Holistic Nursing is informed by the art and science of caring for the whole person and embodies the belief that dynamic mind-body-spirit caring interactions are ongoing and impact a person’s ability to grow and heal. Through caring, holistic nurses promote health and wellness, while facilitating a patient’s growth and healing. Health is a perception of wellness and quality of life. Holistic nurses work with people in a variety of settings during all phases of life, with the primary goal of helping individuals live life as fully as possible, regardless of the situation (AHNA & ANA, 2013; AHNCC Board of Directors, 2013).

Over the past 35 years, holistic nursing as an organized nursing specialty has gained momentum in its pursuit to define the future of nursing and health care. Initiated as a different way of viewing the metaparadigm of nursing, holistic nurses provide a complementary way of practicing professional nursing that is consistent with the shift in the nations’ healthcare views (AHNA & ANA, 2013). Caring has emerged as both the moral imperative and the essence of holistic nursing practice.

Watson (2008) challenges nurses to recognize that caring knowledge requires thought, reflection, contemplation, and passion. It provides the moral perspective informing the relationship of nurse and patient that enlightens how nurses care for patients within the human experience (Watson, 2008). If our aim for caring knowledge is to express and reflect human caring within our everyday practice, we must position ourselves within each patient situation seeking to create a caring relationship. This stance calls for an aesthetic, moral, intellectual, and reflective knowing that informs each encounter and promotes (and questions) each experience with an emancipatory rather than a restrictive, technical orientation.

A gentle touch, a warm smile, honesty-based affirmations, and respectful, non-verbal communication…small yet very meaningful ways to demonstrate caring in nursing

(Krebs, 2001, p. 55).
Patients entrusted to our care “know” on an intuitive and intellectual level if we radiate authenticity or are merely going through the motions in each nursing encounter. A sense of presence for both the patient and the nurse can promote trust and may lead to the development of a transpersonal caring moment (Watson, 1999).

Nurses have long been identified as caregivers, but caring and the work of nursing are often difficult to describe. Nurses bring to the caring experience a complex interplay of analysis, interpretation, and multiple skill sets (Hudacek, 2008). However, nurses are often slow to discover the real miracles that happen in everyday practice (Briskin & Boller, 2006). Caring within nursing practice exemplifies the hidden, intangible, unreimbursed, and often unrecognized work of nurses (Norman, Rutledge, Keefer-Lynch, & Albeg, 2008).

## Defining Caring

Caring is relational and an important part of the nurse-patient interaction. Roach (2002) described caring as a human mode of being that entails the capacity to care for others and self, including self-fulfillment, self-integration, and self-transformation. From analyzing nurses’ descriptions of the meaning of caring in practice, Ray (1989) derived that caring was realized in humanistic terms, roles, and acts of trust, respect, love, and the ideal treatment of the other. Additionally, Ray (1991) proposed that through caring, love is actualized.

Watson (2005) stated that caring science includes multiple epistemological approaches to inquiry, both clinical and empirical, and provides emerging ways of moving into new areas of inquiry that explore nursing’s understanding and knowledge about caring. Through the act of caring, nurses facilitate the possibility for the patient to feel hope for healing or at least comfort and/or develop resilience (Warelow, Edward, & Vinek, 2008). Nursing care is realized in the way nurses use knowledge and skills to appreciate the uniqueness of each patient (Warelow & Edward, 2007).

Multiple authors have presented approaches to describe caring as the essence of nursing. Mayeroff (1971), a philosopher, presented one of the first reflections on caring and identified eight ingredients of caring as: knowing, alternating rhythms, patience, honesty, trust, humility, hope, and courage. Morse, Solberg, Neander, Bottorff, and Johnson (1990) provided a comprehensive concept analysis of caring and proposed a definition of caring as a human state, moral imperative or ideal, an affect, interpersonal relationship, and therapeutic intervention. In addition, they identified two caring outcomes: caring as a subjective experience of the patient, and caring as a physical response. Swanson (1991) defined caring as “a nurturing way of relating to a valued other toward whom one feels a personal sense of commitment and responsibility” (p.162). In Swanson’s midrange theory, derived and refined in three studies with different populations, five caring processes are defined as: knowing, being with, doing for, enabling, and maintaining belief. Newman, Sime and Corcoran-Perry (1991) state that, “nursing is the study of caring in the human health experience,” and cite a theoretical link between caring, health, healing, and well-being (p. 3). Smith (1994) cites the relationship between caring, healing, and the human health experience. Cowling, Smith, and Watson (2008) unify the concepts of wholeness, consciousness, and caring as themes within nursing practice, stating that “as we become more aware and awake to the universal oneness, we grow in caring and love for ourselves, others, and the environment” (p. E46). Finally, Finfgeld-Connett (2008) defined caring as “an interpersonal process characterized by expert nursing, interpersonal sensitivity, and intimate relationships” (p. 198). Clearly, there is an emerging description of caring as a moral imperative, the essence of nursing, and informed by knowledge derived from the relationship with another and environment. Caring is also key to the growth and well-being of another.

## Caring and The Holistic Nursing Process

Caring has also been linked in the literature to the nursing process, specifically holistic nurse holistic assessment. Potter and Frisch (2007) contend that holistic assessment and caring are intimately linked to the nursing process. Holistic nursing practice embodies the interconnectedness or wholeness of the individual, and holistic assessment draws on the knowledge, intuition, creativity, and expertise of the holistic nurse to view each person from a holographic stance; each part reflecting the whole (Enzman Hagedorn, 2004). According to Core Value 2 of the Holistic Nursing Scope and Standards of Practice, “Holistic assessments include not only the physical, functional, psychosocial, mental, emotional, cultural, and sexual aspects, but also spiritual, transpersonal, and energy-field assessments of the whole person” (AHNA & ANA, 2013, p. 12).

Additionally, holistic nurses are a unique group of nurses weaving a tapestry of bio-psycho-social-cultural-spiritual assessment to promote care and healing within self and others. The common thread throughout Core Value 2 and the holistic caring process is the focus on treating the patient as a whole being, complete in each moment and developing a collaborative relationship with each patient that puts them at the center of decision making (AHNA & ANA, 2013). Collaboration between the holistic nurse and patient reveals this wholeness and allows the evolution of patterns that can lead the patient to a higher level of health and well-being.

*This CNE activity is free for AHNA members

1.4 contact hours available for this article.

Go to www.ahna.org/Shop/Beginnings-CNE to register and complete the post test for this activity.

The planners and faculty have declared no conflicts of interest related to this activity.

*AHNA is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.
Caring Research

Limited research exists that depicts caring in practice (Bulfin, 2005; Covington, 2005; Hudacek, 2008; Norman, Rutledge, Keefer-Lynch, & Albeg, 2008). Although researchers have sought to measure caring within a variety of practice settings, no one measure uncovers the full experience of caring within practice (Carter et al., 2008). Benner (2001) is recognized for her work in this area; she derived a practice theory that explicates characteristics of nurse expertise from novice to expert. Later research led to the development of characteristics that define expertise in practice (Benner, Tanner, & Chesla, 2009). Self-awareness and spiritual growth were highlighted in the stories of nurse healers using clinical narratives (Hemsley, Glass, & Watson, 2006). Narratives provide a “way for nurses to reveal the extent of their practice and magnitude of caring” (Hudacek, 2008, p. 125). This form of storytelling offers a glimpse into the transformational acts of caring in the nurse’s own words and can provide insights into the everyday practice of nurses (Skott, 2001).

In a qualitative study of caring praxis, Enzman Hines and Gaughan (2014, 2017) examined narratives from holistic, pediatric nurses and advanced practice holistic nurses, and reported seven themes of caring-within-practice:

- normalizing the environment
- creating sacred space
- being rooted in compassion
- the art of being present
- establishing trust-caring
- coaching the family as caregiver, and
- inspiration for the future (see Table 1 for specific description).

The aim of these studies was to enhance the knowledge about caring-within-practice. Clearly there were similarities in the findings and the literature on caring.

Normalizing the Environment

Nurses who embody a caring-healing philosophy within the nursing process look for ways to create optimal environments that provide solace, offer normalcy, and promote healing for their patients (Swanson & Wojnar, 2004). Watson (1999) suggests that nurses need to recognize the influence of both internal (mental and spiritual well-being, social-cultural beliefs) and external environments (societal, cultural, political, institutional) on the health status of individuals and families. The nurse-patient relationship is energized and supported when the nurse takes time to observe and attend to the thoughts, beliefs, attitudes, culture, and environment of self and others. Creating an environment of normalcy provides the inspiration for sharing gifts, thoughts, and experiences essential to caring/healing (Enzman Hagedorn, 2004). A holistic caring/healing process reveals the intangibles of practice, including presence, hope, support, caring, and mutuality (Potter & Frisch, 2016).

Creating Sacred Space

After assessing and optimizing the healing environment, caring nurses often transform/re-pattern the patient encounter into a sacred space for healing to occur. Within the holistic caring process, “holistic nurses focus on integrative care interventions that promote healing, peace, comfort, and a subjective sense of well-being for the person” (AHNA & ANA, 2013, p. 11). Holding sacred/holy space is a form of caring that occurs when the nurse's intentional awareness and subtle alterations to the physical space/environment nurture the nurse-patient relationship, providing a safe place for authentic caring moments to unfold (Watson, 2005). This caring-healing work becomes one of the greatest gifts nurses experience.

Being Rooted in Compassion

Holistic nursing practice is rooted in compassion, which is

Table 1. Themes of Caring

| ✔ Normalizing the Environment – routines and actions that help the patient feel respected and normal within the healthcare setting (i.e., allowing a patient to wear street clothes/pajamas, embracing the patient’s personhood, providing community spaces, listening to the patient story) |
| ✔ Creating Sacred Space – where subtleties within the environment are important for caring to take place (i.e., decreasing noise, controlling light) |
| ✔ Being Rooted in Compassion – the idea that caring would not occur unless the intent, the underlying emotional interconnectedness is present |
| ✔ The Art of Being Present – a depiction of being with the patient, aesthetic approaches to knowing, and using intuition, creativity, and allowing situations to unfold; caring is not “doing” it is simply “being,” sending loving energy into the situation |
| ✔ Establishing Trust-Caring – allowing trust to fill the void of vulnerability for caring/healing to begin |
| ✔ Coaching the Family as Caregiver – family members have already set the atmosphere for a caring/healing exchange; nurses coach the families in this caregiving |
| ✔ Inspiration for the Future – caring moments foster a deep appreciation for nursing and a desire to continue on the journey of desirable practice |

an integral component of caring expression. Compassion begets action and connects self to other. It is what motivates the nurse to become an active participant in the patient’s experience and find commonality in another’s suffering (Roach, 2002). Compassion and intentionality foster caring moments throughout the holistic nursing process.

**The Art of Being Present**

Presence in holistic nursing practice has been described as an artistic way to express caring that requires personal understanding and creative use of self (Enzman Hines & Gaughan, 2017). The nurse draws upon their own creativity, artfulness, aesthetic, intuition, ethics, spirituality, emotions, competence, and expertise to make a transpersonal human-to-human connection (Watson, 2008, 2011). This skillful application of oneself and different ways of knowing/being are a part of the holistic caring process as the nurse engages in the artistry of caring-within-practice (Enzman Hines & Gaughan, 2017; Watson, 2008).

The art of “being present” is more than a physical awareness of the present moment. It involves approaching the patient in a way that reflects “being with” them in collaboration (AHNA & ANA, 2013, p. 91). The nurse’s authentic presence encourages the patient to participate in every step of the caring process. Guided by mutual respect, the nurse and patient enter into a shared experience as they both step across a personal or professional boundary to relate on an intimate level (Covington, 2005). Potter & Keegan (2016) illustrate how implementing personal presence within the nursing process supports the patient’s subjective internal processes, empowering them to be an “independent actor” in their care (p. 181). The authenticity of unconditional presence is not “doing” – it is simply being, sending loving energy into the situation (Enzman Hines & Gaughan, 2017). Holistic nurses have described the act of being present as transcending the physical place, time, and body, tuning into their patients’ needs, and engaging in energy exchange (Enzman Hines & Gaughan, 2014, 2017). In this context, presence manifests as the ability to attend to another in an intersubjective connection and exchange of energy that transforms into a meaningful caring experience (Gilje, 1992; Potter & Frisch, 2016; Watson, 2005).

**Establishing Trust-Caring**

Patients often feel vulnerable, especially when faced with health challenges. Trust must be established between the nurse and patient for caring and healing to begin and relationships to develop: “Establishing trust fills the void of vulnerability” (Enzman Hines & Gaughan, 2017, p. 335). Caring is communicated when the nurse instills trust and respect for the whole person (Boykin & Schoenhofer, 2001). Respecting the dignity and worth of the patient allows trust to evolve within the nurse-patient relationship (Warelow, Edward, & Vinek, 2008). Lack of trust can impede the holistic caring process. For example, the patient may not disclose important information essential to or fully participate in the therapeutic plan of care.

**Coaching the Family as Caregiver**

“Relationships with patients and families are a primary focus of nurses’ work” (Duffy & Hoskins, 2003, p.79). Trust and caring relationships are established when the nurse takes the time to be present and communicate with the patient and their family/caregivers. Coaching family members as caregivers is a form of person-centered care that involves holism, empowerment, collaboration, emotional support, and alleviation of fear and anxiety (Morgan & Yoder, 2012). These all lead to intentional caring connections that encourage families to actualize their caregiving roles, ultimately improving the patient and family experience (Enzman Hines & Gaughan, 2017). Empowering families and caregivers within the holistic caring process fosters “a sense of usefulness and supportive caring for their loved one” (AHNA & ANA, 2013, p. 14). Watson (2005) poses that in a caring science paradigm, intentional, heart-centered connections become other-centered to support patient engagement and interpersonal interaction, “whereby the humanity of one is reflected in the other” (p. 67).

**Inspiration for the Future**

Despite the physical and emotional demands of nursing practice, the act of caring expands future commitment to the profession. Each caring encounter motivates the nurse to provide exceptional care that is rooted in relationship. Caring moments positively impact practice and provide strong memories even when the situation itself was sad or difficult. It is these moments that reinvigorate and substantiate why we became nurses in the first place and why we continue to care, day in and day out. Caring and healing are based on a deep valuing of what it means to be a person, honoring wholeness in self and others (Swanson & Wojnar, 2004). In nursing, we are fortunate to experience the joys and/or sorrows embedded in each caring encounter throughout our workday. Even if our good intentions and care go unnoticed, we know that in every authentic relationship with another person who relies on us for compassion and care, we are making a difference – we are affecting the health and well-being of others; we are choosing to care (Ray, 2010).

**Conclusion**

Hunt (1998) asserts that in order to create a caring environment based on compassion and mutual respect, “nurses need to understand what caring is, how to be caring, and the impact of caring and non-caring on others” (p.20). As nurses reflect on events within practice, they gain a new perspective and knowledge of the situation and how actions exemplify a caring philosophy. For nurses who engage in an in-depth reflective process, knowledge of self and practice evolve and provide a basis for understanding caring-within-practice.

*continued on page 24*
Caring is the dominant concept used by nurses to characterize practice. As holistic nurses, we take caring knowledge into every relationship with a patient, and caring informs these interactions. Caring within nursing practice clearly informs the way holistic nurses approach patients, convey trust, compassion, presence, intentionality, imagination for creating normalcy, and inspiration for future goals.

REFERENCES


Mary Enzman Hines, APRN, PhD, CNS, CPNP-PC, APHN-BC is professor emeritus at the University of Colorado, Colorado Springs and a co-owner of Integrative Pediatric Care, LLC in Englewood, CO where she provides holistic, primary health care for children age 0-21. This innovative model is the first nurse practitioner-owned and operated pediatric primary care practice in Colorado. Dr. Enzman-Hines’ research focuses on caring-healing issues in practice, pain management in pediatrics, reflective practice, storytelling, and chronic illness in children. She is a past president of AHNA, and the 2015 Holistic Nurse of the Year. Presently, she is a member of the task force for Advanced Practice Nursing for AHNCC, and an Associate Editor for the Journal of Holistic Nursing.