The roots of nurse coaching began with the legacy of Florence Nightingale (1820-1910), and her words continue to inspire us today (Dossey, 2010; NIGH, n.d.). The Nurse Coach role and nurse coaching are a fundamental part of nursing practice. The American Nurses Association (ANA), the American Holistic Nurses Association (AHNA), and 19 other professional nursing organizations have officially recognized the Nurse Coach role, and in 2013, the ANA published *The Art and Science of Nurse Coaching: The Provider’s Guide to Coaching Scope and Competencies* (Hess et al., 2013). Written by six members of the AHNA, this book defines and explains the Nurse Coach role within the context of the ANA’s *Nursing: Scope and Standards of Practice, 2nd Edition* (ANA, 2010). In addition, the Nurse Coach role also integrates the *Holistic Nursing: Scope and Standards of Practice, 2nd Edition* (AHNA & ANA, 2013). The American Holistic Nurses Credentialing Corporation (AHNCC, n.d.) has also recognized nurse coaching through a Nurse Coach Certification process that began in 2013.

With the growing role of nurse coaching, holistic nurses are challenged to explore integrative health and wellness coaching through our nursing lens. What nursing theories guide your nurse coaching practice? How do you describe the role of Nurse Coach and integrative nurse coaching to clients and other nurses or interprofessional colleagues? The International Nurse Coach Association (INCA, n.d.) was established in 2010 to explore these questions and further expand the Nurse Coach leadership role and voice. The Theory of Integrative Nurse Coaching was developed as the organizational framework for INCA’s 120-hour Integrative Nurse Coach Certificate Program. Below is a brief overview of the supporting theory and Integrative Nurse Coaching.
**Integrative Nurse Coach and Integrative Nurse Coaching**

An **Integrative Nurse Coach** is a “registered nurse who views clients/patients as integrated whole beings, and honors and emphasizes each person’s unique history, culture, beliefs, and story (Dossey, 2015, p. 29). Each person’s health and wellbeing are influenced by her/his internal and external environments.”

**Integrative nurse coaching** is the “emergence of a distinct nursing role that places clients/patients at the center and assists them in establishing health goals, creating change in lifestyle behaviors for health promotion, and disease management. It includes implementing integrative modalities (Table 1) when appropriate to support a specific goal, lifestyle change, and overall health and wellbeing. Integrative Nurse Coaches assess their clients/patients through a whole person model of care that addresses the biological, psychological, social, spiritual, cultural, and environmental aspects of health and wellbeing” (Dossey, 2015, p. 29). Through the coaching relationship of trust and mutual respect, the Integrative Nurse Coach and client/patient are engaged in a manner that allows for a shift in consciousness and exploration of life’s journey, health and wellbeing goals, and transformation.

Holistic nurses are uniquely positioned to be Integrative Nurse Coaches and engage individuals in the process of behavior change in communities, hospitals, clinics, and corporations. Facilitating personal transformation, nurse coaches move us closer towards the goal of healthy people living on a healthy planet – local to global (NIGH, n.d.).

**Theory of Integrative Nurse Coaching (TINC)**

The **Theory of Integrative Nurse Coaching©** (TINC) presents the art and science of integrative nurse coaching. The TINC is a philosophy, framework, and methodology that is praxis – theory in action – grounded in clinical knowledge, traditional and integrative practice, and research. The TINC coauthors, Barbara Dossey, Susan Luck, and Bonney Gulino Schaub, developed the TINC to assist nurses to more fully implement theory-guided and evidence-based nurse coaching practice, education, research, and healthcare policy through a nursing lens.

The TINC is a middle-range nursing theory that is best suited to the interactive-integrative paradigm of nursing theories. It is focused in scope on the specific nursing phenomenon of integrative nurse coaching. Middle-range nursing theory is intended to direct research and practice as well as offer a deeper understanding of grand nursing theories that encompass the fullest range or the most global phenomena in the nursing discipline. “It is broad enough to be useful in complex situations and leads to implications for instrument development, theory testing through research, and nursing practice strategies” (Smith & Parker, 2015, p. 13). The TINC includes a designated and validated tool: the Integrative Health

### Table 1. Interventions Frequently Used in Integrative Nurse Coaching Practice

<table>
<thead>
<tr>
<th>Affirmation</th>
<th>Humor and Laugher</th>
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<tbody>
<tr>
<td>Appreciative Inquiry</td>
<td>Intention</td>
</tr>
<tr>
<td>Aromatherapy</td>
<td>Journaling</td>
</tr>
<tr>
<td>Art and Drawing</td>
<td>Meditation</td>
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<tr>
<td>Celebration</td>
<td>Mindfulness Practice</td>
</tr>
<tr>
<td>Client Assessments</td>
<td>Motivational Interviewing</td>
</tr>
<tr>
<td>Cognitive Reframing</td>
<td>Movement</td>
</tr>
<tr>
<td>Contracts</td>
<td>Music and Sound</td>
</tr>
<tr>
<td>Deep Listening</td>
<td>Nature Walks</td>
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<tr>
<td>Energy Practices</td>
<td>Observation</td>
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<tr>
<td>Exercise</td>
<td>Play</td>
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<tr>
<td>Goal Setting</td>
<td>Opened-Ended Questions</td>
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<tr>
<td>Guided Imagery</td>
<td>Prayer</td>
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<tr>
<td>Presence</td>
<td>Probing Questions</td>
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<tr>
<td>Reflection</td>
<td>Relaxation Modalities</td>
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<td>Ritual</td>
<td>Rulers</td>
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<td>Self-Assessments</td>
<td>Self-Care Interventions</td>
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<td>Self-Reflection</td>
<td>Self-Reflection</td>
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<tr>
<td>Silence</td>
<td>Somatic Awareness</td>
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<tr>
<td>Stories</td>
<td>Visioning</td>
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</table>

and Wellness Assessment (short and long forms) that supports research in the field of nurse coaching (Taylor & McElligott, 2015). It is also a tool used in coaching clients.

The TINC contains three concepts and five components as illustrated in Figure 1 starting from the center of the diagram and moving outwards. The Nurse Coach enters into a unique relationship of trust and mutual respect with the client/patient and others that reflects the three concepts of:

1. healing
2. the metaparadigm in a nursing theory (nurse, person, health, environment [society])
3. the patterns of knowing in nursing (personal, empirics, aesthetics, ethics, not knowing, sociopolitical)

The five components are represented as a five-circle Venn diagram:

- Component 1: Nurse Coach Self-Development
- Component 2: Integral Perspectives and Change
- Component 3: Integrative Lifestyle Health and Wellbeing (ILHWB)
- Component 4: Awareness and Choice
- Component 5: Listening with HEART

The dynamic elements within all TINC components are captured in the Listening with HEART® reflective questions that represent the following: (H) Healing, (E) Energy, (A) Awareness, (R) Resiliency, (T) Transformation. These reflective questions listed in Table 2 may potentiate and lead to the client's/patient's greater understanding, personal meaning, and insight around change and lifestyle behaviors, awareness, and choice(s).

**TINC Component 1: Nurse Coach Self-Development.** Nurse Coach Self-Development includes the following four areas: self-reflection, self-assessment, self-evaluation, and self-care. The importance of deepening personal self-exploration and identifying one's personal goals, action plans, and readiness, priority, and commitment to change are essential in nurse coaching.

**TINC Component 2: Integral Perspectives and Change.** The Integrative Nurse Coach explores integral perspectives in daily life and in coaching sessions. This is a comprehensive way to organize multiple phenomenon of human experience from the individual and collective interior, and the individual and collective exterior (Dossey, 2016; Dossey, 2015).

**TINC Component 3: Integrative Lifestyle Health and Wellbeing (ILHWB).** Integrative Nurse Coaches recognize that Integrative Lifestyle Health and Wellbeing (ILHWB) is a personalized approach that deals with primary prevention and underlying causality through a whole person perspective rather than traditional labels and codes for symptoms and diagnoses of disease. The ILHWB holds the worldview that human health is the microcosm of the macrocosm in the web of life (Luck, 2015; Luck & Avino, 2016).

**TINC Component 4: Awareness and Choice.** Integrative Nurse Coaches cultivate awareness and choice through knowledge and self-regulation skills of mindfulness; it is a volitional act of love. Mindfulness is the practice of giving attention to what is happening in the present moment such as thoughts, feelings, emotions, and sensation. The Integrative Nurse Coach assists the client to increase her/his awareness and choice(s), which are both essential for achieving inner balance and harmony and determining specific health goals and desired behavioral changes. With increased capacities of awareness and choice, the client/patient may more easily access her/his vulnerability, which is a universal human awareness that our physical lives are transitory. Vulnerability can serve as a bridge among all people (Schaub, 2015).

**TINC Component 5: Listening with HEART®.** The dynamic elements within all TINC components are captured in the Listening with HEART® reflective questions that represent the following: (H) Healing, (E) Energy, (A) Awareness, (R) Resiliency, (T) Transformation. These reflective questions listed in Table 2 may potentiate and lead to the client’s/patient’s greater understanding, personal meaning, and insight around change and lifestyle behaviors, awareness, and choice(s).
### Table 2. Listening with HEART Reflective Questions

As an Integrative Nurse Coach listening from your HEART® mode, reflect on the questions that you might ask a client/patient or perhaps just ask yourself. These are not formulaic questions. Remember the “power of the pause” and take a breath and know the value of being fully present in the energy field that you are sharing with the client.

**H—HEALING**
- What are you hoping for?
- What would a healing outcome be?
- What do you believe is the meaning of this challenge?
- What do you imagine success will feel like?

**E—ENERGY**
- What are your feelings about moving forward with this challenge?
- What has given you the energy or will to succeed at other times?
- What would be a step in the right direction for now?
- What do you need to take that step?

**A—AWARENESS**
- What do you understand about the challenge you are facing?
- What support do you have or need in following through with choices you have made?
- How have you taken care of yourself in the past?
- Where do you feel most comfortable or comforted?

**R—RESILIENCY**
- What has worked for you in other challenging times?
- What do you trust the most about yourself?
- What are some success in dealing with this challenge?
- What have you learned from that success?

**T—TRANSFORMATION**
- In facing challenges, what brings you experiences of joy?
- What brings out your creativity when you are facing challenges?
- In facing these challenges, what has brought you deep feelings of love?
- When, during this challenging time, have you felt a deep sense of peacefulness?


The Theory of Integrative Nurse Coaching (TINC) is a framework that guides the Nurse Coach to go deeper in her/his personal and professional coaching endeavors. Combining nurse coaching with a holistic nursing foundation, while expanding our expertise and professional skills, places us in a unique leadership role in the emerging integrative health paradigm. In addition, the national focus on prevention and wellness promotion is creating space for the nurse coaching role to improve outcomes and support behavior and lifestyle changes.

**Note:** The Theory of Integrative Nurse Coaching is the organizational framework for the following continuing education programs: the International Nurse Coach Association’s (INCA) Integrative Nurse Coach Certificate Program (INCCP) (120 contact hours) and INCA’s Introduction to Art and Science of Integrative Nurse Coaching 1-day workshop (6.5 contact hours). The theory has also been integrated into a nurse coaching curriculum for the university setting. Lisa Davis (2015), PhD, MPH, RN, NG-BC, and Heidi Taylor, PhD, RN, NG-BC, have developed a 3 semester credit hour (SCH) undergraduate-level Nurse Coach course and a 3 SCH graduate-level Nurse Coach course which have been taught in a university setting (Davis, 2015, pp. 360-362). Christine Gilchrist, MSN, MPH, RN, NC-BC, has developed a 1 SCH undergraduate-level Nurse Coach course that has also been successfully implemented in a university setting (Davis, 2015, pp. 362-363). For information on all INCCP programs, visit www.inursecoach.com/programs

### REFERENCES


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