

Aromatherapy Treatment

AT THE HEART OF PATIENT CARE

Real data, outcomes, and caregiver observations
from across departments and hospitals


A 2019 NGPX REPORT



INTRODUCTION

Since before the 2018 Joint Commission mandate requiring hospitals to offer non-pharmacological solutions to reduce pain and discomfort, doctors and nurses have been exploring new treatment opportunities in the area of low-cost, clinical aromatherapy. Already, aromatherapy made for clinical settings has become an easy, repeatable, low-cost solution with observed results in reducing anxiety, managing pain, and improving patient satisfaction.

Now, aromatherapy solutions manufactured specifically for clinical settings have grown in their adoption among hospitals nationwide. As we will find, nurses on the front lines with the authority to administer the treatment not only celebrate the results, but share their experiences and endorse aromatherapy solutions across both departmental and organizational lines.



“Everyone is concerned with improving patient experience, and using aromatherapy to alleviate anxiety, nausea, pain, and more is an important step in that direction.”

Jane Jeffrie Seley

DNP MSN MPH GNP BC-ADM CDE CDTC FADE FAAN

Program Manager & Diabetes Nurse Practitioner

NewYork-Presbyterian Hospital/Weill Cornell Medical Center

Despite growing adoption among medical practitioners and administrators, very little objective research and reporting has emerged to both quantify and qualify the results of aromatherapy applied in clinical settings. The Next-Generation Patient Experience (NGPX) conference partnered with the WBR Insights research group to identify and measure developing trends in this area through both data analysis and interviews with the medical professionals currently using aromatherapy in clinical settings themselves.

A background image of a field of lavender flowers in bloom, with some stems in the foreground and others in the distance. The overall tone is soft and natural.

KEY FINDINGS

76%

The vast majority (76%) believe aromatherapy can be a good solution as a non-pharmaceutical alternative for pain management.

73%

of respondents believe aromatherapy helps or can help improve the patient experience.

68%

of respondents claim their organizations have committed to an aromatherapy program, over half of which (37%) have already formally adopted their program.

67%

A majority of respondents are using, will use, or would consider using aromatherapy to help promote sleep (67%), help soothe queasiness (57%), and help with pain (66%).

66%

Among only those organizations that currently offer aromatherapy, 66% claim patient responses are either positive (44%) or highly positive (22%).

ABOUT THE STUDY

WBR Insights conducted a survey of 100 patient experience professionals, starting at the clinical level—those on the front lines in terms of identifying patient needs and results—and extending upwards. Feedback from survey respondents features both quantitative data and qualitative, open-ended responses, where respondents were asked to share their experiences and perspectives in their own words.

“We’re already using aromatherapy hospital-wide, so that’s an awesome thing! I am proud to say it started on my unit, from there other units heard about aromatherapy and wanted to try it as well. So, needless to say, it’s been very successful.”

Jessica Kennedy
BSN, RN, CMSRN
Mercy One Dubuque

Over one-quarter of respondents (28%) hold C-Suite executive positions as Chief / Patient Experience Officers (25%) or Chief Medical Officers (3%). Exactly half of respondents also hold executive positions as medical directors.

Most remaining respondents (19%) are directors of nursing or nurse managers; the remaining 3% of respondents are administrative managers or directors.

WHAT IS YOUR TITLE?

Chief Medical Officer

3%

Chief/Patient Experience Officer

25%

Medical Director

50%

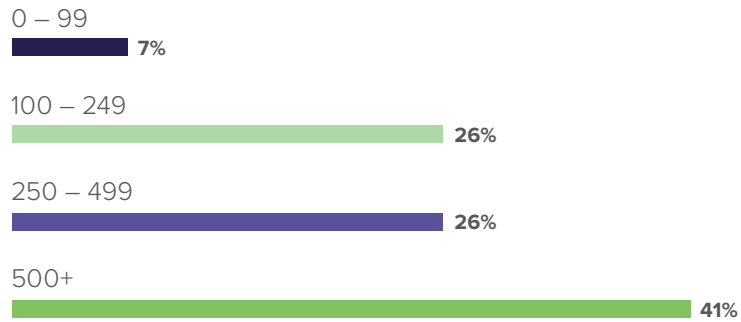
Director of Nursing/Nurse Manager

19%

Administrative Manager/Director

3%

HOW MANY BEDS DOES YOUR HOSPITAL HAVE?



AROMATHERAPY IN PRACTICE

“A lot of people haven’t heard about [aromatherapy] before... [but] most people see it as a positive thing, and they’re happy that we offered it as an option.”

Lisa H.
RN
Mid-sized regional medical center

When patients begin their journey towards recovery, symptoms of pain and discomfort are the first things they share with practitioners. Their suffering becomes a persistent problem, even as they move forward with treatment. As one Patient Experience Officer observes, “We have noticed a chronological sequence in which patients recollect their condition, and usually it’s the pain that they remember before the recovery.”

In fact, patients often visit hospitals specifically to resolve physical discomfort and to check the severity of their conditions. Results are secondary for patients who prefer to describe their symptoms with greater clarity, one medical director observes. From a patient’s point of view, anxiety, pain, and other physical symptoms take precedence, so these are brought to the forefront when practitioners discuss their medical condition with them or try to gain insights into what treatments they may require.

“It’s not always easy for a patient in a hospital, or any medical center for that matter. Anxiety and emotions are difficult to control and usually increase when the pain is intense. Results are just a confirmation of the actual situation.”

PATIENT EXPERIENCE OFFICER

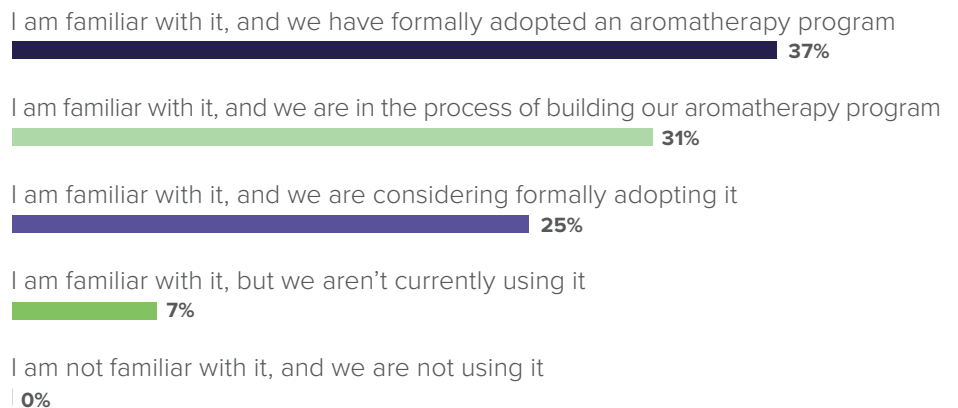
While pharmacological solutions are effective in targeting specific symptoms, hospital staff are in want for safe and flexible non-pharmacological solutions that help relieve common discomfort—pain, sleeplessness, anxiety about an upcoming procedure—and can be administered at the discretion of nurses and other providers on the front lines of patient care. Clinical aromatherapy has emerged as one such solution, and it is growing in popularity across departmental and organizational lines.

Most hospitals in the study are not only familiar with aromatherapy as a non-pharmacological approach, they are integrating aromatherapy treatment into at least one area of treatment in their facilities.

A wide majority of respondents (68%) represent hospitals that are proactive in their adoption. That is, over one-third of respondents in the study (37%) have already formally adopted aromatherapy programs; and nearly one-third of respondents (31%) are familiar with aromatherapy as a non-pharmacological approach and are in the process of building their aromatherapy programs. One-quarter of respondents are considering formal adoption of aromatherapy programs, while only 7% are not considering adoption.

We are looking to speak to hospital professionals who are familiar with aromatherapy programs as a non-pharmacological approach.

WHICH OF THE FOLLOWING IS TRUE FOR YOUR HOSPITAL?

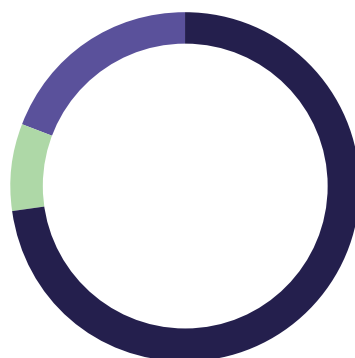


“Every year we do an evidence-based practice project which involves nurses bringing innovative ideas forward. This year, a team of nurses on the surgical services unit decided to research aromatherapy. Currently, the data is collected and we are in the analysis period. While not finalized, the results so far are very promising.”

Jessica Kennedy
BSN, RN, CMSRN
Mercy One Dubuque

Already, nearly three-quarters of respondents (73%) believe aromatherapy helps, or can help, to improve the patient experience in terms of physical discomfort and anxiousness. As we will find, caregivers celebrate the safety and universality of its applications—the effect that aromatherapy has had on the overall senses of patients and staff has made it popular and frequently prescribed.

AT YOUR HOSPITAL, DO YOU THINK AROMATHERAPY HELPS, OR CAN HELP, TO IMPROVE THE PATIENT EXPERIENCE?



- **73%** Yes
- **8%** No
- **19%** Uncertain

“Aromatherapy requires no formal training. The nurses have to read the delineated steps in the hospital’s integrative health policy on how to offer aromatherapy beginning with asking patient permission, assessing the patient, choosing the right oil based on patient need, and how to apply the tab to clothing or an object, not directly on the skin. It’s so quick and easy for anyone to implement this modality into practice.”

Jane Jeffrie Seley

DNP MSN MPH GNP BC-ADM CDE CDTC FADE FAAN

Program Manager & Diabetes Nurse Practitioner

NewYork-Presbyterian Hospital/Weill Cornell Medical Center

In fact, among the over one-third of hospitals in the study that have already formally adopted aromatherapy programs, 66% claim their patients have ‘positive’ or ‘highly positive’ responses—they find value in aromatherapy as part of their treatment. Among the 22% of this group who consider patients’ responses ‘highly positive,’ their patients are highly vocal about their satisfaction.

SINCE YOU CURRENTLY OFFER AROMATHERAPY, how would you describe your patients’ responses to aromatherapy?

Highly Positive – patients are vocal about their satisfaction with aromatherapy and consider it a valuable part of their treatment

 22%

Positive – patients find value in aromatherapy, whether or not they are highly vocal about it

 44%

Indifferent – patients acknowledge the use of aromatherapy, but they don’t necessarily differentiate it as being valuable

 22%

Negative – patients choose not to use aromatherapy, or patients request to exclude it from treatments

 12%

“It’s the manner in which aromatherapy works—where it has a vibrant effect on the senses—which patients and staff have been quite vocal and happy about,” says one director of nursing.

Most other respondents in this group (22%) claim their patients are indifferent about aromatherapy treatment—they don’t necessarily differentiate it as being valuable. Only 12% of respondents claim patients ask to bypass or exclude aromatherapy from their treatment plans.

Respondents note aromatherapy has made a noticeable difference in helping patients in terms of reducing stress and helping with anxiety. This form of therapy puts less stress on the body than others, which is why patients favor the treatment and staff are comfortable with further promoting its use.

“Doctors are only using aromatherapy as a supplementary therapy along with mainstream use of medicines. But patients are all for aromatherapy and its use to be widened.”

MEDICAL DIRECTOR

Among those respondents whose hospitals have adopted aromatherapy, many claim staff have given the same satisfactory reviews as patients. In one instance, treating mild anxiety, postsurgical nausea, menstrual pain, fungal infections, and other symptoms has led to widespread usage and provided welcome alternatives to staff looking to avoid unnecessary medication.

In fact, the vast majority of staff members at hospitals with active aromatherapy programs (83%) give aromatherapy treatment a ‘positive’ or ‘highly positive’ rating.

SINCE YOU CURRENTLY OFFER AROMATHERAPY, how do you think it impacts staff satisfaction?

Highly Positive – staff members are vocal about their satisfaction with aromatherapy and consider it a valuable tool to offer patients

 **28%**

Positive – staff members find value in aromatherapy, whether or not they are highly vocal about it

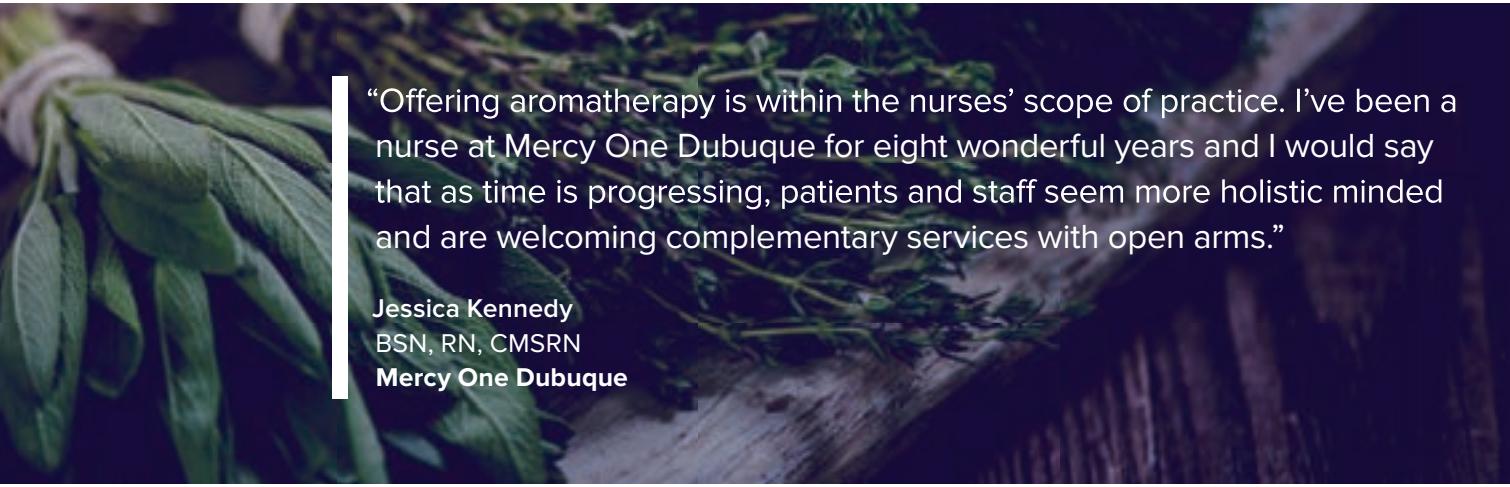
 **55%**

Indifferent – staff members acknowledge the use of aromatherapy, but they don’t necessarily differentiate it as being valuable

 **13%**

Negative – staff members choose not to use aromatherapy, or staff members request to exclude it from treatments

 **4%**



“Offering aromatherapy is within the nurses’ scope of practice. I’ve been a nurse at Mercy One Dubuque for eight wonderful years and I would say that as time is progressing, patients and staff seem more holistic minded and are welcoming complementary services with open arms.”

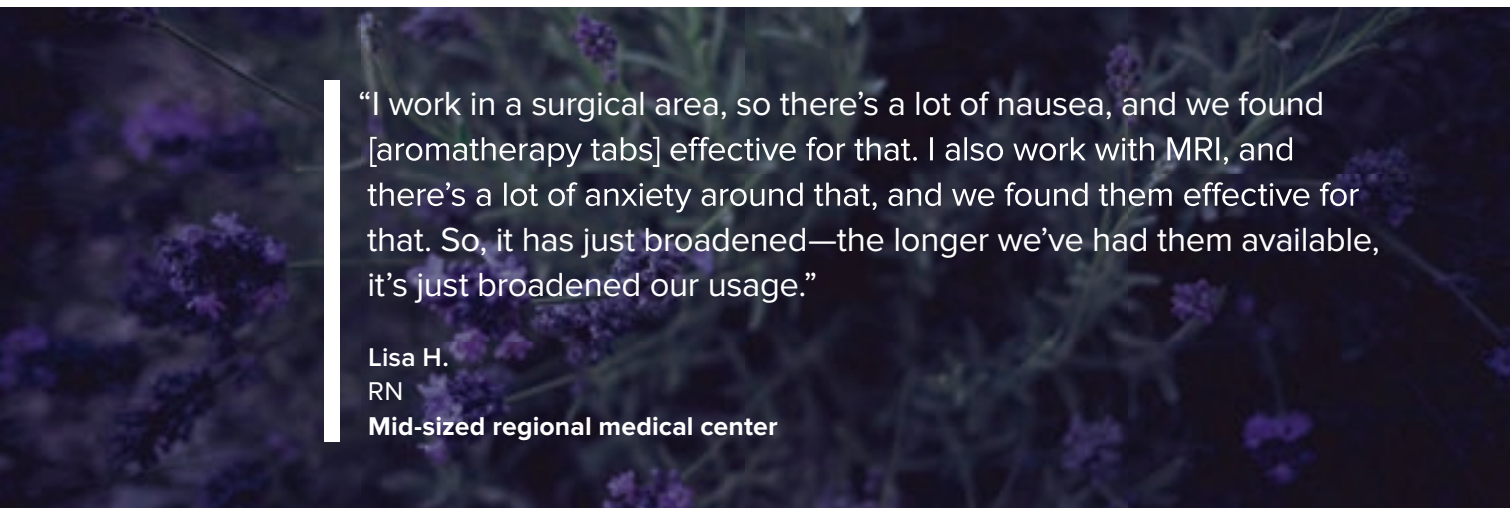
Jessica Kennedy
BSN, RN, CMSRN
Mercy One Dubuque

At over half of these hospitals (55%), staff members generally find value in aromatherapy; while over one-quarter (28%) report staff members both find value and are vocal about their satisfaction.

Only 13% of hospitals report staff members who are indifferent about aromatherapy treatment; and only 4% report staff members who take steps to opt out of aromatherapy.

As we will find, hospitals are discovering new uses and applications for aromatherapy as a supplementary treatment for patient discomfort—both physical and emotional—and across multiple departments. Applications include integrative therapies for cancer patients to normalize the side effects of cancer treatments, stress reduction during labor, and additional care during post ops and patient workshops following treatment.

A SUPPLEMENTARY TREATMENT FOR ANXIETY, DISCOMFORT, AND PAIN



“I work in a surgical area, so there’s a lot of nausea, and we found [aromatherapy tabs] effective for that. I also work with MRI, and there’s a lot of anxiety around that, and we found them effective for that. So, it has just broadened—the longer we’ve had them available, it’s just broadened our usage.”

Lisa H.
RN
Mid-sized regional medical center

Many respondents claim aromatherapy has improved results in patient satisfaction, reduced perceived stress levels, and provided a sense of well being for their patients. One of the most celebrated applications of aromatherapy in the study was for its treatment of anxiousness. As one respondent describes, patients often find it difficult to explain what they are experiencing when they are anxious—unlike pain, which is easy to describe and identify. Without a deeper understanding of patients’ anxiousness, medications are more difficult to prescribe, making aromatherapy a welcome alternative for practitioners.

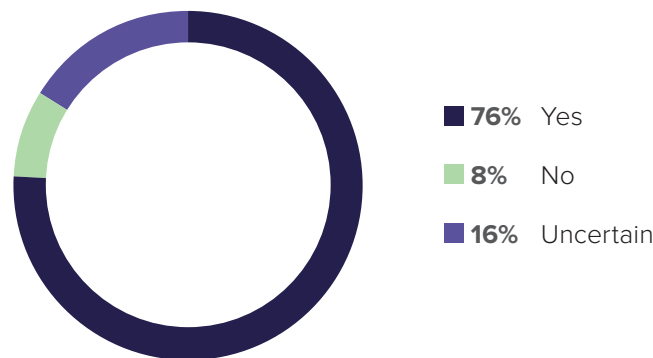
“We’ve treated several patients using aromatherapy and the results have always been outstanding... We have used it as a complementary and alternative therapy for cancers, and it has given us a ray of silver lining.”

DIRECTOR OF NURSING

Some of these patients have voluntarily incorporated aromatherapy into their lives after treatment, citing improvements in both the household and the workplace. In one case, after a successful emergency cervical cancer operation, the patient chose aromatherapy as her gateway treatment—she continues to use the treatment at home for several other purposes.

STUDIES HAVE SHOWN THAT IF A PATIENT IS MORE RELAXED, PAIN CAN DECREASE.

Do you agree that aromatherapy can be a good solution as a non-pharmacological alternative for pain management?



Now, medical professionals are aligning aromatherapy with legitimate studies into the symptoms it purports to treat. In fact, most respondents correlate aromatherapy in its capacity as a non-pharmacological alternative for pain management with formal studies indicating relaxed patients experience decreased levels of pain. 76% perceive aromatherapy in this light, while 16% are uncertain. Only 8% disagree with this correlation.

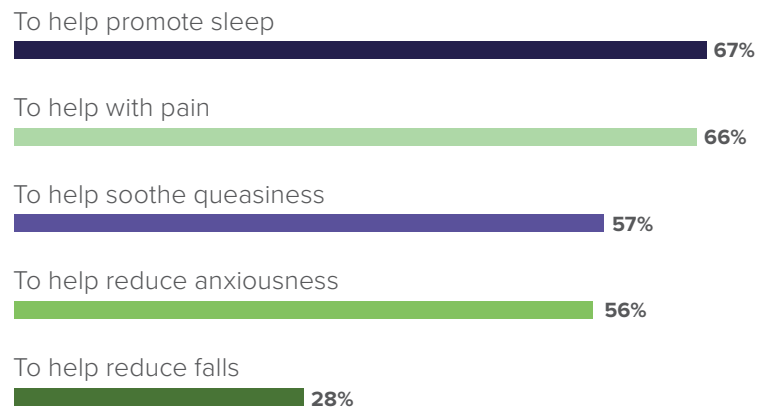
“You can just visibly watch them relaxing more. You can just see that the tension goes out of them... The tension’s gone out of their face, they’re resting better.”

Lisa H.
RN
Mid-sized regional medical center

According to our data, aromatherapy produces better results in some cases—and in certain departments—over others. “It has done a wonderful job in areas like sleep deprivation, nausea, [and] fatigue,” one medical director reports. In each case, a majority of all respondents identify four applications of aromatherapy that they use, will use, or would consider using in their hospitals.

Most respondents consider aromatherapy an appropriate treatment for promoting sleep (67%), helping with pain (66%), helping to soothe queasiness (57%) and helping reduce anxiousness (56%). Fewer respondents (28%) believe aromatherapy can help to reduce falls.

WHAT REASON DO YOU USE, WILL YOU USE, OR WOULD YOU CONSIDER USING AROMATHERAPY IN YOUR HOSPITAL?



In the instance of sleep, for example, respondents note substantial and hopeful results:

“One of our doctors was attending a case of Delirium in a toddler who was finding it difficult to sleep due to this condition. To induce sleep, we couldn’t increase the dose of medication; as an alternative, we used aromatherapy to help.”

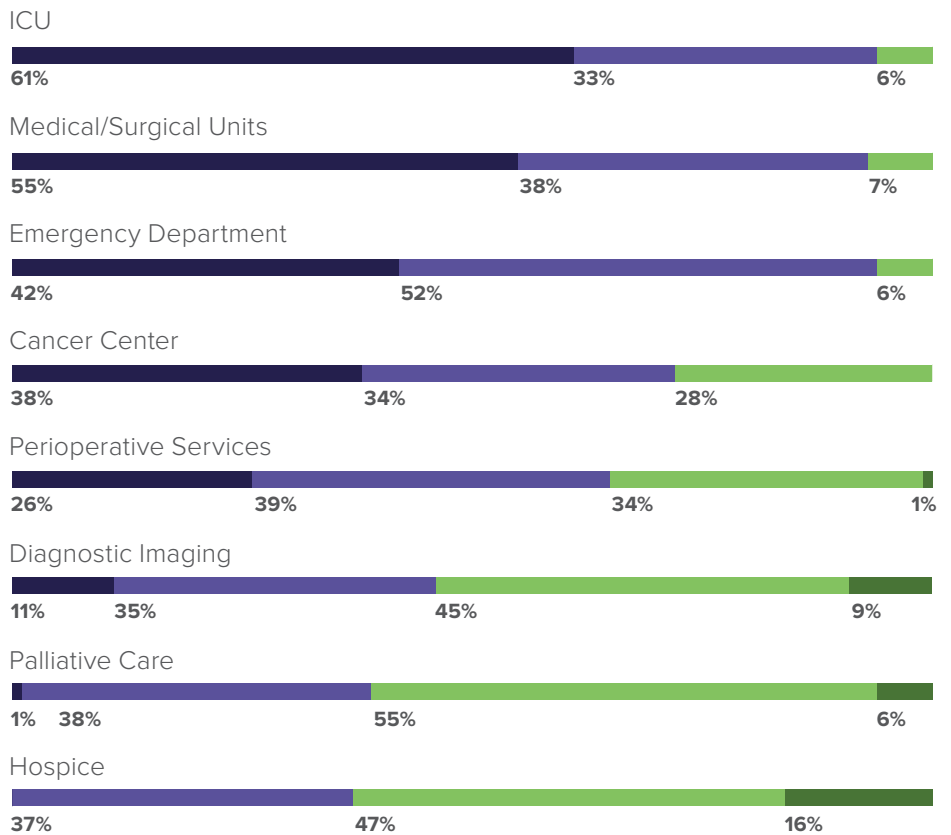
MEDICAL DIRECTOR

Hospitals are also becoming more sophisticated in their application of aromatherapy. In one case, practitioners have honed their expertise in creating blends that are suited to specific patient needs. “[Our] Staff is also highly satisfied by the way patients react to the use of [aromatherapy] for both common and extreme conditions,” the respondent says. Hospitals are also identifying specific cases and departments where aromatherapy is most effective.

Researchers asked respondents to rate the degrees of anxiousness practitioners regularly see in eight different hospital settings. They identify ICU patients (61%) and medical- or surgical-unit patients (55%) as commonly having the highest degrees of anxiousness. As one respondent describes, improving how patients feel after surgery or during generalized treatment can’t be overlooked as these are peak moments in the patient experience.


TO THE BEST OF YOUR ABILITY, PLEASE RATE WHICH DEPARTMENTS EXPERIENCE THE MOST PATIENT ANXIOUSNESS.

■ High Anxiousness ■ Moderate Anxiousness ■ Low Anxiousness ■ No Anxiousness




“We had a patient in intensive care who wasn’t responding well to mild sedatives, which were causing complications. The other option available was to introduce aromatherapy to help the patient sleep well.”

DIRECTOR OF NURSING



Emergency department patients have either moderate (52%) or high (42%) anxiousness for the vast majority of hospitals. Aromatherapy can be used in the emergency department to calm patients down, allowing staff to work more easily during crisis situations.


Both patients and staff in other departments have requested aromatherapy installations like those in other departments, having witnessed their success. In cancer centers, for example, most patients also experience a moderate (34%) or high (38%) degree of anxiousness; the same goes for perioperative services, where most patients experience a moderate (39%) or high (26%) degree of anxiousness as well.



“I work in emergency rooms and also the surgical procedure area... We get in-patients that come down for procedures. They have [aromatherapy tabs] on and I’ve seen them used in the emergency room as well as pre-op, recovery, [and] imaging.”

Lisa H.
RN

Mid-sized regional medical center



In most remaining departments, the majority of patients have either low levels of anxiousness or no anxiousness at all. This includes diagnostic imaging units (45% and 9%, respectively); palliative care (55% and 6%, respectively); and hospice care (47% and 16%, respectively). Other departments cited for patient anxiousness include psychiatry, maternity, neurology, hematology, trauma, geriatrics, and others, many of which respondents cited as effective areas for aromatherapy treatment.

Despite these successes, some doctors are cautious while prescribing aromatherapy due to the slow nature of recovery. Some respondents who use aromatherapy cite negative patient responses and indifference among staff members. They describe allergies, patient misunderstandings about safety and dosage, and a lack of willingness among staff members as problem areas.

Still, patients who prefer alternative medicine are quite vocal about the use of this therapy. No matter patients’ preconceptions about modern medicine and caregiving, the vast majority of hospitals with existing programs have high marks for aromatherapy as a treatment and see future successes in other departments. As we will find, the immanence of aromatherapy will deliver organizational benefits as well.

AROMATHERAPY AS AN ORGANIZATIONAL BENEFIT

“What was needed to move forward was to create a policy for nurses and an algorithm for use. The use of aromatherapy in our clinical setting has been very well received by our patients as well as staff.”

Jessica Kennedy
BSN, RN, CMSRN
Mercy One Dubuque

In 2018, The Joint Commission released its updated pain assessment and management standards, requiring hospitals to outline a multi-level approach to pain management to help frontline staff deliver safe, individualized pain treatment. Hospitals are realizing non-pharmacological therapy and stress management programs are both contributors to successful treatment and another means to fulfill both their regulatory obligations and their duty to provide safe and supportive care.

Now, 27% of all respondents in the study have a formal program of this kind in direct response to the 2018 Joint Commission mandate. Nearly half (42%) are looking to create an alternative using a non-pharmacological approach, be it aromatherapy or some other solution.

The wide-ranging application of aromatherapy for patient discomfort and the prevalence of pain in multiple patient scenarios make it a strong choice for hospitals seeking to fulfill the Joint Commission’s requirements.

ARE YOU AWARE OF THE 2018 JOINT COMMISSION REVISED REGULATION

mandating that a non-pharmacological approach must be offered as an alternative for pain management?

Yes, we have a non-pharmacological program in place for pain

27%

Yes, we are looking to create an alternative using a non-pharmacological approach

42%

Yes, but we have nothing in place for a non-pharmacological approach

26%

We are not aware of this revision from The Joint Commission

5%

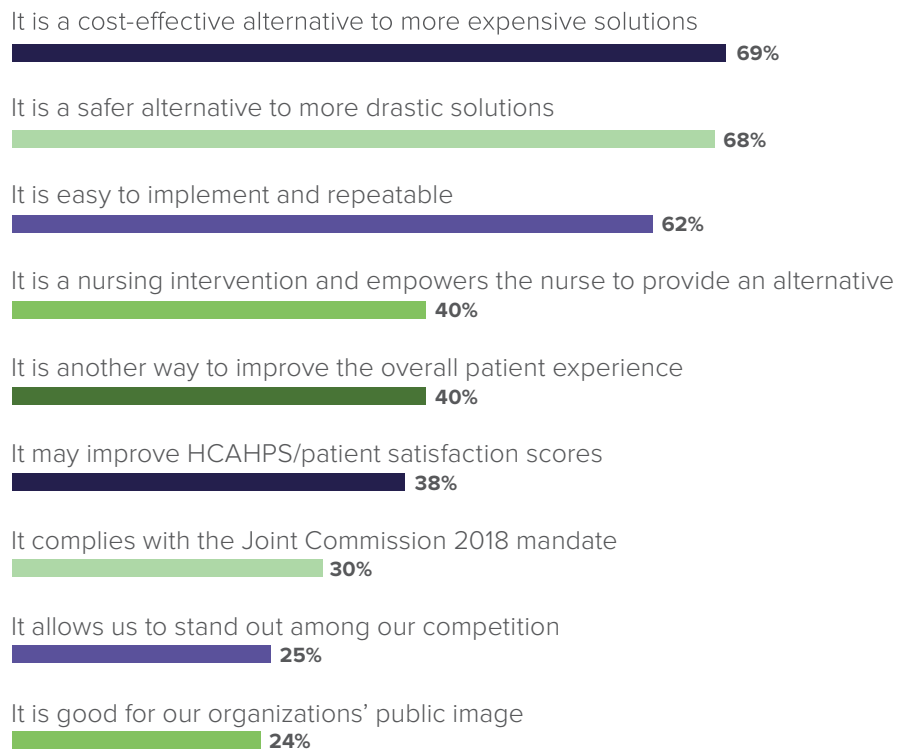
“My facility is pretty driven on data, so if a company came to them with other options and were able to show the evidence-based practice on the results, they would be willing to look at it.”

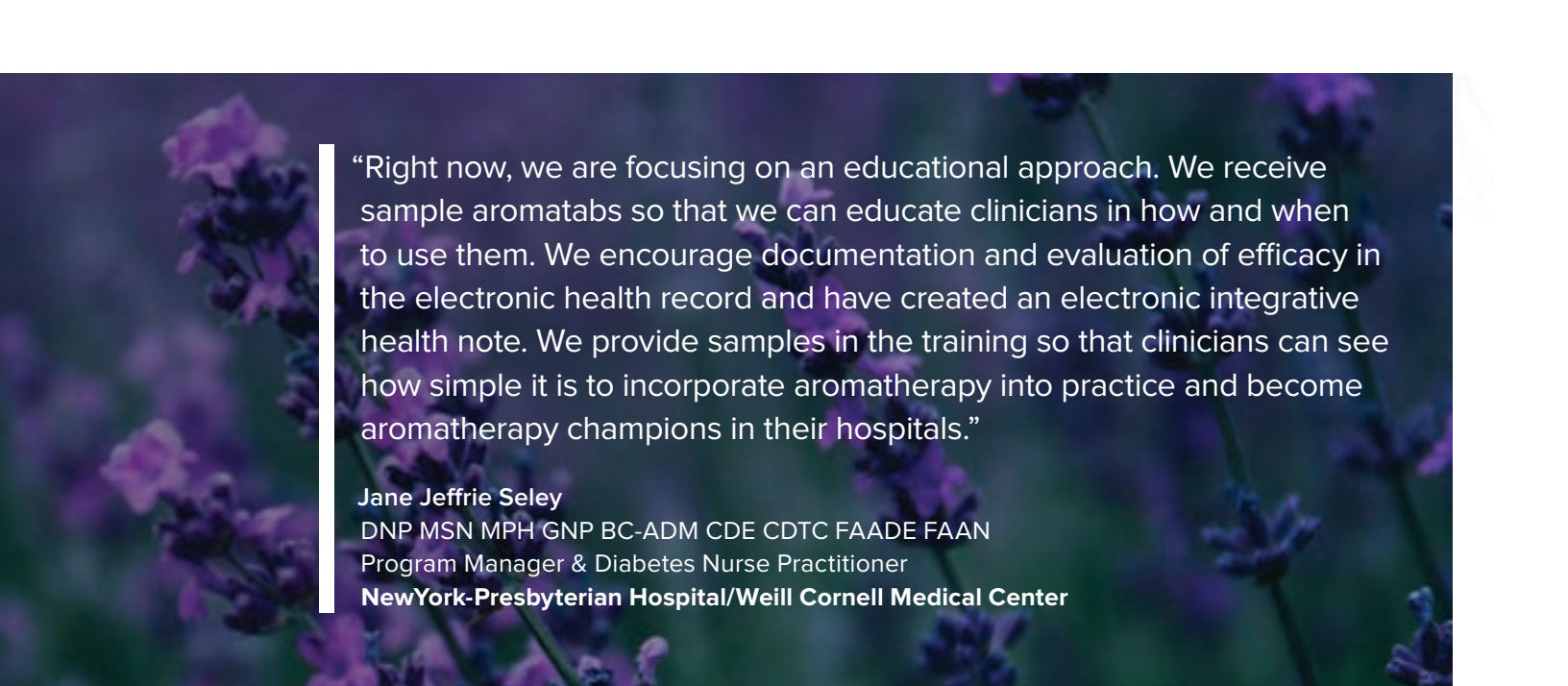
Lisa H.
RN
Mid-sized regional medical center

In addition to compliance, hospitals are realizing new benefits and opportunities in preparedness, risk aversion, and cost savings. In each case, a majority of respondents highlight three organizational benefits associated with formal aromatherapy programs—whether they have currently implemented one or not.

Sixty-nine percent consider aromatherapy a cost-effective alternative to more expensive solutions; similarly, 68% consider it a safer alternative to more drastic solutions, including some pain or anxiety medications. Most respondents (62%) believe the ease and repeatability of implementing aromatherapy programs also offers organizational benefits.

WHETHER OR NOT YOU ARE USING AROMATHERAPY, what do you consider the benefits of this method from an organizational standpoint?





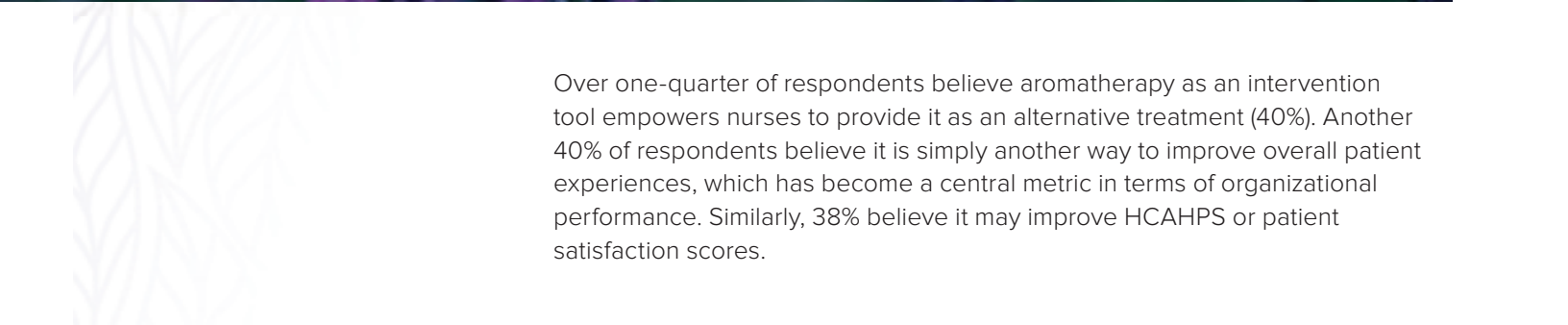
“Right now, we are focusing on an educational approach. We receive sample aromatabs so that we can educate clinicians in how and when to use them. We encourage documentation and evaluation of efficacy in the electronic health record and have created an electronic integrative health note. We provide samples in the training so that clinicians can see how simple it is to incorporate aromatherapy into practice and become aromatherapy champions in their hospitals.”

Jane Jeffrie Seley

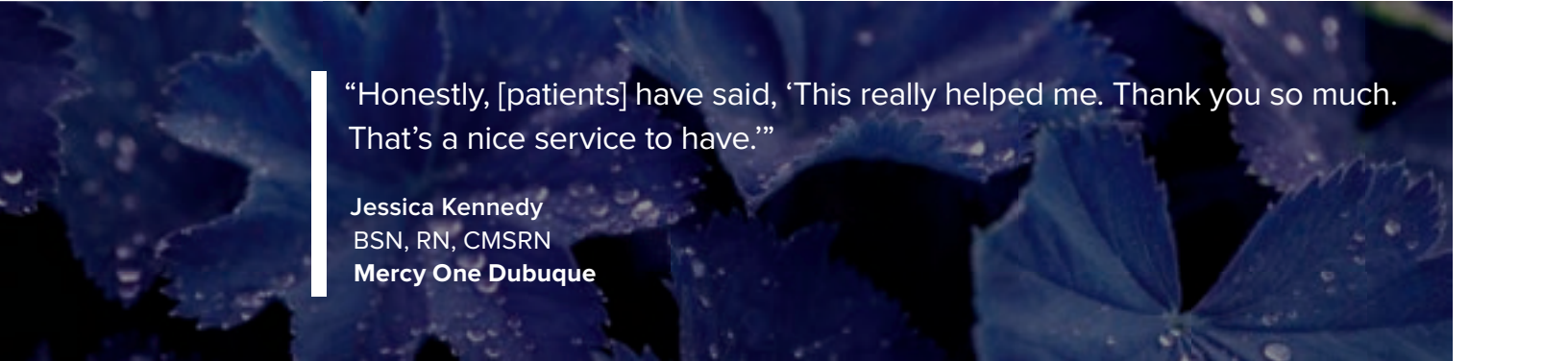
DNP MSN MPH GNP BC-ADM CDE CDTA FADE FAAN

Program Manager & Diabetes Nurse Practitioner

NewYork-Presbyterian Hospital/Weill Cornell Medical Center



Over one-quarter of respondents believe aromatherapy as an intervention tool empowers nurses to provide it as an alternative treatment (40%). Another 40% of respondents believe it is simply another way to improve overall patient experiences, which has become a central metric in terms of organizational performance. Similarly, 38% believe it may improve HCAHPS or patient satisfaction scores.



“Honestly, [patients] have said, ‘This really helped me. Thank you so much. That’s a nice service to have.’”

Jessica Kennedy

BSN, RN, CMSRN

Mercy One Dubuque

Fewer respondents acknowledge competitive organizational benefits as a result of aromatherapy adoption. One-quarter of respondents claim aromatherapy allows them to stand out among their competitors, and nearly one-quarter (24%) believe it is good for their organizations’ public image.

Instead, respondents indicate the most rewarding organizational benefit of aromatherapy is the relief they see in their patients and the opportunities available to staff to expand its use. As one nurse manager observes, “It is rewarding when patients feel the difference and their day-to-day activities are enhanced... We prefer to interact with them and get their clear ideas on how it can be improved even further.”

A background image of lavender flowers in shades of purple and blue, with a large, faint circular graphic overlaid on the right side.

CONCLUSION

“We have found it very effective in combination with traditional medical care. You don’t have anything to lose in trying... it’s something worth offering in trying to determine if you think it’s something you want to add to your facility.”

LISA H.
RN, Mid-sized regional medical center

As the study suggests, the most widely acknowledged advantage of aromatherapy treatment is, perhaps, its universality. Despite some instances of allergies and communication issues about its uses and benefits, it is the caregivers on the front lines who are acknowledging the treatment’s advantages and are spurring its adoption across organizations and departments. No matter the scenario, practitioners are finding a wide range of applications to assist with patient discomfort and pain. That list is sure to expand with industry-wide adoption.

ABOUT THE AUTHORS

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