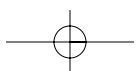
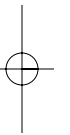
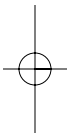


CORE VALUE 1

Holistic Philosophy, Theories, and Ethics







Chapter 1

Integral and Holistic Nursing: Local to Global

Barbara Montgomery Dossey

NURSE HEALER OBJECTIVES

Theoretical

- 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 21st-century integral and holistic nursing.
- Analyze relationship-centered care and its three components.
- Explore the Theory of Integral Nursing and its application to holistic nursing.

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 if you have an integral worldview and approach in your clinical practice and other education, research hospital policies, and community endeavors.

Portions of this chapter on the Theory of Integral Nursing have been published as: B. M. Dossey, "Theory of Integral Nursing," *Advances in Nursing Science* 31, no. 1 (2008): E52–E73.

Personal

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

DEFINITIONS

Holistic nursing: See Chapter 2 definitions.

Global health: Exploration of the emerging value base and new relationships and agendas 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.

Integral: Comprehensive way to organize multiple phenomenon 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 interior (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 seen 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 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 healing process: Contains both nurse processes and patient/family and healthcare workers 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 nurse: A 21st-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.

INTEGRAL AND HOLISTIC NURSING

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).^{1,2} 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. These ideas are further developed under the section on the Theory of Integral Nursing.

Holistic nursing is defined as “all nursing practice that has healing the whole person as its goal.”³ As described and developed in 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.³ Our holistic nursing challenges as described throughout this book 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), and healing in all areas and specialties of nursing. Our opportunities to interface in collaborative endeavors with various traditional and nontraditional healthcare professionals, healers, disciplines, and organizations can transform health care.

Outside of nursing, there continues to be minimal understanding and recognition related to the depth of nurses’ knowledge, expertise, and critical-thinking capacities and skills for assisting others in achieving and maintaining health and well-being. Globalization has changed the picture of global health to one that knows no natural or political boundaries.⁴⁻⁷ 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. It is an increased awareness that health is

Philosophical Foundation: Florence Nightingale's Legacy 5

a basic human right and 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 as their caring and healing endeavors assist individuals to become healthier. To have a healthy world we must have healthy people and healthy environments.

Currently there are 13 million nurses and midwives engaged in nursing and providing health care around the world.⁸ 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 effectively accomplish 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-base practice protocols can be shared and implemented around the world through dialogues, the Internet, and publications.

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. In 2000, the United Nations Millennium Goals were recommended to clearly articulate how to achieve health and decrease health disparities (see Table 1-1).⁹ As we expand our awareness of individual and collective states of healing consciousness and integral dialogues, we are able to explore integral ways of knowing, doing, and being. We can unite 13 million nurses, midwives, and concerned citizens through the Internet to create a healthy world through many endeavors such as the Nightingale Declaration (see Table 1-2). You are invited to sign the Nightingale Declaration at <http://www.nightingaledclaration.net>. Our Nightingale nursing legacy as discussed in the next section is the foundation to understanding our important roles as 21st-century nurses.

Table 1-1 UN Millennium Development Goals and Targets

The UN Millennium Development Goals are an ambitious agenda for reducing poverty and improving lives. World leaders agreed to these goals at the Millennium Summit in September 2000. For each goal one or more targets have been set, most for 2015, using 1990 as a benchmark.

1. Eradicate extreme poverty and hunger.
2. Achieve universal primary education.
3. Promote gender equality and empower women.
4. Reduce child mortality.
5. Improve maternal health.
6. Combat HIV/AIDS, malaria, and other diseases.
7. Ensure environmental sustainability.
8. Develop global partnerships for development.

Source: World Health Organization, *WHO Assembly Report: Millennium Development Goals and Targets* (Geneva, WHO: 2000), <http://www.who.int/mdg/en>.

Table 1-2 Nightingale Declaration for a Healthy World by 2020

"We, the nurses and concerned citizens of the global community, hereby dedicate ourselves to achieve a healthy world by 2020.

We declare our willingness to unite in a program of action, to share information and solutions, and to improve health conditions for all humanity—locally, nationally, and globally.

We further resolve to adopt personal practices and to implement public policies in our communities and nations—making this goal achievable and inevitable by the year 2020, beginning today in our own lives, in the life of our nations, and in the world at large."

Signature _____

Source: Used with permission, Nightingale Initiative for Global Health, <http://www.nightingaledclaration.net>.

PHILOSOPHICAL FOUNDATION: FLORENCE NIGHTINGALE'S LEGACY

Florence Nightingale (1820–1910), the philosophical founder of modern secular nursing and the

first recognized nurse theorist, was an *integralist*. An integralist is a person that focuses on the individual and the collective, the inner and outer, and 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.^{4,5,10,11} 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.^{4,10}

Nightingale was a nurse, an educator, administrator, communicator, statistician, and an environmental activist. 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 professors. She revolutionized hospital data collection and invented a statistical wedge diagram equivalent to today's circular histograms or circular statistical representation, and 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 over 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. Besides her numerous other recognitions, she received the Order of Merit in 1902, the first woman to receive this honor. She wrote over 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 4000 family letters at the Wellcome Trust in London.^{4,5,10}

Today we recognize Nightingale's work as global nursing where she envisioned what a healthy world might be with her integral philoso-

phy and expanded visionary capacities. Her work included aspects of the nursing process (see Chapter 8) as well; her work has indeed had an impact on us and will extend 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*,¹² 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 health-care system. We are that generation of 21st-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, PhD, RN, FAAN, 21st-century Nightingales are “health diplomats” and “integral health coaches” that are “coaching for integral health.”¹³

Nightingale was ahead of her time. Her dedicated and focused 50 years of work and service still informs and impacts our nursing work and our global mission of health and healing for humanity. Table 1-3 list the themes in her *Notes on Hospitals* (1859),¹⁴ *Notes on Nursing* (1860),¹⁵ her formal letters to her nurses (1872–1900),¹⁶ and her “Sick-Nursing and Health-Nursing” (1893).¹⁷ Table 1-4 shows Nightingale's themes today that we recognize in integral and holistic nursing and total healing healthcare environments.⁴ The next section presents an overview of the Eras of Medicine.

ERAS OF MEDICINE

Three eras of medicine currently are operational in Western biomedicine (see Table 1-5).¹⁸ Era I medicine began to take shape in the 1860s, when medicine was striving to become increasingly 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. 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.

Table 1-3 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 10 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.

(continues)

8 CHAPTER 1 INTEGRAL AND HOLISTIC NURSING: LOCAL TO GLOBAL

Table 1-3 Florence Nightingale's Legacy and Themes for Today (continued)

<i>Themes Developed in Notes on Nursing (1860)</i>	
<p>Variety</p> <ul style="list-style-type: none"> • 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. <p>Ventilation and warming</p> <ul style="list-style-type: none"> • Provide pure air within and without; open windows and regulate room temperature. • Avoid odiferous disinfectants and sprays. <p>Chattering hopes and advice</p> <ul style="list-style-type: none"> • Avoid unnecessary advice, false hope, promises, and chatter of recovery. 	<ul style="list-style-type: none"> • 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. <p>Observation of the sick</p> <ul style="list-style-type: none"> • 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.
<i>Themes Developed in Letters to Her Nurses (1872–1900)*</i>	
All themes above in <i>Notes on Hospitals</i> and <i>Notes on Nursing</i> plus:	
<p>Art of nursing</p> <ul style="list-style-type: none"> • Explore authentic presence, caring, meaning, and purpose. • Increase communication with colleagues, patients, and families. • Build respect, support, and trusting relationships. <p>Environment</p> <ul style="list-style-type: none"> • Includes the internal self as well as the external physical space <p>Ethics of nursing</p> <ul style="list-style-type: none"> • Engage in moral behaviors and values and model it in personal and professional life. <p>Health</p> <ul style="list-style-type: none"> • Integrate self-care and health-promoting and sustaining behaviors. 	<ul style="list-style-type: none"> • Be a role model and model healthy behaviors. <p>Personal aspects of nursing</p> <ul style="list-style-type: none"> • 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. <p>Science of nursing</p> <ul style="list-style-type: none"> • Learn nursing knowledge and skills, observing, implementing, and evaluating physicians' orders combined with nursing knowledge and skills. <p>Spirituality</p> <ul style="list-style-type: none"> • Develop intention, self-awareness, mindfulness, presence, compassion, love, and service to God and humankind.
ED/? where are TFNs for * & **	
<i>Themes Developed in "Sick-Nursing and Health-Nursing" (1893 Essay)**</i>	
All themes above in <i>Notes on Nursing</i> and her <i>Letters to Her Nurses (1872–1893)</i> plus:	
<p>Collaboration with others</p> <ul style="list-style-type: none"> • 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. 	<p>Health education curriculum and health missionaries education</p> <ul style="list-style-type: none"> • Include all components discussed in <i>Notes on Nursing</i>. • Teach health as proactive leadership for health.
<p>Source: Used with permission. B. M. Dossey, "Florence Nightingale's Tenets: Healing, Leadership, Global Action," in <i>Florence Nightingale Today: Healing, Leadership, Global Action</i>, eds. B. M. Dossey et al. (Silver Spring, MD: Nursesbooks.org, 2005).</p>	

Table 1-4 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.aesthetics.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.

(continues)

10 CHAPTER 1 INTEGRAL AND HOLISTIC NURSING: LOCAL TO GLOBAL

Table 1-4 Total Healing Environments Today: Integral and Holistic (continued)

*The External Healing Environment***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).

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.¹⁸ 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 non-local in that it is not bound to individual bodies.¹⁸ 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.

"Doing" and "Being" Therapies

Holistic nurses use both "doing" and "being" therapies as seen in Figure 1-1. (The reader is referred to Chapter 2 and Chapter 3 for the specifics on these therapies that are also referred to as holistic nursing therapies, complementary and alternative therapies, or integrative and integral therapies). Doing therapies include almost all forms of modern medicine, such as medications,

Table 1-5 Eras of Medicine

	<i>Era I</i>	<i>Era II</i>	<i>Era III</i>
Space-Time Characteristic	Local	Local	Nonlocal
Synonym	Mechanical, material, or physical medicine	Mindbody 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 life-times). 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. Psycho-neuroimmunology, 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.

procedures, dietary manipulations, radiation, and acupuncture. In contrast, being therapies do not employ things, but instead use states of consciousness.^{19,20} 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.^{20,21} A person who uses a *directed* mental strategy attaches a specific outcome to the imagery, such as the regression of disease or the normaliza-

tion 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 from 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

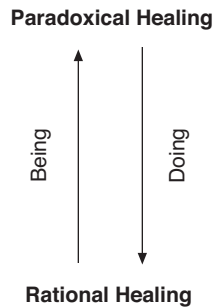


Figure 1-1 “Being” and “Doing” Therapies

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.

body-mind approach that usually does not require the use of things, with the exception of biofeedback instrumentation, music therapy, and use of CD 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 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 seen to have 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.

Rational vs. Paradoxical Healing

All healing experiences or activities can be arranged along a continuum from the rational domain to the paradoxical domain.²¹ The degree of doing and being involved determines these domains, as seen in Figure 1-2. Rational healing experiences include those therapies or events that

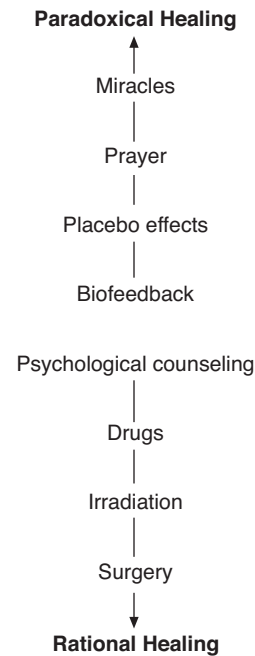


Figure 1-2 Continuum of Rational and Paradoxical Healing

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.

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.

“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, which 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 psychologic breakthrough, it is clear that there is a new meaning for the person. However, there were no clearly delineated steps leading to the breakthrough. Such an

event is called a breakthrough for the very reason that it is unpredictable—thus, the paradox.

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.^{22, 23}

Miracle cures also are paradoxical, because there is no scientific mechanism to explain them.²³ Every nurse has known, heard of, or read about a patient who had a severe illness that had been confirmed by laboratory evidence but which 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. 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 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 relation-

ships are identified: (1) patient–practitioner relationship, (2) community–practitioner relationship, and (3) practitioner–practitioner relationship.²⁴ Relationship-based care is also valued as it provides the map and highlights the most direct routes to achieve the highest levels of care and service to patients and families.²⁵ In 1994, the Pew Health Professions Commission published its report on relationship-centered care.²⁴ This report serves as a guideline for addressing the biopsychosocial-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. The three components of relationship-centered care are now discussed and shown in Tables 1-6, 1-7, and 1-8. 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 seen in Table 1-6.²⁴ 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 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.

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

<i>Area</i>	<i>Knowledge</i>	<i>Skills</i>	<i>Values</i>
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.

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 1-7. This includes understanding the meaning of the community, recognizing the multiple contributors to health and illness within the community, developing and maintaining relationships with the community, and working collaboratively with other individuals and organizations to establish effective community-based care.²⁴

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

Table 1-7 Community–Practitioner Relationship: Areas of Knowledge, Skills, and Values

<i>Area</i>	<i>Knowledge</i>	<i>Skills</i>	<i>Values</i>
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.

in Table 1-8, 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.²⁴

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,

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Table 1-8 Practitioner–Practitioner Relationship: Areas of Knowledge, Skills, and Values

<i>Area</i>	<i>Knowledge</i>	<i>Skills</i>	<i>Values</i>
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.

however, also includes coordination, joint decision making, communication, shared responsibility, and shared authority.

Because the cornerstone of all therapeutic and healing endeavors depends on the quality of the relationships formed among the practitioners caring for the patient, it is necessary for all practitioners to 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, colle-

gial, and caring environment. Practitioners must work interdependently rather than autonomously, with each assuming responsibility and accountability for patient care.

In the next section the Theory of Integral Nursing is discussed. As you read about the following Theory of Integral Nursing remember that the word *integral* and *integrally informed* will be used often as 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* as it is not 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 if your approaches are reductionistic, narrow, or limited, or whether you have an integral awareness and integral understanding that includes the four perspectives of reality that follow.

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 is praxis—theory in action.^{1,2,26} Concepts specific to the Theory of Integral Nursing are 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 phenomenon 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 transcended (goes beyond) in this integral process.^{1,2,26} An *integral worldview* examines values, beliefs, assumptions, meaning, purpose, and judgments related to how individuals perceive reality and relationships from the above four perspectives. *Integral dialogues* are transformative and visionary exploration of ideas and possibilities across disciplines where these four perspectives are considered as equally important to all exchanges, endeavors, and outcomes.^{1,2,26} 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 role and work of service for society—locally to globally.

To decrease further fragmentation in the nursing profession the Theory of Integral Nursing includes 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 and the Acknowledgements). This is not a freestanding

theory as it incorporates concepts from the philosophies and various fields that include holistic, multidimensionality, integral, chaos, spiral dynamics, complexity, systems, and many other paradigms.

An integral understanding allows us to more fully comprehend the complexity of human nature and healing; it assists nurses to bring to health care and society their knowledge, skills, and compassion. The integral process and an integral worldview presents 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 can often 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 the above 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 transporting to a radiology procedure. The current transportation protocol 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 perspective 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, one is able to model self-care and how to release stress, anxiety, and fear that manifest each day in this human journey. All nursing curriculum can be mapped in the integral quadrants discussed later (see the Application section below) that teaches students to think integrally and to become aware of an integral perspective and how these four perspectives create the whole. They 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 understanding about the human experience. I realized that nursing was neither a “science” or “art” of nursing, 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, with a patient following an acute myocardial infarction who was having severe pain, I gave pain medication while simultaneously guiding her or him in a relaxation or imagery practice to enhance relaxation and release anxiety. I also experienced a difference in myself when I used this approach to combine 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 was also reading nurse theorists and other discipline theorists that informed my knowing, doing, and being in caring, healing, and holism. (See Acknowledgments for specific nurse theorists.) 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, this allowed us to reflect on how to do 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, PhD, RN, AHN-BC, FAAN, with whom I could also discuss these ideas. We began to write teaching protocols and give lectures 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 challenge 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 healthcare. From this point to the present we have always found many professional and interdisciplinary healthcare colleagues to discuss concepts, protocols, and approaches for practice, education, research, and healthcare protocols and policies.

As a founding member in 1981 of the American Holistic Nurses Association (AHNA), and with Lynn Keegan, PhD, RN, AHN-BC, FAAN, Cathie Guzzetta, and many AHNA colleagues (see Chapter 2 and Acknowledgments), our collective holistic nursing endeavors were recognized as the specialty of holistic nursing by the American

Nurses Association (ANA) in November 2006. The *AHNA and ANA Holistic Nursing: Scope and Standards of Practice* were published in June 2007.³ I believe that this important holistic specialty can now be expanded by using an integral lens.

Beginning in 1992 in London during my Florence Nightingale primary historical research of studying and synthesizing her original letters, army and public health documents, manuscripts, and books, I deepened my understanding of her relevance for nursing as Nightingale was indeed an integralist as previous discussed. This led to my Nightingale authorship^{4,5,10} and my collaborative Nightingale Initiative for Global Health and the Nightingale Declaration,¹¹ the first global nursing Internet signature campaign (see Acknowledgements). My professional mission now is to articulate and use the integral process and integral worldview in my nursing and healthcare endeavors and to explore rituals of healing with many.^{1,2} 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 and the integral team and other interdisciplinary integral colleagues has led to my development of the Theory of Integral Nursing at this time. 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 21st-century Nightingales, health diplomats, and integral health coaches that are coaching 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 towards 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 21st-century nursing endeavors and beyond so that we can more easily 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, nor 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 to address basic self-care such as short breaks for personal needs and meals, which 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 more consistently be healthy and model health and understand the complexities within 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 *The Collected Works of Ken Wilber*,^{27,28}

Wilber synthesizes in his monumental achievement the best known and most influential researchers, theorists, theories, and schools of thought to show that no individual or discipline can determine reality or has 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.²⁶⁻³¹ Within the nursing profession other nurses are also exploring integral and related theories and ideas.³²⁻⁴⁰ But as of yet, there is no theory of nursing that has Nightingale's philosophical foundation as an integralist combined 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 and 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.⁴¹ 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 word *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 1-9.^{1,2}

Table 1-9 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 psycho-dynamic 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.

Source: Copyright © Barbara Dossey, 2007.

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, (3) patterns of knowing, (4) the four quadrants that are adapted from Wilber's integral theory (individual interior [subjective, personal/intentional], individual exterior [objective, behav-

ioral], collective interior [intersubjective, cultural], and collective exterior [interobjective, systems/ structures]); and (5) “all quadrants, all levels, all lines,” that are adapted from Wilber.²⁶

Content Component #1: Healing

The first content component in the Theory of Integral Nursing is *healing*, which is illustrated as a diamond shape and seen in Figure 1-3a.^{1,2,4} The Theory of Integral Nursing enfolds from 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 more likely experience a unitary grasp on the complexity that emerges in healing.

Healing includes knowing, doing, and being, and is a lifelong journey and process of bringing together aspects of oneself at deeper levels of harmony and inner knowing leading toward integration.^{1,2,4} This healing process places us in a space to face our fears, to seek and express self in its fullness where we can learn to trust life, creativity, passion, and love. Each aspect of healing has equal importance and value that leads to more complex levels of understanding and meaning.



Figure 1-3a Healing.

Source: Copyright © Barbara Dossey.

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 due to 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 will most likely not occur simultaneously or even in all realms, and yet, the person may still have a perception of healing having happened.^{42,43} 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 until one’s last breath. Intention and intentionality are key factors in healing.^{43,44} *Intention* is the conscious determination to do a specific thing or to act in a specific manner; it is the mental state of being committed to, planning to, or trying to perform an action.^{43,44} *Intentionality* is the quality of an intentionally performed action.

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)—that is seen in Figure 1-3b. These concepts are important to the Theory of Integral Nursing because they are encompassed within the quadrants of human experience as seen in Content Component #4. Starting with healing at the center, a Venn diagram surrounds healing and implies the interrelated and interdependence and impact of these domains as each informs and influences the others; a change in one will create a degree of change in the others, thus impacting healing at many levels.

An *integral nurse* is defined as a 21st-century Nightingale engaged in social action and sacred activism, and as a “health diplomat” and “integral health coach” that is “coaching for integral health.”^{5,13} 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



Figure 1-3b Healing and Meta-Paradigm of Nursing.

Source: Adapted from B. Carper (1978). Copyright © Barbara Dossey.

multiple phenomenon of human experience in the four perspectives of reality as previously described. The nurse is an instrument in the healing process where she or he brings one's whole self into relationship to the whole self of another or a group of significant others that reinforces the meaning and experience of oneness and unity.

A *person* is defined as an individual (patient/client, family members, significant others) who engages with a nurse in a manner that is respectful of a person's subjective experiences about health, health beliefs, values, sexual orientation, and personal preferences. It also includes 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 we reshape basic assumptions and worldviews about well-being and see death as a natural process of living. Integral health may be symbolically seen 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.^{42,43} As

described by Don Beck,⁴⁵ this jewel may also be seen as a spiral or as a symbol of transformation to higher states of consciousness to more fully understand the essential nature of our beingness as energy fields and expressions of wholeness. 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 with others where authentic power is recognized within each person. Disease and illness at the physical level may manifest for many reasons and variables. It is important *not* to equate physical health, mental health, and spiritual health as they are not the same thing. They are facets of the whole jewel of integral health.

An *integral environment* has both interior and exterior aspects. The interior environment includes the individual's feelings, meaning, mental, emotional, and spiritual dimensions; it also includes a person's brainstem, cortex, and so on that are an internal (inside) aspect of the exterior

self. It also acknowledges the patterns that may not be understood that may manifest related to various situations or relationships. This may be related to living and nonliving people and things, such as a deceased relative, animal, or a lost precious object through flashes of memories stimulated by a current situation (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 that are related to the physical and social in some form in any of the gross, subtle, and causal levels that are discussed in Component #4.

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 seen in Figure 1-3c.

These six patterns of knowing are personal, empirics, aesthetics, ethics, not knowing, and sociopolitical. As a way to organize nursing knowledge Carper,⁴⁶ in her now classic 1978 article, identified the four fundamental patterns of knowing (personal, empirics, ethics, aesthetics) followed by the introduction of the pattern of not knowing in 1993 by Munhall,⁴⁷ and the pattern of sociopolitical knowing by White in 1995.⁴⁸ All of these patterns continue to be refined and reframed with new applications and interpretations.⁴⁸⁻⁵⁸ These patterns of knowing assist nurses in bringing themselves into the full expression of being present in the moment, 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 1-1e and Figure 1-1f, these patterns will be primarily be positioned as seen; however, they may also appear in one, several, or all quadrants and inform all other quadrants.)

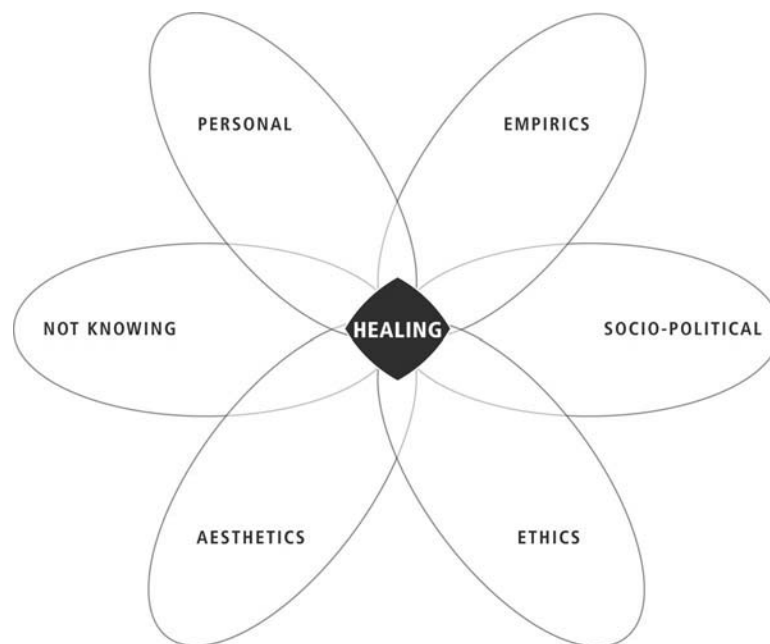


Figure 1-3c Healing and Patterns of Knowing in Nursing.
Source: Copyright © Barbara Dossey.

Personal knowing is the nurse's dynamic process and awareness of wholeness that focuses on the synthesis of perceptions and being with self.^{46,49,50} 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.^{49,50} It is expressed in models and theories and can be integrated into evidence-based practice. Empirical indicators are accessed through the known senses that 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.^{50,58} It is the combination of knowledge, experience, instinct, and intuition that connects the nurse with a patient or client in order 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 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.^{49,50} 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.^{47,56-61} 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.^{48,49} 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 1-3d, 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.^{26,29,30} 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 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 as the focus is on the "we" and relationships. However, this development of the "I" and awareness of one's personal values is 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 pronouns like I, me, mine in the singular, and we, us, ours in the plural. Second person means "the person who is spoken to," which includes pronouns like 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

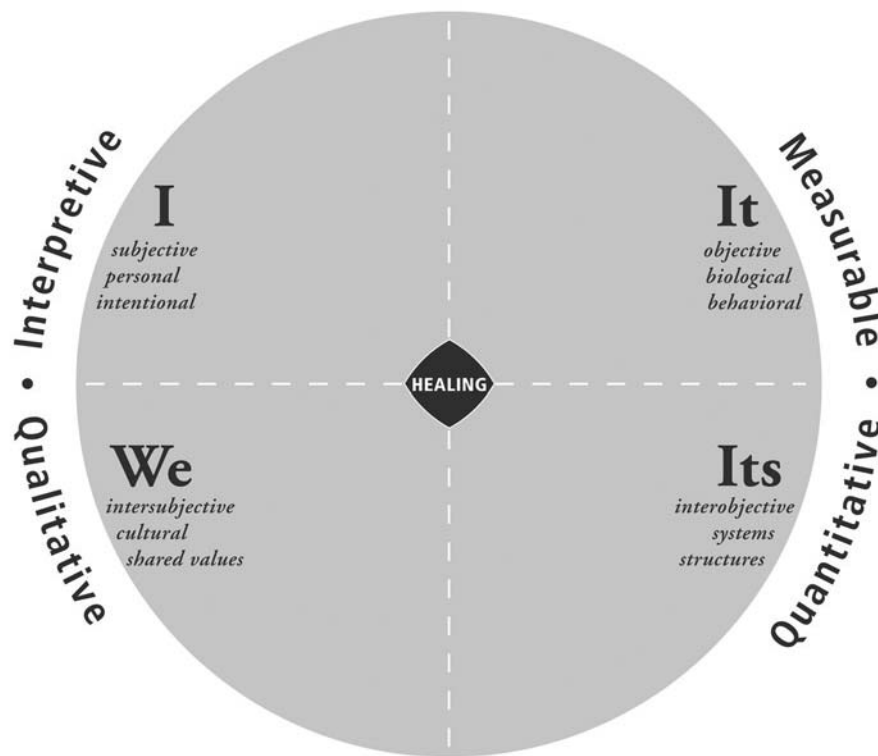


Figure 1-3d Healing and the Four Quadrants (I, We, It, Its).

Source: Adapted with permission from Ken Wilber. <http://www.kenwilber.com>. Copyright © Barbara Dossey.

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.” So we can simplify first, second, and third person as “I,” “we,” “it,” and “its.”^{26,29}

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 1-10:

- Upper-Left (UL): In this “I” space (subjective; the inside of the individual) can be 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 Process and Integral Nursing Principles section), 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 healthcare), 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.

Table 1-10 Integral Model and Quadrants

<p>UPPER LEFT</p> <p>INDIVIDUAL INTERIOR (intentional/personal)</p> <p>“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.)</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <ul style="list-style-type: none"> • Subjective • Interpretive • Qualitative </div>	<p>UPPER RIGHT</p> <p>INDIVIDUAL EXTERIOR (behavioral/biological)</p> <p>“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.]</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <ul style="list-style-type: none"> • Objective • Observable • Quantitative </div>
<p>I</p>	<p>IT</p>
<p>WE</p>	<p>ITS</p>
<p>LOWER LEFT</p> <p>COLLECTIVE INTERIOR (cultural/shared)</p> <p>“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.)</p>	<p>LOWER RIGHT</p> <p>COLLECTIVE EXTERIOR (systems/structures)</p> <p>“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.)</p>

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

On the outside of the Figure 1-3d, we see that 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 already described in each quadrant, this is what leads our endeavors and initiatives to be fragmented and narrow and where 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.²⁶⁻³¹ 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 more deeply understand 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 A-Q-A-L (pronounced *ah-qwul*), as seen in Figure 1-3e. 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, awareness, and depth in these four quadrants. Briefly, these levels, lines, states, and types are as follows:^{26,29}

- **Levels:** Levels of development that become permanent with growth and maturity (e.g., cognitive, relational, psychosocial, physical, mental, emotional, spiritual) that represents a level of increased organization or level of complexity. These levels are also referred to as waves and stages of development. Each individual possess the masculine and feminine voice or energy. Neither masculine or 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 (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 Beck⁴⁵ 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 (due to meditation, yoga, contemplative prayer, etc.), altered states (due to mood swings, physiology, and pathophysiology shifts with disease, illness, seizures, cardiac arrest, low or high oxygen saturation, drug induced), 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 1-3e, 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) to ethnocentric (centers on group, community, tribes, nation) to worldcentric (care and concern for all peoples regardless of race, color, sex, gender,

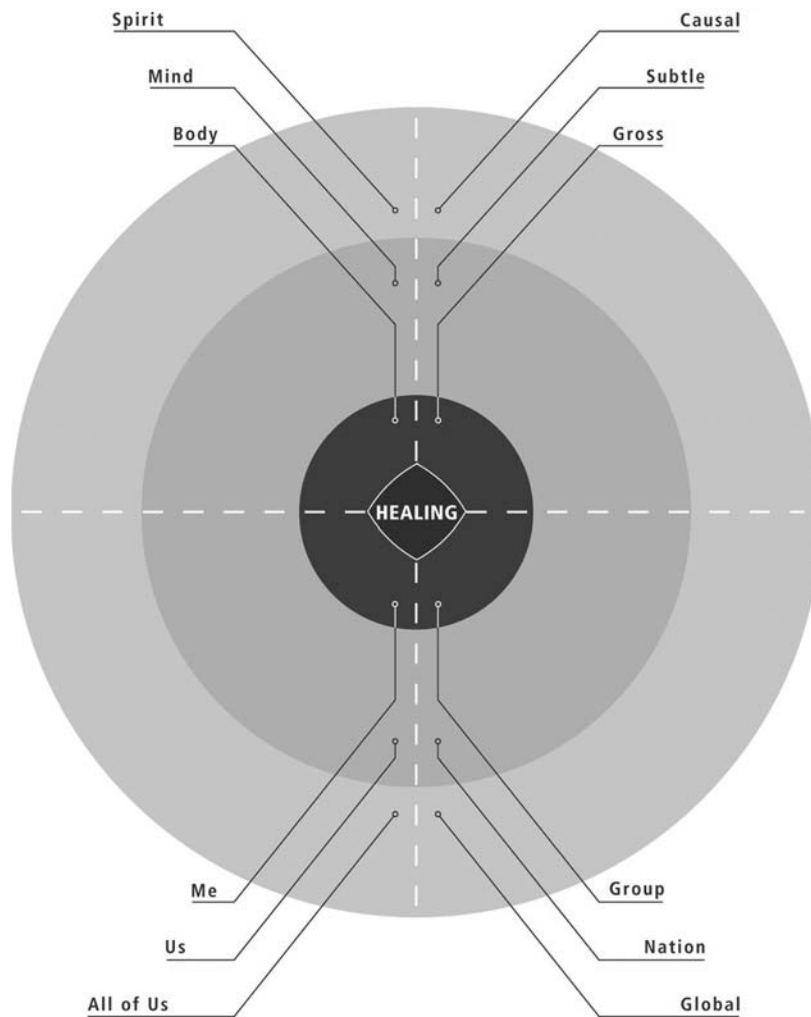


Figure 1-3e Healing and AQAL (All Quadrants, All Levels).

Source: Adapted with permission from Ken Wilber. <http://www.kenwilber.com>. Copyright © Barbara Dossey.

sexual orientation, creed, and to the global level)

Starting with the Upper Left, the “I” space, the emphasis here is in 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.

In 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.^{28,29} We can think of these three bodies as the increasing capacities of a person towards 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 occurs when we are not aware of the gross body of dense matter, but of a shifting to a light, energy, emotional feelings, and fluid and flowing images. Examples might be in our shift during a dream, during different types of body work, walks in nature, or 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.^{18,21} Nonlocality can also be both upper- and lower-quadrant phenomena.

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, as this is where teamwork and the interdisciplinary and transpersonal disciplinary development occurs. The inner circle represents the individual labeled as me; the second circle represents a larger group labeled us; the third circle is labeled as 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 increased complexity to the global level where the health of all humanity and the world are 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 (the all levels) in self, culture, and nature (“all quadrants” part). 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 larger of increasing complexity.²⁶ 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 hierarchy 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.

Structure

The structure of the Theory of Integral Nursing is seen in Figure 1-3f. All content components are overlayed together to create a mandala to symbolize wholeness. Healing is placed at the center, 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 and Don Beck and his Spiral Dynamics Integral, individuals move through primitive, infantile consciousness to an integrated language that is considered *first-tier thinking*.^{26,45} 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* of

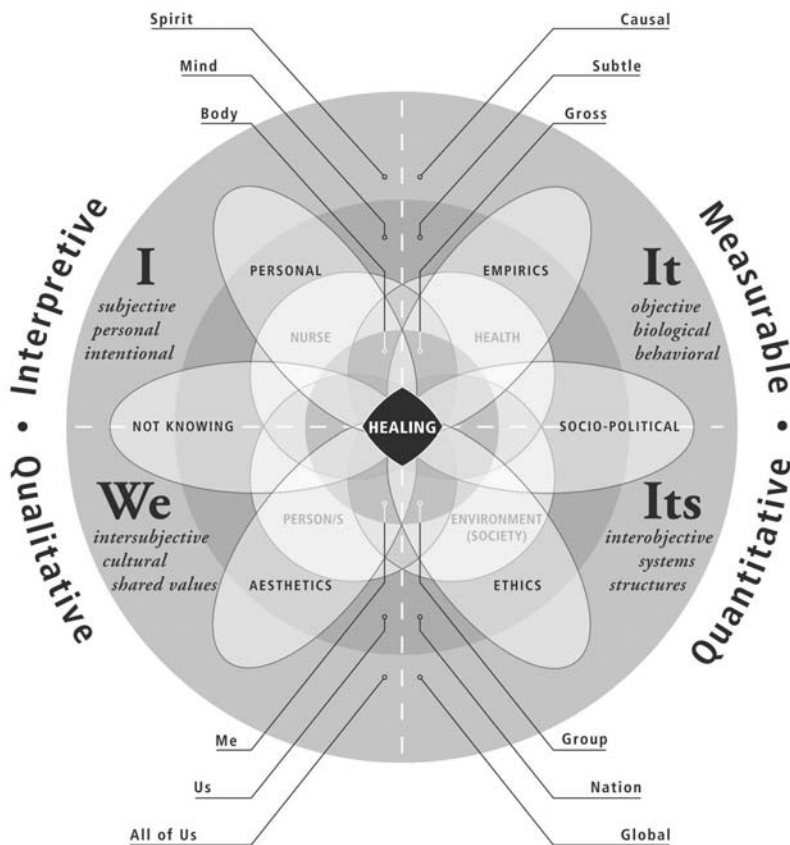


Figure 1-3f Theory of Integral Nursing (Healing, Meta-Paradigm, Patterns of Knowing in Nursing, Four Quadrants, and AQAL).

Source: Adapted with permission from Ken Wilber. <http://www.kenwilber.com>. Copyright © Barbara Dossey.

stages of consciousness that addresses an even deeper level of transpersonal understanding that is beyond the scope of this chapter.³¹

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 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 concepts in an integral healing environment, both interior and exterior, is *meaning*, which addresses that which is indicated, referred to, or signified.^{19,62} *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 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, and 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 all these four quadrants and realities fit together. You will also discover if 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. We also discover that by incorporating the integral nursing principles discussed next we may assist others to discover their own healing path. The reader is referred to Figure 1-3f and Table 1-10 for specifics components of each quadrant. Figure 1-4 provides examples of Florence Nightingale quotes as related to each integral nursing principle. (Note: This section is adapted from the author's previous coauthored work.)⁵

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.

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

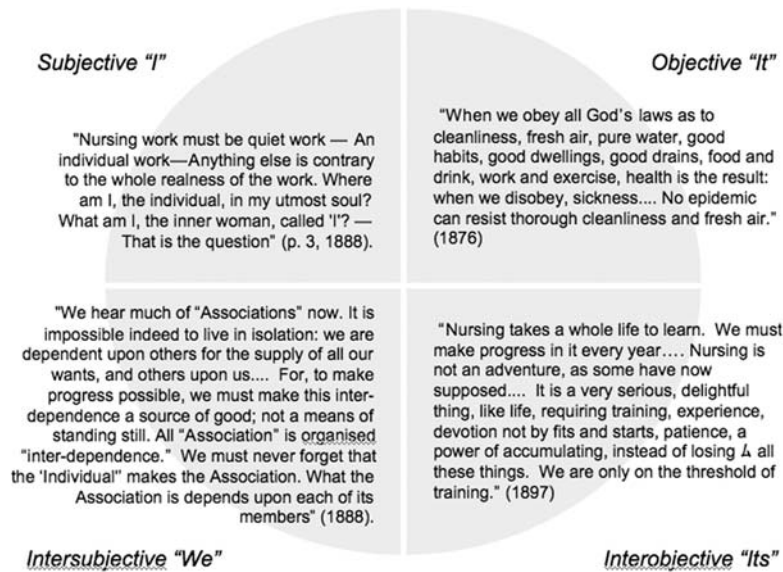


Figure 1-4 Florence Nightingales's Integral Ideas.

Source: Used with permission from the Nightingale Initiative for Global Health, (Washington, DC and Ottawa, Canada, 2007) 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).

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."⁶³ It is this development of the individual "I" that supports each nurse in how to deeply understand one's interior as well as how to develop 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."⁶⁴

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.⁵⁶⁻⁶¹ 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 is described by Jung⁶⁵ as 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 in all aspects of our personal and professional endeavor.

ors. *Mindfulness* is the practice of giving attention to what is happening in the present moment such as our thoughts, feelings, emotions, and sensations. To cultivate the capacity of mindfulness, practices one may include mindfulness meditation, centering prayer, and other reflective practice 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 will also allow for full presence when with another.

In our personal process, we recognize *conscious dying* where time and thought is 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 and spending 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 is 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.^{1,2,60,61} This is a mature practice that is wise and empty of a separate self.

Integral Nursing Principle #2: Nursing Is Built upon "We"

Integral Nursing Principle #2 recognizes the importance of the "We" (intersubjective) space. Within nursing, health care, and society, there is much suffering, moral suffering, moral distress, and soul pain as seen in Table 1-11.^{5,60,61} We are often called upon to "be with" these difficult human experiences and to use our nursing presence. Our sense of "We" supports us to recognize the phases of suffering—"mute" suffering, "expressive" suffering, and "new identity" in suffering.^{60,61} 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 the some new truth and meaning of 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 upon what "we" as nurses can do together as a team. She saw that sustainable nursing practice constantly requires strong nursing teamwork as expressed in 1883, "Let us run

Table 1-11 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 interest 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).

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 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."⁶⁶

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.^{1,2,21} Transpersonal dialogues contain an integral worldview and recognize the role of *spirituality* that 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 unifying force of 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/LifeForce/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.^{1,2,60,61} 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. Our challenge is to enter into deep dialogue to more fully understand religions different than our own so that we may be tolerant where there are differences.

In this "We" space nurses comes together and are conscious of sharing their worldviews, beliefs, priorities, and values related to working together in ways to 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.^{1,2,60,61} Through mindfulness one is able to 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.^{60,61} *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 are 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."⁶⁰ Compassionate care assists us in living as well as when 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 cocreated 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, reinforces the person's meaning and experience of community and unity. Engagement between an integral nurse and a patient and the family or with colleagues 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.⁶⁰ An awareness of the role of *intuition* is also recognized, 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 then generates loving kindness, the open, gentle, and caring state of mindfulness that assists 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/LifeForce/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 and to consider body 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" occurs. 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 their death transition.

Nightingale saw nursing as an integral and spiritual practice where each nurse blends her or his knowledge in combination with her or his ongoing observations, to develop and refine one's own 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.⁶⁷

Within this integral nursing principle, integral nurses with nursing colleagues and healthcare team members compile the data around physiological and pathophysiological 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 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.⁶⁸

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 by a nurse 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. Which is more important in this situation? 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)? Or is it the nurse (Upper Left) or the nurse with the neurologist working together (Lower Left) or the emergency room (Lower Right) more important?

Using 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 one fourth 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 use of the Theory of Integral Nursing principles and the integral process is Diane Pisanos,⁶⁹ RNC, MS, NNP, who integrates these ideas to organize her life and health coaching practice as seen in Figure 1-5. Another example is Linda Bark,⁷⁰ PhD, RN, MCC, who uses the integral model in her *As One Integral Coaching*⁷⁰ and holistic nursing practice.

Education. The Theory of Integral Nursing can assist educators to be aware of all quadrants while organizing and designing curriculum,³⁴ continuing education courses, health education presentations, teaching guides, and protocols. In most curriculums there is minimal focus on the individual subjective “I” and the collective intersubjective “We”; the emphasis is on passing an examination or learning a new skill or procedure; thus, the learner only retains 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 student to be in the present moment.

The reader is referred to Chapter 35 and the work of Cynthia Barrere, PhD, RN, AHN-BC, and her nurse educators colleagues who use the Theory of Integral Nursing in their undergraduate curriculum. Darlene Hess,⁷¹ PhD, NP, AHN-BC, uses the Theory of Integral Nursing in her Brown Mountain Visions consulting practice to design an RN-to-BSN curriculum as seen in Table 1-12. Hess also uses the integral process in her private practice. These Theory of Integral Nursing principles and the integral model are being used to organize an eight-day intensive integral end-of-life care professional training program.^{60,61} This training program balances didactic presentations and experiential group process work. For every 90 minutes of didactic, there is a related 90 minutes of experiential integral process practices that rein-

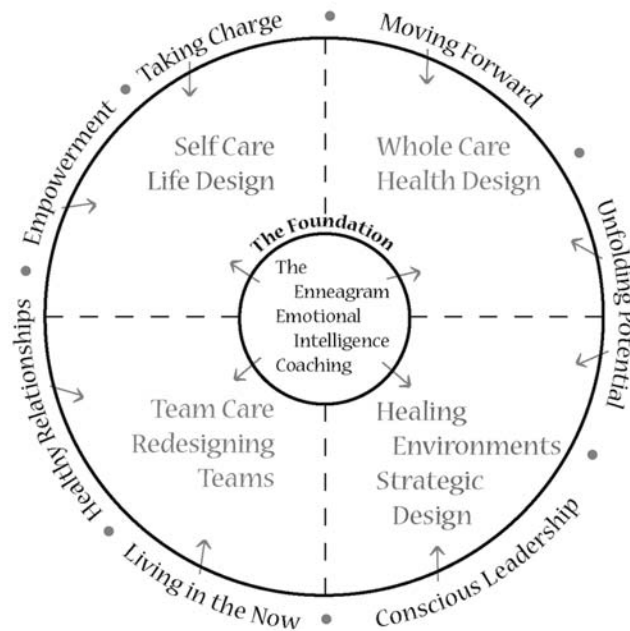


Figure 1-5 Integral Coaching Model.

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forces the didactic. This also helps with the true retention and learning of knowledge.

Research. The Theory of Integral Nursing can assist nurses to consider the importance of qualitative and quantitative research.^{37,38,72} 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 when they try to explain all of both the interior and exterior dimensions through only quantitative methodologies with a focus on empirical data.²⁸ 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 value introspective, cultural, and interpretive experiences, and expand our personal and collective capacities of

consciousness as evolutionary progression towards achieving our goals. In other words, knowledge does emerge from all four quadrants.

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. 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 is increased.

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

<i>Course Title</i>	<i>Nursing in Transition (2 Cr)</i>	<i>An Integral Approach to Nursing (3 Cr)</i>	<i>Pathophysiology (6 Cr)</i>
Course Description	This course examines the expanded role of the baccalaureate-prepared nurse in today's healthcare 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	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Integral nursing/Integral health Holistic nursing Integrative nursing practice Healing Nursing metaparadigm 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 	<ul style="list-style-type: none"> 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

<i>Course Title</i>	<i>Community & Global Health 1 (4 Cr)</i>	<i>Community & Global Health 1 (4 Cr)</i>	<i>Community & Global Health 1 (4 Cr)</i>
Course Description	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	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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)

40 CHAPTER 1 INTEGRAL AND HOLISTIC NURSING: LOCAL TO GLOBAL

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

Course Title	<i>An Integral Approach to Evidence-Based Practice</i> (4 Cr)	<i>Health Policy from an Integral Perspective</i> (3 Cr)	<i>Integral Communication and Teaching</i> (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 evidenced-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

<i>Course Title</i>	<i>Transformational Leadership in Nursing (3 Cr)</i>	<i>Integrating Complementary & Alternative Approaches to Nursing (4 Cr)</i>	<i>Integral Nursing Practice Senior Project (3 Cr)</i>
Course Description	This course 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	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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			
Source: Courtesy of Darlene R. Hess, PhD, APRN-BC, AHN-BC. © 2007.			

Global Health Nursing. The Theory of Integral Nursing can assist us in using an integral worldview and organizing structure to see where we fall short and where we excel in prevention education and healthcare delivery. Our challenge as integral 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.⁴⁻⁷

The first priority of nursing is devotion to human health—of individuals, of communities, and the world. Integral nurses are educated and prepared—physically, emotionally, mentally, and spiritually—to effectively accomplish the activities required for healthy people and healthy environments.⁴⁻⁵ An integral approach can help us 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 thing needed to build responsive and effective health systems in all countries.⁶ An increasingly severe global nursing shortage is threatening nursing's ranks in almost every nation in the world.⁸ The health and happiness of people everywhere in the global community are the only common ground for a secure and sustainable prosperous future. 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.^{4,5,11} This can strengthen nursing's ranks and help the world to value and nurture nursing's essential contributions. 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."^{7,3}

We can explore all aspects of the Theory of Integral Nursing and apply them to our endeavors in the underserved communities and populations. Often in the developed world of health care we

believe that decent care is being able to have access to technology, procedures, tests, or surgery when we need it and as quickly as we want. And this is still a limited view of what integral or even holistic health care is, since primary prevention such as self-care is rarely given its just due in healthcare initiatives. However, the majority of the world does not have access as in wealthy developed nations.

Consider the World Health Organization (WHO) call for "decent care" for HIV/AIDS patients and their families throughout the world.⁷ As you read this reflect on the Theory of Integral Nursing and see how all aspects of this theory are covered in this WHO "decent care" description. 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, physiological, 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 integral worldview and approach connects all theory content components, quadrants, and processes to map the various steps to evolve a complete plan of care with the patient and the community that includes the health and safety of caregivers as well.

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 more fully open to the mysteries of life's journey and the wondrous stages of self-discovery with self and others. Our time demands a new paradigm and a new language where we take the best of what we know in the sci-

ence 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, and critical-thinking capacities and skills for assisting others in creating health and healing. Only an attention to the heart of nursing, for "sacred" and "heart" reflect a common meaning, can we generate the vision, courage, and hope required to unite nursing in healing. This assists 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 components 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?

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