

Holistic Philosophies, Theories, and Ethics

CHAPTER 1	Nursing History and the Evolution of Holistic Nursing.....	1
CHAPTER 2	Holistic Nursing: Scope & Standards of Practice.....	25
CHAPTER 3	The Theory of Integral Nursing.....	53
CHAPTER 4	Trends, Holistic Nursing.....	77
CHAPTER 5	Transpersonal Human Caring and Healing.....	97
CHAPTER 6	Spirituality and Health.....	107
CHAPTER 7	Holistic Ethics.....	121
CHAPTER 8	Nursing Theory in Holistic Nursing Practice.....	145
CHAPTER 9	Holistic Leadership.....	159



CHAPTER 1

Nursing History and the Evolution of Holistic Nursing

Mary Ann Cordeau

NURSE HEALER OBJECTIVES

- Identify the factors that affected the evolution of holistic nursing in the United States.
- Analyze definitions and descriptions of holistic nursing in historic and modern literature.
- Describe the work and dedication of nurse leaders and organizations who have recognized, supported, and advocated for holistic nursing practice over time.
- Describe the importance of providing holistic self-care and holistic nursing care.

DEFINITIONS

Allopathy: A system of medical practice associated with Western medicine that aims to combat disease by using remedies (such as drugs or surgery) that produce effects different from or incompatible with those effects produced by the disease being treated. The term was first introduced in 1827.¹

Healing: A lifelong journey into wholeness that seeks to achieve harmony in one's own life and in relationships. It is an emergent process of the whole system that brings together aspects of one's self (one's body, mind, emotion, and spirit) and environment at deeper levels of inner knowing. This leads to integration and balance, with each aspect having equal importance and value.^{2,p.54}

History: A chronological record of significant events and their causes (such as those events affecting a nation or institution).³

Holistic nursing: Any nursing approach that prioritizes healing the whole person and honors relationship-centered care and the interconnectedness of self, others, nature, and spirituality. It focuses on promoting and optimizing health and wellness and incorporating integrative, complementary, and alternative approaches.^{4,p.3}

Integrative health: A care approach that brings conventional and complementary approaches together in a coordinated way. It emphasizes a holistic, patient-focused approach to health care and wellness. It often includes aspects of mental, emotional, functional, spiritual, social, and community care and focuses on treating the whole person rather than, for example, one organ system. It aims for well-coordinated care between different providers and institutions.⁵

Religion: An organized system of beliefs addressing the cause, purpose, and nature of the universe that is shared by a group of people. It comprises practices, behaviors, worship, and rituals.^{6,p.135}

Spirituality: The essence of our being that informs the ways we live and experience life, the ways we encounter mystery, and the ways we relate to all aspects of life. It permeates our living in relationships and infuses our unfolding awareness of who we are, our purpose in being, and our inner resources.^{7,p.135}

Sectarian: Medical care offered by lay practitioners or people trained at sectarian medical schools. May also be referred to as nontraditional.⁸

Introduction

There is a movement to shift nursing education from the biomedical model to a model that educates students to practice from a “holistic, caring framework,”^{9,p.8} and to “communicate with patient and family in a manner that illustrates caring, reflects cultural awareness, and addresses psychosocial needs.”^{10,p.2} This shift is beneficial because, as the American Holistic Nurses Association (AHNA) noted in 2013, “The holistic nurse recognizes and integrates body-mind-emotion-spirit-energetic-environment principles and modalities in daily life and clinical practice; creates a caring healing space within herself/himself that allows the nurse to be an instrument of healing ...”^{11,p.1} Additionally, holistic nurses promote healing using holistic theory and evidence-based interventions. Incorporating such approaches in education and practice first requires deeper understanding of nursing’s rich history. As two nurse historians and leaders stated, “No occupation can be quite intelligently followed or correctly understood unless it is, at least to some extent, illuminated by the light of history interpreted from the human standpoint.”^{12,p.3}

This chapter seeks to provide deeper understanding of nursing’s history and presents a history of holistic nursing in the United States from the early 1800s to 2019. It also outlines modern nursing in the United States and its origin, including the founding of the Bellevue Hospital Training School in 1873 (one of the first three schools based on Florence Nightingale’s educational model) as well as exploring the ways in which women informally provided nursing care to family and others long before that.

History must be interpreted from an understanding of the language and customs of the period being studied. Knowledge of nursing history provides a sense of professional pride as well as a guide for practice change. The AHNA is the driving force of the holistic nursing practice movement. Throughout this chapter, primary and secondary sources are used for interpreting each

period, cultural definitions, and descriptions of the concepts identified by the AHNA.

1800–1860: Health Care and Holistic Nursing in Antebellum America

In antebellum America, the experience of illness and health care was regionalized. The type and level of care a patient received varied greatly depending on the patient’s socioeconomic and immigration status as well as the patient’s gender and race. Sick individuals were mainly cared for at home by family members or hired caregivers, sometimes under the direction of an allopathic or sectarian practitioner. Physician’s offices, dispensaries, hospitals, pesthouses, almshouses, and even on the wagon trail were other places individuals could receive care.

Overview of Healthcare Philosophies and Practices

Healthcare practitioners were divided between allopathic and sectarian care providers. There were few hospitals in the United States during the antebellum period. The hospitals that did exist were mostly located in large port cities, such as Philadelphia, New York, Boston, and New Orleans. Prisoners, paupers, the Catholic Sisters of Charity, and the Protestant Sisters of Charity provided nursing care in these early hospitals.¹³ Christianity shaped the lives of citizens, and women were considered the moral stabilizing agents of the home. The relationship between illness and spirituality can be inferred from the preface of a book on hymns for the sickroom, which stated, “... it is hoped that they [the hymns] may still be to them [sick individuals] ... as wells of living waters, from which many a thirsty soul may draw refreshment in the hour of need.”^{14,p.iv}

Allopathic Medicine

Allopathic physicians subscribed to an empiric, holistic framework to provide care. The belief

that disease resulted from a systemic imbalance of excitement or exhaustion guided care, which primarily aimed to restore this balance. Therapies used to restore balance in the excited patient included the following:

- bloodletting (the draining of blood through the opening of a vein or artery, or through cupping or leeching. The vein or artery is opened using a scarificator or lancet)
- leeching (using leeches to draw out diseased blood from the patient)
- wet cupping (drawing blood by suction from scarified skin)
- producing catharsis (vomiting through the employment of drugs such as calomel, which contains mercury)
- dietary restrictions

These treatments, however, often caused exhaustion or other serious or lethal conditions, such as mercury poisoning.

Dr. Jackson, a physician who practiced at Massachusetts General Hospital and was a professor at Harvard University, published a text for physicians beginning with conduct in the sick-room. He provided instructions for the care of individuals experiencing diseases including cholera, typhoid fever, animal magnetism, headache, and pneumonia.¹⁵ Surgeons set compound fractures or removed tumors without anesthesia until 1846. When providing care, allopathic physicians assessed objective and subjective signs and considered the biological and psychological nature of illness. Physicians lacked knowledge about the pathophysiology of many diseases, which led physicians to avoid discussing the cause of the diagnosis with patients. Allopathic treatments often failed and made the patient's condition worsen; this led to the increased popularity of sectarian medicine and treatments.

Sectarian Medicine

As previously noted, allopathic treatments often failed and made the patient's condition worse. This led to the increased popularity of sectarian medicine and treatments. Sectarian medicine in the United States began in New England, and the first sectarian medical school in the United

States was founded in 1846. The appeal of sectarian medicine lay in its focus on nature's healing power. The gentler approach seemed more appropriate for children than the harsh treatments of regular physicians; women were thus attracted to sectarians in disproportionate numbers. Sectarian medicine was also relatively inexpensive, encouraging the use of medicines that could be made at home. Sectarians also frequently used scientific language to describe their treatments, thus lending their views an aura of authority.

Holistic concepts were found in the sectarian literature, but they were not overtly discussed as in allopathic literature of the time (which will be discussed in following sections). Sectarian practitioners varied in their philosophical and therapeutic approach to health and disease. All of the sectarian groups subscribed to one or more of the following concepts:

- self-care
- the inclusion of women as practitioners
- the redefinition of the cause of women's illness
- a strong distrust of allopathic medicine and a widespread attitude for the need for personal hygiene

The sectarian movement included the Thompsonians, homeopaths, phrenologists, and hydropaths. Hydropathy, or *water-cure* as it was known, became very popular during the 1840s and was especially important to women. Hydropaths viewed women as informed, active participants in their own care and the care of others. Women could become hydropathic practitioners; this was a main difference between the allopaths and hydropaths.

The hydropathic philosophy was that water, which makes up the bulk of the human body, had the ability to alter or energize any function and could be universally applied. The underlying principle of water-cure was to aid nature, the true healer, to remove obstructions that could lead to disease. Water-cure focused on disease prevention rather than cure, and it emphasized the safety of water-cure treatment, such as daily bathing, exercise, loose-fitting clothing, fresh air, and temperance in food and drink. Literature on

water-cure therapy, such as journals and books, was readily available.

Water-cure eliminated the need for allopathic treatments, such as bleeding, purging, and the use of pharmaceutical agents. Treatments consisted of wrapping the body in a cold, wet sheet; immersing the body in warm or cold water; placing the body under a stream of cold water; and drinking water.¹⁶ Multiple establishments for water-cure therapy were located in the East. Over time, hydropaths began to include pharmaceuticals in their practice. Advances in scientific knowledge, and the hydropaths' refusal to incorporate this knowledge, led to the decline of water-cure practice during the late 1800s;¹⁷ however, current nursing interventions related to hygiene, activity and exercise, nutrition, and the application of heat and cold mirror hydropathy.

Nursing Role and Education

During this period, there were a limited number of medical schools. No nursing schools existed during the antebellum period because nursing care was thought to be a natural attribute of women. Thus, formal nursing education was not considered necessary. There were, however, books and journals published by allopathic and sectarian medical practitioners that were meant to augment a woman's knowledge of providing health care. During this period, allopathic medicine gained control over women's health care, including childbirth. Lay health care providers often employed sectarian therapies in the form of home or patent remedies for healing. There were a few nursing care textbooks (written by physicians) published during this period.

Nursing Literature and Role of the Nurse

During this period, there was no discussion of *holism* as currently defined. However, holistic concepts were found in the literature. For example, in 1804 Dr. Wallace published a textbook for nursing care in which content addressed respect for personhood and contained instructions related to caring for the self in dress and personal hygiene. Healing

was discussed in relation to the physician whose business was to "... heal the sick ...",^{18,p.44} which drew upon medical theory and practices of the time. Dr. Wallace's text clearly described the nursing role, stating, "Prescription of medicine and of diet belongs exclusively to the Physician; the administration of them is committed to the nurse."^{19,p.iv}

In his chapter, "Directions to Nurses," Dr. Wallace further explored the ideal attributes of nurses. The chapter stated that nurses should have the characteristics of honesty, fidelity, and sobriety, noting that they should be cheerful, quiet, and quick to respond to patient needs.²⁰ Care instructions included notes for environmental management, such as room temperature, bed placement, and bedding. It also outlined the need for cleanliness, light, and clean air. Roughly 35 years later in 1839, Dr. Warrington, a Philadelphia physician, published a nurses' guide for women providing maternity nursing care that contained instructions for the management of the patient environment. The holistic nature of care during this period is summarized in a quote by Warrington in which the required characteristics of nurses are described as "Cheerfulness, patience, perseverance in the exercise of duty, with just sense of accountability to the Creator of all things ...".^{21,p.21} Dr. Longshore, a Philadelphia physician, discussed psychological care. He stated that all personnel should avoid anything that causes negative thoughts or emotions around patients, including "... the intelligence of the death of a friend ...".^{22,p.45} Longshore also noted that whispering in the room should be avoided, and he discussed promoting the "even state of mind" of women following childbirth. Longshore stated, "All sudden mental emotions, such as excessive joy, grief, fear, anger, surprise ... should be strictly avoided by the patient."^{23,p.191}

1861-1864: Holistic Nursing During the American Civil War

At the onset of the American Civil War, the Medical Department of the Union Army was not prepared to care for ill and wounded soldiers. Armed

with medical knowledge of the period, and very limited or no knowledge of surgical procedures, army physicians had much to learn. The role of pathogens in disease was not yet known, so illnesses, known as *camp diseases*, were attributed to close living quarters, poor sanitation, inadequate immune systems, and intemperate lifestyles. At one hospital, the water supply was drawn from a river into which sewers were discharged. Putrid air was thought to cause the spread of disease. Although the importance of proper ventilation was known, crowded living conditions, infected wounds, and the decomposition of amputated limbs that were often near the hospital made it difficult to achieve. The lack of knowledge about pathogens and illness, along with the poor sanitary practices of individual soldiers, physicians, and nurses, greatly contributed to a high rate of morbidity and mortality.

Throughout the war, attempts to improve health care were made by the Medical Department and the Sanitary Commission. These included constructing pavilion-style hospitals near pure water supplies and better waste management. One of the best improvement strategies was the use of white, protestant, female nurses to provide care. This practice was met with mixed feelings among physicians and surgeons. Although nursing care was thought to be a natural attribute of women, the nurses were seen as meddlesome, disobedient, and self-righteous. However, once the female nurses gained access to the hospitals and battlefields, they fully devoted themselves to care for the sick and wounded soldiers. Over time, physicians came to believe that proper nursing care delivered by female nurses could restore health when all else failed.

Nursing Roles, Attributes, and Education

Women chose to provide nursing care during the Civil War for a variety of reasons, including a sense of patriotism and duty to the soldiers; in response to a calling from a higher power, as a coping mechanism over the loss of a loved one; or at the request of a dying loved one. Nursing theory of the period focused on “the proper use of

fresh air, light, warmth, cleanliness, quiet and the proper selection and administration of diet—all at the least expense of vital power to the patient”^{24,p.8} to aid the healing process. The women who provided nursing care had no opportunity for formal nursing education. Prior to traveling to the hospitals and battlefield, some of the women had limited nursing care experience. Any experience they did have came from caring for family members or in participating in sectarian health care practices such as hydropathy; they had no experience with the large majority of conditions treated in these settings, including gunshot wounds, surgery, or traumatic amputations. Upon arriving at the hospital, women quickly learned to care for the ill and wounded. They learned through direct experience, observation and questioning, and knowledge disseminated orally and through demonstration.

Holistic Nursing of the Time

Civil War nursing care was holistic, as caring and healing were central to nursing practice in this time. In addition to caring for patients, the nurses formed a support system that focused on caring for each other, when necessary. The nurses met all of the soldiers’ physiologic needs, including wound care, nutrition management, medication administration, and hygiene. They assisted during surgery, sometimes performing simple amputations, tying arteries, and administering chloroform during surgical procedures. Through observation and deduction, nurses gained knowledge related to the spread of disease, noting that using the same bowl and sponge for wound care led to the spread of infection. They used touch for pain management and to promote sleep and were taught to recognize psychosocial distress. They spent countless hours promoting well-being and effectively used communication, letter writing, music (piano playing), and games to provide comfort. Civil War nurses attempted to make the environment as aesthetically pleasing as possible, such as decorating the wards at Christmas.

Ethical comportment was of upmost importance. Despite the terrible environmental conditions, the nurses displayed a strong sense of duty

to be at the bedside of the ill and wounded. They displayed moral courage when interacting with surgeons on behalf of the soldiers—one nurse wrote of her experience of preventing an unnecessary amputation. They also faced moral dilemmas in caring for the ill and wounded, especially in deciding to tell mortally wounded soldiers they would most likely not survive.

Spiritual care was as important as physical care. Providing spiritual care was a natural extension of the nurse's prewar experiences of religion and benevolence. Considered the domain of the nurses, physicians did not interfere with spiritual care. Overall, the nurses accepted religious differences and provided spiritual care to patients, including bedside prayers, sitting with the dying when possible, reading the Bible to the soldiers, participating in religious services, and attending funerals.

1873–1944: The Growth of Professional Nursing and Holistic Nursing

Professional nursing in the United States is rooted in the experience of caring and benevolence during the American Civil War. During the postwar period, most women who provided nursing care returned to their prewar lives in cities and on farms. During this time, New York City became crowded, filthy, and disease ridden. Hospitals became overcrowded and dirty as well and were used mainly for the care of infectious patients. Because there were no trained nurses during this time, women who were ex-convicts provided most hospital care.²⁵ In 1866, the National Board of Health was founded, and after evaluating the state of health care, the board ultimately realized that there was a need for professional nurses.²⁵

The Rise of Nurse Training Programs

In May 1873, the New York Training School was established at Bellevue Hospital under the leadership of Louisa Schuyler and Abby Woolsey, both of whom were members of a Civil War benevolence

organization. The New York Training School was the first school in America based on the Nightingale program. In October of that same year, Georgeanna Woolsey Bacon, a Civil War nurse, was instrumental in establishing the Connecticut Training School in New Haven. Graduates from these programs would provide care in both hospitals and in the community. When in the community, the nurse would live with her patient and the patient's family to provide private duty home care; this was known as the case model.

During this period, a series of wars and the Spanish influenza further established nursing as a profession. The need for nurses during the Spanish-American War (1898–1902) led to the formation of the Army Nurse Corps. Later, during World War I (1914–1918), nurses joined the military as Army and Navy Nurse Corps nurses and traveled to Europe to provide care to the soldiers. They also provided care to those who contracted influenza during the Spanish influenza pandemic (1917–1918). These events, paired with advances in medical practice, which included asepsis and the use of anesthesia, contributed to the realization that hospitals were needed as a place for medical and nursing care. This led to an increase in the number of hospitals and hospital schools of nursing. The curricula of these early training schools focused on physical care.

Nursing Roles and Training

As previously mentioned, during the late 1800s, nursing was defined as the

execution of physician's orders, the administration of food and medicine, and the more personal care of the patient, attention to the condition of the sick-room, its warmth, cleanliness, and ventilation, the careful observation and reporting of symptoms, and the prevention of contagion.^{26,p.14}

Textbooks published during this period reflected the continued emphasis on holistic concepts. It was believed that nursing care would often decide whether a person would live or die and that from this perspective, the nursing

profession would "... assume the dignity which belongs to it."^{27,p.9}

The majority of publications for nurses contained information on the qualities and expected behaviors of a good nurse, such as "... keen perceptions and the nice little ways of ladies; at the same time not above supplying all the patient's needs."^{28,p.43} Other qualities included, "... perfect self-control ... truthfulness and honesty."^{29,p.2} Self-care, including regular meals and sleep, bathing in the morning and evening, and spending time in the open air were discussed, as were the harmful effects of "... strong tea and coffee, or alcoholic stimulants."^{30,p.4}

Manuals for nursing care were similar to current fundamentals of nursing textbooks, but they were often written by physicians. They provided instructions for care based on the knowledge, theory, and practices of the period. The books referenced Nightingale's *Notes on Nursing* as well as other textbooks of the period. Environmental management, the need for light, and especially the need for pure air were emphasized. Instructions for preparing fumigations and disinfectants, such as bichloride of mercury, were provided. It was noted that the solutions were poisonous and needed to be carefully handled. Instructions for physical care included wound care; prevention of bedsores; meal preparation; feeding; and assessment of temperature, pulse, and respirations. Bathing of the skin to remove poisonous materials was emphasized, noting, "In almost all affections, the function of the skin is more or less disturbed; and in many important diseases, nature relieves herself almost entirely through the skin."^{31,p.36}

Psychological care was also addressed. Weeks, a nurse author, noted, "... a nurse soon learns to make allowance for the close connection between mental and physical states."^{32,p.20} One textbook had a section labeled "How to promote the peace of mind and serenity of your patient" and the "Low-spirited patient."^{33,p.12} Maintaining a cheerful demeanor and not whispering information related to the patient's condition in the presence of the patient were stressed. The physical environment was to be well lit and pleasant.

Paternalism was stressed, based on the rationale that the sick would "... be saved the mental

exertion of making a choice."^{34,p.36} Ethical obligations to the patient and physician, including advocacy, beneficence, and fidelity, were discussed. Nurses were required to defer patient questions to the physician; this prevented patient education and lowered the status of the nurse.^{35,p.211} Unlike the nurse's role in the Civil War period, providing spiritual care was not emphasized in nursing textbooks. Weeks noted that clergy should be summoned if requested by a patient but that the nurse should monitor the visit to prevent "religious exhortation" if the patient was very ill.^{36,p.306}

In 1904, a two-volume textbook for nurses was published. It included content on anatomy and physiology, standards for physical care, and a chapter on insanity in which insanity was described as "a symptom of a disordered bodily state characterized by derangement of the mental faculties."^{37,p.116} The authors noted that instruction on the treatment of those with mental disorders was a new area of care.

The American Journal of Nursing

On October 1, 1900, the first issue of *American Journal of Nursing* (AJN) was published. Physicians authored many of the early articles, and the content did not advocate holistic nursing practice. One example of this is observed in a 1901 article on the nursing care of nonverbal children that contained a table listing the cause, character, and treatment of a child's cry. The cause of crying was stated as a desire by the child to be held or rocked. The author noted that although holding the child stops the crying, it was better to let the child cry it out because "... No child is harder to manage than a petted one."^{38,p.8} Later articles authored by nurses suggested caring from a holistic perspective using holistic interventions. An example of this is a 1919 article on pediatric nutrition that explained the true cause of emotional lability in children may actually be due to gastrointestinal upset "... caused by unsuitable foods. To prevent sickness and ensure perfect health among the children, we must emphasize the necessity of good, wholesome food given at regular intervals under cheerful conditions."^{39,p.208}

Standardized Nursing Curricula

The proliferation of nursing schools during this period led to the 1917 publication of a standard curriculum guide for nursing education. The curriculum guide was published by the National League of Nursing Education, which was founded in 1893. The guide's purpose was to establish guidelines for nursing education that would serve the public rather than the needs of a particular hospital. Since nursing care was mainly practiced in the home, information on home care practices as a private duty nurse were included. This curriculum guide greatly influenced nursing education and practice. A review of the guide reveals the holistic nature of nursing education during this time and provides an overview of nursing interventions and practices commonly implemented.

As outlined in the guide, physical care included fundamental nursing activities, treatment of disease, and therapeutics (including massage). The guide also outlined special therapeutics, including alternative therapies such as hydrotherapy and occupational therapy. Also addressed in the guide was nursing management of social issues facing patients, including poverty. The guide also advocated providing culturally relevant care to patients by providing details on various dietary preferences. The section on psychology noted that nurses should consider "... people's actions with impersonal understanding and sympathy"^{40,p.130} and provided notes on entertaining sick children.

Furthermore, the section outlining nursing care of individuals experiencing mental and nervous diseases provided a course objective directing educators "to teach the student nurse the relationship between mental and physical illness and the application of general nursing principles to mental nursing."^{41,p.111} The revised 1932 edition of the National League for Nursing (NLN) *Curriculum Guide for Nursing Schools* expanded the educational objectives for psychiatric nursing, "... to direct attention towards a concept of mind expressed in individual behavior and adaptation to life experience, with a view to increasing the student's own mental stability and to develop a

keener in and a more sympathetic understanding of human nature."^{42,p.146}

Although environmental management, in both the home and hospital, was addressed in the 1917 curriculum guide, there was limited information on the role of the nurse in spiritual care. The only discussion that could be related to spirituality was a discussion of religion found in the chapter on ethics. There was no specific content on spiritual care in the 1917 guide; however, content on religion and society was published in the 1932 edition.

Harmer's Principles and Practice of Nursing and Other Literature

In 1922, Bertha Harmer published *Text-Book of the Principles and Practice of Nursing*, a teaching text that focused on care of the hospitalized patient. Although the text focused on hospital care, the fundamental nursing concepts presented could have been employed by a private duty home care nurse during that time. Holistic concepts found in this text included the need for self-awareness, the connection between body and mind, environmental management, aesthetic appreciation, and emotional care. In the preface, Harmer stated:

Nursing is rooted in the needs of humanity Its object is not only to cure the sick and heal the wounded but to bring health and ease, rest and comfort to mind and body, to shelter, nourish, and protect and to minister to all those who are helpless or handicapped, young, aged or immature^{43,p.3}

Harmer goes on to state, "Sympathy, kindness, and unselfishness are needed but also something more—something deeper and more helpful, more loving and spiritual which may support the patient with a feeling of strength, security, and comfort."^{44,p.5}

Harmer emphasized the spiritual nature of nursing practice as cheerful, optimistic, professional, scientific, and democratic. In her chapter

on comfort, she listed several mental causes of discomfort, including

- strangeness;
- environmental issues, such as noise;
- homesickness;
- financial worry;
- fear of pain;
- uncertainty;
- monotony;
- being treated as a case or child;
- lack of privacy; and
- system disorder.^{45,p.51}

In the fourth edition of this text, a discussion on the essence of nursing practice that unfolded holistic concepts stated that nurses were responsible not only for caring for the sick but also for helping to prevent illness and disease in healthy patients and to take “... care of the mind as well as the body.”^{46,p.2} A chapter on care of the environment, which included Nightingale’s environmental principles and aesthetic factors related to the individualization of beauty, was included. Discussion of holistic content was present throughout the literature of this period. A 1930 article discussed the state of nursing education and the need for the incorporation of courses that are foundational to holistic nursing practice.⁴⁷ The author noted that inclusion of an orientation course, such as those included in universities, would provide the nursing students with necessary knowledge of the humanities, natural sciences, arts, and social sciences. This knowledge would broaden the student’s view of humanity.

World War II

America’s involvement in World War II from December 7, 1941, to August 1945 greatly influenced nursing education and practice. The need for nurses to serve in the military led to the development of the Cadet Nurse Corps. During this time, individuals increasingly moved to cities or industrial towns, which led to increased hospitalization from disease and injury. The rise in hospitalization also contributed to an increased need for nurses to care for the civilian population. As the majority of men were drafted into military service, women moved to fill jobs in war-related

manufacturing. This, together with the need for military and civilian nurses, led to a professional nursing shortage. The nursing shortage, along with the increased complexity of hospital care, gave rise to new types of nursing, including the training of individuals known as nurse aides. Nurse aides were trained to assist nurses in providing hospital care—a model of patient care that was known as *team nursing*. Nurse aides were trained to perform less complex nursing skills, such as the bed bath. Theoretically, this approach allowed the nurse to focus on patient nursing care needs, which would result in improved patient care. There were positive examples of team nursing in the literature, such as a 1949 *AJN* article that described a 7-year implementation of team nursing in one hospital. The author noted that team nursing provided an opportunity for each person to have a role in providing good care to patients along with a sense of satisfaction and happiness in their work. In theory, by providing the opportunity for more direct patient care, team nursing would allow the nurse to provide holistic care for each patient. However, overall, team nursing negatively impacted holistic nursing and the quality of patient care because “... patients were receiving fewer hours of care from graduate nurses.”^{48,p.313}

1945–1960s: Hospitals, Technology, and Holistic Nursing

Social, technological, and economic factors affected health care, nursing practice, and education during the post–WWII period. During this period, the population of the United States changed dramatically. There was a large increase in the population (known colloquially in the United States as the baby boom). Populations also shifted, as people from farms migrated to cities and as populations from cities moved to the suburbs. These population shifts, paired with the ever-increasing use of the hospital for health care, led to the construction of new hospitals in rural and suburban areas. It also led to an increased number of beds in existing hospitals to meet patient demand.

As populations increased and shifted, there were also advances in knowledge and technology that led to a hospital-centered healthcare system. There was increased knowledge of disease and a marked increase in the use of technology for efficient healthcare delivery, including the development of intensive care units. More and more Americans also had health insurance, further contributing to hospital-centered health care.

Hospital nurses often endured poor working environments laden with split shifts and strict discipline. Often, they were not treated as professionals by physicians or administrators. Additionally, many nurses were economically disadvantaged compared with other professions. More lucrative nonnursing work opportunities combined with poor working conditions led to another nursing shortage. This lack of registered nurses at the bedside led, again, to the increased provision of care by nurses' aides.

Two other changes of note during this period include the following:

1. The proliferation of technology ushered in the use of machinery in direct patient care and other technology-related tasks.
2. The practice of institutionalizing individuals with mental disease grew during this period and led to the growth of psychiatric nursing as a specialty.⁴⁹

Providing holistic care for hospitalized patients during this period required nurses to be skilled in many areas. In addition to her traditional practice role, a nurse was required to be technically competent and was also expected to fulfill the roles of personal and familial confidant, spiritual advisor, and counselor.⁵⁰

Nursing Role Definition

In addition to population shifts, there were also shifts in where nurses were educated during this time. There was a post-WWII movement of nursing education from hospitals to community colleges. This change led to discussions surrounding the definition of professional nursing practice and a greater understanding of the work nurses performed. The central concepts of this discussion

can be seen in McManus's 1950 description of professional nursing, which included nursing diagnosis. She stated:

the unique function of the professional nurse may conceived to be: (1) the identification or diagnosis of the Nursing problem and the recognition of its inter-related aspects; (2) the deciding upon a course of nursing actions to be followed for the solution of the problem, in the light of immediate and long-term objectives of nursing, with regard to prevention of illness, direct care, rehabilitation, and promotion of highest standards of health possible for individuals.^{51,p.2384}

Further expanding on this, in March 1953, Fry, a professor of nursing, published an approach to nursing care that was holistic in nature.⁵² In her approach, Fry focused on the relationship between stress and illness by explaining the need to observe patients, diagnose patient problems, and formulate a plan of care that included human or self needs. She emphasized that these needs were individualized and dependent on sociocultural background as well as the "... emotional forces that act upon him to create stress, and his ability to meet the stress."^{53,p.302} In December 1955, the *AJN* published a definition of professional nursing as:

the performance for compensation of any act in the observation, care, and counsel of the ill, injured, or infirm, or in the maintenance of health or prevention of illness of others, or in the supervision and teaching of other personnel, or the administration of medications and treatments as prescribed by a licensed physician or dentist; requiring substantial specialized judgment and skill and based on knowledge and application of the principles of biological, physical, and social science ...^{54,p.1474}

This definition lacked the inclusion of knowledge of the humanities and arts, both foundational for holistic care.

Birth of National Nursing Associations

In 1952, two national nursing organizations with histories dating to the late 1800s formed. These organizations were known as the American Nurses Association (ANA) and the NLN.⁵⁵ The purpose of the ANA was defining and directing nursing practice, whereas the function of the NLN was defining standards for nursing services and education, including accrediting nursing programs.

Nursing Literature

Elements of holistic nursing care were evident in nursing education and practice literature from this period, however, students did not value caring; this may reflect the emphasis on the biomedical model of practice. The 1947 edition of the *Curriculum Guide for Nursing Schools* included "... health conservation, the nursing or nurture of the mind and spirit as well as the body ... care of the patient's environment ... health service to families and communities as well as individuals" in the discussion defining nursing.^{56,p.20} A section on nursing arts was also included. That section outlined various tasks, including housekeeping, cookery, hygiene, therapeutic arts, teaching, self-care, and self-realization. During this period, psychiatric nursing continued to be more defined. Psychiatric nursing objectives in this source included the development of an appreciation of the interdependence of physical, intellectual, and emotional factors in personality. References to Nightingale's writings, as well as an emphasis on the social conditions that affect health, were included in this text.

An article in the *AJN* discussed the spiritual needs of patients. In this article, the author stated:

Psychosomatic medicine, with its emphasis on the whole person, brings into new focus the nurse's need to understand the spiritual as well as the physical and mental requirements of her patients and of herself and her co-workers. Because the nurse must lend strength to those who depend upon her, and because of her own need for serenity in the

presence of the soul-shaking experiences she encounters, a philosophy which recognizes nursing as a real ministry is basic to her being a good nurse.^{57,p.64}

The article goes on to discuss the need for knowledge of religious beliefs and practices.

In a 1947 physician-authored article published in the *AJN*, the author, Allen, outlines how nursing and medicine work as a team when providing health care. Allen acknowledged the relationship between a patient's environment (both physical and social) and his health, noting that it was important to consider these factors when researching causes of certain diseases and illnesses as

Some psychic and emotional responses to untoward environmental conditions have been linked directly with physical changes in the tissues of the body recognizable as organic disease. This is what is currently called sociopsychosomatic or holistic medicine. It means simply that men react and act in environments of which they are inseparable.^{58,p.760}

In 1955, Price, a nurse, published *The Art, Science and Spirit of Nursing*. In the preface, Price noted that she published the text to meet the needs of the professional nurse. Price based her text on research she conducted in which she surveyed nursing instructors and students on the essential elements of nursing practice. The title notes the holistic aspect of nursing practice, although Price did not mention holism specifically in her text. Instead, she presented a discussion on the significance of spirituality in nursing care. She stated, "Nursing is possessed of a spiritual quality in that its primary aim is to serve humanity, not only by giving curative care to the bodies of the sick and injured, but by serving the needs of the mind and spirit as well."^{59,p.3} Along with standard fundamental nursing care content, Price included a chapter on meeting the spiritual needs of the patient.

In 1955 Harmer published the fifth edition of her *Textbook of the Principles and Practice of Nursing*, which was coauthored by Henderson. The authors describe the role of nursing in planning and executing patient care. The major duties of

the nurse involved activities of daily living, communication, and "... bringing variety, refreshment, and accomplishment (including learning) into the day."^{60,p.79} Helping patients develop and carry out care plans as needed was also included in the nursing role. As with other texts of the time, Harmer and Henderson noted the nurse's role in religious or spiritual care was to contact clergy under the direction of a physician; however, the authors also noted the nurse could call to the attention of a clergyman that a patient needed pastoral care, thus widening the nurse's role in spiritual care. Discussion on management of the patient's environment was included. The holistic conceptualization of dying and death as a possibly beautiful experience was presented in the chapter on the care of the dying and death. The authors stated the role of the nurse was to provide physical care and maintain an attitude of sensitivity to the person and process.

Team Nursing

While the literature in this time period contained content on holistic nursing care, the hospital-centered focus of care and the nursing shortage led to increased discussion of the team model approach for nursing care. The team approach, according to Lambertsen, represented both a philosophy of nursing as well as a method of nursing care delivery.⁶¹ Practiced as designed by Lambertsen in 1953, team nursing in this period was holistic in nature because it was patient centered. Often, patients and their families were encouraged to contribute to the care plan. Meeting care needs as identified by the patient and family required the use of a holistic framework.

A well-known nurse theorist, Fay Abdella identified a gap in nursing practice involving the identification of covert or hidden nursing problems. In 1957, she published the findings of her study on this topic, which included determining a methodology for teaching the recognition of nursing problems that were not obvious but hidden, which she labeled *covert nursing problems*.⁶² Abdella noted that identification of overt and covert patient problems was necessary to provide comprehensive nursing care. This process included

formulating a nursing diagnosis, identifying nursing functions, and identifying nursing activities to solve the identified problem. The identification of nursing education and practice issues such as these contributed to the patient-centered care movement that began in the 1960s.

1960s-1970s: Patient-Centered Care and Holistic Nursing

Social, political, economic, and educational changes in the United States during the 1960s and 1970s were the foundation of the patient-centered care and holistic nursing movement. At the beginning of this period, nurse leaders discussed the role and education of the professional nurse. In doing so, nurse leaders noted a lack of clear differentiation among the practice levels. In 1961, Webb, a psychologist, wrote about the challenges of this time and their effects on nursing. He noted that changes in the natural sciences, as well as changes in society, would affect allied health education and the role of the nurse. Such changes included the steady growth of cities, population growth, a growing number of older adults, and "... the fundamental need for effective interpersonal relationships"^{63,p.49} Webb further elaborated, explaining that "... the nurse's relationship to the patient, his illness, and his familial and community adjustment will grow more and more out of the holistic concept of the 'total person.'"^{64,p.50} According to Webb, using a research-based holistic framework for practice would expand the nursing role and would both benefit patients and increase the status of nursing. In response to the changing landscape of health care and professional nursing, the ANA published a position paper in 1965 that declared nursing education for licensed professionals should take place at institutions of higher learning. The ANA posited a clarification between the professional nurse with a baccalaureate degree and a technical nurse with an associate degree. Throughout this period, nurses were educated in 3-year hospital-based diploma programs, community colleges, and 4-year institutions. Curricula in 2- and 4-year programs included courses

in the natural and social sciences, nursing, and in some cases, the humanities. Students could select elective courses in the humanities and arts if desired.

Changes in nursing education and practice focused on planning individualized, patient-centered nursing care. In 1960, Abdella and her colleagues realized that a barrier to the full recognition of nursing as a profession was the lack of a unique body of nursing knowledge. Abdella stated that most nursing students learned about disease conditions and that care was limited to meeting physical needs with little consideration to the person as a whole. She noted that once they graduate, nurses became frustrated because their ability to care for the whole person was hindered by the implementation of the team or functional approaches to hospital nursing care. In response to this challenge, Abdella developed 21 holistic patient problems that could be addressed with nursing interventions. This conceptualization of professional nursing by Abdella and her colleagues served as the theoretical foundation of many nursing educational programs.

Changes in nursing practice also abounded during this time. In 1961, Rogers called for a strong theoretical basis for nursing practice in addition to a revolution in nursing education. This call for change led to the trial and discussion of new practice care models in the literature. Primary nursing, a care model rooted in the case method of the late 1800s, was one new model of care introduced during this time. Implementing the primary nursing model created an environment where holistic practice could flourish and made the nurse the 24-hour decision maker. This, along with meeting all of a patient's care needs, placed the professional nurse at the bedside.

Evolution of Holistic Nursing Concepts and Diagnoses

As previously described, nurses during this time achieved patient-centered care through a process of identifying or diagnosing patient problems and then deciding on a course of action to resolve those problems. This approach led to a focus on nursing diagnosis and practice theory—both of

which included holistic concepts. In 1968, Smith developed a 14-item clinical tool to encourage a systematic way of obtaining patient information, organizing data, and planning and evaluating care.⁶⁵ This clinical tool contained holistic concepts. Later, in 1973–1978, accepted nursing diagnoses were developed. These diagnoses also included holistic concepts, such as body fluids, anxiety, social isolation, home maintenance management, and matters of spirituality.

Also during this time, several nursing theories that reflected holistic perspectives of wholeness, self-care, and interaction with the environment were published. In 1969, Levine proposed a holistic approach to patient care based on the integration of body systems and the environment. She stated, “A holistic approach, therefore must take into consideration not only the organismic nature of response, but the precise qualities of the environmental factors that influence and direct that response.”^{66,p.96} One year later in 1970, Rogers, building on her previous work from 1961, presented her holistic, energy field–based theory in which she stated, “Man, whom nursing strives to serve, is a unified whole, a synergistic system, who cannot be explained by knowledge of his parts.”^{67,p.vii}

In 1977, Leininger proposed an idea that caring is “the essence and unifying intellectual and practical dimension of professional nursing.”^{68,p.5} Watson further expanded upon this concept in 1979 when she first presented her work that was focused on nursing as the science of caring. Over the years, Watson's work evolved into a theory for nursing practice, as she focused on defining caring within the context of the nurse–patient relationship and acknowledged the need for nurses to care for themselves.

Literature

Period textbooks also reflect holistic concepts and a holistic nursing movement. This is evidenced in the 1965 edition of Price's text, wherein she expanded her discussion of the spirit of nursing. She stated that the spirit of nursing was embodied when nurses show “The Spirit of Nursing will be apparent as the nurse shows her awareness of ‘the

human being’—rather than ‘the patient’—who has come for nursing care. Caring for the whole requires that the nurse be compassionate as well as competent; that she understand some of the emotional, financial and spiritual problems of the patient”^{69,p.vii} A holistic approach to nursing care was highlighted in book reviews of other nursing texts of this period as well. A review of a 1974 fundamentals of nursing text summarized the changing times, noting that its new edition was heavily revised and emphasized “... a holistic approach to nursing practice and preventive care.”⁷⁰

A discussion of holistic concepts was present in other literature, too. Boyd, for example, noted that “Nursing’s concern is holistic man, its aim is to help people help themselves maintain standards of health where they live, where they work, where they go to school.”^{71,p.1322} This is further seen in an article published by Stoll in 1979. In the article, Stoll responded to the notion that nursing care should meet physical, emotional, and spiritual needs by providing guidelines for spiritual assessment.⁷² Other writers also addressed the spiritual needs of patients. In October 1975, Dickinson, a nurse and Catholic sister, published an article in *AJN* that discussed the human search for spiritual meaning. Sister Dickinson acknowledged the movement toward holistic health and noted the need to define spiritual care within the context of searching for meaning. She also described the need for nursing to integrate spiritual care into practice. Dickinson conceptualized spirituality in nursing as a nurse–patient relationship where the nurse supports “... hope for survival and a search for meaning in all experience including illness.”^{73,p.1791} Articles written by nurses on complementary modalities, such as yoga’s benefits for patients and nurses, were found in the period literature as well.⁷⁴

While some nurses of this time wrote about holistic nursing care, patients did not always perceive they were receiving holistic care. This may reflect the continued use of the biomedical model for providing care for the majority of nurses. It is clearly seen in the writings of one patient, who chose to express dismay with a hospital stay through a letter written to the *AJN* editor.

According to *AJN*, “An outraged patient describes the omissions and commissions that made two weeks of hospital care anything but holistic, personalized, and humane.”^{75,p.1443}

1980s–2000: The Rise of Modern Holistic Nursing Practice

The discussions of holistic concepts during the 1960s and 1970s set the stage for the holistic nursing movement of the 1980s. During this time, holistic nursing care as we practice it today began with the founding of the American Holistic Nurses Association (AHNA). Founded by Charlotte McGuire and 75 founding members in 1980, the AHNA followed the founding of the American Holistic Medical Association in 1978.^{76,77} In addition to the founding of the AHNA, several other factors had a large influence on the holistic nursing movement of the 1980s, including the following:

- replacement of physicians with hospital administrators in medical management roles
- cost cutting in health care systems, which led to a nursing shortage
- increased use of ancillary staff for patient care
- implementation of diagnosis-related groups in 1983
- an interest in the use of complementary or alternative healing modalities by the public and nurses
- inability of professional nursing to demonstrate value and intensity of nursing care⁷⁸

According to Shealy, the movement toward the use of a hospital administrator in medical management roles in place of physicians had a negative impact on patient-centered care. As he stated, “As physicians lost their power to make critical medical management policies, nurses were often replaced as well as part of a so-called cost-effective effort The patient was no longer the focus of hospital administration—profit and growth were.”^{79,p.v}

The use of non–healthcare provider hospital administrators gave rise to an environment of

organizational cost cutting. It was in this environment that nurses tried to define their professional role. Discussion on the use of nursing diagnosis, which began in the 1950s and was formally endorsed in 1986, received much attention in the nursing literature during the 1980s, as nursing diagnoses were structured around human response patterns that were holistic for that period. During this same period, team and primary nursing models guided nursing care, but proved difficult to effectively implement. Primary nursing, which supported holistic care, required an all-nursing staff; however, cost-cutting measures had greatly reduced the number of nurses. Implementation of team nursing, which consisted of nurses and ancillary personnel, began to rise. The rise of team nursing led to an increasing amount of bedside care being provided by nonnurses and, as such, a movement away from patient-centered care.

A movement away from Levine's concept of patient-centered care and toward person-centered care began in 1981. At this time, Paulen and Rapp questioned the state of nursing care, writing, "We found ourselves uneasy when emphasis was placed on such matters as having all the patients 'done' by lunchtime ... and rewarding patients who fit the 'good patient' stereotype. 'Where is the caring in the care? Where is the patient in the relationship?' "^{80,p.17} As an answer to these questions, they published *Standards for Person-Centered Caring*, which focused on nursing actions, persons, and concepts, such as humaneness, family, and rights rather than diseases. This reflects the modern definition of holistic nursing, as the current standards of holistic nursing practice use *person* when referring to the recipient of holistic care.

Differentiation of Holistic Nursing and the AHNA

It was also during this era that holistic nursing began to differentiate itself from other forms of professional nursing. When studying this time and the history of holistic nursing, it is important to refer to the writings and work of Charlotte (Charlie) McGuire. McGuire began to hear about holism in the 1970s and "... knew it would become a new paradigm for nursing and health care."^{81,p.vii}

The call to start an organization for "... nurses to facilitate the healing of the nursing profession" happened after an unexpected meeting with the founder of the American Holistic Medical Association. McGuire placed an advertisement in the November/December 1980 issue of *American Nurse*, inviting nurses to a founding meeting of the AHNA. It was attended by 78 people who "were already living holistic principles and infusing their practices with interventions that recognized the wholeness of human experience, even though the climate in health care was worsening by the day and the notion of wholeness was not popular in health care."^{82,p.4} Together, they formed the AHNA.

In the next year, a group of holistic nurses clarified the difference between holistic and mainstream nursing practice. They stated holistic practice was different "because it was based on competencies essential to facilitate holistic persons in mind-body-spirit integration with a focus on health, healing and wellness."^{83,p.303} This differentiation continued with the dissemination of holistic nursing content by the AHNA, which began with the 1983 release of *The Journal of Holistic Nursing*, a peer-reviewed research journal. Its inaugural volume contained a 1981 article by Dossey that described holistic nursing and noted that being able to describe holistic nursing to the public was important. She indicated that holistic nurses needed to be aware of the body-mind connection. That same edition included a reprint of another article published by Dossey in 1981 that described the science supporting holistic philosophy. It noted that, despite the research, many health care providers viewed holism as unscientific and as a fad.^{84,p.37}

Further declaration of holistic nursing as a distinct nursing profession continued in 1988. In this year, *Holistic Nursing: A Handbook for Practice*, "the essence of contemporary nursing" was first published.^{85,p.xv} The authors of this text noted a paradigm shift from current assumptions related to health care and responsibility for health and provided a model for contemporary nursing practice. The text outlined how holistic nursing served as a model of practice for a nurse healer, who facilitates "another person's growth toward

wholeness (body-mind-spirit) or who assists with recovery from illness or transition to peaceful death.”^{86,p.xv} Healing, an important concept in this holistic framework, was defined as “the process of bringing parts of oneself (physical, mental, emotions, spirit, relationships, and choices) together at deep levels of inner knowing, leading to an integration and balance, with each part having equal importance and value.”^{87,p.xv} In 1986, the seven standards of holistic nursing were developed. They expanded on the traditional nursing process and included the mandate that “Nursing actions are implemented with an attitude of caring for the whole person.”^{88,p.120} Multiple theories, including Watson’s caring science theory, were presented to guide holistic nursing care, and revisions of this seminal text continue to be published today.

The AHNA continued to be committed to the advancement of the holistic nursing profession. In 1992, the organization began a four-phase AHNA certificate program in holistic nursing that would award certificates in holistic nursing to those nurses who successfully completed the program. To further this cause, the 1994 AHNA leadership council then appointed an AHNA certification committee. The committee was asked to explore the steps needed to develop a holistic nursing certification through a national certification examination and to provide oversight of holistic nurse certification by examination until a separate certification corporation was established. This goal was achieved in 1997, when the AHNA certification board established the American Holistic Nurses’ Certification Corporation (AHNCC), a separate 501(c)(6) organization, to act as the credentialing body for the holistic nursing certification examination. The name of this credentialing body was changed in 2015 to the American Holistic Nurses Credentialing Corporation. The AHNCC is an autonomous body with administrative independence in matters pertaining to specialty certification. The AHNCC is accredited by the Accreditation Board for Specialty Nursing Certification, the only national accrediting organization specifically for nursing organizations. AHNCC’s goal is to ensure the validity, reliability, security, and integrity of the certification processes of its programs.

During the 1990s, both nursing and medicine began to embrace holistic and complementary/alternative approaches to patient care. Practicing holistic nursing required traditional nursing knowledge and skills as well as specialized knowledge and skills needed to care for the whole person. Caring for the whole person often necessitated the use of complementary and alternative therapies along with or in place of traditional Western medical and nursing interventions. During this time and in years following, national governing bodies in the United States took actions that further reflected the rise of holistic nursing. In 1995, the National Institutes of Health published a report on alternative medical practices,⁸⁹ and in 1998, Congress established the National Center for Complementary and Alternative Medicine (NCCAM). This center’s name changed to the National Center for Complementary and Integrative Health (NCCIH) in 2014. Currently, the NCCIH’s mission is to develop evidence-based interventions for improving health care.

Literature

Research examining the use of complementary and alternative healing modalities appeared in the nursing literature. The *AJN* added a body-mind-spirit section to the journal that focused on holistic nursing and CAM therapies. Of note is a 1995 continuing education article published in the *AJN*. The article discussed the benefits of therapeutic touch, including a decrease in the need for pain medication post-hip arthroplasty.⁹⁰ In a later *AJN* edition, the article on Therapeutic Touch was criticized as not being evidence based and, therefore, that Therapeutic Touch should not be employed as a nursing intervention. This demonstrates the controversy that existed in integrating complementary/integrative healthcare approaches—a reality that continues to this day. In 1998, an article appeared in the *AJN* entitled, “Attending to Holistic Care.” This article, authored by an AHNA founder and her husband, focused on the scientific nature of the spirit. The authors stated, “We’re approaching the point where, if clinicians do not honor the concepts of mind, soul, and spirit in our

approaches to patient care, we will be considered unscientific.”^{91,p.36} The authors also presented a discussion of the difference between healing and curing, two significant holistic concepts.

The increased acceptance of some forms of CAM therapies was found in later editions of the *AJN*. A 1999 article on Therapeutic Touch addressed the skepticism in response to the 1995 article and provided information on the theory and certification of Therapeutic Touch. Only one letter to the editor criticizing the practice was found in subsequent issues. Furthermore, Snyder and Lindquist published *Complementary/Alternative Therapies in Nursing* in 1998.⁹² Overall, holistic nursing gained acceptance during this time and, according to Dossey and her colleagues, there were 37 holistic/complementary educational/clinical programs in the United States.⁹³

2000–Present: Modern Holistic Nursing

Since 2000, there has been increased visibility, credibility, and acceptance of holistic nursing. This is demonstrated in a variety of ways, including the Institute of Medicine’s (IOM’s) 2006 mandate for safe patient-centered care and the ANA’s recognition and endorsement of holistic nursing as a specialty practice (also in 2006). This acceptance is further evident in the dissemination of evidence-based complementary and integrative therapies, as well as the increased acceptance and use of these therapies by the public. In 2001, the IOM published *Crossing the Quality Chasm: A New Health System for the 21st Century* in which it defined patient-centered care as “providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.”^{94,p.6} Providing patient-centered nursing care requires a holistic framework.

In 2000, the IOM published *To Err Is Human*, a text that highlighted hospital medical errors. According to the IOM’s text, one way to reduce medical errors was for organizations to establish standards of practice. Although the ANA had already established practice standards as early as

1973, it underwent an update in 2004. Holistic nursing was present in the original practice standards, as ANA standard VI contained the holistic nursing concepts physical, physiological, psychological, and social. However, the 2004 edition of the ANA standards explicitly instructed nurses to practice from a holistic perspective, which further emphasized the importance of holistic nursing.^{95,p.10} The ANA further drew upon holistic nursing concepts in a discussion of the art of nursing, which stated that “The art of nursing is based on a framework of caring and respect for human dignity The art of nursing embraces dynamic processes that affect the human person including, for example, spirituality, healing, empathy, mutual respect, and compassion.”^{96,p.12} The 2010 edition noted the importance of holistic nursing, stating, “Caring is central to the practice of the registered nurse.”^{97,p.111} It is clear, then, that from its initial development of the standards of nursing practice in 1973, the ANA has continued to revise standards of practice to increasingly include holistic concepts and tenets.

The AHNA developed standards for practice in 1987 and continues to revise them as practice changes. In 2007, the first edition of *Holistic Nursing: Scope & Standards of Practice* was published with the ANA. The third edition, published in 2019, adds environment to the philosophical principles of holistic nursing. The role of the holistic nurse is to “... advocate for environmental conditions and policies that foster health, wellness, well-being, and healing for all people.”^{98,p.16} Scholarly articles on holistic nursing are published in various nursing journals including the *Journal of Holistic Nursing* and the *Online Journal of Issues in Nursing*, which is a scholarly publication of the ANA.

The adoption of holistic nursing as a framework for nursing practice affects nursing education. The two accrediting bodies for nursing education address holistic nursing practice in their literature. According to the American Association of Colleges of Nursing (AACN):

The generalist nurse practices from a holistic, caring framework. Holistic nursing care is comprehensive and focuses on the

mind, body, and spirit, as well as emotions. The generalist nurse recognizes the important distinction between disease and the individual's illness experience.^{99,p.9}

The NLN does not use the word *holistic* in its literature; however, holism is discussed in one of its core values, caring, which it defined as, “promoting health, healing, and hope in response to the human condition.”¹⁰⁰ The NLN noted that caring and concern for the whole person are fundamental to nursing practice.

Despite the inclusion of holistic language in the literature of the accrediting bodies, there continues to be great concern about the continued use of the biomedical model as the primary foundation for nursing education. The AHNCC, in concert with the AHNA, has taken a strong position of advocacy regarding this by publishing *Foundations, Competencies, and Curricular Guidelines for Basic to Doctoral Holistic Nursing Education* in 2017. The reader will find an in-depth complete discussion of holistic nursing education in chapter 26.

The 2010 Patient Protection and Affordable Care Act and the 2011 IOM report, *The Future of Nursing*, provided an opportunity to further define the roles of holistic nursing health and wellness coach and for holistic nurse certification.¹⁰¹ Nursing textbooks contain content that is rooted in holistic nursing. Caring as central to nursing, presence, spiritual caring, and holistic health models are content areas found in the eighth edition of *Fundamentals of Nursing* by Potter and others.¹⁰² In another textbook, a chapter on holistic healing has content related to holistic concepts, holistic theory, CAM therapies, and holistic nursing.¹⁰³ Theories specific to holistic nursing practice, such as Dossey's theory of integral nursing practice, continue to be published.¹⁰⁴ Furthermore, the AHNA offers membership to nurses at all practice levels and continues to advance holistic nursing practice through enacting its mission “to illuminate holism in nursing practice, community, advocacy, research and education.”¹⁰⁵ Certification in holistic nursing as well as nurse coaching is available through the AHNCC.

Implications

This chapter has offered a snapshot of nursing's rich history. It represents a dynamic journey of growth. Nursing is a beautiful profession, built on the shoulders of many compassionate, courageous trailblazers. Let us assure that their stories are never forgotten!

It is essential that nursing history remain an integral part of nursing education as well as nurse research, practice, and advocacy to ensure this history is used to continue nursing's development and is not forgotten. Educators must advocate for and develop curriculum that includes historical content. Researchers could lead in the development of research projects to explore the past and consider how this might contribute to disciplinary knowledge. Practitioners should discuss factors that affected the history of holistic nursing practice and the factors affecting it today. Furthermore, the historical role of government healthcare policy and nursing advocacy can serve to support the nurse policy activist of today. All nurses should appreciate the work of nurse leaders who advocated for holistic nursing care for all persons.

Conclusion

While considering the current state of nursing, it is important to note that nursing in the United States is rooted in the holistic mandate of caring for the whole person. Using intuition, *Nightingale's Notes on Nursing*, or other available textbooks, early nurses met their patients' needs using the knowledge, skills, resources, and technology of the period. Throughout time, managing patients' internal and external environments was fundamental to caring. This is evidenced as early as the American Civil War, when nurses considered psychosocial and spiritual care as important as physical care. The connection between the physical and emotional also was emphasized in early nursing textbooks; however, spirituality was not overtly discussed, which may be due to period beliefs related to religion and spirituality. Consider also that the early standard curriculum guides for schools of nursing set standards for a

holistic curriculum. Early nursing textbooks presented holistic content, discussing healing and comfort to mind and body.

Although holistic care underpinned nursing, its implementation was challenging. This can be seen throughout various time periods, including the implementation of the team nursing model during World War I, which decreased opportunities for nurses to provide holistic care. Various factors in the post–WWII period also exemplify holistic nursing care challenges, including the movement of providing health care in the home to providing care in the hospital, a nursing shortage, and increased use of technology in providing patient care.

Over time, support for holistic nursing care grew. This was observed during the 1960s, when there was a movement toward developing nursing theory and focusing on patient-centered care. The holistic nursing movement gained even more

popularity during the 1980s with the founding of the AHNA. Holistic nursing gained increasing visibility through many different reports and actions, including the National Institute of Health's report on alternative medical practices, the IOM's report on the need for patient-centered care, and the ANA's endorsement of holistic nursing as a nursing specialty. Evidence-based integrative healthcare approaches also contributed to increased visibility and credibility of holistic nursing practice. The AHNA currently offers educational programs for holistic nursing practice. As of early 2020, there were more than 5,500 professional members of the AHNA.¹⁰⁶ This number does not account for all of the nurses using a holistic framework for professional practice. It is clear that the holistic framework has become the standard for nursing care through research and practice, which demonstrates its effectiveness.

References

1. Allopathy. (n.d.). *Merriam-Webster's dictionary*. Retrieved from <https://www.merriam-webster.com/medical/allopathy>
2. Mariano, C. (2016). Holistic nursing: Scope & standards of practice. In C. Barrere, M. Blaszkowski Helming, D. Shields, & K. Avino (Eds.), *Holistic nursing: A handbook for practice* (7th ed., pp. 53–76). Burlington, MA: Jones & Bartlett Learning.
3. History. (n.d.). *Merriam-Webster's dictionary*. Retrieved from <https://www.merriam-webster.com/dictionary/history>
4. Dossey, B. M. (2016). Nursing: Holistic, integral, and integrative—Local to global. In C. Barrere, M. Blaszkowski Helming, D. Shields, and K. Avino (Eds.), *Holistic nursing: A handbook for practice* (7th ed., pp. 3–52). Burlington, MA: Jones & Bartlett Learning.
5. U.S. Department of Health and Human Services, National Center for Complementary and Integrative Health. (2018). Complementary, alternative, or integrative health: What's in a name? <https://nccih.nih.gov/health/integrative-health>
6. Burkhardt, M., & Nagai-Jacobson, G. (2016). Spirituality and health. C. Barrere, M. Blaszkowski Helming, D. Shields, and K. Avino (Eds.), *Holistic nursing: A handbook for practice* (7th ed., pp. 135–163). Burlington, MA: Jones & Bartlett Learning
7. Burkhardt, M., & Nagai-Jacobson, G. (2016). Spirituality and health. C. Barrere, M. Blaszkowski Helming, D. Shields, and K. Avino (Eds.), *Holistic nursing: A handbook for practice* (7th ed., pp. 135–163). Burlington, MA: Jones & Bartlett Learning
8. Sectarian Medicine. (2019). *Encyclopedia.com*. Retrieved from <https://www.encyclopedia.com/history/news-wires-white-papers-and-books/sectarian-medicine>
9. American Association of Colleges of Nursing. (2008). *The essentials of baccalaureate education for professional nursing practice*. Retrieved from <https://www.aacnursing.org/Portals/42/Publications/BaccEssentials08.pdf>
10. Boese, T. (n.d.). Red Yoder. Retrieved from <http://www.nln.org/professional-development-programs/teaching-resources/ace-s/unfolding-cases/red-yoder>
11. American Nurses Association & American Holistic Nurses Association. (2013). *Holistic nursing: Scope and standards of practice* (2nd ed.). Silver Spring, MD: Nursesbooks.org.
12. Dock, L. & Stewart, I. (1919). *A short history of nursing*. New York: Putnam.
13. Nutting, A., & Dock, L. (1907). *A history of nursing*. Vol. 2. New York: G.P. Putnam.
14. Parmelle, H. (1861). *Hymns for the sick room*. New York: Randolph.
15. Jackson, J. (1856). *Letter to a young physician*. Boston: Phillips, Samson and Company.
16. Shew, J. (1844). *Water-cure for ladies*. New York: Wiley and Putnam.
17. Cayleff, S. (1987). *Wash and be healed: The water-cure movement and women's health*. Philadelphia: Temple University Press.
18. Wallace, R. (1804). *The nurse's guide, or companion for a sick chamber*. Philadelphia: Humphreys.

19. Wallace, R. (1804). *The nurse's guide, or companion for a sick chamber*. Philadelphia: Humphreys.
20. Wallace, R. (1804). *Directions to nurses. The nurse's guide, or companion for a sick chamber*. Philadelphia: Humphreys.
21. Warrington, J. (1839). *The nurse's guide*. Philadelphia: Thomas Cowperthwait and Co.
22. Longshore, J. (1842). *The principles and practice of nursing or a guide to the inexperienced*. Philadelphia: Merrihew and Thompson.
23. Longshore, J. (1842). *The principles and practice of nursing or a guide to the inexperienced*. Philadelphia: Merrihew and Thompson.
24. Nightingale, F. (1860). *Notes on nursing: What it is and what it is not*. Boston: William Carter.
25. Dolan, J. (1978). *Nursing in society: A historical perspective*. Philadelphia: W.B. Saunders.
26. Weeks, C. (1888). *A text-book of nursing*. New York: D. Appleton.
27. The Committee of the Training School for Nurses Attached to Bellevue Hospital. (1897). *A manual of nursing*. New York: G.P. Putnam.
28. Unknown. (1875). *Plain directions for care of the sick*. Philadelphia: Mutual Life Insurance Company of New York.
29. The Committee of the Training School for Nurses Attached to Bellevue Hospital. (1897). *A manual of nursing*. New York: G.P. Putnam.
30. The Committee of the Training School for Nurses Attached to Bellevue Hospital. (1897). *A manual of nursing*. New York: G.P. Putnam.
31. Unknown. (1875). *Plain directions for care of the sick*. Philadelphia: Mutual Life Insurance Company of New York.
32. Weeks, C. (1888). *A text-book of nursing*. New York: D. Appleton.
33. The Connecticut Training-School for Nurses. (1897). *A hand-book of nursing for family and general use*. Philadelphia: J.B. Lippincott.
34. Unknown. (1875). *Plain directions for care of the sick*. Philadelphia: Mutual Life Insurance Company of New York.
35. Dolan, J. (1978). *Nursing in society: A historical perspective*. Philadelphia: W.B. Saunders.
36. Weeks, C. (1888). *A text-book of nursing*. New York: D. Appleton.
37. Wise, P. (1906). *A text-book for training schools for nurses*. Vol. II. New York: G.P. Putnam's Sons.
38. Ryerson, E. (2019, July 10). The cry of a child. *The American Journal of Nursing*, 14 (1901), 267–269.
39. Price, M. (1919). The feeding of healthy children. *The American Journal of Nursing* 20.3 (1919), 207–208.
40. The Committee on Education of the National League of Nursing Education. (1922). *Standard curriculum for schools of nursing*. New York: National League of Nursing Education.
41. The Committee on Education of the National League of Nursing Education. (1922). *Standard curriculum for schools of nursing*. New York: National League of Nursing Education.
42. Committee on Education of the National League of Nursing Education. (1932). *A curriculum for schools of nursing* (7th ed.). New York: National League of Nursing Education.
43. Harmer, B. (1922). *Text-book of the principles and practice of nursing*. New York: Macmillan.
44. Harmer, B. (1922). *Text-book of the principles and practice of nursing*. New York: Macmillan.
45. Harmer, B. (1922). *Text-book of the principles and practice of nursing*. New York: Macmillan.
46. Harmer, B., & Henderson, V. (1943). *Text-book for the principles and practice of nursing* (4th ed.), New York: Macmillan.
47. Jordan, P. (1930). Orientation courses for nurses. *The American Journal of Nursing*, 30(6), 751–755.
48. Kalisch, P., & Kalish, P. (2004). *American nursing: A history* (4th ed.). Philadelphia: Lippincott Williams & Wilkins, 2004.
49. Kalisch, P., & Kalish, P. (2004). *American nursing: A history* (4th ed.). Philadelphia: Lippincott Williams & Wilkins.
50. Webb, M. (1961). The nurse and the challenge of the sixties. *The American Journal of Nursing* 61(8), 48–50.
51. Smith, D. (1968). A clinical nursing tool. *American Journal of Nursing*, 68(11), 2384–2388.
52. Fry, V. (1953). The creative approach to nursing. *The American Journal of Nursing*, 53(3), 301–302.
53. Fry, V. (1953). The creative approach to nursing. *The American Journal of Nursing*, 53(3), 301–302.
54. American Nurses Association. (1955). ANA board approves a definition of nursing practice. *The American Journal of Nursing*, 55(12), 1474.
55. Griffin, G., & Griffin, J. (1969). *Jensen's history and trends of professional nursing*. St. Louis: Mosby.
56. Committee on Curriculum of the National League of Nursing Education. (1947). *A curriculum guide for schools of nursing* (6th printing). New York: American Book–Stratton Press.
57. Schorr, H. A., Nagle, R. A., & Priest, B. R. (1950). The patient's spiritual needs. *The American Journal of Nursing*, 50(2), 64–67.
58. Allen, R. (1947). The health sciences and nursing education. *The American Journal of Nursing*, 47(11), 758–760.
59. Price, A. (1954). *The art, science and spirit of nursing*. Philadelphia: W.B. Saunders.
60. Harmer, B., & Henderson, V. (1955). *Text-book of the principles and practice of nursing*. New York: Macmillan.
61. Lambertsen, E. (1953). *Nursing team organization and functioning*. New York: Bureau of Publications, Teachers College Columbia University. Retrieved from <https://babel.hathitrust.org/cgi/pt?id=mdp.39015000816234&view=1up&seq=24>
62. Abdellah, F. (1957). Methods of identifying covert aspects of nursing problems. *Nursing Research*, 6(1), 4–23.
63. Webb, M. (1961). The nurse and the challenge of the sixties. *The American Journal of Nursing*, 61(8), 48–50.
64. Webb, M. (1961). The nurse and the challenge of the sixties. *The American Journal of Nursing*, 61(8), 48–50.
65. Smith, D. (1968). A clinical nursing tool. *The American Journal of Nursing*, 68(11), 2384–2388.
66. Levine, M. (1969). The pursuit of wholeness. *The American Journal of Nursing*, 69(1), 93–98.
67. Rogers, M. (1971). *An introduction to the theoretical basis of nursing* (2nd ed.). Philadelphia: F.A. Davis.

68. Leininger, M. (1984). *Care: The essence of nursing and health*. Thorofare, NJ: Slack.
69. Price, A. (1965). *The art, science and spirit of nursing* (3rd ed.). Philadelphia: W.B. Saunders.
70. Front matter, fundamentals of nursing, the humanities and the sciences in nursing. (1975). *The American Journal of Nursing*, 75(3), 357–539.
71. Boyd, N. (1973). Letters. *The American Journal of Nursing*, 73(8), 1319–1327.
72. Stoll, R. (1979). Guidelines for spiritual assessment. *The American Journal of Nursing*, 79(9), 1574–1577.
73. Dickinson, C. (1975). The search for spiritual meaning. *The American Journal of Nursing*, 75(10), 1789–1794.
74. Wilson, R. (1976). An introduction to yoga. *The American Journal of Nursing*, 76(2), 261–263.
75. Anonymous. (1976). A consumer speaks out about hospital care. *The American Journal of Nursing*, 76(9), 1443–1444.
76. American Holistic Nurses Association. (2013). *Holistic nursing scope and standards of practice* (2nd ed.). Silver Springs, MD: American Nurses Association.
77. Cadwell, S. (n.d.). American Holistic Medical Association. Retrieved from https://www.sourcewatch.org/index.php/American_Holistic_Medical_Association
78. Aime, D., Keegan, L., & Drick, A. (2008). *Implementing visions of healing*. Flagstaff, AZ: American Holistic Nurses Association.
79. Aime, D., Keegan, L., & Drick, A. (2008). *Implementing visions of healing*. Flagstaff, AZ: American Holistic Nurses Association.
80. Paulen, A., & Rapp, C. (1981). Person-centered caring. *Nursing Management*, 12(9), 17–21.
81. Aime, D., Keegan, L., & Drick, A. (2008). *Implementing visions of healing*. Flagstaff, AZ: American Holistic Nurses Association.
82. Aime, D., Keegan, L., & Drick, A. (2008). *Implementing visions of healing*. Flagstaff, AZ: American Holistic Nurses Association.
83. Erickson, H., Erickson, M., Sandor, M., & Brekke, M. (2013). The holistic worldview in action. *Journal of Holistic Nursing*, 31(4), 303–313.
84. Dossey, B. (1983). Holistic nursing: What is it? *Journal of Holistic Nursing*, 1(1), 4–40.
85. Dossey, B., Keegan, L., Guzzetta, C., & Kilkmeier, L. (1988). *Holistic nursing: A handbook for practice*. Gaithersburg, MD: Aspen.
86. Dossey, B., Keegan, L., Guzzetta, C., & Kilkmeier, L. (1988). *Holistic nursing: A handbook for practice*. Gaithersburg, MD: Aspen.
87. Dossey, B., Keegan, L., Guzzetta, C., & Kilkmeier, L. (1988). *Holistic nursing: A handbook for practice*. Gaithersburg, MD: Aspen.
88. Dossey, B., Keegan, L., Guzzetta, C., & Kilkmeier, L. (1988). *Holistic nursing: A handbook for practice*. Gaithersburg, MD: Aspen.
89. National Institute of Health. (1995). *Workshop on alternative medicine. Alternative medicine: Expanding medical horizons*. A report to the National Institutes of Health on Alternative Medical Systems. Washington, DC. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK83804/>
90. Mackey, R. B. (1995). CE credit: Complementary modalities, part 1: Discover the healing power of therapeutic touch. *The American Journal of Nursing*, 94(4), 26–33.
91. Dossey, B., & Dossey, L. (1998). Body-mind-spirit: Attending to holistic care. *The American Journal of Nursing*, 98(8), 35–38.
92. Synder, M., & Lindquist, R. (2001). Issues in complementary therapies: How we got to where we are. *The Online Journal of Issues in Nursing*, 6(2). Retrieved from <http://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume62001/No2May01/ComplementaryTherapiesIssues.html>
93. Dossey, B., Frisch, N., Forker, J., & Lavin, J. (1998). Evolving blueprint for certification. *Journal of Holistic Nursing*, 16(1), 33–56.
94. Committee on Quality of Health Care in America, Institute of Medicine. (2001). *Crossing the quality chasm: A new health system for the 21st century*. The National Academy of Sciences. Retrieved from <http://www.nap.edu/catalog/10027.html>
95. American Nurses Association. (2004). *Nursing: Scope and standards of practice*. Silver Spring, MD: Nursebooks.org.
96. American Nurses Association. (2004). *Nursing: Scope and standards of practice*. Silver Spring, MD: Nursebooks.org.
97. American Nurses Association. (2015). *Nursing scope and standards of practice*. Silver Spring, MD: Nursebooks.org.
98. American Holistic Nurses Association. (2019). *Holistic nursing scope and standards of practice*. Silver Spring, MD: Nursesbooks.org.
99. American Association of Colleges of Nursing. (2008). *The essentials of baccalaureate education for professional nursing practice*. Washington, DC: AACN. Retrieved from <http://www.aacnnursing.org/portals/42/publications/baccessentials08.pdf>
100. National League for Nursing Education. (n.d.). *NLN core values*. Retrieved from <http://www.nln.org/about/core-values>
101. Erickson, H., Erickson, M., Brekke, M., Sandor, M., & Natschke, M. (2015). A proactive innovation for health care transformation. *Journal of Holistic Nursing*, 34(1), 44–55.
102. Potter, P., Perry, A., Stockert, P., & Hall, A. (2013). *Fundamentals of nursing* (8th ed.). St. Louis: Elsevier.
103. Treas, L., Wilkinson, J., Barnett, K., & Smith, M. (2018). *Basic nursing thinking, doing, caring*. Philadelphia: F.A. Davis.
104. Dossey, B., & Keegan, L. (2016). *Holistic nursing: A handbook for practice*. Burlington, MA: Jones & Bartlett Learning.
105. American Holistic Nurses' Association. (2018). *AHNA Mission*. <https://www.ahna.org/Portals/66/Docs/Membership/Mission%20Statement%202018.pdf?ver=2018-08-08-171346-813>
106. American Holistic Nurses Association. (2020). *Welcome!* Retrieved from <https://www.ahna.org/>

