

THE NATURAL NEXT STEP

| Sita Ananth, MHA |

“The cure of the part should not be attempted without treatment of the whole. No attempt should be made to cure the body without the soul. Let no one persuade you to cure the head until he has first given you his soul to be cured, for this is the great error of our day, that physicians first separate the soul from the body.”

—Plato

The belief that “healing,” or bringing the body back into balance by providing it with the appropriate stimuli and opportunities to become restored to wholeness, is as ancient as the traditional medical systems of Traditional Chinese Medicine and Ayurveda. Although much of this philosophy was lost as individual practices and modalities—no longer in the context of the larger medical system—made their way to the West and biomedicine became the predominant form of healthcare, there has been a growing movement to bring back a patient-centered, biopsychosocial model of care that looks at individuals in the context of both their internal and external environments.

Inspired by many of these global health systems, in 2002 Wayne Jonas, MD, president and CEO of the Samueli Institute, a nonprofit, medical research organization supporting the scientific investigation of healing processes and their role in medicine and healthcare, developed the concept of an optimal healing environment (OHE) with a vision to help transform the way healthcare is delivered (Figure 1). An OHE, as defined by the Institute, is one where the social, psychological, physical, spiritual, and behavioral components of healthcare support and stimulate the body’s innate capacity to heal itself. These major components include

- the conscious development of intention, awareness, expectation, and belief in improvement and well-being

- self-care practices that facilitate personal integration and the experience of wholeness and well-being
- techniques that foster a palpable healing presence based on love, compassion, awareness, and connectivity
- development of listening skills that foster the “therapeutic alliance” between practitioner and patient
- instruction and practice in health promotion behaviors and lifestyle changes as well as development of social support structures
- appropriate application of integrative medicine
- a physical space that promotes healing, such as lighting, music, color, and architecture
- an organizational culture and mission that support the values of teamwork and service

As we live longer, due in part to the advances in modern science and technology, chronic conditions have now become the leading cause of disability, illness, and death. But our system of care is designed and devoted primarily to deal with acute conditions, causing a dearth of infrastructure and programs to deal with this burgeoning need. Faced with these rapid changes, says the Institute for Medicine’s “Crossing the Quality Chasm” report, the healthcare delivery system has fallen far short in its ability to translate knowledge into practice and apply new technology safely and appropriately.

“We need to think differently to think about how healthcare is delivered and focus on health, healing and health promotion, not just treatment,” says Jonas. “The time has come to create a new model of healthcare that makes room for both healing and cure.”

To that end, the Institute engages in healing research from several different perspectives that range “from bench to bed to

boardroom” or basic science to health services research, utilizing the OHE framework as an organizing concept and the glue that connects the research to the mission. The Institute also recognizes the importance of developing knowledge translation strategies in an organization committed to building an evidence-based body of knowledge around the science of healing. What type of evidence is most critical and how quickly and efficiently can that new knowledge be moved into the hands and minds of the end users?

“One of our goals is to support hospitals and other healthcare institutions in transforming their organizations into ‘optimal healing environments’ by making practical, actionable, evidence-based information more accessible to healthcare decision makers,” says Barb Findlay of the Institute’s OHE program. A second goal of the program is to conduct research that focuses on evaluating the application of healing theory in real-world settings and aims to measure the return on investment for organizations that are moving in this direction. Building a business case is the mantra on everyone’s lips these days. Unfortunately, the sustainability of programs and services that enhance a hospital’s healing environment is not based on evidence of clinical effectiveness or improved health outcomes alone. Economic metrics such as nurse retention, patient loyalty, employee and patient safety, and lower litigation rates are also key factors in establishing that sustainability.

Besides, studies have shown that the majority of hospitals who do embark on these healing initiatives do so because they believe it is the “right thing to do”; it reflects their organizational mission to meet the demands of their patients—hoping that by doing so, they are also enhancing clinical effectiveness.

When I recently toured the newly constructed Peace Health Sacred Heart Medical Center at Riverbend, Oregon, designed and dedicated to researching

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Figure 1. An optimal healing environment is one where the social, psychological, physical, spiritual, and behavioral components of healthcare support and stimulate the body's innate capacity to heal itself.

the impact of healing design on the well-being of patients, staff and families, it became abundantly clear that creating a healing physical space is intricately woven with the organizational culture and embedding, as they had done, a real passion for taking care of its people, its community, and its environment.

The experience of walking through their intensive care unit—with everything from its gorgeous river views to luxurious fold-out beds for families to rest—and listening to the commitment of the architects, designers, and staff who had thoughtfully considered every as-

pect of the patient and family's experience, made me wistful of the painful days preceding my mother's passing, when we, her anxious family, stood for hours outside the door of the intensive care unit waiting for a glimpse of the doctor or nurse to hear about her condition. From the physical space that was noisy and impersonal, to the stressed and angry caregivers, it could not have been a more damaging environment for all. Let us ensure that places like these soon become nonexistent in the world.

In upcoming columns, we will discuss nature and prevalence of these initiatives

in hospitals and other healthcare settings as well as case studies of how OHE is being implemented.

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