Delineating and Guiding
Holistic Nursing Practice:
Holistic Nursing Scope and Standards,
3rd Edition

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In 2007, the American Holistic Nurses Association (AHNA) first co-published the Holistic Nursing: Scope and Standards of Practice with the American Nurses Association (ANA), marking the pivotal turning point of specialty status recognition for the profession of holistic nursing, followed by a second edition in February 2012. AHNA’s 2017 Scope and Standards Task Force, chaired by Nancy Laplante, PhD, RN, AHN-BC, undertook another revision to reflect the growth of holistic nursing as a specialty, to articulate the changes in the field, and to delineate the evolving professional responsibilities of the holistic nurse. It describes the who, what, where, when, why, and how of the practice of holistic nursing. The 3rd edition was published in June 2019.

The Holistic Nursing: Scope and Standards of Practice, 3rd edition (ANA & AHNA, 2019) is the foundational document and resource for holistic nursing education at all levels (i.e. undergraduate, graduate, continuing education), and for holistic nursing practice, research, advocacy, and certification. Serving as the key resource for holistic nursing, this document guides clinicians, educators, researchers, nurse managers, and administrators in professional activities, knowledge, and performance that are relevant to the following areas of holistic nursing: basic and advanced practice, education, research, advocacy, and certification. The Task Force revised the standards to reflect the 2015 ANA language for Standards of Practice and Standards of Professional Performance while also incorporating the orientation of holistic nursing, Within each of the standards, competencies are presented for both basic and advanced practice.

Summary of changes to the Scope and Standards for the 3rd Edition:
There have been a number of revisions and additions in the 3rd edition. All sections of the document – including the Introduction and Overview, Scope of Practice, Standards of Practice, Standards of Professional Performance, References and Appendices – have been updated as detailed in this article.

Changes in the definition and overview of holistic nursing deletes the section referring to integration and the goal of integration and interconnectedness in its entirety. Within the context of the document, the focus of disease and risk reduction has been altered to enhance wellness and well-being, and frame illness and disease in terms of experiencing health challenges. Changes include:

• Comprehensive health promotion and disease and illness risk reduction changed “to enhance wellness and well-being” (ANA & AHNA, 2019, p. 1).
• Opportunities in each individual’s experiences of illness and disease for the individual’s transformation, growth, and finding of meaning “that exist in each individual’s experience of health challenges” (ANA & AHNA, 2019, p. 1).
• The phenomena of concern to holistic nursing added a detailed list of 15 categories which are then expanded on at length in the 3rd edition, such as the caring-healing relationship, spirituality in nursing care, and energy and consciousness.

A revised section on the Evolution of Holistic Nursing includes expanded references to ancient cultures defining holism in terms of the balance of nature’s forces. Early in American healthcare, a philosophy emphasizing a relationship with nature and her elements was deeply embedded in the
A section on early 19th century nurses was added, beginning with Sister Matilda Coskery, a Sister and Daughter of Charity of Vincent de Paul. She wrote a text for nurses in 1840, *Advices Concerning the Sick*, that focused on the holistic needs of patients with mental illness, detailing skills that addressed the spiritual and corporal needs of the ill (Libster & McNeil, 2009). Florence Nightingale, like her American predecessors, demonstrated an enduring commitment to a holistic philosophy and approach that incorporated the elements of care in service to people's physical, mental, emotional, and spiritual needs (ANA & AHNA, 2019, p. 4).

AHNA's vision has been revised to the current vision statement and “global” has been added to the promotion by AHNA and the advancement of the science of holistic nursing.

The philosophical principles of holistic nursing have been revised by adding:
- A foundation of holistic nursing in the sciences;
- Nursing as an art;
- Environmental influences and cultural perspectives;
- Self-Development;
- Support for the metaparadigmatic constructs of nursing; and
- Leadership (ANA & AHNA, 2019, pp. 11-12).

A new section on Environment discusses environmental health, integrating numerous interacting factors such as safety, security, and violence; it is not simply a result of physical qualities such as air quality and temperature. From a nursing perspective, environment encompasses physical, social, psychological, cultural, and spiritual characteristics together with external and internal features, animate and inanimate objects, climate, and seen and unseen vibrations, frequencies, and energy patterns (ANA & AHNA, 2019, p. 14).

**Core Value 1. Holistic Philosophies, Theories, and Ethics** has been revised significantly to elaborate on holistic philosophies. Holistic nursing theories were defined to refer to the framework over time, not just based on Florence Nightingale's writings as a single-guiding one. Holistic ethics have been included at length, including case examples, using the ANA *Code of Ethics for Nurses with Interpretive Statements*.

**Core Value 2 is now Holistic Nurse Self-Reflection, Self-Development, and Self-Care**, previously Core Value 5. The remaining core values have been renumbered accordingly.

**Core Value 3. Holistic Caring Process**, previously Core Value 2, made changes for inclusive language and greater definition. A section has been added to define the plan of care made in collaboration with clients. The NCCIH definitions of “complementary,” “alternative” and “integrative” healthcare are included and defined in specificity. Complementary health approaches are detailed in four sections with specificity. A large section has been included to address nurse participation in program development and health coaching as a role.

**Core Value 4. Holistic Communication, Therapeutic Relationship, Healing Environments, and Cultural Care**, previously Core Value 3, was revised. The emotional nursing response to communication, therapeutic relationship, and healing environment was reframed in more clinical terms. A section has been added on the therapeutic use of self, and interventions have been redefined. Environment and context of family relationships are redefined. Healing environments have been entirely rewritten to reflect the emphasis that holistic nursing places on environment as a major health factor.

**Core Value 5. Holistic Education and Research**, previously Core Value 4, includes detailed basis for holistic nursing education, and a greater definition has been added to all aspects considered education, personal experience, and holistic nursing knowledge. A new section has been added on the research and development of the whole-person treatment of pain and the therapeutic modalities associated with non-pharmacological pain treatment. Traditional and indigenous practices have also been referenced as valid within holistic nursing.

The role of the American Holistic Nurses Credentialing Corporation (AHNCC) under Basic Practice Level has been defined in greater detail and resources listed. Also, the 2016 National Student Nurses Association (NSNA) Resolution supporting the integration of holism into nursing curricula has been referenced and sourced.

**Advanced Practice Level** coursework has been updated and rewritten, deleting the original section using the 2008 Consensus Model for APRN Regulation, and replacing this with new content that goes into great detail regarding AHNCC and AHNA efforts to address the response to the Consensus Model and the 2014 Consensus Task Force that was implemented to address concerns about the lack of recognition of Certified Advanced Holistic Nurses.

The section on Certification in Holistic Nursing has been revised with current specific information and now includes the six certifications and updated requirements for certification. The section on Continuing Education has been rewritten to correct and define the role that AHNA plays as an accredited provider of continuing education as well as the function of the AHNA endorsement of certificate programs.

The section on Issues in Holistic Nursing has been revised to address in greater detail the integration of holistic nursing curricula into nursing education. The section also deletes the mission of the NCCAM and replaces it with the mission of the NCCIH.

**Clinical Practice** is revised to include a section on addressing the nursing shortage. Statistics have been updated, and current information and recommendations from the ANA have been included.

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CHANGES TO STANDARDS OF HOLISTIC NURSING PRACTICE

Standard 1. Assessment has been revised for greater clarity and specificity. Additional competencies have been expanded to include using advanced assessments, skills enhancement, and the synthesis of results and information in clinical understanding.

Standard 2. Diagnosis has been revised to include technology and aggregate-level data as well as additional competencies for advanced practice RNs.

Standard 3. Outcome Identification has been revised for greater clarity and specificity and to include additional competencies.

Standard 4. Planning has been revised for greater clarity and specificity and additional competencies, including:
- Creates holistic nursing plans of care that enhance the connection between the body, mind, emotions, spirit, and environment.
- Advocates for responsible and appropriate use of interventions to minimize unwanted or unwanted treatment and/or healthcare consumer suffering. (ANA & AHNA, 2019, p. 74).

Standard 5. Implementation has been revised to address partnerships for integration and incorporation of complementary and integrative health approaches. Seven additional competencies have been added at the basic level and five at the graduate level.

Standard 5A. Coordination of Care has been revised to further define coordination and partnerships. Eight additional competencies have been added encompassing topics such as collaboration, communication, advocacy, and documentation.

Standard 5B. Health Teaching and Health Promotion has been greatly expanded to include education of the consumer, and provides a greater definition of teaching methods/modalities. Four additional competencies have been added, including: “Provides anticipatory guidance to healthcare consumers, families, groups, and communities to promote health and prevent or reduce the risk of negative health outcomes” (ANA & AHNA, 2019, p. 84).

Standard 5C. Consultation has been removed and incorporated into other standards of practice.

Standard 5D. Prescriptive Authority and Treatment has been removed and incorporated into other standards of practice.

Standard 6. Evaluation has been reworded to read “the holistic registered nurse evaluates progress toward the attainment of goals and health outcomes” (ANA & AHNA, 2019, p. 85).

Standard 7. Ethics competencies were entirely redefined, and statements regarding patient dignity, worth, autonomy, values, and beliefs were added. Statements regarding accountability, responsibility, advocacy, and patient rights to privacy along with statements regarding incorporating life experience, advancing the nursing profession, and collaboration have all been added with ethical regard.

Standard 8. Culturally Congruent Practice is a new standard that has been added. This section delineates 16 competencies, including cultural awareness and sensitivity as well as actively participating in familiarity with those cultural and ethnic needs that affect the patient, family, and groups seeking health awareness and treatment. This awareness must extend to language, advocacy, and education.

Standard 9. Communication, previously Standard 11, has been rewritten with greater specificity regarding communication skills and styles, cultural empathy, accurate communication, and inclusion as well as disclosure.

Standard 10. Collaboration has been revised to include key stakeholders throughout the standard. Three new competencies were added.

Standard 11. Leadership, previously Standard 12, added three new competencies, including: “Communicates to manage change and address conflict” (ANA & AHNA, 2019, p. 97).

Standard 12. Education, previously Standard 8, added four new competencies, including “Applies education and knowledge base in consultation and coaching work” (ANA & AHNA, 2019, p. 100).

Standard 13. Evidence-Based Practice and Research, previously Standard 9, has been revised to include experience, intuition, research, and client/population responses to care.

Standard 14. Quality of Practice, previously Standard 10, added two new competencies:
- Ensures that holistic nursing practice is safe, effective, equitable, timely, patient-centered, and grounded in holism.
- Identifies barriers and opportunities for the improvement of healthcare safety, effectiveness, efficiency, equitability, timeliness, satisfaction, and patient-centeredness. (ANA & AHNA, 2019, p. 104)

Standard 15. Professional Practice Evaluation has been revised to include self-reflection. Areas concerning self-evaluation and the provision of age and developmentally appropriate care are replaced with a statement requiring adherence to ANA’s Nursing Scope and Standards and the Code of Ethics for Nurses with Interpretive Statements. The following competency was added: “Uses organizational policies and procedures to guide professional holistic nursing practice” (ANA & AHNA, 2019, p. 106).

Standard 16. Resource Utilization redefines the competencies to require adherence to legal and policy parameters, and to identify healthcare consumer needs, advocacy, and integration factors. One new competency for telehealth and mobile technologies for patients was added.

Standard 17. Environmental Health, previously Standard 16, adds statements regarding threat assessment, the definition of environmental factors, and the utilization of evidence-based strategies to address environmental concerns. Four new competencies have been added, including “Utilizes evidence-based strategies to determine how a product or treatment may support or threaten environmental health and safety to nurture and create healthy, sustainable environments that support the wellness of self, healthcare consumers, population, and planet” (ANA & AHNA, 2019, p. 110).

The Holistic Nursing Scope and Standards of Practice assure continued recognition and understanding by registered nurses in the specialty. AHNA, as the steward of specialty nursing knowledge, has updated and published this 3rd edition to delineate and guide holistic nursing practice and contributions in our healthcare system.

REFERENCES

Nancy Laplante, PhD, RN, AHN-BC is an Associate Professor of Nursing at Widener University teaching across the curriculum. She is co-author for nursing skills textbooks, Associate Editor for the Journal of Holistic Nursing, and has published in IoT, holistic nursing education, and Service-Learning.

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