

Healing Touch - Supportive Research

Healing Touch has been shown to decrease pain, anxiety, and nausea; reduce length of stay; assist PTSD patients; and improve patient and nursing satisfaction, thus providing cost savings. The following key research supports the use of Healing Touch.

1. Jain, S., McMahon, G.F., Hasen, P., Kozub, M.P., Porter, V., King, R. & Guarneri, E.M. (2012). Healing Touch with guided imagery for PTSD in returning active duty military: A randomized controlled trial. *Military Medicine*, 177 (9), 1015-1021.

- Randomized clinical trial.
- Purpose: compared the impact of Healing Touch and Guided Imagery + treatment as usual in the study group (HT+GI + TAU) to treatment as usual only (TAU) in the control group on PTSD symptoms, depression, quality of life and hostility in active duty military personnel.
- Sample: One hundred twenty three returning military service personnel diagnosed with PTSD.
- Method: participants were randomly assigned to receive either 6 sessions of HT+GI+ TAU over 3 weeks vs. TAU over 3 weeks.

Findings

- Statistical analyses (repeated measures analysis of covariance with intent-to-treat) revealed statistically and clinically significant reduction in PTSD symptoms ($p < 0.0005$, Cohen's $d = 0.85$) as well as depression ($p < 0.0005$, Cohen's $d = 0.70$) for the group receiving HT+GI vs. TAU.
- This same group also showed significant improvements in mental quality of life ($p = 0.002$, Cohen's $d = 0.58$) and reduced cynicism ($p = 0.001$, Cohen's $d = 0.49$) vs. TAU group.

2. Lutgendorf, S.K., Mullen-Houser, E., Russell, D., DeGeest, K., Jacobson, G., Hart, L., Bender, D., Anderson, B., Buekers, T.E., Goodheart, M.J., Antoni, M.H., Sood, A.K. & Lubaroff, D.M. (2010). Preservation of immune function in cervical cancer patients during chemoradiation using a novel integrative approach. *Brain, Behavior and Immunity*, 24 (8), 1231-1240.

- Prospective randomized trial at the University of Iowa
- Purpose: explored the impact of Healing Touch on cellular immunity, mood and quality of life and treatment toxicities/delays.
- Sample: Sixty women with cervical cancer were randomly assigned to one of three groups in this prospective trial: Healing Touch (HT), relaxation training (RT) and usual care (UC)
- Method: The HT and RT group received four weekly individual sessions of their respective therapies immediately following their radiation during their six weeks of chemo-radiation. Assessments were conducted at baseline, week 4 and 6.

Findings

- HT group had a minimal decrease in natural killer cell cytotoxicity (NKCC) over time compared to the NKCC of the RT and UC patients who declined sharply during their treatment ($p = 0.018$).
- HT patients also showed significant decreases in two indicators of depressed mood compared to the RT and UC group over time as well.
- There were no significant observations on toxicities, treatment delay, quality of life and fatigue.

3. MacIntyre, B., Hamilton, J., Fricke, T., Ma, W., Mehle, S., & Michel, H. (2008). The efficacy of Healing Touch in coronary artery bypass surgery recovery: a randomized clinical trial. *Alternative Therapies*, 14(4), 24-32.

- Purpose: to determine if HT improved pain, complication rates and recovery time in patients undergoing elective coronary artery bypass surgery.
- Design: randomized 237 subjects into 1/3 treatment groups; no intervention; partial intervention (visitors) or HT group Note: did not use sham therapist but controlled for presence with visitor group.
- Outcome Measures: postoperative length of stay; incidence of post-op atrial fibrillation, use of anti nausea meds, amount of narcotic use, functional status and anxiety.

Findings

- No significant decrease in use of pain medication, anti-nausea meds or incidence of atrial fib.

Supportive Research - continued

- Significant differences in anxiety scores and length of stay in the HT group compared to the other 2 groups.
- Estimated cost savings of \$500,000/ year.
- Demonstrated a decreased length of stay of one full day for patients that received HT vs those that did not.

4. Post-White, J. & Kinney, M.E., Savik, K., Berntsen Gau, J., Wilcox, C. & Lerner, I. (2003). Therapeutic Massage and Healing Touch Improve Symptoms in Cancer. *Integrative Cancer Therapies*, 2(3), 332-344.

- Design: randomized, prospective, 2-period, cross-over design.
- Purpose: to determine if Massage Therapy and Healing Touch were more effective compared to standard care and presence alone at reducing symptoms of anxiety, mood disturbance, pain, nausea, and fatigue and increasing relaxation and satisfaction with care.
- 230 subjects with diagnosed cancer and receiving chemotherapy.
- Procedure: All subjects received 4 weekly 45-minute sessions of their assigned intervention (MT, HT, or P) and 4 weekly sessions of a standard care/control in a randomized order.

Findings

- MT and HT lowered blood pressure, respiratory rate (RR), and heart rate (HR).
- MT lowered anxiety and HT lowered fatigue, and both lowered total mood disturbance.
- Pain ratings were lower after MT and HT, with 4-week nonsteroidal antiinflammatory drug use less during MT.
- There were no effects on nausea.
- Presence reduced RR and HR but did not differ from standard care on any measure of pain, nausea, mood states, anxiety, or fatigue.
- MT and HT are more effective than presence alone or standard care in reducing pain, mood disturbance, and fatigue in patients receiving cancer.

5. Cook, C.A., Guerrero, J.F., & Slater, V.E. (2004). Healing Touch and quality of life in women receiving radiation

treatment for cancer: A randomized controlled trial. *Alternative Therapies in Health and Medicine*, 10(3), 34-41.

- Explored the impact of HT on the reported health-related quality of life of women receiving HT during radiation treatment for gynecological or breast cancer.
- Consisted of 62 newly diagnosed women who were randomly assigned to receive either HT or a mock (fake) form of the therapy for a total of six weeks immediately after their radiation treatment. The participants were not aware of which treatment they were receiving as it took place behind a screen (blinding).

Findings

- Those receiving HT reported improvement in all 9 areas of quality of life measured with statistical significance in the area of vitality, pain and physical function (compared to those that received mock therapy).

6. Tang, R., Tegeler, C., Larrimore, D., Cowgill, S. & Kemper, K.J. (2010). Improving the well-being of nursing leaders through Healing Touch training. *Journal of Alternative and Complementary Medicine*, 16 (8), 1-5.

- Single group pretest-post-test study.
- Provided Level 1 Healing Touch course to 24 nurse leaders.
- Measured subjective measures of stress and heart rate variability 1-2 weeks before and 4 weeks after the training.
- 77% (20) completed all pre and post measures.

Findings

- Significant improvement ($p < 0.5$) in self-reported stress, depression, anxiety, relaxation, well-being, and sleep.
- Significant heart rate variability changes suggesting improved autonomic function consistent with greater well-being.
- "Training nurse leaders in an academic health centers in Healing Touch is associated with significant improvements in subjective and objective measures of stress."

Supportive Studies and Articles

Cost Savings with Integrative Medicine

Benjamin Kligler, MD, MPH; Peter Homel, PhD; Louis B. Harrison, MD; Hanniel D. Levenson, MS; Jeanne B. Kenney, RN, BSN, HN-BC; and Woodson Merrell, MD, Cost Savings in Inpatient Oncology Through an Integrative Medicine Approach, *Am J Manag Care*. 2011;17(12):779-784

“The Urban Zen (UZ) Initiative at Beth Israel Medical Center, New York, was a pilot project evaluating the impact of a multifaceted ‘optimal healing environment’ intervention-incorporating yoga therapy, holistic nursing practices, a patient navigator, and a renovated physical environment-on quality of life and cost outcomes for inpatients on a medical oncology floor. Our findings . . . showed significant decreases in anxiety, fatigue, and depression in the intervention group compared with controls, as well as improved energy and decreased pain. Holistic nursing methods included relaxation therapies including breathwork and healing touch skills.”

“Discussion: We were able to demonstrate a significant decrease in medication costs in the UZ group compared with controls, on the order of \$469 per patient. Although this decrease may seem modest in light of the overall costs of a given hospital stay, if we extrapolate this savings of approximately \$156 per patient per day to a total of 6264 patient days per year (24 beds × 261 days, since services are not available on weekends), the total savings to the hospital would be \$977,184 annually. Even if we assume that only half the patients on the floor choose to actively utilize the UZ services-a conservative estimate based on the participation we saw during our study-the cost savings would amount to \$488,592 annually.”

Nursing Replacement Costs

Robert Wood Johnson Foundation, Wisdom at Work: Retaining Experienced Nurses, www.rwjf.org/pr/product.jsp?id=43410

“Nationwide, the cost of replacing a registered nurse ranges from about \$22,000 to more than \$64,000, a sum reflecting expenses associated with filling temporary vacancies and hiring and training new staff. The average replacement cost of full-time registered nurses at the 13 health care systems evaluated in the Wisdom at Work: Retaining Experienced Nurses study totaled \$36,567. With estimated national annual turnover rates for RNs ranging from eight to 14 percent, this can add up to a significant financial burden on hospitals and health care systems.

Boyle et al., 1999; Bruffey, 1997; Davidson et al., 1997; Ingersoll, Olsan, Drew-Cates, DeVinney, & Davies, 2002, Nurse Retention: Is it Worth It?: Significance, www.medscape.com

The costs of the nursing shortage are high. The most obvious cost is in actual dollars. The rate of nurse turnover in 2000 was 21.3% (The HSM Group, 2002), with turnover costs up to two times a nurse’s salary. The national average salary of a medical-surgical nurse is \$46,832. Therefore the cost of replacing just one nurse would be \$92,442. To replace a specialty area nurse, the cost can increase to \$145,000. Replacement costs include human resources expenses for advertising and interviewing, increased use of traveling nurses, overtime, temporary replacement costs for per diem nurses, lost productivity, and terminal payouts (Colosi, 2002). If a hospital with 100 nurses experienced turnover at the rate of the national average of 21.3%, expenditures could amount to as much as \$1,969,015 yearly, for the turnover of medical-surgical nurses alone.

Job dissatisfaction is a major cause of nurse turnover, and turnover increases the nursing shortage. Multiple studies have shown that job dissatisfaction is a predictor of nurses’ intent to leave their jobs. Intent to leave is the greatest predictor of whether or not nurses actually do leave.



Healing Touch Program Accreditation and Endorsements



- Healing Touch Program is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.
- The National Commission for Certifying Agencies (NCCA) has granted accreditation to the Healing Touch Program - Healing Touch Certified Practitioner (HTCP) for demonstrating compliance with the NCCA Standards for the Accreditation of Certification Programs.
- Healing Touch Program has been peer-reviewed and is endorsed by the American Holistic Nurses Association and the Canadian Holistic Nurses Association.
- Healing Touch Program is approved by the National Certification Board for Therapeutic Massage & Bodywork (NCBTMB) as a continuing education Approved Provider (#150588-00).



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