

https://dspace.org/

A framework for holistic nursing care in paediatric nursing

Tjale, Adele Agatha

2008-03-11T12:48:26Z
http://hdl.handle.net/10539/4650

Downloaded from a DSpace repository. https://dspace.org/

A FRAMEWORK FOR HOLISTIC

NURSING CARE IN PAEDIATRIC

NURSING

Adele Agatha Tjale

A thesis report submitted to the

Faculty of Health Sciences, University of the Witwatersrand,

Johannesburg,

In fulfilment of Degree of Doctor of Philosophy

Johannesburg, 2007

DECLARATION

I, Adele Agatha Sa Tjale, declare that, ***A Framework for Holistic Nursing Care in Paediatric Nursing*** is my own work. It is being submitted for the Degree of Philosophy at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at this or any other University.

*Signature*_____

SIGNED AT: _____ *ON THIS DAY:* _____

IN MEMORY

Of my mother, Nontuthuzelo (Ntutu) Dubeni

I know that you are part of the great cloud of witnesses and where you are I can only imagine. If I can be half the woman and mother that you were to me I will be pleased. Thank you for instilling the important principles of Ubuntu that have continued to shape my world. As a child I watched you interacting with your patients and you implanted seeds of love in my heart for hurting people and for that I am internally grateful.

Lala ngoxolo Wawa.

DEDICATION

"*Not by might, nor by power but by my Spirit says the Lord*".

Zachariah 4: 6

Thank you Lord, it's been an incredible journey without you this dream would not have happened. All the glory belongs to you.

ACKNOWLEDGEMENTS

Embarking on this project has been an incredible journey of self-reflection. I have spent many hours of solitude to allow for the much-needed time for concentration and conservation of mental energy. Without the continued support and help of many people, this journey would have been very lonely and difficult. I wish to acknowledge and thank the following people for their support and encouragement.

To my husband Edwin, my three children, Amanda, Palesa and Thabile, thank you all, for giving me time to pursue this journey. I am grateful and humbled by your generosity in sacrificing many hours, working to fill the gaps caused by my obvious absence from family activities. I am grateful for your patience, continued support and prayers. We will all partake of the fruits that will come out of this work.

Prof. Judy Bruce, we have both journeyed together and connected at many levels. I cannot offer you anything except my sincere gratitude. You are a phenomenal mentor, friend and colleague. Thank you.

To Dr. G. Langley, thank you for your contribution to the conceptualisation of this study. Thank you to Mrs. Prissy Chetty for generously giving up your time and sharing expertise during data collection. To all my colleagues, thank you for support and encouragement. Desiree Wallace, you and I have spent hours talking about the process, progress and the beyond. Thank you for being a patient listener.

Special thanks to my prayer partners and intercessors who consistently laboured in prayer in seeing this project to the end, to you all, my sincere gratitude.

To the paediatric nurses and many patients who taught me to understand the importance and value of a person. Thank you. Nangamso Mawethu.

To the University of the Witwatersrand, a special thank you for the time-out sabbatical leave and the facilitating financial assistance.

To you all, may you receive and increase abundantly, thank you.

ABSTRACT

Emphasis on humanistic values and personal experience in nursing has led to the popularisation of holistic nursing approach to nursing care. Although holistic nursing care as a construct is widely discussed in nursing literature. Contextual clinical application has been difficult, in the absence of guiding conceptual framework and guidelines that directs nursing practice. In this study, the purpose was to examine the meaning of holistic nursing care and develop a framework for holistic nursing care, which can be utilised in nurse education settings and in clinical nursing practice in the context of paediatric nursing in academic hospitals. To achieve this aim, qualitative methodological perspectives were employed based on careful selection of the population, sampling, collection and analysis of data and trustworthiness. To enable the accomplishment of the purpose, the study objectives were formulated into two phases. Phase one objective enabled the identification of the characteristics of the concept holistic nursing care through concept analysis and by obtaining the emic viewpoints of the paediatric nurses working in academic hospitals. A philosophical inquiry was employed using Rodgers' evolutionary method of concept analysis. To elucidate the concept holistic nursing care a qualitative, interpretive, explorative and contextual research design was employed. Holistic nursing care was interpreted as whole care fostering person-centred and family-centred care. The results confirm the current discourse in nursing literature with respect to "person-centred", "family-centred care" as opposed to "patient-centred care". The emphasis is on recognition of the need to transform current linguistic ontology from "patient care" towards the provision of "whole-person" care. Participants' interpreted

holistic nursing care as whole care directed towards a unique and complex human being. The dynamic, which is the driving force for the achievement of whole care, is established through enabling goal-directed nurse-family relationships.

One of the key finding is the prominence of spirituality and the inclusion of spirituality in different aspects of child nursing. The dependency of individual nurses to spiritual sources for personal strength and support was recognised and acknowledged. Knowledge of disease, person and “know how” are necessary for the acomplishment of ethically, safe person-centred whole care.

Attributes of holistic nursing care yielded two dimensions; whole person and mind-body-spirit dimension. The decriptors of whole person include physical, mental, emotional, spirit and spitual being. Spirituality is the predominant antecedent. Holistic nursing care is initiated by the recognition of the individual, in need of health care, as a spiritual being with mind-body-spirit dimension. Spirituaity is an ever-present force pervading all human experience. Complimentary alternative medicine (CAM) was identified as a surrogate term. The connection of CAM with holistic nursing care is the focus of therapetic interventions that are directed to the mind-body-spirit domain. The emphasis is on health rather than curing. Preventative therapeutic interventions are desingned to meet the needs of the whole-person. Caution is advocated in the use of CAM therapies in child nursing, as CAM efficacy has not been sufficiently investigated in child health care.

The conceptual framework is presented as unique contribution to nursing. The framework may be introduced at undergraduate teaching of child and family nursing care and in specialists’ paediatric nurse education. Recognition of the human being as a whole person with mind-body-spirit dimension is not restricted to a child or family care. Therefore, the

framework is presented as a fundamental structure that can be used generally to all intervention activities in relation to human–human interactions. Its use may be broadened to any therapeutic environments. The framework may be tested in adult nursing in variety of settings in health care. There is a potential to expand and transfer certain elements of the framework to other discipline beyond nursing: in doctor-patient relationships, manager-employee relationships, and person-to-person interactions. Perhaps the South African Nursing Council, as the regulating body responsible for developing the educational framework of nursing education in this country may adopt this framework in line with their philosophy of nursing to articulate with their intended goal of providing holistic nursing care for the people of this nation. Adoption of the framework may require a shift from the current “patient-centred care” towards “person-centred care”.

PUBLICATIONS AND ORAL PRESENTATION ARISING FROM THE THIS STUDY

ORAL PRESENTATION

Tjale, A. July 2004. Transforming Health Care in a Multi-Cultural Society: Challenges to Nursing Care. Seoul, 4-9 July Korea

Tjale, A. July 2005. Caring in a Cultural Diverse Workplace. Gauteng Department of Health Nursing Lekgotla, Johannesburg. South Africa

Tjale, A. September 2005. Holistic Nursing Care. A Concept Analysis. Research Presentation, Department of Nursing Education, University of Witwatersrand, Johannesburg. South Africa

Tjale, A. August 2007. Holistic Nursing Care. A concept Analysis. Research Presentation, School of Therapeutics, University of Witwatersrand, Johannesburg. South Africa

Tjale, A. 2007. A Conceptual Framework for Holistic Nursing Care in Paediatric Nursing. Research Presentation, Department of Nursing Education, University of Witwatersrand, Johannesburg. South Africa

PUBLICATION ARISING FROM THE STUDY

Tjale, A. & de Villiers L. **2004.** *Cultural Issues in Health and Health Care*. Cape Town: Juta Academic

Tjale, A. & Bruce, J. 2007. A Concept Analysis of Holistic Nursing Care in Child Health. Curationis *(Submitted August 2007)*

Tjale, A. & Bruce, J. 2007. A Conceptual Framework for Holistic Nursing Care in Paediatric Nursing. *Journal of Transcultural Nursing (Submitted September 2007)*

TABLE OF CONTENTS

Declaration ii

Dedication iii

Acknowledgements iv

Abstract v

Publications and oral presentations rising from the study **x**

Table of Contents xx

List of Figures xxi

List of Tables xxiii

CHAPTER ONE: RESEARCH OVERVIEW AND PHILOSOPHICAL POSITIONING

1.1 INTRODUCTION 1

1.2 Conceptualisation of the study 1

1.3 South African health care system 3

1.4 Holism and holistic nursing care 5

1.5 Caring in nursing 7

1.5.1 Caring as human trait 8

1.5.2 Caring as a moral imperative 8

1.5.3 Caring as affect 8

1.5.4 Caring an interpersonal interaction 9

1.5.4 Caring an interpersonal interaction 9

1.6 SOUTH AFRICA NURSING COUNCIL 10

1.7 PROBLEM STATEMENT 11

1.8 RESEARCH PURPOSE 12

1.9 STUDY OBJECTIVES 12

1.10 PARADIGMATIC PERSPECTIVES 13

1.10.1 META-THEORETICAL ASSUMPTIONS 13

1.10.2 METHODOLOGICAL ASSUMPTIONS 17

1.10.3 THEORETICAL ASSUMPTIONS 18

1.10.3.1 Ubuntu 18

1.10.3.2 Holism 19

1.10.3.3 Nurse 19

1.10.3.4 Paediatric Nurse 19

1.10.3.5 Academic Hospital 20

1.10.3.6 Child 20

1.11 **RESEARCH DESIGN AND METHOD** 20

1.11.1 Research Design 20

1.11.2 Research methodology 21

1.11.3 Phenomenological Approaches 22

1.11.3.1 Research Involvement 24

1.12 SIGNIFICANCE 26

1.13 TRUSTWORTHINESS 27

1.13.1 Credibility 27

1.13.2 Transferability 27

1.13.3 Dependability 28

1.13.4 Confirmability 28

1.14 OUTLINE OF THE THESIS 28

1.15 CONCLUSION **29**

CHAPTER TWO: CONTEXT OF THE STUDY **33**

2.1 INTRODUCTION **33**

2.2 RESEARCH BROADER CONTEXT **34**

2.3 HEALTH CARE SYSTEM **35**

2.3.1 Bio-medical System 36

2.3.2 Traditional indigenous system 38

2.3.2.1 Natural causation 40

2.3.2.2 Supernatural causation 40

2.3.2.3 Belief in the ancestor spirits 41

2.3.2.4 Implications for paediatric Nursing 43

2.4 TRANSFORMING THE SOUTH AFRICAN HEALTH CARE **45**

2.4.1 Reconstruction and development 45

2.4.2 Primary health care 47

2.4.2.1 Disease profile of children 48

2.4 MICRO– CONTEXT **51**

2.5 CONCLUSION **54**

CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY **55**

3.1 INTRODUCTION **55**

3.2 RESEARCH DESIGN **55**

3.2.1 Qualitative research 63

3.2.2 Explorative 64

3.2.3 Interpretive 65

3.2.4 Contextual 66

3.3 RESEARCH METHOD **66**

3.3.1 Philosophical inquiry 67

3.3.1.1 Categories of philosophical inquiries 67

3.3.2 Concept Analysis as method 68

3.3.2.1 Rodger's concept analysis 70

3.4 RODGERS' ELEMENTS OF CONCEPT ANALYSIS **73**

3.4 1 Identify and name the concept of interest 73

3.4.2 Identify surrogate terms and relevant uses of the concept 73

3.4.3 Identify and select an appropriate sample for data collection 74

3.4.4 Identify the attributes of the concept 74

3.4.5 Identify the references, antecedents and consequences of concept 75

3.4.6 Identify concepts that are related to the concept of interest 75

3.4.7 Identify a model cases 76

3.5 FOCUS GROUP INTERVIEWS 76

3.5.1 Planning of the focus group 77

3.5.2 Recruitment of Participants 78

3.5.3 Planning the focus group questions 79

3.5.4 Conducting the focus group 80

3.5.5 Analysis of focus group data 82

3.7 TRUSTWORTHINESS 85

3.7.1 Truth-value 85

3.7.2 Applicability 87

3.7.3 Consistency 87

3.7.4 Neutrality 88

3.8 ETHICAL CONSIDERATIONS 89

3.9 CONCLUSION 91

CHAPTER FOUR: PHILOSOPHICAL INQUIRY: CONCEPT ANALYSIS 92

4.1 INTRODUCTION 92

4.2 CONCEPT ANALYSIS 92

4.2.1 Identification of the concept "holistic nursing care" 92

4.2.2 Sample size 93

4.2.3 Data collection and analysis 96

4.2.3.1 Evolution of "holism and holistic" thought 97

4.2.3.2 Mind-body dualism 99

4.2.4 HOLISTIC NURSING CARE **100**

4.2.4.1 Attributes 100

4.2.4.2 Antecedent 105

4.2.4.3 Consequences 110

4.2.4.4 Surrogate and relevant terms 113

4.2.4.5 Model case one 118

4.2.4.6 Model Case two 119

4.3 Conclusion statements drawn from the concept analysis 122

4.4 CONCLUSION **127**

CHAPTER FIVE: EMIC PERSPECTIVE OF HOLISTIC NURSING CARE **128**

5.1 INTRODUCTION **128**

5.2 INTERVIEW SETTING **129**

5.3 APPLYING GIORGI'S METHOD AND DATA ANALYSIS **130**

5.3.1 Reaching a sense of whole 130

5.3.2 Discriminating clarification of meaning and identifying themes 132

5.3.3 Reflection and interrogation of themes 132

5.4 DISCUSSION OF CENTRAL THEMES **133**

5.4.1 THEME ONE: WHOLENESS **134**

5.4.1.1 Sub-theme One: Wholeness of child 134

5.4.1.2 Sub-theme Two: wholeness of family 137

5.4.2 THEME TWO: WHOLE CARE **138**

5.4.2.1 Sub-theme One: Physical dimension 139

5.4.2.2 Sub-theme Two: Emotional and psychological dimension 141

5.4.2.3 Sub-theme Three: Spiritual dimension 143

5.4.2.4 Sub-theme Four: Cultural dimension 144

5.4.2.5 Sub-theme Five: Social dimension 155

5.4.3 THEME THREE: NURSE AS WHOLE PERSON 157

5.4.3.1 Sub-theme One: Nurse as person 157

5.4.3.2 Sub-theme Two: Nurse as professional 161

5.4.4 THEME FOUR: NURSE-FAMILY RELATIONSHIP 167

5.4.4.1 Sub-theme One: Purposeful communication 168

5.4.4.2 Sub-theme Two: Nurturing environment 169

5.4.5 THEME FIVE: HIV AND AIDS IMPACT 173

5.4.5.1 Sub-theme One: Emotional burnout 174

5.4.5.2 Sub-theme Two: Helplessness 181

5.4.5.3 Sub-theme Three: End of life 184

5.5 CONCLUSION STATEMENTS DRAWN FROM THE EMIC VIEWS OF THE PAEDIATRIC NURSES 189

5.6 CONCLUSIONS 190

CHAPTER SIX: FRAMEWORK FOR HOLISTIC NURSING CARE **192**

6.1 INTRODUCTION **192**

6.2 AGENT: PAEDIATRIC NURSE **193**

6.2.1 Conclusion statement on the Agent 197

6.3 CONTEXT: CHILD CARE ENVIRONMENT **197**

6.3.1 Conclusion statement on Context 201

6.4 RECIPIENT: WHOLE PERSON **201**

6.4.1 Conclusion statement on Recipient 203

6.5 GOAL: WHOLE CARE **207**

6.5.1 Ethics and care 208

6.5.2 Caring relationship 209

6.5.3 Caring behaviours and attitudes 210

6.5.4 Conclusion statements on Goal 211

6.6 PROCEDURE: DIMENSIONS OF CARE **211**

6.6.1 Physical dimension of care 211

6.6.2 Psychological dimension of care 214

6.6.3 Spiritual dimension of care 216

6.6.3.1 Assessment of family's spiritual needs 220

6.6.3.2 Spiritual interventions 222

6.6.4 Socio-cultural dimension of care 224

6.6.4.1 Cultural assessment 225

6.6.5 Conclusions statement on Dimensions of care 226

6.7 DYNAMIC: NURSE-FAMILY RELATIONSHIP 229

6.7.1 Intimacy in nurse-family relationships at psychological dimension 231

6.7.2 Intimacy in nurse-family relationships at physical dimension 232

6.7.3 Intimacy within the social dimension 234

6.7.4 Family-centred care 235

6.7.5 Parent-nurse interactions 237

6.7.5.1 Collaboration 237

6.7.5.2 Establishing rapport 238

6.7.6 Intimacy within the spiritual dimension 239

6.7.6.1 Connecting with person 240

6.7.6.2 Power relations 241

6.7.6.3 Impact of HIV and AIDS 242

6.7.7 Concluding statements on Dynamic 248

6.8 HOLISTIC NURSING CARE: CONCEPTUAL FRAMEWORK 252

6.8.1 Structure of the framework 252

6.8.2 Evaluation of the framework 253

6.8.3 Feedback from evaluators 254

6.8.3.1 Clarity 255

6.8.3.2 Potential for practice 256

6.8.4 Personal comment on the framework 256

6.8.4 CONCLUSION 257

CHAPTER SEVEN: EVALUATION OF STUDY, LIMITATIONS, RECOMMENDATIONS AND CONCLUSIONS **258**

7.1 INTRODUCTION **258**

7.2 EVALUATION OF THE STUDY **258**

7.3 LIMITATIONS **261**

7.4 RECOMMENDATIONS **262**

7.4.1 Recommendations to paediatric nursing practice 262

7.4.2 Recommendations to nursing education 267

7.4.3 Recommendations to nursing research 269

7.5 SUMMARY **270**

8. BIBLIOGRAPHY **272**

LIST OF TABLES

TABLE 1.1 Research phases 32

TABLE 4.1 Dictionary definitions of sprit, spiritual and spirituality 106

TABLE 4.2 Different definitions of spirituality 109

TABLE 4.3 Surrogate and relevant terms 115

TABLE 4.4 Summary of findings 125

TABLE 5.1 Themes and sub-themes for transcribed data 133

TABLE 6.1 Conclusions from concept analysis and emic views of paediatric nurses 192(b)

TABLE 6.2 Attributes and skills of a paediatric nurse 196

TABLE 6. 3 Theoretical definitions of caring 206

TABLE 6.4 Caring and non-caring behaviours 210

TABLE 6.5 Definitions of spirituality 218

TABLE 6.6 Collection of spiritual data 223

TABLE 6.7 Spiritual interventions 224

TABLE 6.8 Cultural assessment 228

TABLE 6.9 Attributes of nurse-family relationships 239

TABLE 6.10 Summary of nurse-family relationships 250

LIST OF FIGURES

FIGURE 3.1	Cycle of concept development	72
FIGURE 3.2	Elements of concept analysis	76
FIGURE 4.1	Attributes of holistic nursing care	123
FIGURE 4.2	Antecedents	124
FIGURE 4.3	Consequences	125
FIGURE 6.1	Conceptualisation of recipient	204
FIGURE 6.2	Conceptualisation of spirituality and hope	247
FIGURE 6.3	Conceptualisation of dynamic	251
FIGURE 6.4	Holistic nursing care conceptual framework	252(a &b)

APPENDICES

APPENDIX A: Letter to Dept. of Health Gauteng province

APPENDIX B: Permission from department of health, Gauteng province

APPENDIX C: Letter to hospitals

APPENDIX D: Permission from Chris Hani Baragwanath hospital

APPENDIX E: Permission from Johannesburg hospital

APPENDIX F1: Information letter

APPENDIX F2: Reply slip

APPENDIX F3: Voluntary consent for participation

APPENDIX F4: Voluntary consent for tape recording of focus group Interviews

APPENDIX G: Focus group interview guide

APPENDIX H: Copy of transcripts

APPENDIX I: Ethics approval

APPENDIX J: Postgraduate committee research approval

APPENDIX K: Evaluator's guide for critiquing the conceptual framework