SURVEY OF HEALING ENVIRONMENTS IN HOSPITALS

Nature and Prevalence

Samueli Institute Research Team:
Barbara Findlay, RN, BSN
Katherine Smith, MPH
Michael Finch, PhD
Sherry Loveless

SAMUELI INSTITUTE
EXPLORING THE SCIENCE OF HEALING

The Samueli Institute | 1737 King Street, Suite 600 | Alexandria, VA 22314 | 703.299.4800 | www.SamueliInstitute.org

TABLE OF CONTENTS

OVERVIEW

OVERVIEW

SURVEY OF HEALING ENVIRONMENTS IN HOSPITALS

Nature and Prevalence

Objective: To develop and conduct a pilot survey to better understand the nature and prevalence of initiatives thought to contribute to healing environments in hospitals. This paper describes a survey implementation process and provides descriptive data on healing environment initiatives offered by hospitals.

Study design: Prospective survey.

Methods: We developed a survey to determine the prevalence of hospital-based Optimal Healing Environments (OHE) initiatives. Data were gathered from a convenience sample of 125 hospitals in the upper Midwest region of the United States. Descriptive analyses were conducted to illustrate the nature and prevalence of OHE initiatives.

Conclusions: Completed surveys were received from 55 of the 125 hospitals, a response rate of 44 percent. Overall, results suggest that the hospitals in our sample are developing and implementing initiatives that relate to all seven components of an optimal healing environment, especially the use of physical space to promote wellness. The survey uncovered several themes about current hospital practices: 1) provision of holistic patient-centered nursing care at the bedside; 2) employer investment in self-care of staff; 3) use of physical space to improve the healthcare experience; and 4) incorporation of spirituality into the healthcare process.

INTRODUCTION

INTRODUCTION

The *Survey of Optimal Healing Environments* was conducted in order to better understand the nature and prevalence of initiatives thought to contribute to optimal healing environments in hospitals. Based on an existing Optimal Healing Environments (OHE) framework, the survey collected both quantitative and qualitative data from a convenience sample of 125 hospitals in the upper Midwest region of the United States. This paper describes the survey implementation process and provides descriptive data on healing environment initiatives offered by these hospitals, who they are offered to, and how they are offered.

BACKGROUND

In 2002, the term 'optimal healing environment' was coined by the Samueli Institute, a non-profit organization which explores the scientific foundations of healing and applies that understanding to health care. The Samueli Institute defines healing as the process of recovery, repair and return to wholeness. This is in contrast to curing, which is defined as the eradication of disease.

The concept of an optimal healing environment evolved from multiple meetings and symposiums with distinguished scientists, clinicians, and patients nationwide who shared a belief that healing is a crucial aspect to managing chronic illness and the basis of sustainable approaches in health care.

As a result of these discussions, a framework that elucidates the components of an OHE was developed. According to the Institute, an Optimal Healing Environment (OHE) supports and stimulates patient healing by combining one or more of the following approaches: developing healing intention, experiencing personal wholeness, cultivating healing relationships, practicing healthy lifestyles, applying collaborative healthcare, creating healing organizations, and building healing spaces. A graphic of this framework appears in Figure 1.

To better understand the nature and prevalence of initiatives thought to contribute to healing environments in hospitals, the Institute created the *Survey of Healing Environments in Hospitals* and piloted it with 125 hospitals.

SURVEY DESCRIPTION

The survey was created by a multi-disciplinary team comprised of individuals with expertise in clinical delivery, health services research, public health, financial analysis and complementary and alternative medicine. It was organized around the optimal healing environment components and sought both qualitative and quantitative data about healing environment initiatives in the hospitals.

Figure 1: *Optimal Healing Environments Framework*

The 134-item survey addressed the seven components from the OHE Framework in five sections:

- *Cultivating Healing Relationships* (which incorporated *Developing Healing Intention & Experiencing Personal Wholeness*). The survey characterized a healing patient-provider relationship as one that that enhances the patient's process of recovery and well-being through characteristics such as communication, compassion, empathy, and effective listening. Healing intention was defined as the establishment of hope, belief, or expectation regarding patient recovery and well-being. *Personal wholeness* refers to personal growth and wholeness in mind, body, and spirit.

- *Practicing Healthy Lifestyles.* The survey 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.* Collaborative Healthcare was defined in the survey as the application of a variety of practices from conventional medicine as well as complementary therapies. The survey inquired about 33 services, ranging

on a rough continuum from conventional (e.g. healthy eating habits workshops) to complementary or alternative (e.g. Reiki) practices.

- *Creating Healing Organizations*. The survey 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*. The survey defined healing spaces as those that use a variety of physical components (e.g. architecture, nature, light, color, art, music, aroma, water, and community/personal/sacred space for gathering or retreat) with the intent of promoting wellness and recovery.

The survey is attached as Appendix 1.

SAMPLE AND METHODS

Prior to finalizing the survey, cognitive interviews were conducted with a panel of scientific and content experts representing hospitals, health care systems, health care organizations, and research. Based on these interviews, we concluded it was feasible to use the survey to gather information from hospitals about optimal healing initiatives. Feedback about content, length, organization, and clarity of language was incorporated into a final draft.

In October 2006, *Survey of Healing Environments in Hospitals* was mailed to a convenience sample of 125 hospitals in the upper Midwest region of the United States (Illinois, Iowa, Minnesota, North Dakota, South Dakota, and Wisconsin).

Using standard procedures to increase response rates to postal questionnaires[1], a personalized cover letter and self-addressed stamped envelope were included with the survey, colored ink was used for both the letter and survey, the survey was mailed first-class, and it included a gift worth $5 not conditional on recipient response. The survey was mailed to the nursing or patient-care executive (e.g. Chief Nursing Officer or Vice-President, Clinical Services) at each hospital, as staff in these positions often have the broadest knowledge of patient-related initiatives or may themselves be key change agents. Recipients were instructed to answer each question from their own position and perspective in the hospital. However, if they encountered survey questions that covered areas with which they were not familiar, participants were encouraged to gather information from colleagues in order to thoroughly and accurately respond to each item.

The survey was confidential, collected information about hospitals rather than individuals, and never asked respondents to give their name or any other identifying information. An Institutional Review Board (IRB) exemption was granted from the Western Institutional Review Board (WIRB) Regulatory Affairs Department.

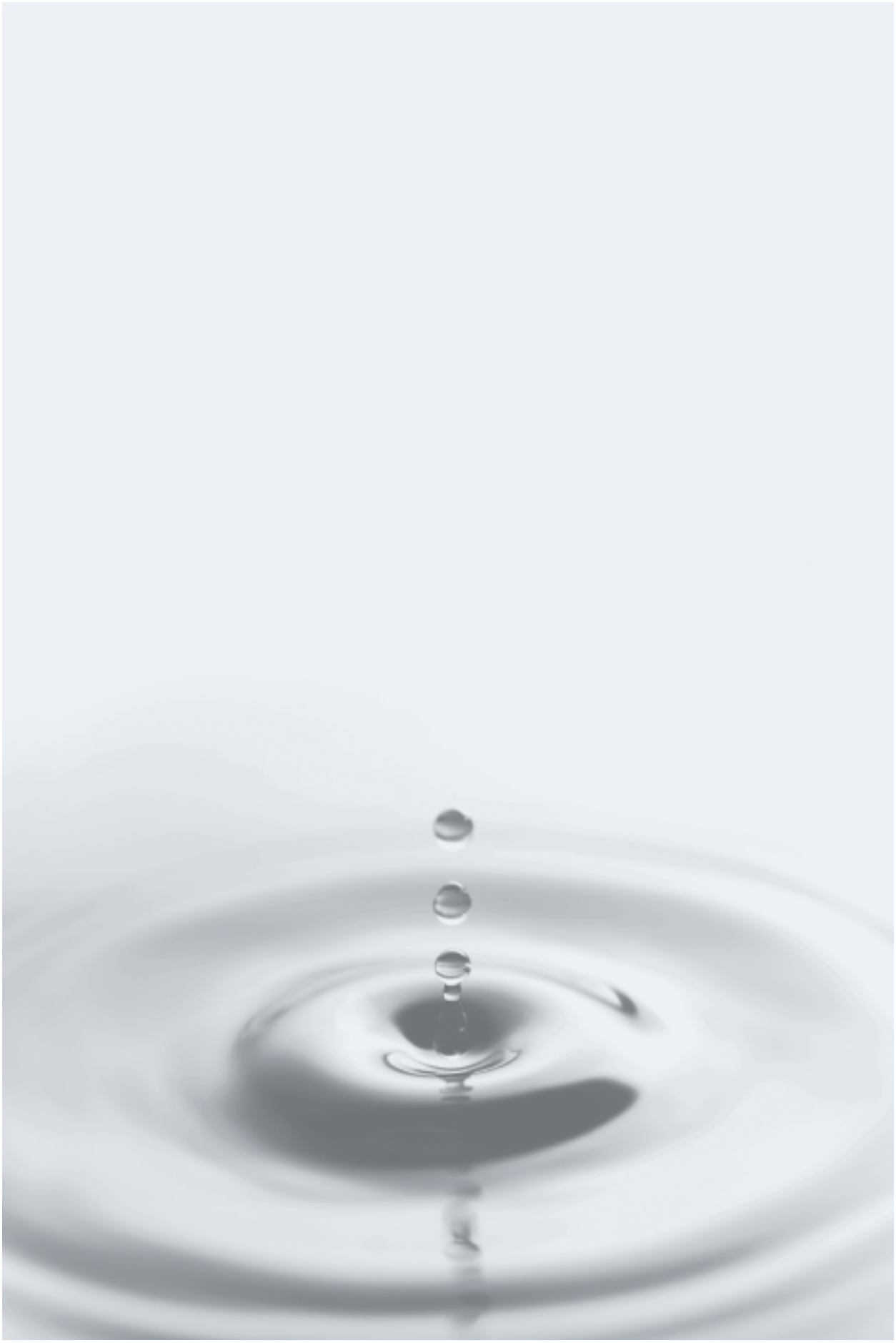
Intensive phone and e-mail follow-ups were conducted to increase the response rate. Non-responders were contacted at least 4 times, and a second and sometimes third copy of the survey and gift certificate were sent. Completed surveys were received from 55 of the 125 hospitals, a response rate of 44 percent. The three most frequent reasons given for not responding to the survey were lack of time, length of survey, and 'survey fatigue' (i.e. too many requests to complete surveys).

When surveys were received, data were entered into an electronic data capture system and converted into a format amenable to statistical analysis. Both electronic and hand editing was performed to assure the consistency of the data and accuracy of the data entry.

Data were analyzed using SPSS version 14.0. Missing data were not imputed; rather they were simply removed in a list wise manner from the computation of individual statistics.

RESULTS

The results are presented under five sections: Collaborative Healthcare, Practicing Healthy Lifestyles, Healing Spaces, Creating Healing Organizations, and Cultivating Healing Relationships (which includes Developing Healing Intention & Experiencing Personal Wholeness).



SECTION 1

COLLABORATIVE HEALTHCARE

Items measured the types of services offered, such as yoga, meditation, and biofeedback, and the populations to whom they were offered. The survey also measured the process by which services were offered, including how they were ordered, who delivered them, and whether there was a separate cost to the user.

TYPES OF SERVICES OFFERED

As mentioned earlier, the survey inquired about 33 services, ranging on a rough continuum from conventional to complementary or alternative. The continuum was based on the definitions and framework created by the National Institutes of Health's National Center for Complementary and Alternative Medicine (NCCAM). Conventional services are those considered to be part of conventional medicine and practiced by holders of M.D. (medical doctor) or D.O. (doctor of osteopathy) degrees and their allied health professionals, such as physical therapists. Complementary and alternative services are a diverse group of practices and products not presently considered to be part of conventional medicine. The list of practices that are considered complementary and alternative changes continually as therapies are created and some proven safe and effective and become accepted as conventional healthcare practices. According to the NCCAM framework, complementary and alternative practices include those grouped within five major domains: whole medical systems (e.g. homeopathy), mind-body interventions (e.g. meditation), biologically-based treatments (e.g. herbal products), manipulative and body-based methods (e.g. massage), and energy therapies (e.g. Reiki).[2]

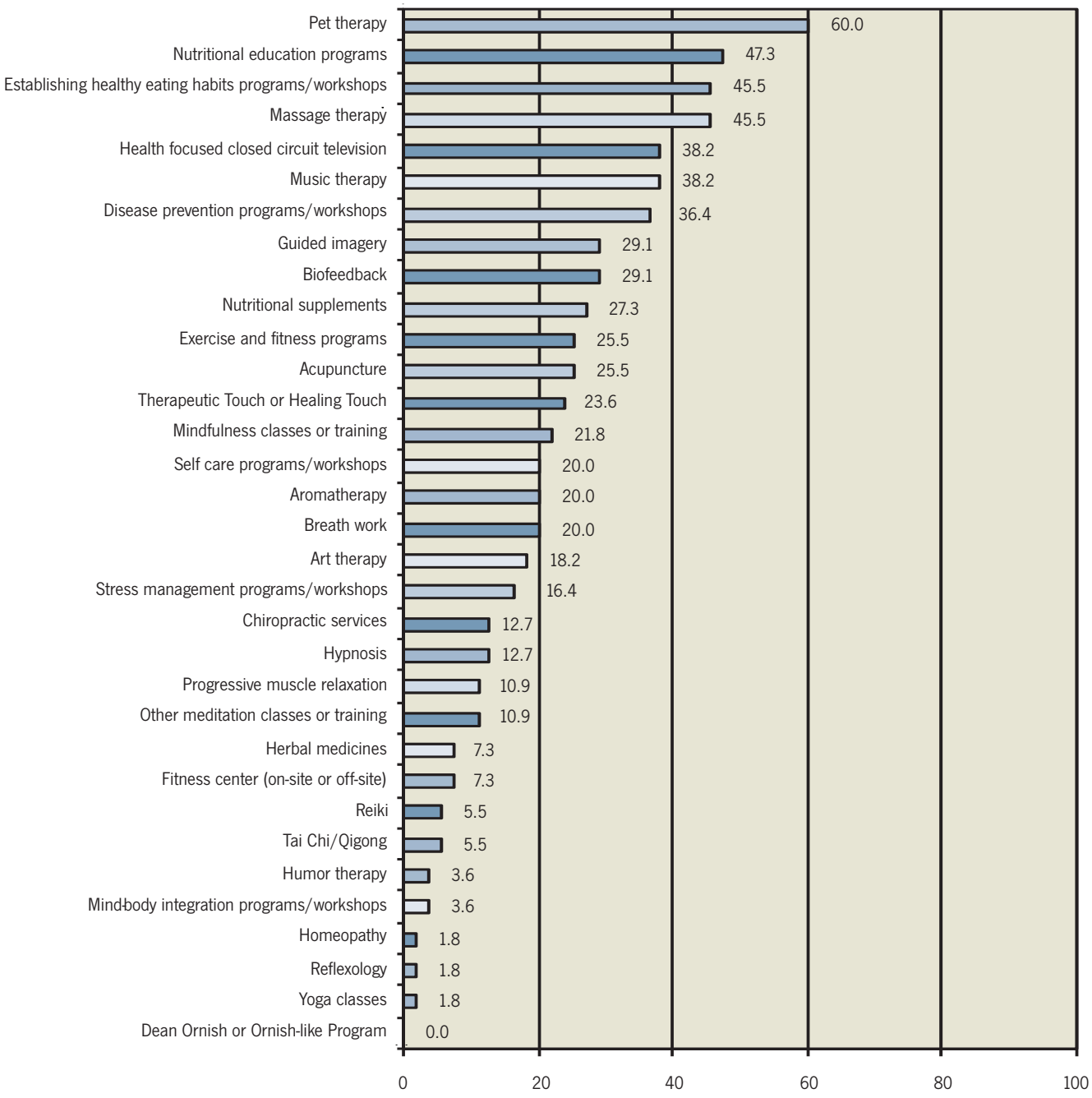
TO WHOM SERVICES WERE OFFERED

See Figures 2–5.

In order to most fully assess the prevalence of collaborative services being used by hospitals, the survey inquired about services made available to four populations: inpatients, families of patients, staff, and the community. See Figures 2–5. Of 33 collaborative services listed in the survey, the average number offered to inpatients was 6.8; to families 3.8; to staff 6.3, and to members of the community 8.0. For every population, hospitals more frequently offered services on the more conventional end of the spectrum.

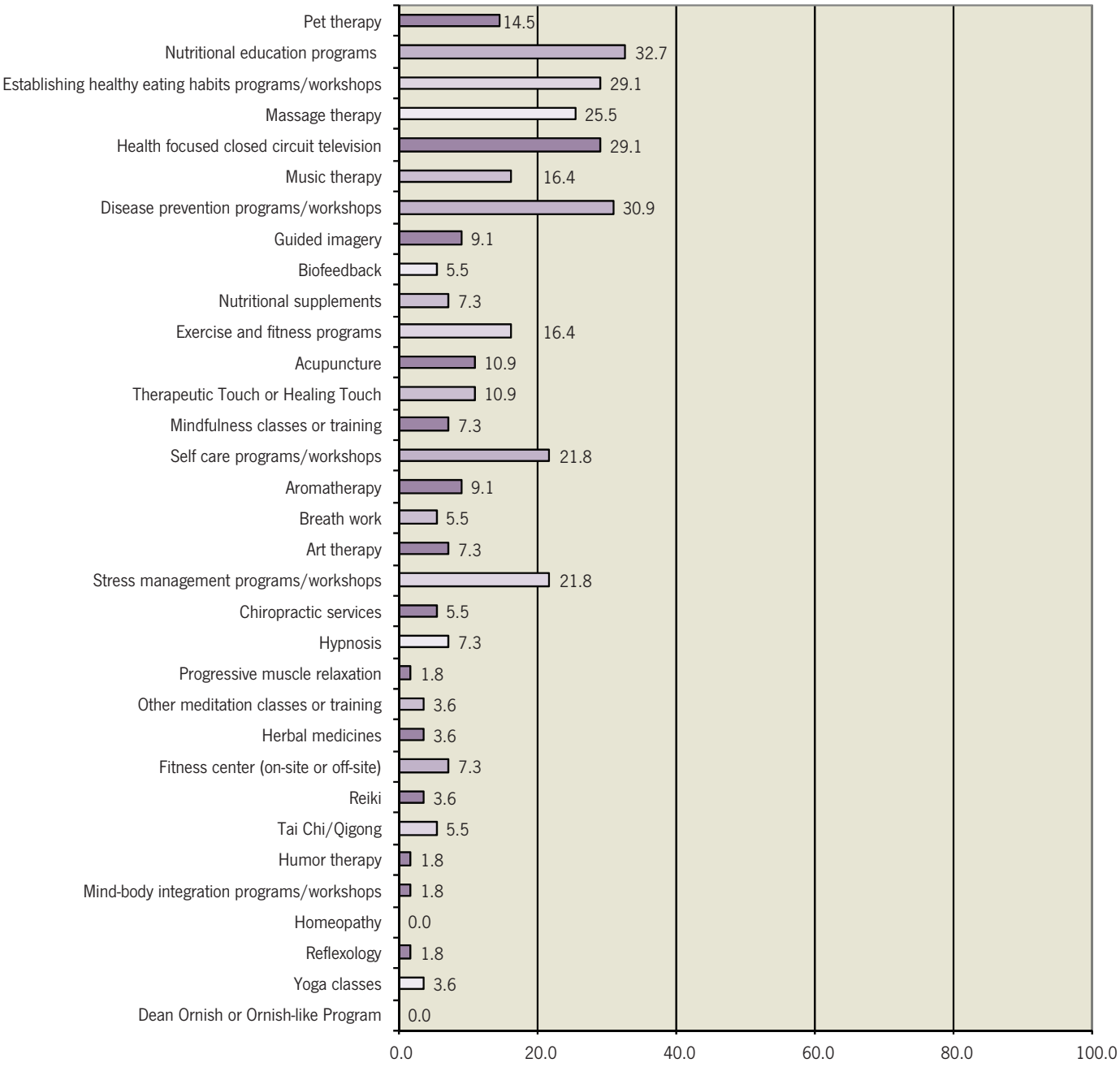
However, many of the services on the more complementary or alternative end of the spectrum were offered more frequently to the community than to patients, families, or staff. These include yoga (30.9%), Tai Chi/Qigong (29.1%), acupuncture (29.1%), meditation (21.8%), mind-body integration programs (18.2%), chiropractic (18.2%), Reiki (14.5%), reflexology (14.5%), hypnosis (14.5%), progressive muscle relaxation (14.5%), herbal medicines (14.5%), and homeopathy (9.1%).

Figure 2: *Service is available to inpatients (% yes)*



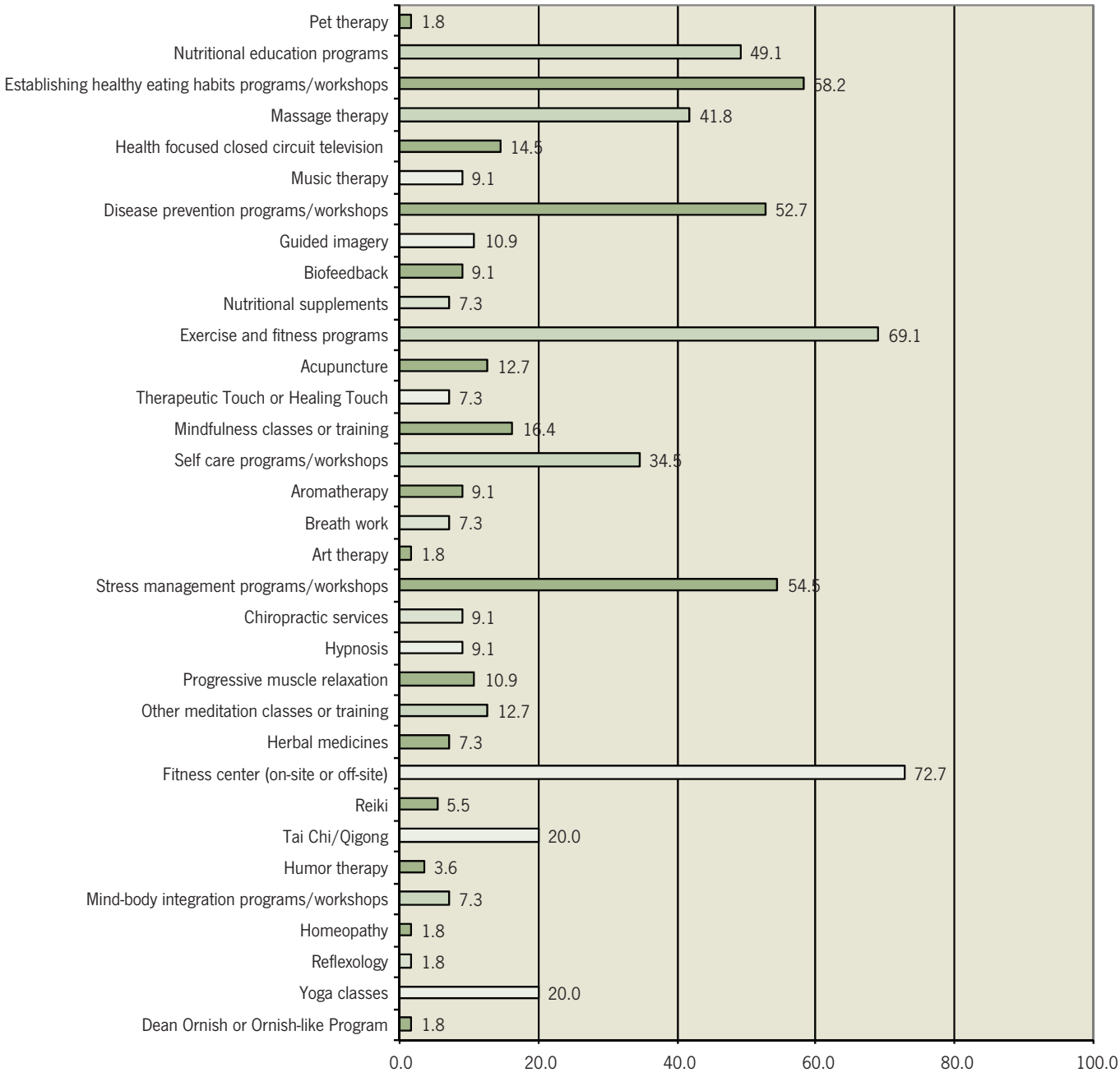
Patients: Services offered to inpatients are shown in Figure 2. Of the 55 responding hospitals, 52 offered at least one collaborative service to patients. The services offered most frequently to patients were pet therapy (60%), nutrition education programs (47.3%), healthy eating habits programs (45.5%), massage therapy (45.5%), and health-focused closed circuit television (38.2%). The majority of these services are considered conventional practices. The modalities offered least frequently to patients were Dean Ornish or Ornish-like programs (0%), yoga classes (1.8%), homeopathy (1.8%), and reflexology (1.8%), most of which are considered complementary or alternative practices. [3]

Figure 3: *Service is available to patient's family (% yes)*



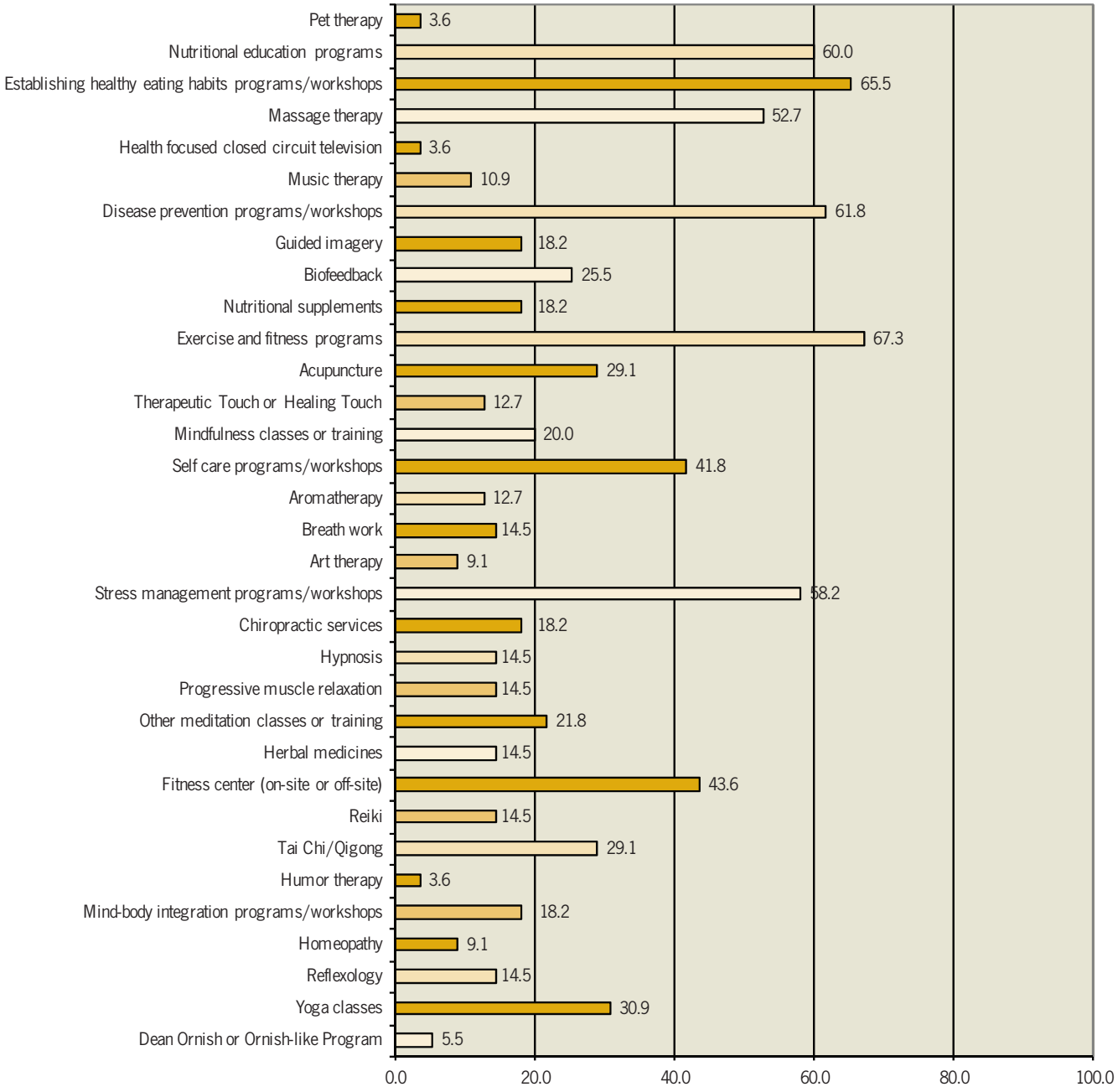
Families: The services offered to families of patients are shown in Figure 3. Of the four populations, families received collaborative healthcare services the *least* frequently. The services most often offered to families included nutrition education programs (32.7%), disease prevention programs (30.9%), health-focused closed circuit television (29.1%), establishing health eating habits programs (29.1%), and massage therapy (25.5%). Similar to patients, these modalities, with the exception of massage therapy, are considered conventional rather than complementary or alternative.[3] Two modalities, homeopathy and Dean Ornish or Ornish-like programs, were not offered to families by any of the reporting hospitals.

Figure 4: *Service is available to staff (% yes)*



Staff: The services offered to hospital staff are shown in Figure 4. Overall, collaborative healthcare services were offered to staff about as frequently as to inpatients. The services most frequently offered to staff included fitness center accessibility (72.7%), exercise and fitness programs (69.1%), establishing healthy eating habits programs (58.2%), stress management programs (54.5%), and disease prevention programs or workshops (52.7%). All of these modalities are considered conventional rather than complementary or alternative.[3] Homeopathy, reflexology, art therapy, pet therapy, and Dean Ornish or Ornish-like programs were offered to staff in only one hospital each.

Figure 5: *Service is available to community (% yes)*

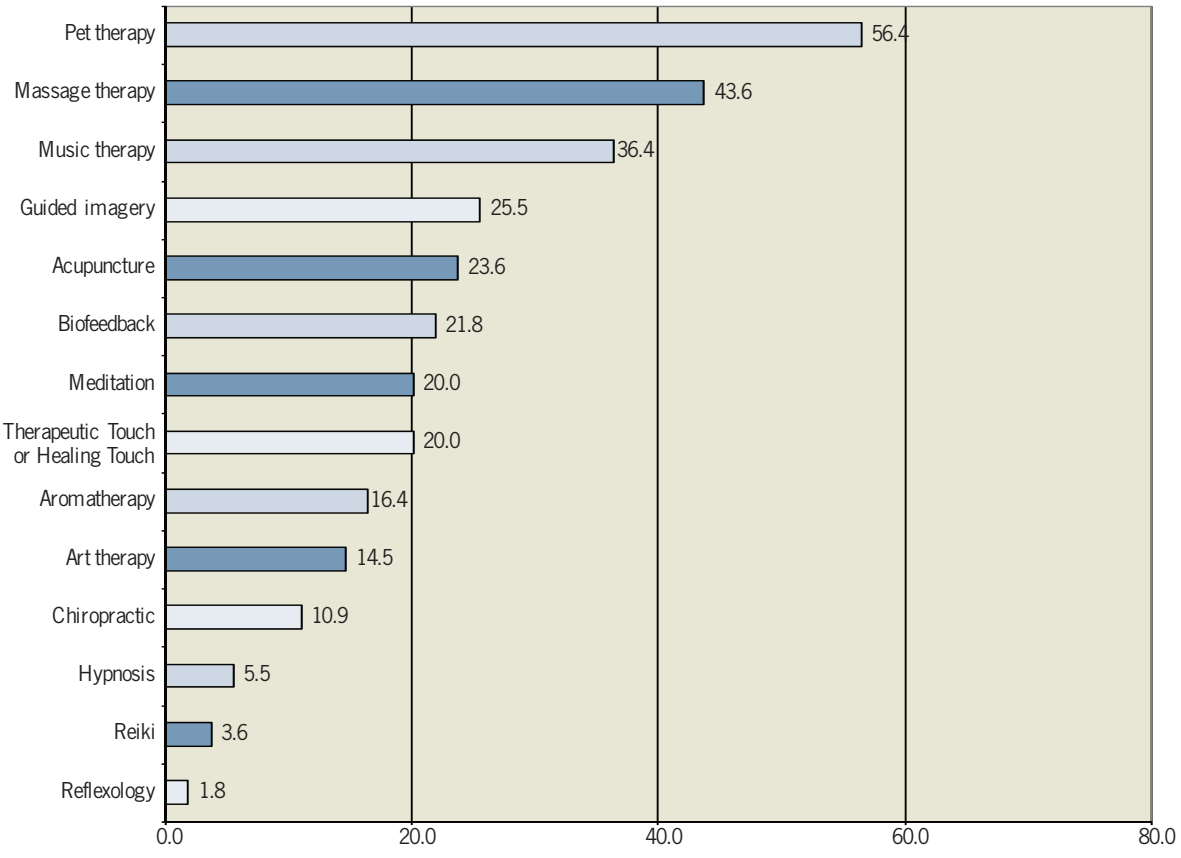


Community: The services offered to the community are shown in Figure 5. Of the four populations, collaborative healthcare services were offered *most* frequently to the community. Services offered by a majority of hospitals included exercise and fitness programs (67.3%), establishing healthy eating habits programs (65.5%), disease prevention programs or workshops (61.8%), nutritional education programs (60.0%), stress management programs/workshops (58.2%), and massage therapy (52.7%). Once again, most of these services are on the more conventional end of the spectrum.[3]

PROCESS OF SERVICE DELIVERY

In the second part of the Collaborative Healthcare section of the survey, we delved more deeply into a subset of 14 of the 33 collaborative healthcare services, most of which would be considered on the complementary or alternative end of the spectrum. We wanted to find out about the process of delivery – how patients ask for each service, who provides it, whether there is a separate cost for it, and whether the hospital has a credentialing process for the practitioners providing it. We focused our questions on patients because that was the population in which we were most interested. The services offered to inpatients are shown in Figure 6. (It is important to note that the results shown in Figure 2 and Figure 6 are derived from two separate survey questions and thus, because of missing data, there are minor differences between the reported percentages.)

Figure 6: *Service is available to inpatients (% yes)*



HOW SERVICE IS ACCESSED

The survey asked *how* patients accessed collaborative healthcare services at those hospitals where the service was available, specifically whether it was through patient request, family request, a nurse, physician order, or "other" means. We were interested in whether there was a "gatekeeper" that patients had to go through in order to use collaborative services. See Table 1 for a summary of access.

Table 1: *How do inpatients access this service? (Check all that apply)*

	Patient request	Family request	Nurse	Physician order	Other
Meditation	63.6	45.5	45.5	36.4	27.3
Hypnosis	66.7	33.3	0.0	100.0	0.0
Biofeedback	58.3	8.3	16.7	83.3	8.3
Massage therapy	83.3	58.3	54.2	45.8	8.3
Guided imagery	57.1	42.9	64.3	28.6	14.3
Therapeutic Touch or Healing Touch	90.9	72.7	81.8	36.4	0.0
Reiki	100.0	50.0	50.0	50.0	0.0
Reflexology	100.0	0.0	100.0	0.0	0.0
Acupuncture	76.9	30.8	23.1	100.0	7.7
Chiropractic	50.0	16.7	0.0	100.0	0.0
Aromatherapy	77.8	66.7	77.8	11.1	0.0
Music therapy	65.0	50.0	45.0	20.0	25.0
Art therapy	50.0	50.0	50.0	25.0	25.0
Pet therapy	90.3	74.2	51.6	25.8	6.5

Overall, the survey found that patient request was the most frequent means of accessing collaborative health services. For 9 of the 14 services, patient request was the primary way a service was accessed. Four of the collaborative healthcare services, acupuncture, chiropractic, hypnosis, and biofeedback, were each accessed most often through a physician order.

WHO PROVIDES THE SERVICE

We were also interested in *who* provides each of the collaborative healthcare services. The survey inquired whether nurses, physicians, other hospital staff, contracted staff, or 'others'offered the subset of 14 services. See Table 2 for a summary of collaborative service providers.

Table 2: *Who provides this service? (Check all that apply)*

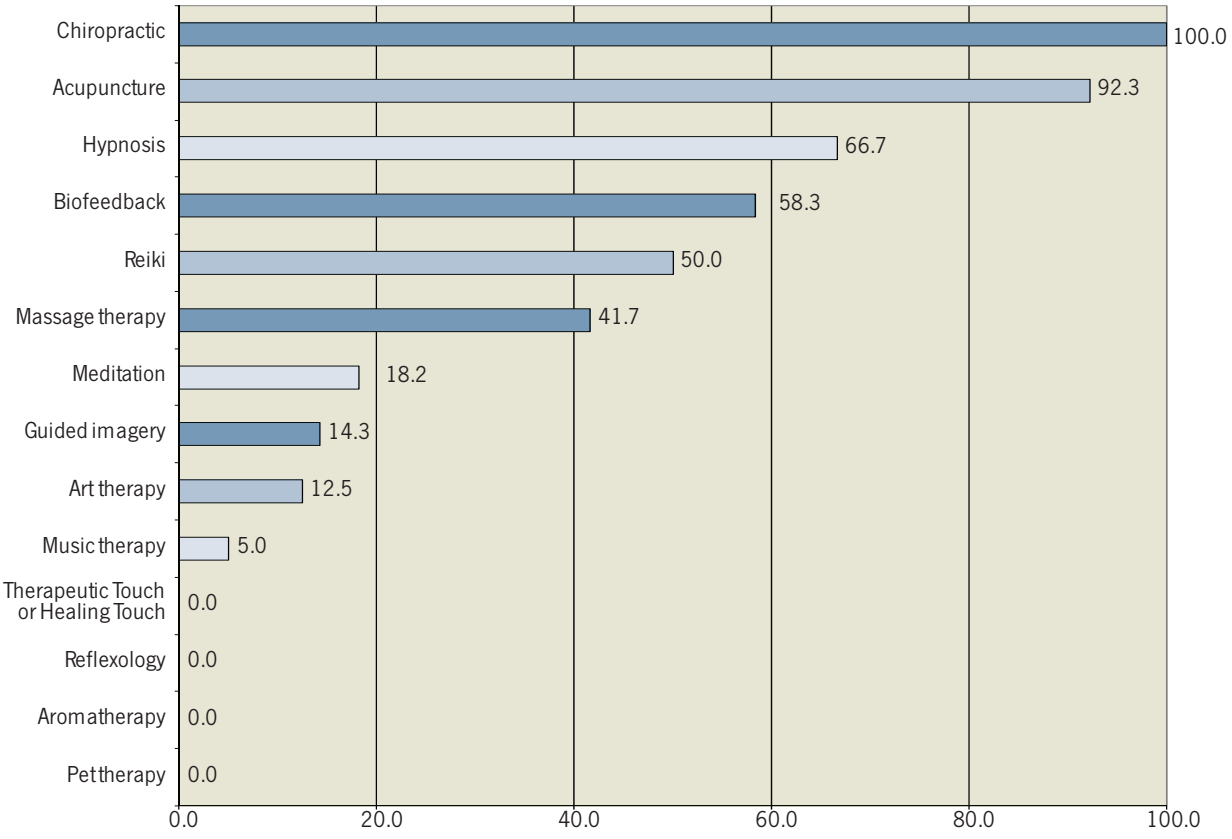
	Nurse	Physician	Other hospital staff	Contracted staff	Other
Meditation	45.5	0.0	54.5	0.0	18.2
Hypnosis	0.0	33.3	33.3	0.0	0.0
Biofeedback	8.3	8.3	83.3	0.0	8.3
Massage therapy	8.3	0.0	54.2	25.0	16.7
Guided imagery	57.1	7.1	42.9	7.1	7.1
Therapeutic Touch or Healing Touch	81.8	0.0	27.3	0.0	0.0
Reiki	50.0	0.0	100.0	0.0	0.0
Reflexology	100.0	0.0	0.0	0.0	0.0
Acupuncture	0.0	30.8	15.4	38.5	15.4
Chiropractic	0.0	16.7	0.0	66.7	33.3
Aromatherapy	77.8	0.0	66.7	0.0	11.1
Music therapy	35.0	0.0	75.0	5.0	10.0
Art therapy	12.5	0.0	100.0	0.0	0.0
Pet therapy	22.6	0.0	19.4	6.5	64.5

The survey findings showed that collaborative services were most often provided by other hospital staff and least often by contracted staff. Nurses were the second most frequent providers of collaborative services, providing 11 of the 14 services. In over half of responding hospitals, nurses provided meditation, Reiki, Therapeutic Touch/Healing Touch, guided imagery, reflexology and/or aromatherapy. The survey found physicians rarely provide collaborative services. They provided 4 of the 14 modalities, hypnosis, acupuncture, chiropractic, and biofeedback, the same 4 modalities for which physicians are the main gatekeeper.

COST

An important aspect of service delivery is cost. Hospitals were asked whether they charge a separate fee for each of the 14 collaborative services. See Figure 7 for a summary.

Figure 7: *Is there a separate cost for this service? (%yes)*



Four categories of services, pet therapy, Therapeutic Touch(TT)/Healing Touch, reflexology, and aromatherapy were offered free of charge in every responding hospital that offered such services. Guided imagery, meditation, art therapy, and music therapy were offered free in 80–95% of hospitals that provide them. (See Figure 7.) In contrast, one service, chiropractic, was not offered free in a single hospital that offered it. More often than not, hospitals charged for acupuncture (92.3%), hypnosis (66.7%), and biofeedback (58.3%).

CREDENTIALING AND STAFFING

We also inquired about the types of practitioners with whom the hospital has a working relationship. We queried about 10 specific types of practitioners: Naturopaths, Certified Holistic Nurses, mind-body practitioners, energy practitioners, massage therapists, acupuncturists, Traditional Chinese Medicine practitioners, chiropractors, homeopaths, and Ayurvedic practitioners. No hospital reported a credentialing process for Naturopaths, energy practitioners, or Ayurvedic practitioners. For all other categories at least one hospital reported having a credentialing process for that category of practitioner. The types of practitioners for which hospitals most frequently had a credentialing process were acupuncturists (50%), chiropractors (47.8%), and massage therapists (31.4%).

In terms of staffing, at least one clinician from nine of the 10 categories of practitioners was hired. Not a single responding hospital had hired an Ayurvedic practitioner onto staff or as a contractor or consultant. The types of practitioners hired as staff by the most number of hospitals were massage therapists (11%), acupuncturists (7%), and Certified Holistic Nurses (3.5%).

NATURAL HEALTH PRODUCTS

The survey also inquired about natural health products being offered by hospitals as a part of patient care. Such products include herbal medicines, nutritional supplements, homeopathic remedies, and essential oils. Over a third (35.2%) of hospitals had established or were in the process of establishing a formulary for nutritional supplements, with 14.9% selling or in the process of selling such supplements. Each of the other single categories of natural health products (herbal medicines, essential oils and homeopathic remedies) were offered in about 11% or less of hospitals, with homeopathic remedies being offered least frequently. See Figure 8–9 for a summary of natural health product offerings.

Figure 8: *Has your hospital established a formulary for natural health products?*

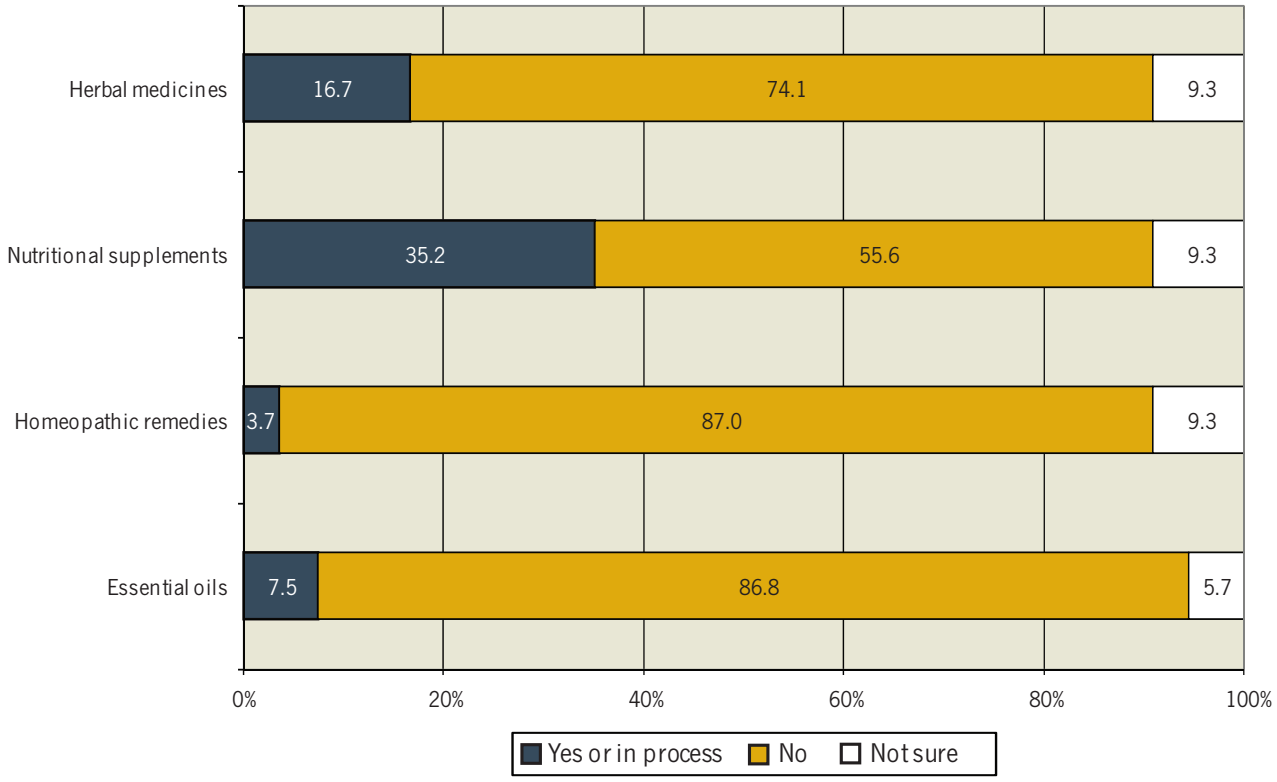
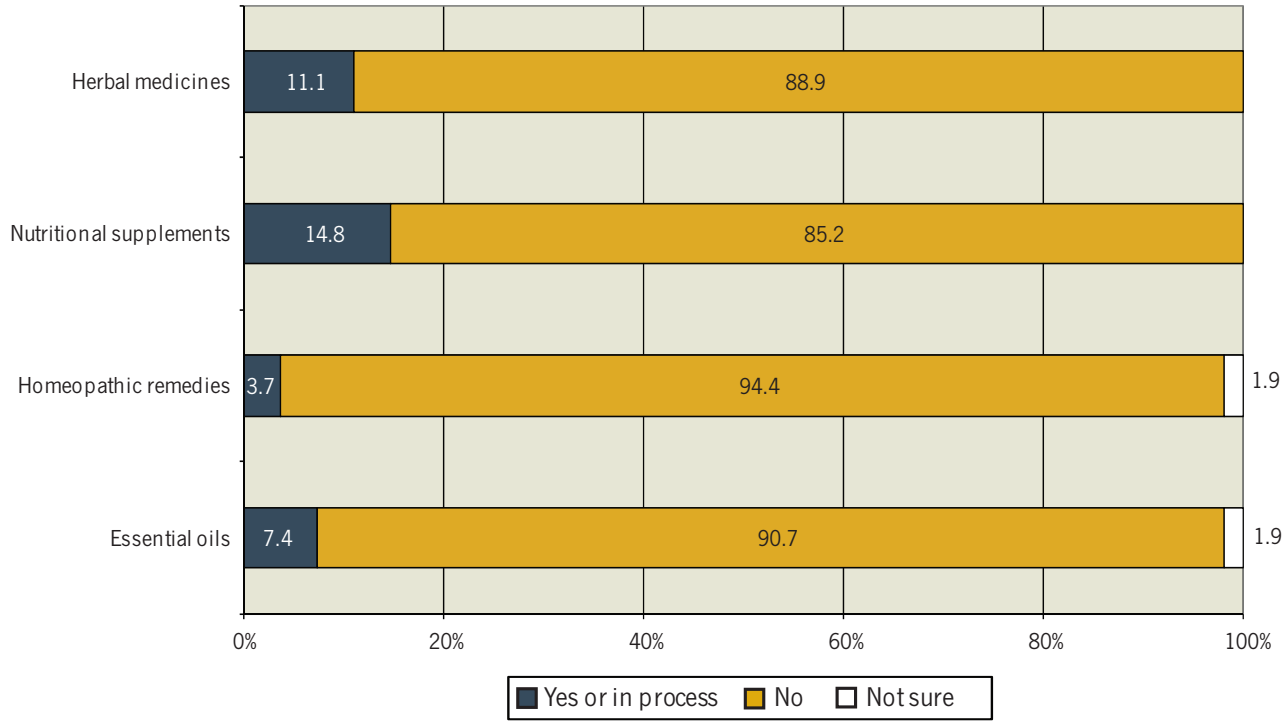


Figure 9: *Does your hospital sell natural health products?*



SECTION 2

PRACTICING HEALTHY LIFESTYLES

See Figures 10–12 for results.

Section II of the survey addressed healthy lifestyle practices. Individuals (and groups) can practice behaviors which enhance their health and prevent future development of disease. As part of an optimal healing environment, hospitals can provide programs to support healthy practices. It is widely accepted that three important components of living a healthy lifestyle are eating nutritiously, exercising, and maintaining balance through stress management/relaxation.[4] The survey inquired about hospital programs and opportunities that would facilitate the adoption of these three practices. Survey items assessed the types of healthy lifestyle services offered, to whom services were offered, and the process by which staff were encouraged to participate.

Of the three healthy lifestyle components assessed, programs to support healthy eating habits were offered most frequently and stress management programs offered least frequently. This was true for all three populations assessed (patients, families, and staff). When comparing populations, healthy eating habits programs were offered most often to patients; both exercise and stress management opportunities were offered most often to staff. For each of the three healthy lifestyle areas, hospitals encouraged staff to participate by offering them a subsidy or time off.

Figure 10: *Availability of healthy eating habits programs (%yes)*

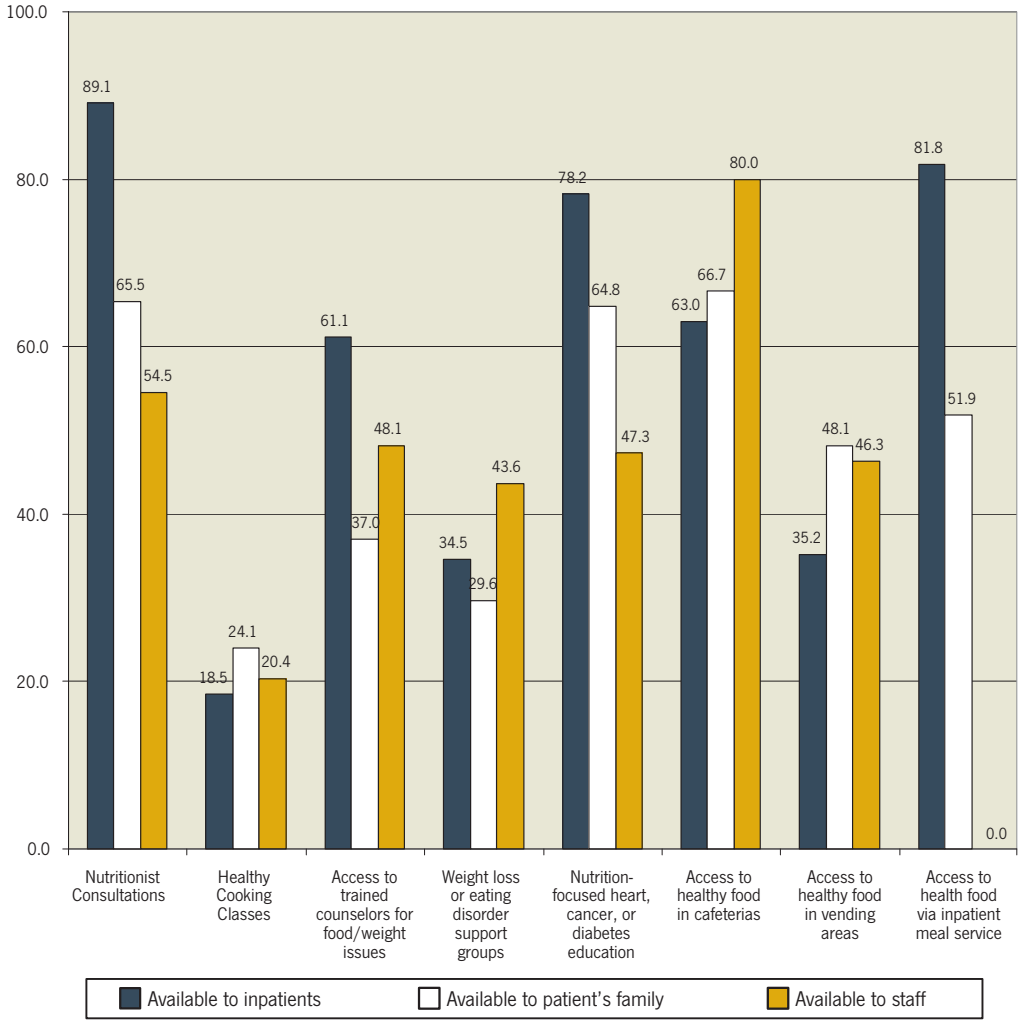


Figure 11: *Availability of exercise programs (%yes)*

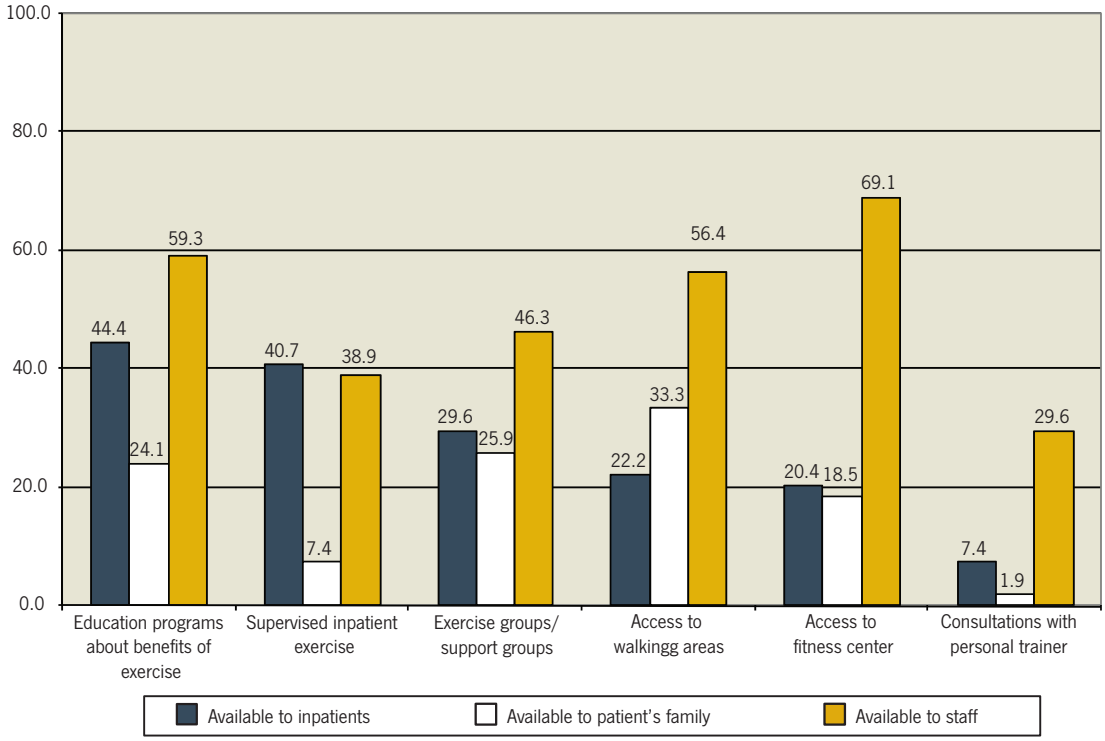
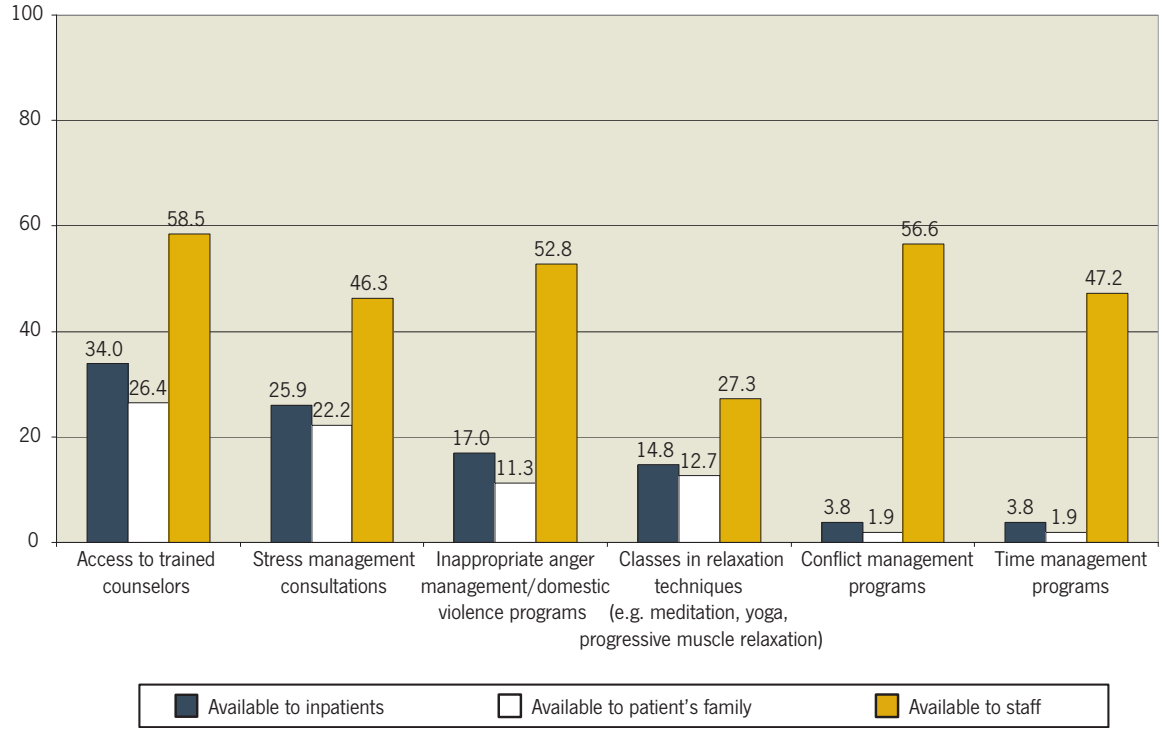


Figure 12: *Availability of stress management programs (%yes)*



HEALTHY EATING HABITS

Programs and opportunities offered to encourage healthy eating habits are shown in Figures 13–15. They were the most popular lifestyle programs.

The survey inquired about eight different services ranging from consultations with nutritionists and counselors to access to healthy foods in vending machines.

Patients: The healthy eating habits services offered most frequently to patients were nutritionist consultations (89.1%), access to healthy food via inpatient meal service (81.8%), and nutrition-focused heart, cancer, or diabetes education (78.2%).

Families: The healthy eating habits opportunities offered most often to families were access to healthy food in cafeterias (66.7%), nutritionist consultations (65.5%), and nutrition-focused heart, cancer, or diabetes education (64.8%).

Staff: Fewer healthy eating opportunities were offered to staff. The programs most frequently offered were access to healthy food in cafeterias (80.0%), nutritionist consultations (54.5%), and access to trained counselors for food/weight issues (48.1%). Except for access to healthy vending area food, staff were either subsidized or given time off to participate in each of the healthy eating programs, most often given time off.

Figure 13: *Healthy eating habits programs for inpatients (%yes)*

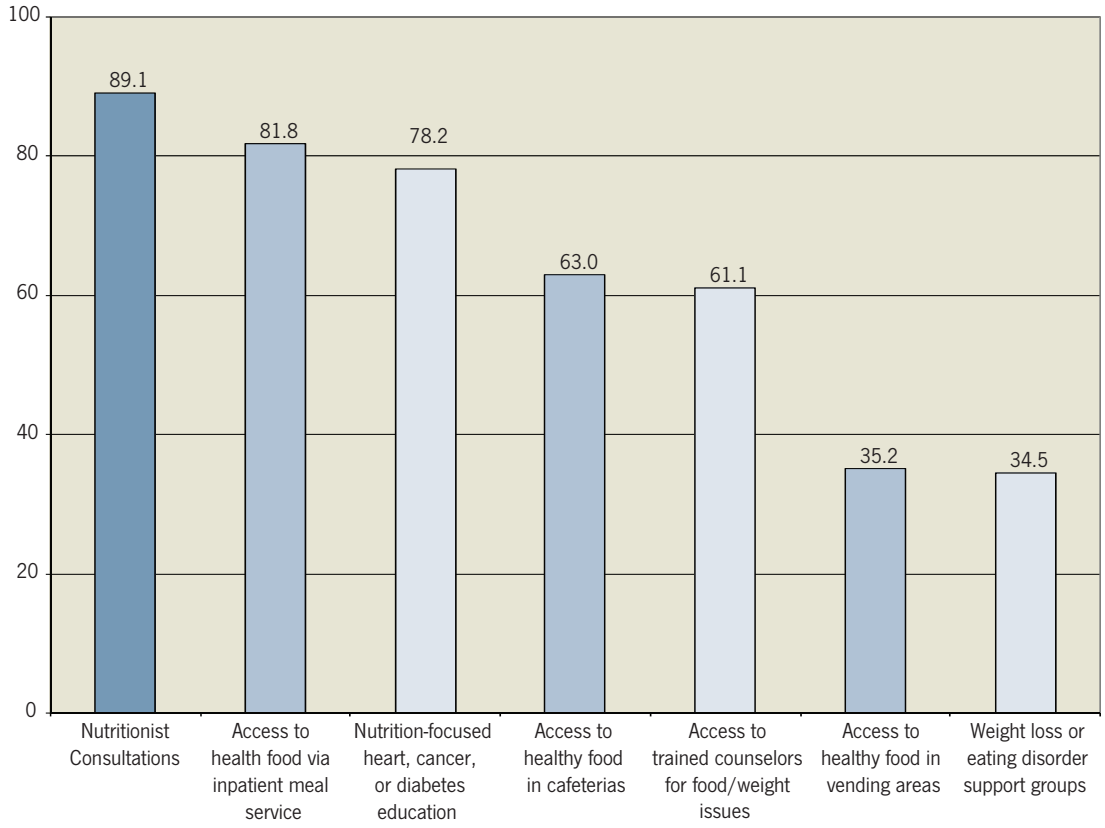


Figure 14: *Healthy eating habits programs for patient's family (%yes)*

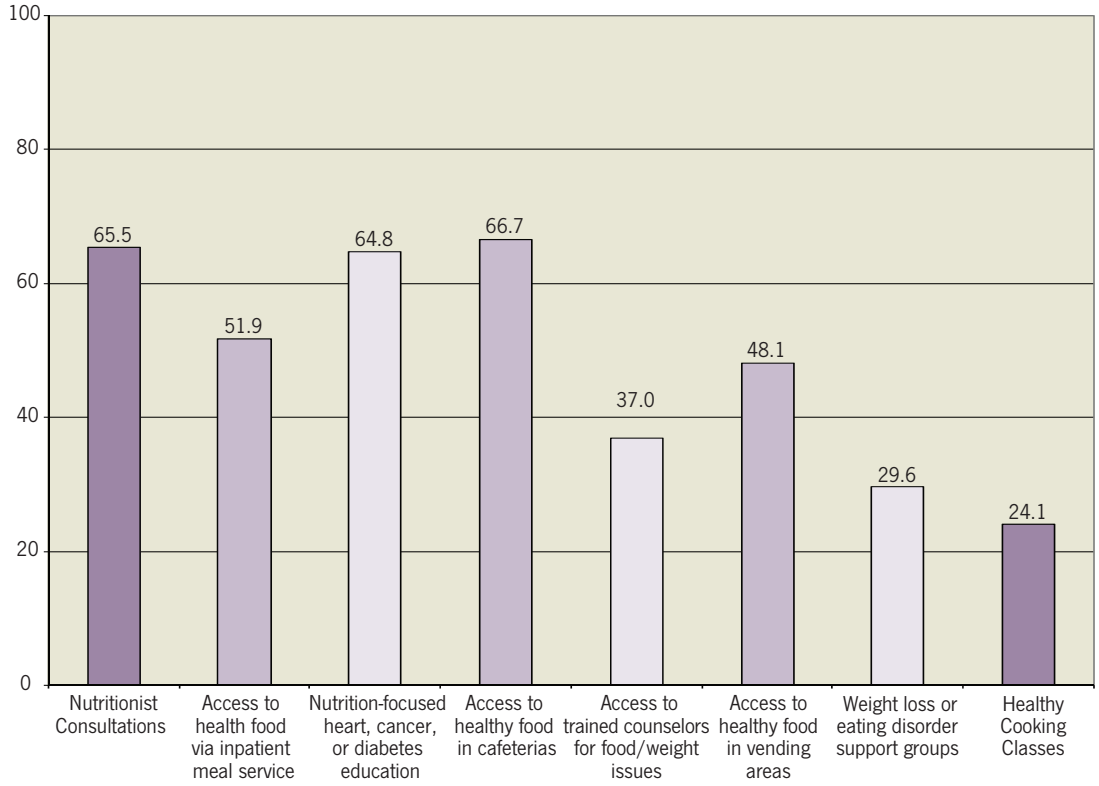
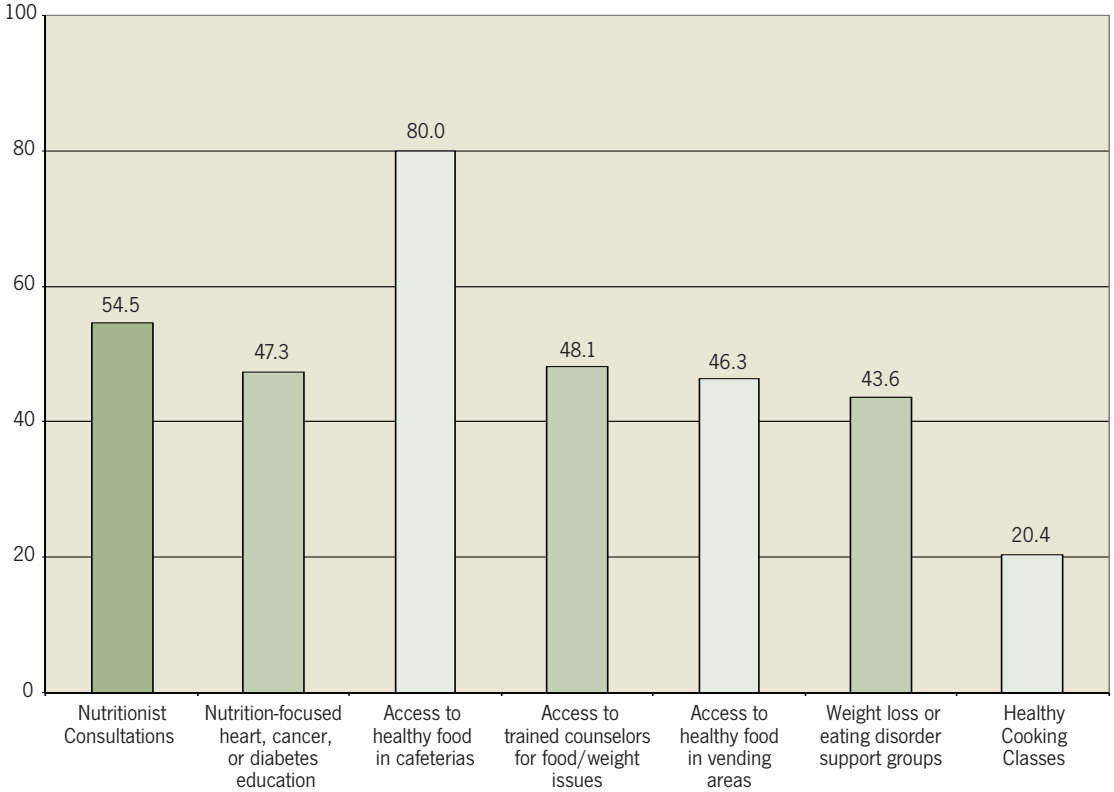


Figure 15: *Healthy eating habits programs for staff (%yes)*



EXERCISE

Programs to encourage exercise are shown in Figures 16–18.

The survey inquired about six different services ranging from consultations with a personal trainer to access to walking areas.

Patients: The three programs offered to patients most frequently were education about exercise benefits (44.4%), supervised inpatient exercise (40.7%), and exercise groups/support groups (29.6%).

Families: Access to walking areas (33.3%), exercise groups/support groups (25.9%), and education about exercise benefits (24.1%) were the programs most often offered to families.

Staff: Of the three populations, exercise programs were offered most frequently to staff. The services most often provided were access to a fitness center (69.1%), education about exercise benefits (59.3%), and access to walking areas (56.4%). For each of the six exercise programs, staff were either subsidized or given time off to participate, most often subsidized.

Figure 16: *Exercise programs for inpatients (% yes)*

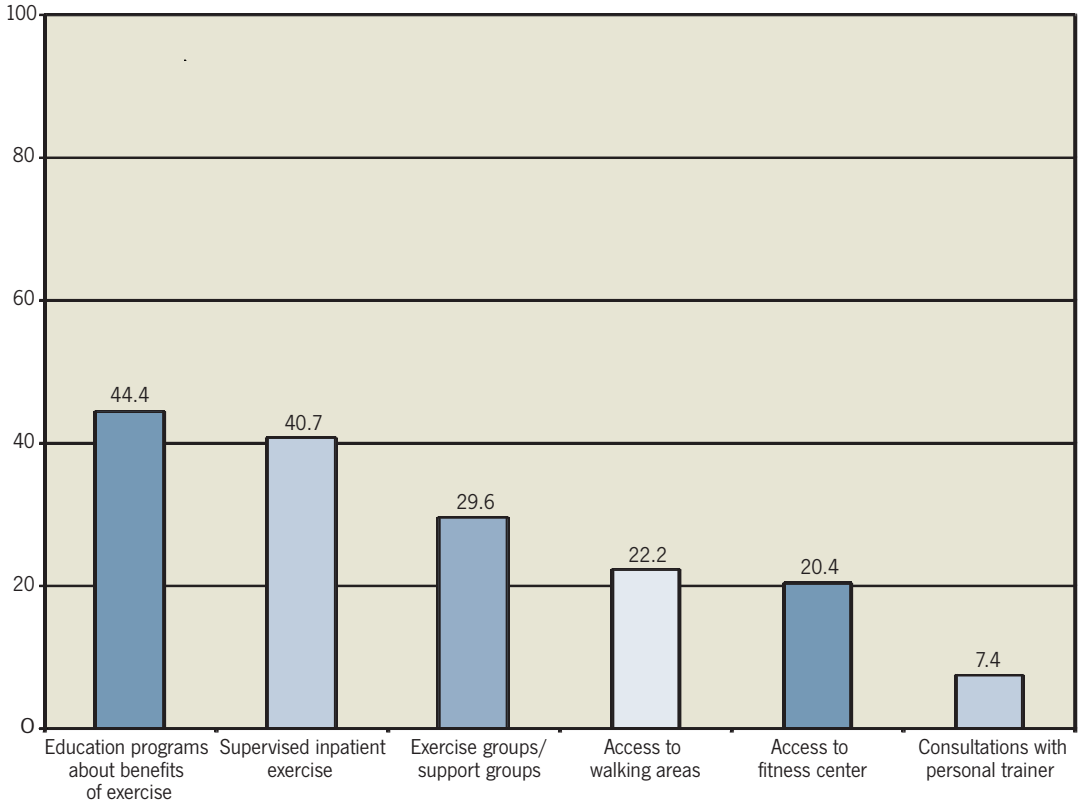


Figure 17: *Exercise programs for patient's family (%yes)*

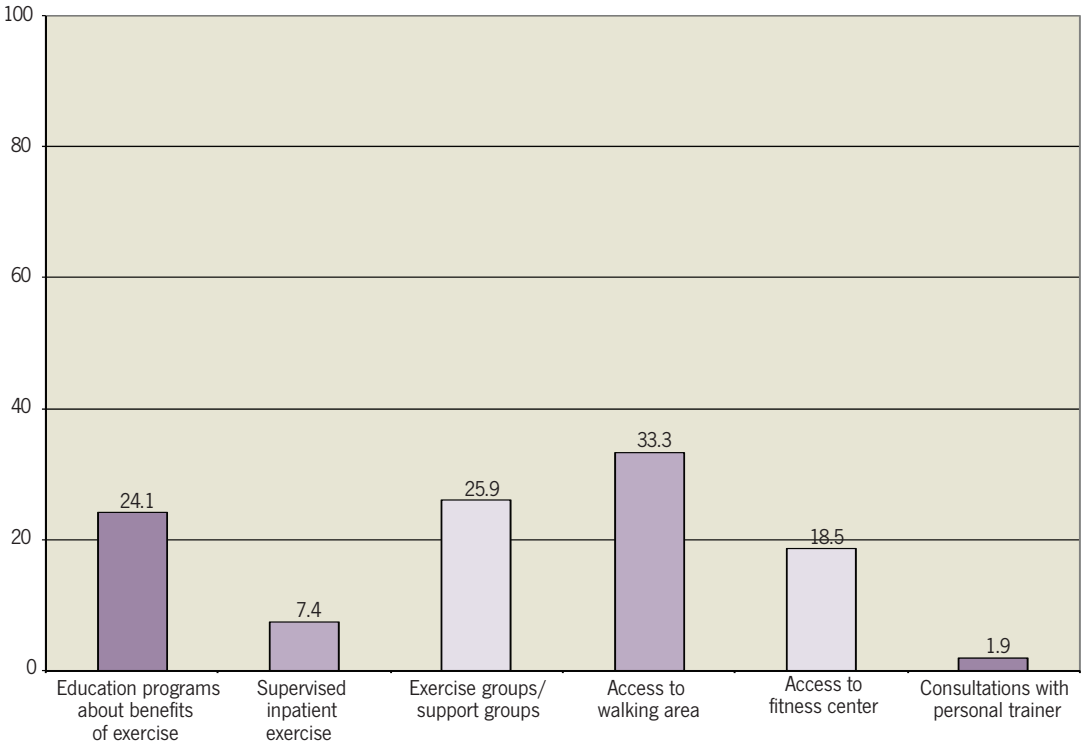
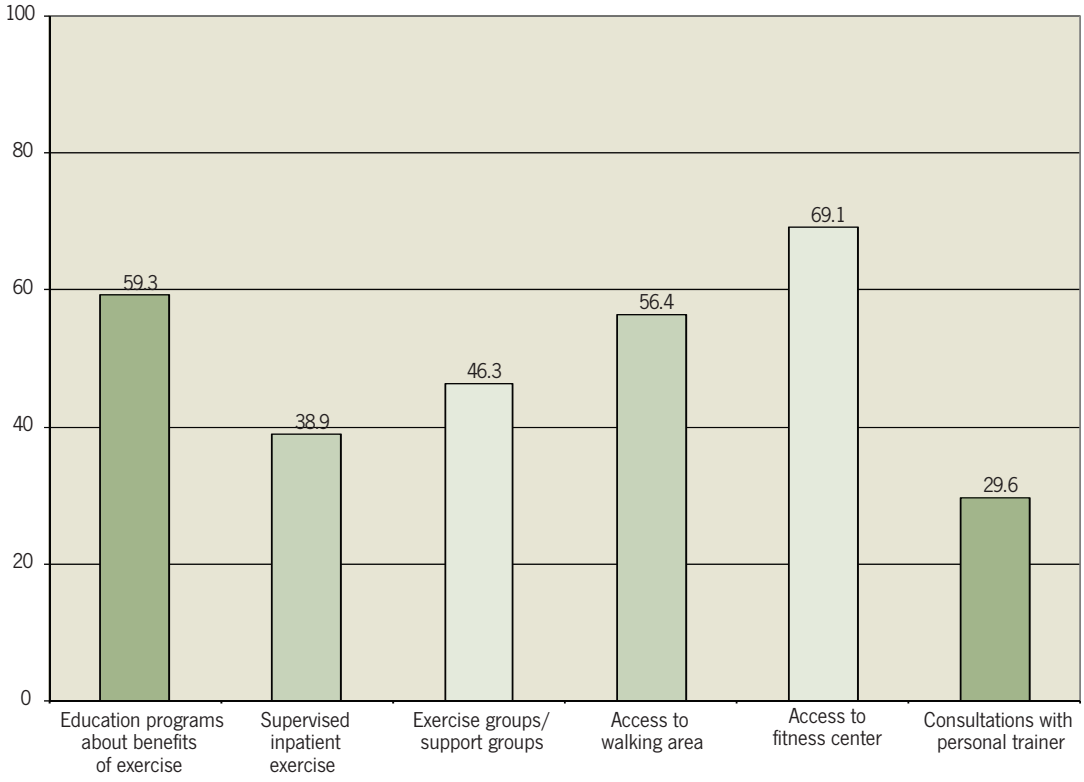


Figure 18: *Exercise programs for staff (%yes)*



STRESS MANAGEMENT

Programs to encourage stress management are shown in Figures 19–21.

The survey inquired about six different services ranging from classes in relaxation techniques to time and anger management programs. Of the three healthy lifestyle components covered in the survey, opportunities to facilitate stress management were offered by hospitals least frequently. This was true for each of the three populations assessed.

Patients: The stress management services offered most frequently to patients were access to trained counselors (34%), stress management consultations (25.9%), and anger management/domestic violence programs (17.0%).

Families: Access to trained counselors (26.4%), stress management consultations (22.2%), and classes in relaxation techniques (12.7%) were the stress management programs most often offered to families.

Staff: Of the three populations assessed, programs to facilitate stress management were offered most frequently to staff. Half of the stress management services were offered to staff in a majority of hospitals. The services offered most frequently were access to trained counselors (58.5%), conflict management programs (56.6%), and anger management/domestic violence programs (52.8%). For each of the six stress management programs, staff were either subsidized or given time off to participate, most often time off.

Figure 19: *Stress management programs for inpatients (% yes)*

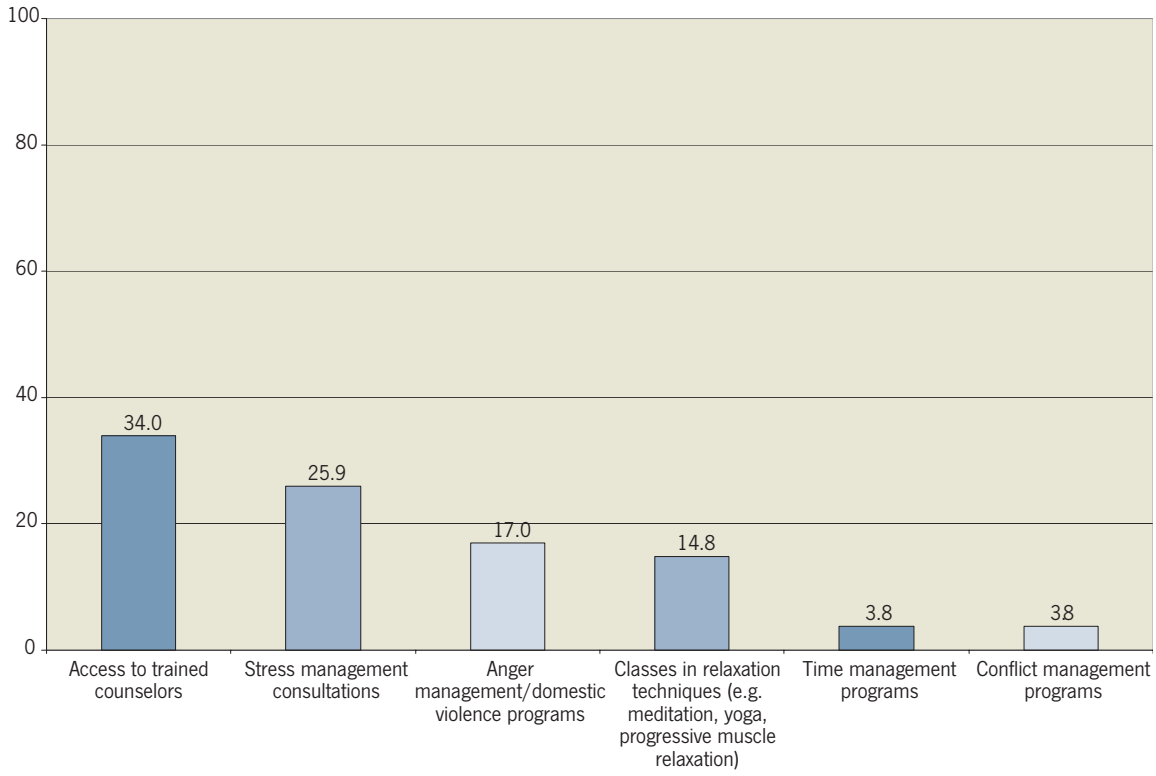


Figure 20: *Stress management programs for patient's family (%yes)*

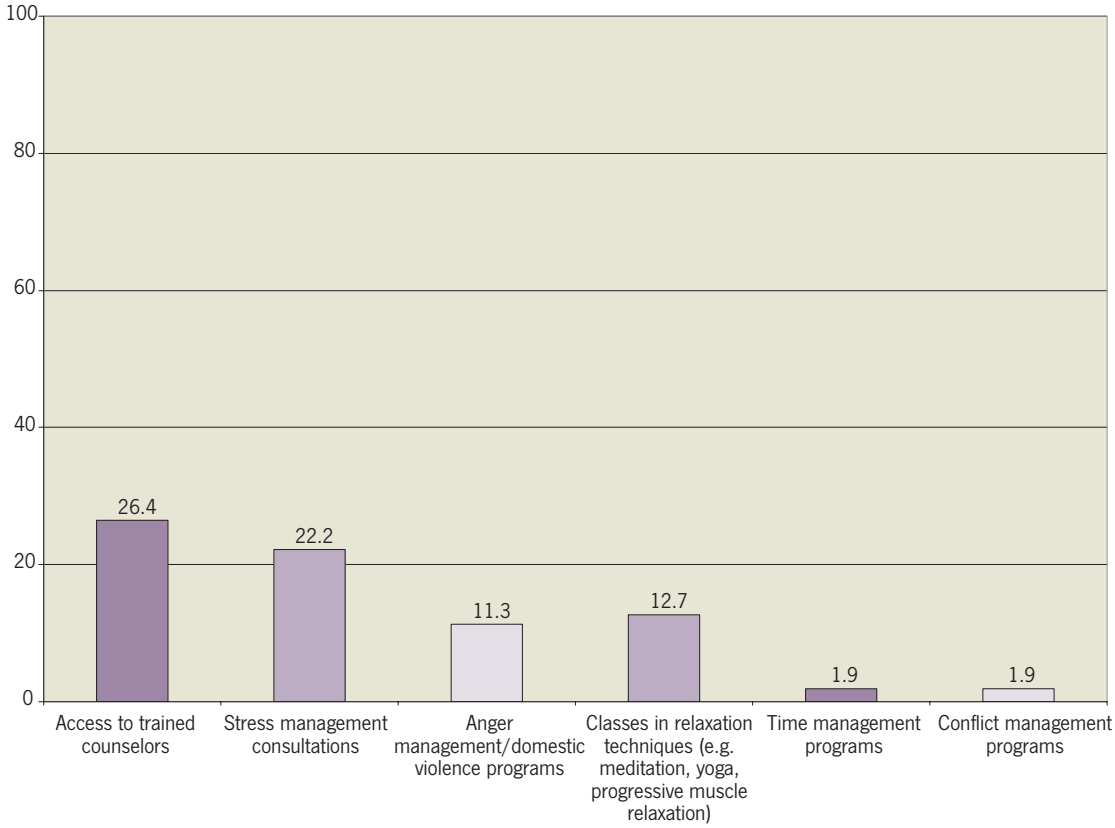
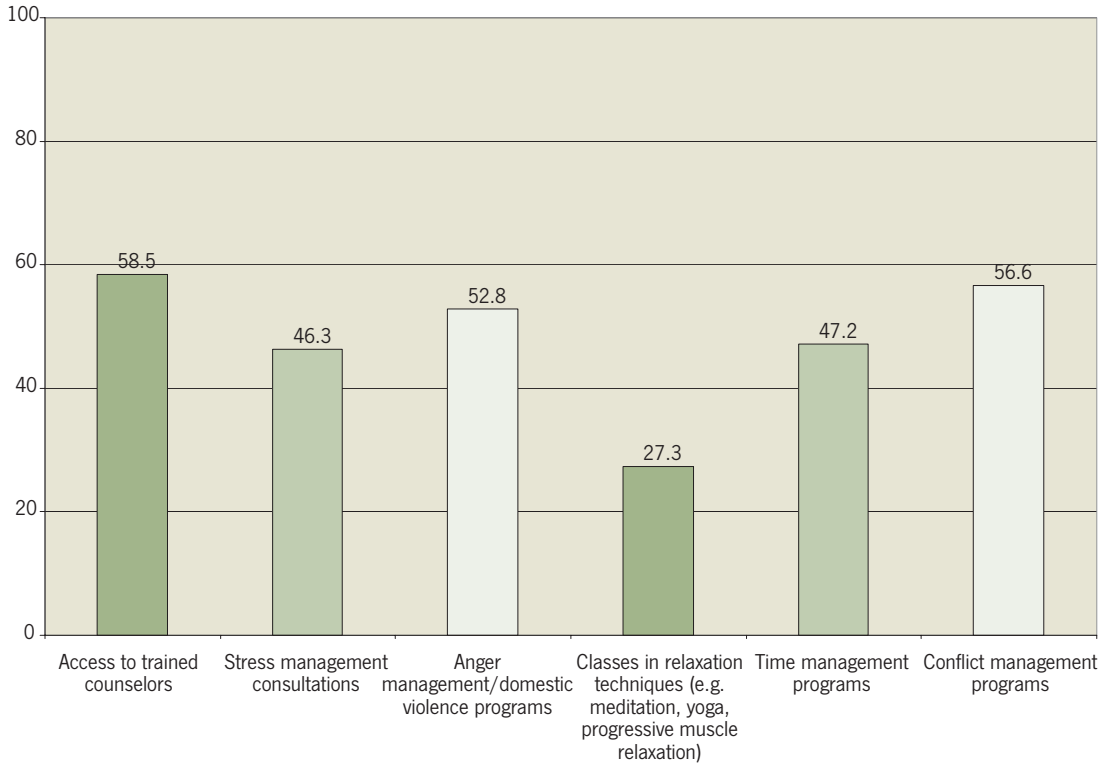
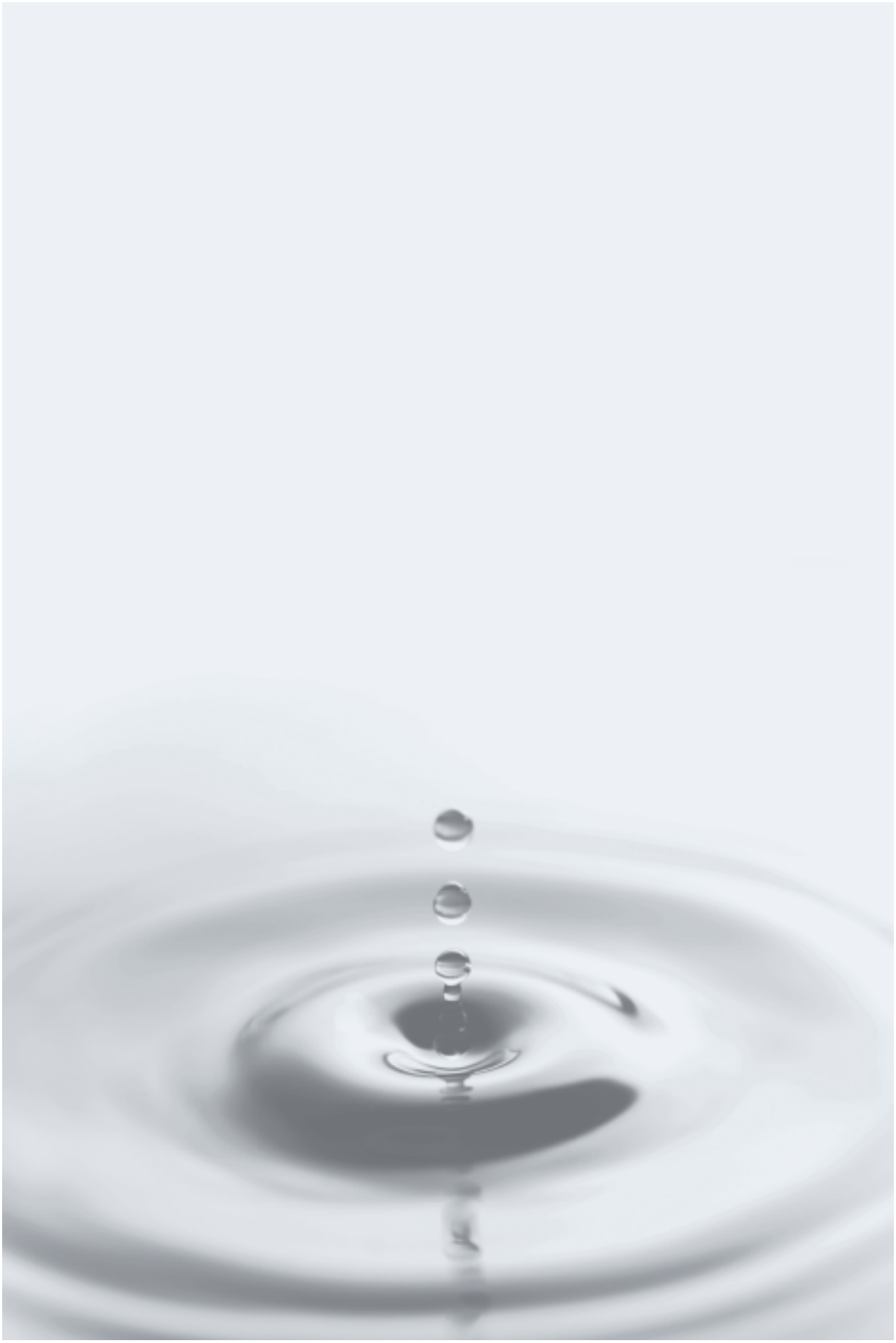


Figure 21: *Stress management programs for staff (%yes)*





SECTION 3

HEALING SPACES

Section III of the survey addressed the physical environment of the hospitals. A physical space can contain a variety of components that may support or detract from wellness and recovery, such as architecture, nature, light, color, art, music, aroma, and water.[5]

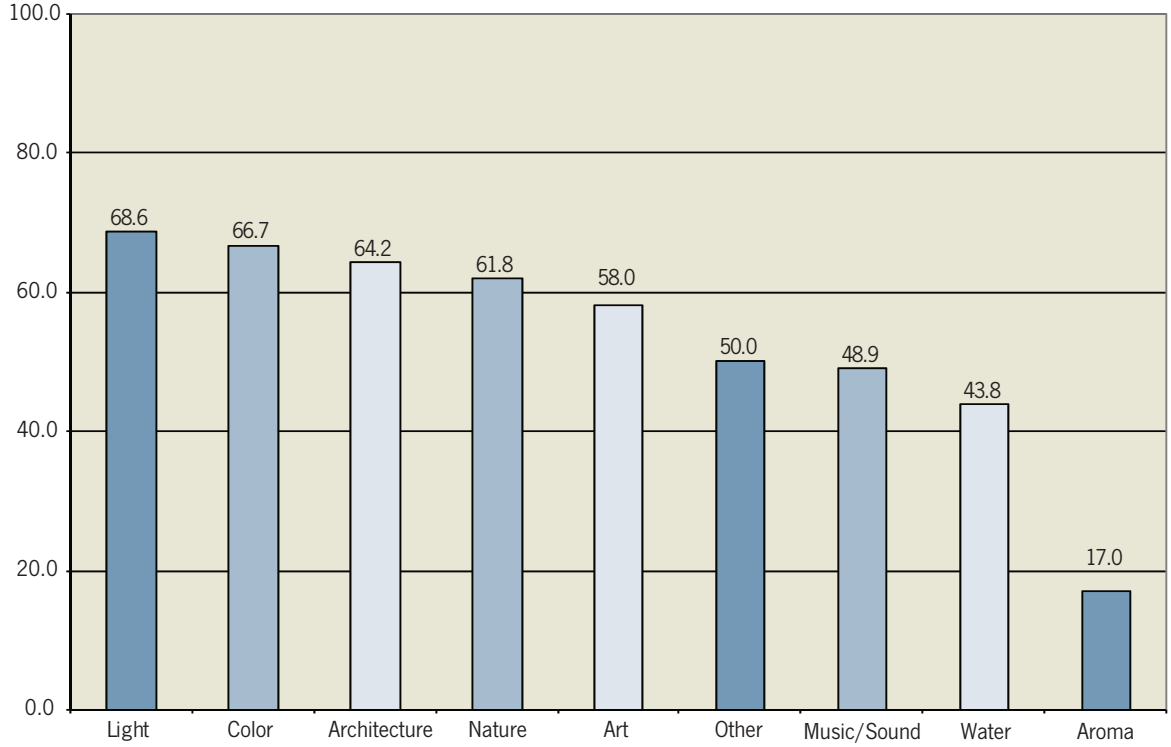
Figure 22 summarizes the elements of the 'built environment' that hospitals utilized with the conscious intention of promoting wellness and recovery. With the exception of aroma, which was used by 17 percent of responding hospitals, each physical component was used by 40% or more of responding hospitals.

In addition to using the physical components listed above, hospitals can offer community, personal, and sacred space for patients, families, visitors, and staff to gather in or retreat to during the day as a way to enhance well-being. The survey found that almost 80% of hospitals contained each of the following types of healing spaces:

1. Community space such as gardens, foyers, or resource centers for patients, families, visitors, and employees to comfortably gather (80.8%);
2. Sacred or quiet spaces such as a chapel or meditation room (79.2%);
3. Places for employees to retreat to during the work day (78.8%); and
4. Places for patients and families to retreat to during their hospital stay (78.4%).

Of the seven components in the overall Optimal Healing Environment framework (Figure 1), the use of physical space was employed most frequently by responding hospitals. Other than aroma and water, each single aspect of healing spaces was used by almost 50%–80% of hospitals (see Figure 22).

Figure 22: *Physical components used to promote wellness and recovery (% yes)*



SECTION 4

CREATING HEALING ORGANIZATIONS

This section of the survey gathered data about the leadership environment and values found in the hospitals, both key to creating healing organizations.[6,7] Survey items measured evidence of organizational and leadership support for healing environment, the types of healing values communicated, and the process by which values were communicated and monitored.

ORGANIZATIONAL AND LEADERSHIP SUPPORT

Just over one-third of responding hospitals (35%) reported having formal board policies that support the concept of a healing environment. Fewer indicated board policies supporting holistic nursing practice (16%) or the use of complementary therapies (12%).

A majority of hospitals (63%) reported having identified leaders or champions whose role is to foster the development of a healing environment; 43% reported evidence that the concept of a healing environment is embraced and applied by hospital employees on a day-to-day basis.

VALUES

Service, teamwork, and evaluation are three values included in the OHE framework for creating healing organizations. Sixty-five percent of respondents reported that their hospital communicates messages about one or more of these values. Eighty-two percent state they measure or monitor the compassion, honesty, courtesy and respect their employees show to patients. About half (52%) of hospitals function according to a specific theoretical framework or philosophy of nursing.

EVALUATION

See Figures 23–24 for a summary of how hospitals view their patient satisfaction ratings and measurement tool for patient's overall hospital experience.

See Figures 25–26 for a summary of how hospitals view their nursing care ratings and measurement tool.

In terms of evaluating care, 11 percent of hospitals were very satisfied and 48% satisfied with current patient ratings for their overall hospital experience; 12% were somewhat dissatisfied or dissatisfied. No hospital reported being very dissatisfied with patient ratings for overall care. At the same time, 86% of respondents reported that their patient ratings for overall care could be improved.

Almost half of respondents (49%) felt their current measurement tool captured the critical aspects of patient satisfaction with their overall hospital experience. However, over a fifth (21%) felt their current measurement tool failed to do so; 30% responded "don't know".

Figure 23: *Satisfaction with patient ratings for overall hospital experience*

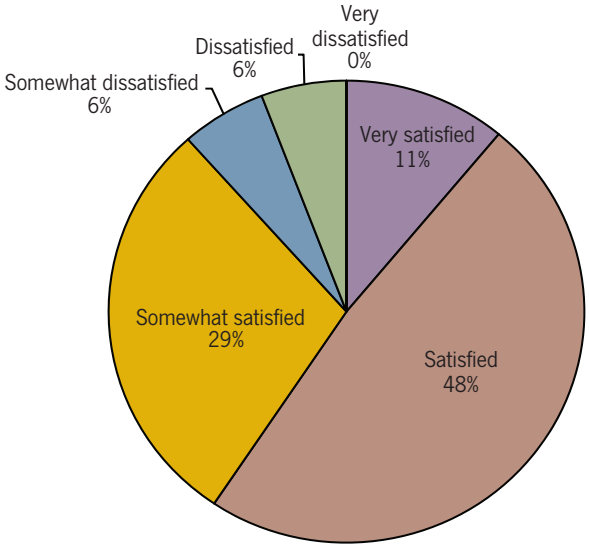
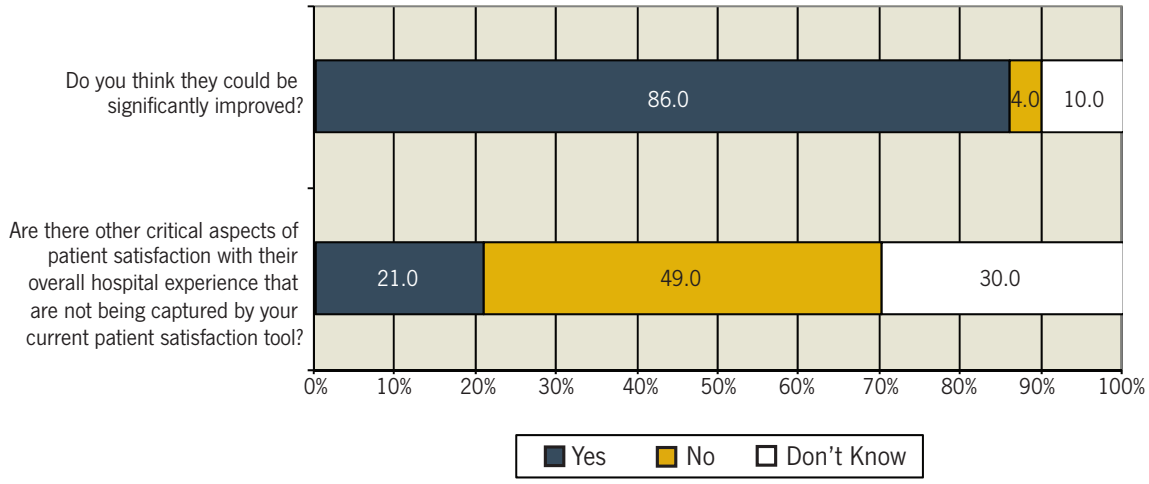


Figure 24: *Satisfaction with patient ratings & measurement tool for overall hospital experience*



The survey also asked about evaluation of nursing care in particular. Twenty-two percent of hospitals were *very* satisfied with current patient satisfaction ratings for nursing care, and 32% satisfied; less than 10% were somewhat dissatisfied or dissatisfied. Not a single hospital reported being very dissatisfied with patient ratings for nursing care. At the same time, almost all respondents (94%) think their patient ratings for nursing care could be improved. Half of responding hospitals felt their current measurement tool captured the critical aspects of patient satisfaction with nursing; 14% felt it failed to do so; 36% responded "don't know".

Figure 25: *Satisfaction with patient ratings for nursing care*

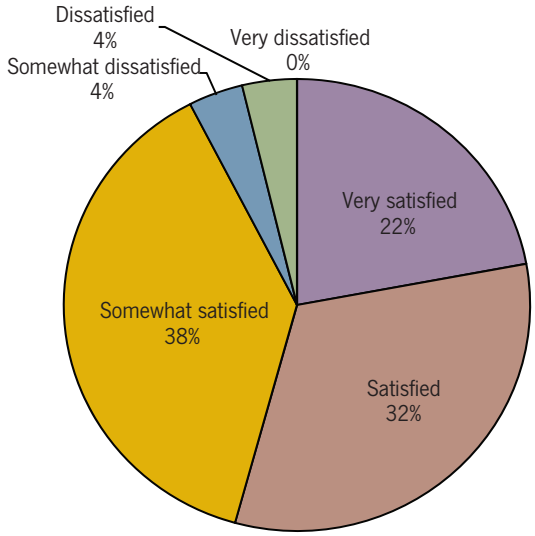
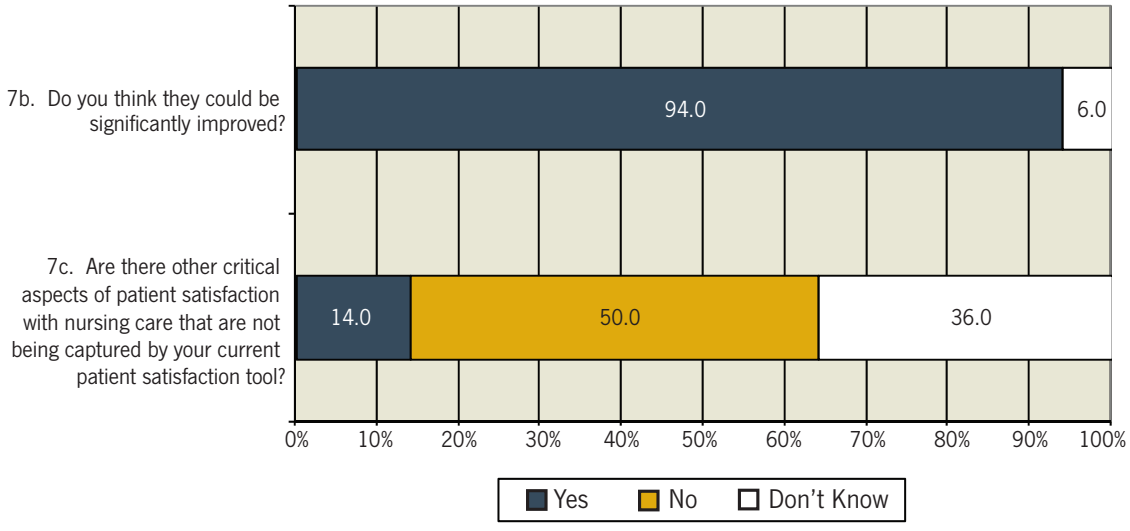


Figure 26: *Satisfaction with patient ratings and measurement tool for nursing care*



SECTION 5

CULTIVATING HEALING RELATIONSHIPS

There is a growing consensus that the patient-provider relationship can either foster or hinder a patient's recovery and overall well-being.[8] This section of the survey assessed how each hospital sought to enhance the quality of patient-provider relationships and addressed the spiritual needs of its patients.

61.5 percent of responding hospitals reported that they have programs or initiatives that enhance the quality of patient-provider interactions. In terms of meeting patients' spiritual needs, almost every hospital, 98 percent, reported that they support the religious and spiritual needs of their patients. 84.9 percent of hospitals reported that they address spirituality when a provider takes a patient history.

Two additional components contributing to an Optimal Healing Environment are development of a healing intention and encouragement of personal growth and wholeness in patients and providers. These components were explored in Section V of the survey amidst questions about cultivating healing relationships.

44 percent of hospitals reported having programs or initiatives to help patients establish hope, belief, or expectation regarding their recovery and well-being. A larger number, 60.8 percent, said they had initiatives that facilitate personal growth and wholeness in providers, staff, and/or patients.

DISCUSSION OF FINDINGS

DISCUSSION

Many sections of the Survey of Optimal Healing Environments included qualitative questions which were not reported in the results section because the data have not yet been formally analyzed. In the following discussion section we will use the qualitative data to provide illustrative examples where relevant.

APPLYING COLLABORATIVE HEALTHCARE

In terms of *Applying Collaborative Healthcare*, the first component in the Optimal Healing Environments Framework, findings show that hospitals are providing both conventional and complementary services. Not surprisingly, the survey found hospitals more frequently offering services on the more conventional end of the spectrum. This was true for all four populations assessed. When comparing populations, collaborative services, especially those on the more complementary or alternative end, were offered most frequently to community members, suggesting hospitals may see these types of outpatient services as revenue-generating opportunities. Hospitals offered collaborative services fairly frequently to staff, about as often as to patients. This may demonstrate a hospital interest in self-care of staff, which could be driven by a belief that investing in staff is cost effective in the long term. There is some evidence that staff self-care can reduce burnout, increase staff satisfaction, reduce turnover costs and increase patient satisfaction with care[9,10]

The study was interested in whether there is a gatekeeper for inpatient access to collaborative services, especially those on the more complementary/alternative end of the spectrum. Do patients go through a nurse to request a massage? Does a physician have to order it? Or can patients or families access it themselves? Overall, of the14 complementary/alternative services the survey studied in-depth, patient request was the most frequent way the services were accessed, suggesting a high level of patient involvement in their own care. Physician order was the least frequent mode of entry; access through nurses or family request fell in between. Exceptions included acupuncture, chiropractic, hypnosis, and biofeedback, each of which was accessed most often through a physician order. We speculate this may be because there is often an extra charge for these particular modalities and insurance may be more likely to cover them if ordered or performed by a physician. Unfortunately, the way the survey question was phrased *(How do patients access this service (check all that apply)?)* it did not pinpoint the original point of access. We do not know if the clinician initiated the request or the patient/family initiated it and clinician ordered it, making it impossible to determine a definitive gatekeeper. A future survey should contain a more precisely worded question about content.

Our survey findings showed that complementary and alternative services were most often provided by 'other hospital staff' and least often by contracted staff and "others". Using staff rather than contractors or "others" (such as volunteers or consultants) may indicate a commitment to integrating these services directly into routine care, as well as a certain level of financial commitment by hospitals to providing such services. On the other hand, using staff rather than contractors or "others" could represent an effort by the hospitals to save costs if they don't have to pay staff extra to provide the services but do have to pay contractors or others. After 'other hospital staff', nurses were the most frequent providers of

complementary and alternative services. They provided 11 of the 14 services, many of which can be offered at the bedside and be taught to patients to use at home. Meditation, Reiki, Therapeutic Touch/Healing Touch, guided imagery, reflexology, and/or aromatherapy were provided by nurses in over half of responding hospitals. This probably reflects a growing trend in nursing for offering holistic patient-centered care at the bedside[11] and possibly a movement to involve patients more in managing their own care by teaching techniques they can perform on themselves and use at home.

The survey found physicians rarely provide collaborative services. They provide only 4 of the 14 modalities, hypnosis, acupuncture, chiropractic, and biofeedback. These are the same 4 modalities for which physicians are the main gatekeeper. As mentioned earlier, we speculate this may be because there is often an extra charge for these particular modalities and insurance may be more likely to cover them if ordered or performed by a physician. It is notable that physicians never or almost never provided meditation, guided imagery, aromatherapy, Therapeutic Touch/ Healing Touch, Reiki, massage, or reflexology — all modalities which could be easily incorporated into patient bedside care.

The survey was interested in the cost implications of providing complementary and alternative services to inpatients. Findings showed they were more often provided free of charge than for a cost, and thus do not appear to be a direct source of hospital revenue. Exceptions to this were chiropractic, acupuncture, hypnosis, and biofeedback, which more often than not had a separate cost to the patient. Therapeutic Touch(TT)/Healing Touch, reflexology, aromatherapy, guided imagery, meditation, pet therapy, art therapy, and music therapy were provided free of charge in 80%–100% of the hospitals that offered them (See Figure 7). Most of these modalities can be easily delivered in the patient's room by nurses or other staff without extensive extra training in the specific modality. This enables the hospital to offer them without great extra cost for space or specialized staff. As noted earlier, it also probably reflects a growing trend toward offering more holistic patient-centered nursing practices at the bedside[11] and possibly an interest in teaching patients techniques they can use on their own.

PRACTICING HEALTHY LIFESTYLES

In terms of *Practicing Healthy Lifestyles*, a second component in the Optimal Healing Environments Framework, survey findings show that hospitals are quite frequently offering programs to encourage adoption of healthy lifestyles, especially healthy eating programs. Five of eight types of healthy eating programs were offered to patients in 50 percent or more of responding hospitals, showing a strong interest from hospitals in encouraging patients to adopt sound eating practices. This could be due to the increasing amount of data demonstrating the effect of food and weight on chronic illnesses such as heart disease, diabetes, and stroke.[12] Four of the eight healthy eating habit programs were also offered to families in 50 percent or more of hospitals. Hospitals are likely recognizing the fact that families have a strong influence on what and how patient's eat, and improved family eating practices may facilitate improved patient habits.

DISCUSSION

When comparing populations, staff were the most frequent recipients of both exercise and stress management services. Three of six exercise services and three of six stress management services were offered to staff in over 50 percent of hospitals. Staff were subsidized or given time off to participate in all twelve of the healthy lifestyle programs examined in the survey. These findings seem to demonstrate a growing tendency for hospitals to invest in staff care. As mentioned earlier, more employers nationwide may be realizing that investing in staff care can be a cost-effective business strategy.

HEALING SPACES

The third component of the OHE Framework, *Healing Spaces*, was the component most frequently adopted by responding hospitals. Out of twelve aspects of physical space which can be intentionally used to promote wellness and recovery, ten elements were offered in 50–80 percent of hospitals and only one, aroma, was used by less than 20% (see Figure 22). Clearly, hospitals in our sample are comfortable with and committed to using physical space to cultivate healing environments. This is in alignment with the rising interest nationwide in hospital architecture and design as a way to enhance the quality of healthcare.[13,14] There is a growing body of evidence demonstrating the positive effects of building design on both patient health outcomes and hospital financial performance.[13,14] For the other components in the OHE framework to be adopted by more hospitals, might a similar type of evidence need to be accrued?

The physical component offered least frequently by hospitals was aromatherapy (17%). This may be because some hospitals try to remain scent-free in order to minimize risk to patients, family members, and staff who are hypersensitive or allergic to certain airborne substances.[15] It could also be due to the fact essential oils contain plant materials and are perceived to be medicinal, which could pose a risk to hospitals.[15] The only other component used by less than half of hospitals was water (43.8%). Several responding hospitals noted they did not support the use of water features, such as indoor standing pools or fountains, because they considered it an infection control risk.

CREATING HEALING ORGANIZATIONS

The survey found moderately strong support by responding hospitals for *Creating Healing Organizations*, a fourth and essential component for developing an optimal healing environment. Successful creation of healing organizations requires the support of the leadership and organizational decision makers. As reported in the results section, 63 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, while only 16% had policies supporting holistic nursing practice and 12% policies to support complementary therapies. These findings imply that hospital leaders have a greater capacity to embrace the overall idea of healing environments than they do to engage in the creating the infrastructure and systems required to sustain them.

The survey asked respondents to describe the roles and positions of the leaders/champions. The most frequently cited champion was the Chief Nursing Officer or Director of Nursing. Chaplains and space designers/architects were also cited several times as were persons or committees responsible for patient care, patient safety, patient quality or customer service excellence. Several respondents said *all* managers, directors, or leaders were expected to support and sustain the concept of a healing environment. In one case each, the President and the Chief Executive Officer were the hospital's champion for creating a healing environment. This shows support for healing environments is being led from a wide variety of areas, most often from nursing.

Successful creation of healing organizations also involves values which are clearly communicated. As reported in the results section, sixty-five percent of respondents reported that their hospital communicates messages about service, teamwork, and/or evaluation, and over half (52%) function according to a specific theoretical framework or philosophy of nursing. Examples cited by hospitals included Jean Watson's Theory of Caring[16], Margaret Newman's Theory of Health as Expanding Consciousness[17], Bonnie Wesorick's Clinical Practice Model[18], the RISEN (ReInventing Spirituality and Ethics in our Networks) framework[19], Holistic Nursing [20, 21], patient-centered care [22, 23,24], and relationship-based nursing.[25, 26] Many of these philosophies and theoretical frameworks advocate for constructs also found in the OHE Framework such as 'regard for the patient as a whole person', 'the power of intention in creating positive change', 'the role of mindfulness and presence in the therapeutic relationship' etc. They may represent a shift away from more productivity-oriented, systems-theory models of care toward a more humanistic, person-centered approach.

As well as clearly communicating values, a healing organization needs to evaluate whether its values are being adequately implemented. The survey found strong hospital satisfaction with patient satisfaction ratings for both nursing care and overall hospital care. Survey hospitals were particularly satisfied with nursing care ratings with a full third of them reporting being either satisfied or very satisfied with ratings.

Participants' narrative examples included additional suggestions about how hospitals could improve patient satisfaction with overall hospital care: improving communication amongst providers and between patients and providers; more consciously centering care around the patient experience; improving teamwork between all hospital staff; involving patients and families in the patient's care plan; improving efficiency and coordination, especially around the discharge process; better food; and creating private rooms for patients. Many of these examples include components of the OHE framework.

DISCUSSION

The most frequent example given by hospitals as a way to improve satisfaction with nursing care involved transitioning to a more patient-centered approach, with a focus on nurses actively listening to and communicating with patients and families. This reflects the growing emphasis by hospitals on putting patients and families at the center of care.[22, 23, 24] Other ways to improve patient satisfaction with nursing care included better or more education of patients about managing their health at home; improving or streamlining the discharge process; quicker response time to patient requests; improving staff morale; increasing nursing staff or increasing time for nurses to spend with each patient; and improving efficiency and communication amongst the whole healthcare team so patients don't have to repeat information to multiple providers.

CULTIVATING HEALING RELATIONSHIPS

Cultivating Healing Relationships is a fifth crucial component for creating a healing environment, evidenced by the growing body of research of the effect of the patient-provider relationship on healing.[8,27,28,29] Survey results suggest hospitals realize the importance of healing relationships and are investing in their cultivation. Many of the examples hospitals gave as ways to improve patient satisfaction ratings (listed above) involved improving relationships amongst providers, patients, and families. Further, 61.5% of responding hospitals reported they offer programs specifically to enhance the quality of patient-provider interactions. Examples of such programs, cited in the qualitative data, focused most frequently on communication and active listening skills, providing care with compassion, and diversity training. Respondents also mentioned topics such as effective team relationships, conflict management, delivering bad news, and the use of storytelling. Hospitals reported offering relationship building programs to a wide variety of staff, including physicians, residents, nurses, managers, 'leadership', and general staff. Relationship-building programs were offered in a variety of forms: mentoring and individual coaching sessions, in-service trainings, continuing education classes, online educational material, annual education days, staff development plans, and educational newsletters.

Patients' spiritual needs were also addressed in this section of the survey. Almost every hospital, 98%, reported they support the religious and spiritual needs of their patients, most frequently through pastoral care programs, access to in-house hospital clergy, an offer to contact a patient's out-of-house pastor or priest, baptisms and blessings of critically ill infants, or by providing access to a hospital chapel or meditation area. A few respondents reported that at least one of their physicians, nurses, or other staff members directly prayed with patients. Several mentioned accommodating patients who have a need for shamanic-type spiritual healers. One hospital even talked about arranging care around the patients' daily prayer schedule and taking into account their religious dietary restrictions.

As reported in the results section, 84.9% of hospitals said they address spirituality when a provider takes a patient history. However, many respondents gave exam-

ples of asking questions as part of the admissions process rather than during the patient-provider history taking. The admission questions were usually about the patient's religious affiliation, asking if they wanted to have their out-of-house clergy notified about their hospital stay, and/or inquiring if they would like a visit from a staff chaplain. Several respondents said nursing staff asked patients about their spirituality when the patient arrived on the unit. It is noteworthy that 15 percent of hospitals did not report addressing spirituality during history taking since the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires organizations to take a spiritual assessment as part of overall patient assessment.[30] Still, the high frequency with which hospitals reported supporting and addressing spirituality, combined with the finding from the Healing Spaces section of the survey that 79 percent of hospitals had a sacred or quiet space such as a chapel or meditation room, seem to indicate hospitals are actively incorporating spirituality into the healthcare process.

DEVELOPING HEALING INTENTION & EXPERIENCING PERSONAL WHOLENESS

The survey found support for *Developing Healing Intention* and *Experiencing Personal Wholeness,* two final components in the Optimal Healing Environment framework. Healing intention was examined by asking if the hospital had programs or initiatives that help patients establish hope, belief, or expectation regarding their recovery and well-being. Forty-four percent of hospitals responded yes. When describing their initiatives, they most often reported programs conducted through the pastoral and spiritual care departments or staff, another indicator of spirituality being incorporated into the healthcare experience. Several responding hospitals mentioned offering counseling or support groups to empower patients, and a few cited the use of guided imagery and/or hope to help patients develop a healing intention.

As reported in the results section, 60.8 percent of hospitals said they had programs or initiatives that facilitate personal growth and wholeness in providers, staff, and/or patients. Almost all of the examples given by hospitals focused on supporting staff growth, again reflecting employer commitment to invest in staff care. Many hospitals reported subsidizing educational opportunities for staff such as workshops, classes, and in-service trainings. Several respondents mentioned supporting staff growth through spiritually-focused retreats and programs; two specifically mentioned the RISEN program, a 4-day class on spirituality and ethics.[19] In terms of encouraging growth for non-staff members, several hospitals cited support groups as the way they facilitate personal wholeness in patients and community members.

CONCLUSIONS

CONCLUSIONS

The *Survey of Optimal Healing Environments* was designed to gather current information about the nature and prevalence of initiatives thought to contribute to optimal healing environments in hospitals. To test our approach for feasibility and question content, the survey was piloted with a sample of 125 hospitals. The rich findings show the survey to be a viable tool for garnering information about optimal healing environment initiatives in hospitals. It provided descriptive data that gives an informative picture of the type of optimal healing initiatives currently being undertaken in hospitals in our sample.

Overall, the results from the survey suggest that the hospitals in our sample are developing and implementing initiatives that relate to all seven of the components in the Optimal Healing Environment 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 components, they may be similarly adopted.

Survey of Optimal Healing Environments uncovered several themes: 1) provision of holistic patient-centered nursing care at the bedside; 2) employer investment in self-care of staff; 3) use of physical space to improve the healthcare experience; and 4) incorporation of spirituality into the healthcare process. Because the results were from a small, localized, convenience sample, these themes cannot be generalized to hospitals across the country. However, the four themes we identified are closely aligned with the healthcare trends of early adopters of consumer-focused initiatives, as identified by Christianson et al in *Reinventing the Patient Experience*[11], and for this reason we project they will be seen with increasing frequency nationwide.

There were several barriers to overcome in conducting the survey. First, when conducting research in innovative fields and on new concepts, such as optimal healing environments, language and definitions often are not widely recognized or agreed upon. The same word or term can have different meanings or connotations to different people in different settings. For example, there is no clear definition or shared understanding of what constitutes 'collaborative healthcare' or a 'healing relationship', two aspects of the OHE framework. Because many of the terms used in the survey are new or non-standardized, responses are open to wider interpretation than in areas of research with more established language and definitions. These considerations informed the development of the survey.

Another limitation to the survey was the inability of the quantitative data to elucidate the multidimensional nature of some aspects of optimal healing environments. For instance, several of the collaborative healthcare programs which the survey inquired about, such as stress management workshops and nutrition education programs, probably address multiple components of an OHE and may have differed from hospital to hospital. The particular quantitative questions used in this survey to ask about these services did not capture or unravel this complexity.

A third barrier involved respondent knowledge and accuracy. The survey asked a single respondent to answer questions as a representative of an entire hospital. Though the survey was sent to executives who, based on their roles, would most

likely have familiarity with the areas the survey was interested in, there was no way to be certain the person filling out the survey was well-informed. This difficulty was addressed by encouraging participants to gather information from colleagues if the survey asked about areas unfamiliar to them.

Other limitations of the survey include length and redundancy. It was 17 pages long and inquired twice about the same list of Collaborative Healthcare modalities. Though cognitive interview participants did not indicate they found the survey too long, a more concise survey may have resulted in a higher response rate. Selection bias is also a possible limitation.[31] Individuals self-selected to respond to the survey and may represent hospitals that have the most OHE initiatives.

As mentioned above, because the results were from a small convenience sample, conclusions can't be generalized to hospitals across the country. To gather more generalizable data, a follow-up survey addressing the seven OHE components was sent to 6,3000 hospitals nationwide in fall 2007. In that survey, we greatly decreased the number of OHE questions, eliminated redundancy, and provided clear working definitions of terms such as 'healing", 'curing', and 'optimal healing environments'. We will analyze that data to better understand the nature and prevalence of optimal healing environment initiatives in hospitals nationwide. We will also examine it to understand the influence of optimal healing environments on hospital business outcomes such as patient and staff satisfaction, patient loyalty, quality of care, safety, and return on investment (ROI). Results are forthcoming.

* Please note: This work was supported by the US Army Medical Research and Materiel Command under Award No. W81XWH-06-1-0279. 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.

CITATIONS

CITATIONS

1. Edwards, P., Roberts, I., Clarke, M., DiGuiseppi., Pratap, S., Wentz, R., & Kwan, I. (2002). Increasing response rates to postal questionnaires: Systematic review. BMJ, 324, 1183-1185.
2. National Institutes of Health, National Center for Complementary and Alternative Medicine (NCCAM) (2008, April 9). What Is CAM? [Online]. Available from: http://nccam.nih.gov/health/whatiscam/.
3. National Institutes of Health, National Center for Complementary and Alternative Medicine (NCCAM) (2008, April 9). Treatment or Therapy. [Online]. Available from: http://nccam.nih.gov/health/bytreatment.htm.
4. U.S. Food and Drug Administration Heart Health Online (2007, June 25). Healthy Lifestyles. [Online]. Available from: http://www.fda.gov/hearthealth/lifestyles/lifestyles.html
5. Schweitzer, M., Gilpin, L., & Frampton, S. (2004). Healing spaces: Elements of environmental design that make an impact on health. The Journal of Alternative and Complementary Medicine, 10 (1), S-71-S-83.
6. Jonas, W. & Chez, R. (2004). Toward optimal healing environments in health care. The Journal of Alternative and Complementary Medicine.10 (1), S-1-S-6.
7. Chez, R. & Jonas, W. (2004). Optimal healing environments framework. In Chez, R., Pelletier, K., & Jonas, W. (Eds.), Toward optimal healing environments in health care: Second American Samueli symposium (back cover). Newport Beach, CA: Mary Ann Liebert, Inc. Publishers.
8. Stewart, M., Brown, J., & Donner, A. (2000). The impact of patient-centered care on patient outcomes. Journal of Family Practice, 49, 796-804.
9. Henry, J. & Henry, L. (2004). The soul of the caring nurse. Stories and resources for revitalizing professional passion. Washington, D.C.: American Nurses Publishing.
10. Henry, J. & Henry, L. (2004). Caring form the inside out: Strategies to enhance nurse retention and patient satisfaction. Nurse Leader, 2 (1), 28-32.
11. Christianson, J., Finch, M., Findlay, B., Jonas, W., & Goertz Choate, C. (2007). Reinventing the patient experience, Strategies for hospital leaders. Chicago: Health Administration Press.
12. Oster, G., Thompson, D., Edelsberg, J., Bird, A., & Colditz, GA. (1999). Lifetime health and economic benefits of weight loss among obese persons. Amercan Journal of Public Health, 89, 1536-42.
13. Marberry, S. (Ed.). 2006 . Improving Healthcare With Better Building Design. Chicago: Health Administration Press.
14. Voelker, R. (2001). “Pebbles” cast ripples in health care design. Journal of the American Medical; Association, 286, 1701-1702.
15. Informal communication with Amy Keller, Research Associate, Center for Healthcare Design, February 7, 2007.
16. Watson, J. (2006-7 in process). Nursing. The philosophy and science of caring. Revised & updated edition. Boulder: University Press of Colorado.
17. Newman, M. (1986). Health as expanding consciousness. St. Louis: Mosby.
18. Wesorick, B. (1990). Standards of nursing care: A model for clinical practice. Philadelphia: J. B. Lippincott.
19. The Center to BE (2008, June 19). Intensive Programs: RISEN Reinvesting Spirituality and Ethics in Our Networks [Online]. Available from: http://www.centertobe.org/intensiveprog.html
20. Mariano, C. (2007). AHNA/ANA Holistic Nursing: Scope and standards of practice Silver Spring, MD: AHNA & ANA Silver Spring.
21. Dossey, B., Keegan, L., & Guzzetta, C. (Eds.). (2005). Holistic Nursing: A Handbook for Practice, Fourth Edition. Sudbury, MA: Jones & Bartlett.
22. Institute for Family-Centered Care. (2008). Advancing the practice of patient- and family-centered care: How to get started. Bethesda, Maryland: Institute for Family-Centered Care.
23. Frampton, S., Gilpin, L., & Charmel, P. (Eds.). (2003). Putting patients first: Designing and practicing patient-centered care. San Francisco: Jossey-Bass.
24. Gerteis M, Edgman-Levitan S, Daley J, & Delbanco T. (Eds.). (1993). Through the patient’s eyes: Understanding and promoting patient-centered care. San Francisco: Jossey-Bass.
25. Koloroutis, M. (Ed.). (2004). Relationship-based care : A model for transforming practice. Minneapolis: Creative Health Care Management.
26. Manthey, M. (2002). The practice of primary nursing (2nd ed.). Minneapolis: Creative Healthcare Management.
27. Frankel, R., & Inui, T. (2006). Reforming relationships in health care. Journal of General and Internal Medicine 21, S1-2.
28. Beach, M., Inui, T. & the Relationship-Center-Care Research Network. (2006). Relationship-centered care. A constructive reframing. Journal of General and Internal Medicine 21, S3-8.
29. Gittell, G., Fairfield, K., Bierbaum, B., Head, W., Jackson, R., Kelly, M., Laskin, R.Lipson, S., Siliski, J., Thornhill, T. & Zuckerman, J. (2000). Impact of relational coordination on quality of care, postoperative pain and functioning, and length of stay. Medical Care, 38 (8), 807-819.

CITATIONS

30. The Joint Commission (2008, May 1). Standards Frequently Asked Questions Comprehensive Accreditation Manual for Hospitals (CAMH) [Online]. Available from: http://www.jointcommision.org/AccreditationPrograms/Hospitals/Standards/FAQs/default.htm

31. Kerlinger, F. (1986). Foundations of behavioral research (3rd ed.). Orlando, FL: Harcourt Brace Jovanovich.

APPENDIX 1

SAMUELI INSTITUTE
EXPLORING THE SCIENCE OF HEALING

SURVEY OF HEALING ENVIRONMENTS IN HOSPITALS

THE SAMUELI INSTITUTE
1700 DIAGONAL ROAD, SUITE 400
ALEXANDRIA, VA 22314

Thank you for participating in the Samueli Institute's Healing Environments Survey. This survey will cover five main areas: Collaborative Healthcare, Practicing Healthy Lifestyles, Healing Spaces, Creating Healing Organizations, and Cultivating Healing Relationships. It should take about 20-30 minutes to complete.

Please answer each question from your own position and perspective in the hospital. However, if there are questions that cover areas you are not familiar with, feel free to gather information from your colleagues.

When you are finished with the survey, please return it in the self-addressed stamped envelope. If you have any questions, please feel free to contact Katherine Smith, Program Coordinator, at 703-299-4831, or Barbara Findlay, Director, at 703-299-4817.

Thank you!

I. Collaborative Healthcare

This section of the survey is interested in collaborative healthcare. Collaborative healthcare is the application of a variety of practices from conventional medicine as well as complementary therapies.

1. **For each of the programs and services below, please tell us if your hospital currently offers them or has offered them in the last year to inpatients, patient families, staff, or the community by putting a check mark in the appropriate boxes. Programs can be free or for a charge.**

	Available to inpatients	Available to patient's family	Available to staff	Available to community
Yoga				
Mindfulness classes or training				
Other meditation classes or training				
Fitness center (on-site or off-site)				
Monitored cardiac rehabilitation program				
Breath work				
Hypnosis				
Biofeedback				
Massage therapy				
Guided imagery				
Progressive muscle relaxation				
Stress management programs/workshops				
Establishing healthy eating habits programs/workshops				
Tai Chi/Qigong				
Therapeutic Touch (TT) or Healing Touch				
Reiki				
Reflexology				
Mind-body integration programs/workshops				
Acupuncture				
Chiropractic services				
Exercise and fitness programs				
Aromatherapy				
Music therapy				
Art therapy				
Pet therapy (includes allowing patients' pets to visit)				
Humor therapy				
Homeopathy				
Herbal medicine				
Nutritional supplements				
Nutrition education programs/workshops				
Dean Ornish or Ornish-like program				
Self care programs/workshops				
Disease prevention programs/workshops				
Health-focused closed circuit television				
Other (please specify)				
Other (please specify)				

2. Now that we know about a variety of integrative programs and services your hospital offers, we want to know the process by which they are provided. For the selected subset of services below, please indicate if it is available to inpatients, how patients access it, who provides it, and whether there is a separate cost for it.

	Available to inpatients	How do patients access this service? (check all that apply)	Who provides this service? (check all that apply)	Is there a separate cost for this service?
Meditation	☐ Yes ☐ No ☐ Don't know	☐ Patient request ☐ Family request ☐ Nurse ☐ Physician order ☐ Other	☐ Nurse ☐ Physician ☐ Other hospital staff ☐ Contracted staff ☐ Other	☐ Yes ☐ No ☐ Depends
Hypnosis	☐ Yes ☐ No ☐ Don't know	☐ Patient request ☐ Family request ☐ Nurse ☐ Physician order ☐ Other	☐ Nurse ☐ Physician ☐ Other hospital staff ☐ Contracted staff ☐ Other	☐ Yes ☐ No ☐ Depends
Biofeedback	☐ Yes ☐ No ☐ Don't know	☐ Patient request ☐ Family request ☐ Nurse ☐ Physician order ☐ Other	☐ Nurse ☐ Physician ☐ Other hospital staff ☐ Contracted staff ☐ Other	☐ Yes ☐ No ☐ Depends
Massage therapy	☐ Yes ☐ No ☐ Don't know	☐ Patient request ☐ Family request ☐ Nurse ☐ Physician order ☐ Other	☐ Nurse ☐ Physician ☐ Other hospital staff ☐ Contracted staff ☐ Other	☐ Yes ☐ No ☐ Depends
Guided imagery	☐ Yes ☐ No ☐ Don't know	☐ Patient request ☐ Family request ☐ Nurse ☐ Physician order ☐ Other	☐ Nurse ☐ Physician ☐ Other hospital staff ☐ Contracted staff ☐ Other	☐ Yes ☐ No ☐ Depends
Therapeutic Touch (TT) or Healing Touch	☐ Yes ☐ No ☐ Don't know	☐ Patient request ☐ Family request ☐ Nurse ☐ Physician order ☐ Other	☐ Nurse ☐ Physician ☐ Other hospital staff ☐ Contracted staff ☐ Other	☐ Yes ☐ No ☐ Depends
Reiki	☐ Yes ☐ No ☐ Don't know	☐ Patient request ☐ Family request ☐ Nurse ☐ Physician order ☐ Other	☐ Nurse ☐ Physician ☐ Other hospital staff ☐ Contracted staff ☐ Other	☐ Yes ☐ No ☐ Depends

	Available to inpatients	How do patients access this service? (check all that apply)	Who provides this service? (check all that apply)	Is there a separate cost for this service?
Reflexology	☐ Yes ☐ No ☐ Don't know	☐ Patient request ☐ Family request ☐ Nurse ☐ Physician order ☐ Other	☐ Nurse ☐ Physician ☐ Other hospital staff ☐ Contracted staff ☐ Other	☐ Yes ☐ No ☐ Depends
Acupuncture	☐ Yes ☐ No ☐ Don't know	☐ Patient request ☐ Family request ☐ Nurse ☐ Physician order ☐ Other	☐ Nurse ☐ Physician ☐ Other hospital staff ☐ Contracted staff ☐ Other	☐ Yes ☐ No ☐ Depends
Chiropractic	☐ Yes ☐ No ☐ Don't know	☐ Patient request ☐ Family request ☐ Nurse ☐ Physician order ☐ Other	☐ Nurse ☐ Physician ☐ Other hospital staff ☐ Contracted staff ☐ Other	☐ Yes ☐ No ☐ Depends
Aromatherapy	☐ Yes ☐ No ☐ Don't know	☐ Patient request ☐ Family request ☐ Nurse ☐ Physician order ☐ Other	☐ Nurse ☐ Physician ☐ Other hospital staff ☐ Contracted staff ☐ Other	☐ Yes ☐ No ☐ Depends
Music therapy	☐ Yes ☐ No ☐ Don't know	☐ Patient request ☐ Family request ☐ Nurse ☐ Physician order ☐ Other	☐ Nurse ☐ Physician ☐ Other hospital staff ☐ Contracted staff ☐ Other	☐ Yes ☐ No ☐ Depends
Art therapy	☐ Yes ☐ No ☐ Don't know	☐ Patient request ☐ Family request ☐ Nurse ☐ Physician order ☐ Other	☐ Nurse ☐ Physician ☐ Other hospital staff ☐ Contracted staff ☐ Other	☐ Yes ☐ No ☐ Depends
Pet therapy	☐ Yes ☐ No ☐ Don't know	☐ Patient request ☐ Family request ☐ Nurse ☐ Physician order ☐ Other	☐ Nurse ☐ Physician ☐ Other hospital staff ☐ Contracted staff ☐ Other	☐ Yes ☐ No ☐ Depends

3. We are interested in the types of practitioners with whom your hospital has a working relationship. For each type of practitioner, please tell us the number of practitioners on staff, the number of practitioners with some other working relationship (e.g. contractor, consultant etc.), and whether there is a credentialing process. (If a person fits into more than one category, include them in all categories that apply.)

	Approximate number currently on staff:	Approximate number with other working relationship (contractor, consultant etc.):	Do you have credentialing processes for these practitioners?:
Naturopaths			☐ Yes ☐ No ☐ Not sure
Certified Holistic Nurses			☐ Yes ☐ No ☐ Not sure
Mind-body practitioners			☐ Yes ☐ No ☐ Not sure
Energy practitioners			☐ Yes ☐ No ☐ Not sure
Massage therapists			☐ Yes ☐ No ☐ Not sure
Acupuncturists			☐ Yes ☐ No ☐ Not sure
Traditional Chinese Medicine practitioners			☐ Yes ☐ No ☐ Not sure
Chiropractors			☐ Yes ☐ No ☐ Not sure
Homeopaths			☐ Yes ☐ No ☐ Not sure
Ayurvedic practitioners			☐ Yes ☐ No ☐ Not sure
Other (please specify):			☐ Yes ☐ No ☐ Not sure
Other (please specify):			☐ Yes ☐ No ☐ Not sure

4. Some hospitals offer natural health products as part of their patient care. Please answer the questions below as they currently apply to your hospital:

a. Has your hospital established a formulary for:

Herbal medicines	☐ Yes ☐ In Process ☐ No ☐ Not sure
Nutritional supplements	☐ Yes ☐ In Process ☐ No ☐ Not sure
Homeopathic remedies	☐ Yes ☐ In Process ☐ No ☐ Not sure
Essential oils	☐ Yes ☐ In Process ☐ No ☐ Not sure

b. Does your hospital sell:

Herbal medicines	☐ Yes ☐ In Process ☐ No ☐ Not sure
Nutritional supplements	☐ Yes ☐ In Process ☐ No ☐ Not sure
Homeopathic remedies	☐ Yes ☐ In Process ☐ No ☐ Not sure
Essential oils	☐ Yes ☐ In Process ☐ No ☐ Not sure

II. Practicing Healthy Lifestyles

This section of the survey is interested in healthy lifestyle practices. Individuals (and groups) can practice behaviors, such as healthy eating and regular exercise, which enhance their health and prevent future development of disease.

1. Does your hospital offer opportunities or programs that encourage patients and staff to *establish healthy eating habits*? For each of the programs and services below, please put a check mark in the appropriate boxes.

	Available to inpatients	Available to patient's family	Available to staff	Staff given time off to participate	Staff subsidized to participate
Nutritionist Consultations					
Healthy Cooking Classes					
Access to counselors for food/weight issues					
Weight loss or eating disorder support groups (including commercial programs)					
Nutrition-focused heart, cancer, or diabetes education					
Access to healthy food in cafeterias					
Access to healthy food in vending areas					
Access to healthy food via inpatient meal service					
Other (please specify):					
Other (please specify):					

2. Does your hospital offer opportunities or programs that encourage patients and staff to *exercise*? For each of the programs and services below, please put a check mark in the appropriate boxes.

	Available to inpatients	Available to patient's family	Available to staff	Staff given time off to participate	Staff subsidized to participate
Supervised exercise programs					
Education programs about exercise benefits					
Consultations with personal trainer					
Exercise groups/ support groups					
Access to walking areas					
Access to fitness center (on-site or off-site)					
Other (please specify):					
Other (please specify):					

3. Does your hospital offer opportunities or programs that encourage patients and staff to *manage stress*? For each of the programs and services below, please put a check mark in the appropriate boxes.

	Available to inpatients	Available to patient's family	Available to staff	Staff given time off to participate	Staff subsidized to participate
Stress management consultations					
Classes in relaxation techniques (e.g. meditation, yoga, progressive muscle relaxation)					
Time management programs					
Conflict management programs					
Inappropriate anger management/ domestic violence programs					
Access to trained counselors					
Other (please specify):					
Other (please specify):					

4. Some hospitals offer guided imagery tapes, relaxing music, or aromatherapy programs to patients and families. Does your hospital offer the following:

Guided imagery tapes, relaxing music, or aromatherapy in *patient rooms*	☐ Yes ☐ In Process ☐ No ☐ Not sure
Guided imagery tapes, relaxing music, or aromatherapy in *visitor waiting areas*	☐ Yes ☐ In Process ☐ No ☐ Not sure
Guided imagery tapes, relaxing music, or aromatherapy *during surgery*	☐ Yes ☐ In Process ☐ No ☐ Not sure

III. Healing Spaces

This section of the survey is about the physical environment of your hospital. A physical space can contain a variety of components that support or detract from wellness and recovery. These include architecture, nature, light, color, art, music, aroma, and water. Additionally, healing spaces may include community, personal, and sacred space.

1. Does your hospital consciously address any of the following aspects of its physical space with the intent of promoting wellness and recovery:

a. Architecture

☐ Yes. If yes, please give examples.

☐ No.

b. Nature (e.g. healing gardens, pleasant views, walking paths, etc)

☐ Yes. If yes, please give examples.

☐ No.

c. Light

☐ Yes. If yes, please give examples.

☐ No.

d. Color

☐ Yes. If yes, please give examples.

☐ No.

e. Art

☐ Yes. If yes, please give examples.

☐ No.

f. Music/sound

☐ Yes. If yes, please give examples.

☐ No.

g. Aroma

☐ Yes. If yes, please give examples.

☐ No.

h. Water (e.g. waterfalls, fountains, indoor water features)

☐ Yes. If yes, please give examples.

☐ No.

i. Other:

☐ Yes. If yes, please give examples.

☐ No.

2. **Does your hospital provide *community space* such as gardens, foyers, or resource centers for patients, families, visitors and employees to comfortably gather?**

   ☐ Yes. If yes, please describe.

   ☐ No.

3. **Does your hospital provide *places for patients and families* to retreat to during their hospital stay?**

   ☐ Yes. If yes, please describe.

   ☐ No.

4. **Does your hospital provide *places for employees* to retreat to during the work day?**

   ☐ Yes. If yes, please describe.

   ☐ No.

5. **Does your hospital have any *sacred or quiet spaces* such as a chapel or meditation room?**

   ☐ Yes. If yes, please describe.

   ☐ No.

6. **Other:**

   ☐ Yes. If yes, please describe.

   ☐ No.

IV. Creating Healing Organizations

This section of the survey is about the leadership environment and values found in your hospital. Successful creation of healing organizations requires the support of the leadership and organizational decision makers. It also involves values which are clearly communicated and concretely monitored and evaluated.

1. Does the hospital board have formal policies that support :

The use of complementary therapies	☐ Yes	☐ No	☐ Not sure
Holistic nursing practice	☐ Yes	☐ No	☐ Not sure
The concept of a healing environment	☐ Yes	☐ No	☐ Not sure

2. Does your hospital have identified leaders or champions whose role is to foster the development of a healing environment? (Include yourself, if applicable.)

☐ Yes. If yes, please describe the roles these leaders play and their position.

☐ No.

3. Do you have evidence that the concept of a healing environment is embraced and applied by hospital employees on a day-to-day basis?

☐ Yes. If yes, please describe and give examples.

☐ No.

4. **Do the nurses in your hospital function according to a specific theoretical framework or philosophy of nursing (*e.g. Caring Curriculum, Holistic Nursing*)?**

   ☐ Yes. If yes, please describe the model.

   ☐ No.

5. **Do you have ways of monitoring and/or measuring the compassion, honesty, courtesy and respect your employees show your patients?**

   ☐ Yes. If yes, please describe and give examples.

   ☐ No.

6. In your hospital, what messages are communicated about the following values/concepts? (Please describe and give examples.)

Service:

Teamwork:

Evaluation:

7a) How satisfied are you with your current patient satisfaction ratings for *nursing care*?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied

7b) Do you think they could be improved?

☐ Yes. If yes, what do you think are the two or three most important changes you could make to improve your patient satisfaction with *nursing care*?

☐ No.

☐ Don't Know.

7c) Are there other critical aspects of patient satisfaction with *nursing care* that are NOT being captured by your current patient satisfaction tool?

☐ Yes. If yes, please describe.

☐ No.

☐ Don't Know.

8a) How satisfied are you with your current patient satisfaction ratings for the *patient's overall experience in your hospital*?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied

8b) Do you think they could be improved?

☐ Yes. If yes, what do you think are the two or three most important changes you could make to improve your patient satisfaction ratings for the *patient's overall experience in your hospital*?

☐ No.

☐ Don't Know.

8c) Are there other critical aspects of patient satisfaction with their *overall hospital experience* that are NOT being captured by your current patient satisfaction tool?

☐ Yes. If yes, please describe.

☐ No.

☐ Don't Know.

V. Cultivating Healing Relationships

There is a growing consensus that the patient-provider relationship can either foster or hinder a patient's recovery and overall well-being. This concept is generally difficult to assess. In this section, we are interested in how your hospital enhances the quality of the patient-provider relationship and addresses the spiritual needs of your patients.

For each of the areas listed below, please describe the program or initiative. Feel free to elaborate on any aspect of the initiative that you believe to be especially interesting.

1. In your hospital, is spirituality addressed when a provider takes a patient history?

☐ Yes. If yes, please give examples of questions asked.

☐ No.

2. Does your hospital support the religious and/or spiritual needs of your patients?

☐ Yes. If yes, please describe and give examples.

☐ No.

3. Does your hospital have programs or initiatives that help patients establish hope, belief or expectation regarding their recovery and well-being?

☐ Yes. If yes, please describe.

☐ No.

4. Does your hospital have programs or initiatives that enhance the quality of patient /provider interactions? This could include attempts to improve listening and communication skills of providers, increase the level of provider compassion and empathy, or prepare patients to engage in communication with their providers.

☐ Yes. If yes, please describe.

☐ No.

5. Does your hospital have programs or initiatives that facilitate personal growth and wholeness in providers, staff, and/or patients?

☐ Yes. If yes, please describe.

☐ No.

Thank you for filling out this survey!
If you have any further thoughts or comments,
please share them in the space on the back page.