Holistic nursing is based in the sciences of health, wellness, and wellbeing. It is framed by the unitary philosophy and science of how humans, the environment, and universe are energetically connected. As expert scientists and artisans, holistic nurses engage in practice that focuses on the development of a therapeutic partnership between a person and a nurse. Holistic nurses understand that people are experts in their own life experiences, and nursing’s role is to facilitate caring and healing processes. The caring-healing processes are designed with the intent of helping people experience quality and comfort throughout their lifespans while finding meaning along the journey.

The role of holistic nurses, defined as facilitating caring-healing processes of holistic beings, is a moral, social imperative (AHNA & ANA, in press). The holistic nurse’s ability to meet this social contract within an increasingly complex, biomedical world is challenging. Holistic nurses face and overcome obstacles every day caring for the whole person amid a disease-focused healthcare system that is based on a reductionist model of treating and curing. This biomedical worldview informs practice at every level from education to direct care, as well as initiatives which impact the “defining and regulation” of nursing practice. The Consensus Model (CM) is one example of a national initiative that has resulted in major difficulties for holistic nurses, particularly the Advanced Holistic Nurse (AHN-BC) and the Advanced Practice Holistic Nurse (APHN-BC).

The following offers a brief history of the CM and the response to it from the professional associations representing holistic nursing: the American Holistic Nurses Credentialing Corporation (AHNCC) and the American Holistic Nurses Association (AHNA). Specifically, the reader is introduced to the ongoing work of the Consensus Model Task Force (CMTF) to ensure that:

1. Holism remains the grounding philosophy of all holistic nursing practice, and
2. Advanced Holistic Nurses are able to practice to the fullest extent of their potential.

The Consensus Model: Background & Development
The last 20 years have seen rapid growth and changes in society. Globalization of health care and consumer access to information have created opportunities for healthcare professionals to recognize the importance of patient engagement in achieving optimal outcomes, including decreased complications and recidivism. Reimbursement and funding are often linked to patient satisfaction, experiences, and quality care. Over the last two decades, new trends in healthcare transformation have been initiated by reports on healthcare quality from the Institute of Medicine (IOM, 2001, 2003a, 2003b); the IOM report on the role of nursing in healthcare transformation (IOM, 2011); and society's call for a shift in focus from disease to health and wellness (The Prevention Council, 2011). These current trends and issues have resulted in major changes to healthcare delivery models, including the origination of the Consensus Model for APRN Regulation.

In 2008, the APRN Consensus Work Group and the National Council of State Boards of Nursing (NCSBN) APRN Advisory Committee introduced the Joint Dialogue Report entitled the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education. Designed to position nurses to provide leadership in healthcare transformation, the Consensus Model (CM) identifies the APRN as one who:

• carries out one of four specified roles (Clinical Nurse Specialist, Nurse Practitioner, Certified Registered Nurse Anesthetist, or Nurse Midwife);
• has a population focus in context of the designated role;
• has acquired formal education that emphasizes said role;
• is licensed based on these three criteria.

Nursing’s specialties build on APRN status acquired by licensure through one of the four specified roles. Within the CM, specialties are considered an indication of value-added knowledge and

From the outset, the AHNCC and AHNA heard concern from holistic nurses who felt marginalized by the CM. They reported that their practices were restricted and noted unsettling changes in education affecting quality of practice (e.g. removal of nursing theory as a required graduate course). Although the CM is consistent with current healthcare trends, the reality is that this practice model and associated APRN Compact agreement (NCSBN, 2015) have propelled graduate prepared nurses into four roles of direct care (i.e. Clinical Nurse Specialist, Nurse Practitioner, Certified Registered Nurse Anesthetist, or Nurse Midwife), some of which are based more in the biomedical paradigm of care than the holistic paradigm. Currently there is no provision in the CM for nurses who practice from a person-centered, holistic nursing worldview to become licensed as an APRN without first becoming licensed as an APRN that is based in the traditional biomedical paradigm. Ironically, the knowledge, values, skills, and experience of graduate prepared holistic nurses are consistent with the IOM’s reports and mandates. Yet, the roles performed by credentialed Advanced Holistic Nurses are excluded from the CM, resulting in a restriction of their ability to practice to their potential. Holistic nurses looked to the AHNCC and AHNA for leadership and voice, and thus, the AHNCC undertook actions to meet this moral, social imperative.

**Birth of the Consensus Model Task Force (CMTF)**

Responding mindfully to the unfolding events, the AHNCC leadership conducted a comprehensive examination of healthcare trends and initiatives, including the CM. This resulted in the publication of two position statements: The AHNCC’s *Position on Advanced Practice Holistic Nursing* (AHNCC, 2016) and *A Position Statement on the APRN Consensus Model submitted to the National Council of State Boards of Nursing* (AHNCC, 2013).

The *Position Statement on the APRN Consensus Model* was circulated to the NCSBN members, the APRN Work Group, and the individual State Boards of Nursing in 2013. Additionally, there was discussion with Maureen Cahill, MSN, APN-CNS, AOCNS, Associate, Outreach Services, NCSBN, about issues related to a large cohort of holistic nurses being left out of the CM. During a meeting convened at the AHNA annual conference in 2014, holistic nurses expressed numerous concerns related to the exclusionary nature of the CM. The need for an organized Task Force was clear, and the CMTF was born.

Led by Helen Erickson, PhD, RN, AHN-BC, FAAN, the CMTF was charged with the task of seeking inclusion of a fifth APRN role – Advanced Practice Holistic Nurse – into the CM. This journey has been joyous, difficult, complex, enriching… and so much more. Recognizing the importance of their charge, the CMTF members committed to stay the course. The developmental phases/stages of their work follows.

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**Essential Requirements for Basic and Advanced Holistic Nursing Education**

These curricular threads provide an educational foundation for all holistic nursing practice and are further described in relation to basic and advanced holistic nursing essential requirements:

- Scientific underpinnings of holistic nursing
- Clinical scholarship and application of analytical methods
- Ethics of holistic nursing (holistic ethics, reflective practice, holistic self-development)
- Holistic nursing within and across delivery systems

### BASIC HOLISTIC NURSING

**Requirement 1:** Philosophical/Scientific Underpinnings for Practice

**Requirement 2:** Clinical Scholarship and Analytic Methods for Evidence-Informed Practice

**Requirement 3:** Organization, Systems, Caring Leadership for Person-Centered Quality Improvement and Safety

**Requirement 4:** Basic Holistic Education and Research Support Dynamic Changes in Healthcare

**Requirement 5:** Informatics, Technology, and Person-Centered Care for the Improvement and Transformation of Holistic Health Care

**Requirement 6:** Ethics, Health Care Policy and Advocacy in Holistic Health Care

**Requirement 7:** Interprofessional Collaboration for Improving Patient and Population Health Outcomes

### ADVANCED HOLISTIC NURSING

**Requirement 1:** Philosophical and Scientific Underpinnings for Advanced Holistic Nursing Practice

**Requirement 2:** Clinical Scholarship and Analytic Methods for Advanced Evidence-Informed Practice

**Requirement 3:** Organizations, Systems, and Caring Leadership for Person-Centered Quality Improvement, Economics of Health Care, and Organizational, Systems and Thinking Theories

**Requirement 4:** Advanced Holistic Education and Research Support Dynamic Changes in Holism

**Requirement 5:** Informatics, Technology, and Person-Centered Care for the Improvement and Transformation of Holistic Health Care

**Requirement 6:** Ethics, Health Care Policy and Advocacy in Holistic Health Care

**Requirement 7:** Interprofessional Collaboration and Leadership for Improving Patient and Population Health Outcomes

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1. Position statements and supporting resources are available at www.ahncc.org/publications-supporting-ahnccs-work.

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- Conducted a careful, thorough, intentional examination/exploration of the APRN Consensus Model and Advanced Holistic Nursing practice issues.
- Reviewed AHNCC’s graduate-level competencies for holistic nurses, recognizing that the graduate competencies are a deepening of knowledge and education built on foundations of basic-level competencies, which were also reviewed.
- Developed evidenced-informed rationale for inclusion of the fifth APRN role.
- Submitted a formal proposal for inclusion of the fifth APRN role to NCSBN in April 2015.
- Met with Maureen Cahill, MSN, APN-CNS, AOCNS, Associate, Outreach Services, NCSBN, Chair of the NCSBN Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (LACE) Task Force; and Frank Gerbasi, CRNA, PhD, Executive Director/Chief Executive Officer, Council on Accreditation of Nurse Anesthesia Educational Programs, on September 18, 2015. Received recommendations from the LACE Task Force for additional evidence in order to further consider the addition of the fifth APRN role.
- Developed and disseminated the White Paper: Graduate Holistic Nursing to the nursing and healthcare community (e.g. AHNCC certificants, AHNA membership, all state boards of nursing, AACN, NCSBN, Deans of AHNCC-endorsed and other schools of nursing, Fellows of the American Academy of Nursing, Nurse Executives). The white paper included three distinct purposes related to Advanced Holistic Nursing practice that:
  - described discrepancies between the ideal and current reality of today’s practice and educational models driven by the CM;
  - defined and described holistic nursing; and
  - declared intent to “ensure that credentialed graduate nurses, who practice from an alternative paradigm, are allowed to practice to the full potential of the role.” With this in mind, the AHNCC CMTF committed to partner with AHNA to:
    1) define the educational processes needed to prepare holistic nurses.
    2) draft the Essentials of Holistic Nursing, differentiated by educational level.

Intermediate Work (2015-2016)

- Conducted thorough, intentional examination/exploration of the AACCN Essentials of Basic, Masters, and Doctoral Education.
- Decided to develop one unified document, outlining/articulating the required components of Holistic Nursing Education Basic to Doctoral level, in line with a philosophy of wholeness.
- Developed the Foundations, Competencies, and Curricular Guidelines for Basic to Doctoral Holistic Nursing Education.

Current Tasks (2017)

- Publish the Foundations, Competencies and Curricular Guidelines for Basic to Doctoral Holistic Nursing Education, Volume One. This document will be available October 1, 2017 at www.ahncc.org and will be a free online download for one year.
- Send a press release from AHNA/AHNCC to all schools of nursing in the United States plus other stakeholders (e.g. certificants, State Boards of Nursing), announcing the publication of the curricular guidelines.

Upcoming

- Carry out four interactive phases:
  - **Support for educators:** This will include a webinar series (in development) and live sessions (in planning stage);
  - **Development of tool kits:** A series of tool kits will be available January 1, 2018;
  - **Role Clarification:** There is a transition occurring between now and 2027 when doctoral education will be required for an APHN-BC credential (articulate the phase-in of current AHN-BC certificants); and
  - **Resubmission** of the proposal for the inclusion of the fifth APRN role in the CM.
Holistic Nursing’s Moral & Social Imperative

The CMTF members believe expertise is acquired through recognition, acquisition, and artistic application of knowledge, skills, and attitudes framed by holistic nursing values, philosophy, and theories, and is clarified by all patterns of knowing. This core belief has guided their work from the outset. Ongoing dialogue and feedback has been continuously sought from a broad group at each stage of development (e.g., from endorsed schools, other schools, nurse theorists, nurse leaders, organizational leaders). Every thought, comment, idea, and question has been reviewed and considered. The Foundations, Competencies and Curricular Guidelines for Basic to Doctoral Holistic Nursing Education posits a formalized structure for curricular guidelines needed to seamlessly prepare holistic nurses across levels of education (Summers & Bickford, 2017), and as such provides a foundation and direction for unifying holistic nursing education, research, and practice.

Nursing’s challenge to practice within its moral and social imperative is multifaceted (e.g., economic restraints, social and political climate, confusing approaches to care such as “person-focused” versus “person-centered”). Yet holistic nurses are called to stay the course. As a voice for holistic advocacy, the CMTF has declared that holistic nurses need to practice within the context, philosophy, and core values described by the Holistic Nursing Scope and Standards of Practice (AHNA & ANA, in press). To acquire knowledge, skills, and attitudes, nursing sciences are taught within the context of health, wellness, and well-being. These embrace evidence-informed practice and are based on formalized, standardized curricular guidelines for holistic nursing education.

Grace, Willis, Roy, and Jones (2016) emphasize that nursing must recognize the necessity of creating knowledge from practice to develop the discipline of nursing. The knowledge borrowed from other disciplines needs to complement or add to our professional discipline, not direct it. Our ongoing commitment as holistic nurses will help us achieve this goal and will, indeed, transform healthcare. As the Dalai Lama XIV says, “If you think you are too small to make a difference, try sleeping with a mosquito.”

We invite you, one and all, to help us materialize our vision!

REFERENCES


Members of the Consensus Model Task Force

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Margaret Erickson, PhD, APRN, CNS, APHN-BC has been the CEO of the American Holistic Nurses Credentialing Corporation (AHNCC) since May 2000. She has practiced holistic nursing for 38 years, working with populations throughout the lifespan from the first to the last breath. She has also taught holistic graduate and undergraduate courses at the University of Texas at Austin and Tennessee State University. Margaret has researched, published, and presented in holistic nursing and health and is a member of the AHNA Health Advocacy committee.