Improving Healthcare Delivery With the Transformational Whole Person Care Model

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A Whole Person Care model was developed by The New England School of Whole Health Education following a 2-year pilot study that demonstrated the transformational effects of whole health education. This holistic model of health education and behavioral interaction provides a tool for nurses, physicians, and staff to redirect the momentum of care toward in-the-moment, relationship-centered whole person care, improving healthcare worker and patient satisfaction and outcomes. **KEY WORDS:** *relationship-centered care*, *spirituality*, *therapeutic partnering*, *whole person care model* *Holist Nurs Pract* 2005;19(2):74–77

Behaviors that affirm and uphold the inherent sacredness of life—respect, integrity, compassion, and equity—are the foundation of Whole Health Education, a multidimensional, whole person perspective of learning, living, being, and caring. With Whole Health Education as a tool, healthcare practitioners can create mindful, respectful listening, a nonjudgmental presence, and interactions that are not only healing for patients but also for practitioners and others in the work environment.

Through the development of Whole Health Education, The New England School of Whole Health Education (NESWHE) provided both an educational model for healthcare practitioners and patients, which has been validated in clinical care environments and a 2-year hospital pilot study, and a behavioral model for creating healing, transformational relationships.[1,2] By 1980, this relationship-centered interaction model, developed in cooperation with Boston area hospitals, physicians, nurses, and educators, was being used in an outpatient hospital clinic; an additional 9 years of clinical formation crafted the model to its present form.[1] In 1997, a 2-year pilot study enrolled patients from the Cardiac Rehabilitation Department at Union Hospital to evaluate the outcomes of Whole Health Education.[1] Study outcomes were so remarkable that Union Hospital established a department of Whole Health Education to integrate the model into all hospital departments.

Whether in medicine or business, NESWHE philosophy suggests a rightness of relationship that serves the common good, both in the microrelationship of practitioner to patient and the macrorelationship of business to community. In addition, the Whole Health Education model is consistent with study findings of the Center for the Advancement of Health (www.cfah.org), which concluded, "Evidence indicate[s] that educational strategies alone are not effective in producing sustained behavior change." [AQ1]

In January 2002, after successfully completing and documenting the 2-year pilot study, NESWHE focused on creating a unique curriculum and implementation process that would provide nurses, physicians, and staff with the tools to redirect momentum of care toward in-the-moment, relationship-centered whole person care. This goal could be achieved in medical environments by adopting a philosophical and behavioral model that allows for compassionate, humanistic healthcare, regardless of the amount of time spent with a patient. The focus and intention the care provider brings to patient interaction—whether 60 seconds, 3 minutes, or 1 hour—becomes the foundation for all future interactions. In our high-speed culture, with its inherent stressors, healthcare providers and patients alike suffer from the lack of time to connect and build respectful, meaningful relationships with one another. This breakdown of relationship building is expressed through the staggering turnover rates and attrition seen

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across the country, most especially in the field of nursing.

Developed from the Whole Health Education curriculum and the implementation process from the 2-year pilot study, NESWHE created a program with a proven track record in increased patient and staff satisfaction and organizational transformation. By adopting a relationship-centered whole person care mission statement and creating a work environment that invites medical and nonmedical staff to develop such skills, an organization can anticipate the following outcomes:

- patients become central to their healing and recovery,
- nursing practice is enhanced,[2,3]
- staff attrition is reduced,
- staff morale is improved, and
- patient satisfaction is increased.[1,3]

TRIAL PILOT STUDY: EVALUATING WHOLE HEALTH EDUCATION IN CARDIAC REHABILITATION

Methodology

The pilot study, funded by Union Hospital and NESWHE, enrolled 50 patients from the Cardiac Rehabilitation Department at Union Hospital. A 132-bed community hospital in Lynn, Mass, Union Hospital is also part of the North Shore Medical Center and a member of the Partners HealthCare System, founded by Massachusetts General Hospital and Brigham and Women's Hospital, both teaching hospitals of Harvard Medical School. Study population included a heart transplant recipient, patients with multiple pathologies, and patients who were obese, alcoholic, addictive, and recalcitrant with varying cardiovascular disease. The patients were initially evaluated and again at the end of 6 months using SF-36, a validated survey instrument widely used to measure quality of life (SF-36; Medical Outcomes Trust, Boston, Mass). The evaluation also used Clinical Data Collection Inventory (CDCI), a nonvalidated internal instrument.

The pilot study coordinator, Anna Seubert, contacted patients by letter; those expressing interest received an outline of the study protocol. Patients agreeing to participate completed SF-36 and CDCI survey forms and met with a whole health educator for a series of 6 one-on-one sessions. Six months later, patients completed follow-up SF-36 and CDCI survey forms.

Pilot study data were compared with data from historical controls (patients who had only experienced cardiac rehabilitation). The control patients completed baseline and follow-up (6 months) SF-36 and CDCI questionnaires. Not considered a controlled study, the control group was not studied at the same time as the treatment group, no attempt was made at randomization, and no attempt was made to pair subjects. The investigational review board at Union Hospital approved the study. Patients in the Whole Health Education application component of the study were enrolled in 1998 and 1999. Six certified whole health educators and 6 NESWHE interns participated. Harvey Zarren, MD, FACC, a cardiologist in private practice and Medical Director of the Department of Cardiac Rehabilitation at Union Hospital, was principal investigator for the pilot study.

Outcomes

The study was not powered to reach statistical significance; the small sample size and the SF-36 and CDCI survey forms may not have been reliable indicators of patient experience. No significant overall clinical differences were observed between the treatment and control groups (SF-36 or CDCI data); however, patients receiving Whole Health Education did significantly better than those in the control group, with quality-of-life questions received at 6-month follow-up (Table 1). The questions focused on each patient's:

- routine sharing of feelings (improvement, 11%),
- stress levels (improvement, 6%),
- perception of his or her tendency to get sick compared with others (improvement, 22%),
- expectation of future health decline (improvement, 21%), and
- perception of current health status (improvement, 4%).

THE WHOLE PERSON CARE PROGRAM

The NESWHE Whole Person Care program blends Whole Health Education, an evidence-based whole person–focused best practice, and the model of Whole Person Care, a theoretical construct that offers a method of institutional utilization and integration. Whole Health Education and Whole Person Caring

TABLE 1. Patient response

The best indicator of the Whole Health Education experience may be the comments and observations of the study participants themselves. A common thread runs through the following anecdotal comments that were received at the 6-month follow-up:

"No one has ever listened to me in such a deep, respectful fashion before."
"The effects of this process have been very subtle, but life-changing for me."
"I'm choosing to do things for myself that I've not thought about in a long time."
"I finally have information that's helping me to make different kinds of choices."
"Never before in my life have I been listened to like this!"
"I've a new approach to life, including a change in eating habits, stress reduction, and improved physical health. I've made new friends and have fun socially. This has been a real plus in my life."
"I've more knowledge of mitigating diet factors and habits for general health and control."
"I've more information on what and what not to do."
"I've a firmer grip on understanding the outside forces that affect my health and, hopefully, ways to deflect or better manage these influences."
"I learned more about my body and its function and diet control and effects."
"Thank you for your help, support, and education. on a day-to-day basis, all of you gave me peace and compassion: the most important pill. Good health and happiness to you and thank you."
"I learned to help myself with a spiritual program and meditation."

models are combined to provide a powerful tool for organizational transformation, staff and patient satisfaction, and a subsequent decrease in nursing staff attrition. Both models have evidenced their outcomes within the hospital setting.

Curriculum

The Whole Person Care program curriculum consists of 24 classes, presented in videotaped format, that invite personal and professional self-reflection and growth. The classes are excerpted from NESWHE's Whole Health Education certificate program for nurses, which has been reviewed and endorsed by the American Holistic Nurses Association. The complete, comprehensive curriculum provides 72 approved contact hours for nurses. On completion, the Whole Person Care program may be continued as the Whole Health Education certificate program for nurses.

The program invites wholly integrated and personal learning, which is drawn from an evidence-based curriculum and psychosocial/spiritual perspective. Each learner is invited to personally understand and process the principals of whole person care through introspective journaling and case study application. The teaching model provides the big picture—the whole picture of health—that includes physical, emotional/social, nutritional/chemical, environmental, and spiritual aspects of health and disease. This approach demystifies the overwhelming amount of fragmented health information available and creates a new paradigm for health education instruction and learning.

Building blocks

The Whole Person Care curriculum is aligned with Dr Abraham H. Maslow's "Hierarchy of Human Needs," [AQ2] in which 5 levels inherent to human need, motivation, and drive were identified. The curriculum is sequenced to follow the structure of Maslow's 5-tier hierarchy as follows:

- classes 1 to 4 relate to the survival imperative.
- classes 5 to 12 address the safety and security drive on physical and emotional levels.
- classes 13 to 18 explore the human need to belong, and
- classes 19 to 24 address the human drive toward self-esteem and self-actualization.

This wholly integrated curriculum allows the return of the sacred back into the education and orientation of the healthcare provider. When we move beyond linear thinking and look at our human experience from a circular perspective, we enter into the realm of being in sacred relationship with ourselves and all those whose lives we touch, resulting in an affirmation of our self-worth, right work, and contribution to the greater good.

The workbook

The Whole Person Care program workbook provides a comprehensive outline, suggested reading, reflective journaling, and case study guide for each class presented. Journal writing offers each participant an opportunity for personal application; case study application is invited by completion of the case study worksheet and presentation to the participant's study group.

Objectives and potential outcomes

The outcome of any best practice depends on the dedication and hard work of the individuals and organizations that attempt to integrate the practice into their culture. The experience of the Whole Health Education Best Practice model and the model of Whole Person Caring, within 2 different and diverse hospital settings, affirmed the need for an organization-wide, systemic agreement regarding mission statement and organizational values for optimal success.

Certainly, it is just as important for the accounting department staff to understand and appreciate the enormous human and financial value of this best practice as it is for the nursing staff to understand and embrace the model. The Whole Person Care program is intentionally constructed as a model of interaction and support for all departments, which results in a win-win experience for employees, patients, and associates of the hospital or facility. It encourages cooperation, the creation of community, and interdependence among all members of the staff, regardless of role or job description. Working to create an environment of respect, integrity, compassion, and equity requires all individuals to be treated and regarded as equally valued members of the community. The philosophy behind this process is, "None of us win until all of us win."

SUMMARY

The NESWHE pilot study demonstrated that Whole Health Education is not only valuable but also desirable in the journey of cardiac patients toward wellness. The qualitative data, collected in the form of patient exit interviews, staff interviews, and unsolicited notes and letters, was positive. Patients with behavioral problems became cooperative and related to staff in a better manner. Whole health educators spent considerable time with patients (apart from informational content)—time that the patients valued. Because of this, patients were better able to understand their conditions and work through any barriers to improved health. The educator-patient relationship provided behavioral models that allowed for persistent lifestyle changes. The cardiac rehabilitation and Whole Health Education combination allowed patients repetitive exposure to information, enabling them to make better decisions about behaviors creating wellness.

Comments by Dr Harvey Zarren, principal investigator, after the study was completed, help summarize the program, "As a physician, I find that whole health educators are incredibly supportive in my attempt to help patients regain or maintain wellness. The educators reinforce knowledge, motivate patient behavior, and have the time to help remove barriers to wellness." Dr Zarren considers Whole Health Education to be a potent, valuable tool, one that helps patients transform their lives and helps healthcare practitioners become effective allies for their patients. Dr Zarren continued, "The pilot program clearly demonstrated that Whole Health Education was not only valuable but also desirable in a patient's journey toward wellness. Whole Health Education is totally supportive, not expensive, and incredibly effective. Whole Health Education at Union Hospital [is] a service to patients, healthcare professionals, and healthcare itself." Undoubtedly, Whole Health Education can be a model for *all* relationships because it invites people to learn and values participation and useful behavior, rather than moralizing. Transforming medical care for both patients and caregivers, Whole Health Education allows the healing experience to once more be a journey toward wellness for all.

Editor's note: Part 2 of this article, which details the Whole Person Care Model in use at Three Rivers Community Hospital, Grants Pass, Ore, will appear in the May/June issue of *Holistic Nursing Practice.*

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Author Queries

AQ1: Provide citation for this reference and give details in the reference list.
AQ2: Provide citation for this reference and give details in the reference list.
AQ3: Provide details so that it is easier for the reader to locate the reference.