Original Article

Views on Nurses' Understanding of a Holistic Approach to Nursing: A Qualitative Review and Thematic Analysis

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Abstract
It is assumed that nursing is performed on a scientific knowledge-based approach toward patients that considers the wellbeing of the whole person. The meaning and understanding are essential when conceptualizing the idea of caring for the whole person and how this is applied by nurses in healthcare. However, the meaning and understanding of holism varies widely according to research. The aim of this study was to show how a holistic approach is comprehended in studies about nurses' views to nursing. The study's design adopts an inductive interpretive approach. We conducted a qualitative literature review based on empirical, peer-reviewed studies retrieved from CINAHL Complete, MEDLINE and PsycInfo (EbscoHost). In all 126 papers were included for full text review, 17 papers were eligible for thematic analysis representing a variation in views on a holistic approach to nursing. Findings showed three different approaches: ontological-philosophical oriented: partnership/alliance oriented: help and need oriented. Interpreting the findings through the lens of Heidegger's view on holism - moving from a needs approach to towards a consciousness view, suggests that a deeper ontological awareness is needed to avoid a reductionist understanding of holism related to nursing. A higher degree of complexity in holistic thinking and reflection by visualizing an outcome based on a holistic meaning is suggested.

Keywords: holistic approach, nurses' understandings, ontological awareness, nursing and caring, qualitative literature review and thematic analysis, education

Introduction

Nursing values involves the ideal of viewing patients as whole persons, meaning nurses need to have a distinctive focus on understanding, knowing, and caring for the whole person. Holism, from the Greek "holos" and "hale" meaning whole, can be traced back to the ideas of Gestalt psychologists in the 1920s regarding ideas of internal versus external horizons of awareness (e.g., Max Wertheimer, cf. Wolfgang Köhler, and Kurt Koffka), which had an influence on nursing; see Gurwitch (Gurwitsch, 1974; Gurwitsch & Zaner, 2010). According to Sarkis and Skoner (1987), the term holism was used in psychological and philosophical settings before it made an entrance into nursing by authors as Levine, and Erikson

(1964), Rogers (1970) and, Erickson et al. (1983). Thus, nursing theorists in some sense all draw on different philosophical traditions. In large influenced by ontological and epistemological statements and premises developed in the hermeneutic and phenomenological traditions. As the term came to be increasingly used, the view on *wholeness* as an open system started to become influential, opposing the reductionist view that dominated the medical paradigm at the time. According to Levine (1969; 1971; 1973; 1977), the meaning of wholeness is incompatible with a reductionist view, since wholeness is "the unceasing interaction of the individual organism with its environment that represents an 'open and fluid' system, with a condition of health, wholeness, existing when

the interaction or the constant adaptations to the environment of the organism permit the assurance of integrity […] in all the dimensions of life" (1973, p. 11). This suggests that holistic thoughts emerge from an open and dynamic interaction between the internal and external environment. Later on, Cumbie (2001) and Wenger (1998); Wenger and McDermott (2002) among others, emphasized the importance of nurses' self-awareness related to holism and their ability to reflect on intellectual, personal, and professional development.

Accordingly, the nursing profession has over time increasingly aimed at developing a more holistic view concerning nursing practices. In the 1980s, the ideal of holism was further emphasized to nursing as a response to and as a discourse against the still prevailing medical model, which mainly focused on diseases and diagnoses (Kim & Kollak, 2006; Smart, 2005). The idea of a more holistic view was to avoid a reductionist trend and approach to nursing and care and a medical model in which the human body was regarded as a physical object and diseases were objectified and statistically measured physically and biologically (Artioli et al., 2016). The medical model became increasingly questioned because of its reductionist characteristics and its failure to acknowledge the care of the patient concerning the internal dimension of a person (Kleppe et al., 2015). Over time, the intention has therefore been to acknowledge a more holistic model and came to be regarded as a way for the nursing profession to detach itself from the medical model, and instead develop nursing professionalization (Artioli et al., 2016).

Perspectives on holism to and in nursing

Today, the intention of a holistic approach related to and in contemporary nursing practices is advocated for and taken for granted in many healthcare contexts. However, the meaning and understanding of holism still varies widely, as shown in Povlsen and Borup's review of 23 Nordic articles (2011) and McMillan et al's (2018) concept analysis of holism to nursing practice. Another study by McEvoy and Duffy (2008) performed a concept analysis including 27articles concerned with nursing and associated health literature. Based on this material, they assert that *holistic nursing practice* embraces the mind, body, and spirit of the patient, in a culture that supports a therapeutic relationship between the nurse and patient, resulting in wholeness, harmony, and healing. They show that the articulation of holistic nursing is patient-led and patient-focused in order to provide individualized care, thereby caring for the patient as a whole person rather than fragmented parts (McEvoy & Duffy, 2008). The results also showed that this is not always the case. According to the authors, "adjustments need to be made so that nurses can view and appreciate the landscape in its entirety, rather than focusing on isolated parts. Then, and only then, can the scene be re-set for "'holism'" and holistic practice in its purest sense" (2008, p. 418). Inspired by McEvoy and Duffy's (2008) view of holistic nursing, Kleppe, Heggen, and Engebrethsen (2015) examine how Norwegian textbooks argue that nurses should see the patient and consider the ability and responsibility of nurses. The study exemplifies how differences in holistic versus reductionist approaches to nursing occur. It was showed in this study that the textbooks present separate descriptions of seeing the medical condition and seeing the patient as a human, and, moreover, that there is a lack of integration between these two perspectives, with the risk of poor conceptualization of how nurses should act in clinical practice. On one hand, the textbooks say that nurses have a limited responsibility for the body of the patient, which necessitates an impersonal "nursing behavior". On the other hand, they say that nurses have an unlimited responsibility for identifying undefined human elements within the patient, which requires a personalized "nursing behavior" (Kleppe et al., 2015). Altogether, nursing praxis as well as nursing education as a whole apparently regards the term/concept "holism" and "holistic" as having become rather arbitrary, indefinite, and foggy, when used in nursing contexts. McMillan and colleagues (2018) show how *holism* can also be regarded as a position of professional conflict, with it having a role to play in reclaiming nursing from the reductionist medical model and establishing the nursing profession as a holistic science. To the best of our knowledge, many studies show that a holistic approach is important in and to nursing. Although we suspect that most

empirical studies might not directly focus on nurses' interpretation, understanding and meaning with regard to a holistic view to nursing.

Theoretical framework

In order to deepen the understanding of the meaning of holism we turn to philosophy underpinning many of the nursing theorist views on holism in contrast to a dualistic view. In this study by turning to Martin Heidegger (1889-1971). Heidegger was a German philosopher (influenced by, among others, the philosophers Aristotle, Nietzsche, Dilthey, and even Husserl, despite later rejecting Husserl's phenomenological reduction method) deserves a far more thorough introduction than this paper allows. Also, Heidegger's ideas included for instance, extensive interpretations of *Dasein*, and the so-called *Kehre* in the 1930's; for further reading, see Davis (2014)) or the differences between others who elaborated on the meaning of Holism (cf. Davidson, Dennett or Churchland, among others, and further reading in Holism by Fodor and Lepore ((1992)). Martin Heidegger's earlier work, which was based on his studies in theology, regarded existential concerns and questions of how we can live existentially and authentically and with integrity with ourselves and others in a dangerous and seductive political and technological world, c.f. Heidegger's Being and Time (1962). We will mainly refer to Heidegger's Being and Time (Mulhall, 1996) in various editions and his later work, Existence and Being (Heidegger, 1949, 1953b), and six seminar sessions that Heidegger conducted (translated by Stambough (Heidegger, 1953a) "On Time and Being" at the University of Freiberg in Germany, in which Heidegger's ontology (the *Kehre* and onwards), in opposition to a Cartesian dualistic view that separates mind and body, enables greater receptiveness toward the world as a whole, drawing on an inseparable mind-and body-holism.

Aims: We make no claim about presenting the meaning/understandings of a "true" holism/holistic approach. Moreover, except for the described historical dichotomy concerning the holistic versus reductionist approach to nursing, to maintain an open and inductive explorative approach, we have avoided any core predefinition of "word meaning" or "conceptual meaning" per se.

Our underlying explorative assumptions, based on relevant background research are: does a general lack of ontological and epistemological understanding(s) exist among nurses? If so, can it be assumed that the conceptualized meaning of a holistic approach leads to uncertainties in nurses' approaches when transferred to their professional care practices?

We conducted a qualitative literature review, drawing on empirical contemporary studies to determine the existing research on nurses' views based on their interpretation, understanding and conceptualization a holistic approach to nursing. Our ambition was to explore the field and find qualitative studies where holism or a holistic approach was mentioned, discussed or investigated and where nurses' views were in focus.

Objectives:

-What are the nurses' views about holism and a holistic approach to nursing?

-What are the epistemological assumptions underpinning the nurses' meanings/understandings?

-What are the ontological assumptions underpinning the nurses' meanings/understandings?

Materials and Methods

The study's design adopts an inductive interpretive approach and a qualitative literature review (Snyder, 2019; Wong et al., 2013) was conducted supported by the PRISMA checklist (Page et al., 2021). A thematic analysis was conducted to synthezise the findings and to support the discussion of the findings the theoretical framework presented was used to deepen the understanding of nurses' views about a holistic approach to nursing. A qualitative literature review was judged to be useful for gathering what contemporary data is available, being sensitive to studies mentioning a holistic approach to nursing. However, our search has been conducted in a structured way and creates an opportunity for replication (See Figure 1 PRISMA flow diagram).

Data collection

We conducted a search in CINAHL Complete (EbscoHost, inception to present), MEDLINE (EbscoHost, 1947 to present), and PsycInfo (EbscoHost, inception to present). The EbscoHost interface was used to search the databases simultaneously; the date of search was March 9, 2022. The search strategy was developed in collaboration with a librarian. A key publication by McEvoy and Duffy (2008) was used as inspiration to develop relevant keywords, such as nurses, approach/knowledge/understanding/attitude, holism/holistic, patient-led, person-centered. A publication date limitation of 2008–was used for the date of search. To make sure the wording was translated as broadly as possible, the search mode used was "All fields". The filters English and Academic journals were applied, together with EbscoHost filters Qualitative study and Interview. The search retrieved 420 records. EndNote identified 35 duplicates, resulting in n=385 papers (see Figure 1). The full search strategy is available as supplement material.

Study screening and selection

The titles and abstracts were screened. Inclusion criteria were nurses' view of holism being described, analyzed, or discussed implicitly or explicitly. Exclusion criteria were papers not describing, discussing, or analyzing nurses' specific approaches or attitudes to holism, and papers where holism is not addressed as the main focus. When it was not possible to decide by the title and abstract, the full text was obtained and read. In total, 126 papers were identified for full text review, which 17 papers (see references *) were eligible for thematic analysis and further interpretation. The studies included several countries published in 2009-2020. The selection process is described in the PRISMA flow diagram.

Quality appraisal

The 17 included studies were quality appraised by using the JBI Critical Appraisal Checklist For Qualitative Research (Joanna Briggs Institute 2023). Quality levels were assessed as medium or high.

Data extraction and analysis

Data extracted from each included study were title, author(s), publication year and country, aim, design, setting, sampling, and method(s) of data collection and analysis. The main

findings from each study's results were synthesized and compared in relation to nurses' meanings of holism and a holistic approach to nursing, as well as nurses' ontological awareness of the meaning of holism and holistic approach to nursing.

Following an inductive approach inspired by Thomas and Harden (2008) and Braun and Clarke (2006), thematic synthesis analyses were conducted using three main steps in the process (see below). In line with Thomas and Harden synthesis includes: …"the idea or step of 'going beyond' the content of the original studies [and] has been identified by some as the defining characteristic of synthesis" (2008, p.7) and..."the equivalent stage in meta-ethnography is the development of 'third order interpretations' that go beyond the content of original studies". In our study, the latter involves interpretation of the results with reference to Heidegger and the meaning of holism. Thus, shaped by reference to Heidegger, the meaning of holism, is elaborated in our themes, as emerged from the study data. As described by Thomas and Harden, as the step of "going beyond" (2008, p.7), the content of the original studies as understood according to the descriptive themes that emerged from our inductive analysis of study findings to answer the research questions. In our study, we focused on epistemological and ontological meanings from a Heideggerian perspective, related to the meaning and understanding of holism and a holistic approach to nursing when interpreting and discussing the developed themes.

The synthesis process aimed at transferability and involved three steps: (1a) free line-by-line reading identifying key characteristics and sentences in the findings the 17 studies results; (1b) the organization of "key characteristics and sentences" related to a wider context and (2a) identifying various "denotations of awareness/horizon" to (2b) construct "descriptive" themes, and, finally, (3) the development of "analytical" contextual themes.

Search strategy: CINAHL Complete (EbscoHost, inception to present), MEDLINE (EbscoHost, 1947-present) and PsycInfo (EbscoHost, inception to present) Date of search: March 9, 2022

EbscoHost interface was used for simultaneous search.

1. nurse OR nurses OR nurse's OR nurses' 789135 records
2. professional approach OR approach* OR attitude* OR understand* OR interest OR personal* OR belie* OR experience* OR reflect* OR confiden* OR competenc* OR knowledge OR role* OR conceptual* OR meaning OR insight* 54083969 records
3. Holistic OR holism OR holis* OR harmony OR oneness OR Patient-centered OR "patient centered" OR patient-led OR "patient first" OR patient-focused OR "person centered" OR person-centered OR spiritual* OR Healing 901146 records

4. 1 AND 2 AND 3 29650 records
5. 4 NOT teach* OR learn* OR educat* 17818
Filters:
Academic journals 15757 records
English 14949 records
Publication date limitation 2008-present 427 records
Filters:
Qualitative Study, Interview 420 records

Figure 1. PRISMA flow diagram
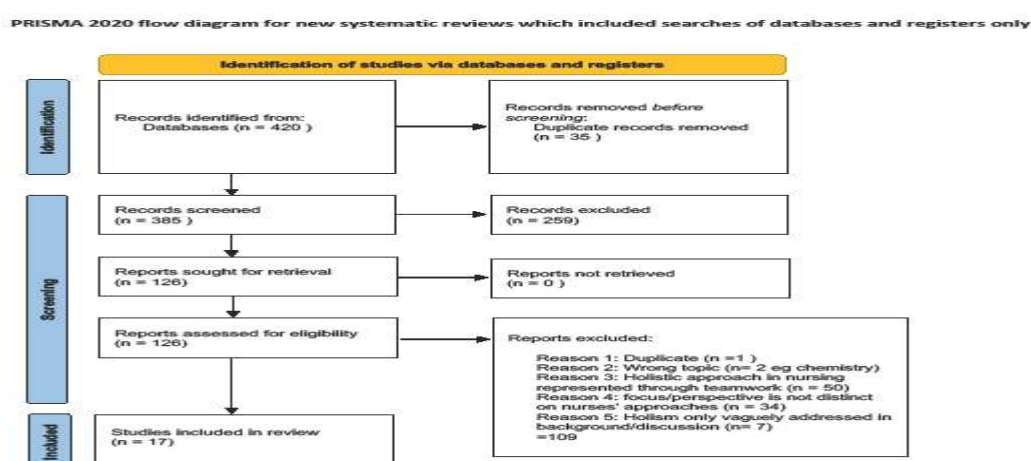
Stage 1 involved reading all 17 including studies and identifying key characteristics in each study in order to ensure accuracy in relation to our aims.

Stage 2 involved exploring the data in relation to the research questions. The data were read several times to ensure that our extracted key characteristics were anchored in, and sensitive to, the original data. Based on several key characteristics, preliminary descriptive themes emerged; these contextual descriptions of meanings and understandings could be several words, whole sentences, or associations. Validation involved re-readings and mirroring of the extracted 17 studies "results/data" in order to avoid any over/under interpretation.

Stage 3 the last part of the process, involved the grouping of different ways of understandings

and awareness-generating themes describing holism and holistic views/approaches and

meanings/understandings to nursing from the perspective of the nurses, which was ultimately described as 'different comprehension of their views'. Synthesis of data generated 3 analytical themes. The selection of these 17 studies made it possible to view existing different approaches to nursing.

The selected studies also represent empirical studies concerned with the studied topic over time.

Ethics: No ethical approval or participant consent was needed for this study, all analyzed studies (17) maintain adequate ethical principles.

Quality appraisal with JBI

Author, publication year, country	Participants and setting	Aim & Design	Key findings/outcomes	Quality appraisal High (H) Medium (M)
Beagan & Ells (2009). Canada	20 nurses in Halifax, Canada	Semi-structured interviews exploring the intersections among values, practices and ethics concerned with How nurses view core values of their profession.	Showing the importance of commitment to see the whole person, caring and sharing knowledge for patient empowerment, and, challenges and frustrations regards a system-level, knowledge for patient empowerment, values in conflicts, aware of differences, aware of intraprofessional and organisational structures and health-care-systems, a wider perspective	High
Seno, L. V (2010). USA	6 nurses working in hospice, acute & intensive & critical care.	Semi-structured interviews about being-with dying among nurses, using an interpretative phenomenological analysis (Heidegger)	5 patterns of authentic being-with dying: awareness, identify needs, letting go, insights, connecting, Heideggerian philosophy, ontological acceptance and understandings, authentic being and a state of mind, open in being-with the patient.	High
Vachon et al., (2011). Canada	10 nurses working in palliative care	Interviews exploring nurses' spiritual & existential experiences of meaning-centred intervention, using an Interpretive phenomenology analysis (Frankl)	2 themes: spiritual & existential and ontological awareness, Group process, awareness of life finiteness, and openness to meaning and purposes of suffering, death, mindfulness, spirituality. Creating a valid shared communication/ language, openness to purpose in life in a wider context, be aware of one's own life/values.	High

			Heideggerian philosophy	
Atefi et al., (2014). Canada	85 nurses from surgical l& critical care wards in Iran	A qualitative study and 10 focus group discussions exploring factors related to critical care & nurses job satisfaction/dissatisfaction using thematic analysis	3 themes: spiritual feeling; work environment factors; motivations as helping the patient in her/his care situation, satisfaction in helping sick people, patients' needs are important.	High
McKenna et al., (2014). Australia	46 mental health nurses working in acute inpatient services.	A qualitative descriptive study using focus group interviews in exploring nurses' reflections on hope, autonomy, self-determination regards current patients within acute inpatient services, using a general inductive approach.	Nurses' ability to identify recovery & articulate with pragmatic clarity, personalised recovery-oriented care through partnership, Situational sensitiveness and family inclusion.	High
Zheng et al., (2015). China	28 nurses taking care of terminal ill patients in a cancer hospital	A qualitative study, elucidate Chine's oncology nurses' experiences of caring for dying patients through semi structure interviews and using a thematic analysis.	5 themes: nurse's experiences, strong wiliness to help, care end-of-life for patients, care end-of-life for family members, cultural sensitivity & communication, moral distress & self-limitations, self-reflection & benefit-finding.	High
Asmaningrum et al., (2018). Java, Indonesia	40 clinical nurses from six hospitals and medical and surgical units.	To elicit nurses' perspectives for maintaining patient dignity in Indonesian clinical care, through semi-structured interviews and using a inductive content analysis.	3 main elements were necessary to maintain patient dignity: personalized care, compassionate care, patient care advocacy, relationship and understanding the patients' needs	High
Cederwall et al., (2018). Sweden	19 critical care nurses working in three Swedish hospitals in intensive care units.	Determine elements of person-centred care & identify evidence of barriers to person-centred care through semi-structured interviews and using a thematic analysis	3 themes: finding a person behind the patient related to the 'initiating the partnership', striving to restore patients' sense of control, impact of patient involvement, emphatic listening, observant of situational needs	High
Austin et al., (2019). South Africa	14 nurses working in neonatal intensive care unit at a public hospital	Through interviews aiming to explore and describe compliance in adhering to developmentally-supportive care principles	3 themes: value of developmentally supportive care, nature of developmentally supportive care, barriers to developmentally	High

		implemented in one neonatal intensive care unit, using a qualitative inductive explorative design	supportive care, involving a wider context concerned with insights about policy, politic and practices. Value of developmentally supportive care and outcomes. Education and knowledge-based care. Self-awareness.	
Lehto et al., (2019). Finland	12 nurses from local central hospital and rehabilitation wards (other participants not included here are family members).	Examine emotional given support to family members in the acute phase after a working-aged patient's stroke – based on nurses' experiences through group interviews using a Glaserian grounded theory analysis approach.	Emotional support is identified as Caring interactions: holistic care such as demonstrating skills, using intuition in holistic care, giving time, permitting interaction, emotional support, intuition for knowing and doing right in difficult situations	High
Siouta et al., (2019). Sweden	5 nurses (3 chemotherapy nurses and 2 nurse consultants) all working in 4 nurse-led chemotherapy clinics in the United Kingdom	A quantitative audio recorded (45) observation study, using a discourse analysis exploring how person-centred caring and non-person-centred caring are verbally constructed in consultations between patients and nurse.	The dominant discourse was a non-person-centred oriented discourse framed by the biomedical model. Fragment of an alternative 'a person-oriented' became notable localising health problems and needs within the patient's personal and sociocultural context.	High
Gibbs et al., (2020). New Zealand	6 nurses who had at least five years' experience of nursing children with NAHI (non-accidental head injure), working in hospital in Auckland and cared for children	Hermeneutic phenomenological (van Manen) semi-structured interview study examined the lived experiences of nurses who care for children and their families. families admitted to hospital with a non-accidental head injury.	2 essential themes identified: Nursing children with NAHI is different from the care of children admitted with a similar neurological injury related to accidental injuries or medical conditions; and, when nursing these children nurses adopt protective qualities, conceptualized in this study as a shield of protection.	High/Medium
Hansen et al., (2020). Denmark	Comparison of 2 studies, 14 nurses from hospice and 10 nurses form a hospital (including 2	A discursive study critically discussing Uhrenfeldt et al.s' (2018) primary focus on dyadic and relational openness and person-oriented attentiveness in a nurse-patient relationship, by	In focusing on the phenomenology of wonder it was shown that Heidegger speaking about "existential homecoming" referred to a *philosophical* practice focusing on the	High?!

	nurses working on orthopaedic department in a Danish hospital of fast-track surgery and 8 nurses worked in a Danish hospital engaged in pain treatment and home nursing). All nurses were trained in wonder-based dialogues and reflections through the so-called Wonder Labs.	unfolding the phenomenological of wonder and wonder experiences at a hospice and a hospital – by critically examining the psychologically influences interpretation of Heidegger. A phenomenological action research design was used	resonance with being, rather than on interpersonal and psychological relations. It was recognised to integrating these two approaches described on the one hand as a person-oriented and lifeworld-led approach, and on the other hand as a being- and phenomenon-oriented approach was important. Openness and a being-mode, a wider context concerning meaning, dwelling on life.	
Nyman et al., (2020). Sweden	15 nurses from forensic psychiatric clinics in the regions in Sweden.	A qualitative content analysis followed by a deductive approach guided by the person-centred philosophy as used to explore nurses' experiences of risk assessments for their care planning and risk management in forensic psychiatry.	Nurses made great efforts to confirm the unique person, behind the patient, and, regarded therapeutic alliance and a relationship as crucial.	High
Peart et al., (2020). Australia	18 health care providers including 11 nurses working in care coordination in Melbourne. (only nurses are included here).	A phenomenological interpretive approach involving semis-structured interviews was used to explore experiences of providing care coordination to people living with multi-morbidity.	4 themes: challenge of focusing on the person, hear their story, strategies for engagement, listen to the patient's wishes, the patients' needs are important	High
Vandervalle et al., (2020). Belgium	28 nurses working in 13 wards in 4 psychiatric hospitals.	A qualitative constant data comparison analysis involving interviews was used to describe and enhance the conceptual understanding of the working alliance in the context of nursing care for people experiencing suicidal ideation.	Findings revealed that the working alliance can be understood as an interpersonal and collaborative relational process. Core variable: seeking connectedness and attunement with the person at risk for suicide.	High
Yoo et al., (2020). Korea	30 nurses working as critical care nurses in Korea, in	Mixed methods: Interviews and a thematic analysis, statistical analysis using Shapiro-Wilk test & paired t tests,	The pre- and post-scores were 3. The pre- and post-scores were 3.06 ± 0.34 and 4.00 ± 0.29, respectively	High

	which 15 were included in a qualitative study	were used to identify nurses' experiences and changes in person- and family-centred care.	(t = 17.38, p =.000), and five main themes and 13 subtopics were revealed. Most nurses 'discovered the importance of nursing through a truthful relationship with ICU patients' families. Sympathizing on situational comfort.	

Results

Our results were condensed into three analytical themes hierarchically and describing the understandings of holism and a holistic approach to nursing and care as rooted in an ontological awareness or being in a partnership, or a matter of mainly responding to momentarily needs. These approaches differ and can be understood as a hierarchical ladder with three steps, where ontological awareness represents a higher order of understanding of the meaning of a holistic approach, and the focus on responding to momentarily needs a reductionist and lower order of understanding. Different views are related to meaning and knowledge when discussed. Illustrating these different views on the meaning of holistic approaches to nursing, we turned to Heidegger's view on the meaning of holism in our discussion below.

Theme Approach - Ontological Awareness – philosophical roots and holistic oriented

The approaches of nurses to care situations and patients characterized by openness, trust, and attentiveness are *based on pre-reflective knowledge of the meaning of holism*. To be open and prepared includes an existential awareness involving *to be* alongside with the patient over time. Being with the patient involves a sincere presence and open mind. Open to meaning, purpose in life, suffering, and life finiteness are aspects related to a holistic view of persons and their current, ongoing, and future situation.

Illustrative aspects.

- Openness involves an awareness of a collective shared dimension (such as awareness of life infiniteness as a part of existence), as well as a unique individual focus (related to each individual's life situation).

- Being aware of, by a manifested and interpreted (cf. pre-reflected) sense of connecting with patients and a wider context, showing a holistic, ontologically driven perspective.
- Patients' lifeworld, and value identifications, including a critical self-reflection concerning one's own values and beliefs.
- The lifeworld lengthens extensional dimension included beliefs, values, family, society, and culture.
- Communication of a shared language incorporated patients' life-existential experiences.
- Mutual development of valid care content involves integrity elaborating on core values, and their meanings creates a foundation for a holistic view of the patient's situation and outcomes in a wider context.
- Existential and spiritual issues and questions are per se included in the communicative meeting with patients.
- Authenticity and in terms of supporting patients' feeling of freedom as well as delimitations, acknowledging an existential and contextual dimension (the past, present, and future situation), involves nurses reflecting ontologically on the meaning of holistic care emphasising a sustainable approach.
- Caring in a holistic perspective made barriers in the healthcare system visible, prompting nurses to take an integrity-stance when considering nursing and healthcare actions.
- Education and evidence-based knowledge development is an essential part of patient involvement

Theme Approach - Contracted partnership – situational and alliance oriented.

Nurses' approaches to nursing *focus on a contracted partnership*. The focus was on the engagement with the patient by the idea of acting in a situational supporting way mainly guided by contracts.

Illustrative aspects.

- Working together in a contracted alliance and providing security, through support and response, involves validation of patients' present situational difficulties.
- Commitment to a patient perspective led to insights into what was meaningful and valid for the patient in relation to nursing situations. Spiritual and cultural support came to form a part of the communication with the patient and the family close to the patient.
- Dignity helped achieve the ambition of caring in a patient-nurse partnership.
- Compassion and emotional support according to the patients' current situation and advocating of the patients' rights are closely linked to an ability to empathize.
- Caring also forms part of reflection, developing experiences that can be applied in similar caring alliances.
- Experiences of joy in following the patient in an alliance is a part of issues concerned with reflection. The context is a limited nurse-patient led relationship.

Theme **Approach – To help – Situational and need oriented**

Nurses' approaches *focus on the importance of being a good nurse* by listening and responding in direct care situations to form an understanding of patients' immediate needs.

Illustrative aspects.

- This involved aspects such as safety and helping through the involvement in patient care and nursing focusing on patients' instant needs and amount of support/help.
- Communicating and empowering hope and self-strength and meaningful belonging were important aspects of the helping approach.
- Cultural awareness in relation to patients' personal close-up needs, and interaction with family based on trust are relevant aspects in this approach.

- To do right, is mainly derived from the patient- and person-oriented discourses. Protecting and guiding patients are central aspects related to helping and are considered as professionalism.
- The ambition and challenge are to help and confirm the patient as a person in a more direct caring situation.
- Balancing between knowing what individuals need with what would best help them in a given situation, and allowing individuals to take charge of their own well-being are pertinent considerations.

Discussion

In our discussion and interpretation of our results, we will turn to Heidegger, and focus on the theme of showing an awareness about holism and its meaning anchored in an ontological understanding (theme i), an awareness which has the potential for developing a holistic approach to nursing. As shown by previous research (McEvoy & Duffy, 2008; McMillan et., al., 2018; Povlsen & Boryp, 2011, among others), holistic care and holism as concepts are arbitrarily identified. However, the point here is to be reasoning and discuss the advantage of using an ontological standpoint when conceptualizing and transcending the meaning of holism further into nursing practice. Thus, we will mainly focus on Heidegger's view on the meaning of being in the world as *openness*, as well as discussing sustainability in relation to openness towards the world in a wider expansive sense of holism.

Turning to Heidegger's existential phenomenology (1949, 1953a, 1971, 1993a, 1993b, 2011; 1962; 1996), referring to Zimmerman (1983) and Vallega-Neu (2003), among others, when interpreting our results, we also suggest that such an ontological and epistemological understanding will enhance nurses' knowledge and their ability to act holistically in their professional nursing duties. Vallega-Neu describes Heidegger's *Dasein* well, saying, "in existing, *Dasein* occurs temporarily as a transcending beyond beings into the disclosure of being as such, so that in this transcending not only its own possibilities of being but also the being of other beings is disclosed" (Vallega-Neu,

2003, p. 12). Regarding our results, this openness is shown by the nurses who have some ontological knowledge (theme i) in enhancing a *being-mode* and *in-being*, a knowledge which forms a multidimensional understanding of oneself and one's life and that of others. As compared to theme (ii) and (iii), the drivers are stated in a contract (ii) and/or the approach to help (iii).

Heidegger (1956) discusses *openness* as a question, as to be an aware and essential part of existence and being. A nurse's knowledge about meaning involves an authentic mindfulness towards the patient and her/his life experiences and what matters to her/him, a mindfulness which is more explicitly shown in theme (i), but not as strong in theme (ii) and (iii). In theme (i) education and evidence-based knowledge and communication validation, based on awareness of patients' values and spiritual and existential experiences of life, are highlighted by nurses as an essential part of patients' integrity, whereas compared to theme (iii) nurses' personal values come to the fore and in theme (ii) values are contracted and at risk to be standardized.

Klagsbrun (2001, p 116.) asserts that "'active listening is the basic form of holistic communication," and that validation is central to the development of meaning and a base for mutual reflection. The term *ek-sistence* becomes two-dimensional in relation to *Dasein* according to Gelven (1989, p. 49), and "can stand back or 'out' from its own occurrence in the world and observe itself". Also, *Dasein* "stands out" (exists) in the open horizon of being, and this is what in his essay 'On the Essence of Ground' Heidegger will more explicitly refer to as the transcendental constitution of Dasein" (Vallega-Neu, 2003, p. 11-12), an openness—an opening of Being. Thus, *Dasein* is judged to be in accordance with a holistic approach. However, in contrast, if the focus is mostly on direct needs (as those of theme iii), not underpinned by a pre-reflected knowledge-based understanding, there is a substantial risk that a holistic approach involving a wider contextual understanding of the patients' situation is reduced and unacknowledged, thus promoting and maintaining a reductionist view.

Systemic and structural barriers to a holistic approach to nursing, as in curricula, have been discussed by several authors over time, including Reutter and Kushner (2010) (with further references to Reutter and Duncan (2002); Warner and Rains (2003); Browne and Tarlier (2008) and Cohen and Gregory (2009)). Reutter and Kushner assert, "In addition to/…/societal barriers, there are factors within the nursing profession that may be problematic. A fundamental challenge that mitigates against realization of the broad scope of nursing practice is the emphasis on the 'nurse-person relationship' rather than on a population health approach that calls for interventions at a collective [policy] level" (Reutter & Kushner, 2010, p. 276) (here with references to Falk-Rafael (2005); Spenceley et al. (2006)). Also well worded by Wheeler (2020), with references to Gelven (1989) and Vallege-Neu (2003) in saying that the use of *Dasein* involves *dual insights* [and] leads to a characterization of *Dasein* as *the having-to-be open*. An awareness about the ontological meaning of authenticity related to an understanding that made it possible for the nurses to develop a sustainable approach (cf. pre-reflected) when building and interacting in a relationship with patients from a more holistic approach and wider perspective as described in theme (i). They were able to take this sustainable approach rather than take the risk of building relationships with patients on the basis of random individual abilities and personal rather than professional values, as could be more the case in themes (iii and ii). In theme (iii), meaning and understanding is limited to responding merely to immediate needs, thus making a more reductionist approach more likely. In theme (ii), there is a risk that the focus will be on a pre-developed contract and promote a formalized relationship, thus jeopardizing the dual transcendental ability as to *having-to-be-open* with regard to oneself and others. *Dasein* according to Heidegger (with references to the Zollikon seminars (Heidegger & Boss, 2001), cf. Vallega-Neu (2003), cf. Wheeler (2020) is a necessary characteristic of human beings as part of our existential constitution, involving a transcending capacity, with not only the disclosure of our own being, but also of other beings. The polarization of the *Being* as nurses' *two-dimensional awareness* comes to the fore in theme (i) in a more distinct way

compared to theme (iii) where focus is on immediate needs. Thus, in theme (i) showing a more pre-reflected and developed awareness as built on an understanding about the meaning of holism and a holistic approach, led to an inherent/intrinsic ability/capacity when practicing nursing.

Concerning the meaning of *Dasein*, this will include a broader perspective involving being in the world and encounters of entities and others, and as mentioned by Horrigan-Kelly et al. (2016, p. 2) in referring to Cerbone (2009), there is a difference in "the notion of 'living being' through the activity of 'being there' and being in the world" and "as being in the world by exploring 'average everydayness'" (cf. Heidegger (2011, p. 65-90)) As mentioned by Reutter and Kushner (2010), there is a fundamental difference in understanding nursing practice on a wider scale compared to focusing mainly on the nurse-person relationship, which also can be regarded as being dominant in today's nursing education and curricula. The ability/capacity to be in a *state of openness in an aware and pre-elaborated sense* would be both necessary and essential in a/for comprehension of the meaning and practicing of a holistic approach to nursing involving a wider context (and in line with our results, best described in theme (i)).

Heidegger (1962), as well summarized by Horrigan-Kelly et al. (2016, p. 3); relates, "*Dasein's* temporal existential time is 'being ahead of itself' (future), 'already being in a world' (past), and, finally, 'being alongside' (present) in the world (cf. Heidegger (2011, p. 236-237)." With concern to the nursing profession, this will involve a flexible ability and competence regarding other humans' existence and their being in the world (in which we/they exist), thus facilitating a holistic approach to nursing. Theme (ii) focuses on a partnership and situation alliances, which involved some essential aspects as stated in theme (i), with a major difference regarding the range of (ontological) awareness and of a pre-reflected meaning and understanding of a holistic approach, as in theme (i). In both themes, (ii) and (iii), there is a risk that due to lack of a pre-reflected approach, personal religious ideological views and values influence the meaning when attempting a holistic approach.

Compared to when involving the future, the past and the present (as mentioned above) as in theme (i), and not only focus on more immediate needs in a current situation (theme iii), and a contractual partnership regarding the patients' situation, as in theme (ii), theme (i), necessarily also opens for a more sustainable understanding concerning the patient that includes our/patients' wider (contextual) environment as an essential part of a holistic approach.

Holism can then be extended to not only nurses' approaches to and in nursing but can also become a concern regarding where nursing takes place (e.g., hospitals/ homecare/their architectural environment material/building) and the working materials involved in various nursing situations (in all contextual settings). Turning to Glazebrooke (2004, p. 437) about survival saying that "Heidegger's depiction of earth as nurturer is not mere idealization, but a warning that nature is where humans dwell, on which they depend and should not be thoughtlessly destroyed." The phenomenological essence of dwelling has been interpreted as belonging (cf. according to Kalogeris 2009), the term *dwell* can be traced to the German poet Friedrich Hölderlin 1951 essay "In Lovely Blue") (Kalogeris, 2009) . Heidegger stated thinking itself as belonging to dwelling, man dwells, in the same sense as building in thinking of space and developing spatial ideas. "Building and thinking are, each in its own way, inescapable for dwelling" (1971, p. 38, 56-58, 158). In other words, as stated by Norberg-Schulz, *"we have to give thought tothe thingness of things in order to arrive at a total vision of our world"* (1983, p. 68). Dwellinghas been interpreted as the manner in which mortals are on the earth (c.f. Adam Bobeck and with references to that "Bauen Wohnen Denken" was first presented as a lecture by Heidegger in 1951 (Heidegger, 1951)).

Compared to theme (i), themes (ii) and (iii) lack a wider contextual acknowledgement of meaning and understanding of a holistic approach. Sustainability in terms of wholeness and a holistic approach in theme (i) is judged to be contextually extended to involve humans dwelling on Earth (cf. an international/global context), to live on Earth. Sustainability, in theme (ii) is at risk to be

guided by, and thus, limited to, a fixed contract. In theme (iii) there are a lack of pre-reflection concerning a wider understanding about holism and a holistic approach, by focusing on direct situational needs without a wider contextual setting.

In nursing, this would imply an extension of what is meant by a holistic approach in nursing and caring and further knowledge about health related to humans' life worlds and habitués and environmental conditions. Heidegger (2011) asserts that "*Dasein's* Being reveals itself as *care*" and "if we are to work out this this basic existential phenomenon, we must distinguish it from phenomena that might be proximally identified with care, such as will, wish, addiction, and urge". Care cannot be derived from these, since they themselves are founded upon it/…/accordingly our existential interpretation of Dasein as care requires pre-ontological confirmation" (Heidegger, 2011, p. 227), and according to our interpretation, involves the future, past, and present, as mentioned above. The ability and competence for reflexivity and a relational approach include also an awareness of [nurses'] own values, motivations, cultural and gender influences, ethnicity, and evidence of knowledge available. Theme (i) is in line with this view and theme (ii) has a developmental potential through education concerned with ontological knowledge development through curricula, whereas theme (iii) risks, despite its good intentions, representing more of an instant support, thus a reductionist view, concerning pragmatic needs in the spur of the moment based on nurses' randomly individual abilities, beliefs, and un-reflected values.

Limitations: The aim of the study was to explore empirical studies about nurses' views and holistic approaches to nursing. The lack of empirical qualitative studies in which nurses' understanding and meaning with regard to a holistic approach to nursing are explicitly targeted, construct a limit to fully describe and analyze nurses' understandings of a holistic approach in nursing. A qualitative literature review gave a good oversight and confirmed that many studies highlighted the need for and the importance of a holistic approach in nursing.

The main part of the studies from the main search (385 studies) concluded in their discussion, implications and/or suggestions that a holistic approach in nursing is important and need to be enhanced, even though the objectives was not directly on nurses' view on a holistic approach to nursing. It was also suggested that further research should be carried out concerned with holistic approaches to nursing. However, the 126 papers that were selected for full review in order to achieve relevant data and discern some overall pattern, all showed more or less rich data that related to a holistic approach to nursing. The 17 studies were selected for analysis since targeting our research questions more sufficiently. The outcome provides a reasonable and trustworthy description of contemporary differences between understandings of a holistic approach to nursing in a deeper and more aware level compared to focusing on helping patients in a spur-of-the-moment approach. Thus, show the difference between a more holistic and reductionist view. A limitation is that we included papers in English only, it is possible that papers in other languages may have met the eligibility criteria. We did apply a publication date limitation, as we wanted the results to focus on contemporary papers relevant to the aim. We have described the interpretation process as transparently as possible but differing translations and coding of the data is, of course, possible. Therefore, we suggest that more empirical research be conducted to provide further support for the actual state of the art regarding nurses' approaches in nursing.

Conclusion: It is possible to visualize a "direction of development" between the three themes, moving from a needs approach to a consciousness view, in line with Heidegger's *being open and openness*, suggesting a move to a wider contextual understanding. Thus, an understanding of the "word or conceptual meaning" of holism and holistic care is not sufficient when conceptualizing an authentic meaning involving a transition into nurses' approaches in caring. A deeper ontological awareness is also needed to avoid/eliminate a reductionist understanding and approach concerning the phenomenon of holism related to nursing. The dimensions (contextual range and sustainability) of what is meant by holism

related to nursing, are at risk of becoming reduced without such a philosophical ontological awareness and pre-reflected stance; in other words, instead of superficially and momentarily supporting a reductionist approach that is randomly and situationally interpreted. We suggest that some changes need to be made in order to support nurses in their holistic approach. First, nurses' understanding and meaning of holism and a holistic approach' need to become supported in education using a phenomenon-based learning involving curriculum changes that include courses-themes-learning activities in the philosophy of nursing and elaborate on ontological course content and teaching approaches. A phenomenon-based learning approach (eg., a multidisciplinary, constructivist form of learning or pedagogy and education where students study a phenomenon such as caring and nursing from various perspectives; cf. Akkas and Eker (2021) for further reading) opens up a more holistic view concerned with the meaning and awareness of holism in nursing. Second, it suggests a healthcare focus with a wider perspective (c.f. multi perspective), as opposed to today's trend, which mainly focuses on a nurse-patient relationship. This is a visionary idea: if nurses' understanding and meaning of holism and if a holistic approach came to be supported in education using phenomenon-based learning, several perspectives would be taken on, including, for example, those of policy, economic, society, and culture, as well as individual experiences such as well-being, harmony, body, and spirit. Simulation through the use of modern technology will stimulate a higher degree of complexity in holistic thinking and reflection by contrasting various/different possible scenarios and more distinct visualizing an outcome based on a holistic meaning.

Supplemental Material: Data such as quality appraisal checklist and supplement search strategy are available as supplemental material.

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