

CREATING SPACE FOR THE SACRED ART OF TOUCH

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Introduction: Physical touch is fundamental and vital to human communication and bonding. It is an essential part of nursing care and one of the major means of conveying loving kindness and caring from professional to patient. This project endeavors to teach the art of hands-on healing to a voluntary multidisciplinary team via a technique called Bio-Touch, combining touch with authentic presence and intentionality guided by Caritas principles in order to create, soothe and change the healing environment.

Significance: Jean Watson states when one touches another's body, one is also touching the person's mind, heart, and soul. Caritas Process # 9 reminds us that administering sacred nursing acts of caring-healing involves tending to basic human needs; touch is not to be overlooked as a basic sacred caring art (Watson, 2008). In daily nursing practice, our touch often needs to more effectively communicate caring and healing. Bio-Touch is an effective hands-on healing modality with the primary goal of teaching "how" to touch certain body points that anyone can perform without limitation" (Bio-Magnetic, 2008). By increasing team members' awareness to the art of sacred touch, they will be better able to activate the body's natural healing abilities and enhance the hospital healing-environment.

Purpose: The purpose of this project is threefold: 1) reduce primary pain, feelings of restlessness and stress, and to increase feelings of relaxation and being cared for in those receiving Bio-Touch technique.; 2) assess the Caritas spiritual impact on those providing hands on healing to others through perceived consequences of caring (Watson, 2005, pg. 15); 3) evaluate the long-term effect on patient satisfaction surveys, staff satisfaction surveys and staff retention.

This project will attempt to somewhat replicate a study done by Dr. Gary Schwartz, Director of the Human Energy Systems Laboratory at the University of Arizona, and to correlate and summarize subjective perceptions of touch utilizing his survey questionnaire.

Setting and participants: The project was implemented at Kindred Hospital, a 50-bed long-term acute care hospital in Tucson, Arizona. The participants (30 in total) include nursing administration, a physician, nursing staff, certified nursing assistants, monitor technicians, infection control, respiratory therapy, nutritional services, educators and rehabilitation therapy.

Project Description/Process: In February 2011, a morning training session and an evening training session were offered to accommodate both shifts. The sessions were approximately an hour and a half long. The first twenty minutes of the program were dedicated to education on Caritas Consciousness, to defining a transpersonal moment in touch and to how physical touch done with authentic presence and intentionality can change the healing environment for self and others. The remaining portion of the class was spent learning three healing Bio-Touch hands-on techniques taught by Paul Bucky, the Co-founder of the International Foundation of Bio-Magnetics along with practicing these techniques with each other: (1) The Greeting- establishes a harmony between the associate and the recipient (2) Neck- addresses most headaches, neck pain, soreness of the upper back and problems in the upper extremities (3) Head- addresses conditions related to the brain, such as dementia, chemical imbalances, abnormal growths, hormone imbalances, stroke etc. (Stephenson, 2004).

Each participant received a Bio-Touch manual, DVD and Bio-Touch Pocket manual. They were asked to perform Bio-Touch on family members; staff or patients during care provided and complete a survey per episode. Staff will also be asked to share their comments on the back of the questionnaire on how they felt

while performing the Bio-Touch techniques in regards to positive emotional/spiritual well being, trust, dignity, self-esteem, and reflective love of nursing (Watson, 2005, pg. 14).

Project Outcomes /Projected Outcomes: Some immediate outcomes for the participants were experiences of excitement, positive feelings and something we called the “wow” factor—amazement at the simplicity and effectiveness of the techniques. A great example of the “wow” factor was when the infection control specialist at our facility, who ordinarily would not allow any direct patient touch without protective gloves for a patient in isolation, made the decision to help develop a protocol to accommodate times when using this technique with patients to allow it to be most effective. It is anticipated that this healing hands-on touch will allow hospital staff (clinical and non-clinical) the possibility of creating a space for healing and expressing acts of loving kindness, conscious caring and compassion, while providing touch as a sacred caring nursing art.

Project Evaluation: Thus far we have seen favorable informal feedback on Bio-Touch as evidenced by enthusiasm among voluntary staff participants and formal feedback via the survey instrument showing a noticeable decrease in pain, restlessness and stress and a substantial increase in feelings of relaxation and being cared for. Participants from the Physical Therapy and Respiratory Therapy departments identified expected benefits of incorporating Caritas processes along with Bio-Touch into their clinical practice.

Future Directions: (1) Provide staff with more formal training on Caritas principles and invite Paul Bucky back to teach further localized Bio-Touch training sessions. (2) Develop a bio-touch team that provides bio-touch regularly to each other and that trains new staff. (3) Teach the wound care team bio-touch in order to provide this treatment during patient rounds and evaluate its benefits on wound care healing over time. (4) Offer 10-minute Caritas and bio-touch sessions regularly at the outset of shifts, encourage staff to use the techniques throughout the day and let it be an permitted activity at the nursing station at all times. (6) Make the evaluation tool a standard part of the patient satisfaction survey for those who receive this treatment. (7) Continue use of the survey instrument to determine the effectiveness of staff training sessions and to assess patient outcomes after receiving bio-touch treatment.

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