

The Mind, Body and Spirit of the Healthcare Organization

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Introduction

This paper is about looking at the parallel between the philosophical foundations of an organization and the principles needed to guide the creation of its physical container. Two projects are presented that began with an organizational philosophy that was implemented throughout the design and building process and resulted in completed projects that truly reflect the healing intention of the projects.

There has been a major change in the healthcare industry over the last decade. This change has been in all areas of the industry and has included factors such as a decrease in reimburse-

ment, an intensified focus on quality of care, improved and new technologies, a focus on improving patient and family experiences, a limited manpower resource availability both in the professional, technical and support services.

Limited manpower resources are having a major clinical and financial impact on many organizations. As an example, the lack of qualified permanent nursing personnel has caused the staff to be over-worked and stressed. Almost all hospitals are supplementing their staff with temporary nurses who may not know the hospital, the doctors, or the patients. This situation can effectively undermine the safety role for the clinical care provided by nurses. Several articles and presentations have addressed the issue of patient safety and fighting dangerous errors. It is well established that the design of the environment also affects a nurse's efficiency and stress, both of which can have a positive and a negative effect on the staff that has the responsibility for the safety and care of the patient. In late 2001, the non-profit National Quality Forum was asked by the Department of Health and Human services to assemble a group of hospital and medical associations, corporations, and consumer groups to recommend "safe practices" that are most likely to save lives and reduce injuries.

There has also been a shift in the way senior leadership and institutional boards are viewing their organizational structures. The traditional hierarchical structure does not function well in today's ever-changing environment and consequently new models for structural reorganization are emerging. It appears that the most successful models are those that focus on individual learning and competency of the total organizational

staff, and where there is a shared vision and a congruency between the organizational and the individual's vision. Today's structure requires much greater integration and cross-functional activities, as well as an awareness of the interdependency of the many "commons" to share (i.e., financial capital, technology, reputation of the organization, care of the patients, human resources and space, just to name a few).

So with all the changes taking place, how do we now need to view the healthcare organization? We believe, along with other senior healthcare executives, that the organization can be viewed as a holistic entity with a mind, body, and spirit. In this model, all aspects of the human being are treated with a sensitivity to cultural factors that influence the health and behavior of the patient; where mind, body and spirit principles and modalities are integrated into the clinical practice; and where the environment is conducive to promoting the healing process and helping the patient feel safer and more in harmony.

Healthcare organizations are continuously engaged in expansion and remodeling to keep up with new technology and patient needs. How do we as designers and builders work together to create physical entities that truly support a more holistic view of health and healing? We believe that one of the answers lies in the process utilized to design and build our buildings.

Part One: The Healthy Organization

The mind, body, and spirit of the organization is a systems thinking approach that requires you to look at the organization as an integrated whole and not only at the individual parts. For an organization to provide healing and health, the organization itself must be a healthy organization. It is the only type of organization that can create treatment modalities and physical and emotional environments that are capable of providing transformational healing experiences.

Core Principle 1

It takes a healthy organization to create transformational healing experiences. A healthy organization

has achieved a balance of mind, body, and spirit.

Making the shift to the possibility of what healthcare can be requires a new level of commitment of intention and integrity. When we refer to mind, body and spirit of the organization, we are referring to the following:

Mind is defined as the operational aspects of the organization:

- Policies and procedures
- Information systems, hospitality, and customer service
- Patient flow from admission through discharge
- Scheduling and patient accounting
- Individual and integrated departmental processes
- Improvement processes, both clinical and functional

Body is the physical aspects of the organization:

- Facilities
- Accessibility
- Horizontal and vertical transportation
- Interior design and art programs
- Wayfinding
- Ergonomics

Spirit is the cultural aspects of the organization, including history and vision for the future:

- Culture and values of leadership and staff
- Values are a lived experience

Core Principle 2

Healthy organizations understand and aspire to quality patient satisfaction.

Patients and families judge the healthcare receive by the entire healthcare experience:

- Medical treatment
- Personal education and involvement in their care process
- Social interactions with staff
- The physical environment
- Their physical and emotional experience

Core Principle 3

Healthy organizations have common philosophical and organizational principles.

At the core of common philosophical and organizational principles is a congruency and harmony with the individual's vision and the larger organizational vision. A common identity is established through the mission, vision and values statement that is understood and supported throughout the organization, and optimally into the larger geographical community. There is a commitment to work with community service organizations and to provide community education and service. Organizations with philosophical harmony and common identity are able to respond to changes and maintain healthy conditions for stability and growth. There is an understanding and knowledge of the many "commons" to share.

Within healthy organizations there is also a culture, where members understand the interdependencies by which their actions affect others. Such organizations promote a passion for excellence in healthcare quality, service, and compassionate care and values at the institutional and individual level. Team learning and personal mastery is promoted. Reason and intuition is integrated. Delivery of care is enhanced through effective integration of body, mind, and spirit. Additionally, the staff and leadership understand and participate in the creation of functional spaces that promote the health and well being of patients, families, and staff.

Healthy organizations with the characteristics described above become the employer of choice for committed, caring and competent staff.

The **challenges** faced are internal as well as external:

1. The organizational structure and internal hierarchy can hinder action and decision making. The traditional hierarchical structure does not function well in today's ever-changing environment and thus several newer approaches and structural models have emerged. The structures most successful are those that focus on individual learning and competency and are flexible enough to allow for self-governing within a planned structure.

2. A decrease in reimbursement and limited manpower resources have required consolidation of services and far-reaching decisions regarding which, and how, services are to be provided.

3. Increased public awareness of healthcare and the quality of performance has increased expectations of the services provided and the quality of the healthcare environment.

Opportunities are developed from internal as well as external pressures:

1. There is an intensified focus on performance improvement. Patient satisfaction and performance improvement outcomes are becoming more available to the public (e.g., Newsweek's 100 best hospitals).

2. There is an intensified focus on patient safety. The JCAHO accreditation standards required the implementation of a "Significant Adverse Event" (SAE) process and communication plan (Significant Adverse Event (SAE) = Sentinel Events and "Near Misses"). Additionally, several articles and presentations have been well received regarding patient safety and fighting dangerous errors.

3. Improved and new technologies not only increase the quality of patient treatment, but can also increase the efficiency and decrease the costs.

4. Improved patient and family experience and satisfaction is a major focus in obtaining and negotiating patient care contracts with insurance, state and federal agencies.

In sum, we have found that there are certain factors that must be present in order to maintain a healthy organization. First, the leadership team must embrace and embody the values that support the vision and mission with integrity and a commitment to the truth. The leadership team members serve as mentors and role

models for all employees. Second, excellence in healthcare quality, service, compassionate care, and value is demonstrated. Effective integration and coordination of clinical programs are demonstrated. Finally, dialogue and communication is present within the various levels of the organization.

Core Principle 4

There is a synergistic relationship between mind, body, and spirit.

- Culture influences the physical and the operational.
- The physical influences the culture and the operations.
- The operations influence the culture and the physical.

Part Two: Creating Healthy Environments

Core Principle 5

Healthy buildings require a harmonic process of design and construction.

This harmonic process requires effective integration and coordination of master facility planning, design and construction where all partners (e.g., architects, designers, planners and builders) embrace and embody the vision and values. Additionally, the players understand the culture and driving forces in the organization and community served, as well as the intent of the project and the services to be provided. Participation and communication must be present for all stakeholders.

The major challenges facing the design team today focus on the scale and complexity of the projects. Because projects take so long to complete, we are always designing for the distant future. Employee turnover becomes a major challenge when the key decision makers are not always at the institution during the later part of construction or occupancy. Additionally, large long-term projects face the challenges of continuously changing codes and compliance regulations which affect schedules based on the approval process. Then there are the ever-pre-

sent financial challenges of being under budgeted. Limited funds often translate into compromised programs for much-needed aesthetics, finishes, amenities, and art. To meet the financial challenges, fundraising and donors are involved in the projects which can further add complexity to the project.

The future medical model involves a project complexity of the buildings and site that requires a very large team of specialists, designers, and consultants. Communication among the design team is cumbersome and expensive with members being E-mailed and "meetinged" to death. There is an adversarial win-lose system between owners, designers and contractors which can be highly amplified on large-scale complex projects.

Fundamentals of a healthy project

The Vision Statement for the project must include:

1. The pursuit of medical excellence
2. Continued improvement in clinical and operational excellence
3. The creation of functional spaces that promote the health and well being of patients, families and staff
4. A win-win process for all parties from design through construction
5. Fiscal constraint

Features of a healthy process

1. Each designer, and consultant and contractor becomes a partner in the design process.
2. Each partner has a responsibility to know and honor the organization's project mission statement, values and goals.
3. Each partner has a responsibility to all of the other partners.
4. Partners bring their individual vision into harmony with the larger organizational vision.
5. Partners respond to changes with flexibility and fairness.
6. Partners acknowledge shared knowledge and resources for the project good.
7. Partners understand the interdependencies by which their actions affect others and plan

and react to them with the common good of the project, the client, and other partners.

8. Resources are utilized in the most appropriate way, with time being the biggest resource.

9. Partners strive for mastery in quality of both design, product and performance.

10. Partners exercise listening, compassion, and

11. Partners acknowledge the transformative capabilities of their work.

12. Partners hold sacred the patient and the patient experience that they are creating.

13. Partners strive to meet budgetary approval.

At Cedars-Sinai Medical Center, to begin the collaborative effort of numerous architects, designers, engineers, and consultants on its 650 million-dollar expansion process, the entire team was invited to share in a vision and commitment workshop. This two-day workshop reviewed the vision, and mission of the organization and the goals for the projects. Each of the team members was invited to attend and sign a community vision and commitment to work together on the project. This was framed and hung in the construction trailer for all to see.

Part Three: Holistic Principles of Design

Core Principle 6

As designers of healthcare institutions, we can inject into the environment the values we aspire toward as an evolving community. A life-enhancing environment supports, not only the workings of an organization, but also its values and principles.

Healthcare environments have historically been designed for efficiency and patient comfort. We have traditionally designed environments to provide treatment and for patients to receive treatment. In the new holistic model, we design environments to empower and support patients in their individual healing process.

In Holistic Medicine, it is recognized that the body has an innate ability to heal itself.

- Patient education on disease management and wellness through lifestyle change is promoted.

- The whole person is treated.

- The best of rigorously studied Allopathic treatments/Complementary therapies is provided.

To support this the environment must:

- Be restorative through the creation of balance and harmony in form, shape, color, light, sound and aroma.

- Inspire the patients to participate in their own healing process.

- Be designed to reinforce and be a unique reflection of the individual therapies being offered.

In the process of healing, we should do no harm.

- Not promoting the destruction of natural resources through selection of materials that are harvested and produced in environmentally friendly ways.

- Designing and managing energy efficiencies in new buildings.

- Utilizing materials and processes that are environmentally safe and sustainable

Respect the power of the physician / healer / patient relationship.

- Design the environment as an experience that communicates the messages and symbols that reflect the organization's core principles.

- Create an environment that acknowledges the healing journey.

Core Principle 7

All members of the multi-disciplinary team are partners on the creative journey.

- In planning and conceptual design we engage our multi-disciplinary team from the beginning of the project. This means architects, landscape designers, interior designers, graphic designers, artists, and engineers vision the "creative and healing potential" of the project with the client. This visioning process is translated into project goals that include all aspects of the "user experience" and therefore engage all partners in the project.

- The client has the benefit of seeing and understanding the relationship of all elements from the very beginning of the project.

This type of visioning session was held for the design of the new Convalescent Care Facility at San Diego's Children's Hospital and Health Center. The guidelines that emerged became the foundation for a multi-year design and construction process. These guidelines became the "resource" against which to evaluate future budget and design decisions. How art, color, light, form, exposure to nature, adjacencies, and flow are designed has its roots in the original visioning session.

Part Four: The Mind, Body and Spirit of the Healing Process

Core Principle 8

It's not about healthcare; it's about health.

Healing is not curing. Healing is a transformational process of bringing an individual to a state of peace and balance. Our environment — physical, emotional and spiritual — plays an important role on our ability to heal.

Holistic Principles of Healing

The American Holistic Nurses' Association

(AHNA) has developed "Standards of Advanced Holistic Nursing Practice" for Graduate-Prepared Nurses. The following information is extrapolated from the Core Values of these standards. We believe that these standards illustrate how applying the philosophy of mind, body and spirit to patient care reinforces the principles of a healthy organization.

Holistic Philosophy

Graduate-prepared holistic nurses develop and expand their conceptual framework and overall philosophy in the art and science of holistic nursing to model, practice, teach, and conduct research in the most effective manner possible.

Holistic Ethics

Graduate-prepared holistic nurses hold to a professional ethic of caring and healing that seeks to preserve wholeness and dignity of self, students, colleagues, and the person who is receiving care

in all practice settings, be it health promotion, birthing centers, acute or chronic care facilities, end-of-life centers or in homes.

Holistic Caring Process

- Each patient is assessed holistically using appropriate traditional and holistic methods while the uniqueness of the person is honored.
- Each person's actual and potential patterns/challenges/needs and life processes related to health, wellness, disease, or illness, which may or may not facilitate well being is identified and prioritized.
- Appropriate outcomes for each person's actual and potential patterns/challenges/needs are specified.
- Each person is engaged to mutually create an appropriate plan of care that focuses on health promotion, recovery, restoration, or peaceful dying so that the person is as independent as possible.
- Each person's plan of holistic care, and holistic nursing interventions are prioritized and implemented accordingly.
- Each person's response to holistic care is regularly and systematically evaluated and the holistic nature of the healing process is recognized and honored.

Holistic Communication, Therapeutic Environment, and Cultural Diversity

- Holistic nurses engage in holistic communication to ensure that each person experiences the presence of the nurse as authentic and sincere; there is an atmosphere of shared humanness that includes a sense of connectedness and attention reflecting the individual's uniqueness.
- It is recognized that each person's environment includes everything that surrounds the individual, both the external and internal (physical, mental, emotional, social, and spiritual).
- Each person is recognized as a whole body-mind-spirit being and a plan of care is mutually created consistent with cultural background, health beliefs, sexual orientation, values and preferences.



Part 5: Case Studies

Scripps Mercy Holy Family Chapel San Diego, California

The Holy Family Chapel is an example of a project that was designed utilizing the principles of Mind, Body and Spirit. The Project began with a visioning session, establishing group vision, values and design goals. This created the standards and commitment that held the project together for seven years of fundraising, designing and building. There were many challenges for this project. The costs of the entire project needed to be fund raised. It was a difficult site, sandwiched between many departments. The project, because of fundraising efforts, took seven years to complete. The goals were to:

- Create an environment that would serve as a spiritual retreat for the multi-denominations that visited and utilized the hospital

- Create positive and restorative experiences for those who went there
- Provide accessibility at all times of day

Since the chapel opened in Fall of 2002, the chaplains have noticed a continual daily usage of the chapel, more prayer requests in the prayer bowl, more employees using the chapel before and after shifts, and more multi-denominational usage.

An outcome study was conducted at the chapel to determine the use and impact of the chapel. The questions in the survey focused on the frequency and purpose of visits, and the feelings of the visitor being in the chapel. The questionnaire was conducted with a small sample of 47 individuals, of which nine were staff, four were outpatients, 17 were relatives of patients, and 17 other visitors. Of the respondents, 15 were male and 32 were female.

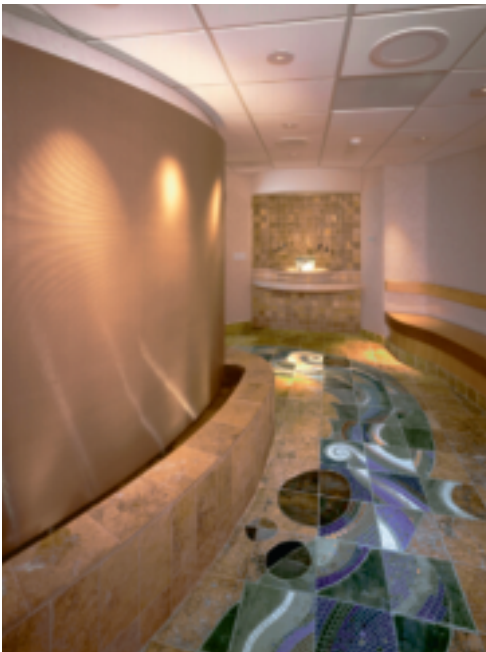
The responses indicated that 15 people had visited only once; the balance had visited occasionally (26), once or twice weekly (4), or daily (4). The responses also indicated that the majority visited a relatively short time — less than five minutes (19), 5-10 minutes (13), or 10-20 minutes (12). Only five individuals stayed longer than 20 minutes per visit.

One question inquired regarding the purpose of the visit to the chapel, with no limit given in the number of reasons that could be checked. There did not seem to be any noticeable difference in the types of responses between staff or patient, male or female. In order of frequency checked, the responses were as follows: to pray (38), to enjoy the space (16), to meditate (11), to get away from stressful environment (10), to relax & rest in peaceful place (9), other (8; primarily to attend Mass), to clear one's mind (6), and to think when worried (3).

Another question inquired how respondents felt after visiting the chapel. With no limit in the

number of reasons that could be checked, responses were: Refreshed/rejuvenated (21), more connected spiritually (20), more relaxed or less stressed (17), more positive (12), and able to think more clearly (7). Five individuals indicated no difference in their mood after visiting the chapel. Of the 47 respondents, 46 overwhelmingly rated the therapeutic quality of the chapel as very good (23) or good (23).

Forty-eight individuals indicated that they would definitely (28) or probably (19) recommend the chapel to others; forty-six rated the chapel as a place for comfort as very good (25) and good (21). The final question of the survey asked the respondent's opinion whether hospital should include reflective spaces such as the chapel. Forty-four respondents answered the question affirmatively, with definitely yes (35) or probably yes (9). Four individuals had no opinion and none felt such spaces should not be included in hospitals.





The Serenity Garden The McDonald Center at Scripps Memorial Hospital

The Serenity Garden at The McDonald Center of Scripps Memorial Hospital is an example of a project that was designed utilizing the principles of Mind, Body, and Spirit. The garden was designed to be both a retreat for staff and patients and a therapeutic tool in the recovery process of alcohol and drug abuse. The design of the garden involved the creation of twelve interactive spaces (outdoor meditation rooms) that illustrated one of the principles of the twelve steps. The words to each step were etched on flagstone at the entrance of each of the individual rooms. The intention for the steps was translated through the relationship of landscape design and key art features. Staff and graduates of the program gave guidance on the meaning and study of each step to the designers and the artists.

A short outcome study was recently conducted at the Scripps McDonald Center to inquire into the use and impact of the center's Serenity Garden. The questions in the survey focused on the frequency of visits to the garden, the purpose for the visit, and the impact of the garden on the respondent.

The questionnaire was conducted once to date and completed by a small sample of 41 individuals, of which 13 were staff, 14 were in-patients, and 14 people did not identify themselves as staff, patient, or visitor. Of the respondents, 24 were male and 17 were female.

The responses by those completing the survey indicated that the overwhelming majority visited the garden either daily (16), once or twice a week (8), or occasionally (16). Only one individual indicated that he or she had never visited



the garden, and one other had only visited the garden on one occasion. While most of the individuals came to the garden often, it was also clear from the responses that the majority visited a relatively short time — less than five minutes (13), 5-10 minutes (19), or 10-20 minutes (5).

One of the survey questions asked why the respondent visited the garden, with no limit given in the number of reasons that could be checked. There did not seem to be any noticeable difference in the types of responses between staff or patient, male or female. In order of frequency checked, the responses were as follows: Sit and meditate/pray (22), look at flowers/plants (18), relax (15), talk with friend/colleague (14), work with counselor (3), work alone on an issue (3), and eat lunch (2). Those

who responded to “Other” (7) indicated miscellaneous reasons that were related to the therapeutic work of the facility (e.g., do the 12-Steps, read the Stones, attend a group or tour).

Another question asked the respondents how they felt after visiting the garden, with no limit given in the number of reasons that could be checked. Again, there was no noticeable difference in the types of responses between staff or patient, male or female. In order of frequency checked, the responses were as follows: More relaxed or less stressed (24), refreshed/rejuvenated (14), more positive (13), more connected spiritually (12), able to think more clearly (8), and “Other” responses indicating some positive feeling (3). Out of those completing the questionnaire, only three indicated no difference in



their mood after visiting the garden. Of the 41 respondents, 37 overwhelmingly rated the therapeutic quality of the Serenity Garden as very good (25) or good (12). There were only three responses indicating fair, and no responses to poor/very poor.

Aside from the personal impact of the garden on those responding, 39 individuals indicated that they would definitely (28) or probably (11) recommend the garden to others. Only one individual indicated that they would not. The final question of the survey asked the respondent's opinion whether hospital should include healing gardens. Almost all respondents indicated that healing gardens should definitely (26) or probably (11) be included. Three individuals had no opinion. No respondent indicated that they felt healing gardens should not be included in hospitals.

In summary, the responses by both staff and patients indicated that they were frequently using the healing garden as part of the McDonald Center's program or as a personal respite for relaxation, meditation/prayer, and/or

rejuvenation. For the Holy Family Chapel, visitors were making repeat visits to predominantly pray and find spiritual connection. Although the surveys has been conducted only once to date, the results clearly indicate that the chapel and the garden are having a highly positive impact on individuals, as well as greatly enhancing the therapeutic goals of each facility.

Conclusion

In both projects illustrated above, the Mind-Body-Spirit connection to healing was a premise and a guideline for carrying out the project. Each project engaged strong visioning sessions that became the "guide" to maintain the integrity of the vision through the lengthy process. The common values of the client, designers, and contractors created a project team that put the project first and enabled a win-win process. No matter what the external influences provide, you can withstand it if you have a healthy organization and a healthy process. In order to create transformational outcomes, we need to apply the principles of being in balance to our building projects.