Whole-Person Caring: A Model for Healing and Wellness

by LUCIA THORNTON THD, RN, MSN, AHN-BC

“Whether you can observe a thing or not depends on the theory which you use. It is theory which decides what can be observed.”

—Albert Einstein (Salam, 1990)

How do we reconstruct a healthcare system that is primarily concerned with disease and illness to include a major focus on health and wellness? How can we integrate holistic healing and caring practices into our hospitals and communities? What steps are needed, and what is the role of nurses and other professionals in this process? We’ve entered a new era of health care in which leaders, administrators, practitioners and consumers are actively seeking answers to these questions. Implementing holistic models of health and wellness within healthcare organizations can be challenging and often requires a change in organizational values and cultures. In my own experience developing the model of Whole-Person Caring, I’ve discovered that embracing a holistic and unitary perspective can provide a solid foundation for an interdisciplinary journey toward health, healing, and wellness.

Shifting the Paradigm

Defining who we are is the first step in developing a model of care. There are several levels of knowledge and theory that have been defined in nursing literature (see Table 1). Each level of knowledge and theory plays an important part in defining our beliefs about nursing, determining our scope of practice, guiding our research, and influencing the way we deliver care.

Nursing’s phenomena of concern, or the metaparadigm of nursing, are: human being (or person), environment, health and nursing. What we do and how we do it will ultimately be derived from the way that we view ourselves, the environment, health, and our practice of nursing. Various worldviews have been identified in the nursing literature (Table 2). Different terminology and nomenclature have been used by various authors to identify the prevailing paradigms (Parse, 1987; Newman, 1992; Fawcett, 1995; Parker & Smith, 2010).

Our worldview determines how we perceive ourselves, our life, and our work. It acts as a filter—allowing us to see some things and keeping us from seeing others. Professionally, this has many implications.

Our current biomedical paradigm basically sees the physical body as the only dimension of human existence. This is what has been valued, believed, and consecrated for the past 300 years. . . So essentially, the collective mind of society has been embedded with the perception that who we are is our body. . . This idea is one of the deepest underlying assumptions in our scientific culture . . . It may seem a silly philosophical pursuit to redefine who we are, but unless we do, we cannot move forward in our thinking and our practice. (Thornton, 2013, p.30)
Holistic nursing is congruent with both the reciprocal interaction (interactive-integrative) and the simultaneous action (unitary-transformative) world views.

Holistic nursing recognizes that there are two views regarding holism: that holism involves identifying the interrelationships of a person’s bio-psycho-social-spiritual dimensions, recognizing that the whole is greater than the sum of its parts; and that holism involves understanding the individual as a unitary whole in mutual process with the environment. Holistic nursing responds to both views, believing that the goals of nursing can be achieved within either framework. (AHNA & ANA, 2013, p.1)

Concepts from the models and theories of a long legacy of holistic nurses are derived from these two world views. On the other hand, the prevailing bio-medical model is aligned with the reaction (particulate-deterministic) world view. Expanding the reductionist perspective to embrace a holistic and unitary perspective is necessary to bring healing into our lives and our work. The model of Whole-Person Caring is one example of a framework that embraces a holistic and unitary perspective and has been successfully implemented in a number of healthcare organizations across the United States.

The Catalyst for the Model of Whole-Person Caring
Whole-Person Caring (WPC) is a model that facilitates healing and wellness for both individuals and organizations. The model is unique in that it is interdisciplinary, interprofessional, based in nursing theory, easy to understand, practical in its application, and redefines who we are to embrace our infinite and spiritual nature.

The WPC model, developed in 1999, was created out of necessity. I had been working with a hospital for several years offering programs for staff renewal and development. The opportunity arose to offer several one-day renewal programs in a row so that approximately 20 percent of the medical surgical staff were able to attend. These programs were based on principles of holistic nursing with a focus on continued on page 20

<table>
<thead>
<tr>
<th>Table 1. Defining Levels of Nursing Knowledge and Theory</th>
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<tr>
<td>Nursing knowledge and theories are differentiated on the basis of their level of abstraction. There are different opinions regarding terminology. For example, Fawcett (1993) distinguishes between conceptual models and grand theories while other authors consider conceptual models and grand theories to be synonymous (Barnum, 1990; Kim, 1983; Parker &amp; Smith, 2010). Many people use the terms framework, models and theories interchangeably.</td>
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<tr>
<td><strong>Metaparadigm</strong></td>
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<td><strong>Philosophy</strong></td>
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<td><strong>Conceptual Model</strong></td>
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healing and self-care.

A month after delivering the programs, I received a call from the nursing manager saying that the environment in the workplace had dramatically improved and that patient satisfaction had significantly increased.

We observed the patient satisfaction data, and after three months, the increased levels gradually declined to the previous baseline. Nonetheless, the positive spike caught the attention of the Director of Clinical Services, and we began discussing strategies for a sustainable outcome. Previous programs were designed for nurses. We realized that in order to create sustainable change in an organizational culture, the effort needed to be all-inclusive and all-pervasive (Pritchett & Pound, 1993). A decision was made to develop a comprehensive program for professional and ancillary staff. It was necessary to create a model of care that every discipline could relate to, and to design an educational program that was interdisciplinary as well.

**Conceptual Framework**

Concepts from Martha Rogers, Jean Watson, Florence Nightingale, and Margaret Newman were used to form the basis of the model and the associated educational programs. The key concepts of the model are:

- The Infinite and Sacred Nature of Being
- Self-Compassion, Self-Care and Self-Healing
- Optimal Health and Wellness
- Therapeutic Partnering
- Transformational Leadership
- Caring as Sacred Practice

The primary phenomenon of interest in the WPC model is how we perceive ourselves as human beings and the implications this has for health and healthcare organizations. Related concepts include environment, health, whole-person caring and spirituality.

The concept of spirituality is foundational to the model. Unlike other models that view spirituality as an aspect of our being, this model purports that the very foundation of our being is spiritual. As Teilhard de Chardin (1965) stated, “We are not physical beings having a spiritual experience; we are spiritual beings having a physical experience” (p. 119).

Viewing people as spiritual and infinite beings changes the way we deliver care. As an organization learns to view its employees and patients as sacred beings, changes begin to occur in every department and every instance of patient contact. Quality care and compassionate service become the standard as each organization customizes and implements the model to fit its particular needs and culture.

The WPC model is also useful in helping to explain the phenomena associated with many healing practices and with whole systems of medicine. By defining human beings as energy...

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**Table 2.**

Major Characteristics of World Views (Compiled from Fawcett, 1993, p. 10-12 & 2005, p.35)

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<tr>
<td><strong>Reaction Worldview</strong></td>
<td><strong>Reciprocal Interaction Worldview</strong></td>
<td><strong>Simultaneous Action Worldview</strong></td>
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<tr>
<td>(Similar to the Particulate-Deterministic Paradigm)</td>
<td>(Similar to the Interactive-Integrative Paradigm)</td>
<td>(Similar to the Unitary-Transformative Paradigm)</td>
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<tr>
<td>Humans are bio-psycho-social-spiritual beings.</td>
<td>Human beings are holistic; parts are viewed only in the context of the whole.</td>
<td>Unitary human beings are identified by pattern.</td>
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<td>Human beings react to external stimuli in a linear and causal manner and have orderly and predictable connections.</td>
<td>Human beings are active and interactions between human beings and their environment are reciprocal.</td>
<td>Human beings are in a mutual interchange with their environments.</td>
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<td>Change occurs only for survival and as a consequence of predictable and controllable antecedent conditions.</td>
<td>Change is a function of multiple antecedent factors and probabilistic relationships.</td>
<td>Human beings change continuously, unpredictably, and in the direction of more complex self-organization.</td>
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<td>Only objective, observable phenomena that can be defined and measured are studied.</td>
<td>Both objective and subjective phenomena are studied through quantitative and qualitative methods of inquiry.</td>
<td>Phenomena of interest are personal knowledge and pattern recognition.</td>
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fields that are open and infinite in nature, the model creates a framework in which subtle energy therapies—and whole systems of medicine based on subtle energies—make sense.

Benefits and Positive Outcomes
Creating a culture of health and wellness takes time, patience and wise leadership. Maintaining positive outcomes requires continual effort and a sustained vision until values of health and wellness become deeply embedded in individuals and cultures. A variety of strategies have been helpful to implement and sustain the WPC model, including steps such as assessing the organization’s ideology and identifying key people to elicit support (see box below).

Helpful Steps for Model Implementation

Assess the Organization’s Ideology and Culture
Elicit the help of other practitioners, staff and colleagues as you begin your assessment. Talk with fellow employees about how this model could be put into action. How does the WPC model fit into your organization? Are the key concepts congruent with individual and organizational beliefs? How could this model serve as a guide to create a healthier work environment?

Elicit Support from Key People
Determine who in upper management holds values and beliefs closest to those proposed in the model of whole-person caring. Is it the President/Chair of the Board, CEO, COO, director of patient care services, director of nursing services, and/or director of medical staff? Which staff members continually demonstrate a caring attitude and lead by applying principles of transformational leadership? Which people within the organization are models of wholesome and healthy living, whose attitudes and work inspire those around them? These are your key people—your core group. Elicit their support and bring them on board!

Involve Everyone
Involve everyone! Send out short surveys and hold focus groups to solicit input and suggestions from staff. Utilize email, newsletters, bulletins etc. to communicate about new initiatives. Include information at all staff and executive meetings regarding progress. Develop a healing environment patient care services policy that addresses the importance and expectation that all employees are part of the healing environment and need to be aware and present when in contact with each other and the patient. Convey the message that everyone is part of the healing environment and all are considered healing instruments!

Customize Strategies for Implementation
Customize means just that! Use the feedback from your surveys and focus groups to create strategies. At a small urban hospital with 125 beds, feedback received from a survey resulted in a health fair for employees, a Healing Touch program, massage therapy, music therapy, and the creation of a healing garden. Feedback received from nurses working in the ICU of a 200-bed urban hospital resulted in the conversion of an ICU sleep room to a “serenity room” for staff that included relaxing music, artwork, a water feature, and a recliner/massage chair. A community based hospice identified the lack of teamwork and poor communication as priority problems and developed in-services based on the WPC concepts of therapeutic partnering and transformational leadership.

Honor and Recognize Exemplary People
A 625-bed urban regional hospital identified outstanding personnel by simply including in their patient survey the question, “Did anyone provide you with outstanding service during your hospital stay?” Personnel that were identified were recognized in the hospital bulletin and e-newsletter and were sent a letter of appreciation by the CEO. Several other hospitals recognize an employee on each unit every month or quarterly who is chosen by the unit supervisor or manager for being a role model for healthy, wholesome and caring behavior.

Initiate Programs for Personal Growth and Transformation
It’s essential to offer educational programs that help foster the ongoing growth and transformation of staff members. Utilizing a hospital-based program that can involve a critical mass of hospital employees in personal growth and transformation can help shift values and create a healing culture within the organization. Ongoing in-services, days of renewal, staff retreats, and leadership training programs are useful.

Incorporate Concepts of Whole-Person Caring in Performance Criteria
Incorporating concepts of whole-person caring into the criteria for evaluating employee performance is a practical way of reinforcing an organization’s commitment to caring values. Inviting employees to establish their own evaluation criteria for each job description invests them in the process and increases their commitment to and understanding of whole-person caring. For example in a 125-bed urban hospital, the job performance evaluation includes a standard for self-care and balance.

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Born from experience, the model has demonstrated the following quantifiable results:

- increased patient satisfaction,
- increased employee satisfaction,
- decreased nursing turnover,
- increased integration of organizational values by employees,
- enhanced communication and teamwork, and
- considerable cost savings. (Thornton, 2013)

The implementation of the WPC model at an urban nonprofit hospital with 125 beds resulted in savings of more than $1.5 million by significantly decreasing nursing turnover. It was instrumental in increasing patient satisfaction from the low 80th percentiles to 94 percent hospital wide. In addition, a research study at this same hospital showed that the integration of organizational values was increased in employees participating in the WPC programs (Thornton, Gold, & Watkins, 2002).

This hospital received local, regional, state and national recognition for their excellence in patient care and leadership. The Norman Cousins Award, an award given to one hospital annually for excellence in relationship-based care, was presented to the hospital for their implementation of the WPC model.

The Samueli Institute also recommended the WPC model as an innovative framework that corresponds to their criteria of “developing healing intention, experiencing personal wholeness, cultivating healing relationships, practicing healthy lifestyles, and creating healing organizations” (Smith, Firth, Ananth, & Reece, 2009, p. 26).

Compatibility with Other Models

Using models together can create synergy that invites professionals to work together to bring health, healing, compassion and wellness into the conversation. The WPC model addresses the whole person and as such is broad enough in its perspective to include other models that have more specific focuses. Combining ideas and concepts from various models can create a custom-designed framework that meets the needs of an organization and its patient population, providing more comprehensive care, amplifying the intended results, and facilitating change.

Changing paradigms—especially when it causes us to transform the way we view ourselves and how the world around us functions—does not come easily. This type of cultural shift takes innovation, creativity and wise leadership. Holistic nurses are in a unique position to help guide the change and step to the plate as transformational leaders in this new era of health care.

References


Dr. Lucia Thornton ThD, RN, MSN, AHN-BC is a former president of AHNA and has been involved in nursing, holistic healing, and health care for more than 35 years. Her work in transforming hospitals and organizations into “healing and healthy environments” has received national, state and local recognition. She developed the Model of Whole-Person Caring™ which was the recipient of the 2004 Norman Cousins award and serves as a prototype for creating healing cultures within the workforce. For more information, please contact Lucia at: lucia@luciathornton.com or visit: www.luciathornton.com.

Articles on Whole-Person Caring may be downloaded for free at: www.luciathornton.com/Articles.html. The WPC model described in this article along with practices and suggestions for implementation are contained in Whole-Person Caring: An Interprofessional Model for Healing and Wellness, authored by Lucia Thornton (2013) and published by Sigma Theta Tau International. Copyright © 2014 by Lucia Thornton.