

36 1.0 INTRODUCTION

37 1.1 BACKGROUND

38 Holistic care is a system of comprehensive or total patient care that considers the
39 physical, emotions, social, economic and spiritual needs of the person; his or her
40 responses to illness and the effect of the illness on the ability to meet self- care need [1].
41 Studies have found that primary health care that is well organized to involve teamwork
42 leads to the accomplishment of holistic care and personal care [2]. Previous studies
43 show that nurses have the knowledge of holistic care but are unable to transfer the same
44 on clinical practice [3]. The philosophy behind holistic care is similar to that of the
45 systems approach whereby in humans, the whole is greater than the sum of its parts;
46 and mind and spirit affect the whole being [1]. This increases a better understanding of
47 the needs of patients and provides better care by nurses. Holistic nursing is the whole
48 process of treatment and analyzing the cultural background, emotions and attitudes
49 that contribute to the recovery process and satisfaction [4]. In holistic care, patients are
50 involved in their care [5]. Their rights are to be respected, dignity preserved and their
51 opinion towards their care considered.

52 Holistic care was pioneered by the founder of the nursing profession, Florence
53 Nightingale who was supported by other nursing theorists such as Newman [6]. In
54 many hospitals, the concept of holistic care goes unpracticed by nurses. Previous
55 studies show that in the USA 67% of the patients do not receive holistic care whereas
56 only 5% receive the care in Germany [7]. In other countries such as the UK, Iran [7] and
57 Australia this concept is rarely practice. It has been stated by some authors that the
58 withdrawal of holistic care presents a crisis in the nursing profession since it is
59 beneficial in the promotion and restoration of health [8]. Some of the factors that
60 prevent the provision of holistic care include inadequate time, limited knowledge,
61 motivational and organizational factors and unavailability of resources [9].

62 Kenyatta National Hospital is the largest referral hospital in Kenya, the concept of
63 holistic care is partially overlooked [10] as evidenced by observations made by medical
64 students during their clinical rotations in the hospital as well as reports received from
65 patients and relatives on the nursing care they received. Failure in the provision of
66 holistic nursing care contributes to the prolongation of hospital stay, increased
67 treatment cost and risk of developing other complications [5]. Holistic care is an
68 important aspect of nursing practice because the emphasis is on the care of the patient
69 as a whole. Thereby helping in the prevention of premature deaths, reduces morbidity
70 and mortality rates among patients. According to Donabedian theory, the quality of
71 health provided to a patient should include elements of structure, process and
72 outcomes relevant to the attribute being measured [4]. Provision of holistic nursing care
73 is also influenced by these elements [4], Therefore, this study was aimed at identifying
74 the factors influencing provision of holistic nursing care to patients admitted in the
75 medical wards at KNH by use of the Donabedian model. The study is aimed at

76 establishing factors influencing the provision of holistic nursing care to patients
77 admitted in medical wards at KNH, Kenya.

78 1.2 CONCEPTUAL FRAMEWORK

79 The conceptual framework below borrowed from the Donabedian model (1980) shows
80 the relationship between specific variables related to the provision of holistic nursing
81 care for this study.

82 Independent variables 83 variables

84 Dependent variables

85 Outcome

85 Availability of medical equipment
86 and supplies
87 Knowledge levels
88 Workload
89 Interpersonal relations
90 Nature of nursing care
91 Managerial process
92 Exit questionnaires
93 Mortality rates

84 Provision of holistic
85 nursing care

86 Patient's health
87 outcome as indicated
88 by social, economic,
89 physical, spiritual,
90 emotional and
91 psychological
92 satisfaction.
93 Feedback received
94 from the patient on the
95 care given.

93 **Figure 1: Conceptual framework**

94 2.0 MATERIALS AND METHODS

95 The study was conducted in the medical wards, Kenyatta National Hospital, Nairobi.
96 Kenyatta National Hospital serves as a teaching and referral hospital. This was a cross-
97 sectional descriptive study whereby quantitative data were collected to establish the
98 factors influencing the provision of holistic nursing care to patients admitted in the
99 medical wards at KNH. The study population was all nurses attending to the patients in
100 the medical wards. A structured questionnaire was used to obtain data using both
101 closed and opened ended questions.

102

103 **Figure 2: The concept of analysis approach**

104 A Likert scale was used to measure the strength of the respondents' feelings without
105 scoring reversed for the negatively worded statements. A score of 1,2,3,4, and 5 was
106 assigned to responses of strongly agree, agree, do not know, disagree respectively. A
107 score of 1 and 2 was given to YES and NO statements respectively. Data was coded into
108 SPSS version 20.0 for analysis. For descriptive statistics, analysis of frequency, central
109 tendency and dispersion such as mean and standard deviations were calculated to
110 describe demographic characteristics, structural, process and outcome factors. Before
111 commencing the study, approval was sought from UON/KNH Research and Ethics
112 Committee and administration of KNH. The participants were explained about the
113 purpose, procedure and benefits of the study. Informed consent was sought from the
114 participants, anonymity was maintained by not indicating the names of the participants
115 and the information obtained was handled with confidentiality.

116 **Table 1: Themes, sub-themes and sample articulated**



117

118 **3.0 RESULTS**

119 **3.1 Demographic Information**

120 **3.1.1 Respondents gender and age**

121 Majority 65% (52) of the respondents were females while 35% (28) were males. Majority
122 of the respondents (51%, n=41) 41(51%) were aged between 26-49 years while 31%
123 were aged above 49 years and 18% were aged between 20-25 years.

124 **3.1.2 Respondents religion**

125 Majority of the respondents 75 (94%) were Christians while 6% (n=5) were Muslims.
126 None of the respondents reported belonging to any other religion apart from the two
127 mentioned above.

128 3.1.3 Respondents working period as a medical ward nurse

129 When asked about how long they have been working in the medical wards, most of the
130 respondents (46%, n=37) reported that they have been working for more than 5 years in
131 the medical wards, 28% (n=23) reported to have been working for less than 2 years
132 while 25% reported having been working for a period of 2-5 (n=20) years in the medical
133 wards.

134 3.1.4 Respondents responsibility

135 From the study findings, only 10% (n=8) of the respondents worked as nursing officers
136 in/charge of the wards. 90% (n=72) of the respondents were not in/charges.

137 3.2 Structural factors affecting the provision of holistic nursing care

138 3.2.1 Knowledge levels of the respondents towards the provision of holistic nursing 139 care

140 The table 2 below shows results of the level of the agreement the respondents had on
141 some of the statements that related to the activities of the nurse in the medical wards.
142 Majority of the respondents 76(95%) agreed that nurses are aware of what holistic
143 nursing care entails, only 5% of the respondents reported that they did not know this
144 statement while no respondent disagreed with the statement. When asked whether
145 nurses keep their knowledge on holistic care up-dated, 61.3% (n=49) agreed, 25% (n=20)
146 disagreed with the statement while 13.8% (n=11) reported that they did not know about
147 that. Most of the respondents (47.5%, n=38) agreed that nurses are unable to transfer
148 their theoretical knowledge on holistic nursing care into practice, 41.3% (n=33)
149 disagreed with this statement while 11.3% of the respondents reported that they did not
150 know this statement.

151 When asked whether nurses can prioritize the patient's care and formulate a nursing
152 diagnosis, majority of the respondents (85%, n=68) agreed, 10% of the respondents
153 disagreed while 5% reported no knowledge about the statement. Forty-two point five
154 per cent, 42.5% (n=34) disagreed with the statement that nurses give health education to
155 all patients while almost a similar percentage (41.8%, n=33) agreed with the statement
156 and 16.3% (n=13) of the respondents reported lack of knowledge on the statement. On
157 the question about proper documentation by nurses following nursing care, majority of
158 the respondents (86.3%, n=69) agreed with the statement, 12.3% (n=10) disagreed with
159 the statement while only 1.3% (n=1) reported that they did not know about the
160 statement. When asked whether nurses need more guidance on how to provide holistic
161 nursing care, 78.8% (n=59) of the respondents agreed, 18.8% (n=15) disagreed while
162 7.5% (n=6) reported that they did not know.

Table 2: Knowledge levels of the respondents towards the provision of holistic nursing care

	Agree				Disagree					
	Strongly agree		Agree		I don't know		Disagree		Strongly disagree	
	F	%	F	%	F	%	F	%	F	%
Nurses are aware of what holistic nursing care entails.	40	50.0	36	45.0	4	5.0	0	0.0	0	0.0
Nurses keep their knowledge of holistic care up-dated.	11	13.8	38	47.5	11	13.8	19	23.8	1	1.3
They are unable to transfer their theoretical knowledge on holistic nursing care into practice.	4	5.0	34	42.5	9	11.3	29	36.3	4	5.0
They can prioritize the patient's care and formulate nursing diagnosis.	12	15.0	56	70.0	4	5.0	5	6.3	3	3.8
Give health education to all patients.	5	6.3	28	35.0	13	16.3	20	25.0	14	17.5
They document properly after providing nursing care.	15	18.8	54	67.5	1	1.3	9	11.3	1	1.3
They need more guidance on how to provide holistic nursing care.	23	28.0	36	45.0	6	7.5	15	18.8	0	0.0

3.2.2 Frequency of Experiencing Shortage of Equipment and Medical Supplies in the Wards

Majority of the respondents (81%, n=65) reported that the wards sometimes experience a shortage of equipment and medical supplies while 19% (n=15) reported that the wards always experience a shortage of equipment and medical supplies. None of the respondents reported that the wards never experience a shortage of equipment and medical supplies.

3.2.3 Reasons for Shortage of Equipment and Supplies

As shown in figure 3 below, most of the respondents (48%, n=38) reported that the shortage of equipment and Supplies was due to delays in the order of supplies and subsequent delays in their delivery, 19% (n=15) of the respondents reported that the shortage of equipment and Supplies was due to the poor maintenance of the available equipment, 15% reported that the shortage was due to delays in the approval of orders and 12% of the respondents related the shortage to cut down of costs by the hospital. 6% (n=5) of the respondents reported that the shortage of equipment and Supplies was due to other reasons like long procurement procedures, bureaucracy and corruption.

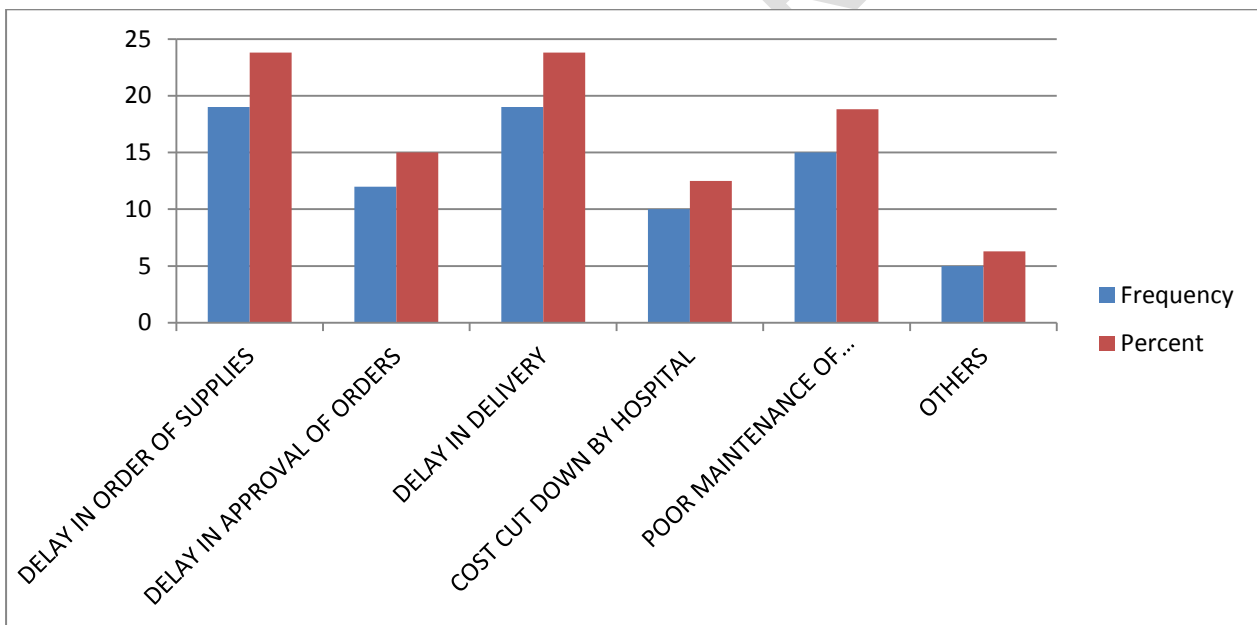


Figure 3: Reasons for Shortage of Equipment and Supplies

3.2.4 Respondents opinion on the impact of Shortage of Equipment and Medical Supply on the Provision of Nursing Care

Almost all the respondents (99%, n=79) agreed that the shortage of equipment and Supplies hinder the provision of nursing care while only 1% (n=1) reported the opposite. Most of the respondents gave the reason that the shortage leads to delay in the provision of care due to the sharing of the equipment among several patients while

other respondent reported that the shortage led to the demoralization of the nurses and hence the compromise of the quality of care being provided.

3.2.5 Numbers of Nurses in the Wards per Day

Most of the respondents (69%, n=55) reported that there was an average of 5 to 10 nurses in the wards per day while 24% (n=19) reported that there was an average of fewer than 5 nurses in the wards per day and 7.5% (n=6) reported that in a day there were averagely more than 10 nurses in the wards (Figure 4).

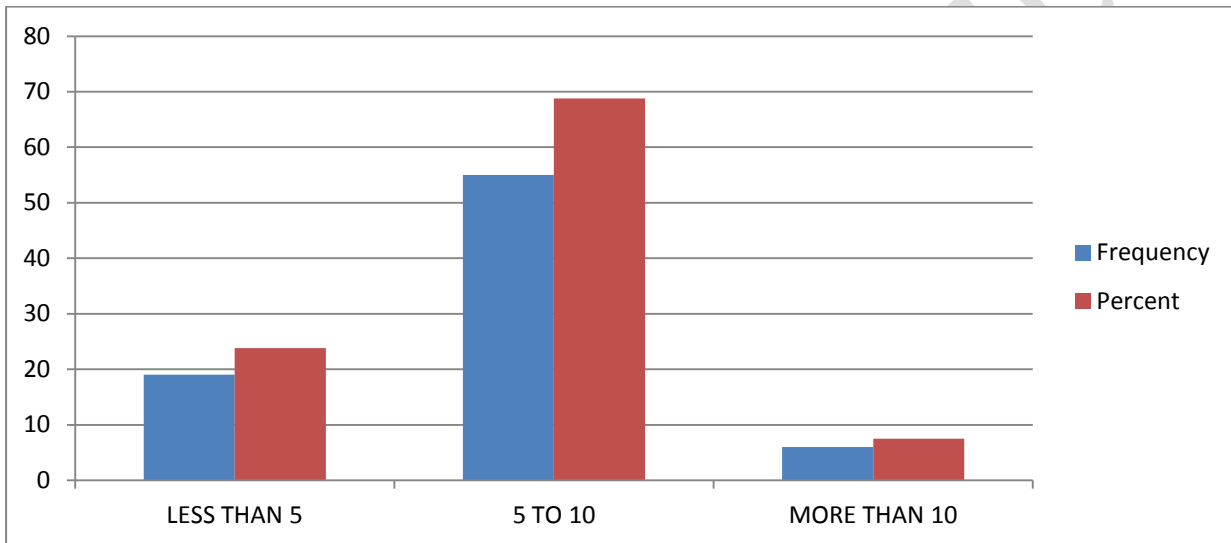


Figure 4 Numbers of Nurses in the Wards per Day

3.2.6 Respondents on the numbers of patients attended to per day

Most of the respondents (44%, n=35) reported that they handle an average of 10 to 20 patients per day while 42% (n=33) of the respondents reported that they attend to an average of 21 to 30 patients per day. 10% of the respondents reported that they attend to an average of 31-40 patients per day while 2% of the respondents reported that they attend to an average of more than 40 patients per day and 1% of the respondents reported that they attend to an average of fewer than 10 patients per day (Figure 5).

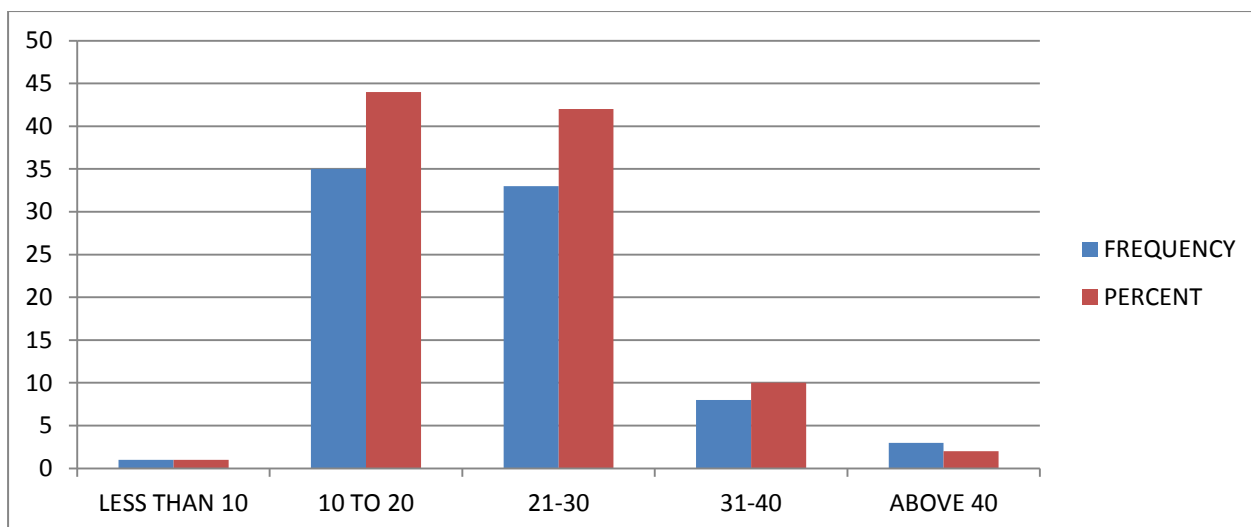


Figure 5: Numbers of Patients Attended to per Day

3.2.7 Conditions of patients often attended to in the wards

Most of the respondents (56%, n=45) reported that they attended to patients with undetermined conditions sometimes while 31% of them reported that they always attend to patients with undetermined conditions. 45% of the respondents reported that they always attended to patients in a good state while 42.5% of them reported having attended to patients in a good state sometimes. Most of the respondents (57.5%, n=46) reported that they always attended to patients in a fair state while 42.5% reported that they sometimes attend to patients in a fair state. Majority of the respondents (64%, n=51) reported that always attended to patients with serious conditions while 36% reported that they sometimes attended to patients with serious conditions. 54% of the respondents reported that they always attended to patients with critical conditions while 46% reported that they sometimes attended to patients with critical conditions.

Table 3: Conditions of patients often attended to in the wards

Condition/ state	Always		Sometimes		Never	
	F	%	F	%	F	%
Undetermined	25	31.3	45	56.3	10	12.5
Good	36	45.0	34	42.5	10	12.5
Fair	46	57.5	34	42.5	00	00
Serious	51	63.8	29	36.3	00	00
Critical	43	53.8	37	46.3	00	00

Key (American Hospital Association guidelines when describing patients' condition)

Undetermined- patient awaiting assessment and investigations

Good- vitals are stable and within the normal range, the patient is comfortable and conscious

Fair- vitals are stable and within normal limits, patient conscious but uncomfortable.

Serious- vitals may be unstable, not within normal limits and the patient is acutely ill.

Critical- vitals are unstable and not within normal limits, the patient may be unconscious.

3.3 Respondents Process factors which influence the provision of holistic nursing care

3.3.1 Respondents extent of agreement with ward nurse and patient's relations

Majority of the respondents (96%, n=77) agreed with the statement that nurses have a good rapport with the patients while 3% disagreed with the statement and 1% of the respondents reported that they did not know of this. Majority of the respondents (82.5%, n=66) agreed that nurses should spend more time with the patients while 16% disagreed with the statements. 91% (n=73) of the respondents agreed with the statement that nurses should be more caring to the patients while 6.5% (n=5) disagreed with the statement. Majority of the respondents (90%, n=72) agreed with the statement that nurses are compassionate about their patients' needs while 5% (n=4) disagreed with the statement and a similar percentage reporting no knowledge over this statement.

Table 4: Respondents extent of agreement with ward nurse and patient's relations

	Strongly Agree		Agree		Don't Know		Disagree		Strongly Disagree	
	F	%	F	%	F	%	F	%	F	%
Nurses have a good rapport with patients.	7	8.8	70	87.5	1	1.3	2	2.5	0	00
Nurses should spend more time with patients.	22	27.5	44	55.0	3	3.8	10	12.5	3	3.8
Nurses should be more caring for patients.	20	25.0	53	66.3	2	2.5	5	6.5	0	00
They are compassionate about their patient's needs	10	12.5	62	77.5	4	5.0	4	5.0	0	00

3.3.2 Respondents opinions on how interpersonal relations affect the provision of holistic nursing care

When the thoughts of the respondents were assessed, the majority of them (90%, n=72) agreed that interpersonal relations affect the provision of holistic nursing care while only 8% of the respondents disagreed. Most of the respondents 23% gave the reason that interpersonal relations facilitate communication between the caregivers and the patients thus promoting the provision of holistic care. other respondents gave the reason that interpersonal relations changes the attitudes the nurses have towards the patients and towards each other thus preventing prejudice and promoting quality care. Respondents also reported that interpersonal relations enhance the healing process by enabling teamwork among the nurses and through the provision of an environment that allows the patients to opens up especially during history taking hence promoting the provision of holistic care. A few other respondents also reported that interpersonal relations enable the creation of a good rapport between the nurses and patients and also enables the development of trust hence promoting the provision of holistic nursing care.

3.3.3 Respondents frequency on performance of routine duties in the wards

Most of the respondents (76%, n=61) reported that nurses always perform routine duties in the wards while 18% reported that nurses sometimes perform routine duties in the wards and 6% (n=5) reported that nurses never perform routine duties in the wards.

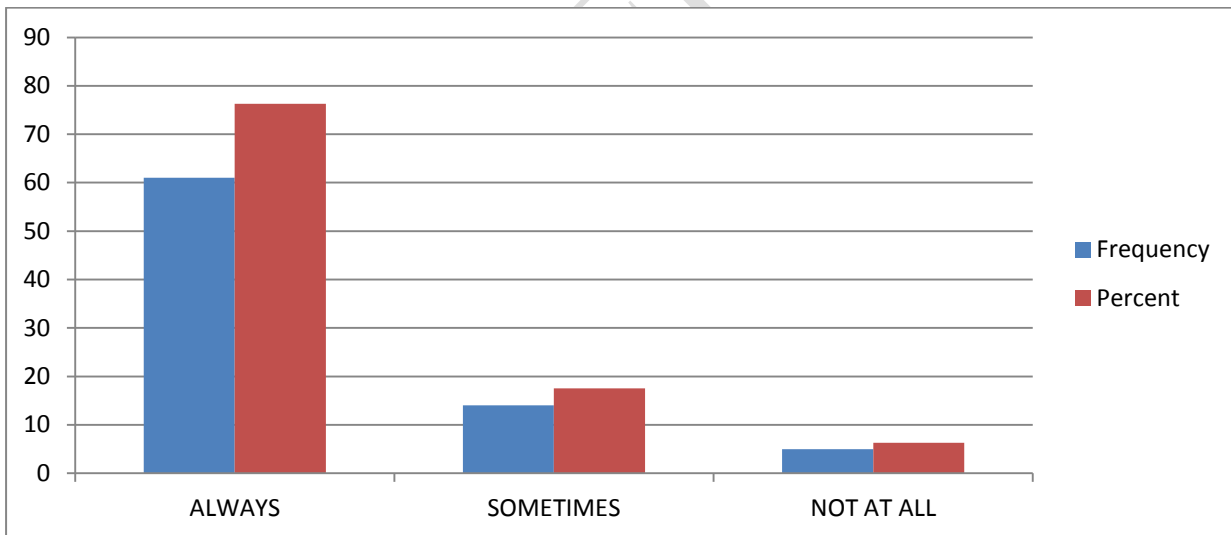


Figure 6: How Often Nurses Perform Routine Duties in the Wards

3.3.4 Respondents view on a holistic approach to nursing care

Majority of the respondents 83% (n=66) agreed with the statement that nurses concentrate more on the care of the physical needs of the patients while 11% (n=9) disagreed with the statement. Majority of the respondents (95%, n=76) agreed with the statement that nurses should improve on emotional support to the patient with only 2.5% (n=2) disagreeing with the statement. Most of the respondents (56%, n=45) agreed

with the statement that nurses provide spiritual care which is the core aspect in holistic care while 28% (n=22) disagreed with the statement. Majority of the respondents (79%, n=68) agreed that the patient's psychological needs can be met by the nurses and not necessarily left to a counsellor while 14% (n=11) of the respondents disagreed with the statement.

Table 5: Respondents view on the holistic approach to nursing care

	Strongly Agree		Agree		Don't Know		Disagree		Strongly Disagree	
	F	%	F	%	F	%	F	%	F	%
Nurses concentrate more on the care of the physical needs of the patients.	36	45.0	30	37.5	5	6.3	8	10.0	1	1.3
Nurses should improve on emotional support to the patient.	16	20.0	60	75.0	2	2.5	2	2.5	0	00
Nurses provide spiritual care which is the core aspect of holistic care.	5	6.3	40	50.0	13	16.3	15	18.8	7	8.8
Patient's psychological needs can be met by the nurses and not necessarily left to a counsellor.	35	43.8	33	41.3	1	1.3	9	11.3	2	2.5

3.3.5 Respondent opinion on how the nature of nursing care affects the provision of holistic nursing care

Majority of the respondents (80%, n=64) agreed that the nature of nursing influence provision of holistic nursing care with only 20% (n=16) disagreeing with the statement. The respondents who disagreed with the statement gave the reason the patients have individual needs and so the nature of nursing may not necessarily influence the care. There were several reasons given by the respondents who agreed with the statement with the main one being that a large number of patients being handled by the nurses, the nurse to patient ratio and the nursing workload influences the provision of holistic nursing care. Other respondents reported that the nature of nursing affects the provision of holistic care because nurses spend most of the time with the patients. Other reasons given include the fact that some nursing procedure is complicated and takes long periods thus influencing the level of provision of holistic care. Some of the respondents also said that nurses shape the type of care to be given and so they influence the provision of holistic care.

3.3.6 Respondents view on how managers affect the provision of holistic nursing care

Out of the 80 respondents, 8 of them worked in the wards as ward managers. Majority of the ward managers (87.5%, n=7) disagreed with the statement that they are the only

ones who should make decisions and one of the managers agreed with the statement. All the ward managers agreed that they motivate their staff equally. All the ward managers agreed that they take to know the needs of their patients. 75% (n=6) of the ward managers agreed that their administrative tasks take too much of their time with only one of the ward managers disagreeing with this statement. All the ward managers agreed that they encourage their nurses to provide holistic care.

Table 6: Respondents view on how managers affect the provision of holistic nursing care

	Strongly Agree		Agree		Don't Know		Disagree		Strongly Disagree	
	F	%	F	%	F	%	F	%	F	%
You are the only one who should make decisions.	0	00	0	00	1	12.5	1	12.5	6	75
You motivate your staff equally.	3	37.5	5	62.5	0	00	0	00	0	00
You take to know the needs of your patients.	1	12.5	7	87.5	0	00	0	00	0	00
Your administrative tasks take too much of your time	6	75	0	00	1	12.5	1	12.5	0	00
You encourage your nurses to provide holistic care	7	87.5	1	12.5	0	00	0	00	0	00

3.3.7 Respondents view on how managerial process hinders the provision of holistic nursing care

When the respondents were asked about some of the managerial process-related problems that interfere with the provision of holistic care, most of the respondents (32.5%, n=26) reported that authoritarian managerial style interferes while 26% reported that this problem seriously interferes. 25% (n=20) of the respondents reported that the problem of authoritarian managerial style does not exist and so does not interfere while 5% reported that the problem exists but does not interfere. 54% of the respondents reported that the inability to motivate staff interferes with the provision of holistic care while 10% of the respondents reported that the problem of inability to motivate staff does not exist and 2.5% reported that the problem exists but does not interfere.

Unfairness in the disciplinary process was reported to interfere with the provision of holistic care by 31% of the respondents while 35% reported that the problem does not exist and so does not interfere. Unprofessionalism in management was reported to seriously interfere with the provision of holistic care by 26% of the respondents while 39% of them reported that the problem does not exist and so does not interfere. Most of the respondents (48%, n=37) reported that poor manger-staff relations interfere with the provision of holistic care while another 31% reported that the problem seriously interferes and 12.5% of the respondents reported that the problem does not exist as 1% reported that the problem exists but does not interfere.

Table 7: Interference of the Management Process with the Provision of Holistic Care

	Seriously Interferes		Interferes		Don't Know		Problem Doesn't Interfere		Problem Doesn't Exist	
	F	%	F	%	F	%	F	%	F	%
Authoritarian managerial style	21	26.3	26	32.5	9	11.3	4	5.0	20	25.0
Inability to motivate staff	25	31.3	43	53.8	2	2.5	2	2.5	8	10.0
Unfairness in the disciplinary process	14	17.5	25	31.2	11	13.8	2	2.5	28	35.0
Unprofessionalism in management	21	26.3	19	23.8	9	11.3	0	00	31	38.8
Poor manger-staff relations	25	31.3	37	48.3	7	8.8	1	1.3	10	12.5

3.4 Respondents Outcome factors that influence the provision of holistic nursing care

3.4.1 Respondents awareness of an exit questionnaire

When the respondents were asked whether they have ever heard of an exit questionnaire, 50% (n=40) reported having heard while 32% of them reported that they have never heard about them and 18% reported that they were not sure.

3.4.2 Respondents view on the frequency of utilization of exit questionnaires to facilitate care

Most of the respondents (51%, n=41) reported that the exit questionnaires are never used in the wards to facilitate care while 33% (n=26) reported that exit questionnaires are sometimes used and 16% (n=13) reported that the exit questionnaires are always used in the wards to facilitate care.

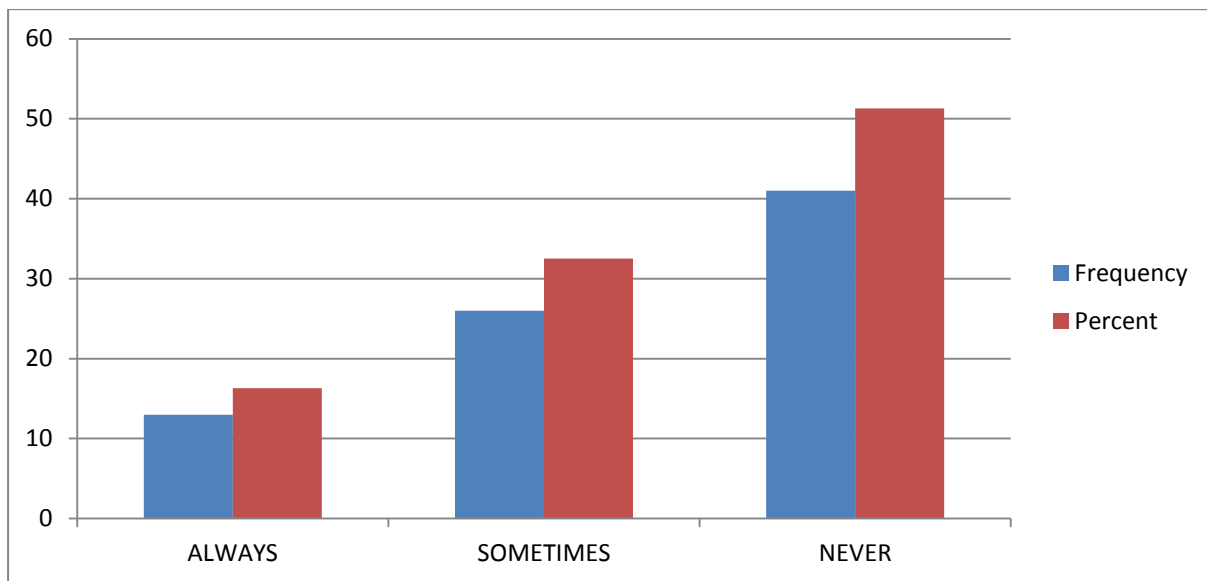


Figure 7: Respondents view on the frequency of utilization of exit questionnaires to facilitate care

3.4.3 Respondents opinion on the use of Information Obtained from Exit Questionnaires on Improvement of Care

The respondents were asked their thought on whether the information obtained from the use of exit questionnaires would improve the provision of holistic nursing care. 3% of them said that it the information can probably be used while 8% of the respondents reported that the information cannot be used to improve care because some of the information obtained may be biased and not true. Majority of the respondents (71%, n=57) reported that the information can be used to improve the provision of holistic nursing care. The main reason they gave is that the information reveals gaps in the care process and highlights the issues that need improvement. Other respondents reported that the exit questionnaires act as feedback tools for the assessment and evaluation of care and so gives room for the improvement of the subsequent care. Other reasons given included the fact that the information can be used to improve the management of nursing teams as well in solving problems related to nursing care thus helping in the improvement of holistic nursing care.

3.4.4 Respondents view on mortality rates impact on holistic care provision

Majority of the respondents (69%, n=55) agreed that there is an increase in the number of mortalities in the ward while 24% (n=19) disagreed with the statement and 8% of the respondents reported that they did not know about this statement. 49% of the respondents declined to attribute the increase of mortality to nurses' negligence while 16% of the respondents agreed that the increase is attributed to nurses' negligence and 35% of the respondents reported that they were not sure whether this statement is true. Most of the respondents (46%, n=37) agreed that discussions from mortality meetings

are always implemented in subsequent care of patients while 29% said they did not know about this and 33% disagreed with the statement. When asked whether some of the deaths could have been prevented if holistic nursing care was provided, majority of the respondents (89%, n=71) agreed while 5% disagreed and 6% of the respondents reported that they did not know.

Table 8: Respondents view on mortality rates impact on holistic care provision

	Strongly Agree		Agree		Don't Know		Disagree		Strongly Disagree	
	F	%	F	%	F	%	F	%	F	%
There is an increase in the number of mortalities in the ward	10	12.5	45	56.3	6	7.5	17	21.3	2	2.5
The increase is attributed to nurses' negligence	2	2.5	11	13.8	28	35.0	37	46.3	2	2.5
Discussions from mortality meetings are always implemented in subsequent care of patients	4	5.0	27	33.8	23	28.8	20	25.0	6	7.5
Some of the deaths could have been prevented if holistic nursing care was provided	37	46.3	34	42.5	5	6.3	2	2.5	2	2.5

4.0 DISCUSSION

The objective of the study was to explore factors influencing the provision of holistic nursing care to patients admitted in the medical wards at KNH. The study was conducted among nurses in the medical wards in level 7 and level 8 of the KNH tower block. Most of the nurses were females in their middle age of 26 to 49 years. Christians were the majority and most of the nurses had been working for more than 2 years in the wards. From all the respondents, only 8 of them worked as wars managers representing each of the eight wards.

The study finding realized that nurses always keep their knowledge on holistic care updated; they are unable to transfer their theoretical knowledge on holistic nursing care into practice and they can prioritize the patient's care and formulate nursing diagnosis. It was realized that nurses give health education to all patients, the document properly after providing nursing care and they need more guidance on how to provide holistic nursing care. Some of these findings supported the findings of Jasemi et al., (2015) who indicate that nurses need to continuously update their knowledge to provide holistic care [11]. In a study conducted by Mrayyan, (2006) to establish nurses' job satisfaction, patients' satisfaction and quality of nursing care in Jordanian educational hospital, it was evident that in order for nurses to provide quality care based on holistic care, medical equipment and supplies must be made available which forms part of the positive working environment [12]. As evident in the study, the medical wards still experience a shortage of equipment and supplies and this would affect the level of nursing care quality and job satisfaction and so the provision of holistic nursing care. The study findings also showed that there is an obvious high workload in the wards because most respondents reported that the wards were always busy and a large number of patients being handled by the nurses per day. This is supported by a study conducted by Jasemi et al., (2015) [11], which showed that workload affects the quality of care because the majority of the nurses were willing to provide holistic care, however; the workload was too much owing to a large number of patients. Heavy workload denies the nurse an opportunity to cater to all the needs of the patient.

As evident from the study findings, nurses have a good rapport with the patients; they should spend more time with the patients; they should be more care caring to the patients and be compassionate about the needs of the patients to ensure the provision of holistic care to the patients. Carr, (2008) concluded that interpersonal relations between a nurse and a patient should not be underestimated as they contribute to the wellness of the patient [13]. This conclusion is supported by the findings of this study since the majority of the respondents agreed that interpersonal relations influence the provision of holistic care. The management process also influences the provision of holistic care and the roles played by the nurse managers affect the activities of the nurses in the provision of holistic care. Problems related to management that interfere with the provision of holistic nursing care include authoritarian style of management, the inadequate motivation of staff, unfairness in the disciplinary process, unprofessional management and poor manager-staff relations.

It was also realized that nurse concentrates more on the physical and physiological needs of the patients leaving out the emotional, spiritual and psychological needs of the patients. This heavily influences the provision of holistic care. Murphy, (2007) in a study to determine the factors that facilitate or hinder the high quality of nursing care for older people in a long-term care setting in Ireland, the findings were that lack of time and patient choice, resistance to change and bound by routine hindered the quality of care [14]. Adherence to the routine type of care whereby nurses repeated the same type of task daily was a sign of lack of direction. Adherence to routine overlooks patient's

dynamic needs thus hindering the provision of holistic care. It was clear in the study findings that nurses still follow the routine practice in the medical wards and thus compromising the level of provision of holistic care. The study findings also showed that the nature of nursing greatly affects the provision of holistic nursing care. This is probably because nurses spend most of the time with the patients and so the model and nature of the care they apply impacts directly on the level of provision of holistic care.

Most of the nurses demonstrated knowledge about exit questionnaires and their use in the process of nursing care. In his study Schachter, (2005) stated that exit interviews can offer important feedback to the manager [15]. Evans (2006) on the other hand expressed that they provide the ability to understand situations or problems clearly [16]. These two studies are supported by the finding of this study which showed that the information obtained from exit questionnaires reveals gaps in the care process and highlights the issues that need improvement and the exit questionnaires act as feedback tools for the assessment and evaluation of care and so gives room for the improvement of the subsequent care. A study conducted by Akinyanju et al., (2005) showed that there was a decreased progression of mortality and morbidity rate with the application of holistic care [17]. From the study findings, the mortality rates are seen to rise in the wards due to the lack of provision of holistic nursing care. The nurses, however, declined to link the rise in mortality rates to negligence from the nurses. The respondents also agreed unanimously that some of the deaths could have been prevented if holistic nursing care was provided hence supporting the study conducted by Akinyanju et al., (2005) [17].

5.0 CONCLUSIONS AND RECOMMENDATIONS

5.1 CONCLUSIONS

The study can comfortably conclude that the provision of holistic nursing care to patients admitted in the medical wards at KNH depends on the nature of nursing care provided and adequate resources. This conclusion writes off the null hypothesis and goes with the alternative hypothesis. Several factors influence the provision of holistic care in medical wards. These factors include the knowledge base of the nursing concerning the care they provide; the workload in the wards; availability of equipment and supplies in the wards; the interpersonal relations and rapport between the nurses and the patients; and the nature of nurse and modalities used in the delivery of nursing care. The management also influences the provision of nursing care in the medical wards. Problems related to management that interfere with the provision of holistic nursing care include authoritarian style of management, the inadequate motivation of staff, unfairness in the disciplinary process, unprofessional management and poor manager-staff relations. There is also a need for the nurses to not only focus on the physical needs of the patients but also the psychological, emotional and spiritual needs of the patient to achieve holistic care.

5.2 RECOMMENDATIONS

1. Hospitals should provide avenues for further training and continuous medical education (CMEs) for the nurses to facilitate their knowledge and practice of holistic nursing care.
2. The hospitals should put in place adequate human recourse to reduce the workload on the nurses.
3. More education should be provided for the nurses concerning exit questionnaires and other feedback tools used in the wards to assess patient satisfaction.
4. Hospitals should continuously obtain feedback from the patients upon discharge to evaluate the care given to identify the gaps for further improvement.
5. The results obtained from the feedback tools should always be implemented to ensure continuity of quality care.

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