Improving Nurses' Proficiency and Confidence in the Use of Aromatherapy for Patients in the Hospice Setting

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Improving Nurses' Proficiency and Confidence in the Use of Aromatherapy for Patients in the Hospice Setting.

Erika Bigwood-Keaton

USF
Abstract

The Institute of Medicine noted patient centered care as one of the six priority areas of improvement for the U.S. healthcare system. Recognizing that patients in hospice require specialized care to address the physical, emotional and spiritual needs that are associated with a terminal illness, the focus of this project is to improve the hospice nurses’ knowledge of and confidence in the use of aromatherapy for symptom management. There is recognition within the field of healthcare that patients are interested in having options for treatment. With little to no side effects, aromatherapy has been shown to be an effective alternative to traditional pharmaceuticals for certain symptoms. Results of an onsite survey conducted in October 2017 identified that that 91% of nursing staff expressed an interest in learning more about aromatherapy but that only 22% had confidence in their knowledge of complementary therapies for symptom management. Using the seven stages of Lippitt’s theory of change as a guideline, the motivation for and barriers to implementing aromatherapy into the nurses’ practice were addressed. Following an on-line training course in the use of a pre-prepared patch of essential oils, confidence levels in the use of aromatherapy for symptom management rose to 80% with those nurses affirming that they would be likely to recommend aromatherapy to their patients. The remaining 20% felt that they either needed more training or lacked an interest in providing this modality as an option for treatment. This is an important first step to establishing a formal program of aromatherapy for this agency.

Keywords: hospice, aromatherapy, complementary therapies
Clinical Leadership Theme

The purpose of this project is to improve the knowledge and confidence of the hospice nurses’ use of aromatherapy for symptom management by providing education and training on the use of the aromatherapy patch. The goal of hospice is to address the various physical, spiritual, emotional and social needs of patients who are facing the end of their lives. Each patient’s process is unique and needs to be approached with a care plan that is individualized and patient-centered. In order to provide individualized care the hospice agency must be able to offer more than just the standard pharmaceutical model for symptom management. The framework of this project revolves around patient centered care including themes of patient advocacy and professional education as outlined by the American Association of Colleges of Nursing (AACN) in the *White Paper on the Education and Role of the Clinical Nurse Leader* (February, 2007) and then further developed in the *Competencies and Curricular Expectations for Clinical Nurse Leader Education and Practice* (October 2013). In these papers it is recognized that in taking on the role of leaders, the clinical nurse leader (CNL) must focus on care that is patient-centered. In addition, the CNL facilitates the learning and professional development of other health professionals.

To implement the global aim of patient-centered care the process begins with the patient’s need for symptom management and ends with the patient having a choice between traditional pharmaceuticals and a form of complementary medicine, in this case aromatherapy. By working on this process we expect to (1) improve the nurses’ knowledge base on and confidence in the use of aromatherapy and (2) offer an additional treatment option to the patients for symptom management. This is critical and timely work now because (1) a knowledge deficit in the use of aromatherapy among this cohort of hospice nurses has been identified, (2) there is
currently a high interest in the use of complementary treatment modalities for symptom management among the staff and upper management of the agency and (3) patients would benefit from having choices for symptom management.

**Statement of the Problem**

Standard medications have been effective in providing relief of symptoms that are associated with serious illnesses, however, they come with the risk of side effects that can be debilitating and decrease one’s quality of life. Pharmaceutical use may also be limited due to either the age of the patient and/or the extent of disease in the organs where medications are metabolized. The majority of hospice patients are elderly and it is recognized that older adults experience more adverse effects from drug therapy due to the normal physiological changes that occur during the aging process (Adams, Holland & Urban, 2017). With health care consumers inquiring more about complementary approaches to symptom management (Running, Shreffler-Grant, & Andrews, 2008) it is necessary to research viable treatment options for symptoms to meet the needs of the hospice patient.

The nurse’s experience of patients refusing medications due to the fears of side effects is a common one. In a survey conducted at the hospice site, 100% of nurses responded that they have had patients refuse medications because of the negative side effects associated with the medication offered (Appendix B). Aromatherapy provides a non-invasive option that has been shown to provide relief from a variety of symptoms with little to no side effects And is classified by the U.S. Food and Drug Administration as GRAS (generally recognized as safe) (U.S. Department of Health and Human Services. 2017). The Hospice and Palliative Nurses Association (HPNA) notes the need for hospice and palliative care providers to be informed and educated on the varying complementary therapies available to patients. To define the problem, a
survey of the hospice nurse cohort was conducted (see Appendix A). The survey identified that the nurses in this cohort had a strong interest in learning more about complementary therapies. A large percentage of the nurses (96%) responded that they felt complementary therapies could offer patients in hospice care improved quality of life and 91% of nurses indicated a desire to learn more about aromatherapy. This hospice agency serves the Sonoma and North and West Marin communities where interest in complementary medications is strong making this project both relevant and sustainable.

**Project Overview**

This project revolves around patient centered care and patient choice. The aim of the project is to increase the hospice nurses’ knowledge of and confidence in the use of aromatherapy for symptom management. A survey of nursing staff conducted at Hospice of Petaluma showed that 96% felt that complementary therapies could offer patients in hospice care improved quality of life yet only 14% felt that the organization provided a “wide range of complementary therapy options for patients” (Appendix A). The aromatherapy patch offers the clinician a simple modality to offer patients, which requires minimal training and education to administer. This non-pharmaceutical intervention for symptom management is safe and is absent from the potentially debilitating side effects of traditional medication.

The overall plan for improvement has been divided into three phases. Phases I and II follow the specific aim of the clinical nurse leader project which is to improve nurses' knowledge of and confidence in the use of aromatherapy for symptom management. Phase III directs the actual implementation of the improvement plan which involves a PDSA to pilot the use of the aromatherapy patch with patients on hospice services.
The internal preparation of the project occurs during Phase I. This includes research and procurement of funding for the product and the corresponding training materials as well as consultations with the aromatherapist to determine the appropriate choices of essential oil combinations for our patient population. At the outset a survey was administered to nursing staff to evaluate the need for and attitude toward aromatherapy in hospice care. This survey also provided a baseline from which to gauge the effectiveness of the training program. Phase II involves the training of the nurses on the practice of aromatherapy. In order to provide aromatherapy to patients, nurses must be educated on the benefits of and any associated risks or contraindications (HPNA, 2015; Osaka, Kurihara, Tanaka, Nishizake, Aoki & Adachi, 2009; Maddocks-Jennings, Wilkinson, 2004). One method of delivering the essential oils used in aromatherapy is through a pre-prepared patch. Training modules will be available to nurses and will include the basics of aromatherapy and essential oils, how to identify patients who may benefit from the aromatherapy patch and how to recognize contraindications and possible side effects related to the use of aromatherapy. Having prepared modules will provide the nurses with uniform training on the product ensuring consistency in the educational component. This training will provide the framework for the organization’s end goal of creating a validated offering of aromatherapy to all patients who express an interest. The final phase of the improvement plan, which will include a PDSA cycle, will be conducted post-project and will focus on educating and offering the patch therapy to patients who are identified as appropriate.
Rationale

In order to identify the presence of potential barriers to providing individualized care at this hospice agency, a microsystem analysis was conducted. The analysis identified a gap in knowledge and confidence around the use of complementary therapies for symptom management and a need for additional treatment options offered to patients for the relief of their symptoms especially when conventional medications fail or become debilitating. The use of allopathic medications for symptom management is the dominant modality at this agency and complementary or alternative forms of therapy are not formally incorporated into clinical practice. A survey conducted at the site found that 40% of the nurses had been asked about the use of complementary therapies for symptom management by their patients yet only 22% of the nurses in the agency felt confident in their knowledge of using complementary therapies (See Appendix B).

Our society has an interest in the use of complementary therapies as an adjunct to traditional medications. According to Madsen, Vaughan & Koehlmoos (2017) the National Center for Complementary and Integrative Health (NCCIH) estimates that 30% of adults are using CAM therapies for the relief of symptoms related to multi-factorial and /or chronic illnesses that are typically difficult to treat. Bercovitz (2011) noted that in 2007 41.8% of hospice care providers offered some type of complementary and alternative therapies to their patients. There is recognition within the health care field that providing only pharmacological approaches to symptom management may be inadequate. The Hospice and Palliative Nurses Association (HPNA, 2015) wrote a position paper on alternative therapies which states there is a recognized need for hospice and palliative care providers to be educated and informed on the available alternative therapies, their costs, interactions, risks and benefits.
More health care providers and their patients are appreciating the value of complementary therapies as an adjunct to traditional medications. Complementary therapies have been shown to decrease a patient’s anxiety and pain and provide them with a greater sense of control over treatment decisions giving patients an enhanced feeling of satisfaction (Running, Shreffler-Grant & Andrews, 2008).

The hospice industry continues to grow. From 2004 to 2014 the number of patients served by a hospice agency increased by 56% (National Hospice & Palliative Care Organization. 2015). Along with this increase in patients being served there has also been an increase in agencies. Between 2001 and 2008 the for-profit hospice industry grew by 128% while the non-profit organizations grew by only 1% (Physicians for a National Health Program. 2011). As more hospice agencies are established and competition increases it becomes more difficult to distinguish one particular agency over another at first glance. Providing patients with alternative modalities for their symptom management not only will improve patient outcomes but also has the potential to increase the agencies marketability. Demmer & Sauer (2002) noted that patients who were recipients of complementary therapy within their hospice program were overall more satisfied with the hospice agency. With greater patient satisfaction there is increased customer loyalty, increased staff morale and increased personal and professional satisfaction (Prakash. 2010). A SWOT analysis was performed to identify the internal and external factors that may affect the project’s success (Appendix C). Patients today are more savvy healthcare consumers. Offering more choices to patients and their families within the hospice program will make the hospice agency more appealing to community members who are looking for choice and control over their care.
Methodology

The primary objective of this project is to prompt a change in the nurses’ approach to symptom management by improving the nurses’ knowledge and confidence in the use of aromatherapy. Making this change takes time and effort on the part of the nurses as well as the organization. Lippitt’s Theory of Change (Appendix D) was chosen as a guideline for planning the needed change. This theory takes into account the role and responsibility of an external change agent (the nurses) rather than on the process of change alone. Lippitt’s theory describes seven stages of change and although it expands on the earlier theories of Lewin and Rogers it’s framework is more detailed and focuses on problem solving. Lippitt’s theory is appealing to nursing practice as the seven stages can be linked to the four principles of the nursing process: assessment, planning, implementation and evaluation (Mitchell, 2013).

The first step involved identifying a problem within the microsystem. When discussing the symptom management of complex patients it became apparent that there was deficit in knowledge and confidence around the use of complementary therapies in this cohort of nurses. By holding several informal meetings the drive and motivation for introducing complementary therapies into practice was established. A survey showed that 90% of nursing staff wanted to learn more about aromatherapy. Knowing there was a motivation for change, especially among several individuals, a focus group was established. Several ideas on how to train the nurses and introduce aromatherapy into the clinical practice were discussed. A force field analysis was done which identified three barriers to the change: (1) no aromatherapist on staff who could educate the staff, (2) lack of funding for the
project and (3) concerns around the quality of essential oils to be used. To address the educational concerns a product was found which included training materials for nurses, essential oil products and individualized consultations. Financial concerns were quickly alleviated as senior leadership endorsed the program after a presentation on the planned change was given. The entire project was funded by the agency. Finally, to address the question of quality, an independent certified aromatherapist conducted a product review. Individuals were identified who would be part of the training and their role established as an agent for the change. Looking at Lippitt’s model it is noted that during the planning stage adjustments may need to be made prior to the finalization of the plan. This was true when a review of the training materials was done and the initial plan for the nursing education was altered to more closely reflect the training materials. Pre and post tests along with a post test survey are planned to (1) assess the nurses’ understanding of how to use the product and (2) to assess their confidence in presenting the product to their patients after the training. Implementation of the change which parallels phase six of Lippitt’s theory will begin once the training is completed. Those with strong interest will be chosen to begin using the patch in clinical practice and a PDSA will be conducted on a small cohort of patients. Upon the completion of this cycle the project with be further evaluated and if expected results are achieved, the practice will be expanded and phase 7 of Lippitt's theory will be completed with all nurses’ having access to the training materials and the patch. At this point, although the initial team will no longer be the formal driving force behind the change, as they are
within the nursing cohort they will remain available to help educate and support staff.

**Data Source/Literature Review**

Complementary and alternative medicine (CAM) is the term given to the group of health care therapies, practices and products that treat the mind, body and spirit and are not considered to be part of traditional or allopathic medicine. CAM therapies are considered a holistic approach to patient care that is highly individualized (Barrett et al. 2003). The use of the word “complementary” typically describes therapies that are used in conjunction with conventional medication while “alternative” denotes a therapy used instead of conventional medication (Abbot, 2011). The term “integrative medicine” is emerging in recent literature and is used to describe therapies that use conventional medications along with CAM and CAT therapies that are evidence based and have been shown to be both safe and effective.

Aromatherapy is a form of CAM that uses essential oils from plants “to balance, harmonize, and promote the health of body, mind, and spirit. It seeks to unify physiological, psychological, and spiritual processes to enhance an individual’s innate healing process” (National Association for Holistic Aromatherapy, 2017).

A literature review was conducted based on the PICO search statement: will offering training sessions to staff on aromatherapy versus no formal or standardized training on aromatherapy improve nurses’ knowledge and confidence on the use of aromatherapy for their patients. Through the electronic databases of CINHAL, Fusion and Google a search was conducted using the following terms: alternative therapies, aromatherapy, CAT, CAM, CT, complementary therapies, end of life, essential oils, hospice, integrative, palliative, pain
management, and symptom management to identify how complementary medicine is used for management of the symptoms experienced at the end of life. Research results varied depending on the database and combination of the terms used. Results ranged from 15 to 1160 based on the combination of terms searched and the dates and type of article (i.e. peer reviewed) that were defined. One of the challenges of this search was the lack of consistency for the definitions of the terms CAM, alternative, CT, CAT, integrative and complementary.

Vandergrift (2013) noted that he key focus of palliative and hospice care is on quality of life with the goal to reduce the symptoms that cause distress and suffering. These symptoms can be multi-dimensional and include not only physical issues but also issues related to the emotional and spiritual make-up of the patient. Complementary and alternative therapies can be a way to enhance the patient’s quality of life and offer benefits in the form of reduced anxiety and agitation, (Bohem, 2012; Bercovitz, 2007; Lakhan, 2016; Press-Sandler, 2016; Roulston, 2013) relief of emotional stress (Bohem, 2012; Demmer, 2002), ease of pain (Bohem, 2012; Bercovitz, 2007; Lakhan, 2016; Running, 2008) reducing fatigue (Bohem, 2012) and overall improvement in mood/well being or quality of life (Bercovitz, 2007; Demmer, 2002; Lakhan, 2016; Roulston, 2013; Running, 2008)

Complementary and alternative therapies offer patients a sense of control and empowerment (Barrett, 2003; Bercovitz, 2007; Demmer, 2002; Lewis, 2003; Roulston, 2013). These themes along with those of holism, access and legitimacy were all identified as characteristics of CAM through the work of Barrett et al (2003).

Osaka et al (2009) found evidence that the use of complementary therapies may be influenced by the attitudes of the clinical staff towards CAM. The study recommended that healthcare professionals who work in the palliative care sector be knowledgeable about
complementary therapies. This mirrors the recommendations of the HPNA (2015) and Maddocks-Jennings (2004). In a study to evaluate the medical student’s attitude towards therapies outside of conventional medicine Abbot et al (2011) were able to identify that although there was a wide range of attitudes toward CAIM (complementary, alternative and integrative medicine) there was also a level of agreement (84% of survey respondents) that CAM contains benefits to conventional medicine in the area of beliefs, ideas and therapies. It was also noted that 74% of respondents agreed that integrating conventional and CAM therapies would be more effective than using either approach alone. Obstacles to the use of complementary therapies that were identified in both the Osaka et al (2009) study and ones conducted in the U.S. were the scarcity of qualified “complementary personnel” and an overall lack of funding.

**Timeline**

The specific aim of the project, the education and training of nurses in the use of aromatherapy, is composed of phases I and II of a three phased project. This portion of the overall improvement plan, to increase the nurses’ knowledge and confidence in the use of CAM by offering training in aromatherapy, is the focus of the CNL project. Phase I was accomplished between August 25th and September 30th. Phase II, when the nurses’ training will take place, is projected to be completed over the last week in October 2017 through the first two weeks in November 2017. Directly following this training period a follow up survey will given to the nurses to assess for improvement in the nurse’s confidence and knowledge in the use of aromatherapy for hospice patients. The implementation of the aromatherapy patch to the patient population falls outside of the timeframe for this project but the projected schedule can been seen in Appendix E.
Expected Results

With the high interest in using aromatherapy expressed at the onset of the project, the expectation following the training session is that the nurses’ confidence in their knowledge will increase by over 50%. With 86% of the nurses feeling that they would be more likely to recommend complementary therapies to their clients if training were offered, it is anticipated that those clinicians who have demonstrated a high degree of motivation for the integration of aromatherapy into their practice will be offering the patch (when appropriate) to their patients on a regular basis. In order to maintain engagement in the change there will need to be continued education on the use of aromatherapy for symptom management and opportunities to discuss and share individual experiences.

Nursing Relevance

The needs of those who are dying and for those who are involved in the process are complex and multifaceted. The use of a complementary therapy to help address the physical, spiritual, emotional and social elements of the dying process offers the clinician and the patient a choice in addition to the conventional offerings. This project is aimed toward improving the nurses’ confidence and ability to discuss and educate the patient on their options and will help to further identify nurses’ use of and attitude towards complementary therapies for symptom management.

Summary Report

The healthcare industry is recognizing that each patient’s experience is unique and as such patients need to have options to address their specific needs in order to reach one of the six priority areas of improvement established by the Institute of Medicine (IOM) (Agency for Healthcare Research and Quality. 2016). The global aim for the project is to implement a
patient-centered care approach to symptom management by offering patients additional treatment choices. This goal is met by achieving the objective of the specific aim which is to improve the knowledge base and confidence of the hospice nurses’ use of aromatherapy for symptom management. The objective of the specific aim was measured through the use of pre- and post-training surveys. Results from these surveys showed that following the training, confidence levels of nurses in the use of aromatherapy increased from 22% to 80%. The nurses also stated unanimously that they learned new information about the use of aromatherapy for symptom management, even those nurses who have had previous experience.

This clinical nurse leader project takes place in Sonoma County at a community hospice agency. This site is one of three sister hospice locations that are part of a larger multi-state health care system. The population for the project is the clinical nursing staff at the Petaluma office with three MSNs, 24 RNs and one LVN. The average daily census for this site ranges from 65 to 80 patients with an overall average daily census of 160-180 patients for all three sites. Through a microsystem assessment a deficit in the availability of treatment options was identified across all hospice sites. There is a desire among the nursing cohort to integrate a more holistic approach to their practice by learning more about complementary health options for symptom management.

The first step in planning a change is to identify the change objective. This was accomplished through multiple focus group discussions with both nursing staff and organizational leadership. Not only did these discussions bring in new ideas, but it also allowed nursing staff to be invested in the proposed change. A survey gave the needed data to measure improvement. Discussions with leadership focused on the value of the change to the
organization and how it fit into the mission of the organization. For this project the change
focused on improving the quality of services offered to our patient cohort.

Through these discussions two nurses were identified as having strong motivation to
bring aromatherapy practice to this agency. Meetings were held to discuss the logistics of
implementing the change and through research and consultations with certified aroma therapists,
a program, Quick Start Patch Training Package via Jodi Beglien Aromatherapy Training and
Consulting, was engaged to meet both the needs of the organization and the nurses. Funding for
the training program was secured through the organization and plans to begin the training
sessions were set. Lippitts’s change theory was chosen as a guideline for the change as this
theory correlates with the four principles of the nursing process and focuses on problem solving.

Initially, training was set to begin in the first two weeks of October. However, the
training was delayed due to the Sonoma County wildfires that occurred over this timeframe. The
project was put on hold as our agency implemented their Disaster Plan protocol and all focus was
placed on addressing the needs of the patients, the staff and the community during the crisis. This
changed not only the timeline of the project, but also affected the nurses’ motivation to
implement change at this time. Training remained available for all nursing staff, however, only
five of the 28 nurses were able to participate in the training as resources were diverted to the
危机. A full inclusion of staff for training was postponed until January 2018. Although this was
not part of the original plan, this adjustment provided an opportunity for feedback and a chance
to fine-tune how the training module should be presented. It also offered more insight into how
the practice of aromatherapy would work with this cohort of patients.

As predicted, the confidence levels did improve following the training and interest
remained strong in pursuing aromatherapy as a treatment option. The results were measured by a
post training survey, which included an open-ended question for nurses who did not report confidence in using the aromatherapy patch. Not surprising is that one response revolved around the need for further training to gain confidence. What was surprising however, was a negative response (20%) in confidence based on a loss of interest in aromatherapy following the training.

Now that the training has proved to be effective in increasing the nurses’ confidence and knowledge in the use of aromatherapy the focus will be on setting a process to introduce this therapy to the patient population. Starting with the recently trained nurses, a pilot study will be conducted with these nurses (Appendix F). They will focus on identifying appropriate patients and will begin the process of evaluating the effectiveness of the aromatherapy patch for symptom management.

In order to sustain the change, continued training will be offered as well as direct consultation with the program’s creator. Because of the low cost of the product, for the first year the agency will be able to provide supplies. As the program grows alternative funding sources may need to be obtained based on the response from the patient population.
References:


### Appendix A
Pre-training Survey

Please circle a number on how much you agree or disagree with each statement:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Complementary therapies contain beliefs, ideas and therapies from which patients on hospice care could benefit.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. I believe that complementary therapies can offer patients in hospice care improved quality of life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. My hospice organization provides a wide range of complementary therapy options for patients.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. I am confident in my knowledge of complementary therapies.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. I would like to learn more about other forms of treatment for symptom control outside of traditional medications.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. I think my hospice organization would benefit from having more types of complementary therapies to offer patients.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. My patients have asked me about using complementary therapies for their symptom management.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. I have experienced patients who have refused traditional medications due to fears of side effects.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. With training, I would be more likely to recommend complementary therapies to my patients.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. I would like to learn more about aromatherapy.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Appendix B
Results of Pre-training Survey

- I would like to learn more about aromatherapy
- With training, I would be more likely to recommend complementary therapies to my patients
- I have experienced patients who have refused traditional medications due to fears of side effects
- My patients have asked me about using complementary therapies for their symptom management
- I think my hospice organization would benefit from having more types of complementary therapies to offer patients
- I would like to learn more about other forms of treatment for symptom control outside of traditional medications
- I am confident in my knowledge of complementary therapies
- My hospice organization provides a wide range of complementary therapy options for patients
- I believe that complementary therapies can offer patients in hospice care improved quality of life
- Complementary therapies contain beliefs, ideas and therapies from which patients on hospice care could benefit

Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree
Appendix C

SWOT ANALYSIS

**Strengths**
- Aromatherapy patches are premade and require minimal training to implement into practice.
- Several clinicians have high interest in an aromatherapy program.
- There is support from leadership within the organization to pursue complementary therapies.

**Weaknesses**
- Minimal budget available for maintaining supplies.
- Large nursing staff to train for full implementation of program.

**Opportunities**
- New clinician starting who has experience in aromatherapy.
- Sutter Hospice has aromatherapy practice in place.
- Home care services also interested in implementing CAM modalities.
- Merger may provide more opportunity for growth in this field.

**Threats**
- Inability to evaluate usefulness in large portion of population due to dementia/confusion/minimally responsiveness.
- Do not have immediate access to needed supplies.
- Maintaining staff engagement.
- Unknown if able to use in facilities.
Appendix D

Lippitt’s Theory of Change

Phase 1: Diagnose the Problem
Phase 2: Assess Motivation/Capacity
Phase 3: Assess Change Agent
Phase 4: Select Change Objective
Phase 5: Choose Role of Agent
Phase 6: Maintain Change
Phase 7: Terminate Helping Relationships
## Appendix E

**GANTT CHART**

<table>
<thead>
<tr>
<th>Task</th>
<th>Phase I</th>
<th>Phase II</th>
<th>Phase III</th>
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<tbody>
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<td><strong>Phase I</strong></td>
<td>9/17</td>
<td>10/17</td>
<td>11/17</td>
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<td>A. Research &amp; Funding</td>
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<tr>
<td>B. Pre-training survey</td>
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<tr>
<td><strong>Phase II</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Training on Aromatherapy Patch</td>
<td></td>
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<tr>
<td>B. Post training survey</td>
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<td></td>
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<tr>
<td><strong>Phase III</strong></td>
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<td></td>
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<tr>
<td>A. Pilot Study</td>
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<tr>
<td>B. Evaluation</td>
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<tr>
<td>C. Implementation</td>
<td></td>
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</tbody>
</table>
Appendix F

PDSA

- Act
  - Educate nursing staff on aromatherapy and review protocol.
  - Make aromatherapy available agency wide.

- Plan
  - Evaluate if aromatherapy will work for this patient cohort.
  - Choose initial team for pilot study.
  - Create protocol for administering patch.

- Study
  - Analyze data
  - Identify pros and cons
  - Identify areas for improvement.

- Do
  - Identify small cohort of patients appropriate for aromatherapy.
  - Educate patients on patch and offer therapy as an option.
Appendix G

Post Training Survey for Aromatherapy Patch

1. I feel confident that I can discuss the use of aromatherapy to my patients.
   a. Strongly agree
   b. Agree
   c. Neutral
   d. Disagree
   e. Strongly disagree

2. I understand how to use the aromatherapy patch.
   a. Strongly agree
   b. Agree
   c. Disagree
   d. Strongly disagree

3. I learned new information about aromatherapy as an option for symptom management.
   a. Strongly agree
   b. Agree
   c. Disagree
   d. Strongly disagree

4. I likely will recommend aromatherapy to my patients.
   a. Strongly agree
   b. Agree
   c. Neutral
   d. Disagree
   e. Strongly Disagree

5. If you answered neutral, disagree or strongly disagree to question #4, please indicate reasons why below.

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