

 The COMPLETE HISTORY of WHOLE HEALTH

[Whole Health and the concept of personal health wholeness was germinated in 1977](https://pmc.ncbi.nlm.nih.gov/articles/PMC10081708/#:~:text=The%20whole%20health%20perspective%20in%20health%20care%2C,educational%20organization%20focusing%20on%20whole%20health%20education.)
in a private study group of nurses and mental health professionals in Boston, Massachusetts. This particular group of professionals group sought to discuss the current trends in health care and the limitations of patient participation in their own care and how patient participation could be improved. The group explored what individuals might be seeking from their care providers when reporting their healthcare concerns.

Building upon contemporary [medical bioethics research from the 1970s](http://depts.washington.edu/bhdept/bioethics-training/advanced-training-healthcare-ethics-athe) the Boston study group identified what was currently known in the field of medical bioethics, (1) The Boston study group identified from the data reported in and prior to the 1970s, that what patients wanted from their health care providers was information, namely answers to their specific questions so they could enable themselves to participate in shaping their care plan. These questions had their roots in clinical ethics that were being explored at the University of Washington in its healthcare and bioethics programs.

The holistic health movement, emerging prominently in the late 1970s, early 1980s, emphasized the interconnectedness of mind, body, and spirit. Growing dissatisfaction with mainstream healthcare led to increased interest in [alternative practices](https://en.wikipedia.org/wiki/Alternative_medicine) such as [herbal remedies](https://en.wikipedia.org/wiki/Herbal_medicine), [massage](https://en.wikipedia.org/wiki/Massage), [energy medicine](https://en.wikipedia.org/wiki/Energy_medicine) and [yoga](https://en.wikipedia.org/wiki/Yoga), began to gain traction. This period saw a growing dissatisfaction with mainstream healthcare and a shift towards a more personalized and patient-centered approach to healing.

Also, at and around this time various models of practice in Integrative Health Care were being explored and developed by individuals like [Dean Ornish](https://en.wikipedia.org/wiki/Dean_Ornish)[, Andrew Weil](https://en.wikipedia.org/wiki/Andrew_Weil)[, Jeffery Bland](https://jeffreybland.com/) and [Joan Borysenko](https://www.encyclopedia.com/arts/culture-magazines/borysenko-joan) began to emerge in the mainstream media. Studies on lifestyle changes on heart disease and other chronic conditions, which were conducted by several of these
individuals demonstrated the potential of using integrative approaches in healing.

As the late 1980s and 1990s progressed saw a shift in the perception of alternative therapies, and these alternatives received wider acceptance, with increased interest from both healthcare providers and the public. In 1988 Chiropractic Care, which was previously considered “quackery” by the mainstream medical community, became [officially covered under Massachusetts Blue Cross and Blue Shield insurance](https://www.google.com/search?q=1988+chiropractic+became+a+paid+benefit+by+blue+cross+blue+shield+in+massachusetts&sca_esv=d88f2f9151e47029&sxsrf=AHTn8zpFVz05cYqm_U0J9k086N8xaPwlbQ%3A1747859573508&ei=dTguaI_iHpCk5NoP_66fmAg&ved=0ahUKEwjP8PuntLWNAxUQElkFHX_XB4MQ4dUDCBA&uact=5&oq=1988+chiropractic+became+a+paid+benefit+by+blue+cross+blue+shield+in+massachusetts&gs_lp=Egxnd3Mtd2l6LXNlcnAiUjE5ODggY2hpcm9wcmFjdGljIGJlY2FtZSBhIHBhaWQgYmVuZWZpdCBieSBibHVlIGNyb3NzIGJsdWUgc2hpZWxkIGluIG1hc3NhY2h1c2V0dHNInydQswZYhyFwAXgAkAEAmAFVoAHMCKoBAjE3uAEDyAEA-AEBmAIAoAIAmAMAiAYBkgcAoAetK7IHALgHAA&sclient=gws-wiz-serp) and has since [extended coverage
across the country.](https://www.bombergchiropractic.com/Company-Information/Blog/entryid/92/should-you-use-your-blue-cross-blue-shield-insurance-for-chiropractic-care) A majority health insurers now cover various alternative treatments.

During this time period from 1974 to the present, the lack of [health literacy](https://healthliteracy.com/2024/10/01/a-brief-recap-of-health-literacy-history/) was becoming an issue realized by mainstream medical organizations. The Boston study group saw this as a missing component in the landscape of the “new medicine” that they focused on exploring and developing. The Boston study group identified what they felt were missing components in the emerging approaches within integrative healthcare. To assist the patients in the discernment of what they wanted and needed to shape their care plan.

The Boston group, formed a professional continuing education program to provide health care practitioners with the knowledge necessary to educate their patients on specifics of their healthcare presentations. Called, at that time, the New England Whole Health Association, it rapidly grew into the National Institute of Whole Health (NIWH), as it remains today.

This Whole Health Education® program provided patients with an evidence-based yet demystified and clear understanding of their particular medical presentation, which enabled them to take greater control over their condition and their lifestyle behavior. The concept and model that an informed patient could exert control over their chronic condition by taking control of their health behavior, began to gain momentum. [Shared Decision Making](https://en.wikipedia.org/wiki/Shared_decision-making_in_medicine) became part of the new language and models that being explored to promote medical literacy, which has been evidenced to enhance medical outcomes.

PILOTS and STUDIES

In1980, one of the nurses who was part of the study group, shared what she was learning from the Whole Health courses, with the head of the hospital where she worked. [Dr. Ted Kaptuck](https://connects.catalyst.harvard.edu/Profiles/display/Person/84972) OMD, https://connects.catalyst.harvard.edu/Profiles/display/Person/84972 was at that time the Director or the Pain and Stress Clinic at the Lemuel Shattuck hospital in Boston, a State run medical facility Dr. Kaptuck called the coordinator of the study group and inquired into the graduates who were completing the course.

As many of the study group were nurses, he was eager to have them volunteer for
non-clinical internships at the Shattuck, serving both inpatients and outpatient population. The Whole Health Education® interns were at the Shattuck hospital for 8 years, until 1988 when a national bank crisis shut down the funding for the department.

Then, in 1994 a medical physician from a Harvard Affiliate hospital, the Union Hospital, on the Northshore of MA, requested to speak with the group director. After meeting with [Dr. Harvey Zarren](https://salem.massgeneralbrigham.org/press/the_power_of_healing_your_heart) to discuss the virtues of the Whole Health model of patient education and what it might provide for [Dr. Zarren’s](https://www.instagram.com/massmedicalsociety/p/C7cAc0ktAdq/) cardiac patients, a 5 year pilot study began at the hospital in the Cardiac Health Department, of which Dr. Zarren was the Medical Director.

With all the interest in alternative approaches to health care and a more patient centered model was developing, the lead researcher and project coordinator of the Boston study group was organizing a curriculum that explored the major chronic health presentations presented across the spectrum of patient populations. The work of NIWH was becoming recognized as important and visionary, having been named a “Best Practice in Relationship Centered Care” by Union Hospital, the Harvard/Partners health care group and nominated for a Norman Cousins Award with the Fetzer Institute. This work included the development of a Whole Person Care™ model of training for nurses and medical providers, as well as the Behavioral Engagement™ with *Pure Presence* communication skill set.

The new curriculum of NIWH included the development of a Whole Person Care™ model of training for nurses and medical providers, as well as the NIWH Behavioral Engagement™ From this pilot study, the word began to spread about Whole Health, several other Boston area health facilities wanted to have NIWH interns and do pilot studies to see what the model could do for their departments. In addition, [Beth Borg, the Clinical administrator of the Mayo Clinic,](https://wholehealtheducation.com/pdf/Changing-Behavior-Excerpt-small.pdf) who had heard about the training from one of the staff nurses, took the CE program and was excited to bring the model to the center. A cohort of 6 nurses entered the trial with 5 completing it.

 **JACO and THE INSTITUTES OF HEALTH**

In 2005, the NIWH model became the mandate for “the practice of medicine in all settings” with both the Joint Commission on Accreditation of Health Care Organizations (JCAHO – now called the Joint Commission) and the Institute of Medicine (IOM) identified these key guidelines, which include:

* placing patients at the center of their health care decision making
* treating the patient as a whole person
* evidenced-based health education for prevention and disease management

	+ Also: Medicaid/Medicare initiatives including patient education, prevention of disease states and “Pay for Performance” reimbursement guidelines for medical practices. ”Pay for Performance” reimbursements are based on a physician’s documentation of patient education methods and disease prevention outcomes data.

	Looking at the individual from a Whole Person perspective and educating the health care provider from a *5 Aspects of Whole Health®* viewpoint, the professional as well as the patient were able to “walk around” the essence or wholeness of the patient and have a better, clearer, more integrated understanding to who their patient was and what they may need to take control of their health.

	This new *5 Aspects of Whole Health®* was markedly different from other approaches being utilized in health care in that it looked the physical, emotional, nutritional, environmental and personal values or spiritual aspects of the patient, in terms of how these aspects components impacted the individual’s lifestyle choices, behaviors and health outcomes.

	Complimentary to Shared Decision Making, this Whole Health model was taking additional steps in providing *an evidence-based yet* *demystified body of health information* that the patient could easily understand and “connect the dots” with. By making the language and understanding of their concerns more conceptually available, the patient could begin to understand the how, why and what of how their condition developed.

	The group formed by the Boston group at that time called the program “The New England School of Whole Health” and began offering continuing education courses to health professionals. The courses were submitted for and became approved or accredited by several national organizations, several of which are [still accredited or approved today](https://www.wholehealtheducation.com/accreditation/)

	Prior to 2010 When the [V.A. was introduced to the Whole Health and Whole Person Care models](https://pubmed.ncbi.nlm.nih.gov/35283434/), there was little discussion or modeling in the health care vernacular that specifically invited care givers, and individual patients themselves, to walk around the circle or the wholeness of their lives and look at the various components of their life and behaviors that effected their health.

[In 1980, the model was piloted](https://pmc.ncbi.nlm.nih.gov/articles/PMC10081708/#:~:text=The%20whole%20health%20perspective%20in%20health%20care%2C,educational%20organization%20focusing%20on%20whole%20health%20education.) at Lemuel Shattuck Hospital in Boston, where NIWH-trained educators provided patient-centered health education. A longer-term clinical evaluation took place from 1996 to 2001 at Union Hospital in Lynn, Massachusetts, a Harvard Medical School affiliate. This project, funded in part by Blue Cross Blue Shield and hospital staff, reported patient-reported improvements in areas such as stress reduction and emotional expression.

In 2005, the Joint Commission (JCAHO) and the Institute of Medicine (IOM) issued their National Patient Safety Goals® (NPSGs) that closely aligned with NIWH’s model, calling for placing patients at the center of decision-making, treating patients as whole persons, and utilizing evidence-based health education for prevention and disease management

From 2008 through 2013, NESWHE and NIWH founder and director Georgianna Donadio, MSc, DC, PhD, served on an advisory board involved in establishing national health coaching credentialing standards. Many health and educational organization members participated (footnote) During that time, the model and concept of Whole Health was presented to various program and course developers, and the concept and content of NIWH’s Whole Health model was recognized and celebrated.

In 2009, [Linda Smith, PA](https://dhw.learningcenter.com/faculty_content?key=45), Director of Educational Programs for Duke Integrative Medicine, a Physician Assistant, and the founder and director of Duke's Integrative Health Coach Professional Training (IHCPT) called Dr. Donadio to congratulate NIWH on the [excellence of the model of Whole Health](https://pmc.ncbi.nlm.nih.gov/articles/PMC10081708/#:~:text=The%20whole%20health%20perspective%20in%20health%20care%2C,educational%20organization%20focusing%20on%20whole%20health%20education.) and discuss its potential applications in healthcare. The model was shared with other organizations and shortly thereafter the U.S. Department of Veterans Affairs embraced the Whole Health model and launched a system wide initiative to transform its veteran healthcare services. [The V.A. Whole Health](https://pmc.ncbi.nlm.nih.gov/articles/PMC10081708/) campaign is referred to as a “cycle of health,” which includes self-care, professional care, and the community.

== Model and Core Concepts ==

The Whole Health framework identifies five aspects of Whole Health—physical, emotional, nutritional, environmental, and spiritual—that it views as critical to overall health. The model emphasizes patient education to increase self-awareness and promote informed, values-based choices in health behavior.

An element of the model involves a communication approach described as “Behavioral Engagement,” which seeks to enhance provider–patient interaction through attentive and empathetic listening. Studies conducted in collaboration with academic institutions have evaluated aspects of this framework, though broader peer-reviewed validation remains limited.

== Institutional Pilot Studies ==

Several healthcare institutions have implemented Whole Health programs to evaluate their impact.

=== Lemuel Shattuck Hospital (1980) ===

In 1980, the approach was piloted at Lemuel Shattuck Hospital in Boston, where NIWH-trained educators provided patient-centered health education.

=== Harvard Hospital Study (1998 - 1999) ===

Union Hospital (affiliated with Harvard Medical School) conducted a study from 1995-1999, reported in January 2002, evaluating Whole Health Education in cardiac rehabilitation. Led by Dr. Harvey Zarren, 50 cardiovascular patients received counseling alongside standard rehabilitation, showing improved patient-reported outcomes like reduced stress and increased emotional openness.

=== HealthCorps ® ===

2011 - We want our Coordinators to be able to go to the next level by receiving training in wellness advocacy and peer mentorship, and the Whole Health Education with Wellness Coaching certification is providing that,” said Michelle Bouchard, President of HealthCorps. “We like the multidimensional aspect of the National Institute of Whole Health’s program, as well as the fact that our students can do it online when it’s convenient for them. Our hope is that, as a result of this additional training, many of our Coordinators will go on to play a significant role in healthcare.”

=== **Hermitage Farm** ===

2011 - The National Institute of Whole Health (http://www.niwh.org), pioneers of Whole Health Education® and Whole Person Health Care™, today announced that a team of advanced practice nurses have selected the National Institute of Whole Health (NIWH) to fill a void in their existing patient care. The group, who works at Hermitage Farm Center for Healing, Inc.in Rochester, MN, a provider of integrated complementary healing therapies, and also work at Mayo Clinic Rochester, recently began NIWH’s online Whole Health Education program to provide them with the education and skills needed to coach their clients into a more healthful lifestyle.

==== Marina Medical ===

2011 Marina Medical is the site of a Whole Health Education® pilot study. Whole Health Education®, a model of whole person health education, was developed and pioneered by the National Institute of Whole Health (NIWH). Founded in 1977, NIWH is dedicated to providing medical, allied health, wellness care and education professionals with evidence-based, integrative continuing education programs from a whole health perspective. Marina Health began its pilot study in January of 2010 to further enhance services to their patients through the inclusion of Whole Health Education in their practice.

=== Spaulding Rehabilitation Hospital (2012-16) ===

In 2012, NIWH partnered with Spaulding Rehabilitation Network at 3 locations, for a 12-month Whole Health Education pilot. Six nurses across Spaulding’s network were trained to enhance patient-focused care and improve wellness outcomes. Nursing leadership reported improved patient recovery and outcomes. There were 3 Spaulding locations that participated

Testimonials highlighted the pilot’s impact. Joanne Fucile, Director of Nursing, stated that nurses learned to integrate whole-health principles to enhance patient recovery. Valeria Kenny, RN, MSN CRRN, reported increased professional focus and patient attentiveness, while Nancy Boudreau, Research Nurse Coordinator, Access Health MA, emphasized the holistic curriculum's value. Veteran nurse Louise Mackin noted personal behavioral changes and improved health.

== Academic Collaborations ==

Academic institutions have conducted research on Whole Health methodologies.

=== Mayo Clinic pilot 2012 ===

The Whole Health curriculum was completed by the Clinical Operations Director, Beth Borg, RN, MHA at the Mayo Clinic and this was her comment regarding the program which was piloted [to assist her nurses with their communications and patient relationships](https://wholehealtheducation.com/pdf/Changing-Behavior-Excerpt-small.pdf)*. “The experience of the program and the overall education has been nothing short of fantastic. There is a common thread throughout the courses which reflects on how everything in our life affects everything else. The program has a unique way of bringing all of this together and really makes you think about complementary approaches to handling common illnesses as well as working towards optimal health. I would most definitely recommend the program to other healthcare professionals and hospitals.”*

=== [Central State University Study](https://www.pr.com/press-release/529508) (2016) ===

In an effort to shift the growing problem of type 2 diabetes (T2DM) and improve doctor-patient communication, Central Michigan University has partnered with the National Institute of Whole Health to study NIWH’s hospital tested Behavioral Engagement with Pure Presence ™

==== Michigan State University === (2018)

The research has demonstrated the patient’s perception of relational empathy in the patient-provider relationship increases through improved provider communication skills in applying the BEPP model. Utilization of findings is applicable to how the patient-provider relationship may be supported to improve patient-provider communications. This can be useful in enhancing medical education programs or specialized training.

The training curriculum has been approved by the American Academy of Family Physicians (AAFP) for 20 continuing education units. AAFP Prescribed credit is accepted by the American Medical Association (AMA) as equivalent to AMA Physician's Recognition Award (PRA) Category 1 Credit™ toward the AMA PRA.

== Research and Evaluation ==

A Whole Person Care model was developed by the National Institute of Whole Health which was piloted in a 2-year pilot study that demonstrated the transformational effects of NIWH’s Whole Health Education model. This integrative, holistic model of health education and behavioral change provided 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.

**=== IN CONCLUSION: ===**

The NIWH Whole Health principles such as patient empowerment and education-focused engagement have influenced integrative healthcare models. While "Whole Health" is used by various entities, NIWH emphasizes its original educational foundations.

=== Georgianna Donadio ===

[Dr. Georgianna Donadio](https://gnanow.org/advocates/georgianna-donadio.html) is the developer and researcher of Whole Health at the National Institute of Whole Health. She is one of only 6 American Florence Nightingale Scholars, founded both the model of Whole Health and the National Institute of Whole Health. She researched and developed Whole Health Education® with Behavioral Engagement™, the first evidence-based patient education and health behavior change model. An MNA award winning nurse advocate, Dr. Donadio's efforts have improved healthcare quality through relationship-centered care, notably at a Harvard-affiliated hospital, the Mayo clinic, Spaulding Rehabilitation, Michigan State University School of Human Medicine, the Lemuel Shattuck Hospital and other healthcare facilities.

From 1985 through 2008, she hosted the nationally syndicated television program Woman to Woman® for twenty two years, until retiring in 2008. The programming focused on women's relationships, health and wellness. From 1976 – 2022 she conducted an integrated health practice in the Boston area. She is currently the host of iHeartRadio's podcast *Living above the Drama* and the author of the #1 Amazon Best Selling book, *Changing Behavior: Immediately Transform Your Relationship with Easy to Learn, Proven Communication Skills.*

== Quotes ==

“Our clinic at the Lemuel Shattuck Hospital was for poor and chronically ill patients who wanted to deal with refractory pain conditions. They were a difficult patient population. Between 1980 and 1989, each year we placed at least one or two interns from NESWHE [now the National Institute of Whole Health] to perform health education counseling with our clients. These interns were always well educated, sensitive, willing to work hard and able to re-moralize and spark renewed interest in health and well-being in our difficult patients.

We came to rely on these placements because their enthusiasm for helping was a critical component of our clinical work to redirect our patients towards a sense of self-help and self-reliance. On all levels, our relationships with NESWHE [now the National Institute of Whole Health] and its students were professional and of great value to our program.”

— Ted Kaptchuk, OMD Former Clinical Director, Lemuel Shattuck Hospital Pain & Stress Relief Clinic Outpatient Services Jamaica Plain, MA https://www.bidmc.org/research/research-by-department/medicine/general-medicine-research/research-faculty/ted-kaptchuk

"I believe Dr. Donadio’s research addresses a critical component missing from our health care delivery system: engaging the whole person in a self-directed healing process…"

— Beth Borg, RN, MHA, Mayo Clinic.

chrome- extension://efaidnbmnnnibpcajpcglclefindmkaj/https://wholehealtheducation.com/pdf/Changing-Behavior-Excerpt-small.pdf

"Whole Health has helped me become more focused and present as a nurse professional." — Valeria Kenny, RN, Spaulding Hospital North Shore.

https://bestinnursing.org/nurses-to-watch-2/

"The NIWH course teaches our nurses how to incorporate whole-health principles into their daily practice." — Joanne Fucile, Spaulding Hospital Cambridge.

https://spauldingrehab.org/locations/cambridge-continuing-medical-care/team

"The lessons focus on preventative and holistic perspectives." — Nancy Boudreau, RN, Spaulding Hospital Cambridge.

 https://www.linkedin.com/in/nancy-boudreau-80a05688/

“I love what I am learning and perceive it is changing some of my behaviors and informing better choices towards health in my life.”— Louise Mackin, RN, Spaulding Hospital Cambridge.

James O. Prochaska, PhD, author of "Changing for Good - Six Stages of Transtheoretical Model of Change" and renowned expert and researcher on behavior change, says this about Changing Behavior: "The model of Behavioral Engagement has the potential to transform relationships that are suffering or struggling to ones that are thriving”

“The quality of the relationship between patient and provider has a significant effect on patient adherence to treatment and outcomes.  The NIWH’s Whole Health educational programs provide health practitioners with the essential tools to effectively engage their patients. As a seasoned endocrinologist with established communication skills and an empathetic mannerism, I was able to further develop my communication skills after training in the Behavioral Engagement with Pure Presence ™ Model.  NIWH’s programs are invaluable to transforming the patient-provider encounter.”

— Saleh Aldasouqi, MD, FACE, ECNU; Associate Professor,
Chief of Endocrinology, College of Human Medicine
Michigan State University