



National Institute of Whole Health

How to Achieve Sustainable Success in Health Behavior Change

In February of 1976, almost 20 years before the [International Coaching Federation](#) was first established in 1995, a small group of holistically minded Boston nurses and mental health professionals were exploring what was missing for their patients in the healthcare experience.

The group of 8 professionals would meet once a week to share ideas in hopes of jump starting their own private holistic health practices and identifying ideas that could collectively serve their patients. What they all could agree on was that “the patient” was kept outside the process of their own healthcare, while the “professionals” did what had to be done to and for the patient to affect a “cure” or physical change.

The overwhelming majority of patients with a chronic condition have little understanding of the how, what or why their bodies evolved into the chronic condition they find themselves in and what they can do about correcting it. The patient often has little awareness of the lifestyle choices they’ve made regarding their physical, nutritional, emotional, and environmental, as well as their values (spiritual) behaviors contributed to their current condition and how to address these factors through their daily lifestyle choices.

Understanding these Five Aspects of Whole Health® can reduce pain and facilitate healing by decreasing fear and anxiety, allowing the cascade of the body’s natural healing responses to begin. The National Institute of Whole Health’s (NIWH’s) vision is to collaborate with like-minded organizations and providers, to empower their clients-patients by delivering whole patient focused, evidence-based Whole Health Education® to demystify, motivate and educate all consumers utilizing health care services.

NIWH also developed, researched, copy written and has a patent pending on [a model of communication](#) (EFS 10 29847690) that has been shown to greatly enhance the patient's understanding, as well as their comfort with the interactions and health information received from their doctors and medical practitioners.

These missing components in the patient's health journey were identified as a pivotal change that needed to take place for individuals to heal and thrive from their chronic health issues. This was the foundation of the Whole Health concept, as well as for Whole Person Healthcare, both concepts pioneered by NIWH. Whole Health's foundation are as solid today in 2024, as they were in 1976 when Whole Health, was first visualized, developed and [researched](#).

Over the next almost 50 years the organization would become nationally accredited by the [Institute for Credentialing Excellence](#), the national [American Nursing Credentialing Corporation](#), [National Commission for Health Education Credentialing](#) and the [Department of Defense - MyCAA program](#). The curriculum content was developed using the standards of the National Academy of Medicine (formerly the Institutes of Medicine) and the Joint Commission (formerly the Joint Commission on Accreditation of Health Care Organizations- JAHCO).

In the last decade of those 50 years, other healthcare organized discovered and embraced Whole Health and worked to adapt the model for their respective populations. This was achieved by combining the general philosophy of Whole Health and Whole Person Healthcare with an Integrative Healthcare model. While intellectually, the understanding of the 5 Aspects of Whole Health™ translated well into the use of Integrative Medicine, Whole Health's core essence of autonomous, self-identified and self-directed care took a back seat to the various methods and models of medical and integrative treatment. The good news was integrative medicine, for many, was a step up from traditional allopathic care, with the addition of various natural and alternative approaches to address the patient's physical symptoms.

From 2008-2013, the National Institute of Whole Health's founder and director represented NIWH as one of the founding members of the advisory board established to create national standards for health coaching credentials. After 5 years, NIWH left the consortium as the board members held different visions regarding the critical role of patient health education as an essential part of [sustainable health coaching](#).

Traditional Patient Health Education

Traditional Patient Health Education was established in London at the early part of the 20th century, approximately 1924. The medical physician, Dr. Daley, who was the Medical Officer of Health, of the London Country Council, is quoted as saying *“Sir Louis Beard showed me how important it was for individuals to learn what they could do to improve their health [and why].”* [Dr. Daley was the pioneer of patient health education](#) and established the specialty in London, England.

In the U.S., Patient Education is and has been used in all aspects of patient care, to a greater or lesser extent depending up on the specialty, since approximately 1950. The history of [public health education is complex](#) and was not standardized.

Unfortunately, as much as patients want and need to understand the specifics of their chronic conditions, it is well known in medical practices that the current approaches to patient health education are not successful. Patients can, and have often been observed, discarding the information they receive after a visit with their doctor.

The following is a quote attributed to the Executive Director of Massachusetts General Hospital, Center for Primary Care Innovation, and is one of the first challenges NIWH had to face to create its unique model of Whole Person, Whole Health Education®.

“It’s no secret that traditional methods of patient education are hopelessly ineffective.”

— [Susan Edgman Levitan](#), Executive Director.
John D. Stoeckle Center for Primary Care Innovation
Massachusetts General Hospital
Associate in Health Policy at Harvard Medical School

NIWH’s Journey to Today

The first institutional study of the model was started in 1980 at the [Lemuel Shattuck](#) hospital in Boston. After 9 years of placing NIWH graduates at the hospital, in the Out Patient Department, the hospital lost state funding to continue the study. After the Shattuck program NIWH began a five-year study at what was then Union Hospital, a Harvard affiliate hospital. The Union Hospital study was funded by several sources.

The hospital, members of the medical physician staff, NIWH, as well as a grant from Blue Cross and Blue Shield, funded the study. This study identified Whole Health Education as a “Best Practice” model and received recognition from the [Fetzer Institute](#). Additional studies were performed at the [Mayo Clinic](#), [Spaulding Rehabilitation, Health Corp](#), [CMU](#) and [Michigan State University](#).

Harvard Affiliate Hospital 5-Year Study

Union Hospital which was located in Lynn, MA conducted a 5 year in-hospital study beginning in 1996. The outcomes evidenced by SF36 data or in CDCI data in the Cardiac and Rehab Departments studies utilizing the Whole Health Patient Education model in a medical setting includes:

- Perceptions of tendency to get sick compared to others → 22% improvement
- Level of Stress - > 6% improvement
- L Sharing feelings routinely – 11% improvement
- Expectations of future health decline → 21% improvement
- Perceptions of current health status → 4% improvement

Comments of patients in the 6 month and one-year follow up surveys include:

“I have a firmer grip on understanding not only the outside forces that affect my health and hopefully ways to deflect or better manage these influences.”

“The effects of this process have been very subtle but life-changing for me.”

“I am choosing to do things for myself that I have not thought about in a long time.”

“I finally have information that’s helping me to make different kinds of choices.”

“I have more knowledge of mitigating diet and habits for general health and control.”

“I have more information on what I can choose or not choose to do.”

Additionally, in the study the model demonstrated the following administrative outcomes:

<https://pubmed.ncbi.nlm.nih.gov/15871590/>

- improves staff morale
- enhances the practice of nursing
- invites patients into the center of their healing and health care
- reduces staff attrition
- increases patient satisfaction

The most recent studies of the NIWH model was conducted in partnership with Central Michigan University (CMU) and Michigan State University (MSU) supported by a Blue Cross Blue Shield Foundation Grant. Forty adult patients were recruited at a high-volume private endocrine practice. The model, Behavioral Engagement with *Pure Presence*™ (BEPP) was tested utilizing the Consultation and Relational Empathy (CARE) Measure Survey, pre- and post-intervention.

An endocrinologist was trained to apply the model. Results showed statistical significance ($p \leq .05$) on each dependent variable measured (Table 1). Patient report on relational empathy in the patient-provider relationship increased through improved provider communication skills after applying BEPP. The endocrinologist reported favorable changes in workplace satisfaction (e.g. reduced stress, improved productivity, more time with patients).

Whole Health model study demonstrated the following:

table 1. Participant Pre-intervention and Post-intervention Survey: “Excellent” response Scores

Variable	Pre-Intervention	Post-Intervention
Valued	72.5	100.0
present	80.0	100.0
Listen	65.0	100.0
Whole	70.0	100.0
Understand	80.0	97.5
Eye Contact	70.0	95.0
Positive	80.0	95.0
Explain	75.0	97.5
Take Control	72.5	97.5
Develop Plan	75.0	97.5

Reference: Clipper, C. L., Aldasouqi, S. A., Berkshire, S. D., & Lopes, J. E. (2018). Use of Behavioral Engagement Model to Improve Patient-Provider Relationship: Applications for Patient-Centered Care. *International Journal of Management and Business*, 9(1), 59-72.

Testimonials

“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.”

Beth Borg, RN, MHA
Clinical Operations Administrator
Mayo Clinic

“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

“Here is a method of education that can help to transform medical care for both patients and caregivers, allowing the healing experience to once more be a journey towards wellness for all. Whole Health Education [is] in service to patients, health care professionals and health care itself. It is totally supportive, not expensive, and incredibly effective. It invites people to learn rather than directing them as to what to do. It values participation and useful behavior rather than moralizing about a particular course of action. It is a model for all relationships.”

Harvey Zarren, MD, FACC
Medical Director, Department of Cardiac Rehab, Union Hospital
a Harvard Medical School Affiliate

Leadership

Nelson Mandela said *“Education is the most powerful weapon you can use to change the world”*, and having an individual with the vision, patience and passion to see an idea to its fruition is an essential requirement. Whole Health found such an individual to birth, as well as nurture it, and bring it to the world.

Divine Inspiration

The visionary work of Whole Health was the product of what its developer and researcher, [Dr. Georgianna Donadio](#), calls “divinely inspired”. She had spent over a dozen years earning credentials and degrees in nursing, communication, nutrition, holistic & integrated health care, a Judeo-Christian Master Teaching training in spirituality, in addition to the behavioral healing sciences she studied along the way. She had no idea where all this was leading, but felt drawn to follow this path on her personal and professional education.

The various directions she was called in came together in 1976, when she moved from NYC to Boston to start a private healthcare practice in holistic health. It was only then that the interconnectedness of her education and trainings became the stream of consciousness that was the inspiration and manifestation for the model of Whole Health Patient Education and its transformative communication model.

Passionate about demystifying medical language and the experience of an individual’s health care journey, Georgianna believes that *“We cannot change old behaviors and sustain new ones without new information”*. But that information needs to connect with an individual in a way they can comprehend it, absorb it and apply it to their beliefs, values and worldview, and the behaviors they choose for themselves. Telling, advising, recommending, directing, suggesting, controlling or choosing a modality for an individual patient removes the organic, self-directed experience and creates a co-dependent, one-up dynamic that after the professional relationship ends, leaves the patient without the knowledge or skills to take full control without the full understanding of the ***why, how and what*** their health and wellbeing requires.

Applications and Vision for Medical Practices

The National Institute of Whole Health has been working with and developed a Health Education billing and coding Manual for both our graduates and physician practices utilizing our nurse graduates. The use of Patient Education in a medical practice is both advantageous for the patient and the physician, as well as provides additional services by the practice - and also additional revenues.

NIWH works with Health Force, Inc., a healthcare administrative consulting firm with a focus on revenue integrity through regulatory compliance, coding and billing guidance. Health Force is located in Boston, MA. Brian Meredith, Health Force's founder calculates a medical practice utilizing a qualified, trained educator can generate an additional \$400,000 or more per year, in a 2000 patient practice.

The application of the Whole Health model of patient-centered, whole person care - founded and developed by the National Institute of Whole Health - is finding its way into mainstream medicine every day. The most recent Google Alert for Whole Health reads as follows, citing the positive benefits of the Whole Health, Whole Person approach – (Press Release; January, 2024)

“UH’s (University Hospital) goal is to be the most trusted health care partner in Northeast Ohio and UH Connor Whole Health furthers that objective because the basis of our program is relationship-based,” explained Francoise Adan, MD, UH Chief Whole Health and Well-being Officer and Director of UH Connor Whole Health. “The Whole Health approach has also been shown to have a positive impact on a health care system’s employee well-being with lower turnover, greater job satisfaction, and reduced burnout.”

Vision for the Future

It has been said, by numerous thought leaders NIWH has interfaced with, that Dr. Donadio has changed the face of health care; slowly, quietly and with much humanity. After 63 years of working within medical and health care environments, she believes the *soul* of health care is re-enlivened and shared in this multi-dimensional model of Whole Health Patient Education and Behavior Change. For more information contact us at gd@niwh.org or www.niwh.org