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Reflective Pedagogies in Integrative Nursing

Katie Pitzl

Scholarly Project

St. Catherine's University

Florence Nightingale had a gift to see beyond the immediate needs of patients in a time of war and uncertainty. Even then, in the shadows of trauma, infection, pain and provider error, she had the wisdom to preach "self-reflection and connection with the divine" (as cited by Clark, 2013). What is most inspiring about this idea is that Nightingale was a scientist who deeply valued research and statistics; and yet, her willingness to embrace uncertainty and mystery as a guidepost for whole-systems healing makes her contribution to nursing even more sacred. In a system as complex as health care, distractions such as technology and a complex policy design can leave one paralyzed to action or worse, in a state of burn out. Closing the gap between high tech and low touch care is an important first step as it relates to bringing healing back into health care. Out of this phenomenon came the concept of Integrative Nursing, a care model that directly confronts the humanity in healing. Integrative Nursing offers an approach to caring that is rooted in the quality of relationships. The Institute of Medicine (IOM) states "By virtue of their close proximity to the patients and their scientific understanding of care across the continuum of care, nurses have a considerable opportunity to act as full partners with other health professionals and to lead in the improvement and redesign of the health care system and its practice environment" (2015, p. 23). Being present to suffering with a scientific mind, does indeed offer a means of caring that offers effective symptom management and care coordination as much as it holds space for a meaningful life, which is an act of healing relatable to all partners in care. Understanding the human connection is an essential learning outcome of Integrative Nursing both in academia and in practice. The challenge of how the nurse educator can best facilitate value in the human connection that "recaptures nursing's

soul" (Kreitzer & Koithan, 2014) is the focus of this paper. A synthesis of the literature identifies reflection to be the most effective learning activity that can cultivate the human connection in Integrative Nursing practice. This paper expounds on this concept of reflection by analyzing the core tenants of reflective learning through personal knowing, peer-sharing, mindfulness and creativity.

Background

The impetus for this paper evolved from the premise that nursing needs a strategy to lead health care reform. The IOM (2011) affirms that the large workforce of nursing is pivotal in meeting the shifting needs of an aging, increasingly diverse population and respond to a complex evolving health care system. Today, organizations are adopting care models like Integrative Nursing into strategic operations that place nursing practice at the foundational structure of systematic design. Foundationally, we understand that the focus of nursing is the totality of the human response to potential or actual health problems (American Nurses Association (ANA), 2010, as cited by Kreitzer & Koithan, 2014). Human persons, furthermore, are not "biological, psychological, social, and spiritual beings, but a bio-psycho-social-spiritual being; and communities are not composed of individuals living and working in separate spaces, but are functional wholes with unique properties and characteristics" (p.3). The Integrative Nursing Care Model operates from the assumption that "integrating wholes *work* at the process of integration, a process that involves sharing information, creating new relationships based on this information, and formulating new structures" (Kreitzer & Koithan, 2014, p. 3-4). In other words, Integrative Nursing is a way of becoming, not just being. In becoming whole, the Integrative Nurse engages with the person or system with the understanding

that the point of connection is the place where the path to healing can reveal itself. The attention of the Integrative Nurse, then, is on "the people, not the therapies" (Kreitzer & Koithan, 2014, p. xxvi.) because it is the person who determines the therapy to be healing. Human connection, therefore, is the birthplace of Integrative Nursing. The challenge then, for the nurse educator, is to develop learning activities that cultivate the human connection and thus give way for Integrative Nursing to grow its legs in health care system design.

Review of the Literature

If the challenge for the nurse educator is to promote Integrative Nursing as the standard performance in a clinical setting, then the research question becomes, what are the most effective teaching strategies to assimilate the Integrative Nursing care model into existing nursing practice? A review of literature seeking to answer this question included a search across multiple databases; CINAHL, Health Source and MedLine/Pubmed. Seventy seven articles were identified as relevant to the paper topic. Of the 74 that were screened, six were excluded leaving 68 full-text articles for review. Thirty-nine articles were then excluded due to outdated information, being non-English, or not addressing the paper topic. Thirty articles were included in the qualitative synthesis, and 15 articles were included in a meta-analysis (see appendix A for search terms). The following synthesis of the literature describes current evidence that supports ways to embed the practice of Integrative Nursing.

Embedding Integrative Nursing into Practice

Pedagogy that is reflective, intuitive and revolves around person-centered, relationship-based experiences with opportunities to debrief for growth were identified as

key to embedding the practice of Integrative Nursing. Specific learning activities that incorporate reflection include personal knowing, peer sharing, mindfulness and creative works of art. In the following sections, each learning activity is reviewed to provide concrete ways in which educators can cultivate the desire for human connection in students, and promote what is defined as Integrative Nursing within nursing practice.

Ways of Reflecting that Cultivate the Human Connection

Reflection is necessary and an effective strategy for nurses who hope to improve or deepen their integrative nursing practice. First, reflection is learner-centered and self-directed (Lane, O'Brien, & Gooney, 2005) and therefore, can be used as an introduction to Integrative Nursing Practice. It can also be used as a means to deepen existing practice. For example, an Integrative Nurse new to practice could be asked to describe a personal experience with connection where suffering was alleviated by a caring person, whereas a more experienced Integrative Nurse might be asked to design a plan to protect the human connection while resisting compassion fatigue in practice. Second, reflection is multi-modal and transferable to a number of clinical environments; it synthesizes personal thoughts, feelings, and biases that both propel and distract from the human connection and carry it over to any situation (Bradshaw & Lowenstein, 2014). A critical care nurse might reflect on how numerous biotechnical alarms can impact the patient's anxiety if left unattended, while a hospice nurse might reflect on a family's response to witnessing a death in the hospital and not at home. Third, reflection is interactive and, therefore, a breeding ground for connection. Personal and peer feedback are both powerful tools to shape behaviors through consideration and thoughtful dialogue. Establishing a connection, therefore, is receiving an offering of reflection through

interaction. Without reflection, caring becomes a skill or intervention that lacks meaning, and without meaning we cannot transcend suffering and ultimately heal. Integrative Nurses engage in reflection in order to develop a practice that is truly patient-centered and relationship-based.

Personal Knowing & Self Awareness

The potential for relationship lies in the ability to be wholly present as the self. To be authentically present to any interaction, the self must first be considered as the point of connection with another. Awareness of one's capacity to connect with another human being means engaging in activities that reveal a deeper understanding of preferences, biases and vulnerabilities that reveal the self's humanity and worthiness of connection. Journaling, for example, is an activity that allows the self to confront personal attitudes about whole-person healing that can be experienced in different ways. This includes experiences of enthusiasm, resistance, surprise, and gratitude (Goodwin, Sener, & Steiner, (2007). Identifying the self as another whole person allows the Integrative Nurse to fully take advantage of the proximity of care as opportunity to relate, empathize and, therefore, connect. Other personal knowing activities that achieve similar learning outcomes include personality testing (Delaney, 2005) and role-playing (Lane, O'Brien, & Gooney, 2005); both allow the Integrative Nurse to reflect on the self as an instrument of healing with unique qualities and talents. Kreitzer and Koithan (2014) quote Janet Quinn (1984) to highlight the self as a healer: "It is the use of self, in a loving and compassionate way, which provides us with our most powerful instrument for healing" (p.33). Therefore, by reflecting on the self, authentic offerings of connection are accessible to the Integrative Nurse and hence, allow the patient to express an authentic

need. Attached to these needs are meaningful interventions that drive whole person healing.

Peer-Sharing

Whole person healing can only be realized after one has suffered. Suffering is a shared human experience. Peer-sharing is a reflection strategy and a function of connection making. Focus groups, role-playing steering committees (McIntyre, 1998), or "Shared vision" reflection (Bradshaw & Lowenstein, 2014) are all activities that exercise connection-making in a setting that offers feedback and consideration of pre-existing bias. As assumptions and values are addressed through openness and dialogue, local groups are empowered for broader change (McIntyre, 1998). Change can be a shift in clinical focus from technology to the patient or embracing a new care model, such as Integrative Nursing, for an organization. Furthermore, peer-sharing captures the development or progress of learning that can shape clinical behavior at any stage of practice. "Story theory" (Smith & Liehr, 2008b as cited by Carpenter, 2010) and mentoring are learning activities where sharing is the vehicle for learning. A story allows for the inclusion of culture and spirituality in sharing (Jacono & Jacono, 2008), both vital components of whole person healing, while mentoring allows for experience-sharing and role modeling in a way that can shape practice to achieve better outcomes for patients. Sharing, as opposed to lecturing or telling, has a quality of vulnerability as it is a contribution to an experience that may or may not be welcomed into another's world view. However, the more personal and intimate the sharing is, the more likely a connection can be made, as it allows the listener to realize, "Yes, I know that feeling too."

Mindfulness

Sharing and connecting with patients in the midst of so many distractions and time constraints requires the skill of being present in a way that is authentic with heightened consciousness (Delaney, 2006). Mindfulness is a reflective method that exercises the skill of being present. Mindfulness means paying attention in a particular way; on purpose, in the present moment, and non-judgmentally (Kabat-Zinn, 2006, as cited by the Center for Spirituality and Healing, 2017). If the purpose is whole person healing, then mindfulness is paying attention to the attunement of the self to the experience of the patient as a whole person, allowing for empathy, compassion and connection. As Integrative Nursing is all about cultivating the human connection, mindfulness becomes necessary as both a learning activity and a practice standard. Indeed, mindfulness is both an acquired skill and a lifelong practice that captures the human connection through intentional reflection on the quality and authenticity of presence to another person. By acknowledging ourselves, without judgment, as capable of healing, we are open to the possibilities in the moment that permit healing to flourish without getting in the way. To a degree, mindfulness doesn't force connection, it allows it.

Arts, humanities and creativity

A useful tool to facilitate mindfulness and other reflective practices is through art and creativity. Steve Jobs once said, "Creativity is just connecting things." Using creativity expresses or communicates an authentic experience so it can be better understood. It is another means of cultivating the human connection, because even though each person has an individual experience, there are universal and common themes

that every person experiences: suffering being one. Using art and creativity in learning accepts the diversity of individuals, while upholding common humanity. For example, studying topics like Humanities can help learners unpack perspectives that can lead to unsupported and dangerous assumptions that often divide people rather than connect. In an article by Delaney's (2006), a trip to the art museum combined with background readings, weekly journals and a brief intro to art application helped students express and breakdown perspectives and assumptions through representation. Creativity in Integrative Nursing doesn't always have to involve sharing a work of art. It can be as simple (or complex) as using a mind map to visualize a patient story, a system problem or personal struggle (Kern, Bush, & McCleish, 2006). When creativity is used, connections are made and solutions are often revealed. This is another way of saying cultivating the human connection requires creativity, and as Integrative Nursing is the creative art of connecting with people who suffer, what is revealed, then, is often healing interventions that are patient-centered.

Summary

Integrative Nursing, at its essence, is rooted in relationships where the whole person becomes the culmination of care. In order to cultivate the human connection that is essential to healing, teaching strategies that deliver meaningful learning useful to the adult learner must be reflective. Learning activities suggested in this paper are not exhaustive, but do capture what have been tested in both academic and clinical education as effective ways to teach foundational aspects of Integrative Nursing practice. In the next section, how the Nurse Educator can design curriculum that is inclusive of Integrative Nursing's fundamental concepts is discussed.

Discussion

Best spoken by Kreitzer & Koithan (2014), "if integrative nursing is to become a reality within a patient care unit, clinic, or program, it doesn't become an 'option' for nurses to practice this way. It becomes embedded in the systems of the organization and is evident in recruitment, orientation, standards of care, clinical practice guidelines, and performance reviews" (p. 54). These structures that drive the culture and behaviors of the system are the legs for which Integrative Nursing holds up its ideal of person-centered, relationship-based care. Indeed, Integrative Nursing offers sustainable assembly of the nursing workforce where "competently caring in a meaning-based practice arena promotes the wellbeing of both nurses and patients." (Kreitzer & Koithan, 2014, p. 443). However, if nursing hopes to be a leader in health care reform, then the authority to enact the standards of Integrative Nursing require the language, evidence, metrics and accountability to ensure its impact on patient and community outcomes. Formal systems such as the American Holistic Nursing Association (AHNA), an ANCC-accredited provider and approver for Continuing Nursing Education (CNE), do exist to support professional development in Integrative Nursing, but more needs to be done to bring Integrative Nursing into clinical practice. Until Integrative Nurses can be at the executive table of top down decision-making to articulate what is missing when the nurse does not deliver care that is integrative, then efforts around accountability will fall flat.

This is why meaningful clinical education is vital to Integrative Nursing. If the nurse educator can effectively facilitate learning, development and socialization of Integrative Nursing into the clinical setting that is measureable and inspires authentic change in practice, then true person-centered, relationship-based care can spark the

change that ignites the connected web of healing. Looking forward, Kreitzer and Koithan (2014), envision the future of Professional Development in nursing to evolve in the following ways: 1) shift from discipline-centric to interprofessional education, 2) empowering and including the patient in professional development, 3) professional development based on an identified gap, and 4) finding value in self-reflection as a method of professional development. This literature review demonstrates that the best place to start this revolution in care is by cultivating the human connection through personal and collective reflection. The nurse educator who seeks to nurture the Integrative Nursing Care Model in practice can facilitate the re-ignition by creating an environment and associated activities that allow for reflection in a way that aligns with adult learning principles.

Resources for the nurse educator to embed these concepts into their curriculum are plentiful. Free resources like The Center for Spirituality and Healing at the University of Minnesota (2017) offer a robust website with evidence-based tools for practicing connection, wholeness and wellbeing in any setting. Available to all learners, activities include consulting, workshops, online modules, retreats and smartphone apps supported by cutting-edge research and advanced evidence. In addition, St. Catherine's University and the University of Minnesota offer programs for continuing development in the realm of holistic concepts that align with the delivery of an Integrative Nursing care model.

With many community and academic opportunities for certification and clinical development in the area of Integrative Nursing, it is not unlikely that organizations already house Integrative Nursing experts. A starting place for the Nurse Educator to infuse Integrative Nursing into practice would be sponsoring these care model experts up

a clinical ladder with opportunities to precept, mentor and teach in their clinical setting. In addition, the curriculum of new employee orientation should be designed with the principles of Integrative Nursing in mind. For example, online modules from the Center for Spiritualty and Healing (2017) might be used to introduce newly hired clinical staff to Integrative Nursing as a process of streamlining the Care Model into their practice from day one on the job. As a means to sustain the care model and introduce new research related to Integrative Nursing, both in-person and elearning should be available as part of the organization's annual required learning, newsletters, webpage, and quality improvement projects. However, among these should include amble opportunities for the nurse to incorporate reflective and intuitive learning. Perhaps a white paper with Integrative Nursing topics related to patient outcomes be published quarterly with rotating clinical specialty areas, or annual retreats that allow for peer-sharing of journals, art or music in touch with the struggle and joy of nursing. Even a book club composed of fiction and/or non-fiction pieces that promotes the discussion and reflection of Integrative Nursing practices would engage nurses in meaningful ways that promote development and culture of the Care Model. All of the above strategies are well within the scope of the nurse educator with little need for added resources other than a brave and eager spirit in touch with nursing at its very best.

The infusion of Integrative Nursing in the clinical setting could be even further streamlined with its inclusion in the academic curriculum. Both patient-centered care and teamwork and collaboration are identified under the IOM's (2003) Quality and Safety Education for Nurses (QSEN) competency guidelines and support the underpinnings of Integrative Nursing: patient-centered, relationship-based care. Take for instance the

assumption that an Integrative Nurse cultivates the human connection as a means for whole person healing, this is a radical paradigm shift from the Western culture of medicine that assumes patient passivity and provider-directed care (Kreitzer & Koithan, 2014). The nurse educator in the academic setting must assure students understand the implications of these assumptions and socialize a future generation of nurses that are grounded in its original purpose, "to put the patient in the best condition for nature to act upon him (Nightingale 1860/1969, p.133, as cited by Kreitzer and Koithan, 2014, p. 413). Although these softer elements of nursing care are not new concepts in the historical sense, the public cry for less invasive, complementary and alternative therapies (CAT) has led to "a renewed affirmation and clarification of Integrative Nursing within pre-licensure nursing education" (Kreitzer & Koithan, 2014, p.405). If the academic nurse educator hopes to adopt the principles of Integrative Nursing into curriculum, then the framework and philosophy of practice should be wholly embedded into the scholarly work of nursing history, theory and evidenced-based practice, critical and "transdisciplinary" thinking (Kreitzer & Koithan, 2014, p.414), leadership and advocacy methodologies, and reflective and intuitive learning. The outcome of these programs will be capable, creative and collaborative nurses who partner with individuals and communities, "creating environments where nature can heal" (Kreitzer & Koithan, 2014, p. 414). Indeed, if students are thinking like an Integrative Nurse from the outset, then the work on instilling a supportive care model at the bedside becomes both reflexive and reflective, an opening to practice rather than required learning.

Conclusion

The Healthcare system is fragile, and nurses are daily present to the fear and uncertainty of illness that make system collapse feel inevitable. The vulnerabilities of this sort of empathic load can lead to burn out from moment to moment, appointment to appointment, call light to call light. Integrative Nursing insists on the authentic offering of care, however, it also provides the protective factors one needs to guard against compassion fatigue. Cultivating a healing relationship with the self is very much inclusive of the human connection. It does not require letting go of the stress and anxiety of being a nurse, much less a person, but to allow resilience, compassion, and trueness be as much a part of self-healing as the patient in the bed. Nurses must then start by accepting the personal knowing that they themselves are imperfect healers, which is to be human. Without the realness of being whole and human, there is no connection with anyone, be it a patient, colleague or higher power in healing. Both the boundaries and wild liberties of humanity in Healthcare insist that interdisciplinary partnership and self-care be inclusive of the human connection and, therefore, Integrative Nursing. Nurse educators are then in a position to facilitate this connection by bringing together like-minded individuals to share and reflect on stories of struggle, growth, and teamwork.

This opportunity to capture the image of the Integrative Nurse as a complex web of many relationships begins with the belief that Nursing is worthy of such a challenge, especially in a system of clinical silos, a biotechnology boom, and uncertain policy reform. Future research should further expound on the impact Integrative Nursing has on nurse burn out, substance abuse in nursing, workplace violence, healthcare economics and more specific patient and population outcomes. Although this model does not offer any certainty in the mist of suffering, illness, or any other wicked problems in healthcare,

it does hold the intention that through a willingness and openness to connect from a place that is wholly human, there is a chance for healing, joy and other gifts that make a meaningful life inclusive of all people.

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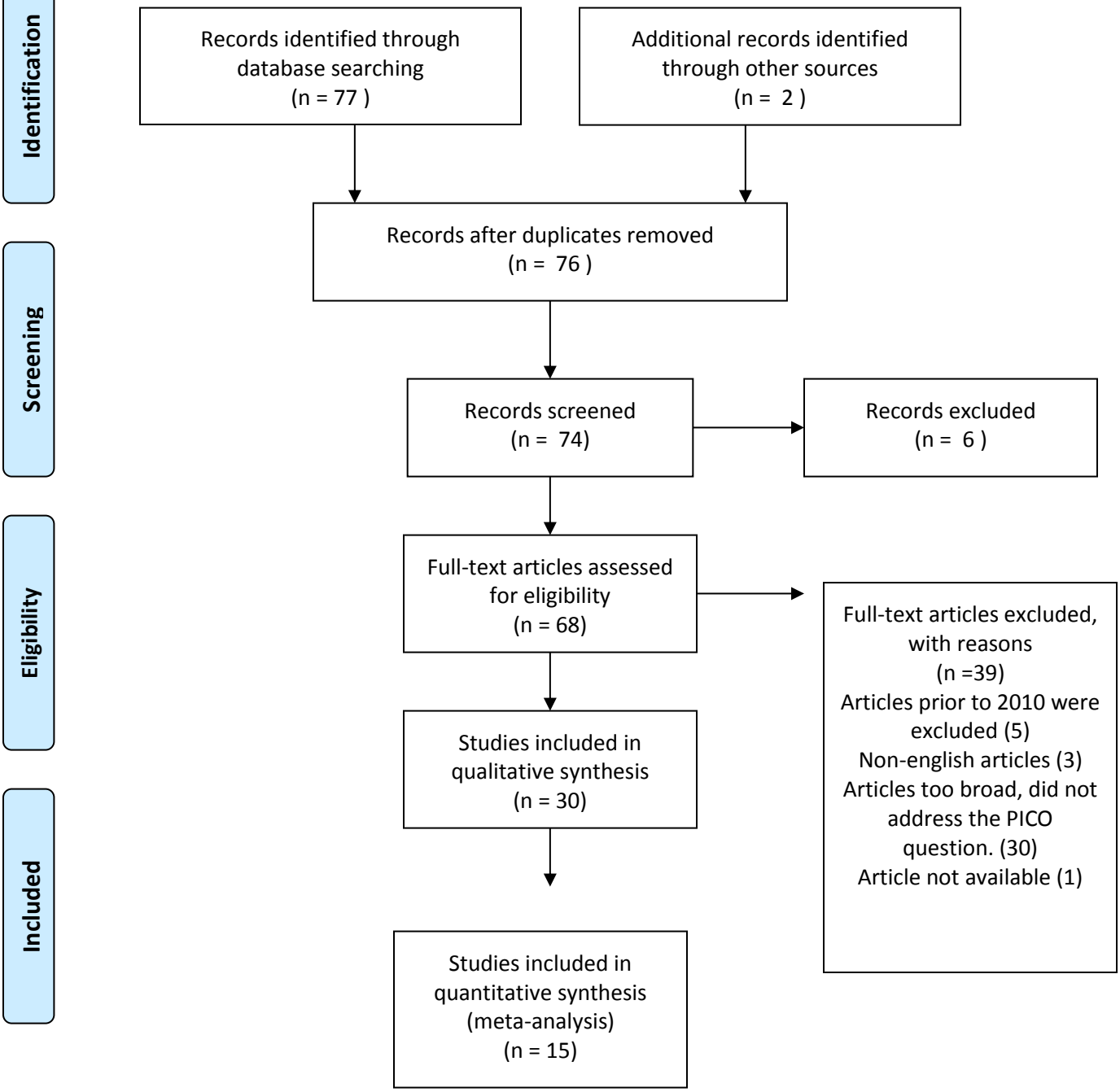
Appendix A

PRISMA 2009 Flow Diagram



CINAHL: 51 (x)
Booleen search terms: integrative nursing, holistic nursing, American Holistic Nursing Association, learning activities, teaching methods, clinical teaching methods, teaching strategies, learning methods

Health Source: Nursing/Academic Edition: 16 (last 5 year: 5) (x)
Booleen search terms: integrative nursing, holistic nursing, learning activities, teaching strategies, teaching methods

Medline/PubMed: 78 (last 5 years: 19)
MeSH terms: integrative nursing, holistic nursing, teaching methods, teaching strategies, learning activities

Cochrane: 2 (x)
MeSH terms: holistic nursing and teaching

<u>After full-text review</u>

Qualitative Reviews: 15

Appendix B

Clinical Question

Clinical Question addressing how one experiences a phenomenon (Mazurek-Melnyk & Fineout-Overholt, 2015): "As M Health adopts a new nursing practice model involving Integrative Nursing, what are the most effective teaching strategies to cultivate integrative nursing principles and skills into practice?"

General Appraisal Overview (adopted from Mazurek-Melnyk & Fineout-Overholt, 2015):

Date	**APA Citation**	**Question**	**Aim**	**Design**	**Sampling (technique, size, characteristics)**	**Procedures/ideas explored**	**Results/Key Assumptions**	**Relevance**
2012	Brykczynski, K. (2012). Clarifying, affirming, and preserving the nurse in nurse practitioner education and practice. Journal of the American Academy of Nurse Practitioners, 24(9), 554-564. doi:10.1111/j.1745-7599.2012.00738.x	How do NP faculty teach the holistic caring aspects of NP practice?	To discover how NP faculty incorporate holistic nursing dimensions of NP practice into teaching/learning experiences in NP programs	Qualitative (interpretive phenomenology): multistage recursive qualitative process of data collection and narrative interpretation that proceeds from whole to parts and	24 (22 women, 2 men) experienced (at least 3 years teaching, 3 years clinical experience) NP faculty teaching in 22 NP programs across the country	Face to face or phone interviews using Benner's (1984) clinical narrative guidelines for open-ended interviews. Participants were at liberty to select the	Major themes that informally address holistic care: Holistic focus, healing begins with listening, health within illness, involving families in	Gap: formal curriculum and evaluation for holistic nursing in NP education to ensure sustainability.

				back to whole; Interviews with NP faculty members		situations they described.	care, nonjudgmental acceptance of choices, comprehensive management of complex situations and leadership for change through role modeling and story-telling from clinical practice	
2013	Byrne, L., Happell, B., Welch, A., & Moxham, L. (2013). Reflecting on holistic nursing: The contribution of an academic with lived experience of mental health service use. Issues in Mental Health Nursing, 34(4), 265-272. doi:10.3109/01612840.201	Does an instructor with a lived experience of mental health service use impact the learning of nursing	To present the views, experiences, and perceptions of undergraduate nursing students who were taught by an	Qualitative, exploratory approach was used	12 undergraduate nursing students completing the course, "Recovery for Mental Health Nursing Practice"	Indepth interviews which reflect and discuss the experience of being taught by a person with lived experience of mental health	3 Main themes of using teacher with lived experience: 1) Recovery-Bringing Holistic Nursing to	Using instructors who can draw on lived experience of health care service use may have an

	2.745038	students?	academic with a lived experience of mental health service use			service use, themes gathered using Colaizzi's steps to identify the main themes.	life 2) Influencing Practice 3) Gaining self awareness through course assessment with significant impact on nursing attitude and practice.	impact on the attitudes and practice of nurses.
2010	Carpenter, R. (2010). Using story theory to create an innovative honors level nursing course. Nursing Education Perspectives (National League for Nursing), 31(1), 28-32.	How does one teach story theory to honors nursing students?	To describe the use of a nursing theory-based strategy (story theory) to create an undergraduate nursing clinical course that extended the nursing curriculum to meet the requisites for	Case Study	9 students, one honors student.	Studentss completed lit review with advisor, then used the Acute Care Perspective worksheet and the Patient's perspective worksheet to analyze the patient's story then presented to the large	Students were able to identify differences between the medical perspective and the patient's perspective, the importance of listening to the patient and how to connect,	Story theory as an option for integrative teaching strategy for new grads or offered class for current hires.

			University Honors College credit.			group for discussion	how caregivers and patient's priorities are different.	
2006	Delaney, C. (2006). Syllabus selections: Innovative learning activities. A trip to the art museum as a pedagogical approach to the teaching-learning of nursing and aesthetics with RN-to-BSN students. Journal of Nursing Education, 45(3), 143-144.	Is a trip to the art museum an effective pedagogy for teaching nursing aesthetics with RN-to-BSN students?	To facilitate the reflection on and enhancing the application of the art of nursing.	Case Study	NA	Field trip to local art museum. Prepped by background readings, weekly journals, brief into to art appreciation as a representation of truth	Students reported heightened consciousness of authentic presence and integration of different approaches to patient care	Art as a teaching strategy for holistic care
2005	Delaney, C. (2005). Creating caring/healing learning environments: Development and evaluation of a holistic nursing course with RN-BSN students. International Journal for Human Caring, 9(2), 135-135.	Does a workshop that promotes the development of evaluation of holistic nursing	Te aim of the interactive workshop is to present the development and evaluation of a holistic	Case study	RN-BSN students, no other info.	Use of Watson's (1979) theory of human caring, Chinn and Kramer (1999) theory and nursing; integrated knowledge	5 themes: mind walk, opening doors, empowerment, caring connection, and seeing the larger world.	Journaling, personal knowing (personality testing), trip to art museum, case studies,

		contribute to the development of creative capacity?	nursing course that integrates science with art, caring, and critical thinking to nurture the creative spirits of RN-BSN students			development, and Chinn's (2001) peace and power influenced philosophy and pedagogy.	Students reported significant advancement in intellectual and professional development, differentiated world views	"peace and power process" to discover therapeutic use of self, voice and authentic presence, and community. Cultural assessment, scholarly portfolios all contributed to development of creative capacity.
1998	Evans, G. W., Wilt, D. L., Alligood, M. R., & O'Neil, M. (1998). Empathy: A study of two types. Issues in Mental Health	Does nursing education affect empathy?	To examine a) difference between 2 types of empathy and	Cohort study	106 nursing students prior to, during, and after	Trained empathy was measured with the Layton	Analysis of data confirmed the phenomeno	Trained empathy is not sustained, measuring

	Nursing, 19(5), 453-479.		b) the endurance of empathy scores		completion of BSN program at a large southeastern university.	Empathy Test, and basic empathy was measured with the Hogan Scale.	n of 2 types of empathy with differentiation in endurance	baseline empathy is important, teaching empathy has come into question.
2015	Ghaffari, F., Dehghan-Nayeri, N., & Shali, M. (2015). Nurses' experiences of humour in clinical settings. Medical Journal of the Islamic Republic of Iran, 29, 182-182.	Does using humour in the clinical setting impact workplace milieu?	To describe nurses' experience of humor in clinical settings and factors affecting it.	Qualitative study	5 hospitals affiliated to Tehran University of Medical Sciences for setting, 17 nurses with master's and BSN degrees, minimum of 12 months clinical experience,	telephone interviews were used to further supplement data, Analysized using content analysis	5 themes: humour, condition enforcement, risk making probability, instrumental use and Change: opportunities and threats	Culture of humour through teaching methods can improve workplace cheerfulness and highlights the importance of humour in patient care and students
2007	Goodwin, M., Sener, I., & Steiner, S. H. (2007). A novel theory for nursing education: Holistic	How does one integrate standards	To integrate the Standards of Holistic	Case Study	40 learners in a fast-track nursing program	Learning activities: icebreakers, comfort	Students changed attitudes about	Classroom assessment

	comfort. Journal of Holistic Nursing, 25(4), 278-285.	of holistic nursing into nursing education?	Nursing Practice, est by AHNA (1998), into nursing education.		(diverse in age, gender, marital status, race and culture and religious/spiritual affiliation), variation in experience as learners, all have previous baccalaureate degrees in diverse areas some have previous health exp, some do not	catchers, comfort manfalas, comfort quilts, journaling, etc.	holistic comfort theory, activities were "fun", some enthusiasm, some resistance, expressions of surprise and gratitude.	techniques to promote comfort theory include icebreakers, "comfort catchers", manfalas, comfort quilts, journaling, etc.
2006	Kern, C. S., Bush, K. L., & McCleish, J. M. (2006). Mind-mapped care plans: Integrating an innovative educational tool as an alternative to traditional care plans. Journal of Nursing Education, 45(4), 112-119.	Are mind-maps effective teaching tools compared to traditional care plans?	To describe the process used to integrate the mind-mapped care plan as an innovative educational tool, as well	Case Study	Undefined undergraduate nursing students fall 2002 semester at Mercy College o Health Sciences	Based on Mueller et al. (2002) use of mind maps in nursing ed, nursing process and critical thinking concepts	Summative data showed strong satisfaction with the use of mind maps-holistically (97%),	Mind maps are useful to help students view patient care more holistically

			as formative and summative outcomes of its use			were taught in the 5 and 6 weeks of first semester with practice use then clinical use	using creativity in planning care (88%), individualizing care plans (94%). Faculty noted improvement in students vs. traditional care plan holistically (79%), using creativity in planning (93%), and individ care plan (86%)	
2005	Lane, P., O'Brien, U., & Gooney, M. A. (2005). The progression of holism into postgraduate curricula in critical care nursing: A discussion paper. Dimensions of Critical Care	How does one develop a post graduate curricula for holism in critical	To establish framework where research, educational, clinical excellence, and quality	Discussion Paper	Evaluation of senior level critical care course at the State University of New York	Identify practice requirement, identify scope of practice (expanding), define	Intuition is difficult to measure, but interdependence between physiologic	Peer support, debate, and feedback are productive and

	Nursing, 24(3), 131-138.	care nursing?	assurance are interlinked.			holisim, identify teaching strategies, Course evaluation: consulting with stakeholders (NMs, nurses, course applicants)	al and psycholosocial theories and concepts is a key consideration for educational programs.	valued teaching and learning methods. Also group work, seminars, presentations
1998	McIntyre, J. (1998). Ethical holistic thinking and practice for community health workers and nurses. Australian Journal of Holistic Nursing, 5(1), 19-31.	What are the thinking tools that lead one to more holistic thinking as it relates to approaching policy and practice? "How do we know what we know?"- Currently	To provide tools for community health workers and nurses who are concerned about quality practice and wish to find creative solutions through 1) theoretical literacy,	White paper?	Theatrical analysis	Loops of learning (Flood & Romm, 1996), mandalas (Hancock & Perkins)	"Critical Humanism": The closest we can get to truth is through openness and dialogue (to address assumptions and values) and to develop the safety and, development of self-	Focus groups to identify shared "truth." Empower people locally for broader change (p.24), Role play "steering Commitees"

		through effectiveness and efficiency					esteem and creative potential as much as possible.	
1994	McKivergin, M. J., & Daubenmire, M. J. (1994). The healing process of presence. Journal of Holistic Nursing, 12(1), 65-81.	How does one teach the healing process of presence?	To teach the skills of centering, meditation, connecting, and intuitive knowing	Case Study	The department of nursing at Riverside Methodist Hospitals (Riverside) in Columbus, Ohio	Developed "the Riverside Partnership for Patient/Family Centered Care, a course based on the importance of a holistic system approach, acknowledging the role of relationships and their impact on health of individuals in a family-centered realm.2-day course was created, "The	Not available	Day 1:Start with Care (self-care), using "Model of Self (McKivergin, 1900) realizing the need for presence within themselves (reflection activities), Day 2:present to others (reflection activities, guided imagry

						Essence of Theraputic Presence,"		exercise, discussion, role playing with feedback
2008	Jacono, J., & Jacono, B. (2008). The use of puppetry for health promotion and suicide prevention among mi'kmaq youth. Journal of Holistic Nursing, 26(1), 50-55.	Does the use of puppets made from natural forest materials promote culture, language and history? (which addresses "discontinuity" with heritage, a main factor among aboriginal youth suicide)	Uses Leninger's Trancultural Nursing Theory and other holistic nursing theories to examine the main factors related to suicide among aboriginal youth and ways to redress "discontinuity" with heritage.	Case Study	A group of Mi'Kmaq elders and interdisaplinary group of academicians (undefined)	Puppet makers collect and assemble materials from nature, the script then perform interactively with young Mi'Kmaq elementary school students	Formal analysis has not been done. Increasing support for the history, language, culture, ritual, and stewardship of First Nations can only enhance their pride, and help dispel the ntion of separateness or inferiority among young aborininal	Incorporating culture and heritage into holistic nursing curriculum through story telling or puppetry (focus of this study was youth)

							youth.	
2014	Vaughan, B. (2014). How experienced practitioners gain knowledge. Creative Nursing, 20(1), 30-36. doi:10.1891/1078-4535.20.1.30	What is a framework for understanding holistic thinking as an experienced practiioner?	To describe Carper's Fundamental Patterns of knowing in Nursing and its link to world views.	Case Study	United Kingdom hospital system	Small (10-12 participants) workshops activities: "What did you have for dinner? Why?", reflective diaries with positive experiences, identify a mentor, role play, clinical supervision	No empirical data, Carper's framework offers a helpful way for practitioners to structure their thoughts through workshops, reflective diaries and clinical supervision	Small sessions that focus on learner-centered, reflection activities are useful.
1985	Whitmire, V. & Utz, S. W. (1985). Teaching the art of holistic nursing. Nursing & Healthcare, 6(3). 146-150.	What are the best methods to teach holistic nursing care?	To teach the concept of holism both within a clinical specialty and in their roles as clinicians, teachers, and administrators	Cohort Study	N=10, progress from 1981-82	1) goal setting 2) create a learning environment 3) Evaluate outcomes	Alpha reliability of 88, graduates improved their ability to think more holistically over time	Teaching strategies included: theory and philosophy readings, scientific readings, problem-

centered learning, simulations, clinical practice, role modeling and self-evaluation

Appendix C

Themes in each article:

Article #1: Brykczynski, K. (2012). Clarifying, affirming, and preserving the nurse in nurse practitioner education and practice. Journal of the American Academy of Nurse Practitioners, 24(9), 554-564. doi:10.1111/j.1745-7599.2012.00738.x
Themes:

1. Advanced Practice Nurses should embody fundamental nursing tenets and practices and does not simply mimic medical practice (p. 554)
2. Holistic focus,
3. healing begins with listening
4. health within illness and involving families in care
5. nonjudgmental acceptance of choices
6. comprehensive management of complex chronic situations
7. leadership for change through role modeling and story-telling from clinical practice

Article #2: Byrne, L., Happell, B., Welch, A., & Moxham, L. (2013). Reflecting on holistic nursing: The contribution of an academic with lived experience of mental health service use. Issues in Mental Health Nursing, 34(4), 265-272. doi:10.3109/01612840.2012.745038
Themes:

1. 3 Main themes of using teacher with lived experience:
    a. Recovery-Bringing Holistic Nursing to life
    b. Influencing Practice
    c. Gaining self awareness through course assessment with significant impact on nursing attitude and practice.

Article# 3: Carpenter, R. (2010). Using story theory to create an innovative honors level nursing course. *Nursing Education Perspectives (National League for Nursing), 31*(1), 28-32.
Themes:

1. Using story theory instead of care plans in a clinical setting, students were able to
    a. identify differences between the medical perspective and the patient's perspective
    b. identify the importance of listening to the patient and how to connect
    c. identify how caregivers and patient's priorities are different.

Article #4: Delaney, C. (2006). Syllabus selections: Innovative learning activities. A trip to the art museum as a pedagogical approach to the teaching-learning of nursing and aesthetics with RN-to-BSN students. *Journal of Nursing Education, 45*(3), 143-144.
Themes:

1. Prepped by background readings, weekly journals, brief into to art appreciation as a representation of truth

2. Students reported heightened consciousness of authentic presence and integration of different approaches to patient care

Article #5: Delaney, C. (2005). Creating caring/healing learning environments: Development and evaluation of a holistic nursing course with RN-BSN students. *International Journal for Human Caring, 9*(2), 135-135.
Themes:

1. Theories:
    a. Use of Watson's (1979) theory of human caring
    b. Chinn and Kramer (1999) theory and nursing
    c. Chinn's (2001) peace and power
2. 5 themes:
    a. mind walk,
    b. opening doors,
    c. empowerment,
    d. caring connection
    e. seeing the larger world.
3. Pedagogies (all contributed to creative capacity):
    a. Journaling,
    b. personal knowing (personality testing),
    c. trip to art museum,
    d. case studies,
    e. "peace and power process" to discover therapeutic use of self, voice and authentic presence, and community.
    f. Cultural assessment,
    g. scholarly portfolios all contributed to development of creative capacity.
4. Students reported significant advancement in intellectual and professional development, differentiated world views

Article #6: Evans, G. W., Wilt, D. L., Alligood, M. R., & O'Neil, M. (1998). Empathy: A study of two types. *Issues in Mental Health Nursing, 19*(5), 453-479.
Themes:

1. Analysis of data confirmed the phenomenon of 2 types of empathy with differentiation in endurance
2. Trained empathy is not sustained, measuring baseline empathy is important, teaching empathy has come into question.

Article #7: Ghaffari, F., Dehghan-Nayeri, N., & Shali, M. (2015). Nurses' experiences of humour in clinical settings. *Medical Journal of the Islamic Republic of Iran, 29*, 182-182.
Themes:

1. 5 themes:
    a. dynamics of humour
        i. religious beliefs
        ii. understanding humour
        iii. situation assessment

iv. timing
v. consideration of the unique personal characteristics
vi. cultural context

b. condition enforcement
i. time pressure
ii. unsuitable environment
iii. social considerations
iv. organizational considerations

c. risk making probability
i. fear of abuse
ii. fear of stigma
iii. instrumental use
1. ridicule labeled as "humour"
2. criticism labeled as humour
3. personality assessment
iv. change: opportunities and threats
1. renewal and exhaustion
2. formation of constructive and deconstructive relationships
3. security to sense of threat

2. Culture of humour through teaching methods can improve workplace cheerfulness and highlights the importance of humour in patient care and students

Article #8: Goodwin, M., Sener, I., & Steiner, S. H. (2007). A novel theory for nursing education: Holistic comfort. *Journal of Holistic Nursing, 25*(4), 278-285.
Themes:

1. Integratation of the *Standards of Holistic Nursing Practice,* est by AHNA (1998), into nursing education.
2. Learning activities to promote holistic comfort: icebreakers, *comfort catchers,* comfort manfalas, comfort quilts, journaling, etc.
3. Students changed attitudes about holistic comfort theory, activities were "fun", some enthusiasm, some resistance, expressions of surprise and gratitude.

Article #9: Kern, C. S., Bush, K. L., & McCleish, J. M. (2006). Mind-mapped care plans: Integrating an innovative educational tool as an alternative to traditional care plans. *Journal of Nursing Education, 45*(4), 112-119.
Themes:

1. Effective method for critical thinking and holistically
2. Moves from linear thinking to complex thinking, some find this chaotic
3. Different from concept maps
4. Need time to develop mind map skill and apply to care planning (case studies to teach this)
5. Most felt it help to understand the nursing process
6. Helped student explain complicated patients
7. Summative data showed strong student satisfaction with the use of mind maps-holistically (97%), using creativity in planning care (88%), individualizing care plans (94%).

8. Faculty noted improvement in students vs. traditional care plan holistically (79%), using creativity in planning (93%), and individ care plan (86%)

Article #10: Lane, P., O'Brien, U., & Gooney, M. A. (2005). The progression of holism into postgraduate curricula in critical care nursing: A discussion paper. Dimensions of Critical Care Nursing, 24(3), 131-138.
Themes:

1. Start with physiology (lectures, diagrams, flowcharts, models)->psychophysiologal processes (case studies, oral pres, seminars)->psychosocial dimensions(role play, case studies, reflection, debriefs)->spiritual changes (must be reflective)
2. Student-centered, self-directed, and peer-sharing as central philosophy
3. Peer support, debate, and feedback are productive and valued teaching and learning methods
4. Reflection is key to professional development, excellence in practice, and life long learning through integration and internalization of new knowledge, attidutes, and skills
5. Intuition is difficult to measure, but interdependence between physiological and psycholosocial theories and concepts is a key consideration for educational programs.

Article #11: McIntyre, J. (1998). Ethical holistic thinking and practice for community health workers and nurses. Australian Journal of Holistic Nursing, 5(1), 19-31.
Themes:

1. Theories:
    a. Loops of learning (Flood & Romm, 1996),
    b. Mandalas (Hancock & Perkins)
2. "Critical Humanism": The closest we can get to truth is through openness and dialogue (to address assumptions and values) and to develop the safety and, development of self-esteem and creative potential as much as possible.
3. Focus groups to identify shared "truth." Empower people locally for broader change (p.24), Role play "steering committees"

Article #12: McKivergin, M. J., & Daubenmire, M. J. (1994). The healing process of presence. Journal of Holistic Nursing, 12(1), 65-81.
Themes:

1. Theory: "Model of Self" (McKivergin, 1990)
2. Day 1:Start with Care (self-care), using "Model of Self" (McKivergin, 1990) realizing the need for presence within themselves (reflection activities), Day 2:present to others (reflection activities, guided imagery exercise, discussion, role playing with feedback

Article #13: Jacono, J., & Jacono, B. (2008). The use of puppetry for health promotion and suicide prevention among mi'kmaq youth. Journal of Holistic Nursing, 26(1), 50-55.
Themes:

1. Incorporating culture and heritage into holistic nursing curriculum through story telling or puppetry (focus of this study was youth)

Article #14: Vaughan, B. (2014). How experienced practitioners gain knowledge. Creative Nursing, 20(1), 30-36. doi:10.1891/1078-4535.20.1.30
Themes:
1. Theory: Carper's Fundamental Patterns of knowing
2. Small sessions that focus on learner-centered, reflection activities are useful.

Article #15: Whitmire, V. & Utz, S. W. (1985). Teaching the art of holistic nursing. Nursing & Healthcare, 6(3). 146-150.
Themes:
1. Teaching strategies included: theory and philosophy readings, scientific readings, problem-centered learning, simulations, clinical practice, role modeling and self-evaluation

Themes across the literature as it relates to Integrative Nursing Pedagogies:

I. Content: Holism: Mind, Body, Spirit

II. Learning Environment: Learner-centered, self-directed, peer sharing

III. Learning Strategy: Reflection is key

- a. Personal knowing/self-awareness
  - i. Journaling
  - ii. Role-playing
- b. Listening is critical
  - i. Storytelling
    1. Incorporating culture
  - ii. Role-modeling/mentoring
  - iii. Focus groups, dialogue, feedback
- c. Infinite ways of knowing/doing
    1. Authentic presence
    2. Different approaches

a. Medical vs. nursing

b. Evidence vs. experience/perspective

3. Complex thinking vs. linear thinking

a. Mind maps vs. Care plans

4. Creativity is the best way to imbed new knowledge (road from head to heart is through the hands (Brown, 2016))

IV. Evaluation

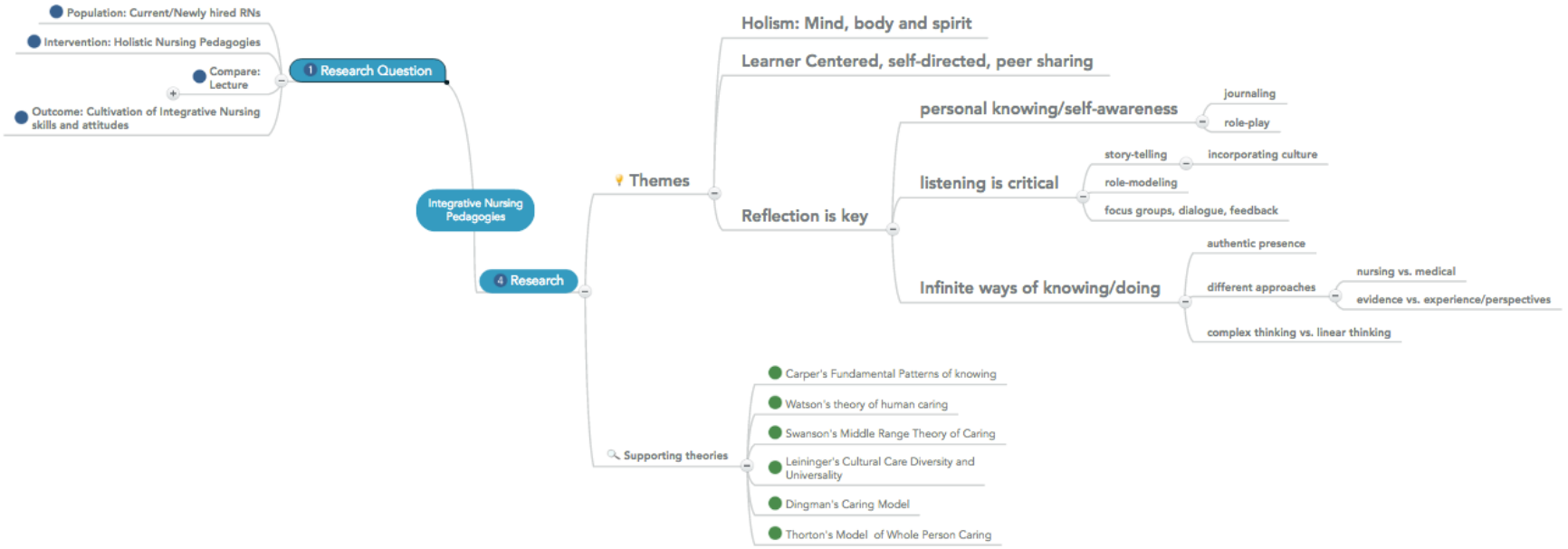
a. New hires must have baseline empathy

b. Skills like empathy need to be sustained

c. How do we best evaluate nurses with superb caring behaviors?

d. How do you know you're hiring caring nurses?

Appendix D


Integrative Nursing Pedagogies
1 Research Question
Population: Current/Newly hired RNs
Intervention: Holistic Nursing Pedagogies
Compare: Lecture
Outcome: Cultivation of Integrative Nursing skills and attitudes
4 Research
Themes
Holism: Mind, body and spirit
Learner Centered, self-directed, peer sharing
Reflection is key
personal knowing/self-awareness
journaling
role-play
listening is critical
story-telling
incorporating culture
role-modeling
focus groups, dialogue, feedback
Infinite ways of knowing/doing
authentic presence
different approaches
nursing vs. medical
evidence vs. experience/perspectives
complex thinking vs. linear thinking
Supporting theories
Carper's Fundamental Patterns of knowing
Watson's theory of human caring
Swanson's Middle Range Theory of Caring
Leininger's Cultural Care Diversity and Universality
Dingman's Caring Model
Thorton's Model of Whole Person Caring