WHITE PAPER: GRADUATE HOLISTIC NURSING

SUBMITTED BY
THE AMERICAN HOLISTIC NURSES CREDENTIALING CORPORATION

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Executive Summary

Current trends in healthcare transformation initiated by the Institute of Medicine's (IOM) report on quality of care (2001, 2003), the role of nursing in healthcare transformation (IOM, 2010), and society's call for a shift in focus from disease to health and wellness (National Prevention, Health Promotion, and Public Health Council, 2011), has resulted in major changes in healthcare delivery models. Today, several interdisciplinary healthcare groups focusing on integrative healthcare or health and wellness coaching have sprouted, shifting their practice to one based on the sciences of health and wellness. Nurses have also responded. The current *Nursing: Scope and Standards of Practice* (3rd Ed) (American Nurses Association, 2015 a) describes the scope of nursing within the context of a philosophy of health and wellness, with an emphasis on the assessment, diagnosis, treatment, and evaluation of *human responses.*

As written, the 2015 edition of ANA's Scope and Standards of Nursing implies that *all* graduate nurses practice from a holistic paradigm as defined by the AHNA Scope and Standards (2013). Although this practice model is consistent with the healthcare trends, the current reality is that the Consensus Model and associated Compact Agreement (Joint Dialogue Group, 2008) have propelled graduate prepared nurses into four (4) roles of direct care, some of which are based more in the biomedical paradigm of care than the holistic paradigm. Ironically, the knowledge, values, skills, and experience of graduate prepared holistic nurses are consistent with the IOMs reports and mandates. Yet, the roles performed by credentialed advanced holistic nurses are excluded from the Consensus Model, resulting in a restriction of their abilities to practice to their maximum.

While the current APRN model promoted by the Consensus Model offers important services to society, demands for nurses who are prepared in health and wellness within illness, reinforces the need for the addition of a 5th role to the Consensus Model that includes graduate prepared holistic nurses.

The purpose of this paper is to describe the challenge in Nursing, and the intent of the American Holistic Nurses Credentialing Corporation to take additional steps needed for recognition of Graduate Prepared Holistic Nurses as Advanced Practice Registered Nurses (APRN) and included in the Consensus Model.

White Paper: Graduate Holistic Nursing

This White Paper has three purposes:

1) Describe the challenge created by the discrepancies existing between how nursing's scope and competencies of practice, as defined by the American Nurses Association (ANA, 2015), vary from the reality of today's practice activities, nursing educational models, and legislative processes driven by the Consensus Model;
2) Declare that Holistic Nursing, as defined and described by the American Holistic Nurses Association (AHNA) and published in *Scope and Standards of Practice: Holistic Nursing* (2nd Ed) (ANA/AHNA, 2013) is consistent with the premises of Nightingale (1859) and a way of thinking about, and acting on holistic precepts;
3) State that AHNCC in partnership with AHNA intends to:
    a. Clarify and specify educational processes that facilitate acquisition of Holistic Nursing knowledge and skills for the graduate prepared holistic nurse,
    b. Work with the American Association of Colleges of Nursing (AACN) to publish the *Essentials of Holistic Nursing with clarification of differences among the levels of education,*
    c. Focus on publishing the *Essentials of Graduate Holistic Nursing Education,* and
    d. Pursue recognition of the unique, advanced practice role of graduate prepared holistic nurses.

Discrepancies Between the Ideal and Current Reality

The American Nurses Association (ANA) states "Florence Nightingale provided a foundation for nursing, and the basis for autonomous practice as distinct from medicine" (ANA, 2015, p. 17), and identifies five tenets characteristic of nursing practice drawn from Nightingale's work (pp. 7-8). Yet a challenge in nursing exists. While ANA's published documents (ANA, 2015 a, ANA, 2015 b; ANA, 2015 c) support these premises, trends embodied in criteria set by the Consensus Model have mandated graduate education to focus on knowledge and skills primarily based in the biomedical philosophy of care and sciences of pathology, rather than the holistic philosophy and sciences of health, wellness, and wellbeing (see Attachment A).

Holistic Nursing Defined and Described

The American Holistic Nurses Association (AHNA) defines the goal of Holistic Nursing as "...healing the whole person..." (ANA/AHNA, 2013, p. 2) (Attachment B provides further clarification). Holistic Nurses view:

- *Holistic Nursing knowledge and skills,* based in the sciences of health, wellness, and wellbeing;
- *Humans* as fully integrated-holistic beings energetically connected with all things; who have an inherent ability to grow and heal; and are experts of their own health needs,
- *Holistic Nurses* as *energetic instruments of healing,* who integrate evidence-based holistic and conventional nursing interventions and apply them in a relationship-based *holistic caring process* (Potter, P. & Frisch, N., 2004, p. 73).

Declaration of Intent

Our intent is not to replace or criticize the work of those currently recognized as APRNs, but to ensure that credentialed graduate nurses, who practice from an alternative paradigm, are allowed to practice to the full potential of the role. The underlying philosophy of healthcare is in transition, and with it, healthcare providers are shifting from a focus on disease processes, to one of health and wellness. Holistic nurses have practiced within this context for years. Now it is time to recognize the unique role of graduate prepared holistic nurses by:

- Defining the educational processes needed to prepare Holistic Nurses,
- Drafting the Essentials of Holistic Nursing, differentiated by educational level.

To this end, we plan to:

- To work with AHNA to publish *Essential Graduate Holistic Nursing Education*, and
- Pursue recognition of Graduate-prepared Holistic Nursing roles in Healthcare (Attachment C).

White Paper on Graduate Holistic Nursing
Attachment A: Discrepancies in Nursing

Alternative Paradigms in Nursing

Nursing: What It Is:

Nursing was founded in a holistic paradigm, first described by Florence Nightingale in 1859, and charged by society with "... the health of others..." (Nightingale, p. 2). Accordingly, "...the knowledge of nursing (was)... how to put the (persons) constitution in such a state as that it will have no disease, or that it can recover from disease..." (p.2). Nightingale further clarified, stating that the knowledge of health "...is recognized as the knowledge which every (nurse) ought to have, and distinct from medical knowledge" (p. 2). She stated that all nurses should learn how to monitor their patients' health processes, "...what to observe–how to observe–what symptoms indicate improvement–what the reverse– which are of importance–which are of none–which are the evidence of neglect–and of what kind of neglect" (p. 105). Nightingale was clear that nurses focused on helping people heal and be well.

Nightingale also talked about nursing's population and indicated that the work of nurses applies to all those who need help with their health, including well children, pregnant women, and "...surgical (cases), quite as much as medical cases..." (p. 126). Nightingale's comments indicate that nurses provide services to all populations, well or ill, with or without acute or episodic health problems. The present implications are that nurses focus on the health, wellness, and wellbeing of their clientele by assessing patterns of the health processes in the face of complexity and uncertainty.

Nursing: What It Is Not

Nightingale also discussed what nursing *is not*. To clarify, she stated that some had protested her focus on health, arguing that they were restricted from learning the science of health, "...they can know nothing of "*Pathology*" or cannot "*dissect*" (p. 126). Within this biomedical paradigm, pathology was the science of medicine and nurses were restricted from studying medicine. Nightingale responded to this cohort, stating this view represented "...a confusion of ideas which it is hard to attempt to disentangle. Pathology teaches the harm that disease has done. But it teaches nothing more.... (T)he principle of health (is) the positive of which pathology is the negative" (p. 126). While nursing has gone through multiple changes since then, Nightingale is still known as the founder of professional nursing. Her contributions are briefly described:

> Nursing has a unique role, [that] includes *specific actions*, and is based in knowledge. Accordingly, nursing is based in the laws of health and healing, and its role is to "*put the patient in the best condition for nature to act upon him" (Nightingale, p. 28)* through actions that facilitate the health and well-being of the individual. Nightingale's book, *Notes on Nursing* (1859) served four purposes: it transformed nursing from a job to a profession, clarified what nursing is, specified what nurses do, and identified the knowledge base necessary for practice (Erickson, H., 2010, pp. 54-55).

Nursing Today: How it is Described

The American Nurses Association (ANA) publication, *Nursing: Scope and Standards of Practice* (ANA, 2015) reflects these values as it offers descriptions of the What, When, and How of Nursing. It is clear that the goal of nursing is to adhere to the basic premises of nursing's roots; to advance nursing as a unique profession, steeped in the science of healing and health.

Yet, a challenge and dissonance exists in nursing today. While ANA's published documents (ANA, 2015 a, ANA, 2015 b; ANA, 2015 c) indicate that nurses practice within the context of a holistic paradigm, based on knowledge and skills required to facilitate health and healing, our recent history leaves us with educational models, legislation, and a Consensus Model that encourages many nurses to practice from a biomedical paradigm.

The *who of nursing,* described in ANA's 2015 *Nursing: Scope and Standards of Practice*, consists of two groups: Professional Registered Nurses and Advanced Practice Registered Nurses (APRNs). "APRNs are further classified according to one of four specific *roles* they perform in nursing, " (p. 49). The four roles specified as APRNs are further described and delineated by their professional organizations; that is, "...the core competencies for education and the scope of practice are defined by the associated professional associations" (p. 49). All APRNs are also required to earn credit for three courses based on the biomedical model of education that emphasizes pathophysiological processes, diagnoses of related diseases, and appropriate treatments, rather than emphasizing the individuals' inherent ability to heal and grow, what interferes with their health, and what will help them attain a sense of wellbeing.

Legislation of the APRN role has further clarified the need for biomedical knowledge and skills. As an example, in Pennsylvania, the legislation states:

> *The Certified Registered Nurse Practitioner*—A professional nurse licensed in this Commonwealth who is certified by the Board in a specialty and who, while functioning in the expanded role as a professional nurse, performs acts of medical diagnosis or prescription of medical therapeutic or corrective measures in collaboration with a physician licensed to practice in this Commonwealth and in accordance with the act and this subchapter. Nothing in this subchapter is to be deemed to limit or prohibit a professional nurse from engaging in those activities which constitute the practice of professional nursing as defined in section 2 of the act (63 P. S. § 212) (http://www.pacode.com/secure/data/049/chapter21/chap21toc.html).

Within this description, advanced practice nurses can practice both within the domains of medicine and nursing.

The discrepancy between similar legislated realities and the practice of nursing as described in the ANA documents of 2015 are illustrated by Popoola, who stated
that, "The holistic and biomedical healing approaches operate from two separate paradigms. Biomedical approaches are mechanistic and objective, with a focus on curing. Holistic approaches are dynamic and interactive, with a focus on healing.... "To practice holistically, one must be willing to make a paradigmatic shift from the model of a cure-driven approach to healing (p. 34)." Popoola does not state that the biomedical paradigm is inappropriate for nursing, but instead it is an alternative paradigm from that proposed by Nightingale.

The purpose of this paper is to make the points that:

a) society needs graduate nurses who are educationally prepared and credentialed within a holistic paradigm; and
b) the current Consensus Model restricts the practice of holistic nurses.

White Paper on Graduate Holistic Nursing
Attachment B: Holistic Nursing Described

Holistic Nursing

Holistic Nurse Defined
The "who" of Holistic Nursing is defined as "all nursing practice that has healing the whole person as its goal" (American Holistic Nurses' Association [AHNA], 1998). Holistic nurses organize and document their practice using *the holistic caring process (HCP*). The HCP is "a circular process that involves six steps that may occur simultaneously. These are assessment, patterns/challenges/needs, outcome, therapeutic care plan, implementation, and evaluation....The HCP gives nurses the means to reflect on the entire range of nursing activities taking place within the nurse-person relationship" (Potter, P. & Frisch, N., 2014, p.73).

Holistic Nurses view their patients/clients as integrated human beings, with an inherent ability to grow and heal; are experts of their own health needs; and nurses who use "... compassion, caring, trust and relationships as instruments of healing...and as part of the healing environment" (AHNA, 2013, p. 7). To this extent, holistic nurses use evidence-based holistic and conventional nursing interventions in an integrated practice, applied within the context of Holistic Nursing core values. Holistic Nursing is more appropriately identified as a *way-of-being with others, while applying conventional skills of nursing*, than a way-of-doing nursing practice.

The aim of Holistic Nursing practice is to establish healing relationships with patients/clients, based on energy and interpersonal theories. The *intent* is to facilitate growth, healing, health, and wellness and *the goal* is to help patients/clients find meaning in their experiences of illness, sickness, health, and wellness. Through compassionate presence, authenticity, intention, and unconditional acceptance of the human's need for dignity and respect, Holistic Nurses facilitate the accomplishment of these goals. Practice in the foundations of Holistic Nursing is fully described and defined in the publication, *Holistic Nursing: Scope and Standards of Practice: Holistic Nursing* (ANA/AHNA, 2013).

Roots of Holistic Nursing
Holistic Nursing, approved by the American Nurses Association (ANA) as a specialty in 2006, is based on the philosophy, ethics, and standards of nursing grounded in the beliefs and values of Florence Nightingale. Nightingale's seminal work (1859) argued for a nursing practice that focused on "...unity, wellness, and the interrelationship of human beings, events, and environment" (ANA/AHNA, 2013, p. 3). Additionally, Nightingale argued that nurses were concerned with the whole person and how the person and environment interacted. Holistic Nursing emphasizes the person as a *holistic being* where mind, body, spirit, emotions, and environment are dynamically integrated to create an indivisible whole that is greater than the sum of the parts. *Health* is a perceived experience of well-being by the individual; it may or may not include the absence of a disease or condition. *Symptoms* are viewed as an "...expression of the body's wisdom as it reacts to cure its own imbalance or dis-ease" (ANA/AHNA, 2013, p. 4). *Holistic nurses* integrate the sciences, theories, and the art of caring to facilitate others to grow, develop, heal, and become more fully integrated (mind-body-spirit-emotions) so that they can experience meaningful lives.

Holistic Nursing's Core Values Linked to Practice Behaviors
Holistic Nursing practice is based on relations among values, science, and nursing actions. Holistic Nursing's core values determine what science is needed; knowledge acquired from studying the sciences that describe and explain health and healing processes is used to *think* about their work; and their *thoughts* guide creation of artistic actions specific to the needs of the individual. Emphasis is placed on *promoting* normal human abilities (e.g. comforting strategies, nutritional supplements including herbal teas, etc; facilitating sleep and mobility); *protecting* patients from those "things" in the environment that would impede normal healing abilities (e.g.

avoidance of bright lights, noise, and other environmental factors that interfere with sleep; and *preventing* exposure to factors that would cause further assault on the individuals healing abilities (e.g. germs, emotional shock, etc). This means that the uniqueness of Holistic Nursing is *the creation of artistic actions performed in response to understanding the sciences of health and healing, including internal and external impediments to the healing process.*

Advanced Holistic Nursing

Advanced Holistic Nursing builds on the competencies of baccalaureate Holistic Nursing and extends beyond. Advanced Holistic Nurses include: Advanced Holistic Nurses (AHN-BC) and Advanced Practice Holistic Nurses (APHN-BC). Certification for both requires a graduate degree in nursing that integrates the knowledge and skills identified in the Masters Essential (AACN, 2010) earned from a nationally accredited institution. They are also required to acquire and apply specialized knowledge and skills inherent to Advanced Holistic Nursing, and Advanced Practice Holistic competencies, as listed in *Holistic Nursing: Scope and Standards* (ANA/AHNA, 2013, pp. 49-62 and pp. 64-85) validated in the 2012 role-delineation study, and specified as Core Essentials (Competencies) by AHNCC (http://ahncc.org/certification/holisticnursingadvance.html).

Nurses seeking the APHN-BC credential must also demonstrate Prescriptive Authority Competencies, (ANA/AHNA, 2013, p. 63) validated in the 2012 role-delineation study, and specified as Core Essentials (Competencies) by AHNCC (http://ahncc.org/certification/holisticnursingadvance.html). The Prescriptive Authority Competencies relate to Standard 5d. Mapping of the relations among the Competencies, Standards, and Core Values are shown on the AHNCC website (http://ahncc.org/certification/holisticnursingadvance.html).

White Paper on Graduate Holistic Nursing
Attachment C: Declaration of Intent

Whereas:

a) According to the ANA, there is one scope of clinical nursing practice. The core, or essence, of that practice is the nursing diagnosis and treatment of human responses to health and illness. This core of the clinical practice of nursing is dynamic, and evolves as patterns of human response amenable to nursing interventions are identified, nursing diagnoses are formulated and classified, nursing skills and patterns of interventions are made more explicit, and patient outcomes responsive to nursing interventions are evaluated (ANA, 1987, p. 2).

b) The "...*why* (of nursing) is characterized as nursing's response to the changing needs of society to achieve positive healthcare consumer outcomes..." (ANA, 2015, p. 2).

c) The demands of the current healthcare arena, an increased aging population, shortage of professional medical doctors, and other forces, have encouraged academic programs to adopt roles that define "patterns of human responses" within the context of the biomedical model of *pathology* rather than the *health and wellness* model of Holistic Nursing.

d) Some nurses enjoy practicing within the context of a biomedical paradigm, and applying basic holistic concepts. They provide a valuable service to society. The growing needs for cost-effective healthcare providers indicates that the demands for these services will only escalate.

e) Because of the escalating costs of healthcare, the healthcare transformation, the increased incidence of people with chronic disease, and an aging population, society also needs credentialed, advanced practice nurses whose practice is based in the philosophy of the holistic paradigm emphasizing health, wellness, and wellbeing.

Therefore:

On behalf of nurses who believe in Holistic Nursing premises, practice within the context of Holistic Nursing precepts, and participate to the fullest extent of their practice ability, it is time to clarify the differences between the two models or paradigms of advanced practice nursing.

To this end, AHNCC intends to:

- Define the educational processes needed to prepare Holistic Nurses,
- Clarify the Essentials of Graduate prepared Holistic Nurses.
- Facilitate publication of the Essential Graduate Holistic Nursing Education, and
  Continue to pursue recognition of Graduate-prepared Holistic Nursing roles.

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