

# Implementation of aromatherapy for patients hospitalised in a palliative care unit in Ticino



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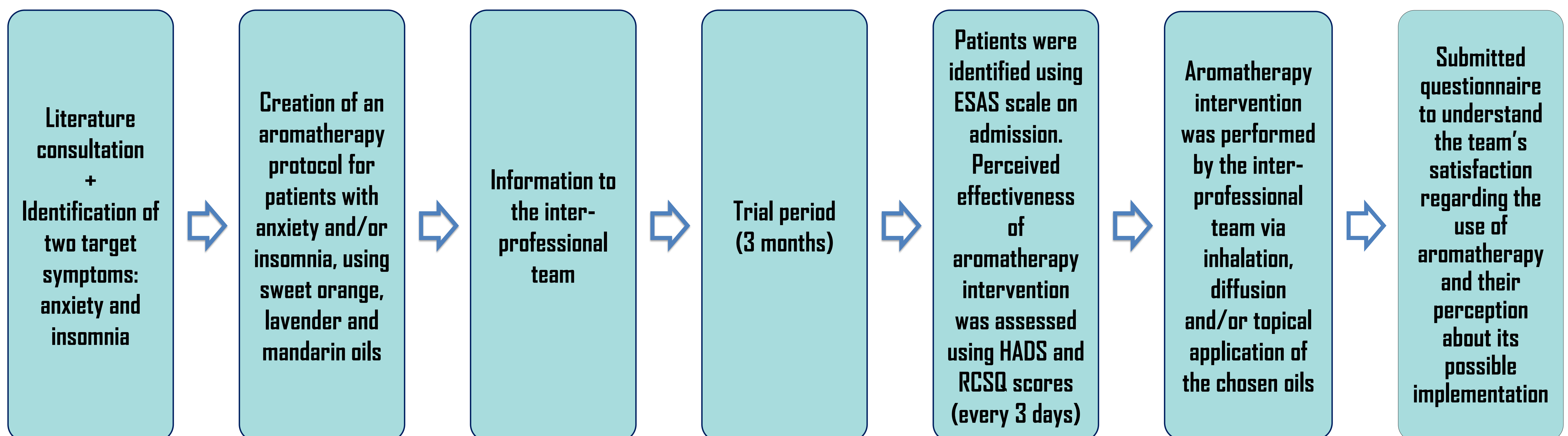
## Background

Recent studies show that palliative care patients are resorting to aromatherapy to improve their well-being. Aromatherapy is a well-accepted complementary therapy not only by patients with advanced diseases but also by their caregivers. Still, palliative care professionals might be unaware of the indications, modes of employment and effects of these treatments. For these reasons, hospitalised palliative care patients might not be able to continue their treatments during hospitalisation and might not be sufficiently informed by staff about the possible therapeutic benefits.

## Aim and objectives

This project aimed to implement aromatherapy in the Palliative Care inpatient unit in Ospedale Italiano by first piloting the introduction of three oils for the most frequent symptoms reported by palliative care patients.

## Methods



Project implementation steps: from the identification of target symptoms to the use of an aromatherapy protocol within our inpatient unit.

## Results

A protocol was duly created to introduce aromatherapy to complement the treatment of two frequent symptoms in palliative care; anxiety and insomnia. Specific essential oils that have evidence of effectiveness were chosen: sweet orange for anxiety; lavender or mandarin (in case lavender was perceived as too pungent) for insomnia. The protocol included testing for allergic reactions before the oil application and instructions on how to use the oils (dosage, application type and frequency).

The perceived effectiveness of the aromatherapy intervention was assessed at the start and every three days after the first application. The Hospital Anxiety and Depression Scale was used to assess anxiety and the Richards-Campbell Sleep Questionnaire for insomnia. Each patient completed the Edmonton Symptom Assessment System scale on admission and at discharge. A questionnaire was submitted to the nursing team to understand their satisfaction about the aromatherapy and their perception

During the trial period (from 7<sup>th</sup> November 2022 to 28<sup>th</sup> February 2023), 13 patients were monitored. The majority of them were women; some patients had already used aromatherapy but had diverse understandings of its effects and modes of employment. Most aromatherapy interventions were to alleviate anxiety, and the preferred application type by patients was via diffusion. Six patients deteriorated during the trial period leading to some missing data at discharge. All patients reported having had a positive experience after each aromatherapy intervention. A few patients also asked about the possibility of using the oils after their discharge.

All members of the nursing team answered the questionnaire (n=13): two colleagues experienced some difficulties with the aromatherapy's modes of employment, but globally an overall positive experience was reported, and professionals reported having noticed an improvement in the patient's well-being during the trial period. The team recognised the feasibility of implementing aromatherapy within the unit and reported the need for specific training on the topic.

Data collected during trial period (3 months)	Total
<b>Patients enrolled in the project</b>	<b>13</b>
Male	2
Female	11
<b>Age (years, average)</b>	<b>72,1</b>
<b>Length of stay (days, average)</b>	<b>13,2</b>
<b>Patients with target symptoms</b>	
Anxiety	10
Insomnia	3
<b>Anxiety scores* (average)</b>	
ESAS (on admission and discharge)	7 ; 3,2
HADS (on admission and discharge)	9,8 ; 9,1
<b>Insomnia scores* (average)</b>	
ESAS (on admission and discharge)	7,3 ; 4,5
RCSQ (on admission and discharge)	406 ; 435
<b>Oils applied (number of patients)</b>	
Sweet orange	10
Lavender	1
Mandarin	2
<b>Application type</b>	
Diffusion	13
Inhalation	2
Massage	11
Bath/foot bath	2

\*Some missing data at discharge

## Conclusions

Aromatherapy will be implemented in the Palliative Care inpatient unit in Lugano, after a specific training for the interprofessional team is held. The protocol will be further adapted to include the management of additional symptoms and will also be implemented at the other inpatient unit in Bellinzona.