Environmental Scan

Samueli Institute Nursing Forum on

Optimal Healing Environments

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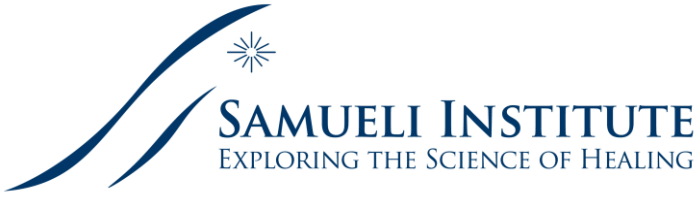

On September 23-24, 2009, the Samueli Institute brought together a small group of influential nurse leaders representing key national nursing organizations to explore the role of nursing in creating optimal healing environments. The Institute recognizes that nurses are the primary workforce in hospitals, and that nurses' professional preparation, which focuses on delivering care from a whole-person perspective, ideally positions them as key agents of change. A major aim of the Samueli Institute Nursing Forum on Optimal Healing Environments was to seek alignment between the Institute and like-minded nursing organizations with the goal of accelerating change in the way American health care is delivered to be more "healing-oriented." (For a full list of Forum participants see Appendix A: Participant Roster.)

In preparation for the Nursing Forum, the Institute conducted an environmental scan to identify as many examples as possible of significant nurse-led or nurse-focused healing initiatives that have focused on creating a more holistic, healing-oriented health care system in the United States. Forum invitees gave generously of their time and support in sharing their knowledge and ideas for the scan. The scan was not meant to be exhaustive, but highly representative of the types of activity going on around the country. The intent of the scan and the resulting report was to provide the assembled group a clear and shared understanding of what nursing's influence on the creation of optimal healing environments has been to date, and allow meeting participants to "start from where we are at" as they explored future roles and opportunities.

We are on the verge of a revolution in the United States that is about more than addressing the unsustainable cost of health care. All around us, in our daily headlines, on our nightly news, from the mouth of our president, there is a palpable shift towards an emphasis on healing and an increasing demand for the kind of care that alleviates suffering, enhances well-being, and aids in the long-term management of chronic illnesses. Modern health care has mastered the "cure" but continues to struggle with the "care."

Michael Lerner eloquently described the difference between curing and healing when he wrote, "A cure is a medical procedure that reliably helps you recover from illness. Healing is an inner process through which the human organism seeks its own recovery – physically, mentally, emotionally, and spiritually." (Lerner M. *Choices in Healing.* (1994). Cambridge, Mass.: The MIT Press.) This integrated, holistic approach to health care is the key to the future of health care in the United States.

Of course, this approach is not new to the nursing community. It was Florence Nightingale, in 1860, who first described nursing as a holistic, integrated pursuit. (Nightingale F. *Notes on Nursing*. (1860). London, UK: Harrison and Dossey, B, Selanders, L, Beck, D and Atwell, A. *Florence Nightingale Today: Healing, Leadership, Global Action.* (2005). Washington, D.C.: NurseBooks.Org.) And while it is true that modern nurse education still emphasizes the technological, allopathic approach to care, it has also embraced, to a greater degree than any

other Western health care profession, the notion of care for the whole person– the body, mind and spirit. It is the nursing profession, too, that recognizes that the integration of these dimensions of healing into health care delivery can result in a significant impact on prevention, wellness, improved function, alleviation of suffering and personal and professional empowerment.

Given the value and merit of healing, the Samueli Institute began asking the question: How can health care providers, hospitals and even whole health care systems change the way they deliver care and services to enhance healing?

We suggest that the answers lies in optimizing all aspects of the inner and outer environment that touch a patient – from their inner hopes and intentions, to their relationships, to the buildings they visit to receive care. The answer lies in creating an optimal healing environment.

Background

The term "optimal healing environment" (OHE) was coined in 2002 by the Samueli Institute after 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, an OHE was defined and a framework that elucidates the components of an OHE was developed. The Institute defines an optimal healing environment (OHE) as one in which "the social, psychological, spiritual, physical, and behavioral components of health care are oriented toward support and stimulation of healing and the achievement of wholeness." (Jonas W, Chez R. 2004). According to the Institute, an 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 health care, creating healing organizations, and building healing spaces. A graphic of the OHE framework appears in Figure 1. (Jonas W, Chez R. Toward optimal healing environments in health care. *The Journal of Alternative and Complementary Medicine.* 2004; 10(1): S-1-S-6.)

Figure 1: Optimal Healing Environments Framework

To support ongoing innovation in the area of optimal healing environments, the Samueli Institute launched the OHE Program in the spring of 2005 to determine how theory about healing translates into real world practice. OHE was developed as a unifying concept and research framework to begin describing what an OHE actually looks like when it is implemented in different health care settings. OHE is founded in proven scientific data, based on research that has been going on in laboratories and academic medical centers throughout the world. This research has repeatedly demonstrated that it is possible to transform our own inner and outer environments in order to prevent disease, promote health, maintain wellness and reach our whole potential – physically, spiritually, mentally and emotionally.

As a discipline, nursing has been at the forefront of many innovative and successful healing-oriented ideas, theories, initiatives and programs. Nurses have led our health care system in viewing patients as whole beings and exploring ways to care for and optimize the wellness of all aspects of human beings – mind, body, and spirit. These initiatives share a common vision and

goal with OHE of improving patient, practitioner, and institutional health by focusing on integrative and holistic notions of wellness and care.

Methods used in conducting the environmental scan

As a follow-up to the Gillette Nursing Summit on Integrated Health and Healing (Kreitzer, M., Disch, J. Leading the way: The Gillette Nursing Summit on integrated health and healing. *Alternative Therapies in Health and Medicine*. 2003; 9(1): S3A-10A.), all Forum invitees and other nurse leaders that participants felt could offer valuable input were interviewed using a snowball technique.

While there are multiple health care initiatives occurring across the nation, for the environmental scan we wanted to focus on significant efforts that met the following criteria:

- are nurse-led and/or nurse-focused
- change health care so that it is more holistic and focused on healing
- have been implemented since 2000
- involve multiple organizations or systems (e.g. have affected an entire hospital rather than a single unit within it, or an entire health system rather than a single hospital)

We interviewed approximately 30 nurse leaders, including administrators, consultants, educators, researchers, executives, and clinicians. They represented a variety of health care professional associations, educational institutions, credentialing organizations, consulting firms, research centers, and for-profit and not-for profit hospitals and health care systems.

Summary of general findings

Overall, our interviews with nurse leaders clearly revealed that nurses have influenced the creation of optimal healing environments in American health care in three major ways: 1) by creating and operationalizing models of nursing that focus on whole person care and healing (e.g. Holistic Nursing, Transforming Care at the Bedside) 2) by creating and operationalizing models for health care delivery that focus organizational culture on the patient experience (e.g. patient-centered care, relationship-based care, integrating inpatient CAM), and 3) by developing and implementing educational and training initiatives, both for nurse students and practicing nurses, that prepare and certify nurses to practice in a holistic, healing-oriented fashion.

In conducting the environmental scan, we noticed that many initiatives that contribute to more healing oriented health care are interdisciplinary in nature. It was difficult for interviewees to pull out initiatives that were only nurse-led or nurse-focused. For instance, palliative end-of life care has been on the forefront of holistic care. However, it was not highlighted in the scan

because it is quite interdisciplinary, rather than primarily nurse-led and nurse- focused. Another example is the Baptist Healing Trust's Healing Hospitals ™ initiative to create health care cultures of radical loving care. This program involves nurses and has had a large impact in some hospitals on nurse satisfaction and retention. However, it was not held up in the scan as it was created and championed by a hospital CEO without roots in the field of nursing.

While conducting interviews, some Samueli Institute interviewers noticed that participants seemed to know about and refer to one another's efforts. Other interviewers observed that participants were well-versed in their own particular area of expertise (e.g. nursing education, clinical nursing etc.), but not aware of what was taking place in other areas of nursing. We think the environmental scan summarizes the major guideposts that have occurred across all areas in the field of nursing in the last decade. However, there are many other smaller initiatives occurring, far too many for us to have followed-up with by interviewing and representing in the scan.

Specific initiatives and areas of influence

In asking our participating nurse leaders to cite significant nurse-led or nurse-focused efforts since 2000 that have changed health care to be more holistic and focused on healing, a number of specific initiatives and areas emerged. They were cited by multiple interviewees and many of them represent one or more parts of the Samueli Institute's Optimal Healing Environments framework.

Models of nursing and models for organization-wide health care delivery are not mutually exclusive, and in conducting interviews and writing the environmental scan we found them difficult to separate. It is not easy to create a more healing-oriented organizational culture without also establishing a model for nursing care that is focused on healing and holism. Likewise, if nursing is delivered in a holistic, healing-oriented fashion, it will inevitably affect the culture from which it is delivered. However, for the purpose of discussion, we have made that "artificial separation" here in this paper.

I. Models of Nursing

Operationalizing the Theory of Human Caring

The Theory of Human Caring, originally introduced by Dr. Jean Watson in 1979 through her first book, *Nursing: The Philosophy and Science of Caring*, is a prominent nursing theory that honors the whole human being – mind, body, spirit, and soul – and states that interactions between all people involves each of these aspects of self. The theory emphasizes the importance of using the whole self of the nurse and whole self of the patient to build authentic, personal,

caring connections between patient and provider. It sees transpersonal caring relationships as the central focus of nursing, and believes the caring-healing relationship has the ability to heal patients and benefit nurses and is the main ingredient in creating a therapeutic, healing environment.

Though Human Caring Theory is not new in the last decade, there has been an impressive growth in the last ten years in the number of hospitals and nursing schools in the United States that have begun to explicitly implement and operationalize the theory as a foundation to both professional nursing practice and system-wide cultural change. These institutions are using Human Caring Theory not only as a guiding nursing theory, but as a philosophical and ethical framework to steer and change how nursing is practiced and health care is delivered – leading to transformed health care environments where caring and healing are central.

Efforts to operationalize Human Caring Theory have been stimulated and supported by several factors. First, in attempting to attain Magnet status through the American Nurse Credentialing Center's (ANCC's) Magnet Hospital Program, a program started in the 1990's which requires hospitals to have a professional nursing practice model based on a nursing theory, many hospitals have chosen to implement Human Caring Theory. Secondly, the International Caritas Consortium (ICC) and the Watson Caring Science Institute (WCSI) were launched in the 2000's to advance the philosophies, theories and practices of human caring in academic and clinical settings. The ICC, which now has 100 representatives from a variety of health care settings, organically emerged as health care professionals around the world sought to bring Human Caring Theory to life. Twice a year members of the ICC meet to deepen, renew, and share information on bringing caring-healing back into nursing and health care practice. The WSCI is an international non-profit foundation founded to support the work of the ICC and translate Human Caring into systematic health care programs and services. (For more information on the Theory of Human Caring, ICC, and WCSI, see www.watsoncaringscience.org.)

Examples of hospitals and nursing schools implementing Human Caring Theory in the last decade abound. Some are Magnet status hospitals and /or are part of the ICC, some are not either. Inova Health System, a not-for-profit health system in Northern Virginia with 5 hospitals and multiple other centers and services, has developed and operationalized a professional nursing practice model, Human Caring, based on Watson's Theory of Human Caring. Together, nurse leaders and staff created a vision for applying the theory and making it a reality in day to day practice. Their objective was to improve satisfaction and turnover rates of staff nurses by providing nurses with time and know-how to practice caring activities in a caring and healing environment. Concrete practice changes included nurses spending 5-minutes each shift with each patient focusing completely on being present, caring and connected with the patient in an

authentic way; using hand washing as a time to reflect on the gift of being able to serve each patient and a time of closure for the preceding patient encounter; pausing before entering each patient's room to become intentional and centered on the patient encounter; and creating a staff centering lounge on each unit. A pilot study across four of INOVA's hospitals showed post-intervention increases in nurse satisfaction and patient satisfaction, as well as a decrease of turnover and vacancy rates over time. INOVA continues to implement their Human Caring professional practice model beyond the pilot study, and as of 2007 over 1000 RN's from 75 of the system's inpatient units have been trained. (For more information about INOVA's efforts and outcomes see Drenkard, K. Integrating human caring science into a professional nursing practice model. *Critical Care Nursing Clinics of North America*. 2008; 20 (4):403-414.)

Bon Secours Health System, a $2.6 billion not-for-profit Catholic health system headquartered in Marriottsville, Maryland with 13 hospitals and multiple other programs and services, is launching a system-wide education and practice plan encompassing many components of Watson's Theory of Caring. As part of its pursuit of Magnet status, one Bon Secours hospital, St. Mary's in Richmond, VA, developed and implemented the Professional Practice Model of Clinical Transformation, based on Human Caring Theory and practice. The wider Bon Secours Health System, recognizing that this foundational model supports patient excellence and patient- and family-centered care, is holding its first system-wide patient care summit in 2009 to present the Professional Practice Model of Clinical Transformation to teams from each of the 13 hospitals. To support system-wide education and enculturation, the summit will be filmed, turned into an educational DVD and resource manual, and presented by leadership teams to each Bon Secours local facility. Also in fall 2009, Bon Secours Memorial School of Nursing in Richmond, VA, will be implementing a nursing school curriculum based on Human Caring Theory.

The Theory of Human Caring and efforts to operationalize it correspond with the OHE framework components Developing Healing Intention, Cultivating Healing Relationships, Experiencing Personal Wholeness, and Practicing Healthy Lifestyles.

Operationalizing Synergy Theory

Synergy Theory is a model for patient care based on the belief that the needs or characteristics of patients and families influence and drive the characteristics or competencies of nurses. All patients have similar needs and experience across a wide continuum from health to illness, with more compromised patients having more complex needs. The dimensions of a nurse's practice are driven by the needs of patients and their families, requiring nurses to be proficient in

multiple dimensions of the nursing continuums. Synergy results when the needs and characteristics of a patient, clinical unit or system (e.g. level of resiliency, vulnerability, stability) are well matched with a nurse's competencies (e.g. level of clinical judgment, clinical inquiry, caring practices). When synergy occurs, optimal patient outcomes can result.

Several assumptions guide the Synergy Model for Patient Care. In it, the goal of nursing is to restore a patient to an optimal level of wellness as defined by the patient. Thus death can be an acceptable outcome, in which the purpose of nursing care is to move a patient toward a peaceful death. Synergy Theory sees patients as biological, psychological, social, and spiritual entities who present at a particular developmental stage. All these parts of the patient -- body, mind and spirit -- must be considered when giving care. It also views patient characteristics as interrelated, all of which are connected and contribute to each other and cannot be viewed in isolation. Similarly, nurses can be described on a number of dimensions, all of which are interrelated and together paint a profile of the nurse.

The Synergy Model for Patient Care was developed by the American Association of Critical Care Nurses (AACN) as a way to link clinical practice with patient outcomes. Though the AACN has worked on the theory and model for many years, it has been in the last decade that the Synergy Model framework has been fully adopted by the AACN and integrated into the AACN Certification Corporation credentialing program exams. As of July 1999, the Synergy Model for Patient Care has been used as an organizing framework for the CCRN (Certification for Adult, Neonatal and Pediatric Critical Care Nurses), CCNS (Certification for Adult, Neonatal and Pediatric Acute and Critical Care Clinical Nurse Specialists) and PCCN (Certification for Progressive Care Nurses) certifications. The Synergy Model now defines the knowledge, skills, and abilities that are considered crucial to critical care nursing. For example, whereas in the past the entire CCRN exam was based on clinical judgment, 20 percent of it is now based on applying the competencies contained in the Synergy Model (i.e. advocacy/moral agency, caring practices, collaboration, systems thinking, response to diversity, clinical inquiry and facilitation of learning knowledge and skills), covered in a component of the exam called Professional Caring and Ethical Practice. Integrating the Synergy Model into the AACN Certification Corporation credentialing programs puts an emphasis on the patient and their needs, as well as on developing critical care nurses with caring and ethical practices. Given that the AACN is the largest specialty nursing organization in the world, representing over 500,000 nurses who care for acutely and critically ill patients, these efforts are making a significant contribution to creating a more healing-oriented health care system.

In addition to being used by the AACN, Synergy Theory is being utilized by hospitals and nursing schools. For example, Clarian Health Partners, a single hospital with 3 different sites in Indiana, has adopted the Synergy Model for Patient Care as the basis for care delivery and professional

advancement. Nursing staff at all levels, whether in direct patient care, management, education etc. are guided and evaluated by the understanding of patient-nurse centrality. Tenets of the model are seen as essential to meeting patient needs (e.g. competency in advocacy/moral agency, caring practice, collaboration) and are used to shape performance and role expectations of nurses. Duquesne University School of Nursing in Pittsburgh, Pa. has adopted the Synergy Model for both undergraduate and graduate nursing curricula, using it as a conceptual framework to organize and guide their overall program. Following the model's premise that patient outcomes are optimized when patient needs and nurse competencies match, they use it to design courses and programs aimed to develop future nurses that excel in recognizing and meeting patient characteristics and needs. This innovative curriculum led, in part, to their selection in 2008 as a National League for Nursing Center of Excellence in Nursing Education.

(For more information on the history and development of the Synergy Model and how to apply it in practice, see Hardin S, Kaplow, R. *Synergy for Clinical Excellence: The AACN Synergy Model for Patient Care* (2005). You can also access information through the AACN website www.aacn.org.)

The Synergy Model of Patient Care and efforts to operationalize it correspond with the OHE framework components Cultivating Healing Relationships and Experiencing Personal Wholeness.

Transforming Care at the Bedside (TCAB)

The original iteration of the Transforming the Care at the Bedside (TCAB) initiative, a national program of the Robert Wood Johnson Foundation and the Institute for Healthcare Improvement, was launched in July 2003 and concluded in August 2008. TCAB is not a traditional quality improvement program; one primary characteristic that sets it apart is its focus on engaging front-line staff and unit managers to develop innovations and exemplary care models on medical and surgical units to dramatically improve outcomes for patients and staff alike.

The original aims of TCAB were to improve the quality and safety of patient care on medical and surgical units, increase the vitality and retention of nurses, engage and improve the patient's and family members' experience of care, and improve the effectiveness of the entire care team.

Originally, thirteen participating hospitals implemented initiatives aimed at testing, refining, and implementing change ideas to address the aims of the TCAB program. These programs

implemented such initiatives as the use of Rapid Response Teams to “rescue” patients before a crisis occurs, specific communication models that support consistent and clear communication among caregivers, professional support programs such as preceptorships and educational opportunities, liberalized diet plans and meal schedules for patients, and redesigned workspaces that enhance efficiency and reduce waste.

Building on the significant success of the original TCAB program, The American Organization of Nurse Executives (AONE), in January 2007, received a two-year grant from The Robert Wood Johnson Foundation to identify, develop and disseminate a set of practical, easy-to-use tools that aimed at helping hospitals redesign delivery of care processes to improve patient care . The nearly $1 million grant, "Disseminating Transforming Care at the Bedside (TCAB)," has allowed AONE to share insights from The Robert Wood Johnson Foundation and the Institute for Healthcare Improvement's TCAB project with 50 hospitals nationwide. And, In July 2007, AONE was awarded a supplemental grant to support eighteen additional hospitals in the two-year project, bringing the total number of participating hospitals to 68 and the total grant award to over $1.5 million.

Much like the original TCAB initiative the current iteration of the program calls for nurses to lead unit and hospital-wide team efforts to improve the quality and safety of patient care by focusing on safety and reliability, creating a joyful and supportive work environment, developing patient-centered care models and supporting value-added work. Through nurses’ creativity, teamwork and focus on the patient, this project is fulfilling one of AONE’s important strategic goals of creating care delivery models of the future. Currently, hundreds of hospitals across the US and internationally are implementing TCAB strategies and changes on medical and surgical units.

One example of a hospital that was involved in implementing the TCAB program, excerpted from the hospital’s online progress publications, is Massachusetts General Hospital. Massachusetts General Hospital, a 908-bed academic medical center in Boston, is a fast-paced, high-volume work environment, with a rich history and very high standards. The nursing staff at this Magnet-designated facility is dedicated to providing excellent clinical care, advancing research and education, and serving the community. The unit chosen to implement the TCAB initiative was White 10, a 20-bed general medical unit at Massachusetts General Hospital. The staff members are an energetic group, committed to their patients and to one another. Their experience levels range from recent graduates to nurses with more than 20 years of practice; most have been in practice for less than five years. Many are pursuing graduate studies and specialty certifications in medical-surgical and geriatric nursing. The unit is fully staffed and, according to the most recent staff survey, all agreed or strongly agreed that they are satisfied with the unit's work environment.

In the two years (2007-2009) that Unit 10 has participated in the TCAB initiative, nurses have implemented 32 changes that address TCAB's four priorities: patient-centered care, value-added process, safety and reliability, and vitality and teamwork. The quality of care has improved, as evidenced by a lower fall rate, less use of restraints, fewer nosocomial infections, and improved patient satisfaction; nursing staff turnover rates have also decreased. They have created an environment that is more conducive to teamwork, and this has prompted the staff to examine the way they practice in a new light. They now take the lead and propose new ways of improving care delivery, effecting real change, and bettering both their patients' and their own experiences.

(For more information on the Transforming Care at the Bedside Program you can access information from the AONE website at www.aone.org/aone/resource/AONE_TCAB/AONE_TCAB.html , the Robert Wood Johnson Foundation website, at www.rwj.org/qualityequality, and the Institute for Healthcare Improvement website at www.ihi.org.)

Transforming Care at the Bedside corresponds with the OHE framework components Cultivating Healing Relationships, Creating Healing Organizations and Building Healing Spaces.

Nurse self-care and transformation programs

Programs and initiatives focusing on nurse self-care and transformation have proliferated in the last decade. These programs focus on nurses as a central and essential element of health care delivery and attempt to strengthen nurses' ability to be caring and present at the bedside by teaching them to first take care of themselves. Nurse transformation programs view human beings holistically and strongly emphasize nurturing the nurse's inner environment with self-care of mind, body, spirit, and energy in order to transform relationships with patients, families, and colleagues in the outer environment. Nurse self-care programs also often teach nurses complementary modalities (e.g. meditation, aromatherapy, Therapeutic Touch, Reiki) and how to use them personally and at the bedside with their patients.

Examples of this type of program include the Integrative Healing Arts Academy (IHAA), offered by the BirchTree Center for Healthcare Transformation, and University of Arizona's Tucson Holistic Healing Initiative for Nurses (THHIN).

The Integrative Healing Arts Academy (IHAA), offered by the BirchTree Center for Healthcare Transformation in Florence, Mass., is an exemplar nurse transformation program. IHAA is a four-part certificate program that encourages and teaches nurses a way of being with patients in a healing environment. Based on the premise that a therapeutic presence helps to promote

relationships and healing, the program begins with a focus on self-care for the professional nurse and developing a healing presence with others. Participants are taught the scientific basis for mind- body- spirit health care and learn the art of integrating complementary and alternative medicine (CAM) practices (e.g. music therapy, guided imagery, meditation techniques, aromatherapy, energy-based healing therapies) within nursing practice. The course is typically taught in four consecutive sessions, with each session lasting 3-4 days and building on previous sessions. The IHAA training has been offered to multiple hospitals and health care systems across the country, as well as used in educational and retreat settings.

The CNO of The Valley Hospital in Ridgewood, N.J., brought IHAA into the hospital in 2001, as part of efforts to increase morale and ignite the heart of nursing at Valley. As of 2008, there are 100 nurses at Valley who have graduated from the program. The CNO credits the IHAA program with helping to improve nurse self-care, satisfaction and camaraderie, increase nurse retention and decrease turnover, improve patient satisfaction, and increase the climate of caring in the hospital. (For more information on the IHAA program, see www.birchtreecenter.com/.)

Another nurse self-care/transformation program that is helping to creating a more holistic, healing-oriented health care system in the United States is the Tucson Holistic Healing Initiative for Nurses (THHIN) – Caring for the Caregiver. THHIN is a nurse-led, nurse-focused partnership between the University of Arizona College of Nursing and six Tucson hospital systems centered on supporting the health and well-being of Tucson's hospital staff nurses. Funded by a foundation grant, THHIN staff work with local hospital CNO's and staff nurses to discuss the nurses' greatest areas of need and identify holistic healing modalities/systems of care that will address the nurses' needs. After choosing modalities/systems of care that are feasible and practical to implement in the working environment of the particular unit/hospital/health system, four nurse scholars associated with diverse holistic healing modalities/systems of care come and spend 2 full days, over the course of a year, with each group of nurses. During the four 2-day sessions, the scholar-consultants and staff nurses: 1) focus on self-care strategies the nurses can use to manage stress and prevent or reduce burnout; 2) discuss the scientific and experiential evidence associated with each chosen holistic healing modality/system of care; 3) examine the feasibility of using the modality/system of care to care for themselves and their patients; and 4) choose one holistic self-care practice to incorporate on the nursing unit and practice it with the scholar-consultant and each other. The goal of THHIN is to reduce stress and improve health among nurses, which will ultimately increase their job satisfaction and morale and improve the quality of care given to the community by the nurses and their health care systems. In 2008, six Tucson-based hospitals, medical centers, and colleges of nursing participated in THHIN; an additional 5-6 partners will be joining in 2009. Approximately 60-80

nurses from each participating site go through the program. (For more information, see www.thhin.nursing.arizona.edu/UANursing.asp .)

Nurse Self-Care and Transformation programs correspond with the OHE framework components Developing Healing Intention, Experiencing Personal Wholeness, Cultivating Healing Relationships, Practicing Healthy Lifestyles and Applying Collaborative Medicine.

II. Models of Organization-Wide Health Care Delivery

Operationalizing Patient- and Family-Centered Care

Patient- and family-centered care is an innovative approach to health care that recognizes the integral role of patients and families and brings their perspectives directly into the planning, delivery, and evaluation of health care. At the heart of patient- and family-centered care are collaboration and mutually beneficial partnerships between health care providers, patients, and families. Together with their providers, patients and families participate in decision-making and care. Patients, families, and providers fully share information with one another, and providers listen to and respect the perspectives and choices of patients and families. In patient- and family-centered care, all members of the partnership recognize and honor the strengths, values, beliefs, traditions, and expertise of one another. Ideally, in patient- and family-centered care, patients and families are involved not only at the clinical level, but also at the program and policy level. They are invited by their hospital or health system to be advisors on committees and task forces and participate in developing system policies and practices.

The concept of patient-and family-centered care is not new. Patient-centered care was first mentioned in the literature in the late 1980's. However, in the last decade there has been a significant increase in the attention given to patient- and family-centered care, both in the literature and in practice. Patient-and family-centered care also is not restricted to the field of nursing, but rather is, multidisciplinary. However, patient-centeredness has always been at the heart of nursing, and as the cornerstone of the health care workforce, nurses are essential to effectively delivering patient- and family-centered care. And one of the essential organizations to advance the understanding and practice of patient- and family-centered care, the Institute for Family Centered-Care (IFCC), was founded and is led by a nurse executive.

The IFCC is a non-profit organization founded in 1992 by Beverly Johnson; almost 10 years before the Institute of Medicine (IOM) published a landmark report, *Crossing the Quality*

Chasm: A New Health System for the 21st Century (2001). According to Ms. Johnson, patient- and family-centered care offers a framework and a set of strategies for changing organizational culture in all settings where patients and families receive care. It is a vision of care that should be aligned with quality and safety agendas in health care settings with a focus on promoting health and well-being by providing the best care for patients and families. In its early years the IFCC focused mainly on family-centered care in pediatrics, where it continues to make significant impact. In the 2000's, it expanded its focus to include patients and thus now commonly uses the term patient- and family-centered care.

At its core, patient and family-centered care is an approach to health care delivery grounded in the concepts of dignity and respect, where health care providers acknowledge and value patient's beliefs and cultural backgrounds and strive to incorporate them into the planning and delivery of care; information sharing, where health care providers deliver timely and accurate information to families and patients in a language that is understandable and useful; patient and family participation at every level of the health care decision process; and collaboration with health care leaders, patients and their families in the implementation and evaluation of institute wide initiatives such as facility design, professional education and systems of delivery. In short, it is a vision of health care delivery in which families are no longer viewed as visitors in a health care setting but are true partners, allies for quality and safety.

There are numerous examples of hospitals and hospital systems that have embraced and implemented programs of patient- and family-centered care. One recent, notable example is the Kaiser Permanente health care system. In 2008 Kaiser Permanente embraced the goal of being the best health care system in the nation and believed that in order to attain that goal their 45,000 nurses, and their focus on patient-centered care, would be the tipping point that would get them there. Led by four nurse leaders, a proposal of patient- and family-centered care, based on the principles put forth by the IFCC, was developed. By October 2008, 150 Kaiser nurse leaders, from each of their 33 hospitals across 8 regions of the United States, drafted and endorsed a patient- and family-centered care Kaiser Permanente Nursing Model. Then, in April 2009, 250 Kaiser leaders came together to endorse the final version of a patient and family-centered model of care for all of their hospitals, the first time a shared vision of care has been embraced by the entire Kaiser Permanente system. The remarkable scale of this initiative is a true testament to the influence and significant potential of nurse leaders to evoke positive culture change across an entire system of health care.

(For more information on patient- and family-centered care and Kaiser Permanente see www.familycenteredcare.org and www.kp.com , respectively.)

Patient- and Family-Centered Care corresponds with the OHE framework components Cultivating Healing Relationships and Creating Healing Organizations.

Operationalizing Relationship-Based Care

Relationship-Based Care (RBC) is a model for transforming organizational culture in health care settings developed by Marie Manthey, a nurse who spent 25 years serving in almost every level of the nursing profession, from staff nurse to vice president of patient services. RBC places the needs and priorities of the patient and family at the center and emphasizes the vital role that relationships, especially between nurses and others, play in the delivery of healing care. This model sees every personal interaction as a chance to enhance the patient's experience of care by providing caring, compassionate, human connection. RBC emphasizes three critical relationships: the care provider's relationship with patients and families, the care provider's relationship with self, and the care provider's relationship with colleagues. The RBC model is designed to assist leaders of health care organizations to strengthen these three vital relationships in order to transform institutional culture and attain positive organizational, quality, and financial outcomes (e.g. patient and family satisfaction, clinical safety and quality, staff satisfaction and low staff turnover, and a healthy financial bottom line.)

In the last decade, Relationship-Based Care has been implemented in multiple hospitals and health care systems across the country and worldwide through the assistance of Creative Health Care Management (CHCM), a Minneapolis-based consulting firm originally founded by Mary Manthey. Through a variety of services, such as leadership and staff consultation and education sessions, 5-day intensive practicums in RBC, leadership and organizational strategic planning, and appreciative inquiry organizational assessments, CHCM has worked with health care leaders to inspire and operationalize the culture change necessary to implement Relationship-Based Care.

Faxton-St. Luke's Health care (FSLH), the largest health care provider in Utica, N. Y. is an exemplar for cultural transformation through complete integration of Relationship-Based Care. Working with CHCM, FSLH adopted Relationship-Based Care to empower its employees and to better focus on the patient and their family. Over a four-year period, FSLH fully integrated Relationship-Based Care into their organization, from including it in their mission/vision for 2015, to implementing relationship-centered nurse practices such as assigning a main nurse to care for each patient during their entire hospital stay, to working with support services such as nutrition and medical records to create exceptional patient care experiences. In 2007, FSLH

was named a Top 100 Hospital for Performance Improvement Leaders by Thomson Reuters. Prior to retiring after 30 years of CEO leadership, FSLH CEO credited their Relationship-Based Care patient care delivery system with "reignit[ing] the spirit of caring" in the organization.

(The elements of the Relationship-Based Care model are described in detail in Koloroutis, M. ***Relationship-Based Care: A Model for Transforming Practice*** (2004). More information about Creative Health Care Management can be found at www.chcm.com.)

Relationship-Based Care corresponds with the OHE framework components Cultivating Healing Relationships and Creating Healing Organizations.

VA Patient Centered Medical Home Model

Over the past ten years, the Veteran's Administration (VA) has made a deliberate effort to create an exemplary system of primary care through creation and implementation of the Patient Centered Medical Home (PCMH) Model. Though the medical home concept originated during the 1960's in the area of pediatrics, it's in the last decade that it has expanded to include adult medical care. The PCMH Model is a patient-driven, team-based approach that is focused on the Veteran patient's needs and goals. Its aim is to deliver efficient, comprehensive and continuous care through active communication and coordination of healthcare services. Based on a set of seven principles that emphasize personal relationships, team delivery of holistic care, coordination across specialties and settings of care, safety improvements, open access to care, and affordable care, the PCMH model engages patients to participate as active managers in their own health care.

In the PCMH Model, delivery of care depends on a core and expanded team of healthcare personnel who work with the Veteran patient to plan for their overall health. At the center is a generalist RN who acts as a case manager for a panel of patients to coordinate their care throughout their entire VA experience. The RN case manager ensures consistency and continuity of care, guaranteeing there are smooth hand-offs between all settings, with both VA and non-VA providers.

Implementation of the PCMH Model is being initiated throughout the entire VA system, which serves more than 5 million veterans. It is meant to focus on all Veterans receiving primary care, which comprises 80-90% of the enrolled Veteran patient population. The PCMH Model is expected to positively influence the delivery of care by improving patient and staff satisfaction, improving health outcomes, reducing morbidity, decreasing preventable hospital admissions for patients with chronic diseases, reducing ER visits, improving patient engagement, and

emphasizing greater shared decision making between patients and their providers. These expectations are based on a number of medical home demonstration projects in the civilian US healthcare industry that have been completed and evaluated, with promising results. For instance, after one year of medical home implementation, the Group Health Cooperative, a medical home demonstration project in Seattle, WA, saw a 29% decrease in emergency room visits, 11% decrease in hospitalizations, and a 6% reduction in inpatient visits among a sample of 9,200 patients.

The Patient Centered Medical Home Model corresponds with the OHE framework components Cultivating Healing Relationships and Creating Healing Organizations.

Caregiver Occupational Stress Control Program

The Caregiver Occupational Stress Control Program is a nurse-created, nurse-led initiative at the United States Navy Bureau of Medicine and Surgery (BUMED) that aims to create a culture change to enhance the psychological health of caregiver staff throughout the Navy. Recognizing that providing clinical care and counseling to personnel who have been exposed to war and trauma is psychologically, emotionally, and spiritually demanding, this program sets up an infrastructure for decreasing caregiver fatigue/burnout and enhancing caregiver resiliency by recognizing and addressing caregivers who are in distress. It seeks to help Navy medical staff recognize caregiver stress early on in themselves and in their colleagues, break the "code of silence" (e.g. decrease stigmatization) in the Navy related to occupational stress reactions and injuries, and engage caregivers in seeking early treatment for stress and distress. Designed by a Navy nurse and heavily influenced by the University of San Francisco School of Nursing's Model of Symptom Management (Larson et al. 1994), the Caregiver Occupational Stress Control Program (CgOSC) has four major components: 1) occupational stress awareness training for Navy Medicine personnel, 2)development of occupational stress and intervention training teams, 3)caregiver resilience multimedia training resources, and 4)caregiver occupational stress assessment tools for Navy Medicine caregivers. Nurses are actively involved in the CgOSC Program in all participating Navy medical centers and are most often the leaders of the occupational stress training and intervention teams (component #3 above).

Originally designed in the early 1990's, the Caregiver Occupational Stress Control Program received formal funding in 2008 and trained its first 100 caregivers in

January 2009. The Program is available to all Navy medical personnel with any sort of caregiving function, from nurses and physicians to nutritionists, occupational therapists and chaplains. Currently, 200 caregivers have been formally trained and there are functioning Occupational Stress and Intervention Training Teams in 19 of the largest Navy medical military facilities around the world. Plans are underway to have some sort of caregiver occupational stress support at every single Navy clinic and medical facility by the end of 2010. (For published information on the Symptom Management Model, see Larson et al. A model for symptom management. *Image Journal of Nursing Scholarships.* 1994; 26:272-276.)

The Caregiver Occupational Stress Program corresponds with the OHE framework components Experiencing Personal Wholeness, Cultivating Healing Relationships and Creating Healing Organizations.

Integrating CAM into inpatient care

There is good evidence that the use of certain CAM modalities can greatly benefit patients in the hospital. For instance, massage therapy, guided imagery, aromatherapy and acupuncture have proven to be effective in managing patients' anxiety, pain and nausea. Though the majority of CAM services in hospitals are still offered on an outpatient basis, there are a number of hospitals across the country that have successfully integrated CAM services into their routine inpatient course of care. These efforts have been spear-headed by both nurse and physician leaders alike, but the CAM services are often delivered to patients by staff nurses at the bedside. And when CAM services are delivered by non-nurse CAM practitioners, nurses serve as the primary liaison between the CAM practitioners and patients' physicians, making nurses crucial for successful integration of CAM into the fabric of health care organizations.

A stellar example of inpatient integrative care exists at Abbott Northwestern Hospital in Minneapolis, Minn. Abbott houses the Penny George Institute for Health and Healing, a comprehensive integrative medicine program that blends evidence-based conventional therapies with healing philosophies and therapies for inpatients and outpatients at the hospital, as well as staff members, families, and members of the surrounding community. At Abbott Northwestern, integrative medicine (IM) services are provided to inpatients by practitioner teams consisting of a board-certified Holistic Nurse (who is also certified in a conventional specialty area) and a complementary/alternative practitioner certified or licensed in the therapies they provide. Services provided include acupressure, acupuncture, guided imagery, holistic nursing consultations, healing touch, massage therapy, music therapy, reflexology, and

other relaxation and stress reduction therapies. While hospitalized, integrative services may be requested by the patient, their family, or their clinician as part of a patient's care. A practitioner from the George Institute visits the patient to determine which services are appropriate. All services are considered part of the patient's hospital care and are not billed for. The George Institute's teams of inpatient health professionals, which always include a board-certified Holistic Nurse, are fully integrated into the hospital. They receive formal referrals, round with physicians, provide bedside therapies, and document their care in the electronic medical record system.

The George Institute inpatient program started in 2003 with one small team of health care professionals and approximately 100 patient visits per month. In 2009, it has 22 professionals who provide an average of 1,400 patient visits each month at Abbott Northwestern Hospital. Approximately 50,000 total inpatient visits have been conducted since the George Institute opened in 2003. The majority of patients receiving inpatient IM services strongly agree the treatments provided by the George Institute were beneficial and that they would recommend Abbott Northwestern Hospital to others because of the services. An analysis of almost 15,000 inpatient visits showed that IM services significantly decreased pain and anxiety scores across various patient populations. Staff is in the process of evaluating the impact of decreased pain and anxiety on patients' needs for pain medications, sleep quality and quality of life, and length of hospital stay.

Probably the most integrated hospital-based system in the country, the Penny George Institute for Health and Healing was envisioned, launched and is led by a nurse executive. Nurses form the foundation of the George Institute and are pivotal to all its services. Currently, discussions are underway on how to expand the George Institute from Abbott Northwestern Hospital throughout the entire Allina Hospitals & Clinics system, which includes 11 hospitals and 90 clinics in Minnesota and Western Wisconsin. (For more information see www.allina.com/ahs/anw.nsf/page/ihh_home.)

Another example of integrated CAM care is at the Woodwinds Health Campus in Woodbury, Minn., a collaborative partnership between HealthEast Care System and Children's Hospitals and Clinics. The campus was built on 10 guiding principles the hospital and community developed together, including "fostering choices by providing a spectrum of select CAM modalities." In fulfilling that commitment, Woodwinds has created a healing arts program that includes a range of CAM therapies both on an inpatient and outpatient basis. All nurses at Woodwinds are trained in basic CAM skills and modalities that they use for themselves and as an integral part of the care they provide. Patients can ask for specific CAM treatments or, alternatively, staff will recommend them based on patient need or benefit. The program has helped boost Woodwinds' patient satisfaction scores to the 91st percentile nationally and to

yield an RN engagement index of 7:1 (seven nurses are "engaged" for every one nurse who is "disengaged") according to a Gallup survey conducted by the hospital. The CNO and patient care executive strongly believe Woodwind's success is directly related to nurses' ability to take care of themselves and subsequently provide holistic, whole-person care to patients. (For further information see www.woodwinds.org/.)

Integrative CAM programs correspond with the OHE framework components Experiencing Personal Wholeness, Practicing Healthy Lifestyles and Applying Collaborative Medicine.

Built environment

In the last decade, there has been an unparalleled boom in hospital construction and renovation, accompanied by an increased emphasis on how the physical environment plays an important role in improving the health and safety of patients and staff.

Though it is a multidisciplinary movement that includes designers, architects, and engineers, nurses have exerted a great deal of influence to bring about awareness and focus on the use of the physical environment to promote healing. Starting in the 1800's, Florence Nightingale suggested creating an environmental space conducive to healing that includes fresh air, light, and ample space. Currently, nurses nationwide are active proponents of designing and using physical space to optimize healing. Recognized as the cornerstones of health care delivery, nurse participation has helped to put emphasis on designing spaces that facilitate safety and efficiency in the work flow process and foster relationship- and patient-centered care (e.g. placing the nurse work station in a location that minimizes the distance nurses must walk to reach the patient's bedside, maximizing nurse time for direct patient care). In 2004, the American Association of Nurse Executives (AONE) issued standards for healthy nursing work environments, as did the American Association of Critical Care Nurses (AACN) in 2005. Also in 2005, two nurse leaders saw the importance of nurse involvement in the health care design and construction process and founded the Nursing Institute for Healthcare Design. Since then, the Institute has helped to bring more collaboration and education between the design and construction community and the nursing and clinical community, resulting in design of health care facilities that improve clinical work environments and ultimately enhance patient health and healing. (For information on physical space and healing environments see the Nursing Institute for Healthcare Design at www.nursingihd.com or the Center for Health Design at www.healthdesign.org.)

Efforts to influence the built environment correspond with the OHE framework component Building Healing Spaces.

III. Educational and Training Initiatives

Clinicians who are educated and trained to provide holistic care are fundamental to creating organizational cultures and delivery systems that focus on healing. Nurse leaders interviewed for this scan cited multiple educational and training initiatives that have evolved since 2000 and have played a pivotal role in facilitating the changes nurses have achieved in creating more healing-focused health care in America. Some of the initiatives are geared toward student nurses, both at the undergraduate and graduate levels, and others for practicing nurses already working in clinical settings. We include both here, though many of the training initiatives for practicing nurses have already been described in the preceding section (e.g. Integrative Healing Arts Academy (IHAA), Tucson Holistic Healing Initiative for Nurses (THHIN), and Professional Practice Model of Clinical Transformation training) and are not duplicated. Some of the primary nursing educational and training initiatives that have helped create a more healing health care delivery system include:

Recognition of Holistic Nursing as an official nursing specialty

In 2006, Holistic Nursing was recognized by the American Nurses Association (ANA) as an official nursing specialty with a defined scope and standards of practice developed by the American Holistic Nurses Association (AHNA). ANA Specialty Status acknowledges holistic nursing's unique contribution to health care and recognizes that holistic nursing has its own scope and defined set of standards that distinguishes it from other nursing practices. Specialty status is significant in that it provides holistic nurses with clarity and a foundation for their practice, and strengthens the voice of the entire profession. Achievement of specialty status has helped to shift consciousness in the health care culture to be more aware of healing as a vital component in patient care. Holistic nursing's scope and standards of practice can be found in *AHNA/ANA Holistic Nursing: Scope and Standards of Practice* (2007). The standards and scope of practice are expanded upon and translated into a "how-to" format in Dossey B, Keegan, K. *Holistic Nursing: A Handbook for Practice* (2008).

National Certification in Holistic Nursing and Holistic Nursing School Endorsement Program

The American Holistic Nurses' Certification Corporation (AHNCC) was founded to advance Holistic Nursing by developing, administering, and evaluating national certification in Holistic Nursing and by endorsing nursing school programs that provide curricula consistent with the AHNA core values and standards of Holistic Nursing practice. These two initiatives have helped to promote recognition of Holistic Nursing as an important specialty area and have advanced the legitimate role of Holistic Nursing in the health care system.

National Certification in Holistic Nursing

Since mid-1999, the AHNCC has developed and administered three different certification options, all of which ensure minimum knowledge and competency standards for Holistic Nursing practice. The three options are Holistic Baccalaureate Nurse, Board Certified (HNB-BC), for licensed registered nurses with a Baccalaureate degree in Nursing from an accredited institution; Advanced Holistic Nurse, Board Certified (AHN-BC), for registered nurses with a Graduate degree in Nursing from an accredited institution; and, new in 2009, Holistic Nurse, Board Certified (HN-BC), for licensed registered nurses (RNs) without a Baccalaureate degree. To be eligible for certification, all candidates must have completed one year of full-time practice or 2,000 hours of part-time practice as a Holistic Nurse in the last five years and completed a minimum of 48 contact hours of continuing education in Holistic Nursing within a two year period preceding application. (For more information, see http://www.ahncc.org/home/certificationprocess.html.)

Holistic Nursing School Endorsement Program

In 2000, AHNCC designed a School Endorsement Program to support and endorse nursing school programs that provide curricula consistent with the AHNA core values and standards of Holistic Nursing practice. Through this program, AHNCC has brought caring and healing back into the health care system by recognizing nursing schools that provide Holistic Nursing programs and facilitating their graduates in the Holistic Nursing Certification Process. To date, AHNCC has endorsed programs from 14 nursing schools around the country. (For a complete list, see http://www.ahncc.org/home/endorsedschools.html.)

A few exemplars include New York University Department of Nursing's joint Adult Nurse Practitioner/Holistic Nurse Practitioner (NP) program. The first Holistic NP program in the United States, it requires 54 graduate credits and 1100 clinical hours and provides direct contact with nationally and internationally renowned faculty and preceptors in the field of holistic nursing and complementary/integrative therapies. A focus on self-healing and personal development is integrated throughout the program. Graduates of the program are eligible to sit for Board Certification in Advanced Holistic Nursing (AHN-

BC) and/or as an Adult Nurse Practitioner. (For more information, see http://www.nyu.edu/nursing/academicprograms/masters/programs/holistic.html.)

Florida Atlantic University offers a 42-credit Master's degree in Advanced Holistic Nursing. Grounded in a philosophy of caring, the program follows the AACN Essentials of Masters Education for Advanced Practice Nursing as well as AHNA Standards and Core Values for Advanced Holistic Nursing. Students develop nursing expertise in specific skills in one of three focal areas: mind-body practices, manipulative and body-based practices, or energetic healing practices. Graduates of the program are eligible to sit for Board Certification in Advanced Holistic Nursing (AHN-BC). (For a complete description of the program, see http://nursing.fau.edu/?main=2&nav=611u.)

Incorporation of holistic caring-healing into nurse education

The AHNA is working to bring caring and healing back into the health care system by changing the way nurse education is structured and delivered. In October 2008, AHNA launched its pilot Student/Faculty Network to facilitate the integration of holistic caring and healing within nursing education. This network was developed with the following goals:

- To teach, nurture, encourage and inspire students and advance the philosophy and practices of holistic nursing.
- To promote the education of students, health care professionals and the public in all aspects of holistic caring and healing; and
- To provide education in holistic nursing and integrative care to students through lectures, presentations, discussions and other educational means.

In November of 2009 the AHNA developed a Student/Faculty eNews. This eNewsletter provides a means for students and faculty to share their experiences, provide each other tips and connect with holistic nursing. The second edition is scheduled to be distributed February 2010.

The AHNA is in the process of developing a Student/Faculty Resource Section on the AHNA Web site. This resource section will provide information on grant and scholarship resources for nursing students; self-care tips for faculty and students; stress management tips for students; healthy, inexpensive, quick and easy meal tips for students; how to compose a successful resume; and access to the Student/Faculty eNews archives among many other useful resources. The resource section is expected for release in February 2010.

In order to promote curriculum models of excellence that encourage the highest standards of holistic nursing education, the AHNA gives an annual Excellence in Holistic Education Award. The award, which was given this year to the University of Texas at Brownsville, accords national recognition to eligible programs or schools of nursing that exhibit an exceptional, substantive, and innovative curriculum in holistic nursing education. To reach students of nursing, the AHNA has formed a collaborative partnership with the National Student Nursing Association (NSNA) and presents at the annual NSNA conference.

In 2008, the American Association of Colleges of Nursing (AACN) revised its *Essentials of Baccalaureate Education for Professional Nursing Practice*, the document that provides the educational framework for the preparation of professional nurses. COHNE and AHNA reviewed the draft revision and requested the AACN integrate a holistic caring-healing philosophy into baccalaureate curricula and into *Essentials*, specifically asking for incorporation of: educational content and experiences that address the holistic caring–healing perspective as central to nursing philosophy and practice; health promotion, prevention and wellness from a holistic perspective; caring-healing techniques and skills (e.g. presence, conscious intent); working knowledge of CAM therapies; and self-care and self-healing techniques (e.g. meditation, guided imagery). Some of these principles were incorporated, and the AACN was commended by the AHNA and given a special recognition award in appreciation for the AACN's support of incorporating holistic nursing concepts in its *Revised Essentials of Baccalaureate Education for Professional Nursing Practice* (2008). According to the AACN director, most nursing programs today, in general, have an emphasis on primary care and working with students to form a holistic approach to healing.

In addition to schools endorsed by the AHNCC (listed above under Holistic Nursing School Endorsement Program), examples of nursing programs whose curricula have a holistic focus include Bon Secours Memorial School of Nursing in Richmond, VA, (mentioned above in "Operationalizing the Theory of Human Caring") and the Western Governors University (WGU) BS in Nursing (Pre-licensure) degree program. This new, accredited, competency-based program provided by WGU focuses on primary care and health rather than acute care and illness. Nurses are taught self-care skills which they use and teach to patients, helping to model and spread wellness out to the community. During four intensive clinical rotations at partner health care sites, students meet one-to-one with a Clinical Coach, an experienced staff nurse and clinical expert trained to offer guidance, supervision, and support throughout the duration of the student's rotations. At the end of this 2-year, 120-credit program, which is being piloted at select clinical sites in Southern California and Texas**,** graduates are eligible to sit for the national NCLEX licensing exam. (For more information see http://www.wgu.edu/online_health_professions degrees/bachelor_science_nursing_licensure.)

At the advanced educational level, the University of Minnesota School of Nursing introduced the Doctor of Nursing Practice (DNP) Program in 2007. This innovative, program includes an Integrative Health and Healing specialty area, the first of its kind in DNP programs, which teaches students skills in developing holistic approaches to health promotion, disease prevention and chronic disease management. The Integrative Health and Healing specialty area has a special emphasis on managing lifestyle changes and incorporating the use of complementary therapies. Through collaboration with the University of Minnesota Center for Spirituality and Healing, students who choose the Integrative Health and Healing specialty area can concurrently earn a graduate certificate in complementary therapies and healing practices, including a focus in health coaching. Upon completion of the DNP program, students will be prepared for national certification in their area of specialty. (For a complete description of the program, see http://www.nursing.umn.edu/DNP/.)

Model of Whole-Person Caring Transformational Leadership Course

This nurse training curriculum was developed in 2000 by two nurses (Lucia Thornton, RN, MSH, HNC and Jean Gold, RN, MSN) to help create a healthy and healing environment for both employees and patients in a hospital setting. Designed to facilitate personal and organizational transformation in health care environments, most especially for nurses but also across disciplines, this theoretical model of relationship-centered interaction is based on the work of three nursing theorists, Florence Nightingale, Martha Rogers, and Jean Watson. The model enables caregivers to define themselves as infinite, spiritual, paradimensional beings and serves as the foundation for a comprehensive healing environment. Its' key concepts include sacredness of being; therapeutic partnering; self-care and self-healing; optimal whole-person nourishment; transformational health care leadership; and caring as a sacred practice.

The Transformational Leadership Course is a 3-phased curriculum delivered over the period of one year. The first phase, given over two days, gathers a group together and focuses on the key concepts of Whole-Person Caring as they relate to each individual participant. Phase two is a four-nine month self-paced independent study guided by a mentor or teacher who assists participants in integrating the key concepts into their lives. In phase three, the group reconvenes for two days and focuses on integrating the key concepts of Whole-Person Caring into their work and organization. This training curriculum was initially offered to 30 participants in an Oregon hospital. It has since been implemented with approximately 400 nurses in health care settings in Oregon, Massachusetts and North Carolina.

After participating in the Transformational Leadership Course and fully integrating the Whole-Person Caring Model, Three Rivers Community Hospital in Grants Pass, Oregon, increased

patient and employee satisfaction, decreased nursing turnover below the national average, enhanced its healing environment, and received the Fetzer Institute's Norman Cousins Award for excellence in relationship-based care and the Oregon Association of Hospitals and Health Systems award for Professional Excellence in Health Care Leadership. (The course is available through Lucia Thornton at 559-434-0900 or lucia@luciathornton.com. For published information, see Thornton L. The model of whole-person caring: Creating and sustaining a healing environment. *Holistic Nursing Practice*. 2005; 19(3):106-115.)

The Model of Whole-Person Caring Transformational Leadership Course corresponds with the OHE framework components Developing Healing Intention, Experiencing Personal Wholeness, Cultivating Healing Relationships, Practicing Healthy Lifestyles, and Creating Healing Organizations.

Conclusion

While it is evident that the programs and initiatives mentioned here are far from an exhaustive list of the many innovative nurse-led and nurse-focused initiatives in the country, we do believe they are a representation of where we are and offer a glimpse into the critical role, as the key agents of change, that nurses can and do play in creating and delivering whole person care. It is our hope that together we can align and accelerate the transformation of American health care into a truly holistic, healing-oriented system.

Appendix A: Participant Roster

Participant Roster
Samueli Institute Nursing Leadership Forum on Optimal Healing Environments

September 23rd- 24th, 2009

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