LOVING-KINDNESS AND EQUANIMITY AS SOUL OF NURSING

Banumathi Periasamy, RN, BSN, CCRN
Kaiser Permanente - Richmond, CA
Banu.periasamy@kp.org

Introduction: Dr. Watson, philosopher and theorist, has reinstated human caring into the professional practice of nursing. Her vision of transpersonal human caring rebuilds the concepts of soul and spirit as foundation of nursing. With conscious-intentionality, she has developed the theory that is grounded in science of caring. Her caring model brings back Nightingale’s spirituality into the healthcare. Kaiser Permanente, Richmond has been introduced to Dr. Watson in April 2010. Her philosophy on human caring is amazing and heartfelt. Human caring, the soul of nursing has been lost in the chaotic, stressful and task-oriented inpatient setting taken over by modern technology. As an assistant manager in ICU and Medical Surgical Unit, we have collaboratively adopted Dr. Watson’s Caritas Process 1: “Cultivating the Practice of Loving-Kindness and Equanimity Toward Self and Other as Foundational to Caritas Consciousness” as our caring-healing modality for our staff and patients.

Significance: The intention of “Being-the-Field” for caring-healing is a noble work for the ancient and sacred profession of nursing, in a new era in human history. The intentionally, conscious Caritas nurse practices ‘centering’ to bring loving-kindness and equanimity to the Caritas field in the middle of crises, disease, pain, despair, frustration, anger, fear, anxiety, and suffering (Watson, 2008, p. 49). A centering exercise is one way to enter into, prepare for, and begin a more formal cultivation of practice of loving-kindness and equanimity as professional Caritas consciousness (Watson, 2008, p. 51).

Purpose: The purpose of this project was to practice Caritas consciousness of loving-kindness and equanimity towards self and others at the personal and professional level. The nurses need to pause in the midst of chaos to cultivate Caritas consciousness through centering exercise. Thus, their cultivated preparatory work helps manifest love, authenticity of presence and listening, compassion, elevating higher/deeper awareness and presence, transcending fear and ego-dominated controlling thoughts (Watson, 2008, p.50).

Setting and Participants: The swing shift in ICU and Medical-Surgical Unit with 28 beds at Richmond Medical Center is fast-paced, stressful, chaotic, noisy, anxious, and biocidic with many admissions, discharges and transfers. The 70 nurses in those units need loving-kindness and equanimity for themselves and others in order to serve the vulnerable patient population with compassionate and authentic care. As the project progressed, the centering exercise was extended to all the patient care professionals such as patient care team, unit assistants and the staff in other shifts, including their assistant managers and whoever was in contact with patients.

Project Description/Process: October 2010: As a Caritas Coach, I started introducing Dr. Watson’s caring theory to my staff. I shared briefly the 10 Caritas Processes with my staff, with more emphasis on Caritas Process # 1, and with the introduction of the concept of ‘coherence in
heart-brain communication’ by Robert Browning. The HeartMath®. November 2010: After the shift huddle, we read a story from “Healing with Heart” (Helldorfer, 2009) to increase awareness and feeling for caring moments. Immediately after the reading, we started centering. During inhalation I encouraged them to breathe in compassion, gratitude, forgiveness, love, caring consciousness, hope and belief. When exhalation I reminded them to let go pain, grief, fear, anger, frustration and that they cannot control. December 2010: We continued centering at the beginning of the shift. My staff took over the lead to guide centering including the patient care team and unit assistants in the circle. Our CNO and the manager from Quality participated in centering. The circle expanded. The staff received Caritas cards of their choice to pause and center when they needed a moment to breathe. Centering was also transcended to family and friends of the patients. Our staff came up with “Quiet Time Campaign” project. We extended centering to other shifts and their assistant managers by demonstrating centering in their staff meeting. January 2011: Our nurses extended the centering with patients at bedside. Leaders in Patient Care Services started centering before any meeting. February 2011: Centering continued. We placed diffuser of lavender and the light in the middle of the circle to get maximum effect of loving-kindness and equanimity. The color stones indicating four chakras (heart, throat, third eye and crown) were placed around the candle. I started giving hand massage to healing hands.

Project Outcome(s)/Projected Outcomes: The outcome was positive even though there was some resistant from one or two nurses at the beginning. Eventually, everybody joined the circle. The centering was transcended, transformed and adopted in other disciplines and departments in the facility. Centering had positive outcome in handling conflict resolution of employees.

Project Evaluation or Partial/Projected Evaluation: The centering as caring-healing modality is highly effective. It is obvious and noticeable that there is increased morale, teamwork, feeling of belonging, pleasant attitude and trusting relationship among staff and a reduced noise level. I received many compliments from leadership, staff, patients and their family and we definitely and consistently increased our service scores. The staff reported that it was relaxing to have hand massages in the middle of the shift. The manager of PCT requested centering with her employees to replace coaching and counseling.

Future Directions: We continue centering. We will transcend quiet time to facility level. We plan to have monthly Caritas birthday for staff. We post Caritas magnet cards on the doors of patients’ rooms for patient care providers to pause and center before entering into patient’s space.

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References: