Aromatherapy Intervention to Reduce the Anxiety and Depression Levels of Family Members and Friends of Patients with Traumatic Injury
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PROBLEM: Acute illness requiring hospitalization is a stressful event for the patient, their family, and friends.

EVIDENCE: Hospitalization can have negative effects on any individual close to the patient; these effects may include emotional distress and psychological disturbances (Auerbach, et. al., 2005).

STRATEGY: In 2011, the trauma unit researched best practice for alleviating anxiety and depression levels of family members and friends of patients in the Trauma ICU. Research has shown that patients benefit from Aromatherapy. This raised the question if we would find similar results on family and friends of the patient during and after their administration of aromatherapy to the patient.

PRACTICE CHANGE: Aromatherapy administered by the nurses was the standard of care for patients admitted to the Trauma ICU at Texas Health Harris Methodist Hospital Fort Worth. The TICU staff encourages family and friends to be actively involved in the care of hospitalized patients. In order to decrease the stress of family and friends, we now have them participate in the administration of aromatherapy to the patient.

EVALUATION: Anxiety and depression levels were measured using the Hospital Anxiety and Depression Scale (HADS) pre and post administration of aromatherapy by the patient's family and friends.

RESULTS: A total anxiety and depression score pre and post application of aromatherapy was calculated as a representation of the level of anxiety and depression. Comparison analyses were completed to evaluate differences between the control and experimental group. The results showed a statistically significant reduction in the anxiety and depression levels of family members and friends of patients in the experimental group.

RECOMMENDATIONS: Propose to use this concept in all interested patients and family members. This concept is not limited to the ICU.

LESSONS LEARNED: Learned about the research process and writing for publication. Consenting patients was difficult secondary to family participation.
BIBLIOGRAPHY:


