

Aromatherapy in Endoscopy: What Do Patients Think?

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Introduction: The use of essential oils as a holistic nursing intervention is becoming increasingly prevalent in healthcare settings. The endoscopy team sought to determine whether implementing evidence-based aromatherapy as a non-pharmacological comfort measure could enhance patient comfort and satisfaction during endoscopic appointments.

Identification of the Problem: Preoperative anxiety affects 54–98% of adults globally and can lead to complications such as emergence delirium, postprocedural nausea and vomiting (PONV), increased pain sensitivity, hemodynamic instability, extended hospital stays, and higher costs (Honig, 2022). PONV is the most frequent postoperative issue, affecting 20–30% of general surgery patients (Asay, 2019), and can result in dehydration, airway problems, hypotension, dissatisfaction, and unplanned admissions. Aromatherapy has shown effectiveness in lowering both preprocedural anxiety and PONV.

EPB Question/Purpose: The team used the following PICOT question to conduct a comprehensive literature search, using databases such as ClinicalKey, PubMed, and the Cochrane Library. PICOT: In procedural patients, how does the use of aromatherapy, compared to current practice, affect patient comfort and satisfaction on the day of the procedure?

Methods/Evidence: A convenience sample of adult patients in the endoscopy department are informed of the potential risks and benefits of aromatherapy as a comfort measure. Patients are invited to participate by selecting one of the four available aromas and completing a post-intervention survey to share their thoughts on the aromatherapy intervention. Survey collection will continue until the statistically significant sample of 330 is obtained. Exclusion criteria include patient refusal or a known allergy to the essential oil products.

Significance of Findings/Outcomes: Among the 214 patients surveyed thus far, 85% indicated they would use the intervention again during future visits; 28% reported reduced anxiety, 55% noted increased comfort, and 67% experienced greater calmness. Additionally, 89% of respondents stated that aromatherapy contributed positively to their experience, 72% agreed that the intervention reflected staff sensitivity to patient needs, and 60% felt that staff demonstrated concern for their comfort while involving them in treatment decisions.

Implications for perianesthesia nurses and future research: This EBP intervention allows endoscopy nurses to collaborate with patients by providing cost-effective, simple, individualized, and non-pharmacological comfort strategies. Consistent with nursing theory, nurse-led aromatherapy provides a patient-focused, comprehensive approach that supports both physical health and emotional well-being (Farrar, 2020).