

Pilot Study: Improving Patient Outcomes with Healing Touch

Kimberly Hendricks, Kelley F. Wallace

Healing Touch therapies use a practitioner's intentional placement of hands to influence the patient's energy fields to promote self-healing. In the changing climate of health care, in which the patient experience increasingly drives reimbursements, it is vital to find unique and meaningful ways beyond traditional medical therapies to ensure positive patient experiences. To that end, our peritoneal dialysis clinic staff adopted Jean Watson's theoretical framework, by which patients are treated as whole unique individuals with a "multidimensional system of energy, with a consciousness that can be affected by another to promote well-being." In a rapidly growing urban clinic of more than 100 patients, our nurses identified the need to provide more ways to improve patient care.

Staff were educated on ways to set positive intentions for patient contacts and to incorporate patient narratives into contact. Optional daily prayer was initiated, and patients were invited to attend a new support group for peritoneal dialysis patients and their families. In addition, a preliminary pilot provided Healing Touch treatments to interested patients. That pilot was associated with improvement in 4 of 5 measured categories. Fatigue and pain decreased by 46% and 68% respectively. Stress and anxiety fell by 49%, and a large drop of 84% in depression was observed. Nausea was unchanged.

Key words

Healing Touch, holistic therapy, Jean Watson

Introduction

In 2014, the U.S. Renal Data System reported that end-stage renal disease beneficiaries, although constituting less than 1% of the Medicare population, were responsible for more than \$32.8 billion in spending—roughly

7.2% of Medicare fee-for-service spending (1). That observation came at a time when MedPAC projects hospitals were expecting an average 9% decrease in the margin on Medicare business (2). With the passage of the Patient Protection and Affordable Care Act of 2010, value-based purchasing now includes quality scores based on Hospital Consumer Assessment of Healthcare Providers and Systems surveys, among other measures, for the calculation of payments. Up to 30% of the score weighting is based on the Patient Experience of Care (3).

In a chronic peritoneal dialysis (PD) patient, medical management might be sufficient to control volume status, azotemia, and electrolyte imbalances to prolong the patient's life. However, ensuring positive experiences and quality of life when a patient is faced with a chronic illness is more complex. To that end, our clinic initiated a holistic care approach based on Jean Watson's Transpersonal Caring Model to combat issues of fatigue, pain, stress and anxiety, and depression, all of which might be more difficult to manage through traditional medical channels. Although the approach was multi-pronged, the most significant change was the offer of Healing Touch (HT) therapy, which recognizes the body as a complex energy system that can be improved through "use of intention and the placement of hands in specific sequences either above or on the body" (4,5). A 10-session pilot study evaluated the results of this new therapy offering.

Methods

We enlisted the services of a level 5 HT practitioner to provide treatments to patients on an as-needed basis, and 6 patients received sessions over the course of the pilot. Previously, HT practitioners have found that HT therapy promotes pain relief, reduces anxiety, and improves relaxation (6). Our practitioner broadened the scope to also include fatigue, depression, and nausea, which are common complaints in the chronic PD population.

Each HT session lasted approximately 30 – 45 minutes, using focused meditative intention and a series of hand positions and movements on and around the patient to create deep relaxation of mind, body, and spirit. Treatments were performed in a designated space with a therapeutic milieu intended to promote relaxation and focus. Calming music was incorporated, as was dimmed lighting and a comfortable treatment table.

In addition to undergoing measurement of vital signs, participants completed a simple Likert-scale survey to quantify changes in the target categories of fatigue, stress and anxiety, pain, depression, and nausea before and after treatment (Figure 1). It should be noted that the present study is limited to qualitative patient-reported data. An investigation into physiologic changes in the participants after HT treatments was not conducted.

Results

Patients reported little to no effect on nausea, and thus we will no longer use HT to pursue improvement in that area. The largest improvements found were an

84% reduction in depression, followed by a 68% reduction in pain. Stress and anxiety were reduced by 49%, and fatigue, by 46% (Table I).

Discussion and conclusions

Although garnered from a small pilot study, the resulting data suggest promising uses for HT therapy in the chronic PD population. Developing a regular protocol for our patients suffering from pain, stress and anxiety, fatigue, and depression could potentially provide significant benefits to an at-risk population. Although the present study is the first that we are aware of in the PD population, other studies using HT in other populations have shown improvements in patient well-being. Wardell and Weymouth reviewed other disciplines that have previously incorporated HT, and found a variety of applications for HT, from surgical recovery and pain relief, to improvement in mood and reduction in adverse outcomes (4). Additionally, a literature review reported similar qualitative improvements in cancer patients with treatment-related symptoms such as nausea, fatigue, and pain (7).

Mancuso Home Program: Healing Touch Pre-Treatment Evaluation

Date: _____ Name: _____
 Nurse: _____ Duration of the session: _____
 Vitals: BP _____ HR _____ Resp. _____ Temp _____
 Please circle a number next to each symptom to indicate how much it bothers patient now, from 0 (not at all) to 10 (extremely), please circle patients chief complaint.

	Not at all					Bothersome					Extremely				
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Pain	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Fatigue	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Stress/Anxiety	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Nausea	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Depression	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14

If patient has some other problem, please state below and circle how much it bothers the patient.

Other	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
-------	---	---	---	---	---	---	---	---	---	---	----	----	----	----	----

FIGURE 1 Before-treatment assessment tool. Adapted from Greenwich Hospital Integrative Medicine Program, Yale–New Haven Health Systems pilot study, 2006.

TABLE 1 Patient-reported improvement after Healing Touch treatments

<i>Symptom</i>	<i>Before assessment</i>	<i>After assessment</i>	<i>Improvement (%)</i>	<i>p Value</i>
Fatigue	5.86	3.14	46	0.0028
Pain	7.40	2.40	68	0.015
Stress or anxiety	7.80	4.00	49	0.0058
Depression	6.25	1.00	84	0.0018

These published findings warrant deeper investigation to determine whether such changes can improve patient outcomes on a broader level, and whether the patient experience can influence metrics such as hospitalizations, kidney disease quality-of-life indicators, and more. Plans for growth of HT therapy include training of additional nursing staff in the techniques, expansion of the therapeutic space designated for patient treatment rooms, and more robust education of patients, family members, and staff to understand how HT therapies augment and supplement the traditional medical therapies currently in practice.

Disclosures

We understand that *Advances in Peritoneal Dialysis* requires disclosure of any conflicts of interest, and we declare that we have no conflicts to disclose.

References

- 1 United States, Centers for Medicare and Medicaid Services (CMS). Comprehensive ESRD Care Model [Web page]. Baltimore, MD: CMS; 2017. [Available at: <https://innovation.cms.gov/initiatives/Comprehensive-ESRD-care>; accessed March 1, 2017]
- 2 Advisory Board. Hospital Medicare margins are projected to drop—big time [Web article]. Washington, D.C.: The Advisory Board Company; 2016. [Available at: <https://www.advisory.com/daily-briefing/2016/05/02/medicare-margins-projected-to-decrease>; accessed March 1, 2017]
- 3 United States, Centers for Medicare and Medicaid Services (CMS). HCAHPS: Patients' Perspectives of Care Survey [Web page]. Baltimore, MD: CMS; n.d. [Available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalHCAHPS.html>; accessed March 1, 2017]
- 4 Wardell DW, Weymouth KF. Review of studies of Healing Touch. *J Nurs Scholarsh* 2004;36:147–54.
- 5 Swengros D, Herbst AM, Friesen MA, Mangione L, Anderson JG. Promoting caring-healing relationships: bringing healing touch to the bedside in a multihospital health system. *Holist Nurs Pract* 2014;28:370–5.
- 6 Umbreit A. Therapeutic touch: energy-based healing. *Creat Nurs* 1997;3:6–7.
- 7 Gonella S, Garrino L, Dimonte V. Biofield therapies and cancer-related symptoms: a review. *Clin J Oncol Nurs* 2014;18:568–76.

Corresponding author:

Kimberly Hendricks, RN BSN LSS-BB BC-HTP,
Fresenius Baton Rouge Home Program,
4848 Mancuso Lane, Suite B, Baton Rouge,
Louisiana 70809 U.S.A.

E-mail:

kimberly.hendricks@fmc-na.com