According to the authors of the American Psychiatric Association’s Task Force on Complementary and Alternative Medicine, effective integrative therapies can “expand the toolbox of evidence-based therapies and engage more patients in treatment” (Freeman et al., 2010, p.678). In our facility, therapeutic foot massage is one such therapy used for clients with serious mental illness (SMI), who have lived in the hospital or supervised living facilities for extended periods. It used to be that toenail trimming for SMI clients was performed by a podiatrist during quarterly visits to our facility – orchestrated in military warehousing fashion while patients were seated in a large day room. The podiatrist went efficiently “down the line” to perform this care. When this podiatrist departed, permanently taking his leave, leadership made the decision to shift this care activity to nursing. One inpatient psychiatric unit embraced this concept to expand a
toenail trimming pilot program to include therapeutic touch and gentle foot massage, providing comfort, building trust, and breaking down barriers between nurses and SMI clients.

**FOOT CARE & SMI CLIENTS**

Clients with serious mental illness (SMI) often experience difficulty maintaining adequate personal hygiene practices. Although some receive personal care assistance, many live independently or in supervised group homes. Caring for their feet can be frequently overlooked, often until they are experiencing acute pain. Even then, they may be unaware of the cause of the pain. SMI clients often have a higher pain threshold than other populations and can present for foot care with an ulcer, avulsed toenail, severe onychomycosis, or even dislocated bones. According to the literature, massage therapy appears to be a safe intervention with low risk for adverse effects (Cavaye, 2012). By providing therapeutic foot massage to clients with SMI, they may experience decreased skin breakdown, increased circulation to the feet, and increased overall comfort.

In addition to providing physical benefits, therapeutic massage can be perceived as psychological therapy (Cavaye, 2012). It can aid in fostering trust and therapeutic communication between the nurse and SMI client. Physical touch is a form of nonverbal communication and is essential in the therapeutic care environment (Gleeson & Higgins, 2009). In a study by Kito and Suzuki (2016), the results of foot massage for clients diagnosed with residual schizophrenia “revealed that the patients accepted the nurses, who performed massages as not threatening but caring for them. It was probably because the patients sensed that the nurses paid attention to them, which led to their interactive relationship between them” (p. 378).

**SETTING THE STAGE**

After the loss of our podiatrist, the hospital agreed to identify registered nurses who had previously received specialized training to provide foot and nail care. A podiatry Care Cart was developed for each unit and modeled after that used by the previous hospital podiatrist with an established procedure to follow infection control guidelines and regularly clean/replenish the cart’s equipment.

A specialized program was established to prepare additional nurses for this voluntary adjunct duty. The program is provided by our hospital’s education department at the request of interested nurses. Training is offered during work hours and incorporated into individual professional development plans. Core specialized training is five hours of online clinical education by Wound Ostomy Continence Nurse (WOCN) certified foot/nail care professionals. Training includes:

(a) anatomy and assessment of the foot and nail,
(b) common disorders and deformities of the foot and nail, and their current treatments,
(c) skin assessment,
(d) pressure ulcers of the foot, and
(e) proper nail shortening technique.

A supervising RNP/podiatrist completes a clinical competency skills set, which then authorizes them to perform autonomously in the role of a foot/nail care nurse.

These nurse specialists may advance to become Certified Foot Care Nurses (CFCN®). This credentialing process involves eight hours of clinical practicum supervised by a CFCN or podiatrist, and passing the foot care certification exam created by the Wound, Ostomy and Continence Nursing Certification Board. Our facility also offers annual continuing nursing education (CNE) contact hours to maintain clinical competency.

**IDENTIFYING & CARING FOR CLIENTS**

Foot and nail care by nurse specialists is provided to all clients of the inpatient medical and mental health units. A collaborative program expanded foot/nail care services by nurse specialists on the psychiatric units to SMI clients from affiliated Community Residential Care (CRC) homes during visits to the facility. Acknowledging that stigma can disrupt medical care for the SMI, the goal of this partnership was to provide routine foot care in a timely manner as well as to refer critical issues to outside podiatry providers. For example, diabetic clients deemed high-risk are treated only by a podiatrist, whereas others are offered nail trimming and foot massage by a nurse specialist who can reinforce diabetic foot care education during interventions. Clients with SMI who also have type II diabetes are at greater risk of developing pressure ulcers and other wounds related to acute injuries. Oftentimes, clients will present with ulcers that they are unaware of. Urgent matters are fully assessed by the nurse specialist, appropriate wound care is provided, and the client’s primary care physician is alerted for medical follow up. The CRC social worker is also alerted to communicate with the outpatient client’s interdisciplinary team.

Clients with foot care needs beyond the nurse’s scope of practice are referred to their primary care physician; they may need an antifungal medication, prescription strength moisturizing lotion, or a surgical procedure. Clients are instructed to return in 2-3 months or as needed for routine care. Primary care physicians are briefed via forwarded progress notes, advised of any acute changes in baseline foot/toenail exam, and alerted of any needed prosthetic devices (inserts, shoes, socks, etc.). This interdisciplinary collaboration allows the client to receive the highest quality of care available.

**OUTCOMES & BENEFITS**

After regular participation in this program, the ward RNP noted a substantial reduction in the level of foot and toenail fungal infections being referred for treatment. Additionally, CRC clients required fewer referrals to an outside podiatrist, thus validating the cost effectiveness of the program. Another positive outcome is the consistency of clients returning to the nurse specialist for regular foot care. Clients reported that prior to the program’s initiation, they often attempted to trim their

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own toenails with poor outcomes; now, they prefer the nurse specialist perform their routine nail care because of familiarity with the hospital and positive rapport with staff. In addition, they report increased comfort after nail care and foot massage have been completed. Overall, clients experience improved foot/nail health and subsequent improved overall health. Moreover, the client load of the hospital podiatrist is reduced, and wait times for appointments are decreased. We enjoy a 100% participation rate in this program and are now incorporating the additional use of aromatherapy and hand massage into our milieu and program.

CHALLENGES & CONSIDERATIONS
Incorporation of therapeutic touch and massage with the SMI population can be challenging. Bonitz (2008) reminds us that the use of touch “despite its recognized therapeutic effects, has been highly controversial ever since Freudian times. Touch is a powerful means of nonverbal communication, capable of bringing about considerable healing effects …; its use, however, is also associated with a potential for harm” (p.391). SMI clients may present as guarded and isolative or may be experiencing hallucinations, which can be exacerbated by being touched. Clients experiencing clinical depression may not respond positively to physical touch. While foot massage is performed using a moisturizing lotion, some clients may not like the sensation of lotion on their skin. They may also perceive the massage as intrusive or too intimate for their comfort. Keeping this in mind, verbal communication is especially essential when performing foot massage for clients with SMI. The nurse must request consent to perform the foot massage, and it must be completely voluntary and never forced upon the client.

Nursing assessment is critical to determine the best intervention when planning touch or massage. In their study of psychiatric nurses’ perceptions of physical touch, Gleson and Higgins (2009) found that the nurses’ clinical judgement to use touch was based on individual client needs, as well as the nurses’ intuitive sense and awareness of the client’s verbal and non-verbal cues.

A CALL TO ACTION
This blended holistic mental health project was embraced by SMI clients, who readily identify the “foot care” nurses and seek their care. Traditionally, psychiatric nurses have been taught that they should touch their clients sparingly, if at all (Hilliard, 1995, p.29). Our experience demonstrates that trust, self-esteem, and relationships can be enhanced through the simple act of intentional physical touch. Even those individuals experiencing the highest levels of psychotic symptoms, most significantly paranoid ideations, responded positively, and continue to participate. This innovative program fills a need for SMI clients and remains viable. Having psychiatric nurses practice nail/foot care validates that holistic nursing practice is successful with SMI clients. We challenge today’s nurses in all settings to incorporate physical touch wherever possible to reach the heart of each client.

References


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Janice Brandt, BSN has been a nurse for eight years, integrating holistic principles into psychiatric nursing in community hospital and federal facilities. Her nursing skills include foot and nail care, which she currently provides to clients living in community care homes as well as those on inpatient units. She has partnered with nursing professionals in developing programs to promote overall health in the psychiatric population, including foot, hand, and oral hygiene.