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Whole Person Care and C.A.R.E.®

By Susan E. Mazer, Ph.D

President & CEO

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ABSTRACT

Accepting that healing occurs within the individual acknowledges that medical care alone cannot facilitate the patient's capacity for restoration. So, to achieve the best outcomes, it is necessary to care for the whole person. That means engaging the humanity of the patient as expressed physically, emotionally, and spiritually. In addition, the physical environment in which whole person care is delivered is critical to achieving its goals. From its inception, The C.A.R.E. Channel has embodied the very core of whole person care by providing a multi-sensory experience to help create a healing environment throughout the continuum of care.

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The triple aim goals of healthcare to improve health, reduce costs, and improve the patient experience challenge healthcare organizations to take a new look at their model of care. There are now multiple ways to measure the quality of care through patient satisfaction surveys, HCAHPS scores, and regulatory data. By adding the sum total of what is measured and adding in what it means to patients, we finally arrive at a mandate for Whole person care, which merges evidence-based practice with the personhood that is the patient.

Whole person care addresses the physical and non-physical domain of being a patient. It advocates for patients so that they may reclaim their identity and place in their own life. Whole person care engages the humanity of the individual as expressed physically, emotionally, and spiritually. This historical concept of an integrated approach to prevention, wellness, and recovery doesn't replace conventional medicine, but rather supports it.

Whole person care focuses on the restoration of the patient to wholeness. The person who, in the morning was an individual with a name, job, family, and a social structure is suddenly inside the hospital where those details become invisible. The very loss of self, identity, and sense of place compromises the patient's ability to heal. So, the whole person must be addressed, not merely the condition at hand. Accepting that healing occurs within the individual acknowledges that medical care alone cannot facilitate the individual's capacity for restoration. Whole person care continually reinforces respect for the person who is the patient.

Cornell University Medical Professor Eric J. Cassell, M.D. wrote, "A body does not suffer, only a person does...making decisions based primarily on the

sick person rather than the disease, maximizing function rather than merely length of life, and actively minimizing suffering lead to the prevention and relief of suffering." (p. 292)

This is the essence of whole person care.

Healing Environments

The physical environment in which whole person care is delivered is critical to achieving its goals. Environment psychologists and nurse theorists have long found that the physical environment determines outcomes and also informs the quality of care and caring.

Florence Nightingale wrote that the job of the nurse was to "put the patient in the best possible position for nature to act upon him." She theorized that it was the task of the nurse to configure the environment such that it was optimal for the restoration of the health of the patient. And, she defined what such configurations were.

Since then, studies in the ways the physical environment impacts health outcomes, patient safety, perception of care, and the patient experience, continue to reinforce the power of the "sick room" to heal or harm. Thus, the environment in which care is given and received is required to be therapeutic, comforting, and restorative.

Texas A&M University architecture professor Roger Ulrich, Ph.D., EDAC, theorized that environmental stressors, such as noise and glaring light, should be minimized if not eliminated for the patient to have the best outcome and, perhaps more compelling, for the patient not to be affected negatively by the room itself.

What is of fundamental importance is the idea that the physical environment might be found to be a source of stress or a source of coping resources. Also, physical and psychosocial elements have frequently been found to interact in their effects on well-being. (Evans, Johansson, & Carrere, 1994; Evans & Lepore, 1992; Leather, Pyrgas, Beale, & Lawrence, 1998) “Personal control, socially supportive relationships, and restoration from stress and fatigue are all affected by properties of the built environment.” (Evans, G. W. 2003, p. 563) This might include the ability to self-regulate social interaction and accessibility, lighting options, adequate seating, and opportunities for rest.

C.A.R.E.® for the Whole Person

Since it was launched in 1992, The C.A.R.E. Channel (Continuous Ambient Relaxation Environment) has been serving the needs of patients and families over the full 24 hour-day. C.A.R.E., from its inception, has embodied the very core of whole person care by providing a multi-sensory experience to help create a healing environment.

The Theory of Restorative Environments suggests that nature, including mediated nature, can offer a means of relieving stress by providing a positive distraction. (Hartig, T., et al, 1996) The greater the voluntary engagement or directed attention a patient has with an external event or stimulus, the more effective the object of focus is in reducing stress and pain. In other words, its object of focus must provide fascination and be of interest. It has to have enough complexity for sustained engagement. A restorative environment has exposure to natural elements as an active component of stress reduction.

Natural landscapes are familiar by their very character, because they are recognizable even when the viewer has not personally experienced the place at hand. The C.A.R.E. Channel’s music is intentionally unfamiliar. It is selected, from one piece to the next, because of its aesthetic value and its accessibility to a first time listener. It feels familiar, but does not trigger memories of the past nor cause grieving for a future lost.

From the broad natural panoramas to the most

detailed view of a single blossoming flower, to the playfulness of mountain sheep and the tenderness of a Canadian Goose cuddling her goslings, The C.A.R.E. Channel provides coherent images and lyrical music with enough complexity and fascination to invite such sustained engagement. The standard is for the camera to see as the human eye sees, to focus on beauty without others intervening or interrupting.

For patients, establishing a sense of place beyond their illness is invaluable for their recovery. Because of the attention to cohesive, easily understandable nature images, the “human response to the natural environment and the relationship between humans and natural systems...is a sense of place.” (2007, Griffin, C. p. 1)

The C.A.R.E. Channel is a means for patients to find themselves, undisturbed and without limits, in the most beautiful of natural landscapes. As a multi-sensory experience, the instrumental music allows patients and families to share in the emotional experience of calm that can, if only for moments, replace the fears and anxieties of illness. Music that can engage the moment and the person, allows for an immediacy that has no suffering.

Suffering is a Struggle for Wholeness

In his research to understand pain, Ronald Melzac discovered endorphins, the hormones stimulated by positive emotions that act as the body’s own pain control. He suggested that the mind is a partner in managing pain and that being distracted from thinking or focusing solely on the pain itself will reduce the experience of pain. Similarly, focusing on the pain would make it worse. In his Gate-control Theory of Pain, Melzac identified the effectiveness of what has come to be known as a positive distraction in reducing both pain and suffering.

Because of this, pain management is more than medication management. It must also consider the meaning attributed to the pain by the patient and the accompanying suffering.

Addressing suffering requires an acknowledgment of the whole person, whose intactness and integrity are threatened by his or her condition. More specifically, it requires understanding how patients make meaning of their condition. It is in this meaning, which can

change, that suffering can shift. From Melzac on through his disciples, the meaning attributed to the pain informs the suffering and, as well, may be the key to relieving both the pain and suffering. This is where patient-centeredness, relationship-based care, and whole person care is needed.

University of Miami Professor Jerry B. Gotlieb (2000) found that patients' perceptions of their hospital rooms could influence patients' perception of hospital quality. In turn, concerns and trust in the hospital, caregivers, and physicians, have broad implications for patient outcomes and satisfaction.

The C.A.R.E. Channel is by its very function a positive distraction and, as well, the cornerstone of a healing environment throughout the continuum of care. From the emergency department to surgery waiting, to intensive care and hospice, positive and inspiring views of nature and music to fill the auditory gaps that can be so frightening. By doing this, C.A.R.E. Programming makes whole person care evident.

Day and Night

The C.A.R.E. Channel supports the day-night cycle and creates a calm environment both visually and aurally. Just prior to 10 p.m., there are sunsets that merge into a custom produced midnight starfield, which is broadcast until 6 a.m., when a sunrise brings in the morning. Because the starfield shines in a subtle light and the music is equally appropriate for rest, The C.A.R.E. Channel can be left on all night, masking erratic noises, supporting Whole person care over these long hours.

Nights are difficult for patients and families. They block the many resources available during the day and they are often isolating and oppressive in demanding silence and quiet. Further, along with a struggle for the patient to establish a sense of place, is the continual negotiation of time, both real and perceived. The hours are long. The days may lack the normal cues that pace daily life. Thus, time is not friendly, but is endured in ways that do not sustain the whole person and counter the path to recovery.

Specific to critical care, the clinical need for 24-hour monitoring and ongoing disturbances may lead to patients being unaware of time and of day and night cues. If they sleep during the day, whether due to fatigue, boredom, or medication, nights can be spent awake and with a sense of loss. Nights in the hospital are quiet; visitors may leave; staff changes.

Sensory stimulation is reduced and resources for managing fear and stress are limited. Lack of sleep and a disturbance of the circadian cycle have been shown to contribute to ICU psychosis. Interruptions caused by erratic noises, hourly rounds, monitors, and other events common to critical care, add to the disorientation.

In his study of mediated nature and its impact on viewers, Tony Adams of the University of South Florida wrote, "mediated environments can also shape our "reality" and... may even constitute our "realities" of various phenomena." (p. 514) Thus, the midnight starfield for patients who cannot view the sky or who feel so distanced from the natural evening experiences, works to place patients in their own world of calm.

Waiting and Whole Person Care

"Apprehension, uncertainty, waiting, expectation, fear of surprise, do a patient harm," wrote Florence Nightingale. And, many years later, this describes the major emotional risks in every waiting experience, whether in a queue at the pharmacy, a lobby of a hospital, a clinic, or doctor's office, and certainly in the Emergency Department.

While waiting has become common to the healthcare experience, difficulty in enduring it by patients is relative to their age, gender, acuity, and reason for being there. Mitigating the kinds of stress that occur in waiting areas requires an acknowledgement of the inconvenience and stress to which patients and families are subjected.

In terms of whole person care, waiting is part of the experience of every patient and family member undergoing a health event within the healthcare system. Waiting that feels unreasonable, without knowing why or how long; feeling ignored or passed over as nurses and physicians go about their business with other patients; or having no sense that who you are and what happens to you matters to those for whom you are waiting, and can all occur prior to seeing a physician or having a test.

For that reason, The C.A.R.E. Channel is provided on a hospital-wide basis, available to every television connected to the hospital's own television system. The system extends to waiting areas and each diagnostic clinic, from radiology and pharmacy. Wherever patients and families are waiting, the environment should "care" for them so that they are not worse for

the time spent. What should be obvious to everyone is that being within the domain of a healthcare organization is, itself, safe and therapeutic.

Designing Whole Person Care into the Patient Experience

Environmental psychology defines the individual as becoming one with their environment, with the context in which they act informing their behavior. (DeVora, 1986) Nurse Theorist Martha Rogers defined the environment and the patient as indivisible, and the patient as whole and irreducible, greater than any of its parts. She put forth that the patient can and must participate in changes that occur in order to result in healing. Thus, the patient environment is the patient experience.

Whole person care is at best seamless and invisible, so integrated into the patient-caregiver relationship that both persons heal. It reaches into the suffering of patients to relieve despair with assurance of the personhood and integrity of the patient. It assures the patient in ways spoken and unspoken, visible and invisible.

In its simplest form, whole person care is comforting. It seeks to make patients feel that they are not only known to their caregivers, but are personally relevant to the community. It renews the historic understanding that the mind and body, the physical and non-physical, work together and must both be addressed. This is best supported in an environment that provides moments of wonder in the beauty of nature and music through which patients can restore their own sense of identity and place.



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Dr. Mazer has published articles in numerous national publications and is a frequent speaker at healthcare industry conferences. She writes about the patient experience in her weekly [blog](#) on the Healing HealthCare Systems website and is also a contributing blogger to the Huffington Post's "[Power of Humanity](#)" editorial platform, dedicated to infusing more compassion into healthcare and our daily lives.

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