

*Conceptual/Theoretical***What's in a Definition? *Holistic Nursing, Integrative Health Care, and Integrative Nursing*****Report of an Integrated Literature Review**

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Background: Nurses and others have used various terms to describe our caring/healing approach to practice. Because terms used can influence our image of ourselves and the image others have of us, we sought to clarify their meanings. **Questions:** How are the terms *holistic nursing*, *integrative health care*, and *integrative nursing* defined or described? Do we identify with these definitions/descriptions? Are the various terms the same or are they distinct? **Method:** We conducted an integrated review of peer-reviewed literature following the process described by Whittemore and Knaf. Using standard search methods, we reviewed full texts of 94 published papers and extracted data from 58 articles. **Findings:** Holistic describes “whole person care” often acknowledging body–mind–spirit. Holistic nursing defines a disciplinary practice specialty. The term *integrative* refers to practice that includes two or more disciplines or distinct approaches to care. Both terms, *integrative* and *holistic*, are associated with alternative/complementary modalities and have similar philosophical and/or theoretical underpinnings. **Conclusions:** There is considerable overlap between holistic nursing and integrative nursing. The relationship of integrative nursing to integrative health care is unclear based solely on definitions. Consideration of terms used provides opportunities for reflection, collaboration, and growth.

Keywords: *holistic nursing; integrative nursing; integrative health care; integrative medicine; integrated literature review*

Worldwide, many nurses practice patient- and family-centered care grounded in the principles of caring and healing. Nurses often define or describe the essence of these nursing encounters with words or labels that reflect their practice and express their experiences. Likewise, scholars, interprofessional partners, patients, and families also use terms to describe their health care encounters and experiences. Some of the labels used to describe such care are *holistic nursing*, *integrative health care*, or *integrative nursing*. There is not one unifying, internationally accepted term describing such practice.

Terms that serve as descriptors of care are likely embedded with philosophical undertones, conceptual meanings, phenomena attributes, and theoretical frameworks that shape not only practice but also education and research. This being the case, holistic nurses have a need to clarify the language they and others use to describe patient encounters and the

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nursing care given. Clarity about use of terms will support efforts to understand the concepts that have shaped practice and that are guiding practice today. Therefore, the purpose of this article is to summarize and report an integrated review of peer-reviewed literature done to identify the meaning, development, and current use of the terms related to holistic and integrative health care and nursing. Specifically, the questions addressed in this review of literature were the following:

- How is the term *holistic nursing* being defined or described?
 - What meanings of the term can be inferred from its use (past and present)?
- How is the term *integrative health care* being defined or described?
 - What meanings of this term can be inferred from its use (past and present)?
- How is the term *integrative nursing* being defined or described?
 - Is *integrative nursing* a subset of the term *integrative health care* or is it different? What meanings of this term can be inferred from its use (past and present)?
- Are there areas of similarity or intersection between or among these terms?
- In what ways are these terms different from each other?
- What can we learn about our nursing practice based on terms used to describe or define that practice?

Method

In order to retrieve literature through a systematic process, the authors followed the process described by Whittemore and Knafl (2005) for a review that would be broad, inclusive of theoretical and empirical approaches. Peer-reviewed publications were searched through three search engines: the Cumulative Index of Nursing and Allied Health Literature (CINAHL), MEDLINE, and Google Scholar. Inclusion criteria for articles were that the article either defined the term in question outright or described its use so that its meaning could be inferred. The search strategy is described below.

Search for the Term *Holistic Nursing*

The term *holistic nursing* was searched in CINAHL through EBSCO with no limits on the date

of publication. The two words were searched as a phrase since “holistic nursing” is a heading in the database; limits to the search were “peer reviewed/scholarly publications.” This search returned 4,345 papers. When adding “definition of” the search returned 148 papers. These papers were read for title and abstract to determine if the term *holistic nursing* was potentially defined or described in the article. Papers that addressed spiritual care only were excluded as were papers that did not address the meaning of the term. This resulted in 22 articles for the authors to read full-text.

Next the term *holistic nursing* was searched in MEDLINE through EBSCO in an identical process with a search for “holistic nursing” and the limit being “journal article” for type of publication and the words “definition of.” This search returned 170 papers that were read for title and abstract. The result was 23 papers. Of these 23 papers, 4 were duplicates of those already retrieved through the CINAHL search, leaving additional 19 papers for full-text review.

Last, the term *holistic nursing* was searched through Google Scholar and papers from the first 15 screens that were returned were reviewed in the same manner as above. This search provided four additional papers that were not duplicates of those already retrieved for full-text review.

Thus, there were 45 papers on holistic nursing that were selected for full-text review. Information on these papers were kept on a data extraction table in an Excel file that indicated the author and country of publication, citation, and specific data indicating the use or definition of the term.

Search for the Terms *Integrative Health Care* or *Integrative Nursing*

We began this search with the phrase “integrative nursing” and searched CINAHL through EBSCO with no limits on the date of publication. Limits placed on the search were “peer-reviewed/scholarly journals,” and the terms “definition of.” This search returned 57 articles and upon reading titles and abstracts there were three papers that potentially met the inclusion criteria. The vast majority of the papers retrieved from this search were integrative reviews of the literature on various topics not related to integrative nursing. We then noted that “integrative medicine” is a search phrase in the CINAHL headings, not “integrative health care” so

we altered our search protocol to conduct an additional search using “integrative medicine” as a search term, limited to peer-reviewed/scholarly journals and with the terms *definition of* added to the search. This search resulted in 29 articles and upon review of titles and abstracts and omitting duplicates from the initial search there were 13 additional articles that potentially met inclusion criteria. Next a MEDLINE search was conducted in the same manner as the CINAHL search (continuing to use “integrative medicine” as a search term in addition to “integrative health care” and “integrated nursing”), yielding 23 articles, 17 of which were duplicates of papers already retrieved. Therefore, six additional papers were added. Additionally, a MEDLINE search was conducted using the terms “meaning of” rather than “definition of” as a qualifier as we discovered that “meaning of” is a useful qualifier in MEDLINE, and this search resulted in seven additional papers. Last, Google Scholar was searched in the same manner used in the previous search and this returned 19 additional papers. Completing these searches yielded 48 papers that were selected for full-text review.

We learned in this search process that the term *integrative medicine* is used in the literature more often than the term *integrated health care*. In addition, another paper on integrative nursing that was not included in our databases came to our attention during our search process phase, and we included this paper as well in our full-text review. Thus, we had 49 papers proceeding to full-text review.

Literature Review and Data Extraction

Having conducted the searches above the authors, and colleagues who assisted when the publications were not in English, proceeded to read the full-text of the articles, with at least two readers reviewing each paper. The readers determined if the article meet inclusion criteria—that the article did define or describe the terms of interest and if so, the readers recorded either the definition or the use of the term. The readers also recorded if the term was clearly defined or if the definition was implied by the context and use of the term. When two readers disagreed, they discussed the article with each other to reach a consensus regarding inclusion. This process resulted in 24 articles on holistic nursing spanning the years 1987 to 2017, primarily from the United States but also from Brazil, Germany, India, Ireland,

Norway, Rwanda, Singapore, South Africa, Spain, Sweden, Taiwan, and from European teams representing the United Kingdom, Germany, and Sweden. There were 32 articles on integrative health care/medicine or integrative nursing spanning the years 1998 to 2018 and again primarily from the United States but also from Australia, Canada, China, New Zealand, Sweden, and from European teams from several countries writing on the topic.

Findings

Holistic Nursing

Extracting data from 24 papers in peer-reviewed journals, we found that the literature from the 1980s to the present documents consistent interest in and development of the concept of “holistic nursing.” Throughout the decades there remains a clear consensus that holistic nursing has to do with “whole person care,” making distinctions between holistic care and care or treatment addressing the physical body only. Holistic nursing attends to the complexities of the human experience. Importantly, holistic nursing is not exclusively a North American concept.

In a review article on the terms *holism* and *holistic nursing*, Sarkis and Skoner (1987) noted that holism had been addressed in psychological and philosophical literature before it appeared in a nursing context. Sarkis and Skoner credited the first use of the term *holistic nursing* to Dr. Myra Levine, who suggested in 1971 that modern thought and reductionism are not congruent with the wholeness of human life. These authors concluded that holism in nursing requires an understanding that intuition, subjectivity, the value of the individual, caring, warmth, and compassion need to be retained in what was then becoming “research-based nursing.” These authors also noted that some writers include use of complementary and alternative therapies within the practice of holistic nursing.

Into the 1990s and beyond, authors sought to clarify what holistic nursing and its related concepts mean both to practicing nurses and to scholars. The period through the 1990s and into the early 2000s was marked by theoretical work, concept analyses, and discussions of application to practice. In 1992, in a detailed discussion of pain and pain [or comfort] care, Cupples wrote that interventions to address pain required use of empathy. Considering

the complexities of pain control, Cupples concluded that the way in which pain is conceptualized by the nurse will influence whether or not the care provided will be holistic. Concurrently, others in nursing were examining how emerging nursing theories conceptualized care and ways in which theory promoted holism in practice. In 1992, Brouse used the then current AHNA (American Holistic Nurses Association) definition of holistic nursing from 1986 and also reviewed the AHNA statement on ethics. She focused on the ideas of wholeness and change as being the essence of holistic nursing. She documented how nursing theories of Orem, Neuman, Roy, Rogers, Parse, and Watson took up the concepts of wholeness and change, concluding that each of these theories addressed the concepts. She went on to encourage the use of theory to guide nursing practice. Similarly in 1999, Neto and da Nóbrega from Brazil made a point that holism was an important part of nursing practice and did so by reviewing many theorists, including Brazilian nurse theorist Wanda Horta as well as others such as Peplau, Henderson, Orem, Weidenbach, and Roy. Neto and da Nóbrega (1999) stated that nurses and students need to understand holism, the nature of human beings, and how people fit into the universe. In 2000, Hancock recognized the importance of spirituality in holistic care and evaluated the ways in which nursing theorists addressed spirituality. She noted that each theorist did address the concept, yet called for a consensus definition of both spirituality and holism. In 2002, Buckley presented work influenced by psychoneuroimmunology to begin understanding the mind–body connections in her field of palliative care. Using this framework, she described the holistic nurse as self-aware with a blend of expertise, intuition, creativity, and compassion. Berg and Sarvimäki (2003) wrote from a holistic–existential approach and defined holistic nursing as understanding a person from that person's own perspective.

In a paper from Germany during this time period, the authors sought to examine holistic nursing for a German-speaking audience (Glaser & Bussing, 1996). Noting that papers on the topic were first published in English, these authors wrote that “holistic” encompasses more facets than can be easily described. Against the background of Gestalt theory, wholeness can be outlined with the statement that the whole is more than the sum of its parts. For example, the entirety of a patient orientation is more

than the nursing problems and nursing resources. Holistic considerations of the patient can reflect on different perspectives: holistic in the sense of anthroposophic unity of body, spirit, and soul; holistic in the sense of a developmental psychological view back to the patient's life story; and holistic in the sense of the patient's social references and living environment.

What emerges from this early work on the concept of holistic nursing is the idea that the holistic nurse is self-aware; has an understanding of intuition, subjectivity, spirituality, and empathy; possesses the ability to conceptualize nursing work; understands conditions and experiences from the patient's perspective; and acts with creativity, compassion, and expertise. In addition, holistic nursing is complex, understands the individual from differing perspectives taking into account more than nursing problems and nursing resources. These characteristics of the holistic nurse and the meaning of the term are a summary of the six papers cited above (Berg & Sarvimäki, 2003; Brouse, 1992; Buckley, 2002; Cupples, 1992; Glaser & Bussing, 1996; Neto & da Nóbrega, 1999).

Many of the authors who followed from early 2000 to 2010 most certainly read, referenced, and incorporated the AHNA definitions and descriptions of holistic nursing into their own work. While the AHNA definition/description of holistic nursing has changed somewhat over the years, the essence of the term has remained constant. The description as presented in the organization's first position paper and Standards of Practice reads: “Holistic nursing includes all nursing practice that has healing the whole person as its goal” (Frisch, Dossey, Guzzeta, & Quinn, 2000). The organization's descriptions of holistic nursing have also included the notion that the holistic nurse is an instrument of healing and a facilitator of the healing process. Others wrote that to practice holistic nursing the nurse must integrate self-care, self-responsibility, and reflection in their lives (Dossey & Keegan, 2009; Mariano, 2007).

During the time period through 2010, authors outside the United States addressed the meaning of the definition or description of holistic nursing. Writing from Singapore, Hau (2004) presented findings of a participant observation study and reported that holistic health care involves demedicalization of practices to include psychosocial factors and

suggested that holism requires individualized care. Furthermore, Hau stated holism requires a progressive nurse–patient relationship, which is not inhibited by pragmatic health care systems. Tjale and Bruce (2007) conducted a concept analysis of holistic nursing care in South Africa and concluded that holistic nursing care has two dimensions: whole person (physical, mental, emotional, spirit and spiritual being) and mind–body–spirit. Spirituality was found to be the predominant antecedent, while use of complementary and alternative modalities was an associated attribute. In Sweden, authors studied holistic nursing in a primary care setting (Strandberg, Oved, Borgquist, & Wilhelmsson, 2007) and wrote that holistic primary care means considering patients within their contexts, including families and social circumstances. In primary care, “holistic” is different from “comprehensive.” Strandberg et al. (2007) concluded that a holistic approach is multidimensional and is required in primary care settings. While not addressing nursing specifically, Chou, Hu, and Zhi (2007) reported in a nursing journal that the country of Taiwan was developing a systems-level approach to incorporate holism into its health system. For them holism is represented by four elements: the environment, genetics, living lifestyle, and the health care system, all coming together to have an impact on holistic health. McEvoy and Duffy (2008) from Ireland conducted a concept analysis of holistic nursing practice and concluded that attributes of holistic practice included attention to mind–body–spirit, whole person, harmony, and healing. Berg (2009) from Norway used qualitative research methods to document that health can be enabled and described holistic nursing as care that

focuses on the persons existential experience of health and illness as a basic source of information... [and includes] health promotion and empowerment. (p12-13)

Additionally, Lemos, Jorge, Almeida, and de Castro (2010) from Brazil asked nurses their perceptions of what holistic nursing was. These authors report that nurses in their study described holism as “whole being”; entire being; with social, spiritual, physical, and emotional components—something that many may called an integral vision of the human being. Their discussion focused on not

treating patients as sick beings, but as persons with feelings, desires, and afflictions. These authors called for a “humanization” of care, treating others as one would like to be treated oneself. They further concluded that holism permeates the practice of all health professionals and is multidisciplinary.

At the time these studies were being done and shortly thereafter, we noted that other scholars were studying concepts related to holistic nursing, concepts that could easily be incorporated into the definition of holistic nursing. These concepts were *presence* (Covington, 2003; Hessel, 2009), *nurturance* (Sappington, 2003), *intentionality* (Aghebati, Mohammad, Ahmadi, & Noaparast, 2015; Zahourek, 2005), and *healing* (McElligott, 2010). This work and the time in which it was done marks the search for clarity and understanding of holistic nursing practices by a discipline developing its expertise.

Most recently, in 2017, a concept analysis of holistic nursing confirms the enduring qualities of holistic nursing. Recognizing that there is no one agreed-upon definition of the concept, Jasemi, Valizadeh, Zamanzadeh, and Keogh (2017, writing from India) conducted a concept analysis by using a hybrid model that included both a theoretical review and interviews with selected nurses. These authors identified the following characteristics of holistic nursing: It is derived from philosophies of holism and humanism and recognizes the person as a whole and acknowledges interdependence of varying aspects of the whole. Holistic providers consider the whole person within the context of the environment and understand the mind–body–spirit. These providers use several modalities to deliver holistic care and to restore power and responsibility to patients and support self-care practices. The relationship between provider and patient is based on openness, equality, and mutuality, with recognition that providers have a need for care and support that is equally important as the care and support for patients. This work stands as our most comprehensive and scholarly definition of the term.

Additional current writings raise awareness of the multidisciplinary nature of holistic nursing practice and of the inevitable economic/political conditions needed to enact holistic nursing care. In 2017, Lamb et al. (writing from Europe) convened a team of health professionals and patients to determine how to design an integrated care program to meet the holistic needs of their patient population (men

with prostate cancer). Through an iterative process the team reached a consensus that holistic care delivery requires attention to the environment in which it is provided. Such an environment includes a culture of continuous assessment of patient satisfaction and care outcomes. Care must be patient centered and delivered by an integrated team with a flat hierarchy. The consensus was that the team should have a culture of leadership without blame, sharing experiences and learning, striving for quality, and evaluating outcomes. Rosa (2017) wrote from a very different perspective—that of designing and delivering care in a low- or middle-income country. Using Rwanda as an exemplar, she took up the AHNA definition of holistic nursing and compares the conditions for such care against the realities of a country facing challenges in providing health care to its citizens. She noted impressive improvements in health care delivery in Rwanda over the past 21 years, yet also described the state of nursing education that focused on more basic services and technologies than what others may see as holistic needs. She wrote that nursing education, while interested in caring sciences, lacks the capacity or resources at this time to invest in this work. Her writing raises the question of whether holistic nursing as defined and described is nursing reserved only for the affluent.

Definition of the Concept “Holistic Nursing.” Current definitions or descriptions of “holistic nursing” align well with the AHNA definition. As the concept evolved, scholarly writing moved from describing *what* holistic nursing is to other considerations. These included attributes needed by nurses to deliver the care (e.g., empathy, compassion, self-awareness), uncovering how holistic nursing is conceptualized (through theory or other concept identification), as well as understanding the culture of the care environments that serve to either enable or inhibit holistic nursing practice. As one considers the health care environment today, we have learned that the values, collaborative efforts, and practices of other health professionals are integral to achieving the outcomes of holistic nursing care. There were only two articles in the literature reviewed suggesting that holistic nursing must be enacted in a multidisciplinary environment where teams of professionals are working together (Lamb et al., 2017; Lemos et al., 2010). Interestingly, these papers were written by teams outside the of the United States—Europe and

Brazil—which may indicate differences in health care systems or contextual approaches to care. Last, considerations of resources held by health care systems, priorities of population needs, and the costs of providing holistic care in low- and middle-income countries calls into question the idea that holistic nursing can be enacted in all settings at this time.

Integrative Nursing, Integrative Health Care

Extracting data from 34 peer-reviewed articles from 1997 to 2018 documented that there is no firm definition of “integrative health care” or “integrative medicine,” and notably, the term *integrative nursing* is not prominent in the peer-reviewed literature on integrative health. Nonetheless, there has been a pervasive view that one important aspect of “integrative care” is that it is a combination of two or more paradigms of care or two or more types of treatment modalities. Examples are that “integrative health care” can be (1) a combination of allopathic or conventional care with complementary and/or alternative modalities (Coulter, Khorsan, Crawford, & Hsiao, 2010; Dobos, 2009; Holmberg, Brinkhaus, & Witt, 2012; Hughes, 2001); (2) a combination of a variety of healing, preventative, or treatment modalities (Jonas & Chez, 2004); (3) a combination of Chinese medicine with Western medicine (Sun, Wu, & Lu, 2012; Zhang, 2014; Bjersa, Victorin & Olsen, 2012); and (4) care that in some way extends beyond the allopathic approach (Shah, Becicka, Talen, Edberg, & Namboodiri, 2017). In addition, Pearson and Chesney (2007) wrote that integrative care represents a higher order of practice providing whole person care emphasizing healing and wellness as primary goals. Stumpf, Shapiro, and Hardy (2008) noted that the practice emerged out of a consumer-driven public interest in an alternative approach to care, yet the definition of integrative care remained unclear just as the practice remained unregulated.

Several authors emphasized the health and healing aspects of “integrative” care to suggest that such care addresses the whole person (Boon, Verhoef, O’Hara, Findlay, & Madjid, 2004; Caspi et al., 2003; Chaudry et al., 2015; Ernst, 2004; Hughes, 2001; Shah et al., 2017). For example, Shah et al. (2017) suggested that “integrated care” is a way to reconnect mind–body–spirit. Hughes (2001) referred to the emphasis on healing rather than on treatment and disease. Ernst (2004) wrote that an understanding

of the person as whole (body–mind–spirit) and an emphasis on wellness and healing are required in an integrative and holistic approach. In addition, according to many authors, providing integrative care requires a strong and positive therapeutic relationship between provider and patient that is based on mutual trust (Academic Health Centers for Integrative Medicine [AHCIM], 2005; Bolles & Maley, 2004; Hughes, 2001; Kligler et al., 2004). In writing about oncology care specifically, Witt, Baineaves, et al. (2017) described integrative care as that which is patient-centered, based on evidence, and uses mind/body practices, natural remedies, and lifestyle modifications along with conventional cancer treatments. In another article, Witt, Chiaraconte, et al. (2017) described the outcome of such care—as a state of well-being that reflects the individual, community, and population, encouraging people to develop ways of living, that promote meaning, resilience, and well-being. This view was supported by Madsen, Vaughan, and Koehlmoos (2017) who reported that the care outcomes include optimum mental, physical, emotional, spiritual, and environmental health, making the care increasingly popular for those addressing chronic, complex health conditions.

Other authors emphasized the need for practice-based evidence in providing integrative care (AHCIM, 2005; Chaudry et al., 2015; Kligler et al., 2004). For example, Kligler et al. (2004) simply stated that integrative care makes use of the “best available evidence, taking into account the whole person (body–mind–spirit) including all aspects of lifestyle” (p. 520).

These notions about integrative care—the integration of differing perspectives, a whole-person approach, an emphasis on healing, the need for a therapeutic relationship, and the use of evidence—are best summed in the description offered by Jonas and Chez (2004). They refer to integrative medicine as “a coordinated application of a variety of healing, preventative, and treatment modalities in therapeutic settings” (p. S5). They noted that such care requires a coordination of multiple service components and the availability of information, evidence, resources, and an infrastructure appropriate to apply them. Later, in 2015, Hu et al. completed a review of narrative and systematic reviews of integrated medicine and reported similarly that integrative care combines conventional and complementary practice, focuses on health and healing, makes use of the

best treatments available, recognizes the body’s innate responses, and is delivered by a multidisciplinary team.

Other definitions of integrative care referred to the systems of care delivery and moved the thinking out of direct care practice to the level of health care organizations. As early as 1999, MacIntosh noted that the term *integrative* can be applied to a health care system. Later, other authors provided a sense that the context in which care is delivered, that is the health care system itself, must change to facilitate the use of varying treatment options (Boon & Kachan, 2008) and emphasize health, well-being, and healing the whole person as primary system goals (Coulter et al., 2010). Mulkins and Verhoef (2004) reported that integrative care needs to be supported by care environments where personal wellness, self-awareness, and positive relationships are fostered and where the system accepts a paradigm shift to support wellness and to keep the central focus on the patient. Leach, Wiese, Thakker, and Agnew (2018) emphasized that client choice and access to care are important conditions for the delivery of integrative care.

In the integrative health and integrative medicine literature, some authors wrote from an exclusively medical perspective as if there are no other providers who have a role in integrative care. For example, Ernst (2004) stated that integrative medicine is “nothing less than good medicine . . .” (p. 565) and implies that there are no other practitioners involved. Ernst took exception to any suggestion that physicians are incapable of a whole person approach, citing the ethical imperative of physicians to maintain good relationships in their practices. Dobos (2009) considered integrative medicine a beginning of a paradigm shift in medical practice, and recognizing that CAM (complementary and alternative medicine) modalities cannot be just an add-on to physician work, he called for an additional 2-year training program for physicians. Likewise, Stumpf et al. (2008) called for certification in integrative medicine. Also, in 2005, the AHCIM published a curriculum guide to teach medical students the competencies for integrative care without mention of any other type of provider.

The view that integrative medicine is a physician-only practice was criticized by others. Benjamin et al. (2007), representing an interdisciplinary team of academics and care providers from medicine and other disciplines, expressed concern that the

curricular proposal of the AHCIM gave the impression that allopathic physicians can simply incorporate what they perceive as good CAM practices and become “integrative.” These authors most certainly believed that the lack of mention of any other health provider was a problem in the national curriculum proposal for medical schools. They warned against an “us and them” mentality and urged cooperation between and among physicians and CAM providers from differing perspectives. Rosenthal and Lisi (2014) noted that ignoring multiple disciplines in the definition of integrative care “leaves out the rich experience and context” of those practitioners and results in a devaluing interprofessional practice. In 2004, Boon et al. very clearly articulated the interdisciplinary nature of integrative health care work. This Canadian-based team described integrative medicine as being “interdisciplinary, and a non-hierarchical blending of CM [conventional medicine] and CAM” (p. 55). They wrote that integrative care employs a collaborative team and results in effective care. Of further interest is the fact that Boon et al. reported that they were not fond of the use of the term *integrative medicine* because of the interdisciplinary nature of the work and would prefer the use of *integrative health care*. Nonetheless, they chose to use *integrative medicine* as a term because it is a term used and understood by many health care consumers and seemed to have a meaning within society.

A much smaller number of authors delved into the concepts and values inherent in integrative practices. Early on MacIntosh (1999) commented that, at the time of her writing, *integrative* was a term being used without a foundational philosophy, implying that such a philosophy would ultimately be required for the practice. To date, it seems that such a philosophy has not been fully addressed. In 2003, Barrett et al. referred to an early 1993 text on “integrative medicine” and stated that integrative care results from an incorporation of concepts, values, and practices. Boon et al. (2004) referred to “philosophy and values” as one component of integrative care. Furthermore, this team suggested that a philosophy for this work is one that considers the whole person and understands disease as multifactorial.

None of the papers that called for an interdisciplinary approach as part of the definition of integrative care specifically mentioned Nursing as one

of the disciplines that could be involved. Yet three of the papers reviewed specifically addressed nursing. The first was a call for integrative health care to be taught in nursing schools (Van Sant-Smith, 2014). The author noted that CAM and integrative health care share common values with holistic nursing and defined integrative health care as conventional care that includes CAM. She challenged nursing education to add the goal that graduating nurses have at least knowledge of integrative therapies. In 2015, Kreitzer defined integrative nursing as a “framework that provides whole person/whole system care that is relationship based and person-centered and focuses on the health and well-being of caregivers as well as those they serve” (p. 1). In another article, she and coauthors further explained that integrative nursing must be informed by evidence and demonstrated how it can link unitary paradigms to policy decisions and practices (Koithan, Kreitzer, & Watson, 2017).

Definitions of the Terms Integrative Health Care, Integrative Medicine, and Integrative Nursing. The terms *integrative health care* and *integrative medicine* have been in the literature since the late 1990s and over the years several different definitions/descriptions have emerged. In 2012, Holmberg et al. suggested that the term *integrative medicine* may be a transitional term used until a better description emerges and such a new term may reasonably describe visionary health care. Boon et al. (2004) recognized that integrative medicine may not be the correct term nor does it provide the best connotation for what is intended by its use, yet this team used the term because it was the term understood by both professional and public users. In the process of conducting focus groups to explore the definitions of CAM and integrative medicine, Gaboury, April, and Verhoef (2012) found that their participants did not like the use of the word CAM, though they recognized that the term has been used enough that people know the term. A notion here is that may be hard for any provider group to dictate the terms to be used by both themselves and others about that practice that strives to be whole, interprofessional, based on identified philosophies and guided by evidence. As early as 2004, Leckridge pointed out that all of definitions of CAM and integrative

Table 1. Current Definitions/Descriptions of the Terms *Holistic Nursing*, *Integrative Health Care/Medicine*, and *Integrative Nursing*

Holistic Nursing ^a	Integrative Health Care/Medicine ^b	Integrative Nursing ^{c,d}
<ul style="list-style-type: none"> • Is derived from philosophies of holism and humanism • Recognizes the person as a whole and acknowledges interdependence of varying aspects of the whole • Considers the context of the environment • Understands the mind–body–spirit • Uses several modalities to deliver care and to restore power and responsibility to patients • Supports self-care practices • The relationship between provider and patient is based on openness, equality, and mutuality • Recognizes that providers have a need for care and support that is equally important as the care and support for patients 	<ul style="list-style-type: none"> • Practice that recognizes philosophy and values as basis for care • Health care that begins with partnerships between providers and patients • Treats “the whole person to assist the innate healing properties of each person and to promote health and wellness as well as prevention of disease” (p. 55) • Care that is interdisciplinary, and a nonhierarchical blending of conventional medicine and CAM • Care that employs a collaborative team, resulting in effective care^b 	<ul style="list-style-type: none"> • A framework based on a set of principles that are consistent and aligned with major nursing theories • Is a way of being–knowing–doing that advances health and well-being of persons, families, and communities through caring and healing relationships • Provides practice guidance that can shape or direct care across clinical settings^c (p. 2) • Is informed by evidence • Demonstrates how the practice can to link unitary paradigms to policy decisions and practices^d

Note. CAM = complementary and alternative medicine.

^aJasemi, Valizadeh, Zamanzadeh, and Keogh (2017). ^bBoon et al. (2004). ^cKreitzer (2015). ^dKoithan, Kreitzer, and Watson (2017).

medicine are culturally and politically determined. Leckridge would likely caution us today that the terms being used are evolving and must be understood within the cultural contexts of our work and all of our health care disciplines.

Boon et al. (2004) provided the most comprehensive definition. These authors wrote a definition of integrative health care that begins with partnerships between providers and patients and treating “the whole person to assist the innate healing properties of each person and to promote health and wellness as well as prevention of disease” (p. 55). These authors go on to explain that integrative health care is interdisciplinary, and a nonhierarchical blending of conventional medicine and CAM, employing a collaborative team, resulting in effective care.

The most current definition of integrative nursing is provided by Kreitzer (2015), who wrote that it is a “way of being-knowing-doing that advances health and wellbeing of persons, families and communities through caring and healing relationships.” She goes on to relate that integrative nursing is a “framework based on a set of principles that are consistent and aligned with major nursing theories and provides practice guidance that can shape or direct care across clinical settings” (p. 2).

Table 1 provides a summary of the current definitions of holistic nursing, integrative health care/medicine, and integrative nursing.

Areas of Similarity or Intersection Between or Among Terms

There are many similarities between the definitions of “holistic nursing” and “integrative health care/medicine” as both recognize whole person care, emphasize healing rather than treatment of disease, note the prominence of the therapeutic relationship between the health care provider and patient, and express a need to ground practice on principles and values of holism. Similarities also exist between the definitions and use of the terms *holistic nursing* and *integrative nursing*. Both relate to providing whole-person care, both acknowledge the need for person-centered and relationship-based practice, and both are grounded in principles of healing and wholeness emerging from nursing theories.

Areas of Differences Between or Among Terms

The most obvious difference between the terms *holistic nursing* and *integrative health care/medicine* is the notion that “holistic nursing” is a discipline-specific practice specialty and “integrative health care/medicine” is an interdisciplinary, interprofessional approach to guiding practice. Furthermore, the “integrative” literature addresses both the collaborative nature of shared practice and the system-level and

policy requirements for enacting integrative care (e.g., infrastructure, resources, workplace culture and environment), while “holistic nursing” does not.

By using the word *integrative*, “integrative nursing” practitioners seem to align themselves with the integrative health care/medicine field. An assumption that follows is that “integrative nursing” is nursing practice enacted within an interdisciplinary, interprofessional team. As such, use of the term *integrative nursing* may be implying a practice focus rather than an emphasis on development of nursing science to provide a foundation to guide practice.

Considering the ways in which the two fields of “holistic nursing” and “integrative health care/medicine” evolved, another major difference is noted. “Holistic nursing” emerged from academic reflections on the theories and philosophies of holism and ethics leading to the development of a nursing theoretical base for research and practice. “Integrative health care/medicine” emerged from practice environments where caring health care providers saw the need and desirability of including nonconventional treatments, modalities, and alternative views of health/disease into their practices. For holistic nursing, articulation the philosophies, theories, and concepts came first while the transfer of these principles and values into practice came second. For integrative providers, the need to apply ideas, modalities, and interventions to practice came first, while reflection and articulation on holistic values and principles came second.

The term *integrative nursing* remains somewhat ambiguous when considering the similarity or difference with either “holistic nursing” or “integrative health care provider.” The term *integrative nursing* is used to distinguish its practice from *holistic nursing* (a term its proponents do not use) yet its definition acknowledges that integrative nursing practice is guided by the same principles and theories recognized as “holistic nursing.” In addition, the definition of “integrative nursing” does not explicitly address the combination of two or more treatment modalities or points of view within care that have been a hallmark of “integrative” care literature. Again, one assumption we tentatively draw is that “integrative nursing” is meant to refer to nursing that is carried out within an interprofessional team of integrative health care providers and is not being used to define a nursing practice specialty.

Learnings About Nursing Practice Based on Terms Used to Define or Describe the Practice

Our review suggests that the principles, values, and goals of holistic nursing, integrative nursing, and integrative health care/medicine are quite similar. There are four ideas that stand out as learnings from this work. (1) It is hard to make a distinction between “holistic nursing” and “integrative nursing” based solely on definitions/descriptions in the literature reviewed. (2) If one accepts the interdisciplinary nature of the integrative health care field, it seems quite reasonable to envision professional nursing as part of such a practice. Yet the interdisciplinary nature of holistic nursing practice was mentioned in only two of the papers reviewed and the integrative nursing papers did not address the interdisciplinary, interprofessional nature of that nursing practice. (3) It became apparent that the integrative health care field has never fully developed or articulated the philosophical/theoretical base of its work. (4) Integrative nursing as a disciplinary perspective is largely absent in the peer-reviewed integrative health literature.

Discussion: A Way Forward

This review identifies gaps in nursing knowledge and scholarship that could be addressed by future research and scholarly endeavors, perhaps beginning with a clearer documentation of current integrative and holistic nursing practices. For example, a functional job analysis of nurses who self-identify as “holistic” or as “integrative” might shed light on similarities and differences that have not been clarified. Furthermore, the relative importance or priority given to theory and philosophy or to practice could be explored to determine the effects on practice choices and health outcomes. Theory has most certainly influenced the development of holistic and integrative nursing, yet exploration of how theory has affected the nursing specialty and the interprofessional enactment of that practice is beyond of the scope of this review. Further exploration is warranted. Last, the ways in which professional nurses enter into an interdisciplinary and interprofessional team of integrative health care providers would be another area to explore. Research addressing the question of “how” nurses enter into such teams and what their contributions are to the team’s practice

decisions would be important to know and would assist nursing educators in preparing nurses with the requisite competencies for practice.

Reflecting on this review, it is curious to see that nurses have not been active in the academic literature related to integrative health care/medicine, given that nursing has an involvement in many integrative clinics, prepares many in our discipline for “integrative” practices, and many nurses use the term to describe themselves. Our search for peer-reviewed papers that provided definitions or descriptions of the term *integrative nursing* yielded only three papers. It would appear that the Nursing academic effort is the development and description of “holistic nursing” and that the integrative nursing writing has been disseminated in non-peer-reviewed venues. Likewise, it is curious to note that while there is and has been an active literature in the field of “integrative health care/medicine,” the scholarship has proceeded without the direct benefit of nursing scholars. Given that one gap identified in this literature review is the need for development and articulation of philosophy, theory and frameworks for practice, it would seem evident that nursing scholars are well-prepared to make this contribution.

Limitations

The authors acknowledge limitations in this review. As an integrated review of peer-reviewed papers only there is undoubtedly information in grey literature that we did not access. Furthermore, we did not seek to uncover the role that nursing and other theories have played to influence the concepts that define or describe holistic or integrative practice. These additional bodies of work would help in understanding the concepts. We would consider a full scoping review of peer-reviewed and grey literature as a possible next step.

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