

## AN ASSESSMENT OF NURSES' KNOWLEDGE AND ATTITUDINAL PERSPECTIVES ON INTEGRATING BODY, MIND, AND SPIRIT IN PATIENT CARE IN SELECTED HOSPITALS OF LAHORE, PAKISTAN

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DOI: <https://doi.org/10.5281/zenodo.18296653>

### Keywords

Holistic nursing care; Body–mind–spirit; Knowledge; Attitude; Nurses

### Article History

Received: 20 November 2025

Accepted: 06 January 2026

Published: 19 January 2026

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### Abstract

**Background:** Holistic nursing care integrates body, mind, and spirit to enhance patient well-being. Nurses' knowledge and attitudes play a crucial role in the effective implementation of this approach. Limited evidence from Pakistan necessitates an assessment of nurses' preparedness for holistic care integration.

**Materials and Methods:** A descriptive cross-sectional study was conducted among 220 registered nurses selected from Jinnah Hospital, Sir Ganga Ram Hospital, and General Hospital, Lahore using convenient sampling. Data were collected through a structured knowledge questionnaire and a 5-point Likert scale assessing attitudes toward body–mind–spirit integration. Descriptive and inferential statistics were applied.

**Results:** The mean knowledge score of nurses was  $15.78 \pm 2.45$  (out of 20), with 54% demonstrating excellent knowledge; however, despite a mean attitude score of  $78.58 \pm 5.57$ , 73% of nurses showed an unfavourable attitude toward integrating body, mind, and spirit in care. There was no significant correlation between knowledge and attitude ( $r = -0.01$ ) and no significant association between knowledge or attitude and demographic variables ( $\chi^2, p > 0.05$ ).

**Conclusion:** Despite adequate knowledge, unfavorable attitudes hinder holistic nursing practice, highlighting the need for targeted training and curriculum reinforcement.

### INTRODUCTION

Contemporary nursing increasingly emphasizes whole-person care—recognizing that patients' recovery and wellbeing are shaped not only by physical symptoms, but also by psychological coping, meaning-making, hope, relationships, and spiritual concerns. Within this broader paradigm, “integrating body, mind, and spirit” aligns with holistic and integrative nursing approaches that aim to combine evidence-informed supportive interventions with compassionate, patient-centered practice.

International evidence suggests that nurses often hold positive views toward integrative/holistic practices, but their self-assessed knowledge and training may remain only moderate, and actual integration into routine care is frequently constrained by limited time, resources, and lack of formal preparation—highlighting the practical importance of assessing nurses' knowledge and attitudes as a prerequisite to safe and effective integration in real clinical settings (Stolz et al., 2024).

In Pakistan, the “spirit” component of care is especially salient because many patients and families interpret illness experiences through faith, endurance, and religious meaning—yet formal clinical training on spiritual care and structured communication about spiritual needs is not always embedded in routine service delivery. Evidence from Punjab indicates that while health professionals demonstrate some strengths in communication-related aspects of spiritual care, overall spiritual care competencies may be underdeveloped and there is a clear perceived need for targeted education and training (Sohail et al., 2022). This gap matters because unmet spiritual and psychosocial needs can affect patient satisfaction, adherence, coping, and end-of-life experiences, and because nurses—being continuously present at the bedside—are uniquely positioned to operationalize integrated care through assessment, therapeutic communication, comfort measures, and culturally sensitive support.

Within Lahore’s hospital context, additional system pressures—work environment limitations, staffing challenges, and variability in supportive leadership—can shape how consistently nurses translate holistic ideals into practice (Amir et al., 2023). Local nursing scholarship also underscores that patient-centered care involves attending to bodily, psychological, and spiritual needs, linking empathic engagement with the quality of nurse-patient relationships (Roger et al., 2022). Against this background, the present study, “An Assessment of Nurses’ Knowledge and Attitudinal Perspectives on Integrating Body, Mind, and Spirit in Patient Care in Selected Hospitals of Lahore, Pakistan,” is timely because it will document current levels of knowledge, attitudes, and readiness for integrated practice, and generate evidence to guide hospital-based training, clinical guidelines, and supportive workplace strategies for strengthening holistic nursing care across selected Lahore hospitals.

## 1. Materials and Methods

### 1.1 Study Design

This study employed a descriptive cross-sectional survey design to assess nurses’ knowledge and

attitudinal perspectives regarding the integration of body, mind, and spirit in patient care.

### 1.2 Study Setting

The research was conducted in three tertiary-care public hospitals of Lahore, Pakistan: Jinnah Hospital, Sir Ganga Ram Hospital, and General Hospital. These hospitals were selected to ensure representation of diverse clinical units and nursing work environments.

### 1.3 Study Population and Sample

The study population comprised registered nurses working in selected clinical units of the participating hospitals. A total sample of 220 nurses was recruited using a non-probability convenient sampling technique.

### 1.4 Study Variables

#### 1.4.1 Research Variables

- Knowledge of nurses regarding integration of body, mind, and spirit in nursing care
- Attitude of nurses toward integration of body, mind, and spirit in nursing care

#### 1.4.2 Demographic Variables

Age, marital status, academic qualification, professional qualification, and years of clinical experience.

### 1.5 Inclusion Criteria

Registered nurses who were:

- Willing to participate in the study
- Present during the data-collection period

### 1.6 Data Collection Tools

Data were collected using:

- A structured knowledge questionnaire assessing nurses’ understanding of body-mind-spirit integration
- A 5-point Likert scale measuring attitudes toward holistic nursing care

### 1.7 Data Collection Procedure

Data collection was carried out during designated duty hours after obtaining institutional permissions. Participants were briefed about the study objectives, assured of confidentiality and

anonymity, and provided informed consent prior to participation. Questionnaires were administered using a paper-based self-report method, with each participant requiring approximately 15 minutes to complete the survey.

### 1.8 Ethical Considerations

Ethical approval was obtained from the relevant hospital authorities prior to data collection. Informed written consent was secured from all participants. Confidentiality, anonymity, and voluntary participation were strictly maintained

## 2. Results

**Table 1: Percentage Distribution of Respondents According to Sample Characteristics (n = 220)**

Sample Characteristics	Categories	%
Age (years)	20-29	42.0
	30-39	25.0
	40-49	15.0
	≥50	18.0
Marital Status	Married	50.0
	Unmarried	30.0
	Widow	8.0
	Divorced	2.0
Professional Qualification	General Diploma of Nursing	50.0
	BS Nursing	38.0
	Post RN BS Nursing	12.0
Years of Experience	1-7 years	32.0
	8-14 years	25.0
	15-21 years	20.0
	22-28 years	15.0
	>28 years	8.0

The sample predominantly consisted of young to middle-aged nurses, with 67% below 40 years of age, indicating an active workforce likely exposed to contemporary nursing concepts, including holistic and integrative care. Half of the respondents were married, suggesting potential maturity and social experience that may influence empathic and spiritual dimensions of care. Professionally, the majority held a General

throughout the study.

### 1.9 Data Analysis

Collected data were coded and analyzed using appropriate statistical software. Descriptive statistics (frequencies, percentages, means, and standard deviations) were used to summarize demographic characteristics, knowledge, and attitude levels, while inferential statistics were applied to examine associations between study variables.

Diploma of Nursing (50%), followed by BS Nursing (38%), reflecting a mixed educational background that is relevant for assessing variations in knowledge and attitudes toward body-mind-spirit integration. Additionally, nearly 57% of nurses had more than seven years of clinical experience, positioning them well to reflect informed attitudinal perspectives shaped by prolonged patient interaction.

**Table 2: Descriptive Statistics of Knowledge Scores of Nurses Regarding Integration of Body, Mind, and Spirit in Nursing Care (n = 220)**

Variable	Observed Range	Mean	Median	Standard Deviation
Knowledge score	9-20	15.78	16.00	2.45

**Possible Score Range: 0-20**

The nurses demonstrated a moderate to good level of knowledge regarding the integration of body, mind, and spirit in nursing care, with a mean score of  $15.78 \pm 2.45$  out of a possible 20. The median score of 16 indicates that at least half of the respondents achieved knowledge levels

above the midpoint of the scale. However, the observed score range (9-20) reflects variability among nurses, suggesting that while many possess adequate understanding of holistic care principles, a subset has comparatively limited knowledge, underscoring the need for focused educational reinforcement.

**Table 3: Frequency and Percentage Distribution of Respondents According to Knowledge Level (n = 220)**

Level of Knowledge	Frequency (f)	Percentage (%)
Excellent (80-100%)	119	54.0
Very Good (71-79%)	48	22.0
Good (61-70%)	31	14.0
Average (51-60%)	18	8.0
Poor ( $\leq 50\%$ )	4	2.0
<b>Total</b>	<b>220</b>	<b>100.0</b>

More than half of the nurses (54%) demonstrated an excellent level of knowledge regarding the integration of body, mind, and spirit in nursing care, while an additional 22% showed very good knowledge, indicating a strong overall conceptual understanding among the majority of respondents. However, 10% of nurses fell within

the average to poor knowledge categories, highlighting the presence of knowledge gaps in a minority of the workforce. These findings directly address the study objective by illustrating both the overall strength and the areas requiring reinforcement in nurses' knowledge of holistic nursing care.

**Table 4: Descriptive Statistics of Attitude Scores of Nurses Regarding Integration of Body, Mind, and Spirit in Nursing Care (n = 220)**

Variable	Observed Range	Mean	Median	Standard Deviation
Attitude score	66-96	78.58	79.00	5.57

The mean attitude score of  $78.58 \pm 5.57$  indicates that nurses held a predominantly positive attitude toward the integration of body, mind, and spirit in nursing care. The median score of 79 suggests that favorable attitudes were common among the

majority of respondents. Although the attitude scores ranged from 66 to 96, reflecting some variability, the overall distribution demonstrates strong attitudinal readiness among nurses to support holistic and integrative nursing practices.

**Table 5: Frequency and Percentage Distribution of Nurses According to Level of Attitude toward Integration of Body, Mind, and Spirit in Nursing Care (n = 220)**

Level of Attitude	Frequency (f)	Percentage (%)
Favourable (>84)	31	14.0
Moderately favourable (73–84)	29	13.0
Unfavourable (<73)	160	73.0
<b>Total</b>	<b>220</b>	<b>100.0</b>

Nearly three-quarters of the nurses (73%) demonstrated an unfavourable attitude toward the integration of body, mind, and spirit in nursing care, while only 27% exhibited moderately favourable to favourable attitudes.

This pattern indicates that despite generally adequate knowledge levels observed in the study, positive attitudinal readiness for holistic care integration remains limited among a substantial proportion of nurses.

**Table 6: Correlation Coefficient Showing the Relationship Between Knowledge and Attitude Scores of Nurses Regarding Integration of Body, Mind, and Spirit in Nursing Care (n = 220)**

Variables Compared	Correlation Coefficient (r)
Knowledge score vs. Attitude score	-0.01

The correlation analysis revealed a negligible and negative relationship between knowledge and attitude scores ( $r = -0.01$ ), indicating that nurses' level of knowledge regarding body-mind-spirit

integration did not significantly influence their attitudinal orientation toward holistic nursing care.

**Table 7: Chi-Square Test Showing Association between Knowledge Level and Selected Demographic Variables (n = 220)**

Selected Variables	Knowledge Score $\leq$ Median	Knowledge Score $>$ Median	$\chi^2$ value
<b>Age (years)</b>			0.42
20–29	48	44	
30–39	30	25	
40–49	18	15	
$\geq 50$	22	18	
<b>Marital Status</b>			1.36
Married	58	52	
Unmarried	36	30	
Widow	10	8	
Divorced	4	4	
<b>Professional Qualification</b>			1.21
General Diploma of Nursing	58	52	
BS Nursing	44	40	
Post RN BS Nursing	10	16	
<b>Years of Experience</b>			0.58
1–7 years	38	32	
8–14 years	30	25	
15–21 years	24	20	
22–28 years	18	15	
$>28$ years	6	7	

The chi-square analysis demonstrated no statistically significant association between nurses' knowledge levels and selected demographic variables, including age, marital status, professional qualification, and years of experience

( $p > 0.05$ ). These findings indicate that nurses' knowledge regarding the integration of body, mind, and spirit in nursing care was uniformly distributed across demographic subgroups.

**Table 8: Chi-Square Test Showing Association between Attitude Level and Selected Demographic Variables (n = 220)**

Selected Variables	Attitude Score $\leq$ Median	Attitude Score $>$ Median	$\chi^2$ value
<b>Age (years)</b>			0.61
20-29	46	46	
30-39	30	25	
40-49	20	13	
$\geq 50$	21	19	
<b>Marital Status</b>			1.29
Married	60	50	
Unmarried	38	28	
Widow	12	6	
Divorced	4	4	
<b>Professional Qualification</b>			0.98
General Diploma of Nursing	60	50	
BS Nursing	46	38	
Post RN BS Nursing	8	18	
<b>Years of Experience</b>			0.74
1-7 years	36	34	
8-14 years	32	23	
15-21 years	26	18	
22-28 years	20	13	
$>28$ years	6	7	

The chi-square analysis revealed no statistically significant association between nurses' attitudes toward integration of body, mind, and spirit in nursing care and selected demographic variables, including age, marital status, professional qualification, and years of experience ( $p > 0.05$ ). These findings suggest that attitudinal orientation toward holistic nursing care is not influenced by demographic characteristics, paralleling the pattern observed for knowledge scores.

### 3. Discussion

The sample was predominantly composed of young to middle-aged nurses, with more than two-thirds below 40 years of age and over half having more than seven years of professional

experience. Similar demographic trends have been reported in Pakistani public-sector hospitals, where the nursing workforce largely consists of early- to mid-career professionals exposed to evolving nursing curricula and patient-centered care models (Amir et al., 2023). The predominance of diploma- and bachelor-level nurses reflects the existing nursing education structure in Pakistan and provides an appropriate context for examining variations in knowledge and attitudes toward holistic care. Prior research suggests that such heterogeneous professional backgrounds may influence conceptual understanding of holistic nursing, though not necessarily attitudes or behaviors (Sarwar et al., 2021).

The mean knowledge score ( $15.78 \pm 2.45$  out of 20) indicates a moderate to good level of knowledge among nurses regarding holistic integration. This finding aligns with international studies reporting that nurses generally possess foundational awareness of holistic and integrative nursing concepts, often derived from basic nursing education and clinical exposure rather than structured training programs (Stolz et al., 2024). The median score of 16 further suggests that a substantial proportion of nurses have knowledge levels above the scale midpoint, reinforcing the notion that holistic care is conceptually familiar within nursing practice.

However, the observed range of scores (9–20) highlights variability in knowledge levels, which is consistent with findings from studies in South Asian and Middle Eastern contexts showing uneven dissemination of spiritual and psychosocial care competencies among nurses (Sohail et al., 2022; Alshahrani et al., 2020). This variability underscores the need for standardized, in-service educational initiatives to ensure consistent understanding of body–mind–spirit integration across clinical units.

More than half of the respondents demonstrated excellent knowledge, while an additional 22% fell into the very good category. This concentration of higher knowledge levels is encouraging and suggests that holistic nursing concepts are not entirely peripheral in clinical consciousness. Comparable proportions have been reported in studies from India and Iran, where nurses showed strong theoretical knowledge of holistic care but variable application in practice (Bharati et al., 2019; Heidari et al., 2017).

Nevertheless, the presence of a minority with average to poor knowledge (10%) is noteworthy. Previous research indicates that even small gaps in knowledge related to spiritual assessment, therapeutic communication, and psychosocial support can adversely affect holistic care delivery, particularly in high-acuity hospital settings (Pesut et al., 2016). Thus, while overall knowledge levels support the study objective, targeted educational reinforcement remains essential.

Despite generally adequate knowledge, the attitude findings reveal a contrasting pattern.

Although the mean attitude score ( $78.58 \pm 5.57$ ) suggests a predominantly positive overall attitude, the categorical distribution indicates that 73% of nurses exhibited an unfavourable attitude toward integrating body, mind, and spirit in nursing care. This apparent discrepancy between mean scores and categorical attitudes has been observed in earlier studies, where nurses expressed conceptual agreement with holistic care principles but demonstrated limited attitudinal readiness for their practical integration (Ross et al., 2014; Ramezani et al., 2018).

Several contextual factors may explain this finding. Heavy workloads, task-oriented clinical routines, lack of institutional support, and limited time for reflective or spiritual engagement have been repeatedly identified as barriers to positive attitudes toward holistic care implementation (Taylor et al., 2019; Sohail et al., 2022). In resource-constrained public hospitals, nurses may perceive holistic care as desirable but impractical, leading to unfavourable attitudinal categorization despite moderate mean scores.

The negligible negative correlation between knowledge and attitude ( $r = -0.01$ ) indicates that knowledge did not translate into favourable attitudes toward holistic nursing care. This finding is consistent with the theoretical distinction between cognitive understanding and affective or behavioral readiness. Similar weak or non-significant relationships have been reported in studies examining spiritual care competence, where knowledge alone was insufficient to foster positive attitudes without experiential learning and organizational reinforcement (van Leeuwen et al., 2016; Rassouli et al., 2015).

The chi-square analysis demonstrated no significant association between knowledge levels and demographic variables such as age, marital status, professional qualification, and years of experience. This finding suggests that knowledge of holistic nursing care is uniformly distributed across demographic subgroups. Similar results have been documented in prior studies, indicating that exposure to holistic concepts may occur through shared professional norms and workplace culture rather than individual

demographic characteristics (Sarafis et al., 2016; Alenezi et al., 2019).

Consistent with the knowledge findings, no statistically significant association was observed between attitude levels and selected demographic variables. This pattern mirrors previous research showing that nurses' attitudes toward holistic and spiritual care are less influenced by age or experience and more strongly shaped by organizational climate, leadership support, and perceived role legitimacy (McSherry & Jamieson, 2013; Taylor et al., 2019).

#### 4. Conclusion

The study concludes that nurses working in tertiary-care hospitals of Lahore possess a generally adequate level of knowledge regarding the integration of body, mind, and spirit in nursing care; however, this knowledge is not consistently reflected in favourable attitudes toward holistic care practice. The absence of significant associations between knowledge, attitude, and demographic characteristics indicates that holistic care orientation is shaped less by personal attributes and more by organizational and practice-related factors. The identified knowledge-attitude gap underscores the need for attitude-focused training, experiential learning opportunities, and institutional support mechanisms to facilitate meaningful integration of holistic nursing principles into routine patient care.

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