

Validity and Reliability of Holistic Nursing Competencies and The Patients's Holistic Needs: A Pilot Study

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Abstract

Aims: This study aimed to identify the validity and reliability of the core competencies of The Holistic Nursing Competency Questionnaire and The Holistic Needs of Patients.

Methods: A pilot study with a correlational descriptive design was conducted to measure holistic nursing competency and the fulfillment of holistic patient needs in the ICU room of Dr. H. Soewondo Kendal Hospital. The study included 25 nurses and 30 patients. Holistic nursing competency was measured using a questionnaire, while the fulfillment of holistic patient needs was assessed using an observation sheet.

Results: The Holistic Nursing Competency Questionnaire is valid, reliable, and psychometrically robust, but the holistic needs of patients were reduced from 33 items to 29 valid and reliable items.

Conclusion: The validity test showed that the questionnaire and observation sheet were valid and reliable for measuring holistic nursing competency and the fulfillment of holistic patient needs. The study highlights the need to improve nurses' holistic competencies and address the challenges in fulfilling the holistic needs of patients, especially in critical care areas.

Keywords: competency, holistic, needs, nursing, patients.

Introduction

Holistic care is crucial, especially for critically ill patients. Nurses are central to comprehensive care, including biological, psychological, social, and spiritual needs (Dossey et al., 2015; Patestos et al., 2019). Studies in various countries, such as China, India, Korea, Iran, and Japan, provide insight into the effect of holistic care on patients and nurses. The results of studies in West Java and Papua, Indonesia, show that nurses' holistic awareness and attitudes still need to be improved, and evaluation of nurses' competence in critical care areas in Eastern Indonesia has not been widely carried out (Carius et al., 2020; Molala & Downing, 2020). Holistic care has become common in providing quality health care, but its implementation in critical areas is still limited (Bayih et al., 2021; López-Tarrida et al., 2021).

The emphasis on the physical aspects of nursing practice, especially in stressful environments such as the ICU, has led to a need for more emotional, spiritual, and cultural applications (Lopez-Sierra, 2019; Sadiq et al., 2019). It is essential to understand the challenges and needs of implementing holistic care in critical areas and promote the development of holistic nursing capabilities to improve the quality of healthcare services. Positive impacts of implementing holistic care include avoiding complications, shortening treatment time, and improving patient quality of life (Wijesinghe et al., 2022). The holistic nursing competency instrument is crucial in a service setting for several key reasons, such as a comprehensive patient approach, improved quality of care, standardization of holistic care, response to evolving patient needs and supporting clinical decision-making (Supriyanto et al., 2019).

Holistic nursing competencies positively influence work engagement. Holistic nursing competencies have a weak positive relationship with self-reflection and insight (Aydin & Hiçdurmaz, 2019). Especially in Indonesia, nurses play an essential role in fulfilling the overall needs of patients. They recognize the importance of fulfilling patients' spiritual needs as part of overall care (Sadiq et al., 2019). However, there are challenges in fulfilling these needs, such as limited support and resources (Supriyanto et al., 2019). There is a significant lack of tools to measure holistic care in nursing practice, particularly in Indonesia, such as limited assessment of comprehensive care, inconsistent care practices, challenges in professional development, barriers to research and improvement, and impact on patient outcomes. (Beswick et al., 2023; Zheng et al., 2014). Nurses must be competent in providing spiritual care and developing skills in this area (McAuliffe et al., 2022).

Nursing staff motivation also plays a vital role in fulfilling patients' spiritual needs, with extrinsic motivation being a key factor (Best et al., 2020). Overall, nurses in Indonesia need to prioritize the holistic care of patients, including their spiritual needs, and work to improve their skills and resources in this area (Bice et al., 2021). However, to successfully implement this initiative, the authors emphasize the need for comprehensive nursing competency development, including appropriate competency standards and assessment tools.

Methods

Design Study

A pilot study with a correlational descriptive design to test and assess the validity and reliability, identifying measurement errors.

Sample

Twenty-five nurses are working in the *Intensive Care Unit* (ICU) room of Dr. H. Soewondo Kendal Hospital as of October 2023. The inclusion criteria are that all nurses have worked during the D III Nursing program and have a minimum education in D III Nursing. We used the total sampling. Thirty patients in the *Intensive Care Unit* (ICU) room of Dr. H. Soewondo Kendal Hospital were selected in this trial, with inclusion criteria having been treated for 2 X 24 hours, adult patients with an average age of 17-80 years, used the total sampling.

Settings

Holistic Nursing Competency was measured using 25 nurses in the ICU room of Dr. H. Soewondo Kendal Hospital, and Holistic Patient Needs Fulfillment using ICU patients who were included in the inclusion criteria. Before the data was collected, researchers received *ethical clearance* from Diponegoro University, which Dr. H. Soewondo Kendal Hospital then continued in the *Intensive Care Unit* (ICU) room. Next, the head of the room contacted the nurse and patient to collect data, and then the researcher gave informed consent to the nurse and continued to administer questionnaires. The instrument filling time is approximately 20 minutes. In patients, researchers submit their *informed consent* and observe patients directly within the nurse's service hours in the room or about 6 hours. In conscious patients, informed consent is given directly to the patient. In unconscious patients, the researcher asks the patient's next of kin to fill out the informed consent after being explained by the researcher.

Ethical Considerations

This study was approved by the Institutional Review Boards of the Faculty of Medicine, Diponegoro University, Semarang, Indonesia (Reference number 429/EC/KPEK/FK-UNDIP/VIII/2023). All participants signed informed consent as the participants.

Questionnaire

The Holistic Nursing Competency Questionnaire contains statements about how the nurse's role in the ICU room is to meet patient needs and increase knowledge to increase patient satisfaction. Suhartini, S.Kp., MNS., Ph.D, and Ns made this questionnaire. Elsa Naviati, M.Kep., Sp.Kep.An from the Department of Nursing, Diponegoro University, Semarang, in 2022. The questionnaire developed from Dossey's theory contains five dimensions: general talent, staff education and management, ethically oriented practice, nursing care in teams, and professional development. The steps for developing an instrument are determined the research objective, literature review, determined the indicators, developed items, instrument validating, and field testing (Azizatunnisa & Suhartini, 2012; Ismail et al., 2024; Takase & Teraoka, 2011).

The questionnaire consists of 26 points, and each item uses a score of 1-4 on the Likert scale. A score of 1 was never done, a score of 2 was Rarely done, a score of 3 was performed, and A score of 4 was always done. The total score is then calculated in the range of 52-78, measuring competence less score <52, sufficient competence score 52-77, and high score of >78.

Observation Sheet

Observation sheets are made based on Indonesian Nursing Output Standards by researchers, with the fulfillment of holistic patient needs consisting of a total of 33 items divided into biological needs (16 items), psychological (7 items), social (6 items), and spiritual (4 items). The researcher fills the observation sheet directly by

monitoring the patient's care status and observing the nurse's actions in fulfilling these needs 6 hours daily, with the results per each item, namely "Fulfilled" and "Not Met."

Statistical Methods

Descriptive statistics are used to look at standard deviations (SD, median, and range). Category variables are presented as numbers and percentages (%). Recapitulation of validity and reliability test results. Questionnaires and observation sheets are presented in a table of correlation coefficients, significant values, and conclusions. Validity Test testing using the Pearson product-moment test after doing things like content and face validity. In addition, the reliability test is used to test valid items for reliability and declare them with *Cronbach alpha results*. The coefficient of the Nurse Knowledge Questionnaire, namely *Cronbach alpha* 0.758, is declared reliable, and the observation sheet of patient needs is also reliable. Namely, the *results of Cronbach alpha* 0.834 are declared reliable.

Results

The description of respondents in this pilot study consisting of gender, age, and diagnosis dated October 1-October 20, 2023 (Table 1).

Patients

The gender of critical adult patients in the ICU room of RSUD H. Dr. Soewondo Kendal is 30 patients; most of the patients undergoing intensive care in the ICU room of RSUD H. Dr. Soewondo Kendal on October 1-20, 2023 are men, 19 people (63%). Most patients undergoing intensive care in the ICU room of RSUD H. Dr. Soewondo Kendal on October 1-20, 2023, are mostly aged 43-68 years, as many as 23 people (77%). The most diagnoses in patients in the ICU room of RSUD H. Dr. Soewondo Kendal on October 1-20, 2023, are *Cardiac Heart Failure* (20%). The level of patient awareness is mostly patients undergoing intensive care in the ICU room of RSUD H. Dr. Soewondo Kendal on October 1-20, 2023, namely *Compos Mentis* (87%), then in second place, *Somnolence* (7%). The use of ventilators for critical adult patients in the ICU room of RSUD H. Dr. Soewondo Kendal on October 1-20, 2023, Not installed as much as 97%, and installed as much as (3%).

Nurses

The gender of nurses in the ICU room of RSUD H. Dr. Soewondo Kendal is primarily women (60%). The nurses in ICU RSUD H. Dr. Soewondo Kendal are mostly aged 23-34 years, 14 people 56 %, and the education of the nurses in ICU RSUD H. Dr. Soewondo Kendal is primarily 3-year diploma (D III), 14 people (56%)

Table 1. Description of Respondents (Patients & Nurses) Pilot study

Variable	Frequency	Percentage
Patient (n=30)		
Gender		
Man	19	63,3
Woman	11	36,7
Age		
18-33	2	6,7
34-49	6	20,0
50-65	16	53,3
66-81	6	20,0
Diagnosis		
Cardiac Heart Failure	6	20,0
Severe Head Injury	3	10,0
Chronic Kidney Disease	1	3,3
Diabetes Mellitus	3	10,0
Hypoglycemic	1	3,3
Ketoacidosis	1	3,3
NSTEMI	2	6,7
Post Laparotomy	3	10,0
Sepsis	2	6,7
Stroke	5	16,7
Pulmonary tuberculosis	2	6,7
Thrombocytopenia	1	3,3
Patient's Level of Consciousness		
Compos Mentis	26	87
Somnolence	2	7
Sopor	1	3
Soporocoma	1	3
Use of Ventilators		
Installed	1	3
Not Installed	29	97
Nurse (n=25)		
Gender		
Man	10	40,0
Woman	15	60,0
Age		
23-34	14	56,0
35-46	9	36,0
47-58	2	8,0
Education		
D III	14	56,0
Ners	11	44,0
Master	0	0,0

Table 2. Recapitulation of Validity Test Results Nurse Holistic Knowledge Questionnaire

No	Questionnaire Indicators	Mean	SD	R Calculated	R Table	Conclusion
1	Trying to take physiological measurements according to patient complaints and needs	3,64	0,49	4,894	2,751	Valid
2	Observe a nursing problem from an objective point of view to obtain scientific conclusions	3,40	0,50	2,973	2,751	Valid
3	Attempting to meet the requirements of patients agreeing to the comes about of nursing evaluations and analysis.	3,64	0,49	5,818	2,751	Valid
4	Seek to reflect and evaluate the thought process thoroughly and objectively	3,36	0,49	5,066	2,751	Valid
5	Understand and anticipate risk factors and strive to prevent medical errors	3,84	0,37	3,472	2,751	Valid
6	Collect and examine information (e.g., health information and research results) that can improve the quality of nursing care	3,28	0,45	3,413	2,751	Valid
7	Trying to comfort and encourage others when they are in difficult situations	3,24	0,43	3,351	2,751	Valid
8	Convey differences of opinion through communication when there is a conflict between friends	3,28	0,46	3,131	2,751	Valid
9	Creating a comfortable psychological environment to improve the nursing process	3,32	0,47	5,199	2,751	Valid
10	Assist other nurses in working to care for patients to improve their knowledge and skills	3,48	0,51	6,553	2,751	Valid

No	Questionnaire Indicators	Mean	SD	R Calculated	R Table	Conclusion
11	Strive to improve the well-being of others to the best of my ability	3,32	0,47	4,860	2,751	Valid
12	Implement a therapeutic relationship with clients	3,64	0,49	5,818	2,751	Valid
13	Understand my position as a nurse	3,56	0,50	5,281	2,751	Valid
14	Facilitate patient and family fulfillment during visiting hours	3,56	0,50	4,580	2,751	Valid
15	Facilitate patients and families to perform spiritual rituals together if needed religiously	3,16	0,47	2,858	2,751	Valid
16	Respond to patients and families as people by tolerating their foundation (e.g., sexual orientation, religion, etc.) and esteem framework without prejudice	3,28	0,45	5,035	2,751	Valid
17	Seek to learn and maintain up-to-date knowledge and skills necessary for nursing practice	3,32	0,47	5,199	2,751	Valid
18	Always follow the main principles of legal and ethical nursing practice	3,44	0,50	5,264	2,751	Valid
19	Provide nursing care by applicable laws and regulations	3,48	0,51	6,553	2,751	Valid
20	Communicate client needs to other health professionals to provide better care	3,52	0,51	6,566	2,751	Valid
21	Try to be honest if there is a medical error/potentially dangerous situation without covering it up	3,44	0,50	6,264	2,751	Valid
22	Modify nursing care plans and priorities so that they fit client needs and are timely	3,32	0,47	5,199	2,751	Valid
23	Applying technology in	3,56	0,50	5,090	2,751	Valid

No	Questionnaire Indicators	Mean	SD	R Calculated	R Table	Conclusion
24	the development of the nursing profession as a <i>caring</i> attitude for nurses Apply one helpful technology for the quality of patient nursing care	3,00	0,70	2,879	2,751	Valid
25	Study well the technology used as needed and nursing practice	3,28	0,61	2,917	2,751	Valid
26	Able to collaborate with other Health teams for the right technology	3,44	0,50	2,264	2,751	Valid

All points of the research instrument have a significance value of less than 5%, and r is calculated > r table, so the tool is valid (Table 2).

Table 3. Recapitulation of Validity Test Results of Pilot Study Fulfillment Holistic Needs of Patients

No	Indicators	Mean	SD	Correlation Coefficient	Significant Value	Conclusion
1	Interest in self-care is increasing	0,73	0,45	0,363	0,048	Valid
2	Maintaining personal hygiene	0,90	0,30	0,468	0,009	Valid
3	Maintaining oral hygiene	0,70	0,46	0,541	0,020	Valid
4	The frequency of bowel movements improved	0,87	0,34	0,436	0,016	Valid
5	Urination Frequency Improves	0,70	0,47	0,521	0,030	Valid
6	Decreased abdominal distention	0,50	0,50	0,328	0,077	Invalid
7	Decreased bladder distention	0,77	0,43	0,339	0,066	Invalid
8	Attitude toward food and beverage by health goals	0,83	0,37	0,557	0,001	Valid
9	The frequency of feeding the patient is appropriate	0,83	0,37	0,532	0,002	Valid
10	Patients are given food/drink medication (per oral/NGT)	0,83	0,37	0,419	0,021	Valid
11	Fluid intake is appropriate; monitored	0,80	0,40	0,421	0,020	Valid
12	Urine output is appropriate; monitored	0,73	0,45	0,448	0,013	Valid
13	Vital Signs (Blood pressure, pulse frequency, breathing	0,80	1,80	0,403	0,027	Valid

No	Indicators	Mean	SD	Correlation Coefficient	Significant Value	Conclusion
	frequency) monitored and improved					
14	Airway, Breathing, Circulation monitored	0,83	0,37	0,557	0,001	Valid
15	Decreased airway secretion	0,77	0,43	0,517	0,003	Valid
16	Decreased restlessness	0,67	0,47	0,434	0,017	Valid
17	Decreased pain complaints	0,90	0,30	0,484	0,007	Valid
18	Decreased restlessness	0,67	0,47	0,512	0,004	Valid
19	Decreased sleep difficulty	0,67	0,48	0,506	0,004	Valid
20	Complaints of cold (temperature) decrease	0,60	0,49	0,535	0,002	Valid
21	Decreased irritability	0,87	0,34	0,409	0,025	Valid
22	The feeling of calm increases	0,50	0,50	0,431	0,017	Valid
23	Improved self-image	0,40	0,49	0,507	0,004	Valid
24	Responsive to others	0,60	0,49	0,535	0,002	Valid
25	Interest in making emotional contact increases	0,77	0,43	0,339	0,066	Invalid
26	Interest in physical contact increases	0,63	0,49	0,460	0,011	Valid
27	Family members support each other	0,43	0,50	0,504	0,005	Valid
28	The increased emotional support that nurses provide increases	0,80	0,40	0,468	0,009	Valid
29	Families work together in the determination of care	0,60	0,49	0,497	0,005	Valid
30	Seeking spiritual support for sick family members	0,53	0,50	0,379	0,039	Valid
31	Interaction with the closest person/religious figure improved	0,87	0,34	0,326	0,079	Invalid
32	Hope and confidence increase	0,57	0,50	0,441	0,015	Valid
33	Decreased feelings of fear	0,47	0,50	0,532	0,002	Valid

Table 4. Recapitulation of Research Instrument Reliability Test Results

No	Variable	Number of Items	Cronbach's Alpha	Correlation Item
1	Holistic Nursing Competency Questionnaire	26	0,758	Reliable
2	Patient Needs Observation Sheet	29	0,834	Reliable

This test is carried out on statements that fall into the valid category. If Alpha Cronbach (α) is more noteworthy than 0.70, then the research information is considered very good and reliable to utilize as input within the data analysis.

Discussion

This study involved 25 nurses and 30 patients in the ICU room of Dr. H. Soewondo Kendal Hospital. Questionnaires are used to measure nurses' holistic nursing competence, while observation sheets are used to assess the fulfillment of patients'

holistic needs. Data were collected through direct observation, questionnaire filling, and statistical analysis. Validity tests were performed using the Pearson product-moment test, and reliability was measured with Cronbach's alpha.

Related questionnaires may focus only on certain aspects, such as biological or psychological needs, without considering social, cultural, or spiritual dimensions. For example, a patient satisfaction questionnaire might measure physical and psychological aspects but neglect spiritual or cultural needs. Traditional questionnaires are often fragmented, with separate questions for each aspect. In contrast, this questionnaire integrates all aspects into a comprehensive tool that reflects a holistic approach to nursing care. Unlike other questionnaires that overlook cultural and spiritual aspects, this holistic questionnaire specifically includes items designed to evaluate how well the care provided aligns with the patient's cultural and spiritual background.

According to the respondents, most patients are male, as much as 63%, and are 43-68 years old. This aligns with research that mentions similar things (Lat et al., 2021)(Todorov et al., 2021). Furthermore, like other studies, it is stated that most diseases are in the ICU room, and the majority have Cardiac Heart Failure or heart disease (*4 Types of Patients You Usually Find in the Intensive Care Unit*, 2022; Unal et al., 2015). Most patients are in the Compos Mentis consciousness level and are not on ventilators. Meanwhile, most nurses are women aged 23-39 years; the majority have a D III education. International studies can better understand how holistic nursing practices are implemented in different countries. The exchange of knowledge and experience between countries can provide new insights and strategies that can be used to improve the capabilities of Indonesian nurses, especially in the field of critical care. In addition, it is also worth considering how local culture can influence holistic care practices (Ibrahim, 2020; Sadiq et al., 2019). Indonesia has a rich cultural diversity, and the integration of cultural values in healthcare can be essential in fulfilling patients' holistic needs (Hartono, 2020). This aligns with the finding that the implementation of holistic care is still limited, and an effort must be made to understand and address these challenges.

However, although this study provides a relatively detailed picture of the conditions at Dr. H. Soewondo Kendal Hospital, a more in-depth discussion can be obtained by linking the findings of this study with related articles, for example, studies of the implementation of holistic care models in other hospitals or broader contexts can provide a more holistic view of what factors support or hinder the success of holistic care practices in the ICU. The validity test shows that the questionnaire and observation sheet are valid and reliable for measuring the Nurse's Holistic Nursing Competency and the Holistic Needs Fulfillment of Patients in critical spaces.

There were 4 out of 33 invalid Patient Holistic Needs Fulfillment items discarded from the observation sheet table, bringing the total valid items to 29 items. The reliability results of the patient's holistic nursing competency questionnaire were measured using Cronbach Alpha.

Limitations

The limitations of the study include the relatively small sample size of nurses and patients in the ICU room at Dr. H. Soewondo Kendal Hospital, which may not include the diversity that exists in the population; Nurse gender representation is more

dominant in women and nurse ages range from a specific range, so results may not be directly applicable to the broader nurse population; The study was conducted over some time in one hospital, so it cannot describe changes that may occur over time or at another hospital.

Contribution to global nursing practice

We tended to the significance of all-encompassing care, recognizing competency holes, presenting estimation instruments, consolidating social affectability, emphasizing inquiry about strategy, and calling for persistent enhancement in nurses' all-encompassing competencies worldwide.

Conclusion

The Holistic Nursing Competency Questionnaire contains valid, reliable, and psychometrically robust values. However, for observation sheets, the holistic needs of patients are reduced from 33 items to 29 valid and reliable items. Future research can focus more on questionnaires and factors influencing the fulfillment of patients' holistic needs. Dissatisfaction levels with gender differences can also be examined through further research.

Author Contribution

All authors have accepted the obligation for the whole substance of this manuscript and affirmed its submission.

Conflict of interest

The authors declare no conflict of interest.

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