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Integrative Care at UCSD

A NEW FRONTIER

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Healthcare in the 21st Century sounds more like science fiction than patient care. Nanotechnology, DNA mapping and face transplant; the future is escalating with seemingly limitless boundaries. It's hard to believe that antibiotics are less than 100 years old. Robotic surgery today may be the technological equivalent of leech therapy tomorrow. As we race toward the future at break neck speed, some are concerned we are becoming blinded by this technology and losing focus on the patient.

In recent years, there has been a movement about in nursing to return to our roots. The pendulum may be moving a bit away from the "high-tech" and back to the "high-touch". Healing Touch, massage, aromatherapy, guided imagery, Mindfulness Based Stress Reduction (MBSR), Chinese Herbs, yoga and music therapy... the list of

alternative modalities requested by the general public seems to be endless. At UCSD Medical Center there have been staff members who have offered certain alternative therapies to their patients for several years. Healing Touch at Thornton, guided imagery in the Burn ICU/Floor, and supplements at Moore's are just a sampling of the integrative treatments being offered by nurses and other hospital staff members.

Florence Nightingale, who believed in care focused on unity, wellness, and the interrelationship of human beings and their environment, is considered by many as the first holistic nurse. Her theory of environment provides basic fundamentals for nursing practice, and has achieved universality. She believed that optimizing environmental factors would improve patient comfort and facilitate health and healing. Those environmental factors include air quality, water quality, noise, light, diet and nutrition. All are environmental factors of concern in society today.

"We are the change agents who can create the cultural change needed to achieve a healthcare system driven by the needs of the patients/clients and their families." (Dossey, 2007) Dr Dossey's theory of integral nursing describes the territory of our awareness that is always present within us. It helps us connect the dots of the actual process to more deeply understand who we are and how we are related to others and all things and assists us in everything we do in our personal self-care and development as well as in our nursing practice, education, research and policies.



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ADN from Southeastern Iowa Community College, BA in Business from Iowa Wesleyan College, MA in Health Management from Webster University and I will be finishing my MSN this May. Came to UCSD BICU in '94 as a traveler/staff in 94 also, Lifesharing in '99 and kidney transplant in 07

Dr Jean Watson's Caring Theory not only allows the nurse to practice the art of caring, to provide compassion to ease patients' and families suffering, and to promote their healing and dignity but it can also contribute to expand the nurse's own actualization. She believed in order for a nurse to truly care for the patient the nurse had to first care for themselves. If the caregiver is an empty vessel there is nothing available for them to give to the patient. She also believed in the caring occasion/caring moment. The nurse must be truly present with the patient. There is a relationship between the nurse and the patient that needs to be nurtured and cared for.

The three above mentioned



nursing theories can be seen in the UCSD Nursing Professional Practice Model of Care as follows; “Nursing staff have meaningful input into policy development affecting clinical outcomes, and nursing staff assume responsibility and accountability for their own nursing practice.”

In June, 2010, I attended the 30th Annual American Holistic Nurse’s Association (AHNA) Conference in Colorado Springs, CO. It was a profound and life changing experience for me on both a personal and professional level. I’ve been interested in massage and Healing Touch for several years as a practitioner of both. I’m a level 2 healing touch practitioner and was a massage therapist for many years before an injury made that impossible for me. This conference was a gathering of like-minded nurses who’s vision is “...a world in which nursing nurtures wholeness and inspires peace and healing.”

AHNA recognizes the totality of the human being – the interconnectedness of the body, mind, emotion, spirit, social/cultural, relationship, context and environment. The organization defines holistic nursing as “all nursing practice that has healing the whole person as its goal.”

In August, 2010, I gave a presentation to the Nursing Leadership Meeting about integrative nursing and highlights from the conference with regards to bringing our UCSD “towers of power” together in an effort to standardize and provide integrative nursing modalities to all UCSD patients.

At the conference there was a heavy emphasis on self care. Every morning was started with a plethora of self care classes ranging from yoga and chi gong to sharing circles and drumming. There was a temporary labyrinth set up in one of the courtyards that was available for participants. A meditation room was also set up for our use. Learning sessions were offered on topics ranging from writing for research to healing touch and crystal therapy. Two of the most interesting sessions that I attended were presented by nurses from hospitals that had recently developed an integrative health care department in the hospital.

Each hospital had their own blueprint for getting through the process, but there were many similarities.

- They started small; both hospitals introduced the changes into a handful of nursing units, one started in the Women care department, the other started in the Surgery and PACU units.

- The integrative modalities that were introduced were Healing Touch (or another energy work), aromatherapy, guided imagery, and massage therapy. The reasons for a consultation to this new department included anxiety, agitation, pain, nausea and insomnia. A physician’s order was not required for this consultation.

- Buy in from the staff is mandatory. If the nursing staff are not onboard with the changes it will be very difficult to change the mindset. Both hospitals had weekend retreats for the nurses. The reasons for the retreats were multifaceted. The policies were shared with the staff. At the same time the nurses got to experience the modalities as recipients.

- Sacred Spaces were created for the nurses. These were areas in the unit where the nurses could go to and relax, meditate or just rest. The Sacred Space was separate from the staff lounge. Patient handoff was not allowed in this setting. This is a dedicated space for the staff to regroup, relax and, perhaps, reflect. There are meditative tapes, soft lights, and small tabletop water falls in this room. Each unit eventually customized the space to reflect their unique culture. One unit started having tea time mid-afternoons. All were welcome but this was not a time to discuss patients or other hospital issues.

- Touchstones were placed outside of each patient’s room. The nurses would read the brief positive message on the small magnet prior to entering the room. This gave them a moment to center themselves and become focused on the patient in the room, leaving the rest of his/her concerns at the door, at least for a moment.

- There were inspirational saying posted over each of the sinks in the units. These were used as positive reinforcement for the nurses.

The logistics of launching a program like this could be daunting. Several steps that would need to be taken in a hospital setting to make integrative care officially available to all patients would include:

- Staff buy in
- Having a definition of what integrative healthcare is,
- Assessing public demand
- Identifying champions (Internal and External)
- Creating Experts
- Education (Staff and patients/clients)
- Marketing.

There was a Survey Monkey sent out through Centerpoint in the fall of 2010 to assess the interest and gain insight to the thoughts and feelings of the staff. The returned surveys showed a high interest in bringing integrative care at UCSD. There was also an outpouring of offers from staff who have experience/training in different integrative modalities and are willing to work toward the goal of having integrative care available at UCSD.

Thanks to the support of our administration, the Center for Transplantation has made progress in introducing integrative healthcare to a small number of our patients. There has been exceptionally positive feedback from the patients who have experienced this limited introduction to massage, aromatherapy, guided imagery, and energy work. Because of their initial success a multidisciplinary group has begun to develop a small research project to implement and assess efficacy of the use of integrative healthcare techniques in the transplant population.

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