

Theory of Integral Nursing

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Anchored in one of the most dramatic social shifts in healthcare history, a Theory of Integral Nursing can inform and shape nursing practice, education, research and policy—local to global—to achieve a healthy world. A Theory of Integral Nursing, informed by integral theory, presents the philosophical foundation and application of an integral worldview and process. This theory also recognizes Florence Nightingale's philosophical foundation and legacy, healing and healing research, the meta-paradigm in a nursing theory (nurse, person(s), health and environment [society]), 6 patterns of knowing (personal, empirics, aesthetics, ethics, not knowing, sociopolitical), and other nonnursing theories. **Key words:** *global health, healing, integral nursing, meta-paradigm in a nursing theory, micro to macro, nonlocality, patterns of knowing, Theory of Integral Nursing, transpersonal, transdisciplinary, transdisciplinary dialogues*

A Theory of Integral Nursing does not exclude or invalidate other nurse theorists who have also informed my theory; specifically Florence Nightingale, Jean Watson, PhD, RN, AHN-BC, FAAN; Helen Erickson, PhD, RN, AHN-BC, FAAN; Margaret A. Newman, PhD, RN, FAAN; Patricia Benner, PhD, RN, FAAN; Rosemarie R. Parse, DNSc, RN, FAAN; Anne Boykin, PhD, RN; Martha E. Rodgers, PhD, RN; Peggy Chinn, PhD, RN, FAAN; Afaf I. Meleis, PhD, RN, FAAN; and Madeline Leininger, PhD, RN, FAAN.

I thank H. Lea Gaydos, PhD, RN, CS, AHN-BC; Cynda H. Rushton, PhD, RN, FAAN; James Baye, BSN, RN; Barbara Barnum, PhD, RN, FAAN; Jennifer Reich, MA, MS, APRN-BC, ACHPN; Darlene R. Hess, PhD, NP, AHN-BC, and Geneie Everett, PhD, RN, for their suggestions for the Theory of Integral Nursing.

Credit is given to Andrew Harvey, who coined the term sacred activism; to Patricia Hinton Walker, PhD, RN, FAAN, who coined the terms "nurses as health diplomats," "integral health coaches," and "coaching for integral health;" and H. Lea Gaydos, PhD, RN, CS, AHN-BC, who introduced me to the jewel metaphor for healing and integral health.

I also acknowledge my American Holistic Nurses Association colleagues with whom I have worked for over 2 decades, particularly Cathie E. Guzzetta, PhD, RN, AHN-BC, FAAN; Lynn Keegan, PhD, RN, AHN-BC, FAAN; H. Lea Gaydos, PhD, RN, CS, AHN-BC; Charlie McGuire, MSN, RN, AHN-BC; Noreen Frisch, PhD, RN, AHN-BC, FAAN; Carla Mariano, PhD, RN, AHN-BC; Charlotte Eliopoulos, PhD, RN, MPH, ND, AHN-BC; and all the members of the AHNA Elder Council, the former and present Journal of Holistic Nursing editors, and the former and current AHNA Leadership Council. In November 2006 the collective holistic nursing endeavors were recognized as a holistic nursing specialty by the American Nurses Association. This author believes that our challenge now is to move the holistic paradigm to an integral paradigm and language.

I acknowledge the exciting endeavors with my Nightingale Initiative for Global Health (NIGH) and the Nightingale Declaration Campaign (NDC) colleagues Deva-Marie Beck, PhD, RN; Cynda H. Rushton, PhD, RN, FAAN; Wayne Kines; Eleanor Kibrick, MS; William Rolph; and Don de Silva, and our future collaborative endeavors that are in development and scheduled through 2020 (<http://www.nightingaledclaration.net>).

I recognize the work of Nightingale scholars Deva-Marie Beck and Louise Selanders with whom I have worked for over 2 decades, and who have assisted me in the Florence Nightingale Services at the Washington National Cathedral in 2001 and 2004 and future services yet to be scheduled. I also recognized the dedicated work of Nightingale scholar Lynn McDonald, editor of The Collected Works of Florence Nightingale (16 volumes) <http://www.sociology.uoguelph.ca/fnightingale>. The work of Florence Nightingale scholar Alex Attewell, former director, Florence Nightingale Museum, London, is also recognized. <http://www.florence-nightingale.co.uk/index.php>.

I thank Ken Wilber, Diane Hamilton, Willow Pearson, Sophia Diaz, Clint Fubs, Nicole Fegley, Kelley Beacer and the entire integral team who have challenged me to bring my Theory of Integral Nursing forward.

I express deep gratitude to Roshi Joan Halifax, PhD; Cynda H. Rushton, PhD, RN, FAAN; and the faculty and facilitation team of the Being With Dying™ Professional Training Program in Compassionate End-of-Life Care at Upaya Zen Center, Santa Fe, New Mexico, for the wisdom we have shared in council process, bearing witness, and mindfulness practices.

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A THEORY of Integral Nursing is a grand theory that presents the science and art of nursing. It includes an integral process, integral worldview, and integral dialogues that is Praxis—theory in action.^{1,2*} An *integral process* is defined as a comprehensive way to organize multiple phenomena of human experience and reality from 4 perspectives: (1) the individual interior (personal, intentional); (2) individual exterior (physiologic, behavioral); (3) collective interior (shared, cultural); and (4) collective exterior (systems, structures). Holistic nursing practice is included (embraced) and transcended (goes beyond) in this integral process.^{1,2} An *integral worldview* examines values, beliefs, assumptions, meaning, purpose, and judgments related to how individuals perceive reality and relationships from the above 4 perspectives. *Integral dialogues* are transformative and visionary exploration of ideas and possibilities across disciplines where these 4 perspectives are considered as equally important to all exchanges, endeavors, and outcomes.^{1,2} With an increased integral awareness and an integral worldview, nurses have new possibilities and ways to strengthen our capacities for integral dialogues with each other and other disciplines. We are more likely to raise our collective nursing voice and power to engage in social action in our role and work of service for society—local to global.

To decrease further fragmentation in the nursing profession, the Theory of Integral Nursing includes existing theoretical work in nursing that builds on our solid holistic and multidimensional theoretical nursing foundation. This theory may be used with other holistic nursing and nonnursing caring concepts, theories, and research; it does not exclude or invalidate other nurse theorists who have informed this theory. This is not a free-

standing theory as it incorporates concepts from the philosophies and various fields that include holistic, multidimensionality, integral, chaos, spiral dynamics, complexity, systems, and many other paradigms.

An integral understanding allows us to more fully comprehend the complexity of human nature and healing; it assists nurses to bring to healthcare and society their knowledge, skills, and compassion. The integral process and an integral worldview present a comprehensive map and perspective related to the complexity of wholeness and how to simultaneously address the health and the well-being of nurses, the healthcare team, the patients, families and significant others, the healthcare system/structure, and the world.

The nursing profession asks nurses to wrap around “all of life” on so many levels with self and others that we can often feel overwhelmed. So how do we get a handle on “all of life?” The question always arises, “How can overworked nurses and student nurses use an integral approach or apply the Theory of Integral Nursing?” The answer is to start right now. By the time you finish reading this article I believe that you will find the answers to the above questions. Be aware of healing, the core concept in this theory; it is the innate natural phenomenon that comes from within a person and describes the indivisible wholeness, the interconnectedness of all people, all things.

Reflect on the following clinical situation; imagine that you are taking care of a very ill patient, who needs transporting to a radiology procedure. The current transportation protocol between the medical unit and the radiology department lacks continuity. In this moment, shift your feelings and your interior awareness (and believe it!) to: “I am doing the best that I can in this moment,” and “I have all the time needed to take a deep breath and relax my tight chest and shoulder muscles.” This helps you connect these 4 perspective as follows: (1) the interior self (caring for yourself in this moment); (2) the exterior self (using a research-based relaxation and imagery integral practice to

*Concepts specific to the Theory of Integral Nursing are in italic throughout this article. Please consider these words as a frame of reference and a way to explain what you have observed or experienced with yourself and others.

change your physiology); (3) the self in relationship to others (shifting your awareness creates another way of being with your patient and the radiology team member); and (4) the relationship to the exterior collective of systems-structures (considering how to work with the radiology team and department to improve a transportation procedure in the hospital). An integral worldview and approach can help each nurse and student nurse increase her or his self-awareness, as well as the awareness of how self affects others, that is, the patient, family, colleagues, and the workplace and community. As the nurse discovers her or his own innate healing from within, one is able to model self-care and how to release stress, anxiety, and fear that manifest each day in this human journey. All nursing curriculum can be mapped in the integral quadrants discussed later that teaches students to think integrally and to become aware of an integral perspective and how these 4 perspectives create the whole. They can also learn the importance of self-care at all times as faculty also remember that they are role models and must model self-care and these ideas.

DEVELOPING THE THEORY OF INTEGRAL NURSING: PERSONAL JOURNEY

Attending my first nursing theory conference in the late 1960s as a young nurse, I was captivated by nursing theory and the eloquent visionary words of these theorists as they spoke about the science and art of nursing. This opened my heart and mind to the exploration and necessity to understand and to use nursing theory. Thus, I began my professional commitment to address theory in all endeavors as well as to increase my understanding of other disciplines that could inform me at a deeper understanding about the human experience. I realized that nursing was not either "science" or "art"; but both/and. From the beginning of my critical care and cardiovascular nursing focus, I learned how to com-

bine science and technology with the art of nursing. For example, with a patient having severe pain following an acute myocardial infarction, I gave pain medication while simultaneously guiding her or him in a relaxation or imagery practice to enhance relaxation and release anxiety. I also experienced a difference in myself when I used this approach to combine the science and art of nursing.

In the late 1960s, I began to study and attend workshops on holistic and mind-body-related ideas as well as read in other disciplines such as systems theory, quantum physics, integral, Eastern and Western mysticism, and more. I was also reading nurse theorists and other discipline theorists that informed my knowing, doing and being in caring, healing, and holism. (See acknowledgments for specific nurse theorists). My husband, an internist, who was also caring for critically ill patients and their families, was with me on this journey of discovery. As we cared for critically ill patients and their families, some of our greatest teachers allowed us to discuss how to blend the art of caring healing modalities with the science of technology and traditional modalities. I joined with a critical care and cardiovascular nursing soul mate, Cathie Guzzetta, PhD, RN, AHN-BC, FAAN, with whom I could discuss these ideas. We began to write teaching protocols and give lectures in critical care courses as well as write textbooks with contributors.

My husband and I both had health challenges—mine was postcorneal transplant rejection and my husband's challenge was blinding migraine headaches. We both began to take courses related to body-mind-spirit therapies (biofeedback, relaxation, imagery, music, meditation, and other reflective practices) and begin to incorporate them into our daily lives. As we strengthened our capacities with self-care and self-regulation modalities, our personal and professional philosophies and clinical practices changed. We took seriously teaching and integrating these modalities into the traditional health-care setting that today is called integrative healthcare. From this point to the present

we have always found many professional and interdisciplinary healthcare colleagues to discuss concepts and approaches for practice, education, research, healthcare protocols, and policies. This journey has led us to more authorship of articles, protocols, and books. See www.dosseydossey.com.

As a founding member in 1981 of the American Holistic Nurses Association (AHNA), and with Cathie Guzzetta, PhD, RN, AHN-BC, FAAN, Lynn Keegan, PhD, RN, AHN-BC, FAAN, and many AHNA colleagues (see acknowledgements), our collective holistic nursing endeavors were recognized as the specialty of holistic nursing by the American Nurses Association in November 2006. The *AHNA and ANA Holistic Nursing: Scope and Standards of Practice* were published in June 2007.³ I believe that using an integral lens can expand this important holistic specialty.

Beginning in 1992 in London, my primary, historical research of studying and synthesizing original letters, army and public health documents, manuscripts, and books of Florence Nightingale, deepened my understanding of her relevance for nursing, as Nightingale was indeed an integralist which is discussed later. This led to my Nightingale authorship^{4,5} and my collaborative Nightingale Initiative for Global Health,⁶ and the Nightingale Declaration,⁷ the first global nursing Internet signature campaign (see acknowledgements). My professional mission now is to articulate and use the integral process and integral worldview in my nursing and healthcare endeavors and to explore rituals of healing with many.^{1,2,8} My sustained nursing career focus with nursing colleagues on wholeness, unity, and healing, and my Florence Nightingale scholarship have resulted in numerous protocols and standards for practice, education, research, and healthcare policy. My integral focus since 2000 and my many conversations with Ken Wilber and the integral team and other interdisciplinary integral colleagues have led to my development of the Theory of Integral Nursing (see acknowledgements).

Theory of integral nursing intentions and developmental process

The intention (purpose) in a nursing theory is the aim of the theory. The Theory of Integral Nursing has 3 intentions as follows: (1) to embrace the unitary whole person and the complexity of the nursing profession and healthcare; (2) to explore the direct application of an integral process and integral worldview that includes 4 perspectives of realities—the individual interior and exterior and the collective interior and exterior; and (3) to expand nurses' capacities as 21st-century Nightingales, health diplomats, and integral health coaches who are coaching for integral health—local to global. The Theory of Integral Nursing develops the evolutionary growth processes, stages, and levels of human development and consciousness to move toward a comprehensive integral philosophy and understanding. This can assist nurses to more deeply map human capacities that begin with healing to evolve to the transpersonal self and connection with the Divine, however defined or identified, and their collective endeavors to create a healthy world.

The Theory of Integral Nursing development process at this time is to strengthen our 21st-century nursing endeavors and beyond so that we can more easily expand personal awareness of our integral and holistic, caring healing knowledge and approaches with traditional nursing and healthcare. Nursing and healthcare are fragmented. Collaborative practice has not been realized because only portions of reality are seen as being valid within healthcare and society. Often there is a lack of respect for each other. We also do not consistently listen to the pain and suffering that nurses experience within the profession, nor do we consistently listen to the pain and suffering of the patient and family members or our colleagues. Self-care is a low priority; time is not given or valued within practice settings to address basic self-care such as short breaks for personal needs and meals which is made worse by short staffing and overtime. Professional burnout is extremely

high and many nurses are very discouraged. Nurse retention is at a crisis level throughout the world. As nurses integrate an integral process and integral worldview and use daily integral life practices, they will more consistently be healthy and model health and understand the complexities within healing. This will then enhance nurses' capacities for empowerment, leadership, and being change agents for a healthy workplace and healthy world.

Philosophical foundation: Florence Nightingale's legacy

Florence Nightingale (1820–1910), the philosophical founder of modern secular nursing and the first recognized nurse theorist, was an *integralist*.^{1,2,6,7} Her worldview focused on the individual and the collective, the inner and outer, and human and nonhuman concerns. She was concerned with the most basic needs of human beings and all aspects of the environment (clean air, water, food, houses, etc)—local to global.^{5–7} She also experienced and recorded her personal understanding of the connection with the Divine or Infinite, the awareness that something greater than her, the Divine, was a major connecting link.^{4,5}

Today we recognize Nightingale's work as global nursing where she envisioned what a healthy world might be with her integral philosophy and expanded capacities. Her work included aspects of the nursing process as well; her achievements indeed have had an impact on us and will extend far into the future. Nightingale's work was *social action* that clearly articulated the science and art of an integral worldview for nursing, healthcare, and humankind. Her social action was also *sacred activism*,⁹ the fusion of the deepest spiritual knowledge with radical action in the world. Nightingale was ahead of her time; her dedicated and focused 50 years of work and service still informs and impacts the nursing profession and our global mission of health and healing for humanity. In the 1880s, Nightingale began to write in letters that it would take 100 to 150 years before educated and experienced nurses would

arrive to change the healthcare system. We are that generation of 21st-century Nightingales who have arrived to transform healthcare and carry forth her vision to create a healthy world.

Integral foundation and the integral model

The Theory of Integral Nursing adapts the work of Ken Wilber (1949–), one of the most significant American new-paradigm philosophers, to strengthen the central concept of healing. His integral model is an elegant, 4-quadrant model that has been developed over 35 years.^{10–15} In the 8-volume, *The Collected Works of Ken Wilber*,^{10,11} Wilber synthesizes in his monumental achievement the best known and most influential researchers, theorists, theories, and schools of thought to show that no individual or discipline can determine reality or has all the answers. Many concepts within the Theory of Integral Nursing have been researched or are in very formative stages and exploration within integral medicine, integral healthcare administration, integral business, integral healthcare education, integral psychotherapy, and more.^{12,13} Within the nursing profession, other nurses are also exploring integral and related theories and ideas.^{16–24} But as of yet, there is no theory of nursing that has Nightingale's philosophical foundation as an integralist combined with the integral process and integral worldview. When nurses use an integral lens, they are more likely to expand nurses' roles in interdisciplinary dialogues and to explore commonalities and to examine differences and how to address these across disciplines. Our challenge in nursing is to increase our integral awareness as we increase our nursing capacities, strengths, and voices in all areas of practice, education, research, and healthcare policy.

THEORY OF INTEGRAL NURSING

To present the Theory of Integral Nursing, Barbara Barnum's²⁵ framework to critique a nursing theory provides an organizing

structure that is most useful. Her approach, which examines content, context, and process, highlights what is most critical to understand a theory and it avoids duplication of explanations within the theory as presented. In the next section, the Theory of Integral Nursing philosophical assumptions are provided. The reader is encouraged to integrate the integral process concepts and to experience how the word *integral* expands one's thinking and worldview. To delete the word *integral* or to substitute the word *holistic* diminishes the impact of the expansiveness of the integral process and integral worldview and its implications.

Philosophical assumptions

In a Theory of Integral Nursing the philosophical assumptions are as follows:

1. An integral understanding recognizes the individual as an energy field connected to the energy fields of others and the wholeness of humanity; the world is open, dynamic, interdependent, fluid, and continuously interacting with changing variables that can lead to greater complexity and order.
2. An integral worldview is a comprehensive way to organize multiple phenomena of human experience from 4 perspectives of reality: (1) individual interior (subjective, personal); (2) individual exterior (objective, behavioral); (3) collective interior (intersubjective, cultural); and (4) collective exterior (interobjective, systems or structures).
3. Healing is a process inherent in all living things; it may occur with curing of symptoms, but it is not synonymous with curing.
4. Integral health is experienced by a person as wholeness with development toward personal growth and expanding states of consciousness to deeper levels of personal and collective understanding of one's physical, mental, emotional, social, and spiritual dimensions.
5. Integral nursing is founded on an integral worldview using integral language and knowledge that integrates integral life practices and skills each day.
6. Integral nursing is broadly defined to include knowledge development and all ways of knowing.
7. An integral nurse is an instrument in the healing process and facilitates healing through her or his knowing, doing, and being.
8. Integral nursing is applicable in practice, education, research, and health-care policy.

Content components

Content of a nursing theory includes the subject matter and building blocks that give a theory its form. It comprises the stable elements that are acted on or that do the acting. In the Theory of Integral Nursing the subject matter and building blocks are as follows: (1) healing; (2) the meta-paradigm of a nursing theory; (3) patterns of knowing; (4) the 4 quadrants that are adapted from Wilber's integral theory¹²: (individual interior [subjective, personal or intentional], individual exterior [objective, behavioral], collective interior [intersubjective, cultural], and collective exterior [interobjective, systems or structures]); and (5) "all quadrants, all levels, all lines," that are adapted from Wilber.¹²

Content component 1: Healing

The first content component in the Theory of Integral Nursing is *healing* illustrated as a diamond shape and seen in Figure 1. The Theory of Integral Nursing enfolds from the central core concept of healing. It embraces the individual as an energy field that is connected with the energy fields of all humanity and the world. Healing is transformed when we consider 4 perspectives of reality in any moment: (1) the individual interior (personal, intentional), (2) individual exterior (physiology, behavioral), (3) collective interior (shared, cultural), and (4) collective exterior (systems, structures). Using our reflective integral lens of these 4 perspectives of reality assists us to



Figure 1. Healing.

more likely experience a unitary grasp on the complexity that emerges in healing.

Healing includes knowing, doing, and being, and is a lifelong journey and process of bringing together aspects of oneself at deeper levels of harmony and inner knowing leading toward integration.^{1,2,8} This healing process places us in a space to face our fears, to seek and express self in its fullness where we can learn to trust life, creativity, passion, and love. Each aspect of healing has equal importance and value that leads to more complex levels of understanding and meaning.

We are born with healing capacities. It is a process inherent in all living things. No one can take healing away from life although we often get stuck in our healing or forget that we possess it because of life's continuous challenges and perceived barriers to wholeness. Healing can take place at all levels of human experience, but it may not occur simultaneously in every realm. In truth, healing will most likely not occur simultaneously or even in all realms, and yet, the person may still have a perception of healing having happened.^{26,27} Healing is not predictable; it may occur with curing of symptoms, but it is not synonymous with curing. Curing may not always happen, but the potential for healing to occur is always present even until one's last breath. Intention and intentionality are key factors in healing.^{28,29} *Intention* is the conscious determination to do a specific thing or to act in a specific manner; it is the mental state of being

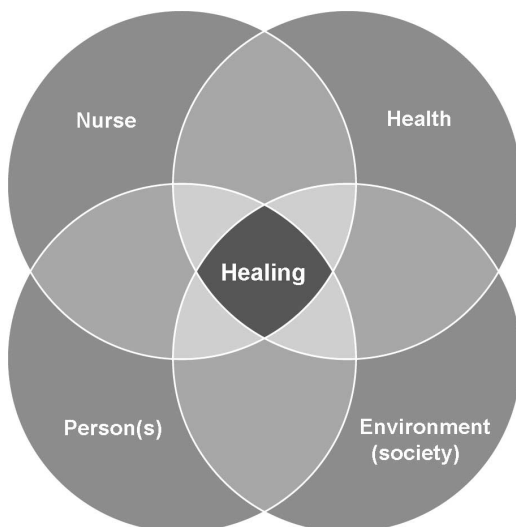


Figure 2. Healing and metaparadigm in a nursing theory (nurse, person(s), health, environment).

committed to, planning to, or trying to perform an action.² *Intentionality* is the quality of an intentionally performed action.²

Content component 2: Metaparadigm of nursing theory

The second content component in the Theory of Integral Nursing is the recognition of the *meta-paradigm* in a nursing theory—nurse, person(s), health, and environment (society)—that is shown in Figure 2. These concepts are important to the Theory of Integral Nursing because they are encompassed within the quadrants of human experience (see Content Component 4). Starting with healing at the center, a Venn diagram surrounds healing and implies the interrelated and interdependence and impact of these domains as each informs and influences the others; a change in one will create a degree(s) of change in the other(s), thus impacting healing at many levels.

An *integral nurse* is defined as a 21st-century Nightingale. Using terms coined by Walker,³⁰ nurses' endeavors of social action and sacred activism reflect "nurses as health diplomats" and "integral health coaches" that are "coaching for integral health." As nurses

strive to be integrally informed, they are more likely to move to a deeper experience of a connection with the Divine or Infinite, however defined or identified. *Integral nursing* provides a comprehensive way to organize multiple phenomenon of human experience in the 4 perspectives of reality as previous described. The nurse is an instrument in the healing process where she or he brings one's whole self into relationship to the whole self of another or a group of significant others that reinforces the meaning and experience of oneness and unity.

A *person(s)* is defined as an individual (patient or client, family members, significant others) who engages with a nurse in a manner that is respectful of a person's subjective experiences about health, health beliefs, values, sexual orientation, and personal preferences. It also includes an individual nurse who interacts with a nursing colleague, other health-care team members, or a group of community members or other groups.

Integral health is the process through which we reshape basic assumptions and worldviews about well-being and see death as a natural process of living. As seen by Gaydos, integral health may be symbolically seen as a jewel with many facets that is reflected as a "bright gem" or a "rough stone" depending on one's situation and personal growth that influence states of health, health beliefs, and values.^{26,27} This jewel may also be seen as a spiral or as a symbol of transformation to higher states of consciousness to more fully understand the essential nature of our beingness as energy fields and expressions of wholeness. This includes evolving one's state of consciousness to higher levels of personal and collective understanding of one's physical, mental, emotional, social, and spiritual dimensions. This acknowledges the individual's interior and exterior experiences and the shared collective interior and exterior experiences with others where authentic power is recognized within each person. Disease and illness at the physical level may manifest for many reasons and variables. It is important *not* to equate physi-

cal health, mental health, and spiritual health, as they are not the same thing. They are facets of the whole jewel of integral health.

An *integral environment(s)* has both interior and exterior aspects. The *interior* environment includes the individual's feelings, meaning, mental, emotional, and spiritual dimensions; it also includes a person's brainstem, cortex, and so on, that are an internal (inside) aspect of the exterior self. It also acknowledges the patterns that may not be understood that may manifest related to various situations or relationships. This may be related to living and nonliving people and things, such as, a deceased relative, animal, lost precious object(s) through flashes of memories stimulated by a current situation (a touch may bring forth memories of abuse or suffering). Insights gained through dreams and other reflective practices that reveal symbols, images, and other connections also influence one's interior environment. The *exterior* environment includes objects that can be seen and measured that are related to the physical and social in some form in any of the gross, subtle, and causal levels that are expanded later in Component 4.

Content component 3: Patterns of knowing

The third content component in the Theory of Integral Nursing is the recognition of the patterns of knowing in nursing as seen in Figure 3. These 6 patterns of knowing are personal, empirics, aesthetics, ethics, not knowing, and sociopolitical. As a way to organize nursing knowledge, Carper,³¹ in her now classic 1978 article, identified the 4 fundamental patterns of knowing (personal, empirics, ethics, aesthetics) followed by the introduction of the pattern of not knowing in 1993 by Munhall,³² and the pattern of sociopolitical knowing by White³³ in 1995. All of these patterns continue to be refined and reframed with new applications and interpretations.^{26,27,34-44} These patterns of knowing assist nurses in bringing themselves into the full expression of being

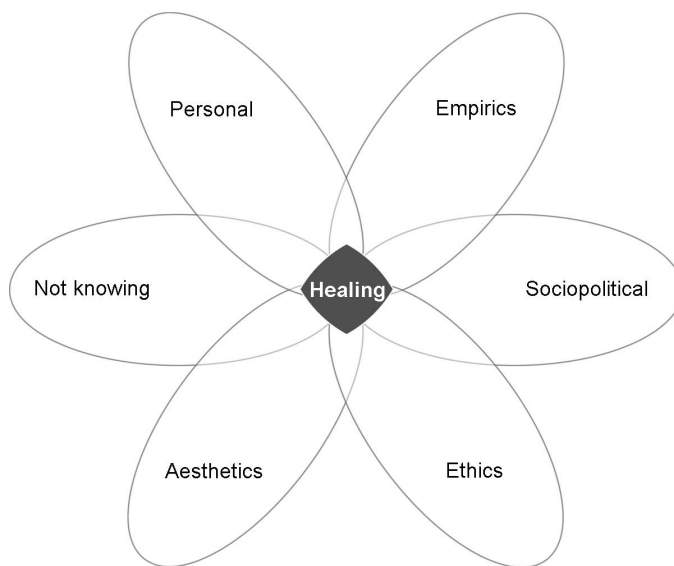


Figure 3. Healing and patterns of knowing in nursing (personal, aesthetics, empirics, ethics, not knowing, sociopolitical).

present in the moment, to integrate aesthetics with science, and to develop the flow of ethical experience with thinking and acting.

Personal knowing is the nurse's dynamic process of being whole, which focuses on the synthesis of perceptions and being with self.⁴¹⁻⁴³ It may be developed through art, meditation, dance, music, stories, and other expressions of the authentic and genuine self in daily life and nursing practice.

Empirical knowing is the science of nursing that focuses on formal expression, replication, and validation of scientific competence in nursing education and practice.^{34,35} It is expressed in models and theories and can be integrated into evidence-based practice. Empirical indicators are accessed through the known senses that are subject to direct observation, measurement, and verification.

Aesthetic knowing is the art of nursing, that focuses on how to explore experiences and meaning in life with self or another that includes authentic presence, the nurse as a facilitator of healing, and the artfulness of a healing environment.^{26,27,36,44} It is the combination of knowledge, experience, instinct, and intuition that connects the nurse with a patient or client to explore the meaning of

a situation about the human experiences of life, health, illness, and death. It calls forth resources and inner strengths from the nurse to be a facilitator in the healing process. It is the integration and expression of all the other patterns of knowing in nursing praxis.

Ethical knowing is the moral knowledge in nursing, which focuses on behaviors, expressions, and dimensions of both morality and ethics.^{34,35} It includes valuing and clarifying situations to create formal moral and ethical behaviors intersecting with legally prescribed duties. It emphasizes respect for the person, the family, and the community that encourages connectedness and relationships that enhance attentiveness, responsiveness, communication, and moral action.

Not knowing is the capacity to use healing presence, to be open spontaneously to the moment with no preconceived answers or goals to be obtained.⁴⁰⁻⁴⁴ It engages authenticity, mindfulness, openness, receptivity, surprise, mystery, and discovery with self and others in the subjective space and the intersubjective space that allows for new solutions, possibilities, and insights to emerge.

Sociopolitical knowing address the important contextual variables of social, economic,

geographic, cultural, political, historical, and other key factors in theoretical, evidence-based practice, and research.^{33,34} This pattern includes informed critique and social justice for the voices of the underserved in all areas of society along with protocols to reduce health disparities. *[Note: As all patterns of knowing in a Theory of Integral Nursing are superimposed on Wilber's 4 quadrants in Figure 6, these patterns are primarily positioned as seen; however they may also appear in 1, several, or all quadrants and inform all other quadrants].*

Content component 4: Quadrants

The fourth content component in the Theory of Integral Nursing examines 4 perspectives for all known aspects of reality or expressed another way, it is how we look at and/or describe anything. The Theory of Integral Nursing core concept of healing is transformed by adapting Ken Wilber's integral model.¹² Starting with healing at the center to represent our integral nursing philosophy, human capacities, and global mission, dotted horizontal and vertical lines are shown to illustrate that each quadrant can be understood as permeable and porous, with each quadrant experience(s) integrally informing and empowering all other quadrant experiences. Within each quadrant we see "I," "We," "It," and "Its" to represent 4 perspectives of realities that are already part of our everyday language and awareness.

Virtually all human languages use first-, second-, and third-person pronouns. First person is "the person who is speaking," which includes pronouns like I, me, mine in the singular, and we, us, ours in the plural.^{12,13} Second person means "the person who is spoken to," which includes pronouns like you and yours. Third person is "the person or thing being spoken about," such as she, her, he, him, or they, it, and its. For example, if I am speaking about my new car, "I" am first person, and "you" are second person, and the new car is third person. If you and I are communicating, the word "we" is used to indicate that

we understand each other. "We" is technically first person plural, but if you and I are communicating, then you are second person and my first person are part of this extraordinary "we." So we can simplify first, second, and third person as "I," "we," "it," and "its."^{12,13}

These 4 quadrants show the 4 primary dimensions or perspectives of how we experience the world; these are represented graphically as the Upper-Left (UL), Upper-Right (UR) and Lower-Left (LL), and Lower-Right (LR) quadrants. It is simply the inside and the outside of an individual and the inside and outside of the collective. It includes expanded states of consciousness where one feels a connection with the Divine and the vastness of the universe, and the Infinite, that is beyond words. Integral nursing considers all of these areas in our personal development and any area of practice, education, research, and healthcare policy—local to global. Each quadrant, which is intricately linked and bound to each other, carries its own truths and language. The specifics of the quadrants are as follows and are shown in Table 1.

- *Upper-Left (UL).* In this "I" space (subjective; the inside of the individual) can be found the world of the individual's interior experiences. These are thoughts, emotions, memories, perceptions, immediate sensations, and states of mind (imagination, fears, feelings, beliefs, values, esteem, cognitive capacity, emotional maturity, moral development, and spiritual maturity). Integral nursing requires the development of the "I." *[Note: When working with various cultures, it is important to know that within many cultures the "I" comes last or is never verbalized or recognized as the focus is on "We" and relationships. However, this development of the "I" and an awareness of one's personal values is critical for a healthy nurse and to decrease burnout and to increase nurse renewal and nurse retention.]*
- *Upper-Right (UR).* In this "It" (objective; the outside of the individual) space can

Table 1. Integral model and quadrants

<p>Upper Left</p> <p>Individual interior Subjective (intentional or personal)</p> <p>“I” space includes self and consciousness (self-care, fears, feelings, beliefs, values, esteem, cognitive capacity, emotional maturity, moral development, spiritual maturity, personal communication skills, etc)</p> <div><ul style="list-style-type: none">• Interpretive• Qualitative</div> <p>I WE</p>	<p>Upper Right</p> <p>Individual exterior Objective (behavioral or biological)</p> <p>“It” space includes brain and organisms, physiology, pathophysiology (cells, molecules, limbic system, neurotransmitters), biochemistry, chemistry, physics, behaviors (skill development in health, nutrition, exercise, etc)</p> <div><ul style="list-style-type: none">• Observable• Quantitative</div> <p>IT ITS</p>
<p>Collective interior Intersubjective (cultural or shared)</p> <p>“We” space includes the relationship to the culture and worldview (includes shared understanding, shared vision, shared meaning, shared values, transdisciplinary communication/morale, etc)</p> <p>Lower Left</p>	<p>Collective exterior Interobjective (systems or structures)</p> <p>“Its” space includes the social systems and environment, organizational structures and systems (in healthcare financial and billing systems), educational systems, information technology, regulatory structures (environmental and governmental policies, etc)</p> <p>Lower Right</p>

Adapted with permission from Wilber.¹² Copyright 2007, Barbara M. Dossey.

- be found the world of the individual’s exterior (an internal [inside] aspect of the exterior self). This includes the material body (physiology [cells, molecules, neurotransmitters, limbic system], biochemistry, chemistry, physics), integral patient care plans, skill development (health, fitness, exercise, nutrition etc), behaviors, leadership’s skills, and integral life practices (see Process and Integral Nursing Principles), and anything that we can touch or observe scientifically in time and space. Integral nursing with our nursing colleagues and healthcare team members includes the “It” of new behaviors, integral assessment and care plans, leadership and skills development.
- *Lower-Left (LL)*. In this “We” (intersubjective; the inside of the collective)

- space can be found the interior collective of how we can come together to share our cultural background, stories, values, meanings, vision, language, relationships, and to form partnerships to achieve a healing mission. This can decrease our fragmentation and enhance collaborative practice and deep dialogue around things that really matter. Integral nursing is built upon “We.”
- *Lower-Right (LR)*. In this “Its” space (interobjective; the outside of the collective) can be found the world of the collective, exterior things. This includes social systems or structures, networks, organizational structures, and systems (including financial and billing systems in healthcare), information technology, regulatory structures (environmental

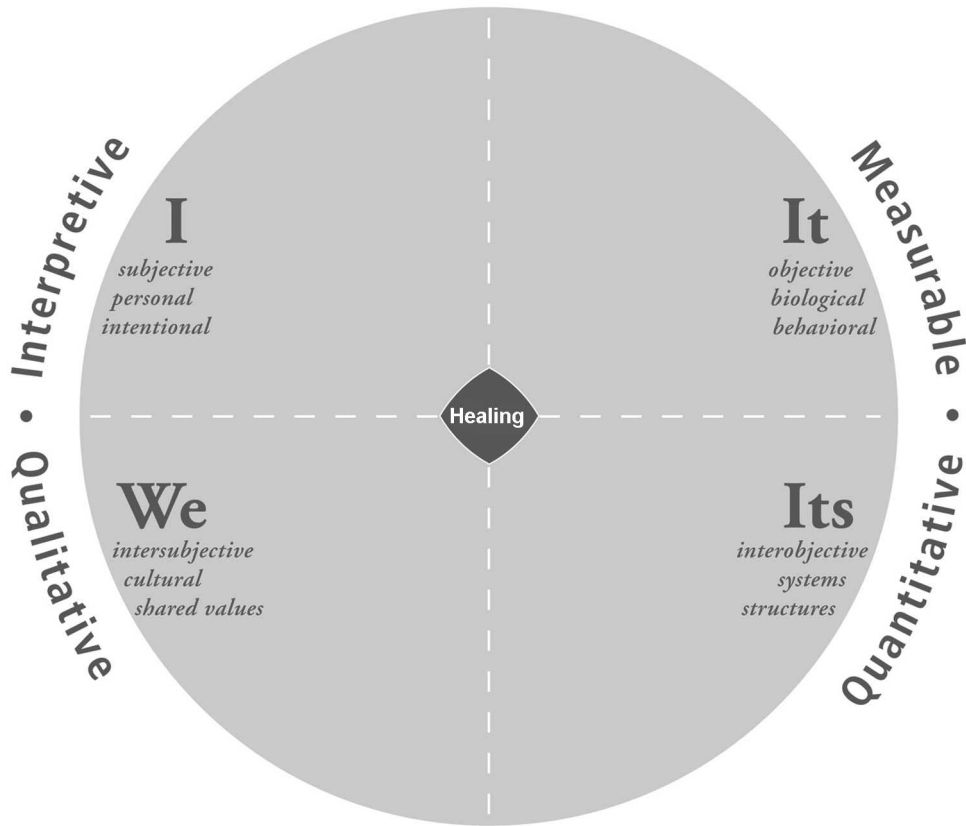


Figure 4. Healing and the four quadrants (I, We, It, Its). Adapted from Wilber.^{12,13}

and governmental policies, etc), and any aspect of the technological environment and in nature and the natural world. Integral nursing identifies the “Its” in the structure that can be enhanced to create more integral awareness and integral partnerships to achieve health and healing—local to global.

As seen in Table 1 and Figure 4, the left-hand quadrants (UL, LL) describe aspects of reality as subjective, interpretive and qualitative. In contrast, the right-hand quadrants (UR, LR) describe aspects of reality as objective, measurable and quantitative. Integral research requires a multi-modal method approach to investigating phenomena, that is beyond the scope of this article.⁴⁵ When we fail to consider these subjective, intersubjective, objective, and interobjective aspects of reality already described in each quadrant, this

is what leads our endeavors and initiatives to be fragmented and narrow and where we often fail to reach identified outcomes and goals. The 4 quadrants are a result of the differences and similarities in Wilber’s¹²⁻¹⁵ investigation of the many aspects of identified reality. The model describes the territory of our own awareness that is already present within us and an awareness of things outside of us. These quadrants help us connect the dots of the actual process to more deeply understand who we are, and how we are related to others and all things.

Content component #5: All quadrants, all levels

The fifth content component in the Theory of Integral Nursing is the exploration of Wilber’s “all quadrants, all levels, all lines, all states, all types” or A-Q-A-L (pronounced

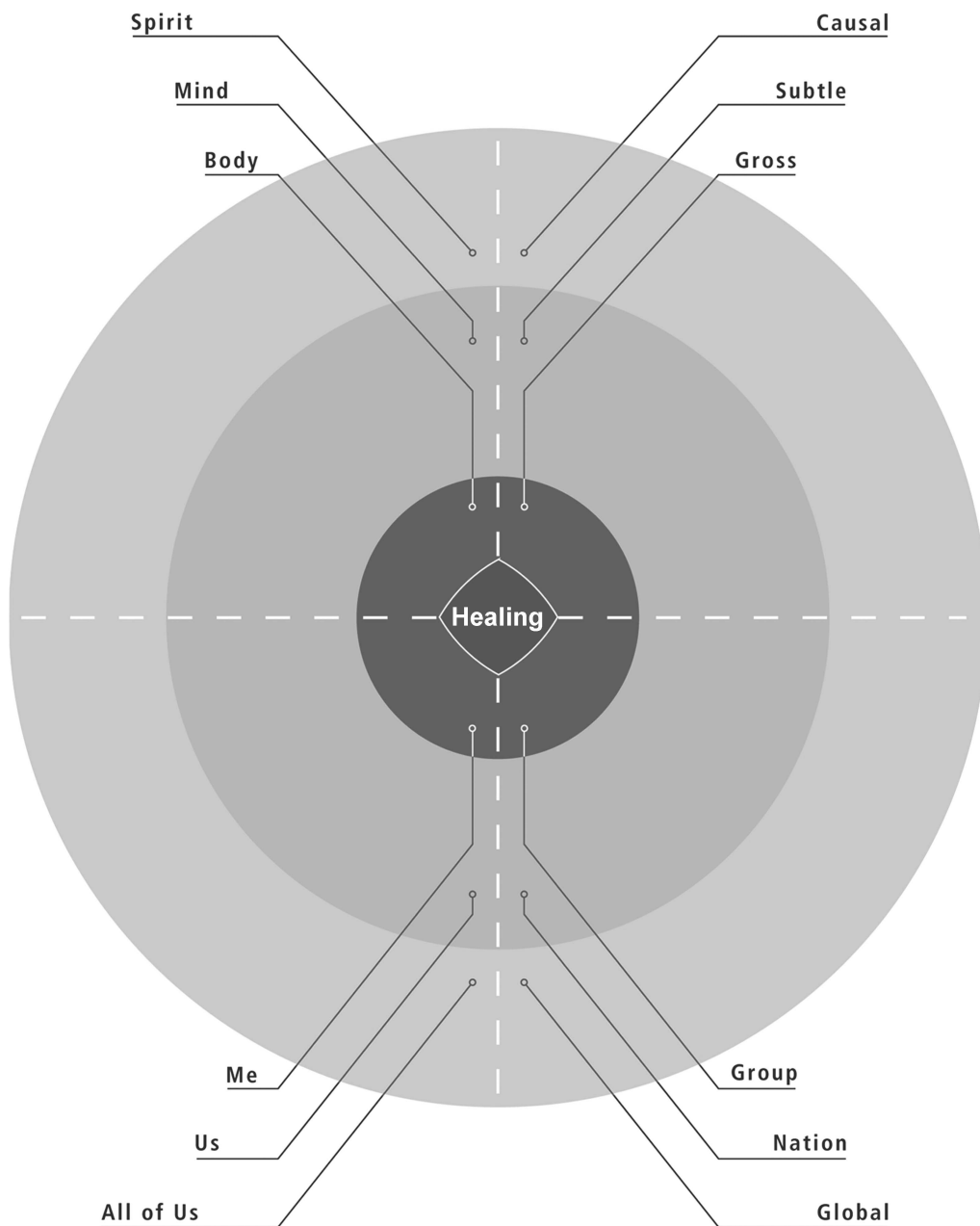


Figure 5. Healing and AQAL (All Quadrants, All Levels). Adapted from Wilber.^{12,13}

ah-qwu), as shown in Figure 5. These levels, lines, states, and types are important elements of any comprehensive map of reality. The integral model simply assists us in further articulating and connecting all areas, awareness, and depth in these 4 quadrants. Briefly,

these levels, lines, states, and types are as follows:^{12,13}

- **Levels:** Levels of development that become permanent with growth and maturity (eg, cognitive, relational, psychosocial, physical, mental, emotional,

spiritual) that represents a level of increased organization or level of complexity. These levels are also referred to as waves and stages of development. Each individual possesses the masculine and feminine voice or energy. Neither masculine nor feminine is higher or better; they are 2 equivalent types at each level of consciousness and development.

- **Lines:** Developmental areas that are known as multiple intelligences: (eg, cognitive line [awareness of what is]; interpersonal line (how I relate socially to others); emotional or affective line (the full spectrum of emotions); moral line (awareness of what should be); needs line (Maslow's hierarchy of needs); aesthetics line (self-expression of art, beauty, and full meaning); self-identity line (who am I?); spiritual line (where "spirit" is viewed as its own line of unfolding, and not just as Ground and highest state), and values line [what a person considers most important; studied by Clare Graves and brought forward by Don Beck in his Spiral Dynamics Integral that is beyond the scope of this article].⁴⁶
- **States:** Temporary changing forms of awareness (eg, waking, dreaming, deep sleep, altered meditative states [due to meditation, yoga, contemplative prayer, etc] altered states (due to mood swings, physiology and pathophysiology shifts with disease or illness, seizures, cardiac arrest, low or high oxygen saturation, drug-induced); peak experiences (triggered by intense listening to music, walks in nature, love-making, mystical experiences such as hearing voice of God or the voice of a deceased person, etc).
- **Types:** Differences in personality and masculine and feminine expressions and development (eg, cultural creative types, personality types, enneagram).

This part of the Theory of Integral Nursing as shown in Figure 5 starts with healing at the center surrounded by 3 increasing concentric circles with dotted lines of the 4 quadrants. This aspect of the integral theory

moves to higher orders of complexity through personal growth, development, expanded stages of consciousness (permanent and actual milestones of growth and development), and evolution. These levels or stages of development can also be expressed as being self-absorbed (such as a child or an infant) to ethnocentric (centers on group, community, tribe, nation) to world centric (care and concern for all peoples regardless of race, color, sex, gender, sexual orientation, creed, and to the global level).

Starting with the UL, the "I" space, the emphasis here is in the unfolding "awareness" from body to mind to spirit. Each increasing circle includes the lower as it moves to the higher level. (See Process for more details).

In the UR, the "It" space is the external of the individual. Every state of consciousness has a felt energetic component that is expressed from the wisdom traditions as 3 recognized bodies: gross, subtle, and causal.^{12,13} We can think of these 3 bodies as the increasing capacities of a person toward higher levels of consciousness. Each level is a specific vehicle that provides the actual support for any state of awareness. The *gross* body is the individual physical, material, sensorimotor body that we experience in our daily activities. The *subtle* body occurs when we are not aware of the gross body of dense matter, but of a shifting to a light, energy, emotional feelings, and fluid and flowing images. Examples might be in our shift during a dream, during different types of bodywork, walks in nature, or other experiences that move us to a profound state of bliss. The *causal* body is the body of the Infinite that is beyond space and time. Causal also includes *nonlocality* where minds of individuals are not separate in space and time. When this is applied to consciousness, separate minds behave as if they are linked regardless of how far apart in space and time they may be. Nonlocal consciousness may underlie phenomenon such as remote healing, intercessory prayer, telepathy, premonitions, as well as so-called miracles. Nonlocality also implies that the soul does not die with

the death of the physical body—hence, immortality forms some dimension of consciousness.⁴⁷ Nonlocality can also be both upper and lower quadrant phenomena.

The LL, the “We” space, is the interior collective dimension of individuals who come together. The concentric circles from the center outward represent increasing levels of complexity of our relational aspect of shared cultural values, as this is where teamwork and the interdisciplinary and transpersonal disciplinary development occur. The inner circle represents the individual labeled as *me*; the second circle represents a larger group labeled *us*; the third circle is labeled as *all of us* to represent the largest group consciousness that expands to all people. These last 2 circles may include not only people, but animals, nature, and nonliving things that are important to individuals.

The LR, the “Its” space, the exterior social system and structures of the collective, is represented with concentric circles. An example within the inner circle might be a *group* of healthcare professionals in a hospital clinic or department or the complex hospital system and structure. The middle circle expands in increased complexity to include a *nation*; the third concentric circle represents even greater increased complexity to the *global* level where the health of all humanity and the world are considered. It is also helpful to emphasize that these groupings are the physical dynamics such as the working structure of a group of healthcare professionals versus the relational aspect that is a LL aspect, and the physical and technical structural of a hospital or a clinic.

Integral nurses strive to integrate concepts and practices related to body, mind, and spirit (the all-levels) in self, culture, and nature (“all quadrants” part). The individual interior and exterior—“I” and “It”—as well as the collective interior and exterior—“We” and “Its”—must be developed, valued, and integrated into all aspects of culture and society. The AQAL integral approach suggests that we consciously touch all of these areas and do so in relation to self, to others, and the natu-

ral world. Yet to be integrally informed does *not* mean that we have to master all of these areas; we just need to be aware of them and choose to integrate integral awareness and integral practices. Because these areas are already part of our being-in-the-world and can’t be imposed from the outside (they are part of our makeup from the inside), our challenge is to identify specific areas for development and find new ways to deepen our daily integral life practices.

Wilber¹² uses the term *holon* to describe anything that is itself whole or part of some other whole that creates structures from the very smallest to the larger of increasing complexity. The upper half of the model represents the individual holons or the *micro world*. The lower quadrants represent the social or communal holons or the *macro world*. These holons create a *holarchy* of natural evolutionary processes. As one progresses up a holarchy, the lower levels of holons are transcended and included and thus are foundational. All of the entities or holons in the Right-Hand quadrants possess simple location. These are things that are perceived with our senses such as rocks, villages, organisms, ecosystems, and planets. However, none of the entities or holons in the Left-Hand quadrants possesses simple location. One cannot see feelings, concepts, states of consciousness, or interior illumination. They are complex experiences that exist in emotional space, conceptual space, spiritual space, and in our mutual understanding space.^{12,13} The development of one’s individual consciousness as part of self-care is primary to the development of all other quadrants and integral thinking, application, and integration.

Structure

The structure of the Theory of Integral Nursing is shown in Figure 6. All content components are overlaid together, to create a mandala to symbolize wholeness. Healing is placed at the center, then the meta-paradigm of in a nursing theory (integral nurse, person(s), integral health, integral environment),

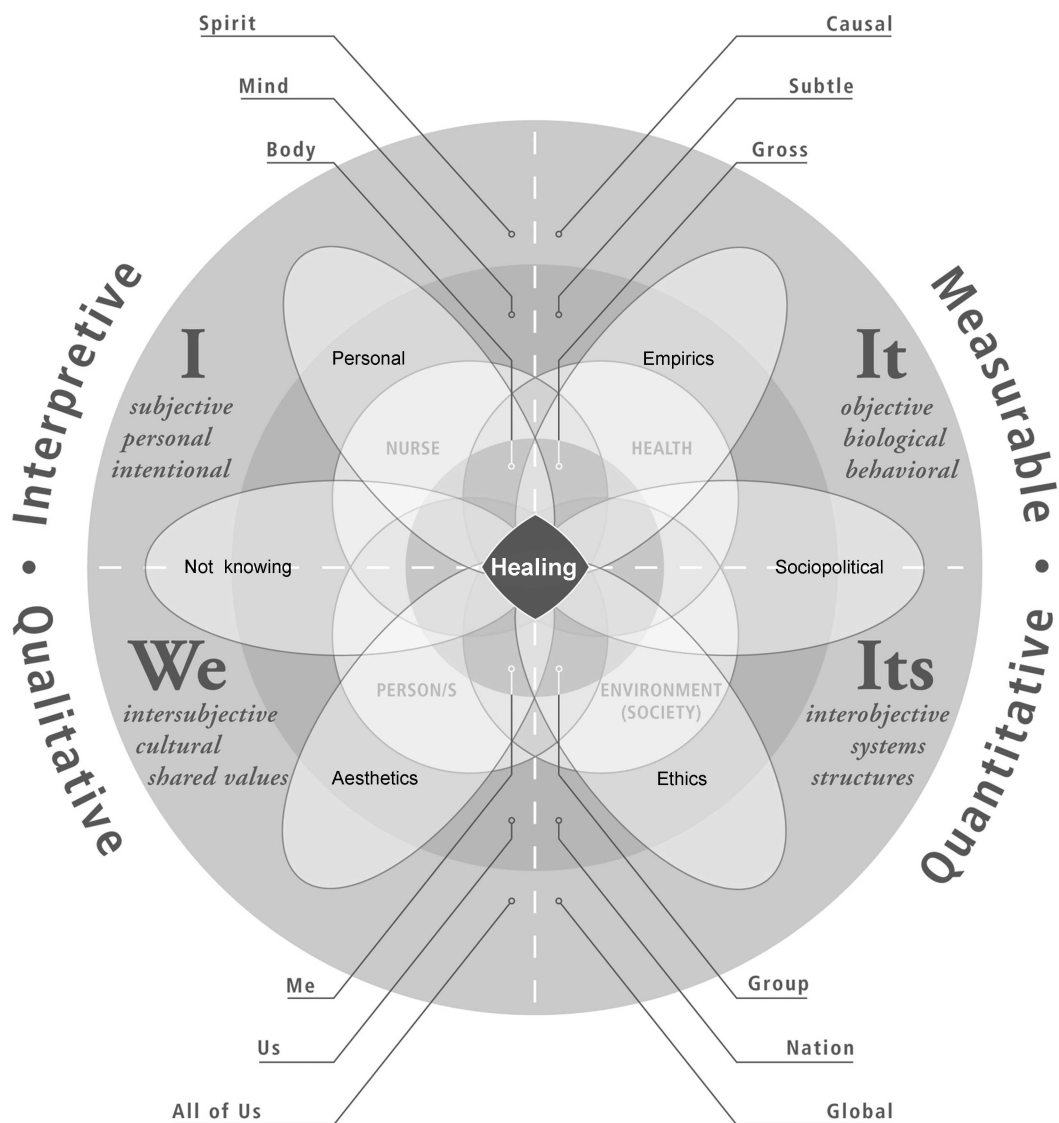


Figure 6. Theory of Integral Nursing (healing, meta-paradigm in a nursing theory, patterns of knowing in nursing, four quadrants and All Quadrants, All Levels). Copyright 2007, Barbara Dossey.

the patterns of knowing (personal, empirics, aesthetics, ethics, not knowing, sociopolitical), the 4 quadrants (subjective, objective, intersubjective, interobjective), and all quadrants and all levels of growth, development, and evolution. (*Note: Although the patterns of knowing are superimposed as they are in the various quadrants, they can also fit into other quadrants.*)

Using the language of Wilber¹² and Don Beck and his Spiral Dynamics Integral,⁴⁶ individuals move through primitive, infantile consciousness to an integrated language that is considered *first-tier* thinking. As they move up the spiral of growth, development, and evolution, and expand their integral worldview and integral consciousness, they move into what is *second-tier* thinking and

participation. This is a *radical leap* into holistic, systemic, and integral modes of consciousness.⁴⁶ Wilber also expands to a *third-tier* of stages of consciousness that addresses an even deeper level of transpersonal understanding that is beyond the scope of this article.¹⁵

Context

Context in a nursing theory is the environment in which nursing acts occur and the nature of the world of nursing. In an integral nursing environment the nurse strives to be an *integralist*, which means that she or he strives to be integrally informed and is challenged to further develop an integral worldview, integral life practices, and integral capacities, behaviors, and skills. An integral nurse values, articulates, and models the integral process and integral worldview, as well as integral life practices and self-care in nursing practice, education, research, and health-care policies. The term *nurse healer* is used to describe the nurse as an instrument in the healing process and a major part of the exterior healing environment of a patient, family, or another. Nurses assist and facilitate the individual person(s) (client or patient, family and coworkers, etc) with accessing their own healing process and potentials; the nurses do not do the actual healing. An integral nurse recognizes oneself as a healing environment interacting with a person, family, or colleague in a *being with* rather than an always *doing to* or *doing for* another person, and enters into a shared experience (or field of consciousness) that promotes healing potentials and an experience of well-being.

A key concept in an integral healing environment, both interior and exterior, is *meaning* which addresses that which is indicated, referred to, or signified.⁴⁸ *Philosophical meaning* is related to one's view of reality and the symbolic connections that can be grasped by reason. *Psychological meaning* is related to one's consciousness, intuition, and insight. *Spiritual meaning* is related to how one deepens personal experience of a connection with the Divine, or

whatever mechanism or modalities are used by an individual to feel a sense of oneness, belonging, and connection in this human journey of life. *Relationship-centered care*⁴⁹ is valued and integrated as a model of care-giving that is based in a vision of community where 3 types of relationships are identified: (1) patient-practitioner relationship, (2) community-practitioner relationship, and (3) practitioner-practitioner relationship.

*Relationship-based care*⁵⁰ is also valued as it provides the map and highlights the most direct routes to achieve the highest levels of care to serve patients and families.

Process

Process in a nursing theory is the method by which the theory works. An *integral healing process* contains both nurse processes and patient or family and healthcare workers processes (individual interior and individual exterior), and collective healing processes of individuals and of systems or structures (interior and exterior). This is the understanding of the unitary whole person interacting in mutual process with the environment. We also discover that by incorporating integral nursing principles discussed next we may assist others to discover their own healing path. The reader is referred to Figure 6 and Table 1 for specifics for each principle.

Integral nursing principle 1: Nursing requires development of the "I"

Integral Nursing Principle 1 recognizes the interior individual "I" (subjective) space. Each of us must value the importance of exploring one's health and well-being starting with our own personal exploration and development on many levels. This includes how each of us continually addresses our own stress, burnout, suffering, and "soul pain" as discussed in the next principle. This can assist us to understand the necessity of personal healing and self-care directly related to nursing as art where we develop qualities of nursing presence and inner reflection. *Nurse presence* is also used as a way of approaching a

person that respects and honors the person's essence; it is relating in a way that reflects a quality of "being with" and "in collaboration with" as discussed in the next principle.⁴¹⁻⁴⁴ Our own inner work also helps us hold deeply a conscious awareness of our own roles in creating a healthy world. We recognize the importance of addressing one's own shadow that is described by Jung⁵¹ as a composite of personal characteristics and potentials that have been denied expression in life and of which a person is unaware; the ego denies the characteristics because they are in conflict and incompatible with a person's chosen conscious attitude.

In this "I" space *integral self-care* is valued, which means that integral reflective practices are integrated and can be transformative in our developmental process. We become more integrally conscious in our knowing, doing, and being in all aspects of our personal and professional endeavors. *Mindfulness* is the practice of giving attention to what is happening in the present moment such as our thoughts, feelings, emotions, and sensations. To cultivate the capacity of mindfulness, one may include mindfulness meditation practice, centering prayer, and other reflective practices such as journaling, dream interpretation, art, music, or poetry that leads to an experience of nonseparateness and love; it involves developing the qualities of stillness and being present for one's own suffering which will also allow for full presence when with another.

In our personal process, we recognize *conscious dying* where time and thought are given to contemplate one's own death. Through a reflective practice one rehearses and imagines one's final breath to practice preparing for one's own death. This integral practice prepares us not to be so attached to material things and spending so much time thinking about the future but living in this moment as often as we can and to live fully until death comes. We are more likely to participate with deeper compassion in the death process with others to become more fully engaged, ultimately with self. *Death* is seen as

the mirror in which the entire meaning and mystery of life are reflected—the moment of liberation. Within an integral perspective the state of *transparency*, the understanding that there is no separation between our practice and our everyday life is recognized.^{1,2,43} This is a mature practice that is wise and empty of a separate self.

Integral nursing principle 2: Nursing is built upon "we"

Integral Nursing Principle 2 recognizes the importance of the "We" (intersubjective) space. Within nursing, healthcare, and society, there is much suffering, moral suffering, moral distress, and soul pain.⁴³ We are often called upon to "be with" these difficult human experiences and to use our nursing presence. Our sense of "We" supports us to recognize the phases of suffering—"mute" suffering, "expressive" suffering, and "new identity" in suffering.⁴³ When we feel alone, as nurses, we experience *mute suffering*; this is an inability to articulate and communicate with others one's own suffering. Our challenge in nursing is to more skillfully enter into the phase of *expressive suffering* where sufferers seek language to express their frustrations and experiences such as in sharing stories in a group process. Outcomes of this experience often move toward *new identity in suffering* through new meaning-making where one makes new sense of the past, interprets new meaning in suffering, and can envision a new future. A shift in one's consciousness allows for a shift in one's capacity to be able to transform her or his suffering from causing distress to finding some new truth and meaning of it. As we create times for sharing and giving voice to our concerns, new levels of healing may happen.

An integral nurse considers *transpersonal* dimensions. This means that interactions with others move from conversations to a deeper dialogue that goes beyond the individual ego; it includes the acknowledgment and appreciation for something greater that may be referred to as spirit, nonlocality, unity or

oneness. Transpersonal dialogues contain an integral worldview and recognize the role of *spirituality* that is the search for the sacred or holy that involves feelings, thoughts, experiences, rituals, meaning, value, direction, and purpose as valid aspects of the universe.^{1,2,48} It is a unifying force of a person with all that is—the essence of beingness and relatedness that permeates all of life and is manifested in one's knowing, doing, and being; it is usually, though not universally, considered the interconnectedness with self, others, nature, and God or LifeForce or Absolute or Transcendent. From an integral perspective, *spiritual care* is an interfaith perspective that takes into account dying as a developmental process and natural human process that emphasizes meaningfulness and human and spiritual values.^{1,2,43} *Religion* is recognized as the codified and ritualized beliefs, behaviors, and rituals that take place in a community of like-minded individuals involved in spirituality.^{1,2,48} Our challenge is to enter into deep dialogue to more fully understand religions different from our own so that we may be tolerant where there are differences.

In this "We" space nurses come together and are conscious of sharing their worldviews, beliefs, priorities, and values related to working together in ways to enhance integral self-care and integral healthcare. *Deep listening*, the being present and focused with intention to understand what another person is expressing or not expressing, is used. *Bearing witness* to others, the state achieved through reflective and mindfulness practices, is also valued.^{1,2,43} Through mindfulness, one is able to achieve states of *equanimity* that is the stability of mind that allows us to be present with a good and impartial heart, no matter how beneficial or difficult the conditions; it is being present for the sufferer and suffering just as it is while maintaining a spacious mindfulness in the midst of life's changing conditions. *Compassion* is an integral practice where bearing witness and lovingkindness manifest in the face of suffering. The realization of the self and another as *not* be-

ing separate is experienced; it is the ability to open one's heart and be present for all levels of suffering so that suffering may be transformed for others, as well as for the self. A useful phrase to consider is "I'm doing the best that I can."⁴³ Compassionate care assists us in living as well as when being with the dying person, the family, and others. We can touch the roots of pain and become aware of new meaning in the midst of pain, chaos, loss, grief, and also in the dying process.

Integral action is the actual practice and process that creates the condition of trust where a plan of care is cocreated with the patient and care can be given and received. Full attention and intention to the whole person, not merely the current presenting symptoms, illness, crisis, or tasks to be accomplished reinforces the person's meaning and experience of community and unity. Engagement between an integral nurse and a patient and the family or with colleagues is done in a respectful manner; each patient's subjective experience about health, health beliefs, and values are explored. We deeply care for others and recognize our own mortality and that of others.

The integral nurse uses *intention*, which is the conscious awareness of being in the present moment with self or another person to help facilitate the healing process; it is a volitional act of love.^{1,2,43} An awareness of the role of *intuition* is also recognized, which is the perceived knowing of events, insights, and things without a conscious use of logical, analytical processes; it may be informed by the senses to receive information. Integral nurses recognize *love* as the unconditional unity of self with others. This love then generates *lovingkindness*, the open, gentle, and caring state of mindfulness that assists one with nursing presence.

Integral communication is a free flow of verbal and nonverbal interchange between and among people and pets and significant beings such as God or LifeForce or Absolute or Transcendent. This type of sharing leads to explorations of meaning and ideas of mutual understanding and growth and lovingkindness.

Intuition is a type of experience of sudden insight into a feeling, a solution, or problem where time and things fit together in a unified experience such as understanding about pain and suffering, or a moment in time with another. This is an aspect within the pattern of unknowing.

Integral nursing principle 3: “It” is about behavior and skill development

Integral Nursing Principle 3 recognizes the importance of the individual exterior “It” (objective) space. In this “It” space of the individual exterior, each person develops and integrates her or his integral self-care plan. This includes skills, behaviors, and action steps to achieve a fit body and to consider body strength training and stretching, as well as conscious eating of healthy foods. It is also modeling integral life skills. For the integral nurse and patient, this is also the space where the “doing to” and “doing for” occur. However, the integral nurse also combines her or his nursing presence with nursing acts to assist the patient to access personal strengths, to release fear and anxiety, and to provide comfort and safety. There is awareness of conscious dying to assist the dying patient who wishes to have minimal medication and treatment to stay alert as possible while receiving comfort care until she or he makes her or his death transition.

Integral nurses with other nursing colleagues and healthcare team members compile the data around physiologic and pathophysiologic assessment, nursing diagnosis, outcomes, plans of care (includes medications, technical procedures, monitoring, treatments, and protocols) implementation, and evaluation. This is also the space that includes patient education and evaluation. Integral nurses cocreate plans of care with patients when possible combining *caring-healing interventions* or *modalities* and integral life practices that can interface and enhance the success of traditional medical and surgical technology and treatment. Some common interventions are relaxation, music,

imagery, massage, touch therapies, stories, poetry, healing environment, fresh air, sunlight, flowers, soothing and calming pictures, pet therapy, and more.

Integral nursing principle 4: “Its” is systems and structures

Integral Nursing Principle 4 recognizes the importance of the exterior collective “Its” (interobjective) space. In this “Its” space, integral nurses and the healthcare team come together to examine their work, their priorities, use of technologies, and any aspect of the technological environment, and create exterior healing environments that incorporate nature and the natural world such as with outdoor healing gardens, green materials with soothing colors and sounds of music and nature. Integral nurses identify how they might work together as an interdisciplinary team to deliver more effective patient care and coordination of care while creating exterior healing environments.

Application of integral nursing principles

To begin applying the integral principles in personal and professional practice, education, research, and healthcare policy endeavors, you can apply these 4 perspectives to any situation. Imagine that you have a difficult challenge with a colleague, manager, physician, patient, or family; reflect on these 4 perspectives and address the situation from an integral perspective. Another way is to choose 1 or more integral nursing principles or concepts each day to focus on and use it. For Integral Nursing Principle 1, the “I” space, it might be to find a way that allows you to be reflective for a few minutes such as a short break at work where you focus inward using a relaxation and imagery exercise, or say or read an affirmation, a prayer, or a short poem. For Integral Nursing Principle 2, it might be to reflect on the relational aspect that you share with a colleague and acknowledge when she or he does something special

and to say “thank you”; this also includes that you take the time to receive the “thank you.” It might be to reflect on a very special moment with a patient or family member where there seemed to be a shared experience of healing presence. For Integral Nursing Principle 3, the “It” space, it might be to begin a self-care plan that includes one physical practice such as deep breathing, stretching, or a strengthening exercise during work or a short walk after work. For Integral Nursing Principle 4, it may be consulting with a team member about a certain floor procedure that you believe can be improved to increase patient safety or to participate in evaluating another hospital or clinic protocol.

There are many opportunities to increase our integral awareness, application, integral research and understanding each day. Reflect on all that you do each day in your work and life—analyzing, communicating, listening, exchanging, surveying, involving, synthesizing, investigating, interviewing, mentoring, developing, creating, researching, teaching, and creating new schemes for what is possible. Before long you will realize how all these 4 quadrants and realities fit together and if you might be completely missing a quadrant, thus an important part of reality. As we address and value the individual interior and exterior, the “I” and “It,” as well as the collective interior

and exterior, the “We” and “Its” a new level of integral understanding emerges and we may find that there is also more balance and harmony each day.

CONCLUSION

A Theory of Integral Nursing addresses how we can increase our integral awareness, our wholeness, and healing, and strengthen our personal and professional capacities to more fully open to the mysteries of life’s journey and the wondrous stages of self-discovery with self and others. Our time demands a new paradigm and a new language where we take the best of what we know in the science and art of nursing that includes holistic and human caring theories and modalities. With an integral approach and worldview we are in a better position to share with others the depth of nurses’ knowledge, expertise, and critical-thinking capacities and skills for assisting others in creating health and healing. Only an attention to the heart of nursing, for “sacred” and “heart” reflect a common meaning, can we generate the vision, courage, and hope required to unite nurses and nursing in healing. This assists us as we engage in healthcare reform to address the challenges in these troubled times—local to global. This is not a matter of philosophy, but of survival.

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