Nurse Leader Rounding with Lavender Aromatherapy & Patient Satisfaction

November 3, 2023
Introduction & Background

- Pt.’s discharged home receive HCAHPS survey, satisfaction measured by “likelihood to recommend” score for facility
- Scores prior to the study were worst in system
- Nurse leader rounds could help improve scores by resolving issues “in the moment”
- Adding lavender aromatherapy may also improve satisfaction by decreasing stress an anxiety
Research Problem & Significance

- Used separately, nurse leader rounds and use of aromatherapy have shown benefits in previous studies.
- No studies to date have combined nurse leader rounds and aromatherapy.
- HCAHPS scores for likelihood to recommend from Dec. 21’-Feb 22’ only 55.3% for “definitely yes”.
Research Question

“Will providing lavender aromatherapy (via face cloths) to patients during daily nurse leader rounding improve HCAHPS patient satisfaction scores as compared to those receiving only daily nurse leader rounds?”
Method & Study Design

• A Quasi-experimental study utilizing a convenience sample of hospitalized medical-surgical patients
• Second floor (MRMU) served as the control group receiving ONLY nurse leader rounds daily (M-F)
• Third floor served as intervention group. Rounds ONLY completed on those who consented for study, and received a lavender-infused warm face cloth at completion of nurse leader rounds
• Concerns addressed directly with floor nurse/unit leadership
Subjects, Sample, Setting

• **Inclusion Criteria**: alerted, oriented adults >= 18 years, English speaking patients on 3rd floor

• **Exclusion Criteria**: inability to provide informed consent, wash or remove cloth from own face/neck, sensitivity to lavender or unable to tolerate scent, any precautions (c-diff, flu, etc.)

• **Goal**: Minimum of 81 in each group, 98 to account for 20% attrition
Recruitment & Consenting

• Recruited from newly admitted “list”, if agreeable
• Skin-patch test (screen for sensitivity to lavender and aloe vera)
• After consent, door sign placed on room door to identify study participants
• Nurse leader rounds occurred in afternoon (2-5pm)
Intervention

• To infuse face cloths with lavender, for each cloth, 2 drops of lavender and 2 drops of aloe vera (emulsifier) added to 1 cup of warm water
• Cloths then placed in towel warmer until nurse leader rounds
• Patients instructed to place cloth across neck or over face if tolerable and just breathe for a few minutes
Data Collected

Demographics collected from both groups: age, race, gender, smoking status, admitting diagnosis (later changed to medical, surgical, Hospice), number of days of current admission, number of times rounded on.

Results from rounding entered into Redcap Database.
Results

Likeliness to Recommend

Axis Title

- June: 57, 63
- July: 65, 54
- August: 68, 51
- September: 50, 46
- October: 65, 39
- November: 48, 42

N Size: 30, 33; 27, 37; 19, 45; 20, 37; 27, 39; 25, 24
Results

• 960 episodes of rounding
• 332 control patients rounded on
• 49 interventional patients rounded on
• Control = average number per day 18.5
• Intervention = average number per day 2-3
• Positive comment on HCAHPS
Limitations

• Time commitment from leaders to round daily/consent
• Consenting process was more challenging than initially expected
• Patients discharged to SNF never receive HCAHPS survey
• Patients who expired, family does not receive HCAHPS survey
• Control and intervention groups were not similar, no inferences could be made
• Outcome measure was too broad to see a difference
References


