Qualitative Research

Holistic Nurses’ Use of Energy-Based Caring Modalities

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As part of a study of a larger study of self-identified holistic nurses, researchers asked nurses to describe practice situations where energy-based modalities (EBMs) were used. Four hundred and twenty-four nurses responded by writing free-text responses on an online survey tool. The participants were highly educated and very experienced with 42% holding graduate degrees and 77% having over 21 years of practice. Conventional content analysis revealed four themes: 1) caring modalities used to treat a wide range of identified nursing concerns; 2) implemented across the life span and to facilitate life transitions; 3) support care for the treatment of specific medical conditions; and 4) Use of EBMs transcend labels of 'conditions' and are used within a holistic framework. The fourth theme reveals a shared vision of nursing where the use of the modality becomes secondary and the need to address the 'whole' at an energetic level emerges as the primary focus of holistic nursing.

Keywords: nursing practice; energy-based therapies/energy work; nursing diagnosis

For a period of more than 40 years, holistic nurses have embraced the concept of the human energy field and have used energy-based modalities (EBMs) as professional interventions supportive of health, healing, and recovery. Rogers' theory of the Science of Unitary Human Beings introduced nurses to the concept of energy fields in the early 1970s (Rogers, 1970). Krieger and Kunz began teaching Therapeutic Touch (TT) shortly thereafter (Krieger, 1979), and in the 1990s, Hover-Kramer and colleagues developed and began teaching the Healing Touch (HT) program (Hover-Kramer, Mengten, & Scandrett-Hibdon, 1995). Both TT and HT are modalities that were established within the nursing profession and incorporate presence, intention, and use of hands to pattern the energy field of the client and nurse. Additionally, as professional and public interest in complementary and alternative care increased, many nurses studied the techniques of Reiki as well. Reiki is an energy approach with Eastern roots that incorporates hands-on techniques to influence energy and healing. In contrast to TT and HT, Reiki training is generic and not specific to the nursing discipline. Engebresten and Wardell (2007) commented that “nursing has been in the lead of contemporary health care professions in recognizing the influence of touch therapies” (p. 243) and noted that TT, HT, and Reiki are the most common EBMs used by American nurses. Since the time that these modalities were first introduced to nurses, reports of their use have been published as have critiques of the practices and studies on their effectiveness and outcomes. However, to date, there have been no reports of the actual practice situations where these modalities are selected for use. As part

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of a larger study investigating the ways that holistic nurses understand and use the concept of energetic healing, the authors obtained data by asking nurses to describe their practice including when and how EBM's are selected for use. The purpose of this article is to report these focused findings.

**Background and Purpose**

While EBM's have become part of holistic nursing practice in many parts of the United States and in some other countries, these modalities have not been understood worldwide in a consistent way. For example, Engebreston and Wardell (2007) reported that such modalities are classified as spiritual healing in the United Kingdom and throughout Europe. However, TT is currently being taught in the United Kingdom through the British Association of Therapeutic Touch (2015), an organization that provides courses to nurses and that has worked with the Complementary and Natural Healthcare Council of the United Kingdom for voluntary registration for practitioners of TT. In the United States, when the National Center on Complementary and Alternative Medicine was first established in the 1980s, EBM's were classified as a subset of biofield therapies (Miles & Truc, 2003). At that time biofield therapies were one of five domains of complementary practices described as therapies used with mainstream or conventional treatments (National Library of Medicine, 2016). Currently, the National Center on Complementary and Alternative Medicine has become a center at the National Institutes of Health and is called the National Center on Complementary and Integrative Health and lists energy healing therapy in its glossary of terms related to complementary and integrative health (National Center on Complementary and Integrative Health, 2016). Over the years, several authors note that such energetic techniques have been used in many cultures (Butcher, 1997; Engebreston & Wardell, 2007; Jain & Mills, 2010), yet historical use of such practices has not meant that energy therapies are accepted by professionals or the public as a form of modern health care treatment.

In 1994, the developers of the NANDA taxonomy of nursing diagnoses accepted the nursing diagnosis of “Disturbed Energy Field” as a diagnostic term (Herdman & Kamitsuru, 2014), an action that reflected acceptance of energy and biofield therapies within nursing practice. Later the nursing interventions of TT, HT, and Reiki became incorporated into the Nursing Interventions Classification as nursing treatments regarded by the profession as within nursing’s scope of practice (Bulechek, Butcher, Dochterman, & Wagner, 2013). However, in 2014 the NANDA International (NANDA-I) Diagnosis Development Committee removed the energy-field diagnosis from its list of active diagnoses due to the fact that the data provided to support the diagnostic label were information supporting the use of the modalities themselves and not the diagnostic concept (Herdman & Kamitsuru, 2014). This removal of the diagnosis took place in the context increasing questions and concerns regarding the nurses’ use of energy therapies, such as publications questioning the evidence base of energy healing (O’Mathúna, 2000; O’Mathúna, Prymachuk, Spencer, Stanwick, & Matthiesen, 2002), legislation in some countries (Sweden being one example) that prohibit nurses from employing energy modalities as part of their professional work, and written critiques of energy-based practices received by NANDA-I in relation to the use of terms in its terminology (NANDA-I, 2016).

For some members of the American Holistic Nurses Association (AHNA), the removal of this diagnosis raised awareness of the need to address the lack of data on the use of EBM's as well as the need to clarify the term “energy field” within a professional context. Thus, a plan was put in place to gather data on the scope and context of energy-based practices, as well as the meaning of the concept “human energy field” to the discipline. To this end, a project was designed to begin a process of documentation of current and potential use of a nursing diagnosis addressing the energy field, as well as gathering information on the way in which nurses understand the concept of energetic healing. The current report is the first report from this work and addressing only nurses’ reflections about the practice situations in which EBM's are used. The question being addressed in this report is, “In what settings and for what conditions do Registered Nurses who self-identify as holistic nurses use energy-based modalities in their practice?”

**Method**

**Study Design**

As part of a larger study that sought information from holistic nurses about many aspects of their work, including their thoughts about use of theory in practice, use of EBM's and documentation of care using
nursing diagnoses, the authors collected data on the specific question mentioned above. An online survey was used for the larger study and within that survey was an item directing the nurse to "please provide a description of the kinds of patient conditions where you use energy-based modalities in your practice."

The item was presented so that nurses could provide free-text responses not limited in length. The larger survey also included demographic information about the nurses' level of education, certification in specialty areas, and years of experience in nursing.

Participants

Participants for the study were recruited through the AHNA at this organization's 2015 national meeting. Members of the organization were asked to complete an online questionnaire through FluidSurveys if they met the following inclusion criteria: participants of the survey were (1) registered nurses, (2) identify themselves as holistic nurses, and (3) used energy-based modalities in their work. The study was reviewed and approved through the research ethics committee at the major investigator's home university. The online survey site was open for a 2-week period and during that time 434 individuals accessed the survey with 426 responding to the item on use of EBMs.

Data Analysis

Responses relating to the individual nurses demographics, such as educational level, number of years in nursing practice, and certification in nursing or in energy-based modalities, were analyzed using descriptive statistics.

Conventional content analysis (Hsieh & Shannon, 2005) was the method used to analyze the large amount of qualitative data obtained. Conventional content analysis permits evaluation of data from open-ended interview questions in addition to other uses, such as evaluation of transcribed data from interviews, focus groups, and other qualitative methods. Conventional content analysis goes beyond counting words or phrases that appear in the text, by allowing researchers to interpret the meaning of the data and to provide a representation of the participants' point of view. According to Hsieh and Shannon, in contrast to other forms of content analysis (directed content analysis or summative content analysis), conventional content analysis is used when the goal is to describe a phenomenon when little is known about it, in this case the practice of energy-based modalities among holistic nurses. When using conventional content analysis, researchers refrain from using preconceived categories and instead allow the categories and names for categories to emerge from the data. Researchers immerse themselves in the data to inductively allow new insights as new inductive categories, themes, or patterns to emerge.

To complete the conventional content analysis, the authors followed Hsieh and Shannon's (2005) method by first downloading the text responses from the FluidSurveys website. Data analysis began by having two members of the research team read all of the data independently to familiarize themselves with what the participants had written. Next, each of the two researchers re-read the text file and began to identify words or phrases that repeated. Through use of NVivo, Version 9, a software program for organizing a large amount of data, these two researchers began to identify words or phrases that became NVivo categories or "nodes" under which to place text data. The research team used two researchers for this initial process as the sheer amount of data was so large, they believed that having two researchers work alone and then come together for the initial coding would provide a validation of accuracy of interpretation. The authors found a high degree of congruence between the two coders, and where there were differences, data and interpretations were reviewed again until agreement was reached.

As coding began (Round 1), the categories or nodes were identified according to content repeatedly observed in the data. These included patient conditions reported, practice setting, nursing specialty, patient/client symptoms, purpose of using energy-based modalities, wellness/health promotion approach, and use of energy-based modalities for all patients at all times. As coding continued (Round 2), the patient conditions were separated into two nodes: medical conditions and nursing diagnoses, and content related to patient/client symptoms were placed within one of these two categories. Nursing specialty and practice setting were combined as another node. The node for wellness/health promotion, purpose of using energy-based modalities, and use of energy-based modalities for all patients were combined into one. An additional node was established to describe the patient population. As the data were reviewed again (Round 3), the patterns within the content clusters became clearer: There were many medical
conditions and nursing diagnoses listed, but in each category there were some conditions that were prominent. For example, while there were 493 references to nursing diagnostic terms, the majority of these addressed issues of pain, pain control, comfort, anxiety, and stress. Likewise, there were 241 references to medical conditions or medical procedures, and the majority of these addressed cancer care, perioperative care, trauma, and mental health. Descriptions of patient populations spanned all age groups (neonates to elders), and issues of end-of-life care and life transitions were the most prominent. The category of nursing specialty was combined with descriptions of patient population as the specialty area of practice was directly related to the patient population served. Last, the purpose of using the energy-based modalities, descriptions of use of these modalities for all patients all of the time, and an approach to support wellness (supporting the whole) were combined. Thus, having four content categories, in the final round (Round 4) of analysis, the researchers reviewed the content in each node and labeled the four themes to reflect what the nurses indicated.

Findings

The participants were registered nurses who are very experienced and highly educated. Seventy-seven percent of these individuals have been in nursing practice for more than 21 years, and more than 42% of the participants hold a graduate degree (including nearly 8% with doctoral degrees). Eight-two percent of the participants are certified as HT practitioners, 34.5% are certified as Reiki practitioners, and 26.5% are TT practitioners, with several being competent in more than one modality. Seventy-six percent of the participants report using nursing theory or holistic theory to inform their practice “always” or “frequently.” Use of energy-based modalities spanned all of nursing’s specialty areas and all age groups of patients.

Four themes emerged from the data coding:

1. Energy-based modalities are caring modalities used to treat a wide range of identified nursing concerns (nursing diagnosis)
2. Energy-based caring modalities are implemented across the life span and to facilitate life transitions
3. Energy-based caring modalities support care for the treatment of specific medical conditions

4. Energy-based modalities transcend labels of “conditions” or “diagnoses” and are used within a holistic framework for patient care

Theme 1: Energy-Based Modalities Are Caring Modalities Used to Treat a Wide Range of Identified Nursing Concerns (Nursing Diagnosis)

Nurses reported using energy-based modalities as a support for patient/clients with issues of nursing concern, which could be listed on a care plan as a nursing diagnosis. These included first and foremost conditions of pain and need for comfort, situations where the client experiences anxiety, and when the client is undergoing stress, which could be acute (as in response to an emergency condition) or chronic (as in the stress of managing complex, chronic illness along with other life demands). For example, use of these modalities for pain/comfort were described as follows:

I have used energy-based modalities to promote comfort in patients experiencing pain either with or without pharmaceutical interventions.

I work in a chronic pain practice. I am helping patients with pain and suffering.

I use these modalities in labor/delivery where immediate and obvious relief of pain is observed.

I use TT to ease various types of pain (acute and chronic).

I help with their anxiety before surgery and pain/nausea after surgery.

In addition, perioperative pain, surgical relief, headaches, and migraines were also very frequently mentioned. Some nurses went beyond the mention of pain alone, for example,

Complex pain patients bringing everything to the bedside. I try and reduce their pain and help decrease their use of opioids. [I work with] end of life care patients to help manage symptoms of anxiety, pain, shortness of breath, nausea and to help create relaxation to improve blood flow thereby decreasing pain and other symptoms.

Nurses’ comments related to stress and anxiety were similar to those of pain/comfort:
I use [these modalities] to assist with calming and stress management.

Mind clearing and other relaxation practices are useful for the anxiety [that] the pre op patients experience especially for difficult IV sticks.

I use these modalities to facilitate inner calmness and energy balance in those with chronic mental illness; to calm acute states of anxiety, fear and uncertainty in clients.

There were several other mentions of mental health care, including posttraumatic stress disorder, where anxiety presents. Another participant addressed “stress/fear of being in hospital” specifically. In addition, there were several acknowledgments of stressful work conditions where these modalities are used for support “over worked, stressed out staff.”

Additionally, there were several references to nursing concerns such as wound healing, spiritual distress, hopelessness, powerlessness, loneliness, and grief. One participant identified the use of these modalities in situations of elimination: “I use healing touch techniques to assist patients who are having difficulty with urination after catheterization to void postoperatively. I use healing touch techniques to assist with bowel motility postoperatively.” A sense from the data in this theme is that energy-based modalities are used for a wide-ranging set of conditions for which nursing is accountable. These include patient/client physiological and psychological/spiritual domains.

Theme 2: Energy-Based Caring Modalities Are Implemented Across the Life Span to Facilitate Life Transitions

The second theme that emerged from the data is the fact that energy-based modalities are used across the life span and with patients/clients in every developmental stage and at transition to end-of-life care. Energy-based modalities are being applied to care of neonates, youth, adults, the elderly, and at times of end-of-life. Participants’ comments are as follows:

I use [energy based modalities] for clients of all ages from birth to death.

“I consistently utilize energy modalities in caring for ante partum patients, laboring patients, post-partum patients and newborns.” I use energy modalities to “to calm babies with Neonatal Abstinence Syndrome, to ease respiratory distress”.

Energy work is very important to creating a secure environment for babies and toddlers who have separation anxiety from their parents.

Energy work is important for “children under stressful situations.”

I use energy modalities “with adults who have chronic illness” [and with] “younger and older geriatric clients.”

I use “energy-based modalities to deal with confused elderly patients, elderly patients with balance issues, and those with dementia and who present as the combative elderly.”

At end-of-life, nurses report using energy-based modalities “at the deathbed, where not only the person is in final transition, but family and friends receive help and peace during the passing from the nursing intervention.”

Theme 3: Energy-Based Caring Modalities Support Care for the Treatment of Specific Medical Conditions

Nurses reported using energy-based modalities within the context of treatment of various medical conditions; these reports were a list of medical conditions across all ages and medical specialties. Examples of medical conditions frequently cited are the following: cancer; neurological disorders, including Parkinson’s disease, Alzheimer’s disease, headaches, and migraines; mental health issues, such as eating disorders, posttraumatic stress disorder, attention deficit hyperactivity disorder, depression, bipolar disease, addictions and substance abuse, phobias; women’s health issues such as infertility, management of menopause, childbirth; injuries, including trauma, musculoskeletal injuries, spinal cord injuries; and medical conditions such as diabetes, hypertension, heart disease, asthma, emphysema autoimmune disease, and gastrointestinal disturbances.
Theme 4: Energy-Based Modalities Transcend Labels of “Conditions” or “Diagnoses” and Are Used Within a Holistic Framework for Patient Care

The last theme describes use of EBMs within the context of a framework or point of view about care that addresses patient/client needs at an energetic level. As nurses described this approach to care, the modality became secondary and the need to address the “whole” at an energetic level became the primary focus of holistic nursing work. For example, nurses wrote,

The process and principles of therapeutic touch allow me to reach my patients on another level.

Energy work is not defined by medical model definitions of “conditions,” rather it is the everyday encounters one has person to person. It utilizes all the senses of the nurse, including intuition and existential knowing.

Psychogenic and functional movement disorders are hugely impacted by disrupted energy field and until this is addressed these patients will continue to identify with their “disease.”

First sight of the patient you are using one or many modalities of energy work. Level of energy or vibration the person’s body exhibiting then from there to specific. . . . One is looking at the color, fluidity of the person’s body the different energies good or interruptive. Each patient is treated differently with both physical and mental taken into consideration. All this can be done in the 30 secs [it takes] to re-evaluate with each energy intervention used. [Energy work is] medical, nursing and deliverance with intent of an energy level, process, thought, touch, mind."

[My patients are] persons in transition, having experienced trauma, in situations of high stress, in pain, have difficulty in meeting basic human needs, have lost their mind/heart connection, restricted in carrying unique message to the world, distressed with not flourishing in work or life, have forgotten loving intentions, have constricted consciousness and difficulty in expanding consciousness into action, unable to initiate self-care in community, human dignity is compromised.

Conclusions and Discussion

Responses to the study question not only document that a number of holistic nurses use EBMs modalities as part of their regular, day-to-day nursing practice, these responses also document the practice situations where EBMs are used. Nurses reported using EBMs in all of nursing specialty areas and across all age groups. The most frequently mentioned application of an energy-based modality was as an intervention for pain; the most commonly mentioned medical condition for which EBMs are used is cancer.

Perhaps of most interest is the sense in the fourth theme that use of an EBM is not simply an application of a treatment or intervention. The study participants articulated a shared meaning of nursing work and nurses’ connection with others at a deeper level than simple encounters with clients. The statement that the nurse attends to a patient who has lost a mind/heart connection leads nursing practice in a different direction than attending to a patient’s chief complaint. The sense that energy work means that nurses deliver care with intent through use of intuition and existential knowing hints at an underlying philosophy or theory guiding holistic nursing practice. Most important, many participants specifically mentioned that their practice was grounded in Rogers’ Science of Unitary Human Beings, which views human beings as irreducible energy fields integral with and in mutual process with the environmental energy field (Butcher & Malinski, 2015). Others described their practice as being informed by principles of holistic nursing, such as viewing the person as a bio-social-spiritual being, whose whole is greater and different from the sum of parts and is in a mutual process with the environment. Such principles are quite consistent with published standards of holistic nursing care and use of complementary modalities (Frisch, 2001). Note that 76% of the participants indicated that they used a nursing or holistic theory to guide their practice. Clearly, the theories these nurses use must include the acceptance of the human energy field. In addition, these theories very likely include the need for nurses and patients to connect in meaningful ways. Core to holistic nursing that is informed by nursing theories is the notion that holistic nurses view themselves as instruments of healing and as facilitators in the
healing process, honoring, embracing, and striving to understand the personal experiences, health values, beliefs, and the meaning that people give to their health-illness experiences (American Nurses Association & American Holistic Nurses Association, 2013). These larger questions of the context and meaning of using EBMs are beyond the scope of the question asked, but in answering the question of when and how EBMs are used the participants provide hints about their holistic approach to care.

These findings make it clear that holistic nurses conceptualize a wide range of health-illness situations within an energy field perspective, establishing the need for a nursing diagnosis that embraces this aspect of care. More than 4,500 nurses are members of the AHNA, which represents only a portion of nurses that practice from an energy field perspective. These nurses would not be well served in documenting their practice without a proper nursing diagnosis. Furthermore, given the use of the EBMs to treat established nursing issues such as pain, comfort, stress, and anxiety for which a nursing diagnosis already exists calls for consideration “syndrome diagnosis,” which is a category of nursing diagnosis at a higher level of abstraction. A syndrome diagnosis is a nursing clinical judgement concerning a specific cluster of nursing diagnoses that occur simultaneously and are best addressed together and through similar interventions (NANDA-I, 2015). Further exploration of this notion is suggested.

Future Directions

The findings from the current report present the only data available from holistic nurses describing the practice situations where they use EBMs. Having the energy field diagnosis in the NANDA-I taxonomy is key to gaining knowledge of this aspect of nursing care. The diagnostic label for energy-based work is a way to enable documentation of certain aspects of holistic nursing care and such documentation is needed to evaluate prevalence and effectiveness of such care. Publication of the diagnosis of imbalanced energy field legitimates the work and will serve as a means to make it visible to the nursing community.

Future areas for research most certainly include further exploration of the contexts of providing these modalities, as well as an explication of the theories and/or philosophies that guide the practice. Also, a qualitative study using interviews with a number of nurses using EBMs would permit further depth and articulation of contexts and thoughts. Last, asking about use of energy-based modalities in other nursing studies, particularly in areas of pain management and cancer care where the current study’s results found the most use, might help learn the prevalence of this work among registered nurses.

Limitations

Due to the targeted recruitment to obtain a sample of holistic nurses who use EBMs, the authors are not able to conclude the prevalence of the use of these modalities or generalize to other nursing populations. Furthermore, given that the free-text data were retrieved from an open-ended survey question and that the survey was taken anonymously, the authors have not been able to go back to the participants to ask if the interpretation of their writing was accurate or what they had intended. However, acknowledging these limitations, the purpose was to begin a description of energy-based modalities in nursing and the 426 nurses who answered this question have provided that description.

References


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