The Theory of Integrative Nurse Coaching (TINC) has been analyzed according to the method of Walker and Avant. We have found that TINC is a well-constructed mid-range theory in the discipline of nursing. Within the domain of holistic nursing, it is focused on the goal of healing the whole person, synthesizing a large amount of theoretical material related to the concept of healing and placing it within the context of nursing as a discipline. With underpinnings in holistic nursing, it aligns with numerous grand nursing theories via the metaparadigm, healing, and patterns of knowing. It is easily translated into holistic nursing practice, actualized in the role of the nurse coach. It describes a method of holistic nursing practice that is suitable for use in numerous settings, including lifestyle, chronic disease, and end of life, among others. Although there is little published research using the theory, there is potential for application in holistic nursing practice, education, research, policy, and administration. We have identified numerous potential research questions that would test the theory. In this time of global nursing shortage and burnout, it is notable that this mid-range theory explicitly describes how self-care of the nurse enhances client care.

Keywords: common themes; healing; health and wellness coaching; integrative/holistic theories; nurse coaching; nursing theory

This analysis of the Theory of Integrative Nurse Coaching (TINC) (Dossey, 2015b) is a systematic examination of the theory for meaning, logical adequacy, usefulness, generalizability, parsimony, and testability according to the method of Walker and Avant (2019). We include its relevance to holistic nursing and its implications for research, teaching, and practice.

Aim

Although there are published studies on the role of the nurse coach and the outcomes of nurse-led coaching programs, there is little research using TINC as a theoretical framework (Jackson et al., 2019). Recent meta-analyses note that most studies of nurse coaching do not have a theoretical underpinning and those that do are unlikely to use a nursing theory (Xu et al., 2017; Yu-Mei Chen et al., 2019). While noting that nurses could be effective in
numerous health outcomes, researchers recommend the development of innovative approaches based on theory (Tucker & Lanningham-Foster, 2015). The purpose of this analysis is to understand the TINC and determine its potential for contribution to nursing practice and the development of nursing knowledge.

Definitions

The TINC (Figure 1) is a mid-range nursing theory designed to guide nurse coaching practice, education, research, and health care policy. The theory emphasizes, describes, and directs the practice of nurse coaching, a recognized holistic nursing modality (Mariano, 2016). It also aligns with the practice of holistic nursing, defined by the American Holistic Nurses Association as having healing as the goal of healing the whole person (American Holistic Nurses Association, 2021a). The TINC can guide nursing practice whenever there is need to identify opportunities and issues related to the client’s growth, establishing the client’s goals, and helping the client to mobilize internal strengths and external resources (American Holistic Nurses Association, 2021b).

In the TINC, the word “integrative” is derived from the theory’s perspective on the use of varied strategies to promote well-being. It is not distinct from holistic nursing. The use of the word integrative is described as using “a whole-person approach and an ability to build patient trust and confidence… main themes are patient centeredness, health promotion, and holism” (Hines & McCaffery, 2016). Arising from the traditions of Florence Nightingale, integrative nurse coaching (INC) is applicable in all settings and is seen as “as a distinct nursing role for assisting individuals or group to establish health goals, creating change in lifestyle behaviors for
health promotion and disease management, and implementing integrative modalities as appropriate” (Dossey, 2015b, p. 29).

Integrative practice is collaborative, not dependent. Because nursing practice is based on the TINC using information from other disciplines, collaborating with such practitioners as needed, it is consistent with the spirit of independent nursing practice. Nurse coaches may use complementary and alternative practices with their clients or may refer those clients to other practitioners. For example, the TINC knowledge base includes an understanding of how toxic environments and nutrient imbalances disrupt the human energy field. The nurse’s work relating to lifestyle is based in part on the belief that each individual person is a reflection of a biochemical uniqueness. In this context, individuals express unique strengths and vulnerabilities. These include variations in genetically and epigenetically driven metabolic functions. The use of information from biochemistry and genetics is the integrative component; its application in practice is the holistic nursing component.

The TINC Holistic Nursing Origins

There are many ways in which the TINC reveals its underpinnings in holistic nursing. For example, its emphasis on the nurse’s personal self-care stems from the holistic nursing emphasis on the “balance between self-care and the ability to care for patients” (Dossey et al., 2015). This is an important component as 35–54% of nurses experience substantial symptoms of burnout characterized by a high degree of emotional exhaustion and depersonalization and a low sense of personal accomplishment at work. It is commonly known that clinician well-being is essential for safe and high-quality patient care (National Academy of Medicine, 2021).

Consistent with holistic nursing philosophy, the TINC views persons as biopsychosocial and spiritual beings, influenced by external and internal environments. Healing is seen as being a unique journey of the nurse and the client, rather than a state or behavior. This is consistent with the holistic nursing understanding of healing as participatory, reciprocal, and relational concepts and characterized by order, coherence, balance, and compassion (Hanley et al., 2017). Patterns of knowing in nursing provide organization for the TINC and are part of the framework for holistic nursing research (Hagedorn & Zahourek, 2007). For example, the TINC is presented in a chapter of the book, Nurse Coaching: Integrative Approaches for Health and Wellbeing (Dossey et al., 2015). In developing the theory, the nurse theorists’ intend to “present integrative approaches that acknowledge the complex, multidimensional, and dynamic interconnections of the person with the whole environment” and to provide nurses “with a foundation for coaching interventions to support health promotion and disease prevention across the lifespan via healthy lifestyle changes” (Bartol, 2015, p. 30). This provides the framework for a nurse coaching survey tool for use in practice and research, the Integrative Health and Wellness Assessment™ (IHWA) (Dossey et al., 2015; McElligott et al., 2018). The IHWA is derived from the TINC. It is useful in research and is a recommended self-assessment measure in Holistic Nursing: A Handbook for Practice (Helming et al., 2020).

Theory Derivation

The TINC is derived inductively as a synthesis of the Theory of Integral Nursing (Dossey, 2008) with the nursing metaparadigm (Fawcett, 2013) and patterns of knowing in nursing (Dossey, 2015a, b). It uses an interactive–integrative paradigm in which the client is seen as an integrated whole interacting with a larger environmental system. Both nurses and clients are influenced by their internal and external environments. The author wished to identify the following: (1) the implications and relevance of INC for healing, the metaparadigm in nursing theory, patterns of knowing in nursing, nurse coach self-development, integral perspectives for change, integrative lifestyle health and well-being (ILHWB), awareness and choice, energy, resilience, and transformation; (2) the existing nursing paradigms and worldviews that most closely explain INC; and (3) the substantive domains of health and wellness coaching knowledge, qualities, and competencies as seen through a Nurse Coach lens (Dossey, 2015a, b).

Nine philosophical assumptions are explicitly described (Dossey, 2015a, b). Summarized, these include open human and environmental energy fields; nurse coaching as a reflective developmental process; health as a state or process defined by the client, including a sense of well-being, harmony and unity; wellness as a multidimensional state of
integrative well-being; the integrative nurse coach as 
an instrument in a healing process that is facilitated 
by therapeutic presence; INC as a reflective practice 
that uses an integral perspective; and that nurse 
coaching is applicable in practice, education, 
research, and health care policy.

Theories are constructed in order to provide new 
insights into the nature of a phenomenon, illustrating 
its structure and function and how it affects and is 
affected by other phenomena (Walker & Avant, 
2019). The TINC explicates the concept of integra-
tive nurse coach, describing a practice model that 
places knowledge about healing within the context 
of the nursing metaparadigm and ways of knowing 
in nursing (see Figure 1).

Meaning

The meaning of a theory is reflected by its con-
ccepts and their relationship statements. The major 
concepts provide the general setting for the theory. 
The major concepts in the TINC are healing, the 
metaparadigm of nursing, and patterns of knowing 
in nursing. This section includes a discussion of the 
major and related concepts (known within the 
theory as components) of TINC as well as their rela-
tionship statements. The three major concepts and 
five components of TINC have been referred to as 
its theoretical niches (Dossey, 2020a).

Healing

Healing is seen as distinct from “curing,” being a 
lifelong journey rather than a state or a behavior. In 
earlier work, Dossey (2013) stated that the integral 
healing process incorporates an understanding of 
the unitary whole person interacting in a mutual 
process with the environment. TINC proposes that 
healing occurs through a process in which nurse 
coaches “assist others to discover their own healing 
path by incorporating integrative modalities in coach-
ing sessions” (Dossey, 2015b, p. 43). Consistent with 
an interactive–integrative paradigm, the integrative 
healing process is seen as being experienced by the 
nurse coach, the client individual or group, the 
health care team and community, and the collective 
processes of individuals and systems. Interventions 
suggested by the theory affect the well-being of 
both the nurse and the client.

Healing has seven characteristics, defined as 
“healing concepts” (Dossey, 2015a, b). Summarized, 
these include the lifelong journey of seeking 
harmony and balance, an emergent process 
of whole systems including oneself and the body– 
spirit–mind–environment at deeper levels with each 
having equal importance, deeper levels of inner 
knowing, integration, wholeness, and an evolving 
state of consciousness. In addition, healing is distinct 
from disease and illness and remains possible until 
the moment of death.

This conceptualization of healing is consistent 
with the understanding of the concept of health. 
TINC defines health as “how the individual defines 
er/her state or process in which one experiences a 
sense of growth, well-being, harmony, and unity” 
(Dossey, 2015b, p. 37). It is further defined as a 
process in which individuals reshape basic assump-
tions and worldviews, including aspects of physical, 
mental, emotional, social, spiritual, cultural, and 
environmental well-being, and more than the 
absence of disease and where death is a natural 
process of living (Dossey, 2015a, b). Health is 
described as a state of balance, inner harmony, resil-
ience, well-being, and the ability to make life-
affirming choices in the face of the universal 
human condition of vulnerability (Dossey, 2015a, 
b). This description of health is consistent with 
other well-accepted definitions of health as the 
absence of illness, the capacity to adapt, the ability 
to fulfill a role and the ability to incorporate the 
importance of wholeness, peacefulness, and mean-
ingfulness (Smith, 1981) and an actualization of 
human potential that can be reached through 
harmony with the environment, goal-directed behav-
ior, competent self-care, and satisfying relationships 
(Pender et al., 2006).

The TINC includes numerous graphics that 
describe the concepts and their relationships. 
Healing is shown at the intersection of overlapping 
Venn diagrams describing the metaparadigm, pat-
terns of knowing, and the five components of INC 
(see Figure 1).

Metaparadigm

Metaparadigm concepts used in the theory 
include nurse, health, person, and environment/ 
society. These have been long described as the estab-
lished focus of the discipline (Fawcett, 1984). They 
are commonly found in nursing theory, philosophy,
Patterns of Knowing

Patterns of knowing include personal, empirics, aesthetic, ethical, not knowing, and sociopolitical. These approaches describe the method of acquisition and organization of nursing knowledge (Chinn & Kramer, 2018). The role of the nurse coach is operationalized through the ways of knowing as the coaches bring their whole self into the coaching process. Nurse coaches assess, create therapeutic presence, and guide clients using their many facets of knowing including personal, empirics, aesthetics, ethics, not knowing, and sociopolitical concepts. The TINC refers to not knowing (rather than unknowing) to support the discovery model used in coaching. While the coach has various skills from all ways of knowing, not knowing supports the premise that the client alone knows what is best for them. Not knowing also supports the coach and client as they engage in the therapeutic encounter spontaneously, with no preconceived fixed ideas, answers, or goals. Qualities such as authenticity, mindfulness, openness, receptivity, surprise, and mystery unfold, allowing new solutions, possibilities, and insights to emerge. Not knowing acknowledges the patterns related to various situations or relationships over time, perhaps not yet understood, to manifest. While nurses are often experts in their various ways of knowing, the not knowing, often a new pattern is supported through personal self-development (Dossey, 2020b).

Components of the TINC

INC is defined as the art of nursing that focuses on exploring experiences and meaning in life with self or another. It includes authentic presence, the nurse as a facilitator of healing, and the artfulness of the healing environment (Dossey, 2015a, b). The TINC includes five components (see Figure 1): integrative nurse coach self-development, integral perspectives and change, ILHWB, awareness and choice, and listening with healing, energy, awareness, resilience, and transformation (HEART). These components exist within an internal and external healing environment energy field. They are seen as fully integrated and equal in value.

The INC concepts provide most of the structure and content for the TINC theory. The TINC components are abstract and theoretical. Like the major concepts, they are not inherently measurable but operational definitions could be developed. Each of the components is discussed in detail and used consistently. Context and attributes of the components are described in the text. Relational statements, as implied, are potentially testable. TINC components are described below.

Nurse Coach Self-development

The first TINC component, nurse coach self-development, expresses attributes of the process that the nurse can use to develop coaching and leadership capacities. It includes self-reflection, self-assessment, self-evaluation, self-care, mindfulness, inner awareness, consciousness, and an intention for presence in order to promote an approach to the others that reflects being with and in collaboration with rather than doing to. Each of the aspects of self-development is described.

Integral Perspectives and Change

Within the second INC component, integral perspectives and change, phenomena are organized in a four-quadrant model (Dossey, 2013; Wilber, 2000). The model’s quadrants are as follows: (1) individual interior “I” (subjective and personal); (2) individual exterior “It” (objective and behavioral); (3) collective interior “We” (interobjective and cultural); and (4) collective exterior “Its” (interobjective and systems/structures). The framework is to be used in the nurse’s personal life and in practice to enhance awareness, and to appreciate pattern and the potential for transcendent change.

Integrative Lifestyle Health and Well-being

The third INC component, ILHWB has six underlying phenomena: energy field principles and dynamics, interconnectedness, promotion of optimizing internal and external healing environments, patient-centered(ness), biochemical individuality, and health on a wellness continuum. The purpose of this component is to guide understanding of prevention and causality.
Awareness and Choice

The fourth INC component, awareness and choice, is cultivated through mindfulness and includes four qualities, loving kindness, calmness, concentration, and insight. These qualities lead to the ability to make healthier life-affirming choices. It is thought that if individuals understand concepts of impermanence and vulnerability, they can increase their ability to make life-affirming choices.

Listening With HEART

The fifth INC component, listening with HEART, includes the concepts of healing, energy, awareness, resiliency, and transformation. It is characterized by curiosity, presence, and the lack of assumptions.

Analysis

Relational Statements

Relational statements are both stated and implied. Because the TINC outcomes cannot be determined with certainty, there is no true causality. There are many associational relationships, usually positive, as yet untested. Below are some examples of positive directional relational statements identified in the TINC. A summary matrix of relational statements is displayed in Table 1.

Table 1. Matrix of Relational Statements

<table>
<thead>
<tr>
<th></th>
<th>INC</th>
<th>Healing</th>
<th>Metaparadigm</th>
<th>Patterns of knowing</th>
<th>Self-development</th>
<th>Integral perspectives and change</th>
<th>ILHWB</th>
<th>Awareness and choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healing</td>
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<td></td>
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<tr>
<td>Metaparadigm</td>
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<td>+</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Patterns of knowing</td>
<td>+</td>
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<td>+</td>
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<tr>
<td>Self-development</td>
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<tr>
<td>Integral perspectives and change</td>
<td>+</td>
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<tr>
<td>ILHWB</td>
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<td>+</td>
<td>+</td>
<td></td>
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<td>+</td>
<td></td>
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<tr>
<td>Awareness and choice</td>
<td>+</td>
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<td>+</td>
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<td>+</td>
<td>+</td>
<td>+</td>
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<tr>
<td>Listening with HEART</td>
<td>+</td>
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<td>+</td>
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</tbody>
</table>

Note. The symbol + denotes a positive relationship. INC = integrative nurse coaching; ILHWB = integrative lifestyle health and well-being.

Logical Adequacy

The theory is well-integrated. Numerous major concept relationships are explicitly stated or can be easily derived. They are associative although directionality can be implied. For example, increased awareness of choice is associated with inner balance and mindfulness. Even bidirectionality suggests ideas for practice. For example, the nurse coach works with clients to increase their mindfulness and they experience increased awareness of choice. Likewise, clients who have increased awareness of choice might also experience increased mindfulness.

The TINC is based on inductive reasoning. The noted underlying assumptions are widely accepted in contemporary literature. Given the descriptions of the concepts in the model, the resulting relational statements make sense. The structure of the theory allows predictions, presented in the theory as relational statements. These are both stated and implied. None of these appears to be illogical when viewed from the perspective of the theory. As noted earlier, there are numerous unstudied relationships and an absence of research supporting their validity. Predictions based on the theory have face validity. The theory appears to be suitable for its aims. Psychometric testing of the IHWB was reported by McElligott et al. (2018), demonstrating satisfactory content validity (does it fully represent what it purports to measure?). Content and questions were reviewed during development by subject matter experts in holistic nursing. This work would be
further developed by including measures of construct validity (does it measure what it purports to measure?) and criterion validity (does the measurement correlate with other measures of the same concept?).

**Usefulness**

The theory provides insight into nursing activities associated with healing, the core of all nursing practices since the time of Nightingale. While focused on the role of the nurse coach, the TINC is potentially relevant to other kinds of nursing cares.

The usefulness of a theory is based on how it helps one explain phenomena better or differently, to make predictions and to understand outcomes (Walker & Avant, 2019). Operationalizing theoretical variables for application in research or practice is challenging. While there is little published research on the TINC, it has been used as a model in nursing education and practice (Burkhart, 2018; Ervin & Vienneau, 2019; Jackson et al., 2019; Thomas, 2017). Being based on a human energy field model, it has the capacity to address phenomena such as grief, suffering, and energy imbalance and others that are not sufficiently explained by a biomedical model. It, thereby, allows clarifications of the process of healing. Framing one’s practice in the concept of a boundaryless human-environmental field does not allow prediction or the exercise of control. This may be seen as a limitation or a realm of unlimited possibility. In the TINC this unlimited possibility is noted, for example, by discussion of the development of the transpersonal self, expanding beyond an individual, personal identity. The integrative nurse coach is described as practicing in a “dynamic energy flow with presence, intention, and a state of consciousness of human wholeness with nothing ‘to fix’, and to participate knowingly to uncover the many levels and patterns within the client’s story” (Dossey, 2015b, p. 41).

**Generalizability**

One assesses generalizability by considering how widely the theory can be applied (Walker & Avant, 2019). As a mid-range theory, the TINC’s content is applicable to a wider group of events or populations than a situation-specific or practice theory. For example, because it is limited to the nurse coach’s role in healing, it has less of a scope than a grand theory would have. The theory does not restrict the context of application. Integrative nurse coaches practice in a variety of situations with individuals and groups throughout the lifespan. The TINC is, in principle, generalizable to all of these settings. Because it describes the values and methods of practice, it also has potential for use in education, research, and health care policy.

Nurses are not the only people experiencing stress and burnout in these turbulent times. The TINC’s emphasis on self-care and self-development could be of benefit to non-nurse health care workers who interact with patients, including but not limited to physicians, physician assistants, social workers, etc. Applicability of aspects of the TINC to non-nurses could be investigated. The use of IHWA with non-nurse health care workers is likely to be as effective as it is with other populations, but it remains an interesting question. The combination of the TINC model and the IHWA has been especially useful during the health care challenges amid COVID. TINC and IHWA have been used in health care education including a 12 month institutional clinical innovation grant funded “Advanced Clinical Providers Integrative Certificate Program.” The IHWA and components of TINC have also been used in self-care retreats with interdisciplinary teams of health care workers, and healthy living programs with community members. Participants complete the tool as prework, document a paragraph on their reflective process in completing the tool, and then discuss that reflection in small groups during the retreat. Themes are then generated for the larger group to discuss (D. McElligott, personal communication, January 31, 2021).

**Parsimony**

Parsimony assesses the simplicity and efficiency of the way that a theory explains the phenomenon of interest. Parsimonious theories often reside in an empiric domain. Nursing uses numerous approaches to try to explain complex phenomena such as human experience. The TINC bases its perspective on the concept of healing, the ways of knowing, and the metaparadigm. In such a setting, parsimony is a challenge.

While based on an intricate synthesis of rich theoretical material, the TINC itself is explained rather simply. Graphics illustrate the theory’s phenomena, presenting the relationships in a manner that is
easy to understand conceptually. Because there are multiple relationships described between complex concepts, the best one can hope for is a large number of statements that are clear and brief. Relationships among the major concepts take the form of desirable, broader, and more general relational statements (Walker & Avant, 2019). Although the interrelationships among concepts result in overlap, there do not appear to be any statements that could be eliminated.

Testability

As discussed by Walker and Avant (2019), true testability requires the existence of instrumentation that can be used to collect data that will support or refute the theoretical relational statements.

The TINC is the basis for the development of the IHWA (Dossey, 2015b; McElligott et al., 2018), an instrument designed to measure the eight dimensions of health and wellness as defined in the TINC. While the instrument may be scored, the real value lies in the reflection on the personal journey related to the eight dimensions and the individual desire for change (McElligott et al., 2018). The client and nurse coach may decide to focus on items with high scores or low scores. They may also decide to focus on areas of interest, independent of the score. They can also track scores over time, looking at change or stability rather than absolute values.

Testability-in-principle may exist when the instrument does not. The TINC is testable in principle because it includes many testable ideas based on its well-described concepts and relational statements. The TINC places “healing” at the intersection of the metaparadigm, ways of knowing, and nurse coaching components. Relational statements are implied and may be inferred throughout the theory. Many of these are potentially testable and could be explored through research.

While the theory has been used in clinical practice, we were unable to find reports of evaluative research studies. For evaluation, the concepts would need to be operationalized. If supported by research the relational statements could be adopted in practice as suggested by the theory. If not supported, the theory would be modified.

The model is not predictive. It leans toward prescriptive in that it suggests general approaches, based on description of desirable interventions and outcomes. Lack of causality in the model is consistent with other work on healing that cites the unpredictability of the phenomenon (McElligott, 2010). Qualitative approaches such as phenomenology, ethnography, and grounded theory would be suitable. Qualitative research methods such as open or semistructured interviews could be used to explore these concepts and relational statements. For example, a qualitative study (Frey & Ratliff, 2018) of the lived experience of the self-development of nurses going through the Integrative Nurse Coach Certificate Program (INCCP) can be seen as a test of the theory. In addition to didactic content and supervised clinical experience, the INCCP includes self-development experiences as described in the TINC. The research (Frey & Ratliff, 2018) found that subjects reported a positive influence on self-development, both personal and professional. They also described enriched self-care practices, a new focus on healing and optimal relationships, empowerment to influence health care systems, enthusiasm for integrating nurse coaching perspectives and activities into their practice to move from a focus on disease to a grounding in health promotion and well-being.

Quantitative studies would be able to use techniques such as correlation, logistic regression, and dependent t-test for pretest and posttest analysis. Instrumentation to support this kind of research includes the Integrative Health and Wellness Assessment, known as the IHWA (Dossey, 2015a, b; McElligott et al., 2018) (see Figure 2). IHWA supports a holistic perspective on outcomes, measuring phenomena including life balance and satisfaction, relationships, spirituality, mental, emotional, and physical aspects (including nutrition, exercise, weight management, environmental and health responsibility). In the last 5 years, there have been ~30 requests for permission to use the IHWA for practice, education, and research, both within the United States and internationally (B. M. Dossey, personal communication, June 25, 2020).

Relevance to Holistic Nursing Practice, Research, and Teaching

The TINC suggests numerous lines of inquiry related to holistic nursing practice, research, and teaching. All of these can be described and evaluated. The TINC suggests application in practice, both in an interdisciplinary setting such as a hospital or clinic, and in a nursing setting such as within a role, for
example, staff nurse, or in a private practice either dedicated to nurse coaching or including multiple holistic nursing modalities. The TINC can be used in education to promote self-development in both teachers and students. It can also be taught for students to use as a framework for how they approach clients, both in simulation and in clinical practice. The theoretical framework suggests possibilities for rich, complex, and holistic questions. It is a strength of the model that the relational statements could be hypotheses. Research opportunities include testing hypotheses derived from the relational statements. Examples of research questions are shown in Table 2.

**Discussion**

Mid-range theories in nursing have a specific focus related to nursing practice. They describe, explain, or predict clinically relevant phenomena. They are less abstract and more testable than grand theories, but broader than practice-level or situation-specific theories which describe a set of circumstances and nursing activities related to it. Additionally, mid-range nursing theory is “broad enough to be useful in complex situations and leads to implications for development, theory testing through research, and nursing practice strategies” (Smith and Parker, 2015, p. 13).

We have considered the TINC’s relationship to holistic nursing theory and practice. This theory aligns with numerous grand nursing theories via concepts of healing, the nursing metaparadigm, patterns of knowing, and all abstract concepts. The addition of the INC components helps the theory to be viewed as a mid-range theory easily translated into holistic nursing practice, specifically in the role of the nurse coach. The TINC explicated the concept of
Table 2. Examples of Research Questions Derived From the TINC

- What are the correlations between relational statements in TINC?
- Are aspects of the theory identifiable in analysis of observed/transcribed nurse coaching sessions?
- What is the client’s experience of INC?
- What is the effectiveness of nurse coaching for people with chronic diseases when compared to standard care? Outcome measurements suggested by TINC include, for example, personal phenomena such as client satisfaction, biochemical measurements such as blood pressure or hemoglobin A1C, and health care system resource utilization measurements such as office or ER visits, use of prescription medications, and requirements for services such as home care.
- What is the health-related outcome measured by IHWA or others, (e.g. HgA1C) of INC (1) following an INC protocol compared with; (2) coaching following another protocol; (3) watching educational videos; or (4) receiving written instructions?
- How does the INC process affect client’s self-efficacy for wellness-related change?
- How does the client describe the process of healing?
- What health-related outcomes are influenced by a healing relationship?
- Is there a relationship between the nurse coach’s integral awareness and their interest in or practice of self-development or self-care?
- What is the relationship between self-awareness/self-care and compassion fatigue/burnout in health care providers?
- What is the experience of self-care practices for the integrative nurse coach over time?

Note. ER = emergency room; INC = integrative nurse coaching; IHWA = integrative health and wellness assessment; TINC = Theory of Integrative Nurse Coaching; ILHWB = integrative lifestyle health and well-being.

Integrative Nurse Coach, placing knowledge about healing within the context of the nursing metaparadigm and ways of knowing in nursing.

As a holistic nursing theory, the TINC is included in the new editions of Dossey and Keegan’s Holistic Nursing: A Handbook for Practice (Helming et al., 2020) and The Art & Science of Nurse Coaching: The Provider’s Guide to Coaching Scope & Competencies (Southard et al., 2020). The book describes integrative assessment as the process of going beyond the physical and mental realms and partnering with the patient or self to reflect and identify patterns, concerns, and opportunities, in a manner that is supportive of wholeness and meaning. It notes that the process is supported by the mid-range TINC and the IHWA, long form and short form.

Conclusions

TINC is a holistic nursing theory. In this analysis, we have found it to be a well-constructed mid-range nursing theory and useful in explaining and guiding holistic nursing practice. The TINC is a “philosophy, framework, and methodology that is praxis—theory in action—grounded in clinical knowledge, traditional and integrative practice, and research” (Dossey et al., 2015, p. 11). It synthesizes a large amount of theoretical material related to the concept of healing and places it within the context of nursing as a discipline. It describes a method of holistic nursing practice which is suitable for use in numerous settings, including lifestyle, chronic disease, and end of life, among others. While there is little published literature on the theory, there is potential for application in practice, education, research, administration, and health care policy.

The U.S. Department of Health & Human Services (2020) reports chronic diseases such as heart disease and stroke, cancer, or diabetes affect as many as six in 10 people. These and other chronic diseases are not only the leading causes of death and disability in the United States but are also a leading driver of health care costs. In 2021, The World Health Report indicated that high mortality, morbidity, and disability rates were attributed to major chronic diseases such as cardiovascular diseases, cancer, chronic obstructive pulmonary disease, and Type 2 diabetes. These are linked by common and preventable biological risk factors, notably high blood pressure, high blood cholesterol and obesity, and by related major behavioral risk factors including an unhealthy diet, physical inactivity, and tobacco use (World Health Organization, 2021). Action to prevent and control the costs of these major chronic diseases should focus on supporting lifestyle health and wellness interventions.

A theory supporting lifestyle health and wellness, the coaching process, and the healing journey is a crucial need in our present world. The nurse coaching process derived from the TINC transforms its concepts from theoretical to practical and is easily integrated into the practice setting.

As the TINC supports the self-care of the nurse, it significantly contributes to nursing practice and client outcomes. The longstanding issues of nursing shortages and burnout have become increasingly problematic and critical. TINC demonstrates how
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self-care enhances client care. It helps the nurse to move from knowing into doing while supporting health and well-being for self and for their peers, clients, families, and communities.

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