

EXPLORING THE DIMENSIONS OF HOLISTIC CARE FOR THE ELDERLY: A CONCEPT ANALYSIS FOR COMPREHENSIVE GERIATRIC SUPPORT

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DOI: <https://doi.org/10.64450/njsh.v4i2.014>

ABSTRACT

Holistic care for the elderly is widely recognised as a cornerstone of person-centred geriatric nursing; however, the concept remains inconsistently defined and variably applied. Older adults present with complex physical, psychological, social, cultural, spiritual, and functional needs, and the absence of a unified conceptual framework limits nurses' ability to provide coordinated, comprehensive, evidence-based care and weakens the development of assessment tools and policy. To clarify holistic care for the elderly by identifying its defining attributes, antecedents, consequences, and empirical referents using Walker and Avant's (2011) eight-step concept analysis, and to propose an evidence-based definition applicable to geriatric nursing practice, education, and policy. A concept analysis followed Walker and Avant's eight-step model. A systematic search of PubMed, Web of Science, and CINAHL (2020-2025) identified 176 records; following two-stage screening of titles, abstracts, and 50 full texts, fifteen studies were retained. Thematic synthesis extracted definitions, attributes, antecedents, consequences, and empirical referents, illustrated through model, borderline, related, and contrary cases. Four defining attributes were identified: person-centred, dignity-preserving, and autonomy-affirming engagement; multidimensional integration of physical, psychological, social, cultural, and spiritual care; salutogenic, strengths-based, and resource-activating orientation; and continuity, interdisciplinary collaboration, and coordinated care delivery. Antecedents included comprehensive geriatric assessment, nurse competency in holistic practice, enabling organisational infrastructure, and co-designed care planning. Consequences included enhanced psychological wellbeing and dignity, reduced social isolation, improved physical outcomes and functional independence, dignified end-of-life experience, and greater older-adult empowerment and self-care capacity. Holistic care for the elderly is a dynamic, person-centred, and structurally embedded nursing practice integrating physical, psychological, social, cultural, and spiritual dimensions of wellbeing within a framework of dignity, autonomy, salutogenic resource activation, and interdisciplinary continuity. The proposed definition strengthens conceptual clarity and supports geriatric nursing research, education, and policy, including in resource-limited settings such as Nigeria.

Keywords: concept analysis; geriatric assessment; geriatric nursing; holistic care; person-centred care

INTRODUCTION

Population ageing is among the most profound demographic transformations of the twenty-first century: by 2050 the number of people aged 60 and above is projected to exceed two billion globally, with sub-Saharan Africa experiencing the fastest proportional increase. This places older adults at the centre of healthcare systems largely designed around acute illness rather than the complex, multi-dimensional needs of advanced age. Holistic care for the elderly has emerged as a foundational gerontological nursing concept, recognising older adults as whole persons whose physical, psychological, social, spiritual, and functional dimensions are inseparably interconnected and must be addressed within a coordinated, dignity-respecting framework (Forsgren et al., 2025; Millar et al., 2024). A growing evidence base documents the inadequacy of single-domain care models: Nordaunet et al. (2024) found that nursing practice disproportionately addresses physical needs while neglecting relational and psychosocial dimensions; Abdi et al. (2022) confirmed that older adults' unmet needs span physical, psychological, and social domains; and Kohanová et al. (2021) established that institutionalised older persons' needs remain systematically under-diagnosed.

Holistic care draws on a theoretical heritage including Watson's Theory of Human Caring, Orem's Self-Care Deficit Theory, and Antonovsky's salutogenesis model. Ekh et al. (2024) demonstrated that combining person-centred and salutogenic approaches, which foreground residents' resources rather than deficits, enhances both care quality and staff satisfaction. Al Hamad et al. (2025) confirmed that holistic nursing activates adaptability, resilience, and social connectedness in older migrants and refugees. The African

context confers particular significance: Oduro (2025), using WHO SAGE data from 1,927 Ghanaian older persons, showed physical, spiritual, emotional, and psychological wellbeing dimensions interact synergistically to determine social wellbeing, with spiritual and emotional dimensions contributing independently alongside physical health — confirming that holistic frameworks developed in Western settings must be adapted for African populations.

Despite this evidence base, holistic care for the elderly has not been subjected to a systematic Walker and Avant concept analysis identifying its defining attributes, antecedents, consequences, and empirical referents. This ambiguity limits standardised assessment tools, evidence-based protocols, and quality indicators that would make holistic care operationally measurable and professionally accountable. This study addresses that gap.

Research Questions

1. What is the meaning of holistic care for the elderly, and how is it distinguished from related concepts such as physical care, rehabilitation, and disease management?
2. What are the defining attributes, antecedents, and consequences of holistic care for the elderly?
3. What evidence-based definition can be proposed to guide geriatric nursing assessment, education, research, and policy?

Research Objectives

1. To clarify the meaning of holistic care for the elderly by identifying its core characteristics and distinguishing it from related concepts including physical care, rehabilitation, and disease management.

2. To identify the defining attributes, antecedents, and consequences of holistic care for the elderly, to inform clinical assessment, educational programme design, and geriatric nursing policy.

3. To propose an evidence-based definition that enhances conceptual clarity and supports future research, nursing education, and practice innovation in comprehensive geriatric support.

METHODS

Design

This study employed Walker and Avant's (2011) eight-step concept analysis method to clarify holistic care for the elderly, enabling systematic identification of the concept's uses, defining attributes, illustrative cases, antecedents, consequences, and empirical referents.

Literature Search and Study Selection

A comprehensive search of PubMed, Web of Science, and CINAHL used terms including holistic care elderly, person-centred care older adults, comprehensive geriatric assessment, salutogenic care nursing home, and holistic care concept analysis, supplemented by reference-list and grey-literature screening. A two-stage screening process was applied: 176 records were screened at title/abstract level, followed by full-text review of 50 articles, with fifteen studies retained for relevance, rigour, and conceptual contribution (Table 1). The Mixed Methods Appraisal Tool assessed study quality across designs; findings informed interpretation but did not serve as exclusion criteria.

Method of Analysis

Thematic analysis was conducted across all included studies. Full-text articles were independently coded line by line; codes were iteratively compared and grouped into higher-order themes corresponding to defining attributes,

antecedents, consequences, and empirical referents. Two reviewers independently coded the data, resolving discrepancies through consensus, with saturation achieved when no new themes emerged (Walker & Avant, 2011; Braun & Clarke, 2019).

Table 1: Summary of Inclusion and Exclusion Criteria

Criteria	Inclusion	Exclusion
Concept focus	Studies explicitly examining holistic, person-centred, or comprehensive geriatric care as a central concept in elderly care	Peripheral mention without conceptual or empirical engagement
Study type	Concept analyses, scoping/systematic reviews, qualitative, cross-sectional, longitudinal, and pilot/mixed-methods studies	Purely technical clinical studies without conceptual discussion
Context	Community, long-term care, nursing homes, hospital, residential, and palliative/home care settings for older adults	Paediatric, adult, or non-geriatric populations without elderly relevance
Language /Date	English language; published 2020-2025, with allowance for foundational conceptual works	Non-English without translation; outside date range without conceptual necessity

Source: Study's inclusion and exclusion criteria.

RESULTS

Thematic synthesis of the fifteen included studies, spanning Sweden, Canada, Norway, China, the United Kingdom, Finland, South Africa, the United States, Ghana, and Spain, confirmed that holistic care for the elderly is deployed across gerontological nursing, geriatric medicine, and social care contexts, united by a shared commitment to addressing the whole person rather than discrete biomedical conditions.

Defining Attributes

Four defining attributes were identified (Table 2), all of which must be simultaneously present for care to be genuinely holistic in the geriatric context.

Table 2: Defining Attributes of Holistic Care for the Elderly

Defining Attribute	Description
Person-centred, dignity-preserving, and autonomy-affirming engagement	Recognition of each older person as a unique individual with a life history, values, and inherent dignity that must shape every clinical encounter. Millar et al. (2024) found that autonomy, participation, and cultural sensitivity are definitional requirements, not optional enhancements; Clancy et al. (2020) confirmed visibility and recognition as central to dignity; Lorber et al. (2025) showed person-centred care independently predicts psychological wellbeing across settings.
Multidimensional physical, psychological, social, and spiritual care integration	Simultaneous, coordinated attention to physical, psychological, social, functional, cultural, and spiritual dimensions. Forsgren et al. (2025) established this six-dimensional framework as structurally defining; Oduro (2025) confirmed via SEM that these dimensions interact synergistically; Nordaunet et al. (2024) found relational and psychosocial dimensions are systematically neglected in practice.
Salutogenic, strengths-based, and resource-activating orientation	A deliberate orientation toward older adults' existing strengths, resources, and adaptive capacities rather than solely toward deficits. Ekh et al. (2024) showed salutogenic care enhances quality and staff satisfaction; Al Hamad et al. (2025) confirmed resilience and social connectedness as core attributes; Fullen et al. (2023) demonstrated measurable multi-domain gains from strengths-based wellness coaching.
Continuity, care coordination, and interdisciplinary collaborative delivery	Continuity of therapeutic relationship, seamless coordination across settings, and active interdisciplinary collaboration. Cotton et al. (2024) established continuity and communication as prerequisites for holistic end-of-life care; Lawless et al. (2020) confirmed older adults desire coordinated, transition-smooth care.

Source: Thematic synthesis of reviewed literature

Model, Borderline, Related, and Contrary Cases

A model case illustrating full expression of the concept involved an 82-year-old retired schoolteacher admitted to a nursing home following a hip fracture, whose nurse conducted a 45-minute admission assessment extending beyond medical history to her life history, values, and social relationships. The interdisciplinary team built a care plan combining physiotherapy, chaplaincy visits, music engagement, weekly family-visit facilitation, and a documented home-return goal. At six weeks she reported feeling known as a person and her well-being score had improved significantly demonstrating all four attributes in concert.

A borderline case involved a resident receiving competent physical care and friendly courtesy but no documented assessment of his psychological, social, or spiritual needs physically adequate but structurally incomplete care. A related case (goal-directed stroke rehabilitation) achieved excellent single-domain outcomes but left depression and isolation unaddressed, confirming that rehabilitation, however well executed, is not synonymous with holistic care. A contrary case, in which a woman with advanced dementia received only scheduled physical maintenance with no engagement of her identity or preferences, exemplified the complete absence of the concept (Clancy et al., 2020; Lorber et al., 2025).

Antecedents

Antecedents operate at individual, interpersonal, and systemic levels (Table 3), confirming that holistic care is simultaneously a professional competency and a structurally enabled practice.

Table 3: Antecedents of Holistic Care for the Elderly

Antecedent	Explanation
Comprehensive holistic assessment	A structured, multi-domain assessment covering physical, psychological, social, cultural, and spiritual dimensions. Chen et al. (2024) showed comprehensive geriatric assessment reduces postoperative delirium and mortality, confirming assessment as a therapeutic prerequisite (Abdi et al., 2022; Millar et al., 2024).
Nurse competency in holistic, culturally responsive practice	Knowledge, skills, and attitudes enabling nurses to engage with the full complexity of older adults' needs. Pakkonen et al. (2021) confirmed person-centred continuing education is predominantly effective; Liao et al. (2024) found competency, motivation, and organisational support are jointly necessary for quality geriatric care behaviour.
Enabling organisational infrastructure and interdisciplinary systems	Adequate staffing, interprofessional collaboration, documented continuity, and structural conditions that allow engagement beyond the physical domain. Cotton et al. (2024) confirmed continuity and communication as organisational prerequisites; Nordaunet et al. (2024) found structural demands often prevent relational engagement even when nurses recognise its importance.
Recognition of	Systematic identification of unmet physical, psychosocial, and

unmet needs and co-designed care planning	spiritual needs through engagement with the older person and family. Kohanová et al. (2021) confirmed unmet needs remain under-diagnosed; Terkelsen et al. (2022) demonstrated that co-creative, participatory care planning with older people is feasible and effective.
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Source: Thematic synthesis of reviewed literature.

Consequences

Consequences span psychological, social, physical, existential, and empowerment domains (Table 4), confirming holistic care's clinical, ethical, and social significance.

Table 4: Consequences of Holistic Care for the Elderly

Consequence	Description
Enhanced psychological wellbeing, dignity, and social connectedness	Lorber et al. (2025) found person-centred care independently predicts psychological wellbeing in 632 older adults; Fullen et al. (2023) and Carcavilla-González et al. (2025) confirmed improved quality of life and reduced loneliness and depression through holistic interventions; Hoang et al. (2022) confirmed multi-component interventions reduce loneliness among older adults.
Improved physical outcomes, functional independence, and frailty reduction	Chen et al. (2024) and Xu et al. (2024), through meta-analyses of RCTs, confirmed comprehensive geriatric assessment reduces delirium and mortality and preserves activities of daily living; Lewis et al. (2021) found multi-component reablement improves physical function in most measuring studies.
Dignified, person-aligned end-of-life experience	Cotton et al. (2024) confirmed holistic communication, continuity, and symptom management underpin dignified end-of-life experience; Sjöberg et al. (2021) found palliative documentation often under-captures wishes and spiritual concerns, revealing a structural gap in practice.
Older-person empowerment and self-care capacity	Al Hamad et al. (2025) found resourceful ageing enabled by holistic nursing improves wellbeing, social integration, and cultural identity preservation; Goes et al. (2020) confirmed functional-profile-based care models support appropriate independence.

Source: Thematic synthesis of reviewed literature.

Empirical Referents

Empirical referents operationalise each defining attribute through validated instruments and clinical indicators (Table 5), enabling measurement and evaluation of holistic care in research and clinical audit.

Table 5: Empirical Referents of Holistic Care for the Elderly

Empirical Referent	Attribute Measured / Source
Person-Centred Practice Inventory for Service Users (PCPI-SU)	Person-centred, dignity-preserving engagement (Lorber et al., 2025)
Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)	Psychological and relational wellbeing consequence (Lorber et al., 2025; Fullen et al., 2023)
Comprehensive Geriatric Assessment (CGA) protocol	Multidimensional physical, functional, and psychosocial assessment (Chen et al., 2024; Xu et al., 2024)
WHO ICF framework (adapted for geriatric care)	Continuity, coordination, and multi-domain needs mapping (Abdi et al., 2022; Goes et al., 2020)
Semi-structured interview and focus-group guides	Person-centred engagement, dignity, and unmet needs, older persons' own perspectives (Millar et al., 2024; Clancy et al., 2020; Cotton et al., 2024)

Source: Validated instruments and indicators cited in reviewed literature

DISCUSSIONS

This concept analysis proposes that holistic care for the elderly is a dynamic, person-centred, and structurally embedded nursing practice that simultaneously integrates physical, psychological, social, cultural, and spiritual dimensions of wellbeing within a framework of dignity preservation, autonomy affirmation, salute-genic resource activation, and interdisciplinary continuity — positioning holistic care not as a desirable enhancement of routine elderly nursing but as its definitional standard. Forsgren et al.'s (2025) systematic review provides the most contemporary multi-dimensional framework, confirming that holistic patient care is associated with consistent patient-experience and coordination benefits when delivered through interdisciplinary teams using valid comprehensive assessment tools. Millar et al.'s (2024) concept analysis, grounded in older persons' own perspectives, adds a critical epistemological point: holistic care must be defined by what older people themselves identify as good care, not by what systems find administratively convenient.

Ehk et al.'s (2024) finding that combining person-centred and salutogenic approaches enhances both care quality and staff satisfaction is significant for the theoretical grounding of holistic care: the salutogenic model's focus on resources and coherence represents a paradigm shift away from the deficit-oriented biomedical model that continues to dominate institutional elderly care, transforming assessment from documentation of losses into collaborative identification of strengths. Oduro's (2025) evidence from Ghana is foundational for the African application of this conceptualisation — physical wellbeing is the strongest predictor of social wellbeing, but spiritual, emotional, and psychological dimensions all make independent contributions, confirming that in the African context these dimensions are structurally significant determinants of quality of life rather than peripheral cultural extras. The Nigerian policy implication is direct: holistic geriatric nursing must explicitly incorporate spiritual, familial, and community engagement into structured care plans.

The end-of-life dimension, addressed by Cotton et al. (2024) and Sjöberg et al. (2021), reveals a tension between holistic aspiration and institutional practice: older persons desire relational continuity and spiritual accompaniment at the end of life, yet palliative documentation is often dominated by pharmacological content with wishes and spiritual concerns under-recorded, positioning holistic documentation reform as an urgent quality-improvement priority. Holistic care must also be distinguished from proximate constructs: physical care and comprehensive geriatric assessment are necessary components but represent only one dimension or the assessment antecedent, not the care itself; person-centred care is often a near-synonym but is narrower, focusing on preferences without necessarily requiring multi-domain integration; and reablement, integrated care, and palliative care each capture functional, coordination, or

end-of-life dimensions without encompassing the full multidimensional, dignity-centred whole that defines holistic elderly care.

Proposed Evidence-Based Definition

Holistic care for the elderly is a dynamic, person-centred, and structurally embedded nursing practice that simultaneously integrates physical, psychological, social, cultural, and spiritual dimensions of older adult wellbeing within a framework of dignity preservation, autonomy affirmation, salutogenic resource activation, and interdisciplinary care continuity, grounded in comprehensive multidimensional assessment and co-designed care planning — with the purpose of promoting comprehensive wellbeing, maintaining functional independence and self-care capacity, reducing social isolation, ensuring dignified end-of-life experience, and empowering older adults as active, recognised participants in their own care.

CONCLUSION

This concept analysis clarifies holistic care for the elderly as a dynamic, person-centred, and structurally embedded nursing practice encompassing dignity-preserving engagement, multidimensional care integration, salutogenic resource activation, and interdisciplinary continuity. Drawing on fifteen studies across multiple international settings, the analysis distinguishes holistic elderly care from related constructs including physical care, rehabilitation, and disease management, and provides a robust conceptual and definitional foundation for geriatric nursing research, education, and policy, including in resource-limited settings such as Nigeria.

RECOMMENDATIONS

1. Geriatric nursing curricula should embed structured content on comprehensive multidimensional assessment, salutogenic communication, and

cultural and spiritual responsiveness as core competencies, addressing the gaps identified by Nordaunet et al. (2024) and Pakkonen et al. (2021).

2. Healthcare policymakers, particularly in Nigeria, should integrate holistic care principles into the National Policy on Ageing, nursing curricula, and long-term care facility standards, mandating comprehensive geriatric assessment at admission and addressing structural antecedents such as nurse-to-patient ratios and continuing professional education.

3. Future research should validate the proposed definition through intervention trials measuring the effect of holistic geriatric nursing care on psychological wellbeing, functional independence, and social connectedness in Nigerian older-adult populations, using the empirical referents identified in this analysis.

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