Practice

Illuminating Nursing's Value: The 12 Anthroposophic Nursing Gestures

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Nursing care historically has not been separated from institutional care costs. Organizations seek to quantify nursing care with no assignation of the value or uniqueness of the individual patient–nurse encounter. New models point to measuring care at this level. Nursing care encompasses tangible evidence that can be easy to quantify but, in the paradigm of healing and caring, and more specifically within the knowledge pool of holistic nursing, significant contributions are intangible and thus hard to measure. Anthroposophic nursing's 12 nursing gestures offer an integration by making intangible nursing practice tangible. They incorporate addressing the whole person and more clearly show the caring and healing aspects of nursing care. Making such intangibles of care tangible contribute to the discussion of nursing value and how it is measured in healthcare organizations. More research is needed, however, to refine and value nursing care to more accurately reflect the connection between caring, healing, and patient outcomes.

Keywords: *measuring nursing value; intangible and intangible nursing care; anthroposophic nursing; spirituality; healing; holistic nursing*

In the current climate, value in healthcare is often viewed from an economic rather than a holistic lens. Nursing care charges are lumped with hospital room and board, and it has been that way for nearly 80 years (Welton & Harper, 2016). Nursing care is seen as an expense rather than a source of revenue (Welton & Harper, 2016; Wyatt, 2020). Value is measured by tangible metrics and captured on electronic health records (EHRs).

The intangibles of nursing care form the other half of addressing the whole person and healing. They capture and incorporate the nonordinary ways of being and knowing that inform care. They might be seen as "beyond" in the paradoxical healing end of the wellness continuum (Dossey, 2016). Anthroposophic nursing (AN), more specifically the 12 nursing gestures, outline key holistic activities and intentions contributing to caring and healing not typically identified in nursing care. They address many of nursing's intangibles. The purpose of this article is to introduce the 12 AN gestures as intangible indicators of healing care, those of nursing and healing care that are difficult to quantify, which can further explain the value of nursing care. The perspective advanced in this article proposes

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key behaviors of holistic care that can be identified fairly easily. Before delving into the specifics of AN and the 12 nursing gestures, the next section discusses current attempts to identify nursing's value in the business of healthcare framework.

Determining the Value of Care

Defining the value of care is difficult. The current approach describes value as the outcomes of care divided by the cost of care, influenced by nonnursing economic and business principles (Pappas, 2013). Yet nursing care involves much more than what is generated to determine cost of care. Pappas, in summarizing the definition of value within a nursing care framework, notes that much of the care provided has some cost associated with it, but it does not incur any charges. (2013, p. 126).

Nursing value is often discussed through the lens of nursing costs. Historically, nursing costs have been aggregated and regimented to an almost one-size-fits-all context for hospitals, using a top-down or gross costing model (Welton et al., 2018). Such methods remain focused on the cost of care, not necessarily the value of that care. Measuring costs of nursing care is necessary when attempting to measure its value (Perraillon et al., 2019). However, the cost measured is based upon the outcomes of medical care and treatments provided, not care necessarily. Traditional nursing-sensitive indicators measure quality-of-care outcomes. These outcomes are tangible, physical measures that can be quantified. But what about the intangible indicators that address healing outcomes?

Some studies allude to the value of nursing indirectly. Magnet-designated hospitals, which have a higher number of baccalaureate-prepared nurses as a part of the Magnet criteria, show higher scores in the Center for Medicare & Medicaid Services domain of patient experience (e.g., listening and explaining, physical care, and other patient care tasks) compared to non-Magnet hospitals (Lasater et al., 2016).

One strategy for determining nursing value is to reorient thinking to bedside measures, to the patient encounter. Ultimately, the ability "to measure and understand how nurses affect the care and outcomes of each patient will change … to one where each patient will be matched with the best nurse given the patient's needs and available nursing resources" (Welton & Harper, 2016, p. 8).

Metrics for Care

Establishing value and quantifying nursing care are not necessarily easily compatible. The EHR provides documented data to track the care and quality provided. It contributes to evidence that is used for reimbursement and accreditation. But EHRs are seen as not capturing a substantial amount of patient care needs, all the patient-focused intervention activities, and outcomes (Cline, 2020). Acknowledging "nursing's contribution to the health and care of individuals and communities is difficult to measure and often invisible," one initiative proposed recently uses a unique nurse identifier across technology systems, especially the EHR (Sensmeier et al., 2019, p. 1). Having a unique identifier would help associate the nurse's and client's characteristics (Sensmeier et al., 2019).

The common metrics for identifying nursing's value across systems, in the value-based model proposed by a national work group, also uses EHR data to more clearly identify the activities by nurses, as point-of-care providers, and their contributions to patient outcomes (Welton & Harper, 2016). A point to keep in mind is that documentation can become simply a checkbox/checkoff list in the EHR rather than an intentional approach to caring and healing —a mechanistic rather than an intentional/compassionate approach (Sims et al., 2020). Time logs are another method proposed to capture the nurse–patient encounter (Welton et al., 2018).

The Nursing Value Workgroup, a consortium of researchers and stakeholders from the Schools of Nursing at the University of Kansas, University of Colorado, and University of Minnesota, are working on the Nursing Value Model. Their focus is to show the usefulness of patient-level nursing direct care to better depict the value of nursing care and associated costs to healthcare organizations by measuring variable nursing costs at the bedside (Perraillon et al., 2020). The focus is within the nurse–patient encounter (micro-costing, and bottom-up approach) rather than aggregated unit costs (top-down approach) (Perraillon et al., 2020). Accurate value of care can be better assessed by looking at the "contribution of each nurse to patient care" (Perraillon et al., 2020, p. 17). The group's intent is to measure nursing

care directly by using a cost center specifically focused on direct nursing care encounters.

The Nursing Value Model and use of a unique nurse identifier are positive steps in showing more tangible evidence of the value of nursing care. A point to keep in mind is these ideas use an economically-focused mindset to link nursing care with patient outcomes. They seek to determine the value and contribution of nurses to patient care from a business perspective within the allopathic curing paradigm. The intent is to be able to standardize nursing's contribution to patient care in order to allow comparison across organizations and systems. These models address the activities but not necessarily the quality of care provided at a given time (Sensmeier et al., 2019; Welton & Harper, 2016; Welton et al., 2017, 2018). They do not incorporate the uniqueness of the patient–nurse encounter, the holistic intangible care provided, nor its contribution to patient outcomes. They are getting closer.

The current model seems to be based on medical care (curing) without the unique caring aspect of nursing (healing). The Nursing Value Model work group has the right idea to focus on nurse–patient encounters. It is a beginning point to use the nurse–patient encounter experience as a unit of measure. We expand on what could also be measured by using AN's 12 nursing gestures.

Anthroposophic Nursing

Rudolph Steiner, founder of Anthroposophy, saw the connection between the material and the spiritual worlds (Layer, 2006). The extension of Western medicine known as anthroposophic medicine (AM) and nursing developed out of this philosophy and his work with physician Dr. Ita Wegman in the 1920s in Europe. Their intention was to include insights into the spiritual aspects of the human being along with the scientific understanding of the human body in order to expand health care to include body, soul, and spirit, and to comprehend the impact of these three aspects on physical and emotional health and well-being (Camps et al., 2008; Evans & Rodger, 2000; Layer, 2006; Steiner & Wegman, 1925/1999). AN and AM are seen as an extension of allopathic care and not a replacement for it (Evans & Rodger, 2000; Steiner & Wegman, 1925/1999).

AN's focus revolves holistically around the study of the wisdom of the human being (Layer, 2006). In AN, one can say the conceptual model views the human being as body, soul, and spirit and the "corresponding physical, mental, and the spiritual processes [that] take place which have to be taken into account in care" (Layer, 2020, p. 16). The nurse is an integral part of the interaction, being present as a person rather than an observer.

AN's identity is not in what nurses do but in how they do it. The question thoroughly examined is: Are the nursing tasks merely functional or is there something beyond the task and in the quality of the care, "in the 'how' things are done" that is quintessential nursing? (Bay, 2020, p. 32).

AN, in addition to providing mainstream (allopathic) nursing care, makes conscious the intangible factors of healing, including the nurse's offer of warmth and rhythm. Within the AN framework, consciously developed observation is expanded to assess, in an empirical way, the physical, mental, emotional, and spiritual aspects of the human being. Clear-mindedness, intuition that is refined by thinking, and discernment are emphasized and developed (Layer, 2020). A tenet of AN is the importance of the awareness nurses bring to their actions. It is a level of awareness that lifts nursing work beyond the mere mechanical or checklist models to a therapeutic level (Bay, 2020).

The question then becomes, how can the nurse "shape" these mutual encounters and actions so that they become therapeutic (Bay, 2020)? In AN, caring extends beyond the tangible routine care provided by nurses to include the intangible inner qualities nurses bring to the caring experience. It gives value to both actions and intentions. In AN, this conscious intention is exemplified through a model of caring presence called the 12 nursing gestures (Heine, 2009, 2020).

In addition to the 12 nursing gestures, one of the significant contributions of AN that aligns it to holistic nursing is the fact it offers the possibility of making the spiritual understanding of the human being accessible, observable, and therefore able to be assessed, documented, and acted upon. With careful, thorough observation, the nurse learns how to assess and articulate the aspects of not only the body, but also soul and spirit in a documentable and verifiable way. In this process, a deep understanding of self as well as of the patient leads to comprehensive care of body, soul, and spirit (Layer, 2020).

The human being, according to anthroposophy, has more than just a physical body. This is described as the four-fold nature of the human being—physical, etheric or life body, astral or soul body, and spiritual or "I." The physical body is everything that can be measured and touched, such as vital signs, lab results, height, and weight. The life body is active in regenerative processes and rhythms in the body such as digestion and sleep. The soul body has a strong association with thoughts and emotions (Bay, 2020). Finally, the "I" of the human being manifests in the biography, life paths, destiny, and spiritual pursuits as the conscious aspect of the self. By studying how these aspects interact with one another and how they are revealed, a new level of understanding is achieved, and a process for empirical assessment of the more subtle bodies occurs. For example, the life body's functionality can be seen in the fluid balance, sleep/wake cycles, and qualities of hair and nails. The emotional body's health can be assessed in emotional balance, experiences of pain, and strong reactions to circumstances or people with either sympathy or antipathy. Finally, the presence of the "I" as being active in the individual can be observed through the sense of coherence one has in life, connection to spirituality and/or the world, the capacity to become the observer both of others and oneself, and the ability to find meaning in one's life or illness. This provides a deep understanding in the Anthroposophic nurse of others and oneself, and naturally begins to inform the care provided (Bay, 2020).

One way nursing care becomes infused with this deeper understanding of the human being is by increasing one's consciousness about not what the nurse does for the patient but how it is done (Bay, 2020). The nurse begins to understand how to assess the way the care given impacts not just the physical body of the patient, but all the bodies. The nurse's own "I" forces may also be strengthened the more consciously the nurse chooses the "how" of the care. To do this, the nurse becomes increasingly aware that it not only matters *what* is done for the patient but *how* it is done and includes the nurse's own inner mood or state of being. This is reflected in the question posed by Heine, "…how can inner attitude become activity?" (Heine, 2009, p. 1). This kind of caring is articulated in the 12 nursing gestures. This type of care allows nurses to bring their own "I" to the care of the patient, and therefore it can strengthen the nurse as well as support the patient.

12 Nursing Gestures: The Inner Mood of the Nurse Made Conscious

Based on the work of Rolf Heine (2009, 2020), the 12 nursing gestures can be viewed as operating between two "poles": what nurses do (action, tangible) and how nurses do it (attitude, intangible) (Heine, 2009, p. 1). The 12 nursing gestures effectively bridge the gap between theory and practice, helping to make the intangible visible. The 12 nursing gestures allow the nurse a means to work out of the expanded understanding of the human being with conscious intention.

Therapeutic use of self and intention are held within each nursing gesture. A therapeutic nursing gesture is chosen consciously by the nurse out of consideration for what would be most appropriate for the patient/client and always leaves them free (Heine, 2009). When care is purely functional, mechanical, or task oriented, the opportunity is lost for bringing a complete healing or therapeutic aspect to the tasks of daily care or simple nursing procedures. However, if all nursing care provided, including bed baths, wound care, medication administration, and so on, stems from the intention of bringing healing to body, soul, and spirit, care becomes not only holistic but more and more humane or truly humanizing both for the patient and nurse (Bay, 2020).

Working With the Gestures

It is essential to be aware that more than a cognitive understanding of the terms is needed to work with these gestures fully. However, in this article, an introductory outline is provided. Further study, understanding, and practice are needed to implement and embody the gestures. Rolf Heine's description of the gestures points to the relationship of AN and holistic nursing:

> Mindfulness or inattentiveness, respect or disrespect, joy or grief determine the quality of our work. These attitudes are connected with the nurse's spiritual and ethical attitude …. [arising] directly from empathic perception of the patient and his [sic] needs. These attitudes developed in

> interaction with patients are called nursing gestures (Heine, 2020, p. 125).

The 12 nursing gestures are divided into two categories of gestures: *enveloping*, or substituting and *activating*, or uplifting (Heine, 2020, p. 131). Enveloping gestures are less stimulating to the patient. Patients receive them from the nurse directly, or the nurse intercedes on behalf of the patient's safety or comfort. These gestures include cleansing, nurturing, relieving, protecting, creating order/making room, enveloping, and balancing (Heine, 2009, 2020). In contrast to the activating gestures, these gestures fulfill a need that the person who is receiving care does not have the ability to fulfill in the moment (Heine, 2020). Activating gestures, the other category, are those that encourage patients to become aware and act on their own behalf. They include stimulating, challenging, awakening, affirming, and supporting uprightness. There is a limit to the external effect, and the other person must find their own ability to react (Heine, 2009, 2020).

A brief description of each gesture follows, based largely on a lecture given by Rolf Heine in Sweden in 2009 and expanded in text in 2020 (Heine, 2009, 2020). The gestures, divided into the categories of *Activating* or *Enveloping*, are described in the following section with a brief description of the gesture, the overall theme of the gesture, followed by the types of care one might provide based on the four-fold understanding of the human being.

Enveloping Gestures

Cleansing. Fundamentally, this gesture is "helping the true nature to emerge." (Heine, 2009, p. 16). This can be obvious, as with washing the physical body or wound care, where we make "visible what is essentially human" and remove that which is not or what is no longer healthy (Heine, 2009, p. 8). However, this gesture could also be brought into a conversation to clarify things for the patient or clear the air between care team members.

Overall theme. It involves removing what is not needed, "separating essential from inessential" (Heine, 2009, p. 37).

Types of care

- *Physical*. Washing the face and body with reverence and devotion, wound care (Heine, 2020).
- *Life body*. Water has a strong association with the life/fluid body. Bringing this element to care supports the water element within us, bringing a refreshing quality, such as taking care to keep the person warm while washing.
- *Emotional/Soul*. Removing cares by active listening, taking away the old, providing a sense of a new start (Heine, 2020).
- *I/Spirit*. Actions such as providing a mood for a blessing, working with the spiritual in the water and in the human being, helping the person to let go.

Nurturing. This gesture involves taking something in and making it a part of oneself such as providing healthy meals that are set up in a way that is enticing and facilitates their intake. It can relate to body, soul, and spirit such as a positive interaction, inspirational reading material, a prayer, or meditation (Heine, 2009, 2020).

Overall theme. Assisting the patient to take in nourishment on all levels physical but also "food for the soul" and "food for the spirit" (Heine, 2009, p. 37).

Types of care

- *Physical*. Types and quantity of food served, making food appetizing and in appropriate amounts and variety (Heine, 2020).
- *Life body*. Food and beverages that have a life-giving quality in terms of freshness and vitality, pleasing display, and aromas.
- *Emotional/Soul body*. If possible, arranging for family to bring in favorite meals or snacks, making art, poetry, music, and audio books available, and supporting healthy social interactions.
- *I/Spirit*. Conveying a mood of reverence and blessing of the food if that is appropriate to the patient's spiritual tradition, understanding that supporting spiritual practices of the patient provides nourishment as well.

Relieving. This gesture is about taking away the burden. If someone has a fever or is sick, we put them to bed. Taking the burden away can allow a person to take on a different task that is important for them such as taking time off work for new mothers and fathers, or taking time when one is ill to heal. However, we can go too far; if we take everything away from the person, they won't do things for

themselves and that can be a problem; one must be careful not to overtax oneself in this gesture (Heine, 2009).

Overall themes. Assisting with or "taking away a burden" (Heine, 2009, p. 7).

Types of care

- *Physical.* Taking away a literal physical burden if it can be carried or providing a position for physical comfort, that is, helping them back to bed (Heine, 2009, 2020).
- *Life body.* Promoting positions to relieve edema and prevent skin breakdown (Heine, 2020).
- *Emotional/Soul body.* Assisting in positions that eliminate pain, administering pain medication, offering a listening ear and open heart for emotional challenges (Heine, 2020).
- *I/Spirit.* Taking a moment for eye-to-eye contact that says "I am here for you" or "what can I do for you?"

Protecting. This gesture is represented by providing safety and security. It is important to be aware that whenever we protect, our focus in not on what we are protecting, it is on what we are protecting the patient from, and the danger is of losing sight of the needs of the human being (Heine, 2009).

Overall theme. The nurse directs focus outward and works on creating a safe environment. It is as if the nurse "creates a boundary" between the patient and the environment surrounding the patient (Heine, 2020, p. 181).

Types of care

- *Physical.* Setting up literal barriers such as curtains to maintain privacy, turning off phones, sending visitors home, disinfection, wearing a mask, placing them in isolation, or reinforcing HIPPA guidelines.
- *Life body.* Limiting visitors to allow for adequate rest and rhythm in the day, preventing tissue breakdown (Heine, 2020).
- *Emotional/Soul body.* Limiting or ending stressful interactions for the patient; protecting the skin and body from increases in physical pain through proper positioning.
- *Spirit/I.* Letting the patient know you are their advocate.

Making Room/Creating Order. In this gesture, we come back and forth from the person to the environment. Examples may include straightening up the patient's room or balancing what is needed by that individual and what is possible in the environment. If there is a mess in the patient's room, it can be therapeutic to bring it into order, or if a patient is overly concerned with order, we may want to help them to relax. This can also be when a nurse sets up an environment for healing and caring (Heine, 2009).

Overall theme. Setting up the environment for healing in a way that "creates familiarity, security, clarity" (Heine, 2009, p. 39).

Types of care

- *Physical.* Straightening the room and the bed, putting things away, opening or closing the curtains (Heine, 2020).
- *Life body.* Creating a healthy rhythm for the day with balanced awake/sleep/rest/rhythms (Heine, 2020).
- *Emotional/Soul body.* Creating time in the day for connection with family or other patients; also, holding space for the patient to share emotion and having items on display in the room that represent the client's family or are significant.
- *I/Spirit.* Acknowledging the spirituality of the patient, creating space and time in the day for the patient to practice their spirituality or religion, encouraging items in the room that help the patient remember their spirituality.

Enveloping. This is the "most archetypal" gesture (Heine, 2009, p. 2). It relates to giving patients "a space where they can be themselves and develop" (Heine, 2009, p. 40), but one must be careful so as not to stifle or end up in symbiosis with patient.

Overall theme. Creating a warm space for the patient, being caring and professional, "creating enveloping warmth" (Heine, 2009, p. 40).

Types of care

- *Physical.* Wrapping the patient in blankets or tucking them into bed, swaddling a baby.
- *Life body.* Creating space for the patient to share thoughts and stories from the past.
- *Emotional/Soul body.* Creating a safe space for the patient to share their feelings.
- *I/Spirit.* Creating sacred space for the patient to have a spiritual practice or meditation in the room, creating a mood for this such as

making it quiet and dimming lights if wanted, being open if they want to share their experiences or beliefs with you.

Balancing Out. One can think of an image of bringing scales into balance. Here the nurse is looking for the midpoint (Heine, 2009).

Overall theme. Involves taking away if too much, adding where there is too little, or "harmonizing rather than correcting" (Heine, 2009, p. 7).

Types of care

- *Physical.* Supporting the right amount of warmth for the patient, such as providing blankets or adjusting the room temperature, keeping light and dark regulated in the room.
- *Life body.* Being sure the fluid status of the patient is in balance, providing periods of sleep and wakefulness.
- *Emotional/Soul body.* Supporting the client to find emotional balance, bringing a kind word or smile as needed, calming the patient if anxious.
- *I/Spirit.* Bringing a sense of inner harmony in relation to the patient, sensing when to speak or not speak or to act or not act (Heine, 2020, p. 186), bringing warmth on all levels.

Activating Gestures

Stimulating. This gesture must be used carefully because the intent is to stimulate the opposite reaction. For example, if we use cool water in the morning, we can actually cause the body's warmth to increase, but it won't work if the individual is too weak, and they may then feel too cold or even colder (Heine, 2009). In patient care, we work with this, either in terms of physical care or saying the words that need to be said, as in setting strong limits with a patient—we must be sensitive to the situation. An intervention for someone with an addiction or a consciously guided conflict that can provoke an emotional process may at times be therapeutic; however, an unskilled application may backfire (Heine, 2009).

Overall theme. Designed to evoke a response or reaction from within the patient, for example, setting a boundary or expectation or providing inspiration or nursing treatments that may create a response. "Consciously guided conflict can provoke emotional processes" (Heine, 2009, p. 41).

Types of care

- *Physical.* Administering strong physical touch such as an invigorating back rub, certain medications, or a compress with a strong medicinal plant.
- *Life body.* Bringing something new to the routine of the day at times, changing it up if it is too stagnant.
- *Emotional/Soul body.* Setting expectations with a patient or speaking to get a response or reaction to help them get in touch with their feelings.
- *I/Spirit.* Providing inspiration to continue.

Challenging. This includes both exposing the patient to a healthy stress and providing encouragement to try something new. This gesture is seen most often in getting someone to do something they are capable of, but may hesitate doing—for example, the first time getting up after an operation. We must be sure they can do it, and that they understand the motivation (Heine, 2009).

Overall theme. Involves getting someone to do something they are capable of but may have hesitation about. "We ask as much of him[sic] as he [sic] is able to do of his [sic] own accord" (Heine, 2009, p. 42).

Types of care

- *Physical.* Getting the patient up and out of bed after surgery, supporting PT, OT, and other activities that push but don't overtax the patient's physical limit.
- *Life body.* Providing a fluid challenge or encouraging wakefulness if the patient is too somnolent, helping the patient change from a less healthy to a more healthy habit (Heine, 2020).
- *Emotional/Soul body.* Providing encouragement for the patient to take on something they are hesitant about, being an emotional cheerleader.
- *I/Spirit.* Supporting the patient stepping into their own authority.

Awakening. How do we awaken someone literally or about an issue? This can occur by how we choose to awaken patients either in the morning for the day or at other times if there is a procedure or medication needed, but also providing time to awaken to the reality of a diagnosis or different treatment options. Wherever we can, we want to give the patient time

to become awake both physically as well as cognitively about their diagnosis and treatment options.

Overall theme. Becoming conscious on all levels: "We are only completely awake as human beings when we are not just awake in our head, but also in our feeling and in our will" (Heine, 2009, p. 9).

Types of care

- *Physical.* Waking a client from sleep (Heine, 2020).
- *Life body.* Providing a washcloth to the face or a bed bath in the morning.
- *Emotional/Soul body.* Helping the patient to become more in touch with emotions that they may be avoiding or suppressing (Heine, 2020).
- *I/Spirit.* Helping a patient come to terms with a diagnosis.

Affirming. This is the "root of all the other gestures" and relates to hoping and comforting (Heine, 2009, p. 10). On many levels, this gesture is always there, and becomes most noticeable when it is lacking. Our actions need to carry hope for the patient. We carry hope that they will get better either physically or emotionally. First, we acknowledge the pain, we affirm it, and at the same time we hope for a future where they will get better or find meaning (Heine, 2009).

Overall theme. Includes offering hope and comfort, to "meet the other where they are" in the present moment (Heine, 2009, p. 43). Without the underlying gesture of affirming the humanity of our patients, nursing care becomes mechanical and impersonal. This gesture gives meaning to everything we do as nurses (Heine, 2009).

Types of care

- *Physical.* Giving supportive touch, such as a hand on the arm.
- *Life body:* Providing comfort, brushing or combing the hair, grooming the nails.
- *Emotional/Soul body.* Offering hope and comfort, setting an intent to "radiate confidence" (Heine, 2020, p. 150).
- *I/Spirit.* Approaching the other person where they are, and honoring who they are.

Supporting Uprightness. This is the opposite gesture of enveloping. It has its manifestation through everything that enables the person to be physically upright and take on responsibility to face the world. Although one can find this gesture when one helps the patient to become more upright in the hospital bed, in a deeper way, it has more to do with what the patient can do for themself than what the nurse can do (Heine, 2009).

Overall theme. The nurse can assist the patient to find their own hope, comfort, and affirmation. There is a deep awareness of human dignity, and we encourage the individual to take responsibility for themselves and their healing journey.

Types of care

- *Physical.* Placing a pillow behind the back, positioning well in the bed.
- *Life body.* Altering rhythms of being out of bed if possible, such as time out of bed with walking or in a chair.
- *Emotional/Soul body.* Encouraging the person to continue to express themselves and be who they are despite the illness, diagnosis, or pain, to find their own hope and meaning in their illness.
- *I/Spirit.* Looking the individual in the eye and treating them with dignity and respect.

How AN Nursing Gestures Can Be Implemented in Providing Care

This section describes how the 12 nursing gestures were applied in a clinical practice setting. One of the authors (CvD) worked for more than 20 years in a Swiss hospital for cancer treatment called the Lukas Klinik. The AN 12 nursing gestures were implemented as part of the hospital's nursing care conceptual framework. The conceptual framework was developed by a group of experienced nurses in oncological AN. Their intention was to find a way to profoundly embed AN into daily nursing practice in an inpatient acute care setting. Therefore, they explored the possibility of applying the theoretical model of the 12 nursing gestures into their clinical practice. The implementation included three phases: (1) the education of all nurses in the hospital on the topic; (2) defining a process for providing the theory into daily practice; and (3) the development of a form for including the 12 nursing gestures into the routine documentation.

The Education

The members of the working group developed a document that described the 12 nursing gestures related to nursing care in an oncological anthroposophic hospital. The theoretical framework for each gesture was described and then used in examples in daily practice. At the same time, a half-day workshop for the nurses of the hospital was prepared. One hour was used to explain the theory, followed by an interactive experience to create a bridge to their own practice using role play, discussing short film excerpts, and group discussions. At the end of the workshop, the participants were able to adopt the theory into their daily nursing care practice.

The Process

The challenging part of the process was to find a way to come from a personal perspective into an objective, reflective position. This happened in a discussion with the nursing team, brought by a team member who cared for a certain patient. The process was defined in three steps (Figure 1). The first step happened in the direct interaction between the nurse and the patient. It included the nurse's reflection of which gesture was the most therapeutic for the patient at that moment in time. In the second step, the nurse brought their insights into a nursing meeting in a short, structured discussion.

Figure 1. Finding the Gestures from Individual to Objective—Used with the Author's (CvD) Permission.

At the end of this discussion, the nursing team agreed on one or two nursing gestures to implement. With that, they also agreed to provide care for this patient mainly out of this gesture. Finally, the nurse who brought up the discussion documented the decision into the patient care record. The third step was the evaluation of the effect on nursing care and patient response. This began with an individual reflection by the patient's primary nurse. Then, the nurse brought it to a team meeting and the process started with step one again.

Documentation

For continuity, it became necessary to implement a form into the routine nursing documentation. This included the current nursing gesture and also the documentation of the process over time. A form was created that showed the 12 nursing gestures in a circle (Figure 2). In the middle of the circle, the gesture, which was identified by the nursing team, was noted and the gesture in the circle was marked in color. After an implementation period, the gesture changed. Then the new gesture was written in the middle of the circle and the appropriate gesture in the circle was marked with another color. The colors for the first, the second, and the third assessment were defined, and therefore one was able to see how the gestures changed over time.

The Effect on Patients and the Nursing Team

Because of a merger of the Lukas Klinik with another hospital, there was no structured evaluation provided. However, many discussions with the teams and individually with the nurses were held. It showed a very positive effect on the nurses' awareness about their individual value in the nursing process and about the effect of their inner gesture in nursing for the patient. The nurses also expressed experiencing higher job satisfaction by working with the nursing gestures because it was a way to bring themselves as human beings into their work. On the other hand, more than one mentioned, especially in very difficult nursing situations, just the process of thinking about the appropriate gesture and the discussion in the team meeting changed the situation. One nurse said, "I cared for a very difficult nursing situation, which I nearly didn't know how to

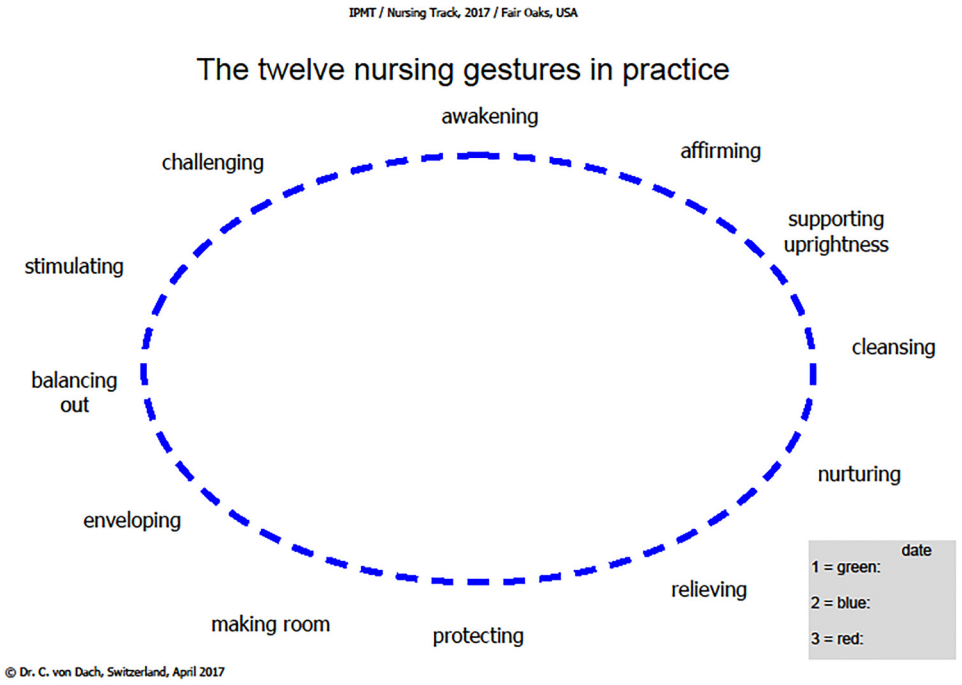

Figure 2. Documentation of the Nursing Gesture © Lukas Klinik, Switzerland—used with author's (CvD) permission.

Table 1. The Curing & Healing Paradigms.

Curing	Healing
• Biomechanical • Seeks to "fix" things • Uses external sources to cure • Treats the parts of the person • Looks to alleviate signs and symptoms • Disease = biological malfunction	• Holistic • Seeks to restore balance and harmony, believing in the human body's capacity to heal itself • Uses ordinary and nonordinary sources to heal • Treats the whole person • Views signs and symptoms as messages • Illness is a perceived experience

Source: Kleinman (1980) and Pierce (2007).

handle. As I went back to the patient after discussion with my colleagues, the situation with the patient already changed tremendously. I never expected that. It seemed that already the discussion of the situation with the team changed something for the patient."

Nursing's Value: The Intangibles

Historically, nursing has done a poor job of asserting its value outside the profession. Despite being the most trusted profession in Gallup surveys (Brenan, 2017), despite the Institute of Medicine report recommending that nurses should lead interdisciplinary healthcare teams and be instrumental in changes in healthcare (Institute of Medicine [IOM], 2011), it is still unusual, for example, that nurses are seen on healthcare organization Boards of Directors (National Academies of Sciences, Engineering, & Medicine, 2016).

Explanations put forth relate to nursing's roots as a giving, altruistic, selfless service—nursing's history and education were predominately religious and connected to orders of nuns—and cheap labor for hospitals (Buresh & Gordon, 2013). A confusing number of education paths, regulatory practice restrictions from the profession as well as government and organizations, and media portrayal also contribute to nursing's lack of strong influence (Adams et al., 2019). Adams et al. add, "Nurses [sic] contributions are often completed while leading quietly from the back" (p. 398). How, then, can nursing display its value without returning to the "virtue script" (Buresh & Gordon, 2013, p. 68) and the paternalistically-attributed role they have historically been given?

The current allopathic healthcare system reflects the overwhelming emphasis on curing over healing, tangibles over intangibles (Table 1).

Holistic models of care that integrate healing with curing are missing in the value equation. The healing aspects of care and engaging the patient are intangible activities that contribute to positive patient outcomes and experiences. They are as important as curing care, perhaps more. The combination of each contributes to optimum health and life outcomes. Thus, the value of healing care, which is found within the science and art of nursing, and significantly amplified in holistic and Anthroposophic nursing, is missing in the outcome measurement equation. Holistic nursing, especially, mutually encompasses the whole individual and healing (Mariano, 2022). AN is also holistic, incorporating the integration of body, mind, and spirit with the individual's wisdom in its approach to care (Layer, 2006, 2020). Each encounter is unique and carries the potential for the transformation of all involved.

Pappas (2013) suggests that the profession of nursing must make the intangible qualities of nursing tangible. She used the example of surveillance as one of those intangibles, something not connected to tasks or procedures; rather, it is tied to nursing knowledge, safety, and critical thinking skills.

The intangibles of nursing care illuminate the value of nursing care and explain the healing phenomenon in addressing all aspects of being human within a framework of health. AN, specifically the 12 nursing gestures, identifies many of the intangible indicators of care in a way that can integrate with current methods of assessing and evaluating nursing care.

Spirituality and Caring

Caring is an intangible that has a significant role for nursing. Definitions and characteristics of caring illuminate what is involved (Enzman Hines, 2017), but lack tangible and quantifiable aspects from which to derive value, although they certainly help with understanding variables related to outcomes.

Spirituality and spiritual care are inherent and integral to any holistic approach to nursing practice. However, this topic, as Hawthorne and Gordon (2020) explained in their study, is invisible in nursing care and education. Their value is mutually beneficial to the nurse (increased job satisfaction, providing insight into the patient) and patient (increased sense of well-being, feeling supported, comforted, and cared for). AN embodies this in its approach to the care of individuals and its philosophy.

Nursing's role includes caring for the human spirit (Lane, 1987). Four activities are observed that demonstrate the presence and health of the human spirit: inward turning (inner reflections), surrendering (allowing), committing (ability to bond with someone else), and struggling (sense-making, seeking meaning) (Lane, 1987). A qualitative study by Ozolins et al. (2015) substantiated several of these characteristics with regard to caring for the human spirit through the AN clinical process of touch.

Attempts to identify specific behaviors that enhance patient experience and show the value of nursing care exist. Consulting organization Press Ganey, in a white paper, developed a model called the *Compassionate Connected Care Model*, which identifies six themes that define compassionate and connected care (Press Ganey, 2015). The model further alludes to the value of care provided by nurses, predominantly, as well as other providers.

1. Individual suffering is understood and acknowledged.
2. Nonverbal behavior and communication matter.
3. Feelings of anxiety and uncertainty are significant emotions and must be addressed.
4. Evidence of coordinated care is important to the patient.
5. Caring incorporates much more than medical treatment and administration.
6. Dignity is preserved by providing a sense of autonomy and including patients in decision making (adapted from Press Ganey, 2015, p. 2).

Recommendations and Summary: Working with the Nursing Gestures to Reveal Value

Value in healthcare uses an economic lens, seeing nursing care as an expense rather than a revenue source. "Relying exclusively on quantitative data will explore only a portion of the complex effects of nursing care" (Wyatt, 2020, p. 478).

The nursing profession continues to be undervalued for its expertise and contributions to individual health (Adams et al., 2019; Buresh & Gordon,

2013; Potter, 2016). Determining the value of nursing and the profession's contributions to patient outcomes are vital.

While value-based healthcare is important, Pappas (2013) reminds us that intangibles must be made visible to allow healthcare to be more transparent and ultimately demonstrate nursing's part in providing value. It is not simply the elimination of adverse outcomes that gives sought-after value and transparency, it is also engaging patients to the fullest extent possible in order to provide them the freedom to make the best decisions for themselves. These intangibles may include not only surveillance, but also, for example, the determination of what approach or mood to begin the nurse–patient encounter in order to maximize the best engagement of the patient and/or family. By providing a framework for the nurse's therapeutic intention to become documentable action, the 12 nursing gestures present a path from the intangible to the tangible activity of the nurse while explicating the therapeutic, holistic, and spiritually-based intention behind the activity.

The intangible matters. It has value in healing and caring. Making the intangibles of nursing care and healing tangible, which can then become measurable, brings out nursing's value to a healthcare system that operates solely on tangible evidence. The ability to measure nursing care in the framework discussed in this article brings nursing care back to its true healing roots.

The 12 nursing gestures in AN help to make the intangible activity of healing nursing presence more explicit. These gestures can be placed in the care plan of the patient's EHR that includes the narrative summary of the nurse–patient encounters over the shift. Nurses, when completing either formative or summative reports on their patients, can choose the appropriate gestures used with each patient during their time together. Other nurses might modify care based on patient response and activities of care that can be modified by a gesture when appropriate. The nurse is a vital part of the caring and healing process, bringing a consciousness and presence to each patient encounter. If these intangibles can be documented, it is possible future research can connect them to greater job satisfaction, less nursing turnover, increased patient satisfaction, and improved readmission prevention.

Value in the healthcare system is assessed by dividing achieved health outcomes by the number of dollars spent achieving those outcomes (Porter, 2010, cited in Stone, 2017). Comparative-effectiveness research is patient-centered, focuses on daily patient needs and outcomes of care, and incorporates stakeholder input (Stone, 2017). It may be useful in supporting the identification of the tangibles and intangibles of care.

Postscript: Moving Out of the Box

Leaders set the space for healing to occur, helping to create optimal healing environments that allow both the tangible and intangible capacities of nursing care to thrive (Dossey, 2016). Cultivating and nurturing the skill of self-knowledge, or personal knowing, creates the foundation that nurse leaders should include in mentoring their nurses. Providing the intangibles is not as simple as checking off a box. It involves educating and encouraging nurses to become aware of their choices in approaching and caring for patients, their intent, meeting each patient with who they are in the moment, and allowing the patients the freedom to respond in meaningful ways.

On-the-job mentoring and formal nursing education should include education about holistic nursing, AN, and the 12 nursing gestures. Leaders should provide support as they develop mastery. They will need mentoring to cultivate their self-awareness and reflection techniques. They will also benefit from an educational, organizational, and leadership infrastructure that translates both their tangible and intangible contributions (value) to patient care.

Of the four major policy issues addressed in nursing (leadership, reimbursement, regulation, and access), and in holistic nursing specifically, leadership and reimbursement can show the value of nursing care that measures both tangible and intangible capacities for care (Erickson & Roberts, 2022). Holistic nurses both at the bedside and in educational and leadership positions are vital in setting the space for healing, creating optimal healing environments, mentoring, and influencing how nursing value is quantified for healthcare organizations.

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