



Innovate, Involve, Inspire

## HOLISTIC NURSING

A holistic approach to helping patients deal with pain management, healing and recovery, and preventive care



## Five Magnet Components

Transformational Leadership

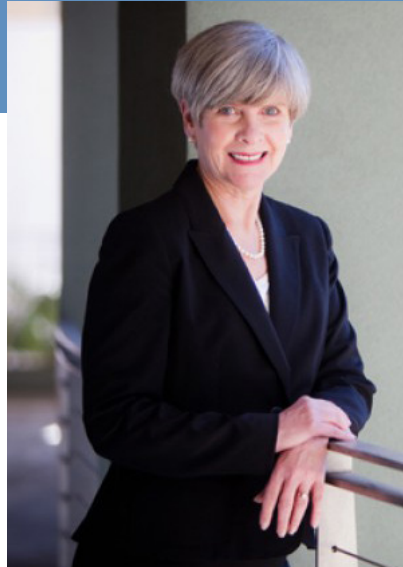
Structural Empowerment

Exemplary Professional Practice

New Knowledge and Innovation

Empirical Outcomes

Shared Governance committee membership is a great way to become personally involved in the Magnet journey and to help shape the future of nursing at UCSD. For more information go to our nursing website at <http://medinfo.ucsd.edu/nursing/committees/> to learn about committee membership opportunities.



## Message from the The Chief Clinical Officer

Welcome to our 11th edition of the UC San Diego Health System Journal of Nursing! The focus of this issue is Holistic Nursing. In this journal, a holistic approach to helping patients deal with pain management, healing and recovery, as well as preventive care will be highlighted. Healing Touch, Reiki, Acupuncture, Yoga, Imagery, Biofeedback, Massage, Tai Chi, Meditation, Music, Aromatherapy, Acupressure, and even Hula Hoops are some of the holistic approaches shared in this journal and administered by our own nurses. These articles also

remind us that diet and exercise are important in reducing the risk of chronic diseases such as cancer, heart and lung disease and diabetes. Not only does Holistic healing help assist our patients but it is also a great way to help ourselves as nurses to take care of our body and mind.

The practice of Holistic nursing includes a specific body of knowledge, evidence-based research, unique skills, defined standards of practice, a diversity of modalities from a broad range of health practices, and a philosophy of living and being that is grounded in caring, relationship, and interconnectedness. Holistic nursing was officially recognized as a specialty by the ANA in 2006.

The American Holistic Nurses Association's Standards of Holistic Nursing Practice include therapeutic environments as part of their core values. Holistic nurses can be found in all areas of UC San Diego Health System, from the Neonatal Intensive Care Unit to Behavioral Health to the Emergency Department. A nurse from any specialty can become Board Certified in holistic nursing.

I hope you had a chance to attend one of our many events to celebrate Nurses Week May 5-9 2014! Our Nurses enjoyed a combination of gourmet food truck events, the Advanced Practice Symposium, Bannister House Fiesta, Free Chair Massages and the MAGNET focused 2014 Nursing Excellence Awards.

Along with giving out 92 Scholarships for Tuition and Certification, I am pleased to share our 4 Overall Nurse of the Year Award recipients:

Clinical Nurse of the Year: Cresilda Newsom, MSN, RN, CCRN, CPAC

Advanced Practice Nurse of the Year: Lina Soaft, MSN, ANP-BC, CCTC

Nurse Consultant of the Year: Karen Mitchell, MSN, RN, CMCN

Nurse Leader of the Year: Mary Hellyar, MSN, RN, CCRN

I want to thank all of the nurses at the UC San Diego Health System for their dedication to their profession and to their commitment to quality patient and family care.

Sincerely,

**MARGARITA BAGGETT, MSN, RN**

**CHIEF CLINICAL OFFICER**

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# Holistic Nursing: Journey From Florence Nightingale to a Specialty Certification

By Lori Johnson RN, MSN, OCN and Claudia Stein, BA, BSN, RN

Ask any nurse if the discipline of nursing is holistic and chances are they are likely to answer, “Yes, of course! We’re all about the mind-body-spirit connection.” Most, if not all, academic nursing programs introduce this concept early on; but it is not always evident in practice. The holistic approach to patient care often crumbles under the ever-increasing pressures of medically-oriented healthcare systems. More patients, higher acuties, fewer resources- these factors and more can make it difficult to find the time and/or the energy to do more than implement medical treatments and tend to the patient’s physical needs. It is tempting to think that these barriers to holistic nursing are a new development related to advances in technology and a struggling economy, but when we read Florence Nightingale’s Notes on Nursing we find that the challenge of providing nursing care within a medical model is long standing. Nursing “has been [up to this point] limited to signify little more than the administration

of medicines and the application of poultices. It ought to signify the proper use of fresh air, light, warmth, cleanliness, quiet, and the proper selection and administration of diet- all at the least expense of vital power to the patient” (Nightingale, 1860).

So how exactly is holistic nursing any different from nursing in general? The American Nurses Association (ANA) has defined criteria for specialty designations. The criteria met by holistic nursing include a specific body of knowledge, evidence-based research, sophisticated skills, defined standards of practice, a diversity of modalities from a broad range of health practices, and a philosophy of living and being that is grounded in caring, relationship, and interconnectedness. Holistic nursing was officially recognized as a specialty by the ANA in 2006 (<http://www.ahna.org/About-Us/ANA-Specialty-Recognition>).

The foundation for holistic nursing practice is encompassed in the American Holistic Nurses Association (AHNA) Scope and



**Lori Johnson, RN, MSN, OCN** is the current Chair of the UCSD Holistic Integrative Nursing Committee, which she founded in May of 2012. Lori has been with UC San Diego Health System since 1996, and has been a nurse since 1998 when she graduated from San Diego State University's BSN program. She obtained her MSN in Nursing Education in 2012. Her professional focus is on patient and family-centered whole person care and student-centered education. Lori is trained in Healing Touch Level 1, and is scheduled to obtain certification in holistic nursing in October

## UCSD Holistic Integrative Nursing Committee Mission Statement

The UC San Diego Health System Holistic Integrative Nursing Committee recognizes the privilege of being involved in the lives of the people we serve. Our mission is to promote exceptional care of patients, families, the community, and each other through a philosophy that has the whole person at its core; and to advance Holistic Nursing practice that utilizes evidence-based integrative modalities that are attentive to the physical, emotional, mental, and spiritual aspects of well-being. This mission will be achieved through a variety of interprofessional clinical, educational, and research activities, with the goal of integrating the conscious person-centered clinical practice of holistic healthcare throughout the San Diego Health System.

Standards of Practice, which “describe the responsibilities for which its practitioners are accountable... reflect the values and priorities of the profession... provide direction for professional nursing practice and a framework for evaluation of this practice” (Dossey & Keegan, 2009, p.50). In addition to the scope and standards, holistic nursing is founded in five core values: 1) philosophy,





**Claudia Stein, BA, BSN, RN** is the current Co-Chair of the UCSD Holistic Integrative Nursing Committee. She has been a Clinical Nurse III in the Electrophysiology Lab since 2005. Claudia joined UCSD as a nurse in the Cardiac catheterization Lab in 2004. She earned a Bachelor of Arts in Health and Physical Fitness Management in 1990 and a Bachelor of Science in Nursing in 1996 from Marymount University of Virginia. She is a member of the American Holistic Nurses Association (AHNA). Her professional interests include integrative healthcare and energy healing. Claudia has completed Reiki 2nd degree and Healing Touch Level 3.

theory, and ethics; 2) holistic caring process; 3) holistic communication, therapeutic environment, and cultural diversity; 4) holistic education and research; and 5) holistic nurse self-care (Dossey & Keegan, 2009).

Holistic nurses can be found in all areas of UC San Diego Health System, from the Neonatal Intensive Care Unit to Behavioral Health to

the Emergency Department. Nurses have career paths that lead to so many healthcare settings that some nurses find themselves without a certification available for their specialty. The good news about holistic nursing is that a nurse from any specialty can become Board Certified in holistic nursing.

It follows that a Board Certified Holistic Nurse can change specialties throughout their career and always have the professional certification that will enhance their career and marketability. Like other specialty certification processes, becoming a Board Certified Holistic Nurse is a significant commitment of time, as well as a financial investment. Board certification is obtained through the American Holistic Nursing Credentialing Corporation (AHNCC), a separate entity from the American Holistic Nurses Association (AHNA).

To be eligible to sit for the exam applicants must first have completed 48 contact hours in Holistic Nursing. This requirement is a significant accomplishment in itself, and serves to establish a minimum level of competency in Holistic Nursing. Secondly, applicants must complete a Self Reflective Assessment; this is a collection of short essays, the topics of which are selected from a list on the AHNCC website. Only after these have been accomplished will the applicant be eligible to take the Certification Exam.

Many Holistic Nurses are also certified in one or more complementary modalities such as Reiki, Healing Touch, reflexology, aromatherapy, massage, imagery, and biofeedback. Training in these modalities is frequently approved for continuing education hours by state Boards of Registered Nursing and the contact hours gained are

### The AHNCC administers three versions of certification exams, determined by the level of formal nursing education received from an accredited school.

- Nurses with a diploma or Associate Degree in Nursing (ADN) sit for the Holistic Nurse Board Certified (HN-BC) exam.
- Nurses with a Bachelor of Science degree in Nursing (BSN) sit for the Holistic Baccalaureate Nurse, Board Certified (HBN-BC) exam.
- Nurses with a Master of Science degree in Nursing (MSN) sit for the Advanced Holistic Nurse Board Certified (AHN-BC) exam.

applicable toward the Holistic Nursing Board Certification Application.

Any nurse who has been considering pursuing specialty certification, will want to consider Holistic Nursing Specialty Certification. It is an investment in skills that, offer a wealth of opportunity to branch out into other areas of the nursing profession while retaining specialty certification.

### REFERENCES

- American Nurses Association (ANA), *Nursing Scope and Standards of Practice*, 2nd ed. (Silver Spring, MD: NurseBooks.org, 2010).
- American Holistic Nurses Association (AHNA), *Holistic Nursing: Scope and Standards of Practice* (Silver Spring, MD: NurseBooks.org, 2007).
- American Holistic Nurses Credentialing Corporation (AHNCC), *Certification Process*. Retrieved from <http://www.ahncc.org/certificationprocess.html>.
- Dossey, B. M., & Keegan, L., (2009). *Holistic nursing: A handbook for practice* (5th ed.). Sudbury, MA: Jones and Bartlett Publishers.
- Florence Nightingale, F., (1860). *Notes on nursing: What it is, and what it is not*. New York, NY: D. Appleton and Company.

# UCSD Holistic Integrative Nursing Committee 2014 Update

The UC San Diego Holistic Integrative Nursing Committee (HINC) celebrated its second birthday in May 2014. Membership includes nurses across sites and specialties, as well as professionals from nutrition services, physical therapy, child life specialist, and psychology. Meetings are held the fourth Tuesday from 12 noon to 1:00pm, and are video-conferenced to facilitate attendance in Hillcrest and La Jolla. The following describe HINC accomplishments and future direction:

Development and implementation of a Healing Touch training program. To date, four Healing Touch classes have been held, training a total of 41 people- 38 nurses, one child life specialist, one patient experience representative, and the spouse of one nurse.

IRB-approved patient survey examining patient knowledge of, and interest in, integrative modalities.

HINC has formed a partnership with the UC San Diego Center for Integrative Medicine (CIM), and with the Moores Patient & Family Support Services. Through these partnerships, they are working to bring a holistic approach to the care

of patients, caregivers, and staff.

On March 9th, 2014 HINC brought Karen Drucker, inspirational speaker and songwriter, to Moores Cancer Center for a spiritual self-care event. The event was sponsored by HINC in partnership with UCSD Chaplain Services and the Moores Cancer Center Departments of Patient and Family Support Services and Cancer Prevention and Control; and the event was well attended by patients, families, and staff.

### Future Direction:

A second IRB-approved study is in development to evaluate the potential benefits of daily self-Reiki on nursing workplace stress.

The existing Healing Touch Nursing Protocol is blossoming into a cohesive energy therapy program. Look for information in the coming months on how you can refer a patient for treatment.

Integrative modalities for bedside use are being developed through the partnership between HINC and CIM.

A holistic nursing curriculum is in development to serve UCSD and San Diego community nurses. This curriculum will consist of four-hour classes on a number of topics, and will serve to prepare nurses for holistic practice and to sit for certification exams in holistic nursing.

## Magnet Correlations for HINC Activities

### Structural Empowerment

- SE1EO: Clinical nurses are involved in interprofessional decision-making groups at the organizational level.
  - HINC-CIM Energy Therapy Steering Group
  - HINC-CIM partnership re. inpatient services
- SE4EO: Nurses participate in professional development activities designed to improve their knowledge, skills, and/or practices in the workplace. Professional development activities are designed to improve the professional practice of nursing or patient outcomes, or both. May include interprofessional activities
  - Healing Touch Training Program
  - Holistic Nursing Curriculum [slated for 2014-15]
- SE10EO: Nurses participate in the assessment and prioritization of the healthcare needs of the community.
  - 2013 IRB-approved patient survey [Dee Parks RN]

### Exemplary Practice

- EP4: Nurses create partnerships with patients and families to establish goals and plans for delivery of patient-centered care.
  - Patient scheduled for HIPEC procedure in August 2013, contacted Patient Experience office requesting Healing Touch (HT). HINC coordinated HT RNs to provide treatments every day during hospitalization, and all HT RNs provided distance HT during surgery. HIPEC patients go from OR to ICU for 4-5 days, then to 2E for additional several days. This patient went from OR directly to 2E, and was discharged with length of stay less than 5 days.
  - When HINC is contacted with requests, arrangements are made for a plan of care that is individualized to the patient.

- EP 12: Nurses assume leadership roles in collaborative interprofessional activities to improve the quality of care
  - HINC brought the drafted energy therapy policy to Lori Montross PhD, Director of Inpatient Integrative Medicine with a proposal to form the Energy Therapy Steering Group in partnership with CIM. The steering group is co-chaired by Lori Johnson, Chair of HINC and Dr. Montross

### New Knowledge

- NKIEO: The organization supports the advancement of nursing research.
  - 2013 IRB-approved patient survey conducted in Peri-Anesthesia by Dee Parks RN
  - 2014 IRB-approved therapeutic study examining the impact of self-Reiki on workplace stress and well-being of staff nurses. This study is currently in development, being designed and conducted by Dee Parks RN and Anita Darcey RN, and supported by Judy Davidson DNP and Lori Johnson RN MSN OCN.



# Yoga and Mindfulness: Perspective of an RN Yoga Instructor

By Christie Lane RN, CCRN, RYT- 500

People often ask, “How can you do that?” when I mention my plans to attend or teach a yoga class after working a 7PM to 7AM night shift in the critical care unit at UC San Diego Sulpizio Cardiovascular Center. Actually, I cannot imagine not doing it. My yoga practice is what keeps me going! In the beginning my practice grew out of an effort to conserve time and multitask by combining the many potentially time consuming things that are important to me- meditating, maintaining a peaceful and compassionate mind, keeping my heart and lungs healthy, stretching, building strength, and having some fun between the long 12-hour shifts that would otherwise take up all of my time and energy. What I discovered is that yoga also has an influence over the quality of nursing care I provide. Feeling energized, well rested, and happier to be at work because I am not neglecting myself affects my interactions with patients and fellow staff in a positive way. This is because yoga is really about relationships. Not only improving the one you have with yourself, but also with others. Physician Dean Ornish, a pioneer in non-drug, non-surgical reversal of heart disease believes that “the healing

power of love and intimacy- that is to say relationship- has a greater impact on our survival than genetic predisposition, lifestyle choices...or the use of drugs and surgery” (Jackson, 2010, no pg). The quality of our presence and how we show up for our patients is everything, and the practice of yoga can help!

Yoga provides us with space to move and breathe; giving us an opportunity to discover what really lies at the inner core of our heart and mind. It gives us a chance to experience the deepest truth about simply being, and to learn that we are not our thoughts. The Yoga Sutras, 196 small aphorisms on yoga, written by the Indian sage, Patanjali, begin by defining yoga as “the cessation of the fluctuation of thought” (Miller, 2007, no pg). We may come into a yoga class and be able to sit still for a moment, but find that our minds are still moving. Instead of judging ourselves for this incessant internal chatter, we replace our judgment with curiosity. In yoga we learn to watch and observe, becoming one with an underlying awareness that



**Christie Lane RN, CCRN, RYT- 500**

Christie is a certified critical care RN at UCSD Sulpizio Cardiovascular Center, where she is a member of the Palliative Care and Holistic Nursing committees. She provides health care staff with lectures on cultural and spiritual awareness in efforts to maintain and improve the quality of care received.

Christie first began practicing yoga in 2006 at Yoga Works in Costa Mesa where she became inspired to enhance her western knowledge of health as a critical care nurse with the philosophies of yoga. After completing the 500 HR Yoga Works teacher training certification Christie founded Guru Gita Yoga to empower people with more holistic ways in which to maintain & improve their physical & emotional wellbeing. She guides her students in the discovery of their own inner guru, a constant source of light & peace.

She has also studied and trained in the arts of dance, Kung Fu, equestrian horseback riding, and motocross. Having attending numerous workshops & retreats with Tim Miller, David Swenson, Richard Freeman, Erika Burkhalter & Gerhard Gessner, Christie teaches Vinyasa Flow Yoga with a solid foundation in the tradition of Ashtanga yoga.



is always there. This is a state of union with our higher self, sometimes referred to as pure consciousness. Wherever our mind is at any moment can be an object of meditation. Is there a pattern? Simply paying attention to what is happening inside, giving the mind room to rest, to sit with itself for a moment, opens up the possibility of having a different response, free of anxiety. This is not only beneficial for ourselves, but for the world that surrounds us. This underlying background of open awareness or pure consciousness allows us to give unconditional love and support, even to those who we may not know or understand. This is the true nature of an open mind. Yoga teaches that the part of our mind with no boundaries or preset limits, formed from past thought patterns, is the true nature of the self.

An authentic yoga practice begins with listening, a skill also essential to nursing. Listening gives people space to be who they are, just as they are, in the present moment. In yoga we listen to our breath. Ujjayi, the yogic breath, is done audibly so that we may hear its quality. Is it shallow, rapid, or forced? How do we want it to sound? Are we holding on too tightly to something? Where does that tendency come from? Do we take this amount of tension and force, or lack thereof, into other parts of our life? Asking these questions, and listening for the answers gives us the opportunity to make any necessary adjustments to our practice, be it to soften, apply less effort, take a rest, or respond with an increase in our effort or attention. Yoga's emphasis on observation, listening to our breath, focusing on a singly point of concentration, and attention to our alignment in poses brings about a certain steadiness of mind. We can be present, focused, still. This brings about inner spaciousness, where before there may have been a clutter of thoughts. Bringing this state of mind and skill into the practice of nursing allows us to respond to the needs of any situation. Alert and open to what is, a new dimension is brought forth. Instead of reacting to



the situation, we can merge with it.

Wolfgang Amadeus Mozart is often quoted as saying “The silence between the notes is as important as the notes themselves” ([http://www.bookbrowse.com/quotes/detail/index.cfm?quote\\_number=349](http://www.bookbrowse.com/quotes/detail/index.cfm?quote_number=349)). As nurses we often feel the need to fill the space, maybe with action, answers, or solutions; but allowing for silence is grounding especially for a patient who is suffering. Not always doing something can feel strange to us. We may think that we are being distant, lacking compassion or acting in an uncaring way; but the truth is that we are able to relate at a deeper level, beyond thought and emotion. One evening I cared for a woman whose cancer had spread throughout her body. Although she had already been given her ordered dose of pain medication she woke during the night with terrible spasms of pain racking her body. She told me that she had never experienced the pain as being so severe. Having already given her the maximum dose of pain medication ordered, I paged the doctor on call. At that moment I felt somewhat useless, and then I remembered the significance of being present so I simply stood there at her bedside holding her hand as she wailed in pain. I did not speak, I did not move except to occasionally touch her head. I did not run from her room to escape the misery of her moans; I remained

silent and still. The violent spasms of pain subsided shortly after additional doses of medication were given; but it was my presence that she repeatedly thanked me for, not the drugs. She told me how grateful she was that I had stayed calmly by her side. It can be very trying to witness the suffering of another, but that presence has power. In that moment, in the stillness of presence, there is a coming together; there is true love and compassion.

The Yoga Sutras teach us that the poses are to be done with relaxed effort. The goal is to be “*sthira sukham*,” stable and comfortable. By using the body we can practice looking more deeply within ourselves. At the same time we are honoring the body and caring for it, improving our circulation, digestion, elimination, coordination, strength, and flexibility. We turn, twist, and stretch the body like kneading a piece of dough, attempting to extract insight and truth. Working like a mirror, we are shown the truth of exactly where we are physically, mentally, and emotionally while learning to let go of our expectations, our attachment to results. How do we respond to poses that require us to balance, using only one point of contact with the earth, bending us forward and backward, and inverting our bodies upside down? Are we able to maintain a relaxed state of mind? Tim Miller, one of the first



Americans certified to teach Ashtanga Yoga by its founder, Pattabhi Jois, says yoga is “designed to be confrontational” (Miller, 2007, no page). According to Miller (2007), “...the great masters say there are only two experiences in life, fear and love...” and love is described as letting go of fear. The act of facing our fears makes us more spacious inside and builds confidence. This process of releasing our fears and expectations can help us to avoid disappointment and develop patience, another quality that nurses must embrace. Can we be fully present with others while letting go of our expectations? Yoga teaches us to use our breath, coming back to it again and again, using it as an anchor to keep us grounded. The quality of our breath is a reflection of the state of our mind. Richard Freeman, a famous yoga master, likens the mind and breath to “two fish swimming in tandem... [when one] vibrates, the other does so equally...if we can control one of the them, then we have a handle on the other one” (Freeman, 2002, no pg).



Studying the science of yoga, Chris Streeter of Boston University, found evidence that suggests an increase in thalamic gamma-aminobutyric acid (GABA), a neurotransmitter that improves a person’s ability to stay calm while analyzing data (Davis, 2012). Streeter’s study showed a positive correlation between yoga and the subjects’ ability to remain alert, but with a relaxed state of mind, while problem solving. In addition to relaxed alertness, yoga may contribute to the ability to achieve deeper insight into a situation due to increased right brain activity, which is associated with higher levels of creativity. According to Eckhart Tolle, “All creativity comes out of inner spaciousness” (Tolle, 2008, no pg). Research has shown that yoga can decrease serum cortisol levels related to its ability to decrease stress. Brain waves are slowed from beta to alpha, even showing traces of theta waves, which are thought to indicate an opening into our unconscious mind where true creativity is thought to arise. The increase in thalamic GABA levels decreases anxiety and improves mood. Stress, on the other hand, can diminish the quality and effectiveness of everything we do.

Nurses often instruct family members to get rest and take care of themselves so that they will be able to care for their loved one. This holds true for us as well. Michael Carroll, author of “Awake at Work,” says that it is important to take time to appreciate the intimacy of a personal ritual, whatever that may be. Taking time to “pause and fully appreciate our lives on the spot...an intimate moment of simply being,” before beginning our hectic day (Michael, 2004, pg 183). Yoga has been shown to decrease lethargy and improve the quality of sleep, mental stamina, emotional balance, and a positive sense of self. Whether through yoga or another form of daily practice, it is important that we allow space for ourselves so that we are able to give our best to the care of others.

Evidence of how well we understand ourselves lies in the quality of our relationships with others. We are a social

species, and being able to connect with others in a positive way affects our mood and enables us to feel better about ourselves and the lives we lead. Nurses should not underestimate the benefit that a good patient-nurse relationship can have. The positive intention to be present increases the power we have to promote healing. With patience and love we are able to tune in to the oneness of ourselves with others. The tone of our voice, a moment of eye contact, and a simple gesture can all speak volumes even in silence. “The foundation for greatness is honoring the small things of the present moment, which are always small and always simple, but concealed within it lies the greatest power” (Tolle, 2008, no pg).

## REFERENCES

- Amen, D., (1998). *Change your brain, change your life: The breakthrough program for conquering anxiety, depression, obsessiveness, anger, and impulsiveness*. New York, NY: Three Rivers Press & Random House INC. Audiobook CD.
- Backer, C. (2012). *The importance of holding space*. Live presentation, May, 2012.
- Carroll, M., (2004). *Awake at work: 35 practical Buddhist principles for discovering clarity and balance in the midst of work’s chaos*. Massachusetts: Shambhala Publications, INC. Print.
- Davis, J., (2012, 2013). *The science of creative insight and yoga*. *Psychology Today*. Tracking Wonder, Nov. 21, 2012; Web, August 8, 2013 Retrieved from <http://www.psychologytoday.com/blog/tracking-wonder/201211/the-science-creative-insight-yoga>.
- Desikachar, T. K. V., (1995). *The heart of yoga: Developing a personal practice* (revised ed.). Vermont: Inner Traditions International, print.
- Freeman, R., (2002). *The yoga matrix: The body as a gateway to freedom*. Colorado: Sounds True. Audiobook CD.
- Jackson, C., (2010). *Through a holistic lens: Walking the talk. Using loving relationships to transform health care*. *Holistic Nursing Practice*, July/August 2010, 181-185.
- Miller, T., (2007). *Tim Miller introduces the yoga sutras*. Virginia: iHanuman, Podcast.
- Peppers, C., (2000). *Bringing your soul to work: An everyday practice*. California: Berret-Koehler Publishers, INC. Print.
- Tolle, E., (2008). *A new earth: Awakening to your life’s purpose*. New York, NY: Penguin Group. Audiobook CD.

# Healing Touch: A Gift to Our Patients, Our Staff and Ourselves

By Cecilia Kasperick RN, MSN, CPBN

It happened in 2007. I was receiving report from the day shift RN when she explained pain had been an issue for our patient all day. The team had tried many approaches for pain control, but none had been successful. Therefore, together we were going to implement the newest order: double her PCA dose of medication. We all hoped this would relieve her constant suffering. Unfortunately, that was not the case. As I attempted to fulfill my oncoming RN duties, this patient continually pushed her call button seeking assistance. She was uncomfortable and hoped that repositioning or standing up or going to the bathroom would alleviate her distress. None of these interventions worked, so I paged the doctor. He responded immediately, and when I explained the situation, he was relieved

not confident about the intervention, and felt awkward and self-conscious about presenting the idea; however, my patient was suffering and I had a sincere desire to help. When I shared the idea with my patient she was eager to give it a try, and so I began. She fell asleep while I provided the treatment and she slept for four hours. When I went in to take her vital signs she thanked me profusely. She said Healing Touch had helped her immensely, and she implored me to keep studying this modality saying, “Patients need this in the hospital,” and then she went back to sleep. To be honest, I was shocked to hear the feedback. I never expected it to be this effective, but it was! This experience increased my interest in Healing Touch, prompted additional training in this modality, led to co-authoring a UC

*Healing is defined as the movement toward wholeness, including body, mind emotion and spirit.*

and said, “I was afraid you were paging because you had to push epi.” He knew the PCA dose had been significantly increased a few hours earlier. The doctor informed me they had attempted to control her pain all day, and he was out of ideas. He said he would order a pain consult for the morning, but for now, “Try to make her comfortable.” Try to make her comfortable? It wasn’t even 10 PM. This looked like it was going to be a long night.

I decided there was nothing to lose by introducing this patient to a complementary modality called Healing Touch. I had just taken a weekend course, where I learned the basic techniques of this energy therapy. I was

San Diego Medical Center Nursing Protocol for Healing Touch, and inspired a desire to train other UCSD nurses in this unique intervention.

Healing Beyond Borders, a non-profit education and certification organization, defines Healing Touch as a relaxing, nurturing energy therapy, in which gentle touch assists in balancing the recipient’s physical, mental, emotional, and spiritual well-being. Healing Touch works with the human energy field to support the body’s natural ability to heal, and it works in harmony with standard medical care. Healing Touch International founder, Janet Mentgen RN, established the Healing Touch curriculum in 1996. It is taught in



**Cecilia Kasperick RN, MSN, CPBN**

has been working with UC San Diego Health System since 2009. She received her master’s degree in Clinical Nurse Leadership & Education from the University of San Diego and has worked with inpatient critical care and outpatient oncology. Cecilia is a Certified Healing Touch Practitioner, and Level One Healing Touch Instructor. She is a member of the UCSD Holistic Integrative Nursing Committee, Healing Beyond Borders, American Holistic Nursing Association and the Oncology Nurse Society.

universities, medical schools, nursing schools, and holistic academies internationally. It is endorsed by the American Holistic Nurses Association (AHNA) and is an intervention that is approved by NANDA International Inc.

Healing Touch is based on a heart-centered, caring relationship in which the practitioner and client come together energetically to facilitate the client's health and healing. Patients receive Healing Touch fully clothed and may be seated or lying in bed. Healing Touch practitioners gently place their hands on or slightly above the client. People frequently report feeling deeply relaxed and peaceful during and after the session. These non-invasive techniques utilize the hands to clear, energize and balance the human and environmental energy fields, thereby facilitating the client's self-healing process. Healing is defined as the movement toward wholeness, including body, mind emotion and

spirit. This differs from curing, which strives to overcome an illness or disease. Healing Touch works synergistically with traditional western medicine, and is not intended to replace conventional treatment regimens. Individual responses will vary to this intervention, but research has shown Healing Touch to effectively reduce stress, calm anxiety and depression, decrease pain, strengthen the immune system, enhance recovery from surgery, deepen spiritual connections, support cancer care, create a sense of well-being, and ease acute and chronic conditions (Healing Beyond Borders website).

While serving as a nurse on Thornton 2 East Progressive Care Unit (PCU), I used a Likert Scale to assess patients' responses to Healing Touch (HT). Before and after receiving the intervention, patients were asked to rate their level of pain and state of relaxation using a scale of one to ten. 100% of patients reported increased relaxation

after the treatment. Regarding pain reduction, a paired-sample t-test found the significance level to be  $p < 0.000$ , meaning that the difference was very significant. Average pain scores (N=35) decreased from 6.61 to 1.79, enough of a difference to deduce the difference was not due to chance or another reason, but that HT influenced the decrease in pain scores. Furthermore, 19 of the 36 patients (53%) of the population had pain scores of seven or greater before HT. After HT only two of the 36 patients had pain scores of seven or greater (6%). Also, before HT seven of the 36 patients (19%) reported a pain score equal to or less than four; and after HT this number increased to 30 of the 36 patients (83%) claiming their pain scores were four or lower. While HT was being offered on 2 East the unit received an award for nursing excellence and impressive Press Ganey scores were consistently maintained.

The successful integration of Healing

## Healing Touch: One Patient's Perspective

I have been a Healing Touch practitioner for many years but mostly in name only, even though I have personally facilitated, and experienced, its benefits. When I received an unexpected diagnosis of early breast cancer on January 15, 2014, I knew that, in addition to the wonderful allopathic medical care I would receive at UC San Diego, I also wanted to receive Healing Touch and its benefits.

The night before surgery I e-mailed Lori Johnson RN for help. Even though she was out of town she quickly responded with a promise to coordinate a Healing Touch treatment for me; and a half an hour before my surgery, Cecilia Kasperick RN, Moore's Cancer Center Patient Navigator, let me know that she was on her way!!

My surgeon, Dr. Blair, met with Cecilia and we were good to go. At my bedside Cecelia played relaxing music as she calmed my body and my spirit. She was able to reduce my anxiety, relax my muscles, and put me in the best physical and emotional state I could be in for my surgery. My husband and son, who watched, told me they were able to see the positive effects the treatment had for me.

I could write pages and pages about my experience, but what is most important is that, in addition to the incredible care and compassion I had from the nurses and doctors all through this journey, while I waited for my surgery I was able to experience the personal connection, relaxation, warmth, and security that comes from Healing Touch.

The surgery went off without a hitch. My cancer is all gone!! The next day, I went for an acupuncture treatment and then took my husband out to celebrate his birthday in Balboa Park and I haven't slowed down much since!!



Nikki Schweitzer



Touch on 2 East would not have been possible without the support and encouragement of the nurse manager, Kathy Ryan RN. She endorsed education on the modality at staff meetings, and gave nurses, clinical care partners (CCPs) and ancillary staff the opportunity to experience treatments. During Nurse Week 2008 a “Healing Touch Day” was offered and staff members were encouraged to receive treatments. Before and after

*Having time to care for a patient, focusing 100% on their welfare and highest good, aside from medications to be passed, hourly rounds to be made, call lights to be answered, GRASP (patient acuity) and detailed charting to be completed, can be incredibly healing.*

Healing Touch, 36 staff members were asked to complete a Likert scale survey to assess their level of pain, stress and general well-being. In all of these areas Healing Touch revealed statistical significance ( $p < 0.05$ ). Average pre-Healing Touch pain score of 2.67 decreased to 0.81 post Healing Touch; pre-Healing Touch average stress scores of 5.69 decreased to 1.50 post Healing Touch; and pre-Healing Touch average well-being scores of 6.46 increased to 8.71 post Healing Touch.

The results of this study highlight the well-known fact that nurses and bedside staff have a tremendously difficult job. The term compassion fatigue, defined as a unique form of burnout, resulting from helping or desiring to help suffering persons, (Joinson 1992, Figley 1996), is now common place in healthcare settings. Healing Touch could be a powerful intervention to counter this trend. In addition, I have found that providing Healing Touch has a similar effect, decreasing my own stress and increasing my sense of well-being.

Having time to care for a patient, focusing 100% on their welfare and highest good, aside from medications to be passed, hourly rounds to be made, call lights to be answered, GRASP (patient acuity) and detailed charting to

be completed, can be incredibly healing. Healing Touch treatments must be given from a place of unconditional love and service. These are qualities valued by most healthcare workers, yet are too often extinguished by the overwhelming demands and responsibilities of direct patient care. Most professionals enter healthcare with a desire to help people and alleviate suffering. Healing Touch provides a venue to fulfill this calling. Both giving and receiving Healing

Touch has renewed my passion for nursing, and I consider treatments an important dimension of my self-care.

Florence Nightingale said, “Healing is placing the patient in the best possible condition for nature to act upon him.” I believe Healing Touch does this!

Patients consistently have a positive response to this intervention, and their gratitude is what has motivated me to continue studying Healing Touch and to eventually become an instructor for Healing Beyond Borders. As an instructor, I feel I am making a meaningful contribution to the profession of nursing and to UCSD Health System. In the last 18 months, 40 UCSD employees have been trained in level 1 Healing Touch techniques. I hope that interest in this modality will continue to rise and that one day Healing Touch and other integrative modalities will be a standard of care for all patients.

If you are interested in attending a Healing Touch class, please contact Nursing Education and Research at <https://health.ucsd.edu/medinfo/nursing/edr/about/Pages/contact.aspx>

UCSD Healing Touch Nursing Protocol can be seen at: <http://medcenter.ucsd.edu/edr/resources/Nursing%20Resource%20Library/Healing%20Touch%20Protocol.pdf>.





# Compassionate Heart-Centered Healing of Body and Spirit

By Therese "Tosh" Stack RN

Acronyms help us to organize our thoughts and understand concepts.

What better acronym than HEART to depict healing modalities that are compassionate and heart-centered.



**H**EALING TRUST  
Healing Touch  
Reiki  
Acupuncture  
Acupressure



**E**MPOWERING SELF  
Exercise  
Yoga  
Tai Chi  
Qigong  
Walking  
Diet



**A**RTISTIC EXPRESSION  
Journaling  
Storytelling  
Drawing  
Painting



**R**EDUCTION OF STRESS  
Relaxation  
Meditation  
Massage  
Music  
Laughter  
Aromatherapy



**T**RUST  
Trusting in what our journey has to teach us  
Trusting in what the healing journey has to give us



**Therese "Tosh" Stack RN** has 25 years of professional experience in maternal-child health, both in labor and delivery and in antenatal testing. Tosh currently works in UC San Diego Health System Antenatal Testing, in both Hillcrest and La Jolla. Helped to establish and develop the UCSD Mom to Mom program, where donations are collected from mothers who want to share their baby items with mothers in need of assistance. Tosh has a passion for holism, and she gives Healing Touch treatments to patients, friends, and pets. She is also an avid gardener, and spends her leisure time tending her garden, where she meditates and does Tai Chi.

# Advocating for Peaceful Death with Dignity

By Lisa Ross BSN, RNC

Plato is often credited with saying that the most important thing to do in life is to practice dying. Let's face it, we are all dying. Many of us have problems talking about death and dying with our patients and so the conversation is avoided, but there are times when we, as nurses, just need to listen and in listening the answer becomes clear. It is always important for me to try to incorporate all aspects of holistic nursing into the daily care of patients, but it seems particularly important at the end of life. It is at the end of life when we really just need to be present, to listen, and to lead with our heart. Surprisingly, advocating for your patients and leading with your heart rather than your head may be met with resistance in this scientific world of western medicine, but I have found that my heart has been made bigger for the effort of trying. This is one of my experiences:

Joan was a 90 year old retired nurse, who was admitted to the Senior Behavioral Health unit due to her primary care physician's concern over her 17 pound weight loss and her "failure to thrive." She was kyphotic, to the extent, that if she attempted to sit upright in a chair, her face was practically on her lap. She suffered from severe back pain. She weighed only 75 pounds. Her admitting diagnosis was depression. Soon after arriving on our unit, her oxygen saturation began to drop into the 80s. An echocardiogram and chest x-ray were ordered and she was started on continuous oxygen.

When I first entered her room, I saw a cachectic woman lying in a fetal position on an air mattress. Her respiratory rate was 24-30 breaths per

minute. She begged me to leave her alone and let her stay in bed, but being the "good" psych nurse that I was I insisted she get up, knowing that the best thing for her "depression" would be socialization with her peers while eating in the common dining room. She reluctantly agreed. I remember lifting her to the chair, worried that her bones would break as I did so because she was so frail. She moaned with pain as I moved her. I offered her the PRN dose of oral Tylenol 650 mg that was ordered as her only means of pain control, but she declined stating, "I would think this type of thing would warrant more than Tylenol."

She went to the dining room, but refused to eat. I talked to her about the possibility of IV fluids if she continued to not eat or drink. "I have the right to refuse that. I was a nurse. I have read the Patient Bill of Rights," she told me. It was then that I realized she knew what she was talking about and what she wanted. She told me she wasn't particularly depressed, she just knew that she was dying and didn't see any reason to prolong the inevitable. She wanted to be on Hospice, she said, and to have her pain controlled. She said, "I've had a good life. Now, I just want a peaceful death."

Armed with this new knowledge, I raced into the Multidisciplinary treatment rounds believing that as soon as I brought this information to light the patient would be well on her way to the peaceful death she so desired. I presented what the patient had told me and was surprised by the reaction. I felt tears start to come to my eyes as the doctors politely listened to what I had to say and then went on to



**Lisa Ross, BSN, RNC**

Lisa has been a nurse since 1985 and has been with UCSD since 2005. Lisa first worked in the PACU and then as a hospice nurse for many years. Lisa is currently with UCSD Senior Behavioral Health, where her focus is on blending holistic modalities with technologies like iPads to engage her patients and support the healing process.



discuss increasing her anti-depressant medication and considered starting Marinol to help stimulate her appetite. I left the room feeling defeated. I told the patient that I had expressed her wishes to the physician and I promised I would do all that I could to help her.

I was a Hospice nurse for many years before leaving to work in Psychiatry approximately 10 years ago. I had listened to countless patients as they told me they were dying and I held their hand as they took their last breath. I remember children, whose parents had decided not to tell them they were dying, telling me about going to Heaven, after their parents had left the room. The patient always seemed to know the end was near. I learned to listen to those patients. I learned many things from them...how to live and also how to die.

I sat with Joan throughout the morning as the doctors made their plans. She told me about her work as a nurse in the war. She told me, with tears in her eyes, about the men who had lost their limbs and how their losses were the hardest to reconcile. She told me about her life after the war and about her husband and children. She told me how wonderfully blessed she was. I just sat with her and held her hand. I let my compassion and empathy be conveyed

by my presence, or what some refer to as “holding space” with her. This was all I had to offer her at the moment.

It is sometimes hard to delineate between depression and end of life issues. I have seen patients who have begged for death and have even attempted to take their own lives in order to end their suffering. I have also seen those same patients recover from their depression and go on to find meaning and purpose in their lives and regret the feelings they had and the decisions they had made in the dark days before the depression was treated. What made me think Joan was different than these patients? I’m not sure. It was just a sense I had. I knew I had to listen and that I had to advocate for her right for a peaceful death.

The clinical care partner came to me. Joan’s blood pressure was 82/60. Her oxygen saturation was 77% on room air. I called the geriatric internist to let him know. He ordered a STAT chest x-ray. I told him that the patient did not want any more treatment and was asking for Hospice. He told me he would talk to the patient’s daughter. Within 10 minutes, he called back and cancelled the chest x-ray and told me to make the patient a “No Code/Comfort care” and refer her to Hospice. I went to Joan and told her

that her wishes to die peacefully and with dignity were going to be respected. She smiled broadly and said, “You know, I’m hungry for the first times in weeks. Can I have a turkey sandwich?”

I found out later from the internist that Joan’s echocardiogram showed her “mitral valve was wide open” and that she was in complete heart failure. He was not able to treat her because of her weight and low blood pressure and that essentially, fluid was “pouring into her lungs”. In other words, Joan was dying, just like she said. After a brief discussion, I was able to convince the internist that her pain did indeed warrant something stronger than Tylenol and she was started on Morphine. She went home with Hospice care the next day.

Is there a lesson to be learned in this? I think sometimes we get so involved in practicing medicine that we forget to practice dying as Plato advised. Sometimes, that’s all it is, just dying. Not depression, not failure to thrive, just the end of a great and wonderful existence that doesn’t need to be treated, but instead celebrated.

# The Interventional Radiology Experience: Creating an Image of Healing

By Sara McCartin RN, BSN

“Warm blankets are healing” I was told by my patient as our team was assisting him on the fluoroscopy table in our chilly procedure suite. Michael, age 61 presented to our Interventional Radiology department at Thornton for a uroma drain from a post operative left partial nephrectomy secondary to renal cell carcinoma. As we swaddled him in blankets warmed to 120 degrees Fahrenheit in hopes of counteracting the air in the room he added, “and coldness is repelling...” Michael and countless others inspired me to write this article.

At the forefront of holistic nursing is the patient experience. It is easy to become task driven in the rushed hospital environment. Staff is continually faced with economic pressure to facilitate the rapid movement of patients through the system. Specifically, in the outpatient procedure areas the patient focus can get lost in the effort to adhere to scheduled start times while meeting patient and physician demands. Adding to the equation are system roadblocks and dealing with equipment down times and space availability.

At UC San Diego Interventional Radiology we have approximately 13,000 patient encounters a year. Late start times and holes in the system potentially upset the flow of the day affecting the family, patients, and staff of thousands of people yearly. Inherent stressors take their toll, expressed through management attrition and low staff morale which can potentially be felt by patients who enter our system with their own stresses. Protecting the patient and families from these system delays and obstacles is everyone’s duty. This article touches

on the little things that make a big difference, and explores optimal healing environments and complimentary therapies like aromatherapy and music. When these are offered they not only have the potential to improve the patient experience, they may have the indirect benefit of decreasing the stress of the healthcare providers at the same time. I will also explore how intention and seeing the patient as a whole person in the continuum of life enhances care and the connection between providers and patients.

Transpersonal caring relationships are based on spirit-to-spirit connections between the patient and the caregiver (Griffen/Yancy) and stress of the healthcare provider can affect this connection and cause the patient to feel even more vulnerable than they already do. Relationships are at the core of human needs. However, despite nursing’s long history of emphasizing caring in relationships, the focus of healthcare delivery and education has been on illness, curing and healthcare finances. Well-meaning team members, who are there to facilitate getting patients them on the procedure table, can potentially undermine an established nurse-patient relationship and overwhelm an already anxious patient. The little things we offer our patients can make a big difference in their perception, thereby altering their experience from one that is frightening to one that is nurturing.

Warm blankets are only the beginning. In the case mentioned above, Michael voiced his appreciation at the individualized care when we put on his favorite Pandora station. As Chris Martin from Coldplay asks in his song, “am I a cure or part of the disease?” and Michael’s vitals and RAZZ score



**Sara McCartin RN, BSN** has been with UC San Diego Health System since 2001. Initially as a travel nurse in the IMU’s, Sara then transitioned to career status in 2003 and began working in Interventional Radiology in 2006 at Hillcrest, and then to Thornton where she is currently. Ms. McCartin earned her Bachelor’s Degree from the University of Iowa in 1994 and is a member of the Association for Radiologic & Imaging Nursing (ARIN). Her role primarily revolves around the sedation and comfort of patients for procedures in Interventional Radiology and other modalities in Radiology. Her professional interests include integrative medicine involving music, aromatherapy, and healing environments to decrease harsh stimuli for patients and caregivers.



indicated the goals of sedation (with the help of Fentanyl and Versed of course) a palpable ease entered the atmosphere, transmuting staff and patient. We are reminded that each case is individually tailored but always with the goal of safety, compassion and patient-centered care. A simple question like “what was your last concert you attended?” and playing that Pandora station has proved through patient feedback as being seen as highly individualized and caring. Some patients may prefer the quiet and it is always the responsibility of the caregiver to assess the situation. As

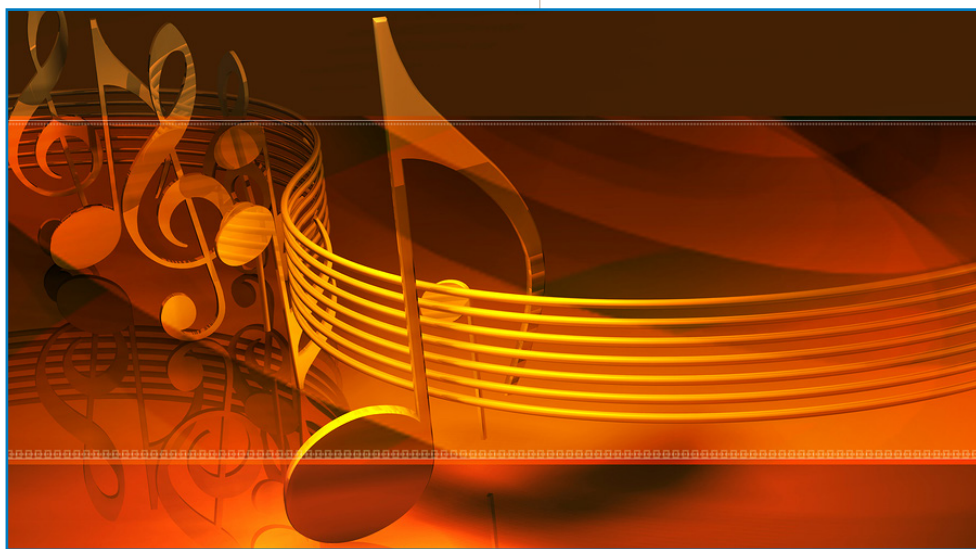
on a gurney to another modality in Radiology and his eyes lit up again (and mine too) as we remembered our previous Bach inspired interaction.

According to Elaine N. Aron, PHD. author of *The Highly Sensitive Person*, approximately 20% of the population are more prone to feeling unpleasantly aroused when exposed to high stimulation environments. This is not only applicable to the patients for whom we provide care; it applies to healthcare workers, as well. Barriers to comfort in the workplace include pump alarms, slamming doors, bright lights,

who are not allowed to have anything to eat or drink while awaiting procedures had to point out the irony. The potential we have for presence and mindfulness to keep the patient in the center and not on the periphery is boundless and opportunities are plentiful. A majority of our patients in Interventional Radiology start off hungry and overwhelmed, and they many have acute and chronic pain issues. Patients may present with body image disturbances due to existing tubes and procedural scars and special concerns regarding previous hospital experiences that influence their state of mind. Being present in the moment and seeing the patient as whole in the continuum is not only essential; it is the right thing to do.

With keeping true to the experience of the patient, the physical environment comes dramatically into play when entering the Interventional Radiology department. Our external environment is modulated by our internal cues and this influences immunity and recovery (<http://www.samueliinstitute.org/our-research/optimal-healing-environments/ohe-framework>) Construction, intimidating equipment, sterile and unwelcoming suites, cold temperatures, and staff garbed in gowns, hats, and masks can affect patients’ coping abilities and self-confidence. Controlling the physical environmental through light, activity, sound, aroma, and color has long concerned holistic caregivers (Griffin & Yancy, 2009). Warm blankets, aromatherapy and dim lighting can diminish the harshness of the setting and potentially provide a more optimal teaching and relaxing environment.

The American Holistic Nurses Association’s Standards of Holistic Nursing Practice (1998) include therapeutic environments as part



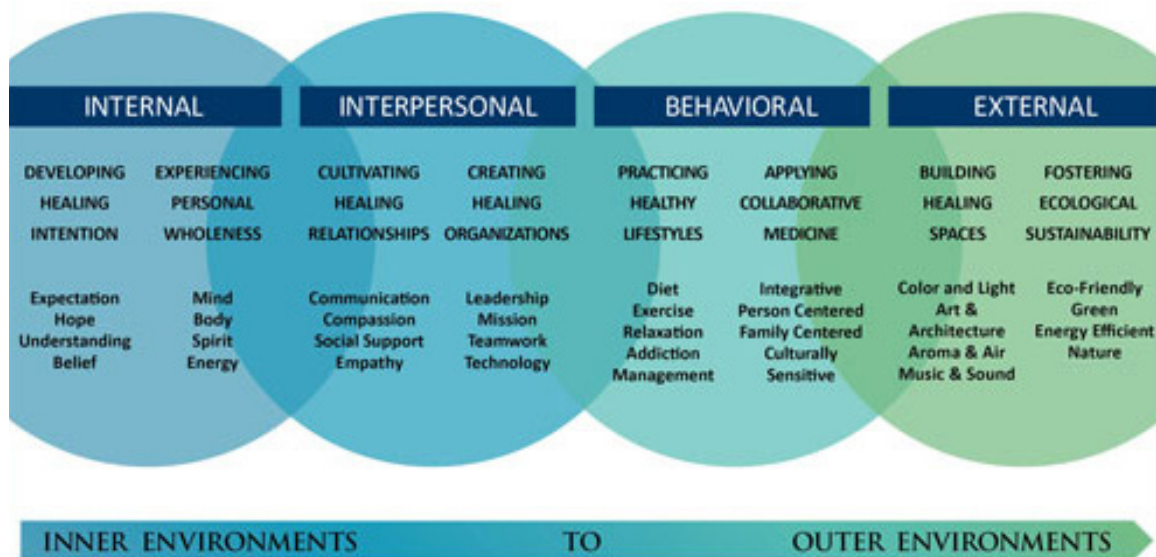
in the case of John, age 83, maestro of a famous California symphony back in the 1980’s – asking him who his favorite composer was and playing it for him brought tears of joy to his eyes and tranquility to his ears. John had no spouse or children, and lived at a convalescent home. He had no one by his side during his hospitalization and was extremely grateful for the individualized care. I passed him later in the hallway as he was being wheeled

ringing phones, and uncomfortable and stiff narrow tables to name a few. Staff chit chat can entertain patients and keep them distracted, but to some highly sensitive patients, the ones we identify as those who may benefit from a little tender loving care, it can overstimulate and thwart the goal of sedation and relaxation. We are all guilty of failing to see the obvious at times, like the day Food Network Channel was airing in our reception area, and our patients

# OPTIMAL HEALING ENVIRONMENTS

## MAKING HEALING AS IMPORTANT AS CURING

An Optimal Healing Environment is one that supports and stimulates patient healing by addressing the social, psychological, physical, spiritual and behavioral components of health care and enabling the body's capacity to heal itself.



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of their core values. The standards state that “each person’s environment includes everything that surrounds the individual, both the external and internal (physical, mental, emotional, and spiritual) as well as patterns not yet understood” (Zborowsky, 2008).

With the new Jacob’s center due to open in 2016 and billions of dollars anticipated in healthcare construction both nationally and internationally before 2020, it is imperative that a means to improve the healthcare environment be explored to ensure optimal work, healing, business, and cultural outcomes. Not all healthcare environment designs are created equal, and organizations should take care to implement changes based on available evidence of their effectiveness (Stickler, 2007). Experts fear that hospital CEO’s have an impossible task in their attempt to juggle multiple requirements and divergent business models in a changing environment. They need to find their disruptive solution for healthcare (Christensen, 1997). This means a change in the healthcare culture to think differently and perceive health differently. Healing based models in contrast to pathogen and disease based models are being adopted by progressive institutions nation wide.

According to the Samueli Institute, a non-profit organization dedicated to the science and practice of healing for over a decade, healing is a process of recovery, repair and return to wholeness in mind, body, spirit, community and environment. It may or may not result in a cure. Comfort comes in all forms and is provided in different stages of disease; and it is always good for the soul, for both the giver and receiver.

In Radiology we recently began using AromaTabs, small sticky tabs infused with essential oils, that come in Lavender-Sandalwood or Orange-Peppermint. Initially used in only MRI, now the Interventional Suites, Ultrasound, CT, Nuclear Medicine and diagnostics have them available to patients. Patient feedback has been overwhelmingly positive and staff share appreciation, as well. Our pre op rooms have been updated to cool colors and peaceful art depicting nature and peaceful beach vacations. Our CT scanners have serene sky light diffusers to enhance the environment. Patient comments are positive and reveal a need for this mindset throughout the hospital.

In closing, as healthcare providers working in the acute care setting and providing care to a myriad of patients, we already know that going

the extra distance and remembering the power of tender loving care (TLC) can impact a patient’s perception dramatically. As the changes described above spread throughout our system we can look forward to the day when these ‘innovative’ interventions are the norm, and patients may even look forward to the healthcare experience as much as visiting their local spa.

### REFERENCES

- Christensen, C. M., (1997). The innovator’s dilemma: When new technologies cause great firms to fail. Harvard Business School Press: Boston, MA.
- Griffen, A. T., & Yancy, V., (2009). Spiritual dimensions of the perioperative experience. *AORN Journal*, 89(5), 875-882.
- Samueli Institute, (2014). What is an optimal healing environment? Retrieved from <http://www.samueliinstitute.org/our-research/optimal-healing-environments/ohe-framework>
- Zborowsky, T., & Kreitzer, M. J., (2008). Creating optimal healing environments in a health care setting. *Minnesota Medicine*, March 2008, Retrieved from <http://www.minnesotamedicine.com/Past-Issues/Past-Issues-2008/March-2008/Clinical-Zborowsky-March-2008>
- Stichler, J. F., (2007). Research methods for evidence-based healthcare design. *Health Environments Research & Design Journal*, 1(1), 11-12.

# Nutrition: The Cornerstone of Holistic Health

By Vicky A. Newman MS, RD

Key to reducing our risk for chronic diseases such as cancer, heart disease, and diabetes are lifestyle choices we can control. Both diet and activity are lifestyle factors that affect our internal environment or “terrain.” Actions we can take to encourage a terrain that is resistant to disease include controlling weight, maintaining good circulation, eating plenty of plant foods, and choosing healthy fats.

## Control Your Weight

Diets high in processed foods make it easy to consume excessive energy, which favors fat storage; and excessive intake of simple sugars like fructose (as in high-fructose corn syrup) in the absence of fiber contributes to obesity. It is not just the number of pounds on the scale that is a concern, but perhaps more importantly the amount of stored fat compared to lean body mass (muscle) that makes up those pounds.

Physical activity increases metabolic rate, allowing us to consume more food and more disease-fighting nutrients without gaining weight. Inactivity contributes to loss of lean body mass and favors fat accumulation. Excess stored fat in turn leads to insulin resistance, which is associated with chronically higher levels of insulin and insulin-like growth factor, both associated with a terrain more conducive to chronic diseases.

## Maintain Good Circulation

Good circulation is critical for good health. Our blood delivers oxygen and nutrients to our tissues, and plays a role in removing toxins, and regular physical activity supports good blood circulation. A diet rich in plant foods also helps to maintain a healthy circulatory system. Plant foods are generally lower in fat,

especially saturated fats that increase the tendency of the blood to thicken and clot. Plant foods are also rich in antioxidant and anti-inflammatory “protectors” that help to reduce cellular damage and inflammation that can lead to plaque buildup.

In addition to supporting weight control and circulation, regular moderate physical activity helps to strengthen the immune system and to reduce several key biological indicators of disease risk including sex hormone levels, insulin resistance, and inflammation. The current guidelines for moderate physical activity are 30 - 60 minutes at least five days per week. If walking is your activity of choice, aim for a minimum of 100 steps per minute (a 30-minute walk would be 3,000 steps or more). If you choose to walk on a treadmill, set the pace at three to four miles per hour, or a 15-20 minute mile.

## Eat Plenty of Plant Foods

A healthy diet is one that includes plenty of plant foods (vegetables, fruits, whole grains, and beans/legumes), while limiting processed (refined) foods, and red meats. Plant foods provide fiber, along with protective nutrients and phytochemicals- biologically active compounds produced by plants



**Vicky Newman** is a Registered Dietitian with a Master of Science degree from San Diego State University, who has specialized in women's nutrition for more than 30 years, including an active role in setting statewide practice guidelines for nutritional care of women in California. She has acquired diverse work experience in community-based nutrition research studies and has functioned as a research dietitian and later as an independent investigator in behavioral intervention projects targeting various age and ethnic groups. Ms. Newman has been a member of the voluntary faculty at the UCSD School of Medicine since 1984, and is currently an Associate Clinical Professor in the Department of Family and Preventive Medicine.



to protect them from damage from the environment. When we eat plants, phytochemicals help to protect our body from damage that can lead to cancer and other chronic conditions.

Fiber-rich foods help us to feel full with fewer calories, which supports weight control. Fiber also lowers the glycemic load or elevation of blood sugar after a meal. Additionally, fiber enhances the excretion of carcinogens and helps normalize hormone levels, which in turn can reduce the risk of hormone-related cancers (like breast and uterine). Fiber also promotes the growth of beneficial bacteria in the gastrointestinal tract. It is recommended that we consume about 25-35 grams of fiber each day.

### Choose Healthy Fats

Fatty and fried foods not only make weight control more challenging, fat can be a source of fat-soluble contaminants. The rancid fats found in aged meats, cheeses, and deli meats can contribute to oxidative damage of body tissues. To reduce ingestion of fat-soluble contaminants, it is helpful to eat smaller sized animals (like chickens) and fish (like sardines) that are lower on the food chain. The Environmental Protection Agency (EPA) recommends that consumption of farmed salmon be limited to one three-ounce serving per month. It is also helpful to limit or avoid full-fat dairy products and red meats, as well as processed foods made with hydrogenated (trans) fats. The current guideline is to limit beef, lamb, and pork consumption to 18 ounces per month.

Refined oils (corn, cottonseed, safflower, sunflower, soy) and processed and fried foods made with these oils are best minimized or avoided, because these oils tend to be pro-inflammatory, and chronic low-grade inflammation contributes to the development of chronic diseases. The healthiest fats are those found in plant foods, like avocados, nuts, and seeds, because along with fat, these foods also provide nutrients and other phytochemicals. Including anti-inflammatory omega-3 fats in your diet several times each week is also

helpful. While fish and seafood provide the most biologically active forms of omega-3 fatty acids, flaxseed, hemp, and chia seeds also provide these anti-inflammatory fats.

Remember, you can use your fork to reduce your risk of chronic diseases, such as cancer, heart disease, and diabetes with the following nutrition strategies: 1) avoiding excess weight gain; 2)

eating plenty of vegetables, fruits, whole grains, and beans; 3) reducing your consumption of fatty foods; 4) eating fish or seafood (not fried) two –to–three times each week; and 5) avoiding sweetened beverages and food made with high-fructose corn syrup.



## Reducing Disease Risk

### Maintain a healthy weight

Enjoy a physically active lifestyle:  
30 - 60 minutes a day of moderate intensity activity  
At least 10,000 steps each day

### Eat plenty of plant foods:

Vegetables (four to five servings per day)  
Fruits (two to three servings per day)  
Whole grains (two to three servings per day)  
Beans/legumes (three to four servings per week)

### Limit fatty foods and choose healthy fats:

Minimize fried, savory snack foods and fast foods  
Go easy on salad dressings and mayonnaise  
Limit red meat (no more than 18 ounces per week)  
Eat fish or seafood (not fried) two to three times each week  
Limit farmed salmon to one serving per month

### Avoid sweetened beverages and foods made with high-fructose corn syrup



# Nursing Perspective on Nutrition: A Foundation for Good Health and Great Nursing

By Kathy Swasy RN, BSN

The food we take into our body has the ability to support our health in a powerful way. Never before have we had access to such an abundance of food- so many choices are available to us! With so many foods and food products accessible year round it can be challenging to know where to begin. I was inspired to learn about nutrition as a young adult. I wanted to look and feel a certain way, and I tried many diets searching for the perfect one. I read a book about a man who regained his health after a diagnosis of cancer through a diet of mostly whole grains and vegetables, and it made sense to me that eating whole foods could lead to good health. The World Health Organization states “An unhealthy diet is one of the major risk factors for a range of chronic diseases, including cardiovascular diseases, cancer, diabetes and other conditions linked to obesity” (World Health Organization, 2014). I was inspired to find a health center where I took cooking classes, and began eating this way. What I learned is that there is no perfect diet for everyone. Individuals and situations vary, and what works for one person in any given place and time may not be right for another. What we eat can be adjusted according to climate, season, and personal health condition. For example, in the middle of a snowy winter, it is not typical to eat tropical fruits like pineapple or banana, which would not be found growing locally. These foods have a cooling effect on your body. For winter, a warming food like baked sweet orange squash is both delicious and more appropriate for your body. I’m reminded of pumpkin pie at Thanksgiving!

Nurses have a unique opportunity to be role models for good health because

patients look to us for guidance on how to achieve and maintain wellness. Simply sharing what has worked for you, whether it is a new recipe, favorite vegetable, cookbook, yoga class, or exercise is truly a gift; and we can empower patients to learn what they can do to improve their health. There are many resources you can tap into. One such resource is NutritionMD.org, “...a free, noncommercial Web site... [developed by the Physicians Committee for Responsible Medicine] to provide nutrition information for doctors and patients, as well as guidance on how to begin low-fat, vegan diets” (Barnard, 2007, p. 182). This web site provides hundreds of recipes, shopping lists, and other user friendly information.

Our daily habits and thoughts create who we are and what we become, and influence the quality of care we provide. In addition to being good role models, taking care of our own health with a wholesome diet, adequate sleep, and regular exercise, we can also improve our quality of life, job satisfaction, and performance. Proper nutrition can elevate self-confidence, increase energy, enhance clarity of thinking and judgment, and strengthen immunity. As a nurse working on a busy patient care unit, I noticed my productivity, attitude, and ability to handle stress were all much improved when I ate well. This took advance planning on my part to prepare and bring food to work; otherwise I was attracted to sugar, caffeine & whatever was available in the nurse’s lounge when my blood sugar was low! We must take care of ourselves first in order to provide quality service to others. Just like the instructions we get on an airplane to put on our own oxygen mask before assisting someone



**Kathy Swasey BSN, RN** has been a Clinical Project Coordinator for UC San Diego Department of Nursing Education, Development, and Research Department since 2007. She has been a nurse for the UCSD since 1990, after receiving her BSN from Point Loma Nazarene College. Her primary role includes facilitation of New Employee Orientation for direct patient care providers, support for Epic training for staff and nursing students, and medication safety related projects and classes.

else, optimal health for our patients starts with our own healthy habits.

Cooking for yourself is part of health creation. You get to be the artist in your own kitchen. Being hands on and involved with your food makes a difference as you put your own energy in to it. When eating a whole foods diet I have found the key to a successful meal is in chopping plenty of vegetables! You will never go wrong with a plant-rich diet. A cutting board and good vegetable knife will be your new best friends; and the time you spend preparing food will become its own type of therapeutic

activity.

Eating this way has had a positive impact on my life in many ways. The best thing I ever did was to give up trying to have a perfect diet; there is no such thing! I love eating and I eat all types of food. Food itself is not good, bad, healthy or unhealthy; but the choices we make may be good, better or best. Eating out at restaurants is fun and a change from home cooking occasionally. If we have a solid foundation of health and good nutrition, including plenty of whole grains, vegetables, good quality fat and lean protein, our bodies can likely handle other things in moderation.

If you are not familiar with cooking and eating a plant-based diet you can start slowly by trying a new grain or vegetable with your usual meal- maybe take a cooking class with a friend. The investment of time and energy in learning to prepare some basic whole foods is well worth the effort. With experience you will learn time saving tips and tricks, and cooking this way will come to feel as easy as boiling water.

Speaking of boiling water, over the years I have burned many pots of brown rice. This is okay! If you burn your rice, know that you are on the right path; you are well on your way to mastering the art of cooking whole grains.

There is an abundance of information available on food, nutrition, and specific diets; and the experts do not always agree. The following are some of the things that I have learned over the years that I believe have helped me to live a healthy life. A health supportive diet is based upon whole foods. Whenever possible choose locally grown, in season, and organic. When trying to heal, or strengthen my immune system, I avoid sugar, dairy, caffeine, and processed foods. Hydration, rejuvenating sleep, and exercise are also important. "If you are recovering from an illness, you will benefit from allowing three to four hours of not eating before bedtime... [this] enhances the body's ability to clean and repair itself during sleep" (Waxman, 2007, p. 25). Try it, you will feel the difference!

Creating health for ourselves is a lifelong learning journey. I continue to be inspired by sharing with like-minded friends, attending conferences, reading, growing food in my garden, and cooking for myself, my family, and our dog. As a member of the UC San Diego Holistic Integrative Nursing Committee I am learning from, and enjoy collaborating with, my holistic nursing and non-nursing colleagues. We are committed to serving health care professionals, patients and families, and our greater community in health supportive ways at UCSD; and it is exciting to be a part of holistic health promotion and innovation within our organization. It feels like we are on the right path!

### References

- Barnard, N. D., (2007). *Dr. Neal Barnard's program for reversing diabetes*. New York, NY: Rodale Books.
- Waxman, D., (2007). *The great life diet*. New York, NY: Pegasus Books.
- World Health Organization, (2014). *Diet*. Retrieved from <http://www.who.int/topics/diet/en>.

## Quinoa Casserole

Adapted by Kathy from Eden Foods  
Quinoa Corn Soup recipe  
[www.edenfoods.com/recipes/view.php?recipes\\_id=383](http://www.edenfoods.com/recipes/view.php?recipes_id=383)  
(serves 6, cooking time 20 minutes)

### Ingredients:

- 1 tbsp. safflower oil
- 1 tbsp. minced garlic
- 2 tbsp. cumin
- 3 cups vegetable stock
- 3 cups water
- 1-2 large carrots halved lengthwise & sliced
- ½ onion chopped
- 2 cups quinoa, rinsed
- 3 cups frozen corn kernels
- ½ tsp. chili powder
- ½ - 1 tsp. sea salt to taste
- 1 - 15 oz. can pinto beans, rinsed
- ½ cup fresh chopped cilantro
- 3 tbsp. (approx.) fresh squeezed lime juice

### Directions:

In a large soup pot, heat the oil. Cook the garlic & onion for 2 minutes, stirring frequently. Add the vegetable stock & water (stand back to avoid sputtering oil) & bring to a boil. Add the quinoa, carrots, corn, chili powder & salt & return to a boil. Lower the heat, cover and simmer for 10-15 minutes. Add the beans and continue to simmer until the quinoa is cooked & the beans are heated. Just before serving, stir in the cilantro & lime juice to make the flavors pop! Serve and enjoy.

# When the Spirit Moves You

by Anita Darcey RN, BSN

Over 20 years ago I stood at the foot of the bed of my 19-year-old patient. He was a delightful teenager dying from Leukemia. He was surrounded by IV poles holding fluids, blood products, antibiotics, and antifungals. He wore an oxygen mask, was on a cooling blanket, and lay flat on a special therapeutic bed. As I said goodbye for the evening, he lifted his head from the pillow to make eye contact, and slowly lifted his arms, gesturing to the objects that surrounded him and whispered in his hoarse voice, “Anita, there’s more to it than this... there’s got to be more to it than this.”

His words challenged me, haunted me when he died alone in his hospital bed, and inspired me to begin a journey to fully comprehend their meaning. What has become clear to me is that essential to the holistic care of any patient is the understanding of spiritual suffering. Whereas biomedical science and research are the foundations of the care of the physical body, the compassionate response to spiritual suffering is the art of my nursing practice.

Richard Groves is an internationally respected scholar and teacher of end of life care, and the founder of the Sacred Art of Living Center in Bend, Oregon. I was privileged to have studied under Richard for five years, earning a certificate in spiritual direction. It was under his tutelage that I began to have words to express what I intuitively understood about the human condition as we deal with illness, and the eventuality of death. As a hospice chaplain for 25 years, Richard identified four kinds of spiritual pain: meaning, forgiveness, relatedness, and hopelessness.

Meaning pain is experienced when physical suffering causes the loss of purpose and meaning in one’s life. As disease takes over, and one can no

longer be in the world as one once was, there is often a crisis of identity that occurs. Everything of value seems to slip away. This is the moment that we can help our patients to identify those people, or things for which it is still worth living (Groves & Klauser, 2005).

When pain or disease causes one to feel incapable of participating in the world, there can be a complete loss of the familiar. One can feel unable to relate to the life that has evolved in the wake of illness, and relatedness pain can be overwhelming. We can ask the questions that help the patient to identify with whom they still feel connected, and to remember what matters most to him/her (Groves & Klauser, 2005).

For most of my career I have cared for those with life threatening illnesses. I have been at the deathbed of many, and I have been privileged to hear their stories. Forgiveness pain causes much distress for those who are struggling with the end of their life. Who do I need to forgive, and from whom do I wish to receive forgiveness? Intimate and personal, it can be difficult to have these conversations, but releasing the anguish that surrounds this spiritual pain is enormously freeing (Groves & Klauser, 2005).

The pain of hopelessness can be devastating. When one falls into the despair of seeing no hope for a future without suffering, there are often no words that we can offer to comfort. Physical touch, music, massage, and energy healing are frequently more effective in bringing relief (Groves & Klauser, 2005).

I bear witness to the beautiful, sometimes desperate lives of my patients. I recognize that there is an indomitable spirit, an uncrushable truth that resides within all of us. This spirit



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sustains us in our times of suffering, and gives us strength to fight our way out of misery. Spiritual direction is the most intimate heart-journey possible. I choose to practice my profession with respect for the depth of that which is “within,” and a desire to honor the whole person - body, mind, and spirit. If one is truly to be a practitioner of holistic nursing care, then the spiritual suffering of our patients must be recognized, valued, and ministered to with an open, accepting heart. The challenge is to expand our understanding of suffering, to see beyond the physical, and to fully appreciate the complexity of the human experience. Herein lies the secret to a satisfying professional life, full of hope and inspiration.



# Assessing Patient Knowledge of, and Preference for, Integrative Healthcare

By Dee Parks RN

Complementary interventions have gained increasing interest in recent years, and healthcare systems must decide whether it is worth the investment to develop programs to bring such services to patients. The purpose of this study is to evaluate patient interest in Healing Touch and other holistic healing modalities as an adjunct to their care.

## Study Methods:

IRB Exemption was obtained through the UC San Diego (UCSD) Human Research Protections Program, and project #120365XX was assigned to the study. Subject recruitment was accomplished through the outpatient Pre-Anesthesia Clinic. The check in staff personnel offered the survey to every patient during pre-evaluation for surgical procedures for a period of three months. Informed consent was obtained via a paragraph at the top of the survey that described the purpose of the study. No formal consent with signature was collected; the patient's voluntary participation in the survey served as consent. Confidentiality was maintained by instructing subjects to not write their name on the survey, and no identifier was assigned to subjects. At the end of three months results were compiled and analyzed. A total of 509 patients responded to the survey, with varying degrees of completion.

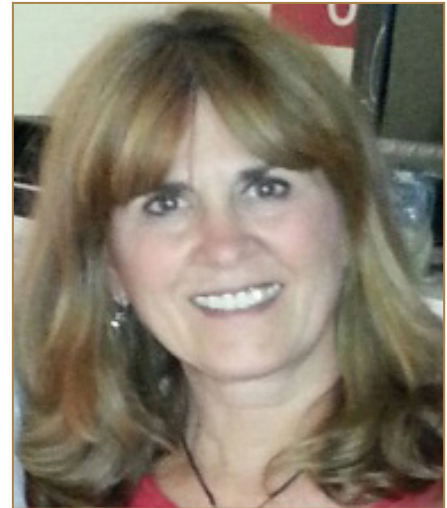
Several of the survey questions were directed specifically to Healing Touch. Healing Touch is of special interest because UC San Diego Health System has a nursing protocol in place for Healing Touch as an independent nursing intervention. Healing Touch is an evidence-based energy therapy in which a heart-centered and intentional approach is used to clear, energize, and

balance human and environmental energy fields. This allows the person receiving Healing Touch to achieve a state of deep relaxation that supports the body's natural ability to heal. Gentle touch assists in balancing physical, mental, emotional, and spiritual well-being. A significant majority (77.02%) of study patients indicated that they would choose to receive Healing Touch if it were offered. This is particularly interesting in light of the fact that 74.65% indicated that they did not know anything about Healing Touch.

## Results:

As stated above, 74.65% of the patients studied denied any prior understanding of Healing Touch. Seventeen percent answered that they "understand a little bit about Healing Touch;" and 8.32% answered, "I am very familiar with Healing Touch." When asked if they had ever received Healing Touch, 86.88% said they had never received Healing Touch; 9.54% said yes, but not often; and 3.58% answered, "Yes, I use HT as part of my ongoing healthcare." The third study question asked patients if they would choose Healing Touch if it were offered. Of the 397 patients who responded to this question, 77.02% said yes, with 22.98% answering no.

Patients were also asked about other integrative modalities they have used. The vast majority of patients studied (79.74%) have had massage; 50% have used acupuncture; 34.44% reported meditating; 24.83% have used aromatherapy; 12.91% have received Reiki; 11.92% had bio-feedback; and 11.26% have practiced Qi Gong and/or Tai Chi. Patients were also asked what therapies they were interested in. Interestingly, the response profile for this question was similar to the previous



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question, with even greater percentages of patients showing interest in these modalities. Of the 305 patients who responded to this question, 76.72% were interested in massage; 55.74% in acupuncture; 44.26% in meditation; 37.38% in aromatherapy; 28.85% in Qi Gong and/or Tai Chi; 27.54% in bio-feedback; and 26.23% in Reiki.

### Discussion:

This study utilized a brief survey to assess patient interest in and preference for Healing Touch and other complementary healing modalities. Limitations of the study include a self-selected population. Patients who chose to participate may be those who already have an interest in complementary modalities. Indeed, the responses to open ended questions revealed that a large portion of participants already incorporate complementary modalities into their healthcare.

The responses to the survey illuminate the fact that people are pursuing integrative modalities that they believe will have health benefits outside of the medical community, even though these are not covered by insurance plans. The interest that patients show for complementary healing modalities suggests that UCSD

has good reason to invest resources to provide Healing Touch and other complementary modalities to patients as part of their care. The results will be useful in informing future therapeutic studies and programs to bring Healing Touch and other complementary modalities to UCSD patients.

### References:

- Eschiti, V. S., (2007). Healing touch: A low-tech intervention in high-tech settings. *Dimensions of Critical Care Nursing* 26(1), 9-14.
- Fazzino, D. L., Quinn Griffin, M. T., McNulty, R., & Fitzpatrick, J. J., (2010). *Holistic Nursing Practice*, March/April 2010, 79-88.
- Jain, S., McMahon, G. F., Hasen, P., Kozub, M. P., Porter, V., King, R., & Guarneri, E. M., (2012). Healing touch with guided imagery for PTSD in returning active duty military: A randomized controlled trial. *Military Medicine* 177(9), 1015-1021.
- MacIntyre, B., Hamilton, J., Fricke, T., Ma, W., Mehle, S., & Michel, M. (2008). The efficacy of healing touch in coronary artery bypass surgery recovery: A randomized clinical trial. *Alternative Therapies*, 14(4), 24-32.
- Monroe, C. M., (2009). The effects of therapeutic touch on pain. *Journal of Holistic Nursing*, 27, 85-92.



# Therapeutic Massage: What Are the Benefits?

By Teri Polley-Michea MA, RN, HHP, CMT

The term massage therapy encompasses a variety of hands on techniques from muscle manipulation to light touch to the body, all of which are designed to promote self-healing. Massage is defined as “manipulation of tissues (as by rubbing, kneading, or tapping) with the hand or an instrument for therapeutic purposes” (<http://www.merriam-webster.com/dictionary/massage>). According to the 2007 National Health Interview Survey, over 18 million adults and children in the United States had used massage in the previous year for a variety of reasons, including relief from pain, as treatment for a sports related injury, stress management, anxiety, depression, and to aid in general wellness.

## History of Massage

Massage therapy is deeply rooted in the history of medicine. Before there were antibiotics, surgery, pharmaceuticals, and other technological advances that modern medicine has to offer, there was massage- basic rubbing with herbs and oils. Both the Bible and the Koran mention the use of aromatics to lubricate and anoint the skin. The practice was well established by 400 B.C. when Hippocrates defined medicine as the “art of rubbing” (Field, 1998). Hippocrates and other physicians of the time recommended therapeutic massage and exercise for gladiators and athletes before contests to prevent fatigue and injury, not unlike the sports massage for triathletes of today. Beck (2011) published the definitive history of massage in his text, *The Theory and Practice of Therapeutic Massage*, which outlines modern therapeutic

massage techniques used throughout the world today. Dr. Per Ling first documented Swedish massage, which uses long strokes and muscle kneading, as a technique in the 19th century. Dr. Johan Mezger established massage as a scientific subject for medical doctors in the remedial treatment of disease in the 1800’s, and it was then that physicians began performing massage to bring comfort to their patients. By the 1900’s physicians delegated the intervention to nurses; and massage became a routine nursing intervention for every patient at bedtime (Beck, 2011). Eventually, the nightly backrub was replaced by sleeping pills and the art of touch was lost to healthcare. Now touch is re-emerging as research supports its value as a therapeutic intervention.

## Benefits of Massage

People use massage for a variety of health-related purposes. Massage is used as preventive care, as well as for management of chronic health conditions. Luskin and Pelletier (2005) assert that 70% - 80% of all chronic diseases are exacerbated or caused by stress. One of the major benefits of massage is the reduction of stress through the promotion of relaxation. With regular usage, and when provided by a skilled licensed professional, most people realize health benefits from massage. Research has shown that a reduction in cortisol, the stress hormone, can be achieved after one 45-minute massage session. The same study also noted a decrease in cytokine proteins responsible for the inflammatory and allergic response, as well as an increase in white



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blood cells that are responsible for fighting infection (Peterson, 2012).

There is a renewed interest in massage in the scientific community, evidenced by the National Institutes of Health budget of over \$2.5 million for studying massage as compared to their 2002 research budget of \$1.2 million. Research in the field of massage therapy is still fairly new in comparison with pharmaceuticals. The biomedical standard double blind randomized controlled trial model does not work well for studying massage. Using different modalities such as acupuncture and comparing the outcomes to those of massage is like comparing apples and oranges. New research techniques are being developed to address these design issues (Peterson, 2012).

Much of the early research work done in the field of massage therapy was done at the Touch Therapy Institute at the University of Miami in the mid to late 1990's. Some of the findings reported are enhanced immune systems in HIV patients; decreased stress and pain levels in burn patients, and improvement in post partum depression. Researchers are also looking at the possibility of massage having a positive impact on alertness, math computation skills, and anxiety in healthy people (Field, 1998).

Other studies focus on disease specific ailments and the effectiveness of massage. One area is the use of massage therapy in oncology and palliative care. A review of the nursing literature found 20 articles evaluating the use of massage therapy for decreasing pain, anxiety, and depression in oncology patients receiving palliative care. The patient outcomes included reduced need for opioids analgesics, and patient reports of decreased anxiety; no negative side effects were found in any of the studies. The literature review summary stated, "massage therapy is to be considered a cost-efficient, non-invasive intervention positively influencing and contributing to the reduction of pain, anxiety and depression in seriously ill cancer patients" (Falkensteiner, 2011, p. 7).

Massage therapy shows promise for improved patient outcomes, and there is an ongoing need for more research to support its use in the healthcare environment and beyond. Physicians are realizing the benefits and encouraging their patients to seek out professionally trained and educated massage therapists. The American Cancer Society recommends massage as one of the tools people can use for symptom management. The American College of Physicians and the American Pain Society endorse massage therapy

for low back pain. Whether you are healthy or living with a chronic disease massage therapy may benefit you when done on a regular basis, as the effects of massage are cumulative. For the best possible health benefits, seek out the services of a certified massage therapist.

## References

- Beck, M., (2011). *The theory and practice of therapeutic massage* (5th ed.). Clifton Park, NY: Milady.
- Falkensteiner, M., Mantovan, F., Muller, I., Them, C., (2011). The Use of massage therapy for reducing pain, anxiety, and depression in oncological palliative care patients: A narrative review of the literature. *International Scholarly Research Network Nursing*. Published on line.
- Field, T., (1998). Massage therapy effects. *American Psychology*, 53(12), 1270-1281.
- Field, T., Ironson, G., Pickens, J., Nawrocki, T., Fox, N., Scafidi, F., Burman, I., & Schanberg, S., (1996). Massage therapy reduces anxiety and enhances EEG pattern of alertness and math computation. *International Journal of Neuroscience*, 86, 197-205.
- Luskin, F., Pelletier, K., (2005). *Stress free for good: 10 scientifically proven life skills for health and happiness*. New York, NY: Harper Collins.
- Merriam-Webster Dictionary <http://www.merriam-webster.com/dictionary/massage>
- Peterson, A., (2012). Don't call it pampering: Massage wants to be medicine. *Wall Street Journal online*. Retrieved from <http://online.wsj.com/news/articles/SB10001424052702304537904577277303049173934>

# The Experience of Kelee Meditation: How It Impacts My Nursing Practice

By Sarah Babcock BSN, RN-BC

I have wanted to be a nurse my whole life, and today I am a certified pain management RN. I work in the Pain Procedure Clinic caring for people with chronic pain, and I can't imagine doing anything else. My aspiration is to help people in their time of need...I know that I am doing my heart's work, so why did it give me stomach pains, headaches, and tears instead of the joy I anticipated? It turns out it was because I was in my head and not in my heart. For years I moved through my workdays feeling anxious and stressed out. I was jealous, and maybe resentful, of the peace that other people seemed to achieve so effortlessly. I have always identified myself as an empathetic nurse, and I thought that was the way to best serve my patients. Empathy is the ability to put yourself in someone else's shoes. Unfortunately, when I put myself in my patients' shoes I only ended up feeling their pain and suffering, and then I could no longer be of any use to them. I thought about my patients day and night. Occasionally I would find time for myself to get a massage, pedicure or even a walk along the ocean, but I was still carrying a high level of stress. Kelee meditation has helped me to move from empathy to compassion, where I am drawing people in to my openheartedness by exhibiting harmony in my being.

I am very efficient at work. I have a great memory and can recall the mutually established goals that my patient and I had set at our previous appointment. That hasn't changed. What has changed is that now I can separate myself from my patients so that I don't take on their suffering as my own. The best way to care for my patients is to feel what is occurring as we communicate and to trust what I am sensing.

This isn't my first attempt to find peace of mind in my work. I took the eight-week Mindfulness Based Stress Reduction (MBSR) Course in 2009. I enjoyed it and found it really beneficial. MBSR taught me to appreciate the present moment; to leave the past behind, and not try to anticipate or control the future. I practiced fairly consistently for the first three months; and then the busyness of life got in the way. MBSR requires 45 minutes to an hour daily, and little by little I practiced less often until I was back where I started. I still am mindful in my life—minus the long daily meditation. When I am out walking I see the sky and the clouds, I even can taste the air. I practice mindful eating, and I am generally more aware of the moment; but without the daily practice my work stress was no better than before. Clearly, I was on the right track. I just needed to find the best method for me.

In April 2013, I was privileged to take part in a study introducing Kelee® Meditation to UCSD nurses. It was ten weeks of learning and reflection, and I could feel myself getting lighter with each practice. With Kelee® Meditation I meditate for five minutes, and then I reflect and enter my thoughts in a journal twice daily. Kelee® Meditation is a practice where we focus our conscious awareness at the top of the head. Conscious awareness is our thoughts about external stimuli that are swirling around in our brain, but we can direct them inward. Then, we move the conscious awareness down until we reach the surface of the mind, allowing it to spread out and settle. The surface of the mind is the division between the lesser and greater Kelee®, between intellect and deeper states of mind and emotion. Lastly, we further drop down



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into a still point. This is the greater Kelee® that is associated with emotion and feeling processes. It is where the emotions of love and contentment are experienced. (Rathbun, 2010).

I would have never guessed that taking ten minutes twice a day could have such a profound influence on my being. Being mind-centered has helped me appreciate what I am doing as opposed to planning my next move. I used to meet my patients and now I greet them. I am more open, which I always thought came from the brain but it is actually my heart that is open. I know that now I give my best to

my patients. I still provide them with instruction on self-care to promote their health and well-being, and they may take it or leave it; but I know that I have done my best and that is all that matters. Letting go of patterns of behavior is not easy, but it is well worth it. I am consistent in my practice but that does not mean that my practice is always what I want it to be. I am learning to remove underlying triggers instead of temporary positive thinking. I am learning to be unaffected by the external stimuli that I cannot control. Nothing has changed in my workplace except me. Yet, I have better morale and

feel healthier and my patients, doctors, and co-workers have felt it. More importantly, I have finally found the joy I always imagined I would find in my work.

## REFERENCE

R.W. Rathbun (2010). *Troubleshooting the mind: Understanding the basic principles of the Kelee*. Quiescence Publishing

## About the Study

# Kelee Meditation Research at UC San Diego Healthy System

By Paige Burtson MSN, RN, NEA-BC

“The Kelee® and Kelee meditation (KM) were developed and founded by Ron W. Rathburn. KM is a unique form of meditation that is easy to learn and requires only about 10 minutes twice a day to perform. The goal and discipline of KM is the development of a one-pointed stillness of mind.” (Lee & Rathburn 2013) Dr. Daniel Lee, a UC San Diego Health System Physician with the Owen Clinic, conducted a research study on the effects of a 12-week Kelee Meditation course in HIV-1 infected patient on stress, anxiety, and depression. Dr. Lee found that KM produced statistically significant improvements in stress, anxiety and depression.

Dr. Lee presented the results of his study and how his personal experience as a KM practitioner has positively impacted his own professional practice to the 6East Unit-Based Practice Council. As a nurse researcher, I have a particular interest in examining what resources leaders can provide to nurses to support them in their professional practice.

In 2011, an IRB-approved research study was started in collaboration with Dr. Lee to examine the impact of a KM course among clinical nursing staff. The Human Resources Department has financially supported the project by funding a KM instructor through the UC San Diego Health System Wellness Program. The research project is still in progress, but early results have shown an increase in compassion satisfaction, and a decrease in stress, anxiety, depression, burnout, and compassion fatigue among an experimental group of nurses when compared to a control group.

The research study is still ongoing, so look for enrollment opportunities in your email or Making the Rounds.

## Reference:

Lee, D.L. & Rathburn, R.W. (2013). *The Kelee Meditation Medical Study*. San Diego, CA.



**Paige Burtson, RN, MSN, NEA-BC**, is currently the Associate Director of Medical Surgical Specialties at Hillcrest. Paige holds a BA in Ecology from UCSD and a BSN and MSN from SDSU. Paige's certification is in executive nursing leadership.



# Hoop Dancing for Nurses to Prevent and Decrease Burnout and Compassion Fatigue

By Caroline P. Sanchez, RN, MSN, OCN, CBCN, RYT

Think for a moment, about life without play. Dr. Stuart Brown, President of the National Institute for Play, asserts that the opposite of play is not work, it is depression, stating that play is vital to our survival (Brown, 2008). Nurses are experiencing an extremely turbulent time in their field. Factors contributing to this turbulence include the economic challenges of balancing regulatory and fiscal realities, adapting to new business models, working with fewer resources, and responding to increased demands to continue to deliver high quality healthcare to more and more people at lower costs (Ohio Nurses Association, 2011). Nurses who provide direct patient care are experiencing the strain of these challenges, which place them at an increased risk of developing burnout and/or compassion fatigue. Body play through the form of hoop dancing as movement meditation, is an intervention that may help to prevent or decrease compassion fatigue and burnout.

Caring has been described as “the cornerstone of nursing” or the foundation of nursing (Ohio Nurses Association, 2011, p. 5). Nurses provide safe, holistic, compassionate, physical, psychological, emotional, and spiritual care to multiple patients at one time. As a result, nurses bear witness to an enormous amount of patients’ physical, emotional, and spiritual suffering. Thus, the essence of nursing care constantly exposes nurses to suffering (Ferrell and Coyle, 2008).

Currently, there are 2.6 million nurses employed throughout the United States (U.S.) (American Nurses Association, 2011). Burnout is a prolonged response to chronic job-related emotional and interpersonal stressors, characterized by emotional

exhaustion, depersonalization, and lack of perceived personal accomplishment (Sabo, 2006). Burnout is caused by cumulative distress from daily life that includes physical, emotional, and mental exhaustion and a decreasing ability to cope with one’s work environment (Maslach, Schaufell, & Leiter, 1982). The symptoms of burnout include (a) irritability, (b) impaired concentration, (c) low energy and/or boredom, (d) increased illness/absence, (e) use of alcohol and other substances, and (f) thoughts of quitting one’s job (Society of Gynecologic Nurse Oncologists, 2009).

Compassion fatigue was first described and coined in 1992 by Carla Joinson, a registered nurse (RN), while she was researching burnout in emergency department nurses. Compassion is described in nursing as an empathetic emotion that is felt in response to the suffering of others that motivates a desire to form a therapeutic relationship between the nurse and the patient to alleviate the patient’s suffering. (Figley, 2006). Suffering is described as a state of anguish in one who bears pain, injury, or loss (Ferrell and Coyle, 2008). Compassion fatigue is described as a deep physical, emotional, and spiritual consumption accompanied by significant emotional pain, which exhibits symptoms of chronic fatigue, irritability, a feeling of dread going to work, aggravation of physical ailments, and a lack of joy in life (Piffnerling and Gilley, 2000). Compassion fatigue typically occurs in caring professionals who practice a caring attitude, and who then absorb the traumatic stress of those they care for (Najjar et al., 2009).

Today’s healthcare in the U.S. has increased the demands for nurses through expanding workloads, and working long hours with having to respond to complex patient needs. These



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demands on nurses have been shown to cause feelings of tiredness, depression, anger, ineffectiveness, apathy, and detachment (Boyle, 2011). Secondary posttraumatic stress (SPTS) or vicarious traumatization, were the original terms used to describe compassion fatigue. However, the term compassion fatigue was viewed as a more user-friendly term to describe SPTS (Figley, 1995).

Burnout and compassion fatigue are easily confused with one another and can be experienced individually or in combination. Symptoms of compassion fatigue include (a) short attention span, forgetfulness, losing things, (b) anger, (c) being easily startled, feeling on edge, (d)



difficulty falling/staying asleep, (e) depression, (f) feelings of hopelessness, and (g) apathy (Society of Gynecologic Nurse Oncologists, 2009). Somatic complaints of compassion fatigue include headaches, insomnia, and gastrointestinal distress (Boyle, 2011).

A paradox in nursing is that the majority of nurses perceive themselves as nurturing, caring and giving people, however find it challenging to nurture themselves (Boyle, 2011). In fact, Ferrell & Coyle (2008) state that providing nursing care for patients without caring for oneself is unsustainable. The American Nurses Association (2013)

states that healthy nurses who work at maintaining physical, mental, and spiritual balance are better equipped to providing safe, quality patient care. In support of providing a healthier nursing workforce, the American Nurses Association (ANA) has launched a “Healthy Nurse Program” which focuses on creating and maintaining balance and synergy among nurses’ health, safety, wellness, and life on a physical, intellectual, emotional, social, and spiritual level, personally and professionally across the wellness/illness continuum.

If compassion fatigue and burnout are left unrecognized and untreated, they can have a significantly negative impact on nurses, as well as for the healthcare system as a whole (Ohio Nurses Association, 2011). Nurses who are unable to manage their compassion fatigue or burnout have been found to be more likely to leave the nursing profession, contributing to the already critical nursing shortage. Medland, Howard-Ruben, and Whitaker (2004) argued that fostering psychosocial wellness in the workplace is a vital strategy for promoting nurse retention and improving practice environments.

### The Hula Hoop and Hoop Dancing

The hula hoop is described as a prop or a toy that has been used for play and therapeutic purposes (Camp, 2013). Hula hooping has existed for thousands of years, and has been documented as early as 1000 B. C. E., in ancient Egypt, where hoops were made from grape vines and bent wood (Camp, 2013). Hippocrates, who placed emphasis on using the healing power of nature as a therapeutic approach to treating disease, documented prescribing hoop rolling exercises for healing weak backs (Camp, 2013).

Hoop dancing is described as a movement meditation and exercise tool, which requires presence, passion, persistence, a positive attitude, and a feeling of letting go. Many who have engaged in the art of hoop dancing have found that the space inside the hoop’s circle creates a tangible boundary providing a comforting sense of safety, allowing for self-

expression, and self-acceptance where individuals have described feeling better about themselves (Camp, 2013). Movement meditation, such as hoop dancing, promotes mental well-being in that it encourages the hoop dancer to focus on the present moment, contributing to feelings of joy, peace, and empowerment through the art of self-expression. The physical benefits of hoop dancing include body awareness, improvement in physical balance, increased cardiovascular and respiratory rate, and strengthening and toning of the abdominal muscles, arms, back and shoulders. A recent study conducted by the American Council on Exercise



examined the potential calorie-burning benefits of hula hooping. The results of the study found that hula hooping burns an average of seven calories per minute for a total of about 210 calories during a 30-minute hooping workout with an average heart rate of 151 beats per minute (ACE, 2014). So the question remains, can body play in the form of hoop dancing as expressive movement meditation and exercise serve as a powerful intervention for nurses to practice self-care to prevent and/or decrease burnout and compassion fatigue? A pilot project was conducted with members of the UC San Diego



Holistic Integrative Nursing Committee to determine whether a formal research study, using hoop dancing as an intervention to prevent and decrease burnout and/or compassion fatigue in nurses at UC San Diego Health System is achievable.

## Methodology

A thorough literature review was conducted using the search terms burnout, compassion fatigue, the power of body play, and hoop dancing as a means for self-care. An educational hoop dance course was then developed for nurses and health care professionals who participated in the Holistic Integrative Nursing Committee (HINC) retreat. The course curriculum consisted of (1) discussion on burnout and compassion fatigue and factors challenging healthcare, (2) introduction of the power of body play through hoop dance for self-care, (3) warm-up stretches, (4) teaching waist hooping and hoop dancing, (5) cool-down stretching, (6) holding a reflective discussion about the learners' experiences with body play in the form of hoop dancing as movement meditation, and (7) completing a pre and post survey for evaluation of the course and reflect how they felt after the course. The post evaluation survey demonstrated the learner's understanding and motivation towards the importance of self-care and how various forms of body play, such as hoop dancing can be a powerful intervention towards preventing and/or decreasing burnout and compassion fatigue among nurses, which for the learners motivated feelings of joy, inspiration, and stress reduction. The results of the project indicate that conducting a research study to evaluate the impact of hoop dancing on compassion fatigue and burnout in nurses at the UC San Diego Health System is indeed feasible.

## Conclusion

Burnout and compassion fatigue are occupational hazards that nurses can experience, causing decreased workplace satisfaction, decreased quality patient care, decreased patient satisfaction, and increased healthcare costs. Burnout

is a response to stresses in the work environment, whereas compassion fatigue is a response to stresses of working with suffering patients. Burnout and Compassion fatigue can be experienced individually or in combination. If the factors influencing the many challenges healthcare is experiencing are not addressed and resolved, nurses will continue to be at risk for these occupational hazards. Encouraging nurses to participate in some form of body play through movement meditation, such as hoop dancing may influence feelings of joy, peace, and self-empowerment. Thus, body play through hoop dancing may be a beneficial movement meditation intervention to prevent and/or decrease burnout and/or compassion fatigue among nurses.

## References

- ACE. (2014). ACE-sponsored Research: Hooping-Effective Workout or Child's Play? Retrieved from <http://www.acefitness.org/certifiednewsarticle/1094/ace-sponsored-research-hooping-effective-workout/>
- American Nurses Association. (2013). Healthy-Nurse. Retrieved from <http://nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Nurse>
- American Nurses Association. (2011). Fact sheet registered nurses in the U.S. nursing by the umbers. Retrieved from <http://nursingworld.org/NursingbytheNumbersFactSheet.aspx>
- Aycock, N., Boyle, D. (2012). Interventions to Manage Compassion Fatigue in Oncology Nursing. Interventions to Manage Compassion Fatigue in Oncology Nursing. *Clinical Journal Of Oncology Nursing*, 16(5), 447
- Boyle, D. A. (2011). Countering Compassion Fatigue: A Requisite Nursing Agenda. Online *Journal Of Issues In Nursing*, 16(1), 1. doi:10.3912/OJIN.Vol16No01Man02
- Brown, S. (2008). Play is more than just fun. TEDtalks. Retrieved from [http://www.ted.com/talks/stuart\\_brown\\_says\\_play\\_is\\_more\\_than\\_fun\\_it\\_s\\_vital.html](http://www.ted.com/talks/stuart_brown_says_play_is_more_than_fun_it_s_vital.html)
- Camp, J. (2013). Hoopdance revolution mindfulness in motion. Berkley: Arc Light Books.
- Ferrell, B., & Coyle, N., (2008). The nature of suffering and the goals of nursing. New York, NY: Oxford University Press.
- Figley, C. (1995). Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized. New York: Brunner-Rutledge.
- Ohio Nurses Association, (2011). I've fallen and I can't get up: Compassion fatigue in nurses and non-professional caregivers. *ISNA Bulletin*, 38(3), 5-12.
- Maslach, C., Schaufell, W., & Leiter, M., (1982). Job burnout. *Annual Review of Psychology* (52)1 397-422. DOI: 10.1146/annurev.psych.52.1.397
- Medland, J., Howard-Ruben, J., & Whitaker, E. (2004). Fostering psychosocial wellness in oncology nurses: Addressing burnout and social support in the workplace. *Oncology Nursing Forum*, 31, 47-54. Doi: 10.1188/04.ONF.47-54
- Najjar, N., Davis, L.W., Beck-Coon, K., & Doebbeling, C.C. (2009). Compassion fatigue: A review of the research to date and relevance to cancer-care providers. *Journal of Health Psychology*, 14(2), 267-277.
- Pfifferling, J.H., & Gilley, K. (2000). Overcoming compassion fatigue. *Family Practice Management*, 7(4), 39-46.
- Sabo, B. M. (2006). Compassion fatigue and nursing work: Can we accurately capture the consequences of caring work? *International Journal of Nursing Practice*, 12(3), 136-142.
- Society of Gynecologic Nurse Oncologists. (2009). Compassion fatigue nursing support group in ambulatory care gynecology/oncology. *Journal of Gynecologic Oncology Nursing*, 19(1), 16-19.





# We proudly recognize...

**We proudly recognize the nurses and our interprofessional colleagues who have completed the Healing Touch Level 1 course offered at UCSD over the past 18 months. Their participation demonstrates their commitment to whole person caring that includes mind, body, and spirit.**

Avito Azarcon RN  
Kathryn Hamelin  
Melanie Nelson RN  
Sonia Thomas RN  
Renai Nichols RN  
Marcia Diamond RN  
Trina Calderon RN  
Christina Justice RN  
Patricia Morales RN  
Caroline Rubin RN  
Jody Atkinson RN  
Catherine Chung RN  
Maria 'Nhora' Cura RN  
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Chutima Zhao RN  
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Megan Leighton RN  
Renato Manzano RN  
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Lisa Nelson RN  
Diana Wong RN  
Carmen Tsang RN  
Beverly Hudson RN  
Sara Mationg RN  
Jennifer Nayre RN  
Maria Valdez RN  
Nancy Cawley RN  
Maria Coronel RN  
Brandee Hassell RN  
Lisa Ross RN

**We proudly recognize our nurses who are spearheading projects and/or committees that enhance the experience of our patients, their families, and our staff.**

**Trina Calderon RN** - Trina has established a unit-based integrative care committee. The Neonatal Integrative Care Committee (NICC). Trina will Co-Chair this interdisciplinary committee with Erika Clemmens from Occupational Therapy; and the following leadership will serve as resources: Michele Carson (administrative facilitator) and Krishelle Marc-Aurell MD (medical facilitator). The NICC will bring evidence-based complementary modalities to support the well-being of patients, their families, and staff.

**Aran Tavakoli RN** - Aran is conducting a study examining the role of aromatherapy in supporting hospitalized Bone Marrow Transplant (BMT) patients. This IRB study promises to pave the way for the use of essential oils as a therapeutic intervention.

**Megan Leighton RN** - Megan is establishing a unit-based interdisciplinary integrative care committee for the Burn ICU. Megan is Co-Chairing this committee with Kathryn Hamelin, the Burn unit's Child Life Specialist. The committee will be utilizing complementary modalities (music, massage, aromatherapy, and Healing Touch) as adjuvant pain management strategies during dressing changes.

**Dee Parks RN and Anita Darcey RN** - Dee and Anita, both Reiki Masters, are conducting a study to evaluate the potential benefits of daily self-Reiki on nurses' well-being. Enrollment for this study will begin late August. Look for the flyer!

**Melanie Nelson RN** - Melanie is conducting a study to examine the impact on aromatherapy on staff stress levels on the 8th floor Ortho unit. This study was inspired by the recently published 'Code Lavendar' work at Cleveland Clinic

**We gratefully acknowledge Margarita Baggett RN and Paul Viviano, our CEO. Without their vision and commitment to excellence in patient and family-centered care, moving our work forward would not be possible.**





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