Whole-Person Caring: An Interprofessional Model for Healing and Wellness

Instructor/Facilitator Guide for Nursing, Medical, and Allied Health Students and Practitioners

"Knowing is not enough; we must apply. Willing is not enough; we must do."

–Johann Wolfgang von Goethe

This study guide provides instructors with chapter overviews, learning objectives, questions for discussion, and activities and assignments to help students and practitioners integrate whole-person caring into their lives and professional practice.

The model of whole-person caring (WPC) is a guide for personal and organizational transformation. The model operationalizes concepts that are inherent to healing and provides a common framework so that personnel from various disciplines and cultural backgrounds can work together to provide quality care and compassionate service.
Providing a Safe, Supportive, and Healing Environment

In the new healing and wellness paradigm, health care providers are role models for healthy and wholesome behavior. Likewise, as an instructor and facilitator for the WPC model, you serve as a role model for your students.

One of the key concepts that you will be modeling for students is a caring and healing presence. The way you interact with students, your genuine concern, and your authentic responses demonstrate firsthand what it means to be a healing presence. It is your healing presence that will enable the healing presence in your students. Providing a healing, safe, and supportive environment for students is an important part of teaching this model. Providing unconditional acceptance to each student creates an atmosphere of approval and encouragement and helps students grow and develop.

Commitment to Your Own Personal Growth

Teaching the model of whole-person caring is best accomplished by those who are committed to their own personal growth and development. This does not mean you need to be proficient in the practice of numerous healing modalities or be the perfect weight or have the perfect diet and habits. This does mean you are actively engaged in activities and practices on a daily basis that bring you closer to a state of optimal health and well-being. Realizing your wholeness and achieving optimal health is a lifelong process. It is vital that you take time each day for some form of reflective, meditative, or spiritual practice that increases your awareness and clarity and brings you closer to the infinite and sacred nature of your being. It is important that you care for and learn to treat yourself with love and compassion. These are concepts that are foundational to the WPC model. Modeling these attitudes will be your most effective form of teaching. Be open to examining the patterns of your life and creating the intention that every day you will come closer to achieving your potential.

Teaching the WPC model will facilitate your growth and transformation. Every time you teach transformational material, you will be transformed. It is a wonderful process, and one that you will find invigorates and enlivens you.
Envisioning Personal Change

One of the most powerful tools you have at your disposal is the ability to help others envision what is possible. There is an old saying: If you can see it, feel it, and believe it, you can achieve it! As a facilitator, you can help students and practitioners visualize and bring into their lives what had previously been outside their paradigm. Your belief and your understanding of what is possible will help others to expand their worldview.

You will invite students and practitioners to re-create attitudes and ways of behaving, thinking, and perceiving that will positively transform their lives. You will provide them with tools, research, and methods that will enable them to create the lives they desire. Many students and practitioners arrive in class or at work with severe burnout and feel overwhelmed by circumstances in their personal lives. It is very difficult for them to envision a different way of being or a different set of circumstances. As a facilitator, you can open up new vistas. You can help them expand their perspectives and create healthy and wholesome ways of being.

The WPC model has been taught to students, nurses, physicians, dieticians, social workers, chaplains, respiratory therapists, administrators, managers, and laypeople. The healing and wellness concepts are universal, are simply stated, and can be understood by everyone. Although the focus and the examples in the book primarily involve the hospital setting, these concepts can be adapted to any setting and any discipline. The concepts can be taught in undergraduate, graduate, and doctoral programs for all health care professionals and to practitioners in the clinical setting.

Chapter 1: Shifting Toward a Paradigm of Healing and Wellness

Overview

This chapter presents an overview of the current state of health care and emphasizes the need to move from an illness-based system to a wellness-based system. A basic description of some of the more common complementary and alternative therapies along with whole systems of complementary and alternative medicine (CAM) are provided to familiarize the reader with their utility and application in clinical practice.

Shifting Toward a Paradigm of Healing and Wellness

Accomplishing a change from an illness-based system to a wellness-based system will be facilitated by the following:

- A holistic approach that considers body, mind, heart, and spirit
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A system that values and encourages client/patient empowerment

An interprofessional, well-coordinated, collaborative approach to care

An interprofessional model to create a common framework for practice

The integration of efficacious healing therapies, modalities, and systems of medicine that focus on prevention, patient empowerment, healthy lifestyles, and the low utilization of high-cost interventions

Health Care: An Oxymoron

There are two things missing in our health care system: health and care. Herein is the crux of the problem. When people seek health care, it is usually to treat a disease, alleviate symptoms, or care for an acute injury. People do not seek health care to prevent illness, nor do they regularly seek health care to maintain or manage their health and well-being or for health promotion. Our system primarily addresses diagnosis, treatment, and management of acute and chronic disease and illness. It seldom addresses the restoration and maintenance of health, the prevention of illness and disease, or the promotion of health.

Returning “Health” to Health Care

There is a growing awareness that our focus must be redirected toward illness prevention and health promotion, largely as a result of the increased incidence of chronic disease. Far-reaching initiatives for health promotion, equitable insurance coverage, and illness prevention are contained in the 2010 Affordable Care Act and have the potential to radically shift our emphasis away from crisis management and toward wellness.

According to Koh and Sebelius (2010), this legislation “will reinvigorate public health on behalf of individuals, worksites, communities, and the nation at large—and will usher in a revitalized era for prevention at every level of society” (p. 1296). A new vision for health care is emerging. It is a vision that brings health, healing, compassion, and wellness into the conversation.

Integrating Holism in Health Care

A holistic approach can help in our efforts to provide care that fosters optimal health and wellness. Holistic care involves caring for each person as a whole with an awareness of his or her physical, mental, emotional, and spiritual dimensions and needs. Holistic practitioners work with people in ongoing relationships that are based in trust and caring. The holistic practitioner follows the person throughout his or her health care challenges and is a therapeutic partner in the person’s journey toward health and wellness. The holistic practitioner, whether a nurse, physician, social worker, healer, or health coach, understands that various skills and approaches are needed
to help a person reach his or her optimal state of health. This is particularly important in dealing with the interrelated and numerous problems associated with chronic illness and disease.

**The Importance of Interdisciplinary Collaboration and Coordination of Care**

Practitioners of conventional medical therapies, mind-body interventions, biologically based therapies, manipulative and body-based methods, exercise and movement programs, and energy therapies can all play a role in helping people achieve optimal health. The key is coordinating these practitioners to create a system that is focused on health, healing, and wellness.

Some of the barriers in collaborating among different disciplines include the following:

- Lack of understanding of what each discipline can contribute
- Mistrust of disciplines outside one’s own practice
- Inability to work together as a team
- Territorial and reimbursement issues
- Lack of a common model to guide practice

**Integrating Healing Practices and Healing Professions into Health Care**

A wide variety of therapies, modalities, and practices not included in Western medicine are useful in promoting health and healing. These practices are collectively referred to as CAM, which stands for “complementary and alternative medicine.” The five major categories of complementary and alternative therapies are:

- **Botanicals and natural products**: These include natural products such as herbs, vitamins, and mineral supplements, and a variety of herbal and diet therapies.

- **Mind-body-spirit interventions**: Meditation, relaxation, imagery, visualization, hypnosis, yoga, t’ai chi, prayer, art, music, dance therapies, cognitive-behavioral therapy, biofeedback, therapeutic counseling, and stress management are included in this category.

- **Manipulative and body-based therapies**: These include chiropractic intervention, massage therapy, osteopathy, reflexology, Alexander technique, and craniosacral therapy.

- **Energy therapies**: These include therapeutic touch, Reiki, qigong, acupressure, healing touch, and magnet therapy.

- **Whole medical systems**: Traditional Chinese medicine (TCM), Ayurveda, homeopathy, naturopathy, and Native American, Latin American, and African indigenous practices are included.
The use of CAM and other systems of medicine will continue to increase as people seek more affordable health care options and become more empowered to take control of their health. It is important that nursing and medical students be aware of the efficacy and utilization of CAM practices so they can help guide and coordinate their patients’ care. Many CAM practices are more effective, have no (or fewer) side effects, and cost less than conventional interventions. However, some CAM practices may not be as effective as conventional medicine and may have some deleterious effects. Keeping abreast of current research on CAM practices is important for the health care provider.

Medical systems such as traditional Chinese medicine, Ayurvedic medicine, naturopathy, homeopathy, and osteopathy that treat the whole person have valuable contributions to make to our health care system. They focus on prevention, patient empowerment, healthy lifestyles, and the low utilization of high-cost interventions. This places these systems in a position to help shift health care toward a paradigm of health, healing, and wellness and to provide affordable and sustainable care.

Practitioners of conventional medicine best serve their patients when they have an understanding of the various CAM practices and alternative systems of medicine. Many people who use CAM are reticent to tell their medical practitioner for fear of reprisal. This can result in adverse effects—for instance, from combining supplements and medications that are incompatible and/or using alternative therapies that may be contraindicated. As health care professionals become more informed of the indications for use, possible adverse reactions, and the benefits that CAM practices provide, greater collaboration between practitioners of conventional medicine and alternative therapies can occur.

**Learning Objectives**

- List four elements that distinguish a healing and wellness paradigm from the current system of health care.
- Identify three characteristics of a holistic approach to care.
- Articulate the importance of interprofessional collaboration in a healing and wellness paradigm, especially as it relates to care of the chronically ill population.
- List the five major categories for complementary and alternative therapies.
- Identify four frequently used alternative therapies that originated more than 4,000 years ago.
- List five of the most commonly used herbal supplements in the United States.
- List three of the most commonly practiced energy therapies in the United States.
Identify four alternative medical systems of practice.

Identify three characteristics of traditional systems of medicine that make them well-suited for the new paradigm of healing and wellness.

Discussion Questions

1. What demographic factors in our current population make a holistic and interprofessional approach to health promotion and disease prevention important?

2. Why is it important for health care providers to know about CAM practices and alternative systems of medicine? In what ways will this help them deliver better care and promote healthier outcomes for their clients or patients?

3. What experiences have students had related to alternative therapies or alternative systems of medicine? Why did they seek alternative care? What was the outcome? Was there a difference in the way they were treated by the alternative practitioner versus a conventional medical practitioner?

Assignment

1. Choose a specific alternative therapy or modality and review the literature to determine the following:
   - Indications for use
   - Contraindication for use
   - Prevalence of usage in the United States
   - Research related to patient outcomes, efficacy, safety, and usage

   Record your thoughts on two to four single-spaced, typed pages.

2. Compare and contrast the treatment of musculoskeletal pain in conventional Western medicine with traditional Chinese medicine. Consider the following:
   - Supplements and/or medications used
   - Types of therapy utilized
   - How each perceives the etiology of pain
   - Other considerations

   Record your thoughts on two to four single-spaced, typed pages.
Chapter 2: Redefining Who We Are

Overview
This chapter examines how we are perceived through the lens of the biomedical model and how that model can be expanded to incorporate concepts of modern science and meet the criteria for a scientific body of knowledge. The way we define ourselves is one of the deepest underlying assumptions in a culture. Assumptions at this level are often taken for granted and not usually articulated. However, deeply rooted assumptions affect why things happen or fail to happen in a culture (Carroll & Quijada, 2004).

Current Biomedical View
In the biomedical model, people are perceived to be an amalgamation of molecules and atoms that interact in a predictable fashion based on laws of mathematics, chemistry, and physics (Curtis & Gaylord, 2004). This has been the predominant model for the past 300 years. Once a paradigm is embedded, it creates filters that determine what a scientific community sees and, consequently, what research will be pursued and what results will be lauded and published.

Our current biomedical paradigm basically sees the physical body as the only dimension of human existence. The idea that we are only our bodies is one of the deepest underlying assumptions in our scientific culture.

The Need to Expand Our Perspective
Listed here are five elements that most people want a scientific body of knowledge to provide:

- A method of organizing and categorizing “things”; a typology
- Predictions of future events
- Explanations of past events
- A sense of understanding about what causes events
- The potential for control of events

(Reynolds, 1971, p. 4)

When examining CAM practices and healing modalities, the biomedical, reductionist model often fails to meet the criteria of predicting, explaining, and giving a sense of understanding to the interventions. A primary reason that we need to expand our perspective beyond the mechanistic, reductionist view is to meet the criteria for a valid scientific concept. It’s simply good science. Expanding our perspective makes way for a larger body of knowledge and healing practices as well as phenomena to be accepted into our health care system.
We Cannot Measure What Enlivens Us

The most profound, remarkable experiences in our lives can never be captured in a double-blind study. Love, moments of great joy, mystical experiences—these are not things that can be measured, predicted, explained, or captured in a double-blind study. The very things that make us happy and healthy cannot achieve validity in the prevailing scientific paradigm. Our thinking, our consciousness, and our science must expand to embrace that which we have rejected.

Moving Toward an Einsteinian Perspective

Creating a definition of who we are that has the capacity to explain the phenomena associated with subtle energies and healing is not only useful but necessary to create a paradigm of health, healing, and wellness. In his classic book *Vibrational Medicine*, Richard Gerber talks about moving from a Newtonian model of medicine to an Einsteinian view. Einstein, through his famous equation $E=mc^2$, postulated that energy and matter are dual expressions of the same universal substance. Mass and energy are both—albeit different—manifestations of the same thing. Although the Einsteinian view has found acceptance and application in the minds of physicists, Einstein's insights have yet to be incorporated into the way physicians look at human beings (Gerber, 2001). Physics tells us that we are 99.9999% empty space and that what occupies that space seems to be a dynamic energy. Developing a perspective that acknowledges the energetic essence of who we are is important if we are to advance our knowledge and our practices.

Martha Rogers: A Visionary in Nursing

Martha Rogers created an expansive and futuristic definition of who we are. She stated that each person is “an irreducible, indivisible, pandimensional energy field identified by pattern and manifesting characteristics that are specific to the whole and which cannot be predicted from knowledge of the parts” (Rogers, 1992, p. 29). Rogers explains, “Energy fields are infinite and pandimensional and in continuous motion” (p. 30). She defines pandimensional as “a non-linear domain without spatial or temporal attributes” (p. 29).

Learning Objectives

- Identify the five criteria that a scientific body of knowledge should provide.
- List three of the criteria for a scientific body of knowledge that the biomedical model often fails to meet in relation to alternative healing therapies.
- Identify and describe the two levels of physical reality postulated by Tiller.
- Articulate Martha Rogers’s definition of human being.
Discussion Questions:

1. In what ways has the biomedical model been useful? In what ways has the biomedical model limited our scientific knowledge base?

2. What are some of the phenomena in life that cannot be explained or predicted by the biomedical model?

3. What implications do the two states of physical reality postulated by Tiller pose for research in CAM practice?

4. What are some of the implications of perceiving ourselves as “fields of energy”? Is this congruent with your belief system? Is this congruent with modern science?

5. How does Martha Rogers define “pandimensional”? What implications does this have for some of the phenomena associated with afterlife and paranormal experiences?

Assignment

1. Compare how people are defined and characterized from the biomedical perspective with Martha Rogers’s definition of person. What definition or parts of each definition do you feel are useful? Which, if any, do you disagree with? Can these definitions, or concepts within these perspectives, be combined? Record your thoughts on one to two single-spaced, typed pages.
Chapter 3: The Model of Whole-Person Caring

Overview

The model of whole-person caring (WPC) is a framework designed to guide individuals and organizations toward healing and wellness. The model operationalizes concepts inherent to healing at both a personal and an organizational level. This model provides an interdisciplinary framework so that personnel from various disciplines and cultural backgrounds can work together to provide quality care and compassionate service.

The model of whole-person caring defines who we are from a holistic and more expansive perspective. The model transcends the current paradigm and acknowledges the energetic and spiritual nature of our existence. This viewpoint helps us to move beyond our cultural, religious, social, and economic differences and to perceive the inherent unity of life. As we begin to see existence as sacred, the way we treat ourselves and each other dramatically changes. Our interactions, work, and relationships begin to arise from a place of deep regard and reverence. This is when true healing begins to occur.

This model has several distinguishing elements that make it particularly useful in moving toward a paradigm of healing and wellness. These include the following:

- It has an interprofessional and interdisciplinary orientation.
- It operationalizes concepts inherent to healing.
- It acknowledges the energetic and spiritual nature of existence.
- It helps restore meaning and purpose within the health care workforce.
- It invites healing practices and alternative systems of medicine into health care.
- It fosters a caring-healing environment.
- It promotes optimal wellness.

Results of Programs Based on the WPC Model

The implementation of this model has helped create healthy and healing environments. Programs based on the WPC model have demonstrated the following results:

- Increased health and vitality in participants
- Increased patient satisfaction
- Increased employee satisfaction
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- Decreased nursing turnover
- Enhanced communication and teamwork
- Considerable cost savings
- Integration of organizational values in employees

The Importance of a Visionary Model

Models help define who we are, what we do, and how we do it. It is important for leaders in health care to begin using models that can fundamentally change how health care is delivered. In the last four decades, the health care industry has been driven by business models that embrace the biomedical perspective. Health care has become increasingly unavailable to the greater population, and the delivery of care is often fragmented and impersonal. Creating a system that is more accessible, is less fragmented, and acknowledges our wholeness is not easy.

Changing the health care system first requires a paradigmatic shift in how we perceive ourselves. How we perceive ourselves and each other dynamically affects how we care for ourselves and each other. The work of nurse theorists Florence Nightingale, Martha Rogers, and Jean Watson helped form the definition of who we are. In the model of whole-person caring, person is defined as an energy field that is open, infinite, and spiritual in essence and in continual mutual process with the environment. Each person manifests unique physical, mental, emotional, and social/relational patterns that are interrelated, inseparable, and continually evolving.

The Importance of an Interdisciplinary and Interprofessional Model of Caring

Establishing a model that provides a common ground for practice is essential in maximizing productivity and creating synergy within the workplace. It will be even more important in the future as health care workers’ skill levels and backgrounds become more and more diversified. An interdisciplinary model that can bring people together is important. Such a model has the potential to create a common vision for the future and engage patients and healers in a common purpose and meaning.

Inviting Healing Practices and Whole Systems of Medicine into Health Care

A model that creates a common framework for practitioners of conventional and alternative therapies and systems of care is important in creating a health care system based on healing and wellness. Medical systems such as traditional Chinese medicine, Ayurvedic medicine, naturopathy, chiropractics, and homeopathy, which treat the whole person, have valuable contributions to make to our health care system. They focus on prevention, patient empowerment, healthy lifestyles, and the low utilization of high-cost interventions. The model of whole-person caring creates a frame-
work that invites the integration of healing practices and whole systems of medicine. When we perceive ourselves as fields of energy, those practices that are based in modulating and balancing energy systems make perfect sense.

**Key Concepts of Whole-Person Caring**

Key concepts of whole-person caring include the following:

- Infinite and sacred nature of being
- Therapeutic partnering
- Self-compassion, self-care, and self-healing
- Optimal wellness
- Transformational health care leadership
- Caring as sacred practice

**Helping Organizations Meet Current and Future Challenges**

The model of whole-person caring is a valuable tool for helping organizations address current and emerging challenges. Attention to spirituality and spiritual values is an important and often neglected component in organizations.

In addition, the model of whole-person caring provides an anchor and a stable foundation upon which an organization can operate in times of change and reorganization. Technology, informational databases, operational systems, and health care delivery systems are changing at ever-accelerating rates. Job descriptions, governance, and organizational structures in most health care systems are continually transforming to meet the emerging needs of the populations they serve and to adapt to changes in government and third-party payer reimbursement and regulations. Adopting a health care model that is unchanged by prevailing social and fiscal factors provides organizations with a stable framework to guide their clinical practices and strategic development.

The most compelling reason to adopt the whole-person model of caring is to better meet the needs of the health care consumer. The rise in chronic disease demands a multidimensional treatment approach that considers all facets of a person and takes into consideration the interrelatedness of the mental, emotional, physical, and social/relational dimensions. A consumer-driven shift is occurring from a biomedical model of health care to a partnership model of health care (McLeod, 1999). Being treated with respect is increasingly important, and relationship-centered caring and partnership-centered caring are now essential components in quality health care practice (Gold & Thornton, 2000).
Learning Objectives

- Articulate the definitions of person, environment, health, whole-person caring, and spiritual dimension.
- List the six key concepts of the WPC model.
- Identify two reasons an interprofessional and interdisciplinary model is important in a model of healing and wellness, especially in relation to serving the chronically ill.
- Identify three ways the WPC model can help organizations meet current and future challenges.
- List five benefits that have occurred after the implementation of the WPC model.

Discussion Questions:

1. Jean Watson says, “We are sacred beings [and] we must regard ourselves and others with deepest respect, dignity, mystery, and awe” (personal communication, December 5, 1998). In what way does our practice change when we view each other and our patients as sacred beings?

2. How does the definition of person within the WPC model compare with the current biomedical perspective? What aspect of this definition creates inclusiveness for subtle energy therapies and alternative systems of medicine?

3. What are the implications of understanding that fields of energy are open and in continual mutual process? In other words, if people are open fields that are continually exchanging energies, what implications does this have for our practices and the way our state of being affects others?

Assignment

1. Using Table 3.3, comment on the differences between the current biomedical model and the WPC model in each of the categories. Address how the WPC model is useful in promoting healing and wellness and what aspects encourage sustainable lifestyle changes and healthy environments. Record your thoughts on two to three single-spaced, typed pages.

2. Comment on each of the definitions in Table 3.1 and how they are congruent or not congruent with your world view. Record your thoughts on one to two single-spaced, typed pages.
Chapter 4: Integrating the Model of Whole-Person Caring

Overview

Creating a cultural shift toward healing and wellness is not easy. It involves time, patience, persistence, commitment, and wise leadership. Processes and examples from a manager’s case study that have been identified as factors in successfully integrating the WPC model include the following:

Assessing the organization’s ideology and culture: Identifying the organization’s ideology, mission, and values is important in determining whether such a model is congruent with the established culture. How does the WPC model fit into your organization? Take time to query people from various departments and levels of management to ascertain if the model is congruent with their values and way of thinking.

Eliciting support from key people to form your core group:

Upper management: Who within upper management holds values and beliefs closest to those proposed in the model of whole-person caring? Is it the CEO? The COO? The director of patient care services? Get support from as many members of upper management as possible. Include the board of directors as well as management from any parent company that is involved in governance.

Middle management: Nurse managers are critical to ensuring success and sustainability. Identify those nurse managers who hold values and emulate the concepts inherent to the WPC model. Nurse managers who understand the value of therapeutic partnerships and transformational leadership serve as excellent champions to promote and implement the WPC model.

Select key staff: Who are the staff members who continually demonstrate a caring attitude and lead by utilizing principles of transformational leadership? Which people within the organization are models of wholesome and healthy living, whose attitudes and work inspire those around them?

Involving everyone: Creating opportunities for everyone to participate can be achieved through in-services, retreats, establishing a healing environment patient care services policy, focusing unit governance meetings on WPC implementation, and distributing questionnaires soliciting input.

Customizing strategies for implementation: These might include a day of renewal, staff-initiated programs on health and healing, implementing the “on stage for healing” concept, and establishing spaces and places for healing.
Honoring and recognizing exemplary people: For example, exemplary people might be featured in the hospital newsletter, in the local newspaper, or in the hospital’s foundation magazine, or honored via the hospital’s recognition program.

Initiating programs for personal growth and transformation: These might include a certificate program in transformational health care leadership, a “Creating Healing Environments Retreat,” a bi-monthly staff-initiated newsletter on healing and transformation, or monthly gatherings outside the hospital for staff to socialize and have fun together.

Incorporating WPC concepts in performance criteria: Developing criteria to assess the incorporation of self-care and self-healing practices, the utilization of therapeutic partnering principles and transformational leadership, and the incorporation of practices that promote optimal wellness in performance criteria standards is an excellent way to reinforce and reward healthy behaviors.

When it comes to developing programs to facilitate change, you’ll need to keep these points in mind:

- Base the program on the six key concepts of the WPC model.
- Involve a critical mass of hospital employees—approximately 10%.
- The program should be on-going and in-house.

Compatibility with Other Models

The WPC model is conceptually compatible with most models and frameworks of care, especially the following:

- Patient and family-centered care (PFCC)
- Relationship-based care (RBC)
- Jean Watson’s theory of human caring
- Margaret Newman’s theory of health as expanding consciousness
- Martha Rogers’s theory of unitary beings

Utilizing models together can create synergy and amplify the intended results. Combining ideas and concepts from various models can create a custom-designed framework that meets the needs of the organization’s culture and patient population.
Quantifiable Results from WPC Model in Case Study

The results of the implementation of the WPC model are quantifiable. For example, the hospital case study cited in Chapter 4 noted the following results:

- Annual nurse turnover decreased to 3%.
- Decrease in nurse turnover translated to an annual savings of more than $1,600,000.
- Patient satisfaction increased from low-80th percentiles to mid-90th percentiles.
- The hospital was awarded the 2004 Norman Cousins award, along with state and local awards recognizing the hospital’s excellence in leadership.
- Research demonstrated that participation in the transformational leadership course significantly increased the integration of organizational values (Appendix A).

Learning Objectives

- Identify the seven processes associated with successful implementation of the WPC model.
- List three models or frameworks of care that are compatible with the WPC model.
- List three ways that people can be honored and recognized in an organization.
- List two things to consider when developing in-service programs for WPC integration.
- Identify four positive results that occurred in the case study after the WPC model was implemented.

Discussion Questions

1. Why is it important to involve people from upper and middle management as well as leaders from the staff in a core group to champion the integration of the WPC model?

2. Why is it important to make everyone aware and involve everyone in the organization in some aspect of WPC integration and implementation?

3. Consider an organization in which you are involved. What concepts within the WPC model are culturally congruent? How would the integration of each of the concepts benefit your organization in relation to nurse retention, patient satisfaction, and employee health and wellness? Are there concepts from other models that would be beneficial to include?
Assignment

1. Consider a hospital, school, or community organization with which you are familiar. How would you go about assessing that organization’s ideology and determine whether it is compatible with the WPC model? What steps would you take? Who would you talk to? How would you solicit input from the people involved in the organization? What protocol would you need to follow? Who would you contact first? Record your thoughts on three to four single-spaced, typed pages.

2. Consider a hospital, school, or community organization with which you are familiar. Who are the key people in that organization who would be in your core group to integrate the WPC model? Why did you choose them and what would be their role as part of the core team? Record your thoughts on one to two single-spaced, typed pages.
Chapter 5: The Infinite and Sacred Nature of Being

Overview
Redefining who we are as human beings is a primary focus of the model of whole-person caring. Broadening our view from perceiving ourselves as biomedical entities to a perspective that acknowledges our sacred and infinite nature is essential. Although today’s health care culture is one of brilliant intellectual achievements and technological advances, spirituality and the human soul have been largely overlooked.

Spirituality has been a foundation of practice since the early days of medicine. Temples cared for those suffering with diseases of the body as well as the soul. Florence Nightingale recognized nursing as a spiritual practice. In the last few centuries, however, spirituality’s importance has diminished as technology and materialism have become dominant forces.

Differentiating Between Spirituality and Religion
The terms spirituality and religion are often used interchangeably. Conceptual and operational definitions of spirituality and religion vary greatly among nursing and health-related literature. A religion is a social institution that sometimes, but not always, includes spirituality. Spirituality is a personal concept that can be transcendent, experiential, and existential. Watson (1997) maintains that spirituality is one of the most important concepts in our profession and asserts that the care of the soul is the most powerful aspect of the art of caring in nursing.

In the model of whole-person caring, the spiritual dimension is defined as “a unifying force that integrates the physical, mental, emotional, and social/relational aspects of being. The spiritual dimension is the essence of self and also transcends the self. It is our closest, most direct experience of the universal life force.”

Infinite and Sacred Nature of Being
Sacredness of being is a concept of the WPC model. The model of whole-person caring defines person as “an energy field that is open, infinite, and spiritual in essence and in continual mutual process with the environment. Each person manifests unique physical, mental, emotional, and social/relational patterns that are interrelated, inseparable, and continually evolving.”

From the perspective of the model, people are infinite and sacred in nature. This orientation makes a difference in how we approach each other. It changes how we speak, listen, relate, and interact. Viewing ourselves and others as infinite beings changes our relationship to illness, diseases, and death. Care may be oriented to the soul’s purpose in addition to symptom relief. This orientation creates a potential to explore and derive meaning from life’s challenges and facilitate healing.
even in the face of death and terminal illness. In this orientation, the stigma of death becomes obsolete and allows us to be fully present to persons with terminal illnesses and facing death.

**Differentiating Between Healing and Curing**

Healing and curing are not the same. *Curing* is defined as the restoration to health, soundness, or normality, and/or the recovery from disease or illness. *Healing* is defined as making one sound or whole and/or to restore to health. Healing may occur at any time, independent of illness or disease. A person may experience healing in the process of dying or after reconciling a long estrangement from a family member.

**Our Spiritual Self**

Also referred to as the soul, the higher part of us, or our higher self, the spiritual self was a vital force and an integral dimension of health and well-being in the worldview of early healers. For the past 300 years, health care has been primarily involved with the treatment of illness and disease and has excluded the spiritual self that gives meaning and purpose to our lives. In other words, health care has been primarily involved with curing. To rediscover our role as healers, we must acknowledge and embrace the infinite and sacred nature of our being.

**Creating a Healing Environment: Integrating Spirituality into the Workplace**

To integrate spirituality into the workplace, consider the following:

- Set the intention, create the vision, and begin the dialogue
- Create reminders for staff, patients, and families
- Create healing spaces for patients, families, and staff
- Develop policies to support healing environments
- Develop and mentor staff

**Learning Objectives**

- Identify two differences between the concepts of spirituality and religion.
- List five attributes associated with spirituality.
- Articulate the definition of *spiritual dimension* in the WPC model.
- Identify two differences between healing and curing.
- List three ways that spirituality can be integrated into the workplace.
Discussion Questions

1. Does viewing people as infinite and sacred beings affect the way we deliver care? How does it affect our approach to care, the delivery of care, and the types of interventions we use?

2. Is the view that people are infinite and sacred beings congruent with your world view?

3. Why is it important to distinguish between religion and spirituality when integrating the WPC model?

4. How is the delivery of care that solely focuses on curing different from the delivery of care that includes healing?

Assignment

1. Compare and contrast the concept of spirituality with the concept of religion. Record your thoughts on one to two single-spaced, typed pages.

2. Compare and contrast the concept of curing with the concept of healing. Record your thoughts on one to two single-spaced, typed pages.

3. What experiences have you had and what cultural or religious beliefs do you embrace that either support or negate the concept that we are infinite and sacred beings? Are there other factors that affect your perspective? Record your thoughts on one to two single-spaced, typed pages.
Chapter 6: Self-Compassion, Self-Care, and Self-Healing

Overview
Self-compassion, self-care, and self-healing are key concepts in the model of whole-person caring. Self-care and self-healing cannot be practiced without an attitude of self-compassion.

Self-Compassion
According to Neff (2003, 2009), components of self-compassion include the following:

- Self-kindness versus self-judgment
- A sense of common humanity versus isolation
- Mindfulness versus over-identification

Self-compassion is linked to greater emotional resilience and psychological well-being. Greater self-compassion is linked to less anxiety and depression. Self-compassion is strongly associated with emotional intelligence and wisdom. Self-compassionate people are happier, have better emotional coping skills, and feel more connected to others. Self-compassionate people are less afraid of failure and tend to be more intrinsically motivated to learn and grow.

Practices to help develop self-compassion include the following:

- Loving-kindness meditation
- Engaging your observer
- Breathing compassion in and out

Self-Care and Self-Healing
Self-care and self-healing practices help us live a more balanced life. They facilitate greater health, harmony, and productivity in our lives. The healthier and more balanced we are, the more effective we’ll be in helping and caring for others.

Caring for ourselves is a lifelong process. It involves willingness and commitment to grow and the ability to be honest with ourselves about our life circumstances. To look at life honestly, we must be able to perceive reality with clarity. Mindfulness, which means being fully present to what is happening in our lives, fosters growth, understanding, clarity, and insight.
Some of the processes involved in a self-care program include the following:

- Being mindful and setting aside time for introspection and reflection
- Identifying areas for change
- Setting achievable goals and identifying specific activities to achieve goals
- Setting intention and visualizing results
- Journaling or logging activities
- Finding a friend or support partner
- Being kind and compassionate toward yourself

**Learning Objectives**

- List and describe the three components of self-compassion.
- Identify four positive effects of self-compassion.
- Identify three practices that can increase self-compassion.
- List four processes involved in developing a plan of self-care.

**Discussion Questions**

1. What are some of the reasons that people find it difficult to be compassionate toward themselves?

2. What are some of the barriers to creating and sustaining a regular plan of self-care?

**Assignment**

1. Choose either the loving-kindness meditation or the breathing compassion in and out meditation. Practice the mediation for 15 minutes every morning for 2 weeks. You can alternate between meditations if you’d like. Record any feelings, thoughts, concerns, irritations, ideas, etc. before beginning this process. Record daily, if possible, feelings and thoughts that arise during or after these meditations. Notice and record any changes in thinking, perception, and the quality of your life during this 2-week period. Record your thoughts on two to four single-spaced, typed pages.
2. Read and review the process of engaging your observer. Utilize this process when encountering a difficult person or challenging situation. Record in what ways, if any, this process affected the outcome of the encounter or situation. Utilize this process three to five times and record the outcome of each. Record your thoughts on one to two single-spaced, typed pages.

3. Take time to reflect on the questions for self-exploration and awareness. As you go through these questions, note when you respond with a powerful no. These are the areas that you need to pay attention to. Create some short-term and long-term goals for each of the areas that you identified. Make your goals achievable and identify specific activities to achieve each goal. Record your thoughts on two to three single-spaced, typed pages.
Chapter 7: Self-Care and Self-Healing Practices

Overview
A large percentage of chronic disease and illness can be prevented by lifestyle change. Norm Shealy, MD, has identified four elements that are essential for creating health and wellness along with his estimates of the population who have adopted these criteria.

- **No smoking**: Roughly 75% of American adults follow this essential.
- **BMI of 18 to 24**: Only one third of Americans meet this goal.
- **Eat a minimum of five servings of fruits/vegetables daily**: Perhaps 10% of Americans meet this goal.
- **Exercise 30 minutes at least 5 days a week**: Only 10% of Americans accomplish this.

Exploring Stress and Burnout
The impact of stress on creating or contributing to illness and disease may be as significant as unhealthy lifestyles. Polls show that half of all Americans say job stress affects their health, personal relationships, and/or ability to do their jobs. The estimated cost to businesses is over $150 billion each year in absenteeism, lost productivity, accidents, and medical insurance. The American Academy of Family physicians has estimated that 60% of all problems brought to physicians in this country are stress-related, and the problems that aren’t directly caused by stress are made worse, or last longer, because of it. (Hafen, Karren, Frandsen, & Smith, 1996). The physiological effects of stress are all-pervasive, adversely affecting every system in our body: brain, immune system, adrenal glands, thyroid glands, sex hormones, cardiovascular system, gastrointestinal system, liver, pancreas, and senses.

The Power of Thoughts and Emotions
Our thoughts are very powerful. Every thought precedes an action and every action helps to create our reality. Our intentions are a powerful form of thought that set into motion what we will create in our lives. We don’t often think of our thoughts and emotions as being things, but recent research in psychoneuroimmunology and its allied fields, including neuroimmunomodulation, psychoneuroendocrinology, and behavioral medicine, have demonstrated that our thoughts and feelings exert changes in nearly every cell and organ system of the body. (Pert, Dreher, & Ruff, 2005).
Thoughts and practices that heal include the following:

- Affirmations
- Visualization
- The WHEE technique
- Breathing techniques

**Subtle Energy Therapies for Self-Care**

There are a variety of subtle energy practices that can be incorporated into a plan of self-care. As mentioned, subtle energy therapies have been shown to be useful in reducing stress, pain, and anxiety; accelerating healing; and promoting a greater sense of well-being. As we begin to view ourselves as “fields of energy,” incorporating subtle energy practices becomes foundational to self-care.

There are numerous practices and modalities that balance, modulate, and strengthen the subtle energy systems of our bodies. Some of these practices include therapeutic touch, healing touch, Reiki, Jyorei, qigong, Jin Shin Jyutsu, Pranic healing, acupressure, reflexology, and meditation, to name a few. Incorporating subtle energy practices in your daily routine can restore health and prevent illness. To become proficient in the use and application of any subtle energy modality, considerable time and practice is necessary with reputable and accomplished healers and programs.

The following are some examples of subtle energy practices that can readily be incorporated into a self-care practice:

- **Jin Shin Jyutsu**, which includes the following:
  - Harmonizing the main central flow
  - Harmonizing finger holds
- **Reflexology**, which includes the following:
  - Hand Reflexology
  - Foot Reflexology
- **Acupressure**, which includes the following five essential acupressure points:
  - Large intestine 4 (LI 4)
  - Pericardium 6 (P 6)
An important aspect of developing a self-care program is getting in touch with your body, mind, heart, and soul. It is critical to deeply listen to those parts that you have shut off or neglected. Caring for yourself is an ongoing process that involves a variety of approaches and practices that will change throughout the course of your life.

**Learning Objectives**

- Identify the four essential elements important to health as taught by Norm Shealy, MD.
- Identify a specific adverse reaction produced by stress in each of the following organs and systems: brain, immune system, adrenal glands, thyroid glands, cardiovascular system, gastrointestinal system, liver, pancreas, and senses (refer to Table 7.1).
- List two practices that can be used to convert negative thoughts and patterns to positive thoughts and patterns.
- Identify the four components for effective visualization.
- Demonstrate the process of using the WHEE technique.
- Demonstrate the process of belly breathing.
- Demonstrate the Jin Shin Jyutsu processes of harmonizing the main central flow and harmonizing finger holds.
- Locate the five essential acupressure points and identify two indications of use for each point.

**Discussion Questions**

1. What factors (cultural, environmental, economic, personal, relational, behavioral, etc.) contribute to unhealthy lifestyles patterns in your life?

2. What stress-related symptoms have you experienced in the last month? (Refer to Table 7.1.)

3. Which of the self-care and self-healing techniques in Chapter 7 are you likely to incorporate into your daily personal life? Which can you incorporate into your work? Which of these techniques are you likely to teach to your clients or patients?
Assignment

1. Identify an area of your life that is problematic. This may be an issue related to a current or past relationship, a health problem, an issue with physical pain, a childhood trauma, a mood disorder, a school or work issue, an economic problem, a spiritual crisis—the list is endless! Take a moment to reflect on what is most troublesome in your life. Utilize the WHEE technique for 2 weeks, practicing five or more times daily in dealing with this specific issue. Journal your responses daily. Summarize your thoughts on two to three single-spaced, typed pages.

2. Review and practice the various breathing techniques in this chapter. Find one that feels comfortable to you. In the next week, consciously engage that technique when you feel stressed or upset. Record how the breathing affects your response to the situation and any other observations or feelings that are pertinent. Remember: How you breathe is how you live your life! Record your thoughts on two to three single-spaced, typed pages.

3. Practice the Jin Shin Jyutsu technique of harmonizing the main central vertical flow daily for 2 weeks. Journal the effects that you experience energetically during the process and any differences that you are aware of throughout the day. Record your thoughts on one to two single-spaced, typed pages.

4. Choose one of the subtle energy practices in Chapter 7: Jin Shin Jyutsu (harmonizing finger holds), reflexology (hand or foot), the five essential acupressure points, etc. Practice the techniques for 1 week and journal your responses and insights. Record your thoughts on one to two single-spaced, typed pages.
Chapter 8: Optimal Health and Wellness

Overview
In the model of whole-person caring, optimal health and wellness occurs when we have integrated our highest potential into every aspect of our lives. This is a lifelong journey that involves valuing who we are, appreciating the preciousness of our existence, and treating ourselves with loving-kindness in all that we do. It is about living consciously and being aware of what we eat, how we care for our bodies, who we bring into our lives, the quality of our relationships, and the meaning and usefulness of our work.

Manifesting Optimal Wellness
The spiritual/energetic essence provides the foundation for optimal wellness. At this foundational level, unconditional love arises and a person’s meaning in life and respect for all beings originates. As the spiritual/energetic essence (our highest potential) is integrated into the various aspects of life (that is, physical, mental, emotional, and social/relational), patterns of optimal wellness manifest. Examples include the following:

- **Optimal physical wellness:** This manifests as optimal dietary intake, optimal elimination, optimal rest and sleep, and optimal movement and exercise.
- **Optimal mental wellness:** This manifests as the ability to perceive reality with clarity, self-awareness, a problem-solving orientation toward life, and a high degree of imagination and creativity.
- **Optimal emotional wellness:** This manifests as acceptance of self and others, the ability to give and receive love from self and others, and the ability to express one’s own truth.
- **Optimal social/relational wellness:** This manifests as engaging in relationships that are wholesome and loving, engaging in relationships that promote growth of self and others, and engaging in work that is meaningful.
- **Optimal spiritual wellness:** This manifests as the ability to connect with God/higher self/spirit; regularly engaging in mediation, prayer, or reflective practices; deriving meaning and purpose in life; cultivating a deep respect for all.

When we change one aspect of our lives, the positive effects spill into other areas. Although we talk about the mental, emotional, and physical aspects, from a whole-person perspective, everything is interrelated and inseparable.
**Optimal Physical Health**

The journey to optimal physical health is dynamic and highly individualized. Realizing optimal health is a lifelong journey that requires constant course adjustments. The diet and exercise routine that worked for you at age 25 probably will not serve you well at age 60.

**Optimal Nutrition**

The foods we choose have a cumulative effect on our health, quality of life, and risk for chronic disease. Four of the ten leading causes of death in the United States (heart disease, cancer, stroke, and diabetes) are associated with unhealthy diets. Approximately one third of all cancer and heart disease is caused in part by poor diet, inactivity, and alcohol use, with the costs of diet-related chronic disease reaching $200 billion annually in medical care and lost productivity (Nestle, 2007). Fundamental nutrition guidelines have changed little in the past half century: Eat a plant-based diet low in saturated fats, sodium, and added sugars. A healthy eating pattern limits intake of sodium, solid fats, added sugars, and refined grains, and emphasizes nutrient-dense foods and beverages: vegetables, fruits, whole grains, fat-free or low-fat milk and milk products, seafood, lean meats and poultry, eggs, beans and peas, and nuts and seeds (U.S. Department of Agriculture [USDA] and U.S. Department of Health and Human Services [USDHHS], 2010).

**Calorie Control and Optimal Weight**

About one third of adults are obese, and 64% of women and 72% of men are overweight or obese (USDA & USDHHS, 2010). Choosing nutrient-dense foods provides needed nutrients without overconsuming calories. Nutrient-dense foods contain a relatively high concentration of nutrients for the calories they contain. Examples include fruits and vegetables. Choose whole, unprocessed foods, as processing often strips foods of nutrients or fiber and adds calories in the form of fat or sugar. Other techniques for reducing caloric intake include the following:

- Recording dietary intake
- Using smaller plates
- Only eating in designated places
- Engaging in mindful and conscious eating practices

**Carbohydrates**

Carbohydrates are an essential part of a healthy diet, providing needed vitamins, minerals, fiber, and phytochemicals. Complex carbohydrates such as fruits, vegetables, and whole grains should
form the foundation of our diets. The top source of calories for Americans is grain-based des-
serts—cookies, cakes, pastries, and so on (Mazzeo & Mangili, 2013). Refined carbohydrates are
digested rapidly, causing blood-glucose levels to rise and fall quickly, leaving us hungry and want-
ing to eat more. Complex carbohydrates are digested more slowly, which means glucose enters the
bloodstream more gradually, keeping us full for longer.

**Fat**

Fat is an essential part of a healthy diet. As a general rule, “good” fats come from plant and fish
sources while “bad” fats come from animal sources and processed foods. Approximately 20–35%
of calories should come from fat with less than 10% coming from saturated fats.

**Protein**

Most Americans easily meet their protein needs. A wide variety of foods contain protein, in-
cluding meat, poultry, fish, and dairy products, as well as numerous vegetarian options such as
legumes, beans, lentils, vegetables, and grains (Dunford & Doyle, 2012). Proteins from animal
sources can be high in saturated fat, so choose lean meats and low-fat dairy products. When
choosing meat, a cut with “loin” or “round” in the name generally contains less fat (Duyff, 2012).

**Supplements**

Most experts agree that it is better to obtain nutrients from whole foods, not pills and powders.
Supplements include a wide variety of products, including vitamins, minerals, botanicals, and
herbs. Vitamins and minerals have been studied for years and produce well-documented health
effects (Nestle, 2007). Research on herbal and botanical supplements is in its infancy, and most
herbal and botanical supplements have not undergone scientific study needed to define active
ingredients, determine safety, or evaluate efficacy to produce claimed health outcomes. Research
shows that most people take supplements that they do not need, and do not take supplements
containing nutrients missing in their diet (Sizer & Whitney, 2012).

**Optimal Physical Fitness**

Engaging in regular physical activity is one of the most effective and accessible means of improv-
ing and maintaining both physical and mental health. Emerging research also shows that physical
activity affects mental functioning by creating the ideal “chemical soup” in the brain to facilitate
learning, decrease stress and anxiety, alleviate depression, and treat dementia.
Following are exercise recommendations for healthy adults:

- **Aerobic exercise:** 150 minutes per week (30 minutes per day × 5 days per week) minimum to maintain cardiopulmonary health; 250–300 minutes per week (50–60 minutes per day × 5 days per week) to prevent weight gain and obtain greater health and fitness benefits; for weight loss, some individuals may need to progress to as much as 60–90 minutes per day, 5–7 days per week.

- **Strength training:** Perform a full-body workout 2–3 days per week. Train each major muscle group (chest, shoulders, back, abdomen, hips, and legs). Do 2–4 sets, 8–12 repetitions per set.

- **Flexibility:** Stretch when muscles are warm—after a warmup or at the end of a workout. Stretch for at least 10 minutes, 2–3 times per week. Hold each stretch for 15–30 seconds (Thompson, 2010).

### Learning Objectives

- List two ways that optimal wellness might manifest in each of the following aspects of your life: physical, mental, emotional, social/relational, and spiritual.

- List five fundamental guidelines for optimal nutrition.

- Identify five conscious eating practices.

- Identify five sugars and their pseudonyms that are frequently added to foods.

- List two possible adverse affects of a high-protein, low-carbohydrate diet.

- List five benefits of aerobic training.

- List 10 keys to making exercise a positive experience.

### Discussion Questions

1. In the WPC model, every aspect of us is interrelated and inseparable. Discuss how creating a positive change in one aspect of your life can create positive effects in other aspects.

2. Reflect on the manifestations of wellness in Table 8.1 (physical, mental, emotional, social/relational, and spiritual). On which aspect do you focus the most? On which aspect do you focus the least?
3. Reflect on the conscious eating practices in the section “Calorie Control and Optimal Weight.” Which of these practices do you regularly incorporate into your mealtime? What are some of the barriers to implementing these practices? How can these barriers be overcome?

4. Why is writing down the food you consume such an effective way of controlling caloric intake?

5. What are some of the cultural, societal, behavioral, and economic factors that contribute to the increased proportion of overweight and obese people?

6. What forms of exercise and movement do you incorporate into your daily routine? If exercise is not a part of your daily routine, what types of movement might you consider and enjoy?

Assignment

1. Examine the five areas in Table 8.1: physical, mental, emotional, social/relational, and spiritual/energetic. Determine specific changes that you would like to make in each of these areas to achieve “optimal nourishment.” Assume at some future time (which you are to specify) that you have actually done what you now wish. Note your (future) successful actions, fully describing the approaches, practices, and attitudes that you used to achieve optimal nourishment in each of these five areas. (Refer to Chapter 6 and Chapter 7 for practices in self-compassion, self-care, and self-healing.) Report on the pleasure and satisfaction you feel in accomplishing your goals. You might imagine telling your friends, family, partner, or other significant person about your accomplishments. Record the story of your success on three to four single-spaced, typed pages.

A study done at Yale several years ago examined the effects of positive self-perception on aging (Levy, Slade, & Kasl, 2002). It was found that a person’s expectation of what would happen was the most important factor. For example, if a person thought, “I’m healthy and I expect to stay healthy,” he or she tended to remain healthy for the next 10 years. This points to the very powerful effect that our beliefs and feelings have on our state of health and wellness. This exercise is useful in creating a vivid and felt experience of what it will be like for you to experience optimal health.
2. Estimate your energy intake and expenditure. You can use the online calculator from Shape Up America! (www.shapeup.org/resources/tools_index.html) or any other method (such as Weight Watchers) to calculate and track your caloric intake. Keep track of your intake for one week. Comment on any insights into your eating patterns that you gained. In what way, if any, did tracking your intake affect your eating? Record your thoughts on one to two single-spaced, typed pages.

3. Incorporating the exercise recommendations in Chapter 8, design an exercise program for yourself. Include aerobic training, strength training, and flexibility exercises. Describe your planned exercise program and discuss ways that you intend to make exercise a positive experience by incorporating some of the key elements in Table 8.4. Record your thoughts on one to two single-spaced, typed pages.
Chapter 9: Therapeutic Partnering and Transformational Leadership

Overview
Therapeutic partnering and transformational leadership are key concepts of the model of whole-person caring. Together, these concepts help organizations bring to life a caring and healing environment.

Therapeutic Partnering
Therapeutic partnering is defined in the WPC model as “a relationship between people whose common mission and purpose is to promote healing and wellness and is characterized by mutual power, respect, compassion, trust, and clear communication.” In therapeutic partnering, the relationships between partners are based on healing. Mutual power means that there is equality of power. The knowledge base of each individual may be different, but there is no hierarchy based on education or status within the organization or community. Each member of the partnership is regarded with mutual respect, compassion, trust, and appreciation. People are brought together with a common goal and purpose: to promote healing and wellness.

Cultivating Therapeutic Partnerships with Patients
Cultivating therapeutic partnerships with patients involves the following:

- **Creating a field of healing:** The health care provider creates sacred space when caring for the person. Providers do this by centering themselves and accessing their spiritual self, where feelings of love and compassion naturally arise. This state is referred to as being heart centered. The health care provider benefits from the positive effects that are generated through the field of healing just as much as the person receiving care.

- **Empowering people:** In therapeutic partnering, the patient or client is a partner in his or her plan of care and treatment. The health care provider brings his or her expertise and identifies patterns that are contributing to a person’s health challenges. The health care provider and the person then mutually decide on a plan of care. Therapeutic partnering empowers patients to take control of their health, which is foundational in moving toward a system of illness prevention and health promotion. Engaging in healthy lifestyle practices is an internally motivated process. Therapeutic partnerships help empower people to take control of their health and create a healing environment that promotes health and well-being.
Cultivating Therapeutic Partnerships with Coworkers

The health care team is composed of a variety of partnerships. Therapeutic partnering values each department and each team member as equally important. A partnership recognizes that every member of the team is crucial in providing the best possible care. The patient is at the focus of all care, and members of the team are unified in a common mission and purpose: to promote healing and wellness and to deliver the highest quality of care possible. Caring and healing practices are valued, and each member of the team helps create a nurturing, healthy, and healing environment. Each team member uses centering to facilitate caring and healing interactions with other team members, just as in patient interactions.

Therapeutic Partnerships in Integrative Healthcare

Integrative health care involves combining complementary and alternative medicine (CAM) and conventional medicine. Two types of partnerships have been identified in the integrative health care models:

- **Inequitable partnerships**: In inequitable partnerships, hierarchical relationships are dominant. Medical practitioners act as the primary health care provider and CAM practitioners take on subordinate roles with a lower level of autonomy. This is the most commonly described model in the literature. Generally, the needs of the patient or client are not the central focus of practices that have inequitable partnerships (Templeman & Robinson, 2011).

- **Equitable partnerships**: Those organizations that put the needs and the preferences of the client or patient above all else tend to develop equitable partnerships. Therapeutic partnering is a valuable asset for integrative health care practices because it is based on the premise of equitable partnerships. Patients will be better served by a team that works together and collaborates to provide the best care possible. As practitioners learn to work together, valuing and respecting each other’s contributions, new and more effective ways of caring for people will evolve.

CLEAR Communication: A Heart Centered Approach to Communication

CLEAR communication is a reminder to engage our higher selves when we are communicating with another. CLEAR stands for Center, Listen, Empathize, Attention, Respect. When we are centered and listening deeply, with full presence, respect, and empathy, the interaction nurtures us and the other. We have created by our very consciousness a healing presence where love and caring are palpable. This is how communication manifests in a therapeutic partnership.
**Transformational Leadership in Health Care**

Considerable research has explored the correlations between specific leadership styles and outcomes for nursing. A systematic review of the leadership research found that transformational and relational leadership enhance nurse satisfaction, recruitment, retention, and foster a healthy work environment. Conversely, task-focused leadership styles correlated with lower job satisfaction, reduced effectiveness and productivity, greater emotional exhaustion, and poorer emotional health (Cummings et al., 2010). Transformational leadership is significantly related to increased staff well-being, increased staff satisfaction, decreased burnout, and decreased overall stress in nurses (Weberg, 2010).

**Transforming Your Organization**

Managers create a healing field when they approach employees from a heart centered way of being. These managers demonstrate genuine caring and support for their staff. Leaders who lead with this consciousness create a work environment in which staff flourish and grow.

The spiritual realm infuses leadership with love, meaning, and respect. In the organization’s emotional realm, this manifests as caring, empowering, and empathetic leadership. Leadership arising from spiritual values manifests as an organization that is flexible and flowing and that has vitality. The social/relational aspect reflects a leadership style that is participatory in nature and values-driven. Shared governance naturally evolves in an atmosphere in which each person is encouraged to participate in problem solving and critical thinking. Each person is empowered to take responsibility and is given the authority to make decisions related to the care he or she delivers. Unit problems are solved by those with the greatest expertise, and all are encouraged to participate in promoting health and healing. From the mental perspective, transformational leadership creates a strong sense of vision and purpose with a consciousness characterized by awareness and clarity. When the heart of the organization awakens, its vision becomes clear and its mission and purpose are enlivened.

**The Evolution of Leadership**

Developing transformational leadership in an organization is an ongoing process. Leaders must learn to access their own spiritual essence to be effective. Methods to help leaders access their spiritual nature include the following:

- Prayer
- Meditation
- Reflective and introspective practices
Centering methods
Journaling
Dream work
Mindfulness practices (learning to be fully present to life)

The evolution of leadership is a process of deep inner growth, change, and development. This evolution cannot be directly communicated to others. However, it can be modeled, mentored, and facilitated by wise leaders. The ultimate effect of spiritual leadership is to bring together or create a sense of fusion among the four fundamental forces of human existence—body, mind, heart, and spirit—so that people are motivated for high performance, have increased organizational commitment, and personally experience joy, peace, and serenity (Fry, 2003).

Learning Objectives

List five characteristics of therapeutic partnerships that facilitate health promotion and healing. (See Table 9.1.)

For each of the key concepts of the WPC model, identify two behaviors that foster therapeutic partnerships while reinforcing each concept. (See Table 9.2.)

Identify and describe the characteristics of the two types of partnerships that have been recognized in integrative medicine models.

Identify and describe the components of CLEAR communication. (See Table 9.3.)

List 10 characteristics of transformational leadership. (See Table 9.4.)

Identify two characteristics that will manifest in each aspect of an organization (mental, physical, emotional, and social/relational) when leadership is infused with spiritual values.

Discussion Questions

1. What elements of therapeutic partnerships facilitate health promotion and healing and empower people to assume responsibility for their own health? In what ways is a therapeutic partnership useful in helping people with chronic disease and illness?

2. Think about the people with whom you associate at work or at school. How would you characterize your relationships with your teachers, coworkers and/or supervisors? Compare the two types of relationships: therapeutic/equitable partnerships and inequitable relationships. Consider each type in relation to your productivity, growth and development, teamwork, and sense of well-being.
3. *Field of healing, sacred space,* and *heart centering* are terms that are used in the WPC model. Discuss what each of these terms means to you and what, if any, personal experience you have had with each of them.

4. In what ways do therapeutic partnerships facilitate the delivery of care that is patient-centered, collaborative, and interprofessional in nature? In what ways are therapeutic partnerships useful and necessary in the integrative health care model?

5. In what ways does CLEAR communication help to create a healing environment?

**Assignment**

1. Reflect on a relationship that is particularly important to you at school, in your work family, or in your personal life. Identify the characteristics of that relationship. Is it a partnership with mutual power? Are respect, compassion, trust, and CLEAR communication present? How does this relationship affect you? Is there anything you want to do to change the dynamics of that relationship? If so, how can you change your behavior and approach to create the desired dynamic? Record your thoughts on one to two single-spaced, typed pages.

2. What are some practices and approaches that you can integrate into your school, family, or work life to encourage relationships that promote healing and wellness (therapeutic partnerships)? Identify strategies (refer to Table 9.2 for ideas) and evaluate the results after one week. Address the effect that these practices had on you as well as their effect on others. Reflect on which practices made a difference and which did not seem to be effective. Record your thoughts on one to two single-spaced, typed pages.

3. Practice using CLEAR communication. Record the results of three interactions that you had when consciously using the processes involved in CLEAR communication. For each communication, provide the setting, your relationship to the person with whom you were communicating, how you felt during and after the communication, and the general outcome of the interaction. Also address, if applicable, how using CLEAR communication differed from ordinary communication that you have had with this person or in this situation previously. Record your thoughts on one to two single-spaced, typed pages.

4. Consider an organization, workplace, or school with which you are associated. Identify the type or types of leadership that are most common throughout the organization. How does the leadership style affect productivity, creativity, growth and development, teamwork, morale, and sense of well-being? Record your thoughts on one to two single-spaced, typed pages.
Chapter 10: Caring as Sacred Practice

Overview
In the model of whole-person caring, caring for people is considered to be sacred work. The final concept of the model, caring as sacred practice, helps evolve the attitude and approach that we bring to our work and into our lives. Transforming our workplace is first and foremost a matter of transforming ourselves. Beginning to perceive ourselves as sacred is the first step in this journey.

Sacred is about having a deep respect and reverence for life. It is born of an understanding that all life is precious and that all people are to be valued and treated with kindness. It comes from a deep knowingness that the purpose of our life is not to do our work, but to do our work with great love and compassion. Approaching our life as sacred is having a deep respect and reverence for all of life... beginning with ourselves.

Cultivating the Healer Within
Each of us has the ability to heal. Healing happens when we access the ground of our being and the essence of our self and allow our consciousness to rest in that infinite place. Cultivating the healer within is a process of increasing our self-knowledge and self-awareness. This is a process that must be accompanied with great patience, kindness, love, and compassion. When we fully open our hearts to ourselves, we understand that love is the essence of who we are. It is this love that heals; it is this love that makes us whole.

Meditation
Meditation is perhaps the single most useful reflective practice to help gain self-awareness and self-knowledge, increase intuition, and enhance one’s spiritual development. Because self-awareness, self-knowledge, and intuition are foundational to creating a caring-healing presence, meditating regularly is an important practice in which to engage. The literature on meditation suggests that it is a very powerful tool for learning to control our attention, regulate our emotions, and increase our self-awareness (Briggs, 2010). Recent studies suggest that meditation affects the activation of various parts in the brain, particularly the amygdala, a region associated with processing emotion (Briggs, 2012). Meditation is healing in and of itself. Meditation is a gateway into spiritual awareness and healing. By quieting our mind, we can access dimensions in which spiritual healing can occur. Types of meditation include mantra meditation, breathing meditation, chakra meditation, mindfulness meditation, walking meditation, kundalini meditation, kriya yoga meditation, Christian meditation, mindfulness meditation, sitting meditation, qigong, and heart meditation.
Reflective and Introspective Practice and Approaches

Setting aside time each day to reflect on the activities and the interactions in which we have participated is an important practice. This is the process that allows us to learn about ourselves, our patterns, and how our behaviors affect others. Several practices and processes are useful:

- Meditation
- Journaling
- Dream work

Being a Healing Presence: Creating a Field of Healing

Our presence is one of the most powerful tools for healing. The degree to which we can be a healing presence is determined by our self-knowledge and the health and wholeness that we embrace in our own lives. There are several practices that we can integrate into our daily routines that can help us be a healing presence:

- Creating intention: Creating intention can be defined as “the conscious alignment with creative essence and divine purpose that allows the highest good to flow through a healing intervention or through life itself” (McKivergen, 2009, p. 722). Creating an intentional thought not only affects our physiology but also affects the physical world. Using intentions throughout the day can help us consciously create a healing environment.

- Simple centering: As cited in Macrae, Dora Kunz recommended that nurses take a moment to center themselves before any patient contact. Kunz, along with Delores Krieger, developed therapeutic touch (TT). Kunz recommended that in the half minute that you take to wash your hands between patients, you should take a deep breath, quiet your mind using mental focus, and imagine tension flowing out of you and going down the drain (2001, p. 5).

- Heart centering: In this process, the health care provider focuses his or her attention on the heart, sets aside concerns and thoughts, and connects with feelings of love and compassion. Heart centering has several physiological effects (McCraty, Atkinson, & Bradley, 2004; McCraty & Reese, 2009; McCraty & Childre, 2010):
  - It balances heart rhythms.
  - It increases IgA (immunoglobulin A) levels and natural killer cell levels.
  - It increases mental clarity and problem solving.
  - It reduces sleeplessness, body aches, and fatigue.
  - It reduces anger, sadness, hypertension, and other chronic problems.
  - It may help people connect with inner intuitive guidance.
Transcendent/transpersonal presence: Osterman and Schwartz-Barcott have identified four ways of being: presence, partial presence, full presence, and transcendent presence. It is at the transcendent level of presence that the potential for the deepest healing occurs. The energy in this level of presence comes from a spiritual source initiated by centering. Transcendent presence is felt as peaceful, comforting, and harmonious. While full presence is reality anchoring, transcendent presence sustains a person experiencing a painful reality. It is more than the use of self, although the self is important. There are no boundaries, and as such there are no limitations imposed by role. In this light, transcendent presence is more than the therapeutic use of self. The nurse recognizes the transcendent presence when a oneness is felt with the patient (Osterman & Schwartz-Barcott, 1996).

Honoring the Wholeness of Life

Embracing the wholeness and sacredness of life involves being present to all of life. This means being present to that which we may perceive as both good and bad, staying present to those situations that bring us both happiness and sorrow, and staying present with those relationships that bring us peace of mind and those that create inner turmoil. Being present to all of life may not be pleasant and may not “feel” healing. At times, being fully present to life may feel uncomfortable, deeply disturbing, and even painful. However, staying present and connecting with someone center to center—whether bearing witness to their joy, their suffering, their grief, their torment, or their confusion—creates a healing environment and honors the wholeness of life.

The model of whole-person caring reminds us that caring for people is an honor and a privilege.

Learning Objectives

- List three practices that can cultivate your healing potential.
- List five types of meditation.
- List three positive physiological and/or psychological effects of meditation.
- Identify three types of reflective practice.
- Identify four ways that we can create a field of healing.
- List four positive effects of heart coherence.
Discussion Questions

1. What are some of the circumstances, attitudes, and/or values that create a barrier to delivering health care in a way that demonstrates a deep respect and reverence for life? Does your work or school culture support a perspective that views life with respect and reverence? Is your personal worldview congruent with this perspective? Is this perspective congruent with the values of your birth family and the greater society in which you live?

2. What are some practices that you can integrate into your daily life and work routines that can foster greater self-knowledge and greater self-awareness?

Assignment

1. Set aside 15 minutes each day for 2 weeks, preferably in the morning when you first wake up. Sit quietly and engage in a meditative practice. Use any type of meditation that best suits you. (Meditations can be found in Chapter 7, Chapter 10, and Appendix B, and Appendix C.) Record your experiences with the process. Were you able to sit for 15 minutes? What thoughts and feelings came up during your meditation? Were there any physical sensations that you encountered? Any insights or realizations? Include the type of meditation you used and how long you were able to practice each day. Record your thoughts on one to two single-spaced, typed pages.

2. Before going to bed at night, for 2 weeks, create the intention that you will have a dream that will provide you with information or insight into something that you should know or understand. Keep a journal or pad of paper next to your bed so you can record your dream upon awakening. When you awaken, remain in the same position to remember your dream. This engages your body memory. Write down any information that might help you understand your dream. Include such things as what time you went to bed, whether you took any medication, what TV program you were watching or what you were reading or doing before you went to bed, and any significant events that occurred during the previous day. Include any strong feelings that you associate with the symbols in your dream. Record your thoughts on one to four single-spaced, typed pages.

3. Review and practice the centering and intention setting technique in the “Heart Centering” section. Attempt to incorporate this heart centered consciousness in five interactions throughout the day. These may be interactions with anyone. Record and report on three of the interactions. Specify the setting, who was involved (patient, coworker, friend, family member, stranger, etc.), the outcome of the interaction, and your feelings during and after the interaction. Record your thoughts on one to two single-spaced, typed pages.
References


