Guest Editor

What is Holistic Nursing Anyway?
by Karen Avino, EdD, MSN, RN, AHN-BC

Karen is a faculty member in the School of Nursing at the University of Delaware. She is a board certified Advanced Holistic Nurse and has been practicing guided imagery, relaxation and Reiki for over 30 years. Her background includes pediatrics, community health, administration and educational technology. Karen is a member of Delaware Nurse Association, Counselor for the Beta Xi Chapter of Sigma Theta Tau, and is Network Leader for the Delaware Chapter of American Holistic Nurses Association. Presently, she teaches Holistic Nursing at the University of Delaware. Her vision is to create an educational environment where nurses develop an understanding of their potential as both a nurse and human being.

In 1996, the American Nurses Association approved Holistic Nursing as a specialty with its own scope and standards of practice. Certification in this field is limited to nurses who have completed the required coursework. Holistic nursing is an overlap of all areas of nursing. It is a field of study that acknowledges the whole person. It is not a substitution for traditional nursing, but rather a complement to conventional medicine.

Political Action
One of the goals of DNA is to foster and safeguard the interests of healthcare, consumers and nurses in the legislative arena. Allowing APNs to write for handicap placards, no smoking in the cars with minors, and the protection of the title “nurse” are areas identified for the new year are: political action, organizational growth, mobilizing members, the Delaware Nursing Foundation and a Delaware license plate for nurses.

Organization Growth
In 2008, we hope to continue increasing our membership with additional benefits and programs that will enhance current member benefits and keep your state nursing association strong. Some of the new benefits are e-LeaRN™ and accounting services. With eLeaRN online continuing education, DNA members are eligible for 15% off of the list price for each course offered via e-LeaRN™ with the exception of courses considered mandatory. Hewlett and Company offers DNA Members a 10% discount on accounting services.

The DNA is actively reviewing other companies to offer benefits such as variety types of insurances and developing a program that will offer discounts to local area vendors.

As of December 2008, the DNA has one organizational affiliate: the Delaware Organization of Nurse Anesthetists (DONA) that has taken advantage of the new Organizational Affiliate Program. By paying a low annual fee, a DNA organizational affiliate receives such benefits as discounts on educational offerings for its members, a link off the DNA website and a mailing address for their association. If you are a member of your specialty nurse organization, please give me a call to find out how this program could be mutually beneficial.

Educate, Engage and Mobilize Members
In addition to the online continuing education, the Professional Development Committee will be meeting in December to outline a schedule to offer monthly continuing education to our members either free or at a nominal fee and the conference schedule. With the costs of conferences skyrocketing and the competition for attendees, the DNA welcomes the opportunity to co-sponsor programs with other nursing organizations. Please call me or send an email to discuss opportunities. Additionally, the DNA has opted to have one large conference in the spring. This conference will cover all levels of nursing education.

Executive Director’s Column continued on page 3
that include CAM. Both the NCLEX blueprint and the newest draft of the Essentials of Baccalaureate Education for Professional Nursing Practice include content on CAM and recommend nurses practice within a holistic framework. The time is ripe for hospitals and healthcare faculties to develop healing environments through relationship-centered care.

If you are interested in finding out more about Holistic Nursing, consider attending a meeting of the Delaware Chapter of the American Holistic Nurses Association. This newly formed group plans on guest speakers and study groups to enhance knowledge and skills. For information about integrating holistic nursing in your practice, hospital or curriculum, contact: Karen Arvin at Kavino@udel.edu or 302-831-8506.

References

Upcoming Reporter Themes

May/June/July 2009—Nursing Education

August/September/October 2009—Technology and Nursing

Have a great idea for an article? The DNA always welcomes original and previously unpublished articles for our newsletter. To submit an article for consideration, please contact the managing editors Dan Miller or Bonnie Osgood. Article requirements and contact information can be found on page 2.
President's Message

Happy 2009 from your President and the Board!

Norine Watson
DNA President

As we start the New Year... it occurs to me that there has simply never been a better time to be a nurse. Once again history is repeating itself and as reported in the The Wall Street Journal the "ailing economy" has prompted many nurses to work additional shifts, delay retirement or return to the work force from retirement—all of which have helped "ease the nursing shortage."

According to the Journal, the "renewed interest in nursing," a "familiar pattern during economic slowdowns," has been helpful for hospitals which in recent years have recognized nurses with higher salaries and sign-on bonuses, as well as improving the practice environment and implementing measures to support older nurses to continue to stay in patient care settings longer.

So at the same time these steps are alleviating the nursing shortage they are also working to prevent the loss of nursing intellectual capital in the workforce. The loss of the knowledge that a nurse attains through a career has been shown to have a harmful impact in terms of patient outcomes and safety (Robert Wood Johnson Foundation, Wisdom at Work 2006). Therefore, when we listen to economic reports, it is important that we are aware that even though we might be under a cloud . . . that cloud has a silver lining for the nursing profession and also for patient care.

Now as the President of the Delaware Nurses Association this feels like the right time to pause and write some resolutions for 2009. The mission of the Delaware Nurses' Association in mind we resolve to:

- Invest time in our membership, ensuring all members are aware of the benefits and resources that are available through their state nurses association.
- Keep you informed of job openings and other opportunities through email messaging to our membership and also the quarterly DNA Reporter.
- Provide educational offerings that are not only pertinent to current trends in nursing practice but also affordable and so well attended that they create networking opportunities for Delaware Nurses.
- Send you an informative, well written, free nursing publication in the form of the Delaware Nurses' Association Reporter (DNA Reporter) quarterly to keep you informed of issues that impact nursing practice throughout the state of Delaware. A second resolution for the Reporter is also to provide you with the opportunity to share information with Delaware nurses.
- Represent your voice on legislative issues on the national platform. Our board, with the help of our the delegates will work to ensure you are both aware of issues that nurses are facing and are informed of when these issues will be voted on.
- Develop much closer associations with affiliate health care organizations; working to create mutually beneficial relationships that will lead to strong partnerships resulting in positive outcomes for Delawareans.
- We plan to check with you during the year to see how we are doing with these resolutions. And in the mean time we wish you a very happy and healthy 2009!

Fall 08 Conference
New Members of the Board

Penny Seiple, Past-DNA President and Norine Watson, DNA President.

DNA alternate Delegate Marianne Foard, Treasurer Gloria Zehnacker and incoming DNA President Norine Watson.

DNA President Penny Seiple last official job as president—wearing in the new officers.

Executive Director's Column continued from page 1

Happy 2009 from your President and the Board!

Norine Watson
DNA President

As we start the New Year... it occurs to me that there has simply never been a better time to be a nurse. Once again history is repeating itself and as reported in the The Wall Street Journal the "ailing economy" has prompted many nurses to work additional shifts, delay retirement or return to the work force from retirement—all of which have helped "ease the nursing shortage."

According to the Journal, the "renewed interest in nursing," a "familiar pattern during economic slowdowns," has been helpful for hospitals which in recent years have recognized nurses with higher salaries and sign-on bonuses, as well as improving the practice environment and implementing measures to support older nurses to continue to stay in patient care settings longer.

So at the same time these steps are alleviating the nursing shortage they are also working to prevent the loss of nursing intellectual capital in the workforce. The loss of the knowledge that a nurse attains through a career has been shown to have a harmful impact in terms of patient outcomes and safety (Robert Wood Johnson Foundation, Wisdom at Work 2006). Therefore, when we listen to economic reports, it is important that we are aware that even though we might be under a cloud . . . that cloud has a silver lining for the nursing profession and also for patient care.

Now as the President of the Delaware Nurses Association this feels like the right time to pause and write some resolutions for 2009. The mission of the DNA is to represent the interest of professional nurses in the state of Delaware and also to advocate for health care issues through legislative channels and regulatory activity, resulting in positive outcomes for all Delawarans. Your board meets monthly to discuss and implement strategies that enable us to fulfill this mission.

With the changing economic climate and the mission of the Delaware Nurses' Association in mind we resolve to:

- Invest time in our membership, ensuring all members are aware of the benefits and resources that are available through their state nurses association.
- Keep you informed of job openings and other opportunities through email messaging to our membership and also the quarterly DNA Reporter.
- Provide educational offerings that are not only pertinent to current trends in nursing practice but also affordable and so well attended that they create networking opportunities for Delaware Nurses.
- Send you an informative, well written, free nursing publication in the form of the Delaware Nurses' Association Reporter (DNA Reporter) quarterly to keep you informed of issues that impact nursing practice throughout the state of Delaware. A second resolution for the Reporter is also to provide you with the opportunity to share information with Delaware nurses.
- Represent your voice on legislative issues on the national platform. Our board, with the help of our the delegates will work to ensure you are both aware of issues that nurses are facing and are informed of when these issues will be voted on.
- Develop much closer associations with affiliate health care organizations; working to create mutually beneficial relationships that will lead to strong partnerships resulting in positive outcomes for Delawareans.
- We plan to check with you during the year to see how we are doing with these resolutions. And in the mean time we wish you a very happy and healthy 2009!

Fall 08 Conference
New Members of the Board

Penny Seiple, Past-DNA President and Norine Watson, DNA President.

DNA alternate Delegate Marianne Foard, Treasurer Gloria Zehnacker and incoming DNA President Norine Watson.

Happy 2009 from your President and the Board!

Norine Watson
DNA President

As we start the New Year... it occurs to me that there has simply never been a better time to be a nurse. Once again history is repeating itself and as reported in the The Wall Street Journal the "ailing economy" has prompted many nurses to work additional shifts, delay retirement or return to the work force from retirement—all of which have helped "ease the nursing shortage."

According to the Journal, the "renewed interest in nursing," a "familiar pattern during economic slowdowns," has been helpful for hospitals which in recent years have recognized nurses with higher salaries and sign-on bonuses, as well as improving the practice environment and implementing measures to support older nurses to continue to stay in patient care settings longer.

So at the same time these steps are alleviating the nursing shortage they are also working to prevent the loss of nursing intellectual capital in the workforce. The loss of the knowledge that a nurse attains through a career has been shown to have a harmful impact in terms of patient outcomes and safety (Robert Wood Johnson Foundation, Wisdom at Work 2006). Therefore, when we listen to economic reports, it is important that we are aware that even though we might be under a cloud . . . that cloud has a silver lining for the nursing profession and also for patient care.

Now as the President of the Delaware Nurses Association this feels like the right time to pause and write some resolutions for 2009. The mission of the DNA is to represent the interest of professional nurses in the state of Delaware and also to advocate for health care issues through legislative channels and regulatory activity, resulting in positive outcomes for all Delawarans. Your board meets monthly to discuss and implement strategies that enable us to fulfill this mission.

With the changing economic climate and the mission of the Delaware Nurses' Association in mind we resolve to:

- Invest time in our membership, ensuring all members are aware of the benefits and resources that are available through their state nurses association.
- Keep you informed of job openings and other opportunities through email messaging to our membership and also the quarterly DNA Reporter.
- Provide educational offerings that are not only pertinent to current trends in nursing practice but also affordable and so well attended that they create networking opportunities for Delaware Nurses.
- Send you an informative, well written, free nursing publication in the form of the Delaware Nurses' Association Reporter (DNA Reporter) quarterly to keep you informed of issues that impact nursing practice throughout the state of Delaware. A second resolution for the Reporter is also to provide you with the opportunity to share information with Delaware nurses.
- Represent your voice on legislative issues on the national platform. Our board, with the help of our the delegates will work to ensure you are both aware of issues that nurses are facing and are informed of when these issues will be voted on.
- Develop much closer associations with affiliate health care organizations; working to create mutually beneficial relationships that will lead to strong partnerships resulting in positive outcomes for Delawareans.
- We plan to check with you during the year to see how we are doing with these resolutions. And in the mean time we wish you a very happy and healthy 2009!

Fall 08 Conference
New Members of the Board

Penny Seiple, Past-DNA President and Norine Watson, DNA President.

DNA alternate Delegate Marianne Foard, Treasurer Gloria Zehnacker and incoming DNA President Norine Watson.

Happy 2009 from your President and the Board!

Norine Watson
DNA President

As we start the New Year... it occurs to me that there has simply never been a better time to be a nurse. Once again history is repeating itself and as reported in the The Wall Street Journal the "ailing economy" has prompted many nurses to work additional shifts, delay retirement or return to the work force from retirement—all of which have helped "ease the nursing shortage."

According to the Journal, the "renewed interest in nursing," a "familiar pattern during economic slowdowns," has been helpful for hospitals which in recent years have recognized nurses with higher salaries and sign-on bonuses, as well as improving the practice environment and implementing measures to support older nurses to continue to stay in patient care settings longer.

So at the same time these steps are alleviating the nursing shortage they are also working to prevent the loss of nursing intellectual capital in the workforce. The loss of the knowledge that a nurse attains through a career has been shown to have a harmful impact in terms of patient outcomes and safety (Robert Wood Johnson Foundation, Wisdom at Work 2006). Therefore, when we listen to economic reports, it is important that we are aware that even though we might be under a cloud . . . that cloud has a silver lining for the nursing profession and also for patient care.

Now as the President of the Delaware Nurses Association this feels like the right time to pause and write some resolutions for 2009. The mission of the DNA is to represent the interest of professional nurses in the state of Delaware and also to advocate for health care issues through legislative channels and regulatory activity, resulting in positive outcomes for all Delawarans. Your board meets monthly to discuss and implement strategies that enable us to fulfill this mission.

With the changing economic climate and the mission of the Delaware Nurses' Association in mind we resolve to:

- Invest time in our membership, ensuring all members are aware of the benefits and resources that are available through their state nurses association.
- Keep you informed of job openings and other opportunities through email messaging to our membership and also the quarterly DNA Reporter.
- Provide educational offerings that are not only pertinent to current trends in nursing practice but also affordable and so well attended that they create networking opportunities for Delaware Nurses.
- Send you an informative, well written, free nursing publication in the form of the Delaware Nurses' Association Reporter (DNA Reporter) quarterly to keep you informed of issues that impact nursing practice throughout the state of Delaware. A second resolution for the Reporter is also to provide you with the opportunity to share information with Delaware nurses.
- Represent your voice on legislative issues on the national platform. Our board, with the help of our the delegates will work to ensure you are both aware of issues that nurses are facing and are informed of when these issues will be voted on.
- Develop much closer associations with affiliate health care organizations; working to create mutually beneficial relationships that will lead to strong partnerships resulting in positive outcomes for Delawareans.
- We plan to check with you during the year to see how we are doing with these resolutions. And in the mean time we wish you a very happy and healthy 2009!
Background History

In 1997, Beebe Medical Center in Lewes, Delaware established the Department of Integrative Health (IH) specializing in the integration of conventional medicine and complementary and alternative medicine (integrative medicine). Since that time, the department has introduced the use of complementary and alternative therapies throughout the services of the hospital on an inpatient and outpatient basis. In addition, the Department of Integrative Health has sponsored many community conferences for the public and training programs for healthcare professionals. Department resources are extended to all Beebe Medical Center employees, including Beebe School of Nursing students.

In the fall of 2000, at the request of Beebe School of Nursing, the Department of Integrative Health began a program to introduce complementary and alternative therapies as stress management tools to the students. Over the last 8 years, this program has evolved in four basic stages.

The Stages

Stage One is a one-hour overview of the functions and offerings of the Department of Integrative Health. First-year students are introduced to guided imagery, aromatherapy, acupressure/acupuncture, hypnotherapy, biofeedback, stress reduction, and relaxation methods. Guided imagery is the use of visualization guided for a specific purpose such as relaxation or successful surgery. Aromatherapy involves the use of essential oils distilled from plants to aid in relaxation, sleep or nausea. Acupressure follows the same theory as acupuncture but uses the fingers to stimulate key points on the skin that, in turn, activate the body’s natural self-healing process. Biofeedback uses several biological indicators of stress to teach the individual methods to consciously control breathing, blood pressure, pain and other symptoms. Music, designed to increase relaxation, is introduced to the student. Stringed instruments such as the harp and zither are very soothing. Specific methods of breathing and muscle relaxation have been known in other cultures for centuries. Yoga, tai chi and qigong have become very popular. Stage One of the program has been enthusiastically received and has continued annually since 2000.

Stage Two included a half-day retreat for second-year students. This part of the program was initiated to further help reduce student stress. The retreat was a theoretical/practical session on the use of relaxation for managing stress. Students were led through sessions of guided imagery, meditation and relaxation exercises. On course evaluations, students rated this session as unnecessary yet continued to rate the stress of nursing education as very high. The half-day session was deleted from the course curriculum, however, students continued to report stress as a factor in exam performance. Staff soon recognized that a great deal of stress was related to test anxiety. Stage Three was developed utilizing the tools presented by the Department of Integrative Health and a one-hour explanation of those tools. The explanation includes a mini practice session of relaxation breathing, guided imagery, the use of peppermint candies, lavender and peppermint aromatherapy oils. Students requesting more in depth practice are then assisted one-on-one. Students are encouraged to use peppermints while studying. On exam day, quick peppermint hard candies made with peppermint oil are then made available. A faculty member is available to assist with relaxation techniques. The lighting is dimmed and oil of lavender is provided. Since this is a calming atmosphere, reviewing of notes is not encouraged and students are expected to have a partner summon them prior to the start of the exam to avoid missing the exam. Once the class members are screened for any allergic reaction, students may take school provided lavender into the classroom during the exam. Students may also bring peppermint hard candies made with peppermint oil into the exam setting. The peppermints help to ease a jittery stomach. Since this project is for optional use, students rated this at higher level than the half-day workshop.

Stage Four was developed for students who need further assistance with relaxation and stress management. These students are referred to the Department of Integrative Health for individual treatment options. Individual sessions for nursing students were offered free of charge in guided imagery, self-hypnosis, biofeedback, reiki and therapeutic touch to help students with excessive stress. These options are provided by a trained individual and may include an acupressure patch, self-hypnosis and biofeedback.

Students are encouraged to visit the department individually for sessions in all the methods mentioned above and also for massage. Reiki and therapeutic touch. Students were encouraged to participate in self-help courses offered by the department including such topics as herb information, meditation, self-hypnosis, qi gong, tai chi and drumming meditation. Numerous students took advantage of the individual sessions.

Outcomes for this project exceeded expectations. Students rated the project as very helpful with an increase in exam scores and as a future adjunct for NCLEX preparation. The Department of Integrative Health and the School of Nursing have supported the overall project jointly. Benefits include a simplistic approach with easy replication; multiple setting uses; minimal expenses; plus the ownership for use falls to the student. Futuristically, the students while learning self-care techniques, will eventually recognize the use and application of these techniques in the clinical setting for patients and families. In their clinical experiences, many of the students have suggested IH services to their patients. This resulted in physician referrals for services. Student’s personal background experiences may lead the future nurse in both the personal and professional arenas.

References


The knowledge alone, that lifestyle practices impact cancer risk and the physical and psychosocial issues related to cancer treatment, is often not enough to carry an individual through to successful and sustainable change. Changing lifestyle practices is a dynamic and complicated process. Behavior change related to the initiation, modification, or cessation of any particular behavior is a process that occurs in increments and that involves specific and varied tasks. Many traditional models of healthcare do not have the resources to support this progressive process of sustainable change.

Nurses and other healthcare professionals in the role of coaches are utilized as a new dimension in partnering with both healthy and ill individuals to approach personal growth and lifestyle changes. Historically, interactions with health care providers include education, advice, and recommendations resulting in the prescription of specific plans of care. Coaching interactions and relationships are different. The International Coach Federation notes coaches partner with clients in a thought-provoking and creative process that inspires them to reach their potential. Although, like educators, coaches are trained to listen, to observe and to customize their approach to individual client needs, their focus is to seek to elicit solutions and strategies from the client; they believe the client is naturally creative and resourceful. The coach’s job is to provide support to enhance the skills, resources, and creativity that the client already has.

A coach assists the individual to identify and clarify his/her priorities and areas for development and make sustainable changes in self-understanding, self-concept, and behavior. Coaching is a method of supporting change and growth that blends proven techniques for behavior change with personal growth techniques in a process that helps people see where they are, where they want to go, and how to get there. Coaching facilitates insight and clarity through inquiry, reflection, and personal discovery to build client awareness, co-create solutions, and establish and reach behavioral and outcomes goals. The skills of Motivational Interviewing and Appreciative Inquiry are key in the coaching process. Motivational Interviewing is an excellent counseling style to use with clients in the early stages of change. Appreciative Inquiry is an affirmation process of change that focuses on the positive and creative as a force for a more positive future.

Coaching is holistic: in nature as it facilitates individuals to find their own answers from within. Additionally, the focus is on the client’s interests and goals, building on their dreams and purpose. The focus and direction of coaching sessions is set by the client with the coach supporting by listening mindfully, contributing reflections, observations, and insights and open-ended inquiries.

Holistic practices and themes are present throughout the coaching relationship. Use of the breath, imagery, finger labyrinths, and mindfulness exercises are incorporated into coaching sessions.

Creative problem solving exercises are also used. For example, the building of a stone cairn can be used to help clients identify life imbalances and create a more balanced life. The cairn is used as metaphor for a balanced life, with individual stones representing major life components.

Coaching gives nurses an invigorating avenue of holistic practice. Although it is clear that nurses as coaches can help cancer patients manage lifestyle practices related to the adjustment of cancer, cancer treatment, survival, and risk of recurrence, the effects of coaching cross all patient populations. Coaching skills and techniques to support the change process can be used during long-term patient relationships or brief encounters with patients. Group coaching can be implemented through a support group or as part of an educational program. Worksite health promotion programs, health insurance providers, community-based disease prevention and health optimization programs can all utilize coaching as a structure to support adherence to positive health practices. Coaching is equally effective via the telephone as in face-to-face sessions. This offers an option to reach homebound, rural, or populations with transportation difficulties. Web-based coaching is another area currently being explored.

Research is currently taking place to study the impact on patient outcomes and the cost effectiveness of coaching. Mechanisms which capture the intricate and incremental changes in self understanding, self concept and behavior are necessary. Although research studies can support the impact of coaching on change, those who have been coached, and have made lifestyle changes know why this is an experience and process that is described as having to be lived to be understood.

References
Faith Community Nursing: Servant Leadership
Linking Faith and Health

La Vaida Owens-White, MSN, RN

La Vaida Owens-White is Faith Community Nurse at Christ Our King RC Church, Care, the Director of Education at Bayhealth Medical Center. She is responsible for Staff, Patient and Consumer Education. Kate can be reached by email at catherine.salvato@ bayhealth.org or at her office at (302) 744-7198.

Bayhealth Medical Center adopted the Planetree Model of Patient-Centered Care in 2005. Bayhealth has embraced components of the Planetree Model to provide information to patients and their families to encourage healing partnerships with caregivers. By adopting the Planetree Model, all staff is committed to improving care from the patient's perspective. Our staff has wholeheartedly embraced this philosophy and we have implemented new many amenities to enrich our patients’ stays and keep our employees happy and healthy.

Planetree, a non-profit organization formed 29 years ago, has become the recognized source for personalizing and helping patients, families and staff better understand how to deliver care from the patients perspective. Since 2005, Bayhealth has been incorporating Planetree’s patient-focused model of care, centered on a holistic approach to healing in all dimensions—The mind, body and spirit.1 Bayhealth is one of 140 hospitals and centers that have entered into this world with Planetree. In that time, a number of services and amenities have been put into place to further the creation of patient-centered healing environments. Some Planetree components Bayhealth has introduced that are conducive to healing include: 24-hour patient directed visitation, Pet assisted visitation, Quiet Gardens, Water Displays, Aromatherapy and Compassionate Touch. The Planetree model also recognizes the needs of caregivers. Bayhealth employees relax as they receive complimentary massages, stress reducing activities and attributes within the workplace that sooth the visual and auditory senses. Art work is rotated throughout the workplace, music fills the hallways, and volunteers greet all types of visitors into the facilities.2

Another way to understand the Planetree Model is to appreciate that caregivers focus on the healing techniques that nurture the patients’ body, mind and spirit during the hospital experience.3

“O people, the Lord has already told you what is good, and this is what he requires: to do justice, to love mercy, and to walk humbly with your God.” Micah 6:8

Across the country and around the world, nurses are working in churches, mosques, synagogues and temples to help people improve the health of body, mind and spirit. So often, our faith leaders and the leadership of the congregational staff, these nurses provide a caring outreach of presence to needs and assisting persons to connect with community services. They also teach and counsel about many aspects of healthful living. They are Faith Community Nurses, Servant Leaders, standing in the gap of the health care delivery system. The phrase "Servant Leader" was coined by Robert K. Greenleaf in The Servant as Leader, an essay that Kate Salavto in The phrase “Servant Leadership” was coined by Robert and counsel about many aspects of healthful living.

They also teach outreach of presence to needs and assisting persons to connect with community services. They also teach and counsel about many aspects of healthful living. They are Faith Community Nurses, Servant Leaders, standing in the gap of the health care delivery system. The phrase "Servant Leader" was coined by Robert K. Greenleaf in The Servant as Leader, an essay that Kate Salavto in

Nurses Practice the Planetree Model of Care at Bayhealth Medical Center

Kate Salavto, MSN, RN, NEA-BC

Kate Salavto earned her nursing diploma from Thomas Jefferson University School of Nursing. After completing her BSN and MSN from the University of Delaware she specialized in Nursing Education and Nursing Administration. She is a board certified Advanced Nurse Administrator with over 32 years of nursing experience. Currently she is Nurse Administrator at Bayhealth Medical Center she is responsible for Staff, Patient and Consumer Education. Kate can be reached by email at katherine.salvato@ bayhealth.org or at her office at (302) 744-7198.

Faith Community Nursing embraces four major concepts: spiritual formation; professionalism; shalom as health and wholeness; and community, incorporating culture and diversity. It is rooted in the Judeo-Christian tradition, and the historic practice of professional nursing, and is consistent with the basic assumptions of many faiths that a healthy life for one is for the benefit of and others as an expression of God's love. The FCN functions as a health educator, a health counselor, a liaison, a referral agent, an advocate, a resource coordinator and, an integrator of spirituality and health.

As a specialty practice designated by the ANA in 2005, appropriate and effective practice as FCN requires the ability to integrate current nursing behavioral, environmental, and spiritual knowledge with the unique spiritual beliefs and practices of the faith community into a program of wholistic nursing care. This is necessary regardless of the level of education the nurse has attained. With education, mentoring and collaboration, our practice as an area of specialty may progress from novice to expert in this specialty practice.

References


Faith Community Nursing continued on page 7
Faith Community Nursing continued from page 6

Basic preparation for Faith Community Nurse Practice may occur in a number of ways. Educational offerings range from continuing education programs with extensive contact hours to baccalaureate and graduate level nursing courses. Registered nurses may also participate in online education through a number of hospital, college and university programs.

The Delaware Region of the National League for Nursing provides education, materials and other resources.

The Community Health Outreach and Education program of Christiana Care's Helen F. Graham Cancer Center offers support for local health ministries and prepares professional registered nurses, other healthcare professionals and lay leaders in basic health ministry to collaborate with community-based agencies and organizations to improve the health of their congregations and community. The Delaware Region Health Ministries Network is a collaboration of local health ministries throughout the state with information and program support.

In the discussion of health care reform, it is timely that we focus on the professional role of Faith Community Nurses which could be a significant national priority. As a group of people decidedly skilled at caring and nurturing, we could play a key role in helping our communities and nation address the many complex health care issues.

References


Walking the delicate balance between stress that motivates us to perform and stress that overwhelms is key. In nursing, we truly do encounter life and death situations on a regular basis. This is something special that enables us to keep our patients safe. Our personal safety may not be in immediate danger, but our bodies often react as if it is. This ‘fight-or-flight’ response is a primal survival mechanism that our ancestors used this reflex to run from those pesky saber-toothed tigers. The problem for us in modern times is that our stress response is hypersensitive and yet this chemical cascade is repeatedly triggered in response to much less threatening stimuli (co-workers, patients’ difficult behaviors, family, hectic schedules, and those annoying individuals who insist on writing checks in the express grocery line). We become hypersensitive to stressors as our bodies are bombarded by the hundreds and the subsequent reactions in our bodies is often disproportionate to the stimuli. ‘Fight-or-flight’ is generally overkill and our bodies pay the price over time. By managing our perceptions of these stressors and our responses to them, we can interrupt and mediate the fight-or-flight response.

Stress is undoubtedly an integral part of life, particularly in nursing. We all experience different stressors in varying degrees and adapt the best we can. Especially in this era of specialization for health professionals to the status of specialized roles in nursing. Community Nurses which could be a significant national priority. As a group of people decidedly skilled at caring and nurturing, we could play a key role in helping our communities and nation address the many complex health care issues.


8. Joekes, K, Eggert, P, Kisor, S. Walking the delicate balance between stress that motivates us to perform and stress that overwhelms is key. In nursing, we truly do encounter life and death situations on a regular basis. This is something special that enables us to keep our patients safe. Our personal safety may not be in immediate danger, but our bodies often react as if it is. This ‘fight-or-flight’ response is a primal survival mechanism that our ancestors used this reflex to run from those pesky saber-toothed tigers. The problem for us in modern times is that our stress response is hypersensitive and yet this chemical cascade is repeatedly triggered in response to much less threatening stimuli (co-workers, patients’ difficult behaviors, family, hectic schedules, and those annoying individuals who insist on writing checks in the express grocery line). We become hypersensitive to stressors as our bodies are bombarded by the hundreds and the subsequent reactions in our bodies is often disproportionate to the stimuli. ‘Fight-or-flight’ is generally overkill and our bodies pay the price over time. By managing our perceptions of these stressors and our responses to them, we can interrupt and mediate the fight-or-flight response.

Stress is undoubtedly an integral part of life, particularly in nursing. We all experience different stressors in varying degrees and adapt the best we can. Especially in this era of specialization for health professionals to the status of specialized roles in nursing. Community Nurses which could be a significant national priority. As a group of people decidedly skilled at caring and nurturing, we could play a key role in helping our communities and nation address the many complex health care issues.


8. Joekes, K, Eggert, P, Kisor, S....
Is Caring the Essence of Nursing?

Gail Holland-Wade, PhD, RN
Associate Professor
University of Delaware

Gail H. Holland-Wade earned her BSN and MS from University of Delaware and her PhD from Widener University. She is an Associate Professor for the School of Nursing at the University of Delaware with a clinical specialization in child health. She has been in that position for over 20 years. She teaches in the undergraduate, graduate, and RN to BSN programs. Dr. Wade is a co-investigator for the Nursing Leadership Research Center, a center for research on transforming nursing leadership and student success. Her research has been focused on caring within nursing education and management. Dr. Wade can be reached by email at gholland@udel.edu or at her office at (302) 831-8719.

Several years ago, I was confronted with this question while pursuing my doctoral studies. Of course I always believed that caring was important, but was it the essence of nursing? Caring to me always sounded like a fluffy word with unclear meaning and not the kind of practice that educated nurses would associate with the science of nursing. Although the concept of caring is generally accepted and a philosophical core of holistic nursing practice, there is no consensus as to the meaning of caring.1 Over 15 years ago, Morse and others' idea of caring as an "expressed" moral ideal, an affect, an interpersonal relationship, and a therapeutic intervention. With so many conceptualizations of the word, it is no wonder that some nurse educators believe that it is too amorphous to be a part of the nursing curriculum.2

In this paper I hope to portray my journey into the realization that caring is the essence of nursing.2 The first step in developing a professional concept in nursing was when I developed a concept analysis of professional nurse autonomy. I was interested in the differences of autonomy in nursing practice who demonstrated professional nurse autonomy. Like caring, the concept was elusive. Over 50 years ago, Bixler and Bixler2 commented that obstacles to achieving professional nurse autonomy were related to traditional conceptions of the term. The concept can be either structural or attitudinal.2 Structural autonomy or work autonomy is related to the individual or group's freedom to make decisions based on job requirements while attitudinal autonomy reflects the belief that one is free to exercise judgment in decision making.3 Attitudinal autonomy reflects the way individuals feel and view the work of the profession. This latter perspective was the one that most interested me. Recent definitions of the concept are based on Gilligan's6 female model of moral development and feminist's theories. The concept analysis revealed that the defining attributes of professional nurse autonomy were in the role of the nurse되고 공감, 2009년 3월 15일에 전문적인 자료를 제공하는 경우에 대한 통제를 추가로 제안합니다. 예를 들어, 전문지를 통해 제공한 자료의 기반은 공감 사례는 무엇이며 전문자료의 지속적인 유용성을 유지하기 위해 업데이트를 통해 제공하는 경우에 대한 통제를 추가로 제안합니다.
Recycling Milk Jugs

One day, in the 1980’s, I looked in the garbage can and noticed all the gallon-sized plastic milk jugs going to the landfill. This struck me as extremely wasteful; my entire trash can was filled with plastic, glass, and newspapers. Although, I didn’t know anyone else in Delaware who was recycling, during a trip to California in 1989, I saw my sister-in-law recycling newspapers and other household items. She told me it was mandatory to recycle in California. Based on this advice, I started to focus on recycling plastic, glass, cans and newspapers to one of the few recycling bins behind the local grocery store.

Professional Realm

At work, my environmental involvement started with an e-mail from Michelle Lauer RN. She asked if there were other nurses interested in being concerned about the environment. The e-mail immediately sparked my interest. I called her and along with other concerned nurses, we formed a group called Nurses Healing Our Planet (NHP). An environmental task force of the Delaware Nurses Association (DNA). Our mission is to improve the health of Delawearans through advocating for a cleaner environment in which to live, work, and play.

To start, we held an environmental workshop for the nurses at our local hospital in Delaware, Maryland’s environmental health nursing program. They were awesome. They taught us about the dangers of pollution and helped us to better understand the dramatic examples of related cognitive and motor skill impairments. The room was full of nurses and students from various programs, nurses working as acute care, school nurses, and academic settings. Providing education about the crucial connection between human health and environmental toxins was an important first step to raising awareness.

River Cleanup

NHP was helped with the annual Christina River Watershed Clean-Up. We picked up a massive amount of Styrofoam that was polluting and clogging our Christina River, which is a major water source a time to decompose in the environment and has been documented to cause starvation in birds and other marine wildlife. According to the Environmental Protection Agency (EPA), annually 73 billion Styrofoam and plastic plates and 190 billion plastic containers and bottles are thrown away every year in the United States. After participating in the river clean-up, I think this number is underestimated.

Taking Action at Work

Looking around my place of work, I was dismayed to see the amount of Styrofoam being used. It is so easy to just grab a paper plate and throw it away. But how long until these items start to decompose? I was making a difference by being good stewards of the environment through using cloth bags to shop, bringing our own mugs to work, recycling, car pooling and making environmentally conscious decisions. Come join me and other nurses on this journey of environmental protection. I am aware of the impact our environment has on our health. We would like more nurses to join NHP. We are looking for new ideas and energy. If interested, I can be reached by e-mail: sandy@christiansancare.org.

References


In defining health it is important to review our own beliefs and prejudices about health and healing. In western medicine, health is considered the absence of disease. Absence of ill health is the ultimate because this view fails to look at the Mind-Body-Spirit connection and see the whole or essence of the person. This has become more exaggerated in today’s medicine with the cookbook approach and time limitations faced by health practitioners. True healing is a process that happens when the healer is present to the person needing healing in a profound way. The western approach to medicine has failed miserably for the person with chronic disease because no time is allowed and most practitioners have lost the ability to be in the moment with the patient. To western medicine, chronic diseases are seen as usually incurable. Practitioners can feel frustrated taking care of these patients because of the lack of improvement of the disease and the sense that little can be done to make a difference.

Holistic healing definition understands the whole of the person including Mind-Body-Spirit. The healer takes a multifaceted approach to each person on an individual basis. The totality of symptoms becomes an important measurement in determining the cure. Time is taken with the patient and there is an understanding by the healer that we all need to be healed. Therefore the healer allows space for self to be healed in the process.1

Per the American Holistic Medical Association: Illness is viewed as “a manifestation of a dysfunction of the whole person, not as an isolated event” (p. 7).2 Any issue is a symptom of this dysfunction. The American Holistic Nurses Association defines the healing process as “an approach to life. Rather than focusing on illness or specific parts of the body, this ancient approach to health considers the whole person and how he or she interacts with his or her environment. It emphasizes the connection of mind, body, and spirit.”3 Each of these definitions defines health holistically and as a continuous process. How often do we know people who do not feel well yet do not have a known disease. These holistic definitions give us a better frame to work from in helping those beings with disease on any level.

Homeopathy is one form of holistic healing based on principles founded by Dr. Samuel Hahnemann in the early 1800s. In his original book Organon, he defined health in the following way: “In the state of health the spirit-like force (dynamics) animating the material human organism reigns in supreme sovereignty. It maintains the sensations and activities of all the parts of the living organism in a harmony that obliges wonderment.” (p 14-15). He also wrote, “The physicians’ highest and only calling is to make the sick healthy, to cure, as it is called.” (p. 1, 1982) Through his extensive scientific studies he found that remedies given to healthy people would produce certain adverse symptoms, which when given to a sick person with the same symptoms, could relieve those symptoms. This is called the “Law of Simularia.”

Hahnemann knew that large doses of substances could cause undesirable effects, so he started looking for the smallest dose that could cure without side effects. He developed a process of potentization and dilution of substances obtained from the plant, animal, and mineral worlds. Although not fully understood, the remedy acts on the whole person—mind, body and spirit, to elicit a cure. When correctly prescribed, remedies stimulate the body’s own immune defenses, acting rapidly and curatively without side effects. Diseases and imbalances occur when one’s own defenses are affected by stress or other insults. The aim of homeopathy is to strengthen the whole person, thus allowing his or her body to cure the illness on its own. It does not directly destroy the illnesses or its cause or mask the symptoms of illness or its cause or mask the symptoms of disease. Symptoms occur when the body attempts to equilibrate its vital force or energy core. These symptoms are regarded as a healthy reaction to a harmful intrusion. Homeopathic remedies are given to restore balance to the patient’s energy force. In contrast, most allopathic medicine blocks the body’s defenses suppressing the vital energy force. Homeopathy has the possibility of curing many illnesses only palliated by conventional medicine. In Hahnemann’s words: “The highest ideal of therapy is to restore health rapidly, gently, permanently: to remove and destroy the whole disease in the shortest, surest, least harmful way, according to clearly comprehensible principles.” (1966, p. 10; 1982).

Homeopathy and other “Energy Medicines” work at the level of quantum physics. We know from Masaru Emoto’s work on crystals that water in particular has the ability to imprint the environment around it.2 This raises many questions about the body’s water to imprint messages heard or seen through words or sounds such as music. Homeopathy uses remedies made from the animal, plant and mineral world. An original substance is diluted in solution and then succussed. With each dilution and succussion the power of the remedy to heal is increased. There is a transfer of energy or an imprinting that takes place in this process, which is opposite that of conventional medicines. Prescriptions of remedies are based on the totality of the symptoms. It is this totality of all levels of the symptoms that leads the prescribed to the correct remedy.

Quantum physics has shown that particles can also be waves and that electrons can be in two places at once. Energy and matter may be interchangeable but neither can be destroyed. Those therapies that are most curable are those that deal with what Hahnemann called the “dynamic force” within each person. The person emits energy and can be affected through homeopathy, acupuncture and hands on healing.

References
Psychosocial Risk and Protective Factors for Cardiovascular Health and Illness

Cynthia A. Diefenbeck, PsyD, APRN, BC

Cynthia recently returned to the University of Delaware in the position of Assistant Professor in the School of Nursing, where she had previously served as instructor of nursing from 1999-2007. Immediately prior, she worked as a Psychiatric Nurse Specialist for the Center for Heart and Vascular Health, Christiana Care Health System, forging a new position that integrates delivery of psychiatric services into traditional medical care and raises awareness of psychosocial concerns among hospitalized cardiovascular patients.

Dr. Diefenbeck holds a Doctor of Psychology in Clinical psychology from Philadelphia College of Osteopathic Medicine, a Master of Science in Nursing specializing in adult mental health from University of Pennsylvania, and a Bachelor of Science in Nursing from University of Delaware. Dr. Diefenbeck is a licensed psychologist and advanced practice nurse. Dr. Diefenbeck has over a decade of experience working with adults in a wide variety of psychiatric settings, both acute and chronic, and inpatient and outpatient. Her research interests include the role of psychosocial risk factors in cardiovascular disease.

Over 650,000 Americans die each year from heart disease, making it our nation’s number one killer. Much research has been done to identify strategies to prevent and reverse heart disease, yet an estimated 710,000 men and 490,000 women will have a new or recurrent heart attack or fatal coronary heart disease this year.1,2 Perhaps less well known than the common advice of eating right, exercising frequently, and maintaining a healthy weight, is the fact that a range of psychosocial variables have been shown to impact cardiovascular health. Research supports mind-body interactions—that physical illness can precipitate or exacerbate disturbances in psychological well-being, while disturbances in psychological well-being can precipitate or exacerbate physical illness.

Researchers and clinicians have been studying the development and progression of heart disease with relation to our mental and emotional wellbeing. They have discovered that certain psychological or social factors, often referred to as "psychosocial risk factors," can increase one’s likelihood of developing cardiac disease, hasten its progression, and complicate recovery from cardiovascular disease or a cardiac event.3-4 Major psychosocial risk factors that have been studied include depression, anxiety, acute and chronic stress (including poverty, discrimination, job strain, marital dissatisfaction, and serving as a caregiver), hostility and anger, coping and personal style, and lack of social support.3,4

Among risk factors, depression has been widely studied. Depression is associated with increased mortality;4,5,6 increased medical healthcare costs above and beyond the psychological health care costs;5,6 and increased readmission rates independent of physical health status.7-9 Depression has been shown to be a strong and independent predictor of short-term health status decline in heart failure patients, even after adjusting for disease severity and other potential confounders.10 In fact, depression has been shown to be “dose-dependent,” with higher levels of depression associated with increased frequency of adverse cardiac events.11

Researchers have found that there is a significant relationship between anxiety and cardiac death.3 Individuals with heightened cardiovascular response to threat (test anxiety, performance anxiety, or social anxiety) appear at higher risk, and ST segment depression can be provoked by stressful tasks.4 Shen and colleagues12 found that anxiety independently and prospectively predicts MI incidence over a span of 12 years. The researchers controlled for numerous variables including age, education, marital status, fasting glucose, body mass index, HDL level, systolic blood pressure, alcohol consumption, smoking, caloric intake, medications for hypertension, hypercholesterolemia, and diabetes, as well as additional psychological variables (depression, type A personality style, hostility, anger, and negative emotion). The study’s findings are intriguing; however, with limited generalizability (the sample was all male, mostly Caucasian), further research is warranted. Others have found that those with highest levels of anxiety have 4½-6-fold increase in risk for sudden cardiac death compared to those with no anxiety symptoms.13 Stress has been linked to myocardial ischemia14,15 and electrical conduction abnormalities.16

In terms of other risk factors, working long hours (60 or more hours per week) accompanied by sleep deprivation is associated with increased cardiac events.17 Following MI, women with marital stress had higher frequency of recurrent cardiac events during a 5-year follow-up compared to those with less marital stress.18 Healthy women with marital dissatisfaction showed a higher prevalence of subclinical atherosclerosis, and accelerated progression over time.19 Caregiver role strain is particularly problematic if the perception of the role is burdensome.20

In addition to being a precipitant of cardiovascular illness, the fear and uncertainty of dealing with a cardiovascular illness, event, or procedure (such as myocardial infarction or open heart surgery) can precipitate psychological and emotional difficulties, even those who have never experienced such difficulties before. For instance, anxiety is the predominant affective response following an MI, meeting or exceeding levels in psychiatric inpatients in 20% of individuals.21 So no matter how you look at it, it is imperative for clinicians working with the cardiac population to have an appreciation for the whole person.

How exactly do psychosocial risk factors lead to or exacerbate cardiovascular disease? Research continues to elucidate the mechanisms of action. Psychosocial risk factors can contribute to the development or worsening of cardiovascular disease through either direct or indirect pathways. In terms of direct pathways, psychosocial risk factors are thought to provoke sympathetic nervous system activation and stress hormone response. This stress response activation promotes the inflammatory process leading to endothelial damage, increased blood pressure and heart rate, increased platelet aggregation, and diminished blood pressure and heart rate variability.4,6,9 Moreover, prolonged exposure to stress hormones promotes central obesity (a risk factor for cardiovascular illness), suppresses growth hormone (leading to less rapid cellular repair), and suppresses sex hormones.16 Anxiety is linked to impairment in the vagal mediation of the baroreflex, which has been linked to sudden cardiac death.2,20 Psychosocial risk factors are thought to indirectly contribute to cardiovascular disease by their impact on health and lifestyle behaviors.4,5 For instance, depression can sap an individual’s motivation to initiate or maintain an exercise regimen or weight loss program. In fact, individuals with clinical depression are less likely to follow their doctors’ treatment recommendations including taking medications and attending cardiac rehabilitation programs.20 Depression has also been shown to be a strong predictor of smoking cessation failure during a nine year period.21 Brain mechanisms responsible for overeating, particularly sweet and salty foods,
have been linked to chronic stress.3,11,12

But there is good news. Just as there are a variety of risk factors that contribute to poor cardiovascular outcomes, certain factors have been shown to improve the lives of cardiac patients. These are typically referred to as “psychosocial protective factors” which include psychological or social factors (such as personality characteristics or supportive family involvement) that can decrease the risk for or enhance recovery from cardiovascular disease.3

Protective factors include the implementation of relaxation practice (including deep breathing, meditation, or imagery) and exercise. Optimism may also be a protective factor for all cause morbidity and mortality. One study followed individuals for 30 years and demonstrated that optimists had a 50% lower risk for death than their pessimistic counterparts,10 and were more physically and mentally healthy overall.11 Humor12 and forgiveness13 are both considered protective factors, having benefits on blood pressure and immune functioning, among other things. Social support has been studied extensively; it appears that social support buffers stress and provides meaning for living.1 Researchers tend to agree that the quality of social support, not necessarily the quantity, is key. A sense of faith and hope may provide protection against cardiovascular damage. Regular attendance at religious services is associated with improved social support and decreased self-destructive behaviors (e.g., smoking).8 Vitality (a sense of aliveness, joy, and interest) may be both restorative and regenerative.12 Owning a pet, a dog in particular, has been associated with cardiovascular health and improved survival following cardiac events.12,17

Unlike some cardiovascular risk factors, psychosocial risk factors are generally modifiable. Even so, psychosocial risk factors, such as depression, tend to be underdetected and undertreated. For instance, significant depressive symptoms have been shown to be present in nearly 1/3 of heart failure patients, although only 15% receive antidepressant therapy.2 Rozanski et al.6 suggest all cardiovascular patients get screened, and those in need get referred and managed accordingly. Treatments do work! Cardiac patients who received stress management interventions were 40% less likely to die and 65% less likely to have a recurrent cardiac event.20 Psychosocial interventions should focus on, among other things, reducing sympathetic NS arousal; increasing social support; decreasing perception of uncertainty; promoting coping resources; and enhancing perceived control.21

What can nurses do to help? Keeping a holistic view of your cardiac and vascular patients can promote quality and quantity of life. Familiarize yourself with the common symptoms of depression and anxiety and routinely assess your patients. Detecting psychosocial risk factors may involve getting to know your patients in a different way than you are used to. If your patient has a psychosocial risk factor, encourage them to take psychosocial treatment recommendations as seriously as their other treatment recommendations. Become familiar with pharmacologic and non-pharmacologic strategies to promote psychological wellbeing and know that a combination of strategies is typically most beneficial. Some non-pharmacologic strategies to manage stress, anxiety, and depression are listed in Table 1. You may want to recommend or promote psychosocial protective factors for your patient to incorporate into his or her daily routine. By paying attention to the whole person, you ensure the best quality care for your patients.

References


Numerous holistic nursing books are featured at this Jones & Bartlett website @ http://www.jbpnh.com/nursing/holisticnursing/


ABSTRACTS
This abstract presents a concept analysis of holistic nursing care in pediatric nursing @ http://www.ncbi.nlm.nih.gov/pubmed/18402420

This find health articles abstract describes teaching holistic nursing in curriculum @ http://www.find-health-articles.com/rec_pub.175/44685-teaching-holistic-nursing-legacy-nightingale.htm

This find health articles abstract describes the effects of a holistic nursing course @ http://www.find-health-articles.com/rec_pub.179/5167-effects-holistic-nursing-course-paradigm-shift-holistic-health.htm

This access my articles site offers an abstract about holistic nursing in medical-surgical nursing @ http://www.accessmylibrary.com/coms2/summary_0286-34821083_ITM

ARTICLES
This BirchTree Center for Healthcare Transformation features an article about holistic nursing @ http://www.birchtreecenter.com/articles/NI-PA_Article.html

This Medscape for Nurses article discusses a caring-healing inquiry model to guide research @ http://www.medscape.com/viewarticle/496363_4

EVIDENCE-BASED PRACTICE RESOURCES at the Cochrane Collaboration

Cochrane Collaboration @ http://www.cochrane.org

A Cochrane Collaboration search using the terms “holistic research” reveals about 11 results. A Cochrane Collaboration search using the terms “holistic nursing” reveals about 5 results. A Cochrane Collaboration search using the terms “holistic research” reveals about 11 results.

OTHER RESOURCES
Johnson & Johnson’s Discover Nursing.com’s website dedicates an entire website to holistic nursing. The website features descriptions, articles, and a link to the AHNA website.

The American Nurses Association website offers multiple resources when one searches “holistic nursing” from the home page @ http://www.nursingworld.org/

This California Pacific Medical Center website describes a holistic nursing program @ http://www.cpmc.org/services/ibh/professionals/cert/nursing.html

ARTICLE REVIEW
Fineout-Overholt, Baldwin, and Greenberg (2005) wrote about the necessity to use evidence-based practice (EBP) in holistic nursing practice, education, and research. They discussed the importance of using the three EBP elements of best/most rigorous research, clinical practitioners’ expert knowledge and judgment, and clients’ input (preferences) and values.

The authors describe a five-step evidence process to approach clinical questions in an effort to resolve situations in a holistic milieu. Step 1 is to ask the clinical question by using a formal format such as the PICO approach. P = population of interest, I = intervention of interest, C = comparison of interest, and O = outcome of interest.

The authors raise the clinical question: “In patients with chronic obstructive pulmonary disease (COPD) does music therapy or anxiolytics produce a greater reduction in anxiety and subsequent dyspnea?” In this case, P = patients with COPD, I = music therapy, C = anxiolytics, O = reduction in anxiety and subsequent dyspnea. Step 2 is to collect the most relevant and best evidence. One wants to search for randomized-controlled trials (RCTs). The RCTs should compare the interventions of music therapy and anxiolytics toward the outcomes of reduced anxiety and subsequent reduced dyspnea. If one cannot find a RCT, then one should determine the best available evidence and consider practice implications. Step 3 is to critically appraise and synthesize the evidence. One should compare the interventions of music therapy and anxiolytics toward the outcomes of reduced anxiety and subsequent reduced dyspnea. If one cannot find a RCT, then one should determine the best available evidence and consider practice implications. Step 4 is to integrate all of the evidence. One should fully examine all collected and critically appraised evidence. Then one should utilize that evidence with one’s clinical expertise as a holistic nurse and clients’ input (preferences) and values as one makes a decision for practice. Step 5 is to employ indicators that measure outcomes in order to evaluate achievement of a given therapeutic intervention (program) or indication for change.

Posing clinical questions opens opportunities to explore best levels of evidence, infuse clinical expertise, and add clients’ preferences. This evidence process then serves two purposes: generate evidence-based thinking to best meet the holistic needs of clients and clearly illustrate a holistic milieu of clinically-based inquiry.

The Importance of Prealbumin Testing in the Elderly: The Impact on Wound Care

Teresa L. Matthews, APN, MSN, CWCN, RN

Adequate nutrition is an often-overlooked requirement for normal wound healing. Inadequate protein-calorie nutrition, even after just a few days of starvation, can impair normal wound-healing mechanisms. Once this threshold begins, wound healing can become a large challenge. Albumin and prealbumin are both indicators of protein nutrition status. When evaluating albumin levels, it is important to consider the half-life (Van Leeuwen, Kranpitz, & Smith, 2006). Albumin is a carrier protein that functions as a transport protein, is actually a precursor of albumin. Having a shorter half-life of 2 to 4 days (vs. albumin’s 20-24 day half-life), this test is more sensitive and appropriate for determining nutritional status (Van Leeuwen, Kranpitz, & Smith, 2006).

Today’s medical world has a variety of wound healing strategies. Debridement (autolytically, enzymatically, and sharp) can be performed at bedside in many cases. There are dynamic changes associated with today’s wound dressings, both in primary and secondary usage. These dressings are tailored to the specific wound bed characteristics, exudate, size, and etiology of the individual wounds. Advanced therapies have adjusted to minimize infected wounds. However, even in our technically advanced medical society, we must return to the roots of our holistic nursing practice and consider nutrition.

Florence Nightingale beautifully defined the nursing role as “preparing the patient for the most favorable conditions for healing.” Nurses today remain in this crucial role for preparing our patients for healing. Nutrition needs to be considered in all aspects of our practice, especially in wound healing.

Malnutrition is defined as a deficiency of essential nutrients or the improper absorption and distribution of essential nutrients. The most serious type of malnutrition is protein-energy malnutrition (PEM). PEM is defined as the inadequacy or impaired absorption of protein and energy. This condition will worsen when combined with malabsorption of fat, impaired carbohydrate utilization or increased stress and illness. PEM develops quickly over a few months or gradually over a few years. Protein deficiency is extremely detrimental as each molecule of protein is indispensable and essential in all cell production and in maintaining vital homeostasis. PEM causes the body proteins to break down for gluconeogenesis, reducing the supply of amino acids needed for maintenance of body proteins and healing. Severe weight loss, an absolute indicator of malnutrition, can be categorized as follows: >10% in 6 months >7.5% in 3 months >5% in one month >2% in one week Source: Walker G ed. Pocket Source for Nutritional Assessment. 6th ed. Waterloo 1A

What does this mean for wound care? There is a direct link to non-healing wounds and PEM. Wound healing (replacing injured tissue and new tissue production) carries a heavy energy demand. When evaluating albumin levels, it is important to consider the half-life (Van Leeuwen, Kranpitz, & Smith, 2006). Albumin is a carrier protein that functions as a transport protein, is actually a precursor of albumin. Having a shorter half-life of 2 to 4 days (vs. albumin’s 20-24 day half-life), this test is more sensitive and appropriate for determining nutritional status (Van Leeuwen, Kranpitz, & Smith, 2006).

An appropriate nursing diagnosis is: Altered Nutrition Related to Protein Requirement. Often, patients who need the protein the most tolerate it the least secondary to their bodies being unable to handle the ammonia build-up that results from protein breakdown. Therefore, an ammonia level is appropriate when drawing a serum prealbumin. If your patient can tolerate protein, the following table displays the grams available in complete proteins, and this serves as a great implementation to your patient’s plan of care. Daily protein recommendation is to include plenty of calories from carbohydrates, so that the protein is not used as an energy source.

<table>
<thead>
<tr>
<th>Complete Proteins</th>
<th>Protein (grams)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 egg</td>
<td>7.0</td>
</tr>
<tr>
<td>1 oz (28g) meat or fish</td>
<td>7.0–8.0</td>
</tr>
<tr>
<td>1 oz (28g) cheese</td>
<td>6.0 to 7.0</td>
</tr>
<tr>
<td>8 oz (240 mL) milk</td>
<td>8.5</td>
</tr>
<tr>
<td>1 tbsp. Dry milk</td>
<td>1.6</td>
</tr>
</tbody>
</table>

Note: Estimates are from various food labels and nutritional pamphlets. Remember that a healthy adult weight 70 kg would require 56 grams of protein each day (70 x 0.8) (Corbett, 2004). This does not take into account the additional needs from impaired skin integrity.

Enjoy the technological advances of wound care, and remain current in the dynamic world of dressings and treatments. However, remain centered in your core of holistic nursing practice and utilize nutrition to the extent of natural healing. To accomplish this in the most accurate method available, obtain prealbumin testing, and let it work to your advantage. By including the registered dietician in your team workforce approach, you can successfully case manage the skin integrity of your valued client.

References


About the Author: Teresa Matthews obtained her Masters Degree in Nursing from Wesley College in 2003. Since then, she has served as a Nursing Consultant for Wesley College, Delaware State University, and University of Hawaii, where holistic nursing reigns supreme. She is currently working as a Wound Specialist as a private consultant, and for Prime Care, a Medicare Part B Billing Specialty Company. She offers CEU education to Delaware’s long term care facilities in the dynamic world of wound care.
Reiki is a form of healing therapy that was originally developed in Japan during the early 20th century. The word ‘Reiki’ actually means ‘universal, and love, or life energy. The literal translation for is ‘Universal Life Force.’ The development of Reiki is credited to a Tibetan monk, Dr. Mikao Usui. Reiki is based on the belief that there is a universal energy that promotes the body’s natural healing abilities. Reiki is a form of therapy that accesses this universal life energy and transfers it to the body, thereby facilitating healing. Healing occurs because an energy balance is achieved in the recipient. Practitioners describe Reiki as a holistic therapy, capable of improving the physical, mental, emotional, and spiritual health and healing.

Reiki therapy is beginning to gain acceptance as a form of complementary medicine. It can be offered in a variety of health care settings including medical offices, clinics, and hospitals. It can be practiced solely or as an adjunct to other forms of complementary therapies. The National Center for Complementary and Alternative Medicine (NCCAM) recognizes Reiki as a viable alternative medical therapy. NCCAM reports that 36% of adults in the United States currently utilize some form of complementary medicine.¹ Health care providers have a special interest in Reiki due in part to Dolores Krieger’s pioneering research with Reiki. In Reiki therapy, the transfer of energy comes from the practitioner’s hands to the client’s body. The practitioner’s hands are held above the client’s body with the palms down. A series of 12 to 15 hand positions are used for 1-2 minutes each. Sessions can range from 30-90 minutes. In Reiki therapy, not only does the practitioner send out energy, but the recipient draws in energy as needed. The energy is transferred to the recipient and flows through the recipient’s body, creating a warm flow or tingling sensation in his or her body at the completion of a session. Recipients may sleep during the session and wake up feeling refreshed.

There are no required credentials needed to receive training in Reiki therapy. In addition, there is considerable variation in training methods and costs. However, Reiki must be learned from a Reiki Master, an experienced teacher in the therapy. It cannot be self-taught. Training in Reiki has three degrees or levels. Training for first and second degree practitioner is generally given in an 8 to 12 hour class. Level 1 training teaches the history of Reiki and the various hand positions needed to perform self-Reiki. Level II training teaches the student to provide Reiki to other people. Level III training prepares the student to teach the Reiki technique to other individuals. At each level of training the Reiki Master gives the student an attunement which is a spiritual transfer of words and energy. Reiki Masters try to live their lives according to the five fundamental principles written by Dr. Mikao Usui.

Table 1: Five Fundamental Principles, by Mikao Usui:

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Just for today, don’t get angry</td>
<td>Let go of past grievances, focus on the present.</td>
</tr>
<tr>
<td>Just for today, don’t worry</td>
<td>Let go of future worries, focus on the present.</td>
</tr>
<tr>
<td>Just for today, be grateful</td>
<td>Appreciate the good in your life.</td>
</tr>
<tr>
<td>Just for today, work hard</td>
<td>Focus on what you can control.</td>
</tr>
<tr>
<td>Just for today, be good to yourself and others.</td>
<td>Treat others as you would like to be treated.</td>
</tr>
</tbody>
</table>

The only states that require Reiki practitioners to be regulated are Florida and Utah. In these states, the practitioner must be licensed as a massage therapist. In all other states, Reiki practice is unregulated. Reiki has been reported to decrease acute and chronic pain, improve relaxation, promote wound healing, and lower anxiety. Peer reviewed research has shown that Reiki is generally safe and has been found to be effective in the areas of pain control, stress reduction, depression management, and wound healing. Although Reiki is a new comer to the world of complementary medicine, it shows great promise as an alternative therapeutic adjunct to patient care. It is cost effective and can be incorporated into an existing guided imagery program. Future research is needed to document Reiki’s beneficial effects in the areas of pain control, stress reduction, depression management, and wound healing.

References

Safeguarding DNA History

The Historical Society of Delaware is the archival repository for the historical documents, pictures, artifacts, and board minutes belonging to the Delaware Association Nurse Anesthetists (DANA). The Society catalogues and cares for the records according to professional standards and are available for the public to research. The Historical Society is located at 505 Market Street, Wilmington, Delaware. To contact them directly, please call (302) 655-7161.

Continuing Nursing Education

The DNA Continuing Education Committee provides a continuing education peer review approval system that complies with the continuing education criteria of the American Nurses Credentialing Center. Commission on Accreditation. The Continuing Education Committee consists of DNA members (peer reviewers) who have advanced degrees and experience in staff development, continuing nursing education and/or formal nursing education. They also have experience and/or certified in a variety of nursing areas.

Thank you to the Continuing Education Committee Members who have donated countless hours to review and approve educational programs and providers. As of December 11, 2008, 23 programs and 2 providers have been approved. Way to go!

Nancy Rubino, EDN, RNC
Mary Lou Hamilton, MSN, RN
Karen Andrea, MS, RN, BC
Connie Bushey, Med, RN
Kathy Janvier, PhD, RN
Alerta Regan, MS, RN
Barbara Smith, RN, BSN
Lynn Sulpizzi, MS, RN
Teresa Towne, MSN, RN, CCRN
Carolyn Smee-Fleury, MSN, RN

As of January 2009, all programs and providers that are approved by the DNA will be listed in the quarterly newsletter. Please be sure to check the ANCC website.

New DNA Organizational Affiliate

The DNA welcomes our new organizational affiliate, the Delaware Association of Nurse Anesthetists (DANA). The DNA Board of Directors unanimously approved DANA’s application as an organizational affiliate at the October 2008 BOD meeting. The DNA looks forward to working with DANA on legislative and other projects in the future.

The purpose of the DNA Organizational Affiliate program is to create a formal relationship with other nursing and healthcare organizations. Together we can:

- Strengthen nursing and healthcare in Delaware through education, knowledge and information dissemination;
- Provide opportunities for networking with other nurses and healthcare organizations;
- Support learning and the professional development of nurses;
- Provide a stronger voice for the nursing profession and healthcare in the legislative arena—both locally and nationally.

For more information, please contact the office at (302) 998-3141.

Wit and Wisdom

In any moment of decision the best thing you can do is the right thing, the next best thing is the worst thing, and the worst thing you can do is nothing.”
—Theodore Roosevelt, 26th president of the U.S.

When one door closes, another opens; but we often check the ANCC website.

—Peter Ustinov, British actor and writer

It is our responsibilities, not ourselves, that we should take seriously.”
—Alexander Graham Bell, American inventor

The DNA looks forward to working with DANA on legislative and other projects in the future.
Imagine a world where you were relaxed, calm, and in control so that you were making great choices everyday to serve you, your family and community. Imagine a world where you get up everyday to create a life of abundance, joy, and happiness. Imagine sharing your passion and greatness with others. We are all capable of creating the life of our dreams while tapping into the “treasure within,” of unlimited potential.

With a holistic approach to optimal health, we recognize the body-mind-spirit connection of the human being. Looking at our health holistically, I compare it to peeling an onion. With guidance, layers of issues in your life are unwrapped or peeled one layer at a time until you get to the core issues of what is causing the disease in the body. When you are open to discovering the deeper self, your journey in life will start to unfold in a magical way. It is really very simple: quiet the mind and listen for direction so that you may walk on the path of your dreams. This is how discoveries are made, inventions are thought of, and potential is reached.

Stress is something that you cannot avoid. It doesn’t matter whether the stress is a result of major life changes or an accumulation of minor everyday hassles; it is how you react to these changes that determine the impact the stress will have in your life.1 According to Dr. Wayne Dyer, author of The Power of Intention, “For things to change you have to change."2

I want to leave you with one thought…As you are sitting there right NOW, some of you may be feeling a little excited, or hearing a little voice whispering “I WANT MORE, I WANT MORE, I WANT MORE!” You have everything you need inside you to move toward a healthier more balanced lifestyle. You have an attitude waiting to be tested and muscles that have never been stretched. It is waiting for you …NOW GO GET IT!! I look forward to seeing all of you on the road to extraordinary health!

References

Call for Nominations for Elective Office 2009 Elected Offices Available

**What’s New with Member Benefits**

- e-leaRN:TM with the exception of coursework continuing education hours

**2008 Election Results**

Thank you to the members who voted. Your participation helps shape the direction of your state nurses association. Any member of the DNA may attend the regularly scheduled meeting of the Board: guest with permission of the Executive Director and President. Board of Directors meetings are the fourth Tuesday of each month in the Executive Director’s office in Wilmington and Dover locations. Please check the DNA website for additional information.

Congratulations to the new members of the DNA Board of Directors!

**ANA at-large**

<table>
<thead>
<tr>
<th>Position</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>President-Elect/ANA Delegate</td>
<td>Four-year commitment— one year as President— Elect followed by two years as President and one year as Past-President.</td>
</tr>
<tr>
<td>Three (3) DNA Directors, one from each county.</td>
<td>Two-year term</td>
</tr>
<tr>
<td>Secretary</td>
<td>Two-year term</td>
</tr>
</tbody>
</table>

To self-nominate or nominate a colleague, visit the DNA website: www.denurses.org, click on “about” tab for consent to run form and information on each of the positions.
Delaware Nurses Association/American Nurses Association
Membership Application

Name

Credentials

Home Phone

Work Phone

Home Email

Work Email

Mailing Address

City, State, Zip

RN License #

State

Employer/Address

Position/Title

Permission to print name in the Reporter as a new member?  ☐ Yes  ☐ No

School

Highest level of education

Return form to:
Delaware Nurses Association
Orchard Commons Complex
5586 Kirkwood Highway
Wilmington, DE 19808

Membership Category (check one box)

Full Membership Dues
☐ Employed – Full-time
☐ Employed – Part-time
$229 per year, $19.99 monthly, electronically

Reduced Membership Dues
☐ Not Employed
☐ Full-time Student
☐ New graduate from basic nursing education program, within 6 months after graduation (first membership year only)
☐ 62 years of age or over and not earning more than Social Security allows
$114.50 per year, $10.04 monthly, electronically

Special Membership Dues
☐ 62 years of age or older and not employed
$57.25 per year, $5.27 monthly, electronically

Dual Membership
☐ RN holding membership in ANA through another state
A copy of ANA membership card must accompany your application.
$95.00 per year
–State Only Membership $149.00

Methods of Payment
☐ Full Annual Payment: Cash, Bank Card or Check made payable to the American Nurses Association
☐ Electronic Withdrawal: Monthly electronic withdrawal from checking account (Authorization form on ANA application—includes $6 service charge)

Visa/MC Number

Expiration

Authorization
This is to authorize ANA to withdraw 1/12 of my annual dues from my checking account each month on or after the 15th day of each month, which is designated and maintained as shown by the enclosed check for the first month's payment. ANA is authorized to change the amount by giving the undersign thirty (30) days written notice. The undersign may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to deduction date as designated above.

Signature for EDPP authorization

Apply online at www.denurses.org