POSITION ON THE PARADIGMS OF NURSING

PARADIGMS OF WHOLE-PERSON NURSING			
	WHOLISTIC	**HOLISTIC**	
Parse (1995, 2000)	Totality		Simultaneity
Newman (1993, 2008)	Particular-Deterministic	Interactive-Integrative	Unitary-Transformation
Fawcett (1995, 2015)	Reactive	Reciprocal-interaction	Simultaneous action
Practice Models Based on Paradigm Choice			
Professional Orientation			
	A Biomedical, Disease Prevention Practice Model[1]	Eudemonistic Health Promotion, Restoration, and Maintenance Practice Model[2]	
Practice Focus			
	The whole of the human being is the sum of the parts	The indivisible whole is greater than the sum of the parts of the human being	The indivisible whole is greater than the sum of the parts of the unitary being
Perceptions of a Healthy Outcome[3]			
	The cure, management, or control of conditions, sickness, disease	A balance wherein the individual experiences a sense of intra-connectedness, wellbeing, a quality of life, and finds meaning in the human experience.	A balance wherein the unitary being is experienced as a sense of well-becoming; quality of life, and ability to find meaning in the human experience.
Emphasizes of Practice			
Unitary Holism: The human energy field within the total pattern of consciousness of the universe			Practice is *evidence informed*, emphasizing supporting, restoring, balancing and maintaining synchrony of the human's energy field with that of the environment and the universe.
Holism: Dynamic, ongoing, interactive relations among the multiple dimensions of the human being and human with the environment		*Practice is evidence-informed,* emphasizing the individual's worldview, what will facilitate the *individual's restoration and maintenance of a balance in Inherent* brain-body-mind-spirit abilities within oneself, significant others, and the universe.	
Wholism: Multiple dimensions that combined create a whole	Practice is evidence- based, emphasizing sciences related to prevention, management, control of conditions, sickness, disease *within a dimension* of the		

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	human form with consideration of relations among the dimensions and significant others.		
Knowledge Priorities			
	Assessment is somewhat linear searching for discrete information	***Assessment is spiral searching for patterns***	
	Empirical knowing Ethical knowing Esthetical knowing Personal knowing Sociopolitical knowing Reflexivity Emancipatory knowing Unknowing Spiritual Knowing	Spiritual knowing Unknowing Personal knowing Ethical knowing Reflexivity Esthetical knowing Sociopolitical knowing Emancipatory knowing Empirical knowing	Spiritual knowing Unknowing Personal knowing Ethical knowing Reflexivity Esthetical knowing Sociopolitical knowing Emancipatory knowing Empirical knowing
Competencies			
Competencies are operationalized by valued outcome of practice and related practice focus	Actions is proactive *doing to and for others* validated by science, supported with ethical knowing with consideration of other sources of knowing as indicated.		Practice is on *intentional being and being-with another, sy*nchronizing energy fields by incorporating multiple sources of knowing and validating by the scientific process.

1. Disease prevention model focuses on prevention, management, control of conditions, sickness, disease with consideration for differential dx, and treatment.

2. Eudaemonistic Health model focus on inherent human's abilities to self-regulate its own multiple dimensions with recognition of alterations in health that affects ones wellbeing as evidenced by patterns-of-phenomena related to the holistic being.

3. Health is the outcome goal of all healthcare professionals, e.g. medicine, nursing, social-work, pharmacologist, etc. However, the essence of "being healthy" varies depending on how the professional group perceives their role. WHO defines health as "…a state of complete physical, mental, social well-being and not merely the absence of disease or infirmity. This version of health is consistent with the wholistic version of nursing .

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