Complementary Therapies in Nursing & Midwifery (2004) 10, 168–174

Complementary Therapies in Nursing & Midwifery

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Development and evaluation of an impatient holistic nursing care services department

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Received 4 June 2003; received in revised form 21 December 2003; accepted 12 January 2004

KEYWORDS
Holistic nursing;
CAM;
Outcomes;
Evaluation

Summary This paper describes the development and evaluation of a holistic nursing department at a 261-bed conventional, community hospital. Through the holistic nursing department, a nurse visits hospitalized inpatients. The visit might include complementary and alternative modalities (CAM) therapies, such as relaxation techniques, therapeutic touch, aromatherapy, and therapeutic suggestion. Evaluation of visits occurred through a retrospective chart review and patient satisfaction surveys. Main outcome measures were patient satisfaction, physiological changes, and pre- and post-distress scores. Discomfort and distress was decreased and patient satisfaction high when CAM therapies were used in conjunction with traditional inpatient medical and nursing care.
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Introduction

In 1999, the Holistic Nursing Care Services Department (HNCSD) was created within the Department of Nursing, at St. John's Riverside Hospital (SJR), a 261-bed community hospital in Yonkers, a suburb of New York City, USA (Fig. 1). The establishment of the Holistic Nursing Care Services Department was in response to a perceived need by patients and clinicians, spearheaded by the Vice President of Nursing Services and approved by the Board of Trustees and Medical Board.

Holistic nursing: background

Over the past 20 years, holistic nursing has emerged as a specialty of professional nursing practice in the United States.[1] There is also a specialty organization, the American Holistic Nurses Association (AHNA). A national certification in 'holistic nursing' is available and there are currently over 800 nurses certified in holistic nursing by the American Holistic Nurses Credentialing Center (Erickson, AHNCC, 2003, pers. comm.). In addition, there are several graduate and undergraduate holistic nursing programs in universities in the United States.

Many nurses commonly claim to aspire to holistic care for their patients; however, what nurses are actually able to provide in day-to-day care may be impeded by the sheer demand of their clinical obligations. Campbell[2] noted that medical and scientific advances have caused the nursing profession to become more technical and mechanistic, making it easier to focus on machines, monitors, drugs, and laboratory reports rather than the whole person and their unique needs. As a result holistic nursing practice may be suppressed or even abandoned in the face of conventional nursing practice.[3]

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doi:10.1016/j.ctnm.2004.01.003

Figure 1 New York. Photo: Denise Rankin-Box.

The holistic nursing care services department

The purpose of the HNCS is to provide a nursing visit which may include complementary and alternative modalities (CAM) in client care in order to enhance coping with illness and in the promotion of positive lifestyle changes that address body, mind, and spirit.

The HNCSD consists of a director who is a doctoral nurse practitioner, holistic clinical nurse specialist with a Masters degree in nursing and is also a certified reflexologist; and a holistic registered nurse holding extensive experience in therapeutic touch (TT), imagery, and aromatherapy who is also enrolled in a holistic masters nursing program.

The director provides direct services to outpatients and is responsible for administrative operations. There are no additional charges for inpatient holistic nursing visits as they are considered part of general nursing care.

Because CAM modalities used in a holistic nursing approach are considered independent nursing interventions, a physician's orders are not required for a holistic nurse (HN) visit. The New York State Nurses' Association (NYSNA) position statement on complementary therapies states that when the nurse is trained to use them, "complementary therapies are appropriate nursing interventions in nursing practice".[4]

The CAM therapies used by the department include: TT, aromatherapy, reflexology, therapeutic suggestion, relaxation techniques, breathwork and guided imagery.

Therapies

TT employed using the Krieger–Kunz Method of TT (NHPAI) is used in clinical practice with policy and procedure for TT established on standards from theNHPAI.[5] A typical treatment lasts about 10 min and the patient remains clothed.

A meta-analysis of research on TT,[6] aromatherapy[22], and reflexology[9] indicates that these therapies can assist in anxiety reduction and enhance feelings of personal growth and well-being (TT;[20,21] aromatherapy[7,8] imagary, and relaxation[10,11]). Relaxation techniques used by the department include hand or foot massage and progressive muscle relaxation.

Nursing policies

Nursing policies and procedures, approved by the Hospital Nursing Management Committee, were developed for TT, aromatherapy, and reflexology. Each policy provides indications and precautions, qualifications of the practitioner, and how to administer the intervention.

Education

Holistic Nursing Care staff also function as educational resources for both patients and family members. Pain management education is a major focus, for example, the nurse will explain the body–mind connection and suggest interventions to increase feelings of control and decrease anxiety associated with pain. These services bring the hospital into compliance with the pain guidelines from the Joint Commission on Accreditation of Health Care Organizations,[12] which requires that information on complementary therapies for referral purposes be available to all patients (JCAHO).

Referral process

Referrals for a HN visit come via a number of routes and include staff nurses, physicians, family members, or the patient. All palliative care patients receive a HN visit. Additionally, HNCSD staff do 'case finding' by reviewing a computer-generated list of patients and by visiting the patients whose diagnoses are likely to result in symptoms of pain, anxiety, and in palliative care.

Evaluation

Evaluation occurs through a quarterly Performance Improvement Report (also known as Quality Assurance Report). The data collected (see Box 1) was recorded directly from patients or computerized medical record.

Box 1 Data collected for evaluation

Patient satisfaction survey
Age
Gender
Diagnosis
Visit type
Holistic nursing CAM intervention
Number of holistic visits
Pre- and post-intervention discomfort/distress scores
Physiological indices
Adverse reactions (i.e. wheezing, agitation, restlessness, dyspnea)

The holistic nursing visit
During a typical holistic visit:

1. The HN introduces themselves and explains the program.
2. Following consent, the HN assesses stress and anxiety levels and evaluates the sleep patterns to identify the patients needs.
3. Where appropriate HN offers a specific CAM intervention which are mutually agreed upon by both nurse and patient ensuring a treatment partnership.
4. Sometimes the HN may educate, simply listen, or counsels, and no CAM is used. This is categorized as an educational visit.

Holistic nursing visit evaluation

It is suggested that within the holistic framework, anything that produces a physiologic change, such as CAM therapies, causes a corresponding psycho-social–spiritual alteration.[13] Psycho-social–spiritual outcomes are well documented as difficult to measure; therefore, the HNCSD team use a rating measurement scale to evaluate distress/discomfort (0–10 = 0 = no pain or discomfort–100 = severe pain and discomfort), as well as monitoring physiological outcomes, such as slowed respiratory rate, pulse rate, and facial expression. Numerical and verbal rating scales are known to be valid and reliable assessment tools.[14]

Outcomes

Demographics

From December 2000 to March 2002, 2804 patients were referred to the department. The majority of patients referred were female (71%) and over age 60 (60%), 70% Caucasian. The most common medical diagnoses were cancer, cardiac and respiratory disorders, and HIV/AIDS. Ten percent of referrals to Holistic Care were palliative care patients. Studies indicate that women have been identified as frequent users of CAM therapies among both the elderly[15] and middle aged,[16] and this survey reflected these findings.

Visit attempts

The reality of undertaking this form of evaluation and indeed this type of work was demonstrated by a certain difficulty in accessing clients. Twenty-one percent of the time, the patient was not available when the HN visited. Reasons for this included:

- the patient is out of the room having a test or procedure,
- otherwise occupied (i.e. bathing, physical therapy, sleeping).

Although attempts were made to schedule return visits, the unpredictability of hospital schedules frequently impeded visits.

Requests for information accounted for approximately 8% of interactions and on these occasions no direct CAM intervention occurred.

General assessment questions: sleep, anxiety, and stress

Three general assessment questions are asked before an intervention. Patients are asked to rate their difficulty with sleeping, feelings of stress, and anxiety levels using a Verbal Rating Scale.

As seen in Table 1, men and women reported comparable levels of anxiety and difficulty sleeping. Women, however, reported higher stress levels than men. 173 patients (77 women, 96 men) were non-responsive due to cognitive impairment and/or end-stage disease.

Table 1 Levels of anxiety, stress, and sleep problems.

	Female (%)	Male (%)	Age range(mean)
Anxiety level			
None	9 (1.5%)	8 (1%)	33–48 (38)
Mild	688 (36%)	430 (60%)	33–88 (67)
Moderate	1186 62%)	280 (39%)	41–89 (63)
Severe	9 (0.5%)	0	
Stress level			
None	190 (10%)	143 (20%)	56–88 (69)
Sometimes	1090 (57%)	538 (70%)	33–86 (64)
Often	633 (33%)	37 (10)	41–89 (62)
Difficulty sleeping			
None	937 (49%)	359 (50%)	41–88 (66)
Sometimes	536 (28%)	215 (30%)	33–86 (66)
Yes	440 (23%)	144 (20%)	35–84 (60)

$N = 1913$ female (total $N = 1990$ with 77 unable to respond).
$N = 718$ male (total $N = 814$ with 96 unable to respond).

Table 2 Most frequently used CAM intervention(s) and numerical distress scores (range of scores) before and after treatment.

CAM	*N*	NDS before	NDS after	Unable
RR, A, TT	375	6 (4–8)	3 (2–6)	64
TT	282	5 (4–6)	2 (1–3)	50
RR, A, TS	260	4 (2–4)	2 (1–3)	22
RR, A	208	4 (3–6)	3 (1–4)	37
RR, A, TS, B	110	6 (2–10)	4 (0–9)	16
Other (see Table 4)	335	8 (2–10)	4 (0–4)	6

Unable = # of people unable to respond; RR = relaxation techniques; A = aromatherapy; TS = therapeutic suggestion; TT = therapeutic touch; B = breathwork.

Table 3 Most frequently used CAM intervention(s) and verbal distress scores (# of persons with moderate to very much distress) before and after treatment.

CAM	*N*	VDS before	VDS after	Unable
RR, A, TT	375	102	23	64
TT	282	78	12	50
RR, A, TS	260	71	11	22
RR, A	208	57	9	37
RR, A, TS, B	110	49	9	16
Other (see Table 4)	335	90	19	6

Unable = # of people unable to respond; RR = relaxation techniques; A = aromatherapy; TS = therapeutic suggestion; TT = therapeutic touch; B = breathwork.

CAM interventions

As shown in Tables 2 and 3, the HNCSD nurses almost always used a combination of CAM therapies, with the exception of touch, which is used often as monotherapy. As seen in Tables 2 and 3, all CAM combinations were helpful in decreasing verbal and numerical distress scores

Music as therapy

Due to budgetary constraints and theft, the department has only four cassette players. Patients often do not have personal cassette players. Whilst research[17] has shown that music therapy can be helpful in reducing anxiety and improving mood in hospitalized patients, the logistics of providing music therapy was found to be a significant barrier to implementation. The department is currently looking into ways to secure the cassette player to the bed or bedside table to prevent theft!

Adverse responses

Out of 1570 treatments, adverse responses occurred less than 1% of the time and include: new onset of headache (two cases), restlessness (five

Table 4 Patient satisfaction survey responses, $N = 122$.

	Number (%)
Demographics	
Gender	
Female	108 (89%)
Male	14 (11%)
Age	
18–29	3 (2%)
20–39	13 (10%)
40–49	25 (21%)
50–59	25 (21%)
$\geqslant 60$	56 (46%)
How did interventions help? (Total >100 as some patients indicated more than one response)	
Decreased pain	41 (34%)
Increased relaxation	86 (70%)
Improved appetite	3 (2%)
Decreased anxiety	49 (40%)
Improved sleep	29 (34%)
New ways to cope	38 (31%)
Other	4 (3%)

cases), and agitation (two cases), and were resolved when the intervention was changed. Only two out of a total of 989 patients demonstrated increased restlessness and agitation after this therapy; however, their diagnoses of dementia may have been influential in their responses to therapy. Indeed when intervention was changed to gentle hand massage, any adverse symptoms resolved. It is interesting to note that restlessness from TT in dementia has not been reported upon elsewhere. It has, however, been noted that TT can decrease agitation in Alzheimer's patients[18] and hand massage can also be effective.

Prior to introducing aromatherapy, some staff members expressed concern that aromatherapy might cause skin irritation or wheezing; however, no cases of skin irritation, rash, or respiratory problems were recorded whilst using aromatherapy ($N = 753$).

Patient satisfaction

Patient satisfaction surveys were distributed to 520 patients between December 2000 and March 2002. One hundred and twenty-two surveys were returned, a 24% return rate.

As can be seen in Table 4, women over age 60 who received more than one treatment were the most likely to return the surveys. Nearly all respondents found the holistic nursing visits helpful (96%). The visits were reported to be helpful in improving feelings of relaxation (70%), reducing anxiety (40%), reducing pain (34%), improving sleep (34%), and learning new ways to cope with illness (31%).

Narrative statements written by patients are very positive. Typical comments include: "I wish I could have this every day. "Every hospital should have this." "This was the best therapy I've ever had—I was pain-free for hours and I just had surgery." "It had a calming effect on me." Comments were also typically made regarding the caring and compassion they felt from the holistic practitioner.

It is significant that presence of the holistic nursing department has also provided and excellent forum for public relations by demonstrating that the hospital is both responsive to consumer demand and in bringing evidence-based holistic care practices to the bedside. As one patient wrote, "It shows me that this hospital is on the cutting edge."

Staff/community response

Although no formal survey has yet been done, spontaneous verbal comments from nurses, physicians, and physical therapists indicate that the holistic nursing interventions were valued. A common response was, "I can always tell when you've been to see my patient, she's always calmer."

Response from the community was also enthusiastic with staff being regularly approached to speak at community forums, senior centers, schools, Rotary clubs, and other hospitals.

Discussion

More than half of the patients assessed by the HNCSD staff indicated some level of stress, difficulty sleeping, and anxiety. Patients stated that they benefited from the CAM interventions through both immediate symptom reduction and by learning new ways of coping with their illness—even when having only received one treatment session.

Case 1: For example, TR is a 37-year-old woman admitted to the telemetry unit for chest tightness, which was found to be related to stress. During her 48-h stay, she received TT, hand massage, and was

taught an imagery technique. After intervention, the patient reported she felt as if menthol had been put on her chest and that she felt she did not need oxygen anymore, and drifted off to sleep. She continued to use the imagery she learned during times of stress.

Increased relaxation was noted in 70% of patients and elicitation of the relaxation response has been shown to be important in modulating the effects of stress on health.[19]

Case 2: AG is a 50-year-old woman with unstable angina who was admitted 1 week after a second stent placement complaining of severe chest pain with anxiety about dying. She received TT, aromatherapy, relaxation techniques, breathwork, and imagery. After the first treatment, she reported a marked reduction in chest tightness and recognized she was physically very tense and that she needed to learn how to relax. After the final, third treatment, AG acknowledged the value of continuing to practice her relaxation techniques, which she felt clearly facilitated the healing process. AG was discharged and practice relaxation techniques as well as receiving follow-up outpatient reflexology. For this client, the CAM techniques have played a significant role in stress management and health outcome.

The evaluation process developed by the department indicates the feasibility of evaluating holistic nursing interventions. The data were derived from a large, systematically organized database rather than a randomized placebo-controlled trial, and outcomes are consistent with previously published research. This includes TT,[6,20,21] aromatherapy,[7,8,22] reflexology,[9] and guided imagery/relaxation,[10,11] and indicates that holistic nursing therapies can be beneficial in a community hospital setting.

Satisfaction surveys from patients demonstrated a highly favorable response to this form of nursing intervention and it is suggested they contribute to clients overall quality of life.

Implications for practice and future research

Further research is needed to determine long-term effectiveness of CAM therapies in nursing and the extent to which whether repeated sessions provide added benefit. Future research should consider a comparative study between routine care and patients who receive CAM interventions with reference to pain, anxiety, and the implications for length of stay in hospital.

Summary

In conclusion, the Department feels it has been successful in bringing holistic nursing services to the bedside. Subjective and objective client outcomes, such as pain, anxiety, and satisfaction, are positively affected when independent holistic nursing therapies are used. These CAM therapies, occur within the context of holistic nursing presence, can be integrated with conventional medical and nursing care.

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Central Park New York in winter. Photo: Denise Rankin-Box.

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