

## **THE EFFECTIVENESS OF TAI CHI, YOGA, MEDITATION, AND REIKI HEALING SESSIONS IN PROMOTING HEALTH AND ENHANCING PROBLEM SOLVING ABILITIES OF REGISTERED NURSES**

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**Bonnie Raingruber, RN, PhD**

*University of California Davis Medical Center, Sacramento,  
California, USA and California State University,  
Sacramento, California, USA*

**Carol Robinson, RN, MS**

*University of California Davis Medical Center, Sacramento,  
California, USA*

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*Given the current necessity of retaining qualified nurses, a self-care program consisting of Yoga, Tai Chi, Meditation classes, and Reiki healing sessions was designed for a university-based hospital. The effectiveness of these interventions was evaluated using self-care journals and analyzed using a Heideggerian phenomenological approach. Outcomes of the self-care classes described by nurses included: (a) noticing sensations of warmth, tingling, and pulsation which were relaxing, (b) becoming aware of an enhanced problem solving ability, and (c) noticing an increased ability to focus on patient needs. Hospitals willing to invest in self-care options for nurses can anticipate patient and work related benefits.*

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Address correspondence to Bonnie Raingruber, Center for Nursing Research, Room 4205, University of California Davis Medical Center, 2315 Stockton Blvd., Sacramento, CA 95817. E-mail: Bonnie.raingruber@ucdmc.ucdavis.edu

A stable nursing workforce is a major factor in the provision of quality patient care in inpatient hospitals (Schullanberger, 2000). Maintaining a stable workforce is becoming more and more of a priority as the nursing shortage intensifies. The stress associated with working varied shifts and caring for increasingly complex patients contributes to turnover. Many nurses are leaving the profession prior to retirement age (Aiken et al., 2001). Moreover, between 35% and 60% of new graduates leave their first job to move to a new place of employment within a one-year period (Godinex, Schweiger, Gruver, & Ryan, 1999).

Rapid turnover and increasingly demanding workloads further erode the quality of the work environment in which nurses function. Brathovde (2006) reflected that nurses do not regularly practice self-care, are not socialized to care for themselves, and are not prepared to sustain their health as they attempt to promote patient health in busy inpatient settings. Several authors have argued that self-care practices such as Reiki, meditation, yoga, and Tai Chi provide a way for nurses to avoid stress and burnout, cope with increasingly busy and hectic acute care settings, nurture themselves, and provide a caring, supportive environment for patients (Brathovde, 2006; Cohen-Katz, Wiley, Capuano, Baker, Deitrick, & Shapiro, 2005; Gold & Thorton, 2001).

Nurse researchers have explored the use of self-care interventions in lowering nurses' stress levels (Brathovde, 2006; Cohen-Katz et al., 2005; Mackenzie, Poulin, & Seidman-Carlson, 2006; McElligott et al., 2003; Oman, Hedberg, & Thoresen, 2006; Tsai & Crockett, 1993; Whelan & Wishnia, 2003) and found contemplative practices such as Reiki and meditation are helpful in decreasing burnout and stress related health problems. However, there is no one type of stress management program that will meet the needs of an entire workforce irrespective of age, level of physical ability, and interest level (Detert, Derosia, Caravella, & Duquette, 2006). Moreover, there is a lack of research comparing the effectiveness of different types of self-care practices (Smith, 2004).

For that reason three classes (Yoga, Meditation, and Tai Chi) and Reiki healing sessions were incorporated into a retention program for registered nurses at a university teaching hospital. The retention program is a collaborative effort between California State University, Sacramento and the University of California Medical Center (UCDMC). It is supported by a three-year grant from the Health Resources and Services Administration.

The self-care options were offered to UCDMC nurses in an academic medical center with 530 licensed beds and an average daily census of 433. The hospital employs 1,434 RNs, 420 of whom work part time. The hospital maintains an all-RN staff and has a primary care nursing model

**TABLE 1.** Vacancy and Turnover Rates

Specialty Area	Vacancy rates (%)	Turnover rates (%)
Pediatrics	1	9
Intensive care units	3	8.6
Trauma units	10	15.6
Burn units	3.2	14.2
Emergency room	11	4

in which nurses assume full responsibility for overseeing all aspects of patient care. Turnover and vacancy rates vary from unit to unit. Key figures for select units are listed in Table 1.

### DESCRIPTION OF SELF-CARE OPTIONS

Reiki healing sessions were offered for one half hour on Tuesday and Thursday mornings as well as Thursday afternoons just before the night shift began. Nurses came to Reiki sessions weekly for six consecutive weeks. They reclined fully clothed on a massage table with soft music playing in the background. Reiki is a Japanese form of hands-on healing in which a certified practitioner places his or her hands on or near the head, throat, chest, abdomen, knees, and feet of an individual to redistribute stagnant energy.

Sivananda Yoga was offered each Tuesday evening immediately after the day shift for one hour during a 3-month period. At the end of the Yoga session nurses lay on the floor in corpse position. The Yoga teacher led a 5-minute guided meditation in which the nurses visualized being in a relaxing place. Soft music played in the background throughout the Yoga session. The class focused on learning Yoga postures (Sun salutation, leg lifts, fish, forward bend, cobra, bow, spinal twist, child’s pose, downward dog, mountain pose, triangle, warrior, tree, boat, and bridge) and breathing exercises rather than spiritual practices.

Tai Chi classes were offered each Wednesday from 5 to 6 p.m. so that nursing working on an administrative or 8 to 4:30 schedule could attend. Throughout the Tai Chi lessons, soft instrumental music was played. Tai Chi, based on the Yang short form consisted of a series of gentle movements and walking meditations designed to stretch the body, enhance concentration, and improve body alignment.

Guided meditations were offered weekly on Thursdays from 5 to 6 p.m. prior to the start of the evening shift. The instructor played soft instrumental music in the background while facilitating guided relaxation

exercises described in the book by Christina Feldman (2005) titled *Heart of Wisdom: Mind of Calm*. One such relaxation is summarized in Appendix One.

Nurses were invited to attend the self-care classes using an E-mail listserv and hard copy flyers. Nurses were allowed to select the self-care option that fit their interest and schedule. All registered nurses working at UCDMC were invited to attend the self-care classes. However, nurses were asked to select only one self-care class to attend.

## QUALITATIVE PHENOMENOLOGICAL APPROACH

Nurses were given a written self-care journal and asked to reflect weekly on several questions. Two of those questions were: (1) Describe any sensations or feelings you noticed during or after the session and (2) Have you noticed any changes in your nursing practice since the last session? Please describe those changes. The purpose of the self-care journal was for nurses to track how the classes influenced them.

The purpose of the research was to identify experiences and perceptions that the nurses considered to be meaningful during the 3-month course of the self-care offerings. Heideggerian phenomenology (Heidegger, 1962) was used because this approach allows for accessing the meaning and significance of lived experience. In this approach participants are asked to share both their lived experience and reflective understandings (Caelli, 2000).

Nurses began writing in their journals during week one after signing a consent form approved by the human subjects committee of the University of California Davis. Nurses received a \$5 (US) stipend for each self-care class attended. All classes were offered free of charge.

Nurses wrote in their journals at home without being reminded to do so. At the end of the 3-month intervention, nurses were asked to return their journals. No names or identifying information were included on the journal. Demographic information for participants in the self-care program as a whole was collected and is summarized in Table 2.

Phenomenological research seeks to examine situation-specific particulars by studying relatively homogeneous groups (Heidegger, 1962). The results of phenomenological studies are only applicable to other populations that are similar to those for which the data was collected who also have a similar background of understanding and experience (Heidegger, 1962; Sandelowski, 1986). It is the job of the reader to compare the group studied (see Tables 1 and 2) with demographic profiles in his or her setting to determine if the results match common understandings and have relevance for other hospitals or institutions.

**TABLE 2.** Demographic Information

	Reiki Sessions	Yoga	Tai Chi	Meditation
No. of Participants	15	13	13	8
Age	Ave = 42 Range = 25–57	Ave = 37 Range = 23–53	Ave = 48 Range = 28–65	Ave = 39 Range = 24–57
Years of Nursing Experience	Ave = 11 Range = 1.5–23	Ave = 8 Range = 1–20	Ave = 18 Range = 3–26	Ave = 14 Range = 2–20
Ethnicity	7 White 3 Hispanic 2 Asian 2 Filipino 1 Iranian	7 White 1 Hispanic 4 Filipino 1 Mein	8 White 2 Asian 1 Hispanic  2 Filipino	7 White  1 Filipino
Gender	1 male 14 female	13 female	13 female	1 male 7 female

Thirty-five nurses (71%) who participated in the self-care classes returned their self-care journals. Weekly attendance was consistent, with no nurse missing more than one session during the three-month period.

Because this study relied on a Heideggerian rather than a Husserlian phenomenological approach (Husserl, 1964), the analytic schemes of Giorgi (1985), Colaizzi (1978), and van Manen (1990) were not used in analyzing the data. Two authors reviewed the self-care journals to gain a feeling for the emotional tone being expressed using a phenomenological approach to analysis (Heidegger, 1962). Redundant themes were apparent throughout the self-care journals that were returned indicating that saturation in data collection was reached.

Themes or meaning units were identified by reading and re-reading the journals. Next, meaning units were clustered so that redundant themes could be eliminated. Each meaning unit was compared to previous units. Each journal was read and re-read so that unifying repeated concerns could be identified (Benner, 1994). When wording used by the researchers to describe threads of meaning differed, the text was revisited to find quotes that accurately portrayed nurses' perspectives (Madison, 1988). Consensus regarding findings was achieved using this approach.

Numerous quotes are included in this article so that readers are able to participate in consensual validation of the data and decide whether the presented interpretations are true to the text (Madison,

1988; Sandelowski, 1986). As Lincoln and Guba (1985) explained, phenomenological descriptions of human experience are considered credible if the reader recognizes the experience as being similar to something that he or she has encountered after having read the participant's words.

Ultimately the meaning units were organized into three thematic categories: (a) Noticing sensations of warmth, pulsation, and calm, (b) Becoming aware of an enhanced problem solving ability, and (c) Noticing an increased ability to focus on patient needs.

As is common in Heideggerian phenomenology, quotes illustrating each of the thematic categories will be provided and then followed by an interpretative paragraph. As is typical, quotes often illustrate components of more than one thematic category. All identifying information from the self-care journals was modified to protect the participant's anonymity.

## RESULTS

### Noticing Sensations Of Warmth, Pulsation, And Calm

I begin yawning when I walk in the door of the Tai Chi class. It doesn't take long before the centers of my palms begin to burn. That sensation feels really good. I look forward to coming to class and feel deprived if I can't come. I feel good about doing something nice for myself. I always feel calmer after Tai Chi. (Participant One)

I enjoy the flow of the Tai Chi exercises, how one movement transitions into another. I feel a sense of peace, calm, and warmth all over my body when I walk into the room. It's a tingling feeling that flows like a stream over me. That's odd because I've been to a lot of meetings in the same room and I never felt that sense of peace that I notice in the room during the Tai Chi class. (Participant Two)

After the Reiki sessions I can feel my feet. They used to be like ice, now they are warm, sometimes hot in the center. That feeling of heat calms me down. I'm more aware of a tingling sensation in the center of my hands now too. (Participant Three)

The comments of these three participants mirror those in other journals. Nurses consistently mentioned a warm, tingly sensation in their hands and sometimes in their feet. This warm, tingling sensation was described as being relaxing. The strong physical sensations captured the attention of the nurses and alerted them to notice their experience in the way that a Geiger counter produces a sound that cannot be ignored

(Raingruber & Kent, 2003). Paying attention to strong physical sensations and markers of meaning may have served a protective function. Burnout is associated with a “lack of access to bodily energies, resources and sensations” (Raingruber & Kent, 2003, p. 464). By calming to the point where one can feel embodied sensations, it may be possible to cushion oneself from the sense of exhaustion and disassociation often associated with burnout.

### **Becoming Aware Of An Enhanced Problem Solving Ability**

At first in the Yoga class it felt like having the same music each week was boring. Now I like it. The familiarity helps me relax sooner. My feet and hands that were always cold are warm now. When I go to work I feel more serene. I’m thinking more clearly too. Solutions to patient problems come to mind more quickly when I’m relaxed. It’s sort of amazing. I really like the Yoga class. (Participant Four)

During most of the Reiki sessions I see showers of colored lights—pink, red, green, blue even though my eyes are closed. I feel refreshed afterward. I’ve also noticed [that I] problem solve better and think more clearly at work. My mind feels less jumbled. (Participant Five)

After about 4 meditation classes I could start to hear my heartbeat and I felt a pulsating sensation in my palms very much like a heartbeat. Neck tension that I’ve had for 5 years went away. I also noticed I’m problem solving better when I’m working with patients. I don’t feel stuck when a family member is upset or demanding. A solution just pops into my head. An idea about one thing I could do to improve the situation just comes to mind. (Participant Six)

Along with noticing an increased problem solving ability each of these nurses also commented on physical sensations or visual images such as warmth, a pulsing sensation, or colored lights. This finding is expected in that exemplars often reflect more than one theme in phenomenology. The enhanced problem solving centered on recognizing solutions to clinical dilemmas more quickly, probably because the nurses were calmer and more focused. Nurses described feeling grounded, having a greater sense of clarity, and not being drawn into controversy as quickly.

### **Noticing An Increased Ability To Focus On Patient Needs**

During the Tai Chi class I noticed a tingling, light sensation in my palms and a flow-like feeling going down my arms. There’s a new sense of balance in my life—like it’s easier to mesh home and work. I’m able

to roll with the punches and not let one thing affect my whole day. I don't get stressed as easily. The teacher encourages us to imagine a string connecting all of us during the class and I can actually feel that. I'm less and less worried about doing all the movements perfectly. I just go with the flow. At work I'm more centered on the patients and families. I'm more able to really listen to them and I pick up on small cues. I can give more positive time and energy to others now because I'm taking care of me. Last week I had a migraine and I tried visualizing the Tai Chi moves. It was pretty amazing, just visualizing doing the Tai Chi moves took the pain away. (Participant Seven)

After the Reiki sessions I feel refreshed. I'm calmer and have fewer aches and pains. I have a sense of inner quiet. The outside noise of IV alarms is less grating. I spend more time noticing my patients. I pick up on how people move and interact. That's not something I did before. There was one time in particular that I remember during the Reiki session when I felt like there were 4 pairs of warm hands on my legs even though the practitioner had moved to my feet. After the Reiki session everything feels brighter around me—people seem friendlier and colors seem more vibrant. I feel energized and motivated. I have more energy to put into being involved at work. In general I feel more positive about my job. (Participant Eight)

I've made space in my schedule to meditate a couple of times per week now. I notice I sleep better and wake up more refreshed when I do that. I go to work right after the meditation class. Mostly I end up feeling more grounded and peaceful, ready to face the impending challenges that are always waiting for me. I think I'm getting addicted to the calm music. After about 4 weeks of class I started to feel more connected with everything around me. I realize that I'm part of the grand scheme of things and I really do have something to contribute. We've been moving to computerized charting and that is really hard for everyone. The meditation class has actually helped me adapt to that change more easily. I've also noticed I'm able to be more completely in the moment with my patients. Even at home I notice I'm doing a better job of coping with my children's dramas and paying attention to them. I never call in sick on the meditation day. It's something I look forward to doing. (Participant Nine)

I've only been in Sacramento a little over one year so I still don't have many close friendships. Even during the first Yoga session I felt a positive connection with the teacher and the class. I like having a place to connect with others outside of work. It's nice to be with other people who want to do something good for themselves. I feel less alone and more positive now that I've taken a step toward taking better care of myself. Yoga



challenges me to focus on me for a change instead of always just taking care of others. During the week I'm making better diet choices but not because I should, but because it feels good. I laugh more freely and enjoy life more. I use the breathing techniques and pay attention to posture at work. I notice I'm more open to the needs of others now that I'm meeting my own unmet needs. I have more energy to implement the changes that my manager has asked me to pursue. I don't take feedback as personally. I'm more confident and flexible. My colleagues tell me I'm calmer. I know I'm more motivated at work and at home. I'm watching TV less and being more active. My yoga time brings me back to my center. It's a place where I find clarity about my feelings and decisions. I really enjoy the class. (Participant Ten)

Each of these nurses described physical sensations along with an enhanced ability to focus on patients and family members. **It was as if by creating a sense of relaxation in their own life, nurses had more space to notice subtle cues from their patients. Nurses described feeling present in the moment and able to be with their patients. It is noteworthy that the nurses consistently described feeling more positive about their work after participating in self-care classes.**

## LIMITATIONS

Because Heideggerian phenomenology has the goal of describing participants' lived experiences within a given cultural context rather than by seeking universal or generalizable understandings (Caelli, 2000; Heidegger, 1962), the results are only applicable to other hospitals with a similar patient population, nurse-patient ratio, philosophy of care, and level of patient acuity. It is important to remember the sample size of nurses returning self-care journals was 71% or 35 out of 49 nurses who participated in the self-care classes. However, nurses did attend the self-care classes on a consistent basis, never missing more than one session in a 3-month period.

Future studies are needed that make use of physiological or standardized stress measures or Likert scale evaluations of self-care options. Rigorous documentation is needed regarding how patient outcomes are improved when nurses are able to focus more fully on their patients and notice subtle cues they otherwise would have missed if their stress level were higher. Studies that evaluate standardized measures of nurses' work satisfaction before and after self-care classes are also needed. Outcome evaluations one month after the end of classes would also be helpful in determining if nurses continue self-care options on their own.

## **DISCUSSION**

### **Noticing Sensations Of Warmth, Pulsation, And Calm**

Descriptions of increased sensory perceptions such as warmth, tingling, or flow noted in nurses' journals were similar to descriptions in questionnaires' distributed by Whelan and Wishnia (2003) in their investigation of eight nurses who provided Reiki healings to others. These nurses noted feeling a sense of calm, gratitude, and flowing energy, as well as decreased burnout and a more caring mindset. Saleebey (1992) explained that a clinician's relationship to the outside world is always mediated by the body. "The body knows in a way that the intellect does not" (p. 114). Merleau-Ponty (1964/1948) described the body as catching, comprehending, and spontaneously responding to significant events. He described a "certain atmosphere present to the power of my eyes and my whole body, a perceptual unfolding, a tacit understanding anterior to cognitive knowledge (p. 145). These embodied understandings come before intellectual understanding and are often remembered as being more meaningful. Vetleson (1960) explained that strong sensations "fill the core of our persons and gradually define our world . . . taking possession of our being and totally permeating it" (p. 343).

### **Becoming Aware Of An Enhanced Problem Solving Ability**

In their journals nurses reported enhanced clinical problem solving skills. Although no other studies have reported improved reasoning skills in nurses in this manner, other research and position papers suggest that such a link is possible. The Center for Contemplative Mind in Society emphasizes that meditation and other contemplative practices facilitate problem solving and prompt moments of insight (Gravois, 2005). Dillbeck (1982) reported increased cognitive flexibility in participants after meditation training. So and Orme-Johnson (2001) found an increase in field independence in students who meditated. The students became more flexible about seeing others' perspectives, which is one aspect of problem solving.

### **Noticing An Increased Ability To Focus On Patient Needs**

Throughout the nurses' journals were comments that they felt more present when working with patients and families as a result of the Tai Chi, yoga, meditation, and Reiki healing sessions. Similarly, Brathovde

(2006) studied ten nurses and nursing students who attended a 1.5-hour educational Reiki session and reported that they felt “more present” with patients and “more connected” with others after learning about Reiki. Cohen-Katz and colleagues (2005) published similar results. They offered mindfulness-based meditation classes and then conducted qualitative interviews with 25 nurses. Nurses reported feeling more present and available to patients because “when you take care of yourself you just have more to give” (p. 82).

An overall goal of meditation and other contemplative practices is to stay in the body, focus on the present moment, and be aware of feelings and sensations (Kabat-Zinn, 1993). In their journals, nurses in this study described becoming more alert to physical sensations and embodied responses. These strong sensations helped nurses stay in the moment rather than thinking about the future or the past. Nurses were focused on practicing the exercises on a moment-by-moment basis. They were able to let go of worries about doing the movements or exercises perfectly.

By focusing on their bodies during the exercises, Reiki healing sessions, and meditations, nurses developed a skill of noticing physical sensations they had previously ignored while rushing from task to task or directing their attention to analytical problem solving. The habit of staying present in the body learned in the self-care classes may have transferred to the work setting. In their journals nurses reported being able to let go of fretting about what might happen later in the shift or with the next patient. By remaining in the moment and in the body, nurses noticed salient clinical cues they would have otherwise missed. When nurses remained in the moment they enjoyed interacting with their patients.

Several authors have commented that Tai Chi, yoga, meditation, and Reiki all require that individuals concentrate and totally immerse themselves in their practice, remember a sequence of moves or habits, and exclude external distractions (Seabourne, 2001; Yan, 1995). Yan (1995) suggested that contemplative practices “require participants to practice concentration, which may lead to improved performance in other areas” (p. 63). Nurses in this study reported they were noticing more and zeroing in on relevant solutions to clinical problems perhaps after having embodied these habits during the yoga, Tai Chi, meditation, and Reiki healing sessions.

Mental rehearsal is valuable when learning a new skill. It is possible to benefit even when moves, postures, and concentration are not done perfectly (Seabourne, 2001). Several nurses mentioned in their journals that they had begun to let go of the need to be perfect. They

spent time visualizing themselves completing the postures, movements, and breathing techniques. In one case visualization helped decrease a nurse's back pain while she was on vacation and in another situation, visualizing Tai Chi moves assisted a nurse to release a migraine headache.

Several nurses reflected in their journal that they liked the routine of class, doing the same practices at the same time, and valued hearing the same music each week. Yan (1995) also reported that it is common for individuals to enjoy the predictability of Tai Chi and other contemplative practices. Predictability may clear a space and create an atmosphere of calm and relaxation that can be remembered and re-experienced during stressful periods.

## **IMPLICATIONS**

If other, larger, studies show that offering yoga, meditation, Tai Chi, and Reiki sessions for nurses helps them decrease stress, avoid burnout, increase their ability to focus on their patients, and improve problem solving skills, it would be well worth the financial investment necessary to offer such self-care options. It is possible that the savings possible from turnover and resignations would cover the cost of a yoga teacher, meditation instructor, or Tai Chi or Reiki master. Nurses may select to work longer for a hospital if they perceive that the hospital is interested in and willing to invest in sustaining the health of their nurses.

Given the high acuity of hospitalized patients and the complexity of current nursing practice, it is difficult to implement changes that decrease nurse workloads and stress levels. A more innovative approach may be to offer programs that strengthen the ability of nurses to cope with these increased demands by maintaining their own health and level of vitality. Benefits that attract and retain nurses need not be limited exclusively to medical, dental, and vision insurance or retirement plans. Offering a choice of ongoing self-care options that meet the scheduling, physical ability level, and preference of varied groups of nurses is a good idea. By having several self-care options available, class sizes are kept at a manageable level. Nurses have the chance to get to know RNs from other units. This may build a sense of hospital-wide cohesiveness that promotes retention and offers benefits that extend beyond one's specific unit.

Offering self-care classes may prove to be profitable if those classes energize nurses, impact attendance, increase work satisfaction, and

promote healthy behaviors or attitudes in the nurses who participate. It is likely that by investing in the health of their nurses hospitals then can improve patient care and do a better job of retaining registered nurses during a time of substantial nursing shortages. Findings from this qualitative study indicate self-care classes are valued by both new and experienced nurses.

## REFERENCES

- Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J. A., Busse, R., Clarke, H., Giovnetti, P., Hunt, J., Rafferty, A. M., & Shamian, J. (2001). Nurses' reports on hospital care in five countries. *Health Affairs*, 20(3), 43–53.
- Benner, P. (1994). *Interpretive phenomenology: Embodiment, caring and ethics in health and illness*. London: Sage.
- Brathovde, A. (2006). A pilot study: Reiki for self-care of nurses and health care providers. *Holistic Nursing Practice*, 20(2), 95–102.
- Caelli, K. (2000). The changing face of phenomenological research: Traditional and American phenomenology in nursing. *Qualitative Health Research*, 10(3), 366–377.
- Cohen-Katz, J., Wiley, S., Capuano, T., Baker, D., Deitrick, L., & Shapiro, S. (2005). The effects of mindfulness-based stress reduction on nurse stress and burnout. Part III. *Holistic Nursing Practice*, 19(2), 78–87.
- Colaizzi, P. F. (1978). Psychological research as the phenomenologist views it. In R. S. Valle & M. King (Eds.), *Existential phenomenological alternatives for psychologists* (pp. 48–71). New York: Oxford.
- Detert, R. A., Derosia, C., Caravella, T., & Duquette, D. (2006). Reducing stress and enhancing the general well being of teachers using T'ai Chi Chih movements: A pilot study. *Californian Journal of Health Promotion*, 4(1), 162–173.
- Dillbeck, M. C. (1982). Meditation and flexibility of visual perception and verbal problem solving. *Memory and Cognition*, 10(3), 207–215.
- Feldman, C. (2005). *Heart of wisdom: Mind of calm. Guided meditations to deepen your spiritual practice*. London: Element: An imprint of Harper-Collins Publishers.
- Giorgi, A. (1985). *Phenomenology and psychological research*. Pittsburgh, PA: Duquesne University Press.
- Godinex, G., Schweiger, J., Gruver, J., & Ryan, P. (1999). Role transition from graduate to staff nurse: A qualitative analysis. *Journal for Nurses in Staff Development*, 15(3), 97–110.
- Gold, J., & Thornton, L. (2001). Simple strategies for managing stress, *RN*, 64(12), 65–68.
- Gravois, J. (2005). Meditate on it. *Chronicle of Higher Education*, 52(9), 1–7.
- Heidegger, M. (1962). *Being and time*. New York: Harper and Row.
- Husserl, E. (1964). *The idea of phenomenology* (W. Alston & G. Nakhnikian, Trans.). The Hague: Nijhoff.

- Kabat-Zinn, J. (1993). Meditate for stress reduction, inner peace: Excerpt from Bill Moyer's healing the mind story. *Psychology Today*, 26(4), 36–44.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.
- Mackenzie, C. S., Poulin, P. A., & Seidman-Carlson, R. (2006). A brief mindfulness-based stress reduction intervention for nurses and nurse aides. *Applied Nursing Research*, 19(2), 105–109.
- Madison, G. B. (1988). *The hermeneutics of post modernity*. Bloomington: Indiana University Press.
- McElligott, D., Holz, M. B., Carollo, L., Somerville, S., Baggett, M., Kuzniewski, S., & Shi, Q. (2003). A pilot feasibility study of the effects of touch therapy on nurses. *Journal of the New York State Nurses Association*, 34(1), 16–24.
- Merleau-Ponty, M. (1964). *Sense and nonsense* (H. L. Dreyfus and P. A. Dreyfus, Trans.). Evanston, IL: Northwestern University Press. (Original work published 1948.)
- Oman, D., Hedberg, J., & Thoresen, C. E. (2006). Passage meditation reduces perceived stress in health professionals: A randomized, controlled trial. *Journal of Consulting and Clinical Psychology*, 74(4), 714–719.
- Raingruber, B., & Kent, M. (2003). Attending to embodied responses: A way to identify practice-based and human meanings associated with secondary trauma. *Qualitative Health Research*, 13(4), 449–468.
- Saleebey, D. (1992). Biology's challenge to social work: Embodying the person-in-environment perspective. *Social Work*, 37(2), 112–118.
- Sandelowski, M. (1986). The problem of rigor in qualitative research. *Advances in Nursing Science*, 8(3), 27–37.
- Schullanberger, G. (2000). Nurse staffing decisions: An integrative review of the literature. *Nursing Economics*, 18(3), 124–148.
- Seabourne, T. (2001). Taking clients to the next level of concentration. *Idea Health and Fitness Source*, 19(8), 38–44.
- Smith, J. C. (2004). Alterations in brain and immune function produced by mindfulness meditation: Three caveats. *Psychosomatic Medicine*, 66(1), 148–152.
- So, K. T., & Orme-Johnson, D. W. (2001). Three randomized experiments on the longitudinal effects of the Transcendental Meditation technique on cognition. *Intelligence*, 29(5), 419–441.
- Tsai, S. L., & Crockett, M. S. (1993). Effects of relaxation training, combining imagery, and meditation on the stress level of Chinese nurses working in modern hospitals in Taiwan. *Issues in Mental Health Nursing*, 14(1), 51–66.
- van Manen, M. (1990). *Researching lived experience*. Albany, NY: State University of New York Press.
- Vetleson, A. J. (1960). *Perception, empathy, and judgment: An inquiry into the preconditions of moral performance*. University Park, PA: Pennsylvania State University Press.
- Whelan, K., & Wishnia, G. S. (2003). Reiki therapy: The benefits to a nurse/Reiki practitioner. *Holistic Nursing Practice*, 17(4), 209–218.
- Yan, J. (1995). The health and fitness benefits of Tai Chi. *The Journal of Physical Education, Recreation, and Dance*, 66(9), 61–64.

**APPENDIX 1.** Guided Meditation: Releasing Stress (Feldman, 2005, p. 47–48)

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Find a position for your body in which you feel deeply relaxed and at ease.  
Let your eyes gently close and for a few moments just focus on your breathing, noticing the beginning of each breath and the end of each breath.  
Follow each out-breath to its very end, sensing it dissolving into space.  
Let yourself rest in that momentary pause between the end of one breath and the beginning of another.  
Expand your attention and listen to what is happening in your mind and body at that moment.  
Notice how many of your thoughts are preoccupied with events, people, meetings, and experiences that are not actually present in that moment. Sense this without judgment or resistance and see whether it is possible for you to gently release those thoughts and return to an awareness of breathing.  
Notice the waves of agitation, tension, or anxiety that arise with the thoughts of the past and future and how they may be impacting on your body.  
Come back once more to an awareness of your breathing.  
Resting in calmness and ease, consciously invite into your mind an event, person, or experience that you have been preoccupied with or obsessing about.  
Surround that thought with a mindful attention. Look at it directly. Can you see it as just a thought, and event in the mind?  
Sense how that event in your mind is co-existing in this moment with countless other events—sounds, sensations in your body and how they are all arising and passing together.  
... Notice how they all appear, last for a time, and then begin to fade or turn into something else. Sense the natural rhythm of this arising and passing.  
... Allow yourself to rest in the pauses and sense the possibility of resting in all the events that arise in your mind and body.  
When you are ready, let your eyes open and move out of that posture.

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