



SURVEY OF HEALING ENVIRONMENTS IN HOSPITALS

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Thank you for participating in the Samueli Institute's Healing Environments Survey. This survey will cover five main areas: Collaborative Healthcare, Practicing Healthy Lifestyles, Healing Spaces, Creating Healing Organizations, and Cultivating Healing Relationships. It should take about 20-30 minutes to complete.

Please answer each question from your own position and perspective in the hospital. However, if there are questions that cover areas you are not familiar with, feel free to gather information from your colleagues.

When you are finished with the survey, please return it in the self-addressed stamped envelope. If you have any questions, please feel free to contact Katherine Smith, Program Coordinator, at 703-299-4831, or Barbara Findlay, Director, at 703-299-4817.

Thank you!

I. Collaborative Healthcare

This section of the survey is interested in collaborative healthcare. Collaborative healthcare is the application of a variety of practices from conventional medicine as well as complementary therapies.

1. For each of the programs and services below, please tell us if your hospital currently offers them or has offered them in the last year to inpatients, patient families, staff, or the community by putting a check mark in the appropriate boxes. Programs can be free or for a charge.

	Available to inpatients	Available to patient's family	Available to staff	Available to community
Yoga				
Mindfulness classes or training				
Other meditation classes or training				
Fitness center (on-site or off-site)				
Monitored cardiac rehabilitation program				
Breath work				
Hypnosis				
Biofeedback				
Massage therapy				
Guided imagery				
Progressive muscle relaxation				
Stress management programs/workshops				
Establishing healthy eating habits programs/workshops				
Tai Chi/Qigong				
Therapeutic Touch (TT) or Healing Touch				
Reiki				
Reflexology				
Mind-body integration programs/workshops				
Acupuncture				
Chiropractic services				
Exercise and fitness programs				
Aromatherapy				
Music therapy				
Art therapy				
Pet therapy (includes allowing patients' pets to visit)				
Humor therapy				
Homeopathy				
Herbal medicine				
Nutritional supplements				
Nutrition education programs/workshops				
Dean Ornish or Ornish-like program				
Self care programs/workshops				
Disease prevention programs/workshops				
Health-focused closed circuit television				
Other (please specify)				
Other (please specify)				

2. Now that we know about a variety of integrative programs and services your hospital offers, we want to know the process by which they are provided. For the selected subset of services below, please indicate if it is available to inpatients, how patients access it, who provides it, and whether there is a separate cost for it.

	Available to inpatients	How do patients access this service? (check all that apply)	Who provides this service? (check all that apply)	Is there a separate cost for this service?
Meditation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Patient request <input type="checkbox"/> Family request <input type="checkbox"/> Nurse <input type="checkbox"/> Physician order <input type="checkbox"/> Other	<input type="checkbox"/> Nurse <input type="checkbox"/> Physician <input type="checkbox"/> Other hospital staff <input type="checkbox"/> Contracted staff <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Depends
Hypnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Patient request <input type="checkbox"/> Family request <input type="checkbox"/> Nurse <input type="checkbox"/> Physician order <input type="checkbox"/> Other	<input type="checkbox"/> Nurse <input type="checkbox"/> Physician <input type="checkbox"/> Other hospital staff <input type="checkbox"/> Contracted staff <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Depends
Biofeedback	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Patient request <input type="checkbox"/> Family request <input type="checkbox"/> Nurse <input type="checkbox"/> Physician order <input type="checkbox"/> Other	<input type="checkbox"/> Nurse <input type="checkbox"/> Physician <input type="checkbox"/> Other hospital staff <input type="checkbox"/> Contracted staff <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Depends
Massage therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Patient request <input type="checkbox"/> Family request <input type="checkbox"/> Nurse <input type="checkbox"/> Physician order <input type="checkbox"/> Other	<input type="checkbox"/> Nurse <input type="checkbox"/> Physician <input type="checkbox"/> Other hospital staff <input type="checkbox"/> Contracted staff <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Depends
Guided imagery	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Patient request <input type="checkbox"/> Family request <input type="checkbox"/> Nurse <input type="checkbox"/> Physician order <input type="checkbox"/> Other	<input type="checkbox"/> Nurse <input type="checkbox"/> Physician <input type="checkbox"/> Other hospital staff <input type="checkbox"/> Contracted staff <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Depends
Therapeutic Touch (TT) or Healing Touch	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Patient request <input type="checkbox"/> Family request <input type="checkbox"/> Nurse <input type="checkbox"/> Physician order <input type="checkbox"/> Other	<input type="checkbox"/> Nurse <input type="checkbox"/> Physician <input type="checkbox"/> Other hospital staff <input type="checkbox"/> Contracted staff <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Depends
Reiki	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Patient request <input type="checkbox"/> Family request <input type="checkbox"/> Nurse <input type="checkbox"/> Physician order <input type="checkbox"/> Other	<input type="checkbox"/> Nurse <input type="checkbox"/> Physician <input type="checkbox"/> Other hospital staff <input type="checkbox"/> Contracted staff <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Depends

	Available to inpatients	How do patients access this service? (check all that apply)	Who provides this service? (check all that apply)	Is there a separate cost for this service?
Reflexology	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Patient request <input type="checkbox"/> Family request <input type="checkbox"/> Nurse <input type="checkbox"/> Physician order <input type="checkbox"/> Other	<input type="checkbox"/> Nurse <input type="checkbox"/> Physician <input type="checkbox"/> Other hospital staff <input type="checkbox"/> Contracted staff <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Depends
Acupuncture	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Patient request <input type="checkbox"/> Family request <input type="checkbox"/> Nurse <input type="checkbox"/> Physician order <input type="checkbox"/> Other	<input type="checkbox"/> Nurse <input type="checkbox"/> Physician <input type="checkbox"/> Other hospital staff <input type="checkbox"/> Contracted staff <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Depends
Chiropractic	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Patient request <input type="checkbox"/> Family request <input type="checkbox"/> Nurse <input type="checkbox"/> Physician order <input type="checkbox"/> Other	<input type="checkbox"/> Nurse <input type="checkbox"/> Physician <input type="checkbox"/> Other hospital staff <input type="checkbox"/> Contracted staff <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Depends
Aromatherapy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Patient request <input type="checkbox"/> Family request <input type="checkbox"/> Nurse <input type="checkbox"/> Physician order <input type="checkbox"/> Other	<input type="checkbox"/> Nurse <input type="checkbox"/> Physician <input type="checkbox"/> Other hospital staff <input type="checkbox"/> Contracted staff <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Depends
Music therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Patient request <input type="checkbox"/> Family request <input type="checkbox"/> Nurse <input type="checkbox"/> Physician order <input type="checkbox"/> Other	<input type="checkbox"/> Nurse <input type="checkbox"/> Physician <input type="checkbox"/> Other hospital staff <input type="checkbox"/> Contracted staff <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Depends
Art therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Patient request <input type="checkbox"/> Family request <input type="checkbox"/> Nurse <input type="checkbox"/> Physician order <input type="checkbox"/> Other	<input type="checkbox"/> Nurse <input type="checkbox"/> Physician <input type="checkbox"/> Other hospital staff <input type="checkbox"/> Contracted staff <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Depends
Pet therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Patient request <input type="checkbox"/> Family request <input type="checkbox"/> Nurse <input type="checkbox"/> Physician order <input type="checkbox"/> Other	<input type="checkbox"/> Nurse <input type="checkbox"/> Physician <input type="checkbox"/> Other hospital staff <input type="checkbox"/> Contracted staff <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Depends

3. We are interested in the types of practitioners with whom your hospital has a working relationship. For each type of practitioner, please tell us the number of practitioners on staff, the number of practitioners with some other working relationship (e.g. contractor, consultant etc.), and whether there is a credentialing process. (If a person fits into more than one category, include them in all categories that apply.)

	Approximate number currently on staff:	Approximate number with other working relationship (contractor, consultant etc.):	Do you have credentialing processes for these practitioners?:
Naturopaths			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Certified Holistic Nurses			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Mind-body practitioners			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Energy practitioners			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Massage therapists			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Acupuncturists			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Traditional Chinese Medicine practitioners			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Chiropractors			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Homeopaths			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Ayurvedic practitioners			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Other (please specify):			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Other (please specify):			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure

4. Some hospitals offer natural health products as part of their patient care. Please answer the questions below as they currently apply to your hospital:

a. Has your hospital established a formulary for:

Herbal medicines	<input type="checkbox"/> Yes <input type="checkbox"/> In Process <input type="checkbox"/> No <input type="checkbox"/> Not sure
Nutritional supplements	<input type="checkbox"/> Yes <input type="checkbox"/> In Process <input type="checkbox"/> No <input type="checkbox"/> Not sure
Homeopathic remedies	<input type="checkbox"/> Yes <input type="checkbox"/> In Process <input type="checkbox"/> No <input type="checkbox"/> Not sure
Essential oils	<input type="checkbox"/> Yes <input type="checkbox"/> In Process <input type="checkbox"/> No <input type="checkbox"/> Not sure

b. Does your hospital sell:

Herbal medicines	<input type="checkbox"/> Yes <input type="checkbox"/> In Process <input type="checkbox"/> No <input type="checkbox"/> Not sure
Nutritional supplements	<input type="checkbox"/> Yes <input type="checkbox"/> In Process <input type="checkbox"/> No <input type="checkbox"/> Not sure
Homeopathic remedies	<input type="checkbox"/> Yes <input type="checkbox"/> In Process <input type="checkbox"/> No <input type="checkbox"/> Not sure
Essential oils	<input type="checkbox"/> Yes <input type="checkbox"/> In Process <input type="checkbox"/> No <input type="checkbox"/> Not sure

II. Practicing Healthy Lifestyles

This section of the survey is interested in healthy lifestyle practices. Individuals (and groups) can practice behaviors, such as healthy eating and regular exercise, which enhance their health and prevent future development of disease.

1. Does your hospital offer opportunities or programs that encourage patients and staff to establish healthy eating habits? For each of the programs and services below, please put a check mark in the appropriate boxes.

	Available to inpatients	Available to patient's family	Available to staff	Staff given time off to participate	Staff subsidized to participate
Nutritionist Consultations					
Healthy Cooking Classes					
Access to counselors for food/weight issues					
Weight loss or eating disorder support groups (including commercial programs)					
Nutrition-focused heart, cancer, or diabetes education					
Access to healthy food in cafeterias					
Access to healthy food in vending areas					
Access to healthy food via inpatient meal service					
Other (please specify):					
Other (please specify):					

2. Does your hospital offer opportunities or programs that encourage patients and staff to exercise? For each of the programs and services below, please put a check mark in the appropriate boxes.

	Available to inpatients	Available to patient's family	Available to staff	Staff given time off to participate	Staff subsidized to participate
Supervised exercise programs					
Education programs about exercise benefits					
Consultations with personal trainer					
Exercise groups/ support groups					
Access to walking areas					
Access to fitness center (on-site or off-site)					
Other (please specify):					
Other (please specify):					

3. Does your hospital offer opportunities or programs that encourage patients and staff to *manage stress*? For each of the programs and services below, please put a check mark in the appropriate boxes.

	Available to inpatients	Available to patient's family	Available to staff	Staff given time off to participate	Staff subsidized to participate
Stress management consultations					
Classes in relaxation techniques (e.g. meditation, yoga, progressive muscle relaxation)					
Time management programs					
Conflict management programs					
Inappropriate anger management/ domestic violence programs					
Access to trained counselors					
Other (please specify):					
Other (please specify):					

4. Some hospitals offer guided imagery tapes, relaxing music, or aromatherapy programs to patients and families. Does your hospital offer the following:

Guided imagery tapes, relaxing music, or aromatherapy in <i>patient rooms</i>	<input type="checkbox"/> Yes <input type="checkbox"/> In Process <input type="checkbox"/> No <input type="checkbox"/> Not sure
Guided imagery tapes, relaxing music, or aromatherapy in <i>visitor waiting areas</i>	<input type="checkbox"/> Yes <input type="checkbox"/> In Process <input type="checkbox"/> No <input type="checkbox"/> Not sure
Guided imagery tapes, relaxing music, or aromatherapy <i>during surgery</i>	<input type="checkbox"/> Yes <input type="checkbox"/> In Process <input type="checkbox"/> No <input type="checkbox"/> Not sure

III. Healing Spaces

This section of the survey is about the physical environment of your hospital. A physical space can contain a variety of components that support or detract from wellness and recovery. These include architecture, nature, light, color, art, music, aroma, and water. Additionally, healing spaces may include community, personal, and sacred space.

1. Does your hospital consciously address any of the following aspects of its physical space with the intent of promoting wellness and recovery:

a. Architecture

Yes. If yes, please give examples.

No.

b. Nature (e.g. healing gardens, pleasant views, walking paths, etc)

Yes. If yes, please give examples.

No.

c. Light

Yes. If yes, please give examples.

No.

d. Color

Yes. If yes, please give examples.

No.

e. Art

Yes. If yes, please give examples.

No.

f. Music/sound

Yes. If yes, please give examples.

No.

g. Aroma

Yes. If yes, please give examples.

No.

h. Water (e.g. waterfalls, fountains, indoor water features)

Yes. If yes, please give examples.

No.

i. Other:

Yes. If yes, please give examples.

No.

2. Does your hospital provide *community space* such as gardens, foyers, or resource centers for patients, families, visitors and employees to comfortably gather?

Yes. If yes, please describe.

No.

3. Does your hospital provide *places for patients and families* to retreat to during their hospital stay?

Yes. If yes, please describe.

No.

4. Does your hospital provide *places for employees* to retreat to during the work day?

Yes. If yes, please describe.

No.

5. Does your hospital have any *sacred or quiet spaces* such as a chapel or meditation room?

Yes. If yes, please describe.

No.

6. Other:

Yes. If yes, please describe.

No.

IV. Creating Healing Organizations

This section of the survey is about the leadership environment and values found in your hospital. Successful creation of healing organizations requires the support of the leadership and organizational decision makers. It also involves values which are clearly communicated and concretely monitored and evaluated.

1. Does the hospital board have formal policies that support :

The use of complementary therapies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
Holistic nursing practice	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
The concept of a healing environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure

2. Does your hospital have identified leaders or champions whose role is to foster the development of a healing environment? (Include yourself, if applicable.)

Yes. If yes, please describe the roles these leaders play and their position.

No.

3. Do you have evidence that the concept of a healing environment is embraced and applied by hospital employees on a day-to-day basis?

Yes. If yes, please describe and give examples.

No.

4. Do the nurses in your hospital function according to a specific theoretical framework or philosophy of nursing (e.g. *Caring Curriculum, Holistic Nursing*)?

Yes. If yes, please describe the model.

No.

5. Do you have ways of monitoring and/or measuring the compassion, honesty, courtesy and respect your employees show your patients?

Yes. If yes, please describe and give examples.

No.

6. In your hospital, what messages are communicated about the following values/concepts? (Please describe and give examples.)

Service:

Teamwork:

Evaluation:

7a) How satisfied are you with your current patient satisfaction ratings for nursing care?

- Very satisfied
- Satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Dissatisfied
- Very dissatisfied

7b) Do you think they could be improved?

Yes. If yes, what do you think are the two or three most important changes you could make to improve your patient satisfaction with nursing care?

- No.
- Don't Know.

7c) Are there other critical aspects of patient satisfaction with nursing care that are NOT being captured by your current patient satisfaction tool?

Yes. If yes, please describe.

- No.
- Don't Know.

8a) How satisfied are you with your current patient satisfaction ratings for the patient's overall experience in your hospital?

- Very satisfied
- Satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Dissatisfied
- Very dissatisfied

8b) Do you think they could be improved?

Yes. If yes, what do you think are the two or three most important changes you could make to improve your patient satisfaction ratings for the patient's overall experience in your hospital?

- No.
- Don't Know.

8c) Are there other critical aspects of patient satisfaction with their overall hospital experience that are NOT being captured by your current patient satisfaction tool?

Yes. If yes, please describe.

- No.
- Don't Know.

V. Cultivating Healing Relationships

There is a growing consensus that the patient-provider relationship can either foster or hinder a patient's recovery and overall well-being. This concept is generally difficult to assess. In this section, we are interested in how your hospital enhances the quality of the patient-provider relationship and addresses the spiritual needs of your patients.

For each of the areas listed below, please describe the program or initiative. Feel free to elaborate on any aspect of the initiative that you believe to be especially interesting.

1. In your hospital, is spirituality addressed when a provider takes a patient history?

Yes. If yes, please give examples of questions asked.

No.

2. Does your hospital support the religious and/or spiritual needs of your patients?

Yes. If yes, please describe and give examples.

No.

3. Does your hospital have programs or initiatives that help patients establish hope, belief or expectation regarding their recovery and well-being?

Yes. If yes, please describe.

No.

4. Does your hospital have programs or initiatives that enhance the quality of patient /provider interactions? This could include attempts to improve listening and communication skills of providers, increase the level of provider compassion and empathy, or prepare patients to engage in communication with their providers.

Yes. If yes, please describe.

No.

5. Does your hospital have programs or initiatives that facilitate personal growth and wholeness in providers, staff, and/or patients?

Yes. If yes, please describe.

No.

Thank you for filling out this survey!
If you have any further thoughts or comments,
please share them in the space on the back page.

