

Implementing Aromatherapy in Perioperative Setting to Promote Healing and Improve Patient Outcome

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Introduction: Current practice to improve patient comfort after surgery is heavily focused on analgesics and anxiolytics, but there are unwanted side effects. *Aromatherapy* is a non-pharmacological modality used to address patients' comfort post-operatively.

Identification of the problem: The PACU had fallen below the Press Ganey mean for the patient experience question "Nurses' Concern for Comfort" to address patient comfort.

EBP Question/Purpose: PICO question. Databases utilized. After a literature review was performed using PubMed and CINAHL, the PICO question for the project was designed: Does lavender aromatherapy affect orthopedic surgical patients' comfort in the postoperative phase of care?

Methods/Evidence: Utilizing the Iowa Model of EBP to Promote Quality Care, the PACU nurses formed a team, appraised and synthesized the literature. The team utilized process flow mapping and PDSA cycles to design a two-week pilot study. With three rapid PDSA cycles, the Holding Room and PACU nurses worked together to develop a visual trigger for all aromatherapy patients identified in the Holding Room along with documentation in the EMR; aromatherapy signage was placed in the admitting registration desk, and preop desk and the delivery of the aromatherapy was evaluated based on feedback from staff/patients. The PACU nurse reinforces the question, "we care for your comfort, so we offer the lavender aromatherapy tab" during recovery. A comparative analysis of Press Ganey scores pre and post-intervention will be used to evaluate the program.

Significance of Findings/Outcomes: Qualitative findings indicate that the majority of patients report positive feedback and improved comfort during the pilot period. 39% (30/76) of patients surveyed responded that nurses' concern for their comfort was addressed using aromatherapy vs. 29% (22/76) who did have their discomfort affected. The patient experience for nurses' concern for comfort went from 94.9 pre-intervention (9/22) to 97.1 post-intervention (12/22).

Implications for perianesthesia nurses and future research: Aromatherapy can promote comfort and improve the patient's experience in the immediate postoperative phase. Collaboration between preop and post-op nurses can help to facilitate aromatherapy implementation. Analysis of the Press Ganey results from post-intervention and further research on aromatherapy can provide insight into its effect on the patient's recovery.