



Mind Body Spirit - The Whole News

RNAO-CTNIG Newsletter

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Keep your thoughts positive because your thoughts become your words.
 Keep your words positive because your words become your behavior.
 Keep your behavior positive because your behavior becomes your habits.
 Keep your habits positive because your habits become your values.
 Keep your values positive because your values become your destiny.

Mahatma Gandhi

A Few Words from the President



Jessica Burford
CTNIG
President

Hi there,

My name is Jessica Burford. I am grateful for the opportunity to contribute to CTNIG as your Chair.

A little bit about me: I am passionate about caring for others. It's intrinsic to me, a simple way of being, and a significant influence on why I became a nurse. I have a variety of experience in nursing leadership. Workforce wellness and the co-creation of healthy work environments are my priorities. I am adamant that nurses deserve to be healthy and thriving, and when they do, they provide the best care to patients. I believe care needs to prioritize the whole person, not just a singular dimension. The holistic focus of caring for the entire person and different approaches like visualization, neurolinguistic programming, art & music therapy, meditation and reiki complement my life and nursing practice.

I look forward to connecting with you all!

Best,

Jessica Burford RN, BSc HK(hon), BScN, MN-LPNP, GNC(C)



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Inspiration Corner

Nurse Theorist Quotes in honour of Nursing Week

The nurse is

temporarily the consciousness
of the unconscious,
the love of life for the suicidal,
the leg of the amputee,
the eyes of the newly blind,
a means of locomotion for the
infant,
the knowledge and confidence
of the young mother,
and a voice for those too weak
to speak.

- Virginia Henderson



www.NurseFuel.com



CARITAS QUOTES REFLECTIONS BY JEAN WATSON

“

One's caring consciousness presence in a given moment, affects the whole field experience for self and others. In doing so we open our hearts and minds to a sacred space where we can simply be with another, the often unseen process of deep human caring in nursing. This approach to presence captures the essence of our shared humanity, breathing new life into nursing and nurses. We exhale, breathe out, and release the outdated worldview of our separate being, and open to our connectedness with all.

Unitary Caring Science: The Philosophy and Praxis of Nursing

Watson Caring



Science Institute

"And what nursing has to do in either case, is to put the patient in the best condition for nature to act upon him."

- Florence Nightingale

Florence Nightingale

Self Care Tips

How Music Helps You Heal from Trauma and Stress from article in AJC Pulse by Rose Kennedy - May 13, 2021

Numerous studies have shown that patients benefit when nurses have compassionate listening skills. But when the listening involves music, it can help nurses themselves feel better. Music therapy is especially powerful for nurses who need stress relief or who are coping with trauma. And while it might sound like a buzz word or ultra-alternative medicine, there is a pile of evidence-based research that proves music therapy works.

"Most people use music in their daily lives to reduce stress without even thinking about it!" explained Jamie George, MM, LPMT, MT-BC, a neurologic and NICU music therapist and executive director of the George Center for Music Therapy, based in Roswell. "Research shows the listening to, creating and participating in or making music reduces blood pressure, increases oxygen intake, decreases perceived anxiety and strengthens neural pathways by releasing dopamine and serotonin."

For nurses, one of the most critical benefits is the way music improves mindfulness and helps pace your emotions in a career that's fast-paced. "Music can be used as background or ambient stimulation when meditating or doing deep breathing exercises," George noted. "Since rhythm primes the motor system, music is especially helpful in regulating breathing. Furthermore, different types of music can be used to match mood and emotion. Also, lyrics can be comforting, especially taking into account the listener's current state of mind."

Tapping the therapeutic benefits of music

As you might expect, not all music is created equal when it comes to therapeutic properties. "Native American, Celtic, Indian stringed-instruments, drums and flutes are very effective at relaxing the mind even when played moderately loud," according to University of Nevada, Reno, Counseling Services, "Sounds of rain, thunder and nature sounds may also

be relaxing particularly when mixed with other music, such as light jazz, classical (the 'largo' movement) and easy listening music."

Don't like the sound of any of that (literally)? Go with your preference, recommended UNR. "You must first like the music being played, and then it must relax you. Forcing yourself to listen to relaxation music that irritates you can create tension, not reduce it."

George recommended nurses incorporate quiet music at the nurse's station or listen to tunes while they chart. "Many nurses who have experienced having a music therapist in their NICU have reported that the whole unit is quieter. Using music during break periods on long shifts could assist in relaxation or motivation, depending on what is needed."

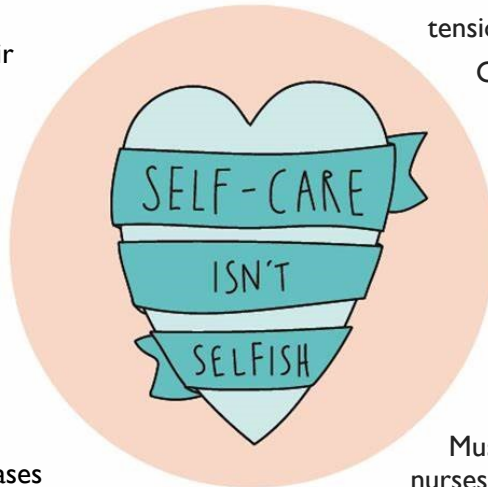
Music therapy is also an option for nurses coping with life issues or trauma.

"There are many music therapists who offer self care sessions for nurses, allied health and similar professions during team building and continuing education events," George added.

If you're looking for relaxation so deep you'll nod off, music may not be your best bet, UNR noted. "It's important to remember that quieting your mind does not mean you will automatically feel sleepy. It means your brain and body are relaxed, and with your new calm self, you can then function at your best in many activities."

To view full article go to:

<https://www.ajc.com/lifestyles/health/upbeat-how-music-helps-nurses-heal-from-trauma-and-stress/>



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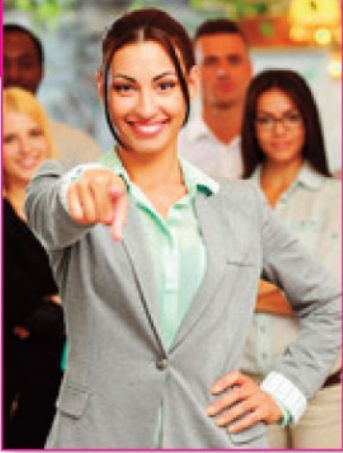
Books

We Are All Perfectly Fine: A Memoir of Love, Medicine and Healing by Jillian Horton

Funny, fresh, and deeply affecting, *We Are All Perfectly Fine* is the story of a married mother of three on the brink of personal and professional collapse who attends rehab with a twist: a meditation retreat for burned-out doctors.



Jillian Horton, a general internist, has no idea what to expect during her five-day retreat at Chapin Mill, a Zen centre in upstate New York. She just knows she desperately needs a break. At first she is deeply uncomfortable with the spartan accommodations, silent meals and scheduled bonding sessions. But as the group struggles through awkward first encounters and guided meditations, something remarkable happens: world-class surgeons, psychiatrists, pediatricians and general practitioners open up and share stories about their secret guilt and grief, as well as their deep-seated fear of falling short of the expectations that define them. Jillian realizes that her struggle with burnout is not so much personal as it is the result of a larger system failure, and that compartmentalizing your most difficult emotions—a coping strategy that is drilled into doctors—is not useful unless you face these emotions too. Jillian Horton throws open a window onto the flawed system that shapes medical professionals, revealing the rarely acknowledged stresses that lead doctors to depression and suicide, and emphasizing the crucial role of compassion not only in treating others, but also in taking care of ourselves.



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:

- **Research Executive Network Officer**
- **Communication Executive Network Officer**
- **Membership Executive Network Officer**
- **Education Executive Network Officer**
- **Student Executive Network Officer (undergraduate nursing student)**

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*
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Divine Light Meditation



I am created by Divine Light.
 I am sustained by Divine Light.
 I am protected by Divine Light.
 I am surrounded by Divine Light.
 I am ever growing into Divine Light.

from the book "The Divine Light Invocation" by Swami Sivananda Radha

To view this meditation go to: <https://tinyurl.com/4cj4uc2s>

Recipes

Healthy Lunch Ideas: Box Lunch Buddha Bowls

Prep Time: 15 mins

Cook Time: 20 mins
 Serves 4 to 6

Total Time: 35 mins

Customize a delicious, packable veggie box lunch by following this formula: a grain, a legume, kale, a roasted vegetable, a raw vegetable, and a pickled vegetable. Top with creamy tahini sauce.

Ingredients

Brown rice, quinoa, or farro	Massaged kale
Chickpeas, black beans, or edamame	Roasted sweet potatoes or carrots*
Radishes, shredded cabbage, carrot peels	Sauerkraut, pickled ginger or pickled onions
Lemon or Turmeric Tahini sauce	Sesame seeds

Instructions

Assemble bowls with a grain, the massaged kale, a legume, roasted vegetable, raw vegetable, and a fermented or pickled vegetable..

Drizzle generously with tahini sauce and sprinkle with sesame seeds.
 Serve with more tahini sauce on the side.

Notes

*To roast the vegetables, preheat the oven to 425°F.

Toss with olive oil, salt, and pepper, and roast the carrots for 15 to 20 minutes, and the sweet potatoes for 20 to 28 minutes.

Find it online at <https://www.loveandlemons.com/healthy-lunch-ideas/>



Educational Opportunities



May term and Summer Academic Course Highlights
For information on courses and programs go to
<https://csh.umn.edu/>

CSPH 5313: Acupressure



By the end of the course, you will be able to demonstrate an understanding of the basic principles and applications of Acupressure as a component within the theory of Traditional Chinese Medicine. You will learn the location, indications for use and techniques of stimulation of several acupressure points. Methods for both self care and the care of others will be the primary focus of learning. Special focus will be given to the treatment of pain conditions, chronic health conditions, palliative care, oncology, and women's health care. A portion of each class meeting will be used to provide Acupressure treatments and to discuss findings. Current literature and research findings will also be discussed.

[Learn more](#)

CSPH 5706: Lifestyle Medicine

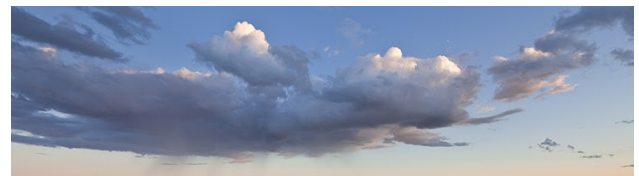


This course provides a foundation in the theory and clinical application of lifestyle medicine. Lifestyle

medicine aims to address the behavioral and lifestyle bases of common illnesses through health promoting activities and reducing harmful behaviors. In this course, we will explore optimal nutrition, lifestyle, physical activity, and attitude. We will examine the emerging evidence base of lifestyle medicine and how it relates to health promotion and disease prevention. Participants will be introduced to common laboratory and imaging findings, and how they relate to optimal health.

[Learn more](#)

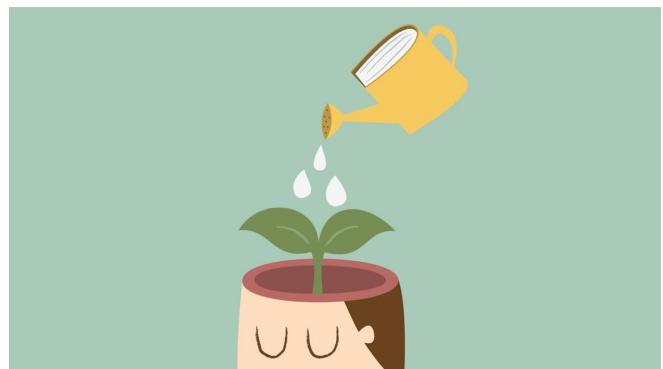
CSPH 5713: Health Coaching for Health Professionals



This course will explore the basic tenets of the 4 Pillars of Health Coaching model--self-awareness, mindful presence, authentic communication, and safe/sacred space. Students will learn to identify/benchmark stages/patterns of change, respectfully collaborate with interdisciplinary healthcare providers, and facilitate clients' ability to achieve sustainable lifestyle changes. Consistent, nonjudgmental application of a holistic perspective of optimal health and well-being in patient encounters will be discussed and demonstrated.

This course is an approved [Health IPE activity](#).

[Learn more](#)



Educational Opportunities continued



Episode #36 Exploring Energy Medicine with Ann Marie Chiasson, MD

Known as qi in ancient China and prana in ancient India, energy has long been recognized by traditional cultures for its influence on the body's vitality and healing. Energy healing seeks to balance and promote the innate flow for optimal health, and it attributes illness to disturbances in the flow.

In recent decades, researchers have measured the body's subtle electromagnetic signals, known as the biofield, leading to new theories and applications. As interest in biofield and energy modalities continues to grow, it raises questions about where and how this practice can be applied.

In this episode, we sit with Dr. Ann Marie Chiasson, the Director of the Fellowship at the Andrew Weil Center for Integrative Medicine to discuss the energy body.

Dr. Chiasson has a life-long interest in the healing capacity of meditation, consciousness, and energy healing, and studied extensively with indigenous healers. She has authored *Energy Healing - The Essentials of Self Care* and co-authored *Self-Healing with Energy Medicine* with Dr. Andrew Weil.

This conversation explores the principles of energy medicine, including how traditional cultures first recognized the body's energy flow, how energy points work, and how we can assess blockages. Dr. Weil tells us about the influence indigenous healers had on his own practice. Dr. Maizes discusses government supported research that examined pain and energy healing. Dr. Chiasson shares how energy medicine works, what it is, and how to find a qualified practitioner

Inside the Episode - Ann Marie Chiasson, MD



"Energy medicine is any modality that works on the energy field or the subtle field of the body.

The concept is that there's an energy body that really is housed within the physical body.

Many, many traditions work with this. Traditional Chinese medicine is rooted in this, ayurvedic medicine is rooted in this, hands-on healing is rooted in this, and energy healers would tell you that everything's energy."

Watch the Podcast

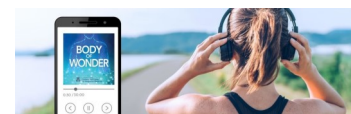
Join Dr. Andrew Weil, Dr. Victoria Maizes, and Dr. Steve Bierman as they discuss the power of language in healing.



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Research



1. Clinical Studies of Biofield Therapies: Summary, Methodological Challenges, and Recommendations.

Jain S, Hammerschlag R, Mills P, Cohen L, Krieger R, Vieten C, Lutgendorf S. *Glob Adv Health Med.* 2015 Nov;4(Suppl):58-66. doi: 10.7453/gahmj.2015.034.suppl.

Epub 2015 Nov 1. PMID: 26665043; PMCID: PMC4654788.

Abstract

Biofield therapies are noninvasive therapies in which the practitioner explicitly works with a client's biofield (interacting fields of energy and information that surround living systems) to stimulate healing responses in patients. While the practice of biofield therapies has existed in Eastern and Western cultures for thousands of years, empirical research on the effectiveness of biofield therapies is still relatively nascent. In this article, we provide a summary of the state of the evidence for biofield therapies for a number of different clinical conditions. We note specific methodological issues for research in biofield therapies that need to be addressed (including practitioner-based, outcomes-based, and research design considerations), as well as provide a list of suggested next steps for biofield researchers to consider.

To view full text go to:

<https://pubmed.ncbi.nlm.nih.gov/26665043/>

2. Mind-Body Therapies From Traditional Chinese Medicine: Evidence Map.

Fogaça LZ, Portella CFS, Ghelman R, Abdala CVM and Schweitzer MC (2021) *Front. Public Health* 9:659075. doi: 10.3389/fpubh.2021.659075 <https://doi.org/10.3389/fpubh.2021.659075>

Background

The WHO has been encouraging and strengthening the insertion, recognition, and use of traditional, complementary, and integrative medicines (TCIM), products, and their practitioners in national health systems at all levels of activity: Primary Care, Specialized Care, and Hospital Care, through the recommendations of the WHO Strategy on Traditional Medicine 2014-2023 (1).

Mind-body therapies (MBT) consider the interactions between brain, mind, body, and behavior and understand that emotional, mental, social, and spiritual factors can directly affect health. MBT includes Tai Chi, Qigong, Yoga, Meditation, and types of relaxation (e.g., breathing exercises, autogenic training, biofeedback, and neurofeedback). Moreover, these therapies can be offered alone or together with conventional treatments, since self-efficacy by itself may produce physiological benefits.

Qi Gong covers several practices and it is important to describe their meaning. The “Qi” means the

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energy that gives rise to activities of human life and “Gong” concerns the regulation of Qi through practice. Qi Gong practices consist of two forms: Qi Gong dynamic (external) or Qi Gong meditative (internal). Qi Gong external involves movements of the whole body or limbs (e.g., Tai Chi and Baduanjin), while Qigong internal requires the maintenance of posture with subtle body movements when performing exercises involving breathing and the mind (e.g., Meditation and Mindfulness).

Acupressure Shiatsu and Tuina hold the same principles as Acupuncture, but are non-invasive and do not need sophisticated equipment, as they are technics that use pressure through the body itself, such as through fingers, at the Acupuncture meridians points, to activate the body's internal energy flow (Qi), contributing to the restoration of its internal balance. These practices are based on Traditional Chinese Medicine, with Tuina (Chinese massage therapy) being more developed in China, while Shiatsu is a form of Acupressure more developed in Japan, with reports since the 1920s.

Highlights

- Mind-body therapies affects emotional, social, and health related outcomes.
- Evidence Map provides easy information for patients, professionals, and policy-makers.
- Positive effects include physiological indicators, mental health, and quality of life.
- Positive potential effects include metabolic indicators, pain, vitality, and well-being.

Background: The mind-body therapies of traditional Chinese medicine include several intervention types and combine physical poses with conscious relaxation and breathing techniques. The purpose of this Evidence Map is to describe these different interventions and report related health outcomes.

Methods: This evidence map is based on the 3iE Evidence Gap Map methodology. We searched seven electronic databases (BVS, PUBMED, EMBASE, PEDro, ScienceDirect, Web of Sciences, and PschylInfo) from inception to November 2019 and included systematic reviews only. Systematic

reviews were analyzed based on AMSTAR 2. We used Tableau to graphically display quality assessment, the number of reviews, outcomes, and effects.

Results: The map is based on 116 systematic reviews and 44 meta-analyses. Most of the reviews were published in the last 5 years. The most researched interventions were Tai Chi and Qi Gong. The reviews presented the following quality assessment: 80 high, 43 moderate, 23 low, and 14 critically low. Every 680 distinct outcome effect was classified: 421 as potential positive; 237 as positive; 21 as inconclusive/mixed; one potential negative and none no effect. Positive effects were related to chronic diseases; mental indicators and disorders; vitality, well-being, and quality of life. Potential positive effects were related to balance, mobility, Parkinson's disease, hypertension, joint pain, cognitive performance, and sleep quality. Inconclusive/mixed-effects justify further research, especially in the following areas: Acupressure as Shiatsu and Tuina for nausea and vomiting; Tai Chi and Qi Gong for acute diseases, prevention of stroke, stroke risk factors, and schizophrenia.

Conclusions: The mind-body therapies from traditional Chinese medicine have been applied in different areas and this Evidence Map provides a visualization of valuable information for patients, professionals, and policymakers, to promote evidence-based complementary therapies.

To view full text go to: <https://www.frontiersin.org/articles/10.3389/fpubh.2021.659075/full>



3. Breast Cancer Survivorship and Level of Institutional Involvement Utilizing Integrative Oncology

(Continued on page 12)

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Terri Crudup, Linna Li, Jennifer Wright Dorr, Elizabeth Lawson, Rachel Stout, Pedram Vazifeh Niknam, Judi Jones, Robert G. Steen, Susan Casner, Lynn L. Lu, Yi Wang, James Scott, Shelby Zanine, Stacey Robertshaw, Gabriella Broderick, Simarpreet Singh, Jingsong Lu, Li Zhou, Vaishali Palommella, Tye Harris, Michael Hanamirian, Mula Shivani Reddy, Bruce Cowgill, Jen Rice, Avinash Nagaraja, Wayne Jonas. *Journal of Oncology*, vol. 2021, Article ID 4746712, 8 pages, 2021. <https://doi.org/10.1155/2021/4746712>

Introduction

Cancer impacts the whole person affecting all dimensions of the individual—mind, body, and spirit. Care for the cancer patient is correspondingly complex and increasingly individualized. While the oncology community relies on conventional medicine as the backbone of therapy, many patients combine complementary and lifestyle therapies in an approach known as integrative oncology. Integrative oncology is defined as “a patient-centered, evidence-informed field of cancer care that utilizes mind-body practices, natural products, and/or lifestyle modifications from different traditions alongside conventional cancer treatments” [1]. Integrative approaches encompass numerous modalities including patient support groups, massage, and nutritional and exercise counselling. While well-known and often recommended, they have variable availability in cancer treatment. There is a growing body of evidence that adding complementary and lifestyle approaches to conventional oncology treatment benefits patients by helping them manage the side effects of treatment [2], improving patient-reported outcomes [3], and contributing to improved overall survival [4, 5]. This study aimed to investigate the relationship between institutional involvement in integrative oncology and survival in breast cancer patients.

To view full article go to:

<https://www.hindawi.com/journals/jo/2021/4746712/>

Summary by Sarah Murphy, LPC, a licensed professional counselor and coach with more than 12 years of clinical experience. She specializes in energy psychology, including EFT, as well as mindfulness and

hypnotherapy. Sarah is an ACEP Board member and chair of the Communications Committee.

A study by Terri Crudup and her colleagues was published by the online *Journal of Oncology* in January of 2022. The study examined the relationship between patient survival and the treating hospitals’ use of integrative therapies. While some studies have looked at the subjective wellbeing of patients using some of these therapies, this study is the first to look at institutional endorsement of integrative therapies and patient survivorship.

In this study, patients in hospitals that had low- to mid-level use of integrative therapies had triple the 5-year survivorship of those treated at institutions that had low level use of integrative therapies. Significantly, patients treated in hospitals with high levels of integrative therapies had a 48% increase in 5-year survivorship.

The theory

A cancer diagnosis impacts the whole person, affecting not just physical wellbeing. It also creates a cascade of emotional and mental health correlates, and often prompts a spiritual crisis. It makes sense, then, that integrative therapies are popular among cancer patients. Integrative therapy is the term used for the combination of complementary and lifestyle therapies with conventional medical treatment.

Some of the most popular integrative approaches include nutrition counseling, exercise counseling, massage therapy and support groups. Others include meditation, biofield therapies, and physical practices like yoga and chi gong. However, without institutional involvement, these therapies are difficult for patients to find and to afford. Patient demand alone might not be enough to enroll other hospitals into the integrative world – but research like this might.

The study setup

Participants: The study included 172 patients, treated by 103 oncologists from 103 institutions. All patients were adult women who had been treated for breast cancer in 2013 and 2014. Median age was 51. Eight percent had metastatic disease.

(Continued on page 13)

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Scoring system for institutional involvement in integrative therapies: The researchers identified 12 therapies that are popular among breast cancer patients, listed below. Then they questioned providers about their institutional involvement on three metrics:

1. First, educate: increase patient knowledge of integrative therapy
2. Secondly, support: recommend, provide access to integrative therapy
3. Thirdly, provide: institution covers partial or full cost of integrative therapy

Integrative therapies included in the study

- Nutrition consultation or program
- Exercise consultation or program
- Patient support groups or patient-survivor pairing
- Spiritual services
- Psycho-oncology support
- Massage therapy
- Meditation or mindfulness
- Yoga
- Acupuncture or acupressure
- Music or art therapy
- Reiki, Healing Touch, Therapeutic Touch
- Tai chi or chi gong

Study results

As noted in the beginning of this article, patients in hospitals that had just a low- to mid-level use of integrative therapies had triple the 5-year survivorship of those treated at institutions that had low involvement of integrative therapies. This was based on multivariate analysis (see below).

Here is the breakdown:

5-year survivorship by level of institutional involvement

- low cohort: 89%
- low-mid cohort: 96%
- mid-high cohort: 96%
- high cohort: 95%

Considering other factors (multivariate modeling)

Increased odds of 5-year survivorship include:

An older age at diagnosis (66–76),

- Having a PPO insurance plan,
- Being treated in an academic setting, and
- Being treated by an institution with a low-mid or mid-high integrative involvement score.

Of note

You may have noticed that the increase in survivorship among patients of hospitals with low- to mid-level involvement with integrative therapies was quite high. In contrast, the incremental benefit for patients treated at institutions with high-level involvement was relatively low. The authors note that this might be due to increased illness among people seeking treatment centers that offer these services.

Also, interestingly, a 2018 study published in the *Journal of the National Cancer Institute* found that people who used alternative therapies had worse outcomes than those who followed conventional medical practices. Alternative medicine is exactly that: an alternative to the conventional practice. The current study is quite different in that this examined the integrative model.

Why this study matters

This study adds to the growing body of evidence supporting the use of integrative therapies. These therapies offer a sense of safety and increase wellbeing among patients. However, they are more than feel-good therapies. The results of this study suggest that in fact, they impact survivorship.



4. An intervention to enhance nurse leader engagement and coping ability.

(Continued on page 14)

(Continued from page 13)

Amy Keller; Rachel B. Baker; Brandon Ballhaus; Sharon Brehm; Susan Hanselman; & Michele Huff. *Am Nurs Journal*. 2022;17(12).

Most nurses report experiencing moderate-to-high levels of stress, which can lead to burnout and job dissatisfaction. However, stress experienced by unit nurse leaders reaches beyond themselves to affect the nurses they serve and potentially patient care. Addressing nurse leader stress could have significant impact on nurse leaders themselves and their organizations.

Positive thinking skills training may present an innovative opportunity to combat stress and improve coping. In 2013, Bekhet and Zauszniewski developed a scale to measure what they defined as positive thinking, “a cognitive process that creates hopeful images, develops optimistic ideas, finds favorable solutions to problems, makes affirmative decisions, and produces an overall bright outlook on life.” Although some people seem to have an innate ability to use positive thinking strategies, research by Bekhet and Mohammad-Najar and colleagues demonstrates that the skill of positive thinking can be taught.

The effectiveness of this training on nurse leaders hadn’t been previously examined, so we conducted a research study to determine whether positive thinking skills training would increase nurse leaders’ engagement and ability to cope with stress and whether improvements could be sustained.

What we did

We used a cross-over controlled design, and the organization’s Institutional Review Board reviewed and approved the study.

We invited unit nurse leaders (nurse managers, assistant nurse managers, and nurse educators) who had been in their positions for at least 6 months to participate in the study. Their positive thinking skills training bundle included a 1-hour in-person positive skills class, daily homework assignments to practice new skills for 1 month, and 28-days of affirmations delivered via text to their work phones.

What we learned

During the 4 weeks after the in-person class, participants documented daily activities to promote happiness. They practiced gratitude most frequently, followed by exercise, conscious acts of kindness, and meditation; journaling was the least commonly used activity. This study indicates that when nurses apply hands-on strategies to their daily lives and hardwire positive thinking into their daily routines, they exhibit more positive thinking, improved and sustained ability to cope with stress, and increased engagement. This low-cost intervention serves as a potentially valuable tool to help healthcare organizations support leaders, nurses, and ultimately patient care.

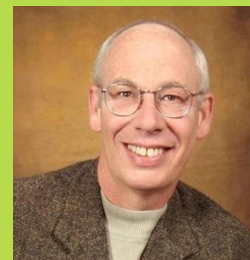
Takeaways:

- Positive thinking skills training may present an innovative opportunity to combat stress and improve coping.
- Nurse leaders exposed to a positive thinking skills intervention experienced increased engagement, improved ability to cope with stress, and presumed improvement in quality of work life.
- Positive thinking skills training is a low-cost intervention and serves as a potentially valuable tool to help healthcare organizations support leaders, nurses, and ultimately patient care.

You Tube

5 Minute Stress Buster Exercise by Eli Bay, a Canadian leader in Stress Management

<https://tinyurl.com/ytdzma4e>





RNAO-CTNIG Spotlight Series

Your Story



RNAO-CTNIG is celebrating it's 20th anniversary this year and we would like to celebrate our membership as well by putting a spotlight on our members throughout this year.

We invite our RN and student nurse members to send along your stories (approximately 500-700 words) of how you became interested in Complementary Therapies (CT), either as a recipient, advocate, or practitioner.

Of interest...

- how did you become interested in CT?
- short description of the modality you use/ practice/advocate
- how do CT impact your personal or professional life (how have they benefitted you)?
- where do you practice CT (workplace, private practice, volunteer, family)?
- how did you introduce CT into your practice/ workplace?
- what qualifications/education do you need to become a practitioner of the specific modality?
- where can you access education for the specific modality?

Your stories will be featured in our Spotlight Series, newsletter and shared with our members.

Not only will we get to know our members but these stories will provide relevant information about specific CT to those who might be considering using them

- personally for self-care
- advocating for CT in nursing/healthcare
- incorporating CT into nursing practice

These stories may be especially useful to our student nurses and RNs who are new to CT to gain a better understanding of the wide range of CT and their uses.

CT of interest:

Acupressure/acupuncture	Herbology	Shamanic Healing
Aromatherapy	Hypnosis	Sound Therapy
Art Therapy	Imagery/Visualization	Therapeutic Touch
Ayurvedic Medicine	Light/Colour Therapy	Traditional Chinese Medicine
Chakra Balancing	Mindfulness/Meditation practices	Yoga
Emotional Freedom Technique	Music Therapy	and more.....
Flower Remedies	Reiki	
Healing Touch	Relaxation/Breathing Exercises	

We would really like to hear from you to make this year a memorable one!

Please contact Darka Neill for more information or with your submission.

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 RNAO-CTNIG Consulting Editor
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RNAO-CTNIG Spotlight Series

Points of You



Elaine Pipher is a Registered Nurse who trained in the UK and started her career caring for patients with intestinal failure, training them to live at home independently with intravenous nutrition. In 1989 she moved to Toronto, Canada where she continued her nursing career in step-down, emergency, critical care and clinical facilitation. Elaine trained in Therapeutic Touch and offered this to patients to supplement her practice. Elaine volunteered with the Roots of Empathy Program as an instructor for five years, where she facilitated an evidence-based program to help decrease bullying and increase pro-social behaviour in elementary school children. Elaine is now semi-retired and is continuing to explore complementary therapies and coaching.

In January 2020, I was trying to decide whether to retire from nursing in the ICU or wait for another year and just before I made my decision, I came across Points of You. This was a very unique experience for me and so I thought I would share my journey.

What is "Points of You"?

Points of You is a set of unique tools that use photographs to provoke the mind into thinking in a different way about what we are seeing. A photograph is taken in a split second in time. It is something we would not normally analyse in depth. By looking at a photograph and using guided questions it allows us to slow our thoughts down and explore how we really think and feel about what we are seeing in a different way than what we are used to. That is to expand our perspective and allow us to see points of view other than our own. It was developed by Efrat Shani and Yaron Golan in 2006 and there are facilitators all over the world.

How is "Points of You" used?

I was introduced to two of the tools in the Hello Points workshop in January 2020. These were Punctum and The Coaching Game. These games helped me learn a lot about my perspective and the other nine participants' perspective which were completely different to my own. I also learned how versatile the applications of each game are. They can be used on a personal level, in groups or in professional development settings. There are countless applications. The games are so compact and portable and I have also attended some online practice sessions as well since my initial workshop. When we worked with the cards we had groupings that were called a process. I will explain how I used the coaching game.

The Coaching game

The pause - The process starts with a pause for five minutes. During the pause, I listened to a dynamic piece of music at first sitting quietly by myself and then allowing the music to move me into a dance. This brought me to the present moment and cleared my mind of the intrusive thoughts of the world outside the room.

The coaching game consisted of 65 cards and was laid in a beautiful setting. The cards faced up and each

(Continued on page 17)





RNAO-CTNIG Spotlight Series

Points of You



(Continued from page 16)

person got a chance to pick one of the cards that appealed to them. Another option was to have the cards face down and choose one randomly. Each card is numbered and also has a word associated with the photograph. We split into groups of two and after choosing the first card. We were encouraged to cover up the word, so that we just looked at the photograph. Then a series of questions about the card allowed us to start to see what perspective we held about what we were seeing. For example:

- What do I see in the photo?
- What is it made up of (figures, details, background colours, light and shade)
- What is most significant? Why?
- What happened a minute before, a minute after?



After answering the questions and writing our thoughts, we then got a chance to uncover the word and ask more questions about the picture and the word together. For example:

- What other words can be made up from the same letters?
- What word has the opposite meaning?
- Do I like or dislike this word? Why?

Next, we would hear our partner's point of view on our card first. This revealed a completely different perspective from the one each of us held. I found this fascinating. After we each had a turn then we switched cards with someone else in the room and analysed the new

card with the new partner. We ended up with three cards in our process.

The coaching game also has a layout sheet that has different categories of processes you can use to work and build on some of your observances with a grouping of cards to approach a situation e.g past, present, future, relationship etc. There is a story that accompanies each card also which provides even more expansion of ideas about the photograph and adds a different metaphorical perspective, combined with poignant quotes.

Some of the biggest takeaways from this workshop were, for me to consider what things I was passionate about. I had spent most of my life as a nurse and often described myself as this to others when asked. I would answer 'I am a nurse'. Participating in this workshop left me with the question; who am I really, and who will I be when I am no longer nursing? Can I create something new? Do I have the confidence?

One thing I knew for sure was that I wanted to keep learning and keep being curious. So my first action step was, to create room to focus on my creating something new. I realized why in Points of You the grouping of cards is called a process. It is because learning and being curious about who we are and our perspective is an ongoing process.

If you would like to learn more and experience a session of Points of You, Elaine Pipher will be doing a presentation on ZOOM for the CTNIG during Nursing Week on Thurs May 11th 7:00 - 8:30 (1900 - 2300).

[To register click here.](#)

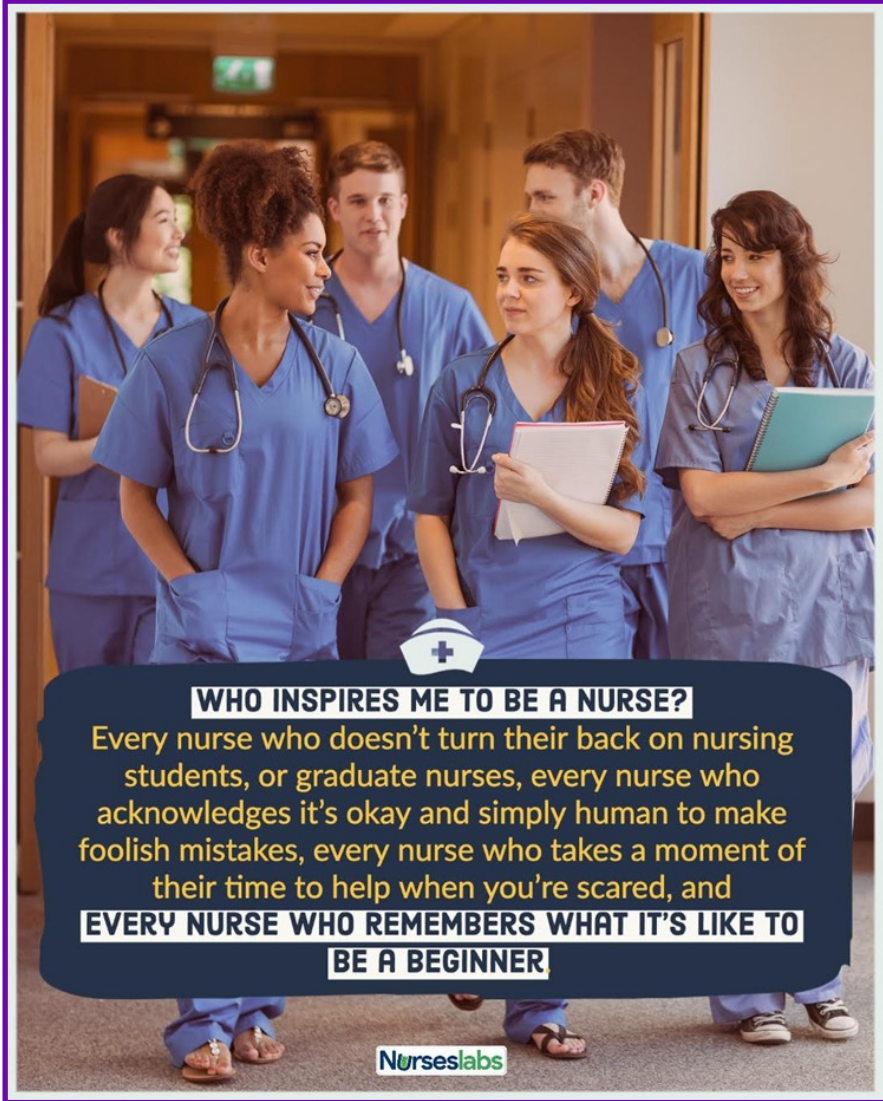
Student Corner

Supporting Nursing Students and Learners in the Practice Setting (& reducing job stress)

Student nurses have many challenges during their education journey. RNs have a responsibility and an important role to play in supporting the student nurse's learning process in a positive way and act as a role model.

The CNO has important information on how to support learners, whether students or nurses coming into a new practice setting/ specialty, and the role of the RN providing the support.

<https://www.cno.org/en/learn-about-standards-guidelines/educational-tools/ask-practice/supporting-learners/>



WHO INSPIRES ME TO BE A NURSE?

Every nurse who doesn't turn their back on nursing students, or graduate nurses, every nurse who acknowledges it's okay and simply human to make foolish mistakes, every nurse who takes a moment of their time to help when you're scared, and

EVERY NURSE WHO REMEMBERS WHAT IT'S LIKE TO BE A BEGINNER

Nurseslabs

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On the Lighter Side

About a Nurse



“No, I’m not counting down the days until my vacation. I’m counting how many new things I’ve learned this week.”

When you’re a night shift nurse and you pick up a day shift



nursing.humor



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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@sympatico.ca or SandraEMilley@gmail.com