



Mind Body Spirit - The Whole News

RNASO-CTNIG Newsletter

Volume 19, Issue 2 Summer 2020

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There is nothing to do. Just be.
Do nothing. Be.
No climbing mountains and sitting in caves.
I do not even say “be yourself” since you do not know yourself.
Just be.

Nisargadatta Maharaj

A Few Words from the President



Jacquie Dover
CTNIG
President

Dear CTNIG Family,

Last fall, when I stepped into the role of Complementary Therapies Nurses' Interest Group (CTNIG) president, I had no idea that the year 2020 would send so many of our lives into a tailspin. Overlapping and interconnected crises of the pandemic, anti-Indigenous racism, anti-Black racism, economic downturn, and clinician burnout are top of mind for Ontario nurses. At the same time, many of us see the possibility of positive change emerging from the current turmoil.

This is an exciting time to champion the CTNIG vision to have complementary therapies recognized, incorporated, and integrated into nursing and health care and as an option for wellness and self-care for all Ontarians. In June we held our CTNIG Virtual Breakfast Meeting (<https://youtu.be/2qj7pgekYA4>), and we launched our Exploring Self-Care Wellness Series for Nurses (<http://www.rnao-ctnig.org/selfcare>). CTNIG is preparing to transition from an RNAO Associate Interest Group to an RNAO Provincial Interest Group and we are building ways to further engage with our membership.

We value your feedback and we invite you to let us know how we are doing. Our fall AGM will be an opportunity our members to shape CTNIG's vision for the year ahead. I am tremendously grateful to all of you, CTNIG leadership team and members, for your passion, contribution, and commitment.

With gratitude,

Jacquie

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Annual General Meeting Notice

The Complementary Therapies Nurses' Interest Group **Annual General Meeting** is on Saturday September 19th from 0900-1100. All current CTNIG members and any RNAO members interested in learning about CTNIG are invited to register to attend.

The meeting will include a guest speaker and we will receive reports for each of our CTNIG Executive Network Officers (ENOs). We also want to hear from you.

SAVE THE DATE:

EVENT: RNAO-CTNIG Annual General Meeting

TIME: 9:00 AM TO 11:00 AM

LOCATION: Online (Zoom)

REGISTRATION: Registration opens soon!

We look forward to seeing you at the CTNIG AGM!

Sincerely,

CTNIG Executive



Exploring Self Care

A new wellness series to create opportunities for you to develop an individualized self-care program.

"It is difficult to be a healing presence for others when our own vessel is empty"

(Burkhardt & Nagel -Jacobson)

As key components of Holistic Nursing are self-reflection and self-care, the CTNIG is initiating a new wellness series called **Exploring Self-Care**. It will include a range of self-care practices, resources and ideas for stress reduction, health and wellbeing that our members can access via emails, on our Facebook page and website. Complementary Therapies are ideal self-care practices.

We all know the risks to our emotional, mental, physical, and spiritual wellbeing that can occur being a nurse and caregiver. The notion of self-care is not a selfish act but is especially important not only to maintain your health, well-being and work/life balance but also to enable you to deliver safe, compassionate, empathetic patient care and be a role model.

As a holistic nurse, at the individual level you have a responsibility for your self-care but you are not alone in this. Your workplace and government also have a responsibility for creating a healthy and safe work environment to support you. The RNAO has developed a number of good BPGs relating to creating healthy workplace environments for the nurse that you can view. For more information go to https://rnao.ca/sites/rnao-ca/files/HWE_PocketGuide2013.pdf

Self-care is **not** "a one size fits all". There are a number of strategies that are helpful to deal with stress and its effects and maintain health and wellness. When determining what can work best for you...

- I. Take some time for **self-reflection** to assess where you are at with self-care.

2. **Assess** your needs based on individual factors that include your personal attributes; physical, mental, emotional, spiritual, economic, workplace and relationship factors; knowledge of and skills in various self-care strategies; time and resources.
3. **Plan** your program based on the strategies that speak to you; are doable at the time; and service a variety of needs/circumstances.
4. **Implement**...Start simple so they are easier to implement and sustain, then build.
5. **Evaluate** your plan/practices, knowing that over time your needs and circumstances may change and therefore your strategies may need to change. Some practices you may be able to do on your own, others you may need more coaching in, while still others you may need to connect with a specific practitioner.

Please feel free to share these postings with your colleagues. The information will

be available through our Facebook page and website rnao-ctnig.org

We would also like to hear from you about any of your self-care practices that we can share with the rest of our nursing community.

Send your submissions to:

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Inspirational Corner

Game Changer - Banksy



The piece is on display at Southampton general hospital. Photograph: [@banksy/Instagram/PA](https://www.instagram.com/banksy/)

He may be best known for his comic and subversive street art, but Banksy has been working within the constraints of lockdown to produce a more intimate piece paying tribute to the NHS.

The elusive artist has created a piece called *Game Changer* that has gone on display, nicely framed, in a corridor at Southampton general hospital.

It shows a boy dressed in dungarees playing with a nurse superhero toy, with figures of Batman and Spider-Man discarded in a bin.

The nurse, wearing a face mask and a white apron featuring a red cross, has her arm raised as if she is flying, with a cape fluttering behind her.

Banksy left a note for hospital workers, saying: "Thanks for all you're doing. I hope this brightens the place up a bit, even if it's only black and white."



Come join us on FaceBook at www.facebook.com/CTNIG/



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Our Condolences

Condolences to long time CTNIG member Kathy Moreland

The CTNIG would like to extend our deepest sympathies to a long-time member and cherished past executive member, Kathy Moreland, on the recent passing of her son. Kathy, in times like these, words are certainly not enough to help with the deep pain grief causes, but know, we are here for you and are surrounding you with love and comfort as you navigate through the ever changing feelings of grief. In his memory and on behalf of the CTNIG we have donated three trees to be planted in the place of most need in Canada. The poem to the right signifies and helps us remember that our loved ones are always with us, in each new day. All of the precious memories are held in our hearts, and will live there always.



I give you this one thought to keep
I am with you still
I do not sleep,
I am a thousand winds that blow,
I am the diamond glints on snow,
I am the sunlight on ripened grain,
I am the gentle autumn rain.

When you awaken in the morning's
hush,

I am the swift uplifting rush
of quiet birds in circled flight,
I am the soft stars that shine at night.

Do not think of me as gone,
I am with you still in each new dawn.

Know the Science of Complementary Health Approaches

<https://content.govdelivery.com/accounts/USNIHNCCIH/bulletins/2929d18>

Websites



It's important for patients to know the science of health. As you know, there is a lot of misinformation circulating about health—from anecdotes disguised as evidence to excessive claims made by supplement manufacturers to TV doctors touting the latest “miracle cure.” Reliable health information is key to making good health decisions, but it can be difficult to tell the difference between facts and myths, particularly in the area of complementary and integrative health approaches.

American Holistic Nurses Association

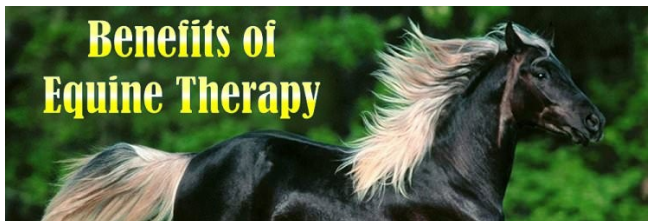
ahna.org

We're here for you.

- AHNA's resources were some of the first publications specific to nurses in the COVID-19 response.
- AHNA Holistic Nursing Self-Care Strategies

Education

Hippotherapy as an Alternative Medical Therapy Lisa Johns RN, BScN



Equine Assisted Therapy is a collective term for therapeutic measures with horses and includes all types of activities in which the relationship that is established between the patient and the horse is emphasized. Hippotherapy is a type of Equine Assisted Therapy that is considered to be a medical treatment that uses the movement of the horse in order to benefit the rider.

The word 'hippotherapy' comes from the greek 'hippos' meaning horse and 'therapy' meaning care. Thus, hippotherapy is the utilization of the horse for therapeutic purposes. In hippotherapy, the rider does not influence the horse but rather the movement of the horse stimulates postural and muscular reactions on the rider. Hippotherapy is a strategy that uses the horse's motion to stimulate and enhance muscle contraction and postural control. (Champagne & Dugas, 2010).

This alternative therapy concept has been developed and used successfully over the last 65 years as an alternative medical therapy that is known to help those with physical, mental and emotional disabilities. Hippotherapy is a physical therapy treatment strategy using the natural, three-dimensional movements of the horse's walk to influence the rider in ways that are both physically and psychosocially beneficial. (McGibbon, Benda, Duncan, & Silkwood-Sherer, 2009), (Macauley, & Gutierrez, 2004). The client's role in Hippotherapy is passive; he or she interacts with the horse and responds to the movement, emotional and neuro-sensitive stimulation created by the 110 multidimensional movements that are produced by the horse's natural gait, forward motion and momentum every minute (Benda, McGibbon, & Grant, 2003). This quality of stimulation cannot be reproduced by any other means, and the benefits and often dramatic gains made through

hippotherapy are not only well documented, but unmatched by other means of similar therapies (Debusse, Gibb, & Chandler, 2009).

Not only are there physical benefits from hippotherapy, but other advantages also include emotional and psychosocial gains (Granados & Agís, 2011) as well as enhancement with the development of speech and language (Macauley, & Gutierrez, 2004). Therefore, the objectives in hippotherapy are not essentially motor; they are often cognitive, behavioural, or social, depending on the initial evaluation prepared by the prescribing therapist and with the help of the client's medical team (Lechner, Kakebeeke, Hegemann, & Baumberger, 2007).

When it comes to traditional physiotherapy, the concept of movement is fundamental to treatment, and that is exactly what hippotherapy provides. In fact, hippotherapy provides movement in a multidimensional format that cannot be matched by any other means, and the benefits are many. When the therapy horse is walking with a rider on its back, the motion that is experienced by the rider is gentle and repetitive as it moves the rider's body in a way that is similar to the human gait. Physically disabled riders often achieve enhanced flexibility, muscle strength, and balance. For children with spastic diplegia cerebral palsy as well as other back and neck issues, the benefits of hippotherapy include improvement of trunk and head stability and functional reach. The warmth and motion of the horse mimicks that of the human body, and also serves to reduce muscle spasticity in the legs, back, neck and arms which enhances range of motion. There is also a comforting, emotional component at work, as being on the horse's back also provides the rider with the opportunity to re-experience the sense of being carried, as in infancy (Granados, & Agís, 2011). Other benefits include improved respiration, circulation, balance, and body metabolism along with greater muscle strength and agility. Improvement in balance and physical ability is evident as the participant maintains stability and balance throughout the movements of the horse. This instantaneous feedback produces tremendous

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overall improvement of balance and postural control (Hakanson et al, 2009).

Not only does hippotherapy improve balance, posture, mobility, and reactive time, but it is also beneficial to clients with emotional, cognitive, behavioural, communicative, and social issues, and has been instrumental toward improving functional outcomes. (Lechner, Kakebeeke, Hegemann, & Baumberger, 2007). Additionally, positive, short-term effects on the participant's mental well-being are evident after hippotherapy that are not detected after other therapies (Lechner, Kakebeeke, Hegemann, & Baumberger, 2007). According to the American Hippotherapy Association, "Hippotherapy has been shown to improve muscle tone, balance, posture, coordination, motor development as well as emotional well-being" (<http://www.americanhippotherapyassociation.org/>).

There is an aspect of non-verbal communication that is offered from the horse to the participant, which is especially beneficial for children with communication disorders, learning disabilities, psychosocial and emotional issues (Macauley, & Gutierrez, 2004). Hippotherapy stimulates the patient both physically as well as mentally, and a noted increase in concentration and presence that has been reported. It is this quality of physical as well as emotional closeness to the horse is what creates a unique experience that sensory and motor activities of other alternatives do not offer. The resulting psychosocial benefits that have been reported include improvements in self-esteem, self-image, and interpersonal skills of the human participants. By affecting multiple systems such as the sensory, muscular, skeletal, limbic, vestibular, and ocular systems simultaneously, hippotherapy may lead to psychologic, social, and educational benefits that will be evidenced in behavioural patterns used in other environments (Granados, & Agís, 2011). Horses are excellent nonverbal communicators and they are very sensitive to human behaviour and movement and respond in a mirror-like fashion to human emotion (Bartlett, 2010). In fact, many patients with emotional or psychosocial issues have become more outgoing following Equine Assisted Therapy and autistic children have been known to communicate

spontaneously for the first time with a horse! (Granados, & Agís, 2011).

Contraindications: The effectiveness of hippotherapy has been well documented however, in many cases it is not possible to put it into practice for various reasons but the main barriers being financial considerations and accessibility (Herrero et al, 2010). The costs associated with the facility and the maintenance and training of the therapy horses make hippotherapy financially out of reach for the average person who may not qualify for financial subsidy. The facilities that offer hippotherapy are few and far between, and are often located outside of larger city limits. This creates a need for transportation, yet another accessibility issue for many participants.

When hippotherapy is provided by properly trained professionals, no contraindications are noted, however, it is not always available to many individuals who may benefit from hippotherapy due to the lack of trained professionals and volunteers that are qualified to provide hippotherapy in a safe manner (Herrero et al, 2010). Since Hippotherapy Canada is not a regulatory body and has no control over anyone advertising their "Hippotherapy" skills, there may be a number of people offering the service, while they may have some horses, in fact lack the qualifications in what is a very specialized field. It is in such situations that the safety of the participant is at risk. For this reason, both the Canadian Therapeutic Riding Association as well as author Michelle Bartlett stress the importance of using caution and investing some time researching to determine if the program as well as the provider meets professional standards (Bartlett, 2010), (<http://www.cantra.ca/documents/whocandoarticle1.pdf>).

Research: There is a great deal of research that supports the benefits of hippotherapy, especially for children with spastic cerebral palsy, and those with spinal cord injury. Much of the research studies that evaluated the effectiveness of hippotherapy as compared to other methods of treatment, showed dramatic physical gains as well as improved emotional well being for the participants. The outcome comparisons were made with other interventions, provided objective as well as

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subjective evaluations that were found to be useful in determining the benefits and effectiveness of hippotherapy. The results of one trial concluded that hippotherapy was in fact more effective than other traditional means in reducing muscle spasticity associated with spinal cord injuries and ultimately improving not only functional independence for people with spinal cord injuries, but also the participants' mental well being (Lechner, Kakebeeke, Hegemann, & Baumberger, 2007).

A more comprehensive description of the positive effects of hippotherapy was also presented through a qualitative study that explored the lived experience of individuals with cerebral palsy from a hippotherapy-

participant perspective. This unique perspective indicated not only the immediately obvious physical benefits, but the positive experience was extended into activities of daily living, and increased self-efficacy, confidence, and self-esteem. This study provided a better understanding of the

positive effects of hippotherapy and quality of life in people with cerebral palsy (Debusse, Gibb, & Chandler, 2009). Granados & Agis explain that because Hippotherapy affects multiple systems such as the sensory, muscular, skeletal, limbic, vestibular, and ocular systems simultaneously, the positive results experienced in psychological, social, and emotional outcomes "will be evidenced in behavioral patterns used in other environments" (Granados & Agis, 2011).

Some of the more objective means that were used in clinical studies to evaluate the effects of hippotherapy included a "human performance laboratory" in which a motion capturing video system read anatomic markers and took kinematic measurements which enabled the translation of specific rotation variables during the hippotherapy experience (Shurtleff, Standeven, & Engsberg 2009). His was an especially helpful research

method, since the "systematic and objective data about the results of hippotherapy intervention will further inform physicians, therapists and third-party payers about the benefits of hippotherapy as an affective treatment strategy in the context of OT or PT for children with CP" (Shurtleff, Standeven, & Engsberg 2009).

Other quantitative research results suggest that the unique movement and stimulation that is provided in hippotherapy is more effective in achieving measured improvements in symmetry in muscle activity in children with spastic cerebral palsy than the passive stretching methods that are used in standard physiotherapy methods (Benda, McGibbon, & Grant, 2003). In a randomised controlled trial, these outcomes were measured with a remote surface electromyography device,

which was used to measure muscle activity prior to, during and after hippotherapy as well as traditional physiotherapy methods of equal duration. The electromyography results indicated significantly higher rates of improvement for those who received hippotherapy treatment (Benda, McGibbon, & Grant, 2003).



The case report by Champagne and Dugas (2010) describes the impact of an 11-week hippotherapy program on the gross motor functions of children diagnosed with Down syndrome. The Gross Motor Function Measure (GMFM) assessment results indicate improved gross motor function, and specifically in postural control of the head and trunk. It was also noted that each child may adopt different adaptive strategies in response to the stimulus induced by the moving horse (Champagne & Dugas, 2010) which provides a natural means of customization of the therapy according to the needs of the individual rider (Champagne, & Dugas, 2010). The GMFM was especially helpful in determining the improvements on trunk stability, control, balance and coordination of movement after hippotherapy.

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In other studies, questionnaires were used to gather more subjective data from participants, clinicians and parents. All research indicates that the short and long term benefits of hippotherapy exceed those of traditional therapies, and other additional benefits, such as feelings of emotional well being, were also noted after hippotherapy alone (Macauley, & Gutierrez, 2004).

Recommendations: Due to the overwhelming results that indicate the unmatched benefits of hippotherapy, it is evident that the need for hippotherapy exceeds the opportunities for treatment. There needs to be more accessibility to hippotherapy opportunities as well as more qualified therapists (Herrero et al., 2010). This boils down to funding as well as legislation from governing organizations to ensure the quality of therapy provided to the many people who would benefit from hippotherapy, as well as accessible facilities, specially trained horses and the recruitment of volunteers (Shurtleff, Standeven, & Engsberg 2009).

References:

American Hippotherapy Association website, (<http://www.americanhippotherapyassociation.org/>)

Bartlett, M. (2010). HUMANS, HORSES, AND HEALTH. Broomstick Horses and Pony Dreams--How to Pick the Best Therapeutic Riding Program for Your Child. *Palaestra*, 25(1), 50-51. Retrieved from EBSCOhost.

Benda, W., McGibbon, N. H., & Grant, K. L. (2003). Improvements in Muscle Symmetry in Children with Cerebral Palsy After Equine-Assisted Therapy (Hippotherapy). *Journal of Alternative & Complementary Medicine*, 9(6), 817-825. Retrieved from EBSCOhost.

Canadian Therapeutic Riding Association website (<http://www.cantra.ca/hippotherapy.shtml>)

Champagne, D., & Dugas, C. (2010). Improving gross motor function and postural control with hippotherapy in children with Down syndrome: Case reports. *Physiotherapy Theory & Practice*, 26(8), 564-571. doi:10.3109/09593981003623659

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Debusse, D. D., Gibb, C. C., & Chandler, C. C. (2009). Effects of hippotherapy on people with cerebral palsy from the users' perspective: A qualitative study. *Physiotherapy Theory & Practice*, 25(3), 174-192. doi:10.1080/09593980902776662

Granados, A., & Agís, I. (2011). Why Children With Special Needs Feel Better with Hippotherapy Sessions: A Conceptual Review. *Journal of Alternative & Complementary Medicine*, 17(3), 191-197. doi:10.1089/acm.2009.0229

Hakanson, M., Moller, M., Lindstrom, I., & Mattsson, B. (2009). The horse as the healer--a study of riding in patients with back pain. *Journal of Bodywork & Movement Therapies*, 13(1), 43-52. Retrieved from EBSCOhost.

Herrero, P., Asensio, Á., García, E., Marco, Á., Oliván, B., Ibarz, A., & ... Casas, R. (2010). Study of the therapeutic effects of an advanced hippotherapy simulator in children with cerebral palsy: a randomised controlled trial. *BMC Musculoskeletal Disorders*, 1171-76. doi:10.1186/1471-2474-11-71

Lechner, H., Kakebeeke, T., Hegemann, D., & Baumberger, M. (2007). The effect of hippotherapy on spasticity and on mental well-being of persons with spinal cord injury. *Archives of Physical Medicine & Rehabilitation*, 88(10), 1241-1248. Retrieved from EBSCOhost.

Macauley, B., & Gutierrez, K. (2004). The effectiveness of hippotherapy for children with language-learning disabilities. *Communication and spinal cord injury, Disorders Quarterly*, 25(4), 205. Retrieved from EBSCOhost.

McGibbon, N., Benda, W., Duncan, B., & Silkwood-Sherer, D. (2009). Immediate and long-term effects of hippotherapy on symmetry of adductor muscle activity and functional ability in children with spastic cerebral palsy. *Archives of Physical Medicine & Rehabilitation*, 90(6), 966-974. Retrieved from EBSCOhost.

Shurtleff, T., Standeven, J., & Engsberg, J. (2009). Changes in dynamic trunk/head stability and functional reach after hippotherapy. *Archives of Physical Medicine & Rehabilitation*, 90(7), 1185-1195. Retrieved from EBSCOhost.

Making Sense of Scientific Journals



Almost every day, new findings on medical research are published, some of which may include complementary health approaches.

Research studies about medical treatments and practices published in scientific journals are often the sources of news stories and can be important tools in helping you manage your health.

But finding scientific journal articles, understanding the studies they describe, and interpreting the results can be challenging.

One way to make it easier to understand information you find in a scientific journal is to share the information with your health care providers and get their opinions. Once you understand the basics and terminology of scientific research, you have one more tool to help you make better, informed decisions about your health.

Go to this website to see 9 questions that can help you make sense of a scientific research article.

<https://www.nccih.nih.gov/health/know-science/make-sense-health-research?nav=govd>

A New Integrative Health & Wellness Podcast

hosted by Dr. Andrew Weil & Dr. Victoria Maizes

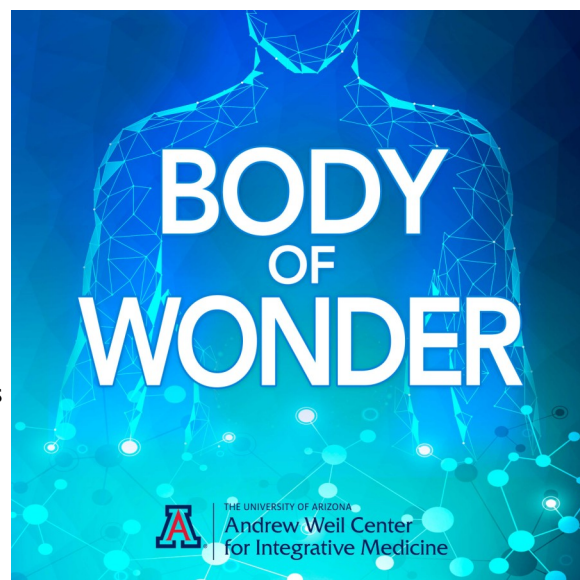
Join Dr. Andrew Weil & Dr. Victoria Maizes for insightful conversations with thought-provoking doctors, specialists, authors, and researchers at the forefront of integrative health and wellness.

In our new podcast, *Body of Wonder*, we dive into the research that is changing medicine, hear compelling stories, and explore age-old wisdom backed by modern science.

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Episodes are perfect for on-the-go listening and designed for all. No previous knowledge or healthcare training necessary!



Nature Therapy

Author: Lisa Marchildon-Johns RN, BScN

It was a cool, sunny morning, and I looked toward Mother Nature to provide a feeling of tranquility during a time of uncertainty.

In the meadow, a variety of wild flowers were in various stages of bloom. On the edge of the wooded area, Trilliums were blooming in spectacular abundance, their pink and white petals waved gaily in the morning breeze.

Tall, distant pines had a wispy, airbrushed effect as they provided a backdrop to the meadow scene; nature's spring tapestry, teeming with life and the promise of prosperity.

A choir of birds sang their sweet songs of courtship as they frolicked playfully above the meadow. Crickets chattered and chirped, only to be momentarily outdone by the monotone buzz of a passing dragonfly. Occasionally, their concert was interrupted by a distant call of a lonely crow. Nature's music nourished my soul. I was hushed with admiration.

The brilliant rays of the sun warmed my face, and I inhaled deeply the freshness of the meadow air. The sweet fragrance of lilacs in full bloom was absolutely intoxicating. I closed my eyes and, lifting my face toward heaven, smiled at the sun.

I said aloud, "I am thankful."





Holistic Nursing SELF-CARE STRATEGIES

Most nurses are experts at coping under a reasonable amount of stress every day and usually manage to return home ready to take on our personal & family responsibilities. On-going acute stress can severely deplete immune system function.¹ AHNA is aware that the elements that typically keep you healthy may be inaccessible during this state of emergency. We have devised a toolbox of quick practices so no matter how short the self-care moment, your immune system has a chance to catch up!



Sleep

Deprivation of sleep prevents the immune system from creating and releasing cytokines used for fighting infection or stress. While 7-8 hours per night is ideal, try sleeping as many consecutive hours as possible. Research studies on nightshift nurses taking a mid-shift nap showed successful improvement of concentration and cognition compared to those who did not nap.² Create a sleep ritual to decompress: Lavender oil applied to the soles of the feet, nape of neck, or temples can effectively induce relaxation, reduction of tension headaches, and restful sleep.

Hydration

Body Weight divided by 2 = daily Ounces of Water Intake. Drinking water becomes even more important in times of stress; the physical response to stress mimics that of dehydration.³ Nurses should take additional measures to increase hydration while under stress. Prioritize self-checks for darker yellow or amber urine, constipation, headaches, dry mouth, energy loss, or decreased turgor and actively hydrate when these symptoms are observed.

- 1) Drink two glasses of water as soon as you wake up. Drinking at least 16-24 oz of water first thing before a 12-hour shift will help set you up for success. By making significant progress early in the day, hitting your water goals will seem more attainable.
- 2) Eat your water. Fruits and vegetables are not only excellent break room snacks, but they are loaded with water that contributes towards your total water intake for the day.

Unit Managers: Anticipate alternative methods for staff hydration needs. Consider wearable hydration packs beneath scrubs / PPE, this expedites hydration in moments when mask removal is possible.



Nutrition

A diet high in antioxidants decreases free radicals preventing symptoms of brain-fog from vitamin and mineral deficiency.^{2,20} Fermented foods, or yogurt, stimulate natural killer cell activity, and type I interferon production.⁷ Quick bite high antioxidant 'finger foods' will be helpful during long shifts: walnuts, celery, blueberries, tart cherries, spinach or salad in a wrap, orange vegetables and fruits, pineapple bites, avocado slices, or chia in yogurt.²¹ Seasoning with turmeric, ginger,¹⁷ onions, garlic, and super-food powders such as spirulina, provide anti-inflammatory properties. Try limiting caffeine, nicotine, and processed foods as these suppress the immune system.³



Movement

Movement is an antidote for the impact of stress on cells.²² When planned exercise is not plausible, taking brief moments to move is simultaneously healing and energizing; walk outside during breaks or mealtime, climb the stairs, or park and walk. Yoga can stimulate the thymus gland producing & moving white blood cells. Movement improves lymphatic drainage, gut health,²⁶ and micro-circulation through the organs and extremities. A 10 minute yoga or stretching practice opens joints, releases synovial fluid, and improves awareness; any movement that feels good, is good! Many websites have free short stretch or yoga sequences for your break time.



www.AHNA.org
(800) 278-2462



Self-Affirmation

The mind has the ability to create endorphins that benefit us psychologically, and physically.²⁵ Louise Hay's philosophies remain a valuable resource for nurses to use in stress reduction. Positive affirmations are beneficial in any frequency at any time—the goal is to retrain the brain to lean toward positive discerning thoughts.⁸ Create your own Affirmation: Start with the words "I am," these are the two most powerful words in the English language. Use present tense & state your affirmation in positive tense. Keep it brief & specific. Include a dynamic action word.



Meditation

Cultivating mindfulness reduces cortisol.¹⁰ Start by focusing on the breath without trying to change it. Notice the sensation of air moving into and out of the body. When ready, gently release that focus and simply observe moment-to-moment experience with full attention. Distracting thoughts are part of the practice, but they will gradually slow & become meaningful when mindfulness increases. Much of the emotional distress we experience results from worry over that which has happened, or, anticipating negative events yet to occur.²⁴ Spend this time trying to maintain focus on one moment in time:

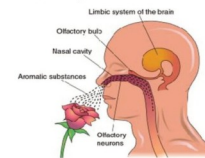


THIS ONE

Aromatherapy

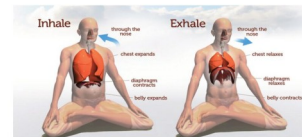
Essential oils have gained notoriety for their anti-viral, anti-microbial, and anti-inflammatory properties.^{5,12,30} Recent studies of Essential Oils of Frankincense³¹, clove³², oregano³, cinnamon^{33,34}, & rosemary¹ demonstrated anti-infective properties. Research has shown several 'protective blends' of the latter to be effective against multiple organisms, including viral particles.^{11,13,22} Topical application, diluted with a carrier oil and applied directly to the soles of the feet, is sufficient & many experience results within 20 minutes. For sore shoulders, necks and backs individuals report pain relief after a topical application of Cypress, Marjoram, and/or Peppermint to the painful area. Adding these to an epsom salt bath may concurrently filter systemic toxins. For relief of tension, stress, or balancing emotions, inhalation or diffusion carries the essential oil through the nostril, directly to the limbic system.^{1,27}

Note: OTC essential oils produced using chemical splicing can be toxic. Essential oils obtained from a reputable source are safer to assure efficacy.



Get Outdoors & Breathe!

Briskly walking, or taking lunch outdoors, increases endorphins.²³ Commit to 15 minutes outside when possible. To perform diaphragmatic breathing, concentrate on a deep breath. INHALE: Feel your belly expand. Take another deep sip of air and fill up your lungs completely. EXHALE: Open your mouth, allow your tongue to rest and exhale with a HAAAAHH sound. Imagine healthy lungs filtering toxins, then exhale, releasing what is not beneficial.²⁹ Diaphragmatic breathing exercise reduces anxiety and stress.¹⁸ Practicing even a few times daily for 2-3 weeks helps "reset" healthy breathing.



All of the above are evidence-based.
For References go to <https://bit.ly/39ivvY>
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Research

I. Nurses' Knowledge and Treatment Beliefs: Use of Complementary and Alternative Medicine for Pain Management

Brewer, Nicole & Turrise, Stephanie & Kim-Godwin, Yeoun & Pond, Jr, Richard. (2019). Nurses' Knowledge and Treatment Beliefs: Use of Complementary and Alternative Medicine for Pain Management.

Journal of Holistic Nursing. 37. 089801011882221. 10.1177/0898010118822212.

Purpose

To examine the relationship between nurses' knowledge, attitudes, and beliefs about medicines, in general, and complementary and alternative medicine (CAM) and identify the predictors of referrals for pain management.

Method

This descriptive, correlational study utilized an online survey to collect data from direct care nurses at a large medical center in southeastern United States. The online survey consisted of the Complementary and Alternative Medicines and Beliefs Inventory (CAMBI), the Beliefs about Medicine Questionnaire, and four open-ended questions. Referral data were obtained from the Information Management Department at this medical center.

Results

Among the 218 nurses who completed the survey (15.12%), majority (85%) supported CAM use, but only 32% reported utilizing CAM therapies with patients. Medical surgical, emergency department, and preoperative nurses scored higher on their CAMBI total score and were more likely to refer for CAM therapies when compared with intensive care unit nurses.

Conclusions

Beliefs about CAM specifically were not related to referrals for CAM therapies. This study suggests the need for further education on the nurse's role in CAM usage.

Understanding the link between nurses' knowledge, attitudes, and treatment beliefs and their relationship to CAM usage provides direction for future educational interventions.

Link to full article: https://www.researchgate.net/publication/330361353_Nurses'_Knowledge_and_Treatment_Beliefs_Use_of_Complementary_and_Alternative_Medicine_for_Pain_Management

2. Implications for COVID-19: a systematic review of nurses' experiences of working in acute care hospital settings during a respiratory pandemic

Fernandez, P. R., Lord, H., Halcomb, P. E., Moxham, P. L., Middleton, D. R., Alananzeh, D. I., & Ellwood, L. (2020). Implications for COVID-19: a systematic review of nurses' experiences of working in acute care hospital settings during a respiratory pandemic. *International Journal of Nursing Studies*, 103637. Advance online publication. <https://doi.org/10.1016/j.ijnurstu.2020.103637>

Background

Pandemics and epidemics are a public health emergencies that can result in substantial deaths and socio-economic disruption. Nurses play a key role in the public health response to such crises, delivering direct patient care and risk of exposure to the infectious disease. The experience of providing nursing care in this context has the potential to have significant short and long-term consequences for individuals, society and the nursing profession.

Objectives

To synthesize and present the best available evidence on the experiences of nurses working in acute hospital settings during a pandemic.

Design

This review was conducted using the Joanna Briggs Institute methodology for systematic reviews.

Data sources

A structured search using CINAHL, MEDLINE, EMBASE, PubMed, Google Scholar, Cochrane

(Continued on page 15)

Library, MedNar, ProQuest and Index to Theses was conducted.

Review methods

All studies describing nurses' experiences were included regardless of methodology. Themes and narrative statements were extracted from included papers using the SUMARI data extraction tool from Joanna Briggs Institute.

Results

Thirteen qualitative studies were included in the review. The experiences of 348 nurses generated a total of 116 findings, which formed seven categories based on similarity of meaning. Three synthesized findings were generated from the categories: (i) Supportive nursing teams providing quality care; (ii) Acknowledging the physical and emotional impact; and (iii) Responsiveness of systematised organizational reaction.

Conclusions

Nurses are pivotal to the health care response to infectious disease pandemics and epidemics. This systematic review emphasises that nurses' require Governments, policy makers and nursing groups to actively engage in supporting nurses, both during and following a pandemic or epidemic. Without this, nurses are likely to experience substantial psychological issues that can lead to burnout and loss from the nursing workforce.

Link to full article: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7206441/>

3. Covid-19: Supporting nurses' psychological and mental health

Maben, J. and Bridges, J. (2020), Covid-19: Supporting nurses' psychological and mental health. *J Clin Nurs*. doi:[10.1111/jocn.15307](https://doi.org/10.1111/jocn.15307)

As the coronavirus disease 2019 (COVID-19) pandemic takes hold, nurses are on the front line of health and social care in the most extreme of circumstances. We reflect during a moment in time (week three of lockdown in the UK and week 5/6 across Europe) to highlight the issues facing nurses at this unprecedented time.

At the bedside 24 hr a day seven days a week, in similar outbreaks, nurses have had the highest levels of occupational stress and resulting distress compared with other groups (Cheong & Lee, 2004; Maunder et al., 2006; Nickell et al., 2004). Nurses are already a high-risk group, with the suicide rate among nurses 23% higher than the national average (ONS, 2017). Despite this, the RCN (Royal College of Nursing in the UK) has reported that nurses feel "repeatedly" ignored by their employers when they raise concerns about their mental health (Mitchell, 2019). A focus on personal responsibility for psychological health and well-being and an overemphasis on nurses being "resilient" in the face of under-staffing and often intense emotional work is consistently challenged by nurses and nurse academics (Traynor, 2018). Treating resilience as an individual trait is seen to "let organisations off the hook" (Traynor, 2018), yet has often been the focus of organisational strategies to date. This does not work at the best of times and certainly is not appropriate now in these most difficult of circumstances.

Here, we discuss the stressors and challenges and present evidence-informed guidance to address the physical and psychological needs of nurses during the COVID-19 pandemic. We stress the importance of peer and team support to enable positive recovery after acutely stressful and emotionally draining experiences, and outline what managers, organisations and leaders can do to support nurses at this most critical of times.

Link to full article: <https://onlinelibrary.wiley.com/doi/full/10.1111/jocn.15307>



Student Corner

Introduction to Lourdes Gabrentina RNAO-CTNIG Nursing Student Liaison



Hello! My name is Lourdes. I graduated with a BSN and got my RN license in the Philippines. After that, I went abroad and worked in retirement homes.

I am a Continuing Education Student Nurse at George Brown College in the Internationally Educated Nurses (IEN) Graduate Program. This program is designed to help IEN meet the College of Nurses of Ontario requirements for safe practice and language fluency so they can practice as registered nurses (RN) in Ontario. I have been studying for one year. I am interested in arts and crafts and have fun doing them in my home in Mississauga.

I found out about the CTNIG on social media. I followed the topic online. It really caught my attention from a cultural perspective as I also have a culturally themed arts-and-crafts business called "Mative." I am so happy to be in this group. It really helped pave way to what I want to do in life and it gave me hope. Thank you."

Research Officer

Introduction to Katrina Graham



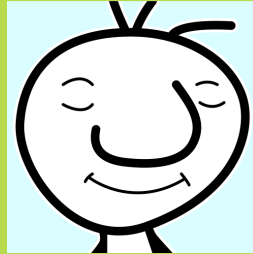
Katrina Graham RN BScN is of mixed heritage Cree and Scottish from Moose Factory ON. Katrina grew up in the Kitchener Waterloo area, and now resides in the Guelph-Wellington area. Her nursing career has focused greatly on palliative care working in both community and hospice care. Her passion for indigenous health care has been integrated into her nursing career by incorporating traditional healing modalities, advocating for indigenous health and wellbeing by connecting patients with local healers/ elders at end of life and serving on healthcare and spiritual care advisory groups. Her passion for traditional drumming and singing started when in nursing school, and claims that is how she "found her voice". Katrina was a past CTNIG education officer and recently rejoined as the Research officer.

"I felt most honoured as a nurse when I was singing with the drum for someone as they were preparing to leave this world. Even though she was not fully conscious, her feet danced when she heard the drum. That was the most spiritual, healing moment in my nursing career to date". – Katrina

On the Lighter Side

You Tube

One minute meditation



Learn to meditate in a moment with this animated video, based on Martin Boroson's book, One-Moment Meditation, published in twelve languages. Reduce stress, improve focus and find peace ... right now.

<https://www.youtube.com/watch?v=F6eFFCi12v8&feature=youtu.be>

"I'm sorry, The lab has to refuse your specimen because it wasn't labeled, initialed, dated, timed, encrypted, password protected, or copyrighted"



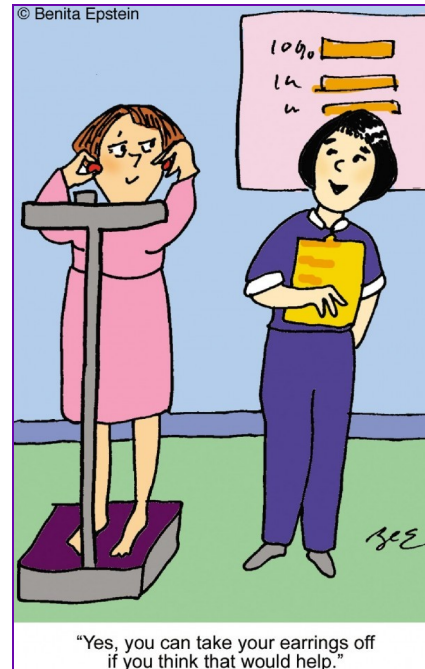
mematic.net

About a Nurse



"I'm sick of laying around all day and resting. Do you have any idea how boring it gets?"

© Benita Epstein



"Yes, you can take your earrings off if you think that would help."

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