PROMOTING HOLISTIC HEALTH GLOBALLY

Dr. Theresa Cheong

CICIAMS Asian Regional President; VP Catholic Nurses Guild, Singapore
1. Scope: **Global Mandate**
2. What is **Holistic Health**?
   - At the individual level: 8 dimensions of Wellness
3. How to **Promote** Holistic Health & Well-being
   - Careful Nursing: Irish Sisters & F. Nightingale
   - Holistic Nursing
4. Tools
   - Spirituality, Mindfulness & Self-Compassion
PART 1: HOLISTIC HEALTH GLOBALLY

➢ “Health” as defined by the UN agency, WHO

Mandate: “Health for All” by year 2000

➢ Key to social & economic development

➢ Multiple sectors outside health sector

➢ Individual & community levels
GLOBAL MANDATE: 1945 UNITED NATIONS

• Most powerful intergovernmental agency
• Original mandate: Post-WWII Peacekeeping
• World Health Organization, WHO - Specialized agency under UN
• Important milestone in global health: 1978 Alma-Ata declaration
  – “Health for All” by year 2000
  – Call to Action for all gov'ts
1978 ALMA-ATA
“Health for All, 2000”

• Health = Not merely an absence of disease

• Complete wellbeing:
  Physical, Mental & Social

• Most important worldwide social goal:
  Attain highest quality of life & world peace

• Fundamental human right:
  Universal access

• Vital for social & economic development
Many factors beyond the health sector

Remove obstacles -
  Poor nutrition, literacy, drinking water, housing

Engage partnerships in multiple sectors of:
  – Government
    Social, Economic, Education, Housing
  – Independent organizations
    Media, Industry
PART 1: GLOBAL MANDATE

Summary

- Global mandate “Health for All” was not met by the target year, 2000
- However, this was an important milestone
- Health = Complete physical, mental & social wellbeing
- Prioritise health as a vital resource for social & economic development
- Multiple sectors: government & outside
PART 2: HOLISTIC HEALTH

➢ 8 Dimensions of Holistic Health
➢ Represented as a Life Balance Wheel
➢ Special Focus Emotional Health: Depression
HOLISTIC HEALTH (HH)

At the individual level, *beyond the health sector*

- Bio-Psycho-Social-Spiritual framework

Expanded to include 4 more dimensions*

- Intellectual
- Occupational (Academic)
- Financial
- Environmental

* US: Substance Abuse and Mental Health Services Administration (SAMHSA)
### HOLISTIC HEALTH: 8 Dimensions

<table>
<thead>
<tr>
<th>Biological</th>
<th>Psychological</th>
<th>Social</th>
<th>Spiritual</th>
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<tbody>
<tr>
<td>Diet, Nutrition</td>
<td>Engage emotions</td>
<td>Satisfying relationships</td>
<td>Spiritual beliefs</td>
</tr>
<tr>
<td>Exercise, Activity</td>
<td>Coping</td>
<td>Family, friends</td>
<td>Purpose, Meaning</td>
</tr>
<tr>
<td>Sleep</td>
<td>Transitioning</td>
<td>Community, belonging</td>
<td>Arts, nature</td>
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</tbody>
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## HOLISTIC HEALTH: 8 Dimensions

<table>
<thead>
<tr>
<th>Intellectual</th>
<th>Financial</th>
<th>Occupational</th>
<th>Environmental</th>
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<tbody>
<tr>
<td>Mental stimulation</td>
<td>Current &amp; future</td>
<td>Work / volunteering</td>
<td>Pleasant, stimulating</td>
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<tr>
<td>Expand knowledge</td>
<td>Financial / legal security</td>
<td>Personal enrichment</td>
<td>Healthy environment</td>
</tr>
<tr>
<td>Skills &amp; creativity</td>
<td>Skills</td>
<td></td>
<td>For future generations</td>
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WHEEL OF LIFE (Wellness/Health)
Satisfaction Rating: 0 to 5
HOLISTIC HEALTH: Life Balance Wheel

• HH represented as a Life Balance Wheel

• Assess & identify “out of balance” areas

Eg. Emotional/mental health issues: depression
SPECIAL FOCUS: EMOTIONAL HEALTH - Depression

• Causes significant functional impairment
• The highest disease burden worldwide in terms of life-years lost to disability*
• Forecast to be the 2nd leading cause of disability worldwide by 2020 (#1 cardiovascular)
• Increases risks: Suicide & comorbid physical health problems**

* Prince et al., 2007
** Judd, 1997; Kessler & Wang, 2009
PART 2: Summary

- **8 Dimensions** of Holistic Health
  * BIO * PSYCHO * SOCIO * SPIRITUAL
  * INTEL * FIN * OCCUP * ENVI

- Represented as a **Life Balance Wheel**

- **Special Focus**
  
  **Emotional Health: Depression**
“Careful Nursing” model: Spiritual roots
Define “Holistic Nursing”
In high vs low resource settings
In all settings (Rwanda):
Caring, service-oriented model
CAREFUL NURSING SPIRITUAL VALUES MODEL

• Nursing system developed in Ireland by privileged, well-educated women in early 19th century
• Florence Nightingale wrote that she was greatly influenced by the Irish nurses’ practice while she worked alongside Sisters of Mercy
• Emphasis: Unconditional Christian loving kindness
• Actions & attitudes from the healing love of (& being in relationship with) an infinite transcendent reality
CAREFUL NURSING SV MODEL

*Fruits of the Holy Spirit Gal 5:22-23*

- Intrinsic human dignity, pts & nurse
- Caritas
  - Compassion, Love, Joy, Kindness
- Contagious calmness
  - Peace, Patience
- Great tenderness in all things
  - Goodness, Gentleness
- Nurses’ care for selves & one another
  - Faithfulness, Self-restraint
- Intellectual engagement
- Safe & restorative physical surroundings
HOLISTIC NURSING  A Way of Being, Living, Practice

HN Goals as defined by Dossey, 2016:

• Healing the whole person
• Honoring relationship-centred care
• Interconnectedness of:
  Self, others, nature & spirituality
• Historical role model:
  – Florence Nightingale
HOLISTIC NURSING
High Resource Settings (U.S.)

- American Holistic Nurses Association, AHNA
- American Nursing Association, ANA
  Co-published *Holistic Nursing Scope & Standards of Practice*

  - Journal of Holistic Nursing, JHN
  - American Holistic Nurses Credentialing Corporation, AHNCC

  - Therapeutic Touch workshops
  - Nurse coach training programs
  - Multidisciplinary collaborative initiatives
High Resource Settings (U.S.)

Holistic Nursing Scope & Standards of Practice

Co-published by AHNA & ANA

• Principles & Core Values (5)
• Responsibilities
• Educational preparation
• Certification
• Position statements
• Complementary/Alternative Modalities, CAM
HOLISTIC (H) NURSING
5 Core Values ~ “Careful Nursing”

“A way of thinking, reflecting, practicing & of life”

1. H philosophy, theories, ethics; Intrinsic human dignity
2. H caring process; Caritas, Contagious Calm, Tenderness
3. H communication, therapeutic environment, cultural diversity; Safe & restorative physical surroundings
4. H education & research; Intellectual engagement
5. H self-care, as a way of life personally & professionally; Care for self and one another
HOLISTIC NURSING
Low Resource Settings

Limited to follow Dr’s orders & assessing vitals due to resource challenges:

- Lack of access to all the support enjoyed by high-income countries
- Limited or no access to health care providers and overwhelming staff shortage
- Overpopulated cities and communities with extreme poverty, lacking food and clean water
- Majority of nurses prepared with only secondary school education
HOLISTIC NURSING (all settings): Caring-Healing Relationships

JHN: Nurse William Rosa (2017)* proposed stirring up medicine’s roots (even in Rwanda) as a caring, service-oriented model vs. technological, cure-oriented model:

1. Embrace **actions** over words
2. Encourage (mindful) **reflection** (Golden Rule)
3. Invite **presence**
4. Share **knowledge**
Caring-Healing Relationships
Action – Reflection – Presence – Knowledge

1. Embrace **actions** over words
   - Show human caring & compassion
     - Assure with gentle, soothing rhythmic **touch**

2. Encourage **pause, reflection** *(Golden Rule)*
   “As a patient, how would I want to be treated, touched, spoken to, turned, fed, bathed, & comforted?”
   “If the family members were my brothers/sisters, how would I welcome them, assure/comfort them?”
Caring-Healing Relationships
Action — Reflection — Presence — Knowledge

3. Invite presence

• Case: Nurses had difficulty -needle stick into a baby’s foot to draw blood.
• Nurse William was comforting/rocking. At a glance, he noticed the mother looking on helplessly as baby was screaming & writhing in pain & fear.
• Nurse William reached out for the mother’s hand, placed it on the baby.
• Instantly, the mother became nurturing & showed a loving connection between mom & baby – A loving present moment to behold!
Caring-Healing Relationships
Action – Reflection – Presence – Knowledge

4. Light the fire of knowledge

• Nurse William writes a weekly column in the local community paper to share real stories to promote the practice and education of integrative holistic approach to health and well-being.
PART 3: PROMOTE

Summary

Regardless of resources, Holistic Nursing practice & education can be:

- Promoted as a courageous teaching-learning experience
- Realized without restriction (not only those with a formal HN certification)
- Shared & spread daily in our way of being & relating in the world
PART 4: TOOLS
SPIRITUALITY
MINDFULNESS
SELF-COMPASSION

SPIRITUALLY MINDED
PART 4: TOOLS

SPIRITUALITY

MINDFULNESS

SELF-COMPASSION

- FICA Tool for taking spiritual history
- Benefit: Improves mortality, coping & recovery
- Scripture passages
SPIRITUALITY

**FICA Spiritual History Tool**

- 2 Principles for the Practice of Spiritual Care
  - Respect that each person has a unique spirituality
  - To care for pt’s spiritual needs → 1st understand our own spirituality or relationship to God

- Developed by Dr. Christina Puchalski & others

- Acronym FICA = Tool to address spiritual issues

  - **F** Faith & Belief
  - **I** Importance & Influence
  - **C** Community
  - **A** Address/Action/A&P
SPIRITUALITY
FICA Spiritual History Tool

F  Faith and belief
• “Do you consider yourself spiritual/religious?”
• “Are there spiritual beliefs that help you cope with stress or difficult times?”
• “What gives your life meaning?”
SPIRITUALITY

FICA Spiritual History Tool

Importance and influence

• “Is spirituality important in your life?”
• “Has your spirituality influenced how you take care of yourself, your health?”
• “Does your spirituality influence you in your healthcare decision making?”
SPIRITUALITY
FICA Spiritual History Tool

C Community

• Communities such as churches, temples, and mosques, or a group of like-minded friends, family, or yoga, can serve as strong support systems for some patients.

• “Are you part of a spiritual or religious community?”

• “Is this of support to you and how?”

• “Is there a group of people you really love or who are important to you?”
SPIRITUALITY

FICA Spiritual History Tool

A Address/Action/A&P

• “How would you like me (as hcp) to address these issues in your healthcare?”

• Think about what you (as hcp) need to do with the information the patient shared
  – E.g., refer to a chaplain, meditation or yoga classes, or another spiritual resource.

• Talk with the chaplain in your hospital to familiarize yourself with available resources.

• Newer models include diagnosis of spiritual distress where A = Assessment & Plan of patient spiritual distress or issues within a treatment or care plan.
SPIRITUALITY

Positive Health Outcomes

• Beliefs: Powerful. Influence health outcomes.
• Power of hope and positive thinking.
• Benefits of Spirituality → + Health Outcomes.
  1. Decreases Mortality
  2. Coping with pain, illness & life stresses
  3. Recovery from surgery and illness
SPIRITUALITY

Mortality – Coping – Recovery

1. Decreases Mortality

• Religious commitment associated with → improved coping with stress & social support
• Regular spiritual practice → longer life
• Church attendees: half as likely to have elevated IL-6 (associated with increased incidence of disease)
2. Coping with pain, illness & life stresses

- Advanced CA pts who were comforted by spirituality:
  - Had more positive outlook, better quality of life (QOL), less pain & were more satisfied with life
- Positive reports of having a meaningful personal life, life goals fulfilled, life that is worthwhile → correlated with good QOL in advanced CA
- Spiritual well-being → related to pt’s ability to enjoy life in the midst of pain & Sx

How To Cope With Pain

Coping Resources vs Pain

Yates et al., 1981; Cohen et al., 1995; Brady et al., 1999
3. Recovery from surgery and illness

- Those who participated in religious activities & stated that their beliefs were important → improved:
  - Compliance with follow-up treatment, physical functioning at 12-mo, levels of self-esteem;
  - Less anxiety & health worries
  - Able to let go & live in the present moment
SPIRITUALITY

Scripture passages

• Comfort in times of fear and anxiety:
  Ps 23; Phil 4:4–7; 1 Pet 5:7; Rm 8:38–39

• Fear of approaching death: Ps 23; Jn 14:17

• In need of healing: Is 53:4-6

• Fatigued by illness or life stress: Is 40:31

• Seeking God’s mercy & forgiveness:
  Is 1:18; Is 53:5-6; Heb 4:14-16; 1 Jn 1:9

• Seeking God’s care & protection:
  Is 43:2; Is 40:28-31; Ps 25; Ps 121; Ps 139:11-19;
  Deu 8:2-3; Jer 29:11; Mt 10:26-33; Lk 12:22-31
PART 4: TOOLS
SPIRITUALITY
MINDFULNESS
SELF-COMPASSION

- 2 popular secular meditation techniques
  - Relaxation Response (1975)
    - Secularised Transcendental Meditation
  - Mindfulness-Based Stress Reduction (1990)
    - Secularised Buddhist Meditation
+ BELIEFS $\rightarrow$ + HEALTH OUTCOMES

Placebo Effect = “Remembered Wellness”

Herbert Benson, MD, Cardiologist, Harvard SOM renamed “Placebo Effect” = “Remembered Wellness”

3 contributors:

- Positive beliefs & expectations of the patients
- Positive beliefs & expectations of the Dr or HCP
- A good **relationship** between the 2 parties
  - Part of the therapeutic process

Strawbridge et al., 1997; Koenig et al., 1997.
Meditation-Based Stress Reduction: Relaxation Response vs MBSR

Herbert Benson, MD, Cardiologist, Harvard SOM
Dir Emeritus, Benson-Henry Institute of Mind Body Medicine

• Relaxation Response, RR (1975)= a physical state of deep rest that changes the physical & emotional responses to stress... and the opposite of the fight or flight stress response.

Jon Kabat-Zinn, Professor U of Mass Medical School

Mindfulness-Based Stress Reduction, MBSR (1990)

• Mindfulness = paying attention in a particular way: on purpose, in the present moment, & non-judgmentally

Strawbridge et al., 1997; Koenig et al., 1997.
PART 4: TOOLS
SPIRITUALITY
MINDFULNESS
SELF-COMPASSION
PART 4: TOOLS
SELF-COMPASSION

➢ 3 Attributes of Self-Compassion, Kristin Neff
➢ Pain vs Suffering
➢ From Suffering to Self-Compassion in Nursing Practice
SELF-COMPASSION
6-Factor model

• An emotionally positive self-attitude
  – Protects against the negative consequences of self-judgement, isolation & rumination (depression)
  – When we encounter pain & personal shortcomings:
    1. **Self-Kindness** vs Self-Judgement
    2. **Common Humanity** vs Isolation
    3. **Mindfulness (Awareness)** vs Over-identification
SELF-COMPASSION: Self-kindness vs Self-judgement

- Being gentle, warm & understanding to ourselves when we suffer, fail, feel inadequate or in pain
- Not ignoring our pain or flagellating ourselves with self-criticism or getting angry when life is difficult.
- **Recognize & accept** that being imperfect, failing, and experiencing life difficulties are inevitable.
- When we deny or fight against this reality, suffering increases (with stress, frustration and self-criticism).
- When this reality is accepted with sympathy and kindness (vs harshly self-critical), greater emotional equanimity is experienced.

**Self-Kindness vs Self-Judgment**

- Treating self with care and understanding rather than harsh judgment
- Actively soothing and comforting oneself
- Desire to alleviate suffering (any pain or emotional discomfort - large or small)
SELF-COMPASSION: Common Humanity (CH) vs Isolation

• When things don’t happen exactly as we want → Frustration & a pervasive sense of isolation.
  As if “I” were the only person suffering or making mistakes.
• Accept that ALL humans suffer. Being “human” means we are mortal, vulnerable & imperfect.
• Not see these experiences as separating & isolating
• Recognise that suffering and personal inadequacy is part of the shared human experience:
  Something that we all go through rather than being something that happens to “me” alone.
SELF-COMPASSION: Mindfulness vs Over-identification

- **Awareness & acceptance** of pain/suffering in a balanced awareness & in a non-judgmental way
- Take a **balanced** approach to our negative emotions: feelings are not suppressed nor exaggerated – An **equilibrated** stance
- We relate our personal experiences to those of others who are also suffering, thus putting our own situation into a larger perspective.
- We are willing to **observe** our negative thoughts and emotions with openness and clarity, so that they are held in mindful awareness.
Mindfulness is a **non-judgmental, receptive mind state**, observing thoughts and feelings as they are, without trying to suppress or deny them.

We cannot ignore our pain and feel compassion for it at the same time.

At the same time, mindfulness requires that we not be “over-identified” with thoughts and feelings, so that we are caught up and swept away by negative reactivity.

SELF-COMPASSION
Pain vs Suffering

What is Suffering?

- “Pain may be unavoidable/inevitable but suffering is optional”
- **Suffering** = Pain x Resistance
- Resistance = meaning or mental response to pain
- Resistance → causes suffering
- Mindfulness & Self-Compassion practices can ease the mental suffering
SELF-COMPASSION & Mindfulness To Ease Suffering

- Mindfulness SC practice: To ease mental suffering
- Find comfortable position and focus on the sensation of breathing
- Bring attention & explore:
  - Pleasant or neutral sensations
  - Pain sensation
  - Pleasant or neutral sensations
  - Pain sensation
  - Breathe & imagine holding that painful part of your body with kindness & compassion. Offer this attitude to yourself
SUFFERING To SELF-COMPASSION
In Nursing Practice
Darcel Reyes, RN, MS, ANP-BC

• **Antecedent** of SC
  – Suffering $\rightarrow$ decreased Self-care, Ability to relate to others, Autonomy; Sense of self.

• **Consequences** of SC
  – Opposite of Suffering $\rightarrow$ increased Self-care, Ability to relate to others, Autonomy; Sense of self.
SUFFERING to SELF-COMPASSION
Antecedent ↔ Consequences
Antecedent of Self-Compassion = Suffering

• Suffering is experienced in 6 possible realms:
  – an event or situation
  – an emotional response
  – a psychological state
  – a spiritual alienation or
  – a physical response to illness or pain
SUFFERING → SELF-COMPASSION

• Suffering manifests in 4 ways
• Consequences of SC = opp. of antecedent of SC

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<thead>
<tr>
<th>Antecedent of SC = Suffering manifests as:</th>
<th>Consequence of SC manifests as:</th>
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<tbody>
<tr>
<td>Self-care capacity ↓</td>
<td>Increased ↑</td>
</tr>
<tr>
<td>Ability to relate to others ↓</td>
<td>Increased ↑</td>
</tr>
<tr>
<td>Autonomy ↓</td>
<td>Increased ↑</td>
</tr>
<tr>
<td>Sense of self ↓</td>
<td>Increased ↑</td>
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SELF-COMPASSION
In Nursing Practice

• What patient need does SC meet?
• How would SC guide nursing actions?
• How does the concept of SC enhance clinical outcomes?
SELF-COMPASSION In Nursing Practice

• How does SC meet patient’s need/s?
  – SC meets the pt’s need to have his/her suffering understood & alleviated
  – Pt need for the common & unique attributes of suffering to be understood
  – This understanding may trigger pt to overcome suffering, see the value in life, & begin to heal
SELF-COMPASSION
In Nursing Practice

• **How will SC guide nursing actions (interventions)?**
  – Mindfulness exercises
  – Loving kindness meditations
  – Therapeutic use of touch → both will experience mutuality & connection

  – Affirmations that speak to the:
    • Shared experience of suffering
    • Connections to other loving beings
    • Recognition that suffering is impermanent
SELF-COMPASSION
In Nursing Practice: Summary

• SC is a state of being that understands suffering beyond the illness, disease & pain
• Caring actions arise from this understanding
• When nurses experience Common Humanity → develops SC in both (nurses & pts)
→ improves effect of the healing relationship
• When we identify what triggers pt to SC rather than further suffering, then act to support pt
  – To move beyond suffering & illness
  – Toward health & well-being
1. Scope: **Global Mandate**

2. What is **Holistic Health**?
   - At the individual level: 8 dimensions of Wellness

3. How to **Promote** Holistic Health & Well-being
   - Careful Nursing: Irish Sisters & F. Nightingale
   - Holistic Nursing

4. Tools
   - Spirituality, Mindfulness & Self-Compassion
Serenity Prayer

God, grant me the Serenity
to accept the things I cannot change.
The courage to change the things I can,
and the wisdom to know the difference.

Living one day at a time,
enjoying one moment at a time;
Accepting hardship as a pathway to peace;
Taking, as Jesus did, this sinful world as it is;
Not as I would have it;
Trusting that You will make all things right
if I surrender to Your will;

So that I may be reasonably happy in this life
and supremely
happy with You forever in the next.
AMEN

Reinhold Niebuhr


• Spiritual care at the end of life can add purpose and help maintain identity. (2016).
