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# Presence in the Neonatal Intensive Care Unit

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**Abstract:** *Caring for an infant in a neonatal intensive care unit can be stressful for the healthcare provider and families; the neonate also is stressed. Integrating a holistic approach through the use of authentic presence and complementing this with Healing Touch are ways caregivers can enhance the care being provided. True presence is focusing on “being with” rather than “doing to.” It is through authentic presence that a childbirth educator transcends the ego resulting in a transpersonal caring relationship.*

*Keywords:* presence, healing touch, holistic nursing, holistic approach, transpersonal caring

Nursing is a labor of love, yet the emotional toil of caring for others can exact a heavy toll on nurses in the form of burnout, compassion fatigue, and physical illness. Nursing shortages and issues with recruitment and retention have left many nurses overworked and at risk of burnout. The desire to provide compassionate care can change over time, especially when faced with organizational demands unrelated to the process of caring for patients (Grafton, Gillespie, & Henderson, 2010; McNulty, 2014). A compassion fatigue epidemic in England’s National Health Service, for example, prompted the development of intervention attempts to prevent a further “erosion of kindness in nursing staff” (Keogh, 2013, p. 7). In addition to detriments to compassionate care provision, nurses with burnout may experience psychosomatic symptoms, such as stomachaches and headaches leading to increased use of sick time (Jenkins & Warren, 2012). Furthermore, juggling toxic work environments and other work-related issues exacerbated by stress, such as overweight, back injury, limited physical activity,

poor diet, and emotional, physical and verbal abuse at the hands of patients and colleagues can put nurses and patients at risk (Tucker, Harris, Pipe, & Stevens, 2010). The effects of burnout are far-reaching, not only for nurses, but also for the facilities in which they work. Cimiotti, Aiken, Sloane, and Wu (2012), for example, found that burnout contributed significantly to the spread of urinary tract and surgical site infections. Although nurses in general experience many similar stressors that can contribute to burnout and compassion fatigue, some specialty nurses, such as those working in intensive care units (Meadors, Lamson, Swanson, White, & Sira, 2009), may be at increased risk.

Nurses working in neonatal intensive care units (NICUs) face not only providing care for critically ill and sometimes terminal infant patients, but also must address the distress of anxious, terrified, and sometimes traumatized parents. These demands can exact an overwhelming price on NICU caregivers. For instance, Cavinder (2014) noted that the nature of work in the NICU can produce moral distress for many nurses who must balance needs to provide care and promote healing with the reality of terminal cases in need of compassionate, palliative care. For some nurses, the passion for nursing can fade into focus on just performing the job, resulting in a disconnect from the calling, the patients, and the parents. As noted by Cavinder, this disconnect can in turn result in increasing moral distress at performing the job, resulting in a cycle of distress and less compassionate care. Self-care practices, combined with holistic approaches to caring for NICU patients and parents, may provide an avenue for rekindling the passion for nursing and revitalizing nurses who are at risk of or are suffering from burnout and compassion fatigue.

## Holistic Nursing in the NICU

The American Holistic Nurses Association (AHNA, 2014) endorses the incorporation of self-care practices into

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nursing that promote personal healing. Numerous self-care, holistic practices exist, and AHNA offers workshops and continuing education contact hours for many different practices. Workshops may include meditation, yoga, and energy medicine practices. These workshops encompass holistic caring for self: body, mind and spirit. According to Dossey and Keegan (2013), holistic nursing is defined as “all nursing practice that has healing the whole person as its goal” (p. 64). In alignment with healing the whole person, AHNA also considers self-care and self-healing to be critical components of holistic nursing. Furthermore, holistic nurses integrate complementary modalities into clinical practice to facilitate the individual’s healing process physically, emotionally, mentally and spiritually (Dossey & Keegan, 2013, p.64). Healing Touch is one complementary practice that can be incorporated into holistic practice. Mentgen and Bulbrook (2012) defined Healing Touch as:

*An energy healing therapy in which practitioners consciously use their hands in a heart-centered and intentional way to enhance, support and facilitate physical, emotional, mental and spiritual health and self healing. HT utilizes light or near-body touch to clear, balance, and energize the human energy system in order to promote health and healing for mind, body, and spirit (p.2).*

In addition, “the goal of Healing Touch is to restore harmony and balance in the energy system, placing the client in a position to self-heal” (Mentgen and Bulbrook, 2012, p. 3). Through Healing Touch, a NICU nurse is able to facilitate self-healing and acceptance through awareness and unconditional support. By practicing Healing Touch, nurses can establish presence and be attentive to the needs of patients and self.

*... being with, rather than doing to*

## Presence in the NICU

A primary goal of many health institutions is patient-centered care. The Institute of Medicine in 2001 defined patient-centered care as “care that is respectful of and responsive to individual patient preferences, needs, and values, and that ensures that patient values guides all clinical deci-

sions...” (p 3). Patient-centered care aligns with the holistic approach of caring for the person. One aspect of the holistic approach is focusing on being with, rather than doing to, and a core component of being with is authentic presence. According to Mariano (2013), presence is defined as

*The essential state or core of healing; approaching an individual in a way that respects and honors her/his essence; relating in a way that reflects a quality of **being with and in collaboration with rather than doing to**; entering into a shared experience (or field of consciousness) that promotes healing potential and an experience of well-being. (p. 91, emphasis added)*

Parse’s (1998) human becoming theory identified true presence as “a special way of *being with* in which the nurse is attentive to moment-to-moment changes in meaning as she or he bears witness to the person’s or groups own living of value priorities” (p. 71, emphasis added). Newman (2008), in her theory of health as expanding consciousness, discussed the importance of nurses entering into a partnership with a client to assist the person in pattern recognition of individual health. Newman viewed this partnership process with clients as a transforming presence. Watson (2008), in her philosophy of caring science, identified “transpersonal caring relationship as caring consciousness” (p. 78). Watson stated

*the transpersonal nature of the experience is connected with the nurse’s ability to be authentically present in a way that reaches out to the other, transcending ego. This is the source of compassion, when one is able to connect transpersonally. (p. 78)*

Physicians and nurses caring for pediatric and adult patients are attentive to their needs. They inform their patients about their plan of care and any upcoming procedures as part of the patient-centered care approach, yet these same approaches are not often used to inform neonates about their plans of care or procedures. In the NICU there is a general assumption that the infant does not comprehend what is going on; therefore, no explanation is warranted except to the infant’s parents or family. Rarely do nurses or physicians speak to infants and explain to them what to expect during their stay in the NICU. Although infants may not be able to verbalize, they may understand and appreciate being informed. Researchers are in the early stages of understanding infant cognition, and, though much work focuses on habituation and learning, researchers consistently find that

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infants are capable of learning, remembering, and recalling information and anticipating actions (Wang et al., 2012).

Critically ill infants are very fragile and become easily stressed by various stimulations such as touch, light, sound, and temperature changes. In addition, these infants are also sensitive to the energy the healthcare provider or caregiver brings to them. For example, mothers who are anxious and nervous about breastfeeding may generate anxiety in their infants, who then become anxious and unable to nurse. However, by calming the anxious mother she is better able to nurse as the infant also relaxes and begins to nurse with ease. The same is true when an anxious nurse is caring for the infant; the infant becomes restless. Taylor (2006), a Harvard trained neuroscientist who completely recovered from a severe brain hemorrhage, discussed the importance of positive energy in caring for patients.

*I needed my visitors to bring me their positive energy....I appreciated when people came in for just a few minutes, took my hands in theirs, and shared softly and slowly how they were doing, what they were thinking, and how they believed in my ability to recover. It was very difficult for me to cope with people who came in with high anxious energy. I really needed people to take responsibility for the kind of energy they brought me. We encouraged everyone to soften their brow, open their heart, and bring me their love. Extremely nervous, anxious or angry people were counter-productive to my healing (p. 120).*

## Holistic Approach

Stress in the neonates can hinder their healing process as well as their growth and development thereby delaying their discharge from the hospital. To limit these stressors in the NICU, some units have incorporated “touch times.” During these touch times, nurses group together the care that is needed, such as taking their vital signs, changing their diapers, feeding, and any other required procedures and then allow the infant to rest in between them. The touch times are usually spaced out between three to six hours depending on the infants’ condition. Healing touch can be a beneficial practice to incorporate into these touch times.



Kathy Zimmerman

### The Holistic Approach:

- Begin with centering and grounding self in the present moment.
- Center by focusing on your breath and affirming “I am here now.”
- Ground the self by focusing awareness on the feet; sensing a connection to the ground like roots of a tree extending down into the earth, connecting individual energy with the earth energy.
- Set an intention to be a calming healing presence, to provide loving care, and to be a facilitator of healing for the infant’s highest good without judgment.
- Create a healing environment by providing warmth, dim lights, and soft music.

Touch time can begin with an introduction to the patient, followed by explanation of “touch time” and what it entails, such as feeling a stethoscope on the chest, explaining what may be experienced when having blood pressure or temperature taken, having heels stuck for lab tests, changing diapers, being suctioned, or when being fed through a tube, and how often these touch times will occur. In providing care, caregivers should be mindful of individual actions and

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also the actions of others. Additionally, caregivers should remain present and aware of how outside distractions can affect the healing process, such as the noise level in the unit and how the infant is handled during a procedure. Being mindful of the infant's safety and comfort, nurses can explain procedures to newborn and what to expect. Lastly, nurses should position the infant for comfort and can complete "touch time" by providing Healing Touch techniques that are appropriate for infants, while affirming the intention to be a facilitator of universal energy flow for overall health and wellbeing without an attachment for a specific outcome of his or her intervention.

### Healing Touch Techniques Include:

- Begin with centering and grounding self.
- Set an intention or purpose for the infant's highest good.
- Do not focus on a specific outcome. Anything is possible.
- Carefully and gently move the hands over the infant from head to toe, making caring sweeps over the infant's body several times to release congestion in his or her energy field.
- Hold the hands still above the area of concern for the infant (for example, the head, heart, lungs, stomach, or extremities).
- End by thanking the Source of unlimited energy, and acknowledging the peace and healing that occurred.

From personal experience with Healing Touch as a holistic approach, agitated infants have become more relaxed resulting in a decreased need for sedation or pain medication; infants with reflux tolerate and retain their feedings, and infants who required oxygen or who were on ventilators were able to be weaned resulting in lower oxygen levels and decreased ventilator settings.

## A Personal Experience with Neonatal Healing Touch

GB was born 29 weeks premature and had severe congenital anomalies; he had a life expectancy of approximately 18 months and was ventilator-dependent. Due to the severity of his condition, GB would be discharged to a chronic nursing home facility where they would be able to care for him for the duration of his life. I had cared for GB during his 6 month hospital stay. The social worker informed me that all arrangements had been made and GB would be leaving the next day. On my last day caring for GB, I explained to him,

that he would be leaving the hospital to a home where he would be cared for by wonderful loving people. I told him not to be afraid and that God was watching over him. I also shared with him that it was a privilege and an honor to care for him. During this time, GB's gaze looked deep into mine; I sensed a deep connection-where his soul and my soul became one, a transpersonal caring moment. His eyes became the bluest I have ever seen and his beautiful porcelain skin turned a rosy hue. I intuitively heard a little voice say, "thank you," followed by "I see You" to which I spontaneously replied "I see You." I knew without a doubt that he understood everything I explained to him, and he appreciated it. I felt an overwhelming feeling of love radiating outward from his little heart to mine; it was an amazing experience!

## Relevance to Childbirth Educators

The NICU can be very intimidating and frightening to parents. The infant is experiencing the same feelings as they try to adjust to their physical body and new surroundings. As mentioned previously, an extremely nervous and anxious caregiver can be counter-productive to the healing process. As childbirth educators it is important to share with parents the importance of being authentically present for their newborn. Practice the holistic approach with parents. Teach parents the importance of being centered and grounded in the moment, bringing their positive calming energy, and being a healing presence for their newborn. Caring for their infant should be focused on "being with" during each and every interaction: gently stroking, softly speaking, and expressing their feelings of love and reassurance. Koerner (2011) stated that:

*When we give our full attention to the present moment and what we are interacting with, we take past and future out of the relationship, except for practical matters. Immediate and emergent conditions always demand a swift response, however. As we relinquish conditional expectations and reactions, attention steps in and shows us a deeper truth, making the resulting intervention more profound and therapeutic (p. 100-101).*

In addition, Hoang (2014) mentioned that increased levels of anxiety during pregnancy can actually lead to an increased risk of premature birth (p.68). Through the integration of Healing Touch techniques the childbirth educator can minimize anxiety and stress during pregnancy, the birthing process, and accelerate recovery for both the mother and the infant.

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