

2016

Reclaiming our sacredness as nurse healers

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RECLAIMING OUR SACREDNESS AS NURSE HEALERS

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Submitted in partial fulfillment of
the requirement for the degree of
Doctor of Nursing Practice

AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA

2016

Presentations Accepted

Ritual and Ceremony: Self-Care for Nurses
January 28, 2015
Presentation to BSN/MAN Ritual and Ceremony Class
Augsburg College, Minnesota

Ritual and Ceremony: Lessons Learned in Oaxaca, Mexico
March 7, 2016
Sigma Theta Tau, Chi-Chapter-at-Large Annual Meeting
Bloomington, Minnesota

Reclaiming Our Sacredness as Nurse Healers
March 12 and 13th, 2016
Weaving Ourselves Whole
St. Paul, Minnesota

Reclaiming Our Sacredness as Nurse Healers
October 12-15, 2016
Transforming Transcultural Health Care Delivery Through
Discovery, Innovation, and Action
Cincinnati, Ohio

Reclaiming our Sacredness as Nurse Healers
September 16-18, 2016
Bridging the Gap in Public Health Nursing
Billrud, Denmark

DEDICATIONS

This project is dedicated to Katherine Baumgartner, a beautiful soul who has guided me in my work advancing the practice of nursing. Thank you for your gentle guidance in supporting me to reclaim the art of practicing passionately as a nurse healer. Thank you to La Pastora Gutiérrez and her mother Doña Sophia and the community of wise and beautiful women at Vida Nueve situated in Teotitlán del Valle, Mexico for sharing your home and wealth of rich traditional knowledge. I am deeply appreciative of your willingness to impart your wisdom so that I too can reclaim the art of practicing holistically using traditional medicine. In memory of my mother and my father who instilled in me the importance and love for education in my life; I am honored to be who I am today with the life lessons you taught me and I miss you both dearly. I continue to be inspired by my nurse sisterhood who have traveled this journey with me at Augsburg College and my nurse colleagues at Children's Hospital and Clinics of Minnesota who devote endless hours, often at their own personal expense, to care for our most vulnerable populations: our babies, children, and teens. Thank you to my patients; it has been my privilege to work with you as your nurse. Finally, this project is dedicated to my Lord and Savior in response to a prayer nudge you gave me to continue my life story by serving and loving *all* people unconditionally. Thank you for being present in my daily life.

ACKNOWLEDGEMENTS

I sincerely thank the Augsburg College Faculty for patiently guiding me during my graduate and doctoral work at Augsburg College. I extend my gratitude for your willingness to help me to explore new and meaningful ways of connecting with myself, my little “itty bitty’s” and their families, and my nursing colleagues. I acknowledge the extra work of my project advisor, readers, and mentors. To my sisterhood Merilee, Tammy, and Terry... I could not have completed this journey without your willingness to travel together and experience rich and meaningful conversations. Thank you Pam, Deborah, and Pat for supporting my doctoral education and providing me with hospital nursing work that is both exciting and challenging. I am very appreciative of my colleagues in the ICC and SCN-Mercy nursing units who have been willing to accompany me on my journey. Dear siblings, thank you for your presence in my life, your devotion, encouragement, and helping me to remember to live life. I am so thankful for you! I am indebted to my children, daughter-in-law and son-in-law for helping me to stay focused on what is truly important...family. I am so proud of all of your accomplishments. To my grandchildren Jazzy and Khala, Wyatt and Miara...you four are and always will be my sweethearts. I am honored to be your silly grandma and I love you all very much. My best advice to you is to always keep learning, treat others as you wish to be treated, and embrace kindness and social justice in all that you do. It is important to surround yourself with people from other cultures, religions, and those who may seem different than you. Learn their stories so you can lessen the differences between you and be an advocate for world peace. Finally, to my loving husband, thank you for your endless support and encouragement. Thank you for another gift of a

lifetime; the ability to travel and monumental time to research and write about the issues close to my heart. I love you and look forward to our next chapter in life together.

Abstract

The nurse-patient relationship encompasses the richness of being in a relationship with another human being. When viewed through a healthcare lens a patient's health, illness, and healing are often defined by procedural testing, diagnosis, and a plan for treatment. Within the community of professional nurses, it is known that healing involves more than an attempt to physically repair the human body. The use of nursing theory, caring science, and recognition of the patient in their wholeness guides nursing practice. Nurses incorporate the use of experiential wisdom (*mētis*) in caring for the life force of another human being in the effort to restore the patient's wholeness. During caring moments nurses have the ability to touch the patient's soul so the individual can heal physically, emotionally, and spiritually. The profession of a nurse is physically, emotionally, and spiritually challenging. As a profession, there is a profound personal and professional responsibility to care for oneself before extending care to another human being. Nurses must care for their own souls so that nursing can reclaim the historic sacredness as nurse healers. The capacity for intentional caring is magnified when integrated with the use of healing rituals and ceremonies as self-care strategies and synthesized with caring, environment, and integral nursing theory.

Keywords: ritual, self-care, nurse healer, holism, nursing theory

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CHAPTER ONE: INTRODUCTION

Nurse caring activities have changed over the past 30 years in the context of pediatric and neonatal nursing. In observing how nurses provide nursing care for patients at a Midwestern pediatric inner city hospital, there appears to be a frenzy of activity occurring. Nurses hurry from executing one patient care task to another, hustling to their computers to complete charting, and stopping with one hand on the door while exiting the room to inquire if the patient needs anything else before they leave. Historically, nurses have tried to help patients ascribe meaning to their diagnosis and hospital experience. Opportunities to exhibit heartfelt presence by developing sacred encounters with patients is a skillful gift many nurses feel is compromised during work shifts in recent years. Finding time during a busy nursing shift to listen to patient concerns and fears is a precious commodity with which many nurses struggle. Those who find the time do so often at the detriment of missing their personal break times with subsequent development of stress-related illnesses for the nurse.

Although most nurses do not intentionally practice this way, there is an undercurrent of dis-ease in hospital units as nurses try to make sense of their work as professional caregivers. Nurses are educated in practicing the art of nursing. Practicing the art of nursing includes “the nurse’s ability to grasp meaning by establishing meaningful connections with the patient while skillfully performing nursing activities, and morally conduct his or her nursing practice” (Johnson, 1994, p. 3). In spite of this education on the art of nursing, there are many nurses who have shared with me their struggle to maintain their energy while also using interpersonal skills that are meaningful to patients as well as themselves. What has happened to alter meaningful interpersonal

caring rituals between patients and nurses and what can nurses do to reclaim their sacred art as nurse healers?

The commodification of health care through clinicalization has contributed and altered the way in which nurses perform their caring work. The profession of nursing has become increasingly clinicalized with an overemphasis on the use of diagnostic and therapeutic modalities, computerized charting, and use of nurse staffing matrices unreflective of patient acuity (Cowling, 2000). The term clinicalization is manifested in “empirical, conceptual, and theoretical approaches that yield partial and sometimes erroneous accounts that miss the essential wholeness, unity, and uniqueness of human existence” (Cowling, 2000, p. 16). Practicing within a clinicalized model of care is stressful for nurses who aspire to practice holistically.

The term “nurse healer” is used to describe nurses who practice as “instruments in the healing process and as a major part of the exterior healing environment of a patient, family or another. Nurses assist and facilitate individuals with accessing their own healing process and potentials; the nurses do not do the actual healing” (Dossey & Keegan, 2016, p. 32). The term *mētis* describes wisdom and knowledge that develops with experience over a period of time. Nurses draw on personal *mētis* when caring for patients and their families. Cowling & Taliaferro (2004) identify the enigma in practicing within a clinicalized model of care by stating “Nursing in its expanded clinical role has been forced to embrace the ideals of medicine at the expense of nursing ideals” (p. 54).

Nursing as a profession is stressful with nurses balancing multiple complex patient assignments requiring vigilance and coordination to complete all assigned

physician orders and complete nursing tasks. “Nurses balance the work of high-tech care with interpersonal caring” (Wolf, 2014, p. 8). Stress accumulates when nurses feel they are unable to take breaks, use the restroom, and eat lunch as they attempt to meet patient needs timely. Despite professing the importance of practicing self-care to help alleviate stress, self-care is not a value that has been integrated into nurse’s souls (Wolf, 2014). Gonzalez et al (2013) identify, “Caring for self and others has become a casualty of busy healthcare environments which can have negative consequences” (p. 15).

Pipe & Bortz (2009) describe this casualty as “dispiritedness,” explaining this phenomenon as separation from a source of meaning and the purpose of caring. The concept of dispiritedness is illuminated by Watson,

Any health practitioner today is struggling to return to the very human depths of our work, and we know that when we’re connecting with another person in this deep way, even if it’s for a brief a moment in time, that we have much more purpose in our life and in our work, and we know that when that’s missing there’s an empty void, and we’re dispirited. (Watson, n.d., para. 7)

Professional nurses profess acts of caring as an important component in whole-person (holistic) nursing care (Libster, 2001).

In an attempt to ascribe meaning to the disconnection between action and meaning verbalized by nurses, this Doctor of Nursing (DNP) project initially examined nursing practices that supported and nurtured nurses in their work. The use of best practice literature identified the practice of ritual as playing an important role in nursing culture. Subsequently, ritual was studied and experienced through indigenous healers’

lens with intended application to personal life and clinical practice advancing the practice of registered nursing.

The term ritual conveys an act in which the metaphysical is joined with the physical while calling Spirit into material lives. Participation in rituals reminds individuals of the capacity to live their lives purposefully and assists with coping with life changes in a way in which supports and honors change (Biziou, 1999). Nursing is a profession steeped in the use of rituals (intentional expression of meaning) and ceremonies (the intentional act of ritual) including handwashing, shift report, assessment and vital signs routines, graduation pinning ceremonies, and nursing week celebrations (Wolf, 2014). The professional nursing culture is saturated with rituals. Some rituals within nursing are an important aspect of practice which can alleviate stress by providing routines which are familiar and comfortable, such as the ritual of patient bathing. Grace Alvarez Sesma, owner and author of *Curanderismo, the Healing Art of Mexico* identifies the importance rituals offers to people, “Ritual is important to us as human beings. It ties us to our traditions and histories” (Alvarez Sesma, 2016). The development and use of a healing ritual or ceremony can be integrated personally as a nurturing self-care strategy to provide meaning and purpose in nursing actions thus helping nurses to reclaim sacredness in their practice as nurse healers.

Through informal conversations with nurses at a local pediatric inner city hospital, nurses verbalized they feel challenged to develop meaningful relationships with patients and their families within the constraints of work expectations. When asked about the use of rituals for self-care as nurses, most nurses were unfamiliar with the term “ritual.” However, when asked for further insight, some nurses identified that although

they do not use rituals as a part of their self-care practice or in their professional work, they try to practice daily self-care. Nurses identified their personal self-care routines to include running, working out, going for walks, enjoying nature, praying, sleeping, and drinking multiple glasses of water especially before working a 12-hour shift. The use of non-health supporting activities was also identified such as drinking alcohol, beer or wine to relax and enjoying sugary and salty snacks. Several nurses shared they take medication for a variety of chronic diseases including fibromyalgia, anxiety, depression, and to achieve sleep. Many nurses who shared they take medication for depression and anxiety also confided that a contributing factor was because they felt bad over their personal inability to meet patient needs within their shift due to complex work assignments or short staffing. Nurses said they would like to find healthier ways to take care of themselves. Most nurses spoke of praying while on their drives to work or listening to soothing music. Nurses did not identify nursing rituals as supporting their work although one nurse identified she sometimes carries an amethyst, prays for connection, and uses light circles to ground her in her practice. “I try to be intentional. I hold my babies’ heart-to-heart. I encourage them to be strong. Before the babies are discharged, I try to teach parents how to connect spiritually with their babies” (K. Peterson, personal communication, December 5, 2015). One small group of nurses shared they have started looking at ways to better nourish their bodies during their long work shifts.

We each pick out a nutritious and wholesome meal to prepare on the Thursday before our work weekend and we bring it to work in divided portions to share.

We try to eat lunch with one another, but if we cannot, we know of the love that

went into the food made by our colleagues. It is what sustains us in our work as nurses. We are nurturing one another spiritually and through nutritious food. We call ourselves the Lunch Ladies. (N. Yung Lu, personal communication, November 19, 2015)

To improve understanding and actualize the integration of strategies which are health supportive and nurturing to nurses' souls, this DNP project included an examination of nursing literature which was supportive of integrating ritual into personal and workplace routines. Within this project, the opportunity to learn from ancient elders assisted in reclaiming and reintegrating the use of purposeful caring of self into nursing practice. Integrating learned wisdom into personal self-care strategies and professional practice was actualized in caring for a patient with complex needs.

This project paper describes how the use of Mayan and Zapotec indigenous (ancient) wisdom in the form of rituals and ceremonies was integrated as a self-care promoting strategy for the purpose of self-healing into a personal and professional nurse skill set and modeled for nursing colleagues in the workplace. The development of a conceptual model of care, *Nurse as Healer*, integrated nursing self-care strategies alongside ancient wisdom in the form of ritual and ceremony supporting nurses seeking to nurture their souls as nurse healers in a mindful attempt to reclaim the art of practicing holistically.

Background

“Nurse are expected to be caring persons” (Hogan, 2013, p. 375). In nursing school, students are taught the importance of caring for the whole person by addressing the patient's physical needs as well as their emotional and spiritual needs. Baccalaureate

students are taught the importance of integrating the *science* of nursing as well as the *art* of nursing when caring for patients. Many nurses have attempted to remember the wisdom of our time-honored nursing professors by practicing holistically only to find the realities of caring for patients has changed tremendously in recent years due to increased patient acuity, altered professional nurse staffing, increased cultural diversity within patient and staff populations, and emphasis on ever-changing layers of hospital policies, procedures, standards, and changing technologies. This business paradigm adds a new complexity making it increasingly difficult to practice holistically using imagination and vision without following a prescribed script for providing nursing care. “The ability to establish and sustain interpersonal competencies is a core competency for nurses” (Christiansen, 2009, as described in Wolf, 2014, p. 15). Nurses do not always possess and manifest caring; for some nurses it is not an inherent trait (Hogan, 2013). Communication core competencies are now being taught using simulation labs in nursing school adding a new dimension to actualize expression in the *art* of caring (L. Langanki, personal communication, December 5, 2015). The ability to successfully convey *caring* using effective communication is a skill fostered and honed through interpersonal interactions. It remains to be seen how the use of simulation labs will contribute or detract from learning the skill of caring.

Caring for a culturally diverse population adds another layer of complexity as nurses’ attempt to integrate culturally responsive interventions. Nurses are accountable to provide culturally safe care. In reality, cultural ignorance, a new term yet to be defined in literature, may be more common with nurses “unaware” of the nuances of a particular culture including underlying values, beliefs, history, communication, and interaction

preferences which impact safe care. Nursing care impacts patients and families when language and culture are different from what is known to the nurse. Many nurses identify this challenge as they have not received the education they feel is necessary to competently care for culturally diverse patients and families. It is stressful to try to meet the needs of patients whose ethnicity and culture are different from one's own ethnicity and culture especially when a language barrier is also present. It is challenging for nurses to navigate showing care and compassion while also being mindful of underlying cultural beliefs, practices, and cultural cues that could easily be missed. "Nurses' personalities, actions, and expertise as well as patient's circumstances shape the nursing situation in the relational encounter" (Finfgeld-Connett, 2008a, as described in Wolf, 2014, p. 13).

While it is important to promote the use of technology as an important contribution to healthcare services, nurses are faced with increasing complexity, time constraints, and competing patient care interests making it difficult to not feel overextended and burnt out. Jean Watson, nursing theorist, describes burnout as emanating "not from caring too much, but because as caregivers we wall ourselves off, and close off our heart, and close off our very source of love, and the human connectedness that gives us the life-generating force for that work" (Watson, n.d., para. 1). She surmises "we are teachers as nurses and patients for one another, and we are doing sacred work because we're working with a life force of another human being, as well as ourselves on this shared journey" (Watson, n.d., para. 1). As nurse healers, it is important to keep our hearts open and connected with self and others.

This project focused on the use and development of healing rituals and ceremonies with the intent to illuminate the benefits of using healing rituals to

professional nurses to enhance their own wellbeing and healing presence when working alongside patients and families in a neonatal and pediatric setting. In addition, the project incorporated the use of advanced practice nursing skills and interventions supportive of health through providing education to nurses for implementation into their own skill set and patient care. Due to the uniqueness of how ritual and ceremony was studied during the DNP program which focused on transcultural leadership, the nursing profession is given a glimpse into how the use of indigenous (traditional) Zapotec and Mayan rituals and ceremonies are used as self-protective strategies in maintaining personal and communal health.

There are three audiences who benefitted from the project. First, the project provided an opportunity for new learning, self-growth, and personal transformation for the DNP project leader which also had potential to impact nurse colleagues, and professional practice. Through a process of self-growth and actualization as a nurse, the use of rituals was synthesized into a personal self-care routine. The integration of rituals into self-care resulted in a beautiful and enlightened style of practicing nursing care intentionally and creatively, and with a renewed sense of caring and compassion regardless of practicing within a clinicalized system by reclaiming the sacredness of being a nurse healer. The second audience included a core of pediatric nurses at a Midwestern pediatric inner city hospital who were urged to explore and incorporate a variety of creative and transculturally supportive nursing strategies as they engaged a family from a Middle Eastern country in their son's healing process during his hospital stay. The family came to the hospital on short term visas approved by their embassy using a medical company experienced in securing pediatric and neonatal hospital

coverage for patients from the Middle East. The parents desired medical services for their six-month old son that were unavailable in their country, specifically in the areas of physical and occupation therapy. The infant was not expected to be cured, only to be provided a safe and comfortable environment during the short life he would have. During their stay, the family lived in an apartment within driving distance of the hospital and visited their son two times per day. Initially, the parents experienced the nursing staff as un-aculturated to their customs, values, and traditions of their country and religion. Although the family had some familiarity with western medical care, they verbalized they thought the hospital system was frustrating, confusing, and dominated with females making decisions which was a cultural difference for them. The nursing staff found the family's cultural and spiritual ways dissimilar from their own and felt uncomfortable with not knowing how to support the family. In consulting with the family, this author discovered that integrating self-care rituals using traditional wisdom assisted in the transformation of nursing practice for both the author and nurse colleagues resulting in a family, nurse:patient experience that transcended everyone expectations. Subsequently, the experience was an impetus for the unit and hospital to evaluate the need to improve intercultural dialogue and investigate how culturally supportive nursing education could be facilitated. Lastly, the larger project was and is beneficial to the audience of the community of nurses who have the opportunity to integrate the use of rituals and ceremonies into their personal lives and professional practice. This DNP project was invited to be presented at the American Holistic Association in March 2016 in St. Paul, Minnesota as an example of peacemaking with a title, "Weaving Ourselves Whole." In addition, Sigma Theta Tau requested a presentation of this project at their

annual meeting in March in Minneapolis, Minnesota. Subsequently, the project was accepted for poster presentation at the Transcultural Nursing Society, “Transforming Transcultural Healthcare Delivery Through Discovery, Innovation, and Action” and oral presentation at the International Public Health Nursing conference in Bilrud, Denmark.

In an attempt to reclaim the art of practicing holistically, this project started with a mindful and intentional belief as a nurse to “walk alongside” families instead of “doing to” families in the midst of providing nursing care to hospitalized newborns in a level II nursery at a Midwestern pediatric inner-city hospital serving a culturally diverse population. A secondary goal was to look at how nurses could reclaim the ability to practice the *art* of nursing by providing a healing environment as nurse healers in offering loving care, compassion, intentionality, mutuality, trust, and respect without resorting to task management to get through the shift. A third goal was actualized as a result of participating in clinical immersion experiences in Mexico and Guatemala fostering the integration of indigenous wisdom (*mētis*) in the context of ritual into personal self-care strategies resulting in holistic practice changes.

Actualized objectives to achieve the project goals included:

- Exploring the use and integration of ancient wisdom in the form of ritual and ceremony as self-protective health factors in the indigenous community of Teotitlán del Valle, Mexico and indigenous communities located in Guatemala by learning how healing happens in a community and how health is created locally and honored by cultures.
- Discerning the use and application of Western self-care modalities used by nurses at an inner city pediatric hospital to discern if nurses recognize the

use of rituals as contributing to their nursing practice and self-care strategies.

- Integrating attributes of western and indigenous wisdom as personal self-care strategies with the goal of increasing self-awareness and decreasing personal stress.
- Elevating personal confidence in supporting families wanting to utilize traditional and/or implement local cultural practices during hospitalization.
- Modeling to colleagues and sharing of rituals with colleagues, patients, and families to assist in developing holism and development of their own self-care rituals and strategies.

The constructs of care used to develop a conceptual model of nursing care are grounded in Barbara Dossey's theory of integral nursing with attributes of Florence Nightingale's philosophical underpinnings on the importance of environment. Jean Watson's caring *caritas* processes are woven throughout the model integrating carative factors. *Caritas* is a Latin word connecting authentic human caring with love and deeper ethical meanings, honoring the preciousness and fragility of human caring. Holism, sacred space, and nurse as a healing environment are lifted up as important concepts that are enhanced as a result of using rituals and ceremonies when woven into self-care as self-protective strategies. Caring for underserved, marginalized, and families of different ethnicities is enhanced when nurses practice whole person caring.

With these goals, objectives, and concepts in mind and supported with best practice literature, personal experience, and nursing *mētis*, the concept of caring was explored. Caring is conscientiously expressed as extending into all relationships in the

work environment, and even into one's own personal life as a commitment to one's personal and professional nursing goals (Wolf, 2014). Realizing the benefits of practicing conscientiously, and with the realization the nursing profession is steeped in ritualized practice, an advanced nursing project was conceptualized exploring the use of ritual and ceremonial participation as a protective self-care strategy.

Unique to this project was the opportunity to participate in learning and experience the use of indigenous healing rituals that have the potential to inform and transform nursing practice. These learning experiences were guided by ancient elder wisdom (*mētis*) provided by *curanderas* (traditional Latin American lay healers) living in Vida Nueve, a weaving cooperative located in the municipality of Teotitlán del Valle, Mexico, and indigenous healers (shamans) living in Guatemala and Pine Ridge, South Dakota. "A shaman is an individual who is able to influence healing by being able to interpret and communicate with both the world of everyday reality and the underlying world of supernatural forces, and of animal, plant and other spirits" (Sinnott, 2001, p. 241).

The community of interest that benefited from the project included the personal nursing practices of the author as a level II neonatal nurse and nursing colleagues at a pediatric hospital caring for a culturally diverse group of patients. The secondary population benefitting from this project is a group of nurses in the greater community with an expressed interest in learning how they can personally enhance their own self-care. Throughout the project, relationships were built with nurses through role modeling caring behaviors and welcoming feedback and questions about this emerging advanced nursing practice.

Significance of the Project

The term, “holistic nursing” describes nurse healers as nurses who hold sacred space for patients (Dossey & Keegan, 2016). Holistic nursing for the purpose of this project is defined as “nursing practice that has healing the whole person as its goal and honors the interconnectedness of self, others, nature, and spirituality and focuses on protecting, promoting, and optimizing health and wellness” (Dossey & Keegan, 2016, p. 4). Healing has been described as a multidimensional process occurring at the physical, emotional and spiritual level of human beings. The concept of sacred space applies to “one’s inner being and to places in one’s environment. Sacred space is the result of being in awareness and stillness” (Dossey & Keegan, 2016, p. 140). Nightingale describes nurses as healing environments for patients due to the effect a nurse can have in the patient’s presence (Dossey & Keegan, 2016). Nurses view themselves as instruments of healing.

Simply by virtue of the role, a nurse has all the ritual power of the shaman of other cultures. The nurse is the guardian of the patient’s journey through illness and healing; the keeper and bestower of information, medicines, and treatments; and the mediator of the system and the comings and goings of others in the system. (Dossey & Keegan, 2016, p. 108)

Dunning (2006) identifies healers as evolving through personal suffering. “Self-care is an important aspect of health professionals’ lives given modern-day work stressors that can affect an individual’s physical, mental, and spiritual health. Each person wounded or not, needs to understand his or her own need to be nurtured, and develop, and implement a self-care health programme” (Dunning, 2006, p. 251). As healers,

nurses possess a profound responsibility to their patients and to themselves to remain and stay well. Nursing is stressful and there is an essential need to be “nurtured, supported and sustained in their work—so nurses can continue their major caring contribution to society worldwide” as described in the Nightingale Declaration for a Healthy World (“Nurturing the nurse,” 2013, para. 1). Why is it that nurses who profess the importance of self-care to their patients and themselves do not intentionally integrate self-care into the fabric of their own lives? It is the goal of this project to further examine the benefits of integrating ritual and ceremonies as nurturing modalities for nurses.

The nursing profession is a cultural system steeped in the use of rituals. Nursing rituals take place daily in nursing practice and have a prominent role in securing cultural knowledge. The nursing profession’s rituals provide an expressive and powerful supplement to its beliefs, art and science. Interpersonal caring rituals provide meaning for nurses and patients and establish order for interactions and mutual experiences (Wolf, 2014). Goffman (1967) identifies rituals as maintaining the sacredness of everyday interactions as part of caring rituals used by nurses when caring for patients.

In a hermeneutic phenomenological study on the lived experiences of nurses, Hemsley & Glass (2006) uncovered themes in which the nurse participants ascribed meaning to the mysterious processes resulting in their transformation as nurse healers from experiences in caring for children in the midst of suffering from cancer. This view is supported by Geddes (1999) who purported nurse healers immersed in the ritual practice of healing touch identified “feelings, thoughts, and behaviors related to a connection with the unitary self, others, and a higher being,” “a new capacity for self-caring,” “a new capacity to care for others in a non-judgmental way,” “a contented

stillness that is immediately available,” and “a new appreciation for life as a source of curiosity, excitement, and mystery” (Hemsley & Glass, 2006, p. 256).

This project advanced nursing practice with application towards transcultural leadership by offering a unique yet familiar way for nurses to expand their personal capacities towards self-healing using ritual and ceremony with the potential to enhance patient-family-nurse relationships and weaving threads to culturally diverse families. Nurses, as health care workers, are challenged by the changing demographics and economics of a growing multicultural world. Disparities in health status of people from diverse cultural and ethnic backgrounds have challenged health care workers to think about their personal ethnocentric viewpoints, treatment modalities and nursing practices (Campinha-Bacote, 2002). The use of rituals and ceremonies when integrated into a nurse’s skill set as self-care strategies is metaphorically similar to weaving a tapestry using many threads to weave wholeness between western healthcare and culturally diverse families who may have relied on using rituals and ceremonies as personal, familial, communal, and traditional health remedies as “medicine” to protect their health. The concept of medicine is different when viewed through an indigenous worldview lens. Utilizing and perceiving the benefits of ritual as a nurse has the potential to assist nurses in supporting culturally diverse families who use rituals and ceremonies as strategies to support personal health. Libster (2001) identifies the importance of lay nurses possessing knowledge about health and self-care practices of their own culture as well as other cultures.

Central to the nurse and patient relationship is the presence of caring in the development of a helping-trusting, human-caring relationship. Jean Watson’s theory of

human caring explains the relationship as evolving from the intentional use of self and a “consciousness directed at preserving the integrity of the person” (as cited in Falk-Rafael, 2000, p. 37). Human caring is based on the attributes of “human values including kindness, concern, and love of self and others” (as cited in Falk-Rafael, 2000, p.37). Watson identifies the importance of practicing self-care in order to care for others stating “As a beginning we have to learn how to offer caring love, forgiveness, compassion, and mercy to ourselves before we can offer authentic caring, tenderness, compassion, love, and dignity to others” (p. 43).

Nursing Theoretical Foundation

Nursing theory contributes to nursing practice by outlining the dynamics that are integral in the nurse-patient relationship and by identifying how care and healing contribute to easing human suffering on individual and global levels. The concepts of caring caritas, holism, and nurse as a healing environment are lifted up as foundational to reclaiming sacredness as a nurse healer when reflecting on the integration of rituals and ceremony into self-care practices.

The term “caring” is identified as one of the most important characteristics a nurse possesses when “in” relationship with their patient. The essence of care is experienced when one human being connects to another. A healing relationship develops when using care and compassion through the use of touch, listening, competent clinical interventions, and seeking to understand the other’s experience (Koloroutis, 2004).

Cardiologist Dean Ornish proposes that humans are part of the community and have learned to collectively take care of and love one another within their culture and society. He identifies the nurturing of these relationships over several hundred thousand

years has contributed to the survival of humans who experienced these relationships, compared to those societies and cultures that did not foster caring, loving, and nurturing one another (Ornish, 1999, as cited in Koloroutis, 2004). An example of communal support observed in Mexico is the use of ancient ritual wisdom by a curandera or shaman performing a soul retrieval ceremony (*limpia*) into the spirit world to unblock *susto* (fright) in an individual living in community with others (Sinnott, 2001). Earth elements are used during the ritualized ceremony and may include the use of feathers, rocks, flowing water, burned sage, herbal plants, use of the color red and in some cases, an uncooked egg. While securing a shaman or curandera may not be a realistic option for nurses working in the United States, it is possible for nurses working in a westernized hospital environment to create their own rituals for healing. The most important aspect of creating a ritual is the use of intent and belief in the mysterious.

Relationship-based care theory expands on the concept of care by identifying nurturing relationships as crucial for care providers when caring for another individual. The development of nurturing relationships in healthcare is not exclusive to nursing as a profession but instead is focused on individuals who collectively [as a team] are working together consciously and intentionally to create a healing environment. The heart of relationship-based theory includes: the care provider's relationship with patients and their families, relationship with self, and relationship with colleagues (Koloroutis, 2004). This model of practice identifies the importance of relational tenets integral to nursing and care providers working interdependently to develop a sacred bond between care provider and patient known as "sacred space."

In a study by the Picker Institute, patients identified healing environments where care includes restoring and acknowledging the importance of mind, body and spirit, participation in making decisions about personal health care, and a relationship with their healer (Gerteis, 1993). Sustaining therapeutic relationships is central to caring (Koloroutis, 2004). A transpersonal relationship consisting of caring and healing develops as a result of being in relationship with another human. Through a research study, da Silva Borges and Soares dos Santos (2013) highlighted how the co-creation of an energy field between the patient and the nurse is supportive of fostering caring in the creation of sacred space. The concept of energy processes in the creation of a healing space is also supported in a conceptual research analysis study by Wendler (1996), who defined healing as “an experiential, energy requiring process in which space is created through a caring relationship in the process of expanding consciousness and results in a sense of wholeness, integration, balance, and transformation and which can never be fully known” (p. 836).

The use of indigenous wisdom provides an opportunity for nurses to enhance their personal healing, personal development, and enhance spirituality using rituals and ceremonies as a means to help illuminate issues and problems that are troublesome and provide support to heal the problem (Sinnott, 2001).

Caring Science theories contribute to the development of building a nurse-patient relationship. Caring Science (CS) is defined as an evolving philosophical, ethical, epistemic field of study grounded in the field of nursing and informed by related fields. CS is informed by an ethical moral stance with responsibility to oneself and other human beings (Levinas, 1969). CS is grounded in relational ontology to the universe and

embraces intersections between the arts and humanities and clinical sciences. CS encompasses ethical, intuitive, personal, empirical, and aesthetic ways of knowing and being (Watson, J. & Smith, M.C., 2002).

Jean Watson is a nursing theorist who has guided many nurses in their professional development [as nurses] by integrating the use of scientific beliefs and caring concepts in a holistic model of care. Originally developed in 1979, Watson's *Model of Human Care* focused on developing a nurse-patient relationship using guiding principles of CS. Since 1979, the model has undergone many changes and has evolved through the contribution of new information and scholarship into transpersonal caring science (TCS). Her work encompasses the influences of consciousness theory, quantum physics, noetic sciences, and transpersonal psychology among other caring science theories (Koloroutis, 2004). Watson's tenets of TCS acknowledges nurses' authentic intentionality and caring as having a higher frequency than non-caring energy, which opens connections to a universal field of consciousness and ability to access one's inner healer. Intentionality is communicated via the nurses' energetic patterns of consciousness, intentionality, and authentic presence culminating in a caring relationship. Caring-healing modalities are non-invasive, non-intrusive, natural-human, and encompass energetic environmental modalities. CS and TCS draw on multiple ways of knowing and being, and encompass ethical and relational caring. The theory utilizes intentional consciousness and energetic modalities including color, light, sound, visualization, etc. and promotes wholeness, healing, comfort and well-being (Watson, J. & Smith, M.C., 2002).

The elements of caring-healing consciousness shape the patient's healing experience. The patient experiences healing from the inside-out with the nurse facilitating these changes. Watson's framework incorporates the use of caring-healing consciousness as dominating over physical illness and treatment (Koloroutis, 2004). In her most recent works, Watson believes consciousness can be shared and new energy fields created contributing to the healing process by situating the spirit within a field of consciousness that is integral to all consciousness. The nurse moves beyond creating healing environments to becoming a healthy environment integrating intentional consciousness into the nurse-patient relationship which facilitates an environment for physical, emotional and spiritual healing (Falk-Rafael, 2000). This belief is supported in the physics research by da Silva Borges & Soares dos Santos (2013) who studied the interaction between caring and connection to the energetic field of the human body creating an environment of healing.

Florence Nightingale addresses the concept of internal and external environment by identifying how nurses ensure a healthy recovery environment for patients by citing temperature, humidity, and ventilation as important factors to be considered. "The nurse's job is to create an environment that does not tax the strength or vital power the patient needs for healing" (Libster, 2001, p. 133). Additionally, the nurse and his or her behaviors are a part of the patient's internal environment. *Nightingale's Notes on Nursing* identifies the nurse as "not just existing *in* the patient's environment; he can *be* a healing environment for the patient. If I am the healing environment for this client, how can I *be* a more healing environment?" (Libster, 2001, p. 133). As professional

caregivers, it is imperative nurses assist patients and themselves to create a balanced environment supportive of body, mind, and spirit (Libster, 2001).

Watson identifies interconnectedness as extending to health, healing, and survival of the earth and all of life (Koloroutis, 2004). Watson views humans as being in-the-world complete with mind-body-spirit that exists in harmony to the physical being. Illness results from disharmony and the potential for developing disease exists. Theory principles include the importance of the lived experience of the patient and the nurse coming together in caring moments that become part of their personhood, acknowledgement of mind-body-spirit as part of the wholeness of an individual based on a holistic paradigm, and nursing values that acknowledge knowing such as empirical, ethical, aesthetic and personal knowing (mētis).

In western society, the concept of harmony as contributing to illness is not as well understood as eluded to in Watson's theory. Illness is viewed from a scientific point of view without consideration for the spirit or soul of a person which may be fraught with strife. The concept of disharmony is uniquely understood when examined through an indigenous world viewpoint. The indigenous viewpoint of Native American and Hispanic cultures believe illness occurs when a person is not living in harmony with all aspects of self and nature (Avila & Parker, 1999). Western African medicine man Malidoma Some authored the book, *Of Water and the Spirit* which highlights quality of health as being connected to community. When an individual is not connected, disharmony occurs resulting in illness. His belief is "community serves as a link to an individual's sense of identity, meaning, and purpose" (Avila & Parker, 1999, p. 19). The aforementioned cultures believe "emotional, physical, and spiritual health depend on

healthy relationships with the ancestors” (Avila & Parker, 1999, p. 22). The indigenous viewpoint incorporates the use of traditional healing rituals and ceremonies as both health promoting and protective and associates illness with the presence of imbalance resulting in disease (Struthers, Eschiti, & Patchell, 2004). Similar to Watson’s theory, principles of indigenous health beliefs include tenets of interconnectedness, intertwining, and association with the spirit, mind, and emotions affecting balance and harmony which are integral to good health (Struthers et al., 2004). Through a Spanish interpreter, Doña Queta, a curandera and midwife in Oaxaca, Mexico illuminated the importance of community and spirituality which are integral to healing by describing the disconnect occurring in western society,

As individuals it is important to focus on the world. We are beings of light and all we visualize is to see the goodness, happiness in life. The more we start texting other people, we see people like objects and lose our relationship with one another. Values and respect are lost, and this contributes to loss of our souls.

There is sacredness in using natural medicine. It is my belief we create our own illnesses through living in a toxic world. God gave us a sacred body and we need to take care of it. (Queta, personal communication, November 4, 2015)

Integrating Watson’s carative processes into TCS theory guides nurses in developing a humanistic-altruistic system of values, faith-hope, and sensitivity of self and others. Establishing a helping-trusting relationship involves intentionality and consciousness, along with congruency in the nurse-patient relationship. Additional carative processes focus on assessing patient health priorities, needs, goals, planning and evaluating the effectiveness of the caring processes used (Falk-Rafael, 2000).

The theory of integral nursing developed by Barbara Dossey “enfolds the central core of concept of healing and provides theoretical contributions to the DNP project.

Integral theory embraces the individual as an energy field that is connected with the energy fields of all humanity and the world” (Dossey & Keegan, 2016, p. 23). Similar to Watson and to Nightingale, the presence of energy contributes to healing. The nurse *is* the healing environment for the patient and has the potential to affect the healing capacities of another human. Integral nursing theory challenges us as caregivers to enlarge our holistic understanding of body, mind, and spirit connections and our knowing, doing, and being more comprehensive at deeper levels (Dossey & Keegan, 2016). Integral nursing theory is founded on the premise of recognizing the wholeness of humanity with healing as a process inherent in all living things. The theory recognizes the nurse as an instrument in the healing process. Integral nursing theory lifts up the attributes of healing, the recognition of metaparadigm as a nurse theory—nurse, person, health and environment incorporating patterns of knowing. Healing is described as embracing individuals as energy fields connected to all of humanity and the world. The metaparadigm recognizes the relationship between the nurse, persons, health and the environment with healing at its core (Dossey & Keegan, 2016). Integral theory draws on Carper’s patterns of knowing by illuminating the use of personal knowing, empirical knowing, aesthetic knowing, ethical knowing, sociopolitical knowing, and not knowing which allows nurses to bring themselves “into the full expression of being present in the moment with self and other to integrate aesthetics with science and to develop the flow of ethical experience with thinking and acting” (Dossey & Keegan, 2016, p. 25).

The core values contained in the theory of integrality highlight the integration of the *art and science* of nursing. These core values of holistic nursing include: 1) holistic philosophy, theories, and ethics, 2) holistic caring process, 3) holistic communication, therapeutic healing environment, and cultural diversity, 4) holistic education and research, and 5) holistic self-reflection and self-care. Core values three and five are highlighted as important contributions advancing integration of self-care and use of rituals into a conceptual model of care supportive of nurse self-care and actualization of developing and integrating holism transcending into a deep and rich nurse:patient relationship (Dossey & Keegan, 2016).

Core value one: holistic philosophy, theories, and ethics focuses on the use of scientific foundations. Holistic nursing is grounded in the use of nursing theory. There is a focus on recognizing and honoring the individual as being the best authority on their personal health experience. Core value two: holistic caring process highlights the role of holistic nursing by focusing on interventions supportive of whole person care promoting “healing, peace, and comfort, and a subjective sense of well-being for the person” (Dossey & Keegan, 2016, p. 61). Core value three: holistic communication, therapeutic healing environment, and cultural diversity highlights the importance of holistic communication in the creation of a therapeutic healing environment integrating environment and cultural diversity. “This is deep listening.” “Holistic nurses realize that suffering, illness, and disease are natural components of the human condition and have the potential to teach us about ourselves, our relationships, and our universe. Every experience is valued for its meaning and lesson” (Dossey & Keegan, 2016, p. 64). Culture, beliefs, and values are identified as components of a holistic approach.

“Concepts of health and healing are based in culture and often influence people’s actions to promote, maintain, and restore health” (Dossey & Keegan, 2016, p. 65).

Core value four: holistic education and research focuses on knowledge of health care norms and practices reflective of formal and academic and continuing education. Holistic nurses help others to know themselves by accessing inner wisdom (*mētis*) to enhance personal self-growth, wholeness and well-being (Dossey & Keegan, 2016). Similarly, core value five: holistic self-reflection and self-care highlights self-reflection and self-care as integral components to the provision of providing client centered caring behaviors. Of particular importance is nurses valuing and mobilizing the necessary resources *to care for themselves*. “Holistic nurses honor their unique patterns and the development of the body, the psychosocial, and cultural self, the intellectual self, the energetic self, and the spiritual self. Nurses cannot facilitate healing unless they are in the process of healing themselves” (Dossey & Keegan, 2016, p. 66). Based on experience as a nurse with advanced practice nursing skills, an opportunity exists for this project to create an inclusive practice which incorporates indigenous and personal self-care rituals within the skills and abilities of professional nursing.

Opportunities exist for nurses to look at how they can purposefully reclaim the art of nursing as healers resulting in enhanced personal care of self, newborns and their parents at the hospital and the nursing community at large. There is opportunity to flourish in healing work as nurses. Nurses possessing transcultural nursing education have an opportunity to lead the way in assisting peers to identify how they can practice more holistically within a clinicalized hospital system using rituals as personal strategies towards whole health self-healing.

Nursing literature, with particular attention to nurse theorists Jean Watson, Florence Nightingale, and Barbara Dossey provide the foundation to identify and address the importance of practicing self-care as nurses as a means to be more fully present and attentive when engaged in patient care. Literature acknowledges the importance of higher education as an important tool in developing an understanding of the role self-care plays in the delivery of nursing care to others. Minimal research exists in literature as to how nurses develop and enhance personal self-care strategies by integrating the use of ritual and ceremony into their personal skill set.

The development of the conceptual model *Nurse as Healer* for use at a pediatric inner city hospital was developed to provide nurses with a model of care supportive of developing personal self-care strategies utilizing nursing theory, nursing science and the inclusion of supportive rituals to assist in reclaiming the sacredness in nursing and ultimately in the delivery of patient care.

Chapter two provides background for the project synthesizing literature supportive of concepts which are integral to the development of the conceptual model. The concepts of holism, sacred space, and nurse as healer are explored in greater detail.

CHAPTER TWO: LITERATURE SUPPORT

Nurses are faced with several challenges when caring for patients and their families in the midst of working within an organization driven by a medical model of care. Reviewing scholarly literature reveals there are opportunities for nurses to practice holistically as nurse healers using the affective constructs of self-awareness and self-care in the achievement of sacred space which is health promoting. Chapter two synthesizes multiple areas of professional literature addressing specific affective constructs of holism, sacred space, and nurse as healer through connections to prior scholarly work, integration of theoretical framework guiding related research and practice and wisdom shared by indigenous healers contributing to the development of *Nurse as Healer* conceptual model of care.

Holism

The worldview of a professional nurse determines how nurses perceive themselves and the world including their life, work, and the way they choose to interact with other people in their capacity as humans and as professional nurses. This worldview is influenced by family, cultural, societal, and community norms as well as the experiences, interactions and responses nurses have encountered in the world and the workplace. “The worldview acts as a filter-allowing us to see some things and keeping us from seeing others. Professionally, this has many implications” (Thornton, 2014, p. 18). In this medicalized society of the United States the biomedical viewpoint focuses on valuing the physical body with little to no recognition of a person’s mental, spiritual, and emotional feelings. The collective mind of U.S. society according to nursing theorist

Lucia Thornton is “embedded with the perception that who we are is our body” (Thornton, 2014, p. 18). La Pastora Gutiérrez, a curandera in Mexico, stressed the indigenous worldview is organic with practices and beliefs stemming from their belief in a divine power and the need for balance in body, mind and spirit. “The medicalization of birth, and dying has created fear” (P. Gutiérrez, personal communication, November, 2014).

Defining and practicing as nurses is challenging when employed within an institution utilizing a medical model of care. In nursing school, we are taught the nuances of whole person (holistic care) and the importance of bringing compassionate care to the healing process. As nurses, the metaparadigm of concern as described by Thornton (2014) includes the provision of care for the person, environment, and health and nursing. This viewpoint is further embraced by multiple nurse theorists who include the concept of holism as part of their theoretical models of care. These nursing theorists include Dossey’s model of integrality, Nightingale’s environmental theory, Erickson, Tomlin and Swain’s theory of modeling and role modeling (MRM), and Josepha Bacote-Campinha who believes transcultural care of patients is an integral part of holistic nursing care. Bacote-Campinha developed two conceptual models integrating transcultural care: the process of cultural competency in the delivery of healthcare services and a biblically-based model of cultural competency in the delivery of health care services. The second model is biblically-based and identifies interactions with patients as “sacred encounters” promoting the concept of holism.

The work and models created by Dossey, Nightingale, and Watson are integrated into a conceptual model of care identifying holism as a key concept in their theories

(Holistic Nursing-Nursing Theorists, n.d.). A unique perspective is offered by Martha Libster, a notable nurse expert on the historical and contemporary integration of botanical therapies and nursing care, in her development of an integrative model for holistic nurses' nature care. She surmises the development of therapeutic relationships is the focus of a holistic nursing practice that is integrative. She defines this type of relationship as "the creation of evolving, healing relationships with patients in which the nurse observes the patient's need for greater harmony and balance in their life" (Libster, 2012, p. 51). Her perspective is similar to the Zapotec and Mayan indigenous worldview citing harmony and balance as important for good health. When speaking to a small group of nurses, Zapotec curandera, Doña Queta, offered ancient wisdom "We are all healers, we all have the ability to offer self to others. It is important to know your own body and spirit and ask, what do I have to offer others. Do not be afraid to look inside" (Queta, personal communication, November 4, 2015).

The American Holistic Nurses Association (AHNA) position on holism states "all of one's physical, mental, emotional, spiritual and social conditions – not just physical symptoms – should be taken into account" (American Holistic Nurses Association (AHNA) & American Nurses Association (ANA) [AHNA & ANA], 2013, p. 1). Furthermore, holism involves identifying the "interrelationships in existence between a person's bio-psycho-social-spiritual dimension and recognizing the whole is greater than the sum of its parts. Holism involves understanding the individual as a unitary whole in mutual process with the environment" (AHNA & ANA, 2013, p. 1).

One of many definitions of holistic nursing includes the provision of "nursing practice that has healing the whole person as its goal" (Dossey & Keegan, 2016, p. 58).

In an interview with Horrigan (1999), Dossey identified the holistic caring process as a moral state in which the holistic nurse enters into a relationship with the whole of another person and significant beings by bringing his or her own self to the relationship thereby reinforcing connectedness in the moment. The philosophy and way of being as a nurse acknowledges the body, mind, and spirit of the patient as well as the nurse (Horrigan, 1999). Practicing holism invites nurses to “be present” with intention in the moment and not focus on other tasks or responsibilities. Dossey describes intentional care as “being focused, being with, and being there as much as possible in the moment, and consciously creating an image of the person’s spiritual essence and wholeness that is experienced as a sacred space of inner calm. It is also a volitional act of love” (Horrigan, 1999, p. 80). Doña Queta encourages nurses to examine their own souls and reflect on their personal physical, spiritual, and emotional health and offer respect to people entrusted in their care (Queta, personal communication, November 4, 2015).

Sacred Space

The concept of sacred space is evident in the theories of Watson, Dossey, and Nightingale. The caring science model of Jean Watson upholds the concept of sacred space when as nurses there exists an opportunity to “step into touching the life force energy, the mystery of the inner soul’s journey” (Watson, 2012, p. 92). She theorizes in her work with patients that the nurse is a co-partner with the patient in the “journey towards inner healing and unknowns and ambiguities and wonders that cannot be contained in conventional science cosmologies, traditions, nor worldview assumptions” (Watson, 2012, p. 92).

This view is supported by Quinn, as cited by Watson (2012), in identifying the nurse as holding sacred space by becoming the environment of healing. Quinn's conceptualization of healing environment draws on Nightingale's environmental theory which expounds on the impact of an unsanitary environment as contributing to illness as well as a means to healing in the right circumstances. The presence of fresh air, clean water, sanitary conditions with the inclusion of eating healthy food and hand washing are viewed as a means to obtain health. Nightingale's model of care emphasizes the role of nurses in providing these supports to patients by employing nurturing measures enhancing a patient's recovery. As one of the first recognized nursing theorists, integralist, and social advocate, Nightingale had a strong belief in the sacred and prayed to the divine who guided her practice as a nurse. Historically nurses utilized the healing powers of environment when caring for patients and became a part of the healing environment for patients in demonstrating these intentional acts of caring (Pfetscher, 2014).

Watson attributes her concept of sacred space to Quinn and Nightingale by inviting nurses to consider "the practitioner and their evolved caring consciousness, presence, intentionality, heart-centered foci, and so forth, as the environment" in a movement towards belonging and becoming the environment for patients (Watson, 2012, p. 94). The concept of creating sacred space is exemplified when nurses enter into a nurse:patient relationship where the consciousness of the nurse:patient is expanded and resonating in a higher level of "healing love frequency, and in which the client (patient) attunes to, resonates, to that frequency" (Watson, 2012, p. 95).

Dossey emulates the work of Watson and Nightingale by integrating the concept of inner and outer environment and sacred space into her Theory of Integrality. She describes sacred space as “a home for the spirit, providing rest, stillness, nature, and opportunities for opening to various connections” (Dossey & Keegan, 2016, p. 141). Her belief in the holistic paradigm integrates the components of body-mind-spirit and is rooted in the meaning of “whole” by defining healing as a spiritual process that permeates the wholeness of a person. The integration of spirit, mystery, love, suffering, hope, forgiveness, grace, prayer and peacemaking by the nurse are elements contributing to the creation of sacred space. When embraced, the nurse:patient relationship has the potential to transcend into a loving environment supportive of the nurse and patient in a space of mutuality and divine healing surpassing rationale or scientific explanation (Dossey & Keegan, 2016). Curandera Doña Queta illuminates the potential for creating sacred space by stating “La Luna brings great energy and blessings to relationships” (D. Queta, personal communication, November 4, 2015).

Dossey identifies the nurse as a powerful healing tool in the patient’s environment. This concept is explored in the conceptual *Nurse as Healer* model.

Nurse as Healer

The concept of Nurse as Healer is an enigma. It is grounded in the belief that nurses possess the ability to be a healing presence by entering into authentic relationships with patients and creating sacred space. The patient is the focus as nurses and each interaction is a divine encounter centered on healing. The nurse as healer becomes part of the energy field created between themselves and their patient. Holistic nurses identify

learning to shift consciousness as a vital skill to learn and recognize the importance of taking time to practice self-care (Dossey & Keegan, 2016).

Curandera La Pastora Gutiérrez offered an insightful definition into what it means to be a nurse healer when stating “A nurse healer means to be a vessel that is open to allowing God and the energy of the universe to channel through you and into another human being. Healing comes from within the person receiving healing and being open to believing they have the capacity to heal” (Gutiérrez, personal communication, November 2015).

Dossey explains the concept of nurse healers as facilitators of the process of healing as “completely unique and creative and may not be coerced, manipulated, or controlled even by the one healing” (Dossey & Keegan, 2016, p. 106). Dossey expounds further on this concept by identifying the causes of illness and cure as complex and multifaceted, and cannot be controlled by patients (Dossey & Keegan, 2016). “Nurses support the process of healing by being present, using healing intention, and doing what they believe is best during the patient encounter with an “indeterminate outcome” (Dossey & Keegan, 2016, p. 106). Energy intention at the bedside with patients is demonstrated by nurses in their presence, voice, eye contact, and touch during patient encounters (Dossey & Keegan, 2016).

A 2000-2001 hermeneutic phenomenological study conducted by Hemsley and Glass, utilizing Watson’s conceptual model, illuminated the themes of walking two worlds as contributory to nurse healer development. The characteristics of “belonging” and “connecting,” “being open to spirit,” “summoning,” “wounding,” and “experiencing a healing journey” were highlighted as contributing to the journey of evolving nurse

healers. The study drew on esoteric knowledge, insights and life experiences of nurses who self-identified as nurse healers. The theme of mysterious processes was identified as transformative by nurses and similarly described to the journey experienced by shamans from different cultures who journeyed into the underworld in pursuit of transformation to help their communities heal. Their study illuminated the essential role and attributes of healers as well as uncovered how being vulnerable as a nurse healer to negative energies affects the physical, spiritual, and psychological spirit of nurses with implications for patients if the nurse is unaware. Hemsley and Glass research highlights the “act of making visible that which by its subtle and tender nature has been held secret” (Hemsley & Glass, 2006, p. 260).

Curandera Doña Queta shared her insights into reclaiming the art of being a nurse healer during a visit to her home in November 2014.

Remember the simplicity in being a healer. It does not mean to be difficult.

Words get in the way. How we express love and live in community guides us as healers. It is important to know your own body and spirit and to know when you have nothing to give because of shifts in your own energy. We can hold a sacred space, a circle of love and compassion to become clearer in our own practices to help others. How are we caring for ourselves? It is important to look deep inside. As healers we may have our own illnesses of the soul. (Queta, personal communication, November 4, 2015)

Chapter three provides a description of the DNP project guided by the theoretical concepts of nursing theorist Jean Watson’s Caring Science (CS) and Transpersonal Caring Science (TCS), Florence Nightingale’s Environmental Theory, and

Barbara Dossey's Theory of Integrality. A discussion of how the project advanced nursing practice is described.

Chapter Three: Nurse as Healer

Description of the Project

This DNP project developed as a result of participating in learning and experiencing indigenous ways of being including the integration of rituals and ceremonies as self-care strategies for supporting health and promoting healing. A secondary project focus developed as strategies for practicing holistically as a neonatal nurse were illuminated by my Zapotec curandera teachers. This two-dimensional project incorporated the use and application of transcultural nursing skills at the bedside when challenged to care for a hospitalized patient experiencing complex medical needs from a Middle Eastern country at a Midwestern pediatric inner city hospital. The second part of the DNP project was profoundly impacted by the education during international immersion experiences which brought to life indigenous wisdom in the use of rituals and ceremonies for healing. The details of the DNP project will be explicated using nursing theory to guide project development. A discussion of how the project advances nursing practice will be included.

This project was guided by participation in graduate- and doctorate-level clinical nursing immersion classes hosted in Mexico, Guatemala, and Pine Ridge Indian Reservation in South Dakota. These classes occurred over seven years and were supplemented with personal visits to Guatemala and Pine Ridge to secure additional supportive information. During these visits, opportunities were provided to learn and experience healing rituals and traditional ways of being as a result of developing relationships with Mayan, Zapotec, and Lakota healers. Relationships were formed over many years providing soil rich with local (emic) expert knowledge for examining how

indigenous communities support personal and community health, the importance ritual plays in guiding nursing practice, and subsequent development of professional and personal relationships. The use of literature studies, reflection, journaling, and personal 1:1 visits with nurses practicing in a level II nursery at a pediatric inner city hospital and nurses practicing within the greater nursing community contributed to the project.

This project utilized intentional integration of wisdom shared by indigenous healers into a personal skill set as a means of continued self-care resulting in personal nursing practice changes lifting the importance of authenticity, loving-kindness and intentionality. Participation in ancient rituals, the development of personal self-care rituals, and the recognition of cultural rituals contributed to subtle behavior and nursing practice changes supportive of holistic nursing ideals. Personal transformation occurred as an advanced practice transcultural nurse leader. These behavior and practice changes were informally modeled for colleagues and were recognized and supported by the nurse manager of the unit in which these caring behaviors were applied.

Emic knowledge contributed to new learning while visiting Curandera Doña Queta at her home near Oaxaca, Mexico and staying with the women living at Vida Nueve weaving cooperative in Teotitlán del Valle, Mexico on multiple occasions. These day and overnight extended visits were for the purpose of studying, learning, and participating in rituals and ceremonies unique to their communities. La Pastora Gutiérrez and her mother Doña Sophia are trained as curanderas who serve as highly respected traditional healers in their community. A curandera is a “healer of the body, as well as restorer of faith in one’s own wisdom” (Alvarez Sesma, 2015, expression 1). La Pastora is a recognized leader within the larger community of women serving many roles such as

business manager in the weaving cooperative and liaison to the larger business community through creation of a marketing plan to sell artisan weavings. Doña Sophia is an expert in plant medicine and uses her gift of cooking to provide nourishing meals to support health and healing. All of the women in the cooperative are social justice advocates within their communities. The cooperative sponsors annual projects supportive of community needs including the planting of trees near the river so families have a shaded place to picnic, providing baskets of food for widows, and securing barrels for garbage collection to keep the community neat and clean.

These educational visits occurred during immersion clinical class experiences at Augsburg College. A cultural guide assisted with translation of Zapotec and Spanish language to English. During these visits, the concepts of holism, sacred space, nurse as healer, and importance of environment were explored with an emphasis on preventative and supportive health measures used by members of the Teotitlán del Valle community. Participation in experiential opportunities enhanced the meaning of using rituals and ceremonies to support and preserve health. Traditional rituals included experiencing group and individual *limpias*, a healing technique using sacred flowers and herbs. In some cases, *limpias* also includes an egg used in a scrubbing motion over the body whose purpose is to realign the body and soul to release illness in the form of trauma harbored deep within the body. The egg also absorbs negative energy within the body and removes it and is used, when broken into a glass of water, to give messages to the person about their life force and areas to be aware of. Massage and teas were used to release blocked energy channels and decrease stress. Energy healing and spirituality practices were stressed as important in preserving the soul. Sweating in a *Temascal* (sweat lodge)

offered a time for deep reflection and purification of the body. The daily rituals of market shopping while wearing traditional aprons and carrying a basket taught lessons on the importance of being in relationship with one another and taking time to have intentional interactions as a member of the community. Additional protective health strategies included daily walks to the cemetery to remember and honor deceased loved ones, visiting church to pray and ask for spiritual guidance, and being amongst nature. Showing appreciation for God's gift of nature was reflected in time spent hugging a tree, bathing in the river, and removing insects from newly sprouting apple trees. Nature and the importance of environment was honored as contributing to health. Visiting the community church to learn about the ringing of the bells and meeting the young bell ringers and their elderly mentors offered insight into the ritual of community work service. The simple act of providing time for daily rest and reflection was evident as was the closing ritual of massage followed by drinking a simple tea made of apples, hot water and cinnamon at the end of the day. The concepts of intentionality, mindfulness, and self-care were lifted up as important self-protective healing attributes. Elders in the community taught the importance of presence as they shared their inner wisdom. As DNP students, we were provided opportunities to give the gift of Reiki, an energy healing modality, to our indigenous teachers and co-create healing rituals embedded with rich knowledge.

The second part of this two-dimensional project included embracing primary nursing care for a complex infant patient in a level II nursery in addition to caring for assigned patients in the unit in need of nursing care after participating in learning, and experiencing indigenous healing rituals. The hospital was contacted by a contracting

company providing health services to Middle Eastern countries to provide nursing care for a family and infant whose country infrastructure did not offer the medical support needed to maximize the infant's capacities. Government agencies and the embassy wanted the family well cared for during their stay in the United States. According to the family, it is the practice in their country to support citizens and their medical needs by securing the necessary care resources, even if it means securing medical services in another country. The nursing staff at the hospital was ill prepared to care for the infant due to the cultural differences between the two countries. With the complexity of nursing care required, the infant was hospitalized for a period of six months before returning to his country. Due to my experience as a Master's prepared nurse in transcultural nursing, I was asked by the charge nurse if I would act as a primary nurse for the family. There were numerous cultural, religious, and communication differences present during hospitalization that were uncomfortable for nursing staff. The expectations by the family for their child required skillful navigation and communication to support their needs. In addition, nurses caring for the patient and his family required the fortitude to expend an enormous amount of cognitive, emotional, and physical energy to support an ambitious plan of care. Teekman (2007) as cited in Spence (2001) offers this explanation in regard to caring for culturally diverse families whose ethnicity and cultural beliefs may be different than the mainstream community of nurses

Nurses have much to offer patients from other cultures. Yet, they are only partially aware of the complex and contradictory nature of this undertaking. Their reflective thinking is action oriented and primarily focused at the microlevel.

Effort is directed at making sense of the situation at hand rather than recognizing the historical and cultural influences on practice. (Spence, 2001, p. 105)

After the consultation as an advanced practice transcultural nurse, the use of familial and cultural rituals was identified as playing important roles in the daily routine of the family and infant. The family valued and was open to westernized medicine; however, they felt strongly that the use of caring presence, spiritual intervention, and healing touch were just as important as the use of technology and medication. Giving the infant a bath was a sacred experience the mother relished providing with the support of nurses. These rituals were honored and supported as part of an integral nursing care plan focused on whole person caring supportive of the family. Identifying and integrating the components of whole person caring was challenging and yet provided an opportunity for nurses to reexamine their own nursing practice and challenge their own beliefs in how to provide compassionate care according to what the family desired while being culturally supportive. Demonstrating how to care creatively *is the art of nursing* as well as the science and beauty of integral nursing (Libster, 2001). The use of personal protective self-care strategies in the form of personal rituals was acknowledged and used by this writer as a means of securing energy to stay emotionally, physically, and spiritually healthy which supported nursing caring behaviors professionally. The ability to creatively problem solve situations that arose with patient care were creatively acknowledged and problem solved with the family through development of a dedicated nursing staff.

At times, effective communication was impeded by a language barrier despite the father speaking English as a second language due to the use of medical and nursing

terms. The use of a medical interpreter assisted with communication. Acting as a cultural broker was part of her skill set which helped in improved understanding for nurses providing care.

As a result of being a primary nurse for the patient, the ability to integrate ancient wisdom into a personal and professional skill set resulted in the provision of nursing care that was holistically supportive of the family's personal and cultural needs. Dossey & Keegan (2016) identify the importance of serving as active partners in the healing process; people are empowered when they take some control over their own lives, health, well-being, including personal choices and relationships.

Once the patient was stabilized and a continuing plan of care was developed for management at home, the infant and his family returned home to their country.

Theoretical Framework and Conceptual Model

The scholarship of integration refers to writings and concepts from nursing and other disciplines that advance transcultural leadership and advanced practice nursing by "creating new patterns and placing knowledge in a larger context, or illuminating data in a more meaningful way" (American Association of Colleges of Nursing, 1999).

The scholarship of integration is exemplified in the creation of a conceptual model of nursing care integrating the use of indigenous ritual and ceremony with nursing ritual as self-care strategies transforming the nurse:patient relationship. The model is further informed by nursing theory and concepts supporting advancement of the project as a doctoral candidate with a background in the lived experience of experiencing indigenous medicine.

Jean Watson's caring science (CS) and transpersonal caring science (TCS) model are used to guide process steps in the development of a conceptual model of nursing care that is supportive of integrating ritual and ceremony into personal and professional skill sets enhancing the development of a richer caring relationship between nurse and patient. The scholarship of integration is acknowledged as foundational to the model.

The model is further supported by the use of Florence Nightingale's contributing vision highlighting the important role environment plays in assisting patients to heal. She acknowledged how the nurse as part of the patient's internal environment is a contributing source of healing.

Barbara Dossey's integrality theory builds on tenets of Watson's caring Caritas and Nightingale's theoretical use of internal and external environment to embrace the unitary whole person with the complexity of the nursing profession and health care; to explore the four realities of an integral process and worldview and to expand nurses' capacities. Building upon Dossey's analysis that nursing and health care are stressful and fragmented with self-care a low priority for most nurses, Dossey and Keegan write, "As nurses integrate an integral process and integral worldview and use daily integral life practices, they will be healthy and model health more consistently and understand the complexities of healing. This will then enhance nurses' capacities for empowerment, leadership, and being change agents for a healthy world" (Dossey & Keegan, 2016, p. 22).

The DNP model *Nurse as Healer* utilizes tenets of caring theory manifested in the incorporation of caring caritas processes, integral nursing core values, and use of internal and external environmental processes.

The artistic expression of the model is illustrated through the joining of hands draped with a *rebozo*, which is a traditional Mexican shawl or scarf; a cactus in the shape of a heart with thorns symbolizing the challenges of relationships which may be prickly at times; and the presence of a sun symbolizing universal energy which connects us to the sun, moon, and universe in relationship to one another.

For the purpose of this project a *rebozo* was chosen as a metaphorical symbol of the intricate relationships that exist during patient, family, and nurse interactions. A *rebozo* is a traditional piece of material used by Mexican women measuring approximately four- to five-feet long made of colorful threads. The *rebozo* is used as a shawl, for carrying packages, and for repositioning of the baby during the time of a pregnant women's labor and delivery. According to Alvarez Sesma (2016), the *rebozo* resembles the art of curanderismo as the threads include a rich luminous weaving of ancestral traditions that heal the mind, body and soul. A metaphorical diagram of *rebozo* threads is used in the conceptual model of care to describe the interactions that take place on a daily basis between newborn patients, families, cultural communities, nurses and health care professionals during hospitalization. In all communities, interactions are inexplicably linked together, yet differ from one another depending on the circumstances that contribute or detract from interactions. Circumstances include the effects of assessing nurse presence in the form of intentionality, mindfulness, integration of body, mind, spirit, creation of sacred space, and cultural nuances in the development of holistic nurse:patient relationships.

Connecting themes, similar to a pathway, surround the cacti heart identifying core concepts of the model while integrating the constructs of caring, integral nursing core

values, and optimum healing environments. The pathway is continuous, similar to the process of developing and transforming as nurses in the healing of nursing spirit,

supporting the reclamation of healing the soul. Cultural safety and sensitivity using attributes of transcultural nursing are interwoven with integration of ritual and ceremony steeped in ancient wisdom.

The core of the model is the nurse and patient relationship culminating in holism, the embodiment of whole person caring. This is symbolized by the overlay of hands joined together in a hand grasp over the cacti heart. According to Barrera and Hockenberry (2007), aspects of caring embody the concept of atraumatic care and the development of a therapeutic relationship with patients. Atraumatic care is defined as “the provision of therapeutic care in settings, by personnel, and through the use of interventions that eliminate or minimize the psychological and physical distress experienced by children (in this project, newborn and infant babies) and families in the health care setting” (p. 14). Parents perceive caring as a sign of quality in nursing care and describe “personable care” as actions by the nurse that include acknowledging the parent’s presence, listening, making the parent feel comfortable in the hospital environment, involving the parent and infant in nursing care, showing interest in and concern for their welfare, communicating with them, and individualizing the plan of care. Parents perceive personable nursing care as being integral to establishing a positive relationship (p. 15). Jean Watson’s theory of human caring explains the relationship as evolving from the intentional use of self and “a consciousness directed at preserving the integrity of the person” (as cited in Falk-Rafael, 2000, p. 37). Human caring is based on

attributes of human values including kindness, concern, and love of self and others (as cited in Falk-Rafael, 2000, p. 37). Watson asserts in her theory

balanced sensitivity to one's own self is foundational to empathy. Sensitivity to self includes reflections on one's own thoughts, feelings, experiences in the clinical setting and development of one's own potential. It allows nurses to be fully present to the client, not hidden behind professional detachment...involves values clarification, regarding personal and cultural beliefs and behaviors such as racism, classism, sexism, ageism, and homophobia, among other things. (as cited in Falk-Rafael, 2000, p. 37)

The *Nurse as Healer* model is supported with the integration of collectiveness by nurses in committing to the development of personal self-care to enhance self-love and the use of nature which has been found to be associated with universal energy and grounding of self, according to indigenous wisdom. Nursing rituals already present in nursing culture and personal self-care rituals are identified and integrated into the model.

Rituals and ceremony serve as an overarching theme of the model, similar to this writer's experiences in Mexico, Guatemala, and Pine Ridge, SD. Nurses have the capacity to develop their own rituals which can be integrated as health protective strategies when provided with education and nurturing, and when the concept of self-care is supported and valued by their employers.

Universal energy is present in all that we do as nurses, symbolized by the sun in the model. The ability as nurses to transcend ourselves and experience the existing energies of the world allows us to move to a place of providing wholehearted focused care; in other words, the achievement of holism.

Implications for Advanced Nursing Practice

Introducing the conceptual model of reclaiming sacredness as nurse healers

contributes to the advancement of nursing using the scholarship of integration. This is achieved by combining elements of Watson's caring *caritas* processes with Nightingale's environmental theory for creating a healing environment and includes support from Dossey's core values on the role of self-care in creating holistic nurse:patient interactions. Self-care using rituals and ceremonies adds a new spiritual dimension allowing nurses to go deeper in a loving and caring relationship with themselves and with others. The ability to practice self-care in meaningful and intentional ways has the capacity to change how nurses make sense of nurse:patient interactions in a more profound way.

This DNP nursing project has impacted nurses at the hospital and in the community. As a result of sharing the *Nurse as healer* model with colleagues at the Midwestern hospital, there is new awareness and impetus by nurses to look at how they can better engage in becoming more fully present and actualized. This new awareness includes formal and informal conversations, nursing salons, education, and the conceptual development of a new online forum for discussion titled *Crucial (Caring) Conversations* where nurses can voice their concerns about their practice, share their thoughts on self-care strategies, and seek support from other nurses in developing rituals and ceremonies that are integral for reclaiming nursing practice. The nurse manager in the level II nursery initiated the use of the Intercultural Development Inventory (IDI), and the hospital began conversations regarding the values guiding our work as nurses and caregivers at the hospital. As a nurse with advanced practice skills with knowledge of

indigenous wisdom, this work also promotes my participation at a Holistic Tips & Traditional Wisdom workshop hosted by like-minded nurses on 12/15/2015. The goal of the workshop is to explore rituals used in winter for fostering care of self and the soul. Additional educational opportunities for nurses exist in future presentations about the use of ritual including the integration of Dossey's core process numbers three: holistic communication, therapeutic healing, and cultural diversity and five: holistic self-reflection and care at St. Catherine's University Holistic Conference. Nurses will be given an opportunity to participate in the development of a healing circle through their contribution of an element supportive of healing. Sigma Theta Tau is providing opportunity for nursing students and faculty to hear more about the healing work experienced during clinical immersion at Vida Nueva in Teotitlán del Valle, Mexico. These opportunities offer to nurses a new way to think about health and healing and how to reclaim our sacredness as nurse healers.

Opportunities exist for nurses to look at how they can purposefully reclaim the art of nursing as healers resulting in enhanced personal care of self, newborns and their parents at the hospital and the nursing community at large. We have an opportunity to flourish in our healing work as nurses provided we take the time to care for selves holistically. Nurses possessing transcultural nursing skills have a unique opportunity to lead the way in assisting peer nurses identify how they can practice more holistically within a medicalized hospital system.

Chapter four describes the evaluation process and offers a critical reflection of the project using literature to explicate findings.

CHAPTER FOUR: EVALUATION AND PERSONAL REFLECTION OF THE PRACTICE PROJECT

The culture and dynamics of providing nursing care at an inner city hospital is changing rapidly due to legislative efforts, re-designation of health care dollars, changes in federal, state, and local mandates, and evolving health care reimbursement models. As the population of the inner city becomes more diverse, the number of patients using medical assistance dollars has increased. Decreased reimbursement for hospital charges continue to negatively impact the inner city hospital where the *Nurse as Healer Model* will be implemented. The hospital is seeking ways to decrease cost and offer efficient programs that are supportive of positive patient incomes, many times at the expense of creating patient assignments for nurses based on the number of patients without addressing the acuity of patients. The business model has a prominent presence within the healthcare system.

Patient care when viewed through a medical lens is concerned with physical ailments seeking to treat medical diagnoses treated with diagnostic tests, procedures, surgery, and medication. These interventions are important for treating the physical body of a person and important for helping to improve individual health. The hospital system is driven by administrative and medical professionals looking for ways in which to move patients expediently toward recovery while working within a margin of profit.

Health care consumers are enamored by hospital environments offering skilled diagnosticians, physicians, surgeons, laboratory services, pharmacists, supportive therapies along with innovative amenities and nutritious tasteful food; yet it is the

embodiment of caring interactions by compassionate nurses in comfortable surroundings that patients seek and remember as important to their hospital stay.

The presence of skillful and culturally adept nurses has been identified as paramount to overall patient satisfaction. The use of satisfaction scorecards addressing the hospital experience plays a role in hospital reimbursement. Providing culturally responsive services in addition to providing an environment fostering healing has been identified as an important patient satisfier.

Patients and their families identify the important roles nurses play in their personal healing serving as protector, advocate, manager of pain, and guardian of antibiotic therapy. Nurses serve as compassionate caregivers for patients offering hope and presence during times of physical, emotional, and spiritual stress in the midst of crisis. As alluded to previously, it is the presence of a compassionate caregiver that most patients and families desire during hospitalization.

In a busy work environment, how is it possible for nurses to intentionally feel and demonstrate intentional caring actions to neonatal patients and families in the midst of caring for patients with multiple diagnoses, medication, treatments, and tasks needing completion? As cited earlier, although nurses identify self-care as important, seldom do nurses practice their own personal self-care contributing to professional burnout as compassionate caregivers.

Chapter four offers insight into how the effectiveness of the *Nurse as Healer* conceptual model can be evaluated while offering a critical reflection on the practice project.

Evaluation of the Project

Theoretical premises of the model include the integration of caring *caritas*, co-creation of a caring and healing environment, and the integration of self-care in the form of rituals and ceremonies. The concepts of holism, sacred space, and environment seeking reclamation in the role of nurse as healer are lifted up and synthesized as elements guiding nursing practice.

Central to relationship is the presence of caring in the development of a helping-trusting, human caring relationship. Jean Watson's theory of human becoming explains the relationship as evolving from an intentional use of self and a "consciousness directed at preserving the integrity of the person" (as cited in Falk-Rafael, 2000, p. 37). Human caring is based on the attributes of human values including "kindness, concern, and love of self and others" (as cited in Falk-Rafael, 2000, p. 37). Watson asserts in her theory

Balanced sensitivity to one's own self is foundational to empathy. Sensitivity to self includes reflections on one's own thoughts, feelings, experiences in the clinical setting and development of one's own potential. It allows the nurse to be fully present to the client, not hidden behind professional detachment...involves values clarification, regarding personal and cultural beliefs and behaviors such as racism, classism, sexism, ageism, and homophobia, among other things. (as cited in Falk-Rafael, 2000, p. 37)

Caring *caritas* includes the use of listening and intentionality when building helpful and trusting human caring relationships (Watson, as cited in Falk-Rafael, 2000). Nurses are aware their patients feel afraid, vulnerable, and confused in health care settings.

Co-creation of healing environments occurs when the patient and nurse come together and sacred space is created. The concept of sacred space is applicable to “both one’s inner being and to places in one’s environment” (Dossey & Keegan, 2016, p. 140). Sacred space is created when “intentionality brings awareness to the spirit in the setting” (Dossey & Keegan, 2016, p. 141).

Integrating rituals and ceremonies as self-care strategies into personal practice assists nurses in breaking away from everyday routines and busyness. Participation in rituals serve as symbolic gestures in developing sacred spaces allowing nurses to attend to personal reflection, identify inner needs, and achieve awareness of self. Rituals attend to the spirit of a person (Dossey & Keegan, 2016). Dossey identifies “anything done with awareness may serve as a ritual. Rituals provide a rich resource in caring for the spirit, and attending to rituals in one’s life can be an important aspect of self-care” (Dossey & Keegan, 2016, p. 159). Curandera La Pastora described the practice of rituals and ceremony as “ancestral medicine providing guidance and healing to inner-most feelings causing disease.” (Pastora, personal communication, October, 2008)

Evaluation Process

Four aspects of this DNP project will be discussed relative to the evaluation of the project. First, the outcome of the project included demonstrating advanced nursing practice knowledge to six nurse colleagues at an inner city hospital [with a specific patient and his family from the Middle Eastern country] who verbally acknowledged the importance of using self-care rituals and learning transcultural skills as contributing to their comfort when caring for a culturally diverse patient and his family. Despite the lack of using a formalized pre evaluative process in the unit where the project occurred, the

hospital wide employee satisfaction survey identified a large majority of hospital staff as wanting to increase their level of comfort when caring for cultural groups dissimilar from their own.

Second, as a follow-up to level II nurses voicing concerns in the unit regarding feeling unprepared to care for families of different ethnicities and culture, the Intercultural Development Inventory (IDI) tool was offered to 140 nurses in the nursing unit where the DNP project occurred. The IDI is an assessment tool which assists nurses to understand their worldview and comfort level when working alongside cultures different from their own. It is unknown as to the number of nurses who participated in this learning opportunity. The results of the IDI were reviewed by the nurse manager of the department [where the project took place], and the cross cultural department head. Education plans were made for discussion of future culture care topics with the department nursing unit council to be implemented in the year to come.

Third, The DNP project had the added component of sharing alternative practice modalities between curanderas in an indigenous community and doctorate nursing students which supported the development of cross-cultural professional relationship building as transcultural nurse leaders.

Finally, personal transformation occurred and advanced nursing practice changes as a result of learning and integrating self-care rituals.

Success in implementing the conceptual model at the hospital was assessed subjectively through identifying the potential for hospital neonatal level II nurse professional growth through informal nurse manager interviews with families, review

assessment of sick call frequency by nurses, and request for nurses to participate in the Intercultural Development Inventory (IDI).

Although interviews with families by the nurse manager offer an informal and subjective way of evaluating success of the model, conversations with families regarding their newborn's or infant's hospitalization reveal preferences of their patient care experience. Feedback from families guided the development of future educational opportunities supportive of patient-centered care, the nursing model used at the hospital. Feedback from families as well as nurses identified to the hospital the need to offer additional supportive transcultural education opportunities for staff along with reassessment of hospital values guiding practice for all departments. This DNP project was shared with the manager of the level II neonatal unit and cross cultural liaison director and resulted in one of many initiatives for exploring how the hospital could improve interactions between nurses, families, patients, and one another as caregivers.

Data collection of absenteeism reasons by nurses was difficult to obtain due to privacy policies of the Minnesota Nurses Association and hospital. However, the accessibility to informal conversations between nurses as to their reason for calling in sick is a known cultural practice in nursing units. Multiple nurses shared they had called in sick due to challenging patient assignments with complex cultural concerns. These nurses shared they felt emotionally fragile and did not feel they could support the patient and his family in the manner they knew the family deserved. However, once primary nursing was identified and informal care conference meetings were hosted, nursing staff were willing to accept the assignment on an intermittent basis to supplement primary nursing.

Self-reflection and journaling was used to assess the effectiveness of ritual and ceremony as a tenet of self-care contributing to personal nurse practice changes and development of creative holistic relationships supportive of body-mind-spirit nursing care. Although nursing tasks and busyness continued as a part of the daily routines on the unit, stress was subsequently decreased and tasks completed during sacred moments of mindful intent by focusing on the moment as a sacred encounter guided by Spirit. The nurse manager in the unit identified professional advanced nursing practice changes supportive of recognizing personal transformation and utilization of transcultural skills. These practice changes resulted in award recognition for this author as Neonatal Nurse of the Year by the March of Dimes 2014, Transcultural Nurse of the Year in 2014 at the hospital, and recognition by the Minnesota Nurses Association in 2015 in the area of social justice resulting in scholarship monies to continue formal DNP education.

Educational theorist Malcolm Knowles proposes that adults need to be involved in the planning and evaluation of their educational experience for determining learning activities. Adults are more interested in learning subjects that have relevance to their job or personal life and learning is problem-centered instead of content-oriented (TIP: Theories, n.d.). Although qualitative research may be perceived as soft data enhancing nursing best practice outcomes, this project illuminates the importance of approaching issues of concern by focusing on issues related to the workplace.

The ability to share a healing modality (reiki) with two curanderas and co-create a healing ritual between two different communities committed to health and healing supported the building of relationship between health and community. “Historical,

cultural, and community norms contribute to us as individuals living in community in how we define, promote, and treat health and illness” (Hollenbeck, 2013, para. 2).

Implementation of the conceptual model promotes an opportunity for nurses to assess their personal self-awareness and perceptions in addition to identifying potential barriers through the use of self-reflection, journaling, and discussion with colleagues as they assess changes to their nursing practice when integrating the use of self-care rituals into their personal skill set. Chrisman (2007) identifies the need for “feedback from coworkers as important because it increases opportunities for formal and informal reinforcement of appropriate professional behavior” (p.69S). Further evaluation will occur as the *Nurse as Healer* Model is more fully implemented across the hospital.

Personal Reflection

In a holistic paradigm, attending to personal suffering which may result in nurse burnout is a widespread challenge nurses are resistant to acknowledge. Dossey & Keegan (2014) interpret nurse burnout as “representing the inability to find ways to tend to the spirit as one suffers the suffering of another” (p. 142). For this project, the ability to look at new and creative ways of reclaiming the art of being a nurse healer has been personally illuminating and reinvigorating. The ability to embark on a path of utilizing a reflexive behavior skill, the use of rituals, common and familiar within nursing culture, and subtly integrate the use of indigenous rituals has taken my nursing practice to a new level of authenticity as a nursing professional.

In reflecting on the lived experience of reclaiming the art of nurse healer, there is a gradual process of enlightenment caused by subtle changes in thought patterns illuminating the presence or lack of energy in the midst of paying attention and being in

the moment. Due to the organic nature of how this project developed, it is hard to ascertain whether the project outcomes would be as positive or have the same impact on the patient, their family, and nursing staff at the hospital had the project been rigidly defined within the context of a hospital driven qualitative or quantitative research project.

I gained from this process the importance of being open to spirit and taking risks in allowing the unknown to unfold. The process of personal transformation as an advanced practice transcultural nurse leader has resulted in new ways of interacting with patients and families by honoring the interweaving of body, mind and spirit in the creation of sacred space.

Critical reflection provides an opportunity to look at the ‘what ifs’ in learning by executing a DNP project supportive of advancing nursing practice. In reflecting on what I would do differently if I were to organize and complete the project a second time, I have two thoughts. The first is the need for increased rigor in the project and how this could be accomplished. The second is to explore my curiosity from a transcultural nurse leader perspective as to the extent nurses need to suffer before looking to make changes within their own personal and professional life. What is the tipping point for nurses? Can nurses identify for themselves at what point their self-care becomes detrimental to their professional self? This second question will be acknowledged in part five of the project paper.

I feel the use of project rigor could be applied in more tangible, objective, and measurable ways. In retrospect, developing a scholarly foundation by starting with a PICO research question may have allowed for further development of the project prior to examining the use of rituals and ceremonies as self-care strategies and guided the

development of objective measurable results. The acronym PICO stands for P: population, problem, patient, I: intervention, C: comparison, O: outcome. The question I would have asked is, “Do neonatal nurses self-identify themselves as nurse healers in comparison to nurses who self-identify themselves as nurses who do healing work?” The question merits more thought as many nurses identify themselves as “just nurses” without further identification of their important role as contributors to healing. In a literature review serving as a foundation of a qualitative study by Jackson (2004), the review found “Nurses do healing work, yet most nurses have not formally been socialized to view themselves as healers” (p. 68).

It is my opinion, the use of PICO research and literature support may have guided my direction proactively instead of as the project unfolded to support in furthering the development of rigor as a DNP project. It may have been helpful to know whether nurses who do healing work claim their healing role as nurses. It may have been helpful to host talking circles with nurses by providing an opportunity to talk about the work they do as nurses and ascertain their thoughts on their role in healing and self-care as well as how nurses could improve supporting one another when in the midst of challenging patient care situations. I wonder if nurses at the hospital recognize or value how creation of sacred space, holism, and use of the environment contribute to health and healing? The use of a PICO question may have helped me to more narrowly focus on defining the direction of the project in supporting the family of the young patient by addressing barriers to providing care. While this may seem an oxymoron to my prior belief that the project results unfolded positively due to the organic nature of the development of the project, the importance of identifying rigor in part two of the project is limited to a single

nursing unit in an inner city hospital based on subjective reporting by nurses and cannot be applied to all nursing units.

Chapter four described the evaluation process used for this DNP project and offered a personal reflection on the practice project. Chapter five discusses implications for advancing nursing practice supporting the art of nursing as nurse healers and discusses opportunities for future research, application, and expansion of the project.

CHAPTER 5: Implications, Plans for Future, and Conclusion

A review of scholarly literature reveals integrating the use of self-care rituals into nursing practice and education is a complex issue. Although nursing practice relies on the use of rituals when caring for patients, according to literature studies on the use of rituals is not recognized nor embraced as a viable self-care strategy for nurses. The concept of creating holistic environments for nurses to work in and to deliver whole (holistic) patient care has been identified as an important quality of healthy work environments (Weber, 2007). The concept of nurse healer “has started to emerge in literature over the past 25 years” (Jackson, 2004, p. 79). Chapter four posed the questions of rigor as a project and what could be done to quantify the importance of the project by suggesting use of PICO as a foundation for project development.

This project illuminates how the use of self-care, in the form of rituals and ceremonies, assists nurses in caring for themselves so they in turn can provide loving nursing care for patients by creating an environment of sacred space supportive of healing. The development of the conceptual model of care *Nurse as Healer* provides an opportunity for nurses to imagine and reclaim their own inner healing as professionals despite working in healthcare systems primarily concerned with illness and disease (Thornton, 2014).

Chapter five identifies implications for use of the conceptual model, provides next steps for the future, and concludes with the challenge for nurse professionals to reclaim their own inner nurse healer capacities in their work.

Nursing Implications

The conceptual model *Nurse as Healer* draws on the integration of nursing theoretical tenets embedded in Jean Watson, Florence Nightingale, and Barbara Dossey theoretical models of care. The core of the model focuses on holism, or the creation of whole person caring embracing a nurse:patient relationship where spirit, mind, and body are intertwined together in supporting health and healing. The creation of sacred space is acknowledged as important to the relationship.

Literature studies identify the struggles faced by nurses when caring for patients, the challenges associated with recognizing the value of self-care as a strategy for supporting personal and professional health, and the impact of medicalization on nurses' work. Quinn as cited in Jackson (2004) has gone as far as to view "nurses as an endangered species who reflect the toxicity of the healthcare environment which affects those who work in the environment as well as those in need of care" (p. 67). The concepts of emotional intelligence, nurse leadership authority, and use of a business paradigm all contribute as factors for consideration as barriers to holistic healing environments (Weber, 2007).

Nursing theorists Watson, Dossey, and Nightingale identify in their theories the importance of integrating caring, holism, and fostering an environment promoting healing when caring for patients. All three theorists identify the professional challenges of being a nurse and the necessity of practicing self-care. As discussed in chapter one which bears repeating, Watson identifies the important role of self-care in relationship to care of the patient stating "As a beginning we have to learn how to offer caring love, forgiveness, compassion, and mercy to ourselves before we can offer authentic caring, tenderness,

compassion, love, and dignity to others” (Watson, n.d., expression 1). The model supports nurses in reclaiming the importance of practicing self-care in their own lives as professional caregivers by offering hope through holism of self and in turn, reclaiming patient care so nurses do not become an endangered species.

Nursing implications imply consequence to using an intervention to evoke change. The *Nurse as Healer* project resulting in a conceptual model of care offers an opportunity for nurses to visualize, create, and manifest their own personal self-care practices by offering the use of ritual and ceremony as contributory healing modalities for consideration. The project integrates theoretical premises supportive of patient-centered and nurse-centered healing resulting in the creation of sacred space supportive of whole person or holistic care. An opportunity exists for nurses to reclaim their hope as nurse healers by suggesting physical, emotional, and spiritual ways using rituals and ceremonies to transcend to a new level of professional practice. As transcultural nurse leaders, the ability to work alongside and accompany patients and families of different ethnicities and cultures during hospitalization is supported when nurses are open and receptive to cultural worldviews which may include the use of historical cultural practices supporting health. This may include the inclusion of using extended family as primary caregivers, food and herbs, cultural totems, rituals, and relying on ancestral magic or prayers to the divine. The challenge for nurses is their own intrinsic desire to recognize their own weariness as professional caregivers and identify the need to make a change for their personal health, the health of patients, and the nursing profession.

Future Plans and Next Steps

As a result of sharing this work with colleagues, there is a new awareness and impetus by nurses to look at how they can engage in becoming more fully present and actualized at the bedside as they provide nursing care to patients and families as a result of implementing their own self-care routines, including the development of new rituals. This awareness includes written contributions to the ongoing development of a new online forum for discussion titled Crucial (Caring) Conversations where nurses can voice their concerns about their practice, share their thoughts on self-care strategies, and seek support from other nurses in developing rituals and ceremonies that are integral for reclaiming nursing practice. The nurse manager in the level II nursery initiated the use of the Intercultural Development Inventory (IDI) and the hospital began conversations regarding the values guiding our work as nurses and caregivers at the hospital. This work supports my participation as a nurse with advanced practice nursing skills with knowledge of indigenous wisdom at a Holistic Tips & Traditional Wisdom workshop on 12/15/2015. The goal of the workshop was to explore rituals used in winter for fostering care of self and the soul. Additional opportunities for nurses exist in upcoming presentations about the use of ritual, the integration of Dossey's core process numbers three and five at the St. Kate's Holistic Conference. At the conference, nurses have the opportunity to participate in the development of a healing circle through their contribution of an element supportive of healing. Sigma Theta Tau is offering an opportunity for nursing students and faculty to hear more about the healing work experienced during clinical immersion at Vida Nueva in Teotitlán del Valle, Mexico.

These opportunities offer to nurses a new way to think about health and healing and how to reclaim our sacredness as nurse healers. *

Plans for the future include the acceptance of the *Nurse as Healer* project abstract for poster presentation at the 42nd Annual Transcultural Nursing Society Conference: Transforming Transcultural Health Care Delivery Through Discovery, Innovation, and Action to be hosted in Cincinnati, Ohio. Additional consideration for presentation includes acceptance of an abstract for presentation at the 4th International Global Network of Public Health Nursing Conference hosted in Billund, Denmark in September 2016.

As a doctoral-level nursing project, additional next steps include sharing this work with nursing colleagues as opportunities are presented. The project is in its infancy and opportunities exist to pursue additional research at the post-doctorate level. As mentioned in chapter four, additional research exists to explore the question whether nurses can identify for themselves at which point their personal self-care becomes detrimental to their professional self. Post-doctoral research along the lines of answering this question would be of benefit to the greater community of nurses seeking to ascribe meaning to careers fraught with frustration.

Conclusion and Challenge to Nurse Colleagues

Nurses are continually challenged to find new and meaningful ways in which to make sense of their work as nurses in the provision of quality nursing care when caring for hospitalized patients. The ultimate goal as nurses is to identify how to reconcile finding and ascribing meaning to nursing practice. This goal can be accomplished through new learning. New learning is a continual lifelong process filled with formal and

informal learning opportunities to learn creatively, compassionately drawing on using *mētis* (wisdom). It is important to pursue and study subjects of passion close to our hearts.

For this project, my passion was to seek personal transformation as a transcultural nurse leader [working in a neonatal level II nursery at an inner city hospital] by studying and integrating the use of rituals and ceremonies into my personal skill set based on observations of nurse fatigue within myself and my colleagues. This fatigue was resulting in negative effects in patient care. It was becoming increasingly challenging to find meaning in going to work in a medicalized hospital system. This recognition also brought the realities of continuing to work within a system that does not value nurse self-care as evidenced by short staffing, patient care complaints, and infrequent breaks. An opportunity to evoke change can be done intra-personally and through role modeling as well as through organizationally-planned change. The creation of a project focused on reclaiming the art of nursing resulted in the design and conceptualization of *Nurse as Healer* model.

The opportunity to watch, listen, and learn from indigenous nurse healers (*curanderas*) offered a new worldview lens into the use of traditional healing patterns of care used throughout the years. While this two-dimensional project offered a window into the use of ancient healing modalities used in indigenous communities that most nurses would not have an opportunity to learn, new learning was evident in realizing nurses could look to create their own personal rituals of self-healing. The use of rituals which is not unfamiliar to nursing practice could be integrated into their lives with the same transformative effects because the use of ritual is grounded in the use of intent. The

use of intent when combined with the mystical creates new ways of supporting nurses in their intrinsic desire to find and reclaim sacredness in nursing practice.

As a result of participating in outreach immersion experiences, the continued use of ancient wisdom in the form of rituals and ceremonies as cornerstones of health and healing in indigenous communities are recognized as valuable to health of the communities.

This project paper guides understanding of the background of the project *Nurse as Healer* by identifying the significance of the project, nursing theoretical framework, and review of supportive professional literature. A summary of the scholarly project is provided in addition to a critical and personal critique of the project. Conclusions, implications, and plans for the future are discussed.

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APPENDIX A: NURSE AS HEALER MODEL OF CARE



APPENDIX B: DNP PRESENTATION TO PEERS

RECLAIMING OUR SACREDNESS AS NURSE HEALERS

Lani Hollenbeck
Augsburg College



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LIKE A BEAUTIFUL REBOZO "Curanderismo is a luminous weaving of ancestral traditions that help heal body, mind, emotions & spirit" - Grace Alvarez Sesma

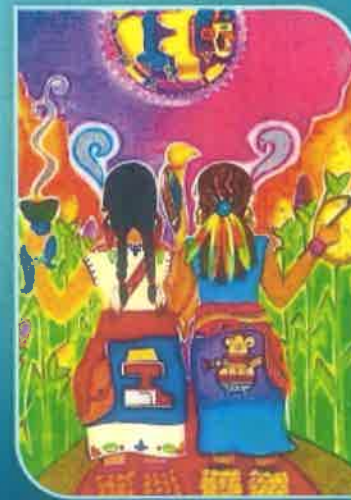
DEDICATION

This project is dedicated to Katherine Baumgartner, a beautiful soul and mentor

I am thankful to Pastora and the women living in Vida Nueva in Teotitlán Del Valle in Oaxaca, Mexico

To my nurse sisterhood, thank you for traveling this journey together

Thank You!



PRESENTATION OBJECTIVES

- Define holistic nursing, nurse healer, sacred space, ritual, and curandera
- Describe the context of the DNP project and the development of a conceptual model
- Relate nursing theory for development of model
- Describe strategies to reclaim sacredness in nursing practice
- Share an artistic expression of myself as a nurse healer

“In the heart of every caregiver is a knowing that we are all connected. As I do for you, I do for me.”

-Tia Walker



CONCEPT DEFINITIONS

Holistic Nursing: Nursing practice that has healing the whole person as its goal by honoring the interconnectedness of self to others to optimize health, wellness, and healing (Mariano, 2016).

Nurse Healer: Nurses who are instruments in the healing process of another individual (Luck & Dossey, 2016).

CONCEPT DEFINITIONS

Sacred Space: Describes one's inner being and relationship in one's environment (Burkhardt & Hogg-Jacobson, 2014).

Healing: Joining the metaphysical with the physical by calling spirit into our lives (personal definition).



Vida Nueve Women's Cooperative

LA PASTORA AND HER ARTISTIC EXPRESSION "WALKING IN TWO WORLDS" -2008



Curandera: Folk healer who believes illness stems from natural and spiritual causes

CONTEXT & BACKGROUND OF THE PROJECT

Issues:

- do healing work
- deliver care within a medicalized biomedical model
- identify self-care as important, but do not integrate into practice
- do not attend to their own personal suffering
- practice ritualistically



TRADITIONAL VERSUS WESTERN HEALING

- Foundational principles are different
- Culture affects how we think about wellness
- Old approaches to healing can be combined with new biomedical approaches to create wellness
- Integration of old wisdom is used to develop contemporary knowledge



COMMUNITY, ANCIENT WISDOM, RITUALS



RITUALS AND CEREMONY



Ancient wisdom
Curanderismo
Naturalistic approach
Use of earth elements,
universal energy, and the
divine



REMEMBERING OUR ANCESTORS



PROJECT

Part one: Personal Learning

- Observe, learn, experience indigenous healing rituals
- Watch, experience, learn the magic
- Incorporate, create, use rituals



DNP PROJECT

Part Two: Integration

- Modeled transcultural clinical practice changes in inner city neonatal unit caring for a complex infant from a middle eastern country.
- Utilized "new ways of being"



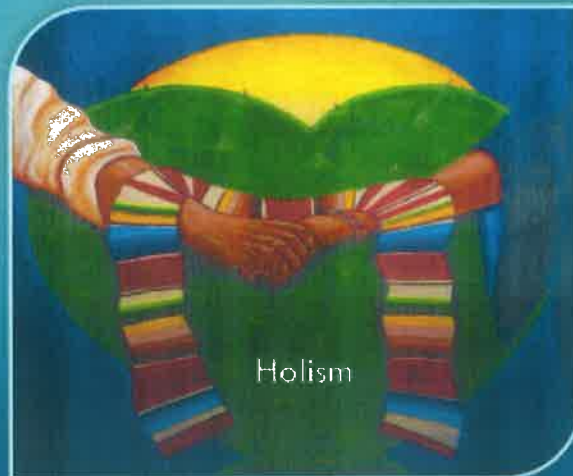
NURSE AS HEALER

Nursing Science
and Nursing Art

Cultural

Cultural
Safety and
Sensitivity

Nursing Rituals



Holism

Self-care
Strategies

Ancient Wisdom

Environment

Sacred Space

GUIDING NURSE THEORISTS



Dr. Barbara Dossey | Dr. Jean Watson | Florence Nightingale

RECLAIMING SACRED SPACE USING THEORETICAL PROCESSES

Holistic paradigm

- Integral nursing
- Caring Caritas
- Optimal healing environments



INTEGRATION

- Holism
- Sacred Space
- Inner and outer environment



HOLISM



SACRED SPACE



INTERNAL AND EXTERNAL ENVIRONMENT



INTEGRATING PERSONAL AND PROFESSIONAL TRANSFORMATION



NURSE AS HEALER



NURSE HEALER STRATEGIES

- Facilitates another person's growth towards wholeness-body-mind-spirit
- Nurse healers use personal, clinical, educational, and research strategies
- Integral worldview includes strengthening our own capacities



EVIDENCE OF SCHOLARSHIP

2014 project accepted for presentation:

- Sigma Theta Tau Chi Chapter-At-Large, Mpls. MN
- Holistic Health Conference, Weaving Ourselves Whole, St. Paul, MN
- International Public Health Conference, Denmark



42nd Annual Transcultural Nursing Conference

2014 Mpls. St. Paul Magazine, Children's Health, Nurse of the Year

2014 Children's Hospital Nurse of the Year (Cultural Caring)

2014 March of Dimes Neonatal Nurse of the Year

2015 Sarah Calvin Social Justice ANNA Scholarship Award



WHAT CAN NURSES DO TO RECLAIM SACREDNESS AS NURSE HEALERS?

- Nursing is a profession steeped in rituals
- Indigenous communities use rituals and ceremonies as self protective health and healing strategies
- Nurse healers understand importance of creating healing environments, exploring personal meanings, and seek opportunities to *integrate* healing modalities into practice



ODE TO SACRED NURSE HEALERS

To pray you open your
whole self To sky, to earth,
to sun, to moon To one whole
voice that is you And know
there is more That you can't
see, can't hear..."

- Joy Harjo
www.joyharjo.com



ARTISTIC EXPRESSIONS

- Slide eighteen: Edo Ojeda of Osmojede: Reading Cuzco \$100 Price for 3 questions
- Slide nineteen: Painting by [Luis Lora](#), Painting by Alicia Acuña de Ferriz, [http://www.luisloral.com/](#)
- Slide twenty: Snake Photography by Lori Hultquist
- Slide twenty one: Painting by Rick Ortega, [http://www.rickortega.com](#)
- Slide twenty two, expression one: Art by Paola Hicho Gomez (Maya, Guatemala), courtesy of [www.mayaart.com](#)
- Slide twenty two, expression two: Art/Imagem: Balsa Kuchikolá © Diego Ruiz Hernandez (Maya, Guatemala), courtesy of [www.mayaart.com](#)
- Slide twenty three, expression one: Let Your Heart Flow by Jade Lewis Art
- Slide twenty three, expression two: Art by Paola Hicho Gomez: Cántico a la Naturaleza
- Slide twenty four: Art by Alina Newton
- Slide twenty five: Grandfather Sun by Leah Doron (Maya)
- Slide twenty six: Art by Paola Hicho Gomez, (Maya, Guatemala) Courtesy of Arle Maya
- Slide twenty seven, expression two: Painting via Arte Indígena
- Slide twenty, expression two: Cerecinta Maya, by Maité González
- Slide twenty eight: Greeting the Sun, Art by Kiki Bander
- Slide twenty nine: I am a Nurse Healer painted by Lori Bosta, Ramsey, Minnesota

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