

Nursing Theory in Holistic Nursing Practice

Noreen Cavan Frisch and Pamela Potter

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Nurse Healer Objectives

Theoretical

- Understand the current use and nonuse of nursing theory in the discipline.
- Describe the elements of holistic nursing and explain why the use of theory is one of the elements.
- Familiarize oneself with the following established nursing theories: Nightingale's Theory of Environmental Adaptation; Erickson, Tomlin, and Swain's Modeling and Role-Modeling Theory; Watson's Theory of Transpersonal Caring; Rogers's Science of Unitary Human Beings; Newman's Theory of Health as Expanding Consciousness; and Parse's Theory of Human Becoming.
- Identify the use of midrange theories as supportive of holistic nursing practice, particularly Kolcaba's Theory of Comfort.
- Identify how nonnursing theoretical perspectives, Complexity Theory, and Integral Theory can support holistic nursing thinking.
- Appreciate the Theory of Integral Nursing as a consequence of nursing's examination and exploration of new ideas.

Clinical

- Apply the nursing theories and a theoretical perspective in the clinical setting.

- Determine how theory can influence nursing care and the evaluation of that care.

Personal

- Select a nursing theory or theories that provide a framework and philosophy consistent with your own view.
- Use the theory or theories and evaluate their effect on your personal worldview.

Definitions

Concept: An abstract idea or notion.

Conceptual model: A group of interrelated concepts described to suggest relationships among them.

Framework: A basic structure; the context in which theory is developed; the structure that permits theory to be understood.

Grand theory: A theory that covers a broad area of the discipline's concerns.

Metaparadigm: Concepts that identify the domain of a discipline.

Metatheory: Theory about theory development; theory about theory.

Midrange theory: A focused theory for nursing that deals with a portion of nurses' concerns or that is oriented to patient outcomes.

Model: A representation of interactions between and among concepts.

Nursing theory: A framework; a set of interrelated concepts that are testable; a way of

seeing the factors that contribute to nursing practice and nursing thought.

Worldview: A perspective; a way of viewing, perceiving, and interpreting one's experience.

Nursing Theory: Background and Current Challenges

By definition and by history, nursing is a holistic practice. Nursing's work is concerned with the restoration and promotion of health, the prevention of disease, and the supports necessary to help the client gain a subjective sense of peace and harmony. As a profession, nursing has never focused solely on the physical body or the disease entity. Rather, taking into account the holistic nature of all persons, nursing is concerned with clients' experiences of their conditions. In addition, nurses attend to the environmental influences that promote recovery as well as the social and spiritual supports that promote a sense of well-being for clients. Nurses have found that nursing theories help to articulate the nature of nursing practice and guide nursing interventions to meet client needs.

Nursing Theory Defined

A nursing theory is a framework from which professional nurses can think about their work. Theory is a means of interpreting one's observations of the world and is an abstraction of reality. For example, most nurses have studied developmental theory, which provides a framework for viewing the childhood behaviors expected with various ages and phases of child growth. Consequently, when nurses observe a toddler crying when his mother must leave him alone with nurses in the hospital, nurses interpret the child's crying as separation anxiety, an expected and predicted toddler behavior according to developmental theory. The theory provides a means of understanding behavior that otherwise might seem random and, therefore, is a framework from which to understand the child's actions. Thus, "a theory suggests a direction in how to view facts and events."^{1, p. 4}

In the past, four basic ideas (or concepts) were common to all nursing theories—the concepts of nursing, person, health, and environment. These concepts were thought to compose the core content of the discipline—the “metaparadigm” of nursing. As the discipline has matured, authors in the 1990s and 2000s suggested that the four concepts were too restrictive for development of nursing knowledge,² and some recommended additions to the four. Full discussion of this debate is outside the scope of this chapter; however, it is important to recognize the belief that other concepts may be equally important to the core of nursing.³ For example, concepts such as caring, healing, energy fields, development, adaptation, consciousness, or nurse–client relationships may be as important to describing and understanding nursing as the concept of health.

Challenges to the Use of Nursing Theory

Currently, however, there are three developments in nursing that consign nursing theories to a tenuous or vulnerable place. These are (1) omission or lack of emphasis of nursing theory in many nursing curricula, accompanied by a view from some that theory is obsolete; (2) a move toward interdisciplinary and interprofessional practice; and (3) the attention given to quality, safety, and nursing outcomes that has focused more on the “doing” of nursing than the reflection on practice that theory demands. Each of these will be discussed.

Omission of Nursing Theory from Curricula

In 21st-century practice, the use of nursing theories has very likely declined. A group of nursing educators has raised concerns that nursing theory is no longer taught in many programs and that other content required in curricula (quality, safety, evidence-based practice, research methodologies, and interdisciplinary collaborations) may be taking precedence over nursing theory.⁴ These authors provide a sound rationale for maintaining nursing theory: that an understanding and ability to reflect on

the discipline is essential for the development of nursing scholars, that knowledge of one's own disciplinary approach is a prerequisite for interdisciplinary practice, and that theory assists professionals to learn that there are many ways of developing new knowledge for nursing and of understanding evidence. Nonetheless, omission or lack of emphasis on nursing theory should give pause to holistic nurses everywhere as there has not been a full consideration of what might be lost in the process.

Nursing and Interdisciplinary Practice

The move in all health care toward truly interprofessional practice leaves those who ascribe to nursing theory without a core group of team members who even understand the use and meaning of theory-based practice. Nursing has been alone in the health professions in regard to its theory development. Nurses have identified (through the writings of theorists such as Jean Watson) that professional practice *is* reflective practice. Other health professionals have simply not had that perspective and do not have a history of identifying philosophical underpinnings and theoretical frameworks for their healthcare practice. This development leaves many nurses in positions where they could be the lone nurse member of a healthcare team with the ability to express theory-to-practice applications. In addition, many nurses may be working in a health system where their immediate supervisor is a nonnurse health professional, creating predictable communication challenges.

Theory in an Era of Safety, Quality, and Evidence

With the publication of the Institute of Medicine's *To Err Is Human*⁵ and *Health Professions Education*,⁶ the entire healthcare system in the United States and beyond has appropriately given priority attention to ensuring safe practice, providing control over errors, confirming quality assurance (as defined by enacting clinical practice guidelines based on best evidence and/or professional consensus), and reducing regional variation on practices known to be

effective. While there is nothing in this movement that prohibits the use of nursing theory, use of theory is not the priority of this focus. It would seem that theory that addressed interprofessional communication (as a contributing factor to errors), and theory that addressed health professional-patient interactions, might gain more purchase than theory perceived to be one held by nurses only. Nonetheless, the very important focus on quality, safety, prevention of complications, and movement toward care outcomes has trumped any use of theory or reflection, now viewed as of lesser importance.

Is There Still a Need for Theory?

Nurses committed to holism are kind and compassionate nurses who share a philosophy that emphasizes a balance between self-care and the ability to care for patients using the interconnectedness of body, mind, and spirit. Theory suggests—in fact, demands—that nurses reflect on philosophy and consider how their practice is working (or not working) to achieve holistic ideals. Reed and Rolfe write that use of theory requires reflection and is a precondition for professional practice: Theory is understood as “a purposeful form of abstract thinking essential to a discipline and, by definition, a characteristic of the professional nurse.”⁷ p. 120

The description of holistic nursing developed by the American Holistic Nurses Association states, “Holistic nursing practice draws on knowledge, theories, expertise, intuition, and creativity.”⁸ All five elements are necessary for the nurse to function in an ideal way: Nursing knowledge is essential for the understanding of health and disease states and the various regimens required to achieve health. Theories enable one to reflect on practice and to consider carefully all alternatives of care. Expertise is necessary to perform nursing skills and for the ability to make accurate assessments and decisions about care. Intuition is needed to understand the client and to appreciate the subjective experiences of others. Creativity is helpful in solving care problems that seem insurmountable; it provides the nurse with novel ideas and ways of being with clients. Each one of these elements

is as important as the others. Knowledge and theory are cognitive tools that help the nurse understand and reflect on practice. Expertise is an experiential tool that comes from practice and a significant number of encounters in nurse–client situations. Intuition and creativity are affective tools that lead the nurse to feel, experience, and follow inner guidance when working with clients.

Professional practice requires that nurses use these five elements to achieve the best possible results. A holistic nurse can move back and forth between intuitive knowing and logical reasoning, between a creative approach to care and a standard care protocol, and between a hunch of what to do and a considered direction grounded in the predictions of a theory. All of the elements of practice come only by learning how to use them. **Table 5-1** presents a summary of the five elements of holistic nursing practice.

Once a nurse adapts a holistic way of thinking, embraces the complexities of the lived experiences of clients, and accepts ways of knowing that include aesthetics, personal and ethical knowledge, and empirical knowledge, that nurse needs a means of assembling the ideas, concepts, thoughts, and feelings that originate from practice in a way that is coherent and personally

meaningful. It is through use of theory that the nurse can accomplish this. Theory provides the nurse with a framework from which to understand and make meaning out of complex experiences. Theory also provides guidance in practice—guidance to consider alternate explanations for what is observed and alternate ways of addressing concerns. At a time of emphasis on evidence, quality, safety, and outcomes, theory could not be more important to address the parts of practice—comfort, sense of security, creation, and maintenance of a supportive external environment for the patient—that most influence care outcomes. Further, a nurse who is a lone member of an interdisciplinary team might well benefit from communication theories and leadership theories that help in establishing the perception that nursing knowledge is a valuable contributor to the patient and family experience and care outcome. For the holistic nurse today, ignoring theory is as unacceptable as ignoring evidence.

Theory Development

Theories develop over time as a theorist defines concepts, suggests relationships between concepts, tests and evaluates the relationships, and modifies the theory based on research findings. When the theorist provides definitions of the concepts and suggests possible relationships, the work is called a *conceptual model*. Some writers find the distinction between a theory and a conceptual model irrelevant.⁷ It is important, however, for nurses to understand that theories develop and mature and that they pass through the following stages, each serving increasingly complex purposes:

1. *Description.* The theory provides definitions of concepts, suggests a way of looking at the world, and provides a framework for describing the phenomena of nursing.
2. *Explanation.* The theory suggests relationships between and among various concepts and gives the nurse a means of explaining observed events.
3. *Prediction.* The theory has research findings that establish clear relationships between aspects of nursing, and the nurse is able to predict outcomes.

TABLE 5-1 Five Elements of Holistic Nursing Practice

Element	Domain	Use in Practice
Knowledge	Cognitive	Understanding health and disease states; interpreting regimens of care
Theory	Cognitive	Reflection; considered judgments
Expertise	Experiential	Skilled performance
Intuition	Affective	Subjective knowing
Creativity	Affective	Spontaneity; solving problems or challenges

4. *Prescription.* The theory is well developed and permits a nurse to prescribe nurse or client actions with confidence in the outcomes.

Most nursing theories are developed to the stage of description and explanation, and theorists and researchers are currently developing nursing theories to the stages of prediction and prescription. Concepts and relationships of a theory can be evaluated and tested through research. For example, if a theory states that a person is a human energy field and suggests that there is an exchange of energy between two persons, research can be designed to evaluate such an exchange. For a theory to reach the stages of prediction and prescription, a considerable body of research is needed.

Theories are divided into two main categories: grand theories, which are broad in scope and apply to all of nursing, and midrange theories, which apply to specific specialty areas or particular aspects of care. Most of the theories that are presented as nursing theories are grand theories (Watson's Theory of Transpersonal Caring, Parse's Theory of Human Becoming, or Erickson, Tomlin, and Swain's Modeling and Role-Modeling Theory). Examples of midrange theories include theories of comfort, maternal-role attainment, self-transcendence, and the synergy model for critical care.

A recent nursing textbook presents 16 theories for professional nursing practice. Adding some of the midrange theories could easily provide a list of nearly 30 theories. Full description of these theories is beyond the scope of this chapter; however, **Table 5-2** presents a summary of the theories used most frequently in holistic nursing practice.

Interdisciplinary Theories of Interest to Nursing

Today, there are two wide-reaching interdisciplinary theories that have proven useful in thinking about the changing modern environment where a nurse can feel lost in the middle of fast-paced action, uninterpretable observations, and situations of great human need. These two

theories are Complex Adaptive Systems Theory (or simply Complexity Science) and Ken Wilber's Integral Theory. These theories present important ideas and concepts that are being brought into nursing thought and have already made contributions to nursing theory development. These theories may provide holistic nurses with a framework to articulate care needs and processes to other members of the healthcare team, as these theories may have more acceptance in team interactions than something perceived as "nursing." In addition, both of these theories permit a nurse to enter dialogue and thinking with other health team members about theory in general and may be an entrée to discussing nursing-specific theoretical perspectives that affect the care situations at hand. For these reasons, each is discussed briefly.

Complexity Science is defined as the study of complex adaptive systems.¹⁰ This is a science that addresses diverse or multifaceted elements that are able to change, react, and adapt and that are interconnected in some way. As in Systems Theory, the elements studied from this theory adapt independently and affect the whole. However, Complexity Science focuses on systems that have a "densely connected web of interacting agents, each operating from its own schema,"^{11, p. 255} addressing structures that are self-organized, unpredictable, and ever changing. This theory is useful when working within a structure that faces challenges of uncertainty, the need to act, the lack of a predictable outcome, and a level of complexity in which even complicated techniques such as model building and forecasting are inadequate to take into account all contingencies. Modern healthcare organizations are a perfect example of the type of system requiring a new way of thinking. Complexity Science suggests that, when organizations face uncertainty, managers can best operate by distributing (rather than centralizing) control and supporting individual parts (or people) of the organization who are trying to develop solutions.

Complexity Science postulates that, in an uncertain environment, freedom to innovate, coupled with qualities of intelligence and resourcefulness, will produce best outcomes. Astin and Forsys suggest that following the

TABLE 5-2 Summary of Selected Nursing Theories Used in Holistic Nursing Practice

Theory	Theorist	Date of First Publication	Major Concepts or Ideas	Current Uses
Theory of Environmental Adaptation	Florence Nightingale Louise Selanders	1860 1998 ⁹	Providing external supports for healing to take place. Emphasizing the health properties of the environment (cleanliness, fresh air, light, warmth, and order). Compelling nurses to care for nutritional needs and emotional comfort.	Healthcare facility design. Nurse's control of external environment to support health and prevent complications.
Modeling and Role-Modeling	Helen Erickson Evelyn Tomlin Mary Ann Swain	1983	Adaptation (striving for equilibrium) and assessment of Adaptive Potential. Five aims of intervention: build trust, promote positive orientation, promote perceived control, promote strengths, and set mutual health-directed goals. Modeling the client's world (building a model of the world from the client's perspective). Role-modeling healthy behaviors from within the client's worldview.	Used in all practice areas and settings. Particularly useful in environments where the expectation is that the client will be in charge of his or her own health decisions.
Theory of Transpersonal Caring and Caring Science	Jean Watson	1979	Caring relationships between nurse and client. Multiple truths, physical and nonphysical realities, relativity of time and space. Caring ethic as foundational to all health care. Postmodern organization of healthcare settings.	Used in all practice settings. Helpful in the evaluation of caring as a measure of professional nursing.
Science of Unitary Human Beings	Martha Rogers	1970	Unitary Human Beings. Human energy field/ environmental energy field. Evolution of people in a way that is irreversible and unidirectional.	Used in all practice settings. Provides a framework and explanation of energy-based modalities.

TABLE 5-2 Summary of Selected Nursing Theories Used in Holistic Nursing Practice (*continued*)

Theory	Theorist	Date of First Publication	Major Concepts or Ideas	Current Uses
Theory of Health as Expanding Consciousness	Margaret Newman	1994	Health is expanding consciousness that includes an individual's total pattern. Nursing is caring—a moral imperative. People are open systems. Health–illness as a unitary process. Research is praxis.	Used in all practice settings. Work within this theory focuses on the meaning and purpose of living with illness.
Theory of Human Becoming	Rosemarie Rizzo Parse	1981	A person is a unitary whole. Nurses guide clients to make choices concerning health. Nurses offer authentic presence. Health is a process of becoming, a personal commitment, and a process related to lived experiences.	Used in all practice settings. Work within this theory focuses on intersubjective dialogue and the client's lived experiences. Nurse and client co-create reality.
Theory of Comfort	Katherine Kolcaba	1991	Comfort as a holistic phenomenon. Comfort reflects holistic well-being. Comfort is described as feelings of relief, ease, and transcendence.	A midrange theory applied to many practice settings. Comfort measures are assessed by the client as being in a state of comfort or having been comforted.

principles of Complexity Science permits order and creativity to emerge.¹² Complexity Science is undoubtedly useful to healthcare leaders and administrators and is perhaps especially helpful to holistic nurse managers who may already recognize the requirement to give over the control of actions and outcomes. Geary and Schumacher provide an example of pairing complexity theory with transition theory in the practice of discharging patients from hospital to home.¹³ These authors suggest that complexity theory gives nurses new tools to account for the unpredictable nature of the patient discharge

situation and the multiple interacting agents that come into play simultaneously. Kramer and colleagues illustrated how newly licensed registered nurses enter practice thinking that that their actions result in more predictable outcomes than is realistic.¹⁴ These authors report that expanding nurses' thinking to encompass complexity provides room for innovation and creates a more supportive environment in which to work. The essence of applying Complexity Science is the ability to trust the process and the people to make the right choices and decisions and to be accountable for their actions.

James speaks to all holistic nurses when she suggests that nurses can and should lead healthcare systems at the system level and become “healers of a very fragmented and siloed health care system.”¹⁵, p. 137 She goes on to advise that “A machine can be fixed with a replacement part, while an organic system must be cared for as a whole.”¹⁵, p. 139 Complexity Science draws nurses to a systems level and a leadership role within the healthcare system. This may well be a first step in nurses’ ability to influence the establishment of theoretic perspectives focusing on individual patient care as well.

Integral Theory draws on ideas, concepts, and theories from many traditions to integrate views that interpret world and life experiences from seemingly irreconcilable differences.¹⁶ Essentially, this theory divides “all that is” into four quadrants—the four corners of the universe—each quadrant representing a domain, a view of reality, or a dimension of “what is.” The quadrants are the interior dimensions of individuals (feelings, meanings, beliefs), the interior dimensions of the collective (cultural beliefs, shared worldviews), the exteriors of individuals (the body, its organs and tissues, behaviors), and the exteriors of the collective (social structures). Wilber embraces the notion that the domains of each quadrant represent four true realities, each that can be understood through differing methods of study, sources of data, and worldviews. Thus, to understand human experience, one must understand all four dimensions. His theory can be easily applied to holistic health because it addresses the need for a comprehensive approach to treating illness and providing care to people.¹⁶ Integral approaches treat the illness, the person, and the healthcare provider—going beyond the mind–body perspective and taking a panoramic look at all modes of inquiry. This theory can be considered a metatheory (and is so considered by Wilber and his followers) because it is so encompassing it can incorporate the perspectives of many of our existing nursing theories and other psychological theories into a framework of the quadrants, identifying how each contributes to a panoramic whole.¹⁷

In addition, Integral Theory examines a “chain of pathologies” that causes illness rather

than attempting to identify a singular cause. Holistic nurses understand the need for multiple modes of inquiry and multiple realities. Wilber’s theory provides a scholarly framework from which to embrace new understandings of nursing’s work. Clark has used the theory in her teaching and explains that this model has helped students to care deeply for patients and to experience nursing’s art as transformative.¹⁸ In using the integral model as a framework to view the complexities of the healthcare system in which we work, one observes that the current system is dominated by thinking in the physical and social domains and requires attention in the individual and collective internal domains. The integral model calls for a more comprehensive understanding of the health–illness, caring, healing, mind–emotion–body, and individual–cultural group relationships than are accounted for in daily practices. Because holistic nurses are at the forefront of much of the scholarship related to the internal domains, the integral model applied to nursing practice and published in the literature provides a call for translating nursing knowledge beyond the profession of nursing.¹⁹ See Chapter 8 for a description of the use of Wilber’s four quadrants as a way to understand the enactment of the holistic caring process. Other writings provide examples of application of Integral Theory to an individual case study of a surgical patient.²⁰

Theory of Integral Nursing

In 2008, Barbara Dossey first presented her work on the development of a grand theory of nursing that would incorporate Wilber’s theory, particularly the use of the quadrants in understanding the dimensions of how we perceive the world, coupled with Carper’s theory of how we come to know what we know.²¹ Dossey’s Theory of Integral Nursing (TIN) is meant to address very broad areas of the discipline’s concerns. The TIN has shifted the paradigm in nursing to expand our notions of whom and what we are. The reader is referred to the discussion in this text of integral and holistic nursing, from local to global, for a description of the TIN theory and its application to nursing (see Chapter 1). Dossey’s work is a creative blending

of worldviews that include how we define, know, experience, and react to our realities and how our new understandings of our realities can influence ourselves and our work. She provides a framework for application of integral principles with practice domains of direct care, education, and research. As scholars and practitioners take up this theory, there will be more learnings as a consequence of Dossey's expansion of our notions of nursing. Specific concepts within our nursing worldviews will be challenged; for example, Wilber's work includes concepts of human development in stages of growth that have been rejected by unitary nursing scholars who adhere to an evolutionary model of human change. Other issues will undoubtedly arise as nursing scholarship proceeds. The TIN provides an exciting opportunity to move nursing's work and holistic nursing in entirely new directions that we do not yet fully understand.

Conclusion

A theory provides a means of interpreting and organizing information. Nursing theories give nurses the tools to ensure that nursing assessments are comprehensive and systematic and that care is meaningful. While some nurses do not use a theory at all, holistic nurses will use theories to provide a base for that "reflective" and "cognitive" part of practice that is so important in holism. Because there are several theories, each nurse must decide which theory to use and when to use an alternative perspective. In selecting a theory, a nurse should ask two questions: What theory is most comfortable for me? What theory is most comfortable for my client? The perspective selected must be comfortable for both. Many clients, as well as nurses, have strong feelings and opinions about what nursing is and the type of care they wish to receive. If the theory's perspective is not comfortable for the client, the nurse is ethically obligated to change her or his perspective and adopt a framework that is compatible with the client's needs.

Lastly, holistic nurses ought to give careful consideration to theories of practice, such as Complexity Science and Integral Theory, that take our thinking to a systems level or a higher

level of abstraction than existent nursing theories. These two perspectives are being used in healthcare practice and not only provide the holistic nurse with tools for leadership and innovation but may well establish enough interest in theory in general for nurses to bring other nursing theories into practice as well.

Directions for Future Research

1. Holistic nurses should consider what is and is not known about any theory being applied to practice and evaluate the next steps needed to develop the theory in their own area of practice.
2. Evaluate theories related to the identification of specific outcomes of care.

Nurse Healer Reflections

After reading this chapter, the holistic nurse will be able to answer or to begin a process of answering the following questions:

- Which of the nursing theories can I use in my practice?
- How will I determine if the theory I am using is acceptable to my clients?
- In what ways am I able and willing to become a nursing leader, using my background to "heal" the system?
- What is my personal plan for studying new theories and learning to apply them to my professional work?

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