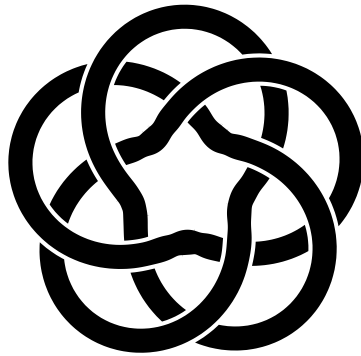


Precision Nursing Science:

Integrative Holistic Nursing
with the Elements of Care[®]



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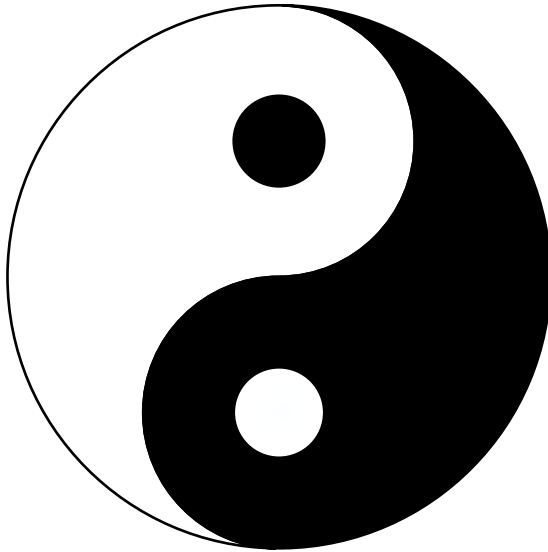
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INTRODUCTION

Holism defines a philosophical approach to care in nursing that is centuries old. Today, integrative holistic nursing is a specialty practice, which has a defined focus on nursing care that incorporates complementary therapies, natural products, mind and body practices, and aspects of traditional healing systems. The actions of every nurse are defined by a holistic philosophical approach that has endured the centuries to include physical, emotional, mental, and spiritual care. How that nursing care is applied, not simply what is done to a patient, is an enduring theme that defines the Elements of Care® that are foundational to integrative holistic nursing.

For centuries, the five Elements of Care® – Fire, Air, Water, Earth, and Ether, (defined as a vital energy or infinite substance which encompasses all of the elements), have provided a structural focus for nature cure and sickroom management, creating healing environments, and the nursing care of the whole patient, be they individuals, families, or communities. When in balance, the five elements are considered a full measure of health. The structure of this text around the Elements of Care® may seem familiar to nurses as nature cure and sickroom management. This text incorporates the same five elements that appear throughout the history of medicine and science as well as in the traditional and indigenous systems of health belief and healing in which nurses frequently engage. In today's culturally diverse healthcare environment, nurses will gain a broad understanding of how the five Elements of Care® are relevant today. This in-depth understanding provides a new perspective on clinical care, practice management, and quality of life for both the patient and the nurse. It is also the foundation for precision nursing science referred to in this text that places energetics first.

The 13 chapters of this text are divided into two parts. Part I introduces and defines the elements of integrative holistic nursing practice. Separate chapters address the philosophy of holism and the five elements as well as the traditional and indigenous healing systems that continue to inform precision nursing science and the health culture diplomacy of the integrative holistic nurse. Part II focuses on the ways a nurse can apply the knowledge gained from part I in integrative holistic nursing interventions and plans of care that demonstrate precision nursing science. Chapters 4 – 8 are general chapters that provide an overview of integrative holistic nursing interventions, pain relief and comfort, mindfulness practice, touch therapies, and communication interventions. This is followed by specific chapters exemplifying the application of the knowledge of each of the five elements to integrative holistic nursing practice: Water (Hydrotherapy); Air (Essential Oils and Aromatherapy); Fire (Religious and Spiritual Interventions); Earth (Nutrition Interventions); and Ether (Herbal Interventions).

Applying integrative holistic nursing philosophy and the five Elements of Care® in nursing practice is a highly creative process that is precision nursing science. This text includes time for self-discovery with the intent that you will take the time to reflect upon and transform your own creative expression of integrative holistic care as precision nursing science so as to be more authentically congruent with your personal and professional purpose.

PURPOSE

After reading this text, the learner will be able to:

1. Explain integrative holistic nursing philosophy, precision nursing science, and the concept of holism.
2. List the five Elements of Care® that guide healing traditions, self-care, and holistic nursing practice.
3. Discuss the difference between complementary therapies and traditional/indigenous healing.
4. Explore ways to demonstrate holistic nursing philosophy in the practice of integrative nursing.
5. Promote pain relief and comfort with non-pharmacological interventions.
6. Demonstrate mindfulness practice interventions in integrative holistic nursing care.
7. Describe one way to integrate touch therapies and body work interventions into your nursing practice.
8. Utilize integrative holistic nursing communication interventions with patients.
9. Include hydrotherapy interventions in integrative holistic nursing practice.
10. Apply essential oils and aromatherapy interventions in integrative holistic nursing practice.
11. Incorporate religious and spiritual interventions in integrative holistic nursing practice.
12. Select nutrition interventions for use in integrative holistic nursing practice.
13. Analyze the essential nature of herbal interventions (ether element) applied in integrative holistic nursing practice.

PART I:

**INTRODUCTION TO
PRECISION NURSING SCIENCE:**

**INTEGRATIVE HOLISTIC
NURSING PRACTICE**

CHAPTER 1

INTEGRATIVE HOLISTIC NURSING: AN ENDURING PHILOSOPHY

LEARNING OUTCOME

After completing this chapter, the learner will be able to explain integrative holistic nursing philosophy and the concepts of holism and integrative care.

CHAPTER OBJECTIVES

After completing this chapter, the learner will be able to:

1. Define the concept of holism.
2. Discuss integrative holistic nursing philosophy.
3. Explain the history of holistic nursing.
4. List the five Elements of Care®.
5. Define and evaluate the state of precision nursing science.
6. Analyze the role of complementary therapies in nursing practice.

THE CONCEPT OF HOLISM

Biomedicine, or conventional medicine, is the dominant healthcare culture in the United States. It is a rich culture of health beliefs and practices backed by considerable social, economic, and political power. Nursing has developed within this culture; however, the history of nursing demonstrates the unique and distinct relationship that nurses have with their patients and the public. Nurses focus on caring science as well as the biological, cure-based science of the medical profession. “Nurses have developed a professional culture in which the focus is caring, comfort, and the development of a healing relationship in which the patient is valued as a whole person” (Libster, 2001, p. 11).

The mechanistic and reductionist Newtonian model of the universe that has been the foundation for biomedicine is changing. Biomedical practices that engage Newtonian values in the reduction of the human body, health, and disease to that of a machine and its parts are being replaced. Other beliefs and paradigms or worldviews about health care, medicine, and nursing culture have been evolving alongside the development of the new order of thought in physics.

For example, we have in Einstein's *relativity* and Bohm's *implicate order*, a movement toward the notion of "undivided wholeness" (Bohm, 1980, p. 170). (See Bohm speaking in the YouTube link in the Resources section.)

It is known that Aristotle compared the universe to a living organism, exemplifying the philosophy of wholeness as that which is above is also below and that which is without is also within. The ocean is an example of this view of the inseparability between the whole and the parts. Each drop removed from the ocean is still biologically, constitutionally, and energetically "ocean." The concept of wholeness is reflected throughout time: from the ancient cultures to the beliefs of those engaged in the medieval science of alchemy, or self-transformation, to the enduring health beliefs and healing practices of traditional and indigenous peoples throughout the world today. As will be discussed here, although people may have never stopped holding their traditional health beliefs and practicing self-care according to their heritage, the public demand for greater integration of biomedical approaches and those traditional and self-care beliefs and practices is growing. Emerging public health crises suggest that fragmented and disparate solutions are not sufficient to solve tough problems, thus pushing the trend toward holism.

What are Holism, Energetic Patterns, and Precision?

Holism is a term used to define a philosophy in which the "whole" is greater than the sum of the parts and whose parts can only be understood "in relation to their functions in the complete and ongoing whole" (Flew, 1979, p. 152). The word "holism" is derived from the Greek word *holos*, which means "whole." Those engaged in holistic care therefore view a patient (whether the patient is an individual, a family, a community, or a nation), as a whole being with physical, psychological, emotional, and spiritual needs that cannot be reduced or distinguished as separate parts. All patients are but patterns of organization, relationship, interaction, and processes when framing health not as the absence of disease but as a "dynamic, evolving pattern of the whole" (Newman, 1994, p. 134) in which caregivers, with patients as partners, find deep meaning in relationships. Patterns, as they are defined in holistic philosophy, are energetic information that depicts the whole. They allow us to perceive and understand the meaning of all relationships at once. For example, each person is a unique energetic pattern that is more than their genetic code or fingerprints. An energetic pattern is relatedness and is "self-organizing over time, i.e., it becomes more highly organized with more information" (Newman, 1994, p. 72). The energetic patterns, which are the focus of this text, are inclusive of but not limited to the often-recognized types of human energy: thermal (temperature), mechanical (movement), electrical (nerve impulse), and chemical (metabolism of food). The patient's underlying energetic pattern(s) and a nurse's "energetics first" approach applying the Elements of Care[®] as described in this text are a foundation for precision nursing science. As will be demonstrated in this text, nurses have a history of centuries of practice in precision health and therefore are well positioned to lead its development in "shifting the fundamental

change from disease-focused care to one that uses precision medicine to avoid serious clinical diseases from emerging before they take place” (Fawaz, 2021, p. 938). The energetics first approach with the Elements of Care® integrative holistic nursing practice, defined here as “precision nursing science” complements the works of those nurses’ who are seeking to define precision nursing science in terms of omics (health status at the molecular level) combined with “lifestyle, social, economic, cultural and environmental factors” (Fu et al, 2021).

ROOTS OF INTEGRATIVE HOLISTIC NURSING

The emergence of machines, advancement of technologies, and reductionism have entered into many societal domains (including nursing) over the past 150 years. Early American professional nursing was first formed in religious communities, where the notion of addressing a patient’s holistic, that is, spiritual, emotional, and mental health as well as bodily needs, was foundational to the trainings and preparation for administering to the sick (Libster & McNeil, 2009). The model of nurse training not affiliated with organized religion was advanced by British nurse, Florence Nightingale. The adoption of this model, first at Bellevue Hospital in New York in 1873, was a major shift in nursing history that was initiated in support of the advancement of science and hospitals. American nurses often cite Nightingale’s work and the severing of religious ties as the beginning of “professional” nursing in America (Libster & McNeil, 2009, p. 327). This development is exemplified in Nutting and Dock’s 1907 history of nursing in which they stated, “Gone forever, ... was the conception of nursing as a charity ... The self-sacrifice remained but under her sway nursing shone forth as part of the invincible and glorious advance of science” (p. 168). However, the roots of professional nursing in America run deeper than the period of the advancement of science and are linked to enduring healing traditions in which nurses were renowned for their holistic care.

Professional nursing in the United States began with the Sisters of Charity of Vincent de Paul in 1827. The religious women’s community was founded by Elizabeth Ann Seton, who transported the centuries-old policies and procedures for instituting the original educational and healing missions of the Daughters of Charity in France founded by Louise de Marillac and Vincent de Paul in 1633. de Marillac’s charitable service to humanity suggested the possibility that “a deep spiritual experience of God, often referred to as ‘consolation,’ could be found in the simple, humble acts of nursing the sick poor. Nursing was charity, the spiritual essence encompassed in the name of a Company of sisters deeply devoted to its physical expression” (Libster & McNeil, 2009, p. 17). The Sisters followed the *Common Rules* (dating back to 17th-century France) and their training manual, *Instruction on the Care of the Sick* by Sister Mary Xavier Clark (1846). These works encouraged those involved in nursing care to administer corporal care and comfort first (Libster & McNeil, 2009, p. 47), and then prayer and spiritual care as requested. The *Rules* forbade them to proselytize their religion to the

sick. The American Sisters and those who merged with the French in the 1850s to become Daughters of Charity were recognized experts in the holistic care of the mentally ill in particular (Libster & McNeil, 2009). They attended to the physical, emotional, mental, and spiritual needs of the ill, for whom they created healing environments in their hospitals that endured into the 20th century, most notably the Mount Hope Retreat in Maryland. Their successful approach to care was acknowledged by the 19th-century healthcare reformer, Dorothea Dix, and Nightingale, who studied with the Daughters in Paris twice before she led her nursing operation in the Crimea in Turkey.

In 19th-century Europe, the Careful Nursing model was developed by Catherine McAuley in Ireland, who founded the Dublin Institute of Our Lady of Mercy home and hospital nursing service in 1828. The nurses were Catholics and Protestants who in 1831 became the Religious Sisters of Mercy. In 1843, Frances Warde led the first Sisters of Mercy to the United States from Ireland at the invitation of the Bishop of Pittsburgh, Pennsylvania, and the order spread across the United States of America. “Their nursing work consisted of physical care and emotional consolation provided from a spiritual perspective ... She stressed that gentleness, kindness, and patience must characterize all interactions with patients (Meehan, 2003, p. 100). Teaching people to care for and help themselves was considered essential to the development and well-being of the whole person and the health of the community. McAuley’s original Guide to the Visitation of the Sick (1832) contains many assumptions and principles that are shared by Christians and non-Christians alike. The major themes of careful nursing include “disinterested love,” “contagious calmness” nourished by practice of meditation and prayer, and an “enduring trust in the sustaining love of the Supreme Being” and the “creation of a restorative environment” (Meehan, 2003, p. 102). The Sisters of Charity in America and the Religious Sisters of Mercy in Ireland were deeply engaged in professional nursing as the creation of healing and restorative environments decades before Nightingale was asked to write Notes on Nursing in 1859.

The Elements of Care®

Nursing care in the 19th century was focused on the creation of healing environments. This approach was used at the time of the Sisters of Charity and Mercy nurses in America and, on the other side of the ocean, with the Daughters of Charity in Paris, Florence Nightingale in England, and others. The science and art of integrative holistic nursing in the 19th century was demonstrated in what was referred to as “sickroom management,” in which the nurse partnered with nature to create a healing environment (Libster, 2008). Elements of the natural environment, such as water and medicinal plants, were highly valued therapeutics that were thought to assist nature in her ability to cure. Nightingale is best known for her statement, “Nature alone cures ... and what nursing has to do in either case, is to put the patient in the best condition for nature to act upon him” (Nightingale, 1980, p. 110). This nature cure *philosophy* of care was commonly practiced and often written about by physicians, nurses, midwives, and health reformers in

America throughout the early and mid-19th century (Libster, 2004).

Nature cure and sickroom management included attention to the five elements that appear throughout the history of medicine and science around the world. The five elements thought to be the elements of all creation according to the ancients, including the Greeks, were fire, air, water, earth, and ether (defined as a vital energy that the Greeks called “pneuma”). When in balance, the five elements are considered a full measure of health. All of the elements are understood and utilized according to their essential qualities: Fire is hot and dry; air is hot and moist; water is cold and moist; and earth is cold and dry. Sickroom management and nature cure meant the creative utilization of these elements to secure changes that promoted greater balance in health and life. For example, if a person had a headache and felt heat in their head, the nurse might seek to cool the head with cool-water compresses and sips and inhalations of mint (*Mentha piperita*) tea known for its cooling energetic action to the head. The sickroom was the “laboratory for the invention and application of remedies and the creation of a healing environment in which nature could affect a cure” (Libster, 2008, p. 163). Nurses practiced the science and art of regulating the warmth of a space, opening and closing windows, and preparing the proper sick diet for the patient that would help to establish balance in body, mind, and spirit. The ether element, the “pneuma” that encompassed all four elements (fire, air, water, and earth), is represented in the essence of an environment, such as in the quality of presence of the nurse and their approach to care, such as “offering respect” (Coskery, p. 26, as cited in Libster & McNeil, 2009). The focus on how nursing care is applied, not simply what is done to a patient, is an enduring theme that defined nursing centuries ago and now defines integrative holistic nursing today. The nurse and the patient, as human beings, are made from the same elements that are applied in sickroom management. Precision nursing science, as the application of these five Elements of Care® in the design of person-centered relationship-centered care and healing environments, is discussed in greater detail in Chapter 2.

Holistic Nursing as a Specialty

As nursing has progressed in its pursuit of science, holistic nursing as a philosophy of care has endured. Definitions of nursing found in state practice acts as well as the definition of nursing from the American Nurses Association (ANA) include the use of the term “holistic” as a required element of practice. “The common thread uniting different types of nurses who work in varied areas is the nursing process – the essential core of practice for the registered nurse to deliver *holistic*, (italics added) patient-focused care” in which the assessment includes “not only physiological data, but also psychological, sociocultural, spiritual, economic, and life-style factors as well” (ANA, n.d.).

Although the actions of every nurse are defined by a holistic, philosophical approach that has endured the centuries to include physical, emotional, mental, and spiritual care, there are some nurses who specialize in holistic nursing. Just as a school nurse might specialize in school/public health after basic education

in child development and pediatric nursing care, the holistic nurse specializes in holistic care of individuals, families, and communities beyond what is required of all nurses implementing the nursing process. Holistic nursing is currently recognized by the ANA as a nursing “specialty.”

The American Holistic Nurses Association (AHNA) has partnered with the ANA to produce *Holistic Nursing: Scope and Standards of Practice*, now in its third edition (AHNA, 2018). AHNA’s definition of holistic nursing is “all nursing practice that has healing the whole person as its goal” (AHNA, 1998, p. 1). Holistic nursing often includes the integration of complementary therapies (CT). Nurses who incorporate CT in care must be educated and competent in the CT they use. Practicing within a holistic nursing framework does not fundamentally imply competency or expertise in the effective and safe application of a CT. A nurse practicing a specific CT is required, typically by state statute, to have the education, skills, and credentials required for that modality. Nurses also must operate within the legal scope of practice of their licensure and scope of practice. If the nurse is employed, he or she is also subject to the policies and procedures regarding CT for that institution. Certifications in holistic nursing available through the American Holistic Nurses Credentialing Corporation (a separate organization from the AHNA) include basic, advanced, and advanced practice nurse credentials. AHNCC certification examinations are accredited by the Accreditation Board for Specialty Nursing Certification [ABSNC] and are recognized by the American Nurses Credentialing Center [ANCC] Magnet Program.

COMPLEMENTARY THERAPIES

In 1992, the U.S. Congress mandated the creation of the Office of Alternative Medicine (OAM) at the National Institutes of Health. In 1998, the OAM was renamed the National Center for Complementary and Alternative Medicine (NCCAM), a federal government agency to investigate and evaluate “promising unconventional medical practices” (National Center for Complementary and Integrative Health [NCCIH], 2017a). At the time of the establishment of the OAM, the term “alternative medicine” was popularized primarily among physicians. Subsequent use of the term complementary and alternative medicine (CAM) still focused on the biomedical paradigm.

In a seminal survey of the U.S. population’s use of CAM, Harvard physician David Eisenberg and colleagues documented the working definition of CAM as “any medical intervention not taught widely at U.S. medical schools or generally available at U.S. hospitals” (1993, p. 246.) In that study, 34% of the 1,539 adults surveyed reported using at least one “unconventional” therapy in the past year, and one third saw “alternative therapy practitioners.” In a follow-up survey in 1998, Eisenberg’s team reported increased use of CAM by the public.

When the first list of “alternative medicines” was published on the OAM website in the late 1990s, I remember seeing “science-based nursing” on the list. It was peculiar to think of nursing – which for so many centuries had been complemen-

tary to the practice of medicine – as being “alternative” to it. Like nursing, many traditional, indigenous, and healing practices were relegated to the list of alternatives to medicine. Nursing was subsequently removed.

After the Eisenberg studies demonstrated that 1 of 3 Americans surveyed who visited a medical physician also sought care from complementary therapies practitioners, the movement toward more inclusive language took hold. The NCCAM title was changed in 2014, during the Obama administration, to the National Center for Complementary and Integrative Health (NCCIH). The name was changed to more “accurately reflect the Center’s research commitment to studying promising health approaches already in use by the American public” (NCCIH, 2017a). Nonpharmacological complementary and integrative health interventions for chronic pain have become a stated focus for NCCIH research funding in light of the current opioid crisis in America. The general term used to describe techniques and modalities that fall outside the specific realm of the practice of medicine, dentistry, and podiatry is “complementary therapies” (CT).

The public and their federal and state representatives have been the impetus for much of the change toward the recognition of the complementary community-based care that is prevalent in what has been referred to as “the hidden health care system” in America (Levin & Idler, 2010). Nurses’ understanding of patient health behaviors and choices related to a broad range of CT are best understood in relation to the sociocultural context that shapes their meaning. Nurses are often bridge walkers between those providing care from within the structures of the biomedical culture and the broader public experience in which many are willing to pay out of pocket for the care that they value. The public uses an integrative approach to care that nurses are well positioned to support and lead – whether nurses specialize in holistic nursing or not.

Complementary Therapies and Nursing

Many modalities more recently identified as CT have been historically analyzed as foundations of nursing practice. These foundations include five areas of therapies: engaging in touch, energy flow, and communication; providing counsel in diet and nutrition; and creating a healing environment (Libster, 2001). The NCCIH currently uses the term “complementary health approaches” when discussing the practices and products it studies, and it separates the approaches into two subgroups: “natural products” *and* “mind and body practices.” These terms are new terms for the modalities that have been fundamental in nursing care and comfort of patients for centuries (Libster, 2001).

Natural Products

The natural products group includes a variety of products, such as vitamins, minerals, herbs, and probiotics. These products are widely marketed, readily available to consumers, and often marketed as *dietary supplements*. The U.S. Food & Drug Administration (FDA) regulates both finished dietary supplement products and dietary ingredients. Manufacturers of dietary supplements must comply with the FDA-issued Good Manufacturing Practice, which provides federal regula-

tions for all domestic and foreign dietary supplement companies regarding their products and their distribution within the United States. Today, it is known as the “Dietary Supplement Current Good Manufacturing Practices” (FDA, 2018). According to the 2012 National Health Interview Survey, which included a comprehensive survey on the use of complementary health approaches by Americans, “17.7 percent of American adults had used a dietary supplement other than vitamins and minerals in the past year. These products were the most popular complementary health approach in the survey” (NCCIH, 2017b).

Mind and Body Practices

The second NCCIH group is large and diverse, encompassing techniques, therapies, and systems of care. The mind and body group is sorted into five categories, although many therapies could actually be listed in several categories: biologically based therapies, mind-body therapies, manipulative and body-based therapies, energy therapies, healing systems of traditional and indigenous healers, and other ancient healing traditions, such as Ayurveda and traditional Chinese medicine (NCCIH, 2017a). The 2012 national study showed that yoga, chiropractic and osteopathic manipulation, meditation, and massage therapy are among the most popular mind and body practices used by adults (NCCIH, 2017b). The popularity of yoga has grown dramatically in recent years. Other mind and body practices include acupuncture, relaxation techniques (such as breathing exercises, guided imagery, and progressive muscle relaxation), tai chi, Qi Gong, healing touch, hypnotherapy, and movement therapies, such as the Feldenkrais method, the Alexander technique, Pilates, Rolfing Structural Integration, and Trager psycho-physical integration (NCCIH, 2017a).

The use of the term CT in nursing is indicative of the integrative nature of practice. Nurses do not practice “alternative medicine” because that would still be the practice of medicine rather than nursing. A comprehensive study of the State Boards of Nursing’s approach to incorporating CT language was published by Sparber in 2001. The paper described the responsibilities customarily referenced in Practice Acts related to the incorporation of CT in practice, such as continuing education and additional licensure as required. At the time of publication, the Louisiana Board of Nursing was specifically cited as stating that, “The Law Governing the Practice of Nursing authorizes registered nurses to provide care in supportive to or restorative to life and well-being,” which Sparber’s 2001 study concluded was the premise “underlying much of the thinking and support throughout the states for the justification of practice of CT.” The website for the AHNA also provides current information on state practice acts’ references and position papers on CT and holistic nursing.

Clarifying Terms Used in Precision Nursing Science: Integrative Holistic Nursing with the Elements of Care®

- **Nursing.** According to the ANA (n.d.), “Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the

diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations.”

- **Conventional medicine or biomedicine** should be used rather than “Western” or “traditional” medicine when referring to orthodox medicine.
- **Integrative Nursing** is the “creation of evolving healing relationships with patients. The nurse observes the patient’s needs for greater harmony and balance in their life and then addresses those needs by offering care that is a holistic blend of biomedical and caring modalities” (Libster, 2001, p. 26). The integrative holistic nurse embodies a personal professional identity rooted in holism. “Integration is a quality of heart – a welcoming heart” (Libster, 2012, p. 51) that invites consideration of a variety of ways of knowing about health and healing and the associated health beliefs, thoughts, feelings, and practices exemplified by patients and practitioners alike that is expressed in design of care that meets the unique and precise needs of the individual, family, group, or community.
- **Precision Nursing Science** incorporates traditional healing philosophies including hermeticism as represented in the five Elements of Care® – ether, fire, air, water, and earth – and the body energetic with emerging science related to human nature, physiology, and the environment. The goal of precision nursing science is to provide care and comfort that addresses the unique energetic needs for healing the whole person. This person-centered, relationship-centered approach is the ethical and clinical foundation for precision nursing science.
- **Traditional medicine or Traditional Healing** is the term used to describe systems of care that have endured for generations (World Health Organization, 2013). Nurses have held relationships with traditional healers for centuries. Today, traditional healers may also be licensed nurses. When nurses are able to incorporate both the beliefs and practices of their cultural traditions and that which they have learned in the biomedical culture when providing care, they are practicing integrative holistic nursing.
- **Spirituality** is not the same as religiosity. Spirituality as it is used here (as in the Careful Nursing system) refers to a transcendent reality of the Supreme Being / Consciousness/ Creator. The spirituality is in connection with the body mind as a means of connecting with the Supreme Being / Consciousness/ Creator. His Holiness, the 14th Dalai Lama of Tibet and 1989 winner of the Nobel Peace prize, differentiates spirituality from religion:
Religion I take to be concerned with belief in the claims of one faith tradition or another connected with this are the religious teachings or dogma, ritual prayer and so on. Spirituality I take to be concerned with those qualities of the human spirit – such as love and compassion, patience, tolerance, forgiveness, contentment, a sense of responsibility, a sense of harmony, which bring happiness to both self and others (Dalai Lama, 1999, p. 22).

- **Therapeutic modalities** are those therapeutic interventions employed by integrative holistic nurses in the care of patients, families, and communities. Integrative holistic nurses recognize the important role the patient holds in directing nursing care and therefore, integrative holistic nurses, although educated to intervene with a specific modality, do not employ their skill without the consent of the patient.

SUMMARY

Holism is an enduring philosophy that embraces the notion that there is unity between all life forms. Holism defines a philosophical approach to care in nursing that is centuries old. Today, holism is foundational to the nursing process of all professional nurses and also is a specialty practice, which focuses on the integration of conventional nursing care with complementary therapies that include natural products, mind and body practices, and aspects of traditional healing systems. For centuries, the five Elements of Care® – ether, fire, air, water, and earth – have provided a structural focus for sickroom management, creating healing environments, and the holistic care of patients, be they individuals, families, or communities. Precision nursing science and person-centered, relationship-centered integrative holistic nursing practice address the unique energetic needs for healing the whole person.

RESOURCES

American Holistic Nurses Credentialing Corporation. <http://www.ahncc.org>
Bohm, D. (1990). Excerpt from *Art meets science and spirituality in a changing economy – From Fragmentation to wholeness [Documentary]*.
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