

The Effectiveness of a Healing Touch Intervention on The Reduction of Albany Medical Center Employees' Pain, Anxiety, and Stress Ratings

Sharon L Wheeler, MS, MT-BC, LCAT, HTCP
Dolly Berla, MS, BSN, RN
Diane Stredny, BS, RN, HTCP, CCA

Purpose

The purpose for this research was to evaluate the effectiveness of Healing Touch on perceived reduction of pain, stress, and anxiety among employees at Albany Medical Center.

• The study has been approved by AMC IRB.



Background/Significance

- According to Anderko et al., (2012), "The workplace, as a microcosm of society, has the potential to improve health substantially in the United States by building a culture of health that facilitates healthy lifestyles for employees" (p. 2). The Affordable Care Act (ACA), which includes the Prevention and Public Health Fund, will support a new focus on prevention and wellness, offering opportunities to strengthen the public's health through workplace wellness initiatives." (Anderko et al., 2012).
- The benefits of Energy Medicine such as Reiki, Healing Touch (HT) and Therapeutic Touch (TT) have been administered to hospitalized patients and recognized as effective integrative management of patient's perception of pain, stress and anxiety (Anderko et al., 2012; Tang, et al., 2010).
- Pain, stress and anxiety are inherent in the workplace setting. The application of Healing Touch for employees into the workplace can be a method for self-care or "care for the caregiver" (Dayhew et al., 2009; Hoover-Kramer, 2009).
- In a study by Andrus et al., 2006, through an integrative healing arts program, holistic practices such as aromatherapy, music therapy, and touch therapies generated decreased RN turnover, increased nursing satisfaction, nursing caring perceptions, and patient satisfaction.
- 3,917 participants in this study received Healing Touch (HT) in The HT Clinic or attended a Wellness Day voluntarily over six years (5/1/06-12/31/12). Prior research investigating employer sponsored Complementary Alternative Medicine(CAM) interventions for employees and employee perceptions of the employer and work associated stressors is limited. This study investigates a hospital sponsored healing touch program that was developed to address hospital employee's perception of stress, anxiety and pain.

Research Question

Is there a difference between stated pain, anxiety and stress scores before and after an employer delivered HT session?

Implementation/Method

- 3,917 participants either voluntarily came to The Healing Touch (HT) Clinic or attended a Wellness Day as a free employee wellness benefit.
- Eligibility screening criteria: Inclusion of only Albany Medical Center (AMC) employees, students and volunteers. Participation was voluntarily and not anonymous.
- Participants provided verbal consent and voluntarily signed-up for a 45 minute individual HT session at The HT Clinic (D473c). Upon request, Unit Wellness Days were coordinated by The Healing Arts Department offering 30 minute HT sessions to the designated department or medical floor within AMC.
- The study was a pre-post test design without a control group; utilizing the individual as their own control to decrease inter-rater variability.
- Employees were asked to rate their pain, stress, and anxiety levels before and after receiving a Healing Touch Session. The HT Treatment Evaluation Form, consisting of 0 to10 point Likert scale (0 indicating no pain, anxiety or stress and 10 being the most).

Data Analysis

Quantitative data: Based on self-reported pain, anxiety and stress scores, were analyzed using IBM SPSS(21.0) (2012).

Descriptive data: Examined and provided a simple summary about the sample and the measures of variables, which included department names; pre and post HT therapy scores of: pain, stress, anxiety, and year.

Univariate: Across cases, each variable including: Frequency Distribution; Central Tendency, Mean, Median, and Mode of the data, and the SD, evaluating the distribution of pre-post scores and all other variables fall within normal or bell-shaped distribution.

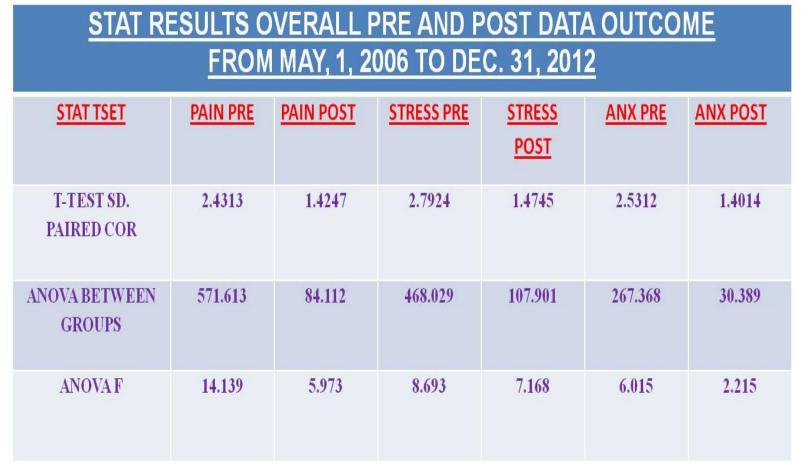
The Paired t-Test, Chi-square, and ANOVA: Compared the categories (pre-post) pain, stress, anxiety, and year; yielding an overall significance of p<0.01 post-intervention, indicating a reduction of pain, stress, and anxiety after HT therapy.

Results

The data in SPSS format: t-test correlation, SD, Chi square, and ANOVA, were preformed yielding a statistically significant result of p<0.001 for reduction of pain, anxiety, and stress post HT Intervention.

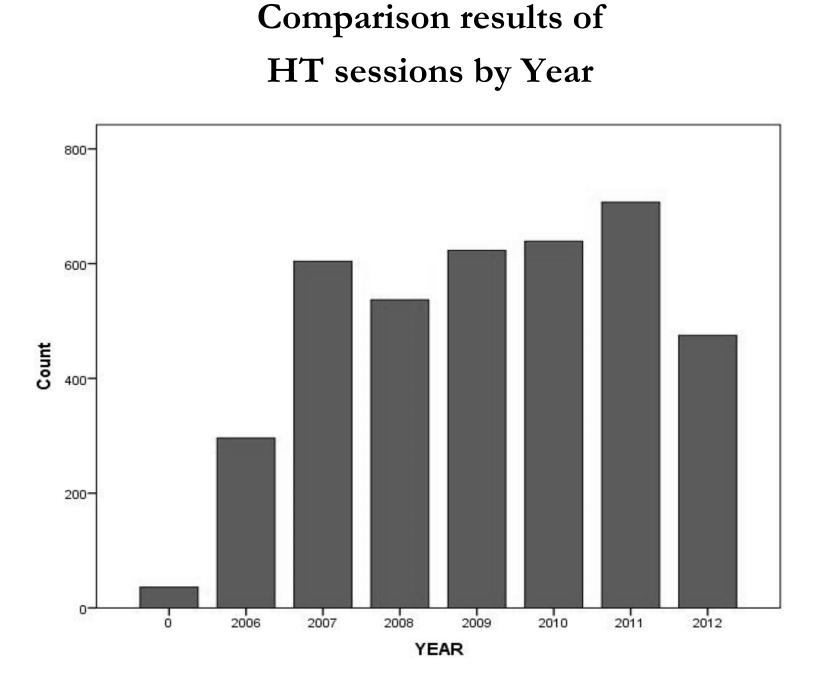
This demonstrated statistical relationship between HT intervention and a reduction in employee's pain, stress, and anxiety rejects the null hypothesis.

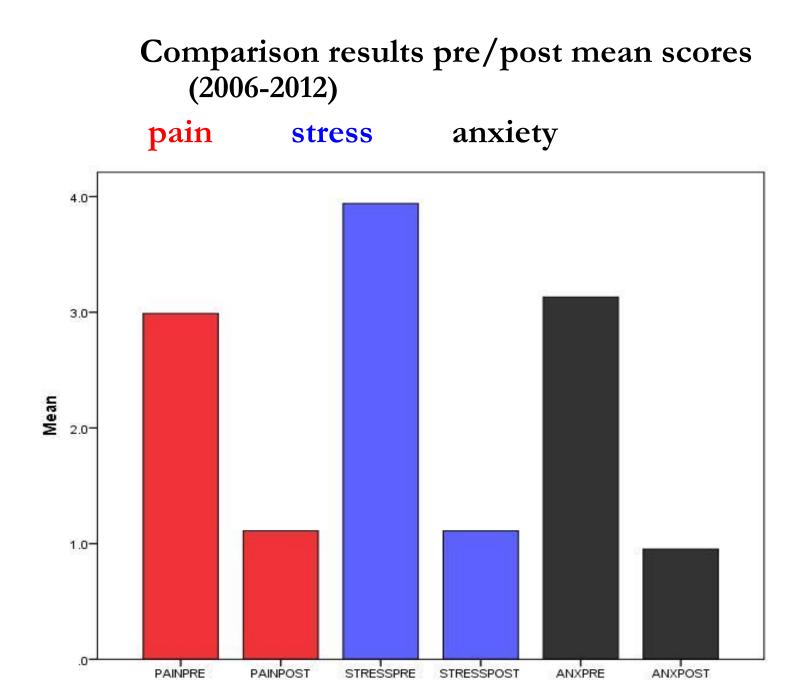
See the chart below for the cumulative average (mean) pain, stress and anxiety scores for 6.75 years retrospective data.



	N	Min.	Max.	Mean	Std. Deviation
ANXPRE	3917	0.0	10.0	3.131	2.5312
ANXPOST	3917	0.0	9.0	0.952	1.4014
STRESSPRE	3917	0.0	10.0	3.940	2.7924
STRESSPOST	3917	0.0	9.0	1.110	1.4745
PAINPRE	3917	0.0	10.0	2.989	2.4313
PAINPOST	3917	0.0	9.0	1.111	1.4247

Composite Graphics





Conclusions

- HT interventions performed in the workplace were effective in reducing the pain, stress, and anxiety of employees.
- Employee sponsored wellness programs such as HT, may promote a culture of health that facilitates healthy lifestyles for employees by reducing employee turnover, absenteeism, burnout, and compassion fatigue.
- Health risks that lead to disease can be decreased thru workplace-sponsored health promotion programs in accordance with the Goals of Healthy People 2020 as cited by Anderko et al., (2012, p. 3).
- Further research may reveal improved patient satisfaction as a result of employee's reduction of pain, stress, and anxiety through HT interventions.

References

Anderko L., Roffenbender, J.S., Goetzel R.Z., Millard, F., Wildenhaus, K., DeSantis, C., and Novelli, W. (2012). Promoting Prevention Through the Affordable Care Act: Workplace Wellness. Prev Chronic Dis, 9, E175. doi: 10.5888/pcd9.120092120092.

Andrus, V., Shanahan, M., Assi, M.J. (2006). A research study to enrich the professional practice environment for RNs, *Beginnings*, p. 10-11.

Dayhew, M., Wilkinson, J. M., & Simpson, M. D. (2009). Complementary and alternative medicine and the search for knowledge by conventional health care practitioners. *Contemp Nurse*, *33*(1), 41-49.

Hover-Kramer, D. (2009). Healing Touch Guidebook: Practicing the art and science of human caring. San Antonio, Texas: Healing Touch Program.

Tang, R., Tegeler, C., Larrimore, D., Cowgill, S., & Kemper, K. J. (2010). Improving the well-being of nursing leaders through healing touch training. *J Altern Complement Med*, 16(8), 837-841. doi: 10.1089/acm.2009.0558 Wardell, D. W., & Weymouth, K. F. (2004). Review of studies of healing touch. *J Nurs Scholarsh*, 36(2), 147-154. Wilkinson, D. S., Knox, P. L., Chatman, J. E., Johnson, T. L., Barbour, N., Myles, Y., & Reel, A. (2002). The clinical effectiveness of healing touch. *J Altern Complement Med*, 8(1), 33-47. doi: 10.1089/107555302753507168