AMERICAN UNIVERSITY OF BEIRUT

OPTIMAL HEALING ENVIRONMENTS, SERENDIPITY
AND AUBMC

by
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OPTIMAL HEALING ENVIRONMENTS, SERENDIPITY
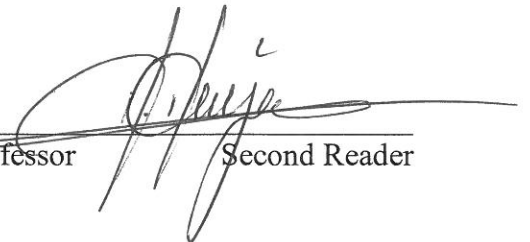AND AUBMC

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AN ABSTRACT OF THE PROJECT OF

Talar Ohannes-Garabet Aynedjian   for   Master of Science
                                                      Major: Nursing Administration

Title: Optimal Healing Environment, Serendipity And AUBMC

Background: The idea of creating an OHE is not new to nurses. The concept was first described, but not in these terms by Florence Nightingale (Nightingale, 1860). Consequently, other nurse theorists encouraged the nursing profession to recognize and act on the importance of integrating the three dimensions of healing (body, mind, and spirit) into health care delivery to positively impact on prevention, wellness, and improved function, alleviation of suffering and personal growth of the human being. The Samueli Institute (SI) has taken a leading role in implementing OHE in the United States. SI is a non-profit research organization SI defines OHE as "the social, psychological, spiritual, physical, and behavioural components of health care are oriented toward support and stimulation of healing and the achievement of wholeness" (Jonas et al., 2004, p.1).

Purpose: The purpose of this project is to undertake a gap analysis to determine priorities for the further implementation of Optimum Health Environment (OHE) principles at AUBMC. The gap analysis will identify OHE priorities for AUBMC based on the application of a purposefully designed evidence-based OHE assessment tool. Force Field Analysis is then used to assess the feasibility of acting on the identified priorities.

Recommendations: Based on the assessment and current AUBMC non OHE state the recommendations obtained included: providing eeducational sessions in AUBMC to all staff and leaders, as well as to present projects and introduce campaigns to shed light on the healing aspect of AUBMC. Incorporate fostering OHE in AUBMC 2020 vision. Enhance the importance of mind, body and spirit as basic grounds to foster healing by HR and CPDC at AUBMC. Establish a policy on OHE in AUBMC. Introduce MSN program on CAM to AUB as well as CAM program to undergraduate studies at AUB. Foster Magnet environment, JCIA and AUBMC 2020 vision. Promote OHE at AUBMC in order to become the first hospital which fosters OHE among Lebanese hospitals and in the region. Encourage all AUB and AUBMC staff and members as well as patients and families to practice healthy behaviours for healthy people help create healthy environments and foster OHE. Promote health and healthy lifestyle to patients and families in addition to caregivers (patient education, smoking cessation, wellness program, allowing contact with nature, having support groups that promote mental health). Promote integrative medicine at AUBMC and provide CAM which is believed to be integrated significantly in the future of medical practice (Masson, 2005).
Market and enhance the adoption of LEED at AUBMC which fosters green psychology and green environment as well as AUBMC 2020 vision. Put more effort to cover the hospital with green spaces and natural views due to its high importance on fostering healing.

CONTENTS

ABBREVIATIONS

OHE	Optimal Healing Environment
MOH	Ministry of Health
WHO	World Health Organization
AUB	American University of Beirut
AUBMC	American University of Beirut and Medical Center
NCC	Nature Conservation Center
UHS	University Health Center
WPC	Whole Person Caring
RBC	Relationship-Based Caring
SI	Samueli Institute
CAM	Complementary and Alternative Medicine
HOM	Healthy Organization Model
NCCAM	National Center for Complementary and Alternative Medicine
%	Percentage
LEED	Leadership in Energy and Environmental Design
CEC	Continuing Education Center
CPDC	
HR	Human Resources
CMCS	Green Project Management, Communication skills
CME	Center for Medical Education
CNE	Center for Nursing Education
EHSRM	Environmental Health, Safety and Risk Management
FFA	Force Field Analysis
MSN	Masters of Science in Nursing
www.	Whole Wide World
p.	Page
&	and
.27	Zero point 27
P	p value
<	Less than
HCPCM	Human Caring
PPM	Professional Practice Model
PCC	Patient Centered Care
US	United States
HCPPM	Human Caring Professional Practice model
RN	Registered Nurse
JCIA	Joint Commission International Accreditation

CHAPTER 1

INTRODUCTION: OPTIMAL HEALING ENVIRONMENTS AND AUBMC

An Optimal Healing Environment (OHE) is one that is dedicated to the science of healing the body, mind and spirit of patients. It is a holistic, newly developed approach to patient care that is and being developed and adopted in hospitals in the United States to guide patients in performing healthy behaviours with the objective of accelerating recovery in an optimal healing milieu (Smith et al. 2009). According to Horowitz (2008) OHE is an integrative medicine approach that focuses on the whole person. There is growing evidence, which indicates a significant relationship between specific health care environments, improved patient care, satisfaction and healthcare outcomes (Horowitz, 2008). By changing the physical and cultural environment, hospitals return to their roots as true healing organizations (Jarousse, 2007).

A. Background and Significance

The idea of creating an OHE is not new to nurses. The concept was first described, but not in these terms by Florence Nightingale (Nightingale, 1860). Nightingale's concern for putting the patient in the best position for healing to take its course has been taken up at least implicitly by all those nurse theorists who have embraced a holistic approach to nursing care delivery- body, mind and spirit (Nightingale, 1969; Newman, 1990; Watson, 1988). The ideas of these nurse theorists has encouraged the nursing profession to recognize and act on the importance of integrating the three dimensions of healing (body, mind, and spirit) into health care

delivery to positively impact on prevention, wellness, improved function, alleviation of suffering and personal growth of the human being.

The Samueli Institute (SI) has taken a leading role in implementing OHE in the United States. SI is a non-profit research organization supporting the scientific exploration of healing processes and their role in medicine, with the mission of transforming health care worldwide. The SI was founded by Susan and Henry Samueli in 2001. They created the term OHE after several meetings and symposia with health care providers, patients, and scientists. This group agreed that healing is a core value indispensible to the management of chronic illnesses and sustainable approaches in the healthcare. SI defines OHE as "the social, psychological, spiritual, physical, and behavioural components of health care are oriented toward support and stimulation of healing and the achievement of wholeness" (Jonas et al., 2004, p.1).

The OHE approach combines the intention to heal with a concern for the patient to experience wholeness on a personal level; build healing relationships; and adopt a healthy lifestyle. For health care professionals, the approach requires facilitation of optimum healing through a holistic, interdisciplinary collaboration to promote patient recovery by creating an organization that fosters healing not only through direct care, but by creating healing spaces i.e. green spaces in the healthcare setting (Smith et al., 2009).

The core of nursing practice in the OHE approach is to create healing environments by providing high quality patient care and achieve organizational outcomes. Therefore, there is a need to identify nurses' perception of healing environments in order to understand how to better support them to create optimal healing environments. For nurses to be healing instruments in this sense, they need to be

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spiritually aware themselves - the prerequisite for being positively present for patients (Dunn, 2010). This is because, as Puchaski et al. (2006) contends, it is the human spirit that copes with stress and the physical challenges of illness and daily life. Furthermore, when nurses are empowered and experience trust and autonomy themselves, this helps to lower stress levels, burn outs, and turnover rates (Puchaski et al. 2006).

It is important to recognize that the characteristic of the built environment in which health care is delivered has a significant influence on both the care of patients and the well-being of nurses. In their study, Ulrich et al. (2004) stated that nurses spend more than one third of their time walking and gathering what they need to provide patient care. If hospitals and other facilities were designed more appropriately, nurses would, , have more time to spend with patients, and, therefore, be in a better position to nurture nurse-patient relationship that have the potential to promote healing OHE (Ulrich et al. 2004).

Consequently, it is essential that health care organizations do more to create optimal healing environments. To enhance both the quality and outcomes Byers et al. (2011) argued that the nurses' impact on OHE ought to be assessed the better to promote healing and enhance their caring role OHE. However, there is no documentation that is adequate to the task of addressing the process of creating an environment that influences the patient quality of care delivery and nurse to nurse caring outcomes (Byers et al. 2011). Therefore, the identification of nurse to nurse caring phenomenon i.e. caring for each other by empowering nurses, creating trust, and fostering autonomy to design and provide nursing care is required if an OHE is to be created and sustained (Byers et al., 2011).

Furthermore, for an OHE to be achieved, standard medical treatments need to be complemented by complementary or alternative Medicine (CAM)., This is because CAM has the potential to reduce stress, promote healing, decrease infection rates, increase patient and nurse satisfaction, and possibly economic benefits that that result from lower hospital operating costs (Geimer-Flanders, 2009).

B. Samueli Institute OHE Model

In 2000, the SI identified nurses as the primary workforce in hospitals and stated that the role of the professional nurse is to deliver holistic care while becoming key agents of optimal organizational change. The Institute joined forces with nursing organizations to change the American way of care delivery, thus, shifting from curing towards healing within a holistic approach to care delivery (Smith et al. 2009).

The Institute organized a forum in 2009 to bring together a group of nurse leaders from national nursing organizations to identify the significant role of nurses in creating optimal healing environments. The Institute also performed in 2009 an environmental scan to identify the nursing-led or nurse-focused healing initiatives that have occurred in healthcare organizations. The results of the scanning exercise were presented at the forum to foster a common understanding of what nurses have done to healing environments; showing what already exists and what more can be done to build on their achievements in OHE (Smith et al. 2009).

It is important to mention that however much modern health care can claim to have improved its capacity to "cure", it is struggling to master what is better referred to "care". As cited in Smith et al. (2009), Michael Lerner explains the difference between curing and healing by saying that "a cure is a medical procedure that reliably helps you

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recover from illness whereas healing is an inner process through which the human organism seeks its own recovery may it be physical, mental or spiritual "(p.1). This encourages us to appreciate holistic approaches to health care delivery and supports callas for allowing them to become a key element for the future of health care delivery in US (Smith et al. 2009).

C. Elements of OHE

The OHE model used at the SI is shown in Appendix A. The model overall summarizes the factors essential to creating a healing environment capable of supporting patients by addressing the psychological, social, physical, spiritual and behavioural components of health care; thus enhancing the capacity for self-healing (Jarousse, 2007); while assisting to actualize their professional role.

The components of OHE are called 'elements' and they are categorized into two environmental categories, inner or internal and outer or external (Smith et al., 2009). OHE elements and sub-elements can be defined in the following paragraph:

D. The Inner and Outer Environment Categories

The inner environment category is divided into two sub-classifications, interpersonal elements: cultivating healing relationships and creating healthcare organizations; and internal elements: developing healing intention and experiencing personal wholeness. The outer environment category is divided into two sub-classifications, behavioural elements: practicing healthy lifestyle and applying collaborative medicine; and external elements: building green spaces and fostering ecological sustainability.

1. The Inner environment sub-elements

a. The Internal

i. Developing healing intention

Healthcare givers need to develop awareness and compassion towards the patients and their families as well as among all healthcare givers in order to create an emotional bond that fosters healing. This could be achieved through developing awareness, expectation and belief in improving health and well-being. (Jarousse, 2007)

ii. Experiencing personal wholeness

Self-care is highly important since it integrates patients with the care experience and enhances a sense of wholeness and wellbeing. Self-care also allows the healthcare givers to feel supported by the organization in the attainment of their personal goals such as continuing education and professional development (Jarousse, 2007).

b. Interpersonal

i. Cultivating Healing Relationships

Promoting caring relationship on compassion, empathy, social support and more importantly communication allows establishing a relationship of trust among patients' families and caregivers. Trust in healthcare delivery is essential once built among all parties it shall lead to patient family and employee satisfaction (Zborowsky et al., 2008).

ii. Creating Healing Healthcare Organizations

Promoting the culture of an organization at supporting teamwork and fostering collaborative practice among the multidisciplinary team helps to accomplish a healing culture through organizational values. These values work on rewarding trust, promoting

service excellence, creating compassionate ambiance and commitment to achieve lifelong learning (Zborowsky et al., 2008).

2. The Outer Environment Sub-Elements

The outer elements also have two sub-categories: external elements: building healthy spaces, fostering ecological sustainability; and behavioural elements: promoting healthy lifestyle and applying collaborative medicine.

a. Behavioural

i. Practicing Healthy Lifestyle

Enhancing health behaviours leads to healthier and more satisfied workforce, which facilitates the healing process. It's the role of organizations to encourage healthy behaviours of their workforce as well as their patients. (Zborowsky et al., 2008)

ii. Applying Collaborative Medicine

The use of complementary or alternative medicine (CAM) such as aromatherapy or hypnotherapy can promote patient satisfaction where it would be more patient focused and thus this shall improve patient outcomes and promote patient satisfaction (Jarousse, 2007).

b. External

i. Building Healthy Spaces

Building green spaces enhances healing through natural lighting, have access to nature where studies show that few minutes of contact with nature can decrease stress, promote anger management, lower fear and increase hopeful feelings. Thus, this significantly improves levels of stress among patients and healthcare givers, promoting efficiency and morale, and thus reducing infection and fall rates (Jarousse, 2007). This

relaxing effect can be provided by natural views to the outside, interior aquariums, gardens, or an artwork with a natural theme (Zborowsky et al. 2008).

ii. Fostering Ecological Sustainability

Healthcare organizations are one of the biggest organizations in the world hence; there are only few organizations that consider the chemical effect, the energy use and the ecological sustainability of their practices. For example, hospitals can reduce energy use; monitor and try to lower the amount of chemicals used which is being deposited in the environment. Healthcare organizations can also reduce the manufacturing of products that ultimately cause damage to nature (Jarousse, 2007).

E. Purpose and Scope of Project

AUBMC has not adopted OHE principles, but has made progress on their implementation by working on the implementation of the 2020 vision. The purpose of this project is to identify what progress has been made in implementing OHE principles at AUBMC and what remains to be done to fully implement OHE elements. The project explains the OHE model and its elements by describing developments at SI and reviewing relevant literature. The outcome of the literature review is an-evidence based checklist that can be used by hospitals to assess their progress towards OHE. The checklist was used to conduct an OHE gap analysis at AUBMC. Priorities for the further development of OHE in the organization are then identified. The prospects for acting on the identified priorities are then assessed using Force Field Analysis (FFA). Finally, recommendations are offered on how AUBMC can enhance the OHE principles it has already adopted. It should be noted that AUBMC has not adopted an OHE philosophy. Consequently, the gap analysis identifies areas for possible improvement

that may be found helpful as progress continues towards the realization of the 2020 Vision.

The project is constructed to answer the following questions:

- What is OHE and why was it adopted at SI?

- What is known about OHE from available literature?

- What are the evidence-based components of OHE?

- What progress has AUBMC made in adopting OHE principles?

- What remains to be done should AUBMC embrace the OHE philosophy?

- What are the prospects for further progress towards OHE at AUBMC?

- How could obstacles to further development of OHE at AUBMC be overcome?

OHE and its elements have been defined in this chapter and the purpose and scope of the project has been clarified. In the next chapter aspects of OHE will be clarified further and linked to developments at AUBMC.

CHAPTER 2

LITERATURE REVIEW

Since 2000, a number of authors have written about aspects of OHE. Stichler in 2001 noted that patients experienced positive outcomes when the hospital environment allowed natural light, peaceful colours, relaxing music, natural views thus, an overall pleasant milieu. Malkin in 2003 added that today's healing environment encompasses a patient centered care, which includes a pleasing physical setting and a supportive organizational culture.

Nurses can provide healing environments and positive patient outcomes when OHE elements are combined such as decreased environmental noise, increased air quality, implementation of open/unrestricted family visitation, physical comfort, decreased stress, proper communication and appropriate multidisciplinary approach to patient care delivery. Thus, these OHE elements are possible -and essential to adopt and be promoted especially by nurses through evidence based interventions in order to create OHE in hospitals (Rubert et al., 2003).

Rubert et al. (2003) explored the role of nursing in creating optimal healing environments. Moreover, this distinguished group of nurses and leaders worked on putting together a common understanding in a form of statement and invited nursing organizations to share a unified understanding about healing and health care delivery. Thus, build shared learning opportunities, challenge assumptions, and strengthen nursing leadership in order to foster OHE and transform health care towards healing (Smith et al., 2009).

Drahota et al. (2012) aimed to summarize the best available evidence on hospital environments, in order to help people involved in the design of hospital environments make decisions that will benefit patients' health in care delivery. The review identified 102 relevant studies, 85 of which were on the use of music in hospital. Other environmental aspects considered were: aromas (two studies), audio-visual distractions (five studies), decoration (one study), air quality (three studies), bedroom type (one study), flooring (two studies), furniture and furnishings (one study), lighting (one study), temperature (one study), and multiple design changes (two studies). No studies meeting the inclusion criteria were found to evaluate: art, access to nature for example through hospital gardens, atriums, flowers, and plants, ceilings, interventions to reduce hospital noise, patient controls, technologies, way-finding aids, or the provision of windows (Drahota et al. 2012).

Drahota et al. (2012) reviewed studies that were conducted on the reasons for increased interest of hospitals on building and renewing physical layouts. Consequently, to enhance OHE by identifying the considerable investments into building and renovating hospitals, Drahota et al. (2012) added that it would be easier to comprehend the importance of environmental interventions needed to understand the effectiveness of resource utilization and providing quality care. The hospital environment (such as sounds, pictures, aromas, design, air quality, furnishings, architecture, and layout), may have an impact on the health of patients within it (Drahota et al. 2012). Drahota et al. (2012) in their review, also highlighted the importance of music in hospitals that helps improve patient-reported outcomes such as anxiety; however, there is less evidence to support the use of music for physiological outcomes (such as reducing heart rate and blood pressure) and for reducing the use of medications. The results of the reviewed

studies by Drahota et al. (2012) are inconclusive due to problems in study design, since there are not very many well designed studies to help with making evidence-based design decisions. However, the studies included in this review show that physical changes were made to 'improve' the hospital environment and thus, enhance OHE (Drahota et al. 2012).

On the other hand, Malloch K. in 2000 stated that healthcare systems are in turmoil. Patient confidence in the system is at stake, professional staff is losing ground, and diminishing profit margins continue to challenge leaders. In addition, leaders are continually pressured to increase productivity and enhance quality without additional expense. Identifying the optimal conditions and appropriate strategies to achieve such goals is a challenge to even the most dedicated and skilled healthcare executive. Many healthcare leaders intuitively know the essence of a healing environment and its probable connections with positive patient outcomes and organizational effectiveness, yet they are reluctant to implement changes to achieve more humanistic models. In today's intensely competitive marketplace, the lack of empirical data specific to the holistic nature of the context for healing poses a financial risk to organizations considering humanistic models (Malloch, 2000).

Malloch K. (2000) describes in her article the importance of the healthy organization model (HOM), a framework that can serve as a template in the evaluation of other healing models. Also presenting results from an organization with a healing environment in Yavapai Regional Medical Center where after using the HOM many organizational outcomes were achieved such as positive quality, productivity, and cost outcomes. A descriptive correlational survey design was used after gathering from the literature the main components among all healing models. Thus, these hypotheses

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address the essential elements of the healthy organization model include : common values of health as a function of body-mind-spirit interrelationships, patient-centered relationships, an organizational culture that supports personal growth and mastery, the availability of alternative therapies in addition to conventional healthcare therapies, and a physical environment that supports healing (Malloch, 2000).

Malloch found positive relationships between the essential elements of healthy organization model (HOM) and job satisfaction. Correlations ranged from .27 to .57, p < .001. The strongest relationship was identified between supervisor support and job satisfaction, followed by clarity of expectations, involvement of employees, peer cohesion, innovation, health conceptions, and caring. Results of the regression analysis showed four of the seven variables accounting for 45 percent of the variance in job satisfaction. Supervisor support, the strongest predictor of job satisfaction, explained 32 percent of the variation, followed by involvement of employees, which explained an additional 7 percent; wellness orientation explained 4 percent, and clarity of expectations explained 2 percent. All four hypotheses were supported (Malloch, 2000).

A. Magnet Hospitals and OHE Models

Kramer and Schmalenberg in 1991 reviewed a number of research studies on the organizational characteristics of hospitals and their impact on nurse retention rates. This body of work led eventually to the development of the Magnet designation system operated under the auspice of the American Nurses Credentialing Center. Magnet designation recognizes excellence in nursing practice and patient care delivery (Kramer et al., 1991).

Moreover, in a review article by Bird (2013) stated that Magnet hospitals invest in nurse staffing, education and work environments guiding hospitals to achieve better patient outcomes and lower mortality rates (Bird, 2013). Moreover, research by the University of Pennsylvania, School of Nursing showed that mortality among patients experiencing complications also was lower, by about 12 percent, according to a research finding. Surgical patients in magnet hospitals also were 14 percent less likely to die in the hospital within 30 days (Bird, 2013).

Bird (2013) also added that the principal characteristic of Magnet hospitals is that they are generally successful in attracting and retaining nurses. The hospitals have higher proportions of nurses with bachelor's degrees and specialty training and certification than typical hospitals (Bird, 2013). Another study published in *Medical Care* found that payment reform likely strengthens the business case for investing more in nursing care. The study found that the existing business case for nursing investments is probably understated. The findings reinforced that better work environments for nurses are the distinguishing factor between Magnet and non-Magnet hospitals and are key to better patient outcomes," according to the report. The American Nurses Credentialing Center confers magnet recognition. About 8 percent of US hospitals have status as magnets. Lead author Mathew D. stated that "Magnet recognition likely stimulates positive organizational behavior that improves patient outcomes," (Bird, 2013).

Furthermore, collaborative medicine which is the practice of traditional medical care in addition to unconventional medicine known as complimentary alternative medicine (CAM) such as yoga, aromatherapy, acupuncture... CAM is defined by NCCAM as a group of diverse medical and health care interventions, practices products

or disciplines that are not generally considered part of conventional medicine (NCCAM, 2014). It has been found that CAM aims to promote stress reduction, faster healing, decreased infection rates, staff and patient satisfaction, and the economic benefit of lower hospital operating costs. Collaborative medicine recognizes the practical reality that healing usually relies on both traditional medicine and other components of care. It has been argued that high-tech treatment (e.g., subspecialty care and advanced imaging) accounts for 20% of healing while "high-touch" treatment (complementary and alternative medical therapies) and a healing environment account for the remaining 80% (and that most treatment centers leave out this 80%). This third component i.e. the environment completes the triad of blended medicine (Geimer-Flanders, 2009).

Based on literature, organizations in healthcare industry are currently striving to become OHE's due to the optimal outcomes that OHE bring. Moreover, in order to achieve OHE there is essential need to have theoretical frameworks which are holistic models that support and sustain OHE through its elements. Furthermore, supporting OHE's allows to achieve major organizational outcomes such as : enhanced patient and family satisfaction (adopting CAM), cost effective care delivery (decreased length of stay), improved quality of care (increased healing process), improved communication and collaboration among caregivers (job satisfaction, nurse turnover), and overall positive work environment (green environment) (Thornton,2005).

The following section describes some of the models that promote OHE in acute hospitals and how the nursing care plays an essential role in fostering OHE. Moreover, how it results in positive organizational outcomes. At the end of the chapter, AUBMC PPM is described since it is derived from Watson's WPC model and shapes the way for

AUBMC to assess its readiness to become OHE which will be targeted in the next chapter.

B. Patient and Family Centered Care

Patient and family centered care acknowledges the importance of bringing patients and their families into the planning, the delivery, and evaluation of health care. It is also a partnership that exists between patients, families and health care providers where everyone respects and appreciates the other partners' beliefs, values, strengths, traditions, and experience thus together they participate in sharing information, decision-making and care delivery. The patient and family centered care concept is not new since it has been in the literature since late 1980's. Thus, in the last decade it has increased significantly not only in the nursing practice as well as in the multidisciplinary field (Smith et al., 2009).

C. Relationship-Based Care

The RBC model (Smith et al., 2009) transforms the organizational culture of health care systems. It targets relationships especially between nurses and other caregivers, and by placing patients and family at the core of care it targets the vital role that relationships play in the delivery of healing care. This model relies on personal interaction to create opportunities to promote patients experience as care receiver by offering human connection based on compassion and care. RBC model stresses on three major relationships: the care providers' relationship with care receivers, care provider's relationship with self, and the care provider's relationship with colleagues. At AUBMC the RBC is being implemented by the nursing department especially with the shared governance approach and Magnet recognition where the emphasis is on enhancing

relationships among nurses and medical teams as well as clients by creating an organization that reflects RN and client satisfaction.

D. Whole Person Caring Model

Another Model that creates and fosters OHE is the Whole Person Caring (WPC) model that was found to link the Nursing practice with organizational outcome. Jean Watson in 1979 brought the WPC model which honours the whole human being addressing the interactions among people involving human beings mind, body, soul and spirit. Moreover, this model acknowledges the significance of using the wholeness of a nurse and of a patient in order to build special and personalized caring bonds between patients and nurses. These bonds create a healing-caring relationship which enhances the healing process of a patient where nurses become the important element in creating a healing environment. Watson' WPC model is not only a guiding nursing model but also used as a philosophical and ethical framework which transforms nursing practice in conventional health care environments as well as the healthcare delivery into caring and healing environments (Watson,1979). The WPC model resulted in optimal organizational outcomes such as increased patient and staff satisfaction, nurse retention and promoting organizational grounds that promotes healing environment and increased integration of organizational values by employees (Thornton, 2005).

Several hospitals and nursing schools around the world have adopted WPC model especially in the last decade; examples are presented in the next paragraphs.

Inova a non-profit health system adopted WPC model for creating The Human Caring Professional Practice model (HCPPM) in their hospitals. The main objective was to increase RN satisfaction and decrease turnover rates by providing them with time and skills that allow them to apply healing and caring activities. The organization conducted

an interventional pilot study examining the impact of the practice model on optimal healing; the interventions included being present, caring, connected with patients, and having a staff centering lounge on the units. In 2007, more than 1000 RN's from Inova's 75 hospitals were trained to practice WPC based PPM activities. The outcomes were reached and included increased RN satisfaction and decreased RN turnover (Drenkard, 2008).

Another health system called Bon Secours adopted WPC model which is a $2.6 billion not-for-profit Catholic health system located in Maryland. Bon Secours hospitals in St. Mary's, Richmond in their pursuit for Magnet recognition, developed and implemented the PPM of clinical transformation based on WPC model. To emphasize on the WPC model they held a summit in 2009 where they presented the PPM of clinical transformation to all 13 hospitals and the summit presentations were recorded on DVD and made available as resource manual to all Bon Secours local health facility. Moreover, in fall 2009, Bon Secours Memorial School of Nursing in Richmond, implemented a nursing curriculum based on Whole Person Caring model. Outcomes included RN retention and increased RN satisfaction (Smith et al. 2009).

E. The Professional Practice Model

At AUBMC, the Nursing Professional Model adopted is the Professional Practice Model. (PPM) which is based on Patient-Centered Care (PCC) where they strive to provide high quality of patient care based on hospitals guidelines, mission, and vision. The PPM derived from Jean Watson's Caring Model, helps at identifying the patient as "A valued person to be cared for, respected, nurtured, understood and assisted" (Watson, 1979).

The purpose of developing WPC model at AUBMC is to bring people to recognize the importance of the organization working collectively to produce the energy to create a healing and nurturing milieu and thus leads a sustainable OHE culture. Part of the requirements for Magnet designation is that health care organizations have a Professional Practice Model (PPM) that is followed by nursing staff to achieve optimum nursing outcomes. AUBMC has a well-developed PPM which is shown in the diagram below (Appendix B).

In chapter 2, the literature relevant to the development and implementation of OHE has been described, drawing particularly on the pioneering work of the SI, and the complementary achievements of Magnet designated hospitals and health care systems. Other action based evidence from other hospitals and health centers including AUBMC has been included when directly applicable to the organization, communication and patient care systems required to achieve an OHE. However, it should be noted again that AUBMC is not explicitly pursuing the goal of becoming an OHE; rather the changes taking place at AUBMC are moving the organization further in the direction of implementing OHE elements.

Hence, based on the literature review and the importance of having a PPM in AUBMC as well as being a Magnet designate hospital, it this allows us to move forward to chapter 3 and explore AUBMC's readiness to become an OHE.

CHAPTER 3

METHODOLOGY

In Chapter 2 a literature review was presented that describes evidence-based practices associated with OHE in acute hospitals. Attention was drawn also to OHE developments at hospitals seeking Magnet designation. The literature review provides the background for the research methods used in this project. The first step was to develop an evidence based checklist to assess progress towards the implementation of OHE in acute hospitals. The next step was to use the checklist to assess progress towards implementation of OHE principles at AUBMC. The checklist was used to conduct a gap analysis recognize AUBMC accomplishments in OHE and identifies areas for improvement should AUBMC choose to embrace OHE principles. Two important points need to be made.

1. As AUBMC has not adopted the OHE model, the assessment presented later in this chapter does not imply criticism.

2. The exercise of applying the checklist to AUB is primarily for the purpose of assessing its usefulness.

The checklist presented in Appendix C is based on the Samueli Institute OHE framework (2012) and supporting literature accessed for this project.

The following is an informal assessment of progress toward the implementation of OHE principles at AUBMC. The assessment is structured in accordance with OHE elements (Appendix C).

A. Internal factors

AUBMC is providing health fairs and offering opportunities to promote physical health in the Hostler Center at AUB. All these services enable healthy lifestyle and help to experience personal wholeness in collaboration with the Wellness program at AUB and AUBMC and having green spaces such as the green oval where AUBMC staff can exercise and release stress after hectic duty hours. However, sessions are needed to be conducted in order to introduce the importance of healing and its practice among AUBMC staff by conducting mandatory sessions that foster healing concept; in addition to the need to enhance the importance of mind, body, and spirit as basic grounds to adopt healing in AUBMC.

E. Interpersonal factors

AUBMC is currently promoting internal growth of competent employees as well as the adoption of career ladder for nurses which enables them to advance in their career and gives monitory incentive as well as personal satisfaction which impacts positively on patient care, and thus decreases the chances of nurse turnover and shortage. These opportunities empower nurses to develop healing intention and to experience personal wholeness and cultivate healing relationships through autonomy and self-actualization. Thus, career advancement opportunities must be targeted more thoroughly in AUBMC. Increasing advancement in career ladder as well as enhancing communication among AUBMC staff members by conducting sessions that foster communication skills.

F. Behavioural factors

Human resources with collaboration with CPDC at AUBMC are currently providing trainings and sessions regarding teamwork, leadership, enhancing technical skills such as trainings on new medical equipment, revising new policies and providing competencies and following up on attendance of mandatory sessions and exams which promotes a healing culture, and thus creates a healing organization. Hence, the follow up on staff members in AUBMC is not being practiced properly in order to see if the staff is truly experiencing healing such as following healthy diet, working out and being supported psychologically by administration. Also, AUBMC lacks the practice of integrative medicine such as music therapy, aromatherapy, acupuncture, yoga, massage therapy where they all foster healing and the wellness of the mind , the body , and the spirit.

G. External factors

AUBMC is located in a crowded area which creates noise pollution even more nowadays with the construction happening around AUBMC. Thus, in order to decrease patient dissatisfaction and discomfort, the administration is allowing patient room transfers internally to quieter area. Allowing patients visitors to bring flowers and plants creates a pleasant environment for the patient and families which can decrease stress. Allowing a family member or significant other to stay with patients during hospitalization creates a support system needed for patients' healing process. In AUBMC's 2020 vision the Leadership in Energy and Environmental Design (LEED) is being adopted during constructions to promote ecological sustainability and green psychology. However, there is the need to build more green spaces inside and outside of

the hospital and adopt the Lebanese Ministry of Environment and Public Health requirements while building new hospitals as well as the AUB Nature Conservation Center (NCC) that aims to help people become guardian of nature by conducting seminars, events to promote ecological sustainability.

H. Gap Analysis

Gap analysis is a technique that businesses use to determine what steps need to be taken in order to move from its current state to its desired, future state. Also called need-gap analysis, needs analysis, and needs assessment. Gap analysis consists of (1) listing of characteristic factors (such as attributes, competencies, performance levels) of the present situation ("what is"), (2) listing factors needed to achieve future objectives ("what should be"), and then (3) highlighting the gaps that exist and need to be filled. Gap analysis forces an organization to reflect on what it is and to ask what it wants to be in the future (Business Dictionary, 2014).

AUBMC has been pioneer of many improvements in healthcare delivery in Lebanon. OHE, although not formally referred to as such at AUBMC is a case in point. Limitations of space preclude an exhaustive account of AUBMC's achievements in addressing environmental concerns in building construction, patients' need for the best possible healthcare experience; improving patient and nurse satisfaction, and demonstrating performance to international standards as confirmed by JCI accreditation and Magnet designation. However, Vision 2020 prompts consideration of where AUBMC is now with respect to OHE. The answer to this question will provide resources for AUBMC decision makers to decide on OHE related objectives for the future. The analysis that follows is intended to be sensitizing rather than exhaustive.

Therefore, it draws attention to areas that AUBMC decision makers need to think about, rather than a comprehensive account of all aspects of the organization that are relevant to the topic. The gap analysis that follows is future oriented in that it draws attention to areas for further development in the context of Vision 2020.

Based on the OHE evidence based checklist, the major gaps were identified in order to see if AUBMC fits or not to become an OHE. The OHE checklist allowed moving forward in the assessment of AUBMC's situation and thus the applicability to promote OHE at AUBMC.

Moreover, to make further progress to the developing a sustainable approach to OHE, AUBMC needs to act on the following priorities if OHE becomes an organizational objective:

- Conduct sessions that introduce healing concept and OHE to AUBMC staff members.
- Increase career advancement opportunities and career ladder.
- Conduct sessions that foster communication and teamwork.
- Follow up on AUBMC staff members to see if they are really experiencing healing
- Adopt integrative medicine (MSN program in AUB on CAM, CAM center in AUBMC).
- Promote all AUB centers that promote OHE (UHS, AUB for seniors , AUB Nature Conservation Center.
- Promote all AUBMC centers and programs which promote healing intentions (AUB Women's Health program, Wellness program, MS center, Cardiovascular center….).
- Build more green spaces inside and outside of AUBMC environment.

- Adopt the Lebanese Ministry of Environment and Public Health requirements while building the new hospital.

In the next chapter, Chapter 4, a force field analysis (FFA) is presented to identify the factors at AUBMC that work in favour of and against the further development of OHE.

CHAPTER 4

FORCE FIELD ANALYSIS

It can be seen from Chapter 2 and Chapter 3 that AUBMC has made considerable progress to developing an organizational culture consistent with OHE, although this is not a stated objective of the organization. Chapter 3 shows that more work needs to be done if AUBMC if it is to exemplify the practices and characteristics associated with medical centers and hospitals that have fully implemented OHE elements.. The purpose of this chapter is to describe the helping and hindering forces that will assist and challenge AUBMC should it choose to adopt OHE the driving characteristic of its organizational culture. When reading this chapter, it should be kept in mind that the 2020 Vision for AUBMC is for the most part consistent with the characteristics of an OHE, but that it would be wrong to judge AUB for not working on all the characteristics it would be required for it to be totally consistent with the OHE ethos. Criticism would be wrong because it was never an explicit intention of AUBMC to comply with the OHE model; rather the organization has an equally visionary set of objectives for the future as described in Chapter 3.

Force Field Analysis is the tool that allows us to identify and dissect the driving forces that allow change and the restraining forces that work against change as well as the gap that exists in between those two forces which can diminish the chances to allow change from occurring (Lewin, 1947). As such FFA will be used to examine the restraining forces and the driving forces for creating OHE at AUBMC.

The FFA, a framework developed by Kurt Lewin, is used to develop goals and initiate change in organizations. Force field analysis looks at the forces that may drive

or restrain change, acting as useful tool in change management. The starting point for FFA is the construction of a force field analysis diagram, which allows the factors identified, and the weights assigned each, to be seen graphically. Lewin (1947) in Force Field Theory stated that "one's behaviour is related both to one's personal characteristics and to the social situation in which one finds oneself." In order to apply change effectively, it is important to understand the forces restraining or driving the change needed. Force field analysis (FFA) is a tool that accomplishes it, and is adapted by Kurt Lewin from the field of social psychology. The major purpose of FFA is to visually describe these forces and their effects, so that measures need to be adopted in order to empower the forces for change and diminish or exclude those against it (Lewin, 1947).

Based on the OHE evidence based checklist, the restraining forces and the driving forces were identified which allowed a Force Field Analysis (FFA) to be undertaken. The FFA will allow the assessment of the prospects for the successful implementation of actions that could be taken in response to the priorities identified (Appendix D).

A. Driving Forces for Strengthening OHE at AUBMC

Expansion of services based on AUBMC 2020 vision will hopefully increase clients who seek certain healthcare services that can only be found at AUBMC such as MS center. This allows making AUBMC the only institution in the region that provides newly developed healthcare services and it is the institution where all clients seek the most complex kind of treatments. However, these new services require HR that is highly qualified in order to make the centers function properly and sustain quality of

care and patient satisfaction. Moreover, AUBMC is currently unable to shorten the construction period since it is a major business plan that cannot be postponed. For the time being administration has taken into consideration that the patient satisfaction rates will be affected, however on the long run the expansion plan will exceed patients' expectations hopefully and that is what the administration is counting for. AUBMC also allows internal growth of employees through internal recruitment of qualified elements to take over new services thus encouraging AUBMC staff to continue education and get exposed to MSN, MBA, and MPH by offering continuing education scholarships. AUBMC is also recruiting externally where highly qualified and experienced elements are selected to start the new healthcare services and bring fresh blood to the institution.

Moreover, people who travel abroad to seek higher education and experience always strive to return back to AUBMC to practice their knowledge and skills making AUBMC the place that promotes chances for self-actualization. AUBMC with HR is constantly rewarding staff and offering monitory incentives and benefits in order to meet their financial needs and aspirations. This helps at encouraging the good elements and competent members especially those with higher education and experience to keep on working in AUBMC. Moreover, AUBMC always depends on donations in order to maintain, improve, and sustain its mission and vision by maintaining high quality of care, being center of excellence and seeking patient and staff satisfaction. This gives AUBMC a good reputation in the healthcare industry in addition to being one of the finest hospitals in Lebanon for more than a century; the donors are keen on funding AUBMC's projects especially its 2020 vision. AUBMC publications and being a research center makes the opportunities to expand its services and become center of excellence more tangible. AUBMC with collaboration with CEC office offers

conferences and workshops to the regions and international healthcare givers allowing it to become a center that promotes knowledge and skills aligned AUBMC's mission and vision. AUBMC created the Patient Affairs office where they strive to promote patient education, patient satisfaction and quality of patient care delivery. The HR with AUBMC administration strive to campaign AUBMC services through creative advertising campaigns in Lebanon through TV, billboards, journals and as well as participating in live talk shows or healthcare programs to promote its services by doctors and nurses as well as advertising through AUBMC website online to reach everyone. AUB UHS and AUB NCC who are promoting CAM and striving to introduce CAM to AUB undergraduate studies as well as to have an MSN program on CAM at AUB as future goals.

B. Forces that will Hinder Implementation of OHE at AUBMC

The demographical location of AUBMC in a crowded area is causing discomfort to clients who seek its services, and making it hard to control noise pollution especially with all the construction happening around the hospital. AUBMC's 2020 vision to expand its services is also creating discomfort to patients, families, visitors, and staff causing dissatisfaction. Moreover, AUBMC's location not allowing the creation of healing gardens, healing spaces which decrease stress thus, administration may not see the relevance of creating OHE to their outcomes. The socio-economic situation and high cost of living is not helping to increase patient numbers especially self-payers which does not allow increasing hospitals income needed to overcome the hospitals' financial burdens. Funds are not sufficiently raised to cover expenses and cost for creating OHE. The political situation in Middle East and all its implications on the country's security

status is not allowing the increase of patients' numbers seeking AUBMC services beyond Lebanese borders. Internally, staff resistance to changing behaviour and lifestyle e.g. nurses accepting cyclical schedules, no training in team building and teamwork culture, and lack of organizational communication is not allowing fostering and sustaining OHE at AUBMC.

Finally, the main problem could be the fact that OHE is a new concept to be introduced to AUBMC and medical care in Lebanon. Thus, this may cause resistance due to OHE unfamiliarity which may be overcome by introducing OHE to all stakeholders and also by introducing the positive outcomes in fostering OHE at AUBMC. Moreover, the administrations' focus on AUBMC 2020 vision could hinder the adoption of OHE for the time being. However, OHE elements found in AUBMC through the practice of evidence based OHE checklist, could ease the process of fostering OHE at AUBMC since many of the OHE elements already exist and just need to be put in OHE context.

In the next and final chapter, Chapter 5, suggestions are made regarding how AUBMC can further strengthen the helping forces that have been described in this chapter and how it can set about trying to overcome the forces that are working against OHE factors.

CHAPTER 5

RECOMMENDATIONS AND CONCLUSION

These recommendations made in this chapter are derived from the Samueli OHE model (2012) introduced in Chapter 1, the literature review presented in Chapter 2, the evidence-based checklist introduced in Chapter 3, the informal assessment of progress towards OHE at AUBMC, and the force field analysis presented in Chapter 4. The recommendations that follow are structured in accordance with the Samueli OHE model (2012).

However, AUBMC has not explicitly embraced the OHE philosophy it is well placed to enhance its focus on healing by either continuing with implementation of the 2020 Vision as adopted, or by modifying it to give more explicit attention to OHE principles and elements. Either way, further action will be required if AUBMC is to enhance the healing component in its 2020 vision. In the next section the actions required to strengthen the healing component of the 2020 Vision are listed and set out according to OHE elements (Chapter 2).

A. Recommendations

1. Inner elements

a. Internal

i. Developing healing intentions

- Provide educational sessions in AUBMC to all staff and leaders, as well as to present projects and introduce campaigns to shed light on the healing aspect of AUBMC.

- Increase staff and client satisfaction supports AUBMC financial growth, allowing more funding and investments in order to proceed with the AUBMC 2020 vision and foster OHE in AUBMC.

- Incorporate fostering OHE in AUBMC 2020 vision.

- Provide educational courses and workshops on how to foster OHE during undergraduate and graduate courses especially to medical and nursing students (Byers et al., 2011).

ii. Experiencing personal wholeness

- Enhance the importance of mind, body and spirit as basic grounds to foster healing by HR and CPDC at AUBMC.

- Establish a policy on OHE in AUBMC (Rubert et al., 2003).

- Promote educational offerings by CME and CNE office in AUB.

- Promote activities by AUB for seniors that enhance the wellbeing of the mind and the soul of senior AUB graduates.

- Promote Magnet environment which creates a sense of empowerment, autonomy and patient and RN satisfaction (Puchalski, 2006).

- Introduce MSN program on CAM to AUB as well as CAM program to undergraduate studies at AUB.

b. Interpersonal

i. Cultivating healing relationships

- Foster Magnet at AUBMC since it endorses service excellence which is a major part in AUBMC vision and mission, and also it increases RN satisfaction which reflects positively on all members in AUBMC.

- Include commitment to multidisciplinary approach to promote and sustain optimal healing environment in AUBMC's mission and 2020 vision.

- Meet JCIA requirements as well as MOE, MOH and WHO requirements in order to promote healing through providing high quality of patient care delivery that enhances the healing process.

ii. Creating healing organizations

- Foster and market the AUBMC 2020 vision since it constitutes a big part in becoming pioneers as a referred medical center in the region (MS center, research, Heart and Vascular center…) which makes AUBMC more susceptible to adopt OHE.

- Promote OHE at AUBMC in order to become the first hospital which fosters OHE among Lebanese hospitals and in the region.

- Increase number of MSN students to promote advanced nursing care that influences positively to foster OHE in AUBMC.

- Present to the administration the importance of implementing OHE in AUBMC based on the positive impacts on organizational outcomes (patient/staff satisfaction, increased quality of care, decreased RN turnover, decreased patient hospital stay) (Horowitz, 2008).

2. Outer elements

a. Behavioural

i. Practicing healthy lifestyles

- Encourage all AUB and AUBMC staff and members to practice healthy behaviours for healthy people help create healthy environments and foster OHE in AUBMC.

- Promote health and healthy lifestyle to patients and families in addition to caregivers (patient education, smoking cessation, wellness program, allowing contact with nature, having support groups that promote mental health).

- Enhance community outreach for care delivery activities (Mobile clinic in AUBMC) to promote health and healthy lifestyle in order to sustain individuals' health status and avoid disease progression in Lebanon.

ii. Applying collaborative medicine

- Promote integrative medicine at AUBMC since based on literature it helps at creating healing intentions and healing environments such as music therapy, aromatherapy, acupuncture, massage therapy…

- Provide CAM which is believed to be integrated significantly in the future of medical practice (Masson, 2005) .

b. External

i. Fostering ecological sustainability

- Follow Lebanese ministry of environment and ministry of public health requirements at fostering ecological sustainability.

- Market and enhance the adoption of LEED at AUBMC which fosters green psychology and green environment as well as AUBMC 2020 vision.

- Promote and market the AUB NCC and UHS activities and events.

- Promote and market EHSRM events and activities in AUB and AUBMC.

ii. Building healthy spaces

- Put more effort to cover the hospital with green spaces and natural views due to its high importance on fostering healing (AUB 2020 vision).

- Meet the Lebanese Ministry of environment laws which includes assessment of external environment surrounding the new hospital and the impact of constructions on the environment pre and post construction.

B. Conclusion

The trend to OHE as a guiding framework for improving health care has been identified and the core elements of the approach have been described. The evidence-based checklist developed from the literature review has been applied to AUBMC as a leading medical canter. Experience with applying the checklist shows that it can be used to identify the progress an acute care setting has made towards the implementation of OHE. The checklist, therefore, has to assist organization working to introduce OHE principles, including those that are pursing OHE as part of an application for Magnet designation. Furthermore, this project has shown that promoting OHE at AUBMC would assist the organization to optimize nursing and patient care outcomes. Consistent with Magnet designation, official adoption of OHE at AUBMC would contribute to patient safety and quality improvements that would capitalize on the potential of nurses and others to involve patients and families as stakeholders in planning for the future.

The evidence-based assessment checklist developed for this project could be a resource for all stakeholders to use to move AUBMC closer to the OHE ideal. This would involve the input of physicians, nurses, other healthcare professionals, patients, families, caregivers, administrators, and the wider community, if the intention is to create a truly collaborative OHE organization. In closing it is important to note that OHE elements are interrelated. Therefore, to make progress on one is to advance implementation of the others. If performance in one area can be made to improve today,

improvement in other areas will follow tomorrow. AUBMC's 2020 vision is exemplary, but it lacks an explicit healing dimensions. Should OHE be an objective for the organization to achieve, much will be gained if change starts today.

APPENDICES

APPENDIX A

SAMUELI INSTITUTE OHE FRAMEWORK 2012

OPTIMAL HEALING ENVIRONMENTS
MAKING HEALING AS IMPORTANT AS CURING

An Optimal Healing Environment is one that supports and stimulates patient healing by addressing the social, psychological, physical, spiritual and behavioral components of health care and enabling the body's capacity to heal itself.

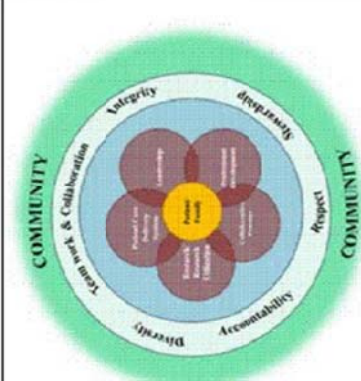| INTERNAL		INTERPERSONAL		BEHAVIORAL		EXTERNAL	
DEVELOPING HEALING INTENTION	EXPERIENCING PERSONAL WHOLENESS	CULTIVATING HEALING RELATIONSHIPS	CREATING HEALING ORGANIZATIONS	PRACTICING HEALTHY LIFESTYLES	APPLYING COLLABORATIVE MEDICINE	BUILDING HEALING SPACES	FOSTERING ECOLOGICAL SUSTAINABILITY
Expectation Hope Understanding Belief	Mind Body Spirit Energy	Communication Compassion Social Support Empathy	Leadership Mission Teamwork Technology	Diet Exercise Relaxation Addiction Management	Integrative Person Centered Family Centered Culturally Sensitive	Color and Light Art & Architecture Aroma & Air Music & Sound	Eco-Friendly Green Energy Efficient Nature

INNER ENVIRONMENTS   TO   OUTER ENVIRONMENTS

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APPENDIX B

PROFESSIONAL PRACTICE MODEL (PPM) AT AUBMC

Our new PPM is based on **Watson's Theory of Caring** identifying the patient as: *"A valued person to be cared for, respected, nurtured, understood and assisted."*

Focus on: (10 caritas) Caring, Treating holistically with positive attitude, **Spending** extended periods of interaction, **Showing** unrestricted acceptance, and **Promoting** patient's health.

Our new PPM is aligned with:
1- AUBMC Mission, Values, and Goals
2- Magnet Empirical Model
3- Patient/Family Centered Care Dimensions (Picker Institute)
4- ANA: Bill of Rights, Code of Ethics for Nurses, Scope of Practice and Standards of Professional Practice, and Principles of Nurse Staffing.

PPM Components	Supportive Concepts
Patient Care Delivery System	Patient/family centered care; Standards of care and practice; Quality improvement; Resources
Collaborative Practice	Internal collaboration; External collaboration
Professional Development	Learning and growth; Professional recognition

PPM Components	Supportive Concepts
Leadership	Participative management; Transformational leadership; Shared governance
Research/Research Utilization	Evidence-based practice model; Research activities

Source:http://www.aubmc.org.lb/patientcare/nursingservices/Pages/default.aspx

APPENDIX C

EVIDENCED-BASED OHE CHECKLIST TO ASSESS OHE IN HOSPITALS
(BASED ON SAMUELI INSTITUTE OHE FRAMEWORK, 2012)

Institution Name
AUBMC

Assessment Period
May 2013 till present

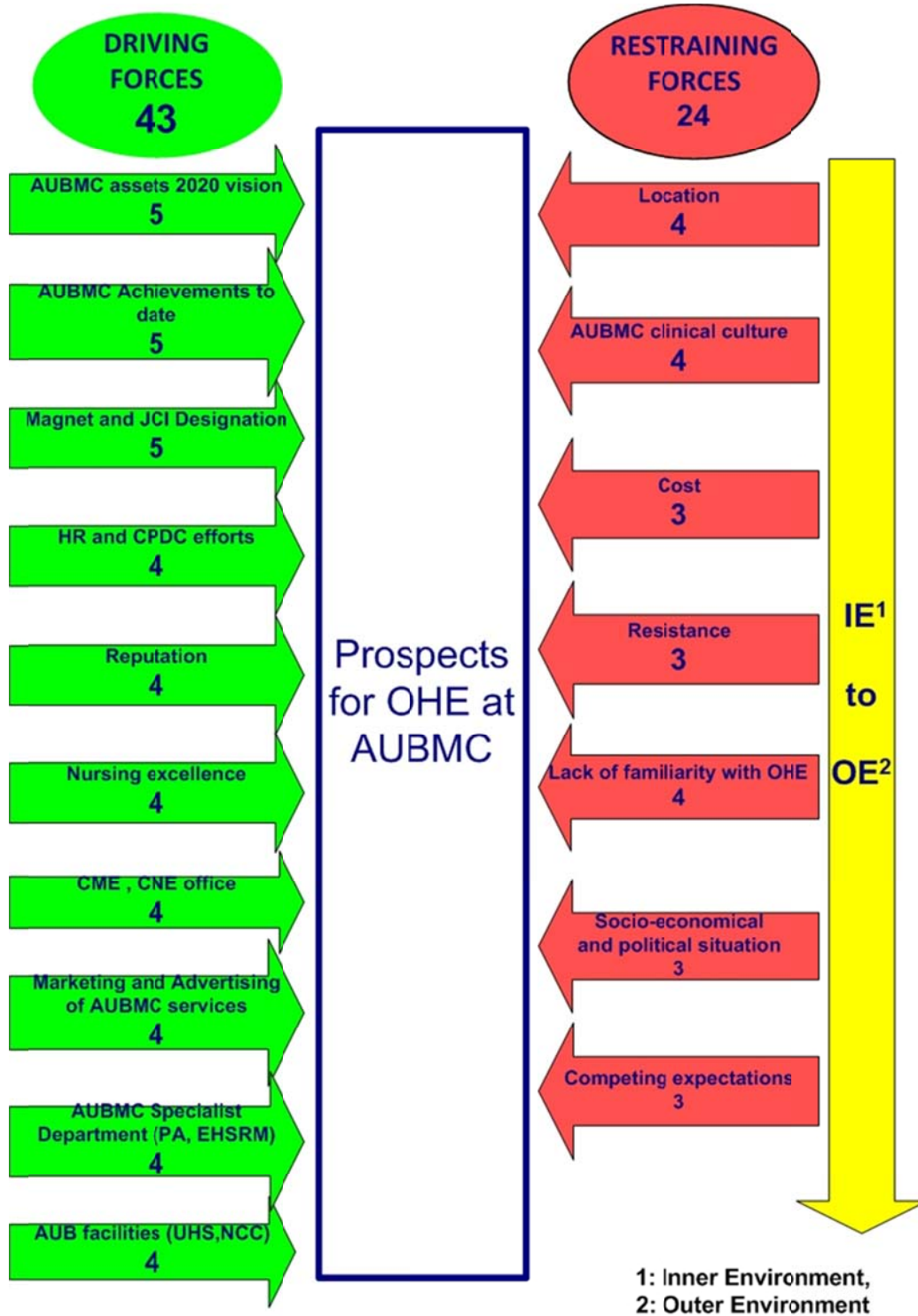| OHE Elements	OHE Sub-elements	Available (in progress)	Not Available (needs attention)
Internal	**Developing Healing Intention** *Smith et al., 2009 Jarousse 2013 Dunn 2010*	Health fair 2013 Seminar Green environment to AUB community Green Project Management given by CEC at AUB	Conduct sessions that introduces the importance of healing and practicing healing to staff and administration Mandatory sessions
	Experiencing Personal Wholeness *Smith et al. 2009 Dunn, 2010 Jarousse 2013*	HR, CPDC and Nursing department efforts, CME and CNE educational offerings. Award recognition Project Management Postgraduate Diploma offered by CEC AUB and CMCS Lebanon Promote AUB for seniors activities	Enhance the importance of mind body spirit as basic grounds to foster healing (Yoga) Establish a policy on OHE in AUBMC

OHE Elements	OHE Sub-elements	Available (in progress)	Not Available (needs attention)
Interpersonal	**Cultivating Healing Relationships** *Puchaski et al. 2006 Smith et al., 2009 Byers et al., 2011*	Magnet Recognition (RN satisfaction, retention) Career Ladder PPM, Shared Governance Collaborative council Task Force including all healthcare givers at AUBMC (physicians, nurses, dietitians' pharmacists…) Medical Team at Marathon Beirut AUBMC football team	Increase career advancement opportunities Increase advancement in career ladder Enhance communication by providing sessions on communication skills Promote multidisciplinary approach
	Creating Healing Organizations Mrayyan , 2004 Jarousse L.A., 2007 Byers et al., 2011	JCI accreditation (Safety ,Quality) Lebanese Ministry of Public Health accreditation AUBMC 2020 vision	Perform workshops , seminars that enhance autonomy and self-actualization opportunities on leadership and teamwork,have unlimited family visit hours

OHE Elements	OHE Sub-elements	Available (in progress)	Not Available (needs attention)
Behavioural	**Practicing Healthy Lifestyles** *Zborowsky et al. 2008* *Smith et al. 2009* *Byers et al., 2011*	HR efforts AUBMC and AUB wellness program AUBMC football team AUB annual participation in Beirut Marathon	Follow up on staff if they are experiencing healing such as diet exercise relaxation to decrease stress State a policy on a OHE
	Applying Collaborative Medicine *Horowitz, 2008* *Smith et al., 2009* *Geimer-Flanders 2009* *Jarousse 2013*	Laughter Yoga by nursing department Assembly Hall musical concerts " Stay Fit and Healthy Fair " Run for Excellence by Magnet Chain committee at AUBMC Lecture prepared by UHS and NCC at AUB about CAM and integration in future MSN program	Need to be practiced such as music therapy aromatherapy , massage therapy increased air quality decreased environmental noise

OHE Elements	OHE Sub-elements	Available (in progress)	Not Available (needs attention)
Behavioural	**Practicing Healthy Lifestyles** *Zborowsky et al. 2008* *Smith et al. 2009* *Byers et al., 2011*	HR efforts AUBMC and AUB wellness program AUBMC football team AUB annual participation in Beirut Marathon	Follow up on staff if they are experiencing healing such as diet exercise relaxation to decrease stress State a policy on a OHE
	Applying Collaborative Medicine *Horowitz, 2008* *Smith et al., 2009* *Geimer-Flanders 2009* *Jarousse 2013*	Laughter Yoga by nursing department Assembly Hall musical concerts " Stay Fit and Healthy Fair " Run for Excellence by Magnet Chain committee at AUBMC Lecture prepared by UHS and NCC at AUB about CAM and integration in future MSN program	Need to be practiced such as music therapy aromatherapy , massage therapy increased air quality decreased environmental noise

APPENDIX D

FFA DIAGRAM: OHE AND AUBMC

DRIVING FORCES 43

- AUBMC assets 2020 vision — 5
- AUBMC Achievements to date — 5
- Magnet and JCI Designation — 5
- HR and CPDC efforts — 4
- Reputation — 4
- Nursing excellence — 4
- CME, CNE office — 4
- Marketing and Advertising of AUBMC services — 4
- AUBMC Specialist Department (PA, EHSRM) — 4
- AUB facilities (UHS,NCC) — 4

Prospects for OHE at AUBMC

RESTRAINING FORCES 24

- Location — 4
- AUBMC clinical culture — 4
- Cost — 3
- Resistance — 3
- Lack of familiarity with OHE — 4
- Socio-economical and political situation — 3
- Competing expectations — 3

IE^1 to OE^2

1: Inner Environment,
2: Outer Environment

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