Nurse Presence Enhanced Through *Equus*
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What is This?
Nurse Presence Enhanced Through Equus

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Purpose: The purpose of this study was for nurses to experience equine-assisted learning and for them to describe their being in the moment with their horse. The aims of the study were to assist clinicians in recognizing their ability and skill at being present—that is, calm and centered—as they engage with horses and to determine if interaction with horses is a valid representation in recognizing presence in the participants. Design: Descriptive phenomenology was used to explore this lived experience. Findings: Five themes emerged: The Experienced Novice, Present in the Moment, Discovery of Self, Team Building, and Leadership. Conclusions: Equine-assisted learning can be a meaningful venue for nurses to self-discover their ability to be present.

Keywords: equine-assisted learning; horses; nurses; nurse presence

In these trying health care times, overcrowded emergency departments, decreased lengths of hospitalizations, time-consuming tasks, and staffing shortages all place limitations on a nurse caring for patients. High burnout and job dissatisfaction among hospital nurses, along with potentially lower patient satisfaction scores, may signal problems with quality of care in hospital settings (McHugh, Kutney-Lee, Cimiotti, Sloane, & Aiken, 2011). Nurses need to engage in opportunities that help them cope with these challenges. Horses offer humans the possibility of learning about themselves and relationships with others (including patients). Equine–human interactions have been shown through anecdotal reports to help with strengthening interpersonal skills, confidence, awareness, honesty, and trust (Innovative Horizons, 2011). During interactions with people, horses give immediate, nonjudgmental feedback. Can working with horses offer the nurse an effective strategy to reduce stress and optimize health? Horses respond immediately to human intent and behavior without assumption or criticism (Frewin & Gardiner, 2005). As domesticated animals with a long history of partnership with humans, horses are believed to be, by those in the equine field, experts at recognizing authenticity and intentionality in their human partners. Horses are always authentically present and living in the moment, an instinctual way of being that promotes their survival. To successfully engage the horse in various activities, one must also be fully engaged and in the moment, and the horse’s body language provides immediate feedback regarding one’s success. Equine-assisted learning (EAL) has been shown to be effective in helping others gain success through improving communication skills, self-awareness, and self-control and confidence building (http://www.gallopventures.com; http://www.equine-psychotherapy.com). Anecdotal writings (Kane, 2007) report success of EAL in authentic relationships with patients in verbal and nonverbal communication, awareness of incongruence of intention versus behavior, respecting boundaries, confronting fear and developing confidence, and improving attention, mindfulness, assertiveness, and focus.

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Literature Review

Horses and humans have been linked throughout history in many ways: sport, battle, farming, transportation, and pleasure, to name a few. Now more than ever, different groups (i.e., individuals, families, couples, business leaders, combat veterans, abused/neglected, and addictions recoveries) are benefitting from EAL (http://www.eagala.org; http://www.buffalowomanranch.com). Clinical research studies are void of EAL with medical or nursing clinicians. Published research to date focuses on hippotherapy, therapeutic riding, and psychotherapy to show benefits of equine-assisted therapy (American Hippotherapy Association, 2010). In hippotherapy and therapeutic riding, allied health clinicians (physical, occupational, speech and mental health) are garnering successful physical and psychological outcomes in partnering patients and horses with various neuromuscular and respiratory illnesses, as well as head trauma, lower limb amputation, spinal cord injury, and autism spectrum children (Casady & Nichols-Larsen, 2004; Lechner et al., 2003; Murphy, Kahn-D’Angelo, & Gleason, 2008; Shurtleff, Standeven, & Engsberg, 2009; Silkwood-Sherer & Warmbier, 2007).

Equine-assisted psychotherapy is another venue in horse–human connection and is now a nationally recognized field that complements and accelerates traditional therapy or any other kind of mental health counseling and recovery (Adams, Coady, & Yorke, 2008; Meinersmann, Bradberry, & Roberts, 2008; Pray, 2009; Schultz, Remick-Barlow, & Robbins, 2007).

The earliest use of horses to teach health care clinicians, of which the authors are aware, began at the University of Arizona School of Medicine in 2000. Taught by Allan Hamilton, MD, professor of neurosurgery, the course is currently titled “From BarnsidetoBedside:UsingNon-VerbalCommunication to Improve Non-Verbal Communication Skills and Bedside Manner” (Hamilton, 2000). Soon to follow, Beverly Kane, MD, began offering a course titled Medicine and Horsemanship: Transforming the Doctor–Patient Relationship With Equine-Assisted Learning at Stanford University School of Medicine (Kane, 2007). Courses in EAL are now offered at several medical schools throughout the country.

The research question for this study was: What is the lived experience of 16 nurses participating in EAL over 1 day?

Method

Research Design

Descriptive phenomenology was the qualitative design chosen for this study. Phenomenology is considered to be both a philosophy and a research method as described by Husserl (1970). The phenomenon must be allowed to emerge from the lived experience of the participant. Researchers bracketed their own thoughts and beliefs and kept reflective notes/journals to document personal bias, thoughts, and ideas.

Setting

The study site was a state hospital school with an on-site pediatric/young adult therapeutic riding program. Prior to beginning, the study team (researchers and equestrians) visited the study site to observe and work with the horses. Each planned horse activity was vetted by the study team for horse participation and potential degree of difficulty.

Procedure

After obtaining approval from the granting institutional review board of a Level 1 trauma center, recruitment flyers were posted in the nursing units at the trauma center, and interested nurses were sent study information. Participation was voluntary, and verbal consent was obtained when nurses agreed to the study terms.

Participant confidentiality was protected by using codes “Nurse A,” “Nurse B,” and so on. The coinvestigator secured all coded information linking the subjects to code identifiers (and subsequent audiotaped interviews) in a locked file.

Part 1. In Part 1 of the study, three sessions of five to six nurses participated in a 1-day research program. Each day began with introductions, general safety rules, a review of the research study purpose, role of the equestrians, and a brief explanation of horse behavior. Being prey animals, horses live “present in the moment.” In this context, participants were invited to experience and journal their feelings, emotions, and actions being present and in the moment with the animal throughout the day. A meet-and-greet session with the study horses followed. Equestrians were present to maintain safety for participants and horses and to help participants
understand the basics of horse communication. For purposes of the study, the term *equestrian* is used to describe an individual with skills and knowledge about horses and horse behavior. In the equestrian world, an equestrian is a mounted rider. Teams of one to two participants, one equestrian, and one horse were formed to begin the exercises.

The arena was set up with seven exercise stations through which the teams progressed one by one. A sampling of the stations included the following: haltering and leading the horse into the arena, grooming the horse, leading the horse over a low fence, walking the horse around traffic cones or over a plastic tarp, and backing the horse up into a tight space. The day concluded with a debriefing among participants, equestrians, and research personnel.

**Part 2.** In Part 2 of the study, 14 participants were interviewed about their EAL experience. Two participants elected not to be interviewed. Interviews took place 1 to 3 weeks after the study date and were audiotaped. Each interview asked the participant to describe the experiences of the study day. Subsequent questions were asked to clarify or prompt participants to speak more about their experience.

Interviews ranged from 45 to 90 minutes. Tapes were transcribed verbatim and transcripts analyzed by the researchers.

**Sample**

The final convenience sample of nurses \((n = 16)\) from the following units participated in the study: case management, emergency department, medical/surgical units, oncology/bone marrow transplant units, and postcare anesthesia units.

Participants ranged in age from 37 to 64 years old, marital status was married (11), single (3), separated (1), or divorced (1). All participants were female, White, and non-Hispanic. Formal nursing education included diploma (3), associate’s degree (2), bachelor of science in nursing (7), and master of science in nursing or nurse practitioner (4). Years in nursing ranged from 5 to 40 years. Previous experience with horses was no experience, brief childhood riding lessons, vacation experiences on ranch or farm visits, volunteering to assist with therapeutic lessons with handicapped children, having friends with horses, and owning a horse. Inclusion criteria consisted of the following: currently employed registered nurses between the ages of 18 and 70 years, the ability to comprehend and communicate using the English language, full participation in the written consent process, and not currently enrolled in another research study. Exclusion criteria consisted of the following: any physical limitation preventing ambulation on a dirt floor in an indoor arena and any health issues that limit the ability to stand for more than 1 hour. A convenience sample of nurses \((n = 16)\) from a variety of nursing units participated in the study.

**Informed Consent**

Risks were limited by fully informing the participants about the nature of the study. A skilled equestrian worked with each participant and horse to monitor overall safety and coach the nurses in safety practices when needed. The nurses and horses were never without an equestrian present. No other activities were occurring in the arena, and study activities were conducted from the ground. No riding was involved. Prior to beginning the activities, participants were instructed in basic safety around horses. Participants were encouraged to wear appropriate clothing.

**Data Analysis**

This study used Colaizzi’s (1978) method of data analysis, consisting of seven steps. The authors read all participants’ descriptions of the phenomenon under study, extracted significant statements that pertain directly to the phenomenon, formulated meanings for these significant statements (Table 1), categorized the formulated meanings into clusters of themes, integrated the findings into an exhaustive description of the phenomenon being studied, validated the exhaustive description by returning to some of the participants to ask them how it compares with their experiences, and incorporated any changes offered by the participants.

**Results**

From data analysis, there were 523 significant statements regarding nurses’ experience with EAL extracted from the data. Initial categorization of the formulated meanings (Table 1) resulted in 13 theme clusters, then the clusters were condensed into five final themes.
All participants \( (n = 14) \) volunteered to review and comment on the final themes, and 12 anonymous responses were received. All agreed that the themes captured the essence of the equine learning experience. Most commented favorably on all themes, and some participants singled out which themes they experienced and which parts did not resonate with them. The researchers kept written audit trails of study decisions made, including data analysis trails of significant statements and formulated meaning interpretations (Lincoln & Guba, 1985).

<table>
<thead>
<tr>
<th>Theme</th>
<th>Significant Statement</th>
<th>Formulated Meaning</th>
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<tbody>
<tr>
<td>1. Talk to the Horse? What Would I Say?</td>
<td>I just didn’t feel like I was doing it as well as I had wanted to, but I also wasn’t hard on myself because I know that I am not, I don’t know anything about horses, I don’t know how you are supposed to behave with a horse, how you get a horse to do certain things.</td>
<td>The participant felt working with her horse was more difficult than she expected.</td>
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<tr>
<td>2. Groom the Horse? A Great Start to the Day</td>
<td>I was very worried about grooming the horse, and then when we started I just remember what you do when you touch an animal, so I started touching the animal all over the body. I started with the head and I just touched the animal and that is when the horse and I really connected.</td>
<td>Once the participant started stroking her horse, she felt a mutual connection.</td>
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**Theme 1: Talk to the Horse? What Would I Say? (The Experienced Novice)**

Most participants arrived for the day’s activities as novices in EAL. They were experienced nurses put in a new “caretaker” role who found that accrued experience, wisdom, human pattern recognition, and known communication “tools” quickly failed.

Several participants identified that they could not “speak horse.” They were unable to understand the body language feedback they usually depended on with humans. Therefore, the participants needed to rely on learning to “horse speak” to read intent as this “living being” was different.

[The equestrian] said I could talk to her (the horse). And I thought, “talk to her? What am I going to say to her?” So I just said good morning and it looks like you are enjoying your hay out there and I’m looking forward to working with you today. Similar to what I would say to someone who was here (hospital) for the first time. But it just felt unusual to me to talk to a horse.

Most stayed focused on the task at hand, acutely aware of their physical closeness to the horse, and felt safe only in the presence of the equestrian. As novices, they initially concentrated on one task, seeing it through to completion without necessarily seeing it in the context of the whole horse as “patient”:

I was very focused in which part I was handling, which piece of the horse I was very focused on, just that, but not the whole horse so much.

The challenge put forth to the novice participants was to figure out and strategize how to communicate effectively with the horse.

**Theme 2: Groom the Horse? A Great Start to the Day (Present in the Moment)**

There were certain times throughout the day that participants and horses shared an indescribable space and place in time. During these moments, participants expressed an “attachment” to their horse when, by their actions, the horse responded. Many felt the first station, grooming, was the best part of the day. This was a time when the participant was in physical contact with the horse and could feel the horse responding to their actions. More than one participant felt the horse relaxing allowing them to feel relaxed. “It’s almost like meditation,” one nurse exclaimed. Another alleged,

I definitely felt a connection, and that was probably the only time I felt a quiet, peaceful, connectedness, togetherness with the horse.

**Theme 3: I Figured It Out. Hooray! (Discovery of Self)**

Expectations of self-discovery were present even before some participants arrived for the day’s activities.
Several identified their participation in this study as a time to “learn about myself.” The blend of challenges, self-reflection, and learning from the horses transformed how participants thought about how they present themselves and interact with others. As participants worked with the horses, they expressed awareness of how their presence affected their ability to successfully engage with the horse in various activities. Many discovered that their horse responded to their emotional state even if they were not initially aware of it. If the participant was a bit anxious or unsure, then her horse was tentative and hesitant to participate in the activity. One participant learned that by focusing on her response to what was occurring, by being aware of and changing her reaction to what was occurring in the situation, she could elicit a different response from the horse.

So, I think it does help to really be able to stop and strategize, rethink about can I do this a little bit differently, can it wait or if it cannot wait how we are going to try and do it in the least traumatic way. So I think it did help. And I think that it did help because the equestrian specifically said, stop and look at what you're doing, look at what the horse is doing and is there something that you can do differently.

I'm not sure I recognized it so much in myself but I could definitely see that through watching my partner and I could think about it myself because you grow in confidence and you realize people aren't judging you, we're just there.

Theme 5: Walk the Horse? Who'll Lead the Way? (Leadership)

Participants spoke of the importance of taking the lead with their horse and having a vision of where they were going or what they wanted to accomplish. They spoke of coaching and guiding, refocusing, building trust with the horse, and of the importance but uneasiness of setting boundaries and limits on behavior. Most participants learned quickly that horses can have their own agenda, and
to complete the exercises with their horse, they needed to lead. When working with the horses, participants noticed that if they were confident and kept focused on the goal of what they wanted to accomplish, the horse followed them and they were less likely to relinquish the lead. If the participants were less confident and unsure of where they wanted to take the horse, then maneuvers became “zigzag” and increasingly difficult. In interviews, participants thought about the necessity of having this leadership vision with patients in their care:

But even though we have to be present with our patient in the moment and be very connected step by step, we still have to have some kind of a vision about what our goal is or what we want the outcome, even of the day, of the visit, not of their lives or of their whole treatment necessarily, but what is the outcome we want.

Discussion

The EAL experiences in this study are consistent with EAL findings in previous anecdotal and research studies: confidence building and setting boundaries (Meinersmann et al., 2008), verbal communication, nonverbal communication, and body position (Kane, 2007); creative thinking “outside the box” and problem solving (Masini, 2010); trust, self-esteem, and communication; and partnership and teamwork (Adams et al., 2008). This study showed a continual, common thread of nurse presence. Nurse participants were challenged to self-discover while being present and in the moment with horses as well as with transferring the experience to patient care. These findings are consistent with research studies on nurse presence: Theme 1: The Experienced Novice—the presence of a caring being, the nurse (Nelms, 1996); Theme 2: Present in the Moment—touch, heightened awareness of relationships, circumstance, and environments (Parker, 1992); Theme 3: Discovery of Self—being fully in the moment, seeking to develop a trusting relationship, confidence in knowing, personal satisfaction and growth (Anders, 1997), and insight/intuition, self-confidence, and exchange of energy (Mohnkern, 1992); Theme 4: Team Building—relationship themes of mutual trust, and sharing, transcendent connectedness, and metaphysical experience (Covington, 2002); and Theme 5: Leadership—uniqueness, sensing, going beyond the scientific data, and knowing what will work and when to act (Doona, Chase, & Haggerty, 1999).

Nurse presence is a component of several well-known nursing theories and frameworks: Peplau (1952), Rogers (1970), Travelbee (1971), Paterson and Zderad, (1976), Parse (1981), Benner (1984), and Newman (1994). In this study, participants reported being empowered through EAL to develop themselves through self-awareness, building confidence, and advance verbal and nonverbal communication skills. For example, when a horse would not comply with the participant’s directions to back up, the participant was challenged to critically think and explore alternative ways for this to happen. The same held true for patient scenarios of nonadherence. This experience engaged participants in transformational way to look inward and discover the impact of their own state of being on the meaning of the experience and the impact of the events on both participant and horse.

This is the first formal qualitative descriptive phenomenological study of EAL with nurse participants (of which the authors are aware). Exploring this way of learning in the natural setting with horses brought innovative ideas and creative discovery to relation-based care. This natural environment set the stage for a pioneering, and potentially transformational, clinical practice test site.

The uniqueness of creating an equine clinical laboratory to investigate and capture an abstract concept such as nurse presence is critical to nursing praxis and the embodiment of a practice theory. It may well be a link whereby theory and practice can be uniquely, and conjointly, operationalized.

Summary of Findings

A quintessential concept within the nurse–patient relationship and a catalyst in helping patients achieve and maintain optimum health is the phenomenon of nurse presence. The ability to draw conclusions about the connection between what nurses do or say or think in the presence of patients and the resultant changes in their patient’s health is an essential requirement into the effectiveness of nursing. EAL has shown us that this unique style of innovative and often transformational learning has implications for strengthening individual nurses and their practice, for improving the nurse–patient relationship, and, most important, for further study at the intersection of nursing theory and practice. Further research using EAL to explore the nature
and impact within the nurse–patient relationship is recommended. The authors believe that this until-now uncharted area has the potential of opening a rich environment for the further development and study of the nurse–patient relationship especially in the area of “being with” the patient.

References


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