMITATIONS OF THE STUDY

The study is limited to one private nursing school and one private hospital in KwaZulu-Natal. The private hospital is faith-based and offers district health services. It is accredited for clinical placement of student nurses in the bridging programme of interest in this study (Regulation R683, 1989), including enrolled nursing (Regulation R2175, 1993), auxiliary nursing (Regulation R2176, 1993) and midwifery (Regulation R254, 1975). The hospital is owned by a faith organisation and is the only one left in the province after the provincial health department has taken over similar hospitals. However, the hospital in this study was still undergoing a process of handover to the health department during the study process. The data collected are limited to this hospital, and findings cannot be generalised.

The study population of nurse educators and student nurses in the bridging programme of interest was drawn from one private nursing school accredited for bridging (Regulation, R683, 1989), which is the programme under study, including midwifery (Regulation R254, 1975), enrolled nursing (Regulation R2175, 1993), and auxiliary nursing (Regulation R2176, 1993). Student nurses from this nursing school are placed for clinical instruction in the private and faith-based hospital selected for this study. Hence, information is limited to one private nursing school, and findings cannot be generalised.

The following paragraph outlines how this dissertation was structured.

1.14 STRUCTURE OF THE DISSERTATION

The structure of the research dissertation is organised as follows:

Chapter 1: Orientation and background to the research problem.

Chapter 2: A literature review on holistic caring practice in nursing, including the Theory of Human Caring Science (Watson 2012).

Chapter 3: Research design and methodology.

Chapter 4: Data analysis, interpretation, and presentation of research findings.

Chapter 5: Discussion of findings, conclusions, limitations, and recommendations.

1.15 SUMMARY

This chapter presented a synopsis of the research process followed in this study. A discussion of the background of holistic care, the lack thereof with negative consequences of poor quality of nursing, increased malpractice cases, and global negative portrayal of the nursing profession was provided. The problem of inadequate or insufficient preparation of student nurses in providing holistic care and conditions affecting theory-practice integration during the clinical placement at hospitals in South Africa has also been presented in this chapter.

Watson's Theory of Human Caring (Watson 2012), the framework guiding this study, research purpose, objectives, questions, and significance have been included. A brief description of the research methodology used to answer the research question of perceptions of nurse educators and student nurses in the bridging programme (Regulation R683, 1989) experiences on holistic caring practice in a private hospital has been provided. The research methods used have been discussed briefly and are presented in detail in Chapter Three. Detailed data analysis and research findings are discussed in the relevant Chapters Four and Five, respectively, as mentioned in the above layout of the dissertation. Ethical considerations and measures to ensure trustworthiness applied in this study were also briefly included in this chapter and in detail in chapter three. The next chapter will review the available literature on holistic nursing practice.

CHAPTER 2: LITERATURE REVIEW ON HOLISTIC CARING PRACTICE

2.1 INTRODUCTION

The previous chapter provided background to holistic caring practices in nursing; the lack thereof from inadequate teaching of student nurses leading to inferior quality of nursing care, malpractice, and a negative image of the nursing profession. A brief discussion on the research methodology, including ethical principles and measures applied to ensure this study's trustworthiness, has been presented.

This chapter critically reviews what is known about holistic caring practice in nursing and any existing gaps in available past research. According to LoBiondo-Wood and Haber (2018:137), a literature review involves the researcher carefully examining available literature regarding the research problem to identify what is known or unknown.

The literature review in this study was conducted through an extensive search on holistic caring practices using different search engines, including Google Scholar, Wikipedia, Unisa EDT, Nexus, ProQuest, PubMed and CINAHL. Keywords used were "holistic care," "holistic nursing," "caring perceptions," "caring practice," "spiritual care," and "faith-based hospitals." The services of the university librarian were also sought to assist with advanced literature searches.

Articles from various global and national journals on holistic and spiritual care in nursing were included. Conceptual definitions and perceptions of student nurses, nurses, and nurse educators were reviewed, but articles before 2013 and those not discussing nursing practice were excluded. The conceptual articles on holistic care helped provide general definitions and understanding of holistic care by nurses in practice. Research articles on the teaching and practice of holistic care, especially in faith-based hospitals as clinical learning environments, were consulted and analysed to identify gaps in knowledge and practice of holistic care.

Reviewed literature can be summarised and organised as evidence to provide clarity and the status of the research problem (Polit & Beck 2018:107). The different global

perspectives and concepts on caring and holistic caring practice by nurse educators and student nurses across various nursing programmes at private and public hospitals, including non-traditional facilities such as faith-based hospitals, are summarised and presented in this chapter.

The following section presents the background to this study.

2.2 BACKGROUND TO CARING AND HOLISTIC NURSING

Holistic care and caring are crucial concepts in nursing. The first concept discussed is that of caring in nursing.

2.2.1 The concept of caring in nursing

The concept of caring has been hailed as the essence and integral part of nursing, yet it is defined differently in literature. According to the South African Oxford Dictionary (2016:91), caring is the protection and supervision of a person. This type of caring involves showing concern and looking after sick individuals and requires any person who has the will and competence for the task to do so. However, people caring for their ill family members do not need specific skills and training to engage in caring and such caring is not nursing. Nurses have specific competencies aligned to their level of training (SANC Nursing Education and Training Standards 2013:3).

According to the Nursing Act, 2005 (Act 33 of 2005), nursing is a caring profession that enables and supports people at all stages of life, sick or well, to achieve health and maintain dignity till death. Nursing is a profession governed by norms, legal, ethical, and educational prescripts, including practice standards. Therefore, this definition suggests that engaging in nursing care needs training to be part of the nursing profession. Student nurses' caring practices should reflect the professional norms and standards of the nursing profession. Pera, Van Tonder, Oosthuizen, and Van der Wal (2017:24) explain that scientific knowledge, skills, and human values should form part of holistic caring that culminates in a patient-nurse connection, holistic healing for the patient and job satisfaction for the nurse.

Salehian, Heydari, Aghebati, Moonaghi, and Mazloom (2017:3) conducted a principled concept analysis of caring in Iran and found that caring involves a mutual beneficial

give-and-take relationship between the carer and the one cared for. This definition of caring suggests a shared responsibility to give and receive, hence depicting caring in nursing as a two-way process that requires a connection between the person in need of care and the person engaging in the caring practice. However, these authors also found that caring is an integral aspect of nursing that is not only restricted to nurses. This view is contrary to the definition of caring within the nursing practice. Nursing is a caring profession, and this analysis was conducted with specific reference to nursing education with the assumption that if a student nurse is cared for by the educator, the caring can be transferred to clinical practice.

The findings by Salehian et al. (2016:3) suggest caring is a reciprocal phenomenon. Nurse educators and clinical supervisors at hospitals also assume a caregiver role when they teach student nurses the theoretical and practical aspects of caring during work-integrated learning. However, the researcher found no evidence suggesting that student nurses that have been well cared for during training can transfer the caring culture to clinical practice. Another weakness of this concept analysis by Salehian et al. (2016:3) is that the definition does not mention the scientific aspect that underpins the caring practice in nursing, which distinguishes it from other types of care. Caring in nursing is not just a mere transaction of giving and taking care but is a connection based on principles and scientific knowledge of the nursing profession.

The professional aspects of caring in nursing are supported by Song (2016:39), who conducted a primary qualitative survey in New Zealand on first-year nursing students' understanding of caring. The findings revealed that all participants identified caring as the basis of their understanding of the professional identity of nursing. However, the small sample size of only three nursing students makes such findings difficult to generalise to a wider population of student nurses in other countries. Similarly, Tsai, Wang, and Chou (2015:320) conducted a qualitative study in Taiwan on a sample of fifty-eight nurses who perceived caring as requiring nursing professional knowledge and skilful techniques. Though the study was conducted on qualified nurses with more than six months' clinical exposure and clinical experience in caring, findings suggest that professional knowledge is an important part of caring.

Drahošová and Jarošová (2016:459) conducted a review analysis of seven qualitative studies that focused on defining the concept of caring in the Czech Republic and

revealed it as a process involving professional knowledge, personal maturity, and interpersonal skills, offering emotional support and meeting biopsychosocial needs of the patient. The findings also revealed that nurses perceive caring as a philosophical aspect while patients view it as emotional support.

Evidence from the study just mentioned (Drahošová & Jarošová 2016:459) suggests that holistic caring in nursing is founded on principled knowledge that is guided by human values. This finding shows that patients value emotional skills as important while nurses view philosophical underpinnings as central to caring that form the basis of nursing practice. Caring in nursing is an emotional component as nurses connect with the patient during holistic caring.

The concept of caring in nursing has been characterised by professional knowledge and practical and emotive skills. In Australia, Adams (2016:1) published a conceptual article on the meaning of caring in nursing, defining it as a noun and an adjective. The noun reflects caring as the act of looking after a sick individual, while caring as an adjective describes the affective behaviour of the nurse during caring practice. The study (Adams 2016:01) further identifies compassion, kindness, and concern as the main characteristics of caring in nursing. Though it mentions compassionate caring as an important part of nursing, there have been persuasive arguments about whether compassionate caring involves innate characteristics that everyone possesses or a skill that can be taught and learned.

A study done in the United Kingdom by Phillips et al. (2016:10) on undergraduate student nurses' caring perception found that student nurses perceived caring as communicating and understanding patients' needs. Their findings also portrayed caring as an inherent personal quality that students brought when they commenced training. However, it was indicated that education and practical experiences during work-integrated learning promoted their readiness and confidence in holistic caring practice. This insight highlights the role of education in moulding the caring practice of student nurses. Caring practices that lack knowledge and professional values, including emotional skills such as compassion and kindness, shun the caring practice in nursing.

Petrou et al. (2017:1151) explored Greek university nursing students' caring perceptions qualitatively. Their findings (Petrou et al. 2017:1151) support the view that caring involves meeting patients' needs by providing health care services that include disease prevention, health maintenance and psychological support. These findings are similar to other studies that explored how nursing students view caring.

Andersson, Willman, Sjöström-Strand and Borglin (2015:14) conducted a study to describe the nature and concept of caring and, in their findings, described caring as a complex phenomenon with multiple contextual links. Blasdell (2017:5) corroborated complexity in the critical analysis of the nursing meaning of caring by comparing Watson and Leininger's caring definitions. The critical review presents Watson's definition of caring as a scientific, humanitarian, moral practice committed to preserving patients' dignity and human values, while Leininger defines caring as a vital, connecting, and influential aspect of nursing that can be learnt and practised. Despite the complexity of the meaning of caring, both definitions concur that caring in nursing is a skill that is practice-based and acquired through learning. Therefore, student nurses can develop caring practices incorporating physical, psychological, cultural, social, and environmental aspects of human health.

The caring concept has been researched comprehensively (Salehian et al. 2016:3, Adams 2016:1; Phillips 2016:10; Drahošová & Jarošová 2015:459; Duffy 2016:1). Multiple definitions describe caring as the backbone and a crucial aspect of holistic nursing, yet it still appears as a complex concept. Furthermore, various studies on perceptions of caring (Song 2016:1, Tsai, Wang & Chou 2015:30; Phillips 2016:10) suggest nursing caring is perceived as actions and practice based on educational professional knowledge characteristic of affective nursing behaviour. Therefore, adequate education and support of student nurses during work-integrated learning can enhance holistic caring practice.

The differences in the meaning attributed to the caring concept (Blasdell 2017:5, Adams 2016:1) confirm that caring is a nursing action. Caring practices that occur during nursing are evidence-based as nursing is a science and art, including prescribed professional values that must be learnt and demonstrated during care. In line with different caring concept perspectives, caring is described differently according to how it is understood. According to Dossey, Keagan, Barrere, and Blaszko

(2016:14), caring remains a core context of holistic nursing. However, this poses a question of what holistic care is. This study addresses this question by exploring how student nurses and nurse educators describe and understand a holistic caring practice. The following section discusses what is holistic caring according to the available literature.

2.2.2 Caring and holistic nursing

The American Holistic Care Association (AHNA 2017) defines holistic nursing as caring practices that attend to all human aspects, namely physical needs, human values, and the emotive wellbeing of the patient. Dossey et al. (2016:59) further define holistic nursing as caring practices that satisfy total human needs based on an equal nurse-patient partnership for the holistic healing of the patient. These definitions of holistic nursing suggest a fine line between caring that generally occurs in nursing and caring in holistic nursing. What illuminates the difference between these two concepts is the holistic healing aspect that characterises holistic care.

Quinn (2016:103) describes healing as a process of becoming a whole, integrated being that emerges from a balance that occurs when all the human health needs of physical, psychological, spiritual, and social aspects are addressed. This description resonates well with the definition of holistic nursing, which focuses on treating the person, and the word heal is derived from the Anglo-Saxon verb of healing, which means to become whole. This suggests holistic healing as the ultimate goal of nursing and possible instances where caring rendered is devoid of complete healing. Nonetheless, caring remains the essence of nursing practice.

Studies on holistic care as a concept also revealed different perceptions. Jasemi, Valizadeh, Zamanzadeh, and Keogh (2017:18) conducted a concept analysis of holistic care using the hybrid method in Iran. They found that holistic nursing practice is based on a holistic care model that emphasizes a mutual understanding of the patient's physical, psychological, emotional, and spiritual health, which benefits both the patient and nurse. Firstly, holistic care is a tool for improving a patient's health outcomes and holistic healing, and secondly, a comprehensive model of providing care. The study findings (Jasemi et al. 2017:18) explicitly describe what benefits

patients receive from holistic care: An improved treatment process, a better physical condition, and a shortened hospitalisation period.

However, potential benefits to nurses are not clearly spelt out, except for an improved sense of personal development which could be cognitive, affective, and psychomotor skills needed to render holistic care and an increase in job satisfaction. The study fieldwork phase was validated by qualitative interviews from a largely homogenous purposive sample in Iran, a predominantly Islamic country in terms of culture. Analysing a dynamic, evolving, and complex concept of holistic care from people with diverse cultural perspectives could add value in describing holistic caring practice and may help to promote the use of holistic care as an effective care delivery model in nursing practice. This model could further mitigate the lack of holistic care and further improve nursing quality across the globe. Nurses should be familiar with what holistic care entails, including its benefits, to facilitate their choice in adopting this model instead of other models of care delivery.

Al Baqawi, Butcon, and Molina (2017:827) conducted a study in Saudi Arabia examining staff nurses' awareness of holistic patient care concerning their performance review. The study used a quantitative correlational design method and purposive sampling of staff nurses assumed to be working holistically in intensive care units. Findings, as mentioned by these authors, revealed that staff nurses were aware of holistic patient care domains that include physiological, sociocultural, and psychological development and spiritual aspects.

Intensive care units are considered a highly charged environment. The main method of care delivery is individualised nursing care (Berman, Snyder & Frandsen 2016:125). Individualised nursing care involves assigning each nurse to an individual patient and promoting total nursing care. However, nurses in wards not using a functional care delivery method may perceive holistic care differently than those in intensive care units. The case method, which involves individualised patient care, is the method of choice for nursing care delivery in intensive care settings (Berman et al. 2016:125).

The study by Al Baqawi et al. (2017:827) used supplementary data obtained from nurses' performance review records which involved functional standards, nurses' personal characteristics and team/patient relationships. These findings suggested that

awareness of holistic care practice can improve the quality of nursing care rendered and nurses' performance.

Improving the quality of nursing care is important in holistic caring practice and indirectly contributes to the overall performance of the nurse. However, the objective of a performance review is to inform the nurse if the allocated tasks are completed within the scope of practice, and it serves as motivation through a rewards system (Jooste 2018:103). The quality of the care rendered can be measured through patient satisfaction, unlike performance reviews conducted by hospital administrators, who pose the potential for bias and subjectivity. Performance reviews thus require integrity to ensure reports are valid and cannot be seen as a true measure of understanding holistic caring practice.

Similar findings were obtained from a study by El Dahshan and Diab (2015:76) on nurses' perception of holistic care through a descriptive cross-sectional design and self-report surveys of staff nurses in an Egyptian university hospital's wards and intensive care units. The findings suggested that nurses working in intensive care units had a higher perception of holistic care than those in general wards.

However, the difference in perception was more evident in direct physiological nursing care with no difference between social and psychological aspects (El Dahshan & Diab 2015:76). The desired stance in nursing is for nurses to be cognisant of holistic caring practice and be able to provide it to improve quality nursing care. Findings (El Dahshan & Diab 2015:76) revealed perceptions of holistic care in terms of direct biological care. This is contrary to holistic care practice, which focuses on balancing all three human health dimensions and not only focusing on biological or physical care.

A limitation of the study by El Dahshan and Diab (2015:76) is that social and psychological aspects were viewed as one aspect of holistic care with no clear distinction between them. This could be attributed to the small sample size limited to one government hospital and the use of self-report surveys with the potential for common method bias. Brink, Van der Walt, and Van Rensburg (2018:139) explain that self-reports are a quick way of gathering data. However, the drawback is that participants may yield socially acceptable responses, which affect the credibility of the study findings.

In holistic care, psychological and social aspects are separate human dimensions to be fully considered to ensure the treatment of the patient as a holistic being (Berman et al. 2016:308). Nurses with a strong perception of holistic care understand that all three human health dimensions are separate but equal aspects of health that must be fully attended to during nursing care.

Satisfying all patient's needs has been the primary concern of holistic caring practice in nursing. Rajabpour, Rayyani and Shahrbabaki (2019:6) conducted a descriptive, correlational study to investigate the relationship between patients' perception of holistic care and overall satisfaction with nursing care in oncology wards at Iran medical centres. The results revealed that patients' strong perceptions of holistic care were congruent with patient satisfaction. This suggests that patients either understand what holistic caring is or that the satisfaction levels of their needs determine the quality of nursing care rendered.

The findings of these authors (Rajabpour et al. 2019:6) support the argument of holistic care as an effective tool for increasing the quality of nursing that elevates patients' level of satisfaction. Student nurses should understand the benefits of meeting all patients' needs and be more responsive to dissimilar needs.

Eriksson, Lindblad, Möller and Gillsjö (2018:3) conducted a qualitative study following an inductive, descriptive design to describe patients' experiences of care provided by nurses in Sweden. The study findings revealed that patients were highly satisfied with holistic care rendered by advanced practice nurses. The nurses' respectful and flexible approach and individualised nursing care promoted patient satisfaction. The primary concern in holistic caring should satisfy all patient needs. Nurses' positive perceptions about holistic caring could improve positive health outcomes for patients.

Available evidence suggests that holistic care is an important aspect of nursing that can improve patient satisfaction and quality of nursing, leading to a positive public image. Zamanzadeh et al. (2015:214) conducted a qualitative study in Iran to determine factors that can assist nurses in enhancing their provision of holistic care.

These authors (Zamanzadeh et al. 2015:214) found that nurses failed to use this holistic care model to improve patient and nursing conditions. Three themes identified

as barriers to holistic care provision were the educational system, clinical environment, and personal characteristics of the nurse. The nursing education system had an inadequate holistic care teaching component and was mainly delivered through lecture-based teaching strategies that lacked practical implementation. Nursing is practically based, and clinical teaching strategies that promote practical skills should ensure student nurses gain clinical competency in holistic caring practice.

The clinical environment was characterised by excessive workload and novice nurses resorting to routine-based care (Zamanzadeh et al. 2015:214). Routine-based nursing care focuses on physical tasks and is contrary to holistic care principles. Student nurses should be encouraged to integrate physical care into psychological and social care to promote holistic healing and positive outcomes.

Nurses' personal characteristics devoid of compassion and social skills were identified as a barrier to holistic care provision, while nurses' religiousness served as a motivational factor (Zamanzadeh et al. 2015:214). The issue of religiousness as a nursing personality trait can be obstructive if it is not aligned to the patient's religious orientation, where the nurse may impose their religious values upon the patient. Student nurses should be aware that religious orientation should not stand in the way of attending to a patient's religious needs, even if different from the nurse's. Providing holistic care to patients requires nurses to isolate themselves from their own perspectives and consider and incorporate patients' choices into care.

A qualitative study conducted by Ngugi and Igunnuoda (2015:29) in Nigeria that explored nurses' perception of holistic care further supported the idea that nurses' religious beliefs served as a barrier to the provision of holistic care. The International Nurses ethical code (2013) prohibits considerations of nurses' religion during care. This suggests that various circumstances, with some beyond nurses' control, can obstruct the provision of holistic care. Nurse educators should prepare student nurses to render holistic care without prejudice based on religious background and orientation. The study is limited to one country, which is not so diversified in religious orientation, while holistic nursing is a global phenomenon that cannot be restricted to one country and secondary sources.

However, it is unclear whether spirituality and religion have the same meaning in holistic care. Burkhardt and Nagai-Jacobson (2016:135) argue that religion and spiritual care are different. The former is a personal choice in a belief system regarding the universe, rituals or practices prescribed and shared by a certain group. On the other hand, spirituality is the human soul essence that characterises wholeness and a complete being, including one's connectedness with the self, environment, and the universe (Burkhardt & Nagai-Jacobson 2016:135). There appears to be compelling evidence that suggests holistic care is perceived as spiritual care (Ramezani, Ahmadi, Mohammadi and Kazemnejad 2014:211; Boswell, Cannon & Miller 2013:333).

Ramezani et al. (2014:217) conducted a concept analysis of spiritual care using international online databases and book chapters. The findings were that spiritual care is a dynamic, unifying concept that integrates all human health aspects, including antecedents, attributes, and benefits of holistic nursing. Creating a spiritually nurturing environment involves patient-centeredness, healing presence, therapeutic self-care, and nurses' self-awareness of religious beliefs to identify the patients' spiritual needs as important in maintaining spiritual care.

Spiritual care leads to patient satisfaction and spiritual awareness for the nurse. Therefore, the nurse's perception of spiritual care can affect the quality of holistic care. These authors (Ramezani et al., 2014:217) analysed literature regarding the meaning of spiritual care from 1950 to 2012, which might have changed with evidence conducted over time as holistic care is a dynamically evolving concept. Nonetheless, these authors (Ramezani et al., 2014:217) suggest that spiritual care must be understood and offered to promote holistic healing. The current study's focus is on generating an understanding of the perceptions of nurse educators and student nurses in a bridging programme (Regulation R683, 1989) on holistic caring practices within a faith-based private hospital.

Boswell et al. (2013:332) studied student nurses' perceptions of holistic care at a West Texas university using a retrospective, qualitative review method through online, narrative journal-type entries. Results indicated that student nurses across the different programmes perceived holistic care as religious, spiritual care with faith and prayer necessary for its provision. The clinical learning environment contributes to students' learning of holistic care practice and can impact their perception. However,

the study does not disclose where students correlate theory with practice but highlights the need for effective educational programmes that delineate spiritual care from religion. The description of spiritual care as religion can originate from the influence exerted by the clinical learning environment, especially if the placement takes place in a religious environment or faith-based hospital.

Another weakness of this study by Boswell et al. (2013:332) is the use of data from self-reported journal entries. LoBiondo-Wood and Haber (2018:152) explain that journals have a high potential for bias when participants give positive reports. The aim of these authors (Boswell et al. 2016:332) was to identify relations between student nurse perceptions. However, poor education emerged as a strong barrier to providing holistic caring practice. The suggestion to replicate this study in a faith-based environment and nursing colleges for more input on perceptions was identified from this study. Boswell et al. (2016:332) suggest that a faith-based clinical learning environment may influence how nurses perceive holistic caring practice and apply it in practice; hence the focus of this study is the South African context.

The researcher in the current study seeks to explore and describe perceptions of holistic caring practice within a private hospital in KwaZulu-Natal, South Africa. Findings from nurse educators and student nurses in the bridging programme at a private nursing school that place student nurses for clinical instruction at the private hospital in KwaZulu-Natal, which is faith-based, may contribute to the above debate within the South African context.

According to the American Holistic Nurses Association (2019:42), holistic nursing can be practised for all individuals across different stages of the human lifespan within any clinical setting. This implies that student nurses can practise holistic caring during clinical placement within any healthcare setting accredited by a nursing regulatory body (SANC) and obtain competence in holistic care. Student nurses in this study correlated theory with practice within the private hospital; therefore, they could practise and learn holistic caring.

The clinical learning environment should promote students' critical thinking and clinical competence. Poon (2014:124) investigated student nurses' perception of the clinical learning environment in Macau and differences identified in the expected and actual

environment. Nurse educators should ensure the clinical learning environment meets the student nurses' clinical learning objectives in promoting holistic care practice.

Subsequent evidence from Iran in a study by Bigdeli et al. (2015:8) also supports the perceived differences between student nurses' expectations and actual experiences in the clinical environment. The clinical environment remains the key instrument in developing student nurses' theoretical knowledge into concrete, practical experiences that involve the patient's emotional, physical, and psychological aspects. Therefore, it is imperative for nurse educators, preceptors, and clinical instructors to close the gap between expected and actual learning environments through continuous support, supervision, and adequate clinical accompaniment during clinical placements.

Evidence also suggests that the clinical learning environment can pose a threat to student nurses' learning. Various circumstances such as workload, environmental culture and inadequate resources have been considered obstructive to meeting students' learning objectives. A study conducted in Iran by Zamanzadeh et al. (2015:214) found that routine-based nursing care compromises holistic caring practice by student nurses. Routine-based care is directed at achieving physical tasks, which is one aspect but does not reflect all components of holistic care.

Student nurses should focus and prioritise the satisfaction of all patient needs, not merely physical needs. Nurse educators and clinical supervisors should ensure task allocation for student nurses promote holistic care as opposed to providing care through ward and nursing routines. Holistic care should never be sacrificed for physical care (Potter et al. 2018:590).

In South Africa, studies on the clinical learning environment have indicated inadequate opportunities for student nurses to learn holistic care practice. For example, a study conducted by Lekalakala-Mokgele and Caka (2015:6) investigating clinical learning of student nurses in military and public hospitals found that student nurses experienced the clinical learning environment as obstructive when they were not accepted, were blamed, or screamed at by staff in clinical facilities.

This finding is supported by a study by Mathebula (2016:88), which found that student nurses experienced challenges in the clinical learning environment when treated as

workers and scapegoats when there was inadequate supervision or poor clinical accompaniment by nurse educators, which affected learning and integration of holistic caring practice. Any challenges in the clinical learning environment threaten student nurses' clinical learning and affect nursing care and holistic caring practice. Wiklund-Gustin and Wagner (2013:182) advise nurse educators that such challenges need careful attention for achieving holistic care.

Studies conducted (Power, Toone & Deal 2016:11; Connerton 2016:103) on students' clinical placement at faith-based hospitals suggest that such facilities present learning opportunities that promote holistic caring practices that traditional hospital settings may not offer. For example, in the U.S.A., Power, Toone and Deal (2016:11) conducted a descriptive, qualitative study and found that nurse educators perceived placement of student nurses in faith-based hospitals for work-integrated learning as providing adequate holistic care practice experiences.

The findings from a study done by Power et al. (2016:11) reported students' positive learning experiences. Cultural awareness, effective communication, and self-respect, including compassionate, caring, empathic behaviours that prioritised spiritual needs and holistic care from clinical staff, were identified. However, these findings (Power et al. 2016:11) are from nurse educators who were the only participants with no perspectives from student nurses who are placed for learning holistic care at such facilities. This implies a gap in the literature as there is no evidence of student nurses' perceptions regarding learning holistic care practice within this type of environment.

Similar evidence from America in a study conducted by Connerton (2016:103), who investigated registered nurses' perceptions of holistic care at three faith-based hospitals and one non-faith-based hospital revealed differences in perception of holistic caring practice by nurses. According to the findings, nurses in faith-based hospitals were well-versed in spiritual care and holistic care compared to their peers at non-faith-based hospitals.

However, as indicated by Connerton (2016:103), both cohorts agreed that the use of pastors, prayers, and attentive listening significantly affects achieving holistic care by fulfilling patients' spiritual needs. This suggests that faith-based hospitals provide a better environment for awareness of the holistic caring practice. However, this study

was conducted at only one university in America, making it difficult to generalise the findings. According to Polit and Beck (2018:206), caution should be exercised when reporting results from a limited geographical location.

Religion and spirituality have a vital role in patients' health. The benefits of a faith-based institution in providing holistic care are further supported by Isaac (2015:106), who explains that collaboration with a faith-based institution helps to deliver holistic care.

The evidence from studies (Power et al. 2016:11, Connerton 2016:103) suggests that the provision of holistic care does not rely on the education and training of the student nurses alone but also on a clinical environment that values the treatment of a patient as an individual and thus plays a part in developing nurses' competence in holistic care. Therefore, clinical facilities should be carefully assessed for adequate learning opportunities that will assist nurse educators in developing holistic caring competence. The clinical learning environment should be able to socialise student nurses into the norms and standards of holistic caring through a supportive, conducive platform for student nurses and learning experiences that involve reflection (Jooste 2018:250). In South Africa, there is a gap in the literature on how holistic care is perceived in a clinical learning environment that includes private hospitals that are faith-based.

On the other hand, there is the potential for uncertainty if student nurses are placed in a faith-based hospital learning environment without them understanding the religious principles of the faith-based hospital and when they find it difficult to apply these principles to the patient's needs. Gemuhay et al. (2018:6) conducted a study in Tanzania with a cross-sectional descriptive method to explore the effectiveness of faith-based hospitals as a learning environment.

These findings (Gemuhay et al. 2018:6) identified poor communication between staff and students, inadequate clinical supervision of student nurses, poorly prepared clinical instructors, and the lack of resources as barriers to student nurses' clinical learning at the hospital. Although a self-administered questionnaire, which has a high potential for response bias, was used as the data collection instrument, the study findings provided a bird's eye view of the reality of faith-based hospitals as a barrier to clinical learning of holistic care by student nurses.

However, findings (Gemuhay et al. 2018:6) are limited to one country only, and the researcher could not find any other evidence regarding faith-based learning environments as obstructive to holistic caring practice. Conducting a study on faith-based hospitals may address the gap in the literature regarding faith-based hospitals as clinical learning environments for student nurses in terms of holistic caring practice.

The literature review indicated a paucity of South African studies regarding private, faith-based hospitals and holistic caring practices. This has culminated in the impetus of this study aimed at exploring and describing perceptions of holistic caring practice at a private hospital within the South African context. This study aims to address this gap in the literature by providing further supporting or contradicting evidence that will increase the body of knowledge for future implementation of holistic practice in hospitals, even those that are faith-based. Findings can assist in developing outcomes for nurse educators' holistic care education in future nursing programmes. According to Mariano (2017:174), integrating holistic philosophy into practice requires both theory and practice to be included in the nursing curricula.

Nursing is grounded on theories and philosophical underpinnings. The next section presents the theory guiding this study.

2.3 WATSON'S THEORY OF HUMAN CARE (2012:87-92)

A nursing theory serves as a basis and guide to improving caring practice. Such a theory is, in turn, substantiated through practice, resulting in a reciprocal relationship between theory and practice (Saleh 2018:18). Watson's Human Caring Theory (2012) is the theoretical framework guiding this study. It emphasizes holistic health care as an integral part of nursing that involves the mind, body, and soul through person-centred transpersonal caring.

Watson's Human Caring Theory (2012:87) originates from caring behaviours and emphasizes nursing as a humanistic service and an ethical, moral idea where nurses connect with patients in spirit. This means that when a nurse performs caring practices, the objective is meeting human needs instead of mere task performance with no consideration of patient needs. The four major theoretical concepts of person,

environment, health, and nursing (Watson 2008:466) are discussed in chapter one under sub-heading 1.7.1.1.

The following section presents the caritas process guiding human caring (Watson 2008:39).

2.3.1 Watson's theory of caritas processes in holistic caring practice

Watson (2012:90) believes that caring that occurs through carative processes leads to human needs satisfaction. Caritas originally comes from the Latin word meaning "loving" or "special attention" and is used to create an in-depth ethical meaning of holistic human caring (Watson 2012:90). Watson's caring science (2017:133) explains ten caritas processes that direct holistic caring based on love and kindness. Caritas processes provide a paradigm shift from a carative approach to caritas, which forms the basis of all holistic caring encounters. Therefore, the following caritas processes can be used and applied by student nurses to transform ordinary caring activities into holistic caring practice.

2.3.1.1 Embracing altruistic values of loving-kindness with self and others within the context of caring consciousness

According to Watson's caring science (2018:46), the first carative process involves love and equanimity, a state of calmness, composure, and emotional balance during stressful situations. Nursing is stressful, and student nurses should be adequately prepared to remain calm and maintain a positive attitude even during stressful caring moments. This caritas process allows student nurses to offer deeper loving, human caring experiences. A faith-based hospital provides an environment that values spiritual health. This carative process can be useful in assisting student nurses in developing values of kindness and love for patients, including self-love. This may further influence the positive perception of holistic caring practice in faith-based hospitals. This study explores the perceptions of holistic caring practices within a private hospital in KwaZulu-Natal through nurse educators and student nurses within the bridging programme (Regulation R683, 1989).

The next caritas process is authentic presence.

2.3.1.2 Being authentically present and enabling faith and hope, honouring others

The second carative process involves authentic presence that enables and sustains a deep belief system for the nurse and the patient (Watson 2018:61). Such a presence implies that patients' beliefs are respected and encouraged to contribute to the healing practice. Caring practices that instil faith and give patients hope, even when medical treatment has nothing to offer, can contribute to holistic caring.

Nursing presence promotes loving care, and student nurses should be encouraged to be genuinely present for patients and not just for the performance of procedures. Being there psychologically and emotionally involves taking time to remain with the patient (Berman, Snyder & Frandsen 2016:429). A faith-based clinical environment may present an opportunity for providing genuine nursing presence and facilitating student nurses' understanding of the holistic caring practice and rendering such care with optimum benefits to patients.

Caring through nursing presence may provide a therapeutic atmosphere that restores hope and facilitates the holistic healing process for the patient (Jooste 2018:6). According to a study in Iran conducted by Ramezani et al. (2014:218), caring presence and creating a nurturing environment promote healing in holistic care. This finding is supported by a study conducted by Bramley and Matiti (2014:790) in the United Kingdom which found that patients perceived caring nursing presence as a sign of compassion and a crucial element of holistic caring practice.

Nurse educators should encourage student nurses to use their presence as a way of providing holistic care that would yield positive health outcomes for patients. Labrague, McEnroe-Petitte, Papathanasiou, Edet, and Arulappan (2015:2047) conducted a study in Greece, Nigeria, India, and the Philippines on caring presence, which confirms the positive benefits for patients. This study (Labrague et al. 2015:2047) revealed that student nurses perceived caring presence as contributing to the overall wellbeing and psychological comfort of the patient being cared for.

Caring presence encompasses full presence whereby the student nurse is physically, spiritually, and psychologically present within the patient space to ensure holistic care

(Jooste 2018:6). In South Africa, the importance of a caring presence during holistic caring practice is alluded to by findings from a discourse analysis study conducted by Du Plessis (2016:3). This study (Du Plessis 2016:3) found that physical presence and full presence as a presence that transcends physical space by being calm were experienced as re-assuring by patients during holistic nursing care. It is, therefore, the responsibility of nurse educators and ward supervisors to encourage student nurses to offer full nursing presence to patients during clinical practice and so promote a holistic caring practice. The findings of this study could help generate evidence about a caring presence by student nurses in the faith-based private hospital learning environment.

In South Africa, the use of a caring presence to facilitate holistic care is supported by an earlier study by Monareng (2013:7) on paediatric nurses' perceptions of holistic care. It recommended caring presence as a good nursing strategy to offer holistic care to children and adult patients.

Self-awareness of own beliefs is the third caritas process discussed in the next section.

2.3.1.3 Sensitivity to self and others by nurturing individual beliefs and practices

The third caritas process involves cultivating transpersonal spiritual practices that go beyond the ego-self (Watson 2018:75). Accepting other people's feelings is a sign of psychological growth and readiness to offer holistic care (Watson 2012:90). In striving to achieve holistic caring, student nurses should recognise their sensitivity and develop compassion for patients to understand what patients are going through.

Awareness of own emotions contributes to self-development, better communication, and the nurse's ability to identify needs and goals for self and others (Jooste 2018:231). According to Uys and Middleton (2018:184), self-awareness is cultivated through reflection. Therefore, caring experiences conducted in an environment that promotes spiritual health through faith beliefs may enable nurses to recognise and reflect upon personal values, thus promoting compassionate caring, which is crucial in a holistic caring practice.

The caritas process of establishing and maintaining a trusting relationship that is therapeutic to both the patient and nurse is discussed next.

2.3.1.4 Developing a helping, trusting, and caring relationship

The fourth caritas process involves developing sustainable, authentic helping, trusting, and caring relationships with patients (Watson 2018:191). In holistic caring, a special kind of relationship exists between the nurse and the patient with a connection at the spiritual level (Watson 2012:90). Pera et al. (2017:111) concur that it is a norm in nursing education for student nurses to be taught the importance of a genuine nurse-patient relationship.

This suggested relationship in holistic nursing is not a mere, ordinary, haphazard patient-nurse relationship but an intentional, mutual, transpersonal transcending physical space. Watson (2018:39) explains nurse-patient relationship becomes transpersonal during holistic care. A study conducted in Australia by Wiechula, Conroy, Kitson, Marshall, Whittaker, and Rasmussen (2016:723) explored the nurse-patient relationship and caring behaviours and found that nurses and patients view the relationship as important and had high expectations about the nature of the nurse-patient relationship.

The importance of this reciprocal relationship is supported by Uys and Middleton (2018:185). They explain that such a connected relationship depends on a variety of factors such as the environmental and personal characteristics of both the nurse and patient, the duration of the contact, and the perception of each other as persons willing to engage in a relationship where both parties will have control over the connection.

These findings further support a study done in Turkey by Ozaras and Abaan (2018) on developing trusting nurse-patient relationships. This study (Ozaras & Abaan 2018:628) found patient and student nurses' personal and professional characteristics were key factors in developing a trusting relationship. In contrast, nurses' negative attitudes, poor communication, incompetence, and mistreatment of patients were found to be a cause of lack of trust in the relationship. These findings suggest that establishing and maintaining a transpersonal relationship is a combined effort between

the nurse and the patient. They indicate that holistic caring requires the patient and the nurse to be equal partners.

In Scandinavia, a study by Uhrenfeldt et al. (2018:319) investigated the centrality of the nurse-patient relationship in caring. It found that factors that influenced nurse-patient relationships and caring behaviours were the duration of interaction between the student nurse and the patient, the health condition of the patient, and the type of nursing procedure to be performed. However, these factors should not deter student nurses from knowing a patient's needs, culture, and values. Student nurses should establish and maintain a genuine transpersonal relationship regardless of the patients' physical condition and their workload pressures.

Alligood (2017:75) suggests that student nurses connect with patients during caring practices by offering information and using touch and gestures to develop a positive, caring moment. In holistic caring, understanding patient values and what is important to them rather than merely maintaining communication ensures transpersonal nurse-patient relations.

Molina-Mula and Gallo-Estrada (2019:10) conducted a phenomenological, qualitative study in Spain that investigated the impact of the nurse-patient relationship. Their findings revealed that this relationship reduced hospitalisation and increased patient satisfaction with the quality of nursing care. However, these findings (Molina-Mula & Gallo-Estrada 2019:10) also suggested that the relationship's success depended on the patient being submissive.

Nonetheless, the relationship in holistic caring is reciprocal. There is a balance in power in the relationship between the nurse and patient as they both drive this process. Caring practices based on a trusting, caring relationship can promote a student nurse and patient connection at the spiritual level, especially in an environment that promotes spiritual care, such as in faith-based hospitals.

In South Africa, a quantitative, contextual, deductive study done by Van der Heever, Poggenpoel and Myburgh (2013:5) in three private hospitals in Gauteng on nurses' and general health care workers' perceptions of facilitating nurse-patient relationships found that nurses who lacked self-awareness and reflection were insensitive to

patients' emotional needs, leading to poor relations. However, this study (Van den Heever et al. 2013:5) used a purposive sampling method of participants younger than forty years with professional nursing experience of fewer than ten years.

Including general care workers not professionally trained in nursing as participants makes such findings not generalisable to studies involving nurses as in this study. Nonetheless, these findings highlighted the importance of equipping student nurses with caring skills through self-reflection and self-awareness based on a caring, trusting relationship.

The nurse's duty to cultivate and maintain genuine, caring and trusting relations is integral to a holistic caring practice. Student nurses placed in faith-based hospitals may perceive nurse-patient relationships differently due to the influence of a religious environment. Information on this could contribute to facilitating caring relationships during holistic caring practice in other contexts. However, there is a gap in the literature on holistic caring perceptions of nurse educators and student nurses within private hospitals in South Africa.

According to Jooste (2018:238), the nurse-patient relationship affords the patient's and the nurse's rights to norms, values, and beliefs that can be affected by any verbal or non-verbal behaviour. Nurse educators should caution student nurses to avoid words and actions that can strain the nurse-patient relationship during caring practice. Student nurses can develop genuine caring relations by establishing rapport with patients and families and conveying genuine concern for the patient that facilitates understanding based on respect and mutuality (Berman, Snyder & Frandsen 2016:444).

Identifying patients' individual needs and respecting their values may pave the way for student nurses to establish authentic, trusting and helping relationships. This could help promote student nurses' competence in holistic care practice within a private and faith-based hospital as in this study. In a faith-based context, spiritual care and religion are prioritised, contributing to holistic caring practice.

The next caritas process discussed involves authentic listening and accepting both negative and positive feelings.

2.3.1.5 Authentic listening and acceptance of positive and negative feelings

This fifth caritas process involves authentic listening to positive and negative feelings, including reflecting on a deeper spiritual connection between oneself and others (Watson 2018:105). Holistic caring allows the expression of emotions through a transpersonal relationship that facilitates holistic healing. This suggests student nurses must offer patients the opportunity to verbalise their feelings and then engage in active listening. The patient's emotions should be acknowledged and accepted for holistic caring practices to lead to psychological and emotional health and holistic healing. Therefore, authentic listening cannot occur when patients' negative or positive feelings are not accepted and acknowledged during caring practices.

Private and faith-based hospitals may superimpose or prescribe care not aligned with patients' feelings. This may hinder holistic healing, which drives the holistic caring process. Therefore, student nurses must ensure patients' emotions are accepted and considered during caring practice. Nurse educators are responsible for guiding students and grooming their interpersonal skills of respect, active listening and accepting the patient and his way of dealing with the illness.

Creativity in identifying and solving patient problems through critical clinical decision-making during holistic caring practice is the next caritas process to be discussed.

2.3.1.6 Using creative, scientific problem-solving and decision-making caring methods

According to Watson (2018:119), the sixth caritas process involves a holistic caring approach utilising scientific decision-making and problem-solving tools. Booyens, Jooste and Sibiya (2015: 201) concur that the two concepts are intertwined as problem-solving assists in the clinical decision-making process during holistic caring. Nursing has been a problem-solving caring process involving logical doing, knowing, and being strategies. Student nurses are exposed to the nursing process as a scientific problem-solving approach to a patient's problems (Watson 2017:133).

In the clinical learning environment, patients present with different problems that could be physical, psychological, social, spiritual, and physical. The nursing process begins

with identifying the patient's needs by assessing subjective and objective information. Assessment leads to nursing diagnosis, which clearly outlines the patient's problems. The next step of the nursing process is the planning of care that involves action steps to be taken to satisfy the need or solve the problem identified (Uys & Middleton 2018:188).

Holistic caring in nursing is ethical and value-based to assist nurses in identifying the best logical option that feels right according to the patient's values and character (Booyens et al. 2015:201). Implementation and putting the plan into action involves selecting the best option for the problem's priority level. The last step in the nursing process is the evaluation, whereby the student nurse analyses the effectiveness of the nursing activities implemented to solve the patient's needs. The clinical learning environment and nurse educators should offer student nurses adequate learning opportunities to facilitate problem-solving and promote creativity.

Levy-Malmberg and Hili (2014:861) conducted theoretical research on nursing and caring science using Buberian dialogue. Their findings revealed a growing need to incorporate abstract information and thinking to improve student nurses' clinical caring competence. Nurse educators can incorporate strategies that adopt a more humanistic approach to caring based on a transpersonal relationship to ensure the holistic caring competence of student nurses. Faith-based hospitals such as the private hospital one in this study should be able to offer adequate learning opportunities that allow student nurses creativity in identifying and solving patient problems. This happens when they connect with their patients to understand the problem from the patient's perspective by using their cognitive, affective, and psychomotor skills to render holistic care that is needs- and value-based.

Engaging in sharing, teaching, and learning that are individualised according to different learning styles will be discussed next in the caritas process.

2.3.1.7 Sharing teaching and learning practices that address individual needs and comprehension styles

Provision of teaching is transpersonal and addressing individual learning needs is the seventh caritas process (Watson 2018:135). According to Jooste (2018:25), teaching

practices should be based on a caring, trusting relationship, be problem-oriented and acknowledge individual perceptions. In holistic caring practice, student nurses become coaches by allowing patients to be experts in their own health. The caring relationship should extend to patients during health education moments. This could avoid the top-bottom approach, a mere transfer of information from the student-nurse to the patient that is not ideal for holistic caring practices.

Patient education should depart from the patients' views to encourage the buy-in of the information shared. Nurse educators should also ensure clinical learning opportunities for student nurses to foster a caring, teaching-learning relationship. This necessity is supported by Froneman, Du Plessis and Koen (2016:39), who explored the relationship between the educator and student nurses, which revealed that an effective educator-student relationship ensures a positive learning climate and could strengthen student nurses' resilience during caring practices.

Whether public or private, faith-based on non-faith based, a clinical learning environment should provide a caring learning environment to student nurses to equip them with the necessary skills and knowledge to engage in the holistic caring practice. Student nurses who are supported and whose individual learning needs are considered may be better positioned to extend the care and support to the patients during clinical practice in all contexts.

The next caritas process is a healing environment that respects all human health aspects and dignity, crucial in holistic caring practice.

2.3.1.8 Creation of a healing environment for physical and spiritual health and respect for human dignity

The eighth caritas process involves the creation of a healing environment at all human health levels, namely psychological, spiritual, physical, and sociocultural (Watson 2018:151). To practice holistic nursing, student nurses should create caring connections and ensure the environment, especially in hospitals that are faith-based, cater for patients' dignity and physical and psychological comfort and that their cultures and values are respected.

Hospitals that are faith-based have been found to have contributed positively toward developing student nurses' competence in holistic caring. This finding is supported by a study done by Power, Toone and Deal (2016:7) in the U.S.A. on nurse educators' perception of faith-based hospitals as a clinical learning environment for student nurses. This study (Power et al. 2016:7) found that faith-based hospitals provide adequate clinical learning opportunities for student nurses to practice holistic caring.

The caritas principle that addressing all human needs is the central core of the holistic caring practice is presented next.

2.3.1.9 Assistance with basic physical, emotional and spiritual human needs

The ninth caritas process involves the assistance of the patient concerning basic human needs through regard for human wholeness and dignity (Watson 2018:167). In holistic caring, all patient needs are interdependent and equally significant. Therefore, student nurses' caring practice should address patients' physical needs and understand that they also address the spiritual and psychological aspects of the patient during physical care.

In faith-based environments, patients that do not affiliate with the particular faith values of the hospital may feel isolated and their spiritual needs ignored or neglected. Student nurses placed in such environments should appreciate and view caring as a privilege. The student nurses must assist patients and endeavour to restore a balance within health aspects. Healing the whole person regardless of religious orientation without environmental affiliation and influence, as may be possible with faith-based hospitals' doctrines and practices, should be the primary focus of nursing care.

Allowing existential-phenomenological spiritual dimensions during the caring process to facilitate holistic healing is the tenth and last caritas process.

2.3.1.10 Being open to mystery and allowing for the existence of miracles

The last caritas process deals with openness to mystery and existential-phenomenological spiritual dimensions of caring and healing (Watson 2018:183). The clinical learning environment poses diverse cultures, and student nurses should understand that unknown and unconventional spiritual aspects are important and

exists in the minds of the patients who believe in them and pose an opportunity to contribute towards holistic healing.

According to the World Health Organization (2013:1), a holistic approach can be facilitated by using complementary medicines that are not part of conventional methods but rather health practices not fully integrated into the health system, such as natural and mind and body products. These findings suggest that in providing holistic caring, student nurses should respect the cultural beliefs and spiritual meanings patients attach to illness even though they may not be based on scientific findings. They should respect such treatment methods, especially in faith-based hospitals where such practices are sometimes frowned upon.

A cross-sectional correlational study conducted by Orkaby and Greenberger (2015:3) determined nurses' attitudes towards using complimentary medical and biomedical approaches in holistic care in hospitals in Israel. The results indicated that nurses found both approaches critical to holistic care. The majority had a positive attitude towards holistic care and were keen to recommend such therapies to facilitate holistic care.

Caring practices that acknowledge and honour such spiritual aspects contribute to holistic healing. More research is needed to determine the effectiveness of such therapies in holistic care. Still, nurse educators should offer education to student nurses regarding complimentary alternative therapies to enable them to recommend such to the patients during nursing care.

Caritas processes serve as the theoretical grounding of the caring aspect in holistic nursing and promote the spiritual dimension through love (Watson 2018:183). Student nurses can use such strategies during their caring practices to ensure that holistic nursing flourishes. The special connection students develop during caring culminates in a caritas process, which facilitates holistic healing. Students should reach out to their patients and ensure that the bond is nurtured into a therapeutic one, benefitting both the patient and the student nurse.

Caritas processes allow the experience of harmony during caring that student nurses and nurse educators can use as a guide to improve the provision of holistic care that

promotes patient satisfaction. In Slovenia, a study by Pajnkihar, Vrbnjak, Kasimovskaya, Watson, and Stiglic (2019:1) explored the application of caritas processes in patient care by student nurses. Their findings (Pajnkihar et al. 2019:1) revealed that patients were satisfied with nursing care guided by caritas processes, and perceptions of caring varied with student nurses' level of nursing education. Nurse educators are responsible for ensuring student nurses' theoretical training and clinical exposure even at faith-based hospitals to promote holistic caring practices and improve patient health outcomes through caritas processes.

This sentiment is further corroborated by a study conducted in the U.S.A. by MacMillan (2017), which investigated the application of Watson's caring theory in nursing care through transpersonal relations with patients and patient satisfaction with the quality of nursing care. This study (MacMillan 2017:74) found that an environment with an elevated level of integration with the Human Caring Theory reflected a high quality of nursing care and positive communication between nurses and patients. Student nurses in a faith-based environment may have an increased perception of holistic care and be better positioned to integrate the holistic care theory into caring practice and thus improve patient outcomes. In teaching holistic caring, nurse educators should facilitate the essence of caring through a caritas culture.

The application of Watson's Human Caring Theory (2012) to caring practices has been explored and found to enhance human health and holistic healing. This finding is supported by a randomised control study done in Turkey by Arslan- Özkan, Okumuş and Bulduğoklu (2014:1801) on providing nursing care based on Watson's theory (2012) to women with infertility. Findings revealed that the negative impact caused by infertility dramatically decreased when nurses' caring practices and interventions were based on Watson's Human Caring Theory (2012).

Similarly, a case study conducted in Ghana by Bayuo (2017:142) reported that Watson's Human Caring Theory (2012) was applied to nursing care of a patient with major burns, offering opportunities for family involvement and ongoing assessment of psychological and spiritual needs, also those of the family. It argued that student nurses should be encouraged to apply the theory in nursing care to facilitate holistic caring practice.

The use of Watson's Human Caring Theory (2012:83) could foster knowledge and competence in holistic caring practice by both nurse educators and student nurses if understood and used correctly. The theory could also serve as an especially valuable tool in improving the quality of holistic nursing care rendered, with positive outcomes.

Lukose (2011:27) conducted a study on Watson's Human Caring Theory (2012) as a practice model and suggested nurse educators can use this theory to teach student nurses holistic caring practice. In Brazil, Riegel, Crossetti and Siqueira (2018:207) conducted a theoretical reflection on Watson's Human Caring Theory (2012). They recommended that the theory be used with other approaches to promote critical, holistic thinking skills in teaching holistic nursing diagnosis processes to nurses to render holistic care. Evidence suggests that since the theory (Watson 2012:83) is based on humanistic and spiritual dimensions, it can fill gaps in knowledge and practice of holistic care. The major concepts and assumptions of Watson's Human Caring Theory (2012) have been discussed in the previous chapter.

According to Jooste (2018:19), theories originate from personal experiences, research, and abstract thinking that reflect a status of understanding and knowledge to develop knowledge, direct education and practice, and predict research outcomes. Watson's (2012) theory is among various theories included in the nursing curriculum to provide a yardstick and basis of holistic caring practice as it emphasizes caring as a central focus in nursing.

Frisch and Potter (2015:111) further explain that the teaching of holistic care to student nurses can be enhanced by the five main elements of the holistic caring process. The holistic caring process is a circular process involving six assessment steps, namely diagnosis of needs or problems, identification of nursing outcomes, development of therapeutic nursing care plan, implementation of planned care and evaluation of care rendered (Frisch & Potter 2015:111).

The elements and relevant learning domains and their application in nursing practices are indicated in Table 2.1.

Table 2.1 Five Elements of Holistic Nursing (Frisch & Potter 2015:111)

HOLISTIC ELEMENT	LEARNING DOMAIN	APPLICATION IN CARING PRACTICE
1. Knowledge	Cognitive	Understanding health and disease Interpreting patient care regimens
2. Theory	Cognitive	Reflection decision-making and judgement
3. Expertise	Psychomotor	Skilled performance in nursing procedures
4. Intuition	Affective	Subjective knowing
5. Creativity	Affective	problem-solving/spontaneity/innovation

The ***first element*** is cognitive knowledge that student nurses should possess to render holistic care and involves understanding the basics of nursing, health, and illness, including disease treatment, prevention, and promotion.

The ***second element*** is a cognitive theory concerned with student nurses' ability to engage in reflection and critical thinking during caring practice.

The ***third element*** is expertise which involves accurate decisions and a competency in psychomotor skills to perform nursing procedures during caring practice.

The ***fourth element*** involves intuition, subjective knowledge, and emotional skills of understanding patient experiences, connected to healing that promotes the holistic caring practice.

The **fifth element** is creativity which is concerned with the affective skills of problem-solving, creation of novel solutions and spontaneity in rendering innovative care.

The five holistic nursing elements (Frisch & Potter 2015:111) cut across all student nurses' learning process domains. In South Africa, holistic elements correspond with the objectives of the bridging programme in this study (SANC Regulation: R683, 1989) and address all three affective, cognitive, and psychomotor learning domains. Nurse educators assist student nurses in developing holistic caring skills across all learning domains. Maintaining balance within the human health aspect of physical, spiritual,

and psychological aspects should form the basis of the humane, holistic caring process.

Holistic caring practice requires nurses' holistic awareness and understanding of a patient's health status beyond physical needs and problems. Therefore, applying creativity in clinical decision-making and ensuring overall physical and spiritual wellbeing is mandatory for nurses engaging in the holistic caring practice. The first three elements of holistic nursing (knowledge, theory, and expertise) are explicit in nursing practice as nursing is theory and practice based. Student nurses are taught nursing theory and practical knowledge and skills, which are further integrated during clinical instruction.

The fourth and fifth elements are more aligned to spiritual care, an important aspect of holistic caring practice that requires subjective knowledge and emotive skills. However, various studies conducted on spiritual care abroad (Lewinson, McSherry & Kevern 2015:814; Kalkim, Midilli & Baysal 2016:286; Folami & Onanuga 2018:8; Rushton 2014:370) and locally (Nkala & Monareng 2017:80; Chandramohan & Bhagwan 2016:12; Linda 2016:139; Monareng 2013:10; Tjale & Bruce 2007:48) suggest that spiritual care is still unknown, and its teaching remains inadequate.

According to Drury and Hunter (2016:776), a gap in holistic care occurs when nurses are unsure about their practice role in providing spiritual care. Spiritual care is an integral part of the holistic caring practice. Without spiritual care, holistic care cannot be achieved. A qualitative study by Nkala and Monareng (2017:80) conducted in South Africa, KwaZulu-Natal, about the perceptions of student nurses in the bridging programmes on spiritual care indicated that spiritual care is viewed as the duty and responsibility of pastors, chaplains, and prayer groups through referrals to these religious groups.

These authors (Nkala & Monareng 2017:80) also found that student nurses perceived spiritual care as an important part of holistic care but lacked adequate knowledge in rendering this type of care. This could pose a challenge to patients not affiliated with any religious group, especially in a faith-based environment where religion could be contrary to patients' choices. Therefore, student nurses should be given adequate education and practice attending to patients' spiritual needs without relying on certain

individuals. The nurse is a custodian of a patient's total health and should be equipped with adequate knowledge and skills in rendering holistic care.

Lewinson, McSherry and Kevern (2015:814) conducted a systematic review in the United Kingdom on student nurses' perception of spiritual care. They found that, despite numerous calls for the inclusion of spiritual care in nursing education, student nurses were still unable to provide it due to a lack of knowledge, understanding and skills in this regard. Knowledge and skill are a product of the teaching and learning process, and student nurses not taught how to address the patient's spiritual needs cannot render spiritual care.

Holistic healing can also not be achieved if the caring practice is devoid of spiritual care. This notion is supported by a study done in Western Turkey by Kalkim, Midilli and Baysal (2016:286). They found that student nurses had a decreased competence in holistic care due to their lack of knowledge and experience which made attending to patients' spiritual and religious needs challenging.

The lack of knowledge and understanding in providing holistic care seems to be a great challenge, as is evident from most studies on spiritual care as part of the holistic caring practice. Similar findings from a survey conducted in Nigeria by Folami and Onanuga (2018:8) suggest spiritual care is still not yet understood by undergraduate student nurses who perceive it as religion and lack confidence in rendering spiritual care. Failure to attend to patients holistically has poor repercussions on the quality of nursing care rendered and general patient health outcomes. This deficiency can present a barrier to student nurses placed at faith-based hospitals. They will not comprehend what holistic care is, what role spiritual care plays in delivering such care, or the need to deal with patients' spiritual needs over and above the physical and psychological needs.

Therefore, if most nurses in a country do not understand holistic care, its practice cannot be guaranteed, and the balance between the body-mind-spirit connections cannot be achieved. Rushton (2014:370) found in a study in England that nurses perceived a lack of training and unclear guidelines on spiritual care as barriers to providing holistic care.

In South Africa, the inadequacy of the holistic nursing curriculum was first identified by Tjale and Bruce (2007:48). They conducted a qualitative interpretative, explorative study through a contextual design to investigate the meaning of holistic care. The aim of this study (Tjale & Bruce 2007:48) was to develop a framework of teaching holistic care in nursing education and a practice model for paediatric care. The findings revealed that spirituality was a predominant antecedent of holistic care.

The weakness of this study by Tjale and Bruce was the purposive sampling of references in nursing, medicine and anthropology, sociology, and psychology and that the analysis was based on literature from studies conducted in other countries outside South Africa (SA) due to the gap in the literature on holistic care in SA. Exploring nurse educators' and bridging student nurses' perceptions of holistic care within the context of a private hospital in this study can contribute to providing quality holistic care and further increase the body of knowledge on holistic nursing.

Similar evidence was obtained from a qualitative, descriptive study conducted in South Africa by Monareng (2013:10). She explored how professional nurses provide spiritual care. The findings revealed that nurses still provide spiritual care based on their own spirituality, devoid of educational training, due to inadequate preparation to provide spiritual care. In this investigation, the use of convenience sampling with the potential for response bias, including all participants subscribing to one faith or religion, namely that of Christianity, also posed the potential for bias as there may be other religious or faith-based practices perceived differently. Nonetheless, this study (Monareng 2013:10) also highlighted that spiritual care and holistic nursing are still neglected in nursing education.

Spiritual nursing care is still a neglected and seemingly complex component of patient care. Exploring student nurses' perceptions within a faith-based hospital may provide more evidence regarding holistic caring practice in the South African context. Student nurses and nurse educators in this study have different religious beliefs that may differ from that of the faith-based hospital used.

A study by Chandramohan and Bhagwan (2016:12) in South Africa on spiritual nursing found that, though some nurses received information about spiritual care during training, the majority indicated that the information was inadequate. If nurses are to

master the art of holistic care, adequate preparation is mandatory during nursing training, especially in South Africa, which has a largely diverse, multicultural society.

A study done in the Western Cape, South Africa, on teaching spiritual care to undergraduate student nurses (Linda, Klopper & Phetlhu 2015:139) found that staff members in the clinical learning environment were not supportive of the provision of spiritual care, despite student nurses' willingness to offer such care. The goal of clinical placement is for student nurses to acquire clinical competence, including holistic caring practice. Placement in a religion-oriented clinical learning environment, such as the faith-based, private hospital in this study, might promote the development of student nurses' holistic caring competence and improve patient outcomes and overall quality of nursing.

In mitigating the problem of inadequate preparation of students in providing holistic care, Mthembu, Wegner and Roman (2017:16) conducted a systematic review of the literature regarding teaching content and strategies for spiritual education to health sciences education. This study's findings (Mthembu et al. 2017:16) revealed that concept analysis, self-awareness, person-centred care, ethics, and social justice should be important aspects included in the teaching content of holistic care.

The study (Mthembu et al. 2017:16) also identified referral to pastoral care and religious ministers and various common teaching strategies like brainstorming, group discussions, and role play as measures that nurse educators can use to assist students in gaining competence in holistic care. Furthermore, field trips and role modelling, including continuous education and workshops, could be important tools for developing students' clinical competence.

The findings suggest a paradigm shift from the current teaching of holistic caring practice to a more collaborative learning approach in the classroom and clinical practice. Exploring nurse educators' and student nurses' perceptions regarding holistic caring practice within faith-based facilities can also contribute more knowledge regarding teaching and learning. Findings may assist in closing the gap that exists within the education and practice of holistic care by nurses.

Further evidence from South Africa in a study done by Linda, Klopper and Phetlhu (2019:5) on nurse educators' perception of spiritual care and holistic caring practice found spiritual care not visible in the nursing curriculum, despite nurse educators' willingness to teach it. Another important finding that relates to this study (Linda, Klopper & Phetlhu 2019:5) is the conflicting belief of religion being perceived as spiritual care.

The perception of spiritual care as religion could pose a challenge or barrier to holistic care, especially in a diverse country such as South Africa, with various religions, faith beliefs and practices. Some religious practices may enhance spiritual health but may unintentionally be harmful to physical aspects or contrary and unacceptable to patients subscribing to other religions. This study was conducted in one higher education institution. The findings could not be generalised; however, it has highlighted the importance of a clear, holistic caring practice curriculum with standardised guidelines for teaching spiritual care to student nurses.

In South Africa, numerous studies highlighted the gap in the education of student nurses in providing spiritual care during holistic caring practice (Linda, Klopper & Phetlhu 2019:5; Nkala & Monareng 2017:80; Mthembu et al. 2017:16; Linda 2016:139; Chandramohan & Bhagwan 2016:12). These studies were conducted in public facilities (Nkala & Monareng 2017:80; Chandramohan & Bhagwan 2016:12, Monareng (2013:10) and private institutions (Linda, Klopper & Phetlhu 2019:5, Mthembu et al. 2016:16; Linda 2016:139). However, no studies have been conducted on student nurses or nurse educators in a faith-based environment in the South African context where spiritual care may be promoted.

There is growing evidence abroad suggesting that efforts to incorporate spiritual care in nursing curricula have greatly improved the student nurses' competence in rendering holistic caring practice. Ross et al. (2014:69) conducted a pilot study on student nurses' perception of spiritual care in Europe and found that they perceived themselves as marginally competent in rendering spiritual care. The narrative of poor educational preparation of nurses in providing holistic care needs to change, and all possible avenues need to be pursued if the problem is to be solved.

The nursing curriculum should empower student nurses with the necessary knowledge and skills to gain confidence and competence in spiritual-based holistic caring practice. Nurse educators, therefore, have a huge role in teaching student nurses to identify patients' spiritual needs and provide needs-specific care. However, studies have suggested that holistic care in terms of spiritual care in the country is still not on par (Linda, Klopper & Phetlhu 2019:5; Nkala & Monareng 2017:80; Mthembu et al. 2017:16; Linda 2016:139; Chandramohan & Bhagwan 2016:12).

Available literature presented in this chapter highlighted the gap in teaching and knowledge of holistic caring practice by student nurses, which is not the desired state of affairs for holistic nursing practice and overall quality care.

Exploring and describing holistic caring practice according to the worldviews of student nurses and nurse educators within the context of a private, faith-based hospital may help inform future teaching and practice of holistic caring and assist in ending the deficiency in preparation of student nurses during clinical practice.

2.4 SUMMARY

This chapter has presented evidence regarding the meaning of caring and how caring forms a vital and integral part of holistic nursing practice. Different perceptions of holistic caring practice from different nursing categories globally and locally have been discussed. The discussion involved the theoretical framework of Watson's Theory of Human Caring (2012), which guided this study, including evidence on how the theory can transform student nurses' daily caring activities into holistic caring practice.

The evidence reviewed and discussed in this chapter highlighted that the gap in nursing curricula and holistic caring practice by student nurses and nurses still exists, triggering a need to move towards a more humanistic, holistic approach in nursing education as suggested by researchers. Nurse educators' and student nurses' perceptions of holistic caring within the context of a private, faith-based hospital need to be explored and described. This will provide evidence of how holistic care is understood and practised and whether such an environment has any contribution to make in developing students' competence in holistic caring practices.

The next chapter will discuss the research methodology applied to conduct this study in exploring and describing the perceptions of holistic caring practice within a private hospital in KwaZulu-Natal.

CHAPTER 3: RESEARCH DESIGN AND METHOD

3.1 INTRODUCTION

Chapter 2 presented a literature review on perceptions of holistic caring practice from different nursing categories abroad and locally. Watson's Theory of Human Caring (2012), underpinning holistic caring practice with caritas processes, was discussed.

The purpose of this chapter is to present steps followed by the researcher in exploring and describing holistic caring perceptions of student nurses and nurse educators in a private, faith-based hospital. The research approach, methodology, and design, including specific research methods of population, sampling process, data collection and analysis, form a critical part of this chapter.

The purpose of this study was to generate an understanding of the perceptions of holistic caring practices in a private hospital in KwaZulu-Natal, South Africa. The researcher applied ethical principles and objective procedures to ensure the investigation's scientific integrity and trustworthiness. Furthermore, the development of outcomes for nurse educators regarding holistic care education and clinical practice for student nurses in future nursing programmes which will produce general nurses was also conducted in an ethical and trustworthy manner.

The first section in this chapter involves the research methodology followed for this study.

3.2 RESEARCH METHODOLOGY

According to Polit and Beck (2018:416), research methodology involves the researcher engaging in systematic and logical data gathering and analysis to answer the research problem. Corbin and Strauss (2015:3) explain that research methodology entails carefully considering an appropriate research approach to study social phenomena.

The research approach is further defined by Creswell (2013:03) as a procedure plan that extends across research steps from assumptions, data gathering methods, careful analysis and interpretation of data based on the nature of the problem being studied.

Green and Thorogood (2014:4) explain that qualitative research in nursing focuses on human behaviour to enhance understanding and improve health and nursing services. In this investigation, a qualitative research approach was deemed appropriate in answering empirical questions about the perceptions of nurse educators and student nurses in the bridging programme (Regulation R683, 1989) on holistic caring practice within a private and faith-based hospital in KwaZulu-Natal.

The following discussion involves qualitative research methodology as applied in this study.

3.2.1 Qualitative research approach

LoBiondo-Wood and Haber (2018:89) define qualitative research as a broad approach that allows the researcher to formulate, explore and understand the meaning of human social problems according to people's descriptions. Qualitative research describes the holistic discovery of study phenomena from participant perspectives (Gray, Grove and Sutherland 2016:105). Brink et al. (2018:104) further indicate that qualitative research focuses on the meaning of participant experiences and understanding viewpoints without explaining or predicting.

The qualitative research approach further allows one to extensively explore, interpret and describe realistic ideas that create meaning in the research phenomena (Polit & Beck 2018:183). In this investigation, a qualitative approach was chosen to explore and generate in-depth descriptions of perceptions of holistic caring practices in the selected private hospital in KwaZulu-Natal, South Africa.

In qualitative research, the researcher intends to connect with participants and explore phenomena from their viewpoint through a holistic, comprehensive approach (Corbin & Strauss 2015:4). Polit and Beck (2018:184) concur by explaining that qualitative research is concerned with understanding the whole in terms of its parts. Nurse educators and student nurses in the bridging programme (Regulation R683, 1989)

who participated in this study were allowed to share views, ideas, and perspectives about holistic caring practice within a private hospital. The researcher actively listened and promoted the nurse educators' and student nurses' views and ideas about holistic caring practice.

Polit and Beck (2018:12) further explain that a qualitative research approach allows the researcher to examine and describe the holistic nature of less understood phenomena through explanation, exploration, and description. This study explored and described the perceptions of nurse educators and student nurses in the bridging programme (Regulation R683, 1989) on holistic caring practices within a private hospital to ascertain what meaning they ascribe to holistic caring practice.

According to LoBiondo-Wood and Haber (2018:118), qualitative research promotes therapeutic participant interaction, while the researcher remains the main instrument of data collection and interpretation. Qualitative research follows an interactive process and an emic perspective (Polit & Beck 2018:183). In this study, the researcher participated in data collection and analysis.

Qualitative research is concerned with an idiographic motive of in-depth understanding instead of generalising findings (Brink et al. 2018:104). The researcher objectively collected and analysed data simultaneously to provide an in-depth understanding of the perceptions of nurse educators and student nurses in the bridging programme about holistic caring practice.

According to Brink et al. (2018:104), the qualitative approach allows the researcher to apply an inductive approach. An inductive approach, in turn, involves developing generalisations from specific observations (LoBiondo-Wood & Haber (2018:74). Therefore, during interviews and observations, the researcher used research questions to identify specific patterns that explore and describe the perceptions of nurse educators and student nurses in the bridging programme on holistic caring practice.

According to Brink et al. (2018:3), in a qualitative study, the researcher must apply five qualitative research principles during the research process. These include accepting multiple realities, commitment to supportive approaches, accepting participant's

perspectives, reducing disruption of the natural setting and reporting data according to a participant's perceptions. These principles have been applied in this study and are further included in the discussion in this Chapter.

The following discussion involves the research design selected for this study.

3.2.2 Research design

According to Polit and Beck (2018:417), a research design involves a well-defined plan of action that the researcher will apply to the research process from the study population and sampling techniques, including data collection and analysis. Moule, Aveyard and Goodman (2017:151) concur that a research design is the final detailed plan that includes the research approach on how the researcher will achieve the research aim and objectives to answer the research question.

A research design culminates into a structural framework that guides and directs the researcher throughout the research process. Planning, implementing data collection and analysis, and reporting findings are all vital steps in the research design used to explore, understand, and provide perceptions of the nurse educators and student nurses in the bridging programme about holistic caring practices in the selected hospital.

This study involved an explorative and descriptive design that is discussed next.

3.2.2.1 Explorative design

An explorative qualitative design refers to studies where qualitative data collected through descriptions are used to generate understanding, justify and assess current practices and make plans for improving health care practices (LoBiondo-Wood & Haber 2018:182). Polit and Beck (2018:211) further define an explorative qualitative design as one in which phenomena are explored. An explorative qualitative design was chosen to address the first and second objectives of this study, namely exploring the perceptions of nurse educators and experiences of student nurses in the bridging programme (Regulation R683, 1989) on holistic caring practices within a private hospital in KwaZulu-Natal.

Brink et al. (2018:103) further explain that exploratory design is appropriate and effective in exploring the meaning and describing an in-depth understanding of human caring experiences. Caring practices are an integral and persistent phenomenon in nursing practice. An explorative study was deemed more appropriate in understanding what nurse educators and student nurses in the bridging programme (Regulation R683, 1989) experience, understand and perceive as a holistic caring practice. This information may assist in providing recommendations for future teaching and learning of holistic nursing care and contribute to the scientific body of knowledge.

Brink et al. (2018:112) further attest to this by stating that the best choice of a research design is the one most appropriate to the study problem and purpose. In this study, an explorative qualitative design was chosen based on the study objective of exploring the perceptions of nurse educators and student nurses in the bridging programme of holistic caring practices within a private hospital. Nurse educators' recommendations identified in this study will provide scientific evidence on holistic nursing care perceptions and contribute to future teaching and learning by students across all nursing programmes.

According to LoBiondo-Wood and Haber (2018:183), exploratory designs can be used interchangeably with descriptive designs to provide an understanding of phenomena. The next section discusses the descriptive design used with an exploratory design to understand the perceptions of nurse educators and student nurses on holistic caring practice within a faith-based private hospital.

3.2.2.2 Descriptive design

According to Polit and Beck (2018:401), a descriptive qualitative design involves an in-depth collection of data and content analysis to describe the situation as it is accurately. Brink et al. (2018:96) further explain that descriptive designs justify current practices from others concerning the same phenomenon. In this study, a descriptive design was selected to provide descriptions and meaning of perceptions of nurse educators and experiences of student nurses in the bridging programme (Regulation R683, 1989) on holistic caring practices within a private hospital in KwaZulu-Natal.

The descriptive design seemed appropriate in achieving this study's first and second objectives and providing specific outcomes to enhance the teaching and practice of holistic caring in future nursing programmes.

This study's first objective includes describing holistic caring practice according to perceptions of nurse educators and experiences of student nurses in a bridging programme (Regulation R683, 1989) on holistic caring practices within a private hospital in KwaZulu-Natal. The second objective was to develop specific outcomes for nurse educators regarding holistic care education and clinical practice for student nurses in future nursing programmes. A descriptive design was selected to provide descriptions and interpret perceptions of the holistic caring practice of nurse educators and student nurses' experiences.

The researcher allowed nurse educators and student nurses to describe their perspectives, ideas, and experiences verbatim to obtain a deeper understanding of their perceptions of holistic caring practice in the selected hospital. Grove and Gray (2015:277) agree that descriptive qualitative research follows naturalism in real-life situations. Therefore, the descriptive design collected data from student nurses and nurse educators in their natural settings in a faith-based private hospital in KwaZulu-Natal.

Brink et al. (2018:105) warn qualitative researchers that follow a descriptive research design to take precautionary measures to avoid prejudice. The researcher applied bracketing, intuiting, analysing, and describing to ensure objectivity and open-mindedness during data collection and analysis:

- **Bracketing** is a technique used to avoid prejudice where researchers push aside their own opinions and beliefs regarding a problem under study (Brink et al. 2018:105). In this study, the researcher identified her preconceptions about holistic caring practice and ignored them during analysis by considering every perspective and idea shared by the nurse educators and student nurses during data collection.
- **Intuiting** involves the researcher attempting to understand participants' experiences from their descriptions (Brink et al. 2018:105). This was the second step applied to ensure open-mindedness. The researcher remained open to

different ideas and meanings regarding the perspectives of nurse educators and student nurses in the bridging programme (Regulation R683, 1989) on holistic caring practices within a faith-based private hospital and respected the different opinions that emerged during the data collection and analysis.

- **Analysing** is the third precautionary step against prejudice involving repeated data reviews to ensure a common understanding regarding the study problem (Brink et al. 2018:105). In this case, analysing was done by extracting and categorising important statements and words from the nurse educators and student nurses. Meaning was attached to statements to provide a full description of the perceptions of nurse educators and student nurses in the bridging programme on holistic caring practices in the relevant hospital.
- **Describing** is paying careful attention to detail in every step of the study process, from how data were collected, captured, and analysed to describe the findings (Brink et al. 2018:106). In this investigation, the researcher kept an audit trail of how data from the perception of nurse educators and student nurses' experiences of holistic caring practice in the chosen hospital were collected, stored, and analysed to reflect their meaning and descriptions of the phenomenon.

The combination of exploratory and descriptive designs in this study allowed the researcher to discover new ideas about the perspectives of nurse educators and experiences of student nurses in the bridging programme on holistic caring practices in the said hospital.

Polit and Beck (2018:12) indicate qualitative, exploratory, and descriptive research allows the researcher to seek an understanding of poorly known phenomena and provide a thick description of meaning according to participants' descriptions and perspectives. Therefore, an exploratory and descriptive research approach was most appropriate for generating added information from this study. The aim is to contribute to the body of knowledge regarding holistic caring in a private hospital.

Alligood (2017:8) further indicates that the development of nursing's professional status depends on a well-defined, well-organized body of specialized knowledge requiring the use of a higher level of learning and intellect. The perceptions and ideas

generated from nurse educators and student nurses in the bridging programme (SANC, Regulation R683, 1989) experiences on holistic caring practice assisted the researcher in providing a thick description of holistic caring practice from their caring experiences within a private hospital sampled for this study. Specific outcomes for future teaching and learning of holistic caring practice in new nursing programmes were made possible using these designs.

The specific steps followed by the researcher in this investigation to explore and describe what nurse educators and student nurses perceive and experience holistic caring practice within a private hospital in KwaZulu-Natal are presented in the following section.

3.3 RESEARCH METHODS

According to Polit and Beck (2018:273), research methods are steps and procedures taken to investigate the problem through population, sampling, data collection and analysis. Brink et al. (2018:104) explain research method is determined by research questions and involves a planned process comprising specific steps and details on how the study will be conducted. LoBiondo-Wood and Haber (2018:88) further concur that the qualitative research method involves using different methodologies and similarities to generate an understanding of a phenomenon.

The research methods used in this investigation are discussed in terms of the research setting, population, sampling process, data collection and analysis, as discussed in the next section.

The following section presents the research setting for this study.

3.3.1 Research setting

According to LoBiondo-Wood and Haber (2018:93), the research setting is a physical space where participants are recruited, and data collected. In qualitative studies, the research setting is a naturalistic, physical, real-life environment that the researcher cannot manipulate or control (Brink et al. 2018:47). Green and Thorogood (2014:22) further state that studying human behaviour in a natural setting provides in-depth

information about a study problem and allows participants freedom to share their ideas and worldviews.

The setting in this study is a private hospital in KwaZulu-Natal that is owned by a faith organization. The hospital offers district hospital services to a surrounding community of about one million people and is situated in an urban area. It has 200 beds and serves as a referral facility to sixteen provincial and municipal clinics, including two community health centres. The hospital was the only one left in the KwaZulu-Natal province that is a faith-based hospital and served as a SANC accredited as a clinical learning environment for bridging student nurses (Regulation R683, 1989), registered for the placement of students from the private nursing school in this study. The provincial Department of Health had started a process of taking over all previously state-aided faith-based or mission hospitals for integration into public service. Hence, the private hospital in this study was still undergoing this transformation process during data collection.

The student nurses in the bridging programme (Regulation R683, 1989) are allocated within this hospital to integrate theory with practice successfully. These student nurses are further required to accumulate a minimum of one thousand clinical hours per year (SANC, Guidelines Regulation R683, 1989). They are further required to be accompanied by nurse educators who teach them at the private nursing school in the study.

The nurse educators perform clinical accompaniment of these student nurses allocated within this hospital. This research setting was chosen according to the study purpose, which was to explore and describe the perception of holistic caring practices in a private hospital in KwaZulu-Natal. LoBiondo-Wood and Haber (2018:93) concur natural setting is important in qualitative research because the researcher's observations may influence data collection. Hence, the private hospital and private nursing school were considered natural settings for nurse educators and student nurses in the bridging programme in the relevant hospital.

This private hospital was selected as student nurses in this study could only be placed at this hospital for clinical instruction as explained earlier. In South Africa, studies conducted on the holistic care practice of student nurses were mainly at public

hospitals (Tjale & Bruce 2007:47; Chandramohan & Bhagwan 2016:7; Nkala & Monareng 2017:36).

The researcher, assisted by the Unisa subject librarian, engaged in an intensive literature search using Google Scholar, Wikipedia, Unisa EDT, Nexus, ProQuest, PubMed and CINAHL search engines. Keywords of holistic care, holistic nursing, student nurses' perceptions, nurse educator perceptions, caring practice and faith-based nursing were used. Still, the researcher could not find evidence of studies conducted on holistic caring practices at private and faith-based hospitals. Exploring and describing how holistic care is perceived within this environment by student nurses and nurse educators could thus help bring new evidence supporting or contradicting previous studies regarding holistic caring practice.

Creswell (2014:247) refers to the research method of data collection, analysis and interpretation used by a researcher to conduct a study. Polit and Beck (2018:273) further define research methods as steps, strategies, and procedures used for data collection and analysis. The research method in this study is discussed in terms of population, sampling process, data collection and analysis.

The next discussion concerns the population used in this investigation.

3.3.2 Research population

According to Polit and Beck (2018:162), the population consists of all people from which research conclusions are derived. Brink et al. (2018:116) refer to the population as all the people included in a study.

Brink et al. (2018:116) further explain the importance of researchers fully defining and describing the study population. LoBiondo-Wood and Haber (2018:213) further differentiate population into target population and accessible population.

The following discussion presents the population types used in this study.

- **Target population**

A target population refers to a specific, well-defined group of people from the population upon which the researcher can make generalisations (Polit & Beck 2018:162). LoBiondo-Wood and Haber (2018:163) concur a target population is a group of people that meet sampling criteria. The target population for this study consisted of all nurse educators teaching at the sampled private nursing school and all second-year student nurses in the bridging programme placed for work-integrated learning at the selected private hospital in KwaZulu-Natal, South Africa.

The nurse educators were included in the study population because of their experience in teaching holistic care and providing clinical accompaniment to student nurses in the bridging programme from the private nursing school who were placed at the private hospital sampled. Therefore, they were deemed potential sources for rich data regarding nurse educators' perceptions of holistic caring practice within this study setting. Thirteen nurse educators were teaching the bridging programme in 2017 at the private nursing school selected in this study and thus formed the target population.

The student nurses from the nursing school sampled in this study had experience in providing care during a clinical placement at the specific private hospital, hence deemed suitable to provide information on perceptions of holistic caring practice. One hundred and twenty-four student nurses were registered for the bridging programme in 2017 at the private nursing school selected, with seventy-four students doing their second year of study and forming the target population for this study.

The accessible population for this study is presented next.

- **Accessible population**

According to Grove and Gray (2015:250), an accessible population is a portion of the complete set of elements accessible to the researcher to make generalisations upon. Polit and Beck (2018:162) concur that the accessible population is those who form a portion of the target population willing to participate in the study. LoBiondo-Wood and Haber (2018:213) further state that an accessible population must be available and reachable by the researcher.

The accessible population was compiled from nurse educators and student nurses in a bridging programme (Regulation R683, 1989) at the sampled private nursing school who were available and willing to participate and accessible to the researcher.

All thirteen nurse educators were available and willing to participate, thus forming an accessible population for this study. Out of seventy-four second-year student nurses in the bridging programme forming the target population, sixty were available, willing, and accessible to the researcher and formed an accessible population for this study.

The next discussion involves how sampling was done during this study.

3.3.3 **Research sample and sampling process**

Sampling refers to selecting representative units from the entire population to increase the efficiency of the study (LoBiondo-Wood & Haber 2018:215). Brink et al. (2018:115) concur that sampling is selecting a sample from a population of interest representing the study population. Polit and Beck (2018:162) explain that qualitative researchers use sampling to choose informative participants to discover meaning and not generalise findings.

There are two sampling approaches which researchers can use. They are the probability sampling method, where each person in the entire study population has an equal chance of being included in a random sample, and the non-probability sampling, where not every person in the population has a chance to be selected (Polit & Beck 2018:163). According to Brink et al. (2018:119), the sampling approach that the researcher can use depends on the research method guiding the study. Polit and Beck (2018:199) explain that qualitative researchers use non-probability sampling techniques.

Non-probability sampling is defined by Grove and Gray (2015:267) as a technique where participants in the study population are selected according to the researcher's expertise and judgement and not randomly, where all have an equal opportunity to be selected. LoBiondo-Wood and Haber (2018:509) further explain that non-probability sampling involves a convenient sampling technique where the most readily available and accessible people are used as study participants. This study follows a qualitative

method focused on exploring and describing the perceptions of holistic caring practices within a private hospital in KwaZulu-Natal. Non-probability sampling was chosen as the appropriate sampling method to select a private hospital, a private nursing school, nurse educators and student nurses in a bridging programme to explore perceptions of holistic caring practice within a private hospital. KwaZulu-Natal, South Africa.

The private hospital is accredited by SANC for clinical placement of student nurses in the bridging programme (Regulation, R683, 1989) from a nursing school in this study. The private hospital in this study was the only remaining faith-based or mission hospital in the province of KwaZulu-Natal, as explained in the research setting. Therefore, student nurses clinical learning experiences regarding holistic care practice occur at this hospital.

Nurse educators who were part of the target population for this study performed clinical accompaniment of student nurses in the bridging programme (Regulation, R683, 1989) at this hospital in this study. This private hospital served as the natural environment for both student nurses and nurse educators from the nursing school in this study and thus conveniently sampled as an appropriate research setting.

The nursing school is one of the eighteen SANC accredited private nursing schools in KwaZulu-Natal offering a bridging programme from enrolled nurses leading to registration as a general nurse (Regulation R683,1989), which was the programme selected for this study. The private nursing school was conveniently sampled as it had both nurse educators and student nurses in the bridging programme (Regulation, R683, 1989), forming the target population of this study. The nurse educators and student nurses in the bridging programme (Regulation, R683, 1989) from this nursing school have clinical teaching and learning experiences at the private hospital sampled for this study.

According to LoBiondo-Wood and Haber (2018:219), purposive sampling is a common nonprobability sampling technique. It is used in qualitative research for identifying and selecting participants that can best assist the researcher in understanding a research problem. Polit and Beck (2018:126) concur that in purposive sampling, the researcher uses his or her judgement to select knowledgeable participants who can offer vital

information about the study phenomenon, which is not possible with other sampling techniques.

LoBiondo-Wood and Haber (2018:220) further identify five criteria to consider when using purposive sampling:

- The validation of a scale or a test with a known group technique.
- The focus of a study population is on a specific diagnosis or demographics.
- Exploratory data collection in a highly specified population and when the total target population is unknown.
- Descriptive data collection on experiences of a phenomenon.
- The pre-test of a newly developed instrument.

According to Polit and Beck (2018:202), all participants must have experience of the phenomenon under study to express their understanding, experience, and perceptions. LoBiondo-Wood and Haber (2018:138) concur that in qualitative research, participants are selected because of their life experiences with the phenomena of interest. The nursing school in this study had nurse educators responsible for teaching and clinical accompaniment of the student nurses in the bridging programme (Regulation R683, 1989) at the selected private hospital for clinical instruction.

The nurse educators were deemed familiar with the curriculum for the bridging programme in this study and identified as potentially rich data sources regarding holistic caring practice and readily available and accessible to the researcher. In convenient sampling, the researcher chooses readily available people who meet study inclusion criteria as participants (Polit & Beck 2018:217). Therefore, nurse educators were purposively and conveniently selected as participants based on the inclusion criteria for this study.

The second-year student nurses registered for the bridging programme (Regulation, R683, 1989) at the selected private nursing school were purposely chosen as participants and deemed a potentially rich source of information regarding perceptions on holistic caring practices. The student nurses were selected due to the following reasons:

Firstly, The SANC prescribes that student nurses accumulate a minimum of one thousand clinical hours each year of study to make two thousand hours in two years, which is the duration of the bridging programme (Regulation R683, 1998). The second-year student nurses in the bridging programme would have accumulated more than one thousand clinical hours for first-year clinical placement at this private hospital. The student nurses' experience in holistic caring practice and integration of holistic care philosophy is embedded in the bridging programme curriculum (Regulation, R683, 1989).

Experiences obtained during clinical instruction at a private hospital in this study would assist student nurses in reflecting on such clinical experiences to form perceptions of holistic caring practice. This is supported by guidelines for the bridging programme (Regulation R683, 1989), which prescribe reflection and integration of first-year theoretical and practical learning to second-year clinical experiences to develop psychomotor, cognitive, and affective skills to provide holistic care. The holistic care philosophy has been discussed in chapter one under the section on study background.

Secondly, according to the SANC, the enrolled nurse programme (Regulation R2175, 1993) is a pre-requisite for the bridging programme in this study (Regulation R683, 1989, 4(1)(a)). Previous clinical experiences at different hospitals during the enrolled nurse programme (Regulation R2175) can be utilised to form the basis for perceptions of the holistic caring practice of student nurses in the bridging programme (Regulation, R683, 1989). The second-year student nurses would be able to critically evaluate current holistic caring practice based on previous learning experiences – even though such experience was obtained from various public hospitals and not necessarily the private hospitals similar to the one in this study.

Holistic caring can be practiced in any hospital. The bridging student nurses' previous experiences at different hospitals during the enrolled nurse programme (Regulation R2175,1993) coupled with their concurrent experiences at the private hospital in this study serves as a potentially rich data source on holistic caring practice perceptions.

Therefore, purposive sampling was applied in selecting some second-year student nurses in the bridging programme as participants for this study based on their experience in the hospital and their availability and accessibility to the researcher.

The study's purpose of exploring and describing perceptions of holistic caring practices at a private hospital in KwaZulu-Natal justified both convenient sampling of nurse educators and purposive sampling of student nurses to generate a rich and thick description of perceptions of holistic caring practice.

LoBiondo-Wood and Haber (2018:217) explain that nonprobability sampling should reflect the target population through inclusion and exclusion criteria.

The sampling process in this study was further guided by the inclusion and exclusion criteria discussed below.

Inclusion criteria

Inclusion criteria are used to select a sample from the accessible population and outline all key features required for participants to be chosen (Grove and Gray 2015:251). Polit and Beck (2018:405) further explain that inclusion criteria include features the researcher is looking for from potential participants to be included in the study.

The following inclusion criteria were used to determine which nurse educators and student nurses in the bridging programme were to be included in the study population by making a list of characteristics for those that would be eligible for the study.

Nurse educator participants in this study were chosen according to the following inclusion criteria:

- Nurse educators teaching in the bridging programme (Regulation R683, 1989) at the sampled private nursing school who had an additional nursing education qualification and a minimum of four years of teaching experience in general nursing.
- Nurse educators involved in theoretical and clinical teaching in the bridging programme at the sampled nursing school.

The student nurses that were included in the study were those who met the following inclusion criteria:

- Student nurses registered for the bridging course (Regulation R683, 1989) at the sampled private nursing school.
- Student nurses in the bridging programme (Regulation R683, 1989) who had been placed at the private hospital sampled for this study for work-integrated learning in medical, surgical, outpatient and paediatric wards for a minimum of one thousand hours during their first year of study.
- Student nurses registered for the second year of study in the bridging programme (Regulation R683, 1989). These student nurses were considered a rich source of data from meaningful experiences obtained from first-year and second-year practice during placement at the specific private hospital sampled for this study.

Nurse educators and student nurses not meeting the above criteria were excluded from this study.

The next section presents the exclusion criteria used to exclude participants from participating in this study.

Exclusion criteria

Exclusion criteria imply the elimination of potential participants from the study and delimitation, restricting the study population to a homogenous group (LoBiondo-Wood & Haber 2018:214). The following criteria were used to exclude participants from the study:

- Nurse educators teaching the bridging programme (Regulation R683, 1989) at the specific private nursing school sampled for this study who did not have an additional nursing education qualification.
- Nurse educators teaching the bridging programme (Regulation R683, 1989) at the specific private nursing school sampled for this study with less than four years of teaching experience in general nursing.
- Nurse educators who were not teaching student nurses in the bridging programme (Regulation R683, 1989) at the sampled private nursing school for this study.

- Nurse educators teaching the bridging programme (Regulation R683, 1989) at the sampled private nursing school for this study but who were not willing to participate in the research or who withdrew from this study.
- Any student nurse in the bridging programme (Regulation R683, 1989) not fitting the above inclusion criteria.
- Student nurses not registered for the bridging programme (Regulation R683, 1989) at the sampled private nursing school in this study.
- Student nurses not in their second year of study in the bridging programme (Regulation R683, 1989).
- Student nurses in the bridging programme (Regulation R683, 1989) not allocated to the private hospital in the study for clinical practice.
- Student nurses in the bridging programme (Regulation R683, 1989) who were not available and willing to participate or withdrew from the study.

The inclusion and exclusion criteria assisted with fair, equal selection of participants and preventing bias during the sampling process. According to Polit and Beck (2018:417), sampling bias involves distortion when the sample does not represent the study population. Brink et al. (2018:118) explain that sampling bias is caused by an incorrect sampling frame.

According to Polit and Beck (2018:417), a sampling frame includes a composite list of the population. LoBiondo-Wood and Haber (2018:117) explain that a comprehensive target population forms a sampling frame. All elements of the target population should be included to ensure quality research findings (Brink et al. 2018:117). The sampling frame comprised a database containing a list of student nurses and nurse educators in the bridging programme under study (Regulation R683, 1989). The list was maintained by the nursing school sampled in this study and was obtained with permission from the nursing school principal.

The student nurse database contained names, personal identification, addresses, contact details, study year, and clinical placement records with clinical hours accumulated. The nurse educator database had the list of all thirteen nurse educators at the nursing college teaching in the programme under study. The list reflected the names, personal details, qualifications, teaching experience, and subject allocation.

The sampling frame contained 124 student nurses and thirteen nurse educators in the bridging programme (Regulation R683, 1989) in 2017.

According to Brink et al. (2018:117), a sampling frame assists the researcher in drawing a study sample.

The research sample for this study is discussed in the following section.

3.3.3.1 Research sample

LoBiondo-Wood and Haber (2018:215) define a sample as a set of elements taken from the study population, which may include individuals, places, and objects. Polit and Beck (2018:162) further explain that a research sample should have the same characteristics for the entire represented study population to ensure the accuracy of study findings.

A representative portion of nurse educators teaching the bridging programme at the sampled private nursing school in this study was purposively and conveniently included in the sample. The researcher used purposive sampling to select a representative portion of second-year student nurses in the bridging programme (Regulation R683, 1989) placed for clinical learning at the sampled private hospital in KwaZulu-Natal.

The sample size for this study is discussed in the next section.

3.3.3.2 Research Sample size

Polit and Beck (2018:166) define sample size as a predetermined total number of people participating in a study. Grove and Gray (2015:264) caution researchers to allow the study aim to direct sample size. The sample size for this study was influenced by the aim to explore and describe perceptions of holistic caring practices within a private hospital.

LoBiondo-Wood and Haber (2018:225) further explain that qualitative studies have a small sample size determined by data saturation. Data saturation occurs when additional participants provide the same responses as previous participants (Brink et

al., 2018:129). It occurs when additional participants give repetitive information with no new ideas. The study was guided by a qualitative research method; hence sample size was only determined by data saturation.

In this study, the sample size was formed by twelve nurse educators and twenty-five student nurses in the bridging programme (Regulation R 683, 1989). Twelve in-depth interviews were conducted with the sampled nurse educators. Data saturation occurred in the eighth interview when information about holistic caring practice became redundant and similar responses were given as those given by earlier interviewees. An additional four interviews were conducted to enrich data and confirm data saturation, thus making up a sample size of twelve nurse educator participants for this study.

The sample size for student nurse participants was achieved through data saturation from four focus group interviews conducted with twenty-five student nurses in the bridging programme (Regulation R683, 1989). The number of participants in the focus groups varied, with seven participants in the first focus group and six participants in subsequent groups. Data saturation occurred in the third focus group, and a fourth group was convened to enhance the depth of information and confirm data saturation.

There was no predetermined sample size in this study. The researcher continued to collect data until the responses of both nurse educators and student nurses were repetitive and yielded no new information. Data saturation occurred, and data collection ceased, determining the sample size of twelve nurse educators and twenty-five student nurses for this study.

The sampling process was followed by data collection, as discussed in detail in the next section.

3.4 DATA COLLECTION PROCESS

Data collection involves the systematic process of collecting information about the research problem (LoBiondo-Wood & Haber 2018:510). Data collection in qualitative research is directed at determining research boundaries in terms of data collection interviews, focus groups, and data recording (Creswell 2014:189).

According to Brink et al. (2018:133), data collection involves methods, procedures, and techniques for answering research questions and further explain five important questions researchers must answer when preparing for data collection. The five questions include: What data needs to be collected? How will the researcher collect data? Where will the researcher collect data? And: How long will the process of data collection take? (Brink et al. 2018:134). In this study, the five questions were carefully considered, and the discussion is included in this section of this chapter.

LoBiondo-Wood and Haber (2018:247) warn researchers to suppress personal views and attitudes by collecting data in systematic, consistent, and standardised ways. The researcher in this study applied logical and standardised steps to obtain information about the perceptions of holistic caring practices within a private hospital context.

The following section discusses the role played by the researcher in conducting this study.

3.4.1 The role of the researcher

According to Brink et al. (2018:27), the researcher's role involves seeking approval from the ethics board, conducting the study in an ethical manner, protecting research participants, and complying with standards for scientific scrutiny.

The researcher obtained ethical approval to conduct the study from the Research Ethics Committee of the Department of Health Studies, University of South Africa (Reference HSHDC/561/2016 see Annexure A). Ethical clearance to conduct the study at the private, faith-based hospital was requested from the KwaZulu-Natal Department of Health and obtained before conducting the study (reference no KZ 2016 RP 59821; see Annexure B).

In addition, an application for permission to conduct the study at the private hospital was obtained from the Chief Executive Officer of the hospital (see Annexure C). Permission to recruit nurse educators and student nurses in the bridging programme (Regulation R683, 1989) as participants for this study was sought in writing from the principal of the private nursing school sampled for this study (see Annexure D).

Polit and Beck (2018:83) explain that informed consent is essential to protect the study participants and should be obtained before data collection. The researcher met with prospective nurse educators and student nurses at the private nursing school sampled for this study to recruit participants. The recruitment took place separately as nurse educators and student nurses do not share the same academic level. Nurse educators were recruited in March, while student nurses were recruited on 01 March 2017.

The researcher provided information about the purpose, potential benefits, risks, and significance of the research to the nurse educators and student nurses during these meetings to allow for an opportunity for informed consent. Informed consent to participate in the study was obtained in writing from the nurse educators (Annexure F: Information leaflet and informed consent for nurse educators), and student nurses in the bridging programme (Regulation R683, 1989) (see Annexure E: Information leaflet and informed consent for student nurses) before data collection commenced.

- **Communication techniques used by the researcher during data collection**

According to Polit and Beck (2018:298), researchers need to apply strategies that enhance the quality of data obtained during interviews. LoBiondo-Wood and Haber (2018:256) say that interviews allow a researcher the opportunity to clarify, probe, reflect and summarise questions and responses.

The following are communication strategies used by the researcher during interviews in this study.

Clarifying involves identifying misunderstood questions and observing and recording the participant's level of understanding of the question (LoBiondo-Wood 2018:255). The researcher conducted the interviews in a conversational manner, asking the questions on the interview guide and engaged in active, intense listening with no use of nonverbal gestures that might influence participant responses.

Probing is defined by Brink et al. (2018:144) as prompting questions that stimulate participants to elaborate in response to research interview questions. The researcher carefully established rapport and used the follow-up questions to allow participants to expand on answers to interview questions.

Summarising involves occasionally identifying key ideas to ensure mutual understanding of the main points and ideas from participants' responses (Jooste 2018:344). Main ideas emerging from participant responses were identified and recorded in the researchers' journal diary and later used for reflection and data analysis. Further strategies applied to ensure data quality are discussed in the relevant section of this chapter.

This study followed a qualitative, exploratory, and descriptive contextual design. Semi-structured and focus group interviews were used to elicit perceptions of nurse educators and student nurses in the bridging programme (Regulation R683, 1989) on holistic caring practices within the selected hospital. Field notes were used to enhance the depth of the data. The following discussion includes how the interview guides were pretested before being used as data collection methods in this study.

3.4.1 Pretesting of data collection instruments

According to Brink et al. (2018:46), pre-testing the data collection instrument involves checking interviewing skills, the interview venue, and the working condition of the audio recording device. LoBiondo-Wood and Haber (2018:258) concur that pretesting the data collection instrument is essential in evaluating evidence-based practice in nursing science research. Therefore, a pre-test was done to ensure the clarity of questions in the interview guides for the semi-structured interviews and focus group interviews. Data obtained during pretesting were used to evaluate the data collection instruments and were not included in the analysis.

The pretesting was conducted as follows:

- **Pretesting of semi-structured Interview guide with nurse educators**

Three nurse educators were purposively selected to assess the interview questions. Interviews were scheduled at times convenient for the researcher and nurse educators. Pretesting interviews were conducted on 12 July 2017 at the private nursing school sampled for this study. Nurse educators' respective offices were easily accessible to both the researcher and nurse educators.

The time frame for each interview was 45 minutes. The researcher began the interviews with a broad question aimed at soliciting nurse educators' understanding of the holistic caring practice. The question was: "How would you describe your understanding of holistic caring practice?" A follow-up question was:" How do you prepare student nurses to offer holistic caring practice within this private hospital?"

The following challenges were observed during the pretesting of the semi-structured interview guide with nurse educators:

- The interview questions were vague and poorly understood. The research supervisor assisted the researcher in refining the interview guide. Questions were rephrased and shortened to ensure clarity and save time.
- The duration of interview sessions was prolonged through constant disruption at the nurse educators' offices, and the scheduled time frames could not be met. As a result, the interview venue was changed from the nurse educators' offices to the nursing school's counselling room to avoid constant disruptions during interviews.
- All three initial appointments made for pretesting interviews could not be honoured. This was anticipated for the actual study as the accessible nurse educator population was limited. Therefore, appointments were rescheduled at convenient times for both the researcher and nurse educators. Alternative appointments were made in case of failed appointments. Only two in-depth semi-structured interviews were conducted to pre-test the interview guide with nurse educators. Pretesting of the interview guide was followed by data collection, which is discussed in this chapter under data collection methods. Nurse educators who participated in pretesting were not included in the main study.

The interview guide for the focus group interview was pre-tested before use, as discussed in the following section.

- **Pretesting of focus group interview guide with student nurses**

The pretesting of the focus group interview guide was conducted at the private nursing school sampled for this study. The focus group interviews could not be held at the

private hospital. Student nurses could not be released from wards simultaneously for focus group discussions to prevent jeopardising patient care. Therefore, an adequate number of participants for a focus group interview could not be assembled. The hospital setting was also limiting as the hospital auditorium had a pavilion seating arrangement that did not allow focus group discussion. Therefore, it was not considered an ideal venue.

The researcher approached the principal and requested that interviews be held at the nursing school subject to student nurse availability and convenience. Permission was granted, and an hour from afternoon periods was set aside for self-directed learning and research activities on college days, which were once a week as students were on clinical instruction at the private hospital in this study.

The researcher met with the second-year student nurses in the bridging programme (Regulation R683, 1989) in the presence of the programme coordinator and nursing school principal on the 1st of March 2017 to recruit study participants, as explained earlier in the above section. The researcher presented information on the study's purpose, potential benefits, risks, and significance. The student nurses were informed about voluntary participation and assured anonymity without impacting their studies whether they refused or agreed to participate.

Student nurses willing to participate in the pre-test of this study signed consent forms, and pre-test interviews were scheduled on 6 March 2017 at 15h00, a college day for student nurses who gave consent to participate in the study and were available on that day. The nursing school skills laboratory was used to conduct pre-testing of focus group interviews due to ample space accommodating large groups of student nurses.

The pre-test focus group consisted of eight student nurses who agreed to participate and signed the informed consent form for this study. A digital audio-voice recorder was used with permission from student nurses in the pre-test to capture interview responses.

The researcher commenced the session by introducing herself. An introduction from each participant followed this. The interview guide had a grand tour question, a broad question that formed the basis for subsequent questions to obtain an overall

understanding of the study information (LoBiondo-Wood & Haber 2018:94). The grand tour question was, “Explain what you understand about holistic caring practice.” The question aimed to elicit a full understanding of holistic caring practice as perceived and experienced by student nurses. This question served as a foundation for the rest of the interview questions.

The follow-up questions were:

“How do you include holistic caring in your daily nursing actions or activities at the hospital in the study?”

“How do you feel about attending to social and cultural differences of patients during caring?” Please explain.

“What have been your challenges as a student nurse during the provision of holistic care?”

“Describe any barriers you think prevent the provision of holistic care in this hospital?”
“Describe activities or things that would make learning and practising holistic caring easier or harder.”

“How can holistic caring be better applied or practiced in future?”

“What would you like to change regarding holistic caring practices in this hospital?”

“What can the nurse educators do to enhance the teaching of holistic caring practices in this hospital?”

The pre-test focus group interview lasted forty minutes which was shorter than expected. The researcher thanked the student nurses for participation in the pre-test and further requested them to maintain confidentiality by not sharing the contents of the interview sessions. Interview responses were later transcribed but were not included in the findings of the main study.

The following brief discussion presents challenges identified during pre-testing the focus group interview guide.

Challenges identified during the pre-testing of the focus group interview

- The skills laboratory venue was problematic as staff kept coming in to gather equipment for clinical teaching despite a “Do not disturb” sign placed on the door. The researcher sought permission from the principal to use the nursing school boardroom in future which had a flexible seating arrangement that was ideal for focus group discussions.

- The researcher observed that student nurse participants appeared uncomfortable when responding to questions during the interview. The researcher was previously involved in the clinical teaching of student nurses in the study. This may have led to this discomfort and poor responses at the beginning of the interview session. This situation prompted the researcher to seek assistance from a colleague not directly involved in teaching these student nurses to facilitate the focus group discussions to prevent coercion.

The researcher emphasized that participation in this study was not linked to a student’s academic performance but purely for research purposes only. The researcher was assisted by a colleague who facilitated focus group interviews with student nurse participants in the main study while the researcher carefully observed, took field notes, and clarified questions where necessary.

- Student nurses’ responses to questions appeared vague, with some participants having trouble understanding questions. As a result, the researcher constantly interjected to clarify some interview questions. Later, the questions were changed and regrouped to facilitate better understanding and obtain direct, appropriate responses from student nurse participants.

The following are questions that were amended for the main study focus interviews with student nurses:

“How do you feel about attending to social and cultural differences of patients during caring?” Please explain. This question was removed as participants had difficulty in answering it. They found it confusing, and it was not well structured.

The next two questions contained in the original interview guide, which were also changed, are these:

“What have been your challenges as a student nurse during the provision of holistic care?”

“Describe any barriers you think prevent the provision of holistic care in this hospital?”

These two questions were combined into one question, which was:

“Describe what makes it easier or more difficult for you as student nurses to provide holistic care within this hospital?”

The last two questions changed were:

“What would you like to change regarding holistic caring practices in this hospital?”

“What can the nurse educators do to enhance the teaching of holistic caring practices in this hospital?”

These two questions were merged into one question, which was:

“Describe the type of support you would like to be given in order to enhance the provision of holistic caring practice during clinical placement at this hospital?”

The questions in the interview guide were reduced from nine to four questions to facilitate understanding, clarity, and direct responses as follows:

“Explain what you understand about holistic caring practice?” This question solicited the student nurse’s understanding of the holistic caring practice. “How do you include holistic caring in your daily nursing actions or activities at the hospital in the study?”. This question aimed to identify the student nurse’s holistic caring experiences at the hospital in this study. ‘Describe what makes it easier or difficult for you as student nurses to provide holistic care within this hospital?” This question aimed to ascertain any barriers, challenges, or facilitators regarding the provision of holistic care by student nurses within this hospital. “Describe the type of support you would like to be given to enhance the provision of holistic caring practice during clinical placement

within this hospital?" This question focused on identifying recommendations for generating nurse educators' outcomes for improving future holistic caring practice and education.

The pre-testing of the focus group interview guide assisted the researcher in identifying problems with the interview process, questions, and venue for focus group interviews. Student nurses who participated in pre-testing the interview guides were excluded from the main study.

The pre-testing was followed by data collection, and the following discussion involves methods used to collect data for this study.

3.4.2 Data collection methods

According to LoBiondo-Wood and Haber (2018:247), data collection methods are ways of collecting information that can be repeated and are easily identifiable and used by researchers to address a research problem. Polit and Beck (2018:203) further explain that in-depth and focus group interviews are the primary methods of data collection used by qualitative researchers. Brink et al. (2018:143) concur that interviews are commonly used as exploratory and descriptive research methods through face-to-face, electronic, or telephonic encounters.

The researcher used interview guides for semi-structured interviews with nurse educators and focus group interviews with student nurses in the bridging programme as data collection instruments that were pre-tested before data collection, as discussed earlier in this chapter.

The next section discusses semi-structured interviews as a data collection method selected to capture nurse educators' perceptions of holistic caring practice within a faith-based private hospital.

3.4.2.1 Semi-structured interviews

According to LoBiondo-Wood and Haber (2018:253), interviews are data collection methods where the researcher seeks responses to open or closed-ended questions about a research topic. Brink et al. (208:144) explain that interviews allow direct and

factual data gathering from all population segments. The researcher used semi-structured in-depth interviews as a direct method to obtain data on what nurse educators perceive as holistic caring practices within the context of a faith-based private hospital. Data collection methods have specific purposes, advantages and disadvantages that must be considered before use (LoBiondo-Wood & Haber 2018:248).

The advantages and disadvantages of interviews are listed in the next section:

Advantages of Interviews:

- Interviews allow participants to share views through a naturalistic, purposeful, and conversational approach (Polit & Beck 2018:204).
- The researcher encourages a participant to talk freely about the topics in the interview guide and generate rich responses (Polit & Beck 2018:204).
- Interviews allow for clarity of questions (Brink et al. 2018:139).
- Interviews allow the use of follow-up probes (Brink et al. 2018:144).
- Interviews promote rapport between the interviewer and interviewee (Brink et al. 2018:144).
- The nurse educators were allowed to ask questions during the interview process.
- Interviews do not require the participant to read and write (Brink et al. 2018:139).

The verbal responses and perceptions of the nurse educators were recorded and transcribed for data analysis.

The advantages were carefully considered together with the following disadvantages.

Disadvantages of interviews:

According to Brink et al. (2018:139), interviews are appropriate for the qualitative researcher to collect data. However, they have the following disadvantages:

- Interviews require the researcher to be trained on how to conduct interviews.
- Interviews are difficult to schedule, take time to conduct, and are costly.

- Participants may be easily influenced by the researcher's characteristics and provide socially acceptable responses. Interviewer bias is defined by LoBiondo-Wood and Haber (2018:256) as when the interviewer unknowingly influences participants' responses through nonverbal gestures.
- An interview may cause participants to be anxious as responses are recorded.
- The researcher may not correctly interpret mannerisms and nonverbal behaviour.

The researcher carefully considered the above advantages and disadvantages. Advantages were deemed beneficial and outweighed the disadvantages. As guided by this study's purpose, the researcher thought interviews to explore and describe nurse educators' perceptions of holistic caring practices as the most appropriate method.

Semi-structured in-depth interviews with open and closed questions were used to obtain data and allowed the researcher to use probes to clarify and get more data. Instrument testing is essential in nursing science research to ensure clear, consistent, and reliable ways of producing evidence-based practice (LoBiondo-Wood & Haber 2018:258).

The following section discusses how data was collected from nurse educators using semi-structured interviews.

- ***Semi-structured interviews with nurse educators***

Ethical approval and permission from stakeholders were obtained before data collection, and this has been discussed in detail under ethical considerations in this chapter (see Annexure A). The researcher approached the nurse educators during a meeting and explained the study's purpose and significance. Nurse educators were allowed to deliberate and ask questions regarding participation in this study. Nurse educators who voluntarily agreed to participate gave permission and signed an informed consent form.

Nurse educators were consulted regarding availability and convenience before an informal interview schedule was drawn. Interviews were conducted when second-year

bridging student nurses were on clinical instruction at the hospital from July to September 2017. This was considered a convenient time for nurse educators to avoid disrupting their workload and work activities.

The duration of the interviews was between 45 and 60 minutes. The semi-structured in-depth interviews were conducted at the private nursing school sampled for this study. The private nursing school is located on the same premises as the private hospital and was considered a natural environment for nurse educators to conduct interviews. The counselling room in the private nursing school was deemed the perfect venue. This was due to its location far from classrooms and nurse educators' offices; noise and interruptions could be minimised while ensuring privacy.

Table 3.1 below presents the interview schedule used to ensure nurse educators' core activities of clinical teaching and clinical accompaniment of the students are not disrupted.

Table 3.1 Interview schedule for nurse educator's interviews

INTERVIEW TYPE	NUMBER OF PARTICIPANTS PER INTERVIEW	INTERVIEW VENUE	DATE	TIME	DURATION
in-depth one on one	Nurse educator participant 1	Nursing school counselling room	17.07.2017	11H00	45-60MIN
in-depth one on one	Nurse educator participant 2	Nursing school counselling room	24.07.2017	14H00	45-60MIN
in-depth one on one	Nurse educator participant 3	Nursing school counselling room	31.07.2017	10H00	45-60MIN
in-depth one on one	Nurse educator participant 4	Nursing school counselling room	02.08.207	14H00	45-60MIN
in-depth one on one	Nurse educator participant 5	Nursing school counselling room	08.08.2017	09H00	45-60MIN
in-depth one on one	Nurse educator participant 6	Nursing school counselling room	21.08.2017	11H00	45-60MIN
in-depth one on one	Nurse educator participant 7	Nursing school counselling room	28.08.2017	12H00	45-60MIN
in-depth one on one	Nurse educator participant 8	Nursing school counselling room	13.09.2017	14H00	45-60MIN

in-depth one on one	Nurse educator participant 9	Nursing school counselling room	18.09.2017	11H00	45-60MIN
in-depth one on one	Nurse educator participant 10	Nursing school counselling room	22.09.2017	14H00	45-60MIN
in-depth one on one	Nurse educator participant 11	Nursing school counselling room	26.09.2017	15H00	45-60MIN
in-depth one on one	Nurse educator participant 12	Nursing school counselling room	29.09.2017	14H00	45-60MIN

According to Brink et al. (2018:104), the researcher is subjectively involved as the main data collection instrument in qualitative studies. In this study, the researcher interviewed nurse educators and collected data on their perceptions of holistic caring practices within a faith-based private hospital. Permission to audio voice record nurse educators' responses to the interview questions was requested from participants and obtained by the researcher before the interviews.

The pretested interview guide with a specific number of open-ended questions was used to direct interview sessions (Annexure F). Qualitative researchers use a grand tour question followed by more focused questions to obtain a general overview of the phenomenon (Polit & Beck 2018:440). The interview session began with the grand tour question that required nurse educators' broad responses:" How would you describe holistic caring practice?" This question was followed by the following one: "How do you prepare student nurses for holistic caring practice within this faith-based private hospital?"

According to LoBiondo-Wood and Haber (2018:510), data saturation occurs when responses become similar and redundant with no new ideas, even from additional participants. In this study, the interviews progressed well until nurse educator responses became repetitive. Data saturation occurred around the eighth interview. Four more interviews were done to enrich data, ensure depth, and confirm data saturation. A total of twelve interviews were conducted with the nurse educators. The audio voice recorder was used to capture verbal responses during the interview and for later verbatim transcription and data analysis.

The next discussion explains how data was obtained from student nurses in the bridging programme (Regulation R683, 1989) on their experiences of holistic caring practices within a faith-based, private hospital.

3.4.2.2 Focus group interviews

According to Brink et al. (2018:144), focus group interviews involve groups of five to twelve participants simultaneously verbalising opinions and experiences in response to research questions. Similarly, Polit and Beck (2018:404) define focus groups as interviews involving a small group to answer the research questions.

Focus group interviews have advantages and disadvantages like all data collection methods. These are discussed below:

Advantages of focus group Interviews:

- Focus group interviews are practical data collection methods (Brink et al. 2018:144).
- Focus group interviews are an efficient, time-saving method of generating large data volumes collected through discussion over a limited period (Polit & Beck 2018:204).
- Focus groups allow all participants to be equal partners (Brink et al. 2018:144).

Disadvantages of focus group interviews:

- Focus group interviews may cause psychological harm and discomfort to participants from sharing their ideas and experiences within a group setting (Polit & Beck 2018:204).
- Focus group interviews require the researcher to have group facilitation skills and recognise early signs of discomfort and distress from participants during an interview (Brink et al. 2018:144).
- Complete confidentiality is impossible in focus group interviews with potential harm to participants, especially a sample drawn from the same organisation (Tolich 2009:103).
- There is the danger of individual participants with strong views dominating the group interview.

The disadvantages were carefully considered, and the advantages were found to be more beneficial to the study. Participants were made aware of the limitations of confidentiality in focus group interviews.

Focus group interviews provided an opportunity for student nurses to share holistic caring experiences and construct new ideas before responding to questions from the researcher. The focus group interviews allowed gathering a lot of rich and diverse data from student nurses within a brief period without interfering with student learning time.

- ***Focus group interviews with student nurses in a bridging programme***

Data regarding holistic caring perceptions were obtained from student nurses in the bridging programme (Regulation R683, 1989) who had agreed to participate in the study. Data collection was conducted for three months, from July to September 2017. As discussed earlier in this chapter, the student nurses were on clinical instruction, and permission from the nursing school principal was obtained to use weekly college study days.

The college study days were used to avoid compromising patient care by removing student nurses from patients' bedsides for focus group interviews. The weekly afternoon periods for self-directed learning and research activities were used with permission from the student nurses, including the programme coordinator and principal at the nursing school sampled for this study.

The interview schedule was compiled to ensure that teaching and learning were not disturbed. Strict adherence to planned interview times was emphasized to the participants. The maximum number of sessions was set to one focus group interview per week. This was done to prevent researcher fatigue and allow simultaneous data analysis. Each focus group interview was scheduled for 30 to 45 minutes. The number of focus group participants ranged between six and seven members. The first focus group had seven participants, reduced to six members in the following groups. Difficulty managing the participation of all group members within a large group with some participants dominating the discussion during interviews led to the reduction in the number of group participants.

The interview venue was the private nursing school boardroom. The boardroom had flexible seating arrangements that accommodated the focus group interviews. The seating arrangement allowed the researcher and facilitator to move freely and facilitated the active participation of all focus group members. In addition, the researcher could observe all participants, including the non-verbal cues, to detect any form of discomfort during the focus group interview.

Table 3.2 below indicates how the focus group interviews were scheduled to prevent the disruption of teaching and learning activities of the student nurses who agreed to participate in this study.

Table 3.2 Interview schedule for a focus group with student nurses

INTERVIEW TYPE	**NUMBER OF FOCUS GROUP PARTICIPANTS**	**INTERVIEW VENUE**	**DATE**	**TIME**	**The planned duration of the interview**
Focus group 1	7 second-year student nurses	Nursing school boardroom	19.07.2017	15H00	30-45min
Focus group 2	6 second-year student nurses	Nursing school boardroom	26.07.2017	14H00	30-45min
Focus group 3	6 second-year student nurses	Nursing school boardroom	16.08.2017	14H00	30-45min
Focus group 4	6 second-year student nurses	Nursing school boardroom	06.09.2017	15H00	30-45min

Coercion involves implicit or explicit threats or rewards to manipulate participation in a study (Polit & Beck 2018:398). Student nurses were taught by the researcher at the nursing school in this study. This situation might have made student nurses feel pressured to participate through fear of victimisation for non-participation. The student nurses who agreed to participate might have experienced discomfort as identified

during the pre-test if the researcher interviewed them. Therefore, a colleague not directly involved in teaching second-year student nurses (Bridging programme Regulation R683, 1989) facilitated focus group interviews to prevent coercion.

The researcher provided guidance and clarity in the interview guide and ensured that the interview questions were clearly understood. All participants were requested to complete biographical data on the interview form without disclosing their personal details before the interview session. Permission to record responses with an audio-voice recorder was obtained from participants before data collection commenced. A digital audio-voice recorder captured interview responses and generated raw data.

The interviews were conducted in English, the medium of instruction at the sampled private nursing school. The interview commenced with a grand tour question that solicited the student nurses' broad perspectives of holistic caring practice. The grand tour question was followed by other questions in the interview guide to add depth to data collection. Focus group interviews continued until data saturation was reached after the third focus group. This happened when information and responses from previous focus group interviews were repeated.

An additional focus group interview was held to enrich the data, provide depth, and confirm data saturation. Data collection was completed with the fourth focus group interview when no new information regarding holistic caring practice came forth. Interview responses recorded were later transcribed and analysed to give meaning to the student nurses' perspectives in the bridging programme on holistic caring practices in the selected hospital.

According to Polit and Beck (2018:299), data triangulation involves using various data collection sources to ensure the credibility of study findings. Data triangulation was ensured by taking field notes.

The use of field notes as a data collection method is discussed below.

3.4.2.3 Data collection through field notes

Polit and Beck (2018:207) define field notes as notes taken by the researcher during data collection and used for later description and reflection on responses. LoBiondo-

Wood and Haber (2018:511) further explain field notes as notes providing a summary of nonverbal communication observed by the researcher during the study process to enrich data. Taking field notes is the preferred method for recording interview responses, with advantages and disadvantages researchers must carefully consider before use (Brink et al. 2018:145).

According to LoBiondo-Wood and Haber (2018:250), the different types of field notes include data regarding communication, behaviour, and environmental circumstances. Participant observation involves a summary of the researchers' interpretations of such actions and may include anecdotes. They are summarised illustrative observations on behaviours of interest that supplement research reporting and that can be used to supplement data. LoBiondo-Wood and Haber (2018:252) further explain that concealment is where the researcher is hidden from participants, including intervention where the researcher stimulates participant action, thereby warning researchers to ensure a balance between full disclosure and the validity of data obtained through field notes.

The following are the advantages and disadvantages of field notes that were considered before use by the researcher in this study.

Advantages of field notes:

Field notes have the following advantages (Polit & Beck 2018:207):

- Field notes provide a broad interpretive representation of what the researcher has understood and recorded regarding the information obtained.
- Field notes allow the researcher to capture and record personal feelings, including those of participants observed during the research process.
- Field notes provide interview conversations observed and described by the researcher (descriptive field notes).
- Field notes allow the researcher to record their own experiences and reflections during the data collection process (reflective notes).
- Field notes provide a summary representing the holistic view of the situation (LoBiondo-Wood & Haber 2018:250).

The above advantages were compared with disadvantages that will be discussed next.

Disadvantages of field notes:

The use of field notes in data collection has the following disadvantages (Polit & Beck 2018:207):

- Field notes require immediate recording.
- Field notes require good recording skills.
- Field notes require objectivity in recording observations and responses.

- ***Field notes during interviews***

The researcher considered the advantages and disadvantages of field notes discussed above, given this study's purpose to explore and describe the perceptions of holistic caring practice within a private hospital in KwaZulu-Natal, South Africa. Descriptive field notes are objective descriptions of conversations and observations made by the researcher (Polit & Beck 2018:207).

The researcher in this study deemed field notes appropriate and beneficial as a supplementary data source. Field notes allowed the researcher to observe, capture, and reflect on responses, including participant nonverbal behaviour during all data collection sessions. The descriptive field notes permitted the researcher to compare and reflect on audiotaped responses after interviews.

The researcher remained the main instrument in collecting data from nurse educators during the semi-structured interviews and kept a reflective diary to record observations and nonverbal behaviour during interview sessions. However, during focus group interviews with student nurses in the bridging programme (Regulation R683, 1989), the researcher assumed the role of an observer. This gave adequate opportunity to observe, record and reflect on verbal and behavioural responses of participants during focus group discussions as these were facilitated by a colleague not directly involved in teaching the student nurses. Field notes taken in semi-structured and focus group interviews were included in data analysis to supplement interview data.

The next step after data collection is analysis. Polit and Beck (2018:395) refer to data analysis as the synthesis, reduction and organization of information collected to answer research questions. LoBiondo-Wood and Haber (2018:95) explain that qualitative data analysis aims to identify similarities and differences in interview transcripts and categorise them into themes.

The following section discusses how data collected from participants in this study were analysed to explore and describe the perceptions of nurse educators and student nurses in the bridging programme (Regulation R683, 1989) on holistic caring practices within a faith-based private hospital.

3.5 DATA ANALYSIS

According to Polit and Beck (2018:277), data analysis in qualitative research requires thorough scrutiny of information gathered through creativity and inductive reasoning, including proficiency in the combination of identified patterns leading to the formation of a whole integrated meaning of the phenomenon under study. However, in this qualitative research study, data collection occurred simultaneously with data analysis.

LoBiondo-Wood and Haber (2018:109) further indicate that the first step in qualitative research analysis involves open coding, where the researcher carefully examines data by breaking the information down into similar or different parts. In this study, the researcher began the analysis process through open coding. Polit and Beck (2018:399) explain that qualitative researchers use content-thematic analysis to organize the data through the coding process into categories and themes.

The data analysis of this study was guided by the research purpose of exploring and describing perceptions of holistic caring practices within a private hospital in KwaZulu-Natal, South Africa. Polit and Beck (2018:399) further explain that qualitative researchers use content analysis to organize data into themes. Therefore, the researcher used Tesch's open coding method to analyse the data collected in this study.

The discussion below explains how data collected in this study were analysed through qualitative content analysis and constant comparison, which occurred simultaneously with data collection.

3.5.1 Qualitative content analysis

According to Polit and Beck (2018:282), content analysis involves breaking down data into smaller meaning units that are further arranged into codes and categorised according to the shared and represented concepts and content. LoBiondo-Wood and Haber (2018:253) indicate that the researcher analyses narrative interview responses by looking for similarities and grouping them into themes in content analysis.

Qualitative content analysis allows the researcher to distinguish between manifest content as the literal meaning of the text and latent content interpreting the meaning of the text (Polit & Beck 2018:282). The researcher in this study focused on both manifest and latent content in interview texts to explore and describe the perceptions of the nurse educators and student nurses in the bridging programme on holistic caring practices in a faith-based, private hospital.

According to Gray, Grove and Sutherland (2017:270), dwelling occurs when the researcher spends more time analysing data. The researcher in this study applied dwelling by proofreading, listening, transcribing, and interpreting the audio recorded interviews from semi-structured and focus group interviews. First, the researcher listened to verbal responses from audio-taped interviews with nurse educators and student nurses. The verbal responses were then transcribed verbatim and written down in a simple conversational manner. Finally, the interview transcripts were repeatedly read in full to understand holistic caring practices as perceived by nurse educators and student nurses in this study's context.

The process of identifying recurring concepts, organising, and classifying them into standardised codes is called coding (Polit & Beck 2018:97). The reading of transcripts led to the open coding process discussed below. The researcher was assisted by a colleague experienced in qualitative analysis with the coding process during analysis in this study.

3.5.2 Open Coding

Brink et al. (2018:181) refer to open coding as categorising and classifying recurring words or texts into segments. Polit and Beck (2018:411) further explain open coding as the first step involving the researcher breaking down large volumes of raw data into small codes that describe the content of transcripts. This study used open coding to identify meaningful texts and recurring concepts from the transcripts. These were separated into texts and labelled according to the similarity of ideas.

Constant comparison is the continuous comparing of data from earlier interviews with new data from later interviews to identify common ideas or differences (LoBiondo-Wood & Haber 2018:509). During the analysis phase, the researcher used constant comparison. The transcripts from previous interviews were continuously compared with the transcripts of the current interviews to obtain a deeper understanding of what holistic caring practice means to both nurse educators and student nurses in the context of a private, faith-based hospital. Interpretive codes are derived from seeking in-depth meaning from participants' actual words, which leads to explanatory codes explaining the possible meaning of the data (Brink et al. 2018:181). The constant comparison allowed the researcher to organise data into interpretive and explanatory codes.

During the early phase of data collection and analysis, the researcher was assisted by colleague experiences in qualitative analysis and coding to organise words close to those spoken by the participants (nurse educators and student nurses) into descriptive codes and later interpretive codes and explanatory codes. The actual words of the participants were continuously compared with previous interviews to identify recurring themes and interpretive codes.

The following discussion involves how the eight steps of Tesch's open coding process were used to code the data for analysis in this study.

3.5.2.1 The eight steps of Tesch's (1990) coding process

According to Creswell (2014:148), citing Tesch (1990:142-149), there are eight steps of the coding process, which include the following:

Step one: This first step involves logging when the researcher attempts to understand the whole (Creswell 2014:198). All the transcripts from both focus and in-depth interviews, including field notes taken during interviews, were carefully read to obtain a sense of participants' perceptions of holistic caring practices within a private hospital. Ideas and concepts that could be recalled were written down.

Step two: The second step involves carefully picking each transcript and reflecting on possible underlying meanings written down on the margin. The researcher selected each transcript and carefully read it to identify underlying meaning and ideas. The constructed ideas from the transcript were written down on the margin of the transcript.

Step three: This step involved drawing a list of topics from the information on the transcript margin and grouping together the ones with similar meaning into columns. The researcher engaged in identifying data and categorised it into segments based on the ideas emerging from participants' transcripts.

Step four: The topics on the list were abbreviated into descriptive codes and were written next to the appropriate segment in the transcript. The codes were applied to data and repeated to check if any new codes emerged.

Step five: The researcher identified the most descriptive codes and changed them into categories to reduce topics in the list. The drawing of lines between the categories assisted in identifying the relationship between the categories.

Step six: In this step, the researcher applied abbreviations and letters of the alphabet to categorise the codes.

Step seven: The different data categories were assembled and used for preliminary data analysis.

Step eight: This last step involves the researcher recoding existing data as necessary.

The data codes were developed into categories that were later changed into themes to analyse data from interviews and field notes. This process was achieved through assistance from the independent coder mentioned in this study. The following section explains how the researcher analysed the data into themes.

3.5.3 Thematic Content Analysis

According to Polit and Beck (2018:281), themes are abstracts that regularly emerge from data categories involving similarities or differences that provide the meaning of the whole and its relationship within data. Thematic content analysis was used to analyse data from the interview transcripts. According to Creswell (2013:198), thematic content analysis involves six phases.

The following discussion explains how themes were generated from student nurses' and nurse educators' responses, including field notes.

- **Phase one: Organizing and preparation of data**

This initial phase involves the researcher preparing data from interview transcripts and organizing it into distinct types. In this study, the researcher read the transcripts from all interviews and the field notes and arranged the data into codes as discussed above.

- **Phase two: Generation of initial data codes**

This second phase in thematic data analysis involved drawing reflections from data to gain meaning. In this phase, a list of items from the data that had recurring patterns was converted into descriptive codes using the in vivo term, words that described actual language participants used to answer research questions during interviews. The generation of codes involved Tesch's eight steps in the coding process, which were discussed in the above section.

- **Phase three: Theme search**

The researcher used the list of identified topics to form relations between codes and themes generated that describe the meaning participants ascribe to holistic care practices within a private hospital.

- **Phase four: Theme review**

The themes generated in phase three were rearranged into clusters and a thematic map that identified relations to previous data categories.

- **Phase five: Theme definition**

In this phase, the researcher defined themes and identified interesting ideas related to the themes that emerged from the data. This phase requires the researcher to apply bracketing by putting aside any preconceived beliefs and ideas about the phenomena in the study. The researcher brushed aside any ideas regarding understanding holistic caring practice by student nurses and nurse educators and considered their different perspectives about caring practices.

- **Phase six: Analysis report generation**

This last step involves the researcher compiling an analysis report based on the themes and data categories generated through analysis. The analysis report is discussed in detail in chapter four. The thematic content analysis enabled the researcher to describe, analyse and interpret data collected from nurse educators and student nurses during interviews and field notes. Data analysis assisted in generating ideas about student nurses' holistic caring practice experiences, including nurse educators' perceptions. It enabled the researcher in this study to work through large volumes of data from the transcripts and reduce it into themes and categories that describe the student nurses' perception of holistic caring within a private hospital environment.

According to Polit and Beck (2018:277), analysing data in qualitative studies demand good creative, inductive skills.

The following discussion involves inductive reasoning as applied in analysing data for this study.

3.5.6 Inductive Reasoning

Inductive reasoning is logical thinking from specific to more general observations (Polit & Beck 2018:277). LoBiondo-Wood and Haber (2018:511) concur that inductive reasoning involves generalisations developed through a logical thought process from specific observations.

The inductive reasoning approach was used to analyse data and understand how the nurse educators and student nurses in the bridging programme construct reality about holistic caring practices within the context of a private and faith-based hospital. This study premise stems from a specific scientific foundation of the Theory of Human Caring (Watson 2012) to the general premise of holistic caring practice perceptions as narrated by nurse educators and student nurses in this study. Therefore, this theory could not be used during data analysis. Inductive reasoning assisted in reducing data categories and themes during the analysis, allowing the researcher to construct a general idea and reality about holistic caring practice within a private hospital environment. The literature control that contextualises the findings of this study is discussed in detail in chapter four of this research document under the subsection of integration of study findings.

The following section presents how data was managed in this study.

3.6 DATA MANAGEMENT

Data collected during the study as interview audiotapes, transcripts, field notes and electronic documents were password protected and are kept safely locked in the researchers' home cabinet. People not directly involved with this study had no access to the research data. The findings and results of the data analysis are discussed in detail in the next chapter.

The qualitative research techniques used have been presented in this section. They include selecting a population, purposive convenient sampling, qualitative data gathering methods of in-depth structured interviews, focus group interviews and field notes, open coding, and thematic content analysis with constant comparison during data analysis techniques.

Ensuring the trustworthiness of a study is paramount for qualitative research findings to be globally recognised as evidence-based practice (LoBiondo-Wood & Haber 2018:125).

The measures to ensure scientific rigour and trustworthiness of the study to external researchers are discussed in the following section.

3.7 MEASURES TO ENSURE THE TRUSTWORTHINESS OF THE STUDY

Trustworthiness is defined as the extent to which study findings are truthful in terms of data gathered, analysed, and aligned to validity and reliability standards (Polit & Beck 2018:295). Polit and Beck (2018:294) warn qualitative researchers of the importance of engaging in high-quality strategies to ensure the rigour, integrity, and trustworthiness of qualitative evidence. Brink et al. (2018:110) concur that qualitative research is an interactive process that requires the researcher's self-understanding and objectivity by holding in abeyance any preconceived ideas about the study phenomenon and its participants. Lincoln and Guba (1985:289) require researchers to use the trustworthiness criteria of credibility, conformability, transferability, and dependability, with authenticity added as a fifth criterion in 1994.

The researcher engaged in the following strategies to ensure that the results of this study will be a true reflection of the perceptions of nurse educators and student nurses in the bridging programme (Regulation R683, 1989) on holistic caring practices within a private hospital. The strategies are further summarised in Table 3.3 in this section.

3.7.1 Credibility

Polit and Beck (2018:295) define credibility as confidence in the true worth of study findings with interpretations ascribed to the data collected as being believable to participants and external readers.

The following discussion involves measures applied by the researcher to ensure the credibility of this study's findings.

- **Triangulation** involves using various data sources and methods to obtain multiple viewpoints about the study phenomenon (Brink et al. 2018:158). The researcher applied the following types of triangulation to enhance the credibility of the study findings.

Data triangulation is the use of multiple data collection methods to ensure the validity of study findings (Polit & Beck 2018:401). Brink et al. (2018:84) explain that in data triangulation, the researcher can combine many sources such as interviews,

observations, questionnaires, and field notes to obtain information relating to the study.

The researcher in this study applied data triangulation of semi-structured interviews with nurse educators and focus group interviews with student nurses. Field notes were taken during interviews to obtain a deeper understanding of holistic caring practices in nursing, including how it is taught and practised within a private hospital in the study.

Time triangulation involved collecting data at different times of the year, as Polit and Beck (2018:299) described. This strategy was used to enhance the credibility of the study findings. Data collection and analysis were conducted from July to September 2017 to ensure congruence in how nurse educators and student nurses in the bridging programme (Regulation R683, 1989) perceive holistic caring practices within a private hospital during the specified timeframe.

Person triangulation refers to collecting data from different people to validate information against various perspectives about a studied phenomenon (Polit & Beck 2018:299).

The researcher interviewed two different populations, namely nurse educators and student nurses in the bridging programme (Regulation R683, 1989), about perceptions regarding holistic caring practices in a private hospital. The different populations were used to obtain different viewpoints on holistic caring practices within this context.

Prolonged engagement involves the researcher spending adequate time during data collection to obtain a deeper understanding of the study phenomenon to promote credibility (Polit & Beck 2018:414). The researcher in this study served as the main instrument of data collection and analysis. Dwelling was applied by spending more time during data collection and analysis to understand the phenomenon investigated.

According to Brink et al. (2018:158), a researcher should remain in the field until data saturation occurs to promote trust and build rapport between the researcher and participants.

- **Data saturation** is defined by LoBiondo-Wood and Haber (2018:510) as the cessation of data collection due to repetitive information being received from

the participants. Brink et al. (2018:128) further explain that data saturation is a yardstick to evaluate qualitative studies.

Data saturation was identified in the third focus group interview with student nurses. One additional focus group interview was conducted to enhance the depth of data and confirm data saturation, leading to the cessation of data collection.

In semi-structured interviews with nurse educators, data saturation was perceived at the eighth interview when responses became similar to those of previous participants. Four more interviews were conducted to enhance the richness of data and assess for additional information. Data saturation was therefore confirmed after the twelfth interview, and data collection was suspended at this point.

- **Reflexivity** occurs when the researcher becomes aware of self-identity, values, and professional background, which can interfere with the research process (Polit & Beck 2018:298).

The researcher applied reflexivity by realising possible bias from being involved in the clinical teaching of the student nurses in the bridging programme (Regulation R683, 1989) sampled for this study. Therefore, a colleague who was not directly involved in the teaching of bridging student nurses in the study was requested to assist in facilitating the focus group interviews with the student nurses.

A systematic process in constructing knowledge about the holistic caring practice was enhanced by keeping a journal with details and decisions taken during the research process.

- **Peer debriefing** involves seeking objective input and advice from colleagues experienced in the research method or the study phenomenon to ensure study findings are credible (Brink et al. 2018:159). In peer review, the researcher presents written or oral summaries of data collected and themes, including the researcher's interpretations (Polit & Beck 2018:301).

This study is qualitative; the researcher sought advice and feedback from a colleague who had engaged in qualitative research analysis.

Nurse educators were also consulted to provide more information regarding holistic caring practices as the study purpose to explore and describe holistic caring practices.

- **Member checking** is a process of taking the emergent themes during analysis back to participants for ascertaining participant intention, identifying mistakes, and adding additional information (Brink et al. 2018:159). Polit and Beck (2018:300) further indicate that member checking can be done through probing to confirm the accurate interpretation of participants' responses during interviews.

Verbatim transcription of recorded interviews was done after the interviews. Summaries were shared with nurse educators and student nurses to verify the correct recording of responses. The researcher also used probes during interviews to verify meaning and ideas to provide more insight into their responses and confirm data adequacy and credibility.

According to Polit and Beck (2018:296), credibility in a qualitative research study requires dependability. The following section discusses how dependability was ensured in this study.

3.7.2 Dependability (Lincoln & Guba 1985:318)

According to Polit and Beck (2018:296), dependability is the consistency of data gathered over time and the replication of findings from similar participants and contexts. Curry and Nunez-Smith (2015:172) state that dependability requires the researcher to account for any changes in the context and circumstances during the study. Brink et al. (2018:159) further reflect that dependability provides evidence indicating data stability with all measures applied to ensure credibility. Credibility, therefore, directly affects dependability and can be achieved through inquiry audit and audit trail (Brink et al. 2018:159).

Inquiry audit and audit trail applied during this study process are discussed next.

An inquiry audit is an inquiry process involving scrutinising qualitative data by an external, independent reviewer to establish the dependability of the study (Polit & Beck 2018:406). Brink et al. (2018:159) advise qualitative researchers to submit study

documentation to examiners for an investigation to enhance the dependability of the research process. The data and all documentation related to the research process were made available to the supervisor and examiners to verify the dependability of this study.

- **An audit trail** involves clear systematic documentation of all research process procedures and enables an independent auditor to confirm trustworthiness (Polit & Beck 2018:299). Research steps, including raw data and analysis notes taken from the beginning to the findings, serve as evidence of the study process (Lincoln & Guba 1985:319).

The researcher kept a record of interview transcripts and field notes, including the final and draft report for the supervisor and examination purposes. The credentials of the researcher and supervisor were made available to ensure transparency. Data safety was maintained throughout the research process. Each step of the research process was reported to the supervisor to ensure data reliability over time and enhance this study's dependability. A dense description of the research methodology has been discussed in this chapter to comply with dependability.

The following discussion highlights how this research process ensured confirmability.

3.7.3 Confirmability

Polit and Beck (2018:296), citing Lincoln and Guba (1985:320), refer to confirmability as objectivity and the congruence of data in terms of accuracy, relevance, neutrality, and interpretations.

Curry and Nunez-Smith (2015:174) further define confirmability as ensuring findings shaped by participants' responses and data collected are actual evidence congruent to the researcher's investigation. According to Brink et al. (2018:159), reflexivity, triangulation, and inquiry audit are the main techniques for ensuring a study's confirmability.

The researcher engaged in reflexivity and triangulation (discussed in the credibility criterion above) to ensure confirmability in this study. An external audit allows the

opportunity for examiners to assess the adequacy of data and preliminary findings and to challenge the study process and results (Brink et al. 2018:159).

An audit process and an audit trail were created to ensure that all documentation and correspondence regarding the research process were kept. These include the feedback from the supervisor, the tapes of interviews, the transcripts, research tools and questions, and field and analysis notes (including the research report). All these precautions were taken to ensure the objectivity of this study.

According to Curry Nunez-Smith (2015:174), researcher bias can alter study findings. Therefore, the researcher suppressed her pre-conceived beliefs and attitudes regarding the perceptions of nurse educators and student nurses in the bridging programme (Regulation R683, 1989) on holistic caring practices in the faith-based private hospital and considered every available perspective from all participants.

Coercion is the explicit or implicit use of threats or rewards to force participation in a study (Polit & Beck 2018:398).

In this study, coercion was prevented by encouraging voluntary participation and using a co-facilitator in the focus groups, as discussed in a previous chapter and the data analysis section of this chapter.

Once confirmability has been ensured, study findings should be transferable to other contexts. The following section presents how transferability was ensured in this study.

3.7.4 Transferability

Transferability refers to the degree to which a study finding can be generalised to other settings or samples (Polit & Beck 2018:296). Brink et al. (2018:159) explain that a qualitative researcher should define observations within the context in which they occurred through purposive sampling, data saturation and a thick description. These strategies enhance transferability.

A thick description is a sufficiently detailed description of the study phenomenon with findings transferable to other contexts and participants (Brink et al. 2018:159). In this study context, participants' perceptions, including observations that the researcher

made during the study process, are adequately described in writing in the research report to provide evidence of the research process undertaken.

Purposive sampling is selecting the most informative people based on the researcher's judgement of the participants (Polit & Beck 2018:414). Purposeful selection of nurse educators and student nurses in the bridging programme (Regulation R683, 1989) who were likely to provide a rich description as participants facilitated the provision of thick data describing perceptions of holistic caring practices within their context, a faith-based private hospital.

The perceptions of nurse educators and student nurses in the bridging programme (Regulation R683, 1989) on holistic caring practices are adequately described as emergent themes discussed in detail in the next chapter. The purposive sampling of student nurses facilitated adequate descriptive information about holistic caring practices achieved through data saturation.

Data saturation occurs when additional participants provide similar responses as previous participants, and emergent themes become repetitive (Brink et al. 2018:160). The research process report is made available for other researchers to compare this study's findings and confirm its transferability.

According to Polit and Beck (2018:295), citing (Guba & Lincoln 1994**),** authenticity is the last criterion to ensure trustworthiness and is discussed below.

3.7.5 Authenticity

Polit and Beck (2018:296) define authenticity as the ability of a researcher to fairly apply a varying range of realities faithfully. LoBiondo-Wood and Haber (2018:141) describe authenticity as a demonstration by the researcher that the data is authentic, trustworthy, and valid.

Brink et al. (2018:160) further explain that authenticity involves reporting participants' experiences and emotions as they occur to stimulate increased sensitivity and a better understanding of the issues being described. In this study, direct quotes and narratives from the nurse educators and student nurses were used to represent their true

perceptions, ideas, and views, including emotions regarding holistic caring practices at the hospital in the study.

The following table provides a summary of measures used to ensure the trustworthiness of the study as discussed above.

Table 3.3 Strategies used to ensure trustworthiness criteria

Research phase	Credibility	Dependability	Confirmability	Transferability	Authenticity
Population	Nurse educators and student nurses in the bridging programme (SANC: R683, 1989).	All Nurse educators and student nurses were invited to ensure fair representation.	Voluntary participation was applied through informed consent before data collection.		
Sampling	Purposive sampling was applied to select second-year student nurses in the bridging programme (Regulation R683, 1989) to provide rich data.	Convenient sampling applied to nurse educators that were easily accessible to the researcher		small sample size supported by data saturation in twelve semi-structured interviews with nurse educators and five focus group interviews from twenty-five student nurses	
Data collection	Prolonged engagement of the researcher as main data collection instrument during semi-	Triangulation of data collection methods used through semi-structured interviews with	An inquiry audit and all data and documentation related to the study process were made available to the	Comprehensive field notes taken by the researcher during interviews were used as	Audio recording of interviews with permission from participants

	structured interviews with nurse educators. The researcher as an observer for the focus group interviews The researcher actively engaged in analysing all interview transcripts, including field notes. Data saturation guided data collection and analysis to ensure a thick description of perceptions on holistic caring practices within the	nurse educators, focus group interviews with student nurses, Taking field notes during interviews. An assistant researcher was used to prevent coercion due to the researcher's teacher-student relationship with student nurse participants in this study.	supervisor for scrutiny.	supplementary data.	Verbatim transcribing of interview responses for data and study authenticity Probing was used during interviews to verify information recorded and ensure data adequacy.

	selected hospital.				
		Member checking through summarised verbatim interview transcriptions shared with study participants to verify recorded interview responses.	Time triangulation ensured through collecting data over three months from July to September 2017.	A researcher journal with regular details and personal observations during the research process kept as to ensure thick descriptive data applicable to other contexts.	
Data analysis	Searching for disconfirming evidence conducted by the researcher continuously during concurrent data collection and analysis through seeking contradicting data categories.	Investigator triangulation was achieved through the researcher's being assisted by a colleague experienced in social research to facilitate the focus groups. The researcher engaged in dwelling to identify data categories and codes during the initial	Peer review/ debriefing was done through advice and feedback from colleagues experienced in qualitative research who reviewed research transcripts and findings of the study.		

		coding of transcripts.			
Report Presentation	Each step of the research process was carefully documented and reported to the study supervisor to ensure data reliability over time. Research findings were submitted to the study supervisor to enhance congruency.	Data and all documentation related to the research process were made available to the supervisor to verify the dependability of this study.	Direct quotes and narratives from the nurse educators and student nurses were used to portray their perspectives of holistic caring practices. A detailed thick discussion regarding research methodology provided in Chapter Three of this report.	A thick description of nurse educators' and student nurses' perceptions on holistic caring practices in the private hospital, including observations made by the researcher during the study, are adequately described in writing in the report as evidence of the study process undertaken.	A detailed report with thick description of the research methodology and findings is available to other researchers through a published research article.
Throughout research process	An assistant researcher assisted in co-facilitating the focus group interviews with student nurses to avoid coercion and comply with reflexivity as the researcher was involved	The credentials of the researcher and supervisor were made available to all research participants in writing (informed consent letters), thus ensuring transparency.	Careful documentation, safekeeping of all data related to this study maintained throughout the research process by keeping all information and records about this study safely locked in the	An audit trail of feedback from the supervisor, interview recordings, transcripts, interview guides, field notes and the research report can be made available for enquiry about this study process.	The researcher did reflective journaling by setting aside all preconceived beliefs about student nurses' experiences and nurse educators perceptions of holistic caring

	in the clinical teaching of student nurse participants in this study.		researcher's home cabinet.		practices during all phases of the study.
Limitations	The study is limited to one private hospital which is also faith-based and one private nursing school in KwaZulu-Natal and findings are not generalised.				

According to Brink et al. (2018:27), qualitative researchers should ensure scientific integrity by promoting social research ethics when conducting research. The following section presents how scientific integrity was ensured in this study.

3.8 ENSURING SCIENTIFIC INTEGRITY

Scientific integrity involves the adequate description of measures taken by the researcher to ensure the study's trustworthiness (Polit & Beck 2018:305). The following are activities undertaken by the researcher in this study to ensure scientific integrity.

Avoiding plagiarism and the appropriate use of citations and sources facilitated scientific integrity in this study. The research chapters and resources were submitted to the study supervisor for assessment and feedback to ensure the integrity of this

study. A Turnitin similarity report for this dissertation will further be submitted as an annexure.

The research report regarding the findings of this study will be made available to external examiners and for publishing to allow other researchers to conduct future research. The study findings and recommendations can contribute to the growing body of knowledge on holistic nursing practices and enhance future teaching of student nurses. In addition to activities undertaken to ensure scientific integrity, ethical issues relating to conducting a research study were applied and are discussed in the following section.

Brink et al. (2018:27) remind qualitative researchers to understand social and ethical values and accountability in promoting such ethics when conducting research on human participants. The following section presents ethical considerations made by the researcher in this study.

3.9 ETHICAL ISSUES RELATED TO THE DATA COLLECTION PROCESS

LoBiondo-Wood and Haber (2014:255) refer to research ethics as a theory or discipline that deals with principles of moral values and moral conduct. This relates to how dutifully the researcher adheres to legal, professional, and social values during the research process. The researcher's right to obtain data from people carries the obligation to ensure that their rights to respect, privacy and confidentiality are not violated.

According to Polit and Beck (2018:79), the Belmont report (1978) outlines three broad fundamental ethical principles that guide the human research process and prevent the study from being done at people's expense. These ethical principles include respect for persons, beneficence, and justice. Brink et al. (2018:29) further concur that these three principles form the basis of human participant protection rights under the South African National Health Research Ethics Council (NHREC) and the National Health Act (Act 61of 2003).

The researcher applied these ethical issues and honoured basic human rights to ensure that nurse educators, student nurses, the private hospital and nursing school in this study are protected.

The following section discusses the principle of respect for human dignity

3.9.1 The principle of respect for human dignity

The principle of respect refers to participants' right to self-determination and the right to full disclosure (Brink et al. 2018:29). Full disclosure involves the researcher giving potential study participants complete and accurate information regarding the potential risks and benefits, including the right to refuse participation before seeking informed consent (Polit & Beck 2018:405).

3.9.1.1 Informed consent

According to Brink et al. (2018:29), informed consent involves the participant's right to self-determination and full disclosure. This right means that adequate information about the study should be offered to assist potential participants in making a conscious decision regarding participating in the study (Polit & Beck 2018:8).

LoBiondo-Wood and Haber (2018:238) further emphasize that informed consent is a legal principle that demonstrates a participant knowingly agreed and understood the implications of participating in the study and was not coerced. This principle is further supported by Polit and Beck (2018:81). They say that informed consent is inherent to full disclosure through disclosing every detail, potential risks, benefits, and the right of refusal to participate in the study.

The nurse educators were recruited during a nursing school staff meeting and student nurses during their respective college study days in March 2017 in the presence of the principal and programme coordinator for the bridging programme (Regulation R683, 1989). The purpose, significance, and potential risks of the study were explained verbally by the researcher and in writing to prospective participants (nurse educators and student nurses) to comply with the principle of informed consent. The researcher in this study made full disclosure by giving information about the study process, including the significance, sampling and data collection processes, potential risks, and

possible future benefits. In addition, the identity and contact details of the researcher and the study supervisor were made available to the participants.

According to Polit and Beck (2018:83), informed consent requires giving participants adequate information to understand the information and voluntarily giving or refusing participation in the study.

The nurse educators and student nurses were asked to agree to the provisions of the study before it began. The consent was obtained through personal discussion with the nurse educators and student nurses in the bridging programme (Regulation R683, 1989) at a meeting. The information included the study topic, purpose, potential risks, benefits, sampling and alternative to participation, data collection and the person responsible for queries or complaints. The informed consent form was written in simple, understandable language, and medical jargon was avoided. The researcher assured student nurses and nurse educators about confidentiality and voluntary participation.

LoBiondo-Wood and Haber (2018:236) warn researchers against using a threat or reward to force participation, including deception in covert data collection where participants unknowingly engage in a study. Polit and Beck (2018:398) further refer to the direct or indirect use of threats or rewards by a researcher in a position of authority to force study participation as coercion. Coercion was prevented through the voluntary participation of the nurse educators and student nurses in the bridging programme (Regulation R683, 1989).

The researcher conducted semi-structured interviews with nurse educators in this study with no potential for coercion as they shared equal status with colleagues within the private nursing school in this study. Participants' decisions were respected, and those willing to take part were advised that they could withdraw their participation at any time of the process. The researcher was assisted by a colleague not directly involved in teaching student nurses in the bridging programme (Regulation R683, 1989) to facilitate focus group interviews to prevent coercion. The researcher has a lecturer-student relationship with student nurses at the nursing school in this study.

Student nurses and nurse educators were afforded the right to withdraw from the study at any time. Both groups were further assured that participation or non-participation would not influence their teaching or learning at the nursing school, clinical placement, or accompaniment in the private hospital in the study. The researcher offered no rewards or threats to nurse educators or student nurses in the bridging programme (Regulation R683, 1989) who agreed or refused to participate in this study.

According to Polit and Beck (2018:81), researchers should respect participants' privacy and maintain dignity through anonymity and confidentiality. LoBiondo-Wood and Haber (2018:236) further explain that confidentiality and anonymity are human rights based on the ethical principle of respect.

The following discussion outlines how anonymity and confidentiality were applied to this study.

3.9.2.2 Confidentiality and Anonymity

LoBiondo-Wood and Haber (2018:238) indicate that confidentiality and anonymity mean information gathered during the research process is not revealed to other people or linked to a specific person. According to Polit and Beck (2018:83), anonymity involves that the researcher does not link any participants to data collected during the study process. In this study, anonymity was ensured by not connecting the responses from the data sets with the nurse educators' or student nurses' identities

The researcher applied confidentiality and anonymity in this study by removing personal identification from all participants' responses. Codes and letters of the alphabet/numbers were used to identify interview responses during the transcription and coding process. Though participant biographical data was requested interview forms used did not include name nor surnames or any personal identification data. Field notes and audio recordings, and any documents related to data during the study were protected from other people and kept safely locked in the researcher's home cabinet, where they will stay for five years after the research.

Nurse educators, student nurses in the bridging programme (SANC, Regulation R683), the private hospital and the nursing school in the study, were protected through

anonymity by removing identifying data to ensure respect for image, organisational culture, and reputation. Data collection involved focus group interviews as the primary data source to obtain student nurses' perceptions of holistic caring practice within the private hospital.

Focus group interviews pose potential harm to participants as complete confidentiality is not possible in samples drawn from the same organisation. However, Tolich (2009:103) suggests the principle of 'caveat emptor' (let the buyer beware) should be adhered to during focus group interviews. This involves the researcher explicitly disclosing risks of limited internal confidentiality to focus group interview participants, thereby determining their willingness to bear such risks.

The researcher in this study applied the principle of 'caveat emptor' by explaining the risks of limited confidentiality amongst the student nurses as they are from the same nursing school. The student nurses were further assured of the right not to contribute or respond to questions that would make them uncomfortable during the interview. The interviews were conducted in the nursing school boardroom, which provided a safe and private environment, away from classrooms, and non-participants could not see participants.

According to Tolich (2009:103), complete confidentiality is not possible in focus group interviews, and researchers should apply the principle of caveat emptor ("let the buyer beware"). The researcher explained to student nurses that internal confidentiality would not be possible as they all came from the same nursing school and personally knew each other. They were also advised not to share information from focus group interviews outside the interview. Tolich (2009:103) further advises that utilising an assistant during focus group interviews and debriefing is essential in applying the 'caveat emptor' principle and should be adhered to by all researchers using focus group interviews as a data collection method.

Psychological services were offered free, and participants were assured of their right to withdraw from the study when they felt uncomfortable. The student nurses were willing to take the risk and agreed to participate in focus group interviews. The focus group interviews were facilitated by a co-facilitator who was the researcher's colleague

but was not teaching the student nurses. After the interviews with student nurses who participated in focus group interviews, the researcher afforded debriefing sessions.

The participants' names were removed and identified with code names, and the original list with real names was destroyed. All information about the study, including electronic data, was password-protected, and audio recordings were kept confidential and locked in the researcher's home cabinet, where they will remain for five years after study completion. The identity of the private nursing school and the private hospital is not mentioned in any documentation related to this study to ensure its image and reputation are protected. The research process and findings are divulged for research report purposes only.

The researcher ensured confidentiality by not disclosing any information from study participants in a manner that could identify them and by withholding access to such data to unauthorised people (Polit & Beck 2018:85). The in-depth interviews with nurse educators were conducted in the counselling room, and the focus group interviews with the student nurses in the nursing school boardroom. In this study, privacy and respect were ensured throughout the research study and no personal information was divulged to anyone not connected to the study.

The researcher upheld the principle of respect and protected the participants' identity and responses by interviewing the participants individually at different time schedules.

The nursing school and private hospital served as a natural setting for both nurse educators and student nurses in the bridging programme (Regulation R683, 1989). Any intrusion and violation of privacy during interviews were prevented. Information gathered during the research process was not revealed to other people not directly involved with this study. The researcher used numbers as identification codes to provide anonymity to nurse educators and student nurses in this study. Data collected in audiotapes, interview transcripts and a researcher journal were kept in a locked cabinet in the researcher's office.

3.9.2 The principle of beneficence

Beneficence is an obligation to do no harm and improve or increase possible benefits (LoBiondo-Wood & Haber 2018:235). Polit and Beck (2018:79) further explain that the principle of beneficence includes protection from harm and exploitation.

The study participants will not benefit directly from this research but will enjoy future clinical learning opportunities that promote competence in holistic caring practices. The research findings will be published to form part of the body of knowledge in nursing education and contribute to the provision of holistic caring.

The following discussion explains how the researcher in this study applied the principle of beneficence, including how the researcher ensured participants were protected from emotional, physical, and social harm during data collection during this study process.

Protection of the study participants, private nursing school, and the private hospital in this study is discussed below as measures to ensure the principle of beneficence.

- **Protection of the study participants**

According to Brink et al. (2018:30), protection in qualitative research involves preserving participants' rights and social wellbeing.

In this study, physical harm was prevented by avoiding lengthy interviews leading to fatigue. In addition, the student nurses were interviewed during their college days. This prevented unnecessary transport costs that could have had a detrimental effect on the finances of student nurse participants not residing at the nurses' home adjacent to the private, faith-based hospital and nursing school used in this study.

The researcher sought assistance from a colleague not directly involved in teaching student nurses who are participants in this study to facilitate focus group interviews to prevent coercion and psychological discomfort.

Polit and Beck (2018:138) caution qualitative researchers to avoid exploiting special researcher-participant relationships. The student nurses were informed that responses during focus group interviews would not be used against them and would not be linked to their academic performance during training at this nursing college.

The research questions from the interview guide were linked to the nurse educators' and student nurses' clinical caring experiences and did not involve any personal matters. The biographic data interview form did not include personal details such as name or any identification that would link participants with their responses during the interviews.

The researcher gave assurance to participants regarding protection from any form of harm and discomfort during the research process. The researcher was observant of physical or psychological discomfort signs and ensured that free psychological counselling services were available for those who experienced emotional discomfort. None of the participants used psychological services, although all participants were informed about them. Privacy and anonymity were ensured to prevent harm and are discussed with the principle of respect in this section.

As indicated in the following discussion, the nursing school and private hospital were protected.

- **Protection of the hospital and nursing school in this study**

According to Brink et al. (2018:30), qualitative researchers have the responsibility to protect the reputation of the institution where the study is conducted, including the community from where the population is selected. The researcher took the following steps to ensure the private nursing school and the hospital in the study are protected.

Ethical clearance to conduct the study was obtained from a Research Ethics Committee of the University of South Africa; see Annexure A (Reference: HSHDC/561/2016). The study's purpose was to explore and describe perceptions of holistic caring within a private hospital in KwaZulu-Natal. Hence researcher requested permission to conduct the study in the selected private hospital from the KwaZulu-Natal Department of Health's Research Committee (Annexure B) (Ref KZ_2016 RP59_821) and the Chief Executive Officer of the hospital (Annexure C). These requests were granted. The name of the private hospital in this study is not disclosed in any documentation to ensure the hospital's privacy is protected.

The nurse educators and student nurses in the bridging programme (Regulation R683, 1989) who participated in this study worked or were registered at the private nursing school. Permission to collect data from nurse educators and student nurses in the bridging programme (Regulation R683, 1989) from the private nursing school was requested from the principal of the nursing school (see Annexure D). The identity of the nursing school is not mentioned in any documentation regarding this study to ensure its privacy, image and reputation are protected.

All information obtained during the study remained confidential and was kept by the researcher in a locked cabinet at the researcher's home. In addition, the researcher protected the nurse educators' and student nurses' identities by using codes and numbers during data analysis and report writing.

Respect for human dignity is the next principle applied by the researcher in this study and is discussed below.

The following section discusses how the principle of justice was applied in this study.

3.9.3 The principle of justice

According to Brink et al. (2018:30), the principle of justice includes a fair selection of study participants. Polit and Beck (2018:81) further explain the principle of justice involves the equitable distribution of research benefits and consists of the rights to privacy and fair and equal treatment of all the study participants.

To comply with the principle of justice, sampling was guided by the requirements of this study as detailed in the exclusion and inclusion criteria and according to the research purpose. The research purpose was to explore and describe perceptions of holistic caring practices within a private hospital.

The selection of study participants was also influenced by the emphasis in Watson's Theory of Human Caring (2012) on the holistic treatment of an individual through a connection that develops during caring practices. Nurse educators and student nurses were selected due to their previous holistic caring experiences as educators, students, or nurses.

Student nurses in the bridging programme (Regulation R683, 1989) who engaged in caring for patients during clinical practice in the private hospital and nurse educators who were involved with the teaching of the student nurses in the nursing school in the study were all afforded an opportunity to partake in this study.

Fairness in the selection of participants was achieved through purposeful convenience sampling of student nurses in the bridging programme (Regulation R683, 1989) and nurse educators available with the potential to yield more information on the holistic caring practice. Nurse educators and student nurses who did not agree to participate were not judged nor prejudiced, and their right to refuse participation in this study was honoured.

The ethical issues and principles regarding human participants in this study have been presented in this section. They include respect, beneficence, and justice. In addition, the discussion included measures taken to uphold the basic human rights of student nurses and nurse educators, their selection, and how confidentiality and anonymity were ensured.

3.10 SUMMARY OF RESEARCH METHODOLOGY

According to Brink et al. (2018:104), qualitative researchers focus on meaning and understanding of the human experience described according to participant viewpoint. The study's purpose was to generate an understanding of the perceptions of holistic caring practices within a private hospital in KwaZulu-Natal. Establishing a starting point for understanding and providing a thick description of holistic care will, it is believed, provide a foundation for developing specific outcomes for nurse educators regarding future teaching, learning and practice of holistic care in nursing programmes.

In this study, the researcher conducted a preliminary review of the literature to confirm the lack of evidence on the perceptions of nurse educators and student nurses in a bridging programme (Regulation R 683, 1989) on holistic caring within the context of a faith-based private hospital in KwaZulu-Natal, South Africa. The literature review and limitations from previous study methodologies prompted the researcher to conduct this study following a qualitative exploratory and descriptive research design as discussed briefly in Chapter 1 and in detail in Chapter 3.

Table 3.4 below provides a summary of the research methodology followed in this study and discussed in this chapter.

Table: 3.4 Summary of research methodology

Research method	Qualitative research method
Research design	Exploratory and descriptive research design
Research setting	Private hospital in KwaZulu-Natal, South Africa
Target population	Second-year student nurses and nurse educators in the Bridging programme (SANC, R 683)
Sampling approach	Nonprobability sampling
Sampling technique	Convenient sampling for the private hospital, private nursing school and nurse educators
	Purposive sampling for second-year student nurses
Sample size	Small determined by data saturation n=25 student nurses, n-12 nurse educators
Data collection methods	Focus group interviews for student nurse participants
	Structured in-depth interviews with nurse educators
	Field notes were taken during both focus group interviews and structured interviews
Data analysis	Open coding – Teschs
	Qualitative Content analysis
	Constant comparison
	TRUSTWORTHINESS
Credibility	The study population included nurse educators and student nurses in the bridging programme (Regulation R683, 1989).
	Purposive sampling was applied to select second-year student nurses in the bridging programme (Regulation R683, 1989) to provide rich data.
	Prolonged engagement of the researcher as the main data collection instrument was achieved by spending time with participants during in-depth semi-structured interviews with nurse educators.
	The researcher was an observer for the focus group interviews and actively engaged in analysing all interview transcripts, including field notes.
	Data saturation guided data collection and analysis to ensure a thick description of the perceptions of nurse educators and student nurses in the

	bridging programme (Regulation R683, 1989) on holistic caring practices in the selected hospital.
	Searching for disconfirming evidence was conducted by the researcher continuously during concurrent data collection and analysis by seeking contradicting data categories.
	Reflexivity: An assistant researcher co-facilitated the focus group interviews with student nurses to avoid coercion and comply with reflexivity as the researcher was involved in the clinical teaching of student nurse participants in this study.
	Each step of the research process was carefully documented and reported to the study supervisor to ensure data reliability over time. Research findings were submitted to the study supervisor to enhance congruency.
	The study is limited to one private, faith-based hospital and one nursing school in KwaZulu-Natal and the findings are not generalised.
Dependability	All participants were included in the study population and invited to take part to ensure fair representation
	Convenient sampling was applied in selecting nurse educators from a private nursing school easily accessible to the researcher with the potential of providing rich information regarding perceptions on holistic caring practice within the particular hospital.
	Triangulation of data collection methods was achieved through using semi-structured interviews with nurse educators, and focus group interviews with student nurses, taking field notes during the interviews. An assistant researcher was used to prevent coercion as the researcher was involved in the clinical teaching of student nurse participants in this study.
	Member checking was achieved by sharing summarised verbatim interview transcriptions with study participants to verify recorded interview responses
	Investigator triangulation was achieved through the researcher being assisted by a colleague experienced in social research to facilitate the focus groups. The researcher engaged in dwelling to identify data categories during the initial coding of transcripts.
	Data and all documentation related to the research process were made available to the supervisor to verify the dependability of this study. The credentials of the researcher and supervisor were made available to all research participants in writing (informed consent letters), thus ensuring transparency.

Confirmability	Voluntary participation was obtained through informed consent from nurse educators and student nurses before data collection
	An inquiry audit was achieved by making all documentation and data related to the study process available to the supervisor for scrutiny.
	Time triangulation was ensured by collecting data over three months, from July to September 2017
	Peer review/ debriefing was done through advice and feedback from colleagues experienced in qualitative research who reviewed research transcripts and findings of the study.
	The researcher used direct quotes and narratives from the nurse educators and student nurses to portray their perspectives of holistic caring practices.
	A detailed thick discussion regarding research methodology is provided in Chapter Three of this report
	Careful documentation and safekeeping of all data related to this study were maintained throughout the research process by keeping all information and records about this study safely locked in the researcher's home cabinet.
Transferability	The small sample size was supported by data saturation in semi-structured interviews with twelve nurse educators and five focus groups from twenty-five student nurses at the relevant private nursing school.
	The use of comprehensive field notes taken by the researcher during interviews served as supplementary data.
	A research journal with regular details and personal observations made during the research process was kept ensuring thick descriptive data are applicable to other contexts.
	A thick description of nurse educators' and student nurses' perceptions of holistic caring practices in the selected hospital, including observations made by the researcher during the study, are adequately described in writing in the report as evidence of the study process undertaken.
	An audit trail of feedback from the supervisor, interview recordings, transcripts, interview guides, field notes and the research report can be made available for enquiry about this study process.
Authenticity	Audio recordings of interviews with the permission of participants and verbatim transcriptions ensured the authenticity of data and the study process.
	The researcher used probing during interviews to verify the information being recorded and ensure data adequacy.
	A detailed report with thick description of the research methodology and findings is available to other researchers through a published research article.
	The researcher did reflective journaling by

	setting aside all preconceived beliefs about student nurses' holistic caring practices during all phases of the study.
Ethical considerations	
	Ethics approval from university ANNEXURE A (Reference: HSHDC/561/2016
	Ethics approval from KZN department of health, ANNEXURE B (Reference: KZ_2016 RP59_821)
	Disclosure of researcher and supervisor details to participants in case of queries or complaints and concerns
Principle of respect	Full disclosure and Voluntary participation
	Informed consent with the right to withdraw at any time of study if uncomfortable
	Permission to conduct the study
	Ethical clearance
	Anonymity and confidentiality use of interview venues away from visibility to non-participants Safekeeping of data under lock and key
Principle of beneficence	Protection of study participants from psychological harm and use of codes and not disclosing the identity of participants
	Protection of the private hospital and private nursing school
	Careful management of data and not making it available to people not involved in the study
	Principle of 'caveat emptor' applied during focus group interviews and participants were made aware of limited anonymity in focus group discussions from the same nursing school
	Use of facilitator to prevent coercion during focus group interviews with student nurses
Principle of justice	Sampling according to the study purpose
	Nonprobability sampling, according to the qualitative research method through purposeful convenience sampling of student nurses in the bridging programme (Regulation R683, 1989) and nurse educators available with the potential to yield more information on the holistic caring practice.
	Nurse educators and student nurses who did not agree to participate were not judged nor prejudiced, and their right to refuse participation in this study was honoured.

This chapter presented qualitative design, research methods (including the population, sampling techniques, data collection methods and data management) and a brief

discussion on the data analysis. Ethical principles applied during the study process, including measures used for integrity and trustworthiness of the study, were also discussed.

The next chapter will discuss data analysis in detail and report the study findings.

CHAPTER 4: PRESENTATION AND INTEGRATION OF STUDY FINDINGS

4.1 INTRODUCTION

The purpose of the study was to generate an understanding of the perceptions of holistic caring practices within a private hospital in KwaZulu-Natal.

The previous chapter presented the qualitative research approach, study population, sampling process, and data collection and analysis methods followed in exploring and describing holistic caring perceptions of nurse educators and student nurses just mentioned.

This chapter presents the study findings.

4.2 PRESENTATION OF RESEARCH FINDINGS

This section presents the research findings that emerged from data analysed through narrative qualitative methods of open coding and thematic analysis, which have been discussed in detail in the previous chapter. The findings are reflected in themes and sub-themes according to respective participants and presented in the relevant section.

This study was conducted through the person triangulation method, which used both nurse educators and student nurses in the mentioned bridging programme as

discussed in Chapter 3 as participants to explore and describe perceptions of holistic caring practice in a private hospital in KwaZulu-Natal, South Africa.

Sample characteristics of participants of this study which include nurse educators and student nurses, are also presented in this chapter.

According to Brink et al. (2018:117), sample demographics influence the study variables. LoBiondo-Wood and Haber (2018:213) further explain characteristics of the chosen sample should be congruent to those of the study population to ensure representativeness. The biographical data include age, educational level, general nursing experience and nursing education, including professional registration qualifications. Hence biographical data were analysed quantitatively, and statistics are discussed as two sets of data.

According to Brink et al. (2018:167), statistical analysis involves the researcher's applying simple descriptive statistics, which classify and summarise data features according to their specific functions. Simple descriptive statistics use proportions which are a number of parts per hundred that represents certain parts of the total population which are then transformed into percentages by multiplying by a hundred to analyse data (Brink et al. 2018:170). Jooste (2018:345) concurs that descriptive statistics describe data using numbers. The frequency distribution (f) method involves organising scores from the lowest to the highest and linking them according to the number of times the score appears (Brink et al. 2018:167).

In this qualitative study, participants' demographic characteristics were analysed using frequency distribution and simple descriptive statistics. Participants' biographical data were analysed in proportions and percentages to compile descriptive statistics of the nurse educators and student nurse population in this study.

The first set of findings presented includes characteristics, themes, and subthemes that emerged from data collected from nurse educator participants' interviews in this study.

4.2.1 Presentation of nurse educators' characteristics, themes, and subthemes

The findings from the analysis of nurse educator participants' biographical data and themes and subthemes, including field notes, were analysed and are presented below.

The following discussion involves demographics for nurse educators' research sample used in this study.

4.2.1 Nurse educator sample characteristics

Nurse educator participant's biographical data include age, race, gender, and highest qualification, ranging from diploma, degree, or master's degree in nursing. Additional qualifications in nursing education, professional registration as a general nurse and nurse educator, experience practising as a general nurse, and experience in practice as a nurse educator formed characteristics of nurse educators' sample teaching the bridging programme (Regulation 683, 1989) at the sampled private nursing school in this study as presented in Table 4.1 below.

Table 4.1 Nurse educators' characteristics and biographical data

Parameter	Category	Values	Frequency (f)	Percentage
Age	Nurse educators	30-39 years	1	7,69%
		40-49 years	5	38.4%
		50-59 years	5	38.4%
		60+ years	1	7.69
			N=12	100%
Race		White	1	8%
		Black	10	84%
		Indian	1	8%
		Coloured	0	0%
			N=12	100%
Gender		Female	12	100%
		Male	0	0%
Professional registration	Nurse educators	General nurse	N=12	100%
		Nurse educator	N=12	100%
Highest nursing qualifications	Nurse educators	Diploma in Nursing	3	25%
		Bachelor's degree	6	50%

		Master's degree	3	25%
			N=12	100%
General nursing experience	Nurse educators	0-10 years	1	7.6%
		11-20 years	2	15.3%
		21-30 years	8	61.5%
		31 years	1	7.6%
			N=12	100%
Experience in nursing education	Nurse educators	0-4 years	0	0
		5-10 years	2	16.7%
		11+ years	10	83.3%
			N=12	100%
Nursing education qualification	Nurse educators	12	12	100%

Table 4.1 above indicates age analysis ranging from 30 to 60+ years, with the largest cohort between 40 to 59 years. Distribution ranged across Black, White, and Indian racial groups. The black racial group is dominating. The educational characteristics of nurse educators reflected a master's degree in nursing as the highest qualification. Regarding general nursing experience, the majority of participants have between 21 to 30 years (n=8), 61.5%.

Teaching experience in nursing and nursing education qualifications were included in the analysis to understand holistic caring practice perceptions from experience and educational background. Teaching experience above ten years (n=10) or 83.3% emerged as the highest category of those (n=12) or 100% who had a qualification in nursing education. The analysis of the characteristics mentioned above is further discussed in detail in this section.

The following section presents the age analysis of the nurse educator participants in this study.

4.2.1.1.1 Age distribution and analysis for nurse educators

The total number of nurse educators was twelve (N=12), and their age distribution ranged from 30 years (lowest) to 60+ highest years, as reflected in Figure 4.1.

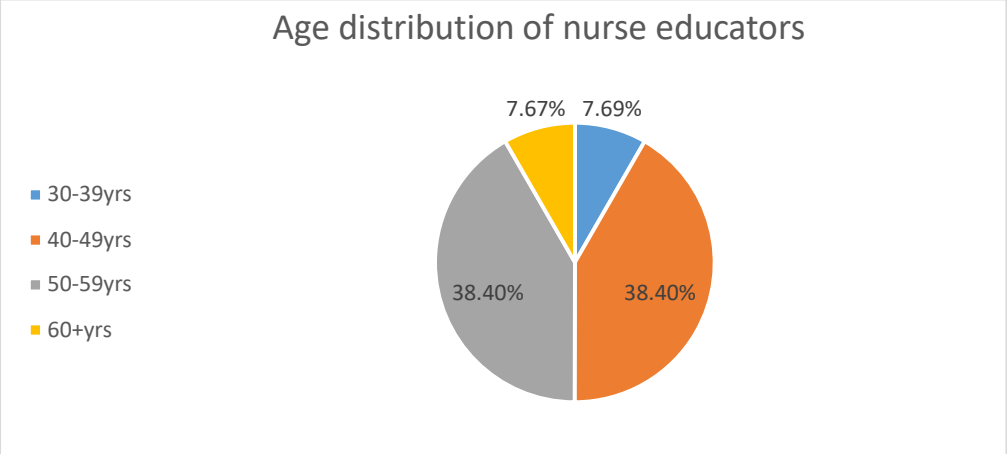

Figure 4.1 Age distribution of nurse educators (N=12)

Out of the twelve nurse educators, only one nurse educator was between 30 to 39 years, and only one was above 60 years of age (about 7.7% in both cases). There were five participants (n=5; 38.4%) within the age group between 40 and 49 years. The age range between 50 and 59 also had five (n=5; 38.4%).

Age analysis was conducted using frequency distribution statistic methods. The frequency distribution analysis of nurse educators' age profiles indicates that the age range of 40-49 (n=5) and 50 to 59 years (n=5) had the highest number of participants at 83.3% of the total nurse educator population. This suggests that the nurse educator sample in this study comprises an older generation, thus more mature educators. Age maturity may be attributed to academic requirements as a prerequisite for nursing educators. The nurse educators' competencies include an additional qualification, namely a minimum of two years of clinical nursing experience across the scope of practice within the last five years (WHO, 2016:11). The South African Nursing education and training standards (2016-2019:76) also support that academic lecturers should be professional nurses with a general nursing and midwifery experience, including an additional qualification in nursing education.

The racial distribution for the nurse educator in this study is outlined below.

4.2.2 Racial distribution and analysis for nurse educators

The racial distribution for nurse educator participants included three racial groups: White, Indian and Black. The racial groups are represented in the following pie graph.

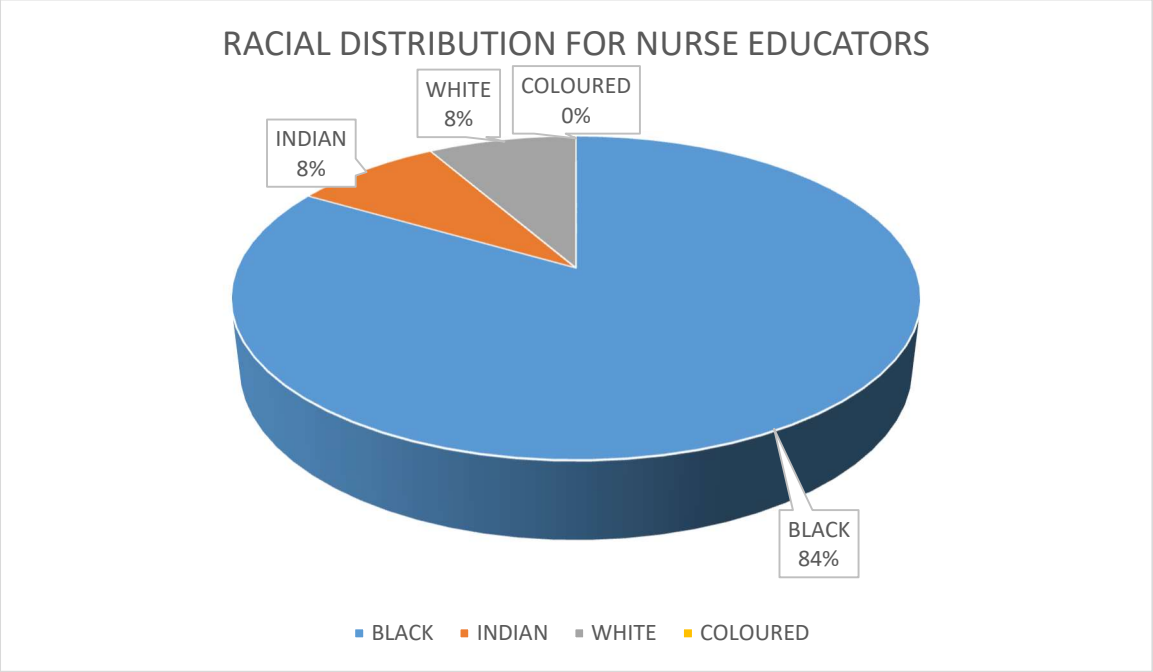

Figure 4.2 Racial distribution of nurse educators (N=12)

The total number of nurse educators was twelve, with a racial distribution of 83,3 % (n=10), representing Black as the largest racial group. There was an equal distribution of 8.3% (n=1) of White and Indian racial groups, respectively.

4.2.3 Gender distribution and analysis of nurse educators

All twelve nurse educator participants were female, with the sample indicating that nursing is a predominantly female-dominated profession.

4.2.4 Professional registration and highest educational qualification for Nurse educators

The study's purpose was to generate an understanding of the perceptions of holistic caring practices within a private hospital in KwaZulu-Natal, South Africa. Understanding nurse educators' perceptions of holistic caring might assist in

enhancing the integration of holistic caring theory into practice in future nursing programmes.

Nurse educators were also identified as suitable participants in this study due to their involvement in teaching student nurses, who also form part of the study population. The level of professional and educational qualification of nurse educators in the study sample was 25% a diploma in general nursing, 50% a degree in nursing and 25% Master's degree in Nursing Science. All twelve nurse educators who participated in this study had an additional qualification in nursing education and were registered with the (SANC) as nurse educators.

Figure 4.3 displays nurse educators' highest qualifications and additional qualifications in nursing education.

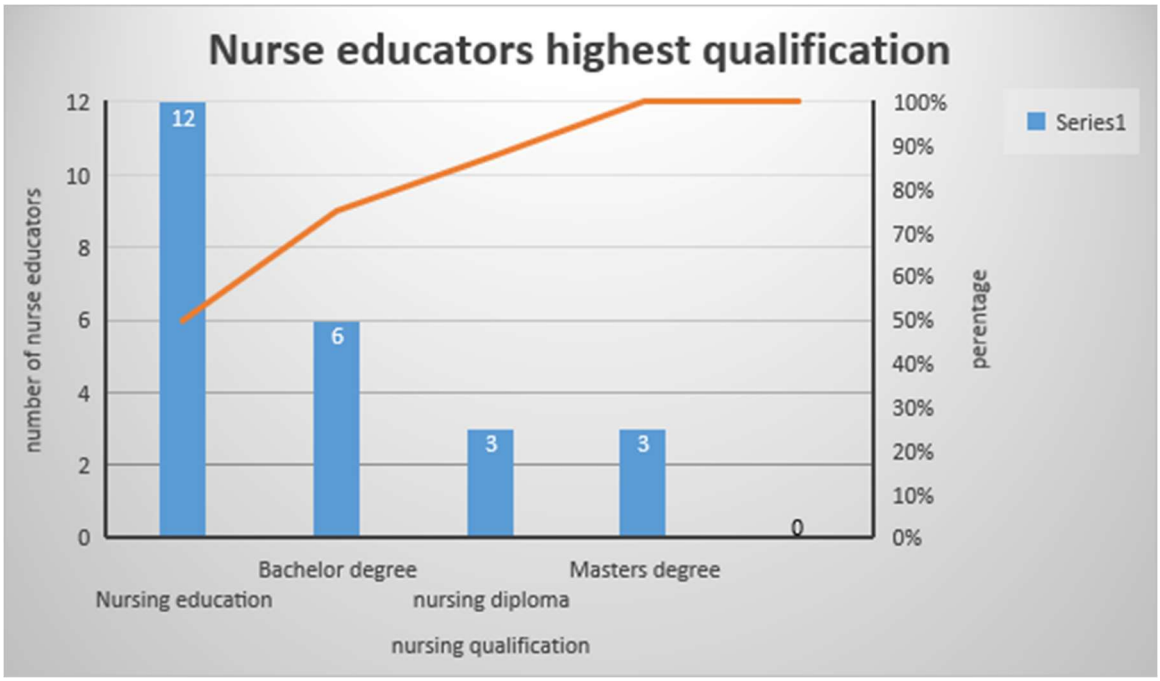

Figure 4.3 Nurse educators' highest professional qualification

Figure 4.3 reflects the average qualification for nurse educators in this study as a degree in nursing with additional nursing education. On analysis, the researcher found no significant differences between nurse educators' educational level and their perceptions of holistic caring practice within a private hospital in this study.

The general nursing experience of nurse educators sampled for this study is presented in the next section.

4.2.5 General nursing experience of nurse educators

The total sample of twelve nurse educators indicated extensive general nursing experience. This was ideal and most suitable to provide more insight into holistic caring practice in the specific context of this study. The nursing experience of nurse educators is presented in Figure 4.4 below:

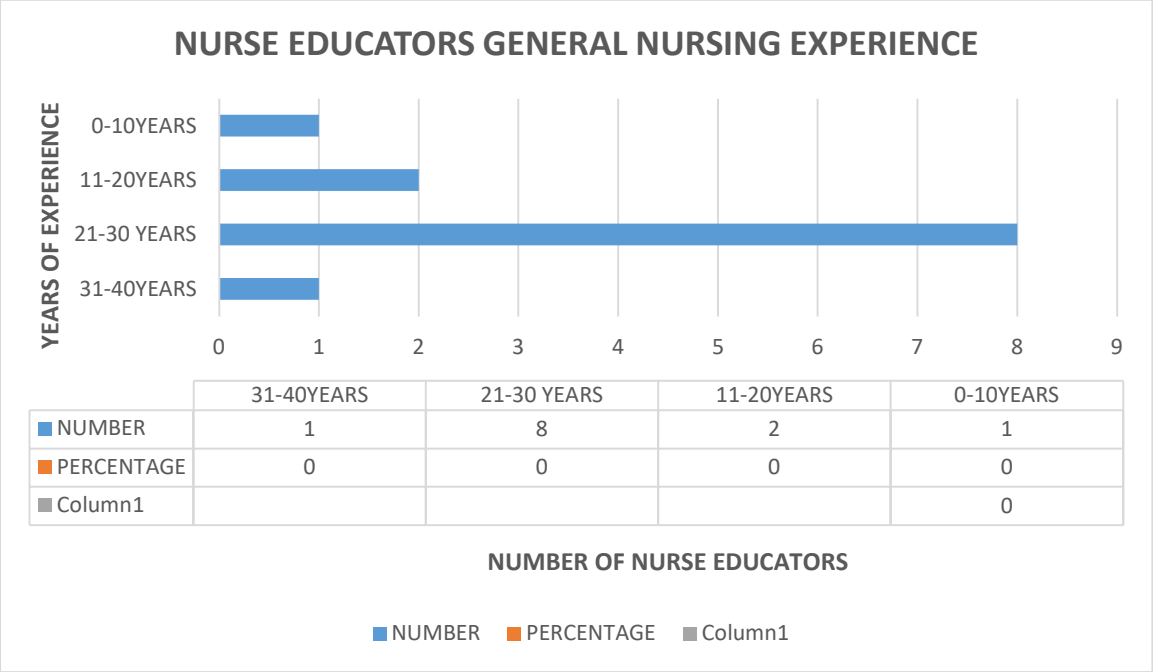

Figure 4.4 Years of general nursing experience for nurse educators

According to Figure 4.4, 8.3% (n=1) of nurse educators had a general nursing experience of fewer than ten years. Sixteen point six per cent (n=2) nurse educators had an experience of between eleven to twenty years in general nursing. 66.6% of nurse educators (n=8) had general nursing experience ranging between twenty-one to thirty years. Only 8.3% (n=1) of nurse educators had more than 30 years of experience in general nursing. Findings indicate experience between 21 and 30 years having the greatest number with nurse educators' average general nursing experience of 23.3 years.

The average of 23.3 years of general nursing experience of nurse educators may be attributed to the SANC's requirement that a minimum of four years of general nursing experience as prescribed for nurse educators.

Experience in nursing education was deemed an important characteristic for nurse educators analysed in this study and discussed in the following section.

4.2.1.1.6 Nurse educators' experience in nursing education

The requirement specified by SANC for nurse educators is an additional qualification in nursing education (SANC Regulation R118, January 1987). Furthermore, an appointment in a nurse educator position requires a minimum teaching experience of four years. The following doughnut graph in figure 4.5 presents nurse educators' years of experience in nursing education.

The dark orange colour represents nursing education experience ranging between eleven to twenty years, with experience between four and ten years indicated in blue.

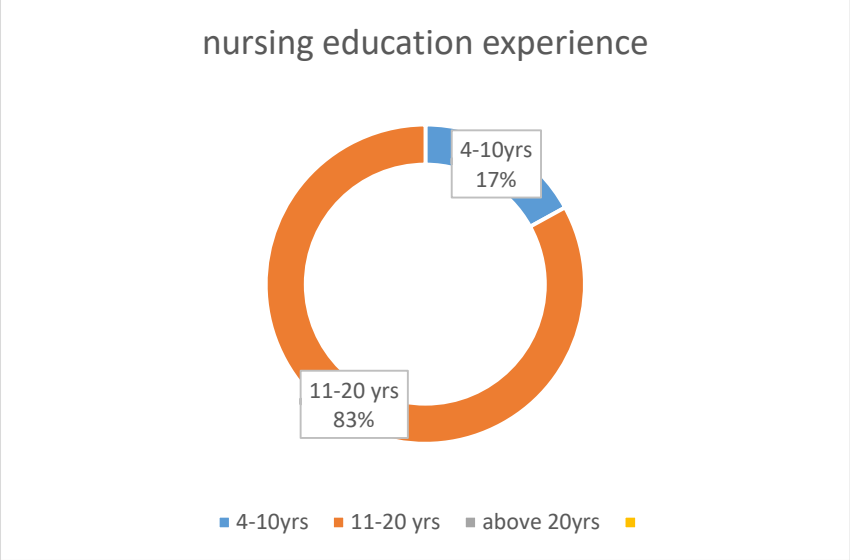

Figure 4.5 Nurse educators' years of experience in nursing education

According to figure 4.5, seventeen per cent (n=2) of nurse educators had nursing education experience of four to ten years. Eighty-three per cent (n=10) had more than ten years of experience in nursing education.

The findings depicted in figure 4.5 indicate that nurse educators had extensive experience in teaching nurses, with an average nursing education experience identified as 12.3 years. All nurse educators had teaching experiences and an additional nursing education qualification. Analysis of nursing education experience yielded no difference in nurse educators' perception of the holistic caring practice at the private hospital sampled in this study.

The above section has presented findings on quantitative analysis of nurse educator characteristic demographic data. The findings have contributed valuable information towards understanding perceptions of holistic caring practice according to the nurse educator viewpoint.

The following section presents findings generated as themes and subthemes from data collected from nurse educator participants sampled for this study.

4.3 THEMES AND SUBTHEMES FROM NURSE EDUCATOR'S PERCEPTIONS OF HOLISTIC CARING PRACTICE

Data collected from nurse educator in-depth interviews were analysed qualitatively, as discussed in the previous chapter. The main themes, sub-themes and categories identified during the analysis are presented in this section with coded verbatim quotes to enhance the audit trail.

The main themes, sub-themes and categories are presented in Table 4.2 as shown below:

Table 4.2 Main themes and subthemes of nurse educators' perceptions of holistic caring practice in a private hospital in KwaZulu-Natal, South Africa

MAJOR THEME	SUB-THEME	CATEGORIES
4.2.2.1 Holistic caring practice as all-inclusive, comprehensive nursing care that meets individual patient total needs	4.2.2.1.1 Caring for physical well-being	• Addressing physical needs
	4.2.2.1.2 Caring for psycho-social wellbeing	• Acknowledging psycho-social needs of autonomy, compassionate caring nursing presence

	4.2.2.1.3 Caring for spiritual-well-being	• Offering spiritual and emotional support
	4.2.2.1.4 Caring for self to ensure individual holistic wellbeing	• Teaching self-care practice to patients considering family culture and involvement • Promoting student nurse self-care
4.2.2.2 Teaching provision of holistic caring practice	4.2.2.2.1 Positive hospital environment promoting spiritual care	• Spiritual care activities, religion
	4.2.2.2.2 perceived challenges in preparing student nurses for the provision of holistic care practice.	• . Non-specific holistic care curriculum • Inadequate student clinical learning • Ineffective student clinical supervision and accompaniment
4.2.2.3 Proposed outcomes for teaching holistic caring practice in future nursing programmes	4.2.2.2.3 Promoting future holistic care education	• Improving holistic nursing curriculum. • Improving clinical learning
	4.2.2.2.4 Increasing support for nurse educators in future programmes	• Continuing professional education • Mentorship and Preceptorship

According to Table 4.2, three main themes, eight subthemes and twelve categories emerged during the analysis. The first main themes include nurse educators' perception of describing the holistic caring practice as all-inclusive, comprehensive nursing care that meets individual patient total needs. The second theme was nurse educators' perception of teaching for the provision of holistic care practice, and the third main theme proposed was outcomes for teaching holistic caring practice in future nursing programmes.

The following discussion presents the first main theme, subthemes, and the relevant data codes from nurse educators.

4.2.2.1. Theme: Holistic caring practice as all-inclusive, comprehensive nursing care that meets individual patient total needs

The first major theme emerged from subthemes and categories identified from data addressing the first question that sought understanding of holistic care from nurse educators' perceptions during semi-structured interviews. According to the findings, nurse educator participants perceived holistic care as all-inclusive, comprehensive nursing care that meets individual patients' total needs. Four subthemes of caring for physical well-being, psycho-social wellbeing, and spiritual well-being, including promoting caring for the individual and self, emerged from the combined data categories during analysis.

The main theme and four subthemes are evident in the following comments extracted during the analysis of nurse educators' interview transcripts about holistic caring practice:

"...It is an all-inclusive care... treating (a) patient comprehensively in a holistic manner and differently from other patients and meeting patient total need… because patients have different needs and problems that must be considered to assist them towards total healing and recovery..." (Nurse Educator participant #NE8, female).

"...Holistic care is directed to a particular individual and includes "yonkinto" (Zulu word for everything), care for body, care for mind, care for spirituality, care for religion, religious aspect, care for a patient as a total being, religion, personal relationship not a particular problem, but person in totality ... caring for (the) physical body, mind as in psycho-social wellbeing, and spiritual wellness which is comprehensive patient care..." (Nurse Educator participant #NE3, female).

"... It is comprehensive caring of the individual patient where patient total (sic) needs are ..." (Nurse Educator participant #NE2, female).

"…Holistic caring involves ensuring physical, psychological, spiritual wellbeing and promoting self-care towards holistic healing…" (Nurse Educator participant #NE5, female).

"...I understand holistic care as comprehensive nursing care where all the nursing care given is driven by the patient needs and not just prescribed procedures, the physical wellbeing including the patient's psycho-social, spiritual aspects like emotional status, cultural aspects, religion and if the patient is reacting to illness and whether that patient may be able to perform self-care and manage his/her illness, so basically it's an inclusive care ..." (Nurse Educator participant #NE4, female).

Nurse educator participants' responses were carefully considered to draw conclusions on their understanding of the holistic caring practice. The researcher identified nurse educators' perceptions of holistic caring practice as a comprehensive treatment of the patient by addressing all different needs. Participants described comprehensive care as taking care of the various health aspects that make up a complete human being. The participants' description of holistic care as comprehensive care appeared to be the most common code amongst nurse educator responses from eight of twelve in-depth nurse educators' interviews. The comprehensive nature of holistic care is evident in the repeated emergence of physical, psychological, and spiritual health aspects that make a complete human being. The meaning identified from participants' description of holistic caring practice is a combination of care aimed at promoting physical, psychological, and spiritual wellbeing to achieve total healing.

The following discusses the first subtheme of physical wellbeing identified from what nurse educators described as holistic caring practice.

4.3.1 Sub-theme: Caring for physical wellbeing

The first sub-theme that emerged from almost all the nurse educator participants when describing holistic caring practice was care for physical well-being. According to nurse educators, caring for one's physical well-being forms the basis of holistic nursing care. Participants mentioned that attending to different physical complaints or physical needs and ensuring physical comfort is an important part of holistic care practice. For

example, nurse educator participants stated the following about care for physical well-being:

"...It is important that nurses appreciate that care of patient physical wellbeing is *the basis for all nursing care is also part of holistic care and physical comfort must always be ensured especially prior to nursing treatment procedures...". (Nurse Educator participant #NE2, female).*

"... holistic care is the end goal of comprehensive nursing care, and ensuring good quality of physical wellbeing care also contribute (sic) and promotes holistic treatment of the patient." (Nurse Educator participant #NE4, female).

The above findings suggest nurse educators' perception of holistic care as inclusive of physical care. Physical care is described by nurse educators as the basis of holistic nursing activities. The meaning ascribed to physical care reveals that it is not an isolated type of care but an essential part of the holistic caring practice that cannot be ignored.

Physical needs emerged in nurse educators' description regarding physical care as the foundation for providing holistic caring practice. The following presents what participants described as physical needs to ensure caring for physical wellbeing.

- **Addressing physical needs to ensure physical wellbeing**

The following are comments from participants regarding addressing the physical needs of the patient to ensure physical wellbeing as part of the holistic caring practice. Nurse educators described physical needs as oxygen, water, nutrition, elimination, sleep, and rest, including physical safety and comfort.

"...We always emphasize that nursing care should be based on individual assessment and that even though holistic care encompasses all patient needs, the physiological needs which includes (sic) breathing, food, water, rest, and sleep must be given attention as they are important for survival of the patient and nurses can't offer psychological or spiritual care without also rendering physical care..." (Nurse Educator participant #NE 11, female).

"... Holistic care includes giving nursing care that satisfies physical needs and giving oneself time to listen to the patient while attending to (a) physical complaint as physical needs such as need for oxygen and food, even need for sleep and rest are important and are a priority..." (Nurse Educator participant #NE 2 female*).*

"...physical needs are a foundation to nursing care and very important in maintaining patient physical wellbeing, total health, and life..." (Nurse Educator participant #NE 8 f*emale).*

The findings revealed that nurse educators describe physical needs as having priority over all other needs. The findings high list the vital role physical needs have in directing nursing care to be given. Understanding physical needs provides an opportunity to prioritise nursing care regarding physiological needs and overall physical wellbeing whilst rendering holistic care.

The second sub-theme identified from nurse educator participant description of holistic caring practice is caring for psycho-social wellbeing presented below.

4.3.2 Sub-theme: Care for Psycho-social wellbeing

This sub-theme is reflected in psychological and social care, which participants described as psycho-social care.

Nurse educator participants indicated offering proper psychological care supplements physical care during holistic caring. The participants described care for psycho-social wellbeing as nursing activities that consider a patient's psychological needs and the patient as a social being, including behavioural response to illness and providing emotional counselling.

Nurse educators made the following comments which supported this idea of providing psycho-social care during holistic caring practice:

"...emotional counselling is an important part of nursing care that should be done by every nurse to ensure the patient is nursed in totality, we always teach our students to consider (the) psychological status, emotional status and behavioural response to illness which can affect patient social life." (Nurse Educator participant #NE9 female*).*

‘‘...we always emphasize that the mind controls the body so offering nursing care that address (sic) psychological needs and promote(s) psycho-social wellbeing of the patient is important ...” (nurse educator participant #NE1 female).

“Psychological well-being of the patients can be largely affected by reaction to disease or diagnosis, and this must always be considered during caring as it may not only affect the patient only but significant others as patient is a social being” (nurse educator participant #11 female)

Nurse educators’ responses highlight the importance of treating the patient as a psychological and social being. This suggests the inseparable nature of the psychological and social being of a patient. Holistic care promotes the achievement of equilibrium and balance between all human health aspects; thus, attending to both patient psychological well-being and social well-being culminates in holistic healing. In this study, participants further mentioned acknowledgement of psycho-social needs as important in achieving the psychosocial well-being of the patient during holistic patient care.

The following presents what nurse educators perceived as psychosocial needs that are essential for rendering psychosocial wellbeing.

- **Acknowledging psychosocial needs of autonomy and compassionate caring presence**

The concept of psychological needs emerged when participants described offering care for the psychological well-being of patients. The nurse educator participants described acknowledging autonomy and a compassionate, caring presence as psychosocial needs that must be satisfied during holistic care. The first category that emerged from psychosocial needs is the need for autonomy discussed below.

The participants described autonomy as an important need that contributes to patients’ psychological wellbeing and promotes holistic care. According to participants, autonomy means allowing and supporting the patient in taking control of their health by engaging in informed decision-making regarding health choices.

The following are responses extracted from nurse educators regarding autonomy:

"...Autonomy is an important virtue in holistic practice that address(es) and promote(s) patient cooperation and psychological comfort when (the) patient makes own decisions about care... it is important that caring practice of student nurses supports the patient decisions in making health choices..." (Nurse Educator participant #NE 2 female).

"Holistic caring requires allowing patient to exercise power of decision making during caring process" (Nurse educator participant #NE5 female).

"Nurses should always guard against and protect patients from being made to accept care without being given alternatives, adequate information should always accompany patients right to decision making during holistic caring" (Nurse educator participant, Female #NE4)

Being allowed to decide on the best treatment option without being forced to accept whatever care being offered was highlighted as autonomy for patients. The findings suggest an understanding of the patient's right to make decisions about own health is a vital aspect of holistic caring practice. Nurse educators are better positioned to communicate an understanding to student nurses that will ensure patient advocacy and protection during care. Patients' right to decision-making should be respected in any environment to promote holistic practice.

The need for compassionate caring was identified from nurse educators' description of psychosocial needs, as explained below.

Nurse educators described compassionate caring as providing holistic care by treating the patient in a compassionate, humanistic manner and a loving, caring attitude of kindness, empathy, and sensitivity to all patient needs, including unspoken needs.

The following are comments about compassionate caring:

"Holistic Nursing involves attending to (the) patient in a humanistic compassionate manner to relieve suffering through a loving, caring attitude…" (Nurse Educator participant #NE 9 female).

“Holistic care: besides offering physical care and basic nursing care, one also attends to the patient’s emotional wellbeing by ensuring that nursing care is rendered through compassionate caring that address(es) patient emotional and spiritual needs.” (Nurse Educator participant #NE 12, female).

“Holistic caring is grounded on compassion and empathy and the ability to identify feelings the patient could not verbalise” (nurse educator participant #NE7, female)

This description of compassion is that of providing loving care with awareness and sensitivity to the patient’s health problems or needs. Compassion is regarded as a pillar and the core of nursing practice. Nurse educators demonstrated an understanding of the meaning of compassion concerning holistic caring practice.

The third category identified from the nurse educators’ description of psychosocial needs is caring nursing presence. According to the participants, a caring presence entails not only being physically present for the patient but displaying a positive attitude, listening actively, allowing the verbalising of fears and concerns, showing respect for patient values, and maintaining human dignity during nursing care. Participants further mentioned that a caring presence allows for meaningful interaction and connection between the nurse and patient during nurse procedures.

The following are comments from participants regarding nursing caring presence:

“...Even if you don’t have anything else to do for the patient, sometimes one has to find time amongst the busy ward routine to just to stay with the patient amid all the hurrying that we do.” (Nurse Educator participant #NE 4 female).

“…Patients are social agents and nurses should utilise this opportunity to interact and connect with the patient, getting to know patients forms an important part in caring “. (Nurse educator Participant #NE6 female).

The above findings suggest that nurse educators view nursing presence as another way to ensure psychosocial well-being when offering holistic care. The next sub-theme nurse educators perceived as a holistic caring practice is caring for spiritual well-being. It is explained below.

4.3.3 Sub-theme: Care for spiritual wellbeing

Caring for spiritual wellbeing was identified as the third sub-theme describing what nurse educators in this study perceived as holistic caring practice. According to nurse educators' perceptions of holistic caring practice, it includes providing spiritual and emotional support.

The following excerpts from nurse educators evidence this:

"Spiritual care is undeniably the essence of holistic care practice with nursing activities designed to promote patient spiritual emotional well-being." (Nurse Educator participant #NE3 female).

"Student nurses must know that ensuring spiritual wellness includes respecting patient choice of religion and the patient's whole emotional wellbeing should be maintained through nursing care that promote(s) positive emotions, facilitate holistic healing during caring practice" (Nurse Educator participant #NE10, female).

"Offering emotional support and counselling assists in rendering effective spiritual care that is directed at healing patient holistically" (Nurse educator participant#NE8)

The above responses suggest that nurse educators understand caring for spiritual well-being as the essence of spiritual care, which is holistic care. This indicates that nurse educators consider holistic caring practice as spiritual care and not as two independent phenomena. This finding further highlights the comprehensive nature of care nurse educators attach to holistic caring practice.

According to the nurse educator participants, kindness, being supported emotionally and connecting with spiritual supernatural beings are essential in providing spiritual support during holistic caring practice.

This is identified in the following comments from nurse educator participants regarding offering spiritual and emotional support:

"... assessing (the) patient('s) emotional status and ensuring emotional wellness can be facilitated by spiritual and emotional satisfying practices such as prayer and

therapeutic counselling … caring should depart from the patients' values and beliefs so as not to alienate patient from what works for his/her emotional health to facilitate (the) healing process "(Nurse Educator participant #NE2 female).

"...Patients need to be treated with kindness and such need must be catered for when rendering total patient care..." (Nurse Educator participant #NE 3 female).

"...Patients need to be given opportunity to connect with supernatural being or anything of value that is sacred to him/her...including referral to religious leaders to offer (a) spiritual support system and promote calmness, inner peace, and spiritual comfort. " (Nurse Educator participant #NE5 female).

"…A patient is a spiritual being and that should be supported at all times during caring with whatever spiritual activity such as prayer, meditation, visits from spiritual leaders etc. as long as it contributes to patient emotional wellness without being detrimental to health…" (Nurse educator participant #NE1)

"...Here it is easier to talk about spiritual care needs because the hospital embodies spiritual values that provide emotional support." (Nurse Educator participant #NE10 female.).

Findings highlight spiritual care activities that can ensure spiritual well-being as treating the patient with kindness, allowing the patient a sacred connection with a higher being, including visits from religious leaders. The provision of spiritual care through religion emerged as an important dimension of spiritual care that should be considered during holistic caring practice, including providing emotional and spiritual support. However, participants advised that referral to religious leaders should be according to the patient's choice of religion. This is evidenced in the following nurse educators' comments about patient religion and spiritual care support:

"... students are taught to always consider patient spiritual needs including religious needs, so they provide care that is aligned to patient needs and values..." (Nurse Educator participant #NE 7, female).

"... Incorporating the religion of the patient during his care is encouraged so that students understand that holistic care does not exist in isolation but stems from what

the patient wants and values as being helpful to him ...whether connection with higher powers according to what they believe in, whether God, ancestors, Allah etcetera." (Nurse Educator participant #NE 5 female).

"... Religion is part and parcel of providing spiritual care by taking into consideration patient beliefs and aligning nursing care to that of the patient('s) religion family... yet patients still need to be referred for therapeutic counselling to psychologists, social workers etc.". (Nurse Educator participant #NE4 female).

"…teaching of spiritual care is not easy especially in this environment because no matter how much you emphasize (the) importance of (the) patient as spiritual being and not religion centred, (the) the practice environment in this hospital is more aligned to religious practices with prayer as common practice…" (Nurse Educator participant #NE12 female).

The nurse educators view religion as not only religious orientation but include patient values, beliefs, inner peace, and connectedness with higher-being spiritual care. This further suggests student nurses are taught to incorporate patient religion during holistic caring practice. However, the hospital's environmental culture contributes to how spiritual care is promoted through religion, as revealed by participants in this study. Alternative measures of providing spiritual and emotional support through referral to a professional specialist such as social workers and psychologists can be utilised for the patient's optimum benefit to ensure emotional well-being has been suggested by nurse educators in this study.

The last sub-theme that emerged from nurse educators' description of holistic caring practice involves caring for self to ensure individual holistic well-being. It is discussed next.

4.3.4 Sub-theme: Caring for self to ensure individual holistic wellbeing

Care for self and individual wellbeing was another important aspect in offering comprehensive individualised care during holistic caring practice, as identified by nurse educators. The nurse educators described caring for self as teaching self-care practices to patients by considering family involvement and culture, including

promoting student nurses' self-care practice through self-discovery and reflection to encourage its application during holistic caring practice.

- **Teaching self-care practice to patients considering family involvement and culture**

In this study, nurse educators described teaching self-care practice as giving adequate health and wellness information and encouraging patient and family involvement to promote self-care practices. The following are nurse educators' responses about self-care practice education to patients:

"*Offering patients with knowledge of achieving healthy lifestyle and how to identify health problems early including available services are all strategies that can be used to ensure patients are able to self-manage their care…. patients should be able to know when to seek professional help…" (nurse educators' participant #NE1)*

"Giving adequate health education and information helps patient to understand the disease process, promotes participation in managing the condition and facilitate holistic healing when the patient understands the treatment process…" (nurse educator participant # NE9 female)

"...we always teach student nurses each nursing procedure is always accompanied by patient health education to promote individual self-care practices to ensure physical, psychological, and spiritual wellness…patients given adequate information are in a better position to care for themselves" (Nurse Educator participant #NE 7 female).

Nurse educator participants mentioned that family plays an important role in the healing process and should be involved in patient care and treatment.

The participants had the following responses about family involvement:

"…in providing holistic care, accepting (the) patient for who he is and involving him and his family promote ownership of treatment process, ability to self-manage the condition even in the absence of the nurse ..." (Nurse Educator participant #NE4 female).

"...To treat (the) patient according to his individual needs and involving him in care planning and making (the) patient the centre of care is another way of providing holistic care ..." (Nurse Educator participant #NE 6 female).

"...teaching student nurses to treat patients as complete individuals by involving patients' family in decisions regarding nursing care can promote individualised holistic care..." (Nurse Educator participant #NE 5 female).

The participants' responses suggest that involving patients' families in care contributes to individualised self-care, which they view as another way of providing holistic care. However, findings from some nurse educators suggest that the patient cultural background should be identified and considered before a decision is made to involve the family during care.

The issue of considering culture during family involvement was identified from some of the following comments:

"...patients that come to this place have a lot of social, cultural differences and family dynamics that student nurses have to be aware of and involve them in patient care..." (#Nurse educator participant #NE1 female).

"Culture is dynamic and differs with individual societies...you get families that are more inclined into being part and parcel of whatever is happening to their loved one, and then you have some family members that prefer to leave everything to the nurses…regardless of that, family needs to be roped in patient care" (Nurse Educator participant #NE 8 female).

"... *culture is part of the needs of the patient and determines each family way of doing things... all patients are different; each culture should be given the same respect as other cultures and should not be undermined...nurses need to consider patient culture during family involvement" (Nurse Educator participant #NE2 female).*

"Part of student teaching on nursing fundamentals involves communication and history taking skills to identify the patient family background and determine culturally appropriate nursing activities specific to the patient…" (Nurse educator participant #NE7)

The findings indicate that nurse educators teach student nurses to take a thorough history regarding patient family dynamics and culture during the admission process and consider this information whenever care is given to the patients. This further highlights the importance of patient culture as part and parcel of family involvement in the holistic caring process. Furthermore, culture appeared as an important aspect of the inclusion of family in patient care, which can thwart holistic nursing care if ignored.

The second category identified from nurse educators' description of self-care practices was promoting self-care practice to student nurses.

- ***Promoting self-care of student nurses***

The findings suggest that nurse educators attempted to promote the self-care of student nurses by allowing student nurses to engage in taking care of themselves, including engaging in self-discovery and reflective learning experiences. The nurse educators perceived healthy behaviours of rest, exercise, nutrition, and social and recreational activities for students as important for stress reduction and self-care:

This was identified from the following nurse educator comments:

"Student nurses are encouraged to be able to take care of themselves by identifying their own needs and engage in self-care strategies to satisfy such needs …so that they can use the same knowledge related to patients during holistic caring to manage their conditions better…" (Nurse Educator participant #NE 5 female).

"This hospital clinical learning environment can be stressful to student nurses at times…. so healthy behaviours like adequate rest, healthy eating, exercise and finding time for social, recreational activities can assist in stress reduction, thus promoting student holistic wellbeing and safe patient care during holistic practice…." (Nurse educator participant # NE 10).

"A healthy nurse is in a better position to promote healthy patient behaviours …so nurses must be knowledgeable in taking care of themselves before they can take of patients…" Nurse educator participant #NE6).

This finding highlighted congruence of the importance of promoting patient and student healthy behaviours for the achievement of holistic caring practice. Promoting student self-discovery and reflection also emerged as important in ensuring self-directed student learning through self-discovery and reflection.

"…. Students learn through self-discovery …. clinical learning experiences should be focused on promoting their ability in identifying what could have been done better to ensure patients receive holistic care…. this can help the student improve subsequent caring encounters…" (Nurse educator participant #NE11.)

"*This hospital learning environment is limited, and student nurses should take an active role in their learning process ..." (Nurse educator participant # NE 3)*

"We offer self-directed learning opportunities to students during theoretical and clinical practice to promote learning of holistic care, but sometimes other students misuse this opportunity for other things not related to their learning…" (nurse educator participant #NE6).

Self-care strategies for achieving spiritual care through family involvement by considering culture, including promoting student self-care through self-discovery, have been identified. The above findings indicate nurse educators' perception of holistic care as including caring for the carer and the one cared for as means to achieve holistic care.

Ensuring physical well-being, psychosocial well-being, spiritual well-being and promoting individual self-care of patients and student nurses have been evident in the above findings. Findings suggest that holistic caring practice requires a balance of health across all human aspects: physical, psychological, and spiritual. Findings also reveal that holistic care not only revolves around human health but also includes ensuring that both the patient and nurse engage in self-care practice. This highlights the comprehensive nature of holistic care as perceived by nurse educators in this study.

The next section presents the second main theme identified from nurse educator participants' regarding the provision of holistic practice within a private hospital in this study.

4.3.5 Theme two: Perceived provision of holistic caring practice

This is the second main theme in response to what nurse educator participants perceived as the provision of holistic care within the private hospital in this study. This theme emerged in two sub-themes. The first sub-theme involves nurse educators' perceived provision of holistic caring practice as promoted by a hospital environment supportive of spiritual care. The second sub-theme indicates perceived challenges in preparing student nurses for the provision of holistic care practice.

4.4.2.1 Hospital positive environment promoting spiritual care

The nurse educators perceived the hospital environment as supportive of spiritual care practice which is a vital part of holistic care. This subtheme emerged from the following comments from nurse educators:

"…student nurses' clinical practice in holistic care can be enhanced by this hospital environment that sensitize(s) our students in recognising that religion and spirituality are essential in ensuring good spiritual care (Nurse Educator participant #NE11, female).

"...I always say that our student nurses are privileged to be placed within this hospital that promotes holistic care... so they should not have a problem in integrating religion to holistic care..." (Nurse Educator participant #NE3 female).

"…The hospital incorporates religious practices such as prayers, visits by nuns and priests, conducting church services within the hospital chapel, which is quite beneficial for the patient's emotional and spiritual health and promote(s) student nurses' knowledge in spiritual care which is (a) crucial aspect in fulfilling patient spiritual care needs." (Nurse Educator participant #NE12 female).

such (an) environment keeps our nurses grounded in cultural diversity as they learn to respect all diverse patient groups that have different cultural choices and practices,

which is important in spiritual care and holistic caring practice." (Nurse Educator participant #NE 2 female).

"...The exposure our nurses get during placement puts our student nurses in a better position to nurse patients in any environment and know that the patient drives the nursing care regardless of the hospital environment..." (Nurse Educator participant #NE 7 female).

Findings suggest that nurse educators perceived the hospital as a good clinical learning environment that can promote students' integration of holistic care theory into practice. Although this perception of the environment being supportive of spiritual care practice was not only shared by all nurse educators, this category had to be included to provide a picture of nurse educators' perception of holistic care within private hospitals.

The researcher noted that most nurse educators portrayed a generally positive view of the hospital environment and appeared uncomfortable in highlighting challenges regarding the provision of holistic care within this environment. This could be due to their long-standing loyalty to this hospital. Some started their nursing career within this hospital as registered nurses before they were promoted to facilitate learning for students at a private nursing school and were later employed as nurse educators as both the hospital and nursing school were jointly owned. Another possible contributory factor was that the hospital was the only hospital used by the nursing school to place student nurses for work-integrated learning. Therefore, they did not have any other experience than with the hospital sampled in this study

Some nurse educators gave responses in contrast to what other nurse educators perceived as a positive environment in teaching for the provision of holistic practice.

The following discussion presents nurse educators' perceptions about such challenges.

4.3.6 Theme two: Perceived challenges in preparing student nurses for the provision of holistic care practice.

According to nurse educators, nonspecific holistic care curriculum, inadequate clinical learning, and ineffective student clinical supervision and accompaniment were perceived challenges affecting student nurses' adequate preparation for providing holistic caring practice at the private hospital in this study.

The following are comments from nurse educators suggesting challenges in the provision of holistic care practice at the private hospital in this study:

"...Our student nurses get to experience holistic care in a spiritual care supportive environment of this hospital, but their student status is often ignored and not given enough learning experiences but rather completion of the task at hand, which is quite challenging..." (Nurse Educator participant #NE4 female).

"...This hospital environment should play a huge role in developing student competence in holistic caring practice, but you will find students busy running ward errands, doing routine procedures with no proper clinical supervision … there is minimal exposure to holistic care activities such as counselling, etc." (Nurse Educator participant #NE2 female).t

"Another contributing challenge is the curriculum that is not so specific to holistic caring practice in terms of specific strategies and module content including assessing students in holistic practice." (Nurse educator participant NE 5 Female)

Adequate preparation of student nurses to render holistic care is essential in ensuring patients receive quality care. The above suggests that, besides the hospital environment, which poses challenges in the holistic care practice, teaching holistic care through a non-specific holistic care curriculum was challenging.

Non-specific holistic care curriculum

According to nurse educators, the nursing curriculum was not specific about holistic caring practice in terms of course structure or strategies for teaching and assessing holistic care. Most nurse educators perceived the general application and integration of the holistic care approach to all nursing subjects as contributing to the inadequacies of the holistic nursing curriculum.

The following are comments from nurse educators highlighting challenges regarding teaching holistic care in a non-specific curriculum:

“You know, nursing has always been regarded as holistic, so it is embedded in the general nursing curriculum, so students must always apply holistic care whenever they render care, but clinical placement is also one other hiccup as student spaces are limited from competing nursing schools” (Nurse Educator participant #NE7 female).

“...Our nursing curriculum is not so specific as to how one must teach holistic care. I mean we do not have specific outline detailing how it must be taught, which makes it a bit difficult for us ...” (Nurse Educator participant #NE5 female).

“...basically, it’s just grooming (student nurses) in how to apply holistic care approach to nursing and even their course structure is designed [in] such a way that holistic care is generally applied in all subjects ...” (Nurse Educator participant #NE 1 female).

“...in the bridging programme there is no stand-alone module that deals with holistic care, it is integrated into all nursing fundamentals and social sciences subjects ...” (Nurse Educator participant #NE 4 female).

“... We don’t have specific strategies for teaching and assessments for holistic nursing; it’s encouraging students to be vigilant and observant to identify other problems either than physical complaint such as emotional or psychological as well...” (Nurse Educator participant #NE 7 female).

The findings highlighted a curriculum content that was not detailed enough in terms of teaching and assessment strategies; hence was found to be inadequate in preparing student nurses for integrating holistic care theory into clinical nursing practice. According to Nursing Education and Training Standards (SANC 2013:3) a curriculum is a systematic process describing content, strategies, and assessment methods. The above findings reflect nurse educators’ understanding of the requirements of a curriculum, and their perception of a curriculum aligns with this definition. The nursing education system must be adequate in preparing student nurses to provide holistic caring practice.

The following section presents inadequate student placement as a problem perceived by participants within the private hospital in this study.

Inadequate student clinical learning

Inadequate clinical learning exposure of student nurses at the private hospital in this study emerged as a challenge in providing holistic caring practice. According to nurse educators, inadequate student clinical learning includes large numbers of student nurses allocated in wards, repetitive allocation in the same wards, having to compete for procedures with students from other facilities, absence of certain procedures due to hospital policies, staff shortages in wards resulting in student nurses being used as workforce posed as challenges within the private hospital in this study.

The following comments reflect nurse educators' perceptions of inadequate clinical placement:

"...It is unfortunate that there are services not offered here, but nonetheless student nurses are given relevant knowledge and skill … it's correlation of a small portion of their training that is not available… but again it is important that clinical placement offers student nurses opportunity to correlate theory into clinical holistic practice..." (Nurse Educator participant #NE3 female).

"...the hospital has (a) capacity of 200 beds, and we compete with other nursing schools for placement spaces and sometimes our students end up being compromised by repeated allocation in same departments in large numbers as spaces are limited..." (Nurse Educator participant #NE7female).

"... Integration is a problem. You teach. Student nurses here, come placement they go to wards and do something else, and you begin to wonder if it is the same student that you taught in class… and why is (a) student allowed to do what is not correct and you will be told it's because of staff shortage or lack of resources" (Nurse Educator participant #NE 6 female).

Findings indicate that the hospital environment did not have adequate spaces to meet students' needs across all learning areas for student nurses placed within this hospital in this study.

- **Staff shortages, routine tasks allocation and restrictive hospital policies**

Some nurse educators perceived challenges in integrating holistic caring theory into practice due to staff shortages and student nurses being allocated to do the routine tasks that do not favour the holistic caring practice.

The following comments from nurse educators highlighted their perceptions:

"…Teaching student nurses to practice holistic care becomes a challenge when wards are not adequately staffed, and our student(s) become workforce which deprive(s) them opportunity to practice and learn true holistic … even though hospital favours religious values which serve as basis for holistic caring practice..." (Nurse Educator participant #N9 female).

"... I guess the staff shortages they are currently experiencing rather promotes this kind of shift towards finishing all routine tasks, which is not very good as our students must practice psychosocial care…" (Nurse Educator participant #NE8 female).

"…The ward supervisors prefer routine work allocation; they say it gets the work done" (Nurse Educator participant #NE3 female).

"If you ask students how they provide care during WIL, they will tell you that they are doing procedures like wound dressings, giving medications etc., which is just routine physical care… " (Nurse Educator participant #NE 10 female).

As reported by the participants, the responses suggest that routine-based tasks were the most favoured way of work allocation for student nurses within this private hospital. However, despite routine nursing care being seen as having positive benefits for achieving physical care, as it helps get more work done in a limited time with less nursing staff, it is not an ideal option in holistic practice as it focuses on mere task completion.

Hospitals are guided by policies, and the private hospital in this study was no exception. Nurse educator participants noted inadequate clinical placement in terms of hospital policies that restrict the availability of certain services, thus affecting the provision of holistic care. The hospital's religious policies prohibited the provision of

services deemed in contrast to their religious policies, such as family planning and choice of termination of services.

The following nurse educator comments evidence this:

“... It’s a challenge for theory practice integration as there are services not available due to faith beliefs and the fact that (the) hospital (is) graded as level one hospital with limited resources and most of the things we teach, students don’t get to see them during clinical practice because of hospital policies...” (Nurse Educator participant #NE4 female).

“...It is a small hospital with limited capacity and services and the fact that it is aligned to a certain faith also contribute(s) to lack of other services that hospital policy does not permit.” (Nurse Educator participant# NE6 female)

” ...Patients’ right to choose somehow is not fully granted by this type of setting as patients that require family planning services including termination of pregnancy cannot get them done here, and so our students cannot practice such procedures here.” (Nurse Educator participant #NE9 female)

The participants’ responses indicate the hospital environment is somehow restrictive towards the provision of holistic care as not all patient needs may be addressed due to religious policies despite patients needing such services. Such an environment posed a challenge and barrier for student nurses to learn holistic care as they cannot perform certain procedures.

The next challenge to holistic caring practice provision was identified as the ineffective clinical accompaniment of student nurses during clinical practice at the private hospital in this study.

Ineffective student clinical supervision and accompaniment

Nurse educator participants indicated that they were not able to adequately perform clinical accompaniment of students due to nurse educator staff shortages and increased workload. The nurse educators shared the following comments about

inadequacy in providing clinical accompaniment for students to develop competence in holistic caring practice.

"...We are overwhelmed with large student numbers, amount of workload and staff shortages, we are not performing clinical accompaniment the way we supposed to …" (Nurse Educator participant #NE5 family).

"…We try and juggle in clinical accompaniment, but it's still not enough and one wishes the situation can improve so our students and future patients are not compromised by this lack on our part as educators..." (Nurse Educator participant #NE4 female).

"...Our student numbers have increased and our clinical accompaniment planning schedule is sometimes affected by other administrative issues like ad hoc meetings and that affect the student learning as they get minimal supervision even in the wards..." (Nurse Educator participant #NE8 female).

"...We have to mostly rely on ward sisters in providing supervision of our student nurses as we mostly do not get enough time to accompany them...accordingly...at least ward sisters are available, but this is not how it should be, we should be fully supporting our students during clinical placement to improve holistic caring practice provision." (Nurse Educator participant #NE1 female).

The findings suggest that there is a lack of student support in terms of accompaniment by nurse educators during clinical placement which affects the practice and provision of holistic care. Student nurses have the right to be supported during clinical practice. Furthermore, nurse educators highlighted inadequate clinical supervision of student nurses in wards during clinical instruction.

Inadequate clinical supervision

The aim of placing student nurses at hospitals during work-integrated learning is to correlate theory into practice. However, nurse educators described inadequate clinical supervision of student nurses during clinical instruction at the private hospital within this study context as a challenge in providing holistic care.

Nurse educators had the following comments about inadequate clinical supervision of student nurses in wards:

"...the clinical supervision of our students seems to be not enough...we have large numbers of students allocated in each ward; registered nurses have their hands full most of the time ..." (Nurse Educator participant #NE6 female).

"Supervising students at the hospital has become a nightmare with such student numbers and ward sisters cannot cope, there is also too much on their hands, when you go for clinical accompaniment, you feel as if you are seen as encroaching and interfering with ward activities ..." (Nurse Educator participant #NE1female).

"… in my opinion, the level of clinical supervision in the wards is poor and our students go unsupervised most of the time ..." (Nurse Educator participant #NE 11 female).

"...*The hospital has some good learning opportunities for our students, but the greatest nightmare is workload and staff shortages in the wards – these just interferes (sic) with student learning and overall student supervision..." (Nurse Educator participant #NE4 female).*

The findings in this study also suggest that nurse educators seem to have shifted their responsibility of supporting students during clinical practice to ward sisters, who are often burdened by other issues like student nurse overcrowding and staff shortages. Nurse educators have an obligation to support student nurses. Likewise, ward personnel must ensure student supervision as part of a general nurse's direct supervision and teaching function (Scope of Practice, SANC: Regulation R2598).

The participants perceived a non-specific holistic care curriculum, inadequate clinical learning, and ineffective clinical accompaniment by nurse educators as challenges encountered during teaching and learning holistic care practices, and findings further yielded specific outcomes that can be utilised by nurse educators in future teaching, learning and practice of holistic care in nursing programmes.

The specific outcomes are presented below as the final theme of nurse educators' data analysis.

4.3.7 Theme three: Developing specific outcomes for nurse educators' future teaching of holistic caring practice

The third theme addressed the third study objective of developing outcomes for nurse educators regarding future teaching and learning of holistic care practice. The specific outcomes were directly solicited from nurse educators through an open question about future holistic practice education.

The recommendations emerged as four categories leading to two sub-themes. The two sub-themes include improving future teaching and learning and improving support for nurse educators.

The following section presents the first sub-theme of improving future teaching and learning of the holistic caring practice.

4.3.8 Sub-theme: Improving future teaching and learning

This sub-theme involves improving future teaching of holistic caring practice. The sub-theme is presented in two categories: improving the teaching of a holistic nursing curriculum and increasing support for nurse educators.

The first category improving the holistic nursing curriculum, is discussed next.

4.4.3.1.1 Improving holistic care curriculum

Most participants mentioned changes necessary for nursing education to improve holistic caring practice. Nurse educators recommended a formal uniform holistic care curriculum aligned to global practices. Participants suggest the inclusion of more strategies to assess affective competence and increase learning experiences for student nurses. Simulated case scenarios, workshops and seminars were identified as effective teaching strategies that can be used to promote holistic care practice.

The following are comments from some nurse educators on improving the holistic nursing curriculum:

" …We need a uniform way to teach holistic practice rather than leaving its application to individual circumstances and individual discretion, ...in some countries abroad they

have a formal holistic nursing curriculum..." (Nurse Educator participant #NE 6 female).

"... We have been teaching holistic practice for years in the same manner but maybe it's time we are open to new ways of teaching and adopt what other countries are doing...and align to global standards." (Nurse Educator participant #NE 8 female).

" ...Holistic care aspects should take a higher percentage in our assessments, right now it's a small percentage that is attributed to the psycho-spiritual aspect of holistic care. Mainly our assessments are more practical and theoretically based ... we need more ways to assess affective skill competence which is important in holistic care..." (Nurse Educator participant #NE 10 female).

"...I think the curriculum is okay because we apply the holistic nursing principle in all nursing scenarios and patient circumstances; it's just that our student nurses need more simulated learning experiences for them to grasp this holistic care approach." (Nurse Educator participant #NE 7 female).

"It is unfortunate that our students do not attend all workshops related to holistic caring practice as these could be very beneficial besides classroom teaching…" (Nurse Educator participant #NE 2 female).

The nurse educators felt that teaching holistic care practice should change, and new ways of teaching should be adopted. The nurse educators' responses suggest a need for a more formalised holistic care-specific curriculum, which could help to fully prepare student nurses to provide holistic care and improve its practice. A standardised uniform curriculum for teaching holistic care, creative teaching, and assessment through sending student nurses to holistic caring practice workshops, simulated holistic care learning scenarios, and allocating a higher percentage towards affective competence skill assessment were identified as changes that can assist in improving future holistic care education.

Furthermore, a more student-centred approach was identified by nurse educators to improve future holistic care education.

- A student-centred teaching approach

Nurse educators mentioned the importance of a student-centred teaching approach that identifies individual student needs and the creation of learning activities, opportunities and experiences that promote competence development in holistic caring practice.

The following are comments from nurse educators about student centred approach:

"...We advocate for holistic care for our patients. We should not forget that our students are also human beings with needs that must be attended to to promote holistic caring approach ... if students experience it first hand, they can apply it during practice..." (Nurse Educator participant #NE1 female).

"Student nurses should be treated as individuals and their different learning needs should be attended to to promote learning of holistic care…" (Nurse Educator #NE10 female).

"…Teaching holistic caring to student nurses is not an easy task but one that needs patience and innovation in designing their learning experiences to ensure students remain the centre and focus in acquiring competence in practice..." (Nurse educator # NE5Female).

The findings suggest that nurse educators' awareness in ensuring student nurses are given the necessary support that recognises their different challenges and needs in learning holistic care practice. Student nurses can be assisted in taking ownership of the learning process through active involvement.

The second category that emerged in improving future holistic education involves improving student clinical learning during placement.

- *Improving clinical learning during placement*

Ensuring effective clinical placement at facilities with adequate opportunities for student nurses to practice holistic care emerged from the data. According to nurse educators, additional facilities were needed to accommodate student increases. Splitting students into the night and day duty allocation could help eliminate student congestion in wards. Adequate clinical accompaniment can improve student clinical

learning. Nurse educators further identified the use of simulation to replace unavailable nursing procedures. This could promote effective clinical placement in accredited placement facilities as (SANC) no longer approves new facilities for legacy programmes.

The following are comments from nurse educators about improving clinical placement

"…*We need more clinical facilities, but the dilemma is SANC is not approving any facilities for placement of legacy programmes. I think using simulation intensively to train students in the procedures that are not available in this hospital could minimise the impact of unavailable services within this environment." (Nurse Educator participant #NE 3 female).*

"...splitting our student groups [in]to night duty and day duty and can help eliminate or rather reduce the problem of student congestion in wards …" (Nurse Educator participant #NE 12 female).

This finding suggests nurse educators' role in ensuring student nurses receive adequate clinical learning opportunities that could facilitate competence in holistic caring practice. Student nurses learn by observing and doing, and the opportunity to engage in practical learning should not be compromised by a shortage of and competition for learning experiences. The next section presents findings regarding improving support for nurse educators.

4.3.9 Sub-theme: Increasing support for nurse educators

Nurse educator participants indicated a need to continuously update their education regarding teaching and practice of holistic care through workshops and in-service training. Addressing nurse educator shortages through employing more staff and using mentors and preceptors also emerged as another way of providing nurse educators support who felt overwhelmed by workload due to an increase in student numbers.

- **Continuing professional development for nurse educators**

The following are responses from nurse educators about support:

"... Personally ongoing education of small workshops or seminars on holistic caring practice could keep abreast with global developments, latest trends, and knowledge that we can base our teachings from..." (Nurse Educator participant #NE5 female).

" ...we need to keep abreast with what is happening around us, so we could benchmark and impart updated, relevant knowledge of holistic caring practice to our students…" (Nurse Educator participant #NE4 female).

"...Holistic nursing is dynamic; we need to benchmark with others if we are to improve its teaching and practice... and would like to attend more workshops on holistic nursing as an important subject…" (Nurse Educator participant #NE7 female).

Findings suggested nurse educators' awareness of knowledge gaps and highlighted the need for continuous professional growth to improve future holistic care education. Holistic nursing is dynamic, and the need to keep abreast with new developments in the field of holistic nursing cannot be ignored.

Recruitment of nurse educators and using mentors and preceptors were identified as alternative strategies to overcome perceived challenges of poor student supervision and accompaniment by nurse educators. The following comments from nurse educators regarding increasing support:

"…coping with workload and large student numbers is a challenge…getting more staff could certainly help improve the current situation and ensure that effective student-teacher ratio is achieved (Nurse Educator participant #NE11 female).

The following are comments from nurse educator participants regarding this

*"…Intensifying accompaniment and supervision could help increase student support towards learning holistic caring practice in the hospitals...maybe need to review workload and time dedicated to student clinical accompaniment…" (*Nurse Educator participant #NE4 female).

*"…Identifying more preceptors and mentors could also help to increase support during practice and may help reduce workload and ensure each student gets adequate attention and support needed..." (*Nurse Educator participant #NE11 female*).*

*“Clinical supervision provides guidance and ensures student nurses develop competence and become safe practitioners in caring……. more effort should be made in providing adequate supervision during clinical practice…” (*Nurse educator participant #NE6 female).

Findings further revealed that mentorship and preceptorship could augment student supervision and accompaniment to promote continuous learning of holistic care during practice. It is evident from these findings that nurse educators need to be supported for the provision of holistic caring practice to improve. Failure to support nurse educators can affect the quality of education. Student nurses obtain both theoretical and clinical instruction. These proposed outcomes from nurse educators’ perception of holistic caring practice within the private hospital in this study can be utilised for future holistic care education.

The above section presented themes, subthemes, and categories as findings from nurse educators regarding their perceptions of holistic caring practice within the context of this study.

The next section presents findings from student nurse participants in this study.

4.3 PRESENTATION OF FINDINGS FROM STUDENT NURSE PARTICIPANTS

Student nurses also formed the target population for this study, and data collected during focus group interviews were analysed qualitatively, and findings are presented in this section as themes and subthemes, including categories. Student nurses’ biographical data and characteristics were analysed, and the findings are included in this section. Biographical data is the first to be presented.

4.3.1 STUDENT NURSES’ BIOGRAPHICAL DATA

The characteristic biographical data of student nurse participants in this study included age, racial group, gender, highest nursing, educational qualification, general nursing experience, clinical hours accumulated, and level of training. The data were analysed quantitatively and presented in this section. The biographical data is presented in the following table (4.3).

Table 4.3 Biographical data for student nurse participants

Parameter	Values	Frequency (f)	Percentage
AGE	20-29 years	N=14	56%
	30-39 years	N=6	24%
	40-49 years	N=5	20%
Race	Black	N=22	88%
	Coloured	N=02	8%
	Indian	N=01	4%
Gender	Male	N=01	4%
	Female	N=24	96%
Highest nursing qualification	Enrolled nurse Certificate	N=25	100%
Educational qualifications	Matric	N=25	100%
General nursing experience	0-5 years	N=18	72%
	6-10 years	N=5	20%
	11-20 years	N=2	8%
	21+ years	N=0	0%
SANC clinical hours	>1000	N=25	100%
	<2000	N=0	0%
Level of training	First-year	N=0	0%
	Second-year	N=25	100%

According to Table 4.3, the age distribution ranged from 20 to 49 years. Racial distribution ranged across Black, Indian, and Coloured racial groups. All student nurses had a matric certificate with an enrolled nurse certificate as the highest qualification. General nursing experience ranged from 0 to 20 years. The biographical characteristics were analysed through the frequency distribution statistical method.

The following section presents findings on the age analysis of student nurse participants in this study.

4.3.1.1 Age analysis of student nurse participants

The participants' age distribution indicated that 14 student nurses were between the ages of 20-29 years, comprising 56% of the total sample, six between 30-39 years at 24% and five between 40-49 years making 20%. Student nurse age distribution is depicted in Figure 4.6 below.

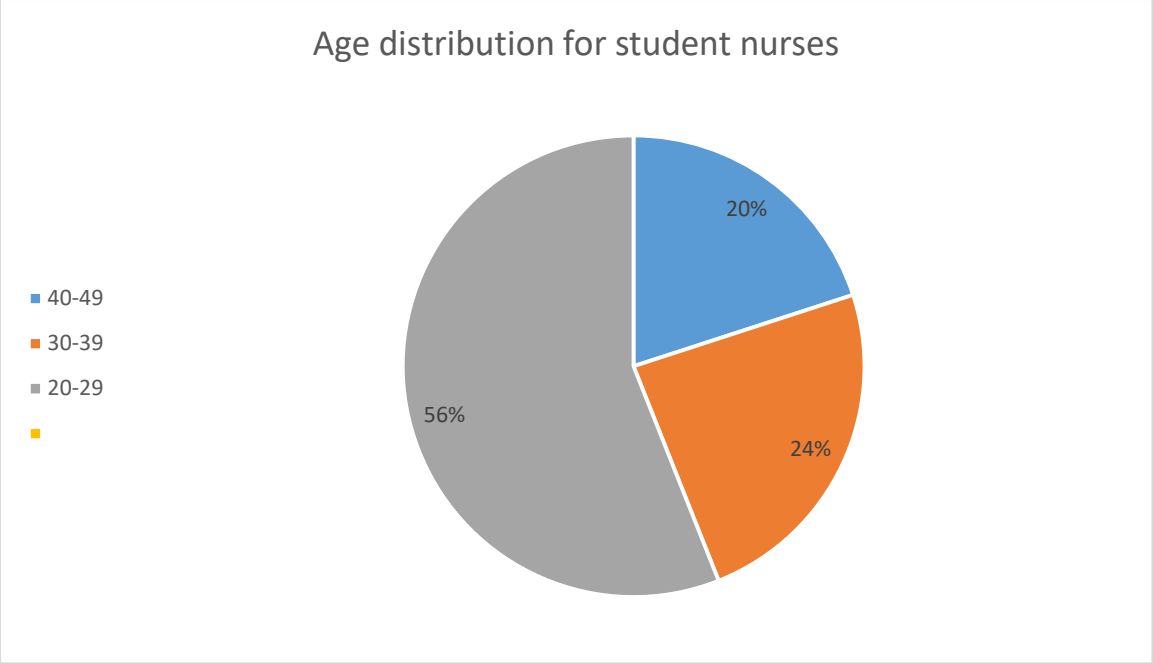

Figure 4.6 Age distribution for student nurses (N=25)

The mean age of the 25 student nurses who participated in this study, as reflected in Figure 4.6, was 31. The frequency distribution analysis indicates age ranges of 20-29 years as the highest, at 56% (n=14) of the population sample. A young adult generation, therefore, characterises the student nurses' sample.

These findings are consistent with a study on bridging student nurses' perception of spiritual care within the South African context by Nkala and Monareng (2017:65). The results reflected an age distribution of participants between 30 to 40 years. This may be attributed to enrolled nursing qualification (R2175) of a two-year duration (SANC Regulation 683) as a prerequisite of the bridging programme.

However, the findings contrast with those of Kobe, Downing and Poggenpoel (2020:3), who conducted a study to explore caring experiences for patients in the final fourth year of student nurses in Gauteng public nursing college in South Africa. They found an age range between 22 to 47 years, with an average age of 29. This may be attributed to the four-year programme requiring no previous nursing qualification or experience.

The findings are transferable to participants in other research studies abroad on student nurses' perceptions of holistic care. In a study in the U.S.A., Pipkins, Rinker

and Curl (2020:134) indicated that most Baccalaureate nursing programme participants were between 20 and 39 years. This study (Pipkins et al., 2020) focused on students' perceptions of spiritual care as holistic care and used the frequency distribution statistical method to analyse age data. However, in this study, the researcher found no differences or similarities between student nurse participants' age and responses regarding perceptions of holistic care practice within the private hospital context.

The biographical characteristics of racial distribution and analysis are presented next.

4.3.1.2 Racial distribution and analysis of student nurses

The total number of student nurse participants was twenty-five (n=25) with a racial distribution of 88% (n=22) black, 8% (n=2) coloured and 4% (n=1) Indian.

The following pie graph (Figure 4.7) shows how racial profiling of student nurse participants was analysed in this study.

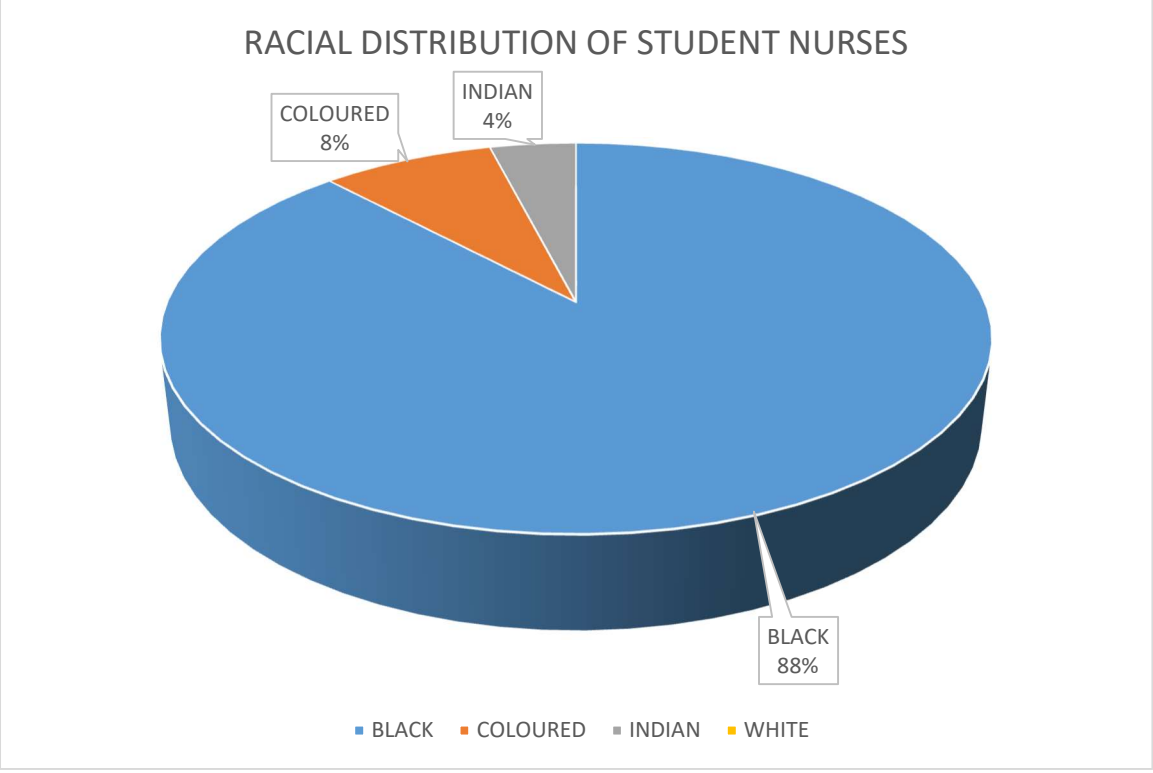

Figure 4.7 Racial distribution of student nurses (N=25)

Findings indicate that the student nurse participant group was thus predominantly Black at 88% of the total sample. This may be attributed to the location of the private nursing school and faith-based hospital in this study, as most student nurses come from the surrounding communities.

According to the American Holistic Nurses Association (2015:70), patients' race and cultural values are respected during holistic care. However, the researcher in this study found no association between race and participants' responses regarding holistic caring perceptions during frequency distribution statistical analysis.

Student nurse Gender characteristic is discussed next.

4.3.1.3 Gender distribution and analysis of student nurses

The gender characteristic of student nurses included both males and females. Out of the 25 student nurses, only one participant was male N=01 (4%), with the rest being female N=24(96%) of the total student nurse sample. The gender distribution is shown below in Figure 4.8**.**

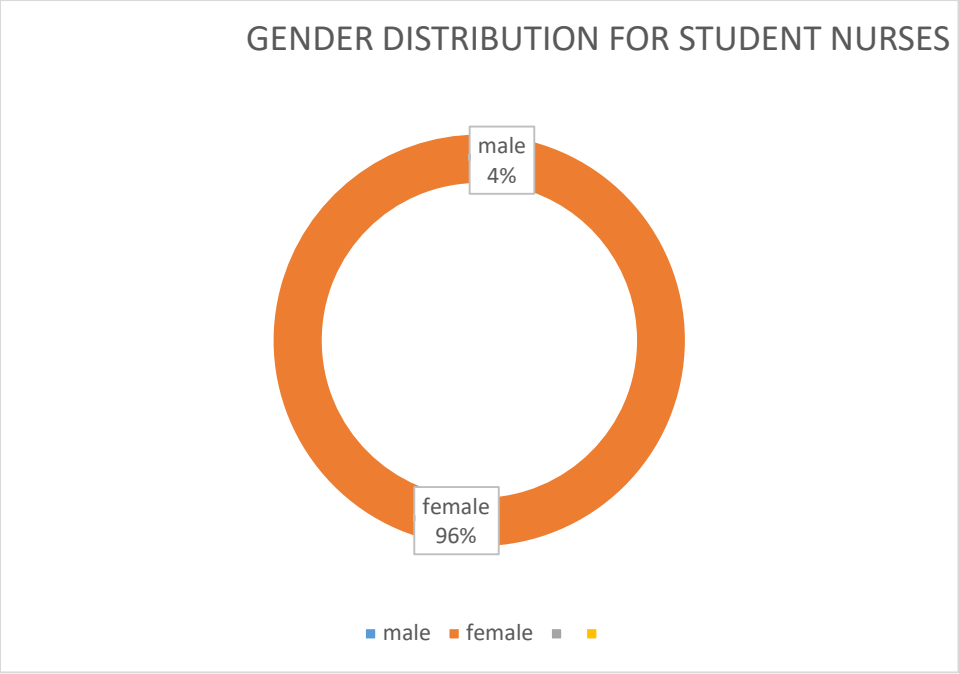

figure 4.8 Gender distribution for student nurses

According to the frequency distribution analysis, the female gender was the largest at 96 % of the total sample of student nurses. Findings suggest a predominantly female sample. This may be attributed to the female population favouring the nursing profession. This is supported by the SANC statistics on gender in the nursing profession, where females are the most common and by far the largest cohort across all nursing categories. According to SANC, the provincial distribution of human resources statistics for 2021, KwaZulu-Natal had a population of 35 807 registered nurses, of which 31 699 were of the female gender, and 4 108 were males (SANC: STATISTICS 1/2021:1). However, no association was identified by the researcher in participant responses regarding experiences of holistic caring practice and their respective gender profiles.

The characteristic of professional and educational qualification is presented next.

4.3.1.4 Student nurse educational and professional qualifications

All student nurse participants in this study possessed a matric as the highest academic qualification and a certificate in enrolled nursing (SANC: Regulation R2175) as the highest professional qualification. This may be attributed to the SANC prerequisite for the bridging course (Regulation R683, 1989) being a matric certificate and enrolled nursing qualification (Regulation 2175). Professional registration as enrolled nurses made participants the best suited to share their perceptions of holistic caring practice, which aligns with the study purpose. Student nurses' previous learning experiences might have contributed to acquiring information about the holistic caring practice.

The student nurses' characteristic level of training and clinical hours accumulated are presented next.

4.3.1.5 Student nurse level of training and clinical hours accumulated

All twenty-five student nurses (N=25), 100%, who participated in this study were registered for the second year in the bridging programme (Regulation R683, 1989) during the data collection and analysis phase. Student nurses acquire skills and competence during clinical learning experiences and clinical hours accumulated serve as evidence-based practice, analysed as part of student biographic data in this study.

All student nurse participants had accumulated more than one thousand hours during clinical practice within this study context. This may be due to the SANC requirement of a minimum of one thousand clinical hours accumulated during each year of study. Another contributing factor may be the inclusion criteria for this study being one thousand clinical hours accumulated at the private hospital in this study.

The findings of this research are consistent with those of a study done by Kalkim, Midilli and Baysal (2016:10) in Turkey. They found that the degree of nursing students' education level predicted their perception of spiritual care. The perceptions of spiritual care were higher in second-year students than in other years of study because of previous clinical experience.

The analysis of participants' general nursing experience is presented in the next section.

4.3.10 Years of general nursing experience of the student nurses

The student nurses were in their second year of training, the final year of study in the bridging programme (Regulation R683, 1989). These participants attained more than a year of nursing experience during work-integrated learning at a private hospital sampled for this study. The number of years of general nursing experience for the student nurses is depicted in Figure 4.9.

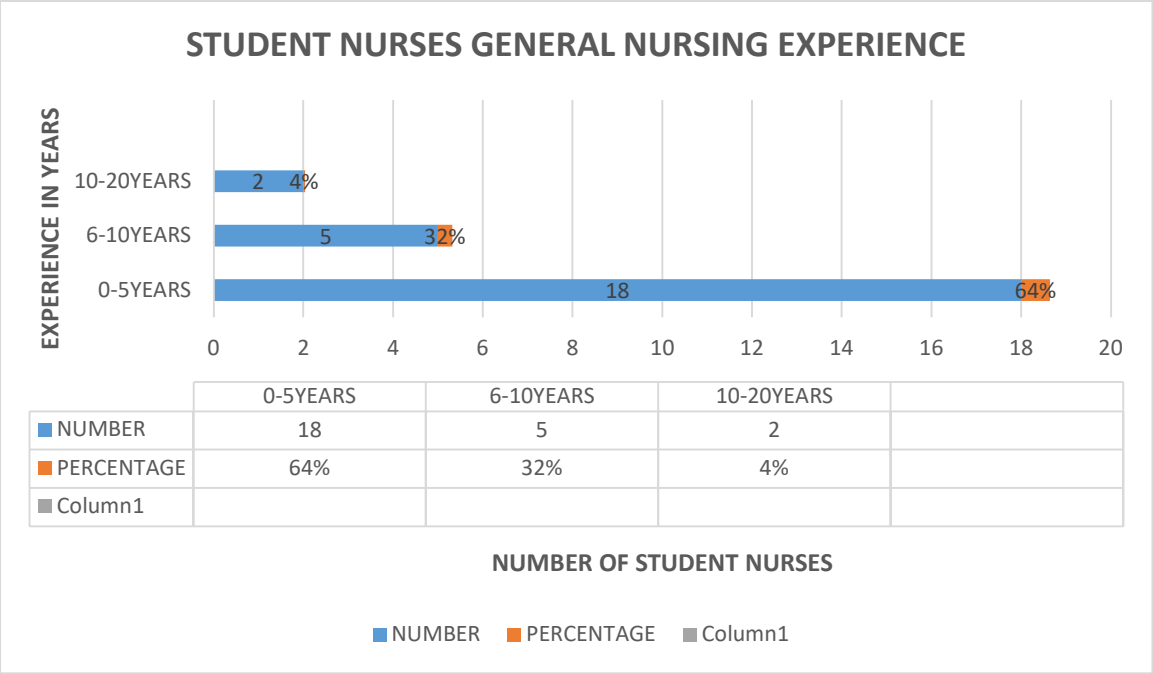

Figure 4.9 Years of general nursing experience of student nurses (N=25)

The total sample of twenty-five student nurses who participated in this study reflected that 64% (n=18) had a general nursing experience ranging between 0 to 5 years. Thirty-two per cent (n=5) indicated a general nursing experience between 6 to 10 years. Four per cent (n=2) had an extensive nursing experience of above 10 years, as indicated in Figure 4.9.

As reflected in the findings, the average years of general nursing experience for student nurses were 5.3 years. This may be attributed to the bridging programme being the second qualification, with most participants having had previous employment as enrolled nurses, including both experiences obtained during training as an enrolled nurse and the bridging programme. Findings indicated that student nurses previous learning and nursing experiences contributed to their understanding of the holistic caring practice.

The findings from the biographical data discussed above contributed to an understanding of holistic caring practice according to student nurses' viewpoints in terms of knowledge obtained through their level of training, nursing, professional registration and duration of general nursing experience and exposure to holistic caring practice.

The section below presents findings from data obtained through student nurse focus group interviews analysed through qualitative methods used in this study.

4.3.2 THEMES AND SUBTHEMES FROM STUDENT NURSE EXPERIENCES ON HOLISTIC CARING PRACTICE WITHIN A PRIVATE HOSPITAL

The second objective of this study was to explore and describe student nurses' experiences with holistic caring practices within a private hospital in KwaZulu-Natal, South Africa. Data collected from focus group interviews were analysed, and findings are presented in themes, subthemes, and categories.

Table 4.4 below presents findings identified as major themes, subthemes, and data categories from student nurse participants in this study.

Table 4.4 Major themes, sub-themes, and categories of student nurses' experiences in holistic caring practice in a private hospital

MAJOR THEME	SUB-THEME	CATEGORIES
4.3.2.1 Holistic caring practice as a patient-centred comprehensive assessment of physical, psychological, and spiritual needs	4.3.2.1.1 Patient-centred nursing care	• Patient involvement and self-care promotion
	4.3.2.1.2 Comprehensive patient care assessment	• Assessment of physical needs • Assessment of psychological needs • Assessment of spiritual needs
4.3.2.2 Student nurses' experiences in the provision of holistic caring practice	4.3.2.2.1 Inadequate holistic care learning opportunities	• Routine nursing activities • Inadequate clinical supervision • Restrictive hospital policies • Uncertainty in provision of holistic caring practice
4.3.2.3 Improving future learning and provision of holistic caring practice	4.3.2.3.1 Promoting student understanding and learning of holistic care	• Simplified student learning strategies • Creation of positive student learning experiences

4.3.2.1 Theme One: Holistic caring practice as a patient-centred comprehensive assessment of physical, psychological, and spiritual needs.

This is the first major theme that emerged from student nurses' experiences of holistic caring practice during focus group discussions. Student nurses described the holistic caring practice as patient-centred nursing care and comprehensive assessment of physical, psychological, and spiritual needs. This theme was identified from two subthemes: patient-centred nursing care and comprehensive patient care

assessment. The subthemes form four categories of patient involvement/autonomy and physical, psychosocial, and spiritual needs assessment.

Patient-centred care further emerged as the first subtheme under this major theme and is discussed below

4.3.2.1.1 Subtheme one: Patient-centred nursing care as a holistic caring practice

This is the first subtheme identified from student nurses' s description of holistic caring practice. According to student nurses, holistic care involves patient-centred nursing care.

The following comments of student nurses describe their understanding of holistic care as patient-centred care:

"… holistic care involves patient-centred care that is individualised and aligned to comprehensive patient needs…" (Student Nurse participant #SN4, Focus group 1).

"In holistic caring, the patient remains the centre and focus of care and must be involved throughout the nursing process…" (student nurse participant #SN2Focus group 3).

"…Patients are the main focus of nursing care and regardless of the hospital environment or patient's condition, nursing care should be based on the individual patient health needs to promote holistic caring.". (Student nurse participant #SN5Focus group 4).

Findings indicate that student nurses place the patient at the centre of nursing care by addressing individual needs to provide holistic care. Understanding the importance of the patient as the main focus of nursing care remains the first step in providing quality nursing care that contributes to holistic caring practice.

Patient involvement appeared as a common category that described patient-centred care and is discussed below.

- **Patient involvement and self-care promotion**

This category appeared in student nurses' description of patient-centred nursing care. According to student nurses, patient involvement is an essential part of patient-centred care that allows patients to participate in nursing care.

The following are student nurses' responses about patient involvement in patient-centred care:

"...I think allowing the patient to make own decisions about treatment and to explain everything we do or procedure to the patient kind of relieves any psychological tension and ensures (the) patient regains control and fulfil psychological needs of the patient" (Student Nurse participant #SN2, Focus group 3).

"...the patient is centre of nursing care and treated and respected as an individual who is capable of making rational decision(s) regarding care." (Student Nurse participant #SN7, Focus group 1).

"…holistic care also includes placing patient as the centre and focus of all our nursing actions and letting patient be in charge of his or her own health…." (Student Nurse participant #SN6, Focus group 4).

"...I was taught that patient is a unique individual with needs different to other patients and nursing care interventions must align it to the needs of the patient, by considering his lifestyle, beliefs, and particular condition..." (Student Nurse participant #SN4, Focus group 2).

"...Patients are different individuals and as nurses, we provide nursing interventions according to (the) patient('s) individual needs because in holistic caring, each patient need is specific to particular individual …" (Student nurse participant #SN2, Focus group4).

The participants' responses suggest that involving patients in care contributes to individualised patient-centred care, which they view as another way of providing holistic caring practice. Furthermore, the following comments indicate that student nurses recognise the family as important when involving the patient during patient-centred care.

"…Ja (yes), I also think about the family being part of what the patient is going through, and they must support the patient, and maybe allow them to do things for the patient like feeding or bathing…" (Student Nurse participant #SN5, Focus group 2).

"... we involve the family members in patient care …. we allow them to maybe feed the patient or wash and change the patient because that allows them to be part of care..." (Student Nurse participant #SN6, Focus group 1).

"...educating our patients and their families about taking care of themselves even when out of the hospital so that they can better take care of themselves in the absence of the nurse and oversee their treatment and care..." (Student Nurse participant *#SN1, Focus group1).*

"...Holistic care is nursing care that increases patient self-confidence when (the) patient is give(n) adequate information and takes ownership of his recovery and overall disease management…" (Student Nurse participant #SN5, Focus group 4).

"...We give health education, health promotion and lifestyle modification in order to encourage patient(s) to take ownership of their care and improve their well-being..." (Student Nurse participant #SN1, Focus group 2).

However, some responses from student nurses suggested reluctance in allowing the family to participate in nursing care.

c *"... sometimes, other family members resist assisting with care for the patient, they look at you as a lazy nurse who wants them to do everything for the patient..." (Student Nurse participant #SN2, Focus group 2).*

"*...the issue of culture is important, because if you don't acknowledge and respect the culture of the patient the patient will not buy in into the treatment and that could delay the patient recovery process ..." (Student Nurse participant #SN3, Focus group3).*

"*... in some cultures, not everybody in the family can be involved in the patients' care, in some cultures, the daughter-in-law cannot touch and care for the father-in-law, when you know the patient culture you are able to involve the family accordingly..." (Student Nurse participant #SN4, Focus group 2).*

Findings suggest that allowing the patient and family to be part of nursing care is important in providing centred care that revolves around patient needs. However, some student nurses only view assistance with basic nursing care as the only way of ensuring patient and family involvement. Furthermore, results indicate that student nurses view giving health education to patients, allowing them to engage in physical nursing care, can boost patient self-confidence and empower patients to take control of the recovery and healing process through self-care.

In this study, student nurses demonstrated their understanding of health education given to patients to allow decision-making and self-care. However, findings revealed some reluctance and discomfort in involving patients and families during caring practice. This may be attributed to the student nurses' limited patient involvement to only assist with physical nursing care.

The next discussion involves the second subtheme of comprehensive patient care assessment discussed below:

4.3.1.2 Subtheme 2: Comprehensive patient care assessment

Holistic caring practice as comprehensive patient care assessment appeared to be the second subtheme amongst the responses. According to student nurse participants, comprehensive patient care assessment involves assessing patients' physical, psychosocial, and spiritual needs. This subtheme was identified from three categories of assessment of physical needs, psychological and spiritual needs.

The following comments from student nurses bear evidence to this description of comprehensive patient care assessment:

"... My understanding of holistic care means a comprehensive assessment that looks after patient total needs and viewing the patient as a whole individual (sic) person..." (Student nurse #SN 1, Focus group 2).

"... *Our lecturers often teach us holistic caring that is total nursing care of the patient by doing a comprehensive patient assessment of the physical, psychological, spiritual needs and assist the patient in addressing all the need[s]..."* (Student Nurse participant #SN4, Focus group 3).

"... *It is treating the patient differently, taking care of their health problems according to their physical, psychological, spiritual needs identified during assessment* ..." (Student Nurse participant #SN6, Focus group 1).

*"... It is nursing care that ensures comprehensive care is given to the patient by nursing him in a manner that treats him as a human being and fulfils all human health needs ..." (*Student nurse #SN3 Focus group 4).

Findings suggest that student nurses view the holistic caring practice as individualised nursing care that is based on assessing the patient physical, psychological, and spiritual needs to render comprehensive nursing care.

Furthermore, findings revealed comprehensive patient care assessment as the cornerstone of providing holistic caring practice that determines the type of nursing care to be given. Description of holistic care through student nurses' experiences is important in contributing to evidence-based holistic caring practice as described through student nurses' viewpoints from their experiences at the private hospital in this study.

The assessment of physical needs as an essential part of comprehensive patient care assessment during holistic care is presented below.

- **Assessment of physical needs**

Assessment of physical needs emerged as the first category from almost all the student nurse focus group discussions describing the holistic caring practice as a comprehensive patient care assessment. The student nurses described physical assessment to identify physical needs of oxygen, water, nutrition, elimination, sleep, and rest, including physical safety and comfort.

The following comments present what participants described as an assessment of physical needs as part of the holistic caring practice.

"...According to my understanding, when we admit patients, we have to do a thorough assessment and look for physical needs as the patient may be struggling to breathe and you have to give oxygen, or fluids if (the) patient is dehydrated, or provide nutrition

in case of malnutrition and these are attended to immediately before you even attend to all other patient problems that may not be necessarily pressing like the physical needs..." (Student Nurse participant #SN4, Focus group 2).

"...Each patient has to be assessed for the physical need that has to be attended to urgently because all the needs that pertain to (the) physical body like breathing, food, water and elimination are a priority before other health needs like social and safety needs can also be given attention, you assess and attend to all these basic needs when you provide care that addresses the physical aspect..." (Student Nurse participant #SN7, Focus group 1).

"…Physical assessment involves identifying problems in the patient breathing pattern, patient ability to perform activities of daily living … walking, talking, including bladder and bowel functions …" (Student Nurse participant #SN1, Focus group 3)

Findings suggest that student nurses understand performing a physical assessment to provide physical needs as providing an opportunity to prioritise nursing care regarding physiological needs whilst rendering holistic care.

The second category identified from student nurse participants' description of holistic caring practice as comprehensive patient care assessment is the assessment of psychological needs. It is presented in the following section.

- **Assessment of psychological needs during holistic caring practice**

This is the second category reflected as the assessment of psychological needs. According to student nurses, offering a proper assessment of psychological care contributes to holistic caring practice. The participants described assessing psychological needs as involving the assessment of patient psychological discomfort through compassionate caring.

The following are responses from student nurses about psychological assessment:

"... when we admit patients, we have to do a thorough assessment and look for any signs of psychological discomfort as some patients' problems are more psychological or stress-related than physical..." (Student Nurse participant #SN4, Focus group 4).

“Psychological assessment means considering all psychological needs of the patient as these impact on the overall total being of the patient (Student Nurse participant #SN 5, Focus group 2).

Findings indicate student nurse participants’ awareness of the importance of assessing for psychological needs problems as complimentary to holistic caring practice. Psychological assessment is viewed as part and parcel of holistic healing.

Empathy and compassion emerged from student nurses’ descriptions of psychological assessment as part of holistic care. According to student nurses, psychological assessments can be facilitated by being kind, compassionate and empathetic and sensitive to all the patient’s needs, including unspoken ones. The following are comments extracted from student nurse transcripts about empathy and compassion:

“...As nurses, we need to have compassion and be empathetic by being in the patients’ shoes and feel what the patient is going through and nurse the patient in totality…” (Student Nurse participant #SN5, Focus group 4).

“...Some patients are open in verbalising their needs while others are not, so all patients deserve to be treated with love and kindness and help them to find complete healing...” (Student Nurse participant #SN1, Focus group 1).

“…. We have been socialised to always put ourselves in the patient situation so we can relate to what the patient is going through and provide compassion...” Student Nurse participant #SN4, Focus group 3).

Findings suggest that student nurses view empathy and compassion as precursors to providing psychological comfort to the patient during caring practice. The patient’s need to be treated kindly is important in obtaining awareness of the patient’s psychological status.

Student nurses indicated that empathy and compassion could be offered through active listening and nursing presence.

The following are comments from participants regarding nursing care presence:

"We are always reminded that it is not just giving medication or nursing procedure that heals the patients...but sometimes being there for the patient helps..." (Student Nurse participant #SN2, Focus group4).

"...sometimes you could tell that the patients do feel the care and be at ease when you take time to listen to their concerns though I once got into trouble sitting and chatting with the patients..." (Student Nurse participant #SN5, Focus group 3).

" ...We were taught to demonstrate caring presence by being there for the patient... showing a positive attitude and treating our patient with respect so that the patient's holistic recovery is promoted..." (Student Nurse participant #SN3, Focus group 2).

Findings suggest that most student nurses view a caring presence as an important psychological need during holistic caring practice. However, the following comments indicate a different view from other student nurses:

"... *How can one afford to be there for the patients when you have been allocated lots of procedures to do and expected to complete them in record time...? Sometimes other things are just good to learn and know about but are just not possible in the real world out there in the wards..." (Student Nurse participant #SN3, focus group 2).*

"*Truly speaking in the wards, there is just no time to spend with patients and allowing them to raise concerns and questions, because you look like you don't want to work...kanti (Zulu word for Yet) you were trying to offer your caring presence, so mina (Zulu word for I) just direct all questions to sister or doctor." (Student Nurse participant #SN5, focus group 4).*

Although these responses emerged from a few of the participants who were student nurses, it indicates that their understanding and meaning of a caring presence is not just a physical presence but spending valuable time with the patient. However, these responses suggest that others view it as time-consuming because of a lack of time and a heavy workload.

The third category of assessment of patients' spiritual needs is discussed next.

- **Assessment of Spiritual care needs**

This third category emerged from the comprehensive patient care assessment subtheme. According to student nurse participants in this study, spiritual needs assessment involves assessing a patient's emotional status, offering spiritual care and comfort gestures such as counselling, prayer, worship, meditation, and any cultural or spiritual activity the patient utilises to fulfil spiritual needs whilst respecting the patient's choice of religion.

The following are student nurses' comments regarding the assessment of spiritual needs:

"My understanding of spiritual needs of the patient ... for instance by being able to assess the emotional status and offer any counselling that the patient needs." (Student Nurse participant #SN4, focus group1).

"Prayer and frequent visits by the nuns help to render spiritual care in this hospital and our patients appreciate it, but either than that, all we can offer in terms of providing spiritual care" (Student Nurse participant #SN1, Focus group 2).

"Paying respect to the patients' religious choice is spiritual care, and one has to consider the patient('s) religion to gain the patient('s) trust." (Student Nurse participant #SN2, Focus group 3).

"Supporting patient emotionally in dealing with sickness or any emotional problems is another way of providing spiritual care." (Student Nurse participant #SN3, Focus group 3).

"... Gestures to comfort the patient, counselling or sometimes praying with the patient are sometimes all that is needed to satisfy patient spiritual needs and achieve total care..." (Student Nurse participant #SN3, Focus group 2).

"…I think prayer, worship, meditation or any faith or religious-related activity is a spiritual need, but sometimes it can be cultural practice or tradition... though it's religious practices that are more dominant and acceptable within this hospital…but I

guess whatever it is, as long as it promotes hope and healing, it should be afforded to the patient" (Student Nurse participant #SN4, Focus group 2).

"… we pray with patients when we come on duty as a way of lifting their spirits up...they look forward to the morning prayer…" (Student Nurse participant #SN1, Focus Group 2).

Findings reveal that student nurses view the assessment of spiritual needs as including emotional status and allowing counselling by spiritual groups as spiritual needs that should be offered during spiritual care. Referral to religious leaders according to the patient's choice emerged as another way of providing spiritual care.

Provision of emotional support emerged from several responses from participants during discussions about spiritual care practices. The participants' responses indicated that student nurses' understanding of emotional support is part of the holistic caring practice. Their description of emotional support involves talking to the patient, assessing the emotional state, and providing counselling and referral for prayer.

The participants had the following responses about how emotional support is provided:

"...I think all patients require to be supported emotionally according to whatever emotional state he/she is in. Offering emotional counselling to a patient is a daunting task that I am not so confident in doing, and I honestly feel one still need(s) more training and practice on this aspect..." (Student Nurse participant #SN5, Focus group 1).

"...Sometimes there is just no time here to support and counsel the patient ... but at least people come and pray for the patients ...they take care of the emotional side while we focus on the nursing care aspect..." (Student Nurse participant #SN2, Focus group 4).

" ...as students it is not easy at all to support emotional(ly) when you don't know how to assist (the) patient. In most cases, we report to a sister who then refers (the) patient to psychologists … our skills are limited to listening by re-assuring the patient that everything will be all right..." (Student Nurse participant #SN3, Focus group 1).

Student nurses' responses suggested their awareness of supporting the patient's emotional wellbeing with prayer as a common strategy to alleviate negative emotions during holistic caring practice. However, the responses also suggest discomfort in rendering such support in terms of emotional counselling, hence the referral to prayer groups on a voluntary, sporadic basis.

The researcher observed some discomfort when spiritual care needs assessment and religion were discussed during the interviews. Some student nurse participants became uneasy and gave brief, hurried responses when probed about how spiritual needs incorporate religion within the hospital setting.

The following are some of the participants' responses regarding how patient religion is incorporated into nursing care during spiritual caring:

"...*Mmh, I would just say it's about respecting patient religious belief because we treat (the) patient according to his religion …" (Student Nurse participant #SN4, Focus group 2).*

"...Knowing different types of religion help render care in line with patients' beliefs, so religion determine(s) how one provide(s) spiritual care..." (Student Nurse participant #SN3, Focus group 3).

The findings suggest provision of spiritual care through religion emerged as an important dimension of spiritual need that should be considered, respected, and afforded during comprehensive patient assessment when providing holistic caring practice. However, student nurses further indicated uncertainty in offering spiritual care within this study context of a private hospital setting aligned to a particular faith or religion. This is reflected in the following student nurses' responses:

"...Sometimes as (a) student you feel (you) can't really attend patient spiritual needs except for thinking along patient religious orientation…" (Student Nurse participant #SN2 Focus group 5).

"…I am really not sure how to provide to such needs except all I know is that religion and prayer helps (sic) to those that believe in it, so I just tell the patient to do whatever he/she believes in and works ..." (Student Nurse participant #SN1, Focus group 4).

"…I know that I must nurse (the) patient according to his religion but [other] either than that I am not sure how else …" (Student Nurse participant #SN3, Focus group 1

"... because of the prayerful and religious atmosphere of this environment, patients' religious needs are well taken care of, but I have also noticed that other patients become scared and think prayer is given to them because they are too sick and about to die ..." (Student Nurse participant #SN6, Focus Group 4).

"…the hospital is mostly Christian, all admitted patients eat (the) full ward diet which is (a) standard diet, there is no Halaal for Muslims and no cold food for Shembe patients on weekends, and this sometimes contradicts what we were taught about aligning religion to nursing care… (Student Nurse participant #SN2, Focus Group 3).

The student nurses' responses reflect their views of spiritual care as religion. Findings suggest that most student nurse participants indicated reliance on prayer as an important tool for satisfying spiritual needs. The participant responses highlighted an overlap between spiritual needs and religion, with the latter dominating attendance to patients' spiritual needs. This could be attributed to the hospital environment that is faith-based and predominantly Christian. However, evidence suggests that student nurses lack confidence and experience in adequate preparation for spiritual care, especially in a purely religious environment.

The next section presents the second major theme identified from participants' responses to their experiences in the provision of holistic practice.

4.3.11 Theme two: Student nurses' experiences in the provision of holistic caring practice

This is the second major theme that emerged in response to what student nurse participants perceived as the provision of holistic care within the private hospital that is faith-based within this study. One sub-theme of challenges regarding the provision of holistic caring practice during clinical instruction at the private hospital in this study was identified and presented below.

4.3.12 Subtheme 1: Inadequate holistic care learning opportunities

The private hospital serves as a clinical learning environment for the student nurses who participated in this study. The student nurses highlighted inadequate holistic care learning opportunities. This theme was identified from three categories of routine nursing activities, inadequate clinical supervision, and restrictive hospital policies as their experiences in their quest to provide holistic care within the hospital sampled in this study.

The first category to be presented involves inadequate learning opportunities:

The student nurse participants mentioned inadequate opportunities to practice what nurse educators teach at the private nursing school. They have insufficient time to spend with patients. In addition, ward personnel sometimes do not care about their learning. All these were experienced as challenges interfering with their learning opportunities to practice holistic care.

The following are excerpts from student nurses' comments:

"...We come here eager to put knowledge into practice, but sometimes situations do not allow us to practice what we have learnt at college." (Student Nurse participant #SN3, Focus group 3).

"I personally think that the wards staff conveniently forget that we are here to learn and not to just help them, and sometimes they remember that you are a student when they want you to do their tasks, but when you ask them to show you or teach you, they tell you (that they) have lot of work to do, they don't have time to teach... we must ask our tutors." (Student Nurse participant #SN 2 Focus group 4).

"…We are not given time to practice what we learnt; we are always told that there is no time for that." (Student Nurse participant #SN6, Focus group 4).

"...sometimes you want to spend more time with patient so and so because you have noticed that the patient is not coping with the disease, but there is just no time because you have too many patients to attend to ..." (Student Nurse participant #SN1, Focus group 4).

"...I don't think the qualified staff in wards care about our learning, they just think we are here to work, and we end up not learning anything in some wards". (Student Nurse participant #SN6, Focus group 3).

The comments indicate negative perceptions about learning opportunities for integrating holistic care theory into nursing practice. The findings also suggest inadequate opportunities for student nurses to learn holistic care during clinical instruction within the private hospital in this study.

The next category involves student nurse allocation of routine nursing care

- ***Routine nursing care***

Student nurse clinical instruction at hospitals is characterised by allocating clinical tasks that are part of nursing care. The student nurses felt deprived of learning opportunities by being allocated nursing activities and duties that are routinely based.

Student nurses commented on this as follows:

"...Sometimes it is not easy to be a student, because everybody tells you what to do. You perform only the procedures allocated to you [and sometimes] no one mentions holistic care in the wards…" (Student Nurse participant *#SN4, Focus group 4).*

"... At times, I just wonder why we are told to treat patients in totality when we are always told to finish the ward routine..." (Student Nurse participant #SN6, Focus group 2).

"...In wards, there's no time for anything else, it's either you finish allocated procedures, or you are in trouble…" (Student Nurse participant #SN8, Focus Group 1).

The responses suggest that routine-based tasks were the most favoured way of work allocation for student nurses within this private hospital. However, despite routine nursing care being seen as having positive benefits for achieving physical care, of getting more work done in a limited time with less nursing staff, it is not an ideal option in holistic practice as it focuses on mere task completion.

- ***Restrictive hospital policies***

Restrictive hospital policies emerged from student nurses' focus group discussions. They are hospital policies and procedures perceived to be too restrictive, posing a challenge in student nurses' attempt to provide holistic caring practice.

The following comments are from student nurses regarding hospital policies:

"... sometimes you feel you have not really helped the patient in totality when you have to tell (a) patient that some services are not available because of the hospital religious policy..." (Student Nurse participant *#SN5, Focus group 3).*

"…We supposed to attend all patient needs, it is even worse when patients don't have access to certain procedures just because the hospital is against (the) performance of such procedures…" (Student Nurse participant #SN6, Focus group 2).

"...patients do not get certain health services here because of the hospital policy we don't offer family planning procedures because of hospital policy and its sometimes put our patients at a disadvantage ..." (Student Nurse participant #SN4, Focus group3).

The participants' responses indicate that the private hospital environment may be restrictive to holistic care to some degree as not all patient needs can be addressed due to faith-based religious policies despite patients needing such services. Participants indicated an understanding of holistic care as attending to the patient's total needs. Such an environment posed a challenge and barrier for student nurses to learn holistic care as they cannot perform such procedures.

However, while most student nurse participants viewed hospital policies as restrictive to holistic caring practice, a small number of participants felt that the hospital's general faith-based environment promoted the holistic caring practice.

The following comments obtained from student nurses bear evidence of the differences in perception of a private hospital's faith-based policy and environment:

"...This is a good environment for us to learn holistic care as the hospital offers plenty of spiritual support in the form of daily prayer, visiting priests and nuns and other support services such as psychologists and social workers." (Student Nurse participant #SN 3, Focus group 1).

"...the hospital environment helped me develop more awareness to patients' other needs. There are things that one normally takes for granted but seeing patients looking up to you as a nurse to provide some form of healing from a simple thing like a prayer really built my confidence in providing holistic care..." (Student Nurse participant #SN4, Focus group 4).

The above comments suggest that despite some restrictive policies, the private hospital's faith-based environment positively contributes to student nurses learning holistic practice during clinical instruction. However, findings are from a minority group and were only included to highlight differences in student nurses' experiences in providing holistic caring practice within this hospital environment.

Findings further indicated inadequate student support and guidance during clinical practice, as discussed next.

- *Inadequate student support and guidance during clinical practice*

The aim of placing student nurses at hospitals for clinical instruction is to correlate theory into practice. However, findings in this study reveal that student nurses' experiences at this hospital are characterised by inadequate support and supervision during practice.

According to the student nurse participants, being left unsupervised during shifts, performing nursing actions supervised by junior personnel of enrolled nurses and with no guidance and poor accompaniment from nurse educators interfered with their ability to provide holistic caring practice.

The student nurses provided the following responses regarding supervision during clinical practice at the private hospital in this study:

“...on night duty, there is only one sister for the whole shift, and which leaves us poorly supervised ...” (Student Nurse participant #SN2 Focus group 3).

“...Sometimes you are not sure of your actions, and there is no one to verify them for you...” (Student Nurse participant #SN3 Focus group 1).

“...We are often left with enrolled nurses who usually teach us sometimes because sisters are too busy to check on us...” (Student Nurse participant #SN6 Focus group 2).

“...There is minimal support for us when we are on placement, as a bridging student, you have to know what you are doing because nobody guides you ...ward staff expects us to know everything …”(Student nurse participant #2, Focus group 4)

The above comments suggest little or no clinical supervision of student nurses during practice. This situation negatively affects student nurses’ ability to successfully integrate holistic care theory into clinical practice. According to Jooste (2018:250), clinical supervision aims to provide professional support and enhance skill competence and confidence development to ensure safe, ethical practice. This is alluded to by SANC, Scope of practice (Regulation 2598, 30 November 1984 (5)), which explains that enrolled nurses practice under a registered nurse’s direct or indirect supervision. Bridging students in this study are qualified enrolled nurses; therefore, a registered nurse should always provide guidance and ensure safe nursing practice

However, very few student nurse participants had positive comments about clinical supervision during practice at the hospital in this study:

The student nurses commented as follows:

“... in other departments, the attitude is very positive, the qualified staff and registered nurses are helpful in assisting us to meet all patient needs...” (Student Nurse participant #SN1 Focus group 4).

"...Some sisters treat us as students and know that we are here to learn caring, they let us practice whatever we are taught, and they take time to check on what we are doing now and again ..." (Student Nurse participant #SN2 Focus group 1).

The above comments indicate a positive contribution towards student supervision to a lesser degree. However, such findings had to be included to highlight slight differences among the student nurse participants. Findings from the majority of the participants highlighted challenges in student supervision which is not a favourable situation for student nurses to develop clinical competence in holistic caring practice.

The next discussion presents the fourth category of uncertainty in the provision of holistic care practice

- **Uncertainty in the provision of holistic caring**

The findings from student nurses' experiences reveal uncertainty in the provision of holistic caring practice. The participants perceived the inadequate preparation for the provision of holistic care practice as not being clear on how to provide holistic care with poor accompaniment by nurse educators. According to student nurses, the teaching of holistic care at the nursing school was unclear and provided no specific activities for learning holistic care practice. In addition to this, there was little support in terms of clinical accompaniment by nurse educators. The following are comments from student nurses highlighting the uncertainty.

"We are told that as a nurse, one must focus on treating the patient as a total being by attending to all his needs, that's how we learn holistic care, but our tutors do not clearly show us the how part of it and..." (Student Nurse participant #SN5 Focus group 3).

"I am not sure whether I can really say I have been taught holistic care because all I can remember is that one must always ensure a patient's physical, psychological and spiritual needs are met so I can offer comprehensive care and promote holistic caring." (Student Nurse participant #SN3, Focus group 1).

"We spend more time doing clinical placement, but we do not get the essence of holistic care. First of all, there is (sic) too many of us in some wards coupled with the

uncertainty of how we must specifically render holistic care practice." (Student Nurse participant #SN1, Focus group 4).

"…our tutors rarely accompany us, and this is also not helping us in knowing holistic care..." (Student Nurse participant #SN2, Focus group 4).

"...There is just too much to learn and master, and our programme is so packed within a short space of time as we are mostly on placement with not enough time to learn and master holistic care before we are sent to the wards and when you get to the wards you are expected to provide quality holistic care ..."

Findings highlighted a curriculum content that was not detailed enough, hence the uncertainty in providing holistic care during clinical instruction. Findings indicate that student nurses felt inadequately prepared in knowledge and skill to perform holistic care. Uncertainty bears evidence of poor preparation of student nurses in integrating holistic care theory into clinical nursing practice. The nursing theoretical and practical instruction should be adequate in preparing student nurses to provide holistic caring practice. Furthermore, findings indicate that student nurses are not adequately supported through clinical accompaniment when engaging in clinical instruction within this hospital study context. Student support during clinical practice remains core the function and responsibility of the nursing school through the nurse educators.

This section discussed findings from student nurses regarding their experiences within the private hospital in this study. The following section presents the final theme that emerged from student nurses' comments regarding improving future holistic caring practice.

4.3.13 Theme 3: Improving the future provision of holistic caring practice

The student nurses were not directly asked for recommendations, but their responses emanated from a question that sought their view of what can be changed to improve the future provision of holistic care. This theme evolved into one subtheme of promoting student understanding and learning of holistic care, which was further differentiated into two categories of student-identified learning strategies and the creation of positive student learning experiences.

4.3.2.3.1 Subtheme 1: Promote student understanding and learning of holistic care

According to the student nurse participants in this study, understanding holistic care through simplified learning strategies can improve future holistic caring practice. Simplified learning strategies proposed by student nurses are discussed below.

- **Simplified student learning strategies**

The student nurse participants indicated the need for simple ways that could improve their understanding and practice of holistic care. According to student nurses, these simple strategies involved being given comprehensive patient care projects, reflective journals, simulated scenarios, and more time allocated for supervised and independent practice at the nursing school laboratory as some of the strategies to improve their learning and practice of holistic caring.

Student nurses commented the following regarding improving the learning of holistic practice:

"...more projects on comprehensive patient care, with enough time to complete them, could help us learn and be skilled in holistic caring practice." (Student Nurse participant #SN7, Focus group 1).

"...I wish that our tutors should find simple ways of making us understand and practice this holistic care better maybe I can be confident and provide total care..." (Student Nurse participant #SN5 Focus group 4).

"...The lecturers must give us more time for practice, especially at skills laboratory before we go to the wards so that we gain confidence to practice holistic care in the wards..." (Student Nurse participant #SN4, Focus group 2 female).

"...I, personally prefer reflective journals as a way of enhancing our learning so that we can reflect on our holistic caring experiences and learn from them and for tutors to assess if we are really practising holistic care when out there in wards..." (Student Nurse participant #SN2, Focus group 3).

“I like simulation at the skills lab because I feel more safe and can easily pick up my mistakes without being judged as it often happens when we are in the wards….and one can practice freely there……” (Student nurse participant #SN1, Focus group 1)

The findings suggest that student nurses need adequate time for supervised and independent practice, using reflective journals and comprehensive patient care projects. The findings further indicate student nurses’ awareness of what strategies can be applied by nurse educators to improve their learning. Taking responsibility for their own learning and being self-driven should be promoted to foster competence in holistic caring practice. However, findings indicate that student preference leans towards strategies that require independent practice and self-directed learning, which is effective if utilised correctly.

- ***Creation of positive student learning experiences in holistic care practice***

Student nurses further proposed the creation of a positive, supportive learning environment and being respected and treated according to their different needs as individual human beings.

The following are comments from student nurses regarding the learning environment

“...Our tutors need to accept that as students we are not the same and we don’t have same capabilities and really a supportive, positive enabling learning environment would facilitate our learning holistic caring practice.” (Student Nurse participant #SN1, Focus group 2).

“...lecturers must not be too hard on us. They need to be more patient and assist us so we can understand holistic care, accepting us with all our mistakes because at least at skills lab, we learn by making mistakes in a protective environment and learn from them without danger to the patient.” (Student Nurse participant #SN3, Focus group 4).

“When we are in clinical practice, we need a lot of support from ward sisters, and that includes our facilitators, they must not only ridicule us when we make mistakes but to guide and correct us in a constructive dignified manner “(Student Nurse participant #SN6, Focus group 1).

The student nurses viewed placement at a faith-based private hospital as being characterised by competition for practice opportunities. The student nurses proposed extended clinical placement as another strategy to improve their understanding and provision of holistic care. According to the findings, student nurses wished to be allocated in crisis centres and other larger hospitals and clinical care areas where they could access nursing procedures not provided at the hospital in this study.

Some student nurses shared the following comments about clinical placement:

"...I wish they can (sic) allocate us in many other places like crisis centres, so we can get more experience in practising holistic care…" (Student Nurse participant #SN2, Focus group 2).

"…In bigger hospitals, we can learn more... here there's too many of us. We compete for everything...even procedures..." (Student Nurse participant #SN3, Focus group 4)

The third category, improving clinical learning opportunities of student nurses, is discussed next.

The student nurses further suggested effective communication with ward sisters and hospital management about the purpose of clinical placement to prevent the use of students as an additional workforce during placements. Student nurses perceived that ongoing communication between ward personnel and nurse educators could help promote a conducive clinical learning practice environment for them to learn holistic caring.

Student nurses had the following comments regarding increasing communication and support during clinical practice:

"...Our tutors need to communicate with hospital management and ward sisters that we are here to learn and not to work or increase staff numbers ... it is a problem even when [the] ward is quiet and has less (sic) patients, they send us to work in other wards" (Student Nurse participant #SN4, Focus group 1).

“The ward staff must be reminded that we are not the workforce here … teaching us should be the priority and not to be treated as helping hands or extras.”…. (Student Nurse participant #SN5, Focus group 3).

“...I think better communication that involves respect for everyone is key in promoting the learning of this holistic caring practice and especially during clinical accompaniment at the hospital...” (Student Nurse participant #SN4, Focus group 2).

“Our tutors must also ensure they visit us more in the wards ….just for support and accompaniment and not only come to assess us…” Student Nurse participant #SN6, Focus group 4).

The above findings indicated that student nurses perceive placement in crisis centres and larger clinical care areas such as hospitals that are better equipped to provide enough opportunities to practice and learn holistic care as desirable. Student nurses also perceived acceptance, respect, and effective communication as important in supporting them in achieving their learning outcomes. Furthermore, student nurses felt nurse educators need to acknowledge them as individuals with different needs and capabilities by supporting all their learning efforts. The importance of a positive and conducive learning practice environment can not be underestimated in promoting the student learning process. Clinical facilities should provide opportunities for student nurses to integrate theory into practice.

The above section presented findings from student nurses’ biographical data, including themes, subthemes and categories that emerged during the data analysis of this study.

The following section provides a discussion and integration of results from both data sets as presented within this chapter.

4.4 DISCUSSION AND INTEGRATION OF STUDY FINDINGS

This section presents a discussion and interpretation of this study’s findings. The first section compares similarities and differences in themes and subthemes identified from nurse educators’ and student nurses’ data sets. The second section discusses the integration of results.

4.4.1 COMPARISON OF SIMILARITIES AND DIFFERENCES OF STUDY FINDINGS

Table 4.5 compares themes and subthemes generated from nurse educators and student nurse findings.

Table 4.5 Comparison of themes from nurse educators' and student nurses' findings

MAJOR THEMES FROM NURSE EDUCATORS	MAJOR THEMES FROM STUDENT NURSES	SIMILARITIES	DIFFERENCES
➢ Holistic caring practice as an all-inclusive, total comprehensive nursing care that meets individual patient needs	➢ Holistic caring practice as patient-centred comprehensive patient assessment of physical, psychological, and spiritual needs	1. Description of holistic care as comprehensive care 2. Human health aspects, physical, psychological, and spiritual, are viewed as vital elements of holistic caring practice 3. Emphasis on the patient as an individual with care based on identified patient needs 4. Caring is aimed at holistic healing	1. Nurse educators focus on nursing care that addresses all patient needs student nurse experience is focused on the assessment of all patient needs 2. Nurse educators perceived self-care as the objective of holistic care with patient and family information, autonomy, and healthy lifestyle behaviours, including empowering the caring for the carer. Student nurses view self-care as patient education and family involvement through assistance with physical care.

			Nurse educators viewed caring presence as including authentic presence, while student nurses viewed it as a physical presence.
➢ Perceived challenges in learning the provision of holistic caring practice in a private hospital	➢ Student nurses' experiences in the provision of holistic caring	Both nurse educators and student nurses identified an unclear curriculum, inadequate student placement and supervision, poor clinical accompaniment, routine task allocation, restrictive hospital policies and staff shortages as challenges affecting students learning and provision of holistic care	None
➢ Proposed outcomes for teaching holistic caring practice in future nursing programmes	➢ Improving future learning for the provision of holistic caring practice	Focus on improving both teaching and learning of future holistic caring practice Both sets of participants highlighted improving support for nurse educators as well student nurses	Proposed changes and outcomes identified by nurse educators included both nurse educators and student nurses, while recommendations from student nurses only focused on student nurses' support.

The above table compares findings from nurse educators and student nurse participants in this study. The following section presents a discussion of the integrated findings from both nurse educators and student nurse participants.

4.4.2 DISCUSSION OF INTEGRATED RESULTS

The purpose of this study was to generate an understanding of holistic caring perceptions in a private hospital in KwaZulu-Natal, South Africa. Interviews were conducted with nurse educators and student nurses, and combined themes from both data sets are presented in Table 4.6 below.

Table 4.6 Integrated themes and sub-themes on perceptions of holistic caring practice

MAJOR THEME	SUB-THEME	CATEGORIES
4.4.2.1 Holistic caring practice as Individualised comprehensive care that meets patients' total needs	4.4.2.1.1 Physical-care practice	• Physical needs
	4.4.2.1.2 Psycho-social care practice	• Psycho-social needs • Need for autonomy • Need for a compassionate caring presence
	4.4.2.1.3 Spiritual-care practices	• Acknowledging and providing for spiritual needs • Need for Respecting patient's religion • Need for providing emotional support during spiritual care practice
	4.4.2.1.4 Patient-centred care	• Need for Patient involvement and family involvement

		• Enhancing individualised self-care
4.4.2.2 Perceived provision of holistic caring practice	4.4.2.2.1 Challenges regarding the provision of holistic caring practice during clinical instruction at the private hospital	• Inadequate holistic care learning opportunities • Routine nursing activities • Inadequate clinical supervision • Restrictive hospital policies
	4.4.2.2.2 Challenges regarding teaching and learning holistic care practices	• Non-specific holistic care curriculum • Inadequate clinical placement • Ineffective clinical accompaniment
4.4.2.3 Specific outcomes for nurse educators regarding holistic care education in future nursing programmes that will produce general nurses	4.4.2.3.1 Improving future teaching and learning	• Improving the teaching of holistic nursing care. • Improving clinical placement
	4.4.2.3.2 Improving support during clinical practice	• Increasing support for nurse educators • Increasing support for student nurses

4.3.14 Integrated theme of holistic caring practice as individualised comprehensive care that meets patients' total needs

According to the findings, both student nurses and nurse educators described holistic care as individualised comprehensive care that meets the total needs of patients. This

description indicated their knowledge of what holistic care means to them. In holistic care, the patient's needs are prioritised, and nursing care is designed to fit in with each patient rather than generalised nursing care. Furthermore, student nurses' descriptions were not different from what the nurse educators perceived as holistic care. The findings revealed a shared perception and understanding of holistic care practice as caring for the patient so comprehensively that the patient's total needs are met.

This meaning attributed to holistic care practice supports findings from a study by Frisch and Rabinowitz (2019:261). They conducted an integrative review to define holistic care and defined holistic care as centring around the whole person by ensuring a body-mind-spirit connection and complex human experiences. The findings from this study reflect the perceptions of nurse educators and student nurses on holistic caring practices in the current study. Their understanding of the importance of treating a patient as a whole person and not just the sum of different parts is evident in this study. The participants in this study highlighted the value of approaching the patient as a unique individual with particular health needs with the intention to restore and maintain balance in all health dimensions.

The participants' description of holistic caring practice is further anchored by the emergence of four subthemes of physical, psychosocial, spiritual, and patient-centred care. According to them, holistic caring is perceived in the context of the whole person as providing care directed at meeting the patient's physical, psychosocial, and spiritual needs. This finding aligns with the framework of Watson's Theory of Human Caring (2012), which guided this study. Watson's theory highlights connectedness within the physical, psychological, and spiritual realms, which promotes the patient's treatment as a unique being at the centre of care.

The first three subthemes of physical, psychological, and spiritual care involve the main health dimensions of a human being. The emergence of the subthemes is consistent with major concepts contained in defining health, complete, whole, physical, mental (psychological) and social (spiritual) dimensions (World Health Organization,1946). Therefore, nursing care that involves attaining equilibrium in all health dimensions leads to total patient care, with holistic healing as the ultimate goal for holistic caring practice.

The description of holistic caring practice as comprehensive care is further supported by various definitions of holistic care. In the U.S.A., a study by Kinchen (2015:239) on developing a measuring tool for holistic nursing care described the comprehensive nature of considering a patient's physical, emotional, spiritual, and psychosocial status. This also included patients' choice to use complementary alternative treatment remedies.

These findings are consistent with other studies on how nurses describe holistic care. Jasemi, Valizadeh, Zamanzadeh and Keough (2017:77) found that Iranian nurses described holistic care as a comprehensive caring approach that addresses physical, psychological, and spiritual needs, promoting acceptance of an illness and improvement of a patient's health outcomes through patient-centred care. In this study, nurse educators and student nurses displayed consensus in promoting patient health outcomes by fulfilling all individual human health needs to balance these aspects and promote holistic healing.

The findings are also supported by a study conducted in Iran by Madani, Cheraghi, Salsali and Rashvand (2017:10), who did a concept analysis of comprehensive patient care. This study described holistic care as comprehensive patient care with the unique treatment of an individual as a whole across all human health dimensions, namely physical, spiritual, and psychological (Madani et al. 2017:77).

In the South African context, findings from a study by Baker (2017:70) on compassionate, caring support the perceptions of the nurse educators and student nurses on holistic caring practice as comprehensive, compassionate, holistic nursing that involves treatment of the individual as a whole human being by being sensitive to the patient's total needs. Each patient is a unique being with unique needs who must be treated as such.

Globally, nurses are obliged to respect patients' needs and individualise nursing care while bearing the responsibility and duty to care for themselves and others according to the Code of Ethics for nurses (Nurses' Ethical Code, 2013). According to this study's findings, nurse educators and student nurses perceived holistic care as comprehensive patient care that includes caring for the self, thus contributing to a well-balanced state of health for each individual. This study's findings clearly demonstrated

that the perception of holistic care of nurse educators and student nurses is aligned to global nursing standards enshrined in the international nurses' ethical code (ICN, 2013: Nurses' ethical code).

The findings from this study also highlight nurses' responsibility to place the patient at the centre of care and ensure self-care for both patient and the nurse. Treatment of the patient as an individual is central to holistic care. It promotes the identification of all needs of a patient – physical, psychosocial, and spiritual – which are often completely different from those of other patients (WHO global strategy on people-centred and integrated health services interim report, 2015:48).

Therefore, holistic care, according to the perception of nurse educators and student nurses, is total care customised to specific individual needs to promote positive health outcomes and holistic healing. This is also supported by Gluyas (2015:50), who states that the patient-centred care model has been found to improve patient outcomes.

The four subthemes of physical, psycho-social, spiritual, and patient-centred care that further emerged in describing holistic caring practice according to the perceptions of nurse educators and student nurses in the bridging programme (Regulation R683, 1986) are summarised and displayed in Figure 4.10 below.

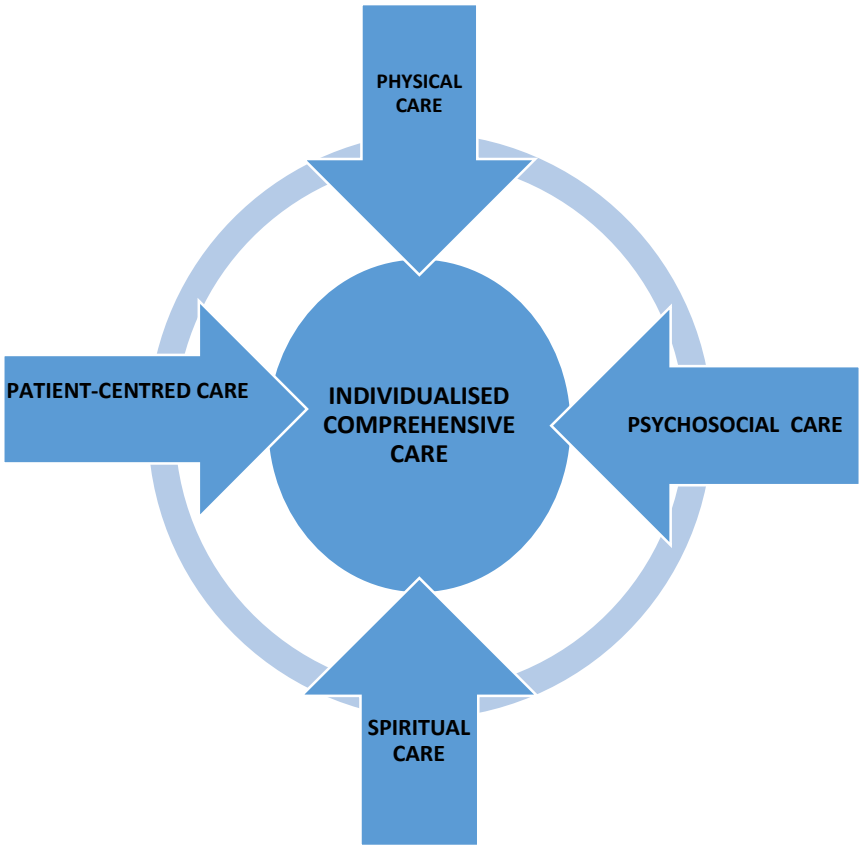

Figure 4.10: The perceptions of nurse educators and student nurses on holistic caring practice within a private hospital

Figure 4.10 accentuates that individualised comprehensive care depends on the perception that the patient, as a physical, psychosocial, and spiritual being, is central to holistic nursing. It further highlights the interconnectivity of all human health aspects as described by the American Holistic Nurses Association (AHNA 2017).

The inside circle signifies the centrality of the individual patient as a point of departure and wholeness as the objective of holistic care. The outside ring signifies that the different human health needs, represented by various arrows, require physical, psychological, social, and spiritual care. The central circle (the individual) is thus maintained by addressing all the human health needs through physical, psychosocial, and spiritual care and enabling the individual to perform self-care to sustain a balance amongst these different health needs and achieve holistic care. Removal of one aspect of the circle breaks the wholeness. Likewise, failure to attend to some health needs in holistic caring practice will negatively affect the individual's whole health outcome.

Recognising the patient's uniqueness and centrality in nursing care remains integral to holistic care. The participants' description of holistic caring as individualised comprehensive care attained from physical, psychosocial, spiritual, and patient-centred care is well illustrated in the diagram. It emphasises the essential connections in holistic caring practice (Dossey 2016:59).

The first subtheme of physical care identified from the participants' description of holistic caring practice is presented in the following section.

4.4.2.1.1 Subtheme: Physical care practice

In this study's findings, physical care is described as prioritising and fulfilling a patient's physiological needs such as breathing, food, water, and elimination. This description of physical needs is according to Williams's (2017:20) definition of water, food, breathing, circulation, oxygen, and elimination as physical needs essential for survival and thus the focus of physical care. This finding also aligns with Maslow's hierarchy of human needs, which prioritises physical needs over all other needs (Maslow, 2011).

The study's findings indicated that both groups, the nurse educators and the student nurses, recognise and understand that physical care is an essential aspect of holistic caring practice. This is consistent with findings from a study by Zamanzadeh, Jasemi, Valizadeh, Keough and Teleghani (2015:19), which found that nurses in Iran consider physical needs and providing physical care as an important part of the provision of holistic care.

The perceptions of nurse educators and student nurses about physical care as an integral part of holistic care within a private hospital are also alluded to by Jackson, Santoro, Ely, Boehm, Kiehl, Anderson and Ely (2014:17). They describe how nurses can utilise Maslow's Hierarchy of Needs as a framework for changing the critical care narrative of improving physical care by prioritising high order needs driven by patient survival. The authors (Jackson et al. 2014:17) believe that Maslow's emphasis on physical care could contribute to comprehensive care and holistic healing by restoring the body-mind-spirit connection to the pre-illness state even in critical care settings. This study is conducted in a private hospital that values spiritual care. However, despite the focus of the hospital environment on spiritual care, physical care cannot

be ignored. Physical care is an inherent part of nursing care; hence the normal functioning of the human body must be preserved at all times (Williams 2017:20).

The findings highlight an increase in the awareness of both nurse educators and student nurses of physical care during holistic caring practice. The participants' description of physical care as part of the holistic caring practice is further supported by findings from a study done by Weldetsadik, Gishu, Teshome, Asfaw, Legesse and Demas (2019:132) in Ethiopia's teaching hospitals, where nurses indicated the importance of physical care. These authors (Weldetsadik et al. 2019:132) found that physical care involved patient assessment, provision of prescribed physical care and prevention of physical injury. They indicated that nurses could provide more accurate information about a patient's condition and physical care. This could be attributed to nurses being the patient's physical care custodians entrusted with continuous patient care. This is more so than other medical professionals who attend to patients only periodically while the nurse is constantly present.

This study explored only nurse educators' and student nurses' perceptions of holistic caring practice, and a comparison cannot be drawn between nurses and physicians regarding perceptions of holistic caring practice. Physical care is an expected standard in nursing care as mandated by the scope of practice for nurses in South Africa (SANC Regulation R2598). However, this may hinder nurses' opportunity to provide holistic caring if other important health aspects necessarily for achieving holistic health and healing are ignored at the expense of physical comfort. Nurses should engage in caring practices that attend to all patients' health needs and not only focus on physical care.

A qualitative study based on conventional content analysis done in Iran by Valizadeh, Zamanzadeh, Jasemi, Teleghani, Keogh and Spade (2015:27) analysed nurses' experiences in providing care beyond physical care. The findings (Valizadeh et al. 2015:27) concur that nurses who provide physical care by identifying the patient's problems and listening to their inner voices facilitate effective care planning that promotes holistic care. In South Africa, the provision of physical care is enshrined in the scope of practice of all nurses (SANC, R2598), including students in a bridging programme (Regulation R683, 1989) as in this study. Physical care forms part and parcel of holistic care.

A study conducted in Indonesia by Asmiranjanti Hamid and Hariyati (2019:3) found that nurses described physical care as solving different patients' physical problems identified through a systematic, logical nursing process. This process includes assessment and diagnosis culminating in a nursing care plan executed, evaluated, and documented timeously. However, these authors further found that nurses failed to apply critical thinking when planning physical care and that nursing care was insufficient. The third objective of this study was to develop specific outcomes for nurse educators regarding holistic care education in future nursing programmes that will produce general nurses. This chapter discusses these outcomes in detail under the subheading of the third theme.

This study's findings regarding physical care indicate that nurse educators and student nurses support the importance of a thorough assessment of patients' physical needs. These findings align with a global scoping review of studies done in America, New Zealand, Turkey, Australia, Norway, Korea and Italy by Morrell, Giannotti, Pittman, and Mulcaster (2021:2929). It confirms that physical assessment skills taught in undergraduate nursing programmes and those used by registered nurses during the provision of physical care confirmed that such skills were routinely utilised during the provision of holistic care. Nurse educators can facilitate students' understanding and competence in performing physical assessments necessary for providing comprehensive physical care that promotes and contributes to holistic practice.

The researcher noted that amongst the four subthemes, physical care was always the first human health aspect mentioned by both nurse educators and student nurses in their description of holistic care. However, this may indicate that participants perceived physical care as paramount to other human health aspects. Their acknowledgement of physical care as taking priority over psychosocial and spiritual care also confirmed this. Yet, holistic care includes all human health dimensions, and every dimension requires equal attention. Apart from life-threatening physical needs that warrant priority to preserve life, physical care should not necessarily be positioned on a higher pedestal above other health dimensions. Holistic care is based on maintaining an equilibrium between the physical, psychological, social, and spiritual health dimensions (Dossey et al. 2016:59).

The study findings also revealed that holistic care is underpinned by care based on identified individual needs. The following section presents what participants describe as physical needs that must be addressed during physical care.

- **Addressing the physical needs of the patient**

The findings revealed that both nurse educators and student nurses have similar understandings of what constitutes the physical needs of patients when providing holistic care. Both groups of participants indicated that physical needs include breathing, water and nutrition, sleep and rest, and physical safety and comfort. Williams's (2017:20) definition of physical needs indicates water, food, breathing, circulation, oxygen, and elimination as physical needs essential for survival. Student nurses who are aware of physical needs would be able to provide physical care by attending to identified needs and so contribute towards the holistic treatment of the patient. Furthermore, the nurses' scope of practice also identifies diagnosing patients' physical needs and ensuring physical comfort as an obligatory part of holistic care and a major part of the nurse's responsibility (SANC: Scope of practice, Regulation 2598:2(e)).

According to study findings, participants perceived physical needs as a priority before all other human needs. This contrasts with findings by Zamazadeh et al. (2015:9), which revealed that despite physical needs being vital for patient survival, prioritising it over other human health needs is detrimental to holistic care. However, according to Potter and Perry (Crisp, Douglas, Rebeiro & Waters 2017:992), failure to address physical needs such as the need for sleep can lead to physical symptoms of headache and fatigue, including psychological problems like irritability, poor concentration and emotional issues affecting the patient's whole wellbeing.

This study's findings highlighted that both groups of participants perceived that a failure to identify the physical needs and provide proper physical care could lead to negative health outcomes and a lack of holistic care as perceived by participants. The findings confirm that nurse educators and student nurses understand the difference between physical needs and physical care. Both groups of participants viewed physical needs as physical problems and physical care as nursing activities that address identified physical needs. These findings are supported by a study done in

the U.S.A. by James (2016:12), which found that the patient's physical needs that are not addressed prevent holistic health care and serve as a barrier to the quality of holistic nursing care.

The study findings further support a study conducted in nine European countries by Ball, Bruyneel, Aiken, Sermeus, Sloane, Rafferty, Lindqvist, Tishelman and Griffiths (2018:14). That study confirmed that caring practices that disrespect patients' physical needs and values lead to poor health outcomes, patient dissatisfaction and a negative public and professional image of nursing. While physical needs were perceived as contributing to holistic caring practice by nurse educators and student nurses within this study, they should not be the sole means of achieving holistic care. Physical care should be considered in equal status with other psychological, social, and spiritual health needs to render the holistic caring practice necessary for holistic healing.

The next discussion involves the second subtheme describing the holistic caring practice as psychosocial care according to the participants' perceptions within this study.

4.4.2.1.2 Subtheme: Psychosocial care practice

This is the second subtheme that emerged from the participants' descriptions of holistic caring practices as involving the provision of psychosocial care. According to the findings, nurse educators and student nurses indicated that offering adequate psychological care supplements physical care, thus contributing to holistic care. The participants described psychosocial care as nursing activities that consider the psychological status and the social being, including patient behavioural response to illness, through a caring presence.

The findings from this study have indicated that student nurses had confidence in identifying psychosocial problems through assessment of emotional and psychological status and did not perceive this as a challenge. This could be attributed to the teaching on assessing patients' psychological, social, and emotional status. It suggests that nurse educators and student nurses share a common understanding of maintaining the patient's social and psychological well-being as an important part of holistic healing. These findings are supported by a study by Al Ely Dahshan and Diab

(2015:74) on the perception of holistic caring by nurses in university hospital intensive care units and wards in Egypt. The study described psychological care as a critical aspect of holistic caring practice. The findings are also similar to a study by Igunnuoda and Ngugi (2015:31) on Nigerian nurses' view of holistic care, which was perceived as psychosocial care.

Furthermore, assessing for psychosocial problems during a caring presence and offering counselling were identified by nurse educators and student nurses in the bridging programme as key facets of psychosocial care during holistic practice. The findings are supported by Aksoy, Kilic and Celik (2019:1039), who found that Turkish student nurses perceived psychosocial care as a component of the assessment for psychological and social problems during the admission process.

The findings in this study suggest that nurse educators understand psychosocial care as including referral for expert therapeutic counselling to professionals and social workers. However, student nurses' knowledge of psychosocial care is limited to an assessment of psychological illness and the provision of counselling. The participants viewed counselling as an important part of psychosocial care but that it should not be used as the only available strategy to achieve psychosocial wellbeing. This contrasts with a study done by Chen, Chan, Chan Yap, Wang and Kowitlawakul (2017:411) in Singapore. They found that psychosocial care involves therapeutic communication and culturally sensitive psychological, spiritual, and social care. Therefore, psychosocial care is not limited to assessment and counselling but includes the overall care to heal the patient's psychological, spiritual, and social well-being.

Nurse educators should assist student nurses in engaging in various psychosocial care strategies to enhance their competence in providing psychosocial care. Referral to available community resources and social agencies, conducting family visits and providing social support are some activities nurse educators can promote for student nurses to enhance holistic care.

However, findings from student nurses suggest that there is a limitation in addressing identified psychosocial problems through referral for psychosocial care.

The student nurses perceived implementation of proposed interventions for identified psychosocial problems such as referrals relying on a registered nurse's discretion as student nurses felt they did not have the authority to refer to other health care providers such as psychologists. This is attributed to their status as student nurses (Nursing Act, no 33, 2005), which dictates that professional nurses must approve all their interventions. Furthermore, the scope of practice for enrolled nurses (SANC, Regulation 2598) prescribes that qualified enrolled nurses must practice under the direct or indirect supervision of professional nurses. The student nurses in this study were qualified enrolled nurses and were not exempted from this prescript by their professional body in nursing (SANC). However, problem identification remains their primary responsibility, and reporting such issues to supervisors is within their scope of practice.

While this aligns with SANC regulations (SANC R 683) regarding the practice of bridging student nurses under the supervision of professional nurses, the findings somehow indicate student nurses' shifting of responsibility in addressing identified problems in psychosocial care within the private hospital in this study. The study findings revealed that student nurses' role in terms of referrals to the multidisciplinary team and community agencies was limited by student status. This could have detrimental effects of delayed holistic care for the patient and deprive student nurses of the opportunity to render complete psychosocial care. Psychosocial care is not solely a nurse's responsibility but involves a well-coordinated multidisciplinary team approach driven by the registered nurse.

However, despite participants' limited knowledge of addressing psychosocial care, findings indicated that student nurses had a good understanding of identifying and assessing patient problems. Therefore, nurse educators should ensure that student nurses develop competence and knowledge on strategies to render psychosocial care during holistic practice.

In addition to the participants' perception of psychosocial care as an important part of holistic caring practice, psychosocial needs emerged as a category under this subtheme and will be discussed next.

4.4.2.1.3 Psychosocial needs

This is the first category that emerged under the psychosocial care practice subtheme. In this study, participants perceived psychosocial care as acknowledging and satisfying psychological needs. The participants described the need for autonomy, compassionate caring and a caring presence as psychosocial needs directly linked to holistic care practice.

- ***The need for autonomy***

This category emerged from participants' perception of psychosocial needs that must be fulfilled during holistic caring practice. The participants perceived autonomy as the need for allowing patient involvement in decision-making regarding care. These findings are supported by a qualitative study conducted in Iran by Zamazadeh Jasemi, Valizadeh, Keough and Teleghani (2015:214), who found that autonomy was an effective factor in enhancing the provision of holistic care.

This study revealed that participants perceived giving information and explaining nursing care activities and procedures to patients, including obtaining consent, as the main idea that emerged on how autonomy and the opportunity for decision-making are offered during holistic practice within the private hospital. Autonomy is defined by Jooste (2018:27) as allowing a patient to make rational health decisions without being coerced. The findings align with a study conducted in Spain by Molina-Mula and Gallo-Estrada (2020:14), which found that nurses indicated that providing patients with information on what is to be done to them allows the opportunity for decision-making by the patient.

This study demonstrated that nurse educators and student nurse participants understand autonomy as necessary for holistic care provision. Furthermore, findings revealed that participants perceived that autonomy is not merely explaining to the patient what is to be done but giving the patient adequate information that would allow for the opportunity to decide on the best choice of care, maximizing health benefits. However, this study's findings contrast with the conclusions of a study done by Beykmirza and Negarandeh (2017:212) in Iran. They found that nurses were aware of their poor performance in providing autonomy to mothers of children who have cancer.

Nurses are patient advocates who should ensure patient autonomy regardless of the hospital environment to maintain holistic psychosocial care.

According to findings in this study, participants perceived that female patients' right to autonomy in family planning and the termination of a pregnancy is compromised by religious doctrines, which prohibit such procedures within this environment, thus restricting holistic care. These findings are consistent with Zamazadeh, Jasemi, Valizadeh, Keough and Teleghani (2015:214), who concur that conformity to the environment can interfere with holistic caring practice. In South Africa, findings also align with a study by Mbangula (2015:49) investigating ethical dilemmas nurses face during caring practice. The study found that patients are still coerced to receive care contrary to their religious beliefs, violating their right to decision-making.

Nurse educators should advise student nurses against conforming to environmental culture and policies that superimpose or prohibit care or treatment choices over patient choices. In South Africa, upon graduation, general nurses are made to recite the nurses' pledge, which is an oath that prescribes for nurses to provide total care to the patient regardless of religious or social circumstances (SANC, nursing pledge of service). However, this study's focus is not on the prescripts of the nurses' pledge but highlights the awareness towards total care and treatment of the patient according to his or her needs. Nurses should be aware of the patient's beliefs. Alternative treatment choices should be explained to allow patients to exercise their absolute right to autonomy with the opportunity for referral to other health facilities to maintain psychological comfort that contributes to holistic healing.

Although offering patient education appeared as the meaning student nurses attach to autonomy, nurse educators yielded a clearer picture of what autonomy entails and how it can be offered during holistic practice. Nurse educator participants mentioned that offering support by giving adequate information, reassuring, and fostering cooperation by ensuring the patient is psychologically calm and comfortable assists the patient in considering care alternatives and making informed choices and decisions. Uys and Middleton (2018:140) further emphasize that nurses should carefully assess the patient's psychological status and rational decision-making capacity since the nurse's obligation to offer the patient autonomy does not supersede preventing harm to others from potentially harmful health choices.

In this study, the student nurse participants did not mention how autonomy is provided to patients with psychological problems due to mental illness. This could be attributed to various reasons, such as the bridging course curriculum, which is limited in mental health nursing, or the role of the patient's Right Charter and Bathopele principles, which overemphasise the right to choose treatment, or simply the student nurse's lack or poor knowledge. According to Uys and Middleton (2018:140), the provision of autonomy is often suppressed in cases of psychological care of mental health patients as the executor takes over any important decisions on behalf of the patient.

Uys and Middleton (2018:140) further caution against violating a patient's right to autonomy, especially in district hospitals with no dedicated psychiatric wards staffed by mental-health care trained nurses. This study's setting is like the one involved here, a private district hospital with no psychiatric wards. Student nurses are exposed to patients with acute mental disturbances requiring seventy-two-hour observation in general wards. They should be able to properly assess all patients' psychological status to ensure autonomy is offered without causing harm to the patient and others. However, student nurses should understand that the right to autonomy does not supersede the right of safety and protection from injury to self and others in a patient with a compromised psychological status (South Africa, Mental Health Care Act, no.17, 2002; Patient's Right Charter, Constitution, Act 108). This study's findings could not indicate how student nurses offer autonomy in such circumstances; however, the focus of this study aimed to understand the meaning of holistic caring practice within a private hospital as perceived by nurse educators and student nurses.

Findings have indicated that student nurses experienced role conflict regarding their position in providing autonomy to patients during practice within this private hospital environment. According to this study's findings, student nurses perceived inadequate exposure opportunities to assist patients in exercising autonomy. Student nurses reported that they must report to registered nurses. Obtaining consent for procedures remained the responsibility of the doctor performing the procedure, whom the registered nurse often accompanied during ward rounds.

Ward rounds are teaching tools for student nurses in the bridging programme (Regulation R683, 1989) to give them confidence and competence in their patient care and administration roles. Nurse educators and ward supervisors should ensure that

student nurses have the necessary support and opportunities to engage in multidisciplinary team activities such as ward rounds. They should be able to participate in treatment planning for patients, advocate for a patient's autonomy, and ensure psychological comfort and holistic care for the patient, even in a learning environment within a faith-based private hospital. This possibility can enhance clinical learning opportunities for student nurses and assist in preparing them to provide holistic caring practices adequately.

- ***The need for compassionate caring***

This is another category identified during the analysis of the participants' responses regarding their understanding of psychosocial needs during holistic caring practice. In this study, the nurse educators and student nurses described compassion as a way of providing holistic care by treating the patient with love, kindness, empathy and being sensitive to all needs, including unspoken needs. This finding supports the findings from a study by Williams (2017:21), which indicated that compassionate care is an important feature of holistic caring practice.

The findings also align with Watson's Theory of Human Caring (2012), which guided this study due to its focus on holistic caring practice and emphasis on compassion through the caritas process. According to Watson's Theory (2012), the first caritas process entails practising loving and kindness during holistic care. This finding demonstrates the participants' understanding of compassionate care as part of important psychosocial needs in holistic practice. It also supports the international study by Papadoulous, Zorba, Koulouglioti et al. (2016:395), which included fifteen countries that found that nurses perceived compassionate caring as an essential aspect of holistic caring practice.

Further evidence from an ethnographic study conducted in Iran by Babaei, Teleghani and Keyvanara (2017:93) on contextual factors facilitating compassionate caring practice revealed that nurses described compassion and empathy as psychological needs necessary for providing holistic care. In South Africa, the findings are consistent with Baker (2017:71), who found that professional nurses perceived holistic care as compassionate nursing care and treating patients as a whole.

Hughes, DeGregory, Elk, Graham, Hall and Ressallat (2017:13) further explain that a trusting interpersonal relationship with patients includes love and compassion as a basic universal approach to holistic care that provides a platform for the patient to verbalise all needs. The participants' definition of compassion as an important psychosocial need is consistent with findings from a systematic review by Strauss, Taylor, Gua, Kuyken, Baer, Jones, and Cavanagh (2016:26), which defined compassion as a feeling of empathy, sensitivity and understanding and showing concern for the patient to alleviate suffering.

In this study, participants demonstrated a good understanding of what psychological needs entail during the provision of psychosocial care in holistic caring practice. Active listening, a positive attitude, a caring presence, recognition of a patient's autonomy, and compassion are all features of holistic caring (Williams 2017:21). Nonetheless, participants' view of psychosocial care as equivalent to physical and spiritual needs suggest an adequate understanding of holistic care philosophy that underpins holistic caring practice.

The next discussion focuses on the need for a caring presence category identified under psychosocial needs when practising holistic care as perceived by the participants.

- **The need for a caring presence**

The need for a caring presence emerged under the sub-theme of psychosocial needs. In this study, participants viewed a caring presence as being both physically and psychologically present for the patient (being there). Demonstrating a loving and caring attitude and respecting and supporting the patient throughout the different stages of illness are included as part of a vital strategy that the participants use during holistic caring.

The findings are consistent with a study by Bramley and Matiti (2014:790) in the UK, which found that patients perceived nurses' caring presence as providing holistic, compassionate care. In South Africa, this is alluded to in a study by Monareng (2013:7) on the provision of holistic care by paediatric nurses, who recommended that nurses offer a nursing presence to provide holistic care.

However, the findings also suggest that while nurse educators and student nurses view caring presence as important, different views emerged about what it entails. Student nurses perceive it as a physical presence, often affected by an increased workload and inadequate time to spend with the patient. Findings also revealed that student nurses' attempts at offering a physical presence were met with a negative attitude from qualified staff who viewed such actions as laziness and a waste of time. This supports the findings of a study conducted in Turkey by Akansel, Watson, Vatansever and Özdemir (2021). They found that nurses could not attend to psychosocial aspects of care as they could not offer a caring presence of spending time with the patient due to the high workload.

Qualified nurses should be the ones that advocate for a caring presence. Student nurses' attempt to offer a caring presence should not be considered a time-consuming, physical burden. In an environment promoting spiritual care values, a caring presence should go beyond the physical and offer healing for the nurse and the patient. Positive psychological health contributes to holistic healing (Williams 2018:21). Nurses who demonstrate a caring presence promote psychological comfort and enhance holistic healing, the ultimate goal in holistic caring practice.

However, despite the literal meaning of physical presence as occupying physical space, caring presence carries a different meaning in holistic care. According to Watson's Theory (2012), the caritas process of authentic presence involves being fully present, being seated and actively listening without only attending to a patient's physical problems. The student nurses' description of caring presence as a physical presence contrasts with findings by Labrague et al. (2015:338) in Greece, Nigeria, India, and the Philippines. They found that student nurses perceived a caring presence as ensuring a positive connectedness crucial in preserving psychological comfort during holistic caring practice.

The findings indicated that the nurse educators' understanding of a caring presence is different from student nurses' views of a caring presence as a physical presence. The findings suggest nurse educators perceive a caring presence as demonstrating a loving, caring attitude, active listening, respecting, and supporting the patient throughout the different stages of illness during holistic caring practice. Physical and emotional presence is important in promoting the holistic healing necessary for a

holistic caring practice in holistic care. Student nurses' poor understanding of a caring presence through the creation of a caring environment and positive attitude during nursing care may deprive the patient of an opportunity to receive holistic care (Labrague et al. 2015:338).

The nurse educators' perception of creating a caring presence during the holistic caring process is consistent with findings of an appreciative discourse study conducted on nursing caring presence by Du Plessis (2016:379). This author (Du Plessis 2016:379) found that a caring presence involves both physical and full presence. Full presence transcends physical space through reassurance and remaining calm with a patient during caring practice. A descriptive phenomenological design study by Hobbs, Du Plessis and Benade (2018:77) conducted in a rural public hospital in South Africa supports nurses' perception of a caring presence as being available, attentive to the patient's needs and allowing the existence of a deep connection between nurse and patient to promote the holistic healing process. Caring presence was not the focus of this study, but findings from both nurse educators and student nurses indicated their perception of offering a caring presence during holistic caring practice within a private hospital.

Caring presence is a critical, profound aspect of holistic care, and its absence compromises the process of providing holistic caring practice (Williams 2017:21). This study finding has demonstrated the understanding of both nurse educators and student nurses in the bridging programme (Regulation R683, 1989) about a caring presence as an integral part of and a precursor to a holistic practice. Nurse educators should, therefore, always encourage student nurses to take time, even when very busy, to get to know the patient better and attend to the psychosocial needs equally well as to the physical needs for a balanced state of body-mind-spirit to prevail.

In this study, both groups of participants demonstrated a good understanding of what psychological needs entail during holistic caring practice. Furthermore, maintaining a caring presence during holistic caring practice is consistent with a concept analysis study done in Iran by Ramezani, Ahmadi, Mohammadi and Kazemnejad (2014:218). They concur that a caring, healing presence and the creation of a nurturing environment are the main attributes of holistic care.

However, the findings from this study suggest that although the hospital is private and aligned to faith, promoting spiritual health, and offering a caring presence can be hampered by a heavy workload and nursing staff shortages. The researcher in this study is concerned that though both nurse educators and student nurses consider a caring presence important for promoting spiritual health in holistic care, it is limited by such factors. Nonetheless, both nurse educators and student nurses in this study have highlighted the importance of offering a caring presence as another way of providing care and facilitating holistic healing for the patient. Nurses aware of its importance can create ways to ensure their presence to promote a holistic caring practice.

The participants' description of psychosocial care as inclusive of also attending to psychological needs through a compassionate, caring presence and recognition of autonomy is further supported by Williams (2017:21). This study found that a holistic caring practice implied maintaining therapeutic loving, caring nurse-patient relationships through a caring presence, autonomy, and compassion. Therefore, nurse educators and clinical supervisors should be vigilant in addressing circumstances that prevent student nurses from offering this important aspect of holistic care practice during clinical practice.

The next sub-theme discussed is that of spiritual care practice.

4.4.2.1.3 Sub-theme: Spiritual care practices

Spiritual care appeared as the third sub-theme from the participants' perception of holistic caring practices. Findings revealed that spiritual care was an important aspect of holistic caring practice. According to the nurse educators and student nurses, spiritual care involves acknowledging patients' spiritual needs by respecting patients' religions, including providing emotional support. According to Frisch and Potter (2015:112), holistic nursing involves incorporating environmental, social, and spiritual aspects to achieve holistic healing for the patient.

This sub-theme of spiritual care is discussed according to the three themes that emerged from the findings: spiritual needs, respect for a patient's religion, and emotional support. The next discussion is on spiritual needs as an essential aspect of providing spiritual care during holistic care.

- **Spiritual needs**

This is the first category under the sub-theme of spiritual care. Findings indicated that both nurse educators and student nurse participants perceived acknowledging spiritual needs as the provision of spiritual care during holistic caring practice. Spiritual comfort activities such as prayer worship, meditation, and counselling, including referral to religious leaders and priests, have been mentioned as ways to fulfil patients' spiritual needs.

These findings support a retrospective review of journal entries on nursing students' perceptions of spiritual care in the U.S.A., according to a study by Boswell, Cannon and Miller (2016:332). They investigated student nurses' perceptions of spiritual care and found that the use of faith and prayer are necessary to provide spiritual care. Findings from a study done in China by Leong, Wong, Chen, and Ming Ko (2015:259) on dynamic equilibrium in the Yin-Yang Theory of traditional Chinese medicine (TCM) also indicated that external resources accelerate the holistic healing process.

Among these resources are church groups, community organizations, and individuals such as pastors who serve as a support structure or source of strength during the patient's holistic healing process. The findings are also consistent with a study by Karnjus, Bašić and Babnik (2019:3) in Slovenia. They, in turn, found that student nurses perceived spiritual care as caring activities that include the patient's religion and a therapeutic environment that contributes to holistic care facilitated by nurses' practice of their own religion. However, the study found that student nurses felt they were not the only ones responsible for a patient's spiritual care, but chaplains, family, and friends were also responsible for providing spiritual care.

However, according to a study done by Gautam, Neville and Montayre (2019), spiritual needs involve finding meaning in life, connection to the self, family, and significant others, including higher powers. Therefore, spiritual needs are not limited to religiosity. The perceptions of student nurses of spiritual needs could be associated with the participants' clinical learning environment that involved a private hospital that is also faith-based. These findings align with a study by Connerton (2016:102), in which nurses described spiritual care differently according to the type of hospital in which they practice. In a faith-based private hospital, nurses described spiritual needs as

respecting the patient's religious values and engaging in religious activities such as prayer and consultation with priests. In contrast, those in non-faith-based hospitals viewed spiritual care as care that addresses all spiritual needs (Connerton 2016:102).

In South Africa, the findings on allowing the patient the opportunity to connect with a higher power as a means to satisfy the spiritual need are consistent with a study done in KwaZulu-Natal by Nkala and Monareng (2017:15). They found that bridging students in a public hospital perceived spiritual care as a need to refer patients experiencing spiritual distress to chaplains and religious ministers and connection to a supernatural being. This is further asserted by Chandramohan and Bhagwan (2016:7) in a salient study on South African professional nurses' perceptions of holistic care in public hospitals. It revealed that prayer, kindness, and referral to religious and faith leaders were viewed as important in addressing spiritual needs.

However, both groups of participants in this study demonstrated a fair knowledge of spiritual needs, which student nurses' views limited to religious faith activities. Furthermore, findings have indicated that the student nurses lack confidence in attending to patients' spiritual needs during holistic caring practice. This seems to correspond with a study by Chandramohan et al. (2016:7), who also reported that qualified professional nurses were not confident and competent in addressing spiritual needs. Furthermore, these findings support the findings of a study done by Linda et al. (2019:2), who found that nurse educators could not adequately teach student nurses holistic care provision in terms of addressing spiritual needs due to an invisible holistic nursing curriculum.

These study findings revealed that nurse educators and student nurses had the same perception of spiritual care within a private hospital environment which is also faith-based. Participants in this study have described fulfilling spiritual care needs as an important aspect of holistic caring practice. This finding suggests that participants are aware of the need to provide spiritual care. Therefore, an adequate understanding of spiritual care should promote its application by nurses during holistic caring practice.

However, findings suggest that despite student nurses' awareness of the need to provide spiritual care, their knowledge and understanding of spiritual needs are limited to religious activities. This study has demonstrated that student nurses' perception of

spiritual needs and spiritual care within a private hospital which is faith-based as the one in this study renders them less confident in delivering this type of care. The study focuses on a holistic caring practice that involves spiritual care as one of the human health dimensions to consider during care. Student nurses' lack of confidence in rendering spiritual care can lead to its omission, thus contributing to a lack of holistic care and poor quality of nursing.

Therefore, adequate spiritual care education is needed to ensure that student nurses develop holistic caring practices that satisfy all patients' spiritual needs. This need for educational preparation supports the findings of O'Brien, Kinloch, Groves and Jack (2019:182). They found that nurses trained in spiritual care perceived themselves as better inclined to acknowledge and support patients' spiritual needs through effective communication, providing care that transcends the physical space to promote holistic practice.

In contrast, nurses who do not pay careful attention to identifying and fulfilling patients' spiritual needs might debilitate a holistic caring practice. Drury and Hunter (2016:780) further concur in explaining that the inability to allow patient participation in spiritual rituals and religious customs like prayer creates a vacuum and a hole in holistic care practice. Based on this study's findings, nurse educators should ensure that student nurses are adequately taught and exposed to clinical learning experiences that allow engagement in holistic nursing activities that support and address patients' spiritual needs.

The next category concerns providing spiritual needs of respecting the patient's religious orientation.

- **Respect for a patient's religion**

Respecting a patient's religion emerged as an important aspect of holistic care. The findings revealed that student nurses recognise the importance of respecting the patient's choice of religion by not imposing care contrary to the patient's beliefs and aligning nursing care with the patient's choice.

This finding suggests an overlap between spiritual-based holistic nursing care and care based on the patient's religious affiliation. Analysis of student nurses' responses indicated that religion dominated attendance to patients' spiritual needs. The findings are consistent with results from a study by Kaddourah, Abu-Shaheen and Al-Tannir (2018:154), who found that nurses in Saudi Arabia embraced the importance of respecting patients' religious beliefs during the caring process.

These findings, in turn, support a study conducted by Folami (2018:8), who found that Nigerian undergraduate student nurses perceived religion as a spiritual need in holistic caring practice. In South Africa, the findings support a study by Nkala and Monareng (2017:75). They found that student nurses in a bridging programme (Regulation R683, 1989) at a public nursing college perceived religion as a useful means for providing spiritual care. Linda, Klopper and Phetlhu (2016:4) found that nurses fail to render holistic spiritual care when patients do not verbalise their religious orientation.

However, nurse educators' perception of spiritual care and religion differs from that of the student nurses in this study despite teaching student nurses to incorporate religion to attend to the patient's spiritual needs. Student nurses still view religion as spiritual care. The findings are consistent with those of Linda, Phetlhu and Klopper (2019:6) in that there are conflicting beliefs about what nurse educators view as religion and spiritual care, with recommendations for a clear curriculum on teaching spiritual and religious care. This is a complicated matter, especially in the diverse South African community, where these two concepts may present conflicting situations. The findings indicate a disjuncture between what nurse educators teach and what is perceived by student nurses. This could have negative implications for holistic caring practice when student nurses do not practice what they have been taught.

The findings indicate that student nurse participants had discomfort during the spiritual care discussion. Brief, hurried responses were given during probing how spiritual care was offered during holistic caring practice within this private hospital setting. In addition, student nurses reported feeling uncomfortable in providing spiritual care in terms of religion despite being placed at a private hospital that is faith-based and a religious environment. This also supports the findings of a study by Chew, Tiew and Creedy (2016:17) conducted in Singapore, where nurses equated religion to spiritual care but were unsure what spiritual care entails.

According to the American Nurses Association (2017:91), nurses' ability to provide spiritual care is related to how they perceive it. This could be a challenge if the student nurses' perception is limited to a single aspect of spiritual care due to environmental influence. This study is conducted in a faith-based private hospital environment, and findings have indicated that student nurses perceive spiritual care as mostly religion-based. This could be a potential barrier to the student nurses when faced with a different clinical environment that does not support faith or religious activities. Student nurses should be equipped with the necessary skills to render spiritual care.

However, this finding is inconsistent with that of Ross, van Leuven, Baldacchino and Giske (2014:697). They conducted a pilot study on student nurses' perceptions regarding spiritual care in Europe and found that student nurses perceived themselves as marginally competent in rendering spiritual care.

Spiritual care emerged as an important dimension of holistic care even though its implementation is unclear as nurse educators still appear unsure on how to teach it to student nurses effectively. Student nurses appear to know that spiritual care is part of holistic care but are not knowledgeable about providing spiritual care besides prayer and respecting patients' religions. The findings align with a study by Pipkins, Rinker, and Curl (2019:6) on students' perceptions of holistic care in Turkey that found that student nurses perceived spiritual care as an important aspect of holistic care within diverse ethnic groups and different religions.

In the United Kingdom, Lewinson, McSherry and Kevern (2015:806) also found that student nurses perceived spiritual care as forming part of holistic care. Therefore, careful integration of spiritual care into holistic caring practice should be promoted. That would ensure that student nurses perceive and practice what nurse educators teach and not simply conform to religious activities but provide spiritual care in the true sense of holistic caring practice even in faith-based and non-faith-based clinical environments.

The next category discussed is the need to provide emotional support during holistic caring practice within the private hospital in the study.

- **Providing emotional support**

The provision of emotional support emerged from the findings as a third category of spiritual care needs that is important for the provision of holistic caring. The nurse educators and student nurses described emotional support as assessment of the patient's emotional status, referral for therapeutic counselling, prayer, and use of available resources, including family and significant others, to promote the emotional wellbeing of the patient.

This description of emotional support by the participants in this study indicated the significance of emotional support as a spiritual need. Potter, Perry, Stockert and Hall (2018:585) further indicate that compassionate, holistic patient care requires nurses to identify emotional problems and provide emotional support. The hospital environment can contribute to providing emotional support through the embodiment of spiritual values that promote emotional wellbeing, such as prayer and referral to priests or nuns (Potter et al. 2018:585). This is consistent with Watson's Theory (2012), guiding this study in describing the role of an emotionally supportive environment in promoting holistic healing. Watson's Theory (2012) describes the patient environment as a major concept in human caring that underpins caring practices in holistic nursing.

The findings revealed that though participants know that emotional support is part of offering spiritual care during holistic practice, they demonstrated limited knowledge of emotional support. Student nurse participants only viewed emotional support as praying for the person and were uncomfortable providing such as they do not fully understand how to offer it during clinical instruction within a private hospital context as in this study. These findings are consistent with those from a study done in South Africa by Linda, Klopper and Phetlhu (2016:4). The study indicated that undergraduate student nurses placed in private hospitals in the Western Cape in South Africa understood spiritual care in terms of religious aspects such as the use of prayer as a means of emotional support during holistic caring practice. The study further found that nurse educators taught spiritual care to student nurses using religious examples.

These study findings are also in line with a study done by Nkala and Monareng (2017:13) on bridging student nurses' perception of spiritual care, which found that student nurses struggled to provide emotional support and use prayer as part of holistic care.

These findings are consistent with a study conducted by Baker (2017:77) on nurses' perception of holistic care in South Africa. It also revealed that though nurses were aware of the need for emotional support, they were not quite clear on how emotional support could be provided. According to Potter, Perry, Stockert and Hall (2018:585), holistic caring demands that nurses understand patients' spiritual needs to identify and provide relevant resources and emotional support for the holistic treatment of the patient.

The findings from this study suggest that student nurses placed in a private hospital can easily engage in task shifting to other people or religious groups when required to provide emotional support. However, this could be attributed to student nurses' limited knowledge and discomfort in providing emotional support.

The idea of prayer being offered for emotional support may not be preferred by patients that do not view prayer as a source of strength but may be helpful to those who believe in it. Hume (2016:2) explains that emotions are strong positive or negative feelings directed at an individual or something which can occur during a state of happiness, anger, or fear. Negative emotions lead to an imbalanced emotional state and disturbance of the harmony between body, mind, and soul necessary for emotional, physical, and psychological wellbeing and holistic healing. According to the South African Nursing Council's (SANC) Scope of Practice (Regulation R2598), ensuring a patient's emotional well-being is also a nurse's responsibility. Furthermore, nurses must recognise, acknowledge, and understand patients' emotional needs to render appropriate emotional support (Uys & Middleton 2018:330). Therefore, nurse educators are obliged to prepare student nurses to render emotional support during holistic practice. Teaching spiritual care to student nurses regarding religious aspects does not address the true essence of spiritual care in holistic caring practice (Linda et al. 2016:4).

4.4 CONCLUDING REMARKS ON SPIRITUAL CARE

This study has highlighted the perceptions and understanding of student nurses in the bridging programme (Regulation R683, 1989) on spiritual care during holistic caring practice. Furthermore, their lack of confidence in and discomfort with providing spiritual care within an environment that bases care on religious beliefs has also become

evident. This is similar to findings from a study in Norway by Kuven and Giske (2019:35), who reported that first-year student nurses also perceived having inadequate skills to render spiritual care.

Several studies conducted in South Africa on spiritual care (e.g., Linda, Phetlhu & Klopper 2019; Nkala & Monareng 2017; Chandramohan & Bhagwan 2016; Mthembu, Wagner & Roman 2017; and Monareng 2013) have called for a revision of the spiritual care curriculum and inclusion of more spiritual care-specific information and skills to improve the provision of holistic care. Therefore, the findings confirm that a gap still exists in teaching spiritual care as a holistic caring practice to student nurses in the bridging programme (Regulation R683, 1989), even in a private hospital that is also faith-based. Nursing education aims to develop student nurses into competent practitioners of holistic caring practice who are responsive to diverse South African and global community health needs.

The nurse educator findings have also confirmed the inadequacy of the bridging curriculum in how spiritual care must be taught, practised, and assessed. Potter and Perry (Crisp, Douglas, Rebeiro, Waters 2017:112) explain that holistic nursing involves incorporating environmental and spiritual aspects towards achieving holistic healing for the patient. However, findings have revealed that this study's clinical environment in a faith-based private hospital had little or no contribution to these student nurses developing competence in practising spiritual care besides its religious influence.

Individualised, patient-centred care emerged as a sub-theme to participants' description of holistic caring practice and is discussed next.

4.4.1 Sub-theme: Patient-centred care

According to Delaney (2018:121) there is no universal definition of patient-centred care. Delaney describes it as care based on individualised holistic care involving the patient's clinical condition, lifestyle, personality, beliefs and values and participation in decision-making regarding treatment. Patient-centred care emerged from the discussion as an important sub-theme to describe the holistic caring practice. Findings suggest that participants described individualised patient-centred care as nursing

practices centred around the patient's needs, ensuring patient and family involvement, including practices that promote self-care.

This finding is consistent with a study conducted by Jardin-Baboo, van Rooyen, Ricks and Jordan (2016:400) in South Africa. They found that professional nurses perceived holistic care as patient-centred care that respects patients for who they are and involves the patient and family values through open communication. In addition, the findings support a study conducted by Ward, Eng, McCue, Stewart, Strain McCormack, Dukhu, Thomas and Bulley (2018:2) in Scotland among physiotherapists and nurses on patient-centred care. These authors indicated that patient involvement in decision-making focuses on the patient's beliefs and values in ensuring patient-centred care and holistic care.

This sub-theme evolved as patient involvement, family involvement, and self-care practice. Patient involvement is the first category identified and is discussed next.

- **Patient involvement**

This study revealed that participants viewed holistic care as nursing care that involved and revolved around the patient's needs, including treatment as a unique individual, and acknowledging the right to self-determination regarding treatment choices. In this study, nurse educators and student nurse participants described patient involvement as treating a patient according to individual needs by planning nursing care that considers lifestyle, beliefs, and health status, including health education on self-care. Patients should be given nursing care based on the patient's choices, even in faith-based hospitals, to promote holistic care. Prescriptive tasks that interfere with a patient's opportunity to be part of the treatment plan should not be entertained for holistic caring practice to prevail.

The World Health Organization (WHO, 2013) has advocated that patients become active partners in improving health service delivery's safety, quality, and efficiency. This study's findings support the findings of a qualitative study by Kullberg, Sharp and Dahl (2018:1) conducted in Sweden on nurses' perceptions about patient involvement during nursing care handovers in oncology wards. They found that involving patients during the handover process promoted individualised care.

The findings are also consistent with a study conducted in Australia by Edvardsson, Watt and Pearce (2017:217), which found that patient-centred care involves the patient in the holistic caring process and offers holistic healing. This statement is similar to the findings by Van der Cingel, Brandsma, Van Dam, and Van Dorst (2016:16), who conducted a study in England that indicated caring practices based on the individual patient's values are key to patient-centred holistic care. In South Africa, the findings align with those of a study by Jardin-Baboo, van Rooyen, Ricks and Jordan (2016:397), who found that nurses' perception of patient-centred care in public hospitals include family involvement, cultural awareness, accountability, communication, love, and respect, which are all attributes of holistic caring. Caring practices place the patient at the centre of the care through effective communication and respect for cultural beliefs and values. Nurse educators should encourage student nurses to advocate for patient inclusion in every phase of the caring process.

The following discussion focuses on family involvement as the second category under the sub-theme of individualised patient-centred care.

- **Family involvement**

Involving the patient's family members in the nursing care also appeared as an important category in responses from both groups of participants. This study finding revealed that participants described family involvement as involving the patient's social dynamics and allowing the family to participate in the patient's care by performing physical tasks.

According to the findings, nurse educators and student nurses have varying perceptions of family involvement. The nurse educators viewed family support and awareness of the patient's social dynamics as important and necessary for holistic care. In contrast, student nurses viewed family involvement as allowing them to participate in patient care by assisting with basic needs. The student nurses' perceptions support the findings of a study conducted by Bhalla, Suri, Kaur, and Kaur (2014147). They found that family involvement in acute care settings assists nurses in terms of patient care, such as physical care, and further prepares the family for post-hospitalisation care at home.

This study has confirmed that family involvement is important for both the patient and the nurse. However, the findings are in contrast with a study conducted in Iran by Khosravan, Mazlom, Abdollahzade, Jamalli and Mansoorian (2014:4), who found that patients received more unskilled care from family members while nurses believed that family involvement sped up the patient's recovery and the patient's satisfaction from the presence of loved ones during the illness. Family involvement is not just the mere presence of family and assistance with care. Jazieh, Volker and Taher (2020:33) state that family involvement contributes to decision-making, improves patient quality care, and promotes holistic caring practices.

A study by Luttik et al. (2016:305) conducted on the perceptions of cardiovascular nurses from Belgium and the Scandinavian countries of Norway, Denmark, and Sweden has similar findings as this study, namely that family involvement is viewed as an important aspect of individualised patient care with positive health outcomes for patients and family members and improved job satisfaction for nurses. Treating a patient as an individual, therefore, does not end with the patient but requires involving the patient's significant others to assist with the holistic healing process during holistic caring practice.

The findings also support a study conducted in Portugal by de Mello, Ferreira, de Lima, and de Mello (2014:435). They found that family involvement improved childcare if parents are present and participative as it contributes to shared learning for nurses and patients, thus promoting holistic care. This suggested that nurse educator participants in this study correctly understood the value of involving family during holistic care practices, especially in the South African community characterised by diverse cultures.

Boyle (2015:50), in his commentary about personal experiences as a patient named "on the receiving end of care", explained the value of the family's voice and presence to the patient during the healing process. The role of the family is important in facilitating positive health outcomes, and family members should be encouraged to be there for their loved ones and offer support. Boyle (2015:50) further insists that family involvement should begin during the formation of the nursing care plan to ensure holistic practice.

Findings from this study indicated that participants perceived that the patient's family's culture should be understood and respected to ensure appropriate family involvement during holistic care. According to Değer (2018:41), the patient's cultural values, beliefs, practices, and lifestyle are integral to individualised patient-centred care in holistic nursing. Inclusion involves celebrating patients' cultural differences instead of mere tolerance to achieve holistic healing during caring (Breslin, Nuri-Robins, Ash & Kirschling 2018:104).

In this study, participants demonstrated the importance of acknowledging and respecting patients' cultures during family involvement. The findings, therefore, suggest that participants are aware that involving family members during nursing care requires integrating a patient's culture into holistic caring practice. These findings support a study done by Zamanzadeh et al. (2015:224), who found that family involvement, ethnic group and culture are effective social factors that facilitate culturally competent holistic caring in Iran.

In South Africa, the findings align with a study done by Mthembu, Wagner and Roman (2017:62) on the integration of spirituality into holistic care provision. They found that the patient's cultural background, religion and life view determine how the patient's needs can be met in a way acceptable to the patient. Ngcobo (2018:50) also found that family involvement during care allowed patients to practice their rituals and cultural beliefs. Student nurses who are aware of patients' different cultural beliefs should be able to use family involvement as a tool to promote holistic caring practices.

Holistic nursing encourages recognising the family as an important aspect of the patient's overall health. Therefore, the family's role in the healing process should not be prevented by disrespecting the patient's culture, including treatment choices.

The next brief section presents the third and final category, enhancing self-care during holistic caring practice.

- **Enhancing self-care**

Enhancing self-care is identified by both student nurses and nurse educator participants as part of individualised, comprehensive, holistic care practice. According

to this study's findings, the provision of health education and lifestyle modification advice to patients enhance self-care that promotes holistic caring practices.

The participants' perception of self-care as part of holistic care supports the findings by Dossey, Keegan, Barrera, Blaszko, Shields and Avino (2016:684), who explained that self-care and self-discovery are core values of holistic nursing practice. Offering adequate information and promoting patient knowledge regarding self-management is vital in achieving holistic care, as described by the participants in this study. This finding is consistent with a survey by Hardiman, Reames, McLeod and Regenbogen (2016:1302) done in the United States of America (USA). They found that patients who were given health education were better positioned to make decisions about their care, which contributes to holistic healing and improves the overall quality of life, which is the desired goal for holistic caring practice.

However, the nurse educators' perception of holistic care as self-care appeared to be different from that of student nurses. While students viewed it as giving health education, the nurse educators viewed it as allowing student nurses to engage in self-discovery learning, reflect on their own lives, learn from their practices, and be able to care for the patients in a manner they would care for themselves.

Nurse educators' perception of self-care aligns with a study by Kalb and O'Connor-Von (2019:162) that found that nurse educators in religious-affiliated higher education institutions perceived teaching holistic caring as encouraging student nurses to view patients as holistic beings through reflection and self-care. Another study by Padykula (2017:236) found that providing self-care is part of holistic care and has benefits of self-reflection and self-discovery for student nurses and patients. The participants' perceptions of patient-centred care as providing self-care align with Dr Jean Watson's (2012) Theory of Human Caring, which emphasizes self-care as the cornerstone of the holistic caring science.

The following section focuses on the second theme of perceived challenges regarding the provision of holistic care.

4.4.2.2. Integrated theme of perceived challenges in the provision of holistic caring practice

The aim of this study was to generate an understanding of the perceptions of holistic caring practices within a private hospital in KwaZulu-Natal.

The findings indicated that participants perceived challenges affecting the provision of holistic caring practice within the private hospital in this study. The challenges emerged in response to how participants described the provision of holistic care within the private hospital in this study. Furthermore, this theme was identified in two sub-themes of challenges regarding the provision of holistic care during clinical instruction at the hospital and challenges regarding teaching and learning holistic care practices at the nursing school where the nurse educators teach the student nurses in a bridging programme.

These findings are in line with the results of a study conducted by Flott and Linden (2016:501) in the U.S.A. which found that four attributes affect student nurses' caring practices during work-integrated learning. These authors identified the attributes as the physical environment, psychosocial factors, organisational culture, and teaching and learning. The following section presents the first sub-theme of challenges identified by participants during work-integrated learning at the private hospital in this study.

4.4.2 Challenges regarding clinical learning at the private hospital

The findings suggest that a private hospital's faith-based physical environment presents a spiritually conducive atmosphere in terms of holistic care. However, some circumstances or challenges threatened the student nurses clinical learning and practice of holistic care. These challenges emerged in four categories. These categories include inadequate holistic care learning opportunities, routine nursing activities, inadequate clinical supervision and restrictive hospital policies as challenges encountered during clinical instruction within the hospital in this study.

The first category of inadequate holistic care learning opportunities is discussed next.

- **Inadequate holistic care learning opportunities**

Nursing is a science based on theory and practice, and student nurses are allowed to integrate theory into practice during work-integrated learning at clinical facilities. The

findings suggest that the private hospital environment in this study presented inadequate learning opportunities for student nurses to learn and practice holistic care during work-integrated learning.

The student nurses' perceptions revealed that they were treated as a general workforce by the qualified staff and given a heavy workload with no time left to learn and practice holistic care. This could be attributed to confusion about student status as student nurses in this study are qualified enrolled nurses who have previous nursing experience, thus exposing them to abuse in the workforce. The student nurses' previous clinical nursing experience and enrolled nurse qualification should not make them vulnerable to abuse as a workforce.

Findings further revealed student nurse overcrowding in wards coupled with high competition for access to clinical learning experiences amongst student nurses as challenges in clinical learning and provision of holistic care practice. This poses a problem in developing student nurses' competence levels across learning domains, affective, cognitive, and psychomotor. It jeopardises and negatively affects the student nurses' opportunities to gain experience.

These findings also align with a study by Zamazadeh et al. (2015:214) that revealed high workload within the Iranian clinical learning environment was a barrier to providing holistic care. The clinical learning environment should be a place that facilitates student learning by affording the student practical experiences that foster clinical and caring competence. Poon (2014:124) investigated the perception of student nurses regarding the clinical learning environment in Macau and found that there were differences between the expected and actual clinical learning environment as perceived by student nurses. Similar findings were obtained in Iran by a study done by Bigdeli, Pakpour, Aaly, Shekarabi, Sanjari, Haghani and Mehrdad (2015:8). They validated the perceived differences between what student nurses expected the clinical environment to be and experienced in the actual clinical learning environment.

In South Africa, the findings support a study done by Lekalakala-Mokgele and Caka (2015:1264), who found inadequate clinical learning opportunities for student nurses in the clinical learning environment of hospitals and clinics. This concurs with the findings of a study by Linda, Klopper and Phetlhu (2016:139), who also found the

qualified staff in the clinical learning environment did not support the provision of holistic care by undergraduate student nurses in Western Cape, South Africa, despite student nurses' willingness to provide holistic care.

According to the SANC's Nursing Education and Training Standards (2013:3), clinical learning forms part of an educational process occurring in any accredited practice setting, either hospital or community. Therefore, clinical learning opportunities should be adequate in assisting the student nurses in developing clinical competence. Allocation in clinical placement should be driven by the availability of clinical learning experiences for the students to achieve clinical learning outcomes and competence in caring.

Nurse educators should closely monitor the clinical learning process of student nurses during work-integrated learning for the successful integration of theory into practice. Nurse educators and registered nurses' have an inherent role in maximising clinical learning experiences that promote holistic caring practice at clinical facilities. Circumstances and factors that interfere with students' ability to learn should be promptly identified and corrected.

The private hospital used in this study is faith-based and accredited for clinical placement of the bridging student nurses. However, findings have revealed that clinical learning opportunities for student nurses to practice holistic care were limited. Therefore, it is unfortunate that such an environment that embodies spiritual values which should promote holistic care practice is limited by inadequate learning experiences due to routine tasks, inadequate clinical supervision, and restrictive policies and procedures.

Findings from this study also indicate that the minority of nurse educators perceived the faith-based environment as a positive spiritual environment in terms of religious needs. This could be attributed to their long-standing loyalty to the hospital in the study. Some started their nursing career with this hospital as registered nurses before they were promoted to teach at the nursing school as both the hospital and nursing school were jointly owned. Another possible contributory factor was that the hospital was the only hospital used by the nursing school to place student nurses for work-integrated learning and could not be benchmarked with other facilities. This further supports the

findings by Power, Toone and Deal (2016:16), who found that nurse educators in England perceived faith-based hospitals as conducive sites that present clinical learning opportunities for student nurses to learn holistic care practice. A comparative study by Connerton (2016:103) found that nurses in faith-based hospitals perceived such environments as contributing more to the delivery of holistic care practice than in non-faith-based hospitals.

However, these findings have demonstrated that an environment can conform to religious norms but can still have inadequate learning experiences for student nurses to practice holistic care. Therefore, the findings have confirmed that faith-based care learning opportunities are a small fraction of holistic care.

The next category presented is related to routine nursing activities as a challenge in providing holistic practice during clinical instruction at the private hospital in this study.

- **Routine nursing activities**

According to the SANC, clinical practice is characterised by allocating clinical tasks and nursing procedures that are part of nursing care. The findings revealed that student nurses felt deprived of practising a holistic approach due to being allocated routine-based nursing activities and duties.

The nurse educators also shared similar concerns about students being allocated tasks that took them away from rendering holistic care. Nurse educators also believed that workload and staff shortages in the wards promoted routine tasks at the expense of holistic caring practice.

These study findings suggest that student nurses were allocated to do routine based as opposed to holistic caring activities. This could be due to routine tasks being seen as effective in getting work done in a limited time using less nursing staff. However, this exercise is detrimental to holistic care. It is characterised by fragmented nursing care tasks that inadvertently deprive student nurses of the opportunity to practice holistic caring. The findings also reveal that student nurses experienced conflicting situations when they had to prioritise work procedures over spending time and investing in holistic healing, which is the ultimate goal of holistic care.

These findings are consistent with the study done in Iran by Valizadeh, Zamanzadeh, Jasemi, Teleghani, Keough and Spade (2015:25). They found that routine nursing tasks compromised students' learning and practice of holistic caring during clinical instruction. These findings also support a study done in Teheran hospitals by Shafipour, Mohammad and Ahmadi (2014:234), who found that barriers to providing holistic care included increased workload and routine-centred care.

In South Africa, the findings align with those of a study by Baker (2017:104), which found that professional nurses perceived increased workload, staff shortages and routine care as challenges to the provision of holistic care. Using routine-based care for allocating tasks to student nurses is clearly in contrast with holistic care practice. Furthermore, they pose a barrier for student nurses to master holistic caring competence during work-integrated learning and are contrary to participants' expectations about holistic practice.

Routine nursing care further reduces the patient to a mechanically fragmented physical being rather than a whole, emotional, spiritual, and psychological human being. This supports a study by Mandal, Seethalakshmi and Rajendrababu, (2019:12), who explains that favouring task-focused nursing care limits and reduces holistic care practice into a mere assembly of tasks. The scheduling of care promotes a shift from holistic healing to merely getting the work done and deprives student nurses of an opportunity to learn the art of holistic practice. Registered nurses should consider alternative methods of work scheduling that promote holistic care practice for the benefit of both patients and student nurses.

Inadequate clinical supervision of student nurses during clinical instruction was identified as an important challenge in providing holistic caring practice at the private hospital in this study and is discussed in the following section.

- **Inadequate clinical supervision**

The aim of placing student nurses at hospitals is to correlate theory into practice. Jooste (2018:250) refers to clinical supervision as providing professional support and enhancing development in skills, competence, and confidence to ensure safe and ethical practice. According to this study's findings, student nurses reported being left

unsupervised in wards, supervised by junior staff members, and expected to perform nursing activities without any guidance due to inadequate clinical supervision.

According to the SANC's Scope of practice (Regulation 2598, 30 November 1984 (5)), the bridging student nurses are qualified enrolled nurses who practice under a registered nurse's direct or indirect supervision. Therefore, this means that registered nurses should always be available to provide guidance and ensure safe practice. Inadequate clinical supervision interferes with student nurses' ability to integrate holistic care and theory into clinical practice successfully. In this study, the student nurses indicated that they were poorly supervised due to registered nurse shortages and high workloads.

The nurse educators also supported this perception and confirmed that inadequate clinical supervision is further negatively affected by a large number of student nurses allocated to each ward or department, rendering registered nurses unable to supervise so many students during clinical practice. Lack of adequate supervision for student nurses renders them incompetent in providing holistic care with generally poor outcomes for the patients' health, nursing service, and professional image.

These study findings of student nurses' inadequate supervision during work-integrated learning are linked to and consistent with previous studies that investigated students' perceptions of the clinical learning environment. A survey by Jamshidi Molazem, Sharif, Torabizadeh and Kalyani (2016:5) found that student nurses were not supported sufficiently within the clinical learning environment. A study done in Malawi by Msiska, Smith and Fawcett (2014:39) also indicated that student nurses felt abandoned in the clinical learning environment with no support from nurse educators.

In South Africa, findings are also consistent with a study done by Vermaak (2014:80) that explored bridging student nurses' perception of a clinical learning environment at private hospitals. The author found that the clinical supervision of student nurses was greatly compromised. Another study in KwaZulu-Natal by Xaba and Sibiya (2015:95) also found inadequate clinical support for student nurses placed at hospitals and clinics for clinical learning. The hospital learning environment should provide adequate clinical supervision to promote competence in holistic care practice. The creation of a

positive learning culture with adequate clinical supervision within the clinical learning environment is mandatory to improve competence in holistic caring practice.

However, despite findings revealing poor clinical supervision, a few contrasting views from participants in the present investigation highlight the positive aspects of clinical supervision within the same environment. A positive attitude and the opportunity to practice skills learnt at the nursing college from registered and enrolled nurses were perceived as helpful by student nurses in this study. However, despite the generally positive perception from student nurses, the findings suggest that the support received by student nurses was also obtained from the junior professional categories of enrolled nurses.

Enrolled nurses are not responsible for supervising bridging student nurses who are also enrolled nurses by qualification (SANC, Regulation 2598). Supervision from junior staff could worsen the problem of poor nursing care and contribute to the increase in negligence cases currently facing the nursing profession in the country. Williams and Stellenberg (2018) and Samlal and Stellenberg (2018) concur that lack of supervision is the main contributory cause of increased negligence and malpractice lawsuits in South African private hospitals.

This study was conducted to explore the perceptions of holistic care practices and generate specific outcomes for nurse educators to improve teaching, learning, and practice of holistic care in future nursing programmes. Circumstances that interfere with the students' ability to gain competence in holistic practice are detrimental to nursing education, the patient as the end-user of nursing service, and the nursing profession.

The next discussion involves findings related to hospital policies and procedures that participants perceived as restrictive in providing holistic caring practices.

- **Restrictive hospital policies**

Standard operating policies and procedures guide hospitals and health care facilities. The private hospital in this study is private and also faith-based and no exception; hence it subscribes to its own policies in addition to those set down by the Health Act

(63 of 1977) that governs all public and private healthcare facilities. In this study, findings revealed that nurse educators and student nurses perceived some of the hospital policies as restrictive towards the provision of holistic patient care. According to these study findings, prohibition of family planning and termination of pregnancy services negatively affected the student nurses' ability to deliver holistic care to female patients. Holistic care promotes holistic patient treatment as a unique individual attending to specific individual needs.

Failure to provide access to treatment or procedures results in fragmentation of care as patients have to reach out to other facilities for delivery of services not allowed at the hospital within reach. This prolonged, delayed treatment and fragmentation of care is contrary to the holistic care principle of treating the patient as a whole rather than as a sum of parts. Hospital policies and procedures should therefore be promotive to holistic care. Despite patients' autonomous right to choose treatment options, the patient also has a right to access treatment as set out by the Patient Right Charter (Patients' Right Charter, South Africa, Constitution Act 108).

The nurse educators shared the same perception of hospital policies and procedures being restrictive to holistic care practice in that theory-practice integration was affected by the unavailability of certain procedures. Student nurses learn by seeing and doing, and learning opportunities are presented at the hospitals and clinics during clinical instruction. Nursing skills taught at the nursing school that could not be practised during clinical instruction at the hospital in this study affect the student nurses' ability to achieve competence in holistic care.

The findings are consistent with a study conducted in Iran by Babaei et al. (2017:91), which found that nurse educators perceived the hospital's prevailing culture and religious policies as barriers to developing student nurses' compassionate, holistic caring skills.

In South Africa, the findings are consistent with a study done by de La Porte (2016:43) on the role of faith-based organisations in healthcare which found that Catholic faith-based hospitals had restrictive religious policies that prevent holistic care. The focus of holistic nursing care is on holistic healing. Therefore, the hospital policies should facilitate holistic practice and not pose a barrier to holistic practice.

However, findings from this study are in contrast with those from Zamanzadeh et al. (2015:214), a study on effective factors for holistic care. These authors found that not conforming to hospital policies and procedures was also obstructive to holistic caring practice when novice nurses disregarded attending to the patient's human needs and only focused on completing tasks.

In Kenya, findings from a study by Khasoha, Omondi, Muthuka, Wambura, Chimbevo and Nyamai (2020:35) found that long procurement procedures hindered the provision of supplies for holistic care, as did management policies that promote administrative tasks over holistic care. Nurses find themselves bound by hospital policies that restrict holistic caring practices. Policies regarding health care services should promote holistic practice and allow autonomy for treatment choices. This is required by the holistic care philosophy and various legal prescripts, such as the nursing Code of Ethics (2013), which promotes the patient's choice and involvement in care decisions. Locally, the Patients' Right Charter, Bathopele Principles, and the Nursing Act (no 33, 2005) all call for the patient to be treated as an important part of care with free access to treatment, a right to choose and decision-making. Nurse educators should carefully select practice environments for student nurses that will promote holistic caring practice.

However, contrasting findings also indicate that despite some restrictive policies, a minority of nurse educators perceive the hospital environment and its religious policies as having some positive contributions toward student nurses learning holistic practice in terms of spiritual care during clinical instruction. These findings are in support of those indicated in a study done in North England by Christiansen, O'Brien, Kirton, Zubairu and Bray (2015:835). The authors found that policies and procedures are factors within clinical learning environments that enable holistic caring practice.

The next discussion presents the second sub-theme of challenges perceived during the teaching and learning of holistic care.

4.4.3 Sub-theme: Challenges regarding teaching and learning holistic care practices

The nursing education system must be adequately equipped to prepare student nurses to provide holistic care. The findings from the analysis highlighted challenges related to teaching and learning holistic care practices. This sub-theme appeared in three categories: the non-specific holistic care curriculum, inadequate clinical placement, and ineffective clinical accompaniment.

The first category of a non-specific holistic care curriculum is discussed next.

- **Non-specific holistic care curriculum**

According to the SANC Nursing Education and Training Standards (SANC 2013:3), a nursing curriculum reflects a systematic process describing the content, strategies, and assessment methods. The concern about the holistic nursing curriculum being inadequate in providing direction as to the teaching of holistic practice emerged from the nurse educators' and some of the student nurses' findings.

According to the study findings, nurse educators perceived that the holistic care curriculum was inadequate and reliant on the general application of holistic care philosophy through integration in nursing fundamentals and social sciences subjects. Furthermore, findings revealed that the teaching of holistic care was characterised by a lack of clear and specific guidelines in terms of teaching and assessment strategies.

These findings support the findings from a study done in the Western Cape by Linda, Phetlhu and Klopper (2019:5). These authors explored nurse educators' perceptions of the teaching of spiritual care in South Africa. They found that nurse educators perceived the holistic nursing curriculum for undergraduate students as inadequate and invisible in terms of teaching content and assessment strategies. Though findings are from the nurse educators, the student nurses also shared the same perception of a curriculum that does not fully prepare them to provide holistic care.

The findings from student nurses suggested that they felt that they were not sufficiently prepared to practice holistic care except for assessing and attending to patients' needs in total. Furthermore, student nurses reflected that they were poorly equipped to provide holistic care. The primary objective of the bridging course is to develop the cognitive and psychomotor competence of student nurses (SANC regulation, R683).

Competence in terms of knowledge, skills, and attitudes for caring about a patient as a physical, emotional, psychological, and spiritual being is an integral part of holistic nursing (Jooste 2018:7).

A curriculum with clear and specific holistic care content, teaching strategies and assessment is important in ensuring that student nurses meet prescribed objectives and become competent holistic care practitioners. Student nurses that are inadequately prepared will render holistic care that meets global standards. This will have repercussions for the nursing professional image locally and abroad. This study's findings will contribute to developing clear specific outcomes and strategies that should be available for nurse educators to facilitate future teaching and learning of holistic care. This study suggests congruence from both nurse educators' and student nurses' perceptions of an inadequate curriculum in holistic care. This is consistent with findings from a qualitative study done in Iran by Zamazadeh et al. (2015:214), who found that the educational system in terms of the inadequate curriculum was a barrier to providing holistic care in Iran.

In South Africa, the findings are consistent with a study done by Nkala and Monareng (2017:25), who found that educational content in the bridging programme (SANC Regulation 683) was still inadequate for teaching holistic care to bridging students at a public nursing education institution in South Africa. This study's findings further support these earlier studies done on spiritual, holistic care. Tjale and Bruce (2007:46), Monareng (2013:4), Chandramohan and Bhagwan (2016:10), and Linda, Klopper and Phetlhu (2016:3) all confirmed that nurses were poorly prepared to provide holistic care. Student nurses who are not prepared will not practice optimal holistic patient care. These findings also support Jooste et al. (2018:401), who suggest that changes to and the restructuring of the nursing curriculum are needed to include adequate standardised training to obtain the best value in teaching nurses holistic care.

The next discussion involves inadequate clinical placement that emerged as a challenge during teaching and learning of holistic care practice.

- **Inadequate clinical placement**

This is the last category under the sub-theme of challenges related to teaching and learning holistic caring practice. These findings revealed that participants perceived the clinical placement of student nurses at the private hospital, which is faith-based, as inadequate. Problems were caused by overcrowding of student nurses in wards, repeated student allocations within the same disciplines, and high competition for learning experiences and nursing skills amongst the student nurses.

The clinical placement of student nurses within this facility was inadequate to meet all clinical learning needs for holistic care practice. The nurse educators acknowledged challenges posed by fewer placement spaces, but on the contrary, they viewed the hospital environment as beneficial in promoting affective skills through its religious values and prevailing positive spiritual atmosphere. The findings are consistent with an American study conducted by Power, Toone and Deal (2016:102). They found nurse educators perceived clinical placement of student nurses in a faith-based organisation of higher learning in Texas, providing adequate learning opportunities that developed affective holistic caring skills that promote respect, empathy, and reflection.

According to the SANC Nursing Education and Training Standards (2013:3), clinical placement forms part of an educational process occurring in any accredited practice setting, either hospital or community, to develop students' competence. Furthermore, the programme objectives of the bridging course are to develop students' cognitive, psychomotor, and affective competence. This is, however, inadequate in terms of developing overall student clinical competence. Therefore, clinical placement should be adequate in assisting the student nurses in developing clinical competence in holistic caring practices.

These findings are also consistent with those from a study by Lekalakala-Mokgele and Caka (2015:1264), which found that insufficient clinical learning opportunities resulted from inadequate clinical placement and student overcrowding at hospitals and clinics, contributing to poor provision of holistic care. Nurse educators are responsible for carefully selecting appropriate and accredited clinical facilities that would ensure that student nurses develop clinical competence in holistic caring practice.

The hospital in this study is in the same area as the nursing school where the students are taught. While it is accredited as a learning facility and is closer to the nursing school, it is also accredited for other nursing schools, and findings have revealed that inadequate spaces compromise learning opportunities of student nurses, with nurse educators resorting to allocating student nurses in the same wards and disciplines repeatedly. Though this was a strategy used by nurse educators to reduce the problem of inadequate student spaces, it contributed to student nurse overcrowding in wards with reduced clinical supervision and limited learning experiences.

However, in the face of staff shortages and heavy workloads, increased student nurse presence would seem a perfect solution, but it has negative repercussions for the supervision of student nurses who still have to master holistic care. Clinical placement of student nurses should be guided by the availability of learning opportunities and not by convenience or location.

The category of ineffective clinical accompaniment is discussed next.

- **Ineffective clinical accompaniment**

According to the SANC Nursing Education and Training Standards (2013:3), clinical accompaniment is the educational support offered by a nursing school to students placed for work-integrated learning at clinical facilities. In this study, clinical accompaniment appeared as an important category of challenges in teaching and learning holistic care by student nurses. Student nurses indicated that they were not fully supported by nurse educators in developing holistic caring skills during clinical instruction.

The findings revealed that student nurses felt abandoned at the hospitals during work-integrated learning with no support from nurse educators. Findings further indicate that student nurses only got supported during continuous assessment and had to rely on ward nurses for support. The findings suggest that the nurse educators seem to have shifted their responsibility of supporting the students during clinical instruction to the ward staff, who appear to be burdened by other issues like overcrowding by student nurses, heavy workloads, and staff shortages. This inadequate clinical

accompaniment proved to be an obstructive educational factor in the ability of students to integrate theory into holistic care practices.

The findings are similar to those of a study by Xaba and Sibiya (2015:92), which found that student nurses were not supported during clinical practice by nurse educators or clinical instructors at a University of Technology in South Africa. A study done in South Africa by Mathebula (2016:88) found that student nurses experienced inadequate supervision and accompaniment by nurse educators. Student nurses who are not adequately supported and accompanied may not achieve the prescribed clinical learning outcomes and clinical competence in holistic care practice.

However, these findings must be compared with those of a study done in Turkey by Serçekuş and Başkale (2015:134). They found that student nurses perceived the frequent presence of a clinical facilitator or nurse educator as stressful. Findings further found that this negatively affected student clinical learning and decreased the student nurses' confidence level when negative feedback and errors were given in front of the patient. According to Jooste (2018:280), student nurses should feel valued as an important part of healthcare, and feedback should never be given in front of patients. Therefore, nurse educators and ward supervisors should exercise caution when providing feedback to students during clinical accompaniment and not dehumanise student nurses in front of patients.

The clinical learning environment faces various challenges that can be overwhelming even for bridging student nurses who are qualified, enrolled nurses. Student nurses require ongoing support from both nurse educators and registered nurses during clinical instruction. Failure to offer support for student nurses jeopardises their ability to gain confidence and skill competence in holistic caring.

The findings have highlighted the need for developing clinical competence and holistic practice of student nurses through effective clinical accompaniment. In South Africa, findings are consistent with De Swardt (2019:7), who found that uncoordinated clinical placement and clinical accompaniment of student nurses negatively affected the student nurses' learning and competence.

This theme highlighted perceived awareness of challenges that hinder the provision of holistic care at the private hospital in this study. The findings further highlighted the extent of such challenges in the student nurses' ability to learn holistic care at the nursing school and provide holistic caring practice within the context of a private hospital in this study as a clinical learning environment.

The following section presents the final theme of specific outcomes for nurse educators in teaching future holistic caring practices.

4.4.4 Integrated theme of developing specific outcomes for nurse educators' future holistic care education

This is the third and final theme that addresses this study's third objective: developing specific outcomes for nurse educators' holistic care education in future nursing programmes that will produce general nurses.

Nurse educators directly solicited the specific outcomes through an open-ended question about their recommendations for future teaching of holistic practice. The student nurses were not asked direct questions but their responses regarding any changes to holistic caring practice yielded important suggestions that can be used as recommendations for holistic care in future nursing programmes.

Most participants mentioned changes necessary for nursing education to improve holistic care practice. The proposed changes have been integrated and are presented as specific outcomes which nurse educators can use to improve holistic caring practice in future nursing programmes. According to findings from nurse educators and student nurses, three main categories describing outcomes emerged. The main subthemes describing specific outcomes according to participants include improving holistic care curriculum, increasing support for nurse educators, and improving support for student nurses were identified as crucial in promoting student ability to learn and practice holistic care.

The three main subthemes for nurse educators for future holistic caring practice are discussed below:

4.4.2.1.2 Subtheme: Developing standardised specific holistic care curriculum,

The teaching curriculum was identified as inadequate in the teaching of holistic practice. Nurse educators proposed a standardised curriculum specific to holistic care with clear teaching content, teaching, learning and assessment strategies. The findings also indicated that student nurses were not confident about their understanding of the holistic practice and recommended that nurse educators find simple strategies to facilitate student nurses' understanding and competence in holistic care.

The teaching of holistic care practices needs to change, and new teaching methods should be adopted for holistic care practices to flourish. The findings are consistent with a study by Boswell et al. (2016333) on university nursing students' perceptions of holistic care, which revealed a need for further education and holistic care training opportunities that would assist students in gaining competence in focused holistic care practice. This is further highlighted by a study conducted by Adamson and Dewar (2015:161), which found that nurse educators needed to ensure that the teaching content of the curriculum includes holistic caring values to adequately prepare student nurses for their holistic caring role.

In South Africa, the findings are supported by Linda, Phetlhu and Klopper (2019:5), who investigated nurse educators' perception of holistic care with specific regard to spiritual care and found that the holistic nursing curriculum was invisible, leading to poor teaching of holistic care. These authors support the need for changes in the nursing curriculum for holistic care to be seen as an important part of the nursing curriculum.

- ***Apply reflective critical thinking Teaching strategies***

Findings revealed that critical thinking and reflective teaching strategies such as holistic *learning scenarios* and *simulations and sending student nurses to workshops and seminars* could be used to promote student nurses' interactive social skills and improve holistic caring practice.

Increased exposure to holistic care projects and simulated scenarios with adequate time to complete and practice holistic care were key strategies that emerged from the student nurses' recommendations. Simulation involves the creation of actual life

situations and is a valuable and effective critical thinking strategy used to teach caring skills (Jooste 2018:276).

The use of a simulated scenario in holistic nursing is supported by Cohen and Boni (2016:68) in a concept analysis of holistic nursing simulation as the integration of clinical decision-making and holistic nursing care. This simulation includes a simulated patient body, mind, and spirit, promoting the learning of holistic caring practice in a safe, controlled environment. Nurse educators can use simulated patients to encourage student nurses' development of clinical competence and affective skills required for holistic caring practice.

Adamson and Dewar's (2018:155) three-year research project on teaching compassionate, holistic caring in clinical practice further supports this recommendation of using creative, reflective learning and storytelling as effective teaching methods to facilitate competence in holistic practice.

Workshops and seminars on holistic care were further identified by nurse educators as helpful strategies for teaching holistic care to student nurses. The benefits of nursing workshops and seminars to students are also supported by a study done by Chandramohan and Bhagwan (2016:10) on spiritual, holistic care in South Africa, which found that workshops and seminars can enhance the training of nurses on holistic care

- ***Assessment strategies***

Findings also revealed that creative, evidence-based **assessment strategies** such as reflective journals, projects and portfolios and simulated holistic care learning scenarios could be used in addition to live practical demonstration of nursing procedures to assess the student behaviour, knowledge, skill, and affective caring attitude, including emotional intelligence during clinical practice.

The nurse educators' responsibility to student nurses involves creativity in teaching strategies to ensure that students gain the cognitive, psychomotor, and affective competence necessary to provide quality holistic care. Therefore, the holistic nursing curriculum should be improved through the best scientific evidence-based practices to

promote student nurses' future competence in holistic care (Kunst, Mitchell & Johnston 2017:29).

The next category includes improving learning opportunities for student nurses to practice holistic care during clinical practice.

- ***Improving clinical learning opportunities through clinical placement***

The clinical placement of student nurses was found to be a challenge in this study in terms of the shortage of student spaces and competition for practice opportunities. An important recommendation for improving clinical learning opportunities through the effective clinical placement of students at facilities that present adequate opportunities for student nurses to practice holistic care practice emerged from the findings.

The findings revealed that both nurse educators and student nurses recommended extending clinical placement at crisis centres, and bigger and higher-level tertiary hospitals and community centres which could present adequate learning experiences for student nurses to improve knowledge, skills, and values of holistic care practice. Placing students in regional and tertiary hospitals could ensure adequate learning opportunities due to their wider scope of health care services offered that are not available at the private hospital. The increased bed status and occupancy rate and a greater variety of conditions treated at regional and tertiary hospitals could help relieve the problem of students having to compete for learning experiences in wards and assist student nurses in developing holistic caring skills. Student placement at crisis centres expose student nurses to emotionally and psychologically vulnerable patients and improve holistic caring values and skill of empathy, compassion, and emotional counselling, which are valued in holistic caring practice.

The findings are consistent with those of a Norwegian study done by Brynildsen, Bjørk, Berntsen and Hestetun (2014:726). They found that the placement of student nurses in different clinical non-traditional facilities, including crisis centres, enhanced their caring behaviours in holistic practice. This is also supported by a study done in Australia by O'Keefe, Wade, McAllister, Stupas and Burgess (2016:7), which found that improving the clinical placement of students using various healthcare and community centres yielded greater integration of student nurses to holistic caring

activities. Furthermore, it enhances student supervision and improves outcomes for patients, student nurses and staff, including nurse educators.

According to the study findings, participants perceived that improving support for nurse educators could also assist in future teaching and training of holistic caring practice, which is discussed in the next section.

4.4.2.1.2 Subtheme: Increasing support for nurse educators

The nurse educator and student nurse participants both agreed that increasing support for nurse educators through continuous professional development and addressing nurse educator staff shortages could help in providing support for nurse educators in future nursing programmes.

Continuing professional development is discussed below:

- **Continuing professional development** for nurse educators

The findings from nurse educators highlighted the need for continuous professional development to keep abreast with global changes and the latest trends in the teaching of holistic care practice. According to the study findings, workshops, symposia, and conferences on holistic care practice were highly recommended by nurse educators as a strategy to improve information and knowledge disseminated to student nurses during teaching.

According to Jooste (2018:273), the benefits of developing nurse educators include obtaining knowledge, skills, and attitudes necessary for student nurses' optimum performance. Nursing is dynamic and characterised by constant curriculum changes, and nurse educators should be supported and assisted in improving the teaching and learning of holistic care.

The findings highlighted the need for continuing education as a supportive measure for nurse educators to improve and align the teaching of the holistic practice of student nurses in the country to those of global standards. The World Health Organization (WHO, 2016) outlined competence in nursing care and communication among the core competencies of a nurse educator. This is further supported by the SANC circular

(3/2018 par (2)) on developing a continuous professional development system. This was in response to the professional need identified for nurses to remain up to date in competencies within their specific areas of nursing practice and promote professional growth for the benefit of the South African community.

However, the nursing education system in the country does not only produce nurses for the South African community but nurses that are responsive to all the needs of all global citizens. **Conferences and workshops** have been identified as nurse educators' development needs that can improve their teaching role as effective educators in holistic caring practice. The findings are consistent with a study done in Greece by Yfanti and Sipitanou (2016:88), which investigated the training needs of nurse educators and found that continuing education contributes to improved systematic, updated information and improved nursing practice.

The findings are also supported by a study in Australia done by Oprescu, McAllister Duncan and Jones (2017:167). They explored the nurse educators' needs for continuing professional development.

- **Addressing nurse educator staff shortages**

Findings from nurse educator participants highlighted the shortage of staff and increased workload affecting the teaching-learning process and clinical accompaniment of student nurses in holistic caring practice. According to Jooste (2018:401), who cites the National Department of Health Strategic Plan (2013), the shortage of nurse educators, the high workload, increased student numbers, and a lack of continuing development of nurse educators have all negatively influenced student teaching, accompaniment, and supervision. To ensure effective teaching and supervision, the student-to-nurse educator ratio of at least one nurse educator to fifteen student nurses should be considered (SANC). Addressing nurse educator shortages is crucial in improving the teaching and learning of holistic care practice of student nurses.

This is further alluded to by Gazza (2019:146) in stating that nursing schools must create supportive environments that value nurse educators' roles in developing nurses' competence by increasing the number of nurse educators to advance nursing

education. Similar findings come from a study by Khademi, Abdi, Saeidi, Piri and Mohammadian (2021:361), who investigated emotional intelligence and the quality of nursing care practice in Iran. They found that continuous in-service training and education can increase affective caring skills and emotional intelligence.

The next section presents the last category of increasing support for student nurses. during clinical instruction to adequately prepare student nurses for holistic care provision in future nursing programmes

4.4.2.1.2 Subtheme: Increase support for student nurses

This is the last category of increasing support for student nurses. The study findings revealed that both nurse educators and student nurses concurred that increasing the support offered to student nurses could help promote learning holistic care practice. According to nurse educator participants, nursing students should be better supported through individualised treatment, intensified clinical student accompaniment, and enhanced clinical supervision by mentors and preceptors.

- ***Individualised caring and student-centred approach***

Nurse educators recommended that student nurses be supported adequately during clinical instruction through student centred approach and by treating them as individuals with unique learning needs. The learning needs of each student nurse should be identified and addressed to ensure individualised treatment promoting effective learning. Treating student nurses with respect and demonstrating caring concern for academic progress and clinical skills is crucial in ensuring learning and competence in holistic caring practice. These findings are consistent with an integrative review done by Salehian, Heydari, Aghebati and Moonaghi (2017:259) on the teaching of caring in nursing education from 2005 to 2014. They found that student nurses who received support through consistent human caring relationships based on respect developed self-esteem and an improved holistic caring competence.

The nurse educators' awareness of their responsibility in supporting students' learning at the nursing school and the hospitals is visible in this study's findings. However, circumstances like increased workload appeared as a barrier for nurse educators to

ensure effective clinical accompaniment. Nonetheless, student support during clinical instruction is crucial and remains the responsibility of the nurse educators to ensure clinical competence.

- ***Effective communication during clinical practice between clinical facilities and nursing school***

Findings reveal that maintaining ongoing effective communication between nursing schools and hospitals was crucial in ensuring student nurses access to learning opportunities during clinical practice. Student nurse participants felt that establishing and maintaining ongoing effective communication with ward personnel could help improve good relations between student nurses and ward personnel. This could further facilitate student learning experiences when student nurses are respected, and their learning objectives are prioritised over ward workload. Nurse educators are responsible for ensuring that student nurses are placed in an environment that moulds and sharpens their holistic caring skills. This is supported by a study by O'Brien, McNeil, and Dawson (2019:48), which explored the experiences of students' clinical placement. They found that students valued a learning environment where they felt actively involved and were treated as part of the team with good communication between the hospital ward supervisors, nursing educators, the nursing school and the students.

- ***Intensified student clinical accompaniment and clinical supervision during work integrated learning***

The nurse educators recommended that the clinical accompaniment of students be further intensified. According to the (SANC), each student must be accompanied twice a month for not less than 30 minutes per session. This could look easily achievable, but this study found that nurse educators could not meet the prescribed minimum clinical accompaniment due to time constraints, increased workload, and staff shortages.

The value of supporting student nurses during clinical practice is significant in meeting student nurses' learning outcomes. Evidence has shown that continued support is effective in assisting students in developing clinical competence in holistic caring. In

South Africa, Letswalo and Peu (2015:356) conducted a study on first-year nursing students' perceptions of clinical accompaniment in the Gauteng province. Findings revealed that student nurses could meet learning outcomes through clinical accompaniment.

However, the desired accompaniment would never be met if the nurse educator's challenges of staff shortages and workload were not addressed. The nurse educator-student ratio should align with the SANC requirements to enable adequate and effective clinical accompaniment. Theoretical instruction should not be prioritised over clinical learning. Careful scheduling and drawing up of a timetable should accommodate clinical accompaniment, ensuring that all student nurses are supported.

This ***recruitment of clinical preceptors and mentors*** was identified as another strategy that could help intensify student support and facilitate clinical competence in holistic care practice. According to Jooste (2018:277), mentors are experienced, professionally mature registered nurses who teach and provide guidance to student nurses during work-integrated learning. Mentors could help maximise support for student nurses in the absence of the nurse educators as mentors are available at all times during clinical practice. These findings are consistent with those from a study conducted in Europe by Papastatravou, Dimitriadou, Tsangari and Andreou (2016:44). They confirmed that student support should be facilitated by individual meetings with nurse mentors resulting in positive learning experiences during work-integrated learning.

The hospital's clinical learning environment can be intimidating to student nurses who still have to learn holistic care. Student nurses should be adequately supported during clinical practice to facilitate their learning at the facilities. Student nurses should understand what is expected during clinical practice in terms of holistic care and demonstrate confidence in the application of knowledge and skills in order to achieve clinical competence in holistic caring practice (SANC, Nursing Education Training Standards).

In South Africa, de Swart, van Rensburg and Oosthuizen (2017:3) concur that many student nurses experience role confusion between mentors and preceptors and nurse educators. This contributed to a lack of support for students during clinical practice.

These authors further indicated that caring and supporting students during the teaching and learning process can be used to address the professional needs of student nurses during training and develop a positive attitude to holistic caring.

The nurse educators' recommendation of using preceptors and mentors, including individualised holistic treatment of student nurses, and intensifying clinical accompaniment, are good strategies to promote clinical learning. Nonetheless, student support during clinical practice is crucial and remains the responsibility of nurse educators to ensure clinical competence. Mentors focus on the student as a whole person, work alongside the student, lead by example and demonstrate the clinical competence the student must develop further (Jooste 2018:277).

The next brief section provides this study's conclusion.

4.5 CONCLUSION

This chapter presented findings on the demographic characteristics of nurse educators and student nurse participants. Themes and sub-themes, including categories that emerged during the analysis of student nurses' and nurse educators' interview responses about holistic caring practice perceptions within the context of a private hospital in South Africa, have been presented separately as two data sets.

The comparison of the two sets of data from nurse educators and student nurse participants has been included to highlight differences and similarities in nurse educators' perceptions and student nurses' experiences of holistic caring practice within the private hospital context in this study.

Lastly, integration and discussion of results from both nurse educator interview and student nurse focus group interview data have been presented and discussed together with literature control in this chapter.

The next and final chapter provides a summary of findings, study conclusions, limitations, and recommendations for future research in holistic nursing practice.

CHAPTER 5: DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The previous chapter presented findings on perceptions of holistic caring practice within the context of a private hospital in KwaZulu-Natal, South Africa. The findings have been presented as themes, subthemes and categories that emerged during the qualitative analysis of data obtained during interviews with nurse educators and student nurses sampled in this study.

This chapter is the final chapter and discusses the summary of the research findings, as conclusions of meaning and descriptions of perceptions of holistic caring practice within a private hospital in KwaZulu-Natal, South Africa, as obtained from nurse educators and student nurses in a bridging programme (Regulation R683, 1989). A literature control is included in the discussion to contextualise the study findings in relation to holistic caring perceptions of nurse educators and student nurses within global and national research.

Recommendations and implications for future holistic nursing practice, nursing education and research are also presented in this chapter.

The next section provides a brief discussion and summary of the results.

5.2 SUMMARY OF RESULTS

The purpose of the study was to generate an understanding of the perceptions of holistic caring practice in a private hospital in KwaZulu-Natal, South Africa. A qualitative research method was followed using an exploratory, descriptive design discussed in chapter three of this document. The findings regarding the first, second and third objectives are based on the participants' demographic characteristics and data collected during semi-structured interviews with nurse educators and nursing students.

The ***first study objective*** was to explore and describe nurse educators' perceptions of the holistic caring practice within a private, faith-based hospital in KwaZulu-Natal. The objective was achieved through conducting semi-structured in-depth interviews with nurse educators. Findings generated from the collection and analysis of data from nurse educator interviews emerged in two themes addressing this study objective.

The first theme indicated that nurse educators perceived holistic caring practice as all-inclusive, comprehensive nursing care that meets individual patients' total needs. This theme was derived from four sub-themes of care for physical well-being, care for psychosocial well-being, care for spiritual well-being and care for self and individual well-being. The second theme revealed that nurse educators perceived faith-based private hospitals as effective learning sites for student nurses to develop holistic caring competence.

However, this perception was shared by a minority of nurse educators, with the majority perceiving such a hospital environment as characterised by the inadequate clinical placement of student nurses, which limited clinical learning opportunities due to restrictive religious policies, student-nurse routine task allocation, and inadequate student supervision caused by staff shortages. Furthermore, findings indicated that an unspecific holistic care curriculum, nurse educator staff shortages and increased workload as challenges within the nursing school affected student nurses' teaching and learning of a holistic caring practice.

The *second objective* of this study was to explore and describe the student nurses' experiences with the holistic caring practices within a private hospital in KwaZulu-Natal, South Africa. In achieving this objective, focus group interviews were conducted with student nurses to obtain data regarding their experiences of holistic caring practice within a private hospital context.

Findings from student nurse interviews indicated that student nurses experienced holistic caring practice as patient-centred nursing care involving comprehensive assessment of physical, psychological, and spiritual needs. This theme was diversified into two subthemes of patient-centred care, with a focus of care being on patients' needs and patient involvement, including self-care practice. The second subtheme

involved comprehensive patient care assessment, which student nurses described as an assessment of physical, psychological, and spiritual needs.

The third study objective was to develop outcomes for nurse educators regarding holistic care education and experiential and work-integrated learning for student nurses in future nursing programmes that might produce general nurses. This objective was achieved through nurse educators' recommendations for improving future holistic care education and practice. Findings were made from student nurses' responses about what could be changed to improve future learning and practice of holistic care during work-integrated learning in nursing programmes.

The findings from nurse educators addressing this objective emerged in three subthemes of improving the holistic care curriculum through clear, specific teaching content, teaching and assessment strategies, increasing support for nurse educators and improving support for student nurses during experiential and work integrated learning.

- **improving the holistic care curriculum**

Teaching strategies identified included simulated holistic caring scenarios, workshops and seminars. Assessment strategies identified were reflective journaling and evidence-based assessment using portfolios and holistic care projects, including simulated and live skill demonstrations.

- ***increasing support for nurse educators***

Continuous professional development in terms of seminars, symposia and holistic care conferences were identified as strategies that can be used to support nurse educators in providing relevant, up-to-date information aligned to global standards. Furthermore, additional recruitment of nurse educators, mentors, and preceptors were identified as strategies to improve student clinical supervision and accompaniment.

- **Increasing support for student nurses**

Increasing support for student nurses emerged as the application of a student-centred approach that fosters the identification of individual student nurse needs and mutual

respect. Affording a caring, concerned attitude towards student nurses' clinical and academic progress was deemed essential in promoting student learning. Extending student clinical placement to bigger health centres as regional and tertiary hospitals, including crisis centres, was identified as potential for providing adequate clinical learning opportunities for student nurses during work-integrated learning. Establishing and maintaining ongoing effective communication with clear holistic caring objectives between clinical facilities and nursing schools was recommended to ensure a positive learning environment that prioritises student learning over task allocation during training.

The proposed outcomes were further integrated into specific outcomes for nurse educators to improve holistic care education and experiential and work-integrated learning for student nurses in future nursing programmes that might produce general nurses. The specific outcomes are presented in this chapter's section on recommendations for nursing education.

5.2 STUDY CONCLUSIONS

These study conclusions are based on the three objectives of this study process. The first study objective was to explore and describe nurse educators' perceptions of holistic caring practice within a faith-based private hospital in KwaZulu-Natal, South Africa. The research question addressing this objective was, “What are nurse educators’ perceptions of holistic caring practice in a private hospital in KwaZulu-Natal, South Africa? The second objective entailed exploring and describing student nurses' experiences in holistic caring practice within a private hospital in KwaZulu-Natal, South Africa. This objective was directed by the research question, “What are the experiences of student nurses of holistic caring practices within a private hospital in KwaZulu-Natal, South Africa?

Regarding the first and second objectives, the findings indicated a shared description of holistic caring practice as individualised comprehensive care that meets patients’ total needs according to both nurse educators’ perceptions and student nurses’ experiences. The findings provided a deeper meaning and a thick description of holistic care, thus contributing to the body of knowledge on holistic nursing. Congruence in describing holistic caring practice provides evidence of a link between

student experiences and nurse educators' perception, possibly narrowing the gap between what nurse educators teach (theory) and what is understood and practiced by student nurses (practice). Adequate practice integration of holistic care education to clinical practice contributes to adequate preparation of future student nurses for their practice role in providing holistic care, as indicated in this study's significance.

The third objective of this study was to develop outcomes for nurse educators regarding holistic care education and experiential and work-integrated learning for student nurses in future nursing programmes that might produce general nurses. The question was, "Which specific outcomes can be developed for nurse educators to improve holistic care education, experiential, and work-integrated learning for student nurses in future nursing programs that might produce general nurses?"

Findings regarding this objective generated specific outcomes that nurse educators could use for future holistic care education in nursing programmes. Generating evidence on which future holistic care education practices would improve the overall quality of nursing and restore a positive public image of the nursing profession in South Africa and globally has been envisaged in this study significance.

The following are recommendations identified through this study.

5.3 RECOMMENDATIONS OF THE STUDY

The study's aim was to generate an understanding of the perceptions of holistic caring practices within a private hospital in KwaZulu-Natal.

The findings generated recommendations for nursing practice, education, and research, discussed in this section.

Recommendations for nursing research are discussed next.

5.3.1 RECOMMENDATIONS FOR NURSING PRACTICE

This study's findings have established that nurse educators and student nurses perceive holistic caring practice within a private hospital as comprehensive, individualised care that meets the total needs of the patients. The findings have

contributed to the body of knowledge in nursing practice regarding how nurses learn, understand and practice holistic care.

Furthermore, the study findings have generated recommendations for improving the future practice of holistic care in any healthcare setting, not limited to private hospitals.

Findings from this study have indicated that both nurse educators and student nurses understand the holistic caring practice well. However, this study also revealed that student nurses do not adequately practise it during work-integrated learning within the faith-based private hospital. Furthermore, certain challenges prevented opportunities for student nurses to engage in the holistic caring practice. Among those were inadequate learning experiences for holistic care, inadequate student supervision and ineffective clinical placement in a restrictive environment characterised by routine task allocation and religious policies that limit patient treatment choices.

Understanding these challenges from the perspectives of both nurse educators and student nurses could promote future holistic care practice when they are known and can be prevented and promptly eradicated. Strategies recommended for improving the practice of holistic care that can positively influence better patient outcomes are developing specific standard operating guidelines for the provision of holistic care, eliminating routine task allocation, addressing challenges of staff shortages and workload reduction, and increasing student supervision to ensure the safe provision of holistic nursing care.

Recommendations for nursing education are discussed below.

5.3.2 RECOMMENDATIONS FOR NURSING EDUCATION

Improving the teaching of the holistic care curriculum through creative, reflective simulation and critical thinking scenarios were recommended as teaching strategies that nurse educators can use to contribute to student nurses' understanding of holistic care during practice.

The use of mentors that provide extended support and supervision of student nurses during work-integrated learning could also help close the gap of inadequate clinical

supervision of student nurses. Mentors can also promote role modelling on holistic caring behaviours, which student nurses could adopt.

Effective clinical placement with adequate learning opportunities in crisis centres and tertiary hospitals could facilitate clinical learning and provision of holistic care by student nurses. Nurse educators could use the recommendations identified from this study to improve the teaching and learning of holistic care practice and ensure student nurses are adequately prepared to render holistic caring practice in any healthcare setting.

To improve nursing education through improved teaching and learning of holistic caring practice, the recommendations from both nurse educator and student nurse participants have been grouped into explicit, simplified outcomes as listed below and recommended by participants in this study context.

Proposed specific outcomes for nurse educators in future teaching and learning of holistic caring practice

- Improve and design a formal holistic care curriculum aligned to global standards.
- Develop standardised module content specific to holistic care practice with integration to other modules.
- Use teaching strategies that promote holistic care experiences such as creative, reflective, critical thinking simulated scenarios, storytelling, and case projects specific to holistic care.
- Increase student nurse exposure to holistic care critical thinking projects and reflective journaling assignments with adequate time for student learning experiences at the skills laboratory.
- Send student nurses to workshops and seminars on holistic care as a helpful strategy for teaching holistic care.
- Use assessment strategies specific to holistic care practice that can also assess for affective competence.
- Extend student nurses' clinical placement to crisis centres and tertiary hospitals to help reduce student overcrowding in wards and avoid repeated placement in

the same disciplines, thus reducing competition for learning experiences amongst student nurses.

- Apply a student-centred approach that identifies individual student learning needs to promote self-care related to patients to achieve student competence in holistic care practice.
- Increase clinical supervision by intensifying clinical accompaniment of student nurses by nurse educators to ensure students are adequately supported during clinical placement.
- Improve communication between nurse educators and ward supervisors during clinical placement with clear, holistic care-specific outcomes for student nurses during clinical placement.
- Increase support for nurse educators through continuous professional development, workshops, symposia, and conferences on holistic care practice. Ensure that relevant and updated information is imparted to student nurses during teaching.
- Recruit additional nurse educators and use clinical preceptors and mentors as a strategy to intensify student support and facilitate student nurse clinical competence in holistic care practice during placement at hospitals.

Nursing education is transforming, and perceptions change with people dynamics and prevailing circumstances. The bridging programme in this study is being phased out. At the same time, findings potentially have a significant contribution toward evidence-based practice. Perceptions and experiences of student nurses in the new qualifications being phased in could be conducted to comply with the aim of nursing research. Understanding how student nurses in the new programmes perceive holistic caring practice and nurse educators' perceptions of the new curriculum regarding holistic caring practice could help contribute to the existing body of knowledge.

The following discussion involves recommendations for nursing research.

5.3.3 RECOMMENDATIONS FOR NURSING RESEARCH

This study explored perceptions of holistic caring within a private hospital in KwaZulu-Natal, South Africa. Findings indicate perceptions aligned to studies in other contexts with participants other than student nurses.

Furthermore, faith-based private hospitals that conduct nurse training have since been taken over by the KwaZulu-Natal Department of Health (KZN DOH). However, more studies are needed on non-traditional clinical settings other than hospitals to contribute to nursing research through evidence-based practice.

Nursing has multiple professional categories, and all categories are involved in holistic caring, which is central to nursing practice. A comparative study between the nursing categories could help provide evidence of similarities or differences in perception of holistic caring practice that could not be obtained by this study and close any existing gaps in the knowledge of holistic care practice in nursing.

The contributions of this study are presented below.

5.4 CONTRIBUTIONS OF THE STUDY

The study findings contribute to the existing knowledge in the holistic caring practice. The findings from this study could help improve the quality of holistic nursing care rendered through evidence-based practice and may help restore the tainted professional image of nursing locally and globally. Findings have assisted in developing outcomes for nurse educators regarding holistic care education in future nursing programmes. The proposed outcomes will possibly improve the teaching and learning of holistic care of student nurses and ensure they are adequately prepared to take a practice role in holistic care. The study findings contribute to the existing body of knowledge in holistic nursing research and evidence-based practice.

The limitations of this study are discussed next.

5.5 LIMITATIONS OF THE STUDY

According to Brink et al. (2018:189), study limitations include any identified weaknesses or factors that weaken the study findings.

This study was conducted in one private hospital, which is faith-based and located in KwaZulu-Natal, South Africa. This hospital is the only faith-based private hospital in the province still providing nursing training services for the bridging programme (Regulation R683, 1989). Therefore, findings cannot be generalised. However,

findings could still apply to other facilities engaging in training student nurses regardless of the programme, as holistic care practice is integral to nursing practice.

The qualitative research approach in this study limited the generalisability of findings to other larger populations or contexts as the sample size was small. The purposive sampling technique used to select student nurses and nurse educators further limited data access from other participants that might have had richer knowledge in holistic caring practice. However, this sampling approach yielded a thick description of holistic caring practice as comprehensive individualised care that meets total patients' needs according to nurse educators and student nurses within this context of a private hospital which is also faith-based.

The limitations have been carefully considered during data collection and analysis to ensure findings meet trustworthiness and are a true reflection of the perspectives of the nurse educators and student nurses who participated in this study.

5.6 CONCLUDING REMARKS

This chapter discussed the summary of research findings, study conclusions and recommendations for future nursing practice, nursing education and research. The study's limitations and shortcomings have also been discussed. Finally, the process chapter includes a brief synopsis of the whole research process that unfolded in this study.

The study's purpose was to generate an understanding of the perceptions of holistic caring practice in a private hospital in KwaZulu-Natal, South Africa. The findings, recommendations and contributions generated by this study have also been presented. Evidence generated from this study is important in closing the gap between theory and practice, thus closing the existing gap in the provision of quality holistic nursing care. Nurses have a moral and ethical obligation to render high-quality care based on the best evidence in nursing practice (Brink et al. 2018:11).

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ANNEXURE A: RESEARCH ETHICS APPROVAL LETTER

UNISA university of south africa

RESEARCH ETHICS COMMITTEE: DEPARTMENT OF HEALTH STUDIES

REC-012714-039 (NHERC)

7 December 2016

HSHDC/561/2016
Ms PZ Khumalo
Student: 3352-068-2

Supervisor: Dr ES Janse van Rensburg
Qualification: D Cur
Joint Supervisor: -

Dear Ms PZ Khumalo

Decision: Ethics Approval

Name: Ms PZ Khumalo

Proposal: Perception on holistic caring practices in a private hospital in Kwazulu Natal, South Africa.

Qualification: MPCHS94

Thank you for the application for research ethics approval from the Research Ethics Committee: Department of Health Studies, for the above mentioned research. Final approval is granted for the duration of the research period as indicated in your application.

The application was reviewed in compliance with the Unisa Policy on Research Ethics by the Research Ethics Committee: Department of Health Studies on 7 December 2016.

The proposed research may now commence with the proviso that:

1) *The researcher/s will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.*

2) *Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study, as well as changes in the methodology, should be communicated in writing to the Research Ethics Review Committee, Department of Health Studies. An amended application could be requested if there are substantial changes from the existing proposal, especially if those changes affect any of the study-related risks for the research participants.*

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

Open Rubric

3) *The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study.*

4) *[Stipulate any reporting requirements if applicable].*

Note:
The reference numbers [top middle and right corner of this communiqué] should be clearly indicated on all forms of communication [e.g. Webmail, E-mail messages, letters] with the intended research participants, as well as with the Research Ethics Committee: Department of Health Studies.

Kind regards,

Prof L Roets
CHAIRPERSON
roetsl@unisa.ac.za

Prof MM Moleki
ACADEMIC CHAIRPERSON
molekmm@unisa.ac.za

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
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ANNEXURE B: LETTER OF APPROVAL – DEPARTMENT OF HEALTH, KWAZULU-NATAL

health
Department:
Health
PROVINCE OF KWAZULU-NATAL

330 Langalibalele Street,
Private Bag X9051 PMB 3200
Tel: 033 395 2809/3189/3123 Fax: 033 394 3782
Email: hrkm@kznhealth.gov.za
www.kznhealth.gov.za

DIRECTORATE:
Health Research & Knowledge Management (HKRM)

Reference: HRKM503/17
KZ_2016RP59_821

12 January 2018

Dear Ms P Z Khumalo
(University of South Africa)

Subject: Approval of a Research Proposal

1. The research proposal titled **'PERCEPTION ON HOLISTIC CARING PRACTICES IN A PRIVATE HOSPITAL IN KWAZULU-NATAL, SOUTH AFRICA'** was reviewed by the KwaZulu-Natal Department of Health (KZN-DoH).

   The proposal is hereby **approved** for research to be undertaken at St Mary's Hospital.

2. You are requested to take note of the following:
   a. Make the necessary arrangement with the identified facilities before commencing with your research project.
   b. Provide an interim progress report and final report (electronic and hard copies) when your research is complete.

3. Your final report must be posted to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to hrkm@kznhealth.gov.za

For any additional information please contact Ms G Khumalo on 033-395 3189.

Yours Sincerely

Dr E Lutge
Chairperson, Health Research Committee
Date: 11/01/18

Fighting Disease, Fighting Poverty, Giving Hope

ANNEXURE C: LETTER OF APPROVAL – HOSPITAL

ST. MARY'S HOSPITAL
MARIANNHILL

Practice No.: 5706386

Office of the Chief Executive Officer

Private Bag X16; Ashwood; KwaZulu Natal; South Africa; 3605
Tel: 27 31 717 1184; Fax: 27 31 700 3375; E-mail: drbtbuthelezi@stmarys.co.za

TO	:	MS. P.Z. KHUMALO: CLINICAL LECTURER: ST. MARY'S NURSING COLLEGE
FROM	:	DR B.T. BUTHELEZI: CHIEF EXECUTIVE OFFICER: ST. MARY'S HOSPITAL MARIANNHILL
DATE	:	16 JANUARY 2017
RE	:	APPROVAL OF RESEARCH PROPOSAL TITLED 'PERCEPTIONS ON HOLISTIC CARING PRACTICES IN A PRIVATE HOSPITAL IN KWAZULU-NATAL, SOUTH AFRICA'

Dear Madam

Your e-mail dated 13th January 2017 anent the above-cited matter has reference.

Following receipt of the Ethics Approval from the University of South Africa Research Ethics Committee: Department of Health Studies, your request for conducting research in our hospital is hereby approved.

Your final report must be posted or hand-delivered to: Office of the CEO; St. Mary's Hospital; Private Bag X 16; ASHWOOD; 3605 and an electronic copy should be forwarded via e-mail to: drbtbuthelezi@stmarys.co.za

Kind regards

DR B.T. BUTHELEZI
CHIEF EXECUTIVE OFFICER
ST. MARY'S HOSPITAL MARIANNHILL

ST. MARY'S HOSPITAL
OFFICE OF THE CEO
2017 -01- 23
OFFICIAL
P/BAG X16 ASHWOOD 3605 TEL: (031) 717 1276

ANNEXURE D (1): PERMISSION LETTER – HOSPITAL NURSING COLLEGE

ANNEXURE D (2): PERMISSION LETTER TO INVOLVE NURSE EDUCATORS

25

St. Mary's Hospital Nursing College
"Provisionally registered as a Private FET College with DHET"

(Association Incorporated In Terms of Section 21)
Registration No. 2009/FE08/015

Postal Address:
Private Bag
X16
Ashwood
3605
Kwazulu-Natal
South Africa

Physical Address:
1 Hospital Road
Mariannhill
3610

Telephone:
+2731 700 2685

Fax: +27 31 700
1133

Email Address:
bzwane@stmarys
nursingcollege.co.za

St Marys Hospital Nursing College
P/B x16
Ashwood
3605
22 September 2016

Miss P.Z.Khumalo
20 Pitlochry Road
Westville
3629

Dear Miss Khumalo

RE-PERMISSION TO INVOLVE STUDENT NURSES IN RESEARCH

1.Permission is hereby granted to involve student nurses in your research study titled

"STUDENT NURSES' PERCEPTION OF CARING PRACTISES TOWARDS HOLISTIC CARE AT A PRIVATE HOSPITAL IN KWAZULU NATAL,SOUTH AFRICA " outlined in your letter of request for permission.

2.Please observe the general proviso that such activities should not interfere with the normal work schedule of the nursing college.

3.that informed consent be obtained from the student nurses that will be participants in the study and

4.all ethical principles for conducting research must be applied.

Wishing you every success.
Sincerely,

MRS E. MNCADI
Signature:.....
COLLEGE PRINCIPAL
ST MARY'S HOSPITAL NURSING COLLEGE

ST. MARY'S HOSPITAL
NURSING COLLEGE , MARIANHILL
(ASSOCIATION INCORPORATED IN TERMS OF SECTION 21)
PRIVATE BAG X 16, ASHWOOD 3601
TEL: 031 700 2685 FAX: 031 700 1133

25

St. Mary's Hospital Nursing College
"Provisionally registered as a Private FET College with DHET"

(Association Incorporated In Terms of Section 21)
Registration No. 2009/FE08/015

Postal Address:
Private Bag
X16
Ashwood
3605
Kwazulu-Natal
South Africa

Physical Address:
1 Hospital Road
Mariannhill
3610

Telephone:
+2731 700 2685

Fax: +27 31 700 1133

Email Address:
bzwane@stmarys nursingcollege.co.za

St Marys Hospital Nursing College
P/B x16
Ashwood
3605
28 October 2016

Miss P.Z.Khumalo
20 Pitlochry Road
Westville
3629

Dear Miss Khumalo

RE-PERMISSION TO INVOLVE NURSE EDUCATORS IN RESEARCH

1.Permission is hereby granted to involve nurse educator in your research study titled:

"STUDENT NURSES' PERCEPTION OF CARING PRACTISES TOWARDS HOLISTIC CARE AT A PRIVATE HOSPITAL IN KWAZULU NATAL,SOUTH AFRICA " outlined in your letter of request for permission.

2.Please observe the general proviso that such activities should not interfere with the normal work schedule of the nursing college.

3.that informed consent be obtained from the nurse educator that will be participants in the study and

4.all ethical principles for conducting research must be applied.

ST. MARY'S HOSPITAL
NURSING COLLEGE , MARIANHILL
(ASSOCIATION INCORPORATED IN TERMS OF SECTION 21)
PRIVATE BAG X 16, ASHWOOD 3605
TEL: 031 700 2685 FAX: 031 700 1133

Wishing you every success.
Sincerely,

MRS E. MNCADI
Signature:.....
COLLEGE PRINCIPAL
ST MARY'S HOSPITAL NURSING COLLEGE

ANNEXURE E: INFORMATION LEAFLET AND INFORMED CONSENT

RESEARCH TITLE: PERCEPTION OF HOLISTIC CARING PRACTICES AT A PRIVATE HOSPITAL IN KWAZULU-NATAL, SOUTH AFRICA.

Dear Student Nurse

Thank you for taking time to read this information letter. I am a Masters 'Degree student and I am required to complete a research dissertation as part of the requirements of the master's programme. I would like to invite you to take part in this study.

The research study aims to explore and describe the student nurses and nurse educators' perception of holistic caring practices in a private hospital. The outcome is to enhance clinical learning opportunities of future student nurses that can promote holistic caring practices.

The study will follow a qualitative, explorative, descriptive approach. You will be asked to join a focus group discussion made up by other student nurses within second year of training. The focus group discussion will take approximately 45 to 60 minutes. I request permission to record the interview for transcription and will keep the transcripts in a safe place and will be destroyed after 5 years. You can withdraw from the study at any time should you feel uncomfortable. The study is not linked in any way to your training or performance at the specific nursing college. You can only share information that you feel comfortable with. You will not be subjected to any risks or harm. Should you feel upset and want to talk to someone after the interview, I will arrange it, free of charge. Your name will not appear on any documents to protect your identity. Your privacy and confidentiality will be maintained at all times, however information sharing during the group discussion will limit your confidentiality within the focus group members. All focus group participants will be asked to keep matters discussed during focus group interview to be kept confidential and not discussed with anyone not involved in this study. The study seeks to explore your perception to identify ways to enhance learning opportunities for future students thus contributing to the provision of quality holistic nursing care.

There will be no remuneration, gifts or incentives for participating in this study. This study received ethical clearance from the ethics committee of the University of South Africa.

Contact person for enquiries or problems: Ms P.Z. Khumalo 0736778802

Supervisor: Dr E.S. Janse van Rensburg 012 429 6545

Participant Signature: Date Signed:

ANNEXURE F: INFORMATION LEAFLET AND INFORMED CONSENT – NURSE EDUCATOR

RESEARCH TITLE: 'PERCEPTION ON HOLISTIC CARING PRACTICES AT A PRIVATE HOSPITAL IN KWAZULU-NATAL, SOUTH AFRICA.

Dear Nurse Educator,

Thank you for taking time to read this information letter. I am a master's degree student, and I am required to complete a research dissertation as part of the requirements of the master's programme. I would like to invite you to take part in this study.

The research study aims to explore and describe the student nurses' and nurse educators' perceptions on holistic caring practices in a private hospital. The outcome is to obtain recommendations that can improve teaching and learning of holistic care through enhanced clinical learning opportunities of future student nurses that promote holistic caring practice.

The study will follow a qualitative, explorative, descriptive and approach. I will do an interview with you for approximately for 45 to 60 minutes. I request permission to record the interview for transcription and will keep the transcripts in a safe place and will be destroyed after 5 years. You can withdraw from the study at any time should you feel uncomfortable. The study is not linked in any way to your training or performance at the specific nursing college. You can share information that you feel comfortable with. You will not be subjected to any risks or harm. Should you feel upset and want to talk to someone after the interview, I will arrange it, free of charge. Your name will not appear on any documents to protect your identity. The study seeks to explore your perception to identify ways to enhance learning opportunities for future students thus contributing to the provision of quality nursing care.

There will be no remuneration, gifts or incentives for participating in this study. This study received ethical clearance from the ethics committee of the University of South Africa.

Contact person for enquiries or problems: Ms P.Z. Khumalo 0736778802

Supervisor: Dr E.S.Janse van Rensburg 012 429 6545

Participant Signature: Date Signed:

ANNEXURE G: INTERVIEW GUIDE – NURSE EDUCATORS

INTERVIEW GUIDE: IN-DEPTH INTERVIEWS WITH NURSE EDUCATORS

All information contained here is confidential and do not write your name or any personal details on this form.

INSTRUCTIONS

1. Answer all questions on section A by indicate with an "X" in the box corresponding to your answer
2. Hand in the interview guide to the researcher after completion

Answer the question in section A by placing an "X" in the box corresponding

PROFESSIONAL CATEGORY	**General nurse**		**nurse educator**	
	Specialist nurse		**other**	
NURSING QUALIFICATION	**Diploma in general Nursing**		**Degree in nursing**	
	Master's in nursing		**Diploma/Degree in Nursing Education**	

	Diploma/Degree in Nursing Education			
Experience in nursing education	**0-4**		**4-10**	
	10+		**20+**	
GENERAL NURSING EXPERIENCE	**0-10**		**10-20**	
	20-30		**30+**	
AGE CATEGORY	**20-30**		**30-40**	
	40-50		**50-60**	
GENDER	**male**		**female**	
RACE	**Black**		**Coloured**	
	Indian		**White**	

INTERVIEW QUESTIONS

1. How would you describe your understanding of holistic care practice?

2. How do you prepare student nurses to offer holistic caring practice within this private faith-based hospital?"

3. What have been your challenges regarding teaching of holistic care within this type of clinical environment? And What are your recommendations regarding future teaching and practice of holistic care by student nurses across all healthcare settings?

ANNEXURE H: INTERVIEW GUIDE FOR FOCUS GROUP INTERVIEWS WITH STUDENT NURSES

TITLE: PERCEPTION OF HOLISTIC CARING PRACTICES IN A PRIVATE HOSPITAL IN KWAZULU-NATAL, SOUTH AFRICA

FOCUS GROUP INTERVIEW QUESTIONS

KINDLY INDICATE DEMOGRAPHIC INFORMATION BY INSERTING AN X ON THE RELEVANT RESPONSE

AGE CATEGORY	**20-29YRS**		**30-39YRS**		**40-60YRS**	
GENDER	**MALE**		**FEMALE**		**OTHER**	
RACE	**BLACK**		**INDIAN**		**OTHER**	
	COLOURED		**WHITE**			
HIGHEST ACADEMIC QUALIFICATION	**MATRIC**		**DIPLOMA**		**DEGREE**	
PROFESSIONAL NURSING REGISTERATION/QUALIFICATION	**ENROLLED NURSE ASSISTANT R2176**		**ENROLLED NURSE R2175**		**PROFESSIONAL NURSE R683/254**	
GENERAL NURSING EXPERIENCE	**0-5YRS**		**6-10YRS**		**11-20RS**	
LEVEL OF TRAINING	**FIRST YEAR**		**SECOND YEAR**			

CLINICAL HOURS ACCUMULATED	**LESS 1000 HOUR**		**ABOVE 1000 HOURS**			

1.Explain what you understand about holistic caring practice?"

2. "How do you include holistic caring in your daily nursing actions or activities at the hospital in the study?".

3.'Describe what makes it easier or difficult for you as student nurses to provide holistic care within this hospital?"

4. Describe the type of support you would like to be given to enhance the provision of holistic caring practice during clinical placement within this hospital?"

NB PLEASE DO NOT WRITE ANY PERSONAL DETAILS

ANNEXURE I: CERTIFICATE OF LANGUAGE EDITING

CERTIFICATE OF LANGUAGE EDITING

I, the undersigned, declare that I have edited the MA (Health Studies) dissertation of Patricia Zanele Khumalo, titled: **PERCEPTIONS OF HOLISTIC CARING PRACTICE IN A PRIVATE HOSPITAL IN KWAZULU-NATAL, SOUTH AFRICA.**

Some sections of the thesis, such as quotations from the transcriptions of interviews, were checked for language errors but could not be corrected. In those quotations, some words were added between braces for better readability and some language errors marked with (sic).

Signed: 

Prof P.J. Botha (emeritus)

Date: 28th January 2022

ANEXURE J-LETTER PROOF OF CODING ASSISTANCE

APPENDIX A

I, Dr Faniswa Desiree Gxamza hereby declare that I assisted Patricia Z. Khumalo, student number (33520682) with organizing, categorizing and labelling codes, starting from focus group interview transcripts to facilitate thematic analysis for
MA dissertation (PERCEPTIONS ON HOLISTIC CARING PRACTICES IN A PRIVATE HOSPITAL, KWAZULU-NATAL, SOUTH AFRICA).

Signature:  Date: 20.06.2022

Dr Faniswa Desiree Gxamza
PhD (Health sciences rehabilitation) – Stellenbosch University
MA (Research Psychology) – University of the Western Cape
Honours (Psychology) – University of Fort Hare