I. Holistic Nursing Theory, Implications for Your Nursing Practice

II. Why Practice Holistically?

III. Legacy from Nightingale

   A. A Calling from God
   B. Awareness of impact of all aspects of environment, including noise, stress state, attitude of visitors
   C. Nurses are to put the patient in best possible condition for healing to occur.
   D. Belief in man’s connection to a higher/Divine being.
   E. Importance of gentleness, respect
   F. Mental /emotional status is important.
   G. Effect of the Mind upon the Body and the Effect of the Body on the Mind.
   H. Give complete and full attention (Presence).
   I. Consideration if your advice is wanted
   J. Bright, colorful forms- what some might call “fancies.”
   K. Use of music
   L. Humor therapy

“Apprehension, uncertainty, waiting, expectation, fear of surprise, do a patient more harm than any exertion. Remember, he is face to face with his enemy all the time, internally wrestling with him, having long imaginary conversations with him. "Rid him of his adversary quickly," is a first rule with the sick.”

   Florence Nightingale

IV. Our Philosophy Guides Our Practice

V. Theoretical Foundations - Why Use Theory?

   A. To Connect and Share a Common Language with Colleagues
   B. To Be Able to Communicate to Others What Nurses Do
   C. To Understand & Study Phenomena, Concepts & Relationships Among them From Nursing Perspective
   D. To Connect Phenomena and Concepts in a Meaningful Way
   E. To Evaluate Care Systematically
   F. To systematically assess / be purposeful with interventions, and able to predict expected outcomes.
   G. Example- recipes Making a Chocolate Cake


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VII. Holistic Philosophy + Nursing Theory = Holistic Nursing Theory

VIII. Theory of Environmental Adaptation- Florence Nightingale

A. Theory Development - Influences:
   1. Education encouraged by father, knowledge base – math, philosophy, languages, religion.
   2. “Called by God into service.”
   3. Studied Nursing at the Institution of Deaconess in Germany.
   4. Crimean war & work with soldiers.

B. Philosophical Assumptions:
   1. Nursing is:
      a. A calling.
      b. An art & a science.
      c. Achieved through environmental alteration.
      d. Requires specific educational base.
      e. Distinct & separate from Medicine.
      f. Man is mind-body-spirit integrated holistic being.

C. Concepts of Care
   1. Ventilation and Warming
   2. Health of Houses
   3. Light
   4. Petty Management
   5. Variety
   6. Taking Food
   7. Bed and Bedding
   8. Sudden Noise, rustles, visitors, speaking
   9. Cleanliness of Rooms and Walls
   10. Personal Cleanliness
   11. Chattering Hopes and Advice

Always tell a patient beforehand when you are going out and when you will be back, whether it is for a day, an hour, or ten minutes. If you go without his knowing it, and he finds it out, he never will feel secure again that the things which depend upon you will be done when you are away… If you go out without telling him.

Florence Nightingale

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D. Nightingale’s impact on Holistic Nursing Theories:
1. Transcultural Nursing- Leininger
2. Modeling and Role-Modeling-Erickson et al.
3. Theory of Transpersonal Caring- Watson
4. Science of Unitary Being- Martha Rogers
5. Health as Expanding Consciousness-Newman
6. Human becoming-Rosemary Parse
7. Integral Nursing Theory- Barbie Dossey

IX. Transcultural Nursing: Cultural Care Diversity and Universality Theory -Madeline Leininger

A. Theory development- Influences:
1. PhD focus: cultural & psychological anthropology.
3. Noted differences between Western & non-Western cultures R/T caring/ health/well-being practices.
4. Began development of ethnonursing qualitative research methodology to discover the Insider or Emic view of cultures.
6. Margaret Meade- discussed potential interrelationships between nursing & anthropology.
8. Developed as a discipline in nursing.

B. Philosophical Assumptions
1. Care is the essence of nursing.
2. Transcultural nursing is humanistic & scientific.
3. Purpose of nursing is to serve people, groups, communities, institutions, or societies.
4. Culturally-based care is essential to curing & healing.
5. Differences /commonalities exist among cultures.
6. Cultures have unique generic (folk, lay, or indigenous) care knowledge & practices.
7. Cultural care values, beliefs & practice are influenced by & embedded in person’s worldview; their philosophy, language, spirituality, social &, environmental context of their culture.
8. Culturally congruent care only occurs when values, expressions or patterns, are known and used to guide safe and relevant care.

9. Cultural conflicts & difficulties arise when there is lack of cultural care knowledge.

10. Illness & wellness are shaped by various factors; perception & coping skills, as well as the patient’s social level.

11. Culture influences all spheres of human life. It defines health, illness, & the search for relief from disease or distress.

12. Religious & Cultural knowledge is important ingredient in health care.

13. Nurses must understand, respect & appreciate the individual’s diverse beliefs, values, spirituality & culture regarding illness, its meaning, cause, treatment, & outcome.

14. Culture is: Shared, transmitted values, beliefs, norms, life practices, of a group of people, passed down from past generations through formal and informal experiences that guide thinking, decisions & actions in patterned ways.

15. Primarily transmitted through language.

16. Practices are affected by the social & physical environment.

17. Practice & beliefs adapt over time but remain constant as long as they satisfy needs.

B. Important Concepts

1. Cultural awareness- In-depth self-examination of one's background, biases & prejudices

2. Health is defined within the context of the patterned life ways, values, beliefs, & practices of individuals, groups, or institutions that are learned, shared, and usually transmitted from one generation to another.

3. Transcultural Nursing is: Holistic & culturally-based. Culturally congruent & supports people’s well-being, health, & satisfactory life ways. Focused on the needs or anticipated needs for health/well-being, disabilities, death, or human conditions.

4. Culturally Congruent Care- Care that fits the people's valued life patterns & set of meanings which is generated from the people themselves, rather than based on predetermined criteria.

5. Culturally Competent care- the ability of the nurse to bridge cultural gaps in caring, work with cultural differences & enable clients & families to achieve meaningful and supportive caring.

6. Diversity -the state of being different. And it occurs between cultures & within a cultural group.

7. Acculturation – Assumption of the attitudes, values, beliefs, and practices of the dominant society resulting in a blended cultural pattern.

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8. **Cultural shock** – State of being disoriented or unable to respond to a different cultural environment because of its sudden strangeness, unfamiliarity, & incompatibility to the stranger's perceptions and expectations.

C. Nursing Implications
   1. People may not seek modern medical treatment
   2. Design of programs, policies, & services must be flexible to meet the needs & concerns of the culturally diverse population.
   3. Most cases of lay illness are perceived to have multiple causalities & require several different approaches to diagnosis, treatment, & cure including folk & Western medical interventions.
   4. Traditional or alternate models of health care delivery may conflict with Western models of health care practice.
   5. Culture guides behavior deemed to be acceptable & develops within the social structure through interpersonal interactions.
   6. Effective intercultural communication must occur for a nurse to successfully provide care.

X. Modeling and Role-Modeling- Erickson, Tomlin, and Swain
   A. Theory Development Influences:
      1. Student of Milton H. Erickson
      2. Educational Background of Primary Theorist
      3. Personal Nursing Practice/ Experience Developmental Psychology: Erikson, Piaget, Bowlby, Ainsworth, Maslow
      4. The work of Selye, Engel, and Lazarus

   B. Modeling and Role-Modeling

   C. Philosophical Assumptions
      1. Person as A Holistic Being
2. Health is Eudaemonistic. Achieved when a Nurse facilitates people to access Self-care Knowledge & Self-care Resources to implement Self-Care Actions

3. Unconditional Acceptance Primary Source of Data

4. Power of Words

5. Affiliated –Individuation

6. How are People: Growth and development across the lifespan, needs satisfaction leads to object attachment, when lost grief occurs, when needs are met growth, development, & health occur.

7. How are People Different:
   a. Challenges We Face
   b. Adaptive Potential- APAM model
   c. Self-care Knowledge
   d. Self-care Resources
   e. Self-care Actions
   f. Inherent Endowments

D. Major Concepts
   1. Primary Source of Data
   2. Adaptation- Adaptive Potential
   3. Health
   4. Holism
   5. Facilitation
   6. Nurturance
   7. Unconditional Acceptance
   8. Holism
   9. Affiliated Individuation
   10. Self-care Knowledge
   11. Self-Care Resources
   13. Aims of Nursing:
a. Trust
b. Promote client strengths
c. Promote client control
d. Promote positive orientation
e. Mutual goals

D. Nursing Implications:
1. Can be used in any setting or with any population. At individual or institutional level.
2. Provides synthesis & applicability of major theories studied in nursing.
3. Language is familiar to nurses and can be easily communicated to others.
4. Easy applicability using *5 Aims of Nursing*.

XI. Philosophy and Theory of Transpersonal Caring- Jean Watson

A. Theory Development: Influences:
1. Eastern Philosophy: focuses on holistic approach, body is whole unit, not a sum of parts, a metaphysical, spiritual-existential and phenomenological orientation

B. Philosophical Assumptions:
1. Caring Responses accepts a person as is & looks beyond to what they may become.
2. Environment offers development of potential while allowing the person to choose the best action for them self at a given point
3. Caring is as important as curing.
4. Caring is complementary to the science of curing and central to nursing.
5. Caring consists of carative factors that result in the satisfaction of certain needs & individual or family growth.
7. A person creates/co-creates their meaning for existence.
8. Nurse connects with person through presence, being centered in caring moment.
9. Ongoing personal/professional development of nurse is important.
10. Caring-healing modalities occur within the context of transpersonal caring/caritas consciousness potentiates person’s harmony, wholeness, & unity.

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11. Nurses treat patients with positive regard, holistically, are unconditionally accepting, promote health through knowledge & intervention. Establish caring relationships & spend “caring moments”/interactions with patients.

C. Major Concepts:
1. Ten Carative Factors- provide framework to guides nurses using caring processes to help them study, understand & apply nursing as the Science of caring. Healing & growth from shared consciousness can continue after separation of nurse & client. Practice of Carative Factors creates Caritas Process.
   a. Formation of humanistic- altruistic system of values.
   b. Instillation of faith-hope.
   c. Cultivation of sensitivity to self & others.
   e. Promotion & acceptance of expression of positive & negative feelings.
   f. Systematic use of creative problem solving caring process.
   g. Promotion of transpersonal teaching-learning.
   h. Provision of supportive, protective, & (or) corrective mental, physical, societal, & spiritual environment.
   i. Assistance with satisfaction of human needs.
   j. Allowance for existential-phenomenological- spiritual forces.

2. The Caring Occasion / Moment- Healing encounter wherein nurse & client are interconnected during sacred interaction that transcends time & space. “Maybe this one moment, with this one person, is the very reason we’re here on Earth at this time.”

3. Transpersonal Human Caring Process-when the nurse brings into the caring-healing relationship the mind-body-spirit dimensions of their own existence & and the larger environment and cosmos.

D. Nursing Implications:
1. She suggests relationships among theories commonly used in nursing education.
2. The detailed descriptions of the Carative Factors can give guidance to those who wish to employ them in practice or research.
3. Focus is on Nurse – Client relationship.
4. Growth and Healing occur in Nurse and Client relationship.

XII. Rogers-Science of Unitary Human Beings

A. Theory Development: Influences:
   a. Evolutionary theory
   b. Physics
   c. Adaptation
   d. General systems theory
   e. Love of Science Fiction

B. Philosophical Assumptions
   1. Holism- Man unified whole possessing own integrity, Manifesting characteristics different than the sum of the parts. Inseparable.
   2. Life process evolves irreversibly & unidirectionally along the space-time continuum.
   3. Man & environment are constantly exchanging matter & energy with one another. There are no barriers between the fields.
   4. People are energy fields continually changing, unpredictable, characterized by increasing diversity.
   5. Man- identified through patterns & organization that’s specific to the whole. A sentient being, characterized by capacity for abstract thinking, language & thought, sensation & emotion.
   6. Nursing: While the energy fields of man and environment are outside of time, nursing care takes place along & within a space-time continuum.
   7. Relationships are within context of client-nurse-environment energy fields & are focused on changing the patterns of man & environment for greater fulfillment of life’s capabilities.

C. Major Concepts:
   1. **Person**: Unitary, irreducible, indivisible, Unified beings with integrity. More than & different from the sum of their parts. An open system in continuous process with the environment. Person & environment cannot be understood in isolation of each other.
3. **Openness**- Openness is a characteristic of both humans and environment. Transcends time & space. Energy fields of man & environment are integral with one another.

4. **Pattern**- Characteristics of an energy field perceived as a single wave. Refers only to the shared energy field (man & environment). Changes continuously, & can manifest as disease, illness, or well-being. Patterns can be repatterned. Patterns identify energy fields.

5. **Four-dimensionality**- Energy fields (man and environment) are nonlinear & not bound by time or space. Also referred to as pandimensionality.

6. **Health**- An expression of the life processes, characteristics, & behavior that emerge from the synergistic interaction of the human & environmental fields. Health and illness are on a continuum. Life events denote extent to which man achieves maximum health potential & varies from greatest health to conditions incompatible with maintaining life process.

D. Nursing Implications:
   1. Use as an assessment framework.
   2. Focus is on living in the Relative Present.
   4. Sense of Rhythm.
   5. New nursing DX- Disturbed Energy field.
   6. Roger’s foundation for many Practice theories

E. Nursing Interventions Impacted by Rogers Theory and work:
   1. Therapeutic Touch
   2. Meditation
   3. Guided Imagery
   4. Light Therapy
   5. Color Therapy
   6. Music Therapy

XIII. Health as Expanding Consciousness- Margaret Newman

A. Theory development: Influences:
   1. Martha Rogers-Theory of Unitary Human Beings was main basis of the development of her theory, Health as Expanding Consciousness
3. Young – The Theory of Process
4. Bohm – Theory of Implicate & Explicate Order

B. Paradigm Shift: Focus:
1. To see Health as the Pattern of the Whole Being Shift from treatment of Sx to Patterns. From viewing disease & disruption as negative to viewing them as part of self-organizing process, manifestation of the evolving pattern of the person-environment interaction, leading to higher-consciousness.

C. Philosophical assumptions:
1. Humans are open to & always interacting with the whole universal energy system.
2. Through this interaction, humans’ individual patterns of whole evolve.
3. Understanding patterns is essential. Expanding consciousness is the pattern recognition.
4. Pattern identifies the evolving human environment process and is characterized by meaning.
5. Consciousness- the informational capacity of the whole is revealed in the evolving pattern of the whole.
6. Time, space and movement are interrelated.

D. Major Concepts:
1. Human- A unitary being. Inseparable, & cannot be divided into parts. Persons as individuals & human beings as a species are identified by their patterns of consciousness. They do not have consciousness, but rather are consciousness. Center of consciousness A manifestation of an evolving pattern of person-environment interaction. Located within an overall pattern of expanding consciousness.
2. Health- the unitary pattern of the whole. Encompasses & is synthesis of both disease & non-disease states of being. An expansion of consciousness through a process of developing awareness of self & the environment.
3. Nursing- caring in the human health experience. Partnership between nurse & client, wherein both grow & achieve higher level of consciousness. Process of recognizing individual in relation to environment, understanding consciousness, & helping people understand how to use the power within to develop higher level of consciousness. A process of recognizing the individual in relation to environment. Helping people understand how to use the power within to develop higher level of consciousness. Understanding consciousness.
4. **Environment** - The universe which is an open system.
5. “**Consciousness**” a manifestation of an evolving pattern of person-environment interaction.”

E. Nursing Implications-
   1. Can be applied in any setting.
   2. Generates caring interventions.
   3. Applicable across the spectrum of nursing care situations & cultures.
   4. Every person, no matter how disordered & hopeless it may seem, is part of the ongoing universal process of expanding consciousness. A process of becoming more of oneself, of finding greater meaning in life, and of reaching new dimensions of connectedness with other people and the world.

XIV. Health as Expanding Consciousness- Rosemarie Parse

A. Theory development: Influences

   1. The assumptions underpinning the theory were synthesized from works by the European philosophers, Heidegger, Sartre, and Merleau-Ponty,
   2. The work of American nurse theorist, Martha Rogers.
   3. Structured around three abiding themes: meaning, rhythmicity, & transcendence.

B. Philosophical assumptions:

   1. The human becoming theory posits quality of life from each person's own perspective as the goal of nursing practice (ICPS).
   2. Human is unitary, irreducible, & continuously co-creating patterns of relating with the environment.
   3. People choose the meaning, how they feel & talk about their life experiences & perceived realities.
   4. Choices are not always consciously known or understood.
   5. Co-Creating Rhythmical Patterns-
      a. **Revealing-Concealing**- simultaneous relationship between disclosure and protecting what a person is becoming.
      b. **Enabling-Limiting**- refers to freedom / opportunities that occur with restriction & obstacles that occur in life.
c. **Connecting-Separating**- refers to way a person creates patterns of connection and separation with people & projects.

d. **Rhythmicity**-Human Becoming is co-creating rhythmical patterns of relating in mutually with the universe. Man and environment co-create (imaging, valuing, languaging) in rhythmical patterns.

6. **Co-transcending**- Process of choosing & engaging in possibilities that facilitate Human Becoming. Human Becoming-an intersubjective process of transformation with the emerging possibles. Refers to reaching out & beyond the limits that a person sets.

7. **Powering**- force exerted/ related to ongoing struggle to push forward during/in spite of life’s challenges, hardships & losses.

8. **Originating**-relates to man’s need/choice to conform or not conform & its relationship to the certainty/uncertainty of making the choices.

9. **Transforming**- with insight & change can come transformation.

10. **The Journey of Human Becoming** is a lifelong process

11. **Nurses live the art of Human Becoming** in true presence with the unfolding of illuminating meaning, synchronizing rhythms, and mobilizing transcendence

C. **Major Concepts:**

1. **Person**- Open being who is more than and different from the sum of the parts.

2. **Environment**- Everything in the person & his experiences, Inseparable, complimentary to & evolving with

3. **Health** -Open process of being and becoming. Involves synthesis of values.

4. **Nursing** -Science & art that uses an abstract body of knowledge to serve people.

5. **Meaning** - Human Becoming is open & freely choosing personal meaning in situations in the intersubjective process of living for one’s value priorities & bearing responsibility for one’s decisions. Man’s reality- given meaning through lived experiences. Man & environment co-exist and co-create.

6. **About Becoming**- Becoming – a unitary human-living-health based process that results in constant transformation.

7. **Structuring**- People structure / choose the meanings of their realities/ lived experiences.

8. **Image**- Person’s view of reality

9. **Valuing**- how person confirms /does not confirm their values related to personal perspective.

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10. **Languaging**—how person symbolizes / expresses their realities & values.

D. **Nursing Implications:**

1. Guides nurses to focus on quality of life as it is described and lived by the patient (Karen & Melnechenko, 1995).
2. Encourages living in the Moment.
3. Framework for discovering lived experiences of health & human becoming applicable in any setting.

XV. **Theory of Integral Nursing - Barbie Dossey**

A. **Theory Development: Influences:**

1. Wilbur ‘s Integral Theory & the Integral Institute
2. Personal and professional life journey
3. Holistic Nursing Theorists
4. Holistic Nursing Colleagues

B. **Philosophical Assumptions:**

1. Theory incorporates concepts from various philosophies & fields: Holistic, chaos, spiral dynamics, multidimensionality, integral, complexity, & other paradigms.
3. Comprehensive integral worldview & process includes holistic theories & other paradigms.

C. **Major Concepts:** Integral Healing Process includes:

1. Nurse, patient/family, & healthcare workers processes; collective healing processes of individuals & systems/structures; understanding of the unitary whole person interacting in mutual process with the environment.
2. Healing Process includes knowing, doing & being and involves both interior & exterior environment.
3. Holistic Nursing Practice is embraced & transcended.
4. Integral Worldview-examines values, beliefs, assumptions, meaning, purpose, judgments related to 4 perspectives:
   a. Individual interior( personal/intentional) - “I” space includes self & consciousness
   b. Individual exterior (physiology/behavioral) - “It” space includes behavioral & biological- brain & organisms.

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c. Collective Interior- “We” space to each other, the culture & worldview.
d. Collective exterior (systems/structures) - “Its” space includes relation to social system, environment, organizational structures & healthcare systems.

D. Nursing Implications:

1. Can be used to explore nursing within a larger context at a Meta-theoretical level.
2. Can be used in practice setting to assess the 4 perspectives.
3. Used as a guiding framework for Integral Coaching.

XVI. Conclusion

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Martha Rogers Science of Unitary Human Beingswww.plu.edu/~hopeweeh/doc/martha- rogers.ppt

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Books


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