



Mind Body Spirit - The Whole News

RNAO-CTNIG Newsletter

Volume 24, Issue 2

Fall 2024

Inside this issue:

A Few Words from the President	2
Winner of Free Membership	3
Who to Contact	3
Creating a Compendium	4
CTNIG Booth at the RNAO AGM	5
EFT	6
Self-care Tips	8
Inspiration Corner	9
Meditation	10
Website	11
Research	12
Recipe	15
Why Nurses Quit	16
Student Corner	18
On The Lighter Side	21



The fall is a season for gathering strength from the past and letting go of what's not needed for the future.

A Few Words from the President



Jessica Burford
CTNIG
President

It is so great to connect with you all again! I hope you found bright joy in your Summer and that Fall has welcomed warm and cozy opportunities to reconnect with yourself and your loved ones. As we plan for 2025, we want to hear from you. Please reach out to CTNIG with education session requests, articles for our newsletter, and other ways you think CTNIG could connect with you to support your Complementary Therapies (CT) practice. Your feedback on our initiatives is essential, and we invite you to share any insights, suggestions or questions you may have.

I am encouraged to see increased interest and support for integrative approaches to care that center various CT. I have noticed CT being brought up on the news, in books and TV shows, and, importantly, in research. The growing presence of CT in various spaces highlights expanded interest and reinforces the importance of advocating for the benefit of CT approaches integrated with nursing care. During this busy season of my life, I am also reminded of the importance of CT practices for my wellness. My daily meditation practice has been grounding for me. I have a steady meeting with myself every morning to ensure that I focus on restoring my energy through mindful meditation. A gentle reminder for all of us to prioritize our wellness and CT practice to ensure that we can continue to provide holistic care to others.

Thank you for the work you do as nurses and CT advocates. We value your voice and welcome you all to engage as active community members. Please watch your email and our website for events throughout the year. Sending you all positive energy with gratitude for what you do.

Best,

Jessica Burford RN, R/TRO, BScHK(Hon), MN-LPNP, GNC(C), CCNE, CHE
CTNIG President

A quote by Vaani Kapoor is displayed over a background image of a woman's face wearing sunglasses. The text is in a bold, black, sans-serif font. The background image shows the woman's profile from the nose down, with her hand near her chin, set against a bright, blurred outdoor background.

**I believe in
throwing a lot of
positive energy
in the universe
and hope for the best**

Vaani Kapoor

SuccessConsciousness.com

Winner of a free RNAO membership from the CTNIG

Below is the winning submission from one of our CTNIG members- they won a free RNAO membership!

Thank you to our member for sharing how CT has impacted their nursing practice.

The entrant wishes to remain anonymous:

Learning about complementary therapies, has enriched my life immeasurably over the years both personally and professionally. It's not uncommon to search for answers in unusual places when faced with challenges and the normal channels don't seem to provide adequate solutions. It was at one of those times in my life, that Therapeutic Touch (TT) appeared as an option from a trusted friend who is also a nurse. As I reflect many years later, it really changed the way I practiced nursing and how I continue to walk through life. Even though my days at work didn't often include being able to offer a TT session, everything I learned to become a recognized practitioner guided my nursing practice. Before even entering the unit I would start a shift by grounding myself and setting an intention for positive interactions. Visualization and awareness of how to facilitate my own energy flow to elicit the relaxation response made a real difference, especially on the most hectic of days. Knowing how to assess the energy of a room or complex situation with compassion and use my breath to stay centred helped me navigate some very intense situations. Ongoing, applications for TT includes use for self care, meditation and when loved ones needing energetic TLC, whether it be in person or at a distance. We discovered how effective energy modalities worked over zoom over the last few years!! It is both empowering and comforting to have this complementary therapy and others in my trusted toolkit!

Who to Contact

EXECUTIVE

President: Jessica Burford

chair@rnao-ctnig.org; president@rnao-ctnig.org

Past President: Jacquie Dover

Communication Officer: vacant

communication@rnao-ctnig.org

Education Officer: vacant

education@rnao-ctnig.org

Research Officer: vacant

research@rnao-ctnig.org

Financial Officer: Crystal Hepburn financial@rnao-ctnig.org

Policy & Political Action Officer: Farnaz Michalski

policy@rnao-ctnig.org

Membership Officer: Andrea Atkinson

andrea.n.uher@gmail.com membership@rnao-ctnig.org

Social Media Officer: vacant

RNAO Board of Directors Representative: vacant

NEWSLETTER EDITORIAL TEAM

Sandra Milley - Executive Editor sandraemilley@gmail.com

Darka Neill - Consulting Editor darka_neill@dalesfordrd.com

Elaine Pipher

Nicole Greaves

SOCIAL MEDIA/WEBSITE MANAGEMENT TEAM

Sandra Milley - Lead editor@rnao-ctnig.org or

CTNIG LIAISONS Area, Workplace or Group

Essex, Kent & Lambton County: Kim M. Watson

kwats56@hotmail.com

Students: vacant

Creating a Compendium of CTs

The CTNIG is looking to create a compendium of Complementary Therapies for our website in an effort to provide nurses, other healthcare professionals and the public information about a variety of Complementary Therapies. Each Complementary Therapy (CT) would have a short summary including description, background, benefits/effects, process and any links to CT organizations.

We are asking for some assistance from our members who may be interested in helping to create this resource. You could choose which CT you would like to highlight/write up (eg. one you use personally/professionally or want to learn more about) and submit it to Andrea Atkinson (CTNIG Membership Chair).

If you are able to contribute some time to our endeavour or have any questions please contact Andrea Atkinson andrea.n.uher@gmail.com or Darka Neill darka_neill@dalesfordrd.com

Any contribution would be greatly appreciated as many hands make the work light!

Example:

Therapeutic Touch®

What is Therapeutic Touch

Therapeutic Touch is a holistic, evidence-based therapy that incorporates the intentional and compassionate use of universal energy to promote balance and well-being. Therapeutic Touch practitioners are educated to modify a person's energy field when disease or illness obstructs or depletes their flow of energy. The Therapeutic Touch treatment restores order and harmony to the client's field. Based on the belief that the body can heal itself, Therapeutic Touch is a method of helping a person to mobilize their own natural healing abilities.

Background

Therapeutic Touch® was introduced in 1972 as a modern healing method, by Dolores Krieger, PhD, RN, and her colleague, Dora Kunz. It is an energy-based healing modality that is a contemporary interpretation of several ancient healing practices.

Three basic assumptions that underlie the practice.

1. In a healthy state, life energy flows freely in and out of a person's energy field in an orderly fashion.
2. With disease or injury, energy flow can be obstructed, disordered or depleted.
3. Therapeutic Touch practitioners help to restore the flow of energy in the field and move it toward wholeness and health.

Research and clinical experience have shown its effectiveness in:

- promoting a relaxation response
- reducing anxiety & stress
- managing pain
- improving sleep
- facilitating the body's natural healing process
- fostering a sense of well-being

Response

As responses to a Therapeutic Touch® session vary, there is no 'right' way to experience it. Some of those receiving Therapeutic Touch fall asleep during the session. Others may sometimes feel energy moving through their bodies or feel other sensations.

Process

Always individualized, a Therapeutic Touch session usually does not exceed 40 minutes. It can be done with no physical touching, or with light touch on the shoulders, arms and legs. The client remains fully clothed either sitting or lying down.

The practitioner centers themselves, then moves their hands from the client's head to the feet, two to four inches from the body, as they note any differences in the quality of the energy flow.

Following this, the hands are moved in a gentle, rhythmic motion with the intent to redistribute and rebalance the client's energy field. The Therapeutic Touch session ends with a rest period of 20 minutes or more, during which time the body's natural healing mechanisms respond to the client's altered and rebalanced energy flow, and the client's own healing momentum continues.

For more info go to

www.therapeutictouchontario.org

CTNIG Booth at the RNAO AGM- June 2024

Report from Darka Neill- RNAO-CTNIG Consulting Editor

Elaine Pipher and I had a very busy and enjoyable day at the RNAO AGM in June representing the CTNIG. Although the overall AGM attendance didn't seem as high as in previous years, many of the attendees took the time to visit our booth and share their stories about Complementary Therapies (CT) use within the context of holistic nursing practice. Mindfulness meditation, relaxation strategies, massage and energy work seemed to be the more common ones. They primarily use CT for self-care (stress and pain management) and less so in their work environment, although use in mental health and palliative care settings was found to be helpful.

The many handouts we offered (brochures, pens, newsletters, breathing techniques) were popular items. Quite a few nurses were impressed with our banner and commented on the number of CT one can use as an adjunct to conventional medicine or on their own for health and well-being.

While we had a lots of conversations with RNs, we didn't see as many students as last year. However, we were able to meet Benji Finestone, our student rep, at the end of the day and a fellow nursing student to discuss the various challenges students have in learning about CT.

All in all it was a very successful day promoting the use of CT in holistic nursing practice and healthcare!



Emotional Freedom Technique (EFT) Tapping

Submitted by: Margarita Weaver (She/Her) RN BScN MPH CCHNC
Certified Holistic Nurse & Coach ~ HolisticRN.ca

What is EFT Tapping?

EFT stands for Emotional Freedom Technique, also known as “Tapping.” It is an “acupuncture” or “acupressure” like therapy, without needles. It helps to move the body’s energy flow or Qi, in the meridian system, to get blocked energy or emotions unstuck. The act of tapping or touching with pressure, on specific points on the body, while concentrating on a situation or emotion, the person’s energetic body may become balanced. Often there is talking along with the tapping, to help move the energy. It helps the person to move from the sympathetic stress response to a parasympathetic response. This balancing of energy may positively affect their physical, mental, emotional and spiritual well-being. EFT it is not a religion and has no dogma.

Background

EFT is a type of evidenced based, energy therapy that involves psychology. It was developed decades ago by Dr. Roger Callahan, a psychologist who incorporated cognitive behaviour therapy, exposure therapy and acupuncture. Gary Craig furthered this knowledge and developed an approach that used certain tapping points that could be used by anyone. The modern EFT technique is easy to learn and can be an effective self help modality. As a EFT practitioner, there are three levels of training. You do not need to be a nurse to practice EFT, however, there are EFT certifications for nurses. Nurses are in a good position to practice EFT for their own self care and to promote wellness to their clients/patients.

Process

The practitioner usually does not tap on the person but taps on themselves, while the person getting the therapy imitates the practitioner by tapping on specific parts of their body. (The practitioner could tap on the person if they are unable to). While focusing on an issue, the practitioner may say phrases and the person may repeat these phrases related to the emotional issue. Such as “even though I have anxiety I will love, honour and accept myself.” Or the person may tap, as they talk about the

emotional issue. Although there are up to 48 techniques that can be done, most often a basic technique is used tapping around the eyes, below the nose, below the mouth, below the collarbone, under the armpit and on top of the head. Before starting the tapping, the practitioner will assess the impact of the issue on a scale of 1 to 10 to assess what EFT technique to initiate and how long to tap. The therapy can last a few minutes to up to an hour.

Response

The person receiving EFT therapy will often experience relaxation, or a letting go of emotion, or may cry, or may no longer be bothered by the issue. EFT can be used to treat a wide range of issues, such as addictions, allergies, anxiety, biases, emotional blockages, cravings, depression, fears, lack beliefs, pain, phobias, PTSD, trauma, unwanted emotions, weight loss and more. One tapping session can have results. Usually, the person needs more than one session to have lasting results, especially when they have had the issue for many years.

Nurses can use EFT to deal with on the job issues like compassionate fatigue, stressful situations, biases, judgements, and PTSD. The practitioner facilitating EFT may also receive positive physical, mental, and emotional benefits. EFT is a non-invasive therapy that has individual benefits.

For more info:

<https://www.emofree.com/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6381429/>

To view entire research article on The effect of Emotional Freedom Techniques on nurses' stress, anxiety, and burnout levels during the COVID-19 pandemic: A randomized controlled trial. Dincer, B & Inangil, D. [Explore \(NY\)](#). 2021 March-April; 17(2): 109–114. go to: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7834511/>

Background and Objective: Infectious disease outbreaks pose psychological challenges to the

(Continued on page 7)

(Continued from page 6)

general population, and especially to healthcare workers. Nurses who work with COVID-19 patients are particularly vulnerable to emotions such as fear and anxiety, due to fatigue, discomfort, and helplessness related to their high intensity work. This study aims to investigate the efficacy of a brief online form of Emotional Freedom Techniques (EFT) in the prevention of stress, anxiety, and burnout in nurses involved in the treatment of COVID patients.

Methods: The study is a randomized controlled trial. It complies with the guidelines prescribed by the Consolidated Standards of Reporting Trials (CONSORT) checklist. It was conducted in a COVID-19 department at a university hospital in Turkey. We recruited nurses who care for patients

infected with COVID-19 and randomly allocated them into an intervention group and a no-treatment control group. The intervention group received one guided online group EFT session.

Results: Reductions in stress, anxiety and burnout reached high levels of statistical significance for the intervention group. The control group showed no statistically significant changes on these measures.

Conclusions: A single online group EFT session reduced stress, anxiety, and burnout levels in nurses treating COVID-19.



FOUR THUMPS

(as taught by Donna Eden – www.learnenergymedicine.com)



Purpose:

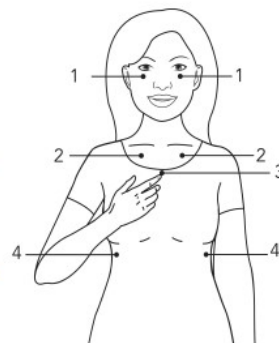
To reawaken the system after shock, relieve feeling numb or frozen, turn the circuits back on, increase energy in mind and body.

Use when:

- Feeling numb, paralyzed, in shock
- Feeling tired, fatigued, discouraged
- Needing an energy lift

Common experiences:

- Feeling more awake and alert
- Feeling stronger and more energetic
- Feeling joyful and happier



Steps:

1. Point 1-Tap lightly on both sides 20-30 times (On the upper edge of the ocular ridge, right below the pupil of the eye).
2. Points 2- Rub in small circles and/or tap on both sides 20 -30 times (Approximately 1 inch under the collarbone and 1 inch out to the side of the sternum (breast bone), in a soft indentation between the ribs)
3. Point 3 -THUMP vigorously with 20-30 times (The soft spot at center of sternum)
4. Points 4 –Rub in small circles and/or then tap vigorously on both sides 20-30 times (Just under breast and slightly to the side where the protruding rib sticks out)
5. Check in: what do you notice and feel, in your body, now?

Follow along with the video:

<https://youtu.be/SG5u-uVbkJ8>

Terms of Use

The information on this page is educational in nature and is provided only as general information for stress reduction. It is not intended to create, and does not constitute a professional relationship between Resources for Resilience project team members or the Association for Comprehensive Energy Psychology (ACEP) and the viewer. It should not be relied upon as medical, psychological, coaching, or other professional advice of any kind or nature whatsoever. <https://www.r4r.support>

Four Thumps: From ACEP (as taught by Donna Eden)

For nearly four decades, Donna Eden has been teaching people how to work with the body's energy systems to reclaim their health and natural vitality.

Donna is among the world's most sought, most joyous, and most authoritative spokespersons for Energy Medicine. Her abilities as a healer are legendary. She has taught more than 100,000 people worldwide, both laypeople and professionals, how to understand the body as an energy system.

Self-Care Tips

Hot Flashes from Menopause

Myth: Hot flashes only happen during menopause.

Fact: Women can have hot flashes 10 - 20 years before and after menopause.

Some women even experience hot flashes in their early 20s.



For more tips on dealing with hot flashes during perimenopause go to:

<https://womenhealthhub.com/tips-to-treat-hot-flashes-during-menopause/>

SELF CARE
MATTERS

Inspiration Corner

This poem by Rumi may change your perception of the value of all emotions and also ties in with the meditation for working with difficult emotions in this issue.

The Guest House by Jalaluddin Rumi

from *Rumi: Selected Poems*, trans Coleman Barks with John Moyncce, A. J. Arberry, Reynold Nicholson (Penguin Books, 2004)

This being human is a guest house.

Every morning a new arrival.

***A joy, a depression, a meanness,
some momentary awareness comes
as an unexpected visitor.***

***Welcome and entertain them all!
Even if they're a crowd of sorrows,
who violently sweep your house
empty of its furniture,
still, treat each guest honorably.
He may be clearing you out
for some new delight.***

***The dark thought, the shame, the malice,
meet them at the door laughing,
and invite them in.***

***Be grateful for whoever comes,
because each has been sent
as a guide from beyond.***

Take away from this poem...

The message in this poem is not to resist our thoughts and feelings, but to welcome them as if they were important guests that we were keen on seeing as each can provide a learning opportunity which carries with it the potential for growth and enlightenment.

All emotions (those considered negative and positive) can offer insights into our deepest selves, our fears, our desires, and our unhealed wounds.

When faced with emotions such as sadness, anger, or fear, our first impulse is often to avoid, repress, or ignore these feelings, hoping they will disappear. This tendency stems from a deep-seated desire to maintain a sense of control and comfort in our lives. However, if thoughts and emotions are seen mindfully, they have the tendency to dissipate in the long run. It doesn't mean we indulge or wallow in our negative feelings. Rather, it means we acknowledge their presence, listen to what they are trying to tell us, and let them pass through our 'house' in their own time (some staying longer while others shorter). By greeting them with kindness and curiosity, we practice self-compassion, learning to extend the same understanding and patience to ourselves that we would offer a respected guest. By welcoming every emotion, we allow ourselves a full range of human experiences.

The poem also reminds us the guests (emotions) are temporary and to embrace the present moment, recognizing the transient nature of all our experiences. This mindfulness encourages us to fully engage with both the joys and challenges we encounter, understanding that each has its time and place.

Meditation

A Guided Meditation for Working With Difficult Emotions

Adapted from Carley Hauck's practice for working with difficult emotions (from mindful.org).

The meditation is about noticing the body and visualizing the support, care, and wisdom to stay present to the right-now experience. Do this meditation without judgment and with a kind and open heart and remind yourself that it's okay to feel overwhelmed sometimes.

Each time you practice you may elicit different responses. There is no right or wrong way to experience this meditation.



Allow yourself to honour whatever comes up as what's happening for you, not to you.

As always, if you find your feelings are becoming too overwhelming for you to deal with alone, seek out professional assistance from your doctor or a therapist.

It's OK to ask for help!!!

Find a comfortable sitting position in a chair. Feel your feet firmly planted on the floor, your back and seat supported by the chair and allow your shoulders and your upper back to soften.

Bring your awareness to your breath. Notice the natural rhythm of your breath as you breathe in and out

(without changing it) for a few moments. It may even be helpful to place one hand on your lower abdomen. And as you breathe in, you feel the stomach rise. And as you breathe out, you feel the stomach fall.

As you continue breathing you may notice your breathing slowing down, perhaps your body softening with each out breath or your heart rate slowing. Allow yourself to be fully here in this present moment.

Bring to mind a situation that occurred recently where you felt sadness or disappointment. It need not be the most difficult experience, but just something mildly difficult to start with so that you can practice and then work your way to more difficult experiences. It may even be something that hasn't happened yet, but that you are feeling sad, disappointed, or anxious about.

Now turn your attention to the physical body. As you're reflecting on this situation of sadness, what do you feel in the body right now? Is there tightness or tension in your stomach, back or behind the eyes? Is there a heaviness in the shoulders or your head? What are you aware of right now?

With a compassionate, non judgemental curiosity, turn towards your experience as the observer watching what's unfolding. Everything is welcome right now.

If you find it difficult to be with what's arising, that's OK. Use the breath as a stabilizer, or anchor helping you to fully be here to whatever is arising, acknowledging that it is just passing in the mind, the body and the

(Continued on page 11)

(Continued from page 10)

heart. It might also help to name the feelings that are here for you, like sadness, loss, or disappointment.

If this feels comfortable for you, allow yourself to imagine a wise and loving figure who is cradling you. They have enveloped you with strong but gentle, soothing and loving arms. And they're stroking your head, back or arm and repeating, "It's OK. I am here for you." Let yourself take that in. Receive the support as best you can.

If there's anything else that you need to hear to really feel supported right now, allow that to come into your awareness. Are there any words or gestures that would feel most comforting and helpful? If nothing comes to mind that's OK too.

Notice what's happening in your physical body, without judgement, as you receive this support. Is there heaviness? Is there peace... acceptance? Just notice!

When you're feeling ready, you can thank this loving figure for their offer of support and presence and for whatever you experienced as something that happened for your benefit and what you need in this moment. You are strong, resilient, insightful and ready to meet the day.

When you feel ready, allow yourself to slowly transition back into your day—take a few deep breathes, slowly open your eyes, feel your feet on the floor, and notice your surroundings.



Website



The Menopause Society

For more information about menopause and healthy aging, visit www.menopause.org

The Menopause Society (formerly The North American Menopause Society) is dedicated to empowering healthcare professionals and providing them with the tools and resources to improve the health of women during the menopause transition and beyond. As the leading authority on menopause since 1989, the nonprofit, multidisciplinary organization serves as the independent, evidence-based resource for healthcare professionals, researchers, the media, and the public and leads the conversation about improving women's health and healthcare experiences.

Research

1. Exercise for Depression as Effective as Meds, Psychotherapy: Medscape - February 27/2024

Physical exercise offers similar benefits for depression as psychotherapy and pharmacotherapy, a new systematic review and meta-analysis suggests. Intense exercise and walking or jogging, yoga, and strength training were particularly effective.

METHODOLOGY:

Researchers reviewed and conducted a multilevel meta-analysis of 218 randomized controlled trials that included 14,170 participants with depression.

The trials compared different forms of exercise (walking or jogging, yoga, strength training, mixed aerobic exercises, strength training, and Tai Chi or qigong) with other common treatments for depression (therapy, cognitive behavioral therapy or selective serotonin reuptake inhibitors [SSRI]), as well as combination treatments (exercise plus SSRI, aerobic exercise plus therapy, aerobic exercise plus strength training) as well as cycling and dance.

All findings were presented as "compared with active controls" (eg, usual care or placebo) and effect sizes measured as Hedges' g, representing the standardized difference between means.

TAKEAWAY:

Moderate reductions in depression were found for several exercises, regardless of participants' comorbidities: walking or jogging, yoga, strength training, mixed aerobic exercises, and tai chi or qigong.

Across all modalities, effects of exercise were proportional to the intensity prescribed, with a clear dose-response curve, although light physical activity (eg, walking and hatha yoga) still provided some clinically meaningful effects.

Overall, the effects were similar for individual and group exercise, although yoga was better delivered in groups, whereas other exercises (eg, strength training and mixed aerobic exercise) were better delivered individually.

IN PRACTICE:

"Our findings support the inclusion of exercise as part of clinical practice guidelines for depression, particularly vigorous intensity exercise. Health systems may want to provide these treatments as alternatives or adjuncts to other established interventions, while also attenuating risks to physical

health associated with depression," the authors said in a press statement.

SOURCE:

Michael Noetel, PhD, senior lecturer in the School of Psychology, University of Queensland, Australia, was the lead and corresponding author on the study. It was published online on February 14, 2024, in the British Medical Journal.

Effect of exercise for depression: systematic review and network meta-analysis of randomised controlled trials go to: BMJ 2024; 385 doi: <https://doi.org/10.1136/bmj.q1024> (Published 28 May 2024)

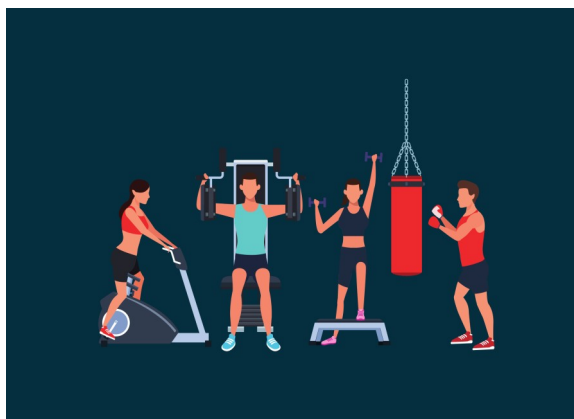
2. Clinical Hypnosis vs. Cognitive Behavioral Therapy: What's Better for Managing Hot Flashes?

The Menopause Society www.menopause.org

New scoping review suggests superior effectiveness of clinical hypnosis in reducing hot flashes and improving associated symptoms and quality of life

CLEVELAND, Ohio (Sept 10, 2024)—Nonhormone options for hot flashes and other menopause symptoms are growing in popularity, especially for women who cannot take hormones due to health complications. Cognitive behavioral therapy and

(Continued on page 13)



(Continued from page 12)

clinical hypnosis are common nonhormone treatment options. According to a new scoping review, however, one is more effective than the other. Results of the scoping review will be presented at the 2024 Annual Meeting of The Menopause Society in Chicago September 10-14.

Recognizing that a percentage of menopausal women cannot take hormone therapy either because of health restrictions, such as being a breast cancer



survivor, or because of their concerns regarding the potential risks of hormones, in 2023 The Menopause Society published its Nonhormone Therapy Position Statement. Among other things, the Position Statement addressed both cognitive behavioral therapy and clinical hypnosis.

A new scoping review which synthesized the findings from 23 studies spanning from 1996 until 2022, however, was designed to compare the effectiveness of these two treatment options. Of the total studies reviewed, 8 had administered clinical hypnosis and 15 administered cognitive behavioral therapy for the treatment of hot flashes.

The researchers found that clinical hypnosis interventions consistently demonstrated clinically significant efficacy in reducing hot flash frequency and severity, as well as improving quality of life, sleep quality, and mood. Specifically, clinical hypnosis showed a significant reduction of more than 60%. In contrast, cognitive behavioral therapy interventions showed mixed findings, with minimal impact on hot flash frequency reduction, although they did prove helpful in reducing the daily interference and stress associated with hot flashes.

More detailed results will be discussed at the 2024 Annual Meeting of The Menopause Society as part of the abstract presentation entitled “Clinical hypnosis and cognitive behavioral therapy for hot flashes: a

scoping review.”

“Clinical hypnosis is the first behavioral intervention to achieve significant reductions of physiologically recorded hot flashes,” says Vanessa Muniz, lead author from Baylor University. “This suggests that hypnosis may act through mechanisms beyond response expectancy or placebo effects, potentially altering activity in the medial preoptic area of the hypothalamus.”

Based on the results, the researchers suggest that future research should explore neurophysiological mechanisms of hypnosis and innovative delivery methods such as smartphone apps, and tailor interventions to individual characteristics for optimized outcomes in managing hot flashes.

“Since hot flashes are one of the most common bothersome symptoms of menopause, evaluating the available treatment options, including the nonhormone options, are important so we can provide our patients with the option that will work best for them, says Dr. Stephanie Faubion, medical director for The Menopause Society.

For further information on the news release go to: https://www.medscape.com/s/viewarticle/dealing-hot-flashes-try-hypnosis-2024a1000hbk?ecd=wnl_sci_tech_240925_MSCPEDIT_etid6856439&uac=454438PT&impID=6856439

Dealing With Hot Flashes? Try Hypnosis

Medscape, 2024-09-25

3. Emotional Freedom Techniques (EFT) tapping for pediatric emergency department staff during the COVID-19 pandemic: Pandemic evaluation of a pilot intervention. Bifano, S., Szeplin, C., Garbers, S. & Gold, M. (2024). Medical Acupuncture, 36(2), 70-78.

From ACEP: Sarah Murphy & John Freedom

Susanne Bifano and colleagues investigated the use of Emotional Freedom Techniques (EFT) to treat stress experienced by pediatric emergency staff during the covid-19 pandemic. The staff were invited to ten-minute EFT tapping group sessions targeting psychological stress and negative responses to trauma exposure. The results were significant, showing that just ten minutes of tapping can make a

(Continued on page 14)

(Continued from page 13)

difference. The study was published in *Medical Acupuncture* in April 2024.

The theory

This study tested the short-term effect of a very brief – just ten minutes!! – EFT group tapping for psychological distress. The participants were healthcare workers in the pediatric emergency wing of the Columbia University Irving Medical Center.

As New York City was a global epicenter for covid-19, hospitals had to quickly reorganize staff and reconfigure departmental spaces to manage the flow of patients. Emergency department staff often had to work longer hours or extra shifts to meet increased patient care demands. With EFT's ability to downregulate stress, researchers thought this might be a valuable tool to help overwhelmed hospital staff deal with the intensity of the covid-19 pandemic.

The study setup

Data were collected with a self-report paper survey completed just before and right after the intervention. The research team developed this questionnaire to measure levels of short-term psychological distress.

The questionnaire included seven items of psychologic distress, including:

1. Current level of stress
2. Professional satisfaction
3. Obsessive and/or intrusive thoughts
4. Feelings of pressure (professional, societal, family)
5. Physical pain
6. Emotional pain
7. Feelings of loneliness and isolation

The questionnaire used a five-point Likert scale. A score of one showed that a participant felt “none” of the item, and a score of five indicated an “extreme” level.

Study results: ten minutes of tapping made a difference!

The only item that did not change was professional satisfaction. In all other areas – stress, obsessive and intrusive thoughts, feelings of pressure, loneliness, and emotional and physical pain – the impact of EFT was significant. In all cases, $p < 0.001$ (i.e., the

probability that tapping did not cause the improvement is less than one in one thousand).

Why this study matters

Psychological wellbeing is important for all of us. Hospital staff were at increased risk for burnout during the pandemic. Moreover, patient care, or at the very least, patient satisfaction, could be negatively affected by staff burnout.

The researchers concluded that “despite the limitations of a single-arm study design, a 10-minute brief EFT tapping session was a promising way to reduce short-term psychologic distress in pediatric health care workers....”

One of the most outstanding findings of the study is the rapidity of the EFT intervention. In just ten-minute increments, staff experienced improvements in a wide range of symptoms.

To view full article go to: <https://www.liebertpub.com/action/showCitFormats?doi=10.1089%2Facu.2023.0099>

Authors

Sarah Murphy, LPC, ACP-EFT, is a counselor in private practice and specializes in working with people who have serious illnesses. A student of the Ageless Wisdom, she is dedicated to sharing the Great Invocation.

John Freedom, CEHP, is in private practice in Santa Rosa, California. He serves as chair of ACEP's research committee and as executive director of FREA. He is the author of *Heal Yourself with Emotional Freedom Technique*.



Recipe

Garlic, Sausage & Kale Naan Pizzas by Breana Lai Killeen, M.P.H., RD from Eating Well

We love sausage, but it can be high in sodium. In this fast, healthy dinner, we make our own turkey sausage with crushed red pepper, garlic, fennel seeds, paprika and just a touch of salt.

Ingredients

- 3 tablespoons extra-virgin olive oil, divided
- 3 cloves garlic, thinly sliced
- ¼ teaspoon crushed red pepper, or to taste
- 12 ounces 93%-lean ground turkey
- 1 teaspoon fennel seeds
- 1 teaspoon paprika
- ¼ teaspoon kosher salt, divided
- 8 cups lightly packed prechopped kale or baby kale
- 1 tablespoon red-wine vinegar
- 2 8-inch whole-grain naan breads (see Tips) or whole-wheat pitas
- ¾ cup mini mozzarella balls, such as mozzarella “pearls” (see Tips)

Directions

1. Position rack in upper third of oven; preheat broiler to high.
2. Heat 2 tablespoons oil, garlic and crushed red pepper in a large nonstick skillet over medium-high heat. As soon as the garlic starts to sizzle, add turkey, fennel seeds, paprika and 1/8 teaspoon salt. Cook, breaking up the turkey with a wooden spoon, until it is almost cooked, 2 to 3 minutes. Add kale, vinegar and the remaining 1/8 teaspoon salt; cook, stirring, until the kale is wilted and the turkey is no longer pink, 2 to 3 minutes more. Remove from heat.
3. Place naan (or pitas) on a large baking sheet and brush with the remaining 1 tablespoon oil. Top with equal portions of the turkey mixture and mozzarella.
4. Broil until the cheese is melted and the edges are starting to brown, 2 to 4 minutes. Cut in half.

Tips

Naan--Indian flatbread--makes a nice pizza crust when you're in a hurry. It's lower in sodium than our other favorite pizza-dough substitute, whole-wheat pita. Look for it in your supermarket bakery or deli.

Sometimes labeled “pearls” or bocconcini, mini fresh mozzarella balls are perfect for plopping on a pizza whole. If you can't find them, thinly slice regular fresh mozzarella.

Cut Down on Dishes: A rimmed baking sheet is great for everything from roasting to catching accidental drips and spills. For effortless cleanup and to keep your baking sheets in tip-top shape, line them with a layer of foil before each use.

Nutrition Facts—Serving Size 1/2 pizza

Calories 498; total fat 28g; saturated fat 8g; cholesterol 86mg; sodium 718mg; total carbohydrate 33g; dietary fiber 6g; total sugars 4g; added sugars 2g; protein 30g; vitamin c 39mg; calcium 339mg; iron 4mg; potassium 396mg



Why Nurses Quit

Medscape - June 27, 2024

Over 262,000 registered nurses (RNs) graduate yearly; 33 percent quit within the first 2 years. "Retention is a huge issue in nursing," says Jennifer Mensik Kennedy, PhD, MBA, RN, NEA-BC, FAAN, president of the American Nurses Association (ANA). "COVID highlighted the issue, but these problems existed well before [the pandemic], and what we're seeing is a failure to truly do something about it."

There is a current shortage of 78,610 RNs, and the nursing shortage is expected to continue into the next decade. In fact, the latest data show that 900,000 nurses—almost one fifth of the total number of RNs in the United States — plan to leave the profession by 2027. Reversing the trend is essential.

Diagnosing the Problem

Nurses cite myriad reasons for quitting, including burnout, stressful work environments, poor staffing ratios, lack of leadership, and low pay and benefits topping their list.

Burnout: In *Overworked, Stressed, and Sad: Medscape Nurse Practitioner Burnout & Depression Report 2023*, 14% of nurses reported burnout so bad they may consider leaving the profession. Hope Farquharson, PhD, RN, MSN, national director of clinical practice at the University of Phoenix College of Nursing, points to 12-hour shifts, disrupted sleep schedules, and lack of work-life balance as contributors to burnout among nurses.

"Some are pretty good at adjusting," she says. "But it's stressful...because you're taking care of sick patients, and you have to also take care of your mental wellbeing."

Work environment: Nurses feel undervalued and overwhelmed at work, and healthcare environments are more stressful than ever. In the past year, 80% of

nurses have experienced at least one type of workplace violence, including verbal or physical threats.

Robin Geiger, DNP, MSN, APRN, FNP-BC, NEA-BC, chief nursing officer at Ingenovis Health, which staffs top healthcare talent all over the country, still has scars from a patient who assaulted her when she worked as an intensive-care unit (ICU) nurse in a level one trauma center.

"Workplace violence has climbed tremendously," Geiger tells Medscape Medical News. "Nurses are afraid for their safety."

Inadequate staffing: In an ANA survey, 89% of nurses reported staffing shortages. The ratio of patients to nurses in the ER and ICU is 4:1, ie, double the recommended ratio. Worse, too few

nurses to manage healthcare needs can contribute to poor patient outcomes and increased burnout and lead nurses to quit.

"Nurses are in these environments where there's not enough staff to take care of people sufficiently," says Kennedy. "You prioritize patient care knowing that your patients didn't get

everything that they needed because you just simply didn't have the time."

Finding a Cure

Since staffing shortages are linked to higher rates of burnout and job dissatisfaction and lead nurses to quit, results such as more medical errors and lower patient satisfaction are more common. Addressing nurse turnover is essential, and efforts are being made to address the high number of nurses leaving the profession.



(Continued on page 17)

(Continued from page 16)

Legislation: The Safety from Violence for Healthcare Employees (SAVE) Act was introduced in the US House of Representatives in 2024 to mandate federal protections for healthcare workers who are victims of violence and intimidation in the workplace. Geiger calls it "a good starting point," adding, "We're all advocating and working together to get the SAVE Act and other HR bills either initiated or passed."

Legislation was also introduced to prevent hospitals and health systems from requiring nurses to work mandatory overtime to compensate for staff shortages. The Nurse Overtime and Patient Safety Act, introduced in 2024, was designed to improve working conditions and prioritize patient safety.

Residencies and mentorship: Programs that help new nurses transition into the profession have been shown to increase retention rates. Farquharson believes that efforts to bridge the gap between nursing school and healthcare settings can help new nurses feel more supported and keep them from feeling "so overwhelmed that they burn out."

"One of the reasons for continued high turnover is that the hospitals and organizations have unreal expectations that the schools of nursing need to create 'a plug-and-play nurse,'" Kennedy adds. "[They need to be] onboarding them, providing the mentorship that they need, providing an environment for them to learn safely, and easing their way into practice."

Improved work conditions: In addition to addressing workplace violence, healthcare organizations should be creating positive work environments to prevent nurses from quitting. The ANA advocates for environments that include teamwork and collaboration, open communication, career development, work-life balance, and recognition and rewards. Offering shorter work weeks and maintaining regular shifts without rotations could also help boost retention.

Resources for self-care: Nurses are expected to provide outstanding patient care while navigating loss, stress, fatigue, grief, and other workplace challenges.

"Nurses are so resilient," Geiger says. "We deal with

loss and challenges at the bedside every day...and we have to go right back to work, regardless of what just happened an hour ago."

Research shows that exercise, participation in support groups, proper sleep, practicing mindfulness, and cognitive behavior therapy were all effective in improving quality of life among nurses.

Farquharson has seen an increased number of healthcare organizations devoting resources to self-care initiatives for nurses, noting, "Facilities are trying to start being proactive in helping their nurses so that they can retain them."

But the onus remains on governments, professional associations, nursing schools, and healthcare organizations to address the high number of nurses leaving the profession and ensure that nurses feel valued, supported, and safe in their jobs; it also requires support from the C-suite and hospital boards of directors, Kennedy said.

"[The nursing shortage] has been a problem for decades," she adds. "We know what needs to be done. Let's stop this."

Jodi Helmer is a freelance journalist who writes about health and wellness for Fortune, AARP, WebMD, Fitbit, and GE Health.



Student Corner

Study Tip for Nursing Students From: Straight A Nursing

Here is a tip to consider and see if it works for you and your learning style.

⇒ *Rewrite your notes into your own words*

This is the one tip that is an absolute game-changer for students, but is also one that doesn't get done nearly enough. And that's because it takes time, which, of course, always seems to be in short supply.

I've heard more than one student say, "I'd rewrite my notes, but I don't have time. I need to study!" Well, guess what? Rewriting your notes is probably THE MOST valuable studying you can do.

By rewriting your notes, a few really magical things are happening in your brain.

- ✓ You're repeating what you learned in class. As you repeat and review your notes from class, you're getting repeated exposure to the content (and this is where most students stop because they simply review the notes they jotted down in class).
- ✓ You're processing and assimilating the information as you rewrite the notes into your own words. Look at it this way...in order to explain something simply, you absolutely must have a solid grasp of the concept. And while it may be challenging to write out each concept, by doing so, you are figuring out how to explain it simply. When you can do this, you KNOW it. And you know you know it
- ✓ You are owning this information. When you go back to review your notes, the information is going to be vastly more familiar to you. The reason for this? It's your own language. Your own words. Your own way of explaining things. It's YOURS.
- ✓ You are relegating information to long-term memory. Rewriting your notes (especially handwriting them) helps move this information into your long-term memory. I'll be honest. When I rewrote my notes for nursing school, I typed them and it still helped immensely (it also didn't hurt that they were definitely easier to read!).
- ✓ You're filling in the gaps. As you go through your notes from class, there's a good chance that you'll have gaps in your knowledge. This is the perfect time to open up that textbook and fill in those gaps before too much time passes.
- ✓ You're connecting the dots. Your instructor's PowerPoint slides are most likely just a group of bullet points with no indication how each relates to the other. For example, take a look at these two examples...which of these is more clear when you're reading it three weeks after lecture?

DKA - Assessment

- K, Na
 - Cardiac, hypotonic solution
- Urine output
- Blood glucose level (50-70/hr)
- Serum osmol
- Anion gap

When you look back at this in three weeks, will you understand how any of these bullet points relate? It's not likely.

DKA - Assessment

In DKA, you will need to watch for fluctuations in electrolyte values because potassium moves into the cell along with the glucose. Insulin "unlocks" the cell, so potassium and glucose will enter the cell together. This can lead to hypokalemia and dysrhythmias.

Because of the massive diuresis that occurs in DKA, you will also need to watch serum Na and serum osmolality. If serum Na levels rise with 0.9% NaCl administration, you may need to switch to a hypotonic solution. You will also keep a close eye on urine output as a way to monitor fluid balance and kidney function.

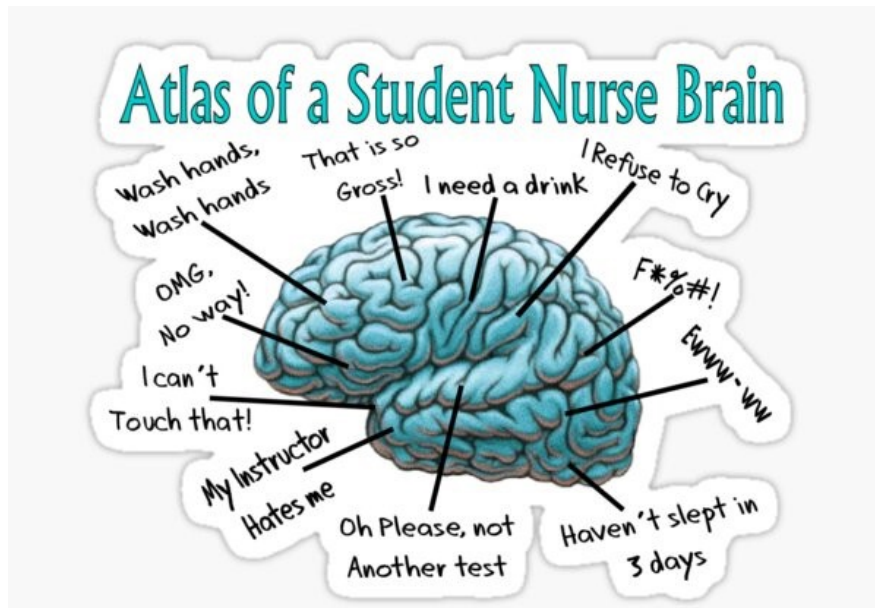
Check blood glucose levels every hour, with a goal of decreasing them by 50-70 mg/dL each hour. When blood sugar has normalized and the anion gap has closed, the DKA has resolved.

So, while it can take a couple of hours to rewrite your notes after lecture, it is a fantastic way to study and an excellent use of your time.

Covers @ FirstCovers.com

10 Top Ways to Spot a Student Nurse

- 10 constantly takes everyone's vital signs
- 9 feels symptoms of every disease covered in class
- 8 gets calls for diagnoses at all hours from family and friends
- 7 considers macaroni cheese a gourmet dinner
- 6 carries industrial size aspirin for constant headaches
- 5 takes coffee intravenously
- 4 sleeps standing up
- 3 doesn't remember what weekends are
- 2 wears white after Labor Day
- 1 way to spot a student nurse runs to answer patient call bell when phone rings



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



Follow us on Twitter @RNAO_CTNIG



Calling all CTNIG members...

Interested in getting more involved with the CTNIG?

Be part of the executive board!

CTNIG's vision is to have Complementary Therapies (CT) recognized, incorporated and integrated into nursing and health care in Ontario.

To support this vision and make the CTNIG a strong and viable interest group, we need our members to take on leadership roles. Currently there are a number of executive positions that need to be filled:

Social Media Executive Network Officer
Policy and Political Action Executive Network Officer
Communication Executive Network Officer
Education Executive Network Officer

No previous executive experience is necessary as you will be mentored by the members of the current executive and work as part of a team. It is not essential to practice a CT, nor to be an expert, only to have an interest in CT as part of holistic nursing practice. What a wonderful way to learn more about CT and serve the nursing community and public at the same time.

Candidates must be members in good standing with the RNAO and the CTNIG and agree to serve for a two year term.

If you are able to volunteer a couple of hours a month to make the CTNIG successful and relevant, please consider being part of the executive. Your service will be valued and much appreciated.

To view descriptions of the executive roles go to:
https://myrnao.ca/sites/default/files/attached_files/ENO%20Roles.pdf

For more information or to nominate yourself or another CTNIG member contact:

Darka Neill *RNAO-CTNIG Consulting Editor*
416 239-9083 or darka_neill@dalesfordrd.com

On the Lighter Side

About a Nurse

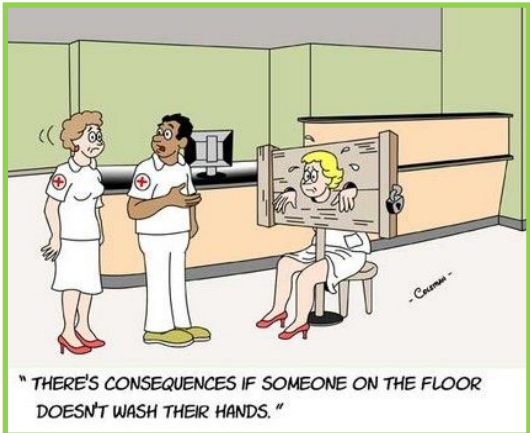


"I am in costume. I'm here as a nurse who gets weekends and holidays off, and works regular 9-5 hours."

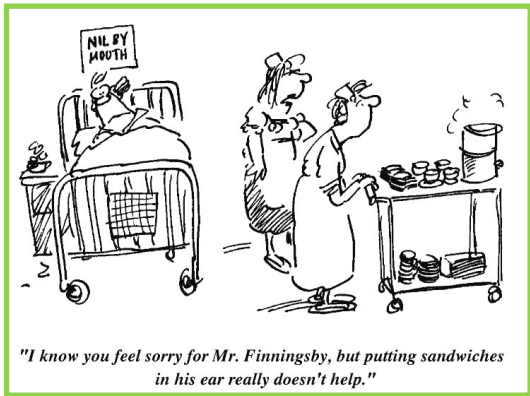
About a Nurse



"Since your dad is a nurse, he can't stop pointing out all the mistakes in my favorite nursing TV show. So, I have to put him on mute."



"THERE'S CONSEQUENCES IF SOMEONE ON THE FLOOR DOESN'T WASH THEIR HANDS."



"I know you feel sorry for Mr. Finningsby, but putting sandwiches in his ear really doesn't help."



When you've had 3 admits, no lunch, haven't peed in 10 hours, your patient pooped on your shoes and the charge nurse asks if you're okay:

Disclaimer Publication of views, opinions, or advertising does not necessarily reflect the views of or constitute endorsement by the RNAO-CTNIG or RNAO nor can the RNAO-CTNIG or RNAO be held responsible for errors or consequences arising from the use of information contained in this newsletter.

Call for Submissions: We welcome your submissions for this newsletter. You can write your thoughts for Perspectives, explain your favourite CT and how you integrate it into practice, let us know how CT is being integrated into your workplace or community or anything else you would like. If you don't think you're a great writer, we can help. Email your ideas to darka_neill@dalesfordrd.com or SandraEMilley@gmail.com