

# Thoughts on Health as Expanding Consciousness as it Evolves into the Future

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## Health as Expanding Consciousness: New Horizons

### Closing Reflections

To spark this final portion of our dialogue, I will offer a few comments on future directions—pulling together the threads of our previous dialogues so that we can consider the meaning of the evolving pattern of Margaret’s theory of health as expanding consciousness as we move into the future—a future that is all at once both easy to imagine since we have experienced the power of the theory to transform people’s lives and bring new insights and potential for action. At the same time, from a paradigmatic point of view, the future of the theory is impossible to predict. Prediction does not have a place within the unitary transformative paradigm. Change unfolds in unexpected and unanticipated ways as we focus on the evolving pattern of meaning in our environment and relationships. Our focus is on processes that are consistent with the theory—processes that have been repeatedly tested by HEC scholars—and have consistently revealed new insights into action in the phenomenon being studied.

Margaret, since that day in New York in 1978 when you ended your talk at the Nursing Theory Conference by saying, “The responsibility of the nurse is not to make people well, or to prevent them getting sick, but to assist people to recognize the power that is within them to move to higher levels of consciousness” –words that resonated with the nurses present, since that day, you have persistently, clearly, and profoundly called nurses to stand firmly rooted in the center of our truth, recognizing the power that is within. You have profoundly changed the lives of the people in this room—of nurses from many countries and myriad care settings—and brought deep meaning to our practices.

In your 2008 book: *Transforming presence: The difference nursing makes*, you concluded the main section of the book by writing:

What the world needs now is connectedness. There is a need for a global network that is multicultural, multidimensional. It is centered in individual and local partnerships and is always shifting, changing, open to new perspectives. Nursing is in a position to facilitate such a network. Our tradition of caring, nurturance, and understanding of love as the highest level of consciousness makes it possible for nursing to be the connecting link in the needed re-formulization of the health-care system as one of cooperation, collaboration, and partnership.

The underlying implicate order of nursing's mission—caring in the human health experience—is the transforming pattern. In the unfolding of it, we are its transforming presence.

Marlaine Smith summarized findings from the integrative review she did of all HEC studies that were published through the end of 2009, noting that the number of studies were accelerating over the past several years as a new generation of research practitioners add to our knowledge of how the theory of health as expanding consciousness informs nursing practice. In terms of future recommendations, Smith suggested that:

- We think strategically about how we are disseminating our work. She suggested that Newman scholars expand the journals they are publishing in so that they reach a more diverse audience of nurses, and that we engage lay audiences, as well as policy makers who would benefit from hearing how HEC praxis can transform lives.
- That the work of Japanese scholars be made available in English—we can work collaboratively to make that happen,
- Smith recommended that means of identifying patterns be developed for preverbal and nonverbal individuals—how do we recognize meaning and pattern when it is not verbally conveyed? Smith asked, “Could researcher-practitioners draw upon pan-dimensional awareness to understand patterning and process?”
- Smith cautioned against classifying people in ways that fixes them into stages (such as in Young's schema-seeing it as potentially limiting possibilities and being inconsistent with the dynamic, participatory, and non-linear nature of HEC.
- Finally, Smith recommended follow-up of studies that used research as praxis – evaluating HEC models in practice for differences made in the lives of patients, families, and communities, as well as the cost-effectiveness and explicate changes in physical patterns and quality of life.

In her recent integrative analysis of the praxis nurse patient relationship in chronic illness, Katherine Rosa analyzed the extent to which studies use the seven dimensions of relationship described by Newman and colleagues in 2008. As a result of that analysis, Rosa also recommended that nurses focus on expanding consciousness in children living with chronic illness. Rosa recommended that attention be paid to clarify when and for how long and in what circumstances a HEC praxis nurse patient relationship is beneficial. This call involves widening our vision of evolving patterns to the systems level.

We have all noticed the “outcomes” of HEC praxis and I would say, have been reluctant to put too much focus on them—after all, we are not trying to change people—to “fix” people—that would be an “intervention.” Yet, study after study has demonstrated that

when nurses embody the theory of health as expanding consciousness in their relationships with patients/families/communities—when they are authentically present and caring, attend to what is meaningful in people’s lives, engage in a mutual process of recognizing evolving patterns and the meaning of those patterns, and hold a vision of health that embraces people in their wholeness, new insights emerge and often new ways of being are embarked upon—by both patients and nurses. Yesterday Dottie referred to the work of Ginger Caposi and Katherine Rosa, noting that 50% of the people with wounds who engaged in a HEC nursing praxis relationship experienced more rapid wound healing. That quantitative number—50%-- is part of the evolving pattern of HEC praxis. Perhaps it was not what the nurses were *aiming for*—they were simply living out the focus of the discipline of nursing –being true to their profession as they had been taught, knowing that their relational presence would open the way for meaningful transformation in the health experience of patients, but as these nurses entered into HEC praxis, a pattern was evolving that was important to systems of care. Although outcomes cannot be predetermined, they can be recognized in evolving patterns. Quantitative data provide insight into evolving patterns—we need only to engage in dialogue about the meaning of the evolving pattern and trust that new insights into action will emerge.

As powerful as our experiences have been, we cannot afford to attend only to what is happening at the patient, family, or even community level—we need to recognize and name the unfolding insights into how to re-conceptualize systems of care and policies that shape people’s lives, so that constraints can be lifted and new ways of being realized. When we engage people within systems in dialogue focused on meaning, those systems transform in unforeseen ways. HEC scholars like Tomoko Miyahara are leading the way in transforming care environments. We can do the same in nursing education, health systems organization, and policy—as Dottie pointed out last evening.

Just as expanding our vision of the evolving pattern is important, widening the circle of voices dialoguing on the meaning of the evolving pattern enhances the perception of the pattern; it sheds light on the pattern’s complexity and adds clarity on how to move forward. This is a process that can and should be engaged in to inform systems of care and policies. It is a process that involves widening our lens and accepting a greater scope of responsibility,

What we have seen and experienced over the past 38 years since Margaret first proposed the theory of health as expanding consciousness, and what we have heard yesterday and today – proclaims that the theory of health as expanding consciousness is powerful and of particular relevance as people seek to be held in their wholeness. As reimbursement processes shift in this country, there is an opening in ambulatory care—in healthcare homes, as Katherine Rosa pointed out. Again, we need to engage in praxis research that documents the evolving pattern of the whole—not just the patient transformation that

arises through an HEC praxis nurse – patient relationship, but the changes in the system over time in areas measured in the quadruple aim—patient satisfaction, cost savings, healthcare outcomes that have been predetermined through statistically modeling of population level data, and worker satisfaction. Just as MGH now has attending nurses, there is the possibility to finally do what Margaret suggested in her early writings—to have nurses follow patients who they know and care for deeply across care settings and through life predicaments. Again, we need recognize and communicate the evolving pattern of systems in which these innovative models are incorporated.

Constraints on NP practice can be lifted as we document the long-term decrease in expenditures when nurse practitioners are free to practice in such a way that they can honor the whole person. Their current practice is constrained not only by the medical model's focus on diagnosing and treating physical problems, but more importantly by reimbursement systems in what some might call "the medical industrial complex." Nurse practitioners are increasingly setting up their own clinics as the legal constraints on their practice are being lifted, state by state in the U.S. We owe it to patients and to populations as a whole to be putting in place evaluation systems that involve cycles of pattern recognition and dialogue related to the meaning of evolving patterns so that our collective systems represent the process of expanding consciousness.

Other points of engagement where the theory of HEC is needed to shed light involve the creation and continued evaluation and transformation of professional practice models and shared governance structures. HEC praxis holds the potential for improving nursing practice and practice environments. Engaging in HEC praxis at the systems level gives rise to strategic plans that are alive and rooted in what is meaningful to the people and systems we serve—engaging in a continuing process of change with a focus primarily on what is meaningful to patients/the population, what is feasible in the current healthcare delivery system,

So, I see the main questions before us as:

1. What are the points where we are called to engage in new ways? In practice settings, in nursing education, in research endeavors, and in shaping policy?
2. HEC researchers have found that as people attend to the meaning of patterns, change ensues. How do we attend to, talk about and present the changes that arise throughout the HEC praxis process? How do we continually engage in recognizing the evolving patterns and new insights for action/transformation? How do we attend to and present outcomes?
3. Yesterday, when Dottie proclaimed that we are doing something that is not supported or reinforced in a broader sense, Margaret commented, "Or not known." What is our evolving sense of how to communicate the power of the theory?

Certainly, the nursing professional organization in Japan with its detailed agenda and the endowed Newman professorship here at UT will create platforms for reflecting on the evolving future of HEC—what other efforts are needed? Does

Before we start our dialogue to take these considerations deeper as a unitary whole, Margaret, on behalf of all of us, I want to thank you for starting us on this journey—for engaging us in the process of becoming more of ourselves, of finding greater meaning in our lives, and of reaching new heights of connectedness with other people and the world” (Newman, 2008).