



Incorporating holism in nursing education through the Integrative Student Growth Model (ISGM)



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ABSTRACT

The concept of holism is threaded throughout nursing. Holistic nursing practice has emerged as a prevalent concept in the provision of quality nursing care, calling nurses to focus on the whole person. Holistic self-care has been said to prevent burn-out, decrease compassion fatigue, and promote workplace civility. However, strategies for teaching holism in nursing education are lacking. The Integrative Student Growth Model (ISGM) offers an innovative, systems-based model for nurse educators to teach abstract values integral to professional nursing practice such as caring, holism, inclusiveness, integrity and excellence. This article discusses one aspect of the Integrative Student Growth Model, holism, which can be integrated at three defined levels present in all nursing programs. The authors propose a conceptual definition of holistic nursing education and suggest strategies for creating a holistic academic environment at each of the three levels. Finally, recommendations for future inquiry are explored as a means to test the model and the potential impact on student learning outcomes, and subsequently, patient outcomes.

1. Introduction

From the earliest beginnings of nursing theory, concepts that became known through Fawcett's (1984) work as constructs of the nursing metaparadigm have been defined and redefined according to the many theorists over the years. Still, the concepts of person, health, environment, and nursing remain central to our nursing paradigm. However, with the complexity of an ever-evolving healthcare environment, along with changes in the global sociological climate, we are presented with a challenge in the definitional continuity of these four concepts, and whether they truly represent the state of contemporary nursing.

The concept of person has come to be generally understood as a multidimensional being – mind, body, and spirit. But in the developing era of freedom in self-identification, especially related to the domains of gender, culture, and spirituality, the concept of person can no longer remain static in its definition. The same is true for the concept of health, which occurs on a continuum and is self-defined by the client rather than by the diagnosis. Thus, we must approach the practice of nursing as a dynamic process, fully integrating the concepts of patient-centeredness and holistic practice into the fabric of our profession's identity.

As stated, patient-centeredness and holistic practice add to the changing dynamics of the environment in which nursing care occurs. The impact of environment on health and healing first expressed by Florence Nightingale is still relevant today, however, we must expand our understanding of what constitutes a healing environment from the client's perspective, acknowledging the influence of both internal and external factors for each individual. In contemporary nursing practice, we no longer restrict our assessment to the physical and psychological status of the client, incorporating social and spiritual assessments in an attempt to address clients in a holistic way. The provision of a healing environment does not stop at a thorough assessment, but instead, it requires continuous attention throughout the nursing process.

2. Definitions of holism in nursing practice

Holism as a concept dates back thousands of years from the Indian Vedic culture. Human beings in the Vedic culture were described as *sarvah*, which means whole (Kasworm, Rose, & Ross-Gordon, 2010). The word *holism* originates from the Greek word *ἅλος* (*holos*), meaning all or whole (McMillan, Stanga, & Van Sell, 2018; Woods, 2017). The concept of holism is present in other fields of science including physics,

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where Healey (2009) contends that Quantum phenomena exhibit *explanatory holism*, meaning the behavior of a part of a system cannot explain the behavior of the system of a whole, and *property holism*, where “properties of a whole are not determined by those of its parts” (Healey, 2009). Even though the origin of holism in nursing dates back to the days of Florence Nightingale, who started the integration of environmental factors into the healing of the patient, it took some time before the concept could take hold in nursing because the concept of holism is diametrically opposed to the system of reductionism upon which the medical model is based (McMillan et al., 2018). Since then, many nurse theorists have drawn from the concept of holism as prescribed by Nightingale in creating theories and models of nursing care based on the totality of the human experience. The works of Newman, Watson, Erickson, Rogers, Parse and Leininger are, in many ways, connected with holism in nursing, but holism and holistic nursing have eluded consistent definition in theory and practice. The National League for Nursing defines holism as

...the culture of human caring in nursing and health care that affirms the human person as the synergy of unique and complex attributes, values and behaviors, influenced by that individual's environment, social norms, cultural norms, physical characteristics, experiences, religious beliefs and practices, and moral and ethical constructs within the context of a wellness-illness continuum.

(NLN, 2010, p. 14)

The American Holistic Nurses Association (AHNA) adopts a definition of holism which is dichotomized as *integral* and *unitary*. The integral aspect of holism describes the inseparable internal dimensions of the person which make up the whole (physical, psychosocial, and spiritual) and the interrelationships of those dimensions. The unitary aspect of holism relates to the mutual interaction between person as a whole and environment (Dossey, 2010; Dossey & Keegan, 2016). Holistic Nursing practice emphasizes self-care, intentionality, presence, mindfulness, and therapeutic use of self (AHNA/American Nurses Association [ANA], 2013) as foundational practices for professional nursing practice. Risjord (2010) asserts that holism is used to differentiate the nurse's role from the physician's role, as the physician is concerned with the affected subsystem of a person, whereas the nurse is concerned with all the factors influencing the patient's health.

Holism in nursing practice has been discussed extensively in the literature and has garnered momentum in recent years. As practitioners and researchers examine nursing practice and seek new ways of knowing, it is apparent that nursing is not only concerned with physical care, but also with other health imbalances resulting from emotional, environmental, social, and spiritual factors. However, despite the increased focus on the who, what, and why of holistic nursing care, very little attention has been paid to *how* nurses practice holism and patient-centeredness. One problematic interpretation of holistic nursing arises from a misconstrued synonymy between the phrase *holistic health* and treatment through complementary and alternative therapies (CAT). Although CAT can be considered modalities through which holistic care may be delivered, they do not define the totality of what holistic nursing care is or should be. Rather, complementary and alternative therapies are just one aspect of holistic nursing practice.

The practice of professional nursing in the United States is defined according to each state's Nurse Practice Act (National Council of State Boards of Nursing, Inc. [NCSBN], 2019). Although there are variations in the defined scope of practice across states, there are similar themes common to most. A small sample of nurse practice acts reflected themes identified in the scope of nursing practice across several additional states: 1) Professional nursing practice contains both independent and dependent functions; 2) Nursing focuses on both illness and wellness; and 3) Nursing interventions reach beyond physical care to support health and well-being (Florida Legislature, 2019; New Jersey Division of Consumer Affairs, 2015; State of Colorado, 2019). These themes of practice can be identified in the standards set forth by several

organizations related to the practice and education of nurses, including the National League for Nursing (NLN), the American Association of Colleges of Nursing (AACN), and the Quality and Safety Education for Nurses (QSEN) initiative, as well as the many additional stakeholders interested in nursing's role in the delivery of quality healthcare. Knowledge and skills required for safe, effective patient care have been articulated by these influential organizations in the form of QSEN Competencies, NLN competencies, and the AACN Essentials, addressing the need for patient-centered, culturally congruent, holistic nursing practice. Together, these caring qualities work to improve the healing environment.

3. Holism in nursing education

The goal of baccalaureate nursing education is to prepare professional nurses as generalists practicing within the evolving healthcare environment, according to the standards set forth by the profession's overarching organizations. Practice from a “holistic, caring framework” is an assumption of baccalaureate generalist practice (AACN, 2008). Holism is expressed as a core value of nursing work, as is patient-centeredness (NLN, 2010), and although there is no specific QSEN competency designed for holistic care, the description of knowledge, skills, and attitudes included in the Patient-Centered Care competency overlaps strongly with the concept of holistic care (Cronewett et al., 2007). Delivering holistic nursing care is to treat the whole person, and in order to treat the whole person, we must gain a deeper understanding of their lived experience, cultural orientation, prior knowledge and worldview. But how do novice nurses acquire the knowledge, skills and abilities to provide holistic nursing care?

Holistic nursing should not be viewed as something we do. Rather, in order to provide holistic care, we must practice from a place of holism in ourselves by actualizing self-care, spirituality, self-improvement, integrity and reflection. Although some nursing programs have integrated holistic concepts into curriculum, mostly through the inclusion of holistic concepts and practices embedded in course content and clinical scenarios, nursing education still lacks pedagogies that can be utilized to encourage students to embrace holism themselves, thus wholly preparing them to practice holistic nursing.

In an effort to address the question of how to teach holistic, patient-centered care, as well as other less concrete concepts in nursing, faculty from Kean University developed the Integrative Student Growth Model (ISGM) which was inspired by the NLN Education Competencies Model (NLN, 2010) and the Empowered Holistic Nursing Education Theory (Love, 2014). The premise of the ISGM is that of manipulation of the educational environment and modeling holism to encourage student growth.

4. Overview of the ISGM

The healing environment in healthcare and the learning environment in nursing education are both analogous to gardening, in that, the quality or characteristics of the environment are directly related to the growth of a plant, and the environmental conditions leading to healthy growth are dependent on the plant itself. For instance, some plants thrive in sandy soil while others prefer clay-rich soil, some plants prefer arid conditions while other plants require consistent moisture. By understanding the individual requirements for each plant and by cultivating the soil to optimize the retention of vital nutrients, the grower can successfully manipulate the environment, encouraging plants to grow and flourish.

The same is true in nursing education. The ISGM lays the groundwork, the goal of which is to inspire students to thrive and adapt in an ever-evolving healthcare climate by creating an educational environment conducive to individual student growth. The ISGM provides an innovative framework for nurse educators to teach abstract nursing values such as caring, holism, patient-centeredness, inclusiveness,

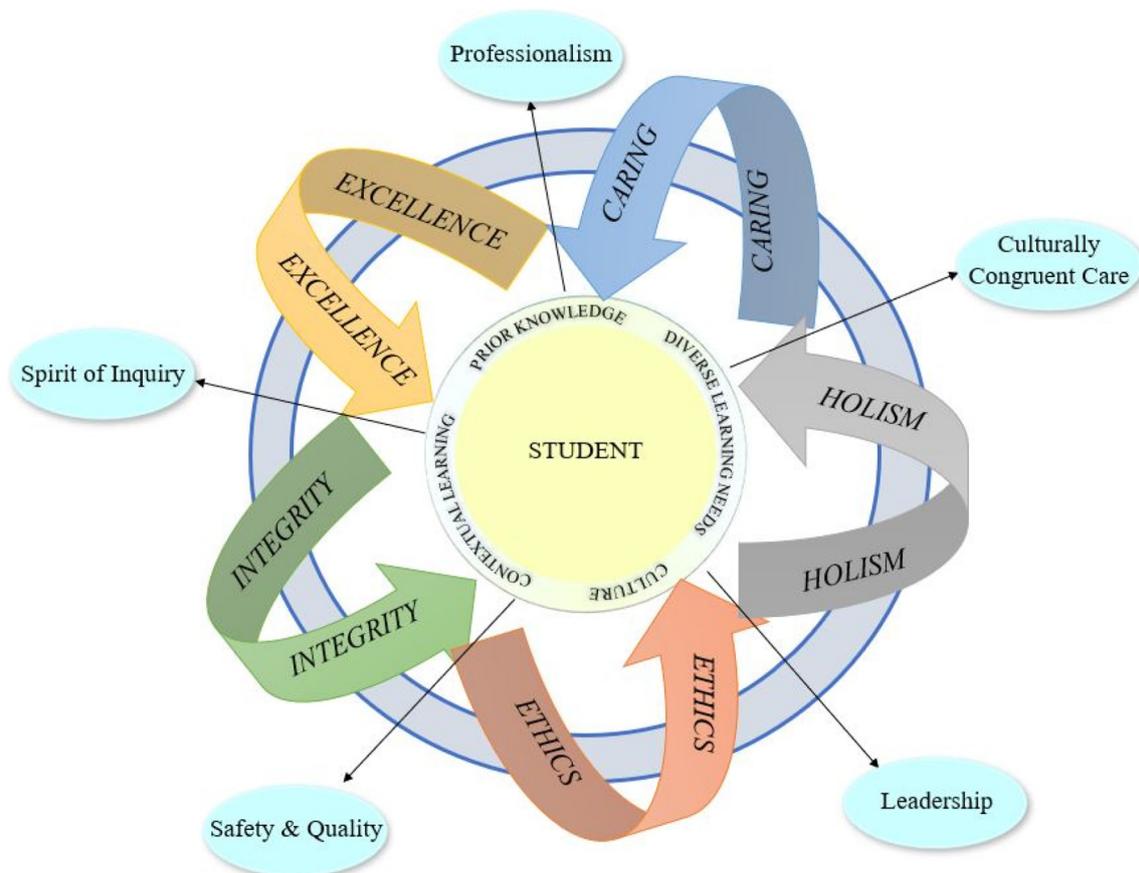


Fig. 1. The Integrative Student Growth Model (ISGM).

integrity and excellence through modeling them in the classroom and clinical settings, thus encouraging students to assimilate these values for future practice. Role modeling, a major premise of the ISGM, is grounded in social learning theory, which recognizes that much of learning occurs through observed behaviors and actions (Bastable, 2019).

The visual depiction of the ISGM (Fig. 1) was designed to express the systems orientation of the model with the student as a subsystem at the center of all processes. The inner circle surrounding the student illustrates the concepts unique to each student, emphasizing the need for respect of the worth of each individual. The outer circle indicates an inclusive and interconnected environment, encompassing values that support flourishing of diversity. The petals represent select values from the NLN Education Competencies Model, which are modeled from faculty to student to foster academic and professional growth. The modeled values flow towards the student as input from the larger system, resulting in assimilation of these values by the student over time. The result of this integration of values is realized in the program outcomes which are carried outside the system into the professional nursing practice of the baccalaureate graduate.

The goal of the ISGM is to cultivate students to deliver patient-centered, holistic nursing care, and to foster resiliency within the growing complexity of the healthcare environment. Inculcation of holism in nursing education can be accomplished through faculty modeling, manipulation of the environment, and articulation of activities geared towards the cultivation of holism in the student. As a result, students are transformed wholly - not just in the attainment of technical skills, but in the mental, physical and psychosocial aspects of their own life, and in the future care they will deliver. It is proposed that the synthesis of the ISGM elements will produce a nurse who is prepared to deliver patient-centered, holistic care, in a complex and challenging

healthcare environment.

5. Operational definition for holism in nursing education

It is imperative that the concept of holism be integrated into nursing education. In doing so, the learning environment supports the student's ability to conquer the rigors of academic life while maintaining a healthy dose of self-care and professional growth. The following conceptual definition of *holism in nursing education* is proposed:

Holism in nursing education is the process of synergizing the totality of the student experience that is inclusive of mind, body, spirit, environment, and culture into both the learning environment and the teaching-learning process, to promote optimum academic performance, professional growth, and personal wellness.

The integration of holism in nursing education requires a systematic approach. The ISGM operationalizes holism at three levels: programmatic, faculty, and classroom; and in the contextual domains of subsystem and environment (Fig. 2).

6. Programmatic level

The programmatic level offers the perspective of the nursing department as a subsystem of the larger academic structure and the community it serves. Following the theme of holism, the nursing department recognizes its own uniqueness within the larger system, values contribution towards the overall mission of the organization, and seeks opportunities to participate with departments outside of nursing to foster a more holistic student experience. For instance, nursing may work with student counseling to integrate stress-reduction techniques into curriculum or invite a guest speaker from another department to

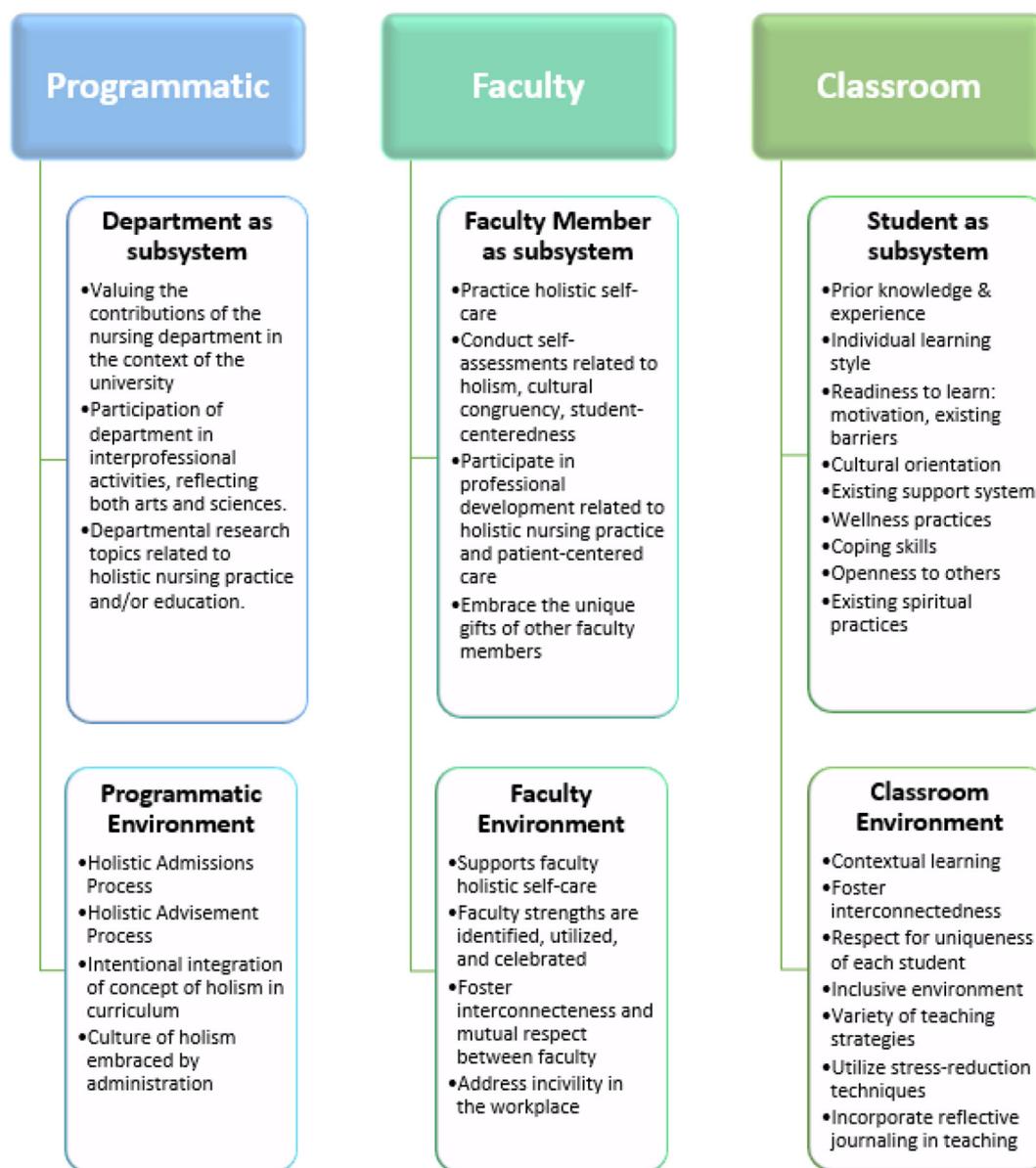


Fig. 2. Strategies for incorporating holism in nursing education.

discuss world religions, or perhaps create a cultural immersion clinical experience with a foreign language department where nursing students provide a health screening and foreign language students provide translation.

At the programmatic level, the creation of a holistic admissions process can increase the diversity of the student body which subsequently contributes to increased diversity of the nursing workforce (Glazer, Clark, & Bankston, 2015). This is an important consideration in the provision of patient-centered care, especially as it relates to cultural congruency. Increasing the diversity of the student body provides students with the opportunity to learn from and communicate with students from different cultural backgrounds, improving the student's ability to communicate in a diverse healthcare environment. The holistic admissions process moves beyond objective testing and considers factors such as prior experiences in the field of healthcare, previous college or undergraduate education, current employment, religious and spiritual factors, and the family support system (American Association of Medical Colleges, 2014). Research on holistic admissions supports improved diversity and long term student success. "Schools using holistic review also reported an improved teaching and learning

environment, with students more engaged with the community, more cooperative, and more open to perspectives different from their own" (AACN, 2016). Considering all these factors creates a total picture of the student and will help the admissions committee evaluate the totality of the students experience and their ability to succeed academically and as a future provider of quality nursing care.

Integration of the ISGM at the programmatic level would also include a focused assessment of the specific student population served by the institution. In doing so, the ISGM integrates concepts of population health, in that the demographic profile of the student body contains information valuable in program development, with intentional inclusion of content relevant to dominant cultures, languages, education background and socioeconomic background of the student population served.

7. Faculty level

Holistic self-care, along with personal and professional self-awareness, are central to the integration of holism at the faculty level. New faculty may require more coaching and support to practice holistic self-

care, while experienced faculty, if supported, are better able to identify when self-care interventions are warranted. Having the capacity to do this reduces burn-out and compassion fatigue. We cannot impart what we do not possess. It is easy to fall into the competitiveness that exists in academia. However, nursing education should reflect the ideals of nursing practice, where all members of the healthcare team should work collaboratively to improve patient outcomes. Similarly, faculty members must be willing to collaborate with others – both intradepartmentally and interdepartmentally – to improve student outcomes. Holism at the faculty level is related to the collegiality of the faculty environment, and holism at the faculty level is threatened in the presence of incivility. Though student-focused, the ISGM requires faculty modeling of behaviors that are contrary to incivility, thus improving the overall workplace environment and creating a culture which allows space for faculty to be valued as holistic educators.

8. Classroom level

Delivering a curriculum based on the concept of holism requires faculty to understand that the totality of the student's being includes physical, cognitive, emotional, spiritual, cultural and environmental factors. A full understanding of these factors for each individual student can seem like an impossible task, especially depending on class size and teacher-student ratio. However, this can be addressed first at the programmatic level, with the creation of a comprehensive self-reported student profile, followed by holistic student advisement (also at the programmatic level). Classroom and/or teaching adjustments can be made accordingly to address special considerations such as potential barriers to learning, scheduling conflicts due to religious practices, etc.

Additional strategies for modeling holism at the classroom level include learning and using the students' names in class, respecting students and the experiences they bring with them, making eye contact, and assisting the students to develop ways of managing their stress and practicing self-care (Weaver, 2013). Staying mindful of body language when communicating with students is also important. Incorporating humor into didactic and clinical experiences and introducing stress-reducing activities such as stretching or deep-breathing exercises adds to a holistic classroom environment. Finally, expressing interest in the student's life and sharing your own experiences can go a long way in establishing a personalized academic relationship that will enhance the students' holistic educational experience.

9. Further inquiry

It is proposed that transformation of the academic setting into a holistic educational environment conducive to openness, interconnection, holistic self-care, respect, and creativity will occur through implementation of the ISGM, thus contributing to student flourishing, as well as a sense of personal and professional fulfillment of faculty. Further, it is suggested that the integration of the ISGM will result in improved student outcomes, with progression to enhanced holistic nursing practice. However, the ISGM remains an untested theory, and research is needed to explore the relationship between integration of the ISGM and its effect on program student learning outcomes. Faculty at Kean University plan to conduct a pilot study to explore this relationship and to refine the ISGM according to the results of the study.

Additional topics for study could include the integration of holism in nursing education as it relates patient-centered nursing practice upon graduation and its potential influence on patient outcomes. Findings of studies such as these will support the integration of holism into nursing education, assist in validating the ISGM, and further enhance the provision of holistic, patient-centered nursing practice.

Declaration of Competing Interest

None.

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