CORE VALUE 1

Holistic Philosophy, Theories, and Ethics

Chapter 1

Nursing: Integral, Integrative, and Holistic: Local to Global

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Nurse Healer

OBJECTIVES

Theoretical

- Explore the Theory of Integral Nursing and its application to holistic nursing.
- Examine the United Nations Millennium Goals.
- Link Florence Nightingale's legacy of healing, leadership, global action, and her work as a nurse and citizen activist to twenty-first-century integral and holistic nursing.
- Analyze relationship-centered care and its three components.
- Examine optimal healing environments and it four domains.

Clinical

- Apply relationship-centered care principles and components in your practice.
- Compare and contrast the three eras of medicine.
- Examine the Theory of Integral Nursing, and begin the process of integrating the theory into your clinical practice.
- Determine whether you have an integral worldview and approach in your clinical practice and other education, research, hospital policies, and community endeavors.

Personal

- Create an integral self-care plan.
- Examine ways to enhance integral understanding in your personal endeavors.
- Develop short- and long-term goals related to increasing your commitment to an integral developmental process.

DEFINITIONS

Global health: Exploration of the emerging value base and new relationships and innovations that occur when health becomes an essential component and expression of global citizenship; an increased awareness that health is a basic human right and a global good that needs to be promoted and protected by the global community.

Holistic nursing: See Chapter 2 definitions.

Integral: Comprehensive way to organize multiple phenomena of human experience related to four perspectives of reality: (1) the individual interior (personal/intentional); (2) individual exterior (physiology/behavioral); (3) collective interior (shared/cultural); and (4) collective exterior (systems/structures).

Integral dialogue: Transformative and visionary exploration of ideas and possibilities across disciplines where the individual inte-

rior (personal/intentional), individual exterior (physiology/behavioral), collective interior (shared/cultural), and collective exterior (structures/systems) are considered as equally important to exchanges and outcomes.

Integral health: Process through which we reshape basic assumptions and worldviews about well-being and see death as a natural process of living; may be symbolically viewed as a jewel with many facets that is reflected as a "bright gem" or a "rough stone" depending on one's situation and personal growth that influence states of health, health beliefs, and values.

Integral healing process: Contains both nurse processes and patient/family and healthcare worker processes (individual interior and individual exterior), and collective healing processes of individuals and of systems/structures (collective interior and exterior); an understanding of the unitary whole person interacting in mutual process with the environment.

Integral health care: A patient-centered and relationship-centered caring process that includes the patient, family, and community and conventional, integrative, and integral healthcare practitioners and services and interventions; a process where the individual interior (personal/intentional), the individual exterior (physiology/behavioral), the collective interior (shared/cultural), and the collective exterior (structures/systems) are considered in all endeavors.

Integral nurse: A twenty-first-century Nightingale that is engaged as a "health diplomat" and an integral health coach that is coaching for integral health.

Integral nursing: A comprehensive integral worldview and process that includes holistic theories and other paradigms; holistic nursing is included (embraced) and transcended (goes beyond); this integral process and integral worldview enlarges our holistic understanding of body-mind-spirit connections and our knowing, doing, and being to more comprehensive and deeper levels.

Integral worldview: Process where values, beliefs, assumptions, meaning, purpose, and judgments are identified and related to how individuals perceive reality and relationships that includes the individual interior (personal/intentional), individual exterior (physiology/behavioral), collective interior (shared/cultural), and collective exterior (systems/structures).

Relationship-centered care: A process model of caregiving that is based in a vision of community where the patient–practitioner, community–practitioner, and practitioner–practitioner relationships, and the unique set of responsibilities of each are honored and valued.

NURSING: INTEGRAL, INTEGRATIVE, AND HOLISTIC

> In the future, which I shall not see, for I am old, may a better way be opened! May the methods by which every infant, every human being will have the best chance at health—the methods by which every sick person will have the best chance at recovery, be learned and practiced. Hospitals are only an intermediate stage of civilization, never intended, at all events, to take in the whole sick population. . . .
>
> May we hope that, when we are all dead and gone, leaders will arise who have been personally experienced in the hard, practical work, the difficulties, and the joys of organizing nursing reforms, and who will lead far beyond anything we have done! May we hope that every nurse will be an atom in the hierarchy of ministers of the Highest! But she [or he] must be in her [or his] place in the hierarchy, not alone, not an atom in the indistinguishable mass of thousands of nurses. High hopes, which shall not be deceived!"[1]

Twenty-first-century nursing, medicine, and health care are all fragmented. In 2010, the Institute of Medicine *Future of Nursing* report published a landmark document that presented four key messages:[2]

- Nurses should practice to the full extent of their education and training.
- Nurses should achieve higher levels of education and training through an improved

education system that promotes seamless academic progression.
- Nurses should be full partners, with physicians and other healthcare professionals, in redesigning health care in the United States.
- Effective workforce planning and policy making require better data collection and information infrastructure.

To fulfill the challenges addressed in the IOM report an integral perspective has never been more important. At the forefront, nurses are now engaged as change agents to improve the health of the nation, to focus on increasing the "health span" of individuals rather than focusing on life span. Integral nursing can be described as a comprehensive integral worldview and process that includes holistic theories and other paradigms; holistic nursing practice is included (embraced) and transcended (goes beyond).[3–6] This integral process and the integral worldview enlarge our holistic understanding of body-mind-spirit connections and our knowing, doing, and being to more comprehensive and deeper levels (Note: See the section titled "Theory of Integral Nursing" later in this chapter for full discussion.)

Holistic nursing is defined as "all nursing practice that has healing the whole person as its goal."[7] As described and developed later in this text (Chapter 2), holistic nursing has attained new levels of acceptance and is now officially recognized by the American Nurses Association (ANA) as a nursing specialty with a defined scope and standards of practice.[7] Our holistic nursing challenges as described throughout this text include ways to learn and integrate new theories, models, and information, and how to articulate the science and art of holistic nursing, complementary and alternative modalities (CAM), integrative modalities, and healing in all areas and specialties of nursing. Our challenges and opportunities to interface in interprofessional conversations related to integral, integrative, and holistic nursing and integrative medicine with traditional and nontraditional healthcare professionals, healers, disciplines, and organizations can transform health care.[8–10] Integrative medicine (IM) is the practice of medicine that reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, healthcare professionals, and disciplines to achieve optimal health and healing.[8] The next section provides an overview of how we can globally integrate and translate integral and holistic nursing concepts.

GLOBAL NURSING, NIGHTINGALE DECLARATION, AND UNITED NATIONS MILLENNIUM GOALS

Severe health needs exist in almost every community and country. These are no longer isolated problems in far-off places. Across humankind, we all face common health concerns and global health imperatives. With globalization and global warming, no natural or political boundaries stop the spread of disease.[11–13] Yet, the health and well-being of people everywhere can be seen as common ground to secure a sustainable, prosperous future for everyone. In interdisciplinary and interprofessional collaboration with professional and allied health colleagues, as well as concerned citizens, nurses can play a major role in mobilizing new approaches to education, healthcare delivery, and disease prevention. Global health and well-being also requires new global healthcare leadership models to address the many daily challenge in global areas—communication, negotiations, resource management, and work-life balance. One way to meet this demand is through new mentor–mentee models and relationships.[14]

Global health is the exploration of the emerging value base and new relationships and agendas that occur when health becomes an essential component and expression of global citizenship.[13] It is an increased awareness that health is a basic human right that is "decent care"[15] that addresses the body, mind, and spirit and is a global good that needs to be promoted and protected by the global community. Severe health needs exist in almost every community and nation throughout the world. Thus, all nurses are involved in some aspect of global health because their caring and healing endeavors assist individuals to become healthier, which leads to healthy people living in a healthy world by 2020.[16,17]

Currently, there are 17.6 million nurses and midwives engaged in nursing and providing health care around the world.[18] Together, we are collectively addressing human health—the

health of individuals, of communities, of environments (interior and exterior), and the world as our first priority. We are educated and prepared—physically, emotionally, socially, mentally, and spiritually—to accomplish effectively the activities required to create a healthy world. Nurses are key in mobilizing new approaches in health education and healthcare delivery in all areas of nursing. Solutions and evidence-based practice protocols can be shared and implemented around the world through dialogues, the Internet, and publications, which are essential as we address the global nursing shortage.[19]

We are challenged to act locally and think globally and to address ways to create healthy environments. For example, we can address global warming in our own personal habits at home as well as in our workplace (using green products, using energy-efficient fluorescent bulbs, turning off lights when not in the room) and simultaneously address our own personal health and the health of the communities where we live. As we expand our awareness of individual and collective states of healing consciousness and integral dialogues, we can explore integral ways of knowing, doing, and being.

We can unite 17.6 million nurses (**Figure 1-1**) and midwives, along with concerned citizens through the Internet to create a healthy world through many endeavors such as signing the Nightingale Declaration (at www.nightingale declaration.net), as shown in **Figure 1-2**.[16] (See the section titled "Theory of Integral Nursing" later in this chapter.)

During the year 2000, world leaders convened a United Nations Millennium Summit to establish eight Millennium Development Goals (MDGs), as shown in **Figure 1-3**, that must be achieved for the twenty-first century to progress toward a sustainable quality of life for all of humanity.[20] These goals are an ambitious agenda for improving lives worldwide. Of these eight MDGs, three—MDG 4, Reduce Child Mortality, MDG 5, Improve Maternal Health, and MDG 6, Combat HIV/AIDS—are directly related to health and nursing. The other five goals, MDG 1 Eradicate Extreme Poverty and Hunger, MDG 2 Achieve Universal Primary Education, MDG 3 Promote Gender Equality and Empower Women, MDG 7 Ensure Environmental Sustainability, and MDG 8 Develop a Global Partnership for Development are factors that

FIGURE 1-1 Global nurses collage.
Source: Global Nurses collage from the World Health Organization (WHO)
Source: Photo Credits: Site, Source, Photographer; clockwise from upper left: Switzerland, WHO, John Mohr; Finland, WHO, John Mohr; Japan, WHO, T. Takahara; India, WHO, T.S. Satyan; Brazil, WHO, L. Nadel; Niger, WHO, M. Jacot; Sweden, WHO, John Mohr; Afghanistan, Wikimedia, Ben Barber of USAID; India, Wikimedia, Oreteki; Morocco, WHO, P. Boucas. All World Health Organization (WHO) photos used with attribution as required. Wikimedia Commons: Afghanistan, in the public domain; India, used under the terms of the GNU Free Documentation License.

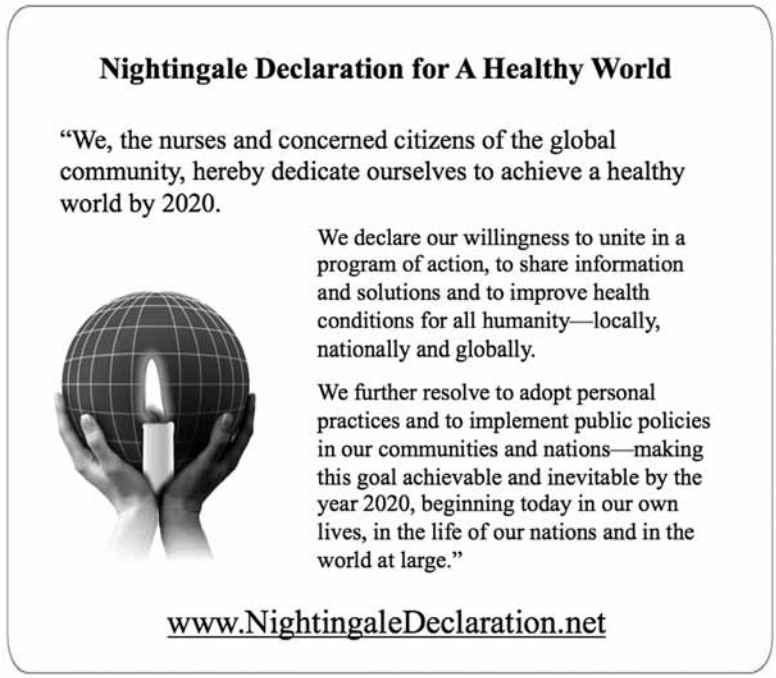

FIGURE 1-2 Nightingale declaration for a healthy world by 2020.
Source: Used with permission, Nightingale Initiative for Global Health (NIGH), http://www.nightingaledeclaration.net

FIGURE 1-3 United Nations millennium development goals and targets.
Source: World Health Organization, WHO Assembly Report: Millennium Development Goals and Targets (Geneva, WHO: 2000), http://www.who.int/mdg/en.

determine the health or lack of health of people. For each goal, one or more targets, which used the 1990 data as benchmarks, are set to be achieved by 2015. *Health* is the common thread running through all eight UN MDGs. The goals are directly related to nurses, as they work today to achieve them at grassroots levels everywhere and many are engaged in sharing local solutions at the global level.

An integral approach can help nurses conceptualize and map what is missing from caregiving and care delivery. With an integral worldview, collectively we can move closer to achieving global health. Ensuring basic survival needs has been identified as the single most important factor in building responsive and effective health systems in all countries. The health and happiness of people everywhere in the global community are the only common ground for a secure and sustainable prosperous future.[3] Yet a healthy world still requires nurses' knowledge, expertise, wisdom, and dedication. If today's nurses, midwives, and allied health professionals are nurtured and sustained in innovative ways, they can become like Nightingale—effective voices calling for and demonstrating the healing, leadership, and global action required to achieve a healthy world. This can strengthen nursing's ranks and help the world to value and nurture nursing's essential contributions.[3] As Nightingale said, "We must create a public opinion, which must drive the government instead of the government having to drive us . . . an enlightened public opinion, wise in principle, wise in detail."[21]

Nurses aim to initiate new approaches and connect the dots by empowering both individuals and groups to *see through* integral nursing *lenses* and to revisit the integral approach to Nightingale's legacy in twenty-first-century terms.

PHILOSOPHICAL FOUNDATION: FLORENCE NIGHTINGALE'S LEGACY

Florence Nightingale (1820–1910) (**Figure 1-4**), the philosophical founder of modern secular nursing and the first recognized nurse theorist, was an integralist. An *integralist* is a person who focuses on the individual and the collective, the inner and outer, human and nonhuman concerns. Nightingale was concerned with the most basic needs of human beings and all aspects of the environment (clean air, water, food, houses, etc.)—local to global.[22–26] She also experienced and recorded her personal understanding of the connection with the Divine as an awareness that something greater than her, the Divine, was a major connecting link woven into her work and life.[27] The entirety of her life, work, and insights clearly articulates and demonstrates the science and art of an integral worldview for nursing, health care, and humankind, as developed further in the section titled "Theory of Integral Nursing" and in Figure 1-9, later in this chapter.

Nightingale was a nurse, educator, administrator, communicator, statistician, and environmental activist.[22,26] Her specific accomplishments include establishing the model for nursing schools throughout the world and creating a prototype model of care for the sick and wounded soldiers during the Crimean War (1854–1856). She was an innovator for British Army medical reform that included reorganizing the British Army Medical Department, creating an Army Statistical Department, and collaborating on the first British Army medical school, including developing the curriculum and choosing the

FIGURE 1-4 Florence Nightingale (1820–1910).

professors. She revolutionized hospital data collection and invented a statistical wedge diagram equivalent to today's circular histograms or circular statistical representation. In 1858, she became the first woman admitted to the Royal Statistical Society. She developed and wrote protocols and papers on workhouses and midwifery that lead to successful legislation reform. She was a recognized expert on the health of the British Army and soldiers in India for more than 40 years; she never went to India but collected data directly from Army stations, analyzed the data, and wrote and published documents, articles, and books on the topic.

In 1902, besides her numerous other recognitions, she was the first woman to receive the Order of Merit. She wrote more than 100 combined books and official Army reports. Her 10,000 letters now make up the largest private collection of letters at the British Library with 4,000 family letters at the Wellcome Trust in London.[22,26] Today we recognize Nightingale's work as global nursing: She envisioned what a healthy world might be with her integral philosophy and expanded visionary capacities. Her work included aspects of the nursing process (see Chapter 7) as well; it has indeed had an impact on nurses today and will continue to affect us far into the future. Nightingale's work was social action that demonstrated and clearly articulated the science and art of an integral worldview for nursing, health care, and humankind. Her social action was also sacred activism,[27] the fusion of the deepest spiritual knowledge with radical action in the world.

In the 1880s, Nightingale began to write that it would take 100–150 years before educated and experienced nurses would arrive to change the healthcare system. We are that generation of twenty-first-century Nightingales who have arrived to transform health care and carry forth her vision of social action and sacred activism to create a healthy world. Using terms coined by Patricia Hinton Walker, twenty-first-century Nightingales are "health diplomats" and "integral health coaches" who are "coaching for integral health."[28]

Nightingale was ahead of her time. Her dedicated and focused 50 years of work and service still informs and influences our nursing work and our global mission of health and healing for humanity today. **Table 1-1** lists the themes in her *Notes on Hospitals* (1859),[29] *Notes on Nursing* (1860),[30] her formal letters to her nurses (1872–1900),[31] and her article "Sick-Nursing and Health-Nursing" (1893).[32] **Table 1-2** shows Nightingale's themes recognized today as total healing environments. The next section presents an overview of the eras of medicine and application of this information to integral and holistic nursing.

ERAS OF MEDICINE

Three eras of medicine currently are operational in Western biomedicine (see **Table 1-3**).[1] Era I medicine began to take shape in the 1860s, when medicine was striving to become scientific. The underlying assumption of this approach is that health and illness are completely physical in nature. The focus is on combining drugs, medical treatments, and technology for curing. A person's consciousness is considered a by-product of the chemical, anatomic, and physiologic aspects of the brain and is not considered a major factor in the origins of health or disease.

In the 1950s, Era II therapies began to emerge. These therapies reflected the growing awareness that the actions of a person's mind or consciousness—thoughts, emotions, beliefs, meaning, and attitudes—exerted important effects on the behavior of the person's physical body.[1] In both Era I and Era II, a person's consciousness is said to be "local" in nature; that is, confined to a specific location in space (the body itself) and in time (the present moment and a single lifetime).

Era III, the newest and most advanced era, originated in science. Consciousness is said to be nonlocal in that it is not bound to individual bodies. The minds of individuals are spread throughout space and time; they are infinite, immortal, omnipresent, and, ultimately, one. Era III therapies involve any therapy in which the effects of consciousness create bridges between different persons, as with distant healing, intercessory prayer, shamanic healing, so-called miracles, and certain emotions (e.g., love, empathy, compassion). Era III approaches involve transpersonal experiences of being. They raise a person above control at a day-to-day material level to an experience outside his or her local self.

TABLE 1-1 Florence Nightingale's Legacy and Themes for Today

Themes Developed in Notes on Hospitals (1859, 1863)

The hospital will do the patient no harm. Four elements essential for the health of hospitals:

- Fresh air
- Ample space
- Light
- Subdivision of sick into separate buildings or pavilions

Hospital construction defects that prevented health:

- Defective means of natural ventilation and warming
- Defective height of wards
- Excessive width of wards between the opposite windows
- Arrangement of the bed along the dead wall
- More than two rows of beds between the opposite windows
- Windows only on one side, or a closed corridor connecting the wards
- Use of absorbent materials for walls and ceilings, and poor washing of hospital floors
- Defective condition of water closets
- Defective ward furniture
- Defective accommodation for nursing and discipline
- Defective hospital kitchens
- Defective laundries
- Selection of bad sites and bad local climates for hospitals
- Erecting of hospitals in towns
- Defects of sewerage
- Construction of hospitals without free circulation of external air

Themes Developed in Notes on Nursing (1860)

Understand God's laws in nature

- Understanding that, in disease and in illness, nursing and the nurses can assist in the reparative process of a disease and in maintaining health

Nursing and nurses

- Describing the many roles and responsibilities of the nurse

Patient

- Observing and managing the patient's problems, needs, and challenges, and evaluating responses to care

Health

- Recognizing factors that increase or decrease positive or negative states of health, well-being, disease, and illness

Environment

- Both the internal (within one's self) and the external (physical space). (See the specifics listed in the next 12 categories.)

Bed and bedding

- Promote proper cleanliness.
- Use correct type of bed, with proper height, mattress, springs, types of blankets, sheets, and other bedding.

Cleanliness (rooms and walls)

- Maintain clean room, walls, carpets, furniture, and dust-free rooms using correct dusting techniques.
- Release odors from painted and papered rooms; discusses other remedies for cleanliness.

Cleanliness (personal)

- Provide proper bathing, rubbing, and scrubbing of the skin of the patient as well as of the nurse.
- Use proper handwashing techniques that include cleaning the nails.

Food

- Provide proper portions and types of food at the right time, and a proper presentation of food types: eggs, meat, vegetables, beef teas, coffee, jellies, sweets, and homemade bread.

Health of houses

- Provide pure air, pure water, efficient drainage, cleanliness, and light.

Light

- Provide a room with light, windows, and a view that is essential to health and recovery.

Noise

- Avoid noise and useless activity such as clanking or loud conversations with or among caregivers.
- Speak clearly for patients to hear without having to strain.
- Avoid surprising the patient.
- Only read to a patient if it is requested.

Petty management

- Ensure patient privacy, rest, a quiet room, and instructions for the person managing care of patient.

TABLE 1-1 Florence Nightingale's Legacy and Themes for Today *(continued)*

Themes Developed in Notes on Nursing (1860) *(continued)*

Variety
- Provide flowers and plants and avoid those with fragrances.
- Be aware of effects of mind (thoughts) on body.
- Help patient vary their painful thoughts.
- Use soothing colors.
- Be aware of positive effect of certain music on the sick.

Ventilation and warming
- Provide pure air within and without; open windows and regulate room temperature.
- Avoid odiferous disinfectants and sprays.

Chattering hopes and advice
- Avoid unnecessary advice, false hope, promises, and chatter of recovery.
- Avoid absurd statistical comparisons of patient to recovery of other patients, and avoid mockery of advice given by family and friends.
- Share positive events; encourage visits from a well-behaved child or baby.
- Be aware of how small pet animals can provide comfort and companionship for the patient.

Observation of the sick
- Observe each patient; determine the problems, challenges, and needs.
- Assess how the patient responds to food, treatment, and rest.
- Help patient with comfort, safety, and health strategies.
- Intervene if danger to patient is suspected.

Themes Developed in Letters to Her Nurses (1872–1900)

All themes above in Notes on Hospitals and Notes on Nursing plus:

Art of nursing
- Explore authentic presence, caring, meaning, and purpose.
- Increase communication with colleagues, patients, and families.
- Build respect, support, and trusting relationships.

Environment
- Includes the internal self as well as the external physical space

Ethics of nursing
- Engage in moral behaviors and values and model it in personal and professional life.

Health
- Integrate self-care and health-promoting and sustaining behaviors.
- Be a role model and model healthy behaviors.

Personal aspects of nursing
- Explore body-mind-spirit wholeness, healing philosophy, self-care, relaxation, music, prayers, and work of service to self and others.
- Develop therapeutic and healing relationships.

Science of nursing
- Learn nursing knowledge and skills, observing, implementing, and evaluating physicians' orders combined with nursing knowledge and skills.

Spirituality
- Develop intention, self-awareness, mindfulness, presence, compassion, love, and service to God and humankind.

Themes Developed in "Sick-Nursing and Health-Nursing" (1893 Essay)

All themes above in Notes on Nursing and her Letters to Her Nurses (1872–1893) plus:

Collaboration with others
- Meet with nurses and women at the local, national, and global level to explore health education and how to support each other in creating health and healthy environments.

Health education curriculum and health missioners education
- Include all components discussed in Notes on Nursing.
- Teach health as proactive leadership for health.

Source: Used with permission. B. M. Dossey, "Florence Nightingale's Tenets: Healing, Leadership, Global Action," in Florence Nightingale Today: Healing, Leadership, Global Action, eds. B. M. Dossey et al. (Silver Spring, MD: Nursesbooks.org, 2005).

TABLE 1-2 Total Healing Environments Today: Integral and Holistic

The Internal Healing Environment

- Includes presence, caring, compassion, creativity, deep listening, grace, honesty, imagination, intention, love, mindfulness, self-awareness, trust, and work of service to self and others.
- Grounded in ethics, philosophies, and values that encourage and nurture such qualities as are listed above and in a way that:
  - Engages body-mind-spirit wholeness
  - Fosters healing relationships and partnerships
  - Promotes self-care and health-promoting and sustaining behaviors
  - Engages with and is affected by the elements of the external healing environment (below).

The External Healing Environment

Color and texture

- Use color that creates healing atmosphere, sacred space, moods, and that lifts spirits.
- Coordinate room color with bed coverings, bedspreads, blankets, drapes, chairs, food trays, and personal hygiene kits.
- Use textural variety on furniture, fabrics, artwork, wall surfaces, floors, ceilings, and ceiling light covers.

Communication

- Provide availability of caring staff for patient and family.
- Provide a public space for families to use television, radio, and telephones.

Family areas

- Create facilities for family members to stay with patients.
- Provide a comfortable family lounge area where families can keep or prepare special foods.

Light

- Provide natural light from low windows where patient can see outside.
- Use full-spectrum light throughout hospital, clinics, schools, public buildings, and homes.
- Provide control light intensity with good reading light to avoid eye strain.

Noise control

- Eliminate loudspeaker paging systems in halls and elevators.
- Decrease noise of clanking latches, food carts and trays, pharmacy carts, slamming of doors, and noisy hallways.
- Provide 24-hour continuous music and imagery channels such as Healing Healthcare Systems Continuous Ambient Relaxation Environment (C.A.R.E., www.healinghealth.com) and Aesthetic Audio Systems (www.aestheticas.net), and other educational channels related to health and well-being.
- Decrease continuous use of loud commercial television.
- Eliminate loud staff conversations in unit stations, lounges, and calling of staff members in hallways.

Privacy

- Provide a Do Not Disturb sign for patient and family to place on door to control privacy and social interaction.
- Position bed for view of outdoors, with shades to screen light and glare.
- Use full divider panel or heavy curtain for privacy if in a double-patient room.
- Secure place for personal belongings.
- Provide shelves to place personal mementos such as family pictures, flowers, and totems.

Thermal comfort

- Provide patient control of air circulation, room temperature, fresh air, and humidity.

TABLE 1-2 Total Healing Environments Today: Integral and Holistic *(continued)*

The External Healing Environment *(continued)*

Ventilation and air quality

- Provide fresh air, adequate air exchange, rooftop gardens, and solariums.
- Avoid use of toxic materials such as paints, synthetic materials, waxes, and foul-smelling air purifiers.

Views of nature

- Use indoor landscaping, which may include plants and miniature trees.
- Provide pictures of landscapes that include trees, flowers, mountains, ocean, and the like for patient and staff areas.

Integral and integrative practice

Throughout hospitals, clinics, schools, and all parts of a community:

- Combine conventional medical treatments, procedures, and surgery with complementary and alternative therapies and folk medicine.
- Engage in integral and interdisciplinary dialogues and collaboration that foster deep personal support, trust, and therapeutic alliances.
- Offer educational programs for professionals that teach the specifics about the interactions of the healer and healee, holistic philosophy, patient-centered care, relationship-centered care, and complementary and alternative therapies.
- Develop and build community and partnerships based on mutual support, trust, values, and exchange of ideas.
- Use strategies that enhance the interconnectedness of persons, nature, inner and outer, spiritual and physical, and private and public.
- Use self-care and health-promoting education that includes prevention and public health.
- Provide support groups, counseling, and psychotherapy, specifically for cancer and cardiac support groups, lifestyle change groups, 12-step programs and support groups, for leisure, exercise, and nutrition and weight management.
- Use health coaches for staff, patients, families, and community.
- Provide information technology and virtual classroom capabilities.

Source: Used with permission. B. M. Dossey, "Florence Nightingale's Tenets: Healing, Leadership, Global Action," in Florence Nightingale Today: Healing, Leadership, Global Action, B. M. Dossey et al. (Silver Spring, MD: Nursesbooks.org, 2005).

"Doing" and "Being" Therapies

Holistic nurses use both "doing" and "being" therapies, as shown in **Figure 1-5**. These are also referred to as holistic nursing therapies, complementary and alternative therapies, or integrative and integral therapies throughout this textbook. Doing therapies include almost all forms of modern medicine, such as medications, procedures, dietary manipulations, radiation, and acupuncture. In contrast, being therapies do not employ things, but instead use states of consciousness.[33,34] These include imagery, prayer, meditation, and quiet contemplation, as well as the presence and intention of the nurse. These techniques are therapeutic because of the power of the psyche to affect the body. They may be either directed or nondirected.[32,34] A person who uses a directed mental strategy attaches a specific outcome to the imagery, such as the regression of disease or the normalization of the blood pressure. In a nondirected approach, the person images the best outcome for the situation but does not try to direct the situation or assign a specific outcome to the strategy. This reliance

on the inherent intelligence within one's self to come forth is a way of acknowledging the intrinsic wisdom and self-correcting capacity within.

It is obvious that Era I medicine uses doing therapies that are highly directed in their approach. It employs things, such as medications, for a specific goal. Era II medicine is a classic body–mind approach that usually does not require the use of things, except for biofeedback instrumentation, music therapy, and CDs and videos to enhance learning and experience an increase in awareness of body–mind connections. It employs being therapies that can be directed or nondirected, depending on the mental strategies selected (e.g., relaxation or meditation). Era III medicine is similar in this regard. It requires a willingness to become aware, moment by moment, of what is true for our inner and outer

TABLE 1-3 Eras of Medicine

	Era I	**Era II**	**Era III**
Space-Time Characteristic	Local	Local	Nonlocal
Synonym	Mechanical, material, or physical medicine	Mind-body medicine	Nonlocal or transpersonal medicine
Description	Causal, deterministic, describable by classical concepts of space-time and matter-energy. Mind not a factor; "mind" a result of brain mechanisms.	Mind a major factor in healing within the single person. Mind has causal power; is thus not fully explainable by classical concepts in physics. Includes but goes beyond Era I.	Mind a factor in healing both within and between persons. Mind not completely localized to points in space (brains or bodies) or time (present moment or single lifetimes). Mind is unbounded and infinite in space and time—thus omnipresent, eternal, and ultimately unitary or one. Healing at a distance is possible. Not describable by classical concepts of space-time or matter-energy.
Examples	Any form of therapy focusing solely on the effects of things on the body is an Era I approach—including techniques such as acupuncture and homeopathy, the use of herbs, etc. Almost all forms of "modern" medicine—drugs, surgery, irradiation, CPR, etc.—are included.	Any therapy emphasizing the effects of consciousness solely within the individual body is an Era II approach. Psychoneuroimmunology, counseling, hypnosis, biofeedback, relaxation therapies, and most types of imagery-based "alternative" therapies are included.	Any therapy in which effects of consciousness bridge between different persons is an Era III approach. All forms of distant healing, intercessory prayer, some types of shamanic healing, diagnosis at a distance, telesomatic events, and probably noncontact therapeutic touch are included.

Source: Reprinted with permission from L. Dossey, *Reinventing Medicine: Beyond Mind-Body to a New Era of Healing*. San Francisco: HarperSanFrancisco, 1999. Copyright Larry Dossey.

experience. It is actually a "not doing" so that we can become conscious of releasing, emptying, trusting, and acknowledging that we have done our best, regardless of the outcome. As the therapeutic potential of the mind becomes increasingly clear, all therapies and all people are viewed as having a transcendent quality. The minds of all people, including families, friends, and the healthcare team (both those in close proximity and those at a distance), flow together in a collective as they work to create healing and health.[35]

Rational Versus Paradoxical Healing

All healing experiences or activities can be arranged along a continuum from the rational domain to the paradoxical domain. The degree of doing and being involved determines these domains, as shown in **Figure 1-6**. Rational healing experiences include those therapies or events that make sense to our linear, intellectual thought processes, whereas paradoxical healing experiences include healing events that may seem absurd or contradictory but are, in fact, true.[34]

Doing therapies fall into the rational healing category. Based on science, these strategies conform to our worldview of commonsense notions. Often, the professional can follow an algorithm that dictates a step-by-step approach. Examples of rational healing include surgery, irradiation, medications, exercise, and diet. On the other hand, being therapies fall into the paradoxical healing category because they frequently happen without a scientific explanation. In psychological counseling, for example, a breakthrough is a paradox. When a patient has a psychological breakthrough, it is clear that there is a new meaning for the person. However, no clearly delineated steps lead to the breakthrough. Such an event is called a breakthrough for the very reason that it is unpredictable—thus, the paradox.

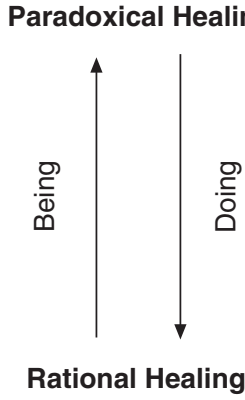

FIGURE 1-5 "Being" and "Doing" Therapies
Source: Reprinted with permission from L. Dossey, *Meaning and Medicine: A Doctor's Tales of Breakthrough and Healing*, by Larry Dossey, p. 204, New York, Bantam Books, 1991. Copyright Larry Dossey.

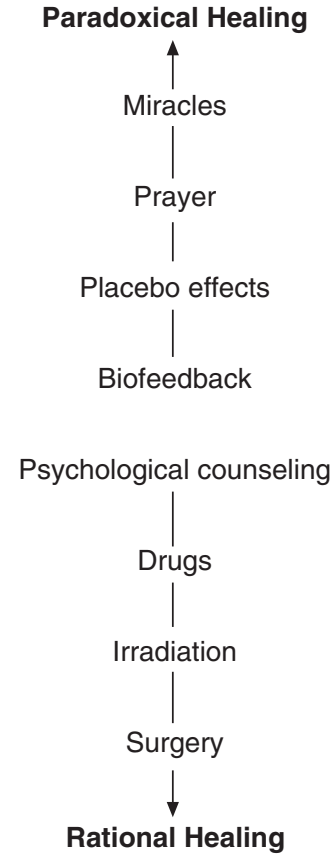

FIGURE 1-6 Continuum of Rational and Paradoxical Healing
Source: Reprinted with permission from L. Dossey, *Meaning and Medicine: A Doctor's Tales of Breakthrough and Healing*, by Larry Dossey, p. 205, New York, Bantam Books, 1991. Copyright Larry Dossey.

Biofeedback also involves a paradox. For example, the best way to reduce blood pressure or muscle tension, or to increase peripheral blood flow, is to give up trying and just learn how to be. Individuals can enter into a state of being, or passive volition, in which they let these physiologic states change in the desired direction. Similarly, the phenomenon of placebo is a paradox. If an individual has just a little discomfort, a placebo does not work very well. The more pain a person has, however, the more dramatic the response to a placebo medication can be. In addition, a person who does not know that the medication is a placebo responds best. This is referred to as the "paradox of success through ignorance." Prayer and faith fall into the domain of paradox because there is no rational scientific explanation for their effectiveness. Many scientific studies have been conducted, however.[32,34]

Miracle cures also are paradoxical because there is no scientific mechanism to explain them.[32,34,35] Every nurse has known, heard of, or read about a patient who had a severe illness that had been confirmed by laboratory evidence but that disappeared after the patient adopted a being approach. Some say that it was the natural course of the illness; some die and some live. At shrines such as Lourdes in France and Medjugorje in Yugoslavia, however, people who experience a miracle cure are said to be totally immersed in a being state. They do not try to make anything happen. When interviewed, these people report experiencing a different sense of space and time; the flow of time as past, present, and future becomes an eternal now. Birth and death take on new meaning and are not seen as a beginning and an end. *Premonition* literally means "forewarning."[36] Premonitions are a heads-up about something just around the corner, something that is usually unpleasant. It may be a health crisis, a death in the family, or a national disaster. But premonitions come in all flavors. Sometimes they provide information about positive, pleasant happenings that lie ahead—a job promotion, the location of the last remaining parking space, or, in some instances, the winning lottery numbers.

These people go into the self and explore the "not I" to become empty so that they can understand the meaning of illness or present situations. To further integrate these concepts, relationship-centered care is discussed next.

RELATIONSHIP-CENTERED CARE

In 1994, the Pew Health Professions Commission published its landmark report on relationship-centered care.[37] This report serves as a guideline for addressing the bio-psycho-social-spiritual dimensions of individuals in integrating caring, healing, and holism into health care. The guidelines are based on the tenet that relationships and interactions among people constitute the foundation for all therapeutic activities.

In integral and holistic nursing, relationship-centered care serves as a model of caregiving that is based in a vision of community where three types of relationships are identified: (1) patient–practitioner relationships, (2) community–practitioner relationships, and (3) practitioner–practitioner relationships.[37] The three components of relationship-centered care are shown in **Table 1-4**, **Table 1-5**, and **Table 1-6**. Each of these interrelated relationships is essential within a reformed system of health care, and each involves a unique set of tasks and responsibilities that address self-awareness, knowledge, values, and skills.

Patient–Practitioner Relationship

In integral health care, the patient–practitioner relationship is crucial on many levels. The practitioner incorporates comprehensive biotechnologic care with psycho-social-spiritual care. To work effectively within the patient–practitioner relationship, the practitioner must develop specific knowledge, skills, and values, as shown in Table 1-4.[37] This includes an expanding self-awareness, understanding the patient's experience of health and illness, developing and maintaining caring relationships with patients, and communicating clearly and effectively.

Active collaboration with the patient and family in the decision-making process, promotion of health, and prevention of stress and illness within the family are also part of the relationship. A successful relationship involves active listening and effective communication; integration of the elements of caring, healing, values, and ethics to enhance and preserve the dignity and

TABLE 1-4 Patient–Practitioner Relationship: Areas of Knowledge, Skills, and Values

Area	Knowledge	Skills	Values
Self-awareness	Knowledge of self Understanding self as a resource to others	Reflect on self and work	Importance of self-awareness, self-care, self-growth
Patient experience of health and illness	Role of family, culture, community in development Multiple components of health Multiple threats and contributors to health as dimensions of one reality	Recognize patient's life story and its meaning View health and illness as part of human development	Appreciation of the patient as a whole person Appreciation of the patient's life story and the meaning of the health-illness condition
Developing and maintaining caring relationships	Understanding of threats to the integrity of the relationship (e.g., power inequalities) Understanding of potential for conflict and abuse	Attend fully to the patient Accept and respond to distress in patient and self Respond to moral and ethical challenges Facilitate hope, trust, and faith	Respect for patient's dignity, uniqueness, and integrity (mind-body-spirit unity) Respect for self-determination Respect for person's own power and self-healing processes
Effective communication	Elements of effective communication	Listen Impart information Learn Facilitate the learning of others Promote and accept patient's emotions	Importance of being open and nonjudgmental

Source: Pew Health Professions Commission at the Center for the Health Professions, University of California, San Francisco, 1388 Sutter Street, Suite 805, San Francisco, California 94109, (415) 476-8181. http://www.futurehealth.ucsf.edu/pdf_files/RelationshipCentered.pdf

integrity of the patient and family; and a reduction of the power inequalities in the relationship with regard to race, sex, education, occupation, and socioeconomic status.

Community–Practitioner Relationship

In integral health care, the patient and his or her family simultaneously belong to many types of communities, such as the immediate family, relatives, friends, coworkers, neighborhoods, religious and community organizations, and the hospital community. The knowledge, skills, and values needed by practitioners to participate effectively in and work with various communities are shown in Table 1-5. This includes understanding the meaning of the community, recognizing the multiple contributors to health and illness within the community, developing

TABLE 1-5 Community–Practitioner Relationship: Areas of Knowledge, Skills, and Values

Area	Knowledge	Skills	Values
Meaning of community	Various models of community Myths and misperceptions about community Perspectives from the social sciences, humanities, and systems theory Dynamic change—demographic, political, industrial	Learn continuously Participate actively in community development and dialogue	Respect for the integrity of the community Respect for cultural diversity
Multiple contributors to health within the community	History of community, land use, migration, occupations, and their effect on health Physical, social, and occupational environments and their effects on health External and internal forces influencing community health	Critically assess the relationship of health care providers to community health Assess community and environmental health Assess implications of community policy affecting health	Affirmation of relevance of all determinants of health Affirmation of the value of health policy in community services Recognition of the presence of values that are destructive to health
Developing and maintaining community relationships	History of practitioner–community relationships Isolation of the health care community from the community-at-large	Communicate ideas Listen openly Empower others Learn Facilitate the learning of others Participate appropriately in community development and activism	Importance of being open-minded Honesty regarding the limits of health science Responsibility to contribute health expertise
Effective community-based care	Various types of care, both formal and informal Effects of institutional scale on care Positive effects of continuity of care	Collaborate with other individuals and organizations Work as member of a team or healing community Implement change strategies	Respect for community leadership Commitment to work for change

Source: Pew Health Professions Commission at the Center for the Health Professions, University of California, San Francisco, 1388 Sutter Street, Suite 805, San Francisco, California 94109, (415) 476-8181.

TABLE 1-6 Practitioner–Practitioner Relationship: Areas of Knowledge, Skills, and Values

Area	Knowledge	Skills	Values
Self-awareness	Knowledge of self	Reflect on self and needs Learn continuously	Importance of self-awareness
Traditions of knowledge in health professions	Healing approaches of various professions Healing approaches across cultures Historical power inequities across professions	Derive meaning from others' work Learn from experience within healing community	Affirmation and value of diversity
Building teams and communities	Perspectives on team-building from the social sciences	Communicate effectively Listen openly Learn cooperatively	Affirmation of mission Affirmation of diversity
Working dynamics of teams, groups, and organizations	Perspectives on team dynamics from the social sciences	Share responsibility responsibly Collaborate with others Work cooperatively Resolve conflicts	Openness to others' ideas Humility Mutual trust, empathy, support Capacity for grace

Source: Pew Health Professions Commission at the Center for the Health Professions, University of California, San Francisco, 1388 Sutter Street, Suite 805, San Francisco, California 94109, (415) 476-8181.

and maintaining relationships with the community, and working collaboratively with other individuals and organizations to establish effective community-based care.[37]

Practitioners must be sensitive to the impact of these various communities on patients and foster the collaborative activities of these communities as they interact with the patient and family. The restraints or barriers within each community that block the patient's healing must be identified and improved to promote the patient's health and well-being.

Practitioner–Practitioner Relationship

Providing integral care to patients and families can never take place in isolation; it involves many diverse practitioner–practitioner relationships. To form a practitioner–practitioner relationship requires the knowledge, skills, and values shown in Table 1-6, including developing self-awareness; understanding the diverse knowledge base and skills of different practitioners; developing teams and communities; and understanding the working dynamics of groups, teams, and organizations that can provide resource services for the patient and family.[37]

Collaborative relationships entail shared planning and action toward common goals with joint responsibility for outcomes. There is a difference, though, between multidisciplinary care and interdisciplinary care. Multidisciplinary care consists of the sequential provision of discipline-specific health care by various individuals. Interdisciplinary care, however, also includes coordination, joint decision making, communication, shared responsibility, and shared authority.

Because the cornerstone of all therapeutic and healing endeavors is the quality of the relationships formed among the practitioners caring for the patient, all practitioners must understand and respect one another's roles. Conventional and alternative practitioners need to learn about the diversity of therapeutic and healing modalities that they each use. In addition, conventional practitioners must be willing to integrate complementary and alternative practitioners and their therapies in practice (i.e., acupuncture, herbs, aromatherapy, touch therapies, music therapy, folk healers). Such integration requires learning about the experiences of different healers, being open to the potential benefits of different modalities, and valuing cultural diversity. Ultimately, the effectiveness of collaboration among practitioners depends on their ability to share problem solving, goal setting, and decision making within a trusting, collegial, and caring environment. Practitioners must work interdependently rather than autonomously, with each assuming responsibility and accountability for patient care. In the next section, the role of the Pew report on relationship-centered care is discussed.

CORE COMPETENCIES FOR INTERPROFESSIONAL COLLABORATIVE PRACTICE

In 1998, following a decade of leadership and advocacy for health professions education, the Pew Health Professions Commission published its fourth and final report on relationship-centered care. The report assesses the challenges facing professionals in the twenty-first century and recommends general and professional-specific actions.[38]

In 2011, the Interprofessional Education Collaborative Expert Panel[9] came together with an inspired vision for identifying the necessary core competencies for interprofessional collaborative practice that would be safe, high quality, accessible, and inclusive of patient-centered care. The six organizations that comprise the expert panel were the American Association of Colleges of Nursing, American Association of Colleges of Osteopathic Medicine, American Association of Colleges of Pharmacy, American Dental Education Association, Association of American Medical Colleges, and Association of Schools of Public Health. To achieve its vision the expert panel showed that health professions students need continuous development of interprofessional competencies as an essential part of their learning process. When this type of education occurs, they are more likely to enter the workforce ready to practice effective teamwork and team-based care.

Each expert panel group contributed its competencies, which resulted in interprofessional collaborative practice competencies identified in the following four domains: (1) values/ethics for interprofessional practice, (2) roles/responsibilities, (3) interprofessional communication, and (4) teams and teamwork.[9]

Teaching of these interprofessional collaborative competencies must extend beyond profession-specific education so that students are more likely to work effectively as members of clinical teams. In teaching interprofessional competencies and collaboration with the goal of practicing relationship-centered care, new theories must be applied such as complexity theories and positive psychology to transform organizations.[39,40] To cross the patient-centered divide and apply relationship-centered care, faculty development must include mindfulness practice, formation, and training in communication skills. The next section explores several examples of how these concepts are being translated.

CREATING OPTIMAL HEALING ENVIRONMENTS

The Samueli Institute for Information Biology (www.siib.org) studies relationship-centered care and ways to transform organizational culture through research and innovative projects that articulate and demonstrate a complete optimal healing environment (OHE) framework of actionable practices and evaluation methods.[41] The institute defines an optimal healing environment as one in which "the social, psychological, spiritual, physical and behavioral components of health care are oriented toward support and stimulation of healing and the achievement of wholeness." From this perspective, facilitating healing is thought to be a crucial aspect of managing chronic illness and the basis for sustainable health care.

Key concepts in optimal healing environments are awareness and intention. Awareness is a state of being conscious and "in touch" with one's interior and exterior self that is cultivated through reflective practices (meditation, prayer, mindfulness, spiritual practices, journaling, dialogue, art, etc.). **Table 1-7** shows that an OHE contains four environmental domains—internal, interpersonal, behavioral, external. Under these four domains are eight constructs that each have several elements. The shading shows how these components, elements, and specific areas are integrated with all others. **Figure 1-7** depicts this information, showing how all aspects are connected from the internal environment to the outer environments of the individual and the collective. Optimal healing environments always starts with the individual, whether it is the practitioner, healer, healee (client/patient), a significant other, and/or the community as an entity. When these steps are implemented it can lead to more cost-effective, efficient organizations in which the environment truly facilitates healing and where practitioners are fully supported to connect to the "soul of healing" and the mission of caring.

Another innovative organization is Plane-tree International, which is recognized as an international leader in healing environments and innovative patient-centered care models.[42] In healthcare settings throughout the United States, Canada, and Europe, Planetree demonstrates that patient-centered care is not only an empowering philosophy; it is a viable, vital, and cost-effective model. The Planetree model is implemented in acute and critical care departments, emergency departments, long-term care facilities, outpatient services, as well as in ambulatory care and community health centers. The Planetree model of care is a patient-centered, holistic approach to health care that promotes mental, emotional, spiritual, social, and physical healing. It empowers patients and families through the exchange of information and encourages healing partnerships with caregivers. It seeks to maximize positive healthcare outcomes by integrating optimal medical therapies and incorporating art and Nature into the healing environment.

As interprofessional collaboration steadily increases and blends traditional health care with integrative health care and complementary and alternative therapies, the relationship-centered care model can assist traditional and integrative practitioners to achieve the highest level of care. This level of care requires new educational endeavors. An example is the Penny George Institute for Health and Healing, the

TABLE 1-7 Optimal Healing Environments (OHE).

OPTIMAL HEALING ENVIRONMENTS
MAKING HEALING AS IMPORTANT AS CURING

An Optimal Healing Environment is one that supports and stimulates patient healing by addressing the social, psychological, physical, spiritual and behavioral components of health care and enabling the body's capacity to heal itself.

INTERNAL		INTERPERSONAL		BEHAVIORAL		EXTERNAL	
DEVELOPING HEALING INTENTION	EXPERIENCING PERSONAL WHOLENESS	CULTIVATING HEALING RELATIONSHIPS	CREATING HEALING ORGANIZATIONS	PRACTICING HEALTHY LIFESTYLES	APPLYING COLLABORATIVE MEDICINE	BUILDING HEALING SPACES	FOSTERING ECOLOGICAL SUSTAINABILITY
Expectation Hope Understanding Belief	Mind Body Spirit Energy	Communication Compassion Social Support Empathy	Leadership Mission Teamwork Technology	Diet Exercise Relaxation Addiction Management	Integrative Person Centered Family Centered Culturally Sensitive	Color and Light Art and Architecture Aroma and Air Music and Sound	Eco-Friendly Green Energy Efficient Nature

INNER ENVIRONMENTS TO OUTER ENVIRONMENTS

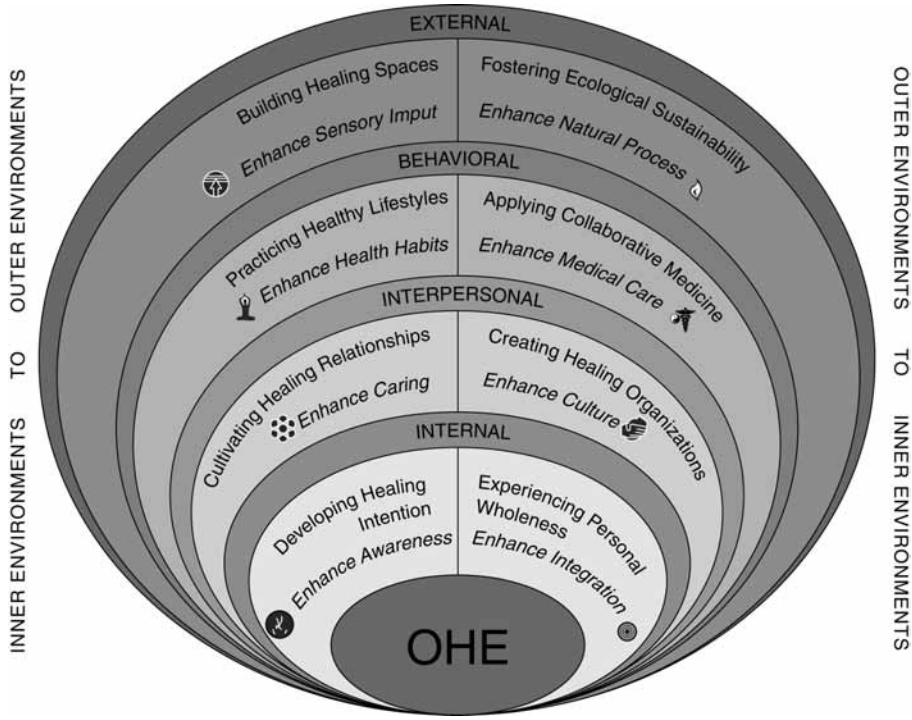

FIGURE 1-7 Optimal healing environments.
Source: ©2011 Used with permission. Samueli Institute for Information Biology 1737 King Street, Suite 600, Alexandria, VA. (www.siib.org).

largest hospital-based program of its kind in the country. It is setting national standards for enhancing health care through a holistic and integrative health approach as follows:[43]

- Blending complementary therapies, integrative medicine, and conventional Western medicine
- Providing services to inpatients and outpatients
- Educating healthcare professionals
- Teaching community members about health promotion and self-healing practices
- Conducting research to identify best practices of integrative health and the impact of these services on healthcare costs

The key to changing nursing practice is to embrace approaches that allow institutions to flourish and where healing emerges resulting in creative delivery models. The Transformative Nurse Training (TNT) Program (see Chapter 27) is one example of the Penny George Institute for Health and Healing Abbott Northwestern commitment to excellence in nursing.[43] The program brings nurses back to the essence of nursing practice and teaches the foundations and principles of holistic nursing.

Nurses are challenged to move into more expanded roles such as nurse coaching (see Chapter 9) to achieve the highest levels of care and service to patients and families. They understand optimal healing environments, relationship-centered care, healing awareness, and intention.[44,45] The time has never been greater for nurses and all healthcare practitioners to come together in interprofessional collaboration to fully implement their knowledge, skills, and expertise to achieve all parts of the Patient Protection Act[47] and the National Prevention Strategy.[48]

In the next section, the Theory of Integral Nursing is discussed. As you read about the Theory of Integral Nursing remember that the words *integral* and *integrally informed* are used often because this is a shift to a deeper level of understanding about being human as related to the four dimensions of reality. It is incorrect to substitute the word *holistic* because it does not mean the same thing. Consider where you are now in your life—as a novice, intermediate, or expert nurse, you bring a wealth of experiences

that inform you at the professional and personal levels. Begin to explore the integral process in your thinking, projects, and endeavors. Examine whether your approaches are reductionistic, narrow, or limited, or whether you have an integral awareness and integral understanding that includes the four perspectives of reality.

THEORY OF INTEGRAL NURSING

Overview

The Theory of Integral Nursing is a grand theory that presents the science and art of nursing. It includes an integral process, integral worldview, and integral dialogues that are praxis—theory in action.[5] Concepts specific to the Theory of Integral Nursing are set in italics throughout this chapter. Please consider these words as a frame of reference and a way to explain what you have observed or experienced with yourself and others. An integral process is defined as a comprehensive way to organize multiple phenomena of human experience and reality from four perspectives: (1) the individual interior (personal/intentional); (2) individual exterior (physiology/behavioral); (3) collective interior (shared/cultural); and (4) collective exterior (systems/structures). Holistic nursing practice is included (embraced) and transcends (goes beyond) this integral process.[5] An integral worldview examines values, beliefs, assumptions, meaning, purpose, and judgments related to how individuals perceive reality and relationships from the four perspectives. Integral dialogues are transformative and visionary explorations of ideas and possibilities across disciplines where these four perspectives are considered as equally important to all exchanges, endeavors, and outcomes. With an increased integral awareness and an integral worldview, nurses have new possibilities and ways to strengthen their capacities for integral dialogues with each other and other disciplines. We are more likely to raise our collective nursing voice and power to engage in social action in our professional roles and service work for society—locally to globally.

To decease further fragmentation in the nursing profession the Theory of Integral Nursing incorporates existing theoretical work in nursing that builds on our solid holistic and multidimensional theoretical nursing foundation. This theory may be used with other holistic nursing and nonnursing caring concepts, theories, and research; it does not exclude or invalidate other nurse theorists who have informed this theory (see Chapter 6). This is not a freestanding theory because it incorporates concepts and philosophies from various paradigms including holism, multidimensionality, integral, chaos, spiral dynamics, complexity, systems, and many others.

An integral understanding allows us to more fully comprehend the complexity of human nature and healing; it assists nurses in bringing to health care and society their knowledge, skills, and compassion. The integral process and an integral worldview present a comprehensive map and perspective related to the complexity of wholeness and how to simultaneously address the health and well-being of nurses, the healthcare team, the patients, families and significant others, the healthcare system/structure, and the world.

The nursing profession asks nurses to wrap around "all of life" on so many levels with self and others that we often can feel overwhelmed. So, how do we get a handle on "all of life"? The question always arises "How can overworked nurses and student nurses use an integral approach or apply the Theory of Integral Nursing?" The answer is to start right now. By the time you finish reading this chapter you will find the answers to these questions. Be aware of healing, the core concept in this theory; it is the innate natural phenomenon that comes from within a person and describes the indivisible wholeness, the interconnectedness of all people and all things.

Reflect on this clinical situation. Imagine that you are caring for a very ill patient who needs to be transported to a radiology procedure. The current protocol for transportation between the medical unit and the radiology department lacks continuity. In this moment, shift your feelings and your interior awareness (and believe it!) to: "I am doing the best that I can in this moment," and "I have all the time needed to take a deep breath and relax my tight chest and shoulder muscles." This helps you connect these four perspectives as follows: (1) the interior self (caring for yourself in this moment); (2) the exterior self (using a research-based relaxation and imagery integral practice to change your physiology); (3) the self in relationship to others (shifting your awareness creates another way of

being with your patient and the radiology team member); and (4) the relationship to the exterior collective of systems/structures (considering ways to work with the radiology team member and department to improve a transportation procedure in the hospital). An integral worldview and approach can help each nurse and student nurse increase her or his self-awareness, as well as the awareness of how one's self affects others—the patient, family, colleagues, and the workplace and community. As the nurse discovers her or his own innate healing from within, the nurse can model self-care and how to release stress, anxiety, and fear that manifest each day in this human journey.

All nursing curriculums can be mapped to the integral quadrants (see the section on application of the theory later in this chapter). This teaches students to think integrally and to become aware of an integral perspective and how these four perspectives create the whole. Students can also learn the importance of self-care at all times as faculty also remember that they are role models and must model self-care and these integral ideas.

Developing the Theory of Integral Nursing: Personal Journey

As a young nurse attending my first nursing theory conference in the late 1960s, I was captivated by nursing theory and the eloquent visionary words of these theorists as they spoke about the science and art of nursing. This opened my heart and mind to the exploration and necessity to understand and to use nursing theory. Thus, I began my professional commitment to address theory in all endeavors as well as to increase my understanding of other disciplines that could inform me at a deeper level about the human experience. I realized that nursing was neither a science nor an art, but both/and. From the beginning of my critical care and cardiovascular nursing focus, I learned how to combine science and technology with the art of nursing. For example, I gave a patient with severe pain following an acute myocardial infarction pain medication while simultaneously guiding him in a relaxation practice to enhance relaxation and release anxiety. I also experienced a difference in myself when I used this approach combining the science and art of nursing.

In the late 1960s, I also began to study and attend workshops on holistic and mind–body-related ideas as well as read in other disciplines such as systems theory; quantum physics; integral, Eastern, and Western philosophy and mysticism; and more. I also read nurse theorists and other discipline theorists that informed my knowing, doing, and being in caring, healing, and holism. My husband, an internist, who was also caring for critically ill patients and their families, was with me on this journey of discovery. As we cared for critically ill patients and their families, some of our greatest teachers, we were able to reflect on how to blend the art of caring, healing modalities with the science of technology and traditional modalities. I joined with a critical care and cardiovascular nursing colleague and soul mate, Cathie Guzzetta, with whom I could also discuss these ideas. We began to write teaching protocols and lecture in critical care courses as well as write textbooks and articles with other contributors.

My husband and I both had health challenges—mine was postcorneal transplant rejection and my husband's was blinding migraine headaches. We both began to take courses related to body-mind-spirit therapies (biofeedback, relaxation, imagery, music, meditation, and other reflective practices) and began to incorporate them into our daily lives. As we strengthened our capacities with self-care and self-regulation modalities, our personal and professional philosophies and clinical practices changed. We took seriously teaching and integrating these modalities into the traditional healthcare setting that today is called integrative and integral health care. From then till now, we have found many professional and interdisciplinary healthcare colleagues with which to discuss concepts, protocols, and approaches for practice, education, and research.

In 1981, I was a founding member of the American Holistic Nurses Association (AHNA). In November 2006. with Lynn Keegan, Cathie Guzzetta, and many other colleagues, we obtained recognition by the American Nurses Association (ANA) of our collective holistic nursing endeavors as the specialty of holistic nursing. The AHNA and ANA *Holistic Nursing: Scope and Standards of Practice* were published in June 2007 and were revised in 2012.[7] I now believe that the

important specialty of holistic nursing can be expanded by using an integral lens.

Beginning in 1992 in London during my Florence Nightingale primary historical research studying and synthesizing her original letters, army and public health documents, manuscripts, and books, I deepened my understanding of Nightingale's relevance to holistic nursing. Nightingale was indeed an integralist. This revelation led to my Nightingale authorship[11,33] and my collaborative Nightingale Initiative for Global Health and the Nightingale Declaration,[16] the first global nursing Internet signature campaign. My current professional mission is to articulate and use the integral process and integral worldview in my nursing, in integrative nurse coaching (see Chapter 9), and healthcare endeavors and to explore rituals of healing with many. My sustained nursing career focus with nursing colleagues on wholeness, unity, and healing and my Florence Nightingale scholarship have resulted in numerous protocols and standards for practice, education, research, and healthcare policy. My integral focus since 2000 and my many conversations with Ken Wilber[49–51] and the integral team and other interdisciplinary integral colleagues has led to my development of the Theory of Integral Nursing. It is exciting to see other nurses expanding the holistic process and incorporating the integral model as well.

Theory of Integral Nursing Intentions and Developmental Process

The intention (purpose) in a nursing theory is the aim of the theory. The Theory of Integral Nursing has three intentions: (1) to embrace the unitary whole person and the complexity of the nursing profession and health care; (2) to explore the direct application of an integral process and integral worldview that includes four perspectives of realities—the individual interior and exterior and the collective interior and exterior; and (3) to expand nurses' capacities as twenty-first-century Nightingales, health diplomats, and integral health coaches who coach for integral health—locally to globally. The Theory of Integral Nursing develops the evolutionary growth processes, stages, and levels of humans' development and consciousness to move toward a comprehensive integral philosophy and understanding. This can assist nurses to more deeply map human capacities that begin with healing to evolve to the transpersonal self and connection with the Divine, however defined or identified, and their collective endeavors to create a healthy world.

The Theory of Integral Nursing development process at this time is to strengthen our twenty-first-century nursing endeavors so that we can expand personal awareness of our holistic and caring, healing knowledge and approaches with traditional nursing and health care. Nursing and health care are fragmented. Collaborative practice has not been realized because only portions of reality are seen as being valid within health care and society. Often there is a lack of respect for each other. We also do not consistently listen to the pain and suffering that nurses experience within the profession, and neither do we consistently listen to the pain and suffering of the patient and family members or our colleagues. Self-care is a low priority. Time is not given or valued within practice settings for nurses to address basic self-care such as short breaks for personal needs and meals; this is made worse by short staffing and overtime. Professional burnout is extremely high, and many nurses are very discouraged. Nurse retention is at a crisis level throughout the world. As nurses integrate an integral process and integral worldview and use daily integral life practices, they will be healthy and model health more consistently and understand the complexities of healing. This will then enhance nurses' capacities for empowerment, leadership, and being change agents for a healthy world.

Integral Foundation and the Integral Model

The Theory of Integral Nursing adapts work of Ken Wilber (1949–), one of the most significant American new-paradigm philosophers, to strengthen the core concept of healing. Wilber's integral model is an elegant, four-quadrant model that has been developed over 35 years. In his eight-volume *Collected Works of Ken Wilber*,[50–51] Wilber synthesizes the ideas and theories of the best-known and most influential researchers and theorists to show that no individual or discipline can determine reality or have all the answers.

Many concepts within this integral nursing theory have been researched or are in very formative stages and exploration within integral

medicine, integral healthcare administration, integral business, integral healthcare education, integral psychotherapy, integral coaching, and more.[49,52–54] Within the nursing profession, other nurses are also exploring integral and related theories and ideas.[55–61] But as of yet, no theory of nursing combines Nightingale's philosophical foundation as an integralist with the integral process and integral worldview. When nurses consider the use of an integral lens they are more likely to expand nurses' roles in interdisciplinary dialogues, to explore commonalities, and to examine differences and how to address these across disciplines. Our challenge in nursing is to increase our integral awareness as we increase our nursing capacities, strengths, and voices in all areas of practice, education, research, and healthcare policy.

Content, Context, and Process

To present the Theory of Integral Nursing, Barbara Barnum's framework to critique a nursing theory provides an organizing structure that is most useful.[62] Her approach, which examines content, context, and process, highlights what is most critical to understand a theory, and it avoids duplication of explanations within the theory. In the next section, the Theory of Integral Nursing philosophical assumptions are provided. The reader is encouraged to integrate the integral process concepts and to experience how the word *integral* expands one's thinking and worldview. To delete the word *integral* or to substitute the world *holistic* diminishes the impact of the expansiveness of the integral process and integral worldview and its implications, as previously stated. The philosophical assumptions of the Theory of Integral Nursing are listed in **Table 1-8**.[5]

Content Components

Content of a nursing theory includes the subject matter and building blocks that give a theory form. It comprises the stable elements that are acted on or that do the acting. In the Theory of Integral Nursing, the subject matter and building blocks are as follows: (1) healing, (2) the meta-paradigm of nursing theory, (3) patterns of knowing, (4) the four quadrants that are adapted from Wilber's integral theory (individual interior [subjective, personal/intentional], individual exterior [objective, behavioral], collective interior

TABLE 1-8 Theory of Integral Nursing: Philosophical Assumptions

1. An integral understanding recognizes the wholeness of humanity and the world that is open, dynamic, interdependent, fluid, and continuously interacting with changing variables that can lead to greater complexity and order.
2. An integral worldview is a comprehensive way to organize multiple phenomena of human experience and reality and identifies these phenomena as the individual interior (subjective, personal), individual exterior (objective, behavioral), collective interior (intersubjective, cultural), and collective exterior (interobjective, systems/structures).
3. Healing is a process inherent in all living things; it may occur with curing of symptoms, but it is not synonymous with curing.
4. Integral health is experienced by individuals, and also groups, communities, nations, cultures, and ecosystems as wholeness with development towards personal growth and expanding states of consciousness to deeper levels of personal and collective understanding of one's physical, mental, emotional, social, spiritual, relational, sexual, and psychodynamic dimensions.
5. Integral nursing is founded on an integral worldview, using integral language and integral knowledge that are enacted in these integral life practices and skills.
6. Integral nursing has the capacity to include all ways of knowing and knowledge development.
7. Integral nursing is applicable in any context, and its scope includes all aspects of human experience.
8. An integral nurse is an instrument in the healing process and facilitates healing through her or his knowing, doing, and being.

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[intersubjective, cultural], and collective exterior [interobjective, systems/structures]); and (5) "all quadrants, all levels, all lines," that are adapted from Wilber.[49]

Content Component 1: Healing

The first content component in the Theory of Integral Nursing is healing, which is illustrated as a diamond shape and shown in **Figure 1-8a**. The Theory of Integral Nursing enfolds the central core concept of healing. It embraces the individual as an energy field that is connected with the energy fields of all humanity and the world. Healing is transformed when we consider four perspectives of reality in any moment: (1) the individual interior (personal/intentional), (2) individual exterior (physiology/behavioral), (3) collective interior (shared/cultural), and (4) collective exterior (systems/structures). Using our reflective integral lens of these four perspectives of reality assists us to grasp the complexity that emerges in healing.

Healing includes knowing, doing, and being and is a lifelong journey and process of bringing aspects of oneself at deeper levels into harmony and stages of inner knowing that lead to integration.[5] This healing process places us in a space to face our fears, to seek and express self in its fullness, and to learn to trust life, creativity, passion, and love. Each aspect of healing has equal importance and value and leads to more complex levels of understanding and meaning.

We are born with healing capacities. It is a process inherent in all living things. No one can take healing away from life, although we often get stuck in our healing or forget that we possess it because of life's continuous challenges and perceived barriers to wholeness. Healing can take place at all levels of human experience, but it may not occur simultaneously in every realm. In truth, healing most likely does not occur simultaneously or even in all realms, and yet, the person may still have a perception of healing having happened.[63,64] Healing is not predictable; it may occur with curing of symptoms, but it is not synonymous with curing. Curing may not always happen, but the potential for healing to occur is always present, even at one's last breath. Intention and intentionality are key factors in healing.[65] Intention is the conscious determination to do a specific action or to act in a specific manner; it is the mental state of being committed to, planning to, or trying to perform an action.[64,65] Intentionality is the quality of an intentionally performed action.

FIGURE 1-8a Healing
Source: Copyright © Barbara Dossey, 2007.

Content Component 2: Meta-Paradigm of Nursing Theory

The second content component in the Theory of Integral Nursing is the recognition of the meta-paradigm in a nurse theory—nurse, person, health, and environment (society), shown in **Figure 1-8b**. These concepts are important to the Theory of Integral Nursing because they are encompassed within the quadrants of human experience, as shown in content component 4. Starting with healing at the center, a Venn diagram surrounds healing and implies the interrelated and interdependent impact of these domains as each informs and influences the others; a change in one creates a degree of change in the others, thus affecting healing at many levels.

An integral nurse is defined as a twenty-first-century Nightingale engaged in social action and sacred activism, and as a "health diplomat" and "integral health coach" who is "coaching for integral health."[3,28] As nurses strive to be integrally informed, they are more likely to move to a deeper experience of a connection with the Divine or Infinite, however defined or identified. Integral nursing provides a comprehensive way to organize multiple phenomena of human experience in the four perspectives of reality. The nurse is an instrument in the healing process. She or he brings the whole self into relationship with the whole self of another or a group of significant

others, and this reinforces the meaning and experience of oneness and unity.

A person is defined as an individual (patient/client, family member, significant other) who engages with a nurse in a manner that is respectful of a person's subjective experiences of health, health beliefs, values, sexual orientation, and personal preferences. A person also can be an individual nurse who interacts with a nursing colleague, other healthcare team members, or a group of community members or other groups.

Integral health is the process through which nurses reshape basic assumptions and worldviews about well-being and see death as a natural process of living. Integral health may be symbolically imagined as a jewel with many facets that is reflected as a "bright gem" or a "rough stone" depending on one's situation and stage of personal growth that influence states of health, health beliefs, and values.[63,64]

As described by Don Beck, this jewel may also be imagined as a spiral or a symbol of transformation to higher states of consciousness where we can more fully understand the essential nature of our beingness as energy fields and expressions of wholeness.[66] This includes evolving one's state of consciousness to higher levels of personal and collective understanding of one's physical, mental, emotional, social, and spiritual dimensions. This acknowledges the individual's interior and exterior experiences and the shared collective interior and exterior experiences where authentic power is recognized within each person. Disease and illness at the physical level may manifest for many reasons. It is important not to equate physical health with mental health or spiritual health because they are not the same. Each is a facet of the jewel of integral health.

An integral environment has both interior and exterior aspects. The interior environment includes the individual's feelings; meanings; mental, emotional, and spiritual dimensions; it also includes a person's brain stem, cortex, and other anatomic parts that are internal (inside) aspects of the exterior self. The interior environment also acknowledges the patterns that may not be understood but that may manifest related to various situations or relationships, such as those related to living and nonliving people and things, such as the memory of a deceased relative or animal, or a lost precious object stimulated by a current situation (for example, a touch may bring forth past memories of abuse or suffering). Insights gained through dreams and other reflective practices that reveal symbols, images, and other connections also influence one's interior environment. The exterior environment includes objects that can be seen and measured and that are related to the physical and social in any of the gross, subtle, and causal levels that are discussed in component 4.

FIGURE 1-8b Healing and Meta-Paradigm of Nursing Theory

Source: Copyright © Barbara Dossey, 2007.

Content Component 3: Patterns of Knowing

The third content component in the Theory of Integral Nursing is the recognition of the patterns of knowing in nursing, as shown in **Figure 1-8c**. These six patterns of knowing are personal, empirics, aesthetics, ethics, not knowing, and sociopolitical. As a way to organize nursing knowledge, Carper,[67] in her now classic 1978 article, identifies the four fundamental patterns of knowing (personal, empirics, ethics, aesthetics), which was followed by the introduction of the pattern of not knowing in 1993 by Munhall,[68] and the pattern of sociopolitical knowing by White in 1995.[69] All of these patterns continue to be refined and reframed with new applications and interpretations.[70–74] These patterns of knowing assist nurses in bringing themselves into the full expression of being present in the moment with self and others,[75–78] to integrate aesthetics with science, and to develop the flow of ethical experience with thinking and acting. (As all patterns of knowing in the Theory of Integral Nursing are superimposed on Wilber's four quadrants in Figure 1-8f, these patterns will primarily be positioned as shown; however, they may also appear in one, several, or all quadrants and inform all other quadrants.)

Personal knowing is the nurse's dynamic process and awareness of wholeness that focuses on the synthesis of perceptions and being with self.[79–81] It may be developed through art, meditation, dance, music, stories, and other expressions of the authentic and genuine self in daily life and nursing practice.

Empirical knowing is the science of nursing that focuses on formal expression, replication, and validation of scientific competence in nursing education and practice.[5,71] It is expressed in models and theories and can be integrated into evidence-based practice. Empirical indicators are accessed through the known senses and are subject to direct observation, measurement, and verification.

Aesthetic knowing is the art of nursing that focuses on how to explore experiences and meaning in life with self or another that includes authentic presence, the nurse as a facilitator of healing, and the artfulness of a healing environment.[64,79] It is the combination of knowledge, experience, instinct, and intuition that connects the nurse with a patient or client to explore the meaning of a situation about the human experiences of life, health, illness, and death. It calls forth resources and inner strengths from the nurse to be a facilitator in

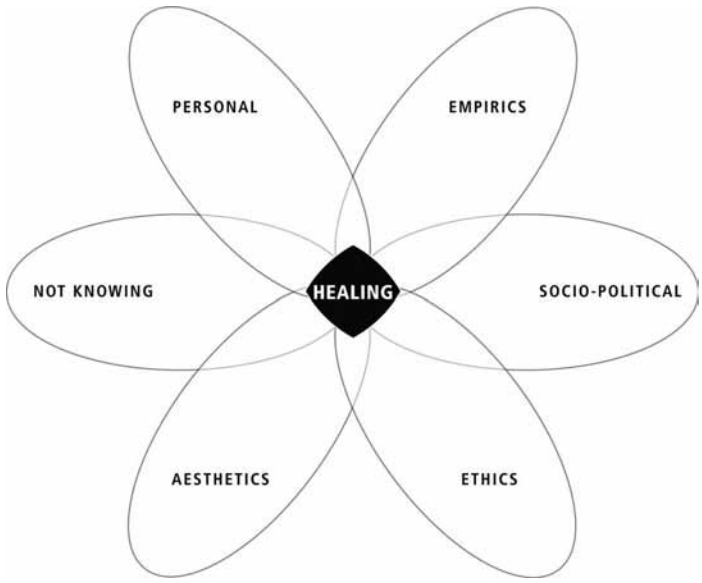

FIGURE 1-8c Healing and Patterns of Knowing in Nursing
Source: Adapted from B. Carper (1978). Copyright © Barbara Dossey, 2007.

the healing process. It is the integration and expression of all the other patterns of knowing in nursing praxis.

Ethical knowing is the moral knowledge in nursing that focuses on behaviors, expressions, and dimensions of both morality and ethics.[67,71] It includes valuing and clarifying situations to create formal moral and ethical behaviors intersecting with legally prescribed duties. It emphasizes respect for the person, the family, and the community that encourages connectedness and relationships that enhance attentiveness, responsiveness, communication, and moral action.

Not knowing is the capacity to use healing presence, to be open spontaneously to the moment with no preconceived answers or goals to be obtained.[79,80] It engages authenticity, mindfulness, openness, receptivity, surprise, mystery, and discovery with self and others in the subjective space and the intersubjective space that allows for new solutions, possibilities, and insights to emerge.

Sociopolitical knowing addresses the important contextual variables of social, economic, geographic, cultural, political, historical, and other key factors in theoretical, evidence-based practice and research.[69] This pattern includes informed critique and social justice for the voices of the underserved in all areas of society along with protocols to reduce health disparities.

Content Component 4: Quadrants

The fourth content component in the Theory of Integral Nursing, as shown in **Figure 1-8d**, examines four perspectives for all known aspects of reality, or expressed another way, it is how we look at and describe anything. The Theory of Integral Nursing core concept of healing is transformed by adapting Ken Wilber's integral model.[50–53]

Starting with healing at the center to represent our integral nursing philosophy, human capacities, and global mission, dotted horizontal and vertical lines are shown to illustrate that each quadrant can be understood as permeable and porous, with each quadrant experience integrally informing and empowering all other quadrant experiences. Within each quadrant we see "I," "We," "It," and "Its" to represent four

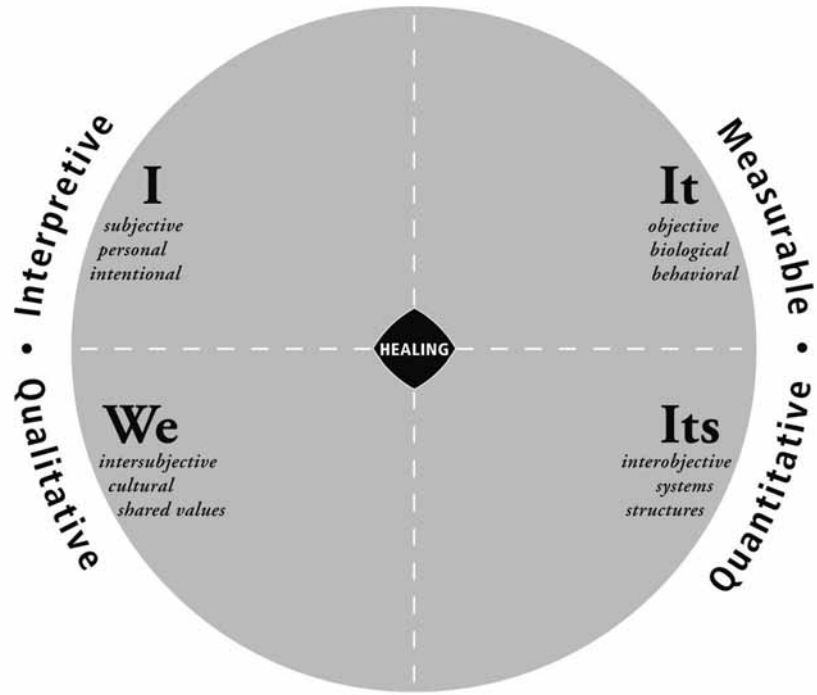

FIGURE 1-8d Healing and the Four Quadrants (I, We, It, Its)
Source: Adapted with permission from Ken Wilber. http://www.kenwilber.com. Copyright © Barbara Dossey, 2007.

perspectives of realities that are already part of our everyday language and awareness. (When working with various cultures it is important to know that within many cultures the "I" comes last or is never verbalized or recognized because the focus is on the "we" and relationships. However, this development of the "I" and awareness of one's personal values are critical to a healthy nurse to decrease burnout and increase nurse renewal and nurse retention.)

Virtually all human languages use first-, second-, and third-person pronouns. First person is "the person who is speaking," which includes the pronouns *I*, *me*, *mine* in the singular and *we*, *us*, *ours* in the plural. Second person means "the person who is spoken to," which includes the pronouns *you* and *yours*. Third person is "the person or thing being spoken about," such as *she*, *her*, *hers*, *he*, *him*, *his*, or *they*, *it*, *their*, and *its*. For example, if I am speaking about my new car, "I" am first person, and "you" are second person, and the new car is third person. If you and I are communicating, the word *we* is used to indicate that we understand each other. *We* is technically first person plural, but if you and I are communicating, then you are second person and my first person are part of this extraordinary *we*. We can simplify first, second, and third person as *I*, *we*, *it*, and *its*.[50,52]

These four quadrants show the four primary dimensions or perspectives of how we experience the world; these are represented graphically as the Upper-Left (UL), Upper-Right (UR), Lower-Left (LL), and Lower-Right (LR) quadrants. It is simply the inside and the outside of an individual and the inside and outside of the collective. It includes expanded states of consciousness where one feels a connection with the Divine and the vastness of the universe and the infinite that is beyond words. Integral nursing considers all of these areas in our personal development and any area of practice, education, research, and healthcare policy—local to global. Each quadrant, which is intricately linked and bound to each other, carries its own truths and language. The specifics of the quadrants are as follows and are shown in **Table 1-9**:

- *Upper-Left (UL):* In this "I" space (subjective; the inside of the individual) can be

TABLE 1-9 Integral Model and Quadrants

UPPER LEFT		UPPER RIGHT
INDIVIDUAL INTERIOR (intentional/personal) "I" space includes self and consciousness (self-care, fears, feelings, beliefs, values, esteem, cognitive capacity, emotional maturity, moral development, spiritual maturity, personal communication skills, etc.)		**INDIVIDUAL EXTERIOR (behavioral/biological)** "It" space that includes brain and organisms (physiology, pathophysiology [cells, molecules, limbic system, neurotransmitters, physical sensations], biochemistry, chemistry, physics, behaviors [skill development in health, nutrition, exercise, etc.])
• Subjective • Interpretive • Qualitative	I / IT	• Objective • Observable • Quantitative
	WE / ITS	
COLLECTIVE INTERIOR (cultural/shared) "We" space includes the relationship to each other and the culture and worldview (shared understanding, shared vision, shared meaning, shared leadership and other values, integral dialogues and communication/morale, etc.)		**COLLECTIVE EXTERIOR (systems/structures)** "Its" space includes the relation to social systems and environment, organizational structures and systems (in healthcare—financial and billing systems), educational systems, information technology, mechanical structures and transportation, regulatory structures (environmental and governmental policies, etc.)
LOWER LEFT		LOWER RIGHT

Source: Ken Wilber, *Integral Psychology: Consciousness, Spirit, Psychology, Therapy* (Boston: Shambhala, 2000). Table adapted with permission from Ken Wilber. http://www.kenwilber.com. Copyright © by Barbara M. Dossey, 2007.

found the world of the individual's interior experiences. These are the thoughts, emotions, memories, perceptions, immediate sensations, and states of mind (imagination, fears, feelings, beliefs, values, esteem, cognitive capacity, emotional maturity, moral development, and spiritual maturity). Integral nursing requires development of the "I."

- *Upper-Right (UR):* In this "It" (objective; the outside of the individual) space can be found the world of the individual's exterior. This includes the material body (physiology [cells, molecules, neurotransmitters, limbic system], biochemistry, chemistry, physics), integral patient care plans, skill development (health, fitness, exercise, nutrition, etc.), behaviors, leaderships skills and integral life practices (see the section titled "Process"), and anything that we can touch or observe scientifically in time and space. Integral nursing with our nursing colleagues and healthcare team members includes the "It" of new behaviors, integral assessment and care plans, leadership, and skills development.
- *Lower-Left (LL):* In this "We" (intersubjective; the inside of the collective) space can be found the interior collective of how we can come together to share our cultural background, stories, values, meanings, vision, language, relationships, and how to form partnerships to achieve a healing mission. This can decrease our fragmentation and enhance collaborative practice and deep dialogue around things that really matter. Integral nursing is built upon "We."
- *Lower-Right (LR):* In this "Its" space (interobjective; the outside of the collective) can be found the world of the collective, exterior things. This includes social systems/structures, networks, organizational structures, and systems (including financial and billing systems in health care), information technology, regulatory structures (environmental and governmental policies, etc.), and any aspect of the technological environment and in Nature and the natural world. Integral nursing identifies the "Its" in the structure that can be enhanced to create more integral awareness and integral partnerships to achieve health and healing—local to global.

On the outside of the Figure 1-8d, the left-hand quadrants (Upper-Left, Lower-Left) describe aspects of reality as interpretive and qualitative. In contrast, the right-hand quadrants (Upper-Right, Lower-Right) describe aspects of reality as measurable and quantitative. When we fail to consider these subjective, intersubjective, objective, and interobjective aspects of reality, our endeavors and initiatives are fragmented and narrow and we often fail to reach identified outcomes and goals. The four quadrants are a result of the differences and similarities in Wilber's investigation of the many aspects of identified reality.[49–54] The model describes the territory of our own awareness that is already present within us and an awareness of things outside of us. These quadrants help us connect the dots of the actual process to understand more deeply who we are and how we are related to others and all things.

Content Component 5: AQAL (All Quadrants, All Levels)

The fifth content component in the Theory of Integral Nursing is the exploration of Wilber's "all quadrants, all levels, all lines, all states, all types" or AQAL (pronounced ah-qwul), as shown in **Figure 1-8e**. These levels, lines, states, and types are important elements of any comprehensive map of reality. The integral model simply assists us in further articulating and connecting all areas, awarenesses, and depths in these four quadrants. Briefly, these levels, lines, states, and types are as follows:[49]

- *Levels:* Levels of development that become permanent with growth and maturity (e.g., cognitive, relational, psychosocial, physical, mental, emotional, spiritual) that represent increased organization or complexity. These levels are also referred to as waves and stages of development. Each individual possesses the masculine and feminine voice or energy. Neither masculine nor feminine is higher or better; they are two equivalent types at each level of consciousness and development.
- *Lines:* Developmental areas that are known as multiple intelligences: cognitive line

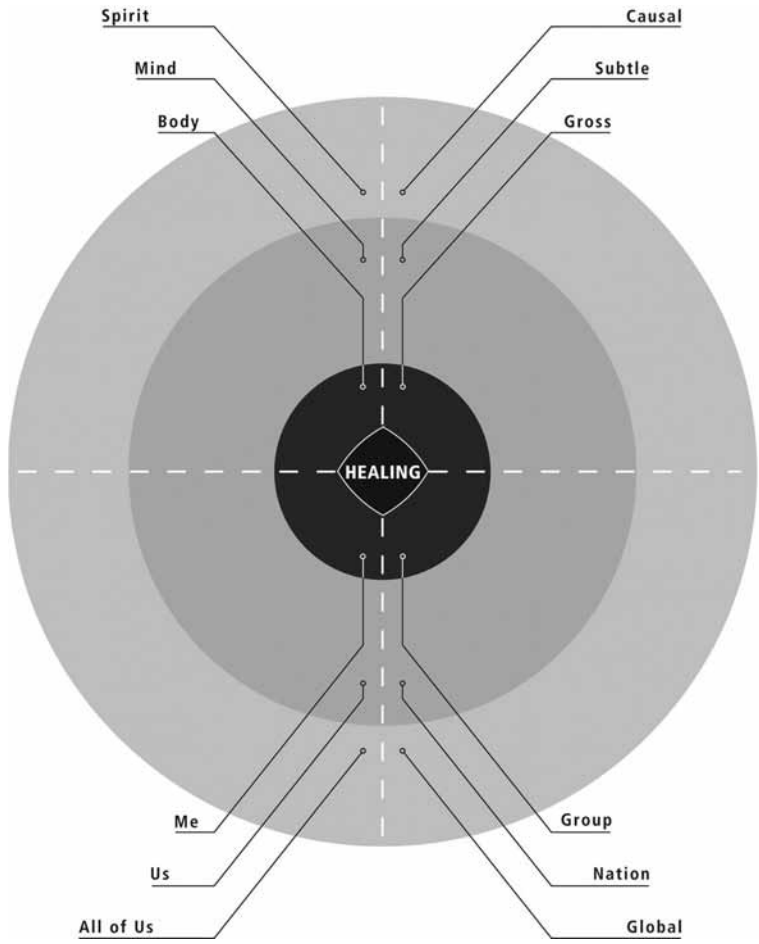

FIGURE 1-8e Healing and AQAL (All Quadrants, All Levels)
Source: Adapted with permission from Ken Wilber. http://www.kenwilber.com. Copyright © Barbara Dossey, 2007.

(awareness of what is); interpersonal line (how I relate socially to others); emotional/affective line (the full spectrum of emotions); moral line (awareness of what should be); needs line (Maslow's hierarchy of needs); aesthetics line (self-expression of art, beauty, and full meaning); self-identity line (who am I?); spiritual line (where spirit is viewed as its own line of unfolding, and not just as ground and highest state); and values line (what a person considers most important; studied by Clare Graves and brought forward by Don Beck[66] in his Spiral Dynamics Integral that is beyond the scope of this chapter).

- *States:* Temporary changing forms of awareness: waking, dreaming, deep sleep, altered meditative states (resulting from meditation, yoga, contemplative prayer, etc.), altered states (resulting from mood swings, physiology, and pathophysiology shifts with disease, illness, seizures, cardiac arrest, low or high oxygen saturation, or drugs), peak experiences (triggered by intense listening to music, walks in Nature, love making, mystical experiences such as hearing the voice of God or the voice of a deceased person, etc.).
- *Types:* Differences in personality and masculine and feminine expressions and

development (e.g., cultural creative types, personality types, enneagram).

This part of the Theory of Integral Nursing, as shown in Figure 1-8e, starts with healing at the center surrounded by three increasing concentric circles with dotted lines of the four quadrants. This aspect of the integral theory moves to higher orders of complexity through personal growth, development, expanded stages of consciousness (permanent and actual milestones of growth and development), and evolution. These levels or stages of development can also be expressed as being self-absorbed (such as a child or infant), which evolves to ethnocentric (centers on group, community, tribes, nation), to worldcentric (care and concern for all peoples regardless of race, color, sex, gender, sexual orientation, creed), to the global level.

In the Upper Left, the "I" space, the emphasis is on the unfolding awareness from body to mind to spirit. Each increasing circle includes the lower as it moves to the higher level. This quadrant is further explained in the section on process.

The Upper Right, the "It" space, is the external of the individual. Every state of consciousness has a felt energetic component that is expressed from the wisdom traditions as three recognized bodies: gross, subtle, and causal.[49] We can think of these three bodies as the increasing capacities of a person toward higher levels of consciousness. Each level is a specific vehicle that provides the actual support for any state of awareness. The gross body is the individual physical, material, sensorimotor body that we experience in our daily activities. The subtle body manifests when we are not aware of the gross body of dense matter, but of a shift to light, energetic, emotional feelings and fluid and flowing images. Examples are a shift during a dream, during different types of body work, during walks in Nature, or during other experiences that move us to a profound state of bliss. The causal body is the body of the infinite that is beyond space and time. Causal also includes all aspects of Era III medicine and nonlocality where minds of individuals are not separate in space and time. When this is applied to consciousness, separate minds behave as if they are linked regardless of how far apart in space and time they may be. Nonlocal consciousness may underlie phenomenon such as remote healing, intercessory prayer, telepathy, premonitions, as well as so-called miracles. Nonlocality also implies that the soul does not die with the death of the physical body—hence, immortality forms some dimension of consciousness.[33,34] Nonlocality can also be both an upper- and lower-quadrant phenomenon.

The Lower Left, the "We" space, is the interior collective dimension of individuals that come together. The concentric circles from the center outward represent increasing levels of complexity of our relational aspect of shared cultural values. This is where teamwork and the interdisciplinary and transpersonal disciplinary development occur. The inner circle represents the individual labeled as *me*; the second circle represents a larger group labeled *us*; the third circle is labeled *all of us* to represent the largest group consciousness that expands to all people. These last two circles may include not only people, but animals, Nature, and nonliving things that are important to individuals.

The Lower Right, the "Its" space, the exterior social system and structures of the collective, is represented with concentric circles. An example within the inner circle might be a group of healthcare professionals in a hospital clinic or department or the complex hospital system and structure. The middle circle expands in increased complexity to include a nation; the third concentric circle represents even greater complexity to the global level where the health of all humanity and the world is considered. It is also helpful to emphasize that these groupings are the physical dynamics such as the working structure of a group of healthcare professionals versus the relational aspect that is a lower-left aspect, and the technical and informatics structure of a hospital or a clinic.

Integral nurses strive to integrate concepts and practices related to body, mind, and spirit (all levels) in self, culture, and Nature (all quadrants). The individual interior and exterior—"I" and "It"—as well as the collective interior and exterior—"We" and "Its"—must be developed, valued, and integrated into all aspects of culture and society. The AQAL integral approach suggests that we consciously touch all of these areas and do so in relation to self, to others, and the natural world. Yet to be integrally informed does not mean that we have to master all of these areas; we

just need to be aware of them and choose to integrate integral awareness and integral practices. Because these areas are already part of our being-in-the-world and can't be imposed from the outside (they are part of our makeup from the inside), our challenge is to identify specific areas for development and find new ways to deepen our daily integral life practices.

Wilber uses the term *holon* to describe anything that is itself whole or part of some other whole that creates structures, from the very smallest to the largest, with increasing complexity.[49] The upper half of the model represents the individual holons, or the "micro world." The lower quadrants represent the social or communal holons, or the "macro world." These holons create a holarchy of natural evolutionary processes. As one progresses up a holarchy, the lower levels of holons are transcended and included and thus are foundational. All of the entities or holons in the right-hand quadrants possess simple location. These are things that are perceived with our senses such as rocks, villages, organisms, ecosystems, and planets. However, none of the entities or holons in the left-hand quadrants possess simple location. One cannot see feelings, concepts, states of consciousness, or interior illumination. They are complex experiences that exist in emotional space, conceptual space, spiritual space, and in our mutual understanding space. The development of one's individual consciousness as part of self-care is primary to the development of all other quadrants and integral thinking, application, and integration.

This aspect of the Theory of Integral Nursing helps us under coherence and resilience.[78] *Coherence* is the quality of being logically integrated, consistent, and intelligible (as a coherent statement). It implies correlations, connectedness, consistency, efficient energy utilization, wholeness, and global order. A *coherent state* is an increase in physiologic efficiency, and alignment of the mental and emotional systems accumulates resilience (energy) across all four energetic domains. *Resilience* is related to self-management and efficient utilization of energy resources across four domains: physical, emotional, mental, and spiritual. High-level resilience helps us recover from challenging situations and prevents unnecessary stress reactions (frustration, impatience, anxiety) that deplete physical and psychological resources. *Physical resilience* is reflected in physical flexibility, endurance, and strength. *Mental resilience* is reflected in attention span, mental flexibility, optimistic worldview, and ability to integrate multiple points of view. *Emotional resilience* is related to one's ability to self-regulate the degree of emotional flexibility, positive emotions, and relationships. *Spiritual resilience* is related to commitment to core values, intuition, and tolerance of others' values and beliefs.

Structure

The structure of the Theory of Integral Nursing is shown in **Figure 1-8f**. All content components are overlaid to create a mandala to symbolize wholeness. Healing is placed at the center, and then the meta-paradigm of nursing (integral nurse, person, integral health, integral environment), the patterns of knowing (personal, empirics, aesthetics, ethics, not knowing, sociopolitical), the four quadrants (subjective, objective, intersubjective, interobjective), and all quadrants and all levels of growth, development, and evolution. (Note: Although the patterns of knowing are superimposed as they are in the various quadrants, they can also fit into other quadrants.)

Using the language of Ken Wilber[49] and Don Beck[66] and his Spiral Dynamics Integral, individuals move through primitive, infantile consciousness to an integrated language that is considered first-tier thinking. As they move up the spiral of growth, development, and evolution and expand their integral worldview and integral consciousness, they move into what is considered second-tier thinking and participation. This is a radical leap into holistic, systemic, and integral modes of consciousness. Wilber also expands to a third-tier stage of consciousness that addresses an even deeper level of transpersonal understanding that is beyond the scope of this chapter.[54]

Context

Context in a nursing theory is the environment in which nursing acts occur and the nature of the world of nursing. In an integral nursing environment, the nurse strives to be an integralist, which means that she or he strives to be integrally informed and is challenged to further develop an integral worldview, integral life

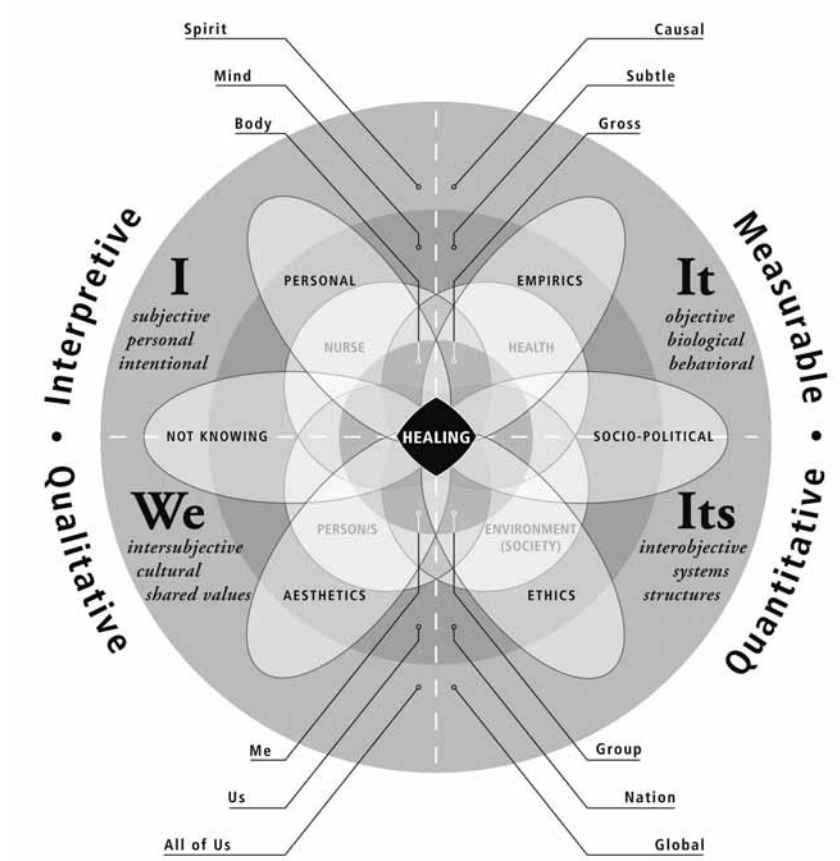

FIGURE 1-8f Theory of Integral Nursing (Healing, Meta-Paradigm, Patterns of Knowing in Nursing, Four Quadrants, and AQAL)
Source: Adapted with permission from Ken Wilber. http://www.kenwilber.com. Copyright © Barbara Dossey, 2007.

practices, and integral capacities, behaviors, and skills. An integral nurse values, articulates, and models the integral process and integral worldview, as well as integral life practices and self-care in nursing practice, education, research, and healthcare policies. The term *nurse healer* is used to describe a nurse as an instrument in the healing process and a major part of the exterior healing environment of a patient, family, or another. Nurses assist and facilitate individuals with accessing their own healing process and potentials; the nurses do not do the actual healing. An integral nurse also recognizes self as part of the exterior healing environment interacting with a person, family, or colleague and enters into a shared experience (or field of consciousness) that promotes healing potentials and an experience of well-being.

A key concept in an integral healing environment, both interior and exterior, is meaning, which addresses that which is indicated, referred to, or signified.[82] Philosophical meaning is related to one's view of reality and the symbolic connections that can be grasped by reason. Psychological meaning is related to one's consciousness, intuition, and insight. Spiritual meaning is related to how one deepens personal experience of a connection with the Divine, or whatever mechanism or modalities are used by an individual to feel a sense of oneness, belonging, and a feeling of connection in this human journey of life.

Process

Process in a nursing theory is the method by which the theory works. An integral healing process contains both nurse processes and patient, family, healthcare workers' processes (individual interior and individual exterior), and collective healing processes of individuals and of systems/structures (collective interior and exterior). This is the understanding of the unitary whole person interacting in mutual process with the environment.

There are many opportunities to increase our integral awareness, application, and understanding each day. Reflect on all that you do each day in your work and life—analyzing, communicating, listening, exchanging, surveying, involving, synthesizing, investigating, interviewing, mentoring, developing, creating, researching, teaching, and creating new schemes for what is possible. Before long you will realize how these four quadrants and realities fit together. You will also discover whether you are completely missing a quadrant, thus an important part of reality. As we address and value the individual interior and exterior, the "I" and "It," as well as the collective interior and exterior, the "We" and "Its," a new level of integral understanding emerges, and we may find that there is also more balance and harmony each day. By incorporating the integral nursing principles discussed next, we may assist others to discover their own healing path. The reader is referred to Figure 1-8f and Table 1-9 for specific components of each quadrant. **Figure 1-9** provides examples of Florence Nightingale's integral ideas as related to each integral nursing principle.

Integral Nursing Principle 1: Nursing Requires Development of the "I"

Integral nursing principle 1 recognizes the interior individual "I" (subjective) space. Each of us must value the importance of exploring one's health and well-being starting with our own personal exploration and development on many levels.[83–86]

Nightingale saw nursing first as a calling that was very individual and personal. Throughout her life and nursing career, she reflected carefully on her own thoughts, motives, and desires, as well as her own knowledge, skills, and conduct. In her 1888 address she wrote: "Nursing work must be quiet work—An individual work—Anything else is contrary to the whole realness of the work. Where am I, the individual, in my utmost soul? What am I, the inner woman [man], called 'I'?—That is the question."[87] This development of the individual "I" supports each nurse in deeply understanding one's interior as well as developing the qualities of nursing presence, the aesthetic knowing of nursing as art, and much more. As Nightingale wrote in 1868:

> Nursing is an art; and if it is to be made an art, it requires as exclusive a devotion, as hard a preparation, as any painter's or sculptor's work; for what is the having to do with dead canvas or cold marble, compared with having to do with the living spirit—the temple of God's spirit? It is one of the Fine Arts; I had almost said, the finest of the Fine Arts.[88]

As nurses continually address their stress, burnout, suffering, and soul pain, as discussed in the next principle, this can assist us to understand the necessity of personal healing and self-care directly related to nursing as art, where we develop qualities of nursing presence and inner reflection. Nurse presence is also a way of approaching a person that respects and honors the person's essence; it is relating in a way that reflects a quality of "being with" and "in collaboration with," as discussed in the next principle.[79] Our own inner work also helps us to hold deeply a conscious awareness of our own roles in creating a healthy world. We recognize the importance of addressing one's own shadow that, as described by Jung[89] is a composite of personal characteristics and potentials that have been denied expression in life and of which a person is unaware; the ego denies the characteristics because they are in conflict and incompatible with a person's chosen conscious attitude.

In this "I" space, integral self-care is valued, which means that integral reflective practices are integrated and can be transformative in our developmental process. We become more integrally conscious in our knowing, doing, and being and in all aspects of our personal and professional endeavors. Mindfulness is the practice of giving attention to what is happening in the present moment such as our thoughts,

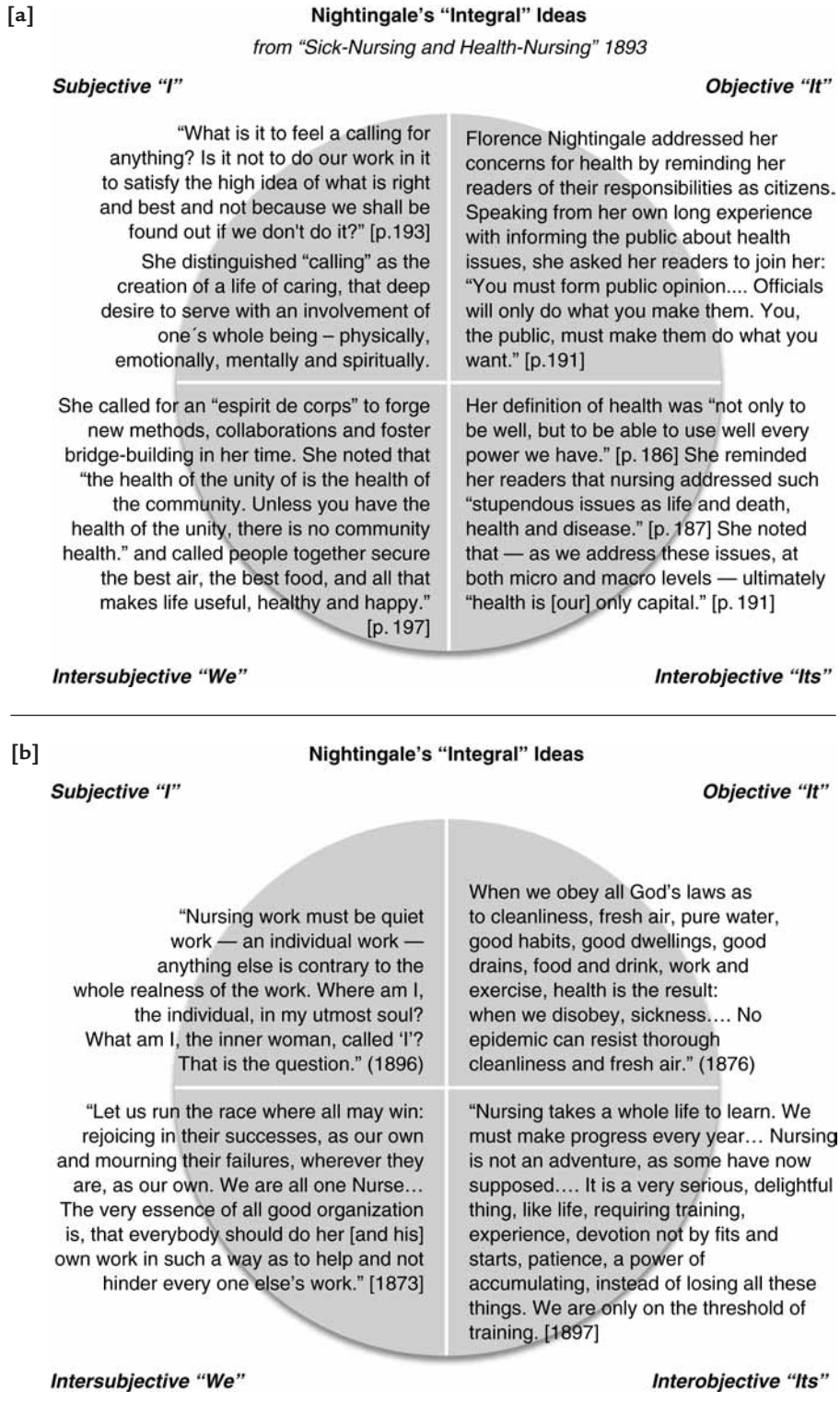

FIGURE 1-9 Florence Nightingale's integral ideas.

Source: Used with permission from the Nightingale Initiative for Global Health (NIGH), Ottawa, Ontario, Canada and Washington, DC and B. M. Dossey, L. C. Selanders, D. M. Beck, and A. Attewell, Florence Nightingale Today: Healing, Leadership, Global Action (Silver Spring, MD: NursesBooks.Org, 2005).

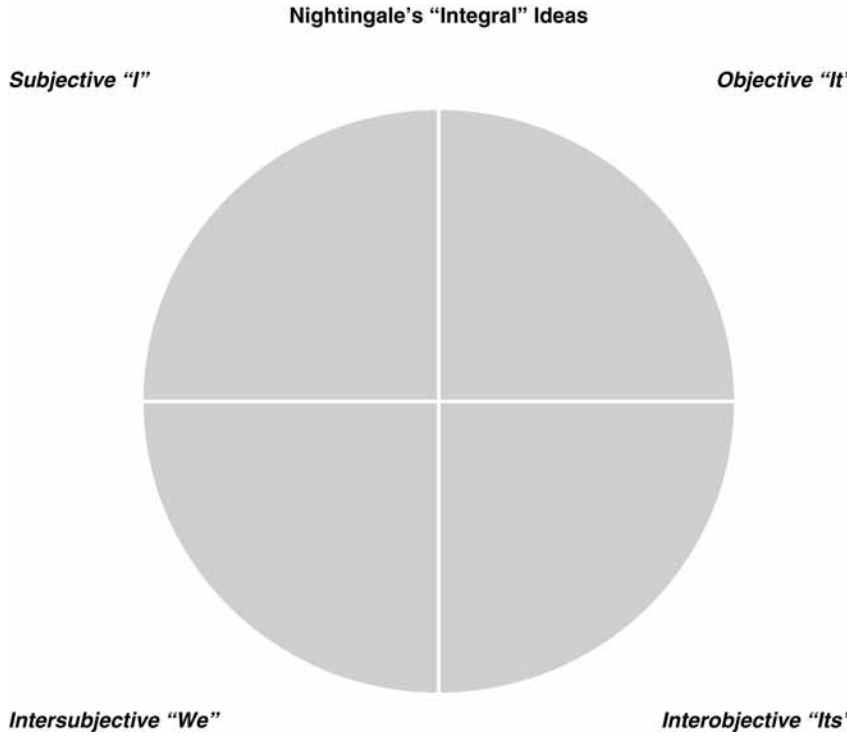

FIGURE 1-9 Florence Nightingale's integral ideas. *(continued)*
Source: Used with permission from the Nightingale Initiative for Global Health (NIGH), Ottawa, Ontario, Canada and Washington, DC and B. M. Dossey, L. C. Selanders, D. M. Beck, and A. Attewell, Florence Nightingale Today: Healing, Leadership, Global Action (Silver Spring, MD: NursesBooks.Org, 2005).

feelings, emotions, and sensations. To cultivate the capacity of mindfulness practices one may include mindfulness meditation, centering prayer, and other reflective practices such as journaling, dream interpretation, art, music, or poetry that leads to an experience of nonseparateness and love; it involves developing the qualities of stillness and being present for one's own suffering, which also allows for full presence when with another.

In our personal process, we recognize conscious dying where time and thought are given to contemplate one's own death. Through a reflective practice one rehearses and imagines one's final breath to practice preparing for one's own death. This integral practice prepares us to not be so attached to material things, not to spend so much time thinking about the future but living in this moment as often as we can, and to live fully until death comes. We are more likely to participate and fully engage with deeper compassion in the death process with others and ultimately with self. Death is seen as the mirror in which the entire meaning and mystery of life are reflected—the moment of liberation. Within an integral perspective the state of transparency, the understanding that there is no separation between our practice and our everyday life, is recognized.[79,80] This is a mature practice that is wise and empty of a separate self.

Integral Nursing Principle 2: Nursing Is Built on "We"

Integral nursing principle 2 recognizes the importance of the "We" (intersubjective) space where nurses come together and are conscious of sharing their worldviews, beliefs, priorities, and values related to enhancing integral self-care and integral health care. It includes being fully present and focused with intention to understand what another person (patient, family, colleague, or other) is expressing, or not expressing. Deep

listening is valued. When we listen authentically to a client share her or his story, whether it is about illness or other life challenges that include the person's cultural worldviews and rituals, we assist them to transform crisis into wisdom and helplessness into hope that increases body-mind-spirit healing.[90,91]

This focus begins an energy flow—by setting an intention for the healing of the client/patient—that moves from gross body (physical), to the subtle body (light, energy, emotional feelings), to the causal body (the infinite formless state) where realization of not being separate from others is experienced. This energy healing is used to describe the subtle flow of energy within and around a person—creating a field that is experienced by the individual. This is the ability to open one's heart, to be present for all levels of suffering, such that suffering may be transformed for others, as well as for self. This is bearing witness and being present for things as they are—a state achieved through reflective and contemplative practice that leads to an experience of nonseparateness.[80] It involves developing the qualities of stillness to be present for suffering and the sufferer.

Within nursing, health care, and society, there is much suffering, moral suffering, moral distress, and soul pain, as shown in **Table 1-10**.[81] We are often called on to "be with" these difficult human experiences and to use our nursing presence. Our sense of "We" supports us in recognizing the phases of suffering—"mute" suffering, "expressive" suffering, and "new identity" in suffering.[80,81] When we feel alone, as nurses, we experience mute suffering; this is an inability to articulate and communicate with others one's own suffering. Our challenge in nursing is to more skillfully enter into the phase of "expressive" suffering where sufferers seek language to express their frustrations and experiences such as in sharing stories in a group process. Outcomes of this experience often move toward new identity in suffering through new meaning-making where one makes new sense of the past, interprets new meaning in suffering, and can envision a new future. A shift in one's consciousness allows for a shift in one's capacity to be able to transform her or his suffering from causing distress to finding some new truth and meaning in it. As we create times for sharing and giving voice to our concerns, new levels of healing may happen.

Nightingale consistently realized the value of collaborating well with others, especially nursing colleagues. She focused on what "we" as nurses can do together as a team. She saw that sustainable nursing practice constantly requires strong nursing teamwork, as she expressed in 1883:

> Let us run the race where all may win, rejoicing in their successes, as our own, and mourning their failures, wherever they are as our own. . . . We are all one

TABLE 1-10 Suffering, Moral Suffering, Moral Distress, and Soul Pain

Suffering: An individual's story around pain where the signs of suffering may be physical, mental, emotional, social, behavioral, and/or spiritual; it is an anguish experienced—internal and external—as a threat to one's composure, integrity, and the fulfillment of intentions.

Moral suffering: Occurs when an individual experiences tensions or conflicts about what is the right thing to do in a particular situation; it often involves the struggle of finding a balance between competing interests or values.

Moral distress: Occurs when an individual is unable to translate moral choices into moral actions and when prevented by obstacles, either internal or external, from acting upon them.

Soul pain: The experience of an individual who has become disconnected and alienated from the deepest and most fundamental aspects of one's self.

Source: Used with permission. J. Halifax, B. M. Dossey, and C. H. Rushton, Being With Dying: Compassionate End-of-Life Training Guide (Santa Fe, NM: Prajna Mountain Press, 2007). Adapted from A. Jameston, Nursing Practice: The Ethical Issues (Englewood Cliffs, NJ: Prentice Hall, 1984), and M. Kearney, Mortally Wounded (New York: Scribner, 1996).

> Nurse. The very essence of all good organizations is, that everybody should do her [or his] own work in such a way as to help and not hinder every one else's work.[92]

An integral nurse considers transpersonal dimensions. This means that interactions with others move from conversations to a deeper dialogue that goes beyond the individual ego; it includes the acknowledgment and appreciation for something greater that may be referred to as spirit, nonlocality, unity, or oneness.[32,35] Transpersonal dialogues contain an integral worldview and recognize the role of spirituality, which is the search for the sacred or holy that involves feelings, thoughts, experiences, rituals, meaning, value, direction, and purpose as valid aspects of the universe. Spirituality is a force that can unify a person with all that is—the essence of beingness and relatedness that permeates all of life and is manifested in one's knowing, doing, and being; it is usually, though not universally, considered the interconnectedness with self, others, Nature, and God/Life Force/Absolute/Transcendent. From an integral perspective, spiritual care is an interfaith perspective that takes into account dying as a developmental process and natural human process that emphasizes meaningfulness and human and spiritual values.[82] Religion is recognized as the codified and ritualized beliefs, behaviors, and rituals that take place in a community of like-minded individuals involved in spirituality.[82] Our challenge is to enter into deep dialogue to more fully understand religions different from our own so that we may be tolerant where there are differences.

In this "We" space, nurses come together and are conscious of sharing their worldviews, beliefs, priorities, and values related to working together in ways that enhance integral self-care and integral health care. Deep listening is valued; this is being present and focused with intention to understand what another person is expressing or not expressing. Bearing witness to others, the state achieved through reflective and mindfulness practices, is also valued.[80] Through mindfulness one can achieve states of equanimity, the stability of mind that allows us to be present with a good and impartial heart no matter how beneficial or difficult the conditions; it is being present for the sufferer and suffering just as it is while maintaining a spacious mindfulness in the midst of life's changing conditions. Compassion is bearing witness and loving kindness, which is manifest in the face of suffering. The realization of the self and another as not being separate is experienced; it is the ability to open one's heart and be present for all levels of suffering so that suffering may be transformed for others, as well as for the self. A useful phrase to consider is "I'm doing the best that I can."[80] Compassionate care assists us in living as well as being with the dying person, the family, and others. We can touch the roots of pain and become aware of new meaning in the midst of pain, chaos, loss, and grief.

Integral action is the actual practice and process that creates the condition of trust where a plan of care is co-created with the patient, and care can be given and received. Full attention and intention to the whole person, not merely the current presenting symptoms, illness, crisis, or tasks to be accomplished, reinforce the person's meaning and experience of community and unity. Engagement between an integral nurse and a patient, family member, or colleague is done in a respectful manner; each patient's subjective experience about health, health beliefs, and values are explored. We deeply care for others and recognize our own mortality and that of others.

The integral nurse uses intention, which is the conscious awareness of being in the present moment with self or another person, to help facilitate the healing process; it is a volitional act of love. The nurse is also aware of the role of intuition, which is the perceived knowing of events, insights, and things without a conscious use of logical, analytical processes; it may be informed by the senses to receive information. Intuition is a type of experience of sudden insight into a feeling, a solution, or problem where time and things fit together in a unified experience, such as understanding about pain and suffering, or a moment in time with another. This is an aspect within the pattern of unknowing. Integral nurses recognize love as the unconditional unity of self with others. This love generates loving kindness, the open, gentle, and caring state of mindfulness that assist one's with nursing presence.

There is an awareness of integral communication that is a free flow of verbal and nonverbal

interchange between and among people and pets and significant beings such as God/Life Force/Absolute/Transcendent. This type of sharing leads to explorations of meaning and ideas of mutual understanding and growth and loving kindness.

Integral Nursing Principle 3: "It" Is About Behavior and Skill Development

Integral nursing principle 3 recognizes the importance of the individual exterior "It" (objective) space. In this "It" space of the individual exterior, each person develops and integrates her or his integral self-care plan. This includes skills, behaviors, and action steps to achieve a fit body through strength training and stretching, as well as the conscious eating of healthy foods. It is also modeling integral life skills. For the integral nurse and patient, this is also the space where the "doing to" and "doing for" occur. However, the integral nurse also combines her or his nursing presence with nursing acts to assist the patient to access personal strengths, to release fear and anxiety, and to provide comfort and safety. There is the awareness of conscious dying to assist the dying patient who wishes to have minimal medication and treatment to stay as alert as possible while receiving comfort care until she or he makes the death transition.

Nightingale saw nursing as an integral and spiritual practice where each nurse blends knowledge with ongoing observations to develop and refine nursing practice—to continually combine the external observations of the body and behaviors and, thus, to develop new skills and behaviors. About this dynamic, Nightingale eloquently observed and wrote in 1876:

> When we obey all God's laws as to cleanliness, fresh air, pure water, good habits, good dwellings, good drains, food and drink, work and exercise, health is the result: when we disobey, sickness. 110,000 lives are needlessly sacrificed every year in this kingdom by our disobedience, and 22,000 people are needlessly sick all year round. And why? Because we will not know, will not obey God's simple health laws. No epidemic can resist thorough cleanliness and fresh air.[93]

Within this integral nursing principle, integral nurses with nursing colleagues and healthcare team members compile the data around physiologic and pathophysiologic assessment, nursing diagnosis, outcomes, and plans of care (including medications, technical procedures, monitoring, treatments, protocols, implementation, and evaluation). This is also the space that includes patient education and evaluation. Integral nurses cocreate plans of care with patients when possible, combining caring, healing interventions and modalities and integral life practices that can interface and enhance the success of traditional medical and surgical technology and treatment. Some common interventions are relaxation, music, imagery, massage, touch therapies, stories, poetry, healing environment, fresh air, sunlight, flowers, soothing and calming pictures, pet therapy, and more.

Integral Nursing Principle 4: "Its" Is Systems and Structures

Integral nursing principle 4 recognizes the importance of the exterior collective "Its" (interobjective) space. In this "Its" space, integral nurses and the healthcare team come together to examine their work, their priorities, use of technologies, and any aspect of the technological environment. They also create exterior healing environments that incorporate Nature and the natural world when possible such as with outdoor and indoor healing gardens, use of green materials with soothing colors, and sounds of music and Nature. Integral nurses identify how they might work together as an interdisciplinary team to deliver more effective patient care and coordination of care.

Nightingale saw nursing as a profession where continual progress with self and others required attention, and she wrote about this in 1897:

> Nursing takes a whole life to learn. We must make progress in it every year. . . . It has been recorded that the three principles which represent the deepest wants of human nature, both in the East and the West, are the principles of discipline, of religion (or the tie to God), of contentment. . . . Nursing is not an adventure, as some have now supposed: "Where fools rush in where angels fear

> to tread." It is a very serious, delightful thing, like life, requiring training, experience, devotion not by fits and starts, patience, a power of accumulating, instead of losing—all these things. We are only on the threshold of training.[94]

Application

This section offers examples of how to apply the Theory of Integral Nursing to practice, education, research, healthcare policy, and global nursing.

Practice

The Theory of Integral Nursing can be used in any clinical situation to explore aspects of integral awareness within all quadrants. The following example illustrates this point. Following a shopping trip with her husband and daughter, a woman had a seizure as she sat in her car. She lost consciousness but regained a conscious and alert state within several minutes. The husband immediately drove her to an emergency room. In this situation, which is more important? Is it the patient's brain (Upper Right—neural pathways and brain seizure focal areas) or the patient's and family's mind (Upper Left—emotions, meaning, thoughts, perceptions, fears)? Is it the nurse (Upper Left) or the nurse with the neurologist working together (Lower Left) or the emergency room (Lower Right)?

In an integral approach, the answer is that all of these questions are equally important to prevent this individual from further seizures and potential complications. When all quadrants are addressed a collaborative, integral treatment plan can be developed. It is also important to ensure that the patient and the family are kept aware of what is happening, and the patient flow in the emergency room is kept at a safe and effective pace. Each quadrant represents an equal quarter of reality, of the totality of our being and existence. This model helps us touch and link all aspects of reality, including the importance of the nurse addressing her or his own needs.

Another example of integral theory in clinical practice is from an empirical study that provides support for the use of story as a mechanism to promote well-being in nurses and to improve environments in which nurses work.[95] These nurses' stories reveal that data descriptors include dimensions of the individual interior and exterior and the collective interior and exterior. Nurses can communicate a common bond and connection through sharing stories about the nursing profession that spans generations, care settings, specialty, levels of education, training, and experience.

The Theory of Integral Nursing (TIN) provides a conceptual framework for nurses that is the integration of complementary and alternative therapies (CAT) into the routine care of patients receiving rehabilitation services. Juliann Perdue developed the Integrative Rehabilitation Model, as shown in **Figure 1-10**, as a foundation for the integration of complementary and alternative therapies in integrative rehabilitation that occurs in a number of settings: general hospital, inpatient rehabilitation facility, outpatient rehabilitation clinic, and skilled nursing facilities or long-term care.[96]

The model also depicts the core aspects of rehabilitation nursing's research agenda, which includes: (1) nursing and nursing-led interdisciplinary interventions to promote function in people of all ages with disability and/or chronic health problems; (2) experience of disability and/or chronic health problems for individuals and families across the life span; (3) rehabilitation in the changing healthcare system; and (4) the rehabilitation nursing profession.

The Integrative Rehabilitation Model correlates well with the meta-paradigm of nursing and the four quadrants of reality. **Table 1-11** outlines the interconnectedness of the nurse, person, health, and environment with the realities of "I," "It," "We," and "ITS." Through true presence and effective dialogue, the nurse establishes a safe environment for open communication regarding personal use and disclosure of CAT, as well as the sharing of knowledge and attitudes toward CAT.

The Theory of Integral Nursing with the Vulnerability Model (see Chapter 24) and the Integrative Functional Health Model (see Chapters 13 and 29) is one of the three major components of a 6-month Integrative Nurse Coach Certificate Program.[97] (See Chapter 9.) James Baye has also applied integral principles in his private coaching practice as well as in his global projects that

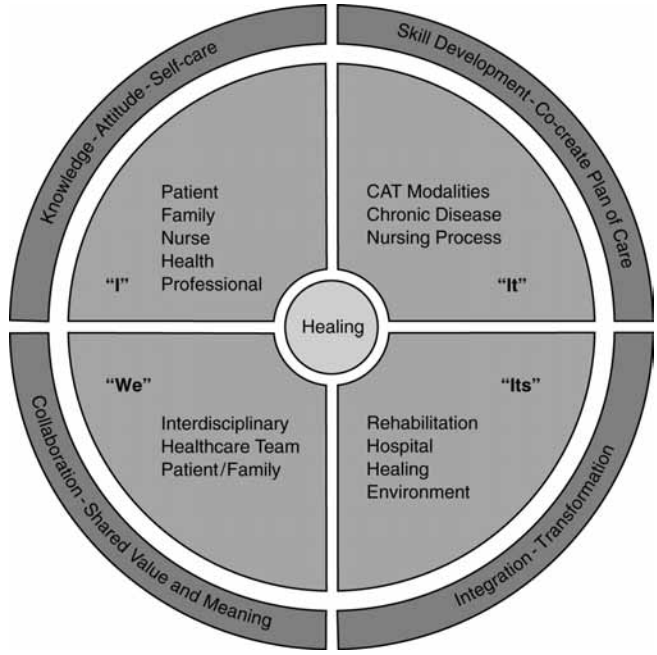

FIGURE 1-10 Integrative rehabilitation model.
Source: Used with permission. Copyright ©2011. Juliann S. Perdue, DNP, RN, FNP, Assistant Professor & Clinical Site Coordinator, California Baptist University, School of Nursing, Riverside, California.

TABLE 1-11 Meta-Paradigm of Nursing and the Four Quadrants of Reality
Integrative Rehabilitation Model correlates well with the meta-paradigm of nursing and the four quadrants as modified from Barbara Dossey's Theory of Integral Nursing (2008).

Quadrants of Reality		Meta-Paradigm of Nursing			
		Nurse	Person	Health	Environment
	"I" Individual Exterior	Self	Patient Family Healthcare professional	Self-care	Knowledge Attitude Values & Beliefs
	"It" Individual Exterior	Nursing Process ▪ Assessment ▪ Diagnosis ▪ Outcomes ▪ Planning ▪ Implementation ▪ Evaluation	Chronic disease Disability	CATs Skill development Co-create plan of care	Patient room/unit Therapeutic space
	"We" Collective Interior	Nursing profession ▪ CRRN*	Interdisciplinary team Patient/Family	Relationship-centered care	Collaboration Shared meaning
	"ITS" Collective Exterior	Theory of Integral Nursing (TIN)	Rehab professionals Vision & Mission of organization CAT practitioners	Integral healthcare	Rehabilitation hospital Healing environment Transformational healthcare

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have been implemented in more than 30 countries across six continents.[98] Linda Bark includes integral principles in her Bark Coaching Institute program.[99] An another use of integral theory is by Diane Pisanos in her health coaching practice with individuals and groups, as shown in **Figure 1-11**.[100]

Education

The Theory of Integral Nursing can assist educators to be aware of all quadrants while organizing and designing curriculums, continuing education courses, health education presentations, teaching guides, and protocols. Most curriculums focus minimally on the individual subjective "I" and the collective intersubjective "We"; the emphasis is on passing an examination or learning a new skill or procedure and, thus, the learner retains only small portions of what is taught. Before teaching any technical skills, the instructor might guide a student or patient in a relaxation and imagery rehearsal of the event to encourage the person to be in the present moment.

The reader is referred to Olga Jarrin, who explores integral theory and related definitions for nursing.[61,101] Cynthia Barrere and her nurse educator colleagues also use the Theory of Integral Nursing in their undergraduate curriculum.[102] (See Chapter 36.)

Darlene Hess uses the Theory of Integral Nursing in her Brown Mountain Visions business where she provides clinical, education, and consulting services.[103] She designed an RN-to-BSN curriculum based on the Theory of Integral Nursing (**Table 1-12**) that was adopted by Northern New Mexico College (NNMC) in Espanola, New Mexico. In May 2011, baccalaureate nursing degrees were awarded to the first graduates of the program. The program applied for accreditation from the Commission on Collegiate Nursing Education (CCNE) and completed the CCNE accreditation site visit in February 2011. The formal decision on accreditation status occurred in

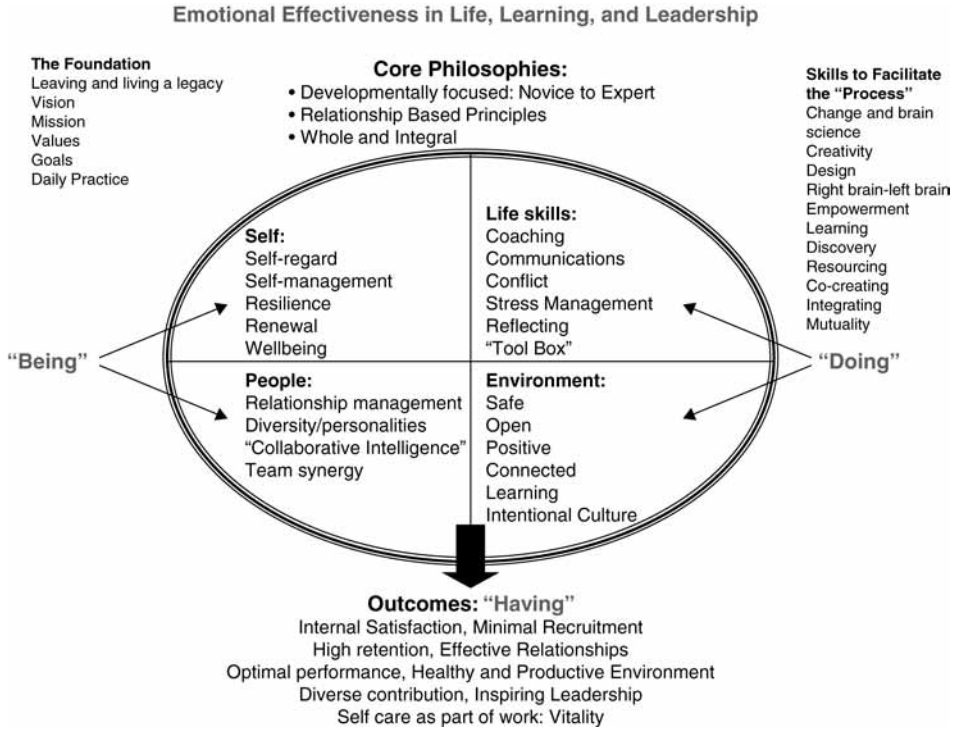

FIGURE 1-11 Integral coaching model.

Source: Used with permission. Copyright © 2001, 2009. Diane Pisanos, RNC, MS, AHN-BC, NNP, Integrative Health Care Consulting, Denver, CO. E-mail: dpisanos1@aol.com.

TABLE 1-12 Curriculum for RN-to-BSN Program Using the Theory of Integral Nursing

Course Title	**Nursing in Transition (2 Cr)**	**An Integral Approach to Nursing (3 Cr)**	**Pathophysiology (6 Cr)**
Course Description	This course examines the expanded role of the baccalaureate-prepared nurse in today's health-care systems. Historic, contemporary, and future roles of the nurse are addressed. Skills in scholarly exposition and the use of technology are developed	This course examines the Theory of Integral Nursing. Holistic Nursing Theories are explored. The concept of praxis is introduced. Florence Nightingale's legacy and philosophical foundation are included. Students develop skills related to self-awareness, self-care, relationship-centered care, and reflective practice. The use of conscious intention is emphasized.	This two-part course addresses pathophysiological responses and adaptation of the physical body to an insult. Analysis of pathological alterations in health at the cellular and systems level and implications for nursing care are emphasized. Students focus on multisystem interaction of the body to an illness or injury. The pathophysiological basis of addictions and behavioral disorders is explored. Students are introduced to the biology of belief.
Course Topics	Role of baccalaureate-prepared nurse Scholarly writing and use of scholarly resources Critical thinking Ethics Evolution of holistic nursing Principles of holistic nursing Standards of care Professional nursing organizations Working in groups Technology and informatics Advanced nursing education The nurse of the future	Integral nursing/Integral health Holistic nursing Integrative nursing practice Healing Nursing meta-paradigm concepts Patterns of knowing Relationship-centered care Self-care Reflective practice Intention Florence Nightingale Spirituality Therapeutic use of self Holistic nursing theories Self-confidence Nurse as environment Holistic caring process	Cellular biology Genetic disease Immunity Inflammation Stress and disease, Psychoneuroimmunology Neurologic system Endocrine system Reproductive system Hematologic system Cardiovascular and lymphatic system Pulmonary system Renal and urologic system Digestive system Musculoskeletal system Integumentary system Multiple organ dysfunction Pathophysiology of addictions Pathophysiology of behavioral disorders Biology of belief

TABLE 1-12 Curriculum for RN-to-BSN Program Using the Theory of Integral Nursing *(continued)*

	An Integral Approach to Health Assessment (4 Cr)	Community & Global Health I (4 Cr)	Community & Global Health II (4 Cr)
Course Title			
Course Description	This course emphasizes development of skills in health assessment of (allopathic) human systems. Alternative systems (i.e., ayurvedic, Native American, oriental medicine, intuitive) are introduced. Skills in interviewing, history taking, physical examination, and documentation and use of assessment data in planning care are developed. Laboratory and selected clinical settings are used to practice skill development. The Theory of Integral Nursing is explored as a model to frame data collection, organization, and synthesis into a cohesive whole.	This first of a 2-part course provides an overview of contemporary community health nursing practice. The influence of culture on healthcare beliefs and practices is emphasized. Health problems of selected populations within New Mexico are examined. Public Health Nursing Competencies are linked with the Theory of Integral Nursing to form the basis for student's learning experiences in community settings.	This second of a 2-part course examines global health issues in relationship to local, regional, and international nursing practice. In this course students select and focus upon a global health issue relevant to local community nursing practice. A service learning project based upon the selected issue provides the focus of clinical experience.
Course Topics	Presence Active listening, deep listening Centering Therapeutic interviewing Health history Nutritional assessment Spiritual assessment Cultural assessment Physical examination Mental status exam Documentation Synthesis of clinical information	Cultural diversity Cultural competence Spiritual diversity Community partnerships Community as client Population focused care Epidemiology Demographics Health promotion Health prevention "Upstream thinking" Communicable disease risk prevention Case management	Global warming Sustainability Immigration Bioterrorism Hazardous waste Pollution Aging Disaster management Vulnerable populations Poverty and homelessness Migrant health issues Mental health issues Violence Role of the nurse in community and global health

(continues)

TABLE 1-12 Curriculum for RN-to-BSN Program Using the Theory of Integral Nursing *(continued)*

Course Title	An Integral Approach to Evidence-Based Practice (4 Cr)	Health Policy from an Integral Perspective (3 Cr)	Integral Communication and Teaching (2 Cr)
Course Description	This course examines research methodologies utilized in nursing research. Emphasis is on utilization of research findings to establish evidence-based nursing interventions. Students analyze research findings aimed at selected health concerns. Students explore definitions of evidence-based practice and examine how worldviews influence research	This course emphasizes empowering students with knowledge, skills, and attitudes to effect change in health policy to improve health care delivery. Students analyze contemporary health care issues of concern to nursing and learn strategies for effective involvement in policy-making decisions and policy implementation. Students examine work environments and the impact of organizational systems on the quality of care. Students apply the Theory of Integral Nursing to a current health policy issue in a position paper expressed orally to a group.	This course examines communication techniques, counseling, coaching, and teaching strategies to enhance and facilitate cognitive and behavioral change. Students integrate principles of integral communication, integral health coaching, motivational interviewing, and Non-Violent Communication.
Course Topics	Historical evolution of nursing research Quantitative research Qualitative research Ethics in nursing research Theory and research frameworks Outcomes research Statistics Using research in an integral nursing practice Alternative philosophies of science	Current health care trends Health care delivery systems Health care financing Complexity and change theory Empowerment Effective patient advocacy Navigating the legislative process Health care reform Communicating the essence of nursing/ developing a nursing voice	Motivational Interviewing Educational theory Fundamentals of Health Coaching Helping others create healthy lifestyles Helping others navigate the healthcare system Non-Violent Communication (NVC) Presence Learning styles Instructional design methods Counseling Ways of knowing

TABLE 1-12 Curriculum for RN-to-BSN Program Using the Theory of Integral Nursing *(continued)*

	Transformational Leadership in Nursing (3 Cr)	Integrating Complementary & Alternative Approaches to Nursing (4 Cr)	Integral Nursing Practice Senior Project (3 Cr)
Course Title			
Course Description	This courses focuses on the principles of transformational leadership as applied to the nurse leader at the bedside, within an organization, in the community, and in the profession. The student is introduced to Complexity Science, Appreciative Inquiry, and Emotional Intelligence. Career advancement through lifelong learning is emphasized.	This course provides an introduction to evidence-based complementary and alternative approaches to health care. Students acquire knowledge related to alternative and complementary healing modalities that can be incorporated into professional nursing practice and self care practices. Students experience and develop beginning skills in the provision of CAM modalities as they interact with practitioners in selected clinical settings	This course provides the student an opportunity to critically examine in-depth a personally relevant topic in preparation for an expanded role as an integral nurse. Students develop learning objectives, a learning contract, and criteria for evaluation of project outcomes.
Course Topics	Transformational Model Leadership development Complexity Science Professional ethics Interdisciplinary leadership Appreciative Inquiry Emotional Intelligence Conflict resolution/Mediation Delegation Customer needs and expectations Visioning and strategic planning Managing care across the continuum Improving quality and performance Human resource management	NICAM Whole medical systems Mind-Body interventions Energy therapies Biologically-based therapies Manipulative and body-based therapies Therapeutic environment Arts and healing	

Total Credit Hours: 42

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November 2011. The program expects to offer online classes in 2012. More information about the program is available at www.ncmc.edu.

The RN-to-BSN program based on the Theory of Integral Nursing prepares registered nurses to assume leadership roles as integral nurses at the bedside, within an organization, in the community, and in the profession. With an integrative care focus, the program prepares nurses to provide holistic, intentional, relationship-centered care that addresses individual and collective health. This holistic integrative model emphasizes self-care and personal development for the nursing student and for faculty who teach in the program. Program learning outcomes, course competencies, and assignments are linked to the Theory of Integral Nursing. Expected outcomes for the RN-to-BSN program are listed in **Table 1-13**. An example is provided in **Table 1-14** that shows how integral nursing principles are explicitly embedded in an assignment.

Research

Evidence-based practice (EBP) too often connotes a research-based approach to care, rather than the more complete definition of EBP that includes practitioner expertise and patient preferences.[104] Useful evidence is derived from many sources, and the utilization of research findings is but one aspect of delivering safe, accurate nursing care. An intentional approach to evaluating and using diverse evidence from varied sources supports holistic care. Knowing how to elicit patient preferences is an essential clinical skill.

The Theory of Integral Nursing can assist nurses to consider the importance of qualitative and quantitative research.[104,105] Often among scientists, researchers, and educators there are arguments as to whether qualitative or quantitative research is more important. Wilber often uses the term *flatland thinking and approaches* to describe the thinking of individuals who use a reductionistic perspective that can be situated in any quadrant or explanations of both the interior and exterior dimensions through only quantitative methodologies that focus on empirical data. Our challenges in integral nursing are to consider the findings from both qualitative and quantitative data and always consider triangulation of data when appropriate. We must always

TABLE 1-13 Expected Outcomes for RN-to-BSN Program Using Theory of Integral Nursing

1. Use the Theory of Integral Nursing and the American Holistic Nurses Association and the American Nurses Association *Holistic Nursing Scope and Standards of Practice* (2007) to provide integral and holistic nursing care in a variety of settings.
2. Demonstrate critical thinking skills from an "I", "It", "We", "Its" perspective.
3. Communicate effectively from a relationship-centered care perspective involving Patient-Practitioner, Community-Practitioner, and Practitioner-Practitioner relationships.
4. Conduct integral holistic health assessments in relation to client needs.
5. Apply concepts of integral nursing to a personal plan for holistic self-care.
6. Integrate and apply knowledge to support individual and collective health.
7. Analyze the links between and among individual, community, and global health issues from an integral world view.
8. Analyze and utilize research findings to facilitate individual and collective health.
9. Demonstrate the role of the integral nurse as change agent in regards to current health policy issues.
10. Utilize integral coaching strategies in relation to client-centered goals.
11. Apply transformational leadership principles to professional nursing practice.
12. Integrate selected complementary/alternative health practices into professional nursing practice.
13. Demonstrate commitment to lifelong learning to facilitate personal and professional development.

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value introspective, cultural, and interpretive experiences and expand our personal and collective capacities of consciousness and intentionality as evolutionary progression toward achieving our goals.[106] In other words, knowledge does emerge from all four quadrants. This helps us to understand more about the unitary paradigm of consciousness and intentionality, particularly with the World Wide Web and other technological advances.

Healthcare Policy

The Theory of Integral Nursing can guide us to consider many areas related to healthcare policy. Compelling evidence in all of the healthcare professions shows that the origins of health and illness cannot be understood by focusing only on the physical body. Only by expanding the equations of health, exemplified by an integral approach or an AQAL approach, to include our entire physical, mental, emotional, social, and spiritual dimensions and interrelationships can we account for a host of health events.[3,101] Some of these include, for example, the correlations between poor health and shortened life span; job dissatisfaction and acute myocardial infarction; social shame and severe illness; immune suppression and increased death rates during bereavement; improved health and longevity as spirituality and spiritual awareness increase.

Global Nursing

Our challenge as integral and holistic nurses is that we see global health imperatives as common concerns of humankind; they are not isolated problems in far-off countries. Like Nightingale, we must see prevention and prevention education as important to the health of humanity.[3]

We can explore all aspects of the Theory of Integral Nursing and apply them to our endeavors in underserved communities and populations. Often in the developed world of health care we believe that decent care is having access to technology, procedures, tests, or surgery when we need it and as quickly as we want. However, the majority of the world does not have access as do those in wealthy, developed nations. And this is still a limited view of what integral or even holistic health care is because primary prevention such as self-care is rarely given its just due in healthcare initiatives.

Consider the World Health Organization (WHO) call for "decent care" for HIV/AIDS patients and their families throughout the

TABLE 1-14 Example of Integral Nursing Principles Explicitly Embedded in a Course Assignment

Community Health Issue Scholarly Paper

Each student will select and define a community health issue to investigate. Identify your personal relationship to the issue (INP 1, 2) and why this issue is important to nursing (INP 2). Relate the issue to *Healthy People 2020 Goals* (http://www.healthypeople.gov/Document/tableofcontents.htm) (INP 4). Identify and evaluate relevant data pertinent to the issue from a variety of sources. Determine populations affected by this issue (INP 3). Include at least one nursing research article related to this issue Summarize the information relevant to the issue and identify gaps in the information that is available. Determine if/how you will incorporate your learning about this issue into your self-care plan (INP 3).

Identify at least one agency or program that provides health promotion or health prevention services which address the selected issue (INP 4). State the mission and goals of the agency or program. Determine how the agency or program is funded. Describe the agency or program's emergency response plan (if it has one). Determine how the agency or program monitors and evaluates outcomes.

Compile the data into an organized and scholarly paper that will be discussed with your nurse classmates (INP 3). Solicit classmate perspectives regarding the selected issue, your findings, and their experiences (INP 1, 2).

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world.[15] As you read this, reflect on the Theory of Integral Nursing and see how all aspects of this theory are covered in this WHO description of decent care. The primary objective is to delineate a new term within the taxonomy and politics of HIV/AIDS care—*decent care*—that repositions the individual as the focal point of the care cycle and agency that emphasizes not only what type or kind of care individuals receive, but also how that care is received. Decent care implies the comprehensive ideal that the medical, physiologic, psychological, and spiritual needs of others are addressed. This includes universal access to treatment with utilization and enforcement of universally accepted precautionary measures for healthcare practitioners, along with adequate supplies and equipment, safe food, free access to clean water, autoclaves, laundries, and safe methods for sterilizing and disposing of infected materials in incinerators.

An example of the Theory of Integral Nursing that has been applied to global nursing is the Nightingale Initiative for Global Health (NIGH).[3,16] This author is a founding NIGH board member and co-director. The NIGH is a catalytic grassroots-to-global movement, envisioned in 2000 and officially established in 2003, to honor and extend Florence Nightingale's timeless legacy. NIGH's twin purposes are, first, to increase global public awareness about the priority of health; and second, to empower nurses, nursing students, and concerned citizens to address the critical health issues of our time. Since the beginning of NIGH's development, these interrelated approaches have been developed intentionally, keeping Nightingale's deep and broad integral legacy in mind.

As NIGH's vision was articulated, we understood what Wilber[49] meant when he noted that omitting the focus of any one of the integral quadrants would cause "hemorrhaging" in attempts to achieve work represented by the other three integral quadrants. Without focusing on strengthening and sustaining individuals, groups of individuals cannot thrive (individual and collective interior). Without focusing on the worldviews underlying all situations in any society, the structures we live and work within cannot be properly understood and sustained (individual and collective exterior). Without first populating an understanding of the nature of these worldviews—with real people in real groups with real needs in mind—structures can quickly become limited and worldviews irrelevant. Without understanding the value of envisioning and proposing structures from worldviews that can make a difference in the world, people and groups tend to drift away from purposeful efforts to actually ever make a difference.

By using the Theory of Integral Nursing, we realized how Wilber's integral modeling would help us to present NIGH's whole picture, as well as the pieces of the whole and—perhaps most important—the relationships among these pieces.[5] Using this jigsaw puzzle metaphor, NIGH's team has recently shaped a related series of NIGH Integral Models. **Figure 1-12** shows the NIGH Integral Models and the and the outcomes we are envisioning. The UL "I" quadrant is named "among Individuals"; the LL "We" quadrant is named "within Groups"; the UR "It" quadrant is named "at Grassroots Levels"; and the LR "Its" quadrant is named "at Global Levels."

We explored the complex dynamics within our NIGH project by considering Kreisberg's organization of first-, second-, and third-level complexity.[107] The first level of complexity is an individual (or individuals); the second level of complexity is community (groups); and the third level of complexity is the environment and structures and global systems. Thus, we placed individuals in the UL, groups in the LL, grassroots in the UR, and global systems in the LR. In Integral Theory, persons are individual holons whereas groups are social holons. (A full description of these distinctions is beyond this discussion.) From an Integral Theory/AQAL perspective, the individuals who we placed in the UL are really holons *of all four quadrants*. Individual commitments to the *Nightingale Declaration for a Healthy World* and individual nurses taking care of their own health are examples of behaviors—UR actions, rather than UL experiences. Yet, we know that UL experiences also continuously arise from these actions, and so forth. Nursing's first priority is devotion to human health—of individuals, of communities, and the world. An integral perspective can assist nurses who are

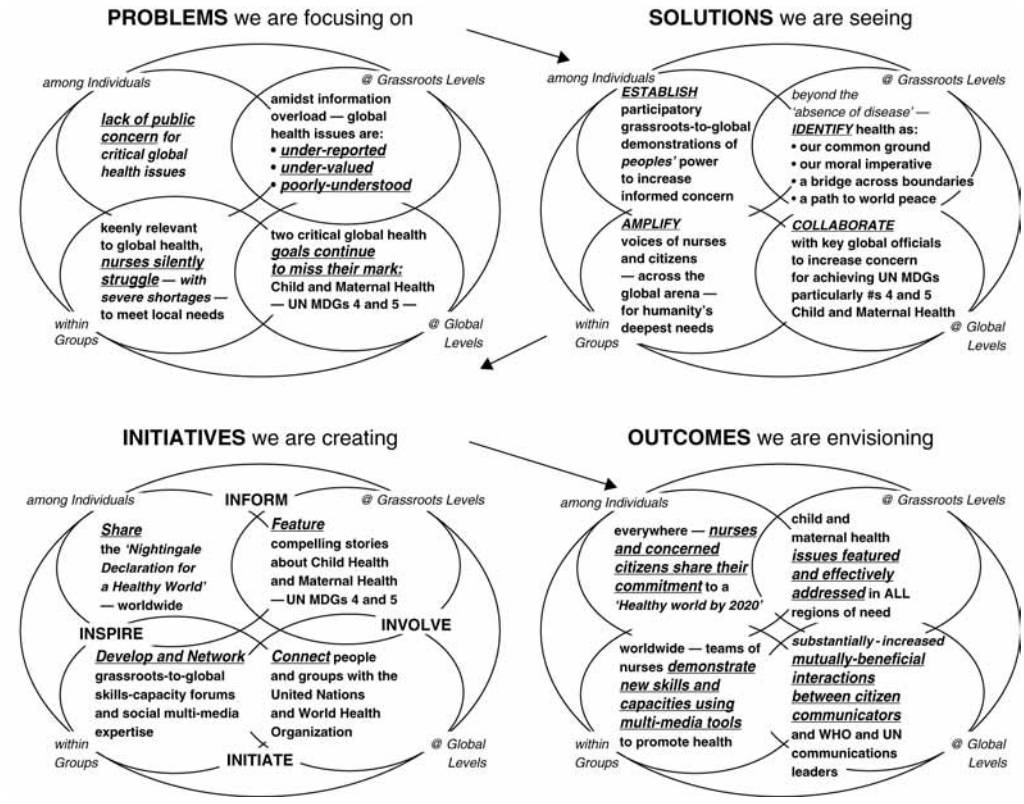

FIGURE 1-12 NIGH's 4 "Integral" Models

educated and prepared—physically, emotionally, mentally, and spiritually—to effectively accomplish the activities required for healthy people and healthy environments.[3]

CONCLUSION

The Theory of Integral Nursing addresses how we can increase our integral awareness, our wholeness, and healing and strengthen our personal and professional capacities to be more fully open to the mysteries of life's journey and the wondrous stages of self-discovery for ourselves and others. Our time demands a new paradigm and a new language where we integrate the best of what we know in the science and art of nursing that includes holistic and human caring theories and modalities. With an integral approach and worldview we are in a better position to share with others the depth of nurses' knowledge, expertise, critical-thinking capacities, and skills for assisting others in creating health and healing. Only by paying attention to the heart of nursing—*sacred* and *heart* reflect a common meaning—can we generate the vision, courage, and hope required to unite nursing in healing. This will help us as we engage in healthcare reform to address the challenges in these troubled times—local to global. This is not a matter of philosophy but of survival.

Directions for *FUTURE RESEARCH*

1. Examine the components of relationship-centered care for clinical practice, education, research, and healthcare policy.
2. Analyze the Theory of Integral Nursing and its application in holistic nursing practice, education, research, and healthcare policy.

Nurse Healer

REFLECTIONS

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

- How can I apply more of the components of relationship-centered care each day?
- In what ways can the Theory of Integral Nursing inform my personal and professional endeavors?
- What integral awareness and practices may I consider for development in my personal and professional life?

For a full suite of assignments and additional learning activities, use the access code located in the front of your book to visit this exclusive website: http://go.jblearning.com/dossey. If you do not have an access code, you can obtain one at the site.

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