**2020 YEAR OF THE NURSE: A FOCUS ON HOLISTIC NURSING**

CIH Highlight—Aromatherapy

# Nurse Highlights:

**Annette Racer, BSN, RN, HNB-BC** Complementary & Integrative Health Nurse Certified Holistic Nurse

Certified Healing Touch Practitioner

Board Certified Health and Wellness Coach NAHA Level 1 Certified Aromatherapist

## Q: Why did you become a nurse?

**A**: I became a nurse due to my innate desire to support health and wellness in others and fascination with the intricate workings of the human body. Early in my nursing career I

focused upon learning clinical knowledge and skills that would enable me to be vigilant to assess and intervene to provide excellent physical care to my patients. It didn’t take me long to realize that supporting healing was more than clinical knowledge. Healing involves being truly present in my interactions with patients and their families; listening with empathy and caring. What a sacred space that we occupy as nurses; supporting our patients and their families through times of vulnerability and stress. I treasure the relationships and connections that I have formed with patients, their families and my fellow healthcare workers through all these years and feel honored and blessed to be a nurse.

## Q: How is holistic nursing relevant now more than ever?

**A**: Holistic nursing focuses on physical, mental, spiritual and emotional wellness. One of the goals of holistic nursing is to assist the patient in discovering that they oversee their own unique path to healing. This gives them the sustainable capacity to live a more meaningful, fulfilling life.

Holistic therapies also provide an additional dimension of caring during the isolation our Veterans experience during the COVID-19 pandemic.



**Tracy Genetti, BSN, RN, HTP** Primary Care- Care Manager Lead - CIH Workgroup

Aromatherapy Certified (NAHA level 1) Healing Touch Trained level 2

## Q: Why did you become a nurse?

**A:** Since I was a little girl, I have possessed and innate desire to help people feel better. I am a natural empath, and have observed the difference a smile, kind word, or helping hand

can make. I quickly earned the role of “peacemaker” amongst my family and friends and have always enjoyed adding light and warmth to situations when able. Because of this natural inclination towards healing, I decided to go to nursing school. Since then, over the past 23 years, I have worked in a variety of settings (including medical /surgical, ICU and out-patient Primary Care).

I immediately appreciated the intimacy and sacred quality of caring for someone during their most vulnerable time. The importance of establishing rapport and trust has always been one of my priorities when first meeting a new patient. The feeling of appreciation we receive as nurses and the impact we make in patient’s lives, is the reason why I continue to this day. I know we make a difference (often immediately tangible, sometimes delayed) and I believe it is what I was put on earth to do. The connections I’ve formed with patients and family members/friends, although at times

challenging and difficult, make it all worth while. These experiences validate that I’m on the right path in my career and doing what I was destined to do.

## Q: How is holistic nursing relevant now more than ever?

**A:** Holistic nursing focuses on the entire being: physical, mental, spiritual and emotional. As we move towards this biopsychosocial model, we realize that every part of our being is important and can directly affect the other and throw our systems off balance. Harmony cannot be achieved until all aspects of our beings are addressed and nurtured. Our world today has a lot of stressors that are leading to isolation, loneliness and decreased access to care at times due to COVID-19. It is more important than ever to help empower patients to recognize what they have control over and what changes (or level of acceptance) they can make within their means to improve wellness, and thus shift to a more balanced and healthy state.

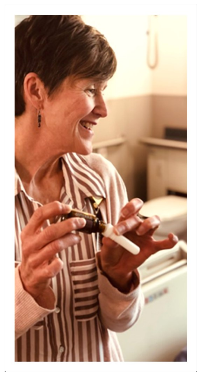
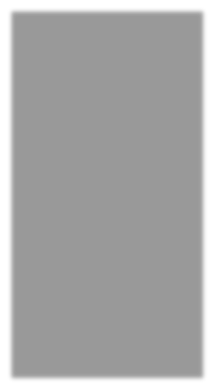
After many years of caring for patients and feeling like “we put a band-aid on things”, I have gravitated towards looking at “the Whole Person”. I have developed a passion for learning more about integrative therapies. Our traditional approach does not always work, and I am happy to be a facilitator in promoting patient centered care. Amidst the business and fast pace of work, I have worked on identifying small steps towards this approach.

For example, I did an aromatherapy pilot in Primary Care and Women’s Health and received a lot of positive feedback from Veterans and approval to implement in Primary Care. This is a work in progress and has already proven to be beneficial for veterans…I enjoy hearing the stories of how the inhalers can help Veterans feel centered and improve anxiety. This is one small step towards empowering Veterans and I look forward to the many more steps we are making!!!

**Aromatherapy (AT)** is classified as an intervention supporting integrative medicine. The use of aromatherapy may be combined with standard treatments or used to augment other integrative therapies, such as healing touch.

It is indicated for Veterans expressing a need for relaxation, restoration of comfort, promotion of rest and sleep and a sense of peacefulness and wellbeing. AT can support the body’s natural ability to improve mood, while supporting the decrease of tension, occasional aches and pain, feelings of stress, and occasional nausea and vomiting. This may also include support of the grieving process and end-of-life care.

# Aromatherapy in the WNC VA HCS:



*Annette Racer, RN Preparing AT*

Aromatherapy was first introduced in Valor Hospice by Susan Beasley, RN and Ashley Riddle, RN in 2014. They developed a very successful pilot project and presented it to Practice Council for approval. They researched safety of Aromatherapy and determined they could safely administer 3 oils via diffuser for Hospice patients for pain, nausea and anxiety.

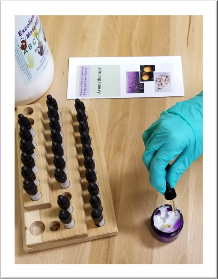
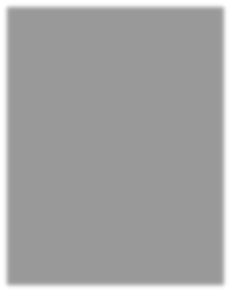
The program was so successful the project was expanded with the help of Practice Council, Natalie Parce, CNS, and unit representatives from each unit that would be using it. A basic policy was developed in 2015 with Practice council. This policy was then expanded, and more safety issues were addressed with the expansion of the program

*Photo Credit: Vada Campbell, RN-BC, HTP*

to include Inpatient areas. At the time we had one Certified Aromatherapist, Sherry Hall, CNS in VIPM. Sherry assisted the CIH team (Vada Campbell, RN, Lynn Mennin, RN, Annette Racer, RN and Natalie Parce, CNS) with the second draft of the policy and program to include inhalers as an administration method. This was found to be safer with less chance of allergic reactions for people in the room with the Veteran.

Annette Racer and Lynn Mennin, our CIH RNs, worked very hard to develop training for Aromatherapy at CGVAMC. They created in- person and TMS modules for eligible staff. They both completed huddles on the

various units, both inpatient and in CLC, to include training staff and keeping them updated on practice changes.



*Blending aromatherapy oils*

In 2019, we applied for spread funds from the Chillicothe VA for expansion of our program and further training. We received the funding and training for 10 staff to be trained to become Level 1 NAHA Certified Aromatherapists. We were SUPER excited about this, because we knew we could do so much more with our program. After the training, we revamped our policy again and created a new TMS training for staff to include blending of oils and topical

administration by the Certified Aromatherapists. We received oils and supplies, as well as 2 Aromatherapy carts to use for blending.

Tracy Genetti, RN is a Primary Care nurse who also took part in the Aromatherapy Certification training. She has diligently and tirelessly advocated for Aromatherapy and other CIH modalities in Primary Care, showing passion and dedication for what aromatherapy can provide to Veterans. She developed a pilot project to provide it for Veterans who came to her for appointments. The program is expanding now and will become more widely available to clinics. Tracy has created a Complementary Integrative Health workgroup to expand CIH to the Primary Care areas and is working with the Inpatient teams to do this.

## A Story About Veteran Experience:

Vada Campbell, RN had been conducting groups in the SARRTP program for Veterans coping with pain and addiction issues for about a year. They would often be bitter and argumentative about their opioids being discontinued. She had discussed CIH therapies but was unable to provide them consistently due to policy constraints and limited time. When Aromatherapy became available, she began taking it to the groups and demonstrating it’s use while teaching of the possible effects. Aromatherapy became a very sought-after therapy for these Veterans after that point.

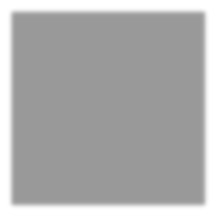
They became more attentive and interested in the topics discussed after Aromatherapy was given. Many said, “I don’t need drugs. I just need Aromatherapy. I can’t believe this is legal!” Aromatherapy is now offered in several group settings, as well as individually.

***The Veteran reported complete relief of his headache within two hours and requested aromatherapy daily. He told his Psychiatrists that his headache was relieved, and he felt the best he had in years. He would hold up the cotton ball and say, “This is a lifesaver! It saved my life.”***

***- Veteran Response to AT***

# Nurse Executive Highlight:

**Kristie J. King, MS, RN-BC, CRRN – Chief Nurse, G&EC**



## Q: Why did you become a nurse?

A: As a young girl, I have very fond memories of one of my grandmothers returning for work, carrying a cap in a plastic covering, white dress and white shoes, and sporting a beautiful woolen, blue cape. I remember asking what she did all day in those clothes and she told me that she held brand new babies….. that sounded like something really fun and once in college and deciding not to

continue piano anymore, the baby notion was a ticket for me. My initial goal was to be a mother-baby nurse and it didn’t dawn on me, that that area, could be as devastating as wonderful. That nursing area was not available and I began my trauma nursing career. Watching people suffer traumatic injuries, recover, progress and show such determination is so

inspiring. Adaptations may be needed but with help, so much is possible. I value the nursing leaders before me- one particularly is a voice that I pay attention to—Florence Nightingale said that IF you teach people what they need to know AND support their self- esteem, they will get better. Quite an honor to be involved in that!

## Q: How is holistic nursing relevant now more than ever?

**A**: Holistic nursing, or the care and attention to the entire person is important as stress, worry, injury, fear and anxiety are so detrimental to the whole person. In understanding the wide array of interventions possible, I believe that outcomes are better. In lots of years of nursing those with brain injuries, progressive neuro disorders and dementia, we have to offer support and encouragement that is not always achievable with traditional

approaches. We have all been taught therapeutic touch, calming presence, the importance of allowing reminiscing, but we sometimes forget those foundational , nursing skills. Nursing should be all about individualized care and about understanding specifics for each person to be part of the holistic approach. Nursing continues to move beyond the task based world to a profession centered around the best care, the best approach, and the pursuit of the best outcome.