Exploring Nurses’ Perceived Benefits of Utilizing Holistic Modalities for Self and Clients

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The purpose of this study was to describe the experience that holistic nurses have in incorporating complementary and alternative modalities in the care of their clients, as well as gain a deeper understanding of holistic nurses and the perceived benefit of utilizing a holistic modality with their clients and themselves concurrently as providers of these modalities. Purposeful samplings of holistic nurses’ who include modalities in their healing process were the participants in this exploratory research, which entailed data collection through the use of critical incident reports and open-ended interviews. KEY WORDS: complementary and alternative modalities, holistic nursing, integrative therapy, qualitative research Holist Nurs Pract 2008;22(1):15–24

The use of complementary and alternative modalities (CAMs) is becoming increasingly popular. Consumers and healthcare providers are including various holistic therapies to provide a greater balance to the care given and received. As healthcare expands to incorporate the use of CAMs, it is important to understand not only the clients’ perception but also the nurses’ perception. This study explored the experiences that holistic nurses have in incorporating CAMs as they participated in the healing-caring process of self and clients. Currently, approximately 42% of US healthcare consumers are using complementary and alternative therapies, and more than 630 million Americans are spending 12.2 billion out-of-pocket for these resources. Over the next 20 to 30 years, there will be a dramatic increase in CAM use.1,2

BACKGROUND AND LITERATURE REVIEW

In December 2006, the American Nurses Association (ANA) recognized holistic nursing as a specialty with defined scope and standards of practice. The ANA’s recognition of holistic nursing practice provides legitimacy, authority, and a foundation for strengthening the voice of holistic nurses as well as providing consumers with the knowledge that holistic nurses will provide and deliver quality care for the continued well-being. As healthcare continues to include more CAMs, and consumers become more conscious of considering such therapies, holistic nurses continue to be at the forefront of this emerging philosophy. Consumers’ demand expertise and competency in their healthcare providers attests to the need for more nurses with the specialized knowledge of holistic nursing. The integration of the concepts of technology, mind, and spirit into nursing practice and the ability to generate and unite models for healthcare that guide the healing of self and others are the 2 major challenges that nurses face in the 21st century.3

Holistic nursing is the most practical way to incorporate these aspects into the art and science of nursing. Holistic nurses are a unique group of nurses who weave a tapestry of the bio-psycho-social-cultural-spiritual elements to assist in the healing process of self and others. The American Holistic Nurses Association (AHNA) has defined holistic practice as drawing on nursing knowledge, theories, expertise, and intuition to guide nurses in becoming therapeutic partners with clients thereby strengthening the clients’ ability to facilitate the healing process.4 The healing process is a continual...
journey of changing and evolving of one’s self through life, as well as becoming aware of patterns that support or are challenges/barriers to health and healing.³

Many holistic nurses incorporate the use of CAMs into their clients’ healing-caring process. The inclusion of a CAM can bring about a greater sense of wellness and personal control to a clients’ situation. Patients in hospitals, critical care settings, and hospice settings are using CAMs with more frequency, as is evidenced by the increase in use by the general public. The National Center for Complementary and Alternative Medicine defines integrative therapies as those modalities for which there are some evidence-based scientific bases of usage. Alternative therapies are used in lieu of mainstream therapies, whereas complementary modalities are used in conjunction with mainstream treatments. Integrative medicine, as defined by the National Center for Complementary and Alternative Medicine, combines mainstream medical therapies and CAM therapies for which there is some high-quality scientific evidence of safety and effectiveness, whereas alternative and complementary therapies do not have adequate, high-quality scientific evidence for usage.⁵ CAM therapies are classified into 5 categories: alternative medical systems (homeopathic medicine, naturopathic medicine, Ayurveda); mind-body interventions (meditation, prayer, mental healing, therapies that use creative outlets [art, dance, music]); biologically based therapies (dietary supplements, herbal products); manipulative and body-based methods (chiropractic, osteopathic manipulation, massage); and energy therapies, with 2 subtypes: biofield therapies (reiki, therapeutic touch, qigong) and bioelectromagnetic-based therapies ( pulsed fields, magnetic fields).⁵

The addition of CAM may prove beneficial to the holistic nurse to promote potential outcomes of improved patient and family satisfaction, improved staff satisfaction, enhanced patient safety, as well as positive physical and psychological outcomes.⁶ For the purpose of this article, CAM and modalities (holistic modalities) are interchangeable definitions that refer to different techniques that can be included in the healing process to assist both the nurse and the client in achieving maximum health potential.

In nursing, therapies are sometimes differentiated on the basis of doing and being—“doing” therapies include almost all forms of modern medicine, for example: medications, procedures, and radiation. In contrast, “being” therapies does not employ things but utilize states of consciousness, that is: imagery, prayer, spirituality, meditation, and quiet contemplation, as well as the presence and intention of the nurse.³ These techniques are therapeutic because of the power of the psyche to affect the body.³ For nurses, the inclusion of various modalities enhances their repertoire of tools to provide for that completeness of healing and caring.

Holistic nurses embrace the concept of healing the total being through the transition of birth to death. Holistic nurses incorporate the concepts of body-mind-spirit into their personal and professional life; this professional has a unique connection with her client. The recognition by holistic nurses of the interrelationships of the bio-psycho-social-cultural-spiritual elements will impact how the client perceives the holistic nurses’ involvement. The intent to practice holistically, to bring a sense of calmness and understanding of the client’s needs, leads to an improved and enhanced healing process for the client. Holistic nurses use a variety of modalities in the healing process. There are numerous studies that focus on the effects of holistic modalities, such as therapeutic touch,⁷ progressive muscle relaxation,⁸ shiatsu,⁹ prayer,¹⁰ guided imagery,¹¹ and spirituality,¹² yet there are a few studies of the holistic nurses’ perspective on the use of these modalities.¹³–¹⁸

To ground the clinician with the concepts of holistic nursing, of being one with self and others, the AHNA developed the Standards of Holistic Nursing Practice to define and establish the scope of holistic nursing and the expected level of care.³ The document, which contains the 5 core values of holistic nursing, is used in conjunction with the ANA Standards of Practice. The core values draw on a number of explanatory modalities, reflect the diverse nursing activities in which holistic nurses are engaged, and serve holistic nurses in personal life as well as clinical and private practice, education, research, and community service. They include holistic philosophy and education; holistic ethics, theories, and research; holistic nurse self-care; holistic communication, therapeutic environment, and cultural diversity; and holistic caring process. Certified holistic nurses earn their credentials from the American Holistic Nurses’ Association Certification Corporation. The designation HN,BC indicates a nurse has successfully met the requirements for becoming board certified in holistic nursing. The credential AHN,BC is earned by a nurse with a graduate degree in nursing and greater expertise in holistic nursing. The advanced practitioner is
expected to have more expertise in holistic nursing, have greater research and theory-based knowledge, and be able to guide the generalist certificant in the application of theory and research to practice. Certification is valid for 5 years.

There are also certificates and continuing education programs in holistic nursing and/or specific CAM therapies through the AHNA. Endorsed programs teach knowledge and/or skills that can be legally integrated into one’s nursing practice and must have a scientific research base. Some endorsed programs include but are not limited to: Aromatherapy for Health Professionals; Certificate Program in Integrative Imagery; Healing Touch Certification Program, and Integrative Reflexology. For a list of endorsed certificate programs, visit www.ahna.org/edu/endorsed.html. In addition, nurses can go to the individual Web sites for additional information on specific CAMs.

This study augments the literature beyond the research already conducted by exploring the nurses’ perceived benefits of utilizing holistic modalities. It explored the nurses’ professed need to include the modality into the healing process of self and others. The interconnectedness of the bio-psycho-social-cultural-spiritual human dimensions and integration of caring-healing modalities can reduce the devastating effects of disease and illness and assist the nurse and patient in their own personal journey toward wholeness and healing. The recognition by holistic nurses of the interrelationships of the bio-psycho-social-cultural-spiritual elements will impact how the client distinguishes the holistic nurses’ involvement and how nurses recognize their own involvement.

The category of integrative therapies (ranging from biofeedback, guided imagery, hypnotherapy, meditation, music therapy, therapeutic touch, reiki, and relaxation to prayer) is predominant in the holistic nursing domain. To date, the National Institutes of Health has funded dozens of studies to evaluate such therapies, yet there are few studies that focus on the practitioners’ experience in relation to the utilization of such modalities. Gaining insight into the practitioners’ perspective will provide information that will help instructors educate nursing students about the use of these modalities. By gaining an understanding of the nurses’ experiences, students can then learn from these experiences and incorporate that knowing into their own knowledge base. Nurse educators can develop and facilitate courses in holistic nursing and modalities in undergraduate and graduate nursing curricula. Schools of nursing may receive a 5-year American Holistic Nurses’ Association Certification Corporation endorsement if their mission, philosophy, and curriculum are consistent with the Standards of Holistic Nursing Practice. Students graduating from endorsed schools have the following criteria waived: 1 year of practice in holistic nursing, 48 contact hours of education in holistic nursing, and the written assessment. Nurses can acquire the knowledge and skills needed for certification through approved continuing education or through endorsed schools of nursing. A list of endorsed schools is available on the American Holistic Nurses’ Association Certification Corporation Web site (http://www.ahncc.org/pages/1/index.htm). The domino effect of learning from others, sharing one’s knowledge, and broadening the knowledge base of nursing will continue to feed the soil that allows for the profession’s continued growth and development.

METHOD OF INQUIRY

The purpose of this qualitative naturalistic study was to describe the experience that holistic nurses have in incorporating holistic modalities in the care of their clients. The specific objective of this research was to gain a deeper understanding of the holistic nurse and the perceived benefit of utilizing a holistic modality with their clients and themselves concurrently as providers of the modality. Institutional review board approval for the protection of human participants’ rights was obtained from the City University of New York at Hunter College.

The study, which was conducted during 2005–2006, asked 3 research questions: (1) How did you get interested in your modality? (2) How does using this modality benefit your client? and (3) What are the benefits you (the nurse) have received by using this modality (eg, what healing in your life are you aware of that you received from using this modality?).

PARTICIPANTS

The study focused on a sample of 13 volunteer holistic nurses who incorporate a modality into the healing-caring process with their clients. This included the merging of data from 3 pilot study participants.

The criteria for inclusion of holistic nurses to the study were 2-fold: (1) being a member of the AHNA,
which provided a level of holistic nursing knowledge, attitude, belief, and value; and (2) the inclusion of a modality in their practice with their clients. The researcher did not purposefully choose any one modality for inclusion but decided to explore the utilization of various modalities by the participants. Purposeful sampling occurred when the researcher reviewed the AHNA Member Directory, which was available to all members. E-mail addresses were obtained through the AHNA’s Member Directory. All participants were initially contacted via e-mail with a general description of the purpose of this study, participant eligibility, and participant involvement. Once a participant agreed to be in this study, an introduction letter, critical incident, and demographic inventory was sent via e-mail attachment.

The 13 participants in this study were all White women, aged 36–71 (mean = 53.9 years). Highest degree obtained by a majority of the participants was a baccalaureate degree in nursing (50%; 5 participants), followed by master of science in nursing (50%; 5 participants), master of science (20%; 2 participants), and a doctoral degree (10%; 1 participant). The mean number of years in nursing was 29.85. The modality utilized by a majority of participants was healing touch/energy healing (90%; 9 participants), followed by reflexology (10%; 1 participant), brain balancing (10%; 1 participant), and integrative therapy (20%; 2 participants); however, many participants incorporate various modalities (integrative therapy, including aromatherapy, visualization, relaxation techniques) into the healing-caring process. All but one participant are certified in their modality, and most participants are certified in other modalities as well.

**Integrative modalities utilized by participants**

All 13 participants utilized healing touch/energy healing in their practice as a holistic nurse. Energy work attempts to bring potential balance to cells during their various stages (healthy vs dying cells). Energy work is based on keeping cells energized and healthy. Such energy work modalities include therapeutic touch, healing touch, and reiki. With this work, the recipient’s energy field is assessed and their energy field is treated for any imbalances. The energetic principles and healing touch practice can enhance the healing process of clients, enhance personal and professional healing and growth and improve job satisfaction, facilitate positive patient outcomes, and influences changes in the human energy system thus affecting physical, emotional, mental and spiritual health. Nine participants (90%) incorporated healing touch. One participant (10%) utilized reiki.

**Reflexology**, as defined by the International Institute of Reflexology, is a manual technique based on the theory that there are reflex areas in the feet and hands that correspond to all glands, organs, and parts of the body. The practice of reflexology requires that the reflexologist use his or her thumb and forefinger to apply pressure to reflex areas on the client’s hands and feet corresponding to the glands, organs, and body parts. There have been numerous studies on reflexology but not all were conclusive on the mechanisms of reflexology. One participant (10%) incorporated this modality.

Rosalyn Bruyere, an internationally acclaimed healer, clairvoyant, and medicine woman, first taught the technique of brain balancing. Her frequent collaborations with physicians and scientists reflect her belief that healing and health should be a cooperative effort between patient, physician/nurse, and healer. Her combined scientific and spiritual focus influences both her teaching and writing style and serves to bridge the gap between concept and reality. According to D. Maynard, brain balancing is the placement of 2 fingers above the center of each ear, where the practitioner can feel the little tiny pulses, chi pulses, and any differences in the way the pulses feel are noted. Energy from one of the practitioner’s hands is allowed to flow through the client with the intention that it can be “caught” in the other hand and then allowed to flow back in the other direction. The practitioner then notices when the pulses on both sides feel about the same. Often the energy will travel in what feels like a figure 8 pattern when the brain is “balanced.” Brain balancing coordinates the right and left hemispheres of the brain (D. Maynard, e-mail: debmaynard@comcast.net, July 2007). One participant (10%) utilized brain balancing.

Integrative therapies utilized by this one particular (10%) included reiki, therapeutic touch (both of which are energy therapies), hypnotherapy, aromatherapy, and acutonics. Both reiki and therapeutic touch have been documented to promote relaxation, decrease pain perception, reduce anxiety, and improve one’s sense of well-being as well as being beneficial to the practitioner. Hypnotherapy, a process of focused awareness and expanded consciousness, is a nonpharmacologic intervention that provides clients with self-care strategies to lessen pain, improves physical functioning, and increases both independence...
and a sense of control. Finally, aromatherapy has been widely used to alleviate postoperative nausea and vomiting and in pediatrics. It has also been utilized on radiation burns, chemo-induced nausea, slow-healing wounds, Alzheimer’s disease, and end-of-life agitation.

**DATA COLLECTION METHODS**

Tools used for data collection were a demographic inventory and a critical incident report, sent via e-mail attachment. The semistructured guided interview was conducted via telephone and audio taped, a copy forwarded for reviewing to all participants to make certain that their voices were being heard accurately.

Demographics were collected to provide basic information about the holistic nurse participant population, including age, gender, racial/ethnic background, highest level of nursing degree held, are of nursing practice, modality utilized, certifications (including modality), location of practice, and number of years as a nurse. A critical incident technique (CIT) was used to furnish interpretative information from a broad array of holistic nurses who incorporate a modality. The CIT is a practical and efficient methodology that encourages participants to tell their story, with happenings that are memorable events in participants’ lives. It is a form of story telling in which participants share their singular experience as a story to the researcher. It is a qualitative, systematic, open-ended technique for eliciting descriptive data from participants as well as being an effective naturalistic tool for focusing participants’ on a specific event. It allows the researcher to enter another’s “frame of reference” to highlight particular, concrete, and contextually specific aspects of people’s experiences.

The CIT utilized in this study was:

- Please think of an important event in your practice where you utilized a modality.
- Please reflect on how this experience affected you in your practice as a holistic nurse.
- Please briefly describe this incident.
- How would you describe the benefits you received from utilizing this modality?
- How would you describe the benefits your client received from utilizing this modality?

Upon retrospect, the researcher realizes that this CIT might be leading the participants to reflect only on positive benefits, because it is asking for “benefits” only. Even though the research questions themselves are not asking for “positive” benefits only, they do not differentiate from positive and negative benefits. Thus, this might be considered a limitation, as it may be perceived as “leading” the participant.

A semistructured, open-ended question interview guide was developed to glean the stories of the participants. All interviews were audio taped and conducted via telephone, allowing for demographic diversity. The interview questions were developed to address each individual research question:

1. **Motivation:** (How did you get interested in your modality?) What led you to incorporate this modality? What did you think utilizing this modality would be like?
2. **Benefit to client:** (How does using this modality benefit your clients?) How do you think the inclusion of this modality into your clients healing process has benefited them? What do you think your client likes most about this modality?
3. **Benefit to nurse:** (What are the benefits you have received by using this modality (eg, what healing in your life are you aware of that you received from using this modality)? How do you think the inclusion of this modality into your clients healing process has benefited you? What healing has occurred that you are aware of, that you received from using this modality? In what ways has the inclusion of this modality helped you with challenges in your life?

**DATA ANALYSIS**

Data were generated from responses to the interview questions and critical incident reports. During the data analysis phase, notes and recorded interviews were transcribed and analyzed using a coding scheme that initially emerged through deductive analysis of the literature. The coding scheme was also constructed with descriptors that emerged after the analysis of the interviews themselves. The coding scheme was developed on the basis of the 3 central research questions (motivation; benefit to client; and benefit to nurse). The coding legend was divided into 3 sections with its own scheme. The first coding scheme was titled motivation. Some of the descriptors in this scheme were personal growth and development; holistic approaches; professional growth and development, and how others perceive holistic
nursing/holistic nurses. The second scheme, benefit to client, and the third scheme, benefit to nurse, had the same descriptors, but participants voiced different key points for each scheme. The prevalent descriptors for benefit to client were being present with another/registered nurse–client relationship; presence; active listening; patience; and health promotion (relaxation; peace [in life and death]; comfort; decrease pain/stress; and self-care). The prevalent descriptors for benefit to self were awareness; health promotion; unique feeling of body-mind-spirit (balance; connectedness; centeredness; sacred moment; feeling good; and conduit); giving to others/resource; validation of effectiveness of modality; and ethical awareness.

Limitations

The researcher, also a holistic nurse and who brought her own assumptions and experiences to this research study, may have influenced the analysis. However, the researcher does not employ the use of any one modality, thus this limitation is minimal. Another limiting factor was the small sample size of all female participants; henceforth, findings of this study are not widely generalizable to the universe of holistic nurses. However, this study’s demographics were comparable to that of larger studies.\(^4\) Cary\(^4\) conducted a study to explore the benefits and drawbacks of nursing certification. The AHNA was one of the organizations that participated in this study, which was the largest study to date on certification. This study’s assumption was that “certified nurses attribute favorable changes in their practice and professional development to the advancement of certification; thus, consumers and patients feel more confident about the care they receive if they knew their nurses were certified.”\(^4\)(p45)

An analysis of the demographic inventory indicated that the participants were representative of the AHNA’s membership while the results of Cary’s study depict how the participants are also similar. Cary’s study showed that a typical participant “had at least a bachelor’s degree, was a married Caucasian woman in her late 40s who worked in a hospital.”\(^4\)(p45) A limitation of Cary’s study is the lack of a control or matched group.

Another limitation is the inclusion of a variety of modalities. The benefits to nurse and client might be highly dependent on which modality was utilized and which client received it (based on the personal reason why client agreed to receive the modality). To confirm the researcher’s perception of theme and category coding, review of the data was confirmed through interpreter reliability checks. In addition, participants were asked to review the interview for accuracy and to make certain that their voices were accurately heard.

One final limitation of this study was when 1 participant did not agree that the transcribed interview that was forwarded for review were her words. This participant could not verify data, while all of the other participants verified their interviews. Given the extensive organization of the researcher to keep records accurate and following a discussion with a fellow nurse researcher, the researcher requested that this participant withdraw from the study with all data being shredded and deleted. A new participant was recruited.

FINDINGS

All participants in this study described personal and professional growth and development as well as positive benefits for self and clients with the inclusion of a modality into the healing-caring process.

Research question 1: “How did you get interested in your modality?”

Participants recognized the need for continued professional and personal growth and development.

Research participants were asked to describe what motivated them to incorporate a modality into their healing-caring process. Motivation was discussed relating to a lack of and need for professional and personal growth and development, personal events/burnout from traditional nursing, and need for personal inclusion of holistic approaches.

One of the primary findings in this study was that all participants were highly motivated to incorporate a caring-healing modality into their nursing practice and personal life. One of the reasons for this motivation appears to be a limitation in traditional nursing as well as the need to include a healing modality into their own personal life. One participant, who incorporates healing touch and has been a nurse for 32 years, commented how this CAM enhanced her knowledge base and ability to take care for self and others, “inclusion [of modality] made nursing more . . . could be present . . . gave me more information . . . knew . . . had to take care of myself to take care of others . . . could watch . . . see where energy drains were . . . behooved me to clear those up . . . learn lesions from them . . . why something . . . draining me . . . what . . .
being taught... how to handle it... actually been... real clear channel... not getting burnt out.”

Another participant, a nurse with 36 years of experience who incorporates healing touch, related her own need for inclusion of this CAM, “personally resonated with me... art of nursing... what... really went into nursing... certain way of being... caring for patients... people... really gotten lost... from a professional standpoint... after thirty-six years of nursing... been through many periods of burn out... was just tired of that... don’t want to get out of nursing... not an option... really brought... whole new dimension to nursing... even in... traditional setting.”

One pilot participant, a nurse practitioner in private practice in the southwestern part of the United States who incorporates healing touch, described how she felt that she needed to find something to fill in the gaps of traditional nursing. She stated, ‘times in nursing... don’t have anything to offer your patient... standard medical care... standard nursing doesn’t seem... relieving... pain... discomfort... felt like... nothing else... could offer... looking... searching for something else... like the perfect thing... to fill in those gaps. Felt... it was something... could offer my patients... literature implied... relieve pain... reduce pain, reduce stress... promote healing... in doing healing touch... found it works on multiple levels... definitely reduced stress... not only in... patients, but in me... feel... doing more... feel like... whole nurse... appealing to all... other parts of me that handing out... pill... changing a bandage wasn’t doing for me.”

Research question 2: “How does using this modality benefit your client?”

The participants perceived the modality as extremely positive for client. The participants were asked to discuss how they perceived the inclusion of this modality into their clients healing process has benefited them and what they thought their clients liked most about this modality. All participants shared how they perceived health promotion as being an important component with the inclusion of a modality, especially in relation to decreasing pain, stress, learning self-care, and peace (in life and death [transition period]). The participants discussed variations in the perceived benefits to client with inclusion of a modality as being present with another (registered nurse–client relationship); enhanced communication and active listening of nurse; trust (in self and in process); and patience of healthcare provider.

One of the primary findings in this study was that participants perceived the benefits of including a modality into the healing–caring process transcend multiple levels of healing. One participant, who utilizes integrative therapies (including reiki, hypnotherapy, therapeutic touch, aromatherapy, and acutonics) in a California hospice setting, described how these modalities helped people change their perspectives. She clearly stated, “so many stories about... benefits of patients... certainly eased pain... subsided nausea... allowed patients to move on... transition in... very chaotic household... given patients more control... more peace... self-confidence... awareness of what’s happen... helped some people... totally change their perspective about... meaning of their life... helped people... feel better when they didn’t think they could. Been able to put themselves in... place that feels safe... empowering... when we’re done with whatever we’re doing... feel better... feel different... feel encouraged... empowered... more in control.”

Another participant, who utilizes healing touch and works in palliative care, described how this CAM assists clients in crossing over, “clients... can’t speak... work in palliative care... saying to one... colleague... feel like angel of death... seem... people... die... next day or that night... been quite... few people... seen... very near... crossing over time... sometimes... been for that exact purpose... help them with that transition.” One pilot participant, a nurse for more than 37 years and incorporates healing touch, described the benefits she perceived, “benefited... several levels... able to relax... insight into their own healing process... participate more... reduction of pain... more comfortable... make... more open to whatever else... available... they’ve expanded... ability to participate in... own care... more responsible... in... own healing... able to find other things that have also helped.”

Research question 3: “What are the benefits you (the nurse) have received by using this modality?”

Participants were asked to discuss how they think the inclusion of this modality into their clients healing process has benefited them? They were also asked to reflect on what healing has occurred, if any, that they are aware of, that they received from using this modality, and how has the inclusion of this modality has helped them with challenges in their life? All
participants discussed how they have truly benefited from the inclusion of a modality in their clients’ healing process. The participants described how they felt a special uniqueness of body-mind-spirit connectedness and centeredness; they felt there was sacredness to their work; and giving to others and being a resource enhanced the nurse-client relationship and personal health. The congruency between personal needs and professional goals and ethics were fostered by a sense of balance and dedication to self and nursing as a whole. One participant, a nurse of more than 25 years who incorporates healing touch and crystals, discussed how these modalities have changed her life, “Just totally changed... life... not only because... opened me to what energy is for myself... opened... whole path to me... all... people... met along the way... really reshaped... life... able to get to know myself better... much happier now... have... job in nursing... able to... realize what I think real nursing is... benefited me immensely... beyond words really.” Another participant, who incorporates integrative therapies/healing touch, discussed how these modalities have helped her to learn to trust herself more, “Just... coming to know myself even better... trust myself... be who I am more... being in right relationship with yourself... honoring who I am... appreciating, loving myself more... honoring myself more. By knowing myself more... trusting myself... listening to my intuition... helps me get through challenges, without having so much doubt... can listen to myself... my inner self better... really helped me with some challenges... really being able to be present in a situation.”

One pilot participant, who is 63 years old and certified in healing touch, succinctly described how it has helped her. She stated, “In terms of physical, spiritual and emotional... in terms of my own health, it works. As health promotion, illness prevention, it works. Maintained good health... got through menopause without taking drugs... feel good! [It is] a practice for establishing... reestablishing one’s connection... centeredness... connection with source and center. The earth, higher self... spirit with the divine... a tool for me... provides me with a place of going back to... regroup... get to... place of witness... a very profound tool for healing.”

**DISCUSSION**

The need and awareness to work in a nursing paradigm that is congruent with one’s own personal and professional beliefs and values are an essential element to the continued development and evolution of one’s personhood. The consciousness that traditional nursing might not allow that flame to flourish is a testament to the subspecialty of holistic nursing. Holistic nursing affords the nurse the opportunity to go beyond traditional nursing by providing attentiveness for reconnecting to self and others on a deeper level, thus providing the holistic nurse with the potential for personal and professional growth and development.

These participants were committed to working in a paradigm where they could practice the type of nursing they wanted to. The commitment to foster personal and professional growth and development and to reconnect with others is a driving force for the inclusion of a modality into one’s practice and, concurrently, one’s life. By including a modality into one’s repertoire of nursing skills, both client and nurse receive substantial benefits. Health promotion and assistance in the dying process and continuing on with one’s journey were only part of the perceived benefits to clients. The holistic nurses’ ability to bring a sense of calmness and patience to their client’s healing process rejuvenated the nurse-client relationship and partnership. The nurse-client relationship is integral to the caring-healing process of both nurse and client. The dual appreciation for each other’s participation and presence confirms the importance of just “being.” Finally, the inclusion of a modality provided the nurse with a sense of balance and commitment to self-care/healing. Caring for oneself is an important prerequisite to participating in the healing process of another. Learning to trust yourself and appreciate the essence of who you are is the foundation for believing in yourself.

**CONCLUSIONS**

The researcher has drawn 6 conclusions on the basis of the findings of this interpretative qualitative study. One of the conclusions is that holistic nurses’ who are motivated to learn new ways of caring for self and others have awareness of what they need to foster their own growth and development. In addition, holistic nurses’ who are open and willing to explore different modalities of the healing-caring process are dedicated to their own growth and development. Finally, holistic nurses’ who are dedicated to fostering a sense of balance in and providing sacredness to their work are committed to maintaining congruency between
personal needs and professional goals and ethics. A fourth conclusion, one that is at the core of holistic nursing, is the concept of caring for oneself. Caring for oneself is an important prerequisite to helping others. Holistic nurses’ who include a modality receive caring in a variety of positive ways.

The 2 final conclusions demonstrate the benefits to both the nurse and the client. The nurse-client relationship is fundamental to the healing-caring process of both the nurse and the client. This is an essential aspect to the mutual participatory healing that occurs during this relationship. Finally, benefits to clients’ continued health promotion and comfort care is integral to the healing-caring process.

The findings of this study can be used to further the understanding and appreciation of both holistic nursing and the holistic nurse. The healthcare community and the consumer will be able to gain a more personal understanding of the holistic nurse. Gaining insight to the holistic nurses’ experience can assist in better preparing the nurse (at any educational level) for the mutual participatory healing process. By exploring the holistic nurses’ perceptions, we continue to advance the discipline of holistic nursing.

REFERENCES