Chapter 3

Current Trends and Issues in Holistic Nursing

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OBJECTIVES

Theoretical

- Describe the major issues in health care and holistic nursing today.
- Identify changes needed in health care to promote health, wellness, and healing.
- Discuss recommendations of the Institute of Medicine (IOM) report *The Future of Nursing.*

Clinical

- Evaluate how current trends in health care will affect clinical nursing practice.
- Discuss with other health professionals the unique and common contributions of each other's practice.

Personal

- Become a member of the American Holistic Nurses Association (AHNA) to participate in improving holistic health care for society.

The American public increasingly demands health care that is compassionate and respectful, provides options, is economically feasible, and is grounded in holistic ideals. A shift is occurring in health care where people desire to be more actively involved in health decision making. They have expressed their dissatisfaction with conventional (Western allopathic) medicine and are calling for a care system that encompasses health, quality of life, and a relationship with their providers. The National Center for Complementary and Alternative Medicine's *Strategic Plan for 2011–2015*[1] and *Healthy People 2020*[2] prioritize enhancing physical and mental health and wellness, preventing disease, and empowering the public to take responsibility for their health. The vision of *Healthy People 2020* is "A society in which all people live long, healthy lives" and it goals are as follows:

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development, and healthy behaviors across all life stages.[2]

HEALTH CARE IN THE UNITED STATES

Western medicine is proving ineffective, wholly or partially, for a significant proportion of common chronic diseases. Furthermore, highly technological health care is too expensive to be universally affordable. In a May 2011 poll, 55% of Americans indicated that the healthcare system has major problems, 50% indicated that the

healthcare system needs fundamental changes, and 36% stated that there is so much wrong with the healthcare system that it needs to be completely rebuilt.[3]

> Although medical advances have saved and improved the lives of millions, much of medicine and health care have primarily focused on addressing immediate events of disease and injury, generally neglecting underlying socioeconomic factors, including employment, education, and income and behavioral risk factors. These factors, and others, impact health status, accentuate disparities, and can lead to costly, preventable diseases. Furthermore, the disease-driven approach to medicine and health care has resulted in a fragmented, specialized health system in which care is typically reactive and episodic, as well as often inefficient and impersonal.[4]

Chronic diseases—such as heart disease, cancer, hypertension, diabetes, depression—are the leading causes of death and disability in the United States. Chronic diseases account for 70% of all deaths in the United States, which is 1.7 million deaths each year. These diseases also cause major limitations in daily living for almost 1 out of 10 Americans, or about 25 million people.[5]

> Stress accounts for 80% of all healthcare issues in the United States. *Super Stress* "is a result of both the changing nature of our daily lives and our choices in lifestyle habits, as well as a series of unfortunate events. Extreme chronic stress . . . has silently become a pandemic that disturbs not only how we perceive our quality of life but also our health and mortality. . . . The APA [American Psychological Association] issued a report on stress, revealing that nearly half of all Americans were experiencing stress at a significantly higher level than the previous year and rated its level as extreme.[6]

Healthcare costs have been rising for several years. Expenditures in the United States for health care surpassed $2.3 trillion in 2008, more than three times the $714 billion spent in 1990, and more than eight times the $253 billion spent in 1980. Healthcare expenditures are projected to be $2.7 trillion in 2011 and $4.3 trillion by 2017.[7]

In 2008, U.S. healthcare spending was about $7,681 per resident and accounted for 16.2% of the nation's gross domestic product (GDP); this is among the highest of all industrialized countries. Total healthcare expenditures continue to outpace inflation and the growth in national income.[8] The U.S. healthcare system is the most expensive in the world, but it yields worse results than the systems in Britain, Canada, Germany, Australia, and New Zealand. U.S. residents with below-average incomes are more likely than their counterparts in other countries not to have received needed care because of cost. The Centers for Medicare and Medicaid Services (CMS) compare what healthcare costs per capita have been and will be over the next few years:[9]

1993:	$3,468.60
2004:	$6,321.90
2007:	$7,498.00
2011:	$9,525.00
2016:	$12,782.00

Healthcare cost for a family of four rose again in 2011, with employees paying a much larger share of the rising expense. The total cost of health care for a typical family of four is $19,393, an increase of 7.3% over 2010. This is double the cost families had to pay in 2002 ($9,235). As costs continue to grow, the cost for heath care constitutes a larger and larger portion of the household budget.[8] And what are families paying for? The 2011 Milliman Medical Index indicates that physician costs represent 33% of the overall health costs; hospital inpatient costs account for 31%; outpatient costs, 17%; pharmacy, 15%; and other expenses such as medical equipment, about 4%.[10]

Additionally, workers paid 47% more in 2010 than they did in 2005 for the health coverage they get through their jobs, while their wages have increased only 18%. Employers, in contrast, pay 20% more toward their employees' health insurance than they did 5 years ago. Premiums for employer-sponsored health insurance have risen from $5,791 in 1999 to $13,375 in 2009, with the amount paid by workers rising by 128%.[11]

In addition to the rising costs, there is disparity in the numbers of Americans insured for health coverage. The U.S. Census Bureau cites the number of uninsured Americans at 50.7 million, 16.7% of the population, rising from 13.7% in 2000, or almost 1 in 6 U.S. residents.[12] The number of underinsured has grown 60% to 25 million over the past 4 years.[13] The reasons for the rise in both categories include workers losing their jobs in the recession, companies dropping employee health insurance benefits, and families going without coverage to cut costs—primarily as a result of the high costs of health care. Additionally, in 2009, an average of 7% of the population failed to obtain *needed* medical care because of costs, with the percentages of Hispanics and blacks and those 18 to 64 years of age being the largest.[14]

The Kaiser Family Foundation identifies the following forces driving healthcare costs:[8]

- *Technology and prescription drugs:* Because of development costs and generation of consumer demand for more intense, costly services even if they are not necessarily cost-effective.
- *Chronic disease:* Chronic disease accounts for more than 75% of national healthcare expenditures and places tremendous demands on the system, particularly the increased need for treatment of ongoing illnesses and long-term services. One-quarter (25%) of Medicare spending is for costs incurred during the last year of life.
- *Aging of the population:* Health expenses rise with age. The baby boomers begin qualifying for Medicare in 2011 and many of their costs will shift to the public sector.
- *Administrative costs:* At least 7% of healthcare expenditures are for marketing, billing, and other administrative costs. Overhead costs and large profits are fueling healthcare spending.

The Kaiser Family Foundation also offers the following various proposals to contain costs:[8]

- *Invest in information technology (IT).* Make greater use of technology such as electronic medical records (EMRs). This is a major component of the health reform plan.
- *Improve quality and efficiency.* Decrease unwarranted variation in medical practice and unnecessary care. Experts estimate that 30% of health care is unnecessary.
- *Adjust provider compensation and increase comparative effectiveness research (CER).* Ensure that fees paid to physicians reward value and health outcomes rather than volume of care, and determine which treatments are most effective for given conditions.
- *Increase government regulation in controlling per capita spending.*
- *Increase prevention efforts.* Provide financial incentives to workers to engage in wellness and to decrease the prevalence of chronic conditions. Improve disease management to streamline treatment for common chronic health conditions.
- *Increase consumer involvement in purchasing.* Encourage greater price transparency and use of health reimbursement accounts (HRAs).

Much has been written about the current healthcare crisis: the high cost of health care, the lack of universal access to health care and the resulting 51 million uninsured Americans, the insurance morass and that industry's control of healthcare spending, the disenchantment and disempowerment of healthcare providers, the frustration of clients/patients and healthcare consumers, the lack of incentive for practitioners or insurers to foster prevention and health promotion, and the startling lack of measures being taken for quality healthcare outcomes. Hyman states that the national healthcare dialogue omits discussions about the nature and quality of care:

> We speak of evidence-based medicine, not quality-based medicine. Although evidence is important, it is not enough, particularly when the evidence is limited mostly to what is funded by private interest or grounded in the pharmacologic treatment of disease. The fundamental flaw in our approach to the discussion about evidence-based medicine versus quality-based medicine is the lack of focus on prevention and wellness and the lack of funding and research on comparative approaches to chronic healthcare problems. Though

it is still a matter of public debate, there is ample evidence that lifestyle therapies equal or exceed the benefits of conventional therapies. Nutrition, exercise, and stress management no longer can be considered alternative medicine. They are essential medicine, and often the most effective and cost-effective therapies to treat chronic disease, which has replaced infectious and acute illnesses as the leading cause of death in the world, both in developed and developing countries. It is hoped then that the next 10 years will see a focus on not just the mechanisms of complementary and integrative therapies, but also on measuring their role in improving overall healthcare quality and reducing healthcare costs. It is hoped the discourse begun by the IOM report will spur policy makers to refocus federal efforts and funding on quality, disease prevention, and health promotion and will help us find the right medicine, regardless of its origin.[15]

Use of CAM in the United States

The American public has pursued alternative and complementary care at an ever-increasing rate. In 1993, David Eisenberg and colleagues published a now-classic study that indicated that one-third of (61 million) Americans were using some form of alternative or complementary medicine.[16] The researchers' ongoing study on the use of alternative/complementary care in 1998 indicated that the use of such modalities not only continued, but sharply increased to 42% (83 million Americans). The total number of visits to providers of complementary care increased by 47% from 427 million in 1990 to 629 million in 1997.[17] The out-of-pocket dollars the American public spent on CAM was $12.2 billion, which exceeded the out-of-pocket expenditures for all U.S. hospitalizations and compared with total out-of-pocket expenses for all physician services.

The most recent survey, the 2007 National Health Interview Survey,[18] indicates that 38.3% of adults in the United States aged 18 years and older (almost 4 of 10 adults) and nearly 12% of children aged 17 years and younger (1 in 9 children) used some form of CAM within the previous 12 months. Use among adults remained relatively constant from previous surveys. The 2007 survey provides the first population-based estimate of children's use of CAM. Americans spent $33.9 billion out-of-pocket on CAM during the 12 months prior to the survey. This accounts for approximately 1.5% of total U.S. healthcare expenditures and 11.2% of total out-of-pocket expenditures. Nearly two-thirds of the total out-of-pocket costs that adults spent on CAM were for self-care purchases of CAM products, classes, and materials ($22.0 billion), compared with about one-third spent on practitioner visits ($11.9 billion). Despite this emphasis on self-care therapies, 38.1 million adults made an estimated 354.2 million visits to practitioners of CAM.[19]

Barnes and colleagues found that people who use CAM approaches seek ways to improve their health and well-being, attempt to relieve symptoms associated with chronic or even terminal illnesses or the side effects of conventional treatments, have a holistic health philosophy or desire a transformational experience that changes their worldview, and want greater control over their health. The majority of individuals using CAM do so to complement conventional care rather than as an alternative to conventional care. Other findings include the following:[18]

- CAM therapies most commonly used by U.S. adults in the past 12 months were nonvitamin, nonmineral natural products (17.7%), deep breathing exercises (12.7%), meditation (9.4%), chiropractic or osteopathic manipulation (8.6%), massage (8.3%), and yoga (6.1%).
- CAM therapies with increased use between 2002 and 2007 were deep breathing exercises, meditation, yoga, acupuncture, massage therapy, and naturopathy.
- Adults used CAM most often to treat a variety of musculoskeletal problems, including back pain or problems (17.1%), neck pain or problems (5.9%), joint pain or stiffness or other joint condition (5.2%), arthritis (3.5%), and other musculoskeletal conditions (1.8%).

- CAM therapies used most often by children were for back or neck pain (6.7%), head or chest colds (6.6%), anxiety or stress (4.8%), other musculoskeletal problems (4.2%), and attention-deficit hyperactivity disorder or attention-deficit disorder (ADHD/ADD) (2.5%).
- CAM use was more prevalent among women, adults aged 30–69 years, adults with higher levels of education, adults who were not poor, adults living in the West, former smokers, and adults who were hospitalized in the last year.
- CAM usage was positively associated with number of health conditions and number of doctor visits in the past 12 months; however, about one-fifth of adults with no health conditions and one-quarter of adults with no doctor visits in the past 12 months used CAM therapies.
- In both 2002 and 2007, when worry about cost delayed the receipt of conventional medical care, adults were more likely to use CAM than when the cost of conventional care was not a worry. When unable to afford conventional medical care, adults were more likely to use CAM.

The survey of consumer use of CAM by the American Association of Retired Persons (AARP) and National Center for Complementary and Alternative Medicine (NCCAM) found that people 50 years of age and older tend to be high users of complementary and alternative medicine:[20]

- More than one-half (53%) of people 50 years and older reported using CAM at some point in their lives, and nearly as many (47%) reported using it in the past 12 months.
- Herbal products or dietary supplements were the type of CAM most commonly used, with just more than a third (37%) of respondents reporting their use, followed by massage therapy, chiropractic manipulation, and other bodywork (22%); mind–body practices (9%); and naturopathy, acupuncture, and homeopathy (5%).
- Women were more likely than men to report using any form of CAM.
- In most cases, the use of CAM increased with educational attainment.
- The most common reasons for using CAM were to prevent illness or for overall wellness (77%), to reduce pain or treat painful conditions (73%), to treat a specific health condition (59%), or to supplement conventional medicine (53%).

Chronically and terminally ill persons consume more healthcare resources than the rest of the population does. The great interest in CAM practices among those who are chronically ill, those with life-threatening conditions, and those at the end of their lives suggests that increased access to some services among these groups could have significant implications for the healthcare system. With the number of older Americans expected to increase dramatically over the next 20 years, alternative strategies for dealing with the elderly population and end-of-life processes will be increasingly important in public policy. If evaluations show that some uses of CAM can lessen the need for more expensive conventional care in these populations, the economic implications for Medicare and Medicaid could be significant. If safe and effective CAM practices become more available to the general population, special and vulnerable populations should also have access to these services, along with conventional health care. CAM would not be a replacement for conventional health care but would be part of the treatment options available. In some cases, CAM practices may be an equal or superior option. CAM offers the possibility of a new paradigm of integrated health care that could affect the affordability, accessibility, and delivery of healthcare services for millions of Americans.

A significant aspect of the AARP/NCCAM study was that respondents were asked if they had discussed CAM use with any of the healthcare providers they see regularly:

- More than two-thirds (67%) of respondents reported that they had not discussed CAM with any healthcare provider (HCP).
- If CAM was discussed at a medical appointment, it was brought up by the patient 55% of the time, by the healthcare provider 26% of the time, or by a relative/friend 14% of

the time. Respondents were twice as likely to say that they raised the topic rather than their healthcare provider.

- The main reasons that respondents and their healthcare providers do not discuss CAM are as follows: the provider never asks (42%), respondents did not know that they should bring up the topic (30%), there is not enough time during a visit (17%), the HCP would have been dismissive or told the respondent not to do it (12%), or the respondent did not feel comfortable discussing the topic with the HCP (11%).
- People aged 50 years and older who use CAM get their information about it from a variety of sources: from family or friends (26%), the Internet (14%), their physician (13%, or 21% for all healthcare providers), publications including magazines, newspapers, and books (13%) and radio or television (7%).

It is clear that people aged 50 years and older are likely to be using CAM. It is also clear that this population frequently uses prescription medications. Common use of CAM as a complement to conventional medicine—and the high use of multiple prescription drugs—further underscores the need for healthcare providers and clients, patients, and families to have an open dialogue to ensure safe and appropriate integrated medical care. The lack of this dialogue points to a need to educate both consumers and healthcare providers about the importance of discussing the use of CAM, how to begin that dialogue, and the implications of not doing so.

Nondisclosure raises important safety issues, such as the potential interactions of medications with herbs used as part of a CAM therapy. In addition, a majority of adults who use CAM therapies use more than one CAM modality and do so in combination with conventional medical care. In the literature, there are few data about the extent to which use of a CAM therapy may interfere with compliance in the use of conventional therapies. It is not known whether clients/patients use products as directed or even for the purpose recommended. Such information is important. Even if a therapy is efficacious, it may have little or no effect if it is taken or used incorrectly. Furthermore, medicines and other CAM products and procedures may be the source of iatrogenic health problems if they are used incorrectly. Clients/patients who believe that herbal medicines are harmless may be more willing to self-regulate their medication in unsupervised ways.

Healthcare Reform and Integrative Health Care

On March 23, 2010, President Obama signed comprehensive health reform, the *Patient Protection and Affordable Healthcare Act (HR 3590)*, into law. This law and subsequent legislation focus on provisions to expand health coverage, control health costs, and improve the healthcare delivery system. Discussion of the specifics of this legislation is beyond the scope of this chapter; however, sections that will shape policy relative to integrative healthcare practices in the future are discussed here.[21]

1. *Inclusion of Licensed Practitioners Insurance Coverage* (SEC. 2706. NON-DISCRIMINATION IN HEALTH CARE). Providers: A group health plan and a health insurance issuer offering group or individual health insurance coverage shall not discriminate with respect to participation under the plan or coverage against any healthcare provider who is acting within the scope of that provider's license or certification under applicable state law.
2. *Inclusion of Licensed Complementary and Alternative Medicine Practitioners in Medical Homes* (SEC. 3502. ESTABLISHING COMMUNITY HEALTH TEAMS TO SUPPORT THE PATIENT-CENTERED MEDICAL HOME). The Secretary of Health and Human Services shall establish a program to provide grants to or enter into contracts with eligible entities to establish community-based interdisciplinary, interprofessional teams(referred to as 'health teams') to support primary care practices. Such teams may include medical specialists, nurses, pharmacists, nutritionists, dietitians, social workers, behavioral and mental health providers, doctors of chiropractic, licensed complementary and alternative medicine practitioners.

3. *Integrative Health Care and Integrative Practitioners in Prevention Strategies* (SEC. 4001. NATIONAL PREVENTION, HEALTH PROMOTION AND PUBLIC HEALTH COUNCIL). Provide coordination and leadership at the federal level, and among all federal departments and agencies, with respect to prevention, wellness and health promotion practices, the public health system, and integrative health care in the United States; develop a national prevention, health promotion, public health, and integrative healthcare strategy that incorporates the most effective and achievable means of improving the health status of Americans and reducing the incidence of preventable illness and disability in the United States; propose evidence-based models, policies, and innovative approaches for the promotion of transformative models of prevention, integrative health, and public health on individual and community levels across the United States.
4. *Dietary Supplements in Individualized Wellness Plans* (SEC. 4206. DEMONSTRATION PROJECT CONCERNING INDIVIDUALIZED WELLNESS PLAN). Establish a pilot program to test the impact of providing at-risk populations who utilize community health centers funded under this section an individualized wellness plan that is designed to reduce risk factors for preventable conditions. An individualized wellness plan prepared under the pilot program under this subsection may include one or more of the following as appropriate to the individual's identified risk factors:
   (i) Nutritional counseling
   (ii) A physical activity plan
   (iii) Alcohol and smoking cessation counseling and services
   (iv) Stress management
   (v) Dietary supplements that have health claims approved by the Secretary
5. *Licensed Complementary and Alternative Providers and Integrative Practitioners in Workforce Planning* (SEC. 5101. NATIONAL HEALTH CARE WORKFORCE COMMISSION). The term *healthcare workforce* includes all healthcare providers with direct patient care and support responsibilities, such as physicians, nurses, nurse practitioners, primary care providers, preventive medicine physicians, optometrists, ophthalmologists, physician assistants, pharmacists, dentists, dental hygienists, and other oral healthcare professionals, allied health professionals, doctors of chiropractic, community health workers, healthcare paraprofessionals, direct care workers, psychologists and other behavioral and mental health professionals, social workers, physical and occupational therapists, certified nurse midwives, podiatrists, the emergency medical services (EMS) workforce, licensed complementary and alternative medicine providers, integrative health practitioners, public health professionals.
6. *Experts in Integrative Health and State-Licensed Integrative Health Practitioners in Comparative Effectiveness Research* (SEC. 6301. PATIENT-CENTERED OUTCOMES RESEARCH). Identify national priorities for research, taking into account factors of disease incidence, prevalence, and burden in the United States (with emphasis on chronic conditions); gaps in evidence in terms of clinical outcomes, practice variations and health disparities in terms of delivery and outcomes of care; the potential for new evidence to improve patient health, well-being, and the quality of care; the effect on national expenditures associated with a healthcare treatment, strategy, or health conditions, as well as patient needs, outcomes, and preferences; the relevance to patients and clinicians in making informed health decisions. Advisory panel consisting of practicing and research clinicians, patients, and experts in scientific and health services research, health services delivery, and evidence-based medicine who have experience in the relevant topic and, as appropriate, experts in integrative health and primary prevention strategies.

Trends

In addition to the data already cited, a number of trends affect and will continue to affect the health of society, delivery, and holistic practices.

Workplace Clinics

Interest has intensified in recent years (particularly with the newly enacted healthcare reform law) as employers move beyond traditional occupational health and convenience care to offering clinics that provide a full range of wellness, health promotion, and primary care services. This is seen as a tool to contain medical costs, such as specialist visits, nongeneric prescriptions, emergency department visits, and avoidable hospitalizations, boost productivity, reduce absenteeism, prevent disability claims and work-related injuries, and enhance companies' reputations as employers while attracting and retaining competitive workforces. Types of clinical services for new workplace programs can include traditional occupational health; acute care ranging from low-acuity episodic care to exacerbations of acute chronic conditions; preventive care including immunizations, lifestyle management, mind–body skills, screenings; wellness assessments and follow-up, health coaching, and education; and disease management for chronic conditions.[22]

Many of the nation's largest employers are focusing on prevention and disease management by adopting an integrative medicine approach. At present, the Corporate Health Improvement Program (CHIP) members include the Ford Motor Company, IBM, Corning, Kimberly Clark, Dow Chemical, Medstat, Nestlé, NASA, Canyon Ranch Resorts, and American Specialty Health. Walmart will open health clinics at approximately 400 U.S. stores over the next 3 years, and at 2,000 stores in the next 5 to 7 years. The clinics will offer preventive and routine care. More than half of the people visiting the existing clinics lack health insurance, and 15% said they would have to go to an emergency department if the clinics were unavailable.

Primary Care

The Institute for Alternative Futures, funded by the Kresge Foundation, forecasts the following aspects of the future of primary care in 2025:[23]

- *Focus on primary prevention.* Primary prevention will be the major focus of primary care in 2025 and will be community focused.
- *Continuously improving health.* Health will be continually assessed and worked on along multiple dimensions in 2025 so that the physical, medical, nutritional, behavioral, psychological, social, spiritual, and environmental conditions are measured and improved for all covered by primary care.
- *Patient–provider relationships.* Trusting relationships between providers and patients will be the basis of primary care's capacity for promoting health and managing disease. Health provider education will support this capacity. The primary care team members will work to instill caring, joy, love, faith, and hope into their relationship with each person. Once trust has been established, usually through in-person contact, effective communications using responsive and empathic email, phone calls, and avatar-based "cyber care" will reinforce this personal relationship.
- *Primary care team.* Primary care team members will include the patient, nurse practitioners, physicians, psychologist, pharmacist, a health information technician, and community health workers. "Visits" most often will be phone calls, televisits, or virtual visits, though in some cases the visit will be in the clinic. Besides a strong relationship among the patient and some of the primary care team members, most patients will have a relational agent or personal health avatar made available by (or enhanced by) their healthcare provider. This virtual agent will provide health education, coaching, and reinforcement, driven by the person's biomonitoring data and advanced care protocols.
- *Focus on behavioral change.* Primary care routinely will work with individuals to understand how to move choices from the limbic system of the brain that unconsciously controls emotionally directed behaviors to the frontal areas of the cognitive brain, which controls conscious behaviors.
- *Focus on quality and safety.* The chronic care model will evolve to the expanded care model and beyond. By 2025, quality in primary care will include the triple aims of excellent healthcare experience, lower per capita costs, and improved population health.
- *Genome and epigenetic data use.* By 2025, most individuals' genomes will be mapped

and documented in their electronic health record (EHR), with secure access available from anywhere according to established permissions.

- *Broadened vital signs.* The nature of vital signs and their collection will evolve to include a wider range of biophysical, mental/neurological, and place/environmental measures.
- *Personal and community vital signs.* In 2025, primary care will be nearly inseparable from community health. Providers will network with neighborhoods and share their data (with appropriate privacy and security protections) with public health officials who coordinate activities to improve population health.
- *Person-centered care.* In 2025, the individual or person involved in and receiving primary care will not be considered the "patient" except when he or she is in "inpatient care" or having care for acute episodes. Individuals will be doing enhanced self-care. Patient-centered primary care will have evolved to person- and family-centered primary care. The whole person will be the focus of care.
- *Integrative encounters in primary care.* Integrative encounters will address all dimensions of health by bringing the knowledge of conventional, unconventional, complementary, alternative, traditional, and integrative medicine disciplines to bear across the many different cultural traditions of persons cared for.
- *24/7 health care access.* By 2025, health care will be available anytime and everywhere. People seldom will need to be evaluated in the primary care clinic. People will have 24/7 access to their relational agent and access by phone, email, or televisit to some human member of the primary care team much of the time.

Health Care

PricewaterhouseCoopers identifies the following top healthcare issues of the day:[24]

1. Industry-wide, intense efforts to reduce healthcare costs by hospitals, physicians, other providers, payers, and employers.
2. Increased oversight, tax changes, coverage, and consumer demand.
3. Scrambling to adopt healthcare IT.
4. Greater emphasis on fraud and abuse recovery.
5. Technology and telecommunications sectors playing leading roles in health care.
6. Pharmaceutical and life sciences companies evolving from manufacturer and supplier to full partner as focus shifts from lab-based outcomes to promoting wellness and prevention and patient outcomes.
7. Physician groups joining health systems, with more and more hospitals employing physicians.
8. Alternative care delivery models emerging as traditional care delivery gives way to alternative models outside of physicians' offices and hospitals. There also will be an increase in numbers and scope of services by work sites, retail health clinics, home health services, and technology-enabled delivery, for example, email, telehealth, and remote monitoring.
9. Community health becoming a new social reality with a major boost in funding from the government.

Health Workforce

HealthLeaders Media projects that job growth will continue in the healthcare sector. The Bureau of Labor Statistics reports that with the healthcare reform bill mandating insurance for another 30 million Americans and the graying of the U.S. population at an unstoppable pace the healthcare sector will have a hiring resurgence. Census Bureau data show that the ambulatory services sector accounts for nearly one-half of new hires in health care and for the past 3 years has generated more revenues than hospitals have.[25]

Holistic Health

Holistic leader Bill Manahan offers "eight transitions that will bring light and balance to healthcare."[26] These include the following transitions:

- From health care being a business to also being a calling
- From the Dominator Model ("what is good for me?") to the Partnership Model ("what is good for all of us?")

- From health care being a science to also being an art—from material, mechanistic, and scientific worldviews to consciousness, mindfulness, and spirit
- From a focus on individual health to a focus also on community health—a balance of these two paradigms
- From unrealistic expectations of the medical system to more realistic expectations—a true understanding of what medical care and pharmaceuticals can and cannot do for people
- From Type II medical malpractice (doing the wrong thing the right way) to no malpractice or only Type I medical malpractice (doing the right thing the wrong way) and decreasing the number of unnecessary and inappropriate procedures, tests, and treatments that are not evidence-based
- From living in fear of illness and death to acceptance of illness and death as normal parts of life
- From single-causality mentality to an understanding and acceptance of the multiple causality of disease

The preceding driving forces will propel mainstream health care into the future. Access to healthcare providers who possess knowledge and skills in the promotion of healthful living and the integration of holistic/integrative modalities is a critical need for Americans. Holistic nurses are professionals who have knowledge of a wide range of complementary, alternative, and integrative modalities; health promotion and restoration and disease prevention strategies; and relationship-centered, caring ways of healing. They are in a prime position to meet this need and provide leadership in this national trend.

Recommendations

In 2002, the White House Commission on CAM Policy (WHCCAMP) *Final Report* stated that people have come to recognize that a healthy lifestyle can promote wellness and prevent illness and disease and that many individuals have used CAM modalities to attain this goal.[27] Wellness incorporates a broad array of activities and interventions that focus on the physical, mental, spiritual, and emotional aspects of one's life. The effectiveness of the healthcare delivery system in the future will depend on its ability to use all approaches and modalities to contribute to a sound base for promoting health. Early interventions that promote the development of good health habits and attitudes could help modify many of the negative behaviors and lifestyle choices that begin in adolescence and continue into old age. The report recommends the following items, which are equally if not more important today than when the report was first published:

- Include more evidence-based teaching about CAM approaches in the conventional health professions schools.
- Emphasize the importance of approaches to prevent disease and promote wellness for the long-term health of the American people.
- Increase in importance teaching the principles and practices of self-care and provide lifestyle counseling in professional schools so that health professionals can, in turn, provide this guidance to their patients as well as improve their own health.
- Provide those in the greatest need, including those with chronic illnesses and those with limited incomes, access to the most accurate, up-to-date information about which therapies and products may help and which may harm.
- Design the education and training of all practitioners to increase the availability of practitioners knowledgeable in both CAM and conventional practices. The report was based on the guiding principles shown in **Table 3-1**.

Similarly, the 2005 Institute of Medicine report titled *Complementary and Alternative Medicine in the United States* recommends the following, which necessitate attention in today's healthcare context:[28]

- Health professionals take into account a patient's individuality, emotional needs, values, and life issues; implement strategies for reaching those who do not ask for care on their own, including healthcare strategies that support the broader community; and enhance prevention and health promotion.

TABLE 3-1 The White House Commission on CAM Policy Guiding Principles

1. A wholeness orientation in healthcare delivery
2. Evidence of safety and efficacy
3. The healing capacity of the person
4. Respect for individuality
5. The right to choose treatment
6. An emphasis on health promotion and self-care
7. Partnerships as essential for integrated health care
8. Education as a fundamental healthcare service; education about prevention, healthful lifestyles, and the power of self-healing should be made an integral part of the curricula of all healthcare professionals and should be made available to the public at all ages
9. Dissemination of comprehensive and timely information
10. Integral public involvement; the input of informed consumers and other members of the public must be incorporated in setting priorities for health care, healthcare research, and in reaching policy decisions, including those related to CAM, within the public and private sectors

- Health professions schools (e.g., medicine, nursing, pharmacy, allied health) incorporate sufficient information about CAM into the standard curriculum at the undergraduate, graduate, and postgraduate levels to enable licensed professions to competently advise patients about CAM.
- National professional organizations of all CAM disciplines ensure the presence of training standards and develop practice guidelines. Healthcare professional licensing boards and crediting and certifying agencies (for both CAM and conventional medicine) should set competency standards in the appropriate use of both conventional medicine and CAM therapies, consistent with practitioners' scope of practice and standards of referral across health professions.
- Needed is a moral commitment of openness to diverse interpretations of health and healing, a commitment to finding innovative ways of obtaining evidence, and an expansion of the knowledge base relevant and appropriate to medical practice. One way to honor social pluralism is in the recognition of medical pluralism, meaning the broad differences in preferences and values expressed through the public's prevalent use of CAM modalities. Medical pluralism should be distinguished from the cooptation of CAM therapies by conventional medical practices. The hazard of integration is that certain CAM therapies may be delivered within the context of a conventional medical practice in ways that dissociate CAM modalities from the epistemological framework that guides the tailoring of the CAM practice. The proper attitude is one of skepticism about any claim that conventional biomedical research and practice exhaustively account for the human experiences of health and healing.
- Research aimed at answering questions about outcomes of care is crucial to ensuring that healthcare professionals provide evidence-based, comprehensive care that encourages a focus on healing, recognizes the importance of compassion and caring, emphasizes the centrality of relationship-based care, encourages patients to share in decision making about therapeutic options, and promotes choices in care that can include complementary and alternative medical therapies when appropriate.
- The National Institutes of Health (NIH) and other public and private agencies sponsor research to compare the outcomes and costs of combinations of CAM and conventional medical treatments and develop models that deliver such care.

- The U.S. Congress and federal agencies, in consultation with industry, research scientists, consumers, and other stakeholders, amend the current regulatory scheme for dietary supplements

A recent initiative, Wellness Initiative for the Nation (WIN),[29] was created to proactively prevent disease and illness, promote health and productivity, and create well-being and flourishing of the people of the United States. WIN also plays an important role in preventing the looming fiscal disaster in the healthcare system by addressing preventable chronic illness and creating a productive, self-care society. This may be the only long-term hope for changing a system that costs too much and is delivering less health and little care to fewer people. WIN, focusing on promotion of health through lifestyle change and integrative health practices, would be overseen by the White House, with a director and staff to guide relevant aspects of health reform. It would establish a network of Systems Wellness Advancements Teams (SWAT) with national and local leaders in health promotion and integrative practices; establish educational and practice standards for effective, comprehensive lifestyle and integrative healthcare delivery; create an advanced information tracking and feedback system for personalized wellness education; and create economic incentives for individuals, communities, and public and private sectors to create and deliver self-care training, wellness products, and preventive health practices. The components of human health behavior and productivity optimization identified by WIN include stress management and resilience, physical exercise and sleep, optimum nutrition and substance use, and social integration and the social environment.

In September 2010, the Surgeon General convened the National Prevention and Health Promotion Council to create the *National Prevention Strategy*.[30] The vision of this Strategy is working together (state, local and territorial governments, businesses, health care, education and community faith-based organizations) to improve the health and quality of life for individuals, families, and communities by moving the nation from a focus on sickness and disease to one based on wellness and prevention. The Strategic Directions are: Healthy and Safe Communities; Clinical and Community Preventive Services; Empowered People; and Elimination of Health Disparities. The goals are to create community environments that make the healthy choice the easy and affordable choice; to implement effective preventive practices by creating and recognizing communities that support prevention and wellness; to connect prevention-focused health care and community efforts to increase preventive services; to empower and educate individuals to make healthy choices; and to eliminate disparities in traditionally underserved populations. The Strategic Priorities (e.g., active lifestyles, countering alcohol/substance misuse, healthy eating, healthy physical and social environment, injury and violence-free living, reproductive and sexual health, mental and emotional well-being) are designed to address ways to prevent significant causes of death and disability by focusing on the factors that underlie their causes.

In February 2009, the Institute of Medicine (IOM) and the Bravewell Collaborative convened the Summit on Integrative Medicine and the Health of the Public that brought together more than 600 participants from numerous disciplines to examine the practice of integrative medicine/health care, its scientific basis, and its potential for improving health.[4] The Summit sessions covered overarching visions for integrative medicine/health care, models of care, workforce, research, health professions education needs, and economic and policy implications. Participants assessed the potential and the priorities and began to identify elements of an agenda to improve understanding, training, and practice to improve integrative medicine's contributions to better health and health care. Recurring themes of the Summit are identified in **Table 3-2**.

A number of considerations for healthcare reform were articulated:

- *The progression of many chronic diseases can be reversed and sometimes even completely healed through lifestyle modifications.* Lifestyle modifications programs have been proven not only to improve people's overall health and well-being but also to mitigate cardiac disease and prostate cancer, among other chronic conditions.

TABLE 3-2 Themes of the Summit on Integrative Medicine and the Health of the Public

- ***Vision of optimal health:*** Alignment of individuals and their health care for optimal health and healing across a full life span
- ***Conceptually inclusive:*** Seamless engagement of the full range of established health factors—physical, psychological, social, preventive, and therapeutic
- ***Life span horizon:*** Integration across the life span to include personal, predictive, preventive, and participatory care
- ***Person-centered:*** Integration around, and within, each person
- ***Prevention-oriented:*** Prevention and disease minimization as the foundation of integrative health care
- ***Team-based:*** Care as a team activity, with the patient as a central team member
- ***Care integration:*** Seamless integration of the care processes, across caregivers and institutions
- ***Caring integration:*** Person- and relationship-centered care
- ***Science integration:*** Integration across scientific disciplines, and scientific processes that cross domains
- ***Integration of approach:*** Integration across approaches to care—for example, conventional, traditional, alternative, complementary—as the evidence supports
- ***Policy opportunities:*** Emphasis on outcomes, elevation of patient insights, consideration of family and social factors, inclusion of team care and supportive follow-up, and contributions to the learning process

- *Genetics is not destiny.* Recent research shows that gene expression can be turned on or off by nutritional choices, levels of social support, stress reduction activities such as meditation, and exercise.
- *The environment influences health.* Mounting evidence suggests that the environment outside one's body rapidly becomes the environment inside the body.
- *Improving the primary care and chronic disease care systems is paramount.* The U.S. primary care system is in danger of collapse and we must retool how both primary and chronic disease care are delivered. The new system must focus on prevention and wellness and put the patient at the center of care.
- *The reimbursement system must be changed.* The current reimbursement system rewards procedures rather than outcomes, and changes are needed that incentivize healthcare providers to focus on the health outcomes of their patients/clients.
- *Changes in education will fuel changes in practice.* Implementation of an integrated approach to health care requires changes in health provider education. All healthcare practitioners should be educated in team approaches and the importance of compassionate care that addresses the biopsychosocial dimensions of health, prevention, and well-being. Core competencies need to be redefined and new categories explored.
- *Evidence-based medicine/health care is the only acceptable standard.* Health care should be supported by evidence. Further research and testing to expand the evidence base for integrative models of care requires attention.
- *Research must better accommodate multifaceted and interacting factors.* Research must clarify the nature by which biological predispositions and responses interact with social and environmental influences. Projects are needed to identify effective integrated approaches that demonstrate value, sustainability, and scalability.
- *A large demonstration project is recommended.* Because funding for research on the effectiveness of specific models of care is difficult to obtain from standard grant channels, participants voiced support for pursuing a demonstration project funded by the government that would fully exhibit the effectiveness of the integrative approach to care.

ISSUES IN HOLISTIC NURSING

In December 2006, holistic nursing was officially recognized by the American Nurses Association (ANA) as a distinct nursing specialty with a defined scope and standards of practice, acknowledging holistic nursing's unique contribution to the health and healing of people and society. This recognition provides holistic nurses with clarity and a foundation for their practice and gives holistic nursing legitimacy and voice within the nursing profession and credibility in the eyes of the healthcare world and the public. *The Holistic Nursing: Scope and Standards of Practice*[31] was published in 2007.

Yet a number of issues exist or will emerge in the future for holistic nursing. Acceptance of holistic nursing's influence and contribution, both within nursing as well as other disciplines, continues as one of the most pressing matters. Other concerns can be categorized into the areas of education, research, clinical practice, and policy. It is important to note that because holistic nursing as well as nursing in general and other disciplines face many of the same issues, an interdisciplinary approach is imperative for success in achieving the desired outcomes.

Education

There are several areas of educational challenge in the holistic arena. With increased use of complementary/alternative/integrative therapies by the American public, both students and faculty need knowledge of and skill in their use. One urgent priority is the integration of holistic, relationship-centered philosophies and integrative modalities into nursing curricula. Core content appropriate for both basic and advanced practice programs needs to be identified, and models for integration of both content and practical experiences into existing curricula are necessary. An elective course is not sufficient to imbue this knowledge to future practitioners of nursing.

On a positive note, in 2008, the AHNA worked with the American Association of Colleges of Nursing (AACN) in the revision of the *Essentials of Baccalaureate Education for Professional Nursing Practice*.[32] Included in these new *Essentials* is language on preparing the baccalaureate generalist graduate to: practice from a holistic, caring framework; engage in self-care; develop an understanding of complementary and alternative modalities; and incorporate patient teaching and health promotion, spirituality, and caring, healing techniques into practice. Holistic nurses will need to continue to work with the accrediting bodies of academic degree programs to ensure that this content is included in educational programs.

Benner and associates note that the need for better nursing education in nursing, social and natural sciences, humanities, problem solving, teaching, and interpersonal capacities is even more acute than it was even 10 years ago. The 2010 Carnegie Foundation's report *Educating Nurses: A Call for Radical Transformation*[33] recommends the following:

- Broadening clinical experiences to community health care
- Promoting and supporting students' learning the skills of inquiry and research
- Teaching the ethics of care and responsibility, the ethos of self-care in the profession, skills of involvement and clinical reasoning and reflection
- Teaching strategies for organizational change, organizational development, policy making, leadership, and improvement of healthcare systems
- Incorporating evidence-based practice and critical reflection
- Assisting students to better understand the patient's context and how they can help patients improve their access and continuity of care
- Teaching relational skills of involvement and caring practices
- Teaching collegial and collaborative skills

The National Educational Dialogue, an outgrowth of the Integrated Healthcare Policy Consortium (IAHC), sought to identify a set of core values, knowledge, skills, and attitudes necessary for all healthcare professional students. The Task Force on Values, Knowledge, Skills, and Attitudes, chaired by Carla Mariano, identified the following core values:[34]

- Wholeness and healing—interconnectedness of all people and things with healing as an innate capacity of every individual
- Clients/patients/families as the center of practice

- Practice as a combined art and science
- Self-care of the practitioner and commitment to self-reflection, personal growth, and healing
- Interdisciplinary collaboration and integration embracing the breadth and depth of diverse healthcare systems and collaboration with all disciplines, clients, and families
- Responsibility to contribute to the improvement of the community, the environment, health promotion, healthcare access, and the betterment of public health
- Attitudes and behaviors of all participants in health care demonstrating respect for self and others, humility, and authentic, open, courageous communication

There is a definitive need for increased scholarship and financial aid to support training in all of these areas. Faculty development programs also are necessary to support faculty in understanding and integrating holistic philosophy, content and practices into curricula.

A major report by the IOM in 2010, *The Future of Nursing: Leading Change, Advancing* Health,[35] will have a significant effect on the nursing profession. The report recommends that *nurses should achieve higher levels of education and training through improved educational systems* by increasing the proportion of nurses with a baccalaureate degree to 80% by 2020, doubling the number of nurses with a doctorate by 2020, and ensuring that nurses engage in lifelong learning. Nurses need more education and preparation to adopt new roles quickly in response to rapidly changing healthcare settings and an evolving healthcare system. Competencies are especially needed in community, geriatrics, leadership, health policy, system improvement and change, research and evidence-based practice, and teamwork and collaboration.

To improve the competency of practitioners and the quality of services, holistic and CAM education and training needs to continue beyond basic and advanced academic education. Continuing education programs at national and regional specialty organizations and conferences may assist in meeting this need. Working with practitioners in other areas of nursing to increase their understanding of the philosophical and theoretical foundations of holistic nursing practices (e.g., consciousness, intention, presence, centering) will also be a role of holistic nurses.

Research

Research in the area of holistic nursing will become increasingly important in the future. Three areas of research seem to be widely proposed: whole systems research, exploration of healing relationships, and outcomes of healing interventions, particularly in the areas of health promotion and prevention.

There is a great need for an evidence base to establish the effectiveness and efficacy of complementary/alternative/integrative therapies. Formidable tasks for nurses will be to identify and describe outcomes of CAM and holistic therapies such as healing, well-being, and harmony and to develop instruments to measure these outcomes. The IOM report on CAM in the United States recommends qualitative and quantitative research to examine the following:[28]

- The social and cultural dimensions of illness experiences, the processes and preferences of seeking health care, and practitioner–patient interactions
- How often users of CAM, including patients and providers, adhere to treatment instructions and guidelines
- The effects of CAM on wellness and disease prevention
- How the American public accesses and evaluates information about CAM modalities
- Adverse events associated with CAM therapies and interactions between CAM and conventional treatments
- Accessing information about CAM, such as follows:
  - Where the public goes to search for information about CAM modalities
  - What sources of information they commonly find and access
  - The effect of CAM advertising on the methods of seeking health care
  - What types of the information are deemed credible, marginal, and spurious
  - How risks and benefits are understood and how such perceptions inform decision making
  - What the public expects their providers to tell them

The current mission of the National Center for Complementary and Alternative Medicine (NCCAM) is developing evidence requiring support across the continuum of basic science (How does the therapy work?), translational research (Can it be studied in people?), efficacy studies (What are the specific effects?), and outcomes and effectiveness research (How well does the CAM practice work in the general population or healthcare settings?). The *NCCAM Third Strategic Plan Exploring the Science of Complementary and Alternative Medicine: 2011–2015*[1] identifies five strategic objectives:

- Advance research on mind and body interventions, practices, and disciplines.
- Advance research on natural products.
- Increase understanding of "real-world" patterns and outcomes of CAM use and its integration into health care and health promotion.
- Improve the capacity of the field to carry out rigorous research.
- Develop and disseminate objective, evidence-based information on CAM interventions.

These objectives address the three long-range goals of (1) advancing the science and practice of symptom management; (2) developing effective, practical, personalized strategies for promoting health and well-being; and (3) enabling better evidence-based decision making regarding CAM use and its integration into health care and health promotion.[1]

Presently, most outcome measures are based on physical or disease symptomatology. However, methodologies need to be expanded to capture the wholeness of the individual's experience because the philosophy of these therapies rests on a paradigm of wholeness.

> Integrative health care is *derived from lessons integrated across scientific disciplines, and it requires scientific processes that cross domains*. The most important influences on health, for individuals and society, are not the factors at play within any single domain—genetics, behavior, social or economic circumstances, physical environment, health care—but the dynamics and synergies across domains. Research tends to examine these influences in isolation, which can distort interpretation of the results and hinder application of results. The most value will come from broader, systems-level approaches and redesign of research strategies and methodologies.[4 p.7]

In 2010, the Patient Protection and Affordable Care Act created a Patient-Centered Outcomes Research Institute (PCORI) which will act as a non-profit organization to assist patients, clinicians, purchasers, and policy-makers in making informed health decisions by carrying out research projects that provide quality, relevant evidence on how diseases, disorders, and other health conditions can effectively and appropriately be prevented, diagnosed, treated, monitored, and managed. Patient Centered Outcomes Research (PCOR) helps people make informed health care decisions and allows their voice to be heard in assessing the value of health care options. This research answers patient-focused questions:

1. "Given my personal characteristics, conditions and preferences, what should I expect will happen to me?"
2. "What are my options and what are the benefits and harms of those options?"
3. "What can I do to improve the outcomes that are most important to me?"
4. "How can the health care system improve my chances of achieving the outcomes I prefer?"

To answer these questions, PCOR:

- Assesses the benefits and harms of preventive, diagnostic, therapeutic, or health delivery system interventions to inform decision making, highlighting comparisons and outcomes that matter to people;
- Is inclusive of an individual's preferences, autonomy and needs, focusing on outcomes that people notice and care about such as survival, function, symptoms, and health-related quality of life;
- Incorporates a wide variety of settings and diversity of participants to address individual differences and barriers to implementation and dissemination; and
- Investigates (or may investigate) optimizing outcomes while addressing burden to

> individuals, resources, and other stakeholder perspectives.[36]

The *Journal of Alternative and Complementary Medicine* collaborated with the International Society for Complementary Medicine Research (ISCMR) to sponsor a forum on the research issues for whole systems. Participants underscored the political and economic challenges of getting research funded and published if researchers look at the practices and processes that typify whole-person treatment. What is clear is that whole practices, whole systems, and related research need professional and organizational attention.

> Today researchers are being challenged to look at alternative philosophies of science and research methods that are compatible with investigations of humanistic and holistic occurrences. We also need to study phenomena by exploring the context in which they occur and the meaning of patterns that evolve. Also needed are approaches to interventions studies that are more holistic, taking into consideration the *interactive* nature of the body-mind-emotion-spirit-environment. Rather than isolating the effects of one part of an intervention, we need more comprehensive interventions and more sensitive instruments that measure the interactive nature of each client's biological, psychological, sociological, emotional, and spiritual patterns. In addition, comprehensive comparative outcome studies are needed to ascertain the usefulness, indications, and contraindications of integrative therapies. Further, researchers must evaluate these interventions for their usefulness in promoting wellness as well as preventing illness.[37]

Investigations into the concept and nature of the placebo effect also are needed because one-third of all medical healings are the result of the placebo effect.[38]

It will be imperative for nurses to address how to secure funding for their holistic research. They need to apply for funding from National Institutes of Health (NIH) centers and institutes in addition to the National Institute of Nursing Research and particularly the National Center for Complementary and Alternative Medicine. Hand in hand with this is the need for nurses to be represented in study sections and review panels to educate and convince the biomedical and NIH community about the value of nursing research; the need for models of research focusing on health promotion and disease prevention, wellness, and self-care instead of only the disease model; and the importance of a variety of designs and research methodologies including qualitative studies, rather than sole reliance on randomized controlled trials.

An area of responsibility for advanced practice holistic nurses is the dissemination of their research findings to various media sources (e.g., television, newsprint) and at nonnursing, interdisciplinary conferences. Publishing in nonnursing journals and serving on editorial boards of nonnursing journals also broadens the appreciation in other disciplines for nursing's role in setting the agenda and conducting research in the area of holism and CAM.

Clinical Practice

Clinical care models reflecting holistic assessment, treatment, health, healing, and caring are important in the development of holistic nursing practice. Implementing holistic and humanistic models in today's healthcare environment will require a paradigm shift for the many providers who subscribe to a disease model of care. Such an acceptance poses an enormous challenge. Holistic nurses, with their education and experience, are the logical leaders in integrative care and must advance that position.

Licensure and credentialing provide another challenge for holistic nursing. As complementary/alternative/integrative healthcare has gained national recognition, state boards of nursing began to attend to the regulation issues. The 2010 IOM report *The Future of Nursing*[35] notes that regulations defining scope-of-practice limitations vary widely by state. Some states have kept pace with the evolution of the healthcare system by changing their scope-of-practice regulations, but the majority of state laws lag behind in this regard. As a result, what nurse practitioners are able to do once they graduate can vary

widely and is often not related to their ability, education or training, or safety concerns but to the political decisions of the state in which they work. The IOM recommends that *nurses should practice to the full extent of their education and training* and that *scope-of-practice barriers should be removed*. The IOM also recommends that *nurse residency programs should be implemented*.

In 2010, AHNA conducted a preliminary survey to ascertain the number of state boards of nursing that accepted and recognized holistic nursing and/or permitted holistic practices with its regulations and or the state's nurse practice act. Of the 39 states that responded, 8 states include holistic nursing in their nurse practice act. The findings from a review of actual state practice acts further revealed that 47 of 51 states/territories have some statements or positions that include holistic wording such as *self-care*, *spirituality*, *natural therapies*, and/or specific complementary/alternative therapies under the scope of practice.

It will be important in the future to monitor state boards of nursing for evidence of their recognition and support of holistic, integrative nursing practice and requirements that include CAM. Finally, holistic nursing has the challenge of working with the state boards to incorporate this content into the National Council Licensure Examination, thus ensuring the credibility of this practice knowledge.

Addressing the nursing shortage in this country is crucial to the health of our nation. Multiple surveys and studies confirm that the shortage of RNs influences the delivery of health care in the US and negatively affects patient outcomes. According to the American Hospital Association, the United States is, by all accounts, in the midst of a significant shortage of registered nurses that is projected to last well into the future. Nationally, there is an average vacancy of approximately 116,000 RNs in hospitals. Although shortages of hospital staff nurses have received the greatest amount of national attention, shortages persist in other settings such as 19,400 RN vacancies in long-term-care settings, bringing the national RN vacancy rate to 8.1%.[39] Peter Buerhaus and coauthors found that the U.S. nursing shortage is projected to grow to 260,000 RNs by 2025, which would be twice as large as any nursing shortage experienced in this country since the mid-1960s. Because of the demand for RN's will increase as large numbers of RNs retire, a large and prolonged shortage of nurses is expected to hit the US in the latter half or the next decade.[40]

According to the AACN's report *2010–2011 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*, in 2010 U.S. nursing schools turned away 67,563 qualified applicants from baccalaureate and graduate nursing programs because of insufficient number of faculty, clinical sites, classroom space, clinical preceptors, and budget constraints. Almost two-thirds of the nursing schools responding to the survey pointed to faculty shortages as a reason for not accepting all qualified applicants into their programs, thus constraining schools' ability to expand enrollment to alleviate the nursing shortage.[39]

Additionally, there are some distressing statistics: in the United States, 41% of nurses are dissatisfied with their present job. Nationally, nurses give themselves burnout scores of 30–40%, and 17% of nurses are not working in nursing. Moreover, 13% of newly licensed RNs had changed principal jobs after 1 year, and 37% reported that they felt ready to change jobs. Nurses often change jobs or leave the profession because of unhumanistic and chaotic work environments and professional and personal burnout. Research shows that reduction of perceived stress is related to job satisfaction. Holistic nurses, through their knowledge of self-care, resilience, caring cultures, healing environments, and stress management techniques, have an extraordinary opportunity to influence and improve the healthcare milieu, both for healthcare providers and for clients and patients[41]

Policy

Four major policy issues face holistic nursing in the future: leadership, reimbursement, regulation, and access. The IOM report *The Future of Nursing*[35] recommends that *nurses should be full partners with physicians and other health professionals in redesigning healthcare in the United States*. Nurses should be prepared and enabled to lead change in all roles—from the bedside to the boardroom—to advance health. Nurses should have a voice in health policy decision making and be engaged in implementation efforts related to healthcare

reform, particularly regarding quality, access, value, and patient-centered care. Nurses must see policy as something they can shape rather than something that happens to them.

Public or private policies regarding coverage and reimbursement for healthcare services play a crucial role in shaping the healthcare system and will play a crucial role in deciding the future of wellness, health promotion, and CAM in the nation's healthcare system. According to the *2010 Complementary and Alternative Medicine Survey of Hospitals* conducted by the American Hospital Association and Samueli Institute, hospitals across the nation are responding to patient demand and integrating CAM services with conventional services. More than 42% of hospitals in the survey indicated they offer one or more CAM therapies, up from 37% in 2007 and 26.5 % in 2005. Eighty-five percent of responding hospitals cited patient demand as the primary rationale in offering CAM services and 70% stated clinical effectiveness as their top reason.[42] Often, however, holistic modalities are offered as a supplemental benefit rather than as a core or basic benefit, and many third-party payers do not cover such services at all. In the 2010 CAM Survey of Hospitals, 69% of CAM services were paid for out of pocket by patients. Coverage and reimbursement for most CAM services depend on the provider's ability to legally furnish services within the scope of practice. The legal authority to practice is given by the state in which services are provided.

Reimbursement of advanced practice nurses also depends on appropriate credentials. Holistic nurses will need to work with Medicare and other third-party payers, insurance groups, boards of nursing, healthcare policymakers, legislators, and other professional nursing organizations to ensure that holistic nurses are appropriately reimbursed for services rendered. Another issue regarding reimbursement is the fact that the effectiveness of CAM is influenced by the holistic focus and integrative skill of the provider. Consequently, reimbursement must be included for the process of holistic and integrative care, not just for providing a specific modality.

There are many barriers to the use of holistic therapies by potential users, providing yet another challenge for holistic nurses. Barriers include lack of awareness of the therapies and their benefits, uncertainty about their effectiveness, inability to pay for them, and limited availability of qualified providers. Access is more difficult for rural populations; uninsured or underinsured populations; special populations, such as racial and ethnic minorities; and vulnerable populations, such as older adults and those with chronic or terminal illnesses.[6] Holistic nurses have a responsibility to educate the public more fully about health promotion, complementary/alternative modalities, and qualified practitioners and to assist people in making informed choices among the array of healthcare alternatives and individual providers. Holistic nurses also must actively participate in the political arena as leaders in this movement to ensure quality, an increased focus on wellness, and access and affordability for all.

By developing theoretical and empirical knowledge as well as caring and healing approaches, holistic nurses will advance holistic nursing practice and education and contribute significantly to the formalization and credibility of this work. They will lead the profession in research, the development of educational models, and the integration of a more holistic approach in nursing practice and health care.

CONCLUSION

In closing, I would like to share some thoughts and reflections of various leaders in the field of holistic health care and holistic nursing.

> We need to balance the acquisition of knowledge with a deepening in wisdom. That has to happen throughout the education of all healthcare professionals. There has to be a balance between wisdom and knowledge. And we've lost it. That depth has to do with knowing yourself as a human being as well as a practitioner and healer, being yourself and experiencing yourself and your own struggles and possibilities. There are four things: wisdom balancing knowledge, a community of healers, self-care as the heart of all health care, and health care as a right to which everyone is entitled. If we have these, then the

whole health system changes, and all of us—our health and the way we look at the world—will change and improve.

—James Gordon, MD[43]

The advancement of health care in general relies on the patience and professional contributions of people who are either trained across disciplines or are comfortable working across disciplines—people who are "bilingual" in their professional lives and comfortable in domains and professional cultures other than their own. Leadership is the ability to work across disciplines and facilitate collegiate relationships. Disciplines need to shake hands and admit that they don't speak the same language, but they share the same questions. That's how contributions are made and progress happens. That's how we will determine how this field [holistic health care] ends up. It will happen across disciplines and across international borders.

—David Eisenberg, MD[44]

Nurses are exceedingly well positioned to become leaders in integrative health. Nurses constitute the nation's largest group of health professionals [more than 3 million]. . . . Nightingale described the nurse's work as helping a patient attain the best possible condition so that nature can act and self-healing may occur. Nurses go beyond fixing or curing to ease the edges of patients' suffering. They help people return to day-to-day functioning, maintain health, live with chronic illness, and/or gracefully move through stages of dying into death. Nurses are experts in symptom management, care coordination, chronic disease management, and health promotion. In addition to caring for people from birth to death, nurses currently manage care for communities, conduct research, lead health systems, and address health policy issues.

—Mary Jo Kreitzer, PhD, RN, FAAN[45]

Our work—nursing—is a calling, not only to serve but to deepen our humanity. It is a spiritual practice. . . . The tasks of *Nursing* are the tasks of *Humanity*: healing and relationship with self, others, the planet; developing a deeper understanding of human suffering; expanding and evolving an understanding of life itself; deepening an understanding of death and the sacred cycle. . . . We must revisit the foundations of our work. Caring is an ethic—it forces us to pay attention. Pause and realize that this one moment with this one person is the reason we are here at this time on this planet. When we touch their body, we touch their mind, heart, and soul. When we connect with another's humanity even for a brief moment, we have purpose in our life and work.

—Jean Watson, PhD, RN, AHN-BC, FAAN[46]

Directions for *FUTURE RESEARCH*

1. Identify the strengths and limitations of different research approaches to studying holistic phenomena.
2. Explore research findings on various CAM therapies.

Nurse Healer *REFLECTIONS*

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

- What is my vision of a caring, healing, holistic healthcare system?
- What are my beliefs, values, and assumptions about my contributions and other healthcare disciplines' contributions to the health of society?

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