

CREDENTIALING NURSE COACHES: THE AHNCC BOARD OF DIRECTORS' POSITION

Holistic Nursing

Holistic Nurses organized in 1982 around key concepts relevant to the current international healthcare reform that were recently legalized in the United States by the Affordable Care Act (HR3590, Section 4001, March 23, 2010). Our Scope of Practice and Standards (ANA/AHNA, 2007) identifies and defines these concepts as:

- **The person** as an entity (or being) with “... *unity, totality, and connectedness of everyone and everything.*” (p. 6)

- **Health** is defined as a “...*balance, integration, harmony, right relationship, and the betterment of well-being...*” (p. 6) and, “*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; a process of becoming and expanding consciousness.*” (p. 68)

- **Holistic Nursing Practice** is “...a science...and an art...” (p. 7) Holistic Nurses use “...critical thinking, reflection, evidence, research, theory...intuition, creativity, presence, and self-knowing...” (p.7) to guide their practice. They also use “...warmth, compassion, caring authenticity, respect, trust, and relationship as instruments of healing....” (p.7)

- “**Holistic Nurses** have a particular obligation to create a **therapeutic environment** that values holism, caring, social support, and integration of conventional and CAM approaches to healing...A particular perspective of holistic nursing is the nurse as the ‘healing environment’ and an instrument of healing” (p. 15), core requirements for facilitating an individual’s unfolding, and discovery of “...self in healing.” (p. 15) The **environment is** “...both the external physical space and the person’s internal physical, mental, emotional, social, and spiritual experience.” (p. 67)

Underlying the Holistic Nurse’s practice are “...values and ethics of holism, caring, moral insight, dignity, integrity, competence, responsibility, accountability, and legality....” (p.7) The Holistic Nurse’s role as a facilitator of **health** and **healing** is further described with this statement: “*People as active partners in the healing process are empowered when they take some control of their own lives, health, and well-being, including personal choices and relationships*” (p. 6)

This document (ANA/AHNA, 2007) indicates that **healing** is “... *natural and a part of life, learning, and movement toward change and development.*” (p. 6) It states that **healing** “...*involves those physical, mental, social, and spiritual processes of recovery, repair, renewal, and transformation that increase wholeness and often...order and coherence. ...Healing can lead to more complex levels*

of personal understanding and meaning, and may be synchronous but not synonymous with curing.” (68-69). **Wellness** is defined as an “Integrated, congruent functioning aimed toward reaching one’s highest potential.” (p. 71)

Nursing as a Profession

These concepts are not new to nursing; they have existed since Florence Nightingale’s time. Yet, nursing at large has struggled with the tension between two models of practice that consist of a foreground and a background (Parse, R., 1987; Erickson, H., 2010). In the first model, the primary focus of caring is on the individual’s disease and/or condition, the human aspects of the individual are secondary; they are often viewed as related, but not essential in understanding what is needed to provide person-centered care. On the other hand, the holistic model places the human aspects of the individual in the foreground, they are considered as primary to the caring process. The individual’s perceptions of how their disease or conditions affect their health and well-being are essential in understanding the individual’s life experiences. All nurses understand that their practice is based on a caring process, and is person-centered, but the two models emphasize different *practice activities*.

The practice activities of the first group tend to focus on assessing, understanding, and care focused on parts of the person. Outcomes are often measured in respect to alleviation or management of symptoms related to the disease or condition. Strategies used to effect health rarely include the nurse as an *instrument of healing*. Health is defined accordingly; a person who has their disease or condition managed, controlled, or cured is considered a healthy person (Smith, 1981).

On the other hand, practice activities of the Holistic Nurse focus on the relationship between nurse and client; there is an emphasis on understanding of the person’s perceptions of health and wellness, what they need to grow and heal; their strengths (not their weaknesses or what needs to be fixed); their ability to help themselves; and how their disease and/or conditions relate. There is also an inclusion of the nurse’s need to know and understand self as an instrument of healing. Health is defined as indicated above; it involves all aspects of the human, including disease and conditions.

These two paradigms of nursing exist today. They influence how nurses think, how they assess situations, where they focus their care, and the competencies they emphasize in their practice (Erickson, 2010, pp. 1-69). Yet, nothing is all one way or another. In reality, most nurses subscribe to some of the philosophy of Holistic Nursing, even though they don’t call themselves holistic nurses, and don’t carry the philosophy, standards, and competencies throughout their practice. Instead, they practice on those aspects of the Holistic Nursing philosophy that blends with their own belief system.

For example, as nurses, we know that “...a succinct statement of the ethical obligations and duties of every individual who enters the nursing profession (is) nonnegotiable... “ (ANA, 2001, p.5). This code confirms that we are ethically bound to “...practice with compassion and respect for the inherent dignity, worth, and uniqueness of every individual” and that “...the nurses primary commitment is to the patient, whether an individual, family, group, or community”

(ANA, 2001, p. 4). These are core obligations of all nurses. In addition, many nurses have a eudemonistic view of health—one that focuses on quality of life and wellness (Smith, 1981; Erickson, 2010, pp. 44, 55); one that defines healing as a bringing together the parts in such a way as to enhance wellness. Many also view themselves as instruments of healing, use presence and intentionality, focus on the strengths of their clients, and aim to empower—not fix—them. While members of this later group may not define themselves as holistic nurses, they are practicing within basic precepts of Holistic Nursing.

The AHNCC Nurse Coach Certification Program

The Professional Nurse Coach Role, conceptualized by Hess, Dossey, Southard, et al, (2012) was aligned with the Standards and Ethics of Nursing as defined by ANA (2010) and developed within foundational precepts of the Holistic Nursing philosophy and paradigm (ANA/AHNA, 2007).

The American Holistic Nurses' Credentialing Corporation (AHNCC) holds that:

1. Many nurses have the attitudes and beliefs essential for the Nurse Coach practice. Furthermore, nurses who hold these values run across the profession of Nursing, practice in all settings and with all populations. AHNCC believes that these nurses, with the appropriate additional educational experiences and practice, can fulfill the role of the Professional Nurse Coach as defined by said document.
2. AHNCC is the official credentialing body for practice based on the precepts of Holistic Nursing; therefore *AHNCC* is the appropriate Credentialing body to develop a national certification program for the Professional Nurse Coach.
3. Nurses *Certified in Holistic Nursing* and *certified in the Professional Nurse Coach* role are qualified to practice as a **Health and Wellness Nurse Coach** and should be credentialed accordingly.

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