

Area of expertise

anthroposophic

nursing care

May 2022



Colophon

Contributors to the document Area of expertise: anthroposophic nursing care were.

Board V&VN anthroposophic nursing care

Ariane van Geijn

Josien van Sandick

Ingrid Spee

Heleen Tieleman

Participants reading group

Cokkie Barth

Sonja van Hees

Arieanne van Kalsbeek

Edith Minnaar

Josien van Sandick

Mirjam Zonneveld

V&VN project area of expertise 2nd edition:

Jacqueline Bekker-Bakker

Nellie Kolk

Final editing:

Monique Verkerk

Design:

Think Next Level Group

May 2022

© V&VN it is permitted to quote text from this work, as long as this source is referenced.

Participants round table meetings

Wijnanda Algra

José Boksebeld

Bertie Bossen

Ariane van Geijn

Marion Gores

Sonja van Hees

Linda Lieverse

Jolanda Markink

Judith Mulder

Tiny Ros

Josien van Sandick

Cocky van Schoonderwalt

Ingrid Spee

Sylvia Stroink

Heleen Tieleman

Sacha van Veen

Mirjam Wijsbeek

Mirjam Zonneveld

Translation:

Hannah Jonker and Ann Brash

Contents

| | |
|---|----|
| 1. Introduction | 4 |
| 2. Anthroposophy: vision on care | 5 |
| 2.1 Vision on disease, health and development | 6 |
| 3. Assumptions of anthroposophic nurses | 7 |
| 4. Work environment and educational background | 11 |
| 5. The value of anthroposophic nursing care for the care recipient | 12 |
| 6. Developments in the discipline of anthroposophic nursing care | 13 |
| 7. The area of expertise of the nurse | 14 |
| 8. Elaboration of the CanMEDS-roles | 15 |
| 8.1 Care-worker role | 16 |
| 8.2 Communicator role | 18 |
| 8.3 Collaborator role | 20 |
| 8.4 Reflective professional role | 21 |
| 8.5 Health advocate role | 23 |
| 8.6 Organiser role | 24 |
| 8.7 Professional and Quality Promotor roles | 25 |
| 9. The future | 28 |
| Literature | 29 |

1. Introduction

As of 2012, the departments of V&VN have described more than 35 areas of expertise. These areas of expertise describe the care nurses in these areas should be able to provide. They should be seen as an addition to the standard professional profile of a nurse (*Beroepsproef verpleegkundige*) (Lambregts en Grotendorst 2012) (Terpstra et al., 2015). The areas of expertise were established with help of the board and members of the relevant departments of the V&VN. In addition, a literature review was conducted, and there was also input from stakeholders and educators.

In recent years, there have been numerous developments in healthcare that have a direct influence on competences of nurses with a specialisation. Of course, this also applies to anthroposophic nursing care. The last document describing the specialist knowledge and skills of this profession dates from 2007: *Het "Beroepsprofiel Anthroposofische Verpleegkundige"* (Bezuijen, 2007). This document is updated within the project V&VN 'Areas of Expertise 2nd edition'. The Area of Expertise Anthroposophic nursing care was developed in close collaboration with the board and members of the V&VN Anthroposophical Care Department.

The area of expertise anthroposophic nursing care describes the vision on care from anthroposophy and the specific knowledge and skills that nurses in anthroposophic care utilise.

This document is intended for the anthroposophic care nurses, for teachers, employers, patients and partners of the anthroposophic nurses at local, regional and international level.

The document illustrates the distinctive vision and competences of anthroposophic nursing care. This document can be used, where necessary, as a guideline for the implementation of job description differentiation. The basic principles for job differentiation as described by V&VN on www.venvn.nl should be used: transparency, support, involvement of nurses and looking beyond just their qualifications. The area of expertise can also serve, for example, as a basic document for training programmes, as input for performance reviews and/or for the development of function profiles. In order to do justice to the large percentage of female nurses, in this document the female form has been chosen to indicate the nurse. Of course, this also includes male nurses. When it comes to the care recipient, this is the other way round.

2. Anthroposophy: vision on care

Anthroposophy is the vision on care that underlies the Nursing Anthroposophic Care Expertise Area. The concept of anthroposophy is composed of two Greek words, "anthropos" and "sophia", human and wisdom. Anthroposophy is a philosophy of life that was developed by the Austrian Rudolf Steiner in the early twentieth century. Anthroposophy is characterised by being a practically feasible spiritual view of humans and nature. Anthroposophy came to life by utilising this philosophy for the benefit of people and society. Rudolf Steiner's ideas and advice form a basis for many sectors in society. For example, biodynamic agriculture, animal husbandry, horticulture, pedagogy, Waldorf education (also known as Steiner education), architecture, art, banking, scientific research and organizational consultancy. This is also the case for aspects of health care such as social therapy, remedial education (including care for the disabled), medicine, pharmacy and nursing.

Anthroposophic oriented medicine has its origins in the collaboration between Rudolf Steiner and the Dutch female physician Ita Wegman. Ita Wegman founded the first anthroposophic hospital close to Basel in Switzerland in 1921. Steiner visited the clinic daily, saw many patients and gave direction to the therapies. He developed medical courses in which he spoke about health and disease, about the effect of natural medicines and how to prepare them. At that time, Steiner wrote the book "Foundations for an expansion of medicine" together with Wegman. With the establishment of the clinic in 1921 and therefore the treatment of the first patients, the amount of nursing interventions with an anthroposophic basis increased drastically. This is when anthroposophic nursing care became a reality. In addition to medicine and nursing, anthroposophy also offers a broadening of insights to various other health care professions, for example to physiotherapists, dieticians and art therapists (therapeutic painting, sculpting, music or speaking) and biographical care providers. Eurythmy therapy (movement form) has also arisen from anthroposophy. Anthroposophic nurses work closely with all these professionals.

Anthroposophy gives an extra dimension to the nursing profession and broadens the vision of anthroposophic care nurses on health and life questions with additional perspectives. Anthroposophy also broadens nursing practice when regarding personalised interventions. The nursing interventions become practical in daily care, in the transfer of knowledge and provide the opportunity for research. The integration of points of view from anthroposophy that are a substantial part of an anthroposophic nurses view and method of working are described in the 'nursing process' in chapters 2.1 and 3.

For the care recipient and their environment this can also have added value. The integration of points of view from anthroposophy that are a substantial part of an anthroposophic nurses view and method of working are described in chapters 2.1 and 3.

2.1. Vision on disease, health and development

The anthroposophic philosophy combines regular scientific research with one's individual experience. The starting point is that what is measurable and tangible, is also an expression of vital, psychological and spiritual processes. Within anthroposophy, health is regarded as a dynamic equilibrium, in which contradictions are constantly overcome by means of balancing or averaging. For example, tension and relaxation, sleep and awakening, inside and outside world, absorbing and excreting food. If the balance between these opposites is disturbed, disharmony and disease can arise. The disturbance can be of biological or psychological nature, or can be related to motive or meaning. Anthroposophic health care considers illness as an opportunity for a specific learning moment: illness can provide insight into the state of the individual dynamic process and the development that is desirable in this process. An anthroposophic care nurse can support this process.

Diseases can either have internal or external sources. Obviously not everyone gets sick under the same circumstances, constitution, resistance and receptivity play an important role. The functioning of the body can moreover be influenced by mood and lifestyle. According to anthroposophic philosophy, a power is hidden within every person, in which self-healing and self-regulating possibilities are present. It is of importance to care for, protect and shape this force (salutogenesis). An anthroposophic care nurse guides and supports these self-regulating, self-healing powers of the care recipient with nursing interventions.

Positive healthcare, as described by Machteld Huber (Huber, 2021), fits perfectly with anthroposophic philosophy. Positive healthcare describes six pillars in which the care recipient can be supported in self-direction in order to increase their own resilience. This positive healthcare can be a tool to gain more insight into the request for care.

3. Assumptions of anthroposophic nurses

Anthroposophic nursing care is a form of integrated nursing, in which further anthroposophic insights are used in addition to the basic principles of regular care. These are elaborated in anamnesis, nursing diagnostics and nursing interventions. The nurse observes the care recipient with regard to their physical aspects, psychological functioning, social functioning and as a spiritual being in its intrinsic form. Physically all bodily functions that can be measured and weighed are looked at. Psychologically/socially, a care recipient's thoughts, feelings and wishes in regard to the care process are taken into consideration. The spiritual, intrinsic aspect is taken into account by being open to the essential question behind the request for care. The basic attitude of exact phenomenological observation on the one hand and at the same time searching for the underlying mental processes means an empathic, humane way of creating proximity in freedom. This basic school of thought is the core of the profession of anthroposophic nursing care.

The mutual interaction of the three dimensions of body, psychological/social and spiritual aspects of the human being is explained within anthroposophic nursing in:

- Care: caring for the physical body, and all the processes that go on inside of it (for example the vital functions). It is important to be aware of the current knowledge and possibilities.
- Mediation: the care for the relationship between the care recipient and the care provider and the concrete environment of the care recipient. Anthroposophic nursing care is focused on acting in the NOW, as a result of this the intervention is adapted to the personal and specific situation of the care recipient. In this aspect of nursing, being interested and practicing on a human one to one level, rather than "just doing the job" is a development opportunity for the nurse.
- Guidance: the care in which you, as a nurse or carer, look for how you can support the inner (being) of the care recipient. The nurse can continuously trained in this by being in touch with the underlying question of the care recipient.

The elements Care, Mediation and Guidance are the pillars of the anthroposophic nursing care profession and function as a guideline in daily work and for training. The interventions of anthroposophic nursing care can be found in:

Nursing Intervention Classification. (Butcher (2012) (Moorhead (2020)):

- NIC 5460 Touch
- NIC 1480: massage (based on effleurage: Later (2014))
- NIC 1380: heat/cold application
- NIC 2420: phytotherapy
- NIC 1610: Bathing, further reading to be found in the official department guidelines developed using the Delphi method.

In the human organism it is possible to discover a functional tripartite:

- The nervous-sensory perception area, the brain and senses, in which coolness and tranquillity predominate.
- The metabolic area, the limbs and abdominal organs, where a connection can be seen in warmth, digestion and movement.
- The rhythmic area, which rhythmically mediates between the nervous-sensory system and the metabolic area of the human being through the heartbeat, circulation and respiration.

This trichotomy, which can be found in the smallest detail of the human organism, shows a dynamic interaction in which there is a constant search for equilibrium and balance. This three-part framework can be helpful when looking at the nature of a disease process. Thereafter regulating, balance-creating processes are initiated. For example by using the interventions touch, more movement, air and space or in contrast being ordered and demarcated. It is possible to apply these interventions, which are elaborated in NIC-interventions: NIC 1380: heat/cold applications; NIC 2420: phytotherapy, NIC 2860: bathing/showering.

In addition to the tripartite division in the human body, anthroposophic nursing care uses a fourfold description of man. In this fourfold, a relationship is developed between nature and mankind. This concerns the four kingdoms of nature: minerals, plants, animals and human kingdoms. The mineral stands for the earth element in nature, the plants for the water element in nature, the animal kingdom for the light/air element in nature and humans for the heat element in nature. In the human body, these elements can also be distinguished and recognised in the solid, liquid, gaseous and heat element. These are seen as part of larger wholes within man themselves and surrounding them. For example, the physical body, the ether/vital body, the experience/astral body and the sense of self-body. Advice can be provided for care/nursing by working with these four elements. Florence Nightingale (Nightingale, 1859) also describes this in her 'Notes on Nursing'.

To make a nursing diagnosis, an anthroposophic care nurse conducts research and tests to gain better insight into the threefold and fourfold aspects mentioned above. Besides this they also look into the life processes and the biography. Then the nursing interventions are based on these findings.

Anthroposophic nursing care finds opportunities in the frameworks mentioned above to approach health and disease and to discover how self-healing abilities of the care recipient may be awakened. Many of the nursing interventions (baths, wraps, compresses and rhythmic rubbing) are based on the use of medicinal plants (NIC 2420). In order to achieve the best person-oriented intervention, the three dimensions of the plant is related to the care demand. A distinction is made in the root area, the rhythmic part of branching and leaf formation and the blooming, seed and gynoecium. Anthroposophic nurses take these three dimensions into account when choosing which part of the plant to include in the interventions.

The heat processes that are required in the preparation of anthroposophic medicines, such as essences, ointments and oils, are examined during the preparation. During nursing interventions the method of application, e.g. cool or warm, also play a role in the decision of the given intervention.

Development and growth is an important aspect to human life. From an anthroposophic point of view, one can distinguish three major phases in life each being 21 years. The first 21 years in a period in which growth has the main focus. The next phase, from 21 till 42 years, shows development based on the available abilities and from 42-63 years of age a period in which personal life experiences can result in further evolution. After 63 years development is acquired through further maturing of the acquired wisdom. This leads to new possibilities.

More specifically, anthroposophy describes the human life course in periods of seven years. New learning possibilities become available in each of the seven years:

| | |
|---------------|---------------------------|
| 0-7 years: | the phase of goodness, |
| 7-14 years: | the phase of beauty, |
| 14-21 years: | the phase of truth, |
| 21-28 years: | the phase of refinement, |
| 28-35 years: | the stage of insight, |
| 35-42 years: | the stage of unfolding, |
| 42-49 years: | the phase of uniqueness, |
| 49-56 years: | the phase of overview, |
| 56-63 years: | the phase of intuition, |
| 63 and older: | the phase of preparation. |

Each period has its characteristic possibilities, opportunities for growth and challenges. These periods are of course not clearly defined and an individual development can show a completely different line of development.

When reviewing a care recipient, the anthroposophic care nurse takes these 7-year periods into account when trying to uncover in which phase the care recipient is in. The nurse recognises the influence of this phase in life, respects it and pays attention to the balance between the capacity and burden of the care in this specific phase. The individuality of every human being develops in the course of their life. On the one hand the biological development and on the other hand the inner growth. An anthroposophic care nurse realises that every person is unique, that everyone has their own developmental ideals and tries to realise them to the best of their ability. Reincarnation is an option to be respected.

Life processes are crucial during the beginning of life and continue throughout life. When making an inventory of the life processes, the basic nursing observations are interrelated. The physical processes such as breathing, warmth, nutrition, incretion and excretion, sleeping and becoming healthy, growth and the possibility of reproduction are related to the psychological/social processes of absorbing impressions, being able to get impressions at their own temperature, being able to digest impressions through which you are fed, being able to choose, being able to sustain yourself through habits, inner growth and becoming creative.

In addition, life processes also form a foundation for learning processes of which the care recipient and nurse can benefit. Development takes place through different manners, which means that providing care is always a mutual dynamic process. The care recipient and nurse are each developing in their own way.

In phenomenological perception, a number of aspects can be distinguished as phases of perception; the actual observation, the participatory observation and giving meaning to the observation. The observational abilities have been trained extensively during anthroposophic education. Anthroposophic care nurses practise and fine-tune their observational skills during training courses and during study and training days. (Bakker & Boon, 2012).

Health is a dynamic event, in which polarities are constantly bridged: tension - relaxation, sleep - wakefulness, outside world - inner world, absorbing food - excreting, etc. If the balance between these processes is disturbed, disharmony and disease can occur. This disruption can be on different levels e.g. biological, psychological or meaning of life level. Anthroposophical health care considers disharmony and disease as a specific moment of which one can learn: it can provide insight into the individual dynamic process. An anthroposophic care nurse can provide support in this process

4. Work environment and educational background

Anthroposophic care nurses have traditionally worked in general hospitals, psychiatric care, anthroposophic communities and institutions for youth care, elderly care and care for people with mental disabilities.

In recent years there has been increasing interest from a large number of other health care sectors for an anthropologic approach, such as maternity care, youth health care, oncology, rheumatology, care for the disabled, elderly care, home care, palliative care. Anthroposophic nurses also work in hospices. In addition, it is important to mention that there are also referrers such as anthroposophic consultative doctors and general practitioners active in Therapeutics (the anthroposophic health centres) and second-line doctors such as paediatricians, psychiatrists and specialists in internal diseases.

The diversity of specific care demands results in a diversity of anthroposophic nursing care specialisations. The specific care demands determine the nature of the care provided.

More and more care recipients are asking critical questions about standard treatment and are seeking other alternatives, such as integrative medicine. In addition, there is an increasing interest in intangible values of care recipients. This becomes apparent through the fact that care recipients are looking for a broader and more natural vision of care via the internet. There are various options to fulfil these needs, including anthroposophic care.

Anthroposophic care nurses work in their own practice and may link this to working within a healthcare institution. Other anthroposophic nurses continue to work in standard care centres or work in an institution where the basis of care is founded on anthroposophic care. There is also an increase in courses offered by nurses working in anthroposophic care.

The number of nurses providing anthroposophic care is scarce. We are dealing with an aging population which affects the entire nursing profession. It has been noticed that anthroposophic care nurses struggle with maintaining their own identity. Occasionally, a 'dilution' of anthroposophic nursing can be seen because the profession is mixed with views and interventions from standard care or from other complementary visions on care.

Anthroposophic care nurses have completed the 'Orientation course Nursing and Anthroposophy' or the 'Basic module Anthroposophic healthcare' and the 'Advanced Nursing Training from Anthroposophy'. These training courses can be supplemented with various courses, such as: 'Wraps and Compresses', 'Organ rubbing'; "rubbings for the (small) child"; 'Volckier Bentinck massage'; "Bathing and washings"; 'JGZ module', 'Basic course palliative care based on anthroposophy'. Additional and refresher courses, which are compulsory by the professional association, are recognised and accredited by the Quality Register of Nursing & Caregivers.

5. The value of anthroposophic nursing care for the care recipient

In anthroposophy, the care recipient is not approached fragmentarily, but as a whole. Anthroposophy looks at the biography and life philosophy of an individual. The anamnesis, nursing diagnosis and treatment plan of an anthroposophic care nurse focuses on the present time and on the future. Attention is also paid to the care recipient's environment. 'Proximity in freedom' is the quality criteria of anthroposophic nursing care.

The care recipient is approached on the basis of equality. The contact is an encounter. In this personal encounter, contact, observation and perception take place, the nurse offers peace and listens to the care recipient in an open manner. These nurses observe the care recipient's physique, movements, breathing pattern and view on the world. They try to uncover the specific request for care together with the care recipient. It is important to note that there are no standard interventions, but nursing interventions tailored to the individual care request. If possible, the nurse looks for suitable, non-pharmacological interventions. Anthroposophic care nurses use non-verbal interventions, for example: baths, rhythmic rubbings, wraps and compresses. The anthroposophic interventions can be found in the elaboration of the CanMEDS roles, see chapter 8 of this document.

The anthroposophic care nurse is educated and trained to be able to observe phenomenologically. They restrain themselves, and leave the care recipient be in order to see what comes automatically. The nurses create an open and healing environment for the care recipient.

6. Developments in the discipline of anthroposophic nursing care

The dominant culture in healthcare is focused on efficiency, protocols, guidelines and tangible short term effects. This culture can clash with the anthroposophic view of care in which the core is attention, involvement and the mental processes behind the disease or condition.

Communication with referring medics and multidisciplinary collaboration can also be complex as a result. Anthroposophic care nurses regularly experience a shortage of time and space to properly practice their profession. The further development of a common language within anthroposophic healthcare through imaging patient discussions is gaining wider support.

The importance of research is endorsed and co-developed by anthroposophic care nurses. In the professional group, cases are described and collected in a joint, international handbook. This handbook serves as a database to work towards evidence-based practice. The use of non-pharmacological therapies require extensive elaboration. See <https://www.pflege-vademecum.de/?locale=nl>

Care recipients search in countless ways for meaning and definition of illness and disorders. These developments influence the work of nurses in anthroposophic care. The growing multicultural society results in a shift in care demands. There is a social trend moving towards less materialism. Anthroposophic care nurses feel responsible to keep up with this social movement. By doing so they fit in with modern times. The development of transmural care, which has become visible in recent decades, offers an opportunity for anthroposophic nurses to contribute with their expertise, to the quality of life for the care recipient. Here too, the "proximity in freedom" may be seen as appropriate within the current time frame.

7. The area of expertise of the nurse

This chapter provides a general description of the roles of nurses (Lambregts and Grotendorst 2012) (Terpstra et al, 2015). These descriptions form the basis of the Area of Expertise. The next chapter discusses the specialistic knowledge, skills and attitude of anthroposophic care nurses and their specific roles. These roles, as described below, and the Professional Standard (V&VN, 2015) form the starting point of professional practice for all nurses, including anthroposophic care nurses.

- a. Supporting the self-management of care recipients, their loved ones and their social network, with the aim of maintaining or improving functioning in relation to quality of life, health and disease. Focuses on the six dimensions of health: bodily functions, mental functions and experience, the spiritual/existential dimension, quality of life, social participation and daily functioning;
- b. Composing a nursing diagnosis and indicating, organising and providing nursing care and psychosocial support based on clinical reasoning, in non-complex situations based on guidelines and protocols and in complex care situations that require integration of knowledge and combination of guidelines and protocols. Where possible, work is based on evidence-based practice;
- c. Drawing up, implementing and evaluating a care (life) plan¹ and performing management tasks related to the care recipient. This is in collaboration with the care recipient, their relatives, their social network and with fellow care providers. In addition, directing the care process that is linked to the care recipient and/or transcends by organising and coordinating an integrated, interdisciplinary and multidisciplinary, coherent care plan. This is done by consulting the care recipient (shared decision making), in which the next of kin and the social network of the care recipient and fellow care providers in the (care) chain are also involved;
- d. Observing the care recipient ensuring timely signalling of for example changes in their state of health, and taking appropriate action to speed up recovery or reduce the risk of disease worsening;
- e. Carrying out care-related prevention aimed at individuals with a disease, disability or multiple health problems, with the aim of supporting self-reliance, reducing the burden of disease and preventing aggravation of disease. In addition to this indication, development, organisation and implementation of prevention aimed at promoting health, vitality, self-management and participation of people, anticipating health risk and taking action when there is an increased risk;
- f. Performing tasks, initiating and developing quality assurance in the field of innovation, analysis and practical research and (evidence-based) professionalisation within a work unit or area of expertise, taking into account cost-effectiveness; Supervising and coaching fellow healthcare providers;
- g. Performing restricted medical actions on the basis of functional independence.

¹ Also: nursing plan, supervision plan, etc.

8. Elaboration of the CanMEDS-roles

The introduction and chapter 7 state that the area of expertise of anthroposophic nursing care can be regarded as a supplement to the professional profile of nurses as described by (Lambregts en Grotendorst 2012) (Terpstra et al., 2015). The professional profile description describes the area of expertise of the nursing profession (chapter 6), which applies to every nurse, including nurses that work within the anthroposophic philosophy. The area of expertise describes the additional knowledge, skills and attitude that are necessary for performing the roles and tasks within the area of expertise of anthroposophic care.

This is further elaborated using CanMEDS system (Canadian Medical Education Directives for Specialists).

This systems consists of seven different roles. The core of the professional practice is the nurse as a care provider.

All other roles are supportive of the caregiver role. This central role gives direction to the other CanMEDS roles.

Figure 1. CanMEDS-system



Reading Guide

This document provides a brief, general consideration of the CanMEDS roles within the area of expertise of the Anthroposophic Nursing Care. Subsequently, the general applicable knowledge, skills and attitude from the Professional Profile are briefly described for each role. Thereafter, the additional, specific knowledge, skills and attitude are described. This specific information will provide a clear picture of which skills are needed within anthroposophic nursing care which are unique compared to other nursing areas of expertise. The knowledge and skills from the Professional Profile, together with the specialist knowledge and skills/attitude of the anthroposophic nursing care, form a whole and together cover the entire area in which the anthroposophic care is active.

8.1 Care-worker role

Characteristic for anthroposophic nursing care is the role of care-worker, this vision is further elaborated in chapter 3. There is a specific angle for nurses in anthroposophic care for them to make the diagnosis. In addition, it is a given that the interventions used in anthroposophic care are not carried out in any other nursing specialization.

The process of taking a patient's anamnesis, making a nursing diagnosis and evaluation between care giver and care recipient are all based on the PES, NIC and NOC methods described in the nursing literature by, among others, Butcher (2012) and Moorhead (2020), also referred to in chapter 3.

After each step in the nursing care process, reflection is desirable and adjustment is possible. Through this process, nursing care is individually tailored to the needs of the care recipient. This also makes the care more transparent, targeted, methodical and transferable. The following section explains the various steps in the process of nursing care in more details.

Anthroposophic care nurses use a number of sources to take an anamnesis and make a nursing diagnosis:

- Information from the healthcare recipient and their relatives
- Information from the referrer or other collaborating partners

The knowledge from regular nursing and the anthroposophic nursing insights. Anthroposophic nursing diagnostics focuses, among other things, on the seven life processes in humans:

- Breathing/uptake
- Heating/adjusting
- Digestion/dissimilation
- In- and excretion/making choices
- Conservation/sleep/recovery
- Cell division/growth/vitality
- Reproduction/creating new life

The 7 life processes are approached from the phenomenological vision. They are then connected with the insights from the three and fourfold approaches (Emous et al, 2012).

Based on the nursing diagnosis, a nursing plan is drawn up in which the nurse makes a motivated choice from the range of nursing interventions, taking the possible contra-indications and side effects into account. They then make a distinction between short and long-term goals and formulate the plan taking the possibilities of the individual care recipient into account.

The evaluation of the care provided is related to the previously established goal and also takes into consideration the unplanned, accidentally successful actions and unexpectedly effective actions (De Vries, (2004).

Because anthroposophic nursing interventions are often offered in series, reflective evaluation is possible in-between interventions. In addition, the care recipient is asked whether there has been an improvement in well-being or quality of life. The anthroposophic care nurse strives for trust, delay, activation, rest and well-being in their interventions. During the evaluation, attention is focussed to whether changes have occurred in the relationship between carrying capacity and load on the care recipient.

When it comes to anthroposophic nursing interventions, they are approached regarding body, soul and spirit, whereby the nursing “caring, mediating and guiding” are distinguished (see chapter 3).

These three aspects can be used within every CanMEDS role, this is because in nursing, these three aspects occur in an integrated manner. In the various CanMEDS roles, an emphasis can be placed on caring, using the associated knowledge, attitude and skills. It is also possible that either the mediating or the guiding role are more prominent. The guiding role can consist of searching for images, listening to intuitions or inspirations, this so that the invisible behind the visible reality can be clarified.

Whenever caring, mediating or guiding is mentioned in a CanMEDS role, this emphasis is included.

Knowledge

- Knows important basic principles from anatomy, physiology, pathology and pharmacology.
- Is aware of the different human stages in life and the principles of self-management and coping styles within these life stages.
- Knows the theoretical models behind certain actions and interventions.
- Knows the sources of nursing practice and current guidelines and professional standards.
- Has the basic knowledge regarding the various target audiences.

Additional knowledge of anthroposophic nursing care

- Is aware of the vision on humankind, the vision of care and the vision of nursing arising from anthroposophy
- Has knowledge of the specific nursing interventions described within the NIC - interventions as developed within anthroposophic nursing care. Examples include: physical care, wound care, wraps, compresses, giving partial baths and baths, giving injections in places other than normal, rhythmic rubbing based on the effleurage.
- Has knowledge about the natural medicines (NIC 2420) that are used within anthroposophic care, both in internal and external therapies.
- Has knowledge about specific anthroposophic nursing interventions with regard to the therapeutic climate, including the physical space.

Skills and attitude:

- Is capable of conducting a nursing anamnesis, can collect, analyse and interpret information in various ways, both generally and in the basis of one’s own specialist field.
- Is able to determine nursing care on the basis of clinical reasoning, aimed at maintaining or (re)acquiring self-management of the patient and those close to them.
- Can assess risks, identify problems in an early stage, choose and implement interventions, monitor progress and evaluate outcomes of care related problems in the four areas of human functioning.
- Is able to work according to guidelines and to deviate from them if the situation or their own professional or moral considerations give reason to do so.
- Can support the care recipient with personal care and can take over where necessary.

- Can perform the medically permitted reserved and risky procedures, taking into account the laws and regulations concerning the certified and skilled competence.
- Is able to draw up, evaluate and adjust a care (life) plan, also in complex care circumstances.
- Is able to guide groups which focus on health problems within their own area of expertise.

Additional skills/attitude of nurse anthroposophic care

- Can support the care recipient by caring for the physical body and the processes that unfold within it, including (caring for) the vital functions.
- Can mediate in meeting the care request, the needs of the care recipient and the needs of their environment.
- Is able to adopt a questioning and wondering attitude to uncover the life question behind the immediate care request.
- Is able to perform the specific nursing interventions within anthroposophic nursing care, this regarding both internal and external therapies. Such as: heat interventions, physical and personal care, wraps, compresses, giving injections, giving baths and rhythmic rubbings.
- Can apply the natural remedies used in anthroposophic care in an optimal manner.
- Takes care of the physical space. They pay attention to safety, the size of the room, the temperature, colours, desired scents, fresh air, orderliness and privacy. They work on adjustments if necessary, of course after consultation with those involved.
- Pays attention to the therapeutic climate surrounding the care recipient in a relational sense (mediation).
- Has the intention to apply her experiential expertise in a new and creative manner.

8.2 Communicator role

Professional communication is of great importance within the field of anthroposophic nursing care. Here, the core elements of 'mediation' and 'guidance' are highlighted. Mediation is prioritised, this implies that the anthroposophic care nurse focusses on the soul of the care recipient: the feelings, moods and desires. If an illness, crisis or limitation occurs, this affects the emotional well-being. The equilibrium, the balance can be disturbed, which can result in emotional reactions. Anthroposophic care nurses are trained to provide a safe environment for the care recipient in which these emotions can be expressed. Sometimes this requires additional support. The social environment and the professional network in which the care recipient finds themselves is always included, respected and supported in these situations. Anthroposophic care nurses are committed to the continuity of care processes and dose the care around the care recipient in such a way that all facets are well coordinated accordingly. Sometimes they can be the care recipient's representative.

Knowledge

- Has knowledge of the different communication levels: substantive, procedural and process.
- Has knowledge of the most important conversation techniques.
- Has knowledge regarding different ways of influencing behaviour, strengthening communication and the position of the patient within this interaction.

- Has knowledge about the principles of “shared decision making” when in contact with the care recipient, relatives and cooperation partners.
- Is aware of the latest ICT applications within the field

Additional knowledge of anthroposophic nursing care

- Thinks about the essential and existential questions that arise through health issues, as a part of the role as nursing attendant.
- Has insight into processes that unfold during pain and grief, processing loss, dealing with new limitations and the process of dying in the light of anthroposophy.
- Works from the point of view that a life before birth and after death are considered as a possibility.
- Has knowledge about laws in the course of life based on anthroposophic insights.
- Has knowledge about the psychological impact of certain diseases or disorders.
- Has knowledge about transient moods during the process of being sick. These insights regarding moods have been developed in nursing from anthroposophic view and are described by (Batschko, 2005).
- Has insight into the development they have gone through and can share these developments reflectively.

Skills and attitude

- Is able to conduct an anamnesis from the nursing point of view, and when needed using the relevant measuring instruments or methods.
- Can communicate at content, procedure and process level and switch smoothly between these levels.
- Can apply conversation techniques, appropriate to the patient and the level of communication: listening, questioning and probing, summarising and paraphrasing, mirroring and making emotional reflections.
- Is able to anticipate the age phase and age-related issues of the patient in the manner of conversation.
- Is able to excellently formulate oral and in written professional language into understandable language for the patient.
- Can give advice, instruct and motivate the care recipient and tailor information to the care recipient.
- Is able to communicate with other healthcare professionals on an equal level.
- Can appropriately refer the care recipient to other care providers or disciplines.
- Is aware of the effects of one’s own verbal, non-verbal and digital expressions.
- Is able to communicate through digital systems.

Additional skills/attitude of nurse anthroposophic care

- Shows interest, respect and understanding for the other.
- Can listen in an open manner to the other.
- Has an ability to empathise with the care recipient.
- Pays attention to the details of the care meeting.
- Can use their emotional perspective as an instrument in care.
- Has self-reflection and insight into their own psyche.
- Has an investigative, inventive and creative attitude.

- Can guide the care recipient in a way that looks for ways in which the inner being of the care recipient is supported.
- Is able to adopt a questioning and searching attitude in order to search for the identity and needs of the care recipient.
- Has an attitude of understanding for the existential process of the care recipient.
- Has respect for the self-healing capacity of the care recipient.
- Is able to use her hands as an observing and therapeutic instrument on the basis of the developed quality criteria.
- Has an attitude in which existential availability is palpable and maintains her professional distance. They have mastered this skill to perfection on the basis of the quality criteria (Layer, 2014).

8.3 Collaborator role

This role within anthroposophic nursing care is characterised by different groups of collaboration partners: from anthroposophic care itself (see also chapter 2), from outside anthroposophic care and collaboration partners from the care recipient's system. This requires the anthroposophic care nurse to be able to make appropriate arrangements with those involved. Their leadership qualities can be of great importance for these situations.

Knowledge

- Has a vision on collaboration and knows current standards and guidelines.
- Has knowledge of collaborative processes, such as group and team formation, team roles.
- Has knowledge of group dynamics and giving and receiving feedback.
- Has knowledge of the cooperation partners (roles, expertise and authorities in their own region).
- Is familiar with (potential) partners outside the healthcare sector.
- Has knowledge of effective and efficient reporting and transfer, including the use of ICT and laws and regulations in this regard.

Additional knowledge of anthroposophic nursing care

- Has knowledge of the chain of care providers who work from the anthroposophic vision. They are able to use this network optimally regarding the care for the care recipient and his system.

Skills and attitude

- Can make a network analysis.
- Can cooperate with care recipients and their loved ones, support them and refer them effectively where necessary.
- Can take on the role of the care recipient's advocate.
- Is able to assume the role of chairman in the interdisciplinary consultation and can give a clear overview of the entire care process.
- Can report unequivocally according to a fixed structure.
- Is able to formulate and present her vision on cooperation.

- Can contribute and position themselves in teams and collaborative processes and does not shy away from confrontations and differences of opinion.
- Can efficiently and effectively report, consult and transfer from an equal, collegial and open attitude. This applies in relation to the care recipient and his/her next of kin, within the own nursing team, in the interdisciplinary team and with other partners.
- Is able to set up, develop and apply a social map and social support systems.
- Is able to act from an equal, collegial and open attitude with care recipients, their loved ones, with colleagues, in a multidisciplinary team and with external partners.

Additional skills/attitude of nurse anthroposophic care

- Is able to take on an executive, an informing and a coaching role, both towards care recipients, volunteers and colleagues in relation to nursing from an anthroposophic perspective.
- Can determine own responsibility in a context with vague domain boundaries and close collaborations and argue which choices have been made.
- Can learn in the relationship with the care recipient through the mutuality that exists within the relationship.

8.4 Reflective professional role

Anthroposophic care nurses are faced with complex ethical issues. This is partly due to the increase in treatment options and technological possibilities, but may also be related to the intertwining of regular and anthroposophic visions regarding care. In addition, the development of guidelines and protocols regarding ethical issues also contribute to this. This requires the anthroposophic care nurse to be able to indicate moral deliberation and to give their own input in this. It also requires them to be able to take on the role of the care recipient's mentor.

Due to the rapid developments in the field of nursing and therefore in nursing anthroposophic care, the professional practice is constantly changing and innovating. The focus is increasingly shifting to maintaining one's knowledge and skills. This creates a risk that personal growth and attention to one's own health and emotions and that of colleagues and care recipients are receiving less attention. Anthroposophic care nurses are constantly aware of this risk and act accordingly.

Knowledge

- Has knowledge of the principles of evidence-based practice.
- Has the basic knowledge of research methods.
- Has knowledge of current themes and developments in her own field.
- Is aware of applications used for knowledge development and knowledge sharing.
- Knows the principles of reflective practice.
- Knows their own values and standards and those of the professional group, as described in the Professional Code of Nurses and Caregivers. (V&VN et al., 2015)

- Has knowledge of philosophical and religious views and movements.
- Has knowledge of the moral-ethical context of the provision of care.
- Has knowledge of the concept of “lifelong learning”.
- Has knowledge of how to act in the event of complaints, errors and incidents.

Additional knowledge of anthroposophic nursing care

- Has knowledge of the vision on health and disease from anthroposophy and anthroposophic nursing care.
- Has thorough knowledge of the principles of anthroposophic nursing care.
- Is aware of current themes and developments within the field of anthroposophic care.

Skills and attitude

- Keeps track of professional literature and knows how to efficiently look up information through various media channels.
- Can appreciate and critically consider their own performance.
- Is able to receive feedback from colleagues and managers and integrate this into adjusting their own actions.
- Is able to give colleagues, collaboration partners and students professional feedback on their actions and their professional behaviour.
- Is able to deal with ethical issues and questions of meaning of care from the care recipients and makes it possible to discuss these issues within a suitable time frame.
- Can support the care recipients and their relatives in making ethical considerations regarding their medical treatment.
- Is able to indicate a moral case deliberation.
- Is able to be a role model for other nurses (in training).
- Is able to establish and implement peer-to-peer expertise promotion and knowledge exchange.
- Can deal with areas of tension, such as professional-personal involvement and distance-proximity.
- Is an assertive and self-confident professional and ambassador of the profession.

Additional skills/attitude of anthroposophic nursingcare

- Is able to discuss ethical issues from both a regular and an anthroposophic point of view.
- Is able to discuss medically pointless actions with respect for the different opinions and points of view.
- Has knowledge of own limits and is able to refer patients with conflicting views.
- Is able to make and verify nursing diagnoses within their own field based on the most up-to-date guidelines, protocols and/or evidence-based practice.

8.5 Health advocate role

Anthroposophic care nurses have the important task of maintaining optimal health of patients and preventing illnesses or disorders from worsening. A large number of anthroposophic nursing interventions are used regarding prevention. It mainly concerns care-related prevention aimed at supporting individuals with health problems and aims to improve vitality and reduce the burden of disease, prevent complications or co-morbidity and increase self-reliance, for example through lifestyle advices/interventions. (V&VN, Vaalburg and Scholten, 2014). Anthroposophic care nurses can prevent worsening of disease.

Knowledge and skills in the field of patient education, based on among other things, the learning processes, information and lifestyle influence - in addition to knowledge of the field - are essential here.

Knowledge

- Has knowledge of epidemiology of common diseases.
- Has knowledge of prevention and health education, health determinants and behavioural determinants.
- Has knowledge of the principles of self-management, lifestyles, behaviour and ways of influencing behaviour and providing customised care.
- Is familiar with the principles of a healthy lifestyle and can advise on this.
- Is aware of cultures and culture-related views on health and culture-related health problems.

Additional knowledge of anthroposophic nursing care

- Has knowledge of information techniques and how to give advice with regard to lifestyle, adherence to therapy, handling materials, self-care.
- Has knowledge of supportive nutritional advice from an anthroposophic point of view.
- Has knowledge of the social map and the disciplines surrounding the care recipient, both within and outside the anthroposophic care network.
- Has knowledge of patient associations and other organisations that can offer support to patients and their relatives, both within and outside the anthroposophic network.
- Has knowledge of the principles of therapy adherence and self-management.
- Has knowledge of the principles of safe care.

Skills and attitude

- Can collect data in a broad context and can interpret it with regard to the clinical picture.
- Can collect data in a broad context, aimed at early identification and risk assessment.
- Is able to provide education, information and instructions and apply other forms of influencing behavioural techniques with regard to lifestyle advice, such as preventing overweight and underweight, preventing diabetes, stopping substance abuse and how to design the workplace.
- Is able to provide customised information and education about healthy behaviour. Can also use the correct ICT resources for this.
- Can collaborate with policymakers and develop proposals for necessary care programs.
- Can participate in collective and group-oriented prevention programs.

- Has the appropriate skills regarding outreach care and interference care.
- Is aware of the “Wet Zorg en Dwang (WZD)” corresponding to the Compulsory Mental Healthcare Act and can act accordingly.

Additional skills/attitude of anthroposophic nursing care

- Is able to provide supportive lifestyle advice to the care recipient, based on an anthroposophic perspective.
- Is able to provide information and apply prevention to individuals and groups in order to reduce health risks and complications of examination and treatment.
- Participates in the development of care programs / care pathways within anthroposophic healthcare frameworks.
- Is able to use skills with regard to outreach care and interference care.

8.6 Organiser role

As described in chapter 3, ‘mediation’ is one of the core elements for anthroposophic care nurses. The mediating interventions occur during the primary care process. These interventions are between the care recipient and nurses, but also seen in various other partnerships. The organiser role focusses on these mediating interventions. This requires the nurse to be able to take on an advisory role in addition to a coordinating role. This also requires that they can effectively transfer knowledge and give instructions to other care providers in order to contribute to continuity of care. In addition, they have the task of monitoring, planning and logistics, for example in departments within intramural care institutions. This not only concerns primary patient care, but also ensuring an optimal living environment.

Knowledge

- Knows the different organisational forms and the principles of organisational science.
- Has insight into and knowledge of the funding of healthcare.
- Knows how to influence the policy of an organisation.
- Has knowledge of information and communication technologies.

Additional knowledge of anthroposophic nursing care

- Has knowledge of the theory and the various organisational possibilities from an anthroposophic perspective with regard to the pillar ‘mediation’ within anthroposophic nursing care.
- Has knowledge of policy and financing of healthcare. They know the parties and organisations that play a role in this. The nurse develops themselves in observing how the economic aspect, the equality of mutual legal positions and the aspect of mental freedom can go together within one organisation. Seeing the connection in the power relationship between these three aspects can help to give the economics a place within an organisation in relation to the other aspects within this cooperation.

Skills and attitude

- Can coordinate the care for care recipients, within different disciplines and organisations. And therefore guarantee the continuity of care. Can take on the management function.
- Handles care, materials and resources in a responsible and cost-conscious manner and communicates this to colleagues.
- Contributes to the safety of colleagues and the safety of the work climate within the organisation.
- Is able to make decisions about policy (prioritisation) and resources for individual patient care, weighing effectiveness and costs.

Additional skills/attitude of anthroposophic nursing care

- Is able to create nursing care situations in which a meeting with the care recipient is possible. A meeting in which the nurse has insight into the physical, psychological/social and spiritual needs of the care recipient.
- Is able to transfer specific knowledge from anthroposophic nursing to other healthcare professionals or volunteers within her own healthcare institution, another healthcare institution or in the home situation. This dissemination of knowledge is necessary for care workers to be able to provide complex care outside this area of expertise.
- Is able to fulfil their organising role within the various care processes: to coordinate care, to guarantee continuity of care and to take on the role of point of contact or case manager, where it is important that they can elaborate on their insights from an anthroposophic point of view.
- Is able to act as a coach and instruct patients and colleagues to ensure the quality and continuity of anthroposophic nursing care.

8.7 Professional and Quality Promotor roles

Anthroposophic care nurses pay attention to both the possibilities and the risks associated with working with certain substances, products, materials and instruments.

Anthroposophic nursing care applies interventions whose effectiveness and efficiency have not been scientifically proven in all cases, but are plausible. They participate in scientific research by collecting data, guiding and informing patients who participate in research and/or integrating research results into nursing care. In addition, they can be involved in the development and/or implementation of quality indicators for nursing care and improve the process of continuity. They focus on professional behaviour and develop their own expertise according to the professional standard.

In addition to focusing on their care recipient and their department, the anthroposophic care nurse has an open mind to the rest of the healthcare institution and the healthcare system of which they play a part in. They are aware of, or actively involved in, professional control. They take their vision, knowledge, skills and experience regarding patient care to other bodies within the healthcare institution and healthcare systems and, conversely, bring new themes and experiences back to the department and their field of expertise.

The anthroposophic care nurse is a member of V&VN Anthroposophical Care. They meet the requirements of the Anthroposophic Care area of expertise in the Quality Register of Nurses & Care-givers.

Knowledge

- Knows the laws and regulations that apply to the nursing profession and the context in which they work.
- Has knowledge of monitoring results of care.
- Has knowledge of current guidelines.
- Has knowledge of quality frameworks and professional, personal and clinical leadership.
- Knows the boundaries of personal and professional procedures and responsibilities.
- Knows the legislation with regard to her field and is able to act in accordance with the legal frameworks (wet BIG/WGBO/wet Zorg en dwang) (equivalent to the UK GMC regulations).
- Has knowledge of the structure and applicable legislation and regulations in the field of acute care, safety and privacy.
- Has knowledge regarding the correct way in which they can stay in touch and maintain contacts within their healthcare institution with professional control.

Additional knowledge of anthroposophic nursing care

- Has knowledge of the possibilities and risks associated with working with substances used in anthroposophic care, both for the patient and for the nurse.
- Has knowledge of the materials they work with and can suggest alternatives where necessary.
- Has knowledge of the backgrounds of the guidelines with which they work, and can individualise the interventions where necessary based on their knowledge.

Skills and attitude

- Is able to convey their vision on quality of care in understandable terms.
- As a member of the profession, adheres to the Professional Standard (V&VN, 2015), the Professional Code of Nurses and Caregivers (2015), the legislation and regulations within the healthcare organisation.
- Is result-driven, works effectively and efficiently.
- As a professional member of the organisation, contributes to the continuity and effectiveness of the healthcare institution and the department.
- Can deal with areas of tension, such as professionalism-personal involvement and distance-proximity, in a professional manner.
- Is able to show nursing leadership in order to strive for the highest possible quality of care and professional practice.
- Is a proud and confident professional and ambassador of the profession.
- Can contribute to protocol development based on legislation, professional standards, guidelines and knowledge gained by experience.

Additional skills/attitude of anthroposophic nursing care

- Has self-reflection with regard to their own attitude and approach in relation to the position of the care recipient and other care professionals in realising anthroposophic nursing care for a care recipient or department.
- Is aware of the developments within the field and can master these developments and apply them in the daily professional practice of anthroposophic nursing care.
- Is able to set up and/or maintain networks in which knowledge is shared regarding complications of treatments, best practices, knowledge about products and materials and alternatives, etc., also from an anthroposophic oriented nursing carer's point of view.
- Is able to participate in scientific research and nursing practice research focused on anthroposophic nursing carer's work.
- Is able to apply Evidence Based Practice and to improve the results of their own actions and those of others within the field and to integrate nursing practise from an anthroposophic perspective or to abandon it in a substantiated way.
- Is involved in implying new insights within their area of expertise.
- Is able to spread information, through clinical lessons and presentations within the field of Anthroposophic Nursing Care.
- Is able to function as a coach and work supervisor for nurses in training within the field of anthroposophic nursing care.
- Is able to provide effective advice, consultation or education/training to nurses and other professionals in the field of anthroposophic nursing care.

9. The future

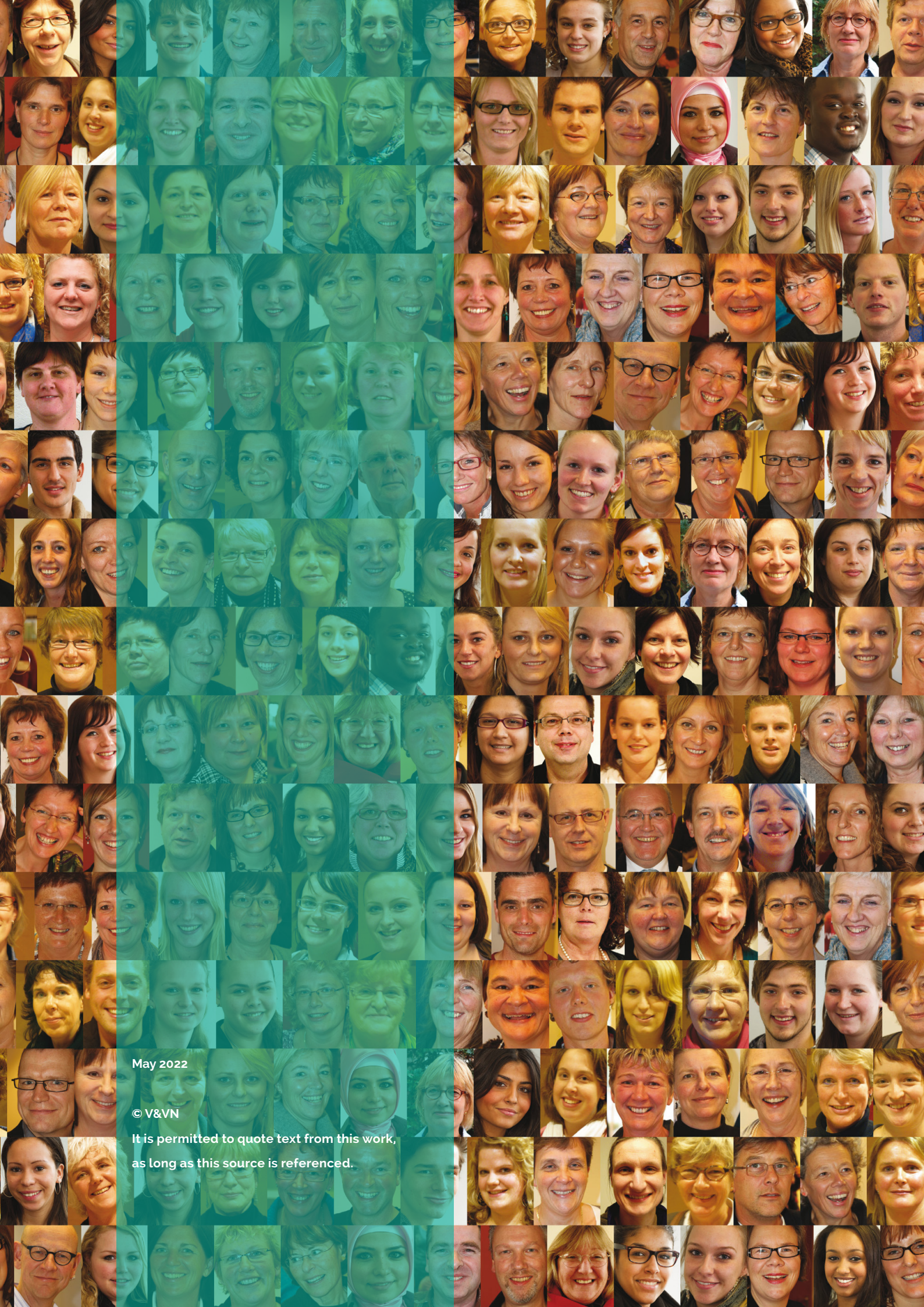
In the coming decades, the roles and tasks of anthroposophic nursing care will continue to be influenced by social developments, developments in healthcare and specifically within the field of anthroposophical care and its related fields. The demand for anthroposophic care is increasing. The current developments in health care, such as the increase in the number of patients with multi-pathology and chronic conditions, will influence the scope and content of the demand for anthroposophic nursing care. This is one of the causes of the growing shortage of nurses in anthroposophic care, which is only expected to increase further in the coming years.

More and more participation and self-management is expected from the patient and those close to them, and the appeal to the care recipient's environment is increasing. An anthroposophic care nurse navigates alongside these developments in a constructive manner and ensures that they keep up with the knowledge and skills that are required for their job. In the coming years, an anthroposophic care nurse must anticipate the upcoming developments in ICT within their field, such as telehealth, domotics and robotics. These developments have a great influence on various care processes, the involvement of the care professionals and the role of the patient themselves.

Finally, developments that are visible within society and healthcare as a whole also apply to anthroposophic care nurses, such as: tightness on the labour market, which results in a greater focus on finding, binding and captivating healthcare professionals. In addition, carrying on working until an older age. Anthroposophic care fits in perfectly with the increasing attention for spirituality, sustainability and environmental awareness. This can further strengthen the identity and position of nurses providing anthroposophic care. The challenge for the future of the anthroposophic nurse is to continue to believe in their own strengths and the added value of their interventions. This requires courage, professional pride and daring.

Literature

1. Achterberg, Th. van, A.M. Eliens, H. Vermeulen (red.): *Effectief Verplegen deel 3; 2e druk, Dwingeloo, Kavanah, 2012.*
2. Anatovsky, A. (1997) *Salutogenese, zur Entmystifizierung der Gesundheit*, Dgvt-Verlag.
3. Bakker, I, & Boon, J. (2012). *Zorg voor mens en omgeving, het zintuig als maatstaf*. Utrecht: Aedes; ActiZ Kenniscentrum Wonen-Zorg.
4. Bertram, M. (2005). *Der therapeutische Prozess als Dialog: Strukturphänomenologische Untersuchung der Rhythmischen Einreibungen nach Wegman/Hauschka*; Pro BUSINESS.
5. Emous, I., Hees, S. van, Willink-Maendel, K., & Zonneveld, M. (2009): *Uitwendige therapie, wikkels, kompressen, baden*. Zeist: Christofoor.
6. Gelder van, T. (2004): *Fenomenologie*. Driebergen: Louis Bolk instituut.
7. Howard K. Butcher e.a.: *Verpleegkundige interventies, BSL, 2012.*
8. Huber, M., Knottnerus, J.A., Green, L., Horst, H. van der, Jadad, A.J., Kromhout, D., Leonard, B., Lorig, K., Loureiro, M.I., Meer, J.W.M. van der, Schnabel, P., Smith, R., Weel, C. van & Smid H. (2011). How should we define health? *BMJ* 2011, 343(4163):235-237.
9. Huber, M., van Vliet, M., Giezenberg, M., Winkens, B., Heerkens, Y., Dagnelie. Knottnerus, J.A. (2016). Towards a 'patient-centred' operationalisation of the new dynamic concept of health: a mixed methods study. *BMJ*.
10. Kappert, J. en I. de Hoop en K. Hagoort: *Beroepsprofiel verpleegkundig specialist Utrecht, januari 2019.*
11. Lambregts, J., Grotendorst, A., en Merwijk, C. van (2012): *Leren van de Toekomst: Verpleegkundigen & Verzorgenden 2020*. Houten, Bohn, Stafleu en van Loghum.
12. Moorhead, S: *Verpleegkundige Zorgresultaten, BSL, 2020.*
13. Nightingale, F., (1859): *Notes on nursing: What it is and What it is not.*
14. Steiner, R en Wegman, (1996): *Grondslagen voor een verruiming van de geneeskunde volgens geesteswetenschappelijke inzichten. Vertaald uit het Duits, oorspronkelijk verschenen in 1925. Ef en ef media, 1996.*
15. Terpstra, D., Berg, A. van den, Mierlo, C. van, Zijlstra, H., Landman, J., Schuurmans, M., & Kempff, M. (2015). *Toekomstbestendige beroepen in de verpleging en verzorging.*
16. V&VN, NU'91, FNV Zorg & Welzijn, CNV Zorg & Welzijn, RMU sector Gezondheidszorg en Welzijn 'Het Richtsnoer', HCF Nederland en CGMV (2015): *Beroepscode van Verpleegkundigen en Verzorgenden.*
17. Verpleegkundigen & Verzorgenden Nederland (2015): *De Professionele Standaard.*
18. V&VN Antroposofische Zorg, naar Rudolf Steiner, *Het geheim van de wond*; ISBN 9879081909822



May 2022

© V&VN

It is permitted to quote text from this work,
as long as this source is referenced.