

# HOSPITAL INITIATIVES: A PILOT SURVEY OF HEALING PROGRAMS

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In the first column, we explored the concepts of optimal healing environments (OHE). As we, at the Samueli Institute, attempt to educate and guide hospitals and other healthcare organizations in the planning, implementation, and evaluation of these initiatives—while building a solid evidence base for why they make good business sense—we need to better understand the types of healing initiatives hospitals have in place, to whom they are offered, and how they are offered. What motivates hospitals to embrace these principles? Does hospital management support and encourage these programs or not? Do hospital boards support such initiatives? In 2006, the Samueli Institute conducted the Survey of Optimal Healing Environments to answer some of these questions.

## SURVEY OF OPTIMAL HEALING ENVIRONMENTS

Based on the OHE framework described in the earlier column, the survey collected both quantitative and qualitative data from a convenience sample of 125 hospitals in the upper Midwest region of the United States. Fifty-five completed surveys were received for a response rate of 44%. The 134-question instrument was used to query these hospitals in the seven domains of the OHE framework. These domains are summarized below.

The “Cultivating Healing Relationships” section assessed how hospitals enhance the quality of patient-provider relationships. It characterized a healing relationship as one that fosters the patient’s process of recovery and well-being through characteristics such as communication, compassion, empathy, and effective listening. This section of the survey also incorporated the domains of *developing healing intention*, defined as the establishment of hope, belief, or expectation regarding patient recovery and well-being, and *experiencing personal wholeness*, which refers to

personal growth and practices that enhance mind, body, and spirit integration.

The “Practicing Healthy Lifestyles” section inquired about a variety of hospital programs and opportunities that would facilitate the adoption of three important components of living a healthy lifestyle: eating nutritiously, exercising, and maintaining balance through stress management/relaxation.

“Collaborative Healthcare” was defined as the application of a variety of practices from conventional medicine as well as complementary therapies. The survey inquired about 33 modalities, ranging on a rough continuum from conventional (eg, healthy eating habits workshops) to complementary or alternative (eg, acupuncture, Reiki) practices.

“Creating Healing Organizations” assessed evidence of organizational and leadership support for healing environments, the types of healing values communicated by leaders, and the process by which values were communicated and monitored.

“Healing Spaces” explored a variety of physical components (eg, architecture, nature, light, color, art, music, aroma, water, and community/personal/sacred space for gathering or retreat) that are used with the intent of promoting wellness and recovery.

Overall, the hospitals surveyed are developing and implementing initiatives that relate to all seven of the components in the OHE framework. They are addressing some components, such as healing spaces, more often than others, such as applying collaborative medicine. This may reflect the increasing amount of evidence available to validate the positive effects of using physical space to improve health outcomes and hospital performance and suggests that as evidence builds for the other optimal healing envi-

ronment components, they may be similarly adopted.

## EMERGING THEMES

Responses to the Survey of Optimal Healing Environments uncovered several key themes.

### Provision of Holistic, Patient-Centered Nursing Care at the Bedside

Nurses were the second most frequent providers of collaborative services, offering inpatients 11 of 14 complementary or alternative modalities. In over half of responding hospitals, nurses provided meditation, Reiki, therapeutic/healing touch, guided imagery, reflexology, and aromatherapy, all of which can be easily delivered at the bedside. This probably reflects a growing trend in nursing for offering holistic, patient-centered bedside care. Fifty-two percent of hospitals function according to a specific theoretical framework or philosophy of nursing. When asked what framework or philosophy they used, hospitals cited examples such as holistic nursing, relationship-based nursing, patient-centered care, Jean Watson’s theory of caring, and Margaret Newman’s theory of health as expanding consciousness, all models of nursing care with a humanistic, person-centered approach.

### Employer Investment in Wellness and Self-Care of Staff

Hospitals as employers are becoming more vigilant about the health and well-being of their staff. Staff were subsidized or given time off to participate in all 12 of the healthy lifestyle programs examined in the survey (eg, healthy cooking classes, exercise groups, stress management consultations), and hospitals more frequently offered exercise and stress management programs to staff than to inpatients or families. One hospital, for example, gave

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staff time off to participate in relaxation techniques (eg, meditation, yoga, progressive muscle relaxation), offered exercise groups and access to walking areas, and provided gardens and a gazebo for them to retreat to during the work day. This trend toward investment in staff self-care could be due, in part, to the widespread staff shortage in health professions, particularly in nursing, as well as the steep costs in recruiting and training new workers.

### **Use of Physical Space to Improve the Healthcare Experience**

The survey found that almost 80% of hospitals included each of the following types of healing spaces: community space such as gardens, foyers, or resource centers for patients, families, visitors, and employees to comfortably gather (81%); sacred or quiet spaces such as a chapel or meditation room (79%); places for employees to retreat to during the work day (78.8%); and places for patients and families to retreat to during their hospital stay (78%). Additionally, over 50% of responding hospitals use light, color, architecture, nature, and/or art to promote patient wellness and recovery. This may be in response to research conducted by The Center for Health Design and others showing that building design can help reduce patient and staff stress, enhance patient health and safety, and improve overall healthcare quality while reducing costs.

### **Incorporation of Spirituality Into the Healthcare Process**

Of the hospitals responding, 84.9% reported that they address spirituality when a provider takes a patient history. Almost every hospital, 98%, reported that they support the religious and spiritual needs of their patients, most often through pastoral care programs, access to in-house hospital clergy, an offer to contact a patient's out-

of-house pastor or priest, or baptisms and blessings of critically ill infants. A few hospitals reported that at least one of their physicians, nurses, or other staff members directly prayed with patients. Several others accommodated patients by bringing in a shamanic-type spiritual healer when needed. One hospital even arranged care around a patient's daily prayer schedule and religious dietary restrictions.

### **Support of Hospital Leadership in Creating a Healing Environment**

Sixty-three percent of hospitals had identified leaders or champions whose role is to foster the development of a healing environment, though only 43% reported evidence that the healing environment concept is actually embraced and applied on a day-to-day basis. Similarly, over a third of hospitals (35%) had formal board policies supporting the concept of a healing environment, whereas fewer had policies supporting holistic nursing practice (16%) or complementary therapies (12%). These findings imply that hospital leaders have a greater capacity to embrace the overall idea of healing environments than they do to engage in creating the infrastructure and systems required to sustain them.

### **SUMMARY**

Because the Survey of Optimal Healing Environments involved a small, localized sample, these themes cannot be generalized to hospitals across the country. However, a recent book, *Reinventing the Patient Experience: Strategies for Hospital Leaders*,<sup>1</sup> identified four general areas addressed by innovative hospitals recreating the patient experience: nursing practices, physical environment, spiritual support, and complementary therapies. Since the themes we identified in the survey are closely aligned with these healthcare trends of early adopters of consumer-focused initiatives,

we project they will be seen with increasing frequency nationwide.

To view the complete report, please go to <http://www.samueliinstitute.org> and click on Optimal Healing Environments.

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The views, opinions and/or findings contained in this report are those of the author(s) and should not be construed as an official Department of the Army position, policy or decision unless so designated by other documentation.

### **REFERENCE**

1. Christianson JB, Finch MD, Findlay B, Jonas WB, Choate CG. *Reinventing the Patient Experience: Strategies for Hospital Leaders*. Chicago: Health Administration Press; 2007.

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