

The Model of Whole-Person Caring

Creating and Sustaining a Healing Environment

■ *Lucia Thornton, MSN, RN, AHN-BC*

At Three Rivers Community Hospital, Grants Pass, Ore, the theoretical Model of Whole-Person Caring has resulted in quantifiable and sustainable results in the areas of increased patient and employee satisfaction and decreased nursing turnover, and serves as the foundation for a comprehensive healing environment. The model is a useful framework for healthcare education and its utilization as the theoretical construct for The New England School of Whole-Health Education illustrates its congruency in an educational setting. **KEY WORDS:** *energy-based care, interdisciplinary care, relationship-centered care, spiritual care* *Holist Nurs Pract* 2005;19(3):106–115

The Model of Whole-Person Caring (WPC) provides a framework for healthcare systems and organizations wishing to create a healing and nurturing environment for consumers and healthcare personnel. This framework is derived from theorists in the fields of nursing, physics, and systems analysis. The model is unique in that it is interdisciplinary, easy to understand, practical in its application, and redefines who we are to embrace our infinite and spiritual nature. This is a model born from experience, and has demonstrated the following quantifiable and sustainable results at Three Rivers Community Hospital, Grants Pass, Ore:

- increased patient satisfaction*
- increased employee satisfaction

- decreased nursing turnover below the national average[†]
- increased integration of organizational values by employees (see Appendix on Integration of Organizational Values Research)
- enhanced healing environment

The work accomplished at Three Rivers Community Hospital has achieved recognition at both the state and national level via the Fetzer Institute's Norman Cousins award in 2004 and the Oregon Association of Hospitals and Health Systems Award for Professional Excellence in Healthcare Leadership.

DEVELOPMENT OF THE MODEL OF WHOLE-PERSON CARING

The Model of Whole-Person Caring was created while developing a curriculum for Three Rivers Community Hospital. The purpose of the curriculum was to help create a healing and nurturing environment for both employees and patients. The interdisciplinary core group enrolled in the leadership program consisted of administrators, managers, office staff, nurses, respiratory therapists, dieticians, aides, massage therapists, and community members. Because of the group's diversity, it was important to develop a framework that created a common ground for all

© Copyright Lucia Thornton, 2005. Portions of this article have previously appeared in articles co-copyrighted by Gold & Thornton, Inc, ISSSEEM, *International Journal for Human Caring, Surgical Services Management*, and Lucia Thornton.

The author thanks Debra Topham, PhD, RN, CNS, ACRN, for conducting, analyzing, and creating the research report on the "Integration of Organizational Values After Participation in a Transformational Leadership Course". Dr Topham, a clinical nurse specialist, can be contacted at Medicine Care Center, United Hospital, 333 Smith Ave N, St. Paul, MN 55102 (e-mail: Debra.Topham@allina.com).

Corresponding author: Lucia Thornton, MSN, RN, AHN-BC, 12592 Valley Vista Lane, Fresno, CA 93720 (e-mail: luciat@csufresno.edu).

*Press-Gainey Patient Satisfaction reports increased to 94% hospitalwide after the model was implemented. Prior to implementation, the average hospitalwide scores were in the low 80th percentiles. This report is based on nationwide statistics and represents each hospital's standing in relation to national data.

[†]In 2001, after participants completed the Certificate Program in Transformational Healthcare Leadership (the educational component for the Model of Whole-Person Caring), the RN turnover rate reached a low of 3% compared with a national average of 18% at the time.

practices and services that was practical, operational, easy to understand, and credible. The efficacy of this model lies in its simplicity and ability to engage participants in a common vision and operationalized concepts that are inherent to healing. When aligned around shared values and united in a common vision, ordinary people accomplish extraordinary results.²

Importance of a visionary model

Models help define who we are, what we do, and how we do it. It is important for leaders in healthcare to begin utilizing models that can fundamentally change how healthcare is delivered. In the last 3 decades, the healthcare industry has been driven by business models that embrace the biomedical perspective. Healthcare has become increasingly unavailable to the greater population, and the delivery of care is often characterized as fragmented and impersonal. Creating a system that is more accessible, less fragmented, and acknowledges our wholeness is not easy.

Changing the system first requires a paradigmatic shift in how we perceive ourselves. How we perceive ourselves and each other dynamically impacts how we care for ourselves and care for each other. However, as physicists have concluded, the reality of who we are is too rich to be fully expressed in any model or theory.³ At best, this model is a metaphor that can help us come to a common understanding or shared perspective of who we are. The model, therefore, is not meant to define the truth of our existence, since “defining” imposes limits on that which is limitless. The definition is instead just a pointer.⁴ It was intended to begin to shift the healthcare community’s perception

of who we are from being biomedical entities to include the sacred and infinite nature of our being.

The work of 3 nurse theorists formed the foundation for defining who we are. Florence Nightingale stated, “We are a reflection of the divine, with physical, metaphysical, and intellectual attributes.”⁵ Martha Rogers saw each person as an “irreducible, indivisible, pandimensional energy field that is open and infinite in nature, and inseparable from the environment.”⁶ Jean Watson, a contemporary nurse theorist, states, “We are sacred beings [and] we must regard ourselves and others with deepest respect, dignity, mystery, and awe.” (J. Watson, personal communication, December 5, 1998).

In the Model of Whole-Person Caring we define the person as an energy field that is open, infinite, and spiritual in essence, and in continual mutual process with the environment. Each person manifests unique physical, mental, emotional, and social/relational patterns that are interrelated, inseparable, and continually evolving (Table 1).

In the model our manifest self, which is represented as a diamond, arises from the unmanifest universe or the void, as it is sometimes called. While there is a complete absence of matter in this realm (hence, the void), its exquisiteness, omniscience, and fullness is overwhelming. Rather than being called the void it might be more likened to the “womb of God.” Yogananda referred to this realm as the unmanifested Absolute.⁷

The energy field emerges from the unmanifested Absolute or unmanifested universe. In the Model of Whole-Person Caring, this energy field is also called the field of Love. For the purpose of this model, this energy field is considered to be the first field of the

TABLE 1. Whole-person caring definitions⁸

Term	Definition
Person	An energy field that is open, infinite, and spiritual in essence, and in continual mutual process with the environment. Each person manifests unique physical, mental, emotional, and social/relational patterns that are interrelated, inseparable, and continually evolving.
Environment	An energy field beyond and inclusive of the person. Because person and environment are in a state of constant mutual process, there is no distinction from an energetic perspective.
Health	The subjective experience of well-being.
Whole-person caring	The delivery of care and services to promote well-being. Whole-person caring is based on the concepts of sacredness of being; therapeutic partnering; self-care and self-healing; optimal whole-person nourishment; transformational health care leadership; and caring as sacred practice.
Spiritual	The spiritual dimension is a unifying field that integrates the physical, mental, emotional, and social/relational aspects of being. The spiritual dimension is the essence of self and also transcends the self. It is our closest, most direct experience of the universal life force.

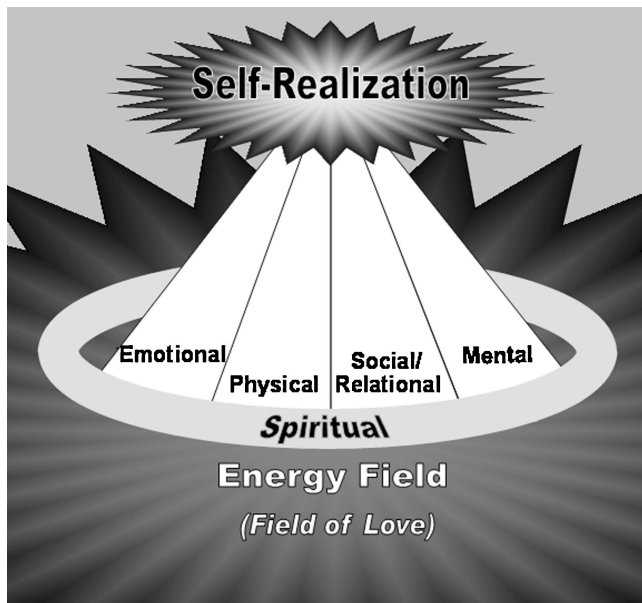


FIGURE 1. Concept of whole-person.

manifest universe. Everyone arises from this primal energetic field; it is our common ground and shared essence. Although these words fall short of expressing reality, they point us in the direction of beginning to understand the implications of our infinite nature. If we are open, infinite energy fields then not only are we finite forms that exist on this earth, but we simultaneously share in the essence of the unmanifested Absolute.⁸ Also, not only do we occupy and move about in our individual physical space, but we simultaneously exist in a unified collective energy field with all beings.

The metaphor of a diamond represents the whole-person concept (Fig 1). The base or foundation of the diamond is our spiritual nature. The Self is the essence of who we are and arises from and is inseparable from the spiritual field and the field of Love. While this Self cannot be seen in Figure 1, imagine that it occupies the whole interior of the diamond and is obscured from your view by the various facets of our existence. The facets of the diamond are our physical, social/relational, emotional, and mental selves. While each of these facets, or aspects manifests in a particular way, each remains an inseparable, interrelated aspect of the whole diamond. In reality there is no mind, no body, no spirit, only the inherent unity of who we are.⁹ Like a diamond we have many facets; each facet is inseparable and connected to the whole.

Our spiritual dimension

An important distinction between this model and other biopsychosocial models is that the essence of who we are is spiritual. In other words, our spirituality is the foundation of our being rather than an aspect of our being. Importantly, spirituality is also an integrative force that can transform every aspect of our existence (H. Madden, oral communication, April 20, 2000). This is why within the Model of Whole-Person Caring we define the spiritual dimension as a “unifying force that integrates the physical, mental, emotional, and social/relational aspects of being. The spiritual dimension is the essence of self and one that transcends the self. It is our closest, most direct experience of the universal life force.” As we become more open and awake to the spiritual essence of our being and access that essence more fully, every area of our life—emotional, physical, mental, and social/relational—is transformed.

As the process of spiritual integration unfolds, patterns of self-realization begin to manifest in every facet of our lives (Table 2). For instance, in the emotional realm, we exhibit greater acceptance of self, others, and nature. We are able to give and receive love from self and others, and express our own truth. These are just a few examples of patterns that might manifest in our lives as we acknowledge and invite our higher self to manifest in all aspects of our being. When we have completely given ourselves to our higher Self, then all of the facets of our earthly existence become clear and free, and just as a diamond we become pure reflections of the Light!

Key concepts and program development

The key concepts of the Model of Whole-Person Caring are:

- sacredness of being
- therapeutic partnering
- self-care and self-healing
- optimal whole-person nourishment
- transformational healthcare leadership, and
- caring as sacred practice.

The leadership program developed for Three Rivers Community Hospital is based on these key concepts. The program was initially offered to 30 participants in 3 phases and extended over a period of 1 year. The first phase consisted of bringing the group together for 2 consecutive days of learning. This initial phase

TABLE 2. Some manifestations of patterns of self-realizations⁸

Aspect of whole-person	Manifestations of patterns
Physical	Dietary intake patterns that promote well-being. Elimination patterns that promote well-being. Rest and sleep patterns that promote well-being. Movement and exercise patterns that promote well-being.
Mental	Breathing patterns that promote well-being. Ability to perceive reality with clarity. Self-awareness: objective about strengths, limitations, and possibilities. Problem-solving orientation toward life; not a victim of pawn mentality. High degree of imagination and creativity. Positive attitude and thoughts. Sense of humor.
Emotional	Acceptances of self, others, and nature. Ability to give and receive love from self and others. Ability to express one’s own truth. Ability to have deep feelings of identification, sympathy, and affection for others.
Social/relational	Appreciation of and gratefulness for basic pleasures of life. Engaging in relationships that are wholesome and loving. Engaging in relationships that promote growth of self and others. Engaging in work that is meaningful.
Spiritual/energetic	Engaging in work that uses strengths and aptitudes. Connecting with God/higher self/universe/spirit. Engaging in meditation/prayer/introspective practices regularly. Knowing and understanding love as essence of self. Deriving meaning and purpose in life. Cultivating a deep respect for all.

focused on the key concepts of whole-person caring as they related to each participant. The second phase was a self-paced independent program, guided by a teacher/mentor who helped participants integrate the key concepts into their lives. This took 6 to 9 months for each participant to complete. The last phase reconvened the group for 2 consecutive days and focused on how the key concepts might be integrated into their work and the organization. The program was experientially based and the didactic presentations were minimal.

When developing a curriculum to meet the needs of a particular organization, include as much experiential material as possible. The more participants can access the essence of their being and access the space within themselves that is referent to infinity—for example through relaxation, guided meditation, music, movement, breath work, and such—the greater their felt experience and knowing of their sacred, infinite Self. The model and concepts are vehicles to help people recognize their sacred nature. Once a majority of people within an organization begin to understand

and identify with their infinite and sacred nature, then the collective energetic will naturally shift toward a healing and nurturing environment.

LEADERSHIP WITHIN THE MODEL OF WHOLE-PERSON CARING

How does the Model of Whole-Person Caring affect how an organization operates? The metaphor of the diamond is again used to conceptualize the effect that the model exerts on an organization. Using this metaphor, the organization exhibits its own emotional, physical, social/relational, and mental characteristics (Fig 2).

The foundation for leadership is based in the spiritual-energetic realm. The spiritual energetic realm infuses the organization with love, meaning, and respect. From an emotional perspective, the organization using the Model of Whole-Person Caring will exhibit behavior that is caring, empathetic, and empowering for its employees, staff, and patients.



FIGURE 2. Leadership within the model of whole-person caring.

Leadership arising from spiritual values physically manifests itself as flexible, flowing, and vital. The social-relational aspect reflects a leadership style that is participative and values-driven. From the social-relational context, everyone becomes a model of leadership. From the mental perspective, transformational leadership creates a strong sense of vision and purpose in the organization, with a consciousness characterized by awareness and clarity.

HELPING ORGANIZATIONS MEET CURRENT AND FUTURE CHALLENGES

The Model of Whole-Person Caring is a valuable tool to help organizations address current and emerging challenges. Attention to spirituality and spiritual values is an important yet most-often neglected component in organizations. Management leaders are addressing the current lack of meaning and purpose in organizations, and encouraging the incorporation of spiritual values as a way to renew workplace morale. The thesis for numerous publications is that major paradigm shifts incorporating spirituality are needed for effective management and renewed vitality in the workplace.¹¹⁻¹⁴

In addition, the Model of Whole-Person Caring provides a stable foundation on which an organization can operate in times of change and restructuring.

Technology, informational databases, operational systems, and delivery systems are changing at ever-accelerating rates. Job descriptions, governance, and organizational structures in most healthcare systems and organizations are continually transforming to meet the emerging needs of the populations they serve, and to adapt to changes in government and third-party payer reimbursement. Adopting a model that is unchanged by prevailing social and fiscal factors gives organizations a stable framework to guide their practices and strategic development.

The most compelling reason to adopt the Model of Whole-Person Caring is to better meet the needs of the consumer. Healthcare consumers now gather impressive amounts of information from both traditional and non-traditional sources. Consumers feel alienated, uncured, and unhealed by mainstream medicine, and take more responsibility for their health and related healthcare decisions.¹⁵

The rise in chronic disease demands a multidimensional treatment approach that considers all the facets of a person and takes into consideration the interrelatedness of the mental, emotional, physical, and social/relational dimensions. A consumer-driven shift is occurring from a biomedical model of healthcare to a partnership model of healthcare (H. Madden, telephonic communication, April 20, 2000). Being treated with respect is increasingly important, and relationship- and partnership-centered care are essential components in quality healthcare practice.¹⁶ A comparison of the current biomedical model with the proposed model shows how the Model of Whole-Person Caring is better suited to meet the needs and concerns of the emerging healthcare consumer (Table 3).

STEPS TO INTEGRATING THE MODEL OF WHOLE-PERSON CARING

Assess organization's ideology and culture

Any model has to be interpreted and expressed in the specific cultural, social, and economic context in which it is implemented and integrated. Identifying the organization's ideology, mission, and values is important in determining whether or not such a model is congruent with the established culture. How does the Model of Whole-Person Caring fit into your

TABLE 3. Models of healthcare practice

Current biomedical model	Whole-Person Caring Model
People are seen primarily as biological beings (biopsychosocial)	People are seen primarily as spiritual (sacred) beings
Focus is on physical/physiological symptoms and illness	Focus is on nourishing a person’s wholeness (body-mind-heart-soul)
Diagnosis and treatment of disease	Promoting healthy lifestyle practices
Emphasis on cure	Emphasis on healing/harmony
Emphasis on suppression and relief of symptoms	Emphasis on exploring meaning and source of symptoms
Professional is emotionally neutral	Professional’s caring is important component of healing
Illness seen as negative, as something to be fixed	Illness seen as opportunity to explore and shift lifestyle patterns
Professional is the authority, the one “in charge”	Professional is a therapeutic partner
Hierarchical relationships are valued and encouraged	Partnerships are valued and encouraged

organization? For instance, a primary focus of this model is that human beings are perceived as spiritual in nature. Consider the following questions:

- Is this a basic premise that can be accepted within your hospital or organization?
- What are the religious and spiritual beliefs of those you work with?
- How could this model serve as a guide to promote meaning and purpose in people’s lives while honoring the diverse beliefs that exist?

The first step in integrating this model is to assess the appropriateness of this model within the context of your particular organization. Elicit the help of other practitioners, staff, and colleagues as you begin your assessment. Talk with fellow employees about how this model could be put into action.

Elicit support of key people

If you determine that this model is appropriate, the next step is to elicit the support of key people in your organization. Involving upper management is crucial for continued success and support. Who within top management holds values and beliefs closest to those proposed in the Model of Whole-Person Caring? Is it the CEO, the COO, or the Director of Patient Care Services? Again, talk with your colleagues and identify those people who already embrace the philosophies of the Model of Whole-Person Caring. Which staff members continually demonstrate a caring attitude and lead by using principles of transformational leadership? Who portrays models of wholesome and healthy living and inspires

those around them? These are the people in your core group.

Involve everyone

Identifying your core group to spearhead the effort is vitally important. It is essential, however, to involve everyone in the organization. It is imperative that the movement be all-inclusive and pervasive to change the prevailing culture.¹⁷ The model provides a guide and a vision of what is possible, but each organization will need to find its own approach and define its own strategies. This is not a short-term intervention; it demands a long-term commitment by employees, management, administration, and governing boards.

Customize strategies for implementation

Organizations can show employees that they are valued and cared for by beginning to implement some of these concepts in small ways. Honoring employees with a special day is a wonderful morale booster and demonstrates that an organization is willing to invest time and money for the welfare of their workforce.¹⁸ Creating ongoing programs to foster the evolution of mature and wise leadership in an organization is of lasting value. One hospital found it effective to designate a nurse on each floor as a model and advisor to other nurses for delivering healing and compassionate patient care. These are nurses who have completed training in transformational leadership and who model healthy and wholesome behavior. These nurses are financially compensated for the added responsibility of mentoring the staff and reflect

the hospital's commitment to providing compassionate care (N. Moore, personal communication, December 5, 1998).

Honor and recognize exemplary people

Creating a way of honoring and identifying exemplary people within the organization is important. This demonstrates the organization's commitment to reinforcing caring behavior. How can an organization do this? One hospital has identified outstanding personnel by simply including in its patient survey a question such as "Did anyone provide you with outstanding service during your hospital stay?" The information the hospital has received has helped them identify and give special recognition to personnel that patients identify as caring and compassionate (J. Lau, personal communication, May 5, 2000).

Initiate programs for personal growth and transformation

Initiating educational programs that help foster the ongoing growth and transformation of staff members is crucial to implementing the Model of Whole-Person Caring. A key concept of this model involves self-care and self-healing. Therefore, members of the healthcare team must first learn to care for themselves and develop healthy ways of living and behaving. Using a hospital-based program that can involve a critical mass of hospital employees in personal growth and transformation is important to shift values and create a healing culture within the organization.

Incorporate whole-person caring concepts in performance criteria

Incorporating whole-person caring concepts into the criteria for evaluating employee performance is a practical way to reinforce an organization's commitment to caring values. Inviting employees to establish their own evaluation criteria for each job description invests them in the process and increases their commitment to and understanding of whole-person caring. Furthermore, when staff members develop their own evaluation criteria, they establish what is meaningful to them and derive greater satisfaction from their work.

USEFULNESS OF MODEL IN HEALTHCARE EDUCATION

Nursing and medical schools

The Model of Whole-Person Caring is a useful framework for nursing and medical schools and other organizations involved in healing and healthcare education. The model is strongly influenced by the work of Florence Nightingale, Martha Rogers, and Jean Watson and, as such, provides an appropriate framework for nursing and medical curriculums that are, or would like to be, holistically oriented. Students who learn to care for themselves become health practitioners who are capable of caring for others. Most nursing and medical schools do not encourage students to care for themselves nor are most very student friendly. The emphasis on therapeutic partnerships, sacredness of being, and self-care and self-healing helps redefine and create educational experiences that are healthy and wholesome.

The New England School of Whole Health Education

The New England School of Whole Health Education (NESWHE) has adopted the Model of Whole-Person Caring, as a theoretical construct and



FIGURE 3. Organizational structure for whole-person caring.

implementation model for its Whole Person Care program.

The Whole Health Education curriculum and programs offered at NESWHE are highly compatible and congruent with the concepts of The Model of Whole-Person Caring. The basic premise of the Model of Whole-Person Caring is that we are fields of energy that are open, infinite, and spiritual in essence. This tenet is well developed throughout the Whole Health Education curriculum. The sacredness of relationships, the importance of our spiritual essence, and the acknowledgement of man as a field of energy are concepts integral to the NESWHE Whole Health Education curriculum.

The concept of the Model of Whole-Person Caring to nourishing the whole person is comprehensively dealt with throughout the NESWHE curriculum, which is designed to show the interrelationships and inseparability that exist within the physical, emotional/social, nutritional/chemical, environmental and spiritual dimension of our existence. (See related article, Donadio G, "Improving Healthcare Delivery with the Transformational Whole Person Care Model," *Holist Nurs Pract* 2005;19(2): 74-77.)

Creating spirited organizations

Adopting the Model of Whole-Person Caring is one way to bring spirit back into education and the workplace. As organizations begin to view their students, employees, and patients as sacred beings, changes will begin to occur in every course, department, and every instance of patient contact. Quality care and compassionate service become the standard as each organization customizes and implements the model to fit their particular needs and culture (Fig 3). Enthusiasm, which originates from the Greek words *en* and *Theos*, means "in God." Organizations that have their foundation in spiritual

values are infused with enthusiasm and become an environment for caring and healing to take place.

REFERENCES

1. Thornton L, Gold J, Watkins M. The art and science of whole-person caring (Appendix: Integration of organizational values after participation in a transformational leadership course. Research conducted and prepared by Topham D). *Int J Hum Caring*. 2002;6(2):46-47.
2. Blanchard K, O'Connor M. *Managing by Values*. South Melbourne, Victoria, Australia: Business and Professional Publishing; 1998:77.
3. Harman W. *Global Mind Change: The Promise of the 21st Century*. 2nd ed. Sausalito, Calif: Berrett-Koehler Publishers Inc; 1998:94.
4. Tolle E. *Even the Sun Will Die* (An interview with Eckhart Tolle). Vancouver, Wash: Sounds True Recording; 2002.
5. Macrae J. Suggestions for thought from Florence Nightingale. In: Changing Face of healing, a joint conference of the American Holistic Medical Association and the American Holistic Nursing Association; June 22, 1995; Phoenix, Ariz.
6. Thornton, L. Renewing the spirit of nursing: caring for ourselves/caring for others . . . soul-powered leadership . . . weaving spirit into your professional tapestry. Keynote address at the annual program of the Association of California Nurse Leaders; San Francisco, Calif; February 1999.
7. Yogananda P. *Man's Eternal Quest*. Los Angeles, Calif: Self-Realization Fellowship; 1985:366.
8. Thornton L. The model of whole-person caring: redefining our way. *Bridges*. 2003;14(2):4.
9. Barrett E. Rogerian scientists, artists, revolutionaries. In: Madrid M, Barrett E, eds. *Rogers' Scientific Art of Nursing Practice*. New York, NY: National League for Nursing Press; 1994:77.
10. Gold J, Thornton L. *Creating a Healing culture: Whole-Person Caring*. Roseland, NJ: G&T Publishing; 2000:B-2.
11. Fairholm G. *Capturing the Heart of Leadership: Spirituality and Community in the New American Workplace*. West Port, Conn: Praeger; 1997.
12. Pauchant T, ed. *In Search of Meaning: Managing for the Health of our Organizations, Our Communities, and the Natural World*. San Francisco, Calif: Jossey-Bass; 1997.
13. Gallos J, Ramsey J. *Teaching Diversity: Listening to the Soul, Speaking From the Heart*. San Francisco, Calif: Jossey-Bass; 1997.
14. Briskin A. *The Stirring of Soul in the Workplace*. San Francisco, Calif: Berrett-Koehler Publishers; 1998.
15. Thornton L, Gold J. Integrating holism into healthcare for the new millennium. *Surg Serv Manage*. 1999;5(12):42.
16. McLeod B. Relationship-centered care. *IONS Noetic Sci Rev*. 1999; 48(X):36-42.
17. Pritchett P, Pound R. *High-Velocity culture Change: A Handbook for Managers*. Dallas, Tex: Pritchett Publishing Co; 1993:26.
18. Glanz B. *Care Packages for the Workplace: Little Things You Can Do to Regenerate Spirit at Work*. New York, NY: McGraw-Hill; 1996:104-105.

Appendix

Integration of Organizational Values After Participation in a Transformational Leadership Course

Prior to participation in the Transformational Leadership Course, course participants completed a demographic form and the Self-Report Inventory (SRI), which measured the extent to which the respondents had integrated organizational values into their practice. To maintain respondents' anonymity, the SRI was mailed directly to the data analysis person. Each SRI was marked with a code number. At this time, course participants were asked to have a peer, who was not taking the Transformational Leadership Course, complete the SRI. These peers served as a control group. The completed surveys were kept locked in a file cabinet in the data analysis person's office, so management did not have access to individual responses to the SRI.

A total of 20 participants and 20 control group members submitted the SRI pretest, mid-test, and posttest. Data was analyzed using an analysis of variance (ANOVA) to test differences between participant and control group means. There was no significant difference between the participant group and control group mean scores on any of the pretests, mid-tests, or posttests. Therefore, the data for both groups was combined to analyze differences between pretest, mid-test, and posttest scores. This is consistent with the theoretical framework for the project. According to Martha Rogers, the human energy field will also effect its environment, including other human energy fields. Based on Rogers' theory, it could be anticipated that as organizational values are integrated into participants of the Transformational Leadership Course, it would also influence the values of others in the work environment.

INSTRUMENT

Nurse managers at Three Rivers Hospital constructed the SRI, establishing content validity. They obtained input from facilitators of the Transformational Leadership course and data analysis person. Instrument reliability was established via internal consistency. The SRI was found to have an (coefficient

of .86, an acceptable level of reliability. Data analysis included an analysis of demographic data, sick leave, vacancy rates, patient satisfaction, and integration of organizational values.

DEMOGRAPHIC DATA

Demographic data was analyzed for 20 participants of the Transformational Leadership Course and 12 control group members who returned demographic profiles. Eight control group members did not return demographic profiles. Respondents ranged in age from 45 to 65 with a mean age of 45 years. Four (12.5%) of the respondents were male and 28 (87.5%) of the respondents were female. Most respondents were of Anglo heritage (84%), Christian (56%), had an associate degree (75%), and were registered nurses (25%). These demographics are consistent with the population in the geographic area where the study was conducted. Other participants were certified nurse assistants, unit secretaries, dietary personnel, and admissions personnel.

STAFF SICK LEAVE USE, TURNOVER RATES, UNPAID LEAVE RATES, AND PATIENT SATISFACTION SCORES

The medical center's management followed vacancy rates, sick leave rates, staff turnover, and family medical leave rates during the project period. While there were some differences, these differences were not statistically significant. Additionally, patient satisfaction scores demonstrated a trend of improvement, but this improvement was also not statistically significant.

DATA ANALYSIS OF ORGANIZATIONAL VALUES

Data was analyzed for the 40 respondents completing all components of the SRI surveys. Organizational

values were reflected in scores on the SRI. A composite score was computed for values representing excellence, respect, service, and teamwork. The value of honesty was measured with just one item on the SRI. A total composite value score was also calculated and data were analyzed for the composite value score. With the exception of teamwork, all values scores, including the overall values' score, raised consistently and significantly from the pretest to posttest, including from pretest to mid-test. Scores rose slightly for all values, except teamwork, from the mid-test to posttest.

As previously stated, the changes in scores from pretest to post-test were statistically significant, except for the value of teamwork. Paired t-tests were run to compare pretest and posttest scores, and pretest and mid-test scores. The overall Values score, Excellence value, Honesty value, Respect value, and Service value showed a statistically significant increase from pretest to posttest scores. Further analysis revealed that the increase between pretest and mid-test scores was most statistically significant.

RESULTS

Data supports that the Transformational Leadership Course positively influenced the integration of organizational values in persons responding on the SRI. This influence was most significant between the pretest and mid-test scores. The mid-test point coincided with completion of the Transformational Leadership Course. A continuing shift in the integration of organizational values, as measured by posttest scores speaks to the ongoing benefits of the Transformational Leadership course 6 months after its completion.

The lack of significance of changes in the Teamwork scores and the mid-test to posttest drop in teamwork scores can be attributed to many factors. The time after the mid-test data collection point was the time when 2 different hospital campuses were merged into one campus. It takes time for workers to re-establish work teams and develop trust with co-workers. It is anticipated that these scores will increase in the future.