

# **A POSITION STATEMENT ON THE APRN CONSENSUS MODEL**

**Submitted to  
The National Council of State Boards of  
Nursing**



**AHNCC BOARD OF DIRECTORS**

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## EXECUTIVE SUMMARY

For the past 35 years, Holistic Nursing ([www.ahna.org](http://www.ahna.org)), as an organized nursing specialty has emerged and grown. Initiated as a different way of viewing Nursing's metaparadigm, today it provides an alternative way of practicing professional nursing consistent with the shift in the nation's healthcare orientation. Currently the American Holistic Nurses Credentialing Corporation certifies Holistic Nurses at the Basic and Advanced level, offering examinations for the Associate Degree and Non-Nursing Baccalaureate Holistic Nurse (HN-BC), Baccalaureate in Nursing (HNB-BC), Advanced Holistic Nursing (AHN-BC), and the *Advanced Practice Registered Nurse* (APRN, APHN-BC).

Given the national/international healthcare shift in focus from disease *management and or cure* to *wellness, health promotion, and disease prevention*, legalized in the United States by the Patient Protection and Affordable Care Act, HR3590 (ACA), and supported by the Institute of Medicine (IOM) reports 2010-2012, it is important that Nursing ensure that Holistic Nurses are allowed to practice to the fullest of their potential, while providing regulations needed to protect the public. Specifically, it is urgent that the Advanced Practice Holistic Nurses (APRN, APHN-BC) be incorporated into the Consensus Model with full recognition of their population, setting, focus of practice, and AHNCC credential.

**BACKGROUND**

The American Holistic Nurses Association (AHNA) was established in 1982 by a group of nurses who held a worldview of Nursing that they used as a framework for their personal and professional lives. These nurses developed a structured framework for practice based on these core values including a set of standards for practice. Key concepts embedded in the orientation of Holistic Nursing are shown in Table 1. Since 1982, membership in AHNA has grown to more than 4300; the American Holistic Nurses Credentialing Corporation (AHNCC) was developed (1997) and has evolved, now offering five (5) certification programs; and the American Nurses Association has recognized Holistic Nursing as a specialty (AHNA/ANA, 2007).

Table 1. Holistic nursing concepts relevant to international healthcare reform<sup>1</sup>

Concept	Definition
Health	<i>"...balance, integration, harmony, right relationship, and the betterment of well-being (within the individual)...that can take place without cure."</i> (p. 9) It is, <i>"an individually defined state or process in which the individual (nurse, client, group, or community) experiences a sense of well-being, harmony, and unity such that subjective experiences about health, health beliefs, and values are honored. Health is "a process of becoming and expanding consciousness."</i> (p. 68)
Person	An individual (or being) with <i>"... unity, totality, and connectedness of everyone and everything...(who is) unique, diverse, and inherently good... (with an ability) to find meaning and purpose in (one's) own life, experiences, and illness, and ... an innate power and capacity for self-healing.... (pp. 8-9). Healing "...is multidimensional...creative, unfolding, and unpredictable."</i> (p. 9). <i>"The nurse does not produce the outcomes; the individual's own healing process produces the outcomes, and the nurse facilitates this process. (The nurse's) focus is on guiding individuals and significant others to utilize their own inner strength and resources through the course of healing."</i> (p. 14)
Holistic Nursing Practice	<i>"...all nursing practice that has healing the whole person as its goal (AHNA, 1998). It is "...a science...and an art..."</i> (p. 9) that <i>"...focuses... on health promotion/disease prevention/health restoration/lifestyle patterns and habits, as well as symptom relief".</i> (p. 9) <i>"Intention for the well-being and highest good of the care recipient is the cornerstone of all holistic practice."</i> (p. 10) <i>"Treatment is a process that considers the root of the problem/issue/illness, not merely treating the obvious signs and symptoms."</i> (p. 10) To this end, Holistic Nurses use <i>"...conventional nursing interventions as well as ...complementary modalities that enhance... body-mind-emotion-spirit...connectedness. (p. 10)</i>
Holistic Nurses	Holistic nurses use <i>"...critical thinking, reflection, evidence, research, theory...intuition, creativity, appreciation, presence, and self-knowing..."</i> (p.9) to guide their practice. They also use <i>"...warmth, compassion, caring authenticity, respect, trust, and relationship as instruments of healing...."</i> (p.9) Holistic Nurses are <i>"...instruments of healing."</i> (p. 10)
Environment	<i>"... both the external physical space and the person's internal physical, mental, emotional, social, and spiritual experience."</i> (p. 67)

Throughout these 35 years, national and international healthcare has also evolved. The Institute of Medicine has released several reports indicating the need to shift the focus of healthcare from one of disease management and or cure, to one of *wellness, health promotion, and illness prevention, and chronic illness management*. The ACA thrust this orientation into mainstream America, forcing a healthcare transformation and empowering

<sup>1</sup> Copied from AHNA/ANA (2012). *The Scope and Standards of Holistic Nursing*

healthcare providers whose practice focuses on care that facilitates health promotion, illness prevention, and chronic illness management. Concurrently, the IOM report (2010) indicated that all Registered Nurses should be empowered to practice to the fullest of their potential.

The implications for professional Nursing are enormous. A recent editorial (ANA, Nov/Dec, 2012) by the President of ANA, Karen Daley, addresses a key factor important in the transformation of health care-- the nurses' worldview of their practice. She states:

*Supported by a growing body of evidence, person-centered care is now widely acknowledged as a central factor related to improving quality and reducing cost of care. There is a clear difference between "person-focused" and "person-centered" care. And I believe that while it's safe to say that today's health care to a large extent is person-focused, we have much work to do to make care person-centered. (The American Nurse, November/December, 2012, p. 3)*

She goes on to describe the differences between the two views and argues that Nursing needs to put the client at the center of care and partner with clients in a "more meaningful way". She states, "We (nurses) have long understood that respect and the relationship between the nurse and an individual--not simply proximity and knowledge—are what engender trust and contribute to more positive individual experiences and better health outcomes".

These comments reflect the values and beliefs of Holistic Nurses (AHNA, 2012) and support AHNA's Scope and Standards of Care (AHNA/ANA, 2012), and AHNCC's position statement on Advanced Practice Holistic Nursing (AHNCC, 2012). Paradoxically, the current major legislative initiative by Nursing--the Consensus Model (NCSBN, 2008), designed to position nurses to provide leadership in *healthcare transformation, does not take these differences in worldview into consideration. As a result, the current Consensus Model emphasizes person-focused care, and impedes person-centered care.* This creates a barrier to those who practice Holistic Nursing and has long-term implications for the profession of Nursing.

## **THE CONSENSUS MODEL**

The Consensus Model, as it is currently proposed from a regulatory perspective, identifies the APRN as one who carries out one of four specified roles; has a population focus within the context of the designated role; has acquired *formal education* that emphasizes said role; and is licensed based on three criteria. Specifically, the three criteria to obtain APRN status requires: a) the nurse selects one of four specified roles; b) a specific population; and c) a formal education that includes three specific courses to acquire knowledge specific to said role. Nursing's *Specialties build on APRN status acquired by licensure through one of the four specified roles.* Specialties are considered "value-added knowledge and skills". Ironically, Holistic Nurses carry out specified roles, have a specific population, and formal educations. They also identify their practice setting, their focus of practice, and describe their unique role in healthcare. They just aren't recognized in the Consensus Model. Some are Clinical Nurse Specialists, some Nurse Practitioners, some Nurse Midwives, and/or Nurse Anesthetists. Others are Independent Practitioners. Table 2

provides a comparison of the CNS role as traditionally practiced with that of the Holistic Nurse who may or may not be a CNS.

**Table 2. Comparison of Currently Recognized Clinical Nurse Specialists and Holistic Nurses Description of Their Population, Setting, Subspecialty, Type of Care, and Type of Health Concern (Problem)**

	APRNs Currently Recognized by Consensus Model	APRN Holistic Nurses
Description	Experts in subspecialty, type of care, and/or problem focus who work in any setting where their role is mandated, needed or incorporated into a system.	Experts in holism, healing, health promotion, wellbeing, and illness prevention who work in any setting where a nurse-client professional relationship exists.
Population	Pediatrics, geriatrics, women’s health, community health, etc	The population of Holistic Nursing consists of all persons who want or need to be facilitated with healing, health, or growth that results in mind-body-spirit synchrony and integration.
Setting	Critical care, emergency room, doctors office, private practice settings, etc	Holistic Nurses practice in any setting where nurse and client establish a professional partnership.
Disease or Medical Subspecialty	Diabetes, oncology, renal, cardiology, etc	Not applicable for Holistic Nurses. Holistic Nurses are concerned with the integration of mind-body-spirit of all persons, including those who have a chronic or acute medical problem or disease. Although some Holistic Nurses work with a population of persons with diabetes or oncology problems (and may have advanced education in this area), their focus is on the entire person’s need.
Type of Care	Psychiatric, rehabilitation, primary care, etc	Holistic Nursing embraces all nursing that has the enhancement of healing the whole person from birth to death—and all age groups from infant to elder—as its goal. This means viewing the whole person and his/her needs in their entirety with integration as the goal. The holistic nurse creates a caring healing space within herself/himself that allows the nurse to be an instrument of healing; shares authenticity of unconditional presence that helps to remove the barriers to the healing process; facilitates another person’s growth (body-mind-emotion-spirit-energetic-environment connections); and assists with maintaining wellness, recovery from illness or transition to peaceful death.
Type of problem or Practice focus	Pain, wounds, stress, chronic medical problems, etc	Holistic Nurses are concerned with their client’s health and wellbeing needs, problems, and/or conditions.
Licensure/ Certification	Certified by American Nurses Credentialing Center. Examination is based on specialty Advanced Practice Competencies.	Certified by the American Holistic Nurses Credentialing Corporation. Examination is based on Holistic Nursing Advanced Practice Competencies.

## THE PROBLEM

Since the Consensus Model was developed based on input primarily from nurses who practice from the traditional worldview of Nursing, it is currently designed for Advanced Practice nurses within that perspective<sup>2</sup>. The problems that have emerged are:

1. Currently there is no provision for nurses who practice from a Holistic Nursing worldview (i.e. person-centered) to become licensed as an APRN without first becoming licensed as an APRN that is based in the traditional worldview (i.e. person-focused).
2. While unintended, the current Consensus Model is driving educational programs to adapt to *person-focused* care programs, focused on management of conditions, rather than *person-centered* care that emphasizes health, wellness, healing.
3. Legislation that will follow has the potential affect of restricting the practice of a large number of well qualified, expert Holistic Nurses.
4. The current model deprives Nursing of the powerbase derived from inclusion of all well educated, expert, credentialed nurses. Nursing needs Holistic Nursing to provide input, direction, and perspective on the core concepts of person-centered nursing (AHNCC, 2012) as the process of healthcare transformation evolves.

## A SOLUTION

We might argue that the problem lies within Nursing, that we have two worldviews that we have not reconciled (Erickson, Tomlin, & Swain, 1983, 2009; Parse, 1995, Cody; Erickson, H., 2010; Erickson, H. & Erickson, M., 2010). While this is true, the more urgent issue is the implications of this state of affairs. As indicated above, although society is ready to empower nurses and facilitate them in taking a position as leaders in health and wellness, Nursing legislation is setting up barriers for a large number of well prepared nurses currently prepared to provide these services. This deprives Nursing from the years of experience, understanding, knowledge, and skills necessary to transform healthcare and evolve into a health promotion, illness prevention model of care. Since Holistic Nursing has a declared population, practice setting, practice focus, and type of care, we offer the following solution to remedy this situation:

1) The National Council for State Boards of Nursing re-open discussions regarding a consensus model that includes all nurses prepared to assume leadership roles *within the domain of Nursing* as Advanced Practice Registered Nurses, including those credentialed as Advanced Practice Holistic Nurses (APRN, APHN-BC) (AHNCC, 2012).

2) Revise the current Consensus Model to include recognition of:

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<sup>2</sup> Although AHNCC had input during the process of the development, and identified these problems, the solution was to require that Holistic Nursing, as a specialty be treated as all other specialties, and be considered value-added knowledge and skills, rather than resolving the implications of two worldviews.

- a) The population, practice setting, practice focus, and type of care provided by Holistic Nurses as published by ANA and AHNA, (2012) in *Holistic Nursing: Scope and Standards of Practice*; and
- b) AHNCC certification as an Advanced Practice Holistic Nurse (APRN, APHN-BC).

This approach would also require that sound, formal, and informal educational programs designed to prepare advanced practice graduate holistic nurses, be recognized, and supported.

## CONCLUSIONS

The American Holistic Nurses Association and the American Holistic Nurses Credentialing Corporation take the position that the current Consensus Model has two key limitations: It has the potential of limiting the practice of nurses who practice from a Holistic worldview; and it deprives the public from the expertise of Holistic Nurses, derived through years of experience in a health and wellness orientation, and who are prepared to address ways and means of providing healthcare consistent with the current thrust of health promotion, illness prevention, and wellness. These are sufficient to declare that the Consensus Model, as it stands, does not meet the needs of Nursing, and or society. Therefore, the current Consensus Model requires revision before further implementation.

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