The Art of Healing
An Evidence-Based Practice Project
In acute care hospitalized patients, what are the best practices for non-pharmacological/complementary therapies to reduce pain and anxiety?

Background
Currently, UM BWMC is facilitating the practice of Relationship Based Care: care of self, care of colleagues, and care of patients and their families.

Our goal in this research was to explore whether or not complementary therapies were effective alternatives for acute care patients experiencing pain and/or anxiety.

The research we performed aimed to discover if the utilization of complementary and alternative therapies report better outcomes than with opioid analgesics and anxiolytics alone.

Education on complementary therapies lack a substantial presence on a unit-specific level at this time.

Appraisal of Evidence & Research Methods
Using the Johns Hopkins Nursing Evidence Based Practice Appraisal Tool, we conducted our research based on the following parameters:
- Utilization of CINAHL and OVID databases
- Search terms: complementary therapies, pain, anxiety, non-pharmacological, music therapy, guided imagery, relaxation
- Criteria: peer-reviewed, evidence-based experimental studies or reviews published within the last 10 years
- Our research comprised of (4) Randomized Controlled Trials, (5) Quasi-Experimental Studies, (2) Non-experimental Studies, and (1) Literature Review

Summary of Evidence
- “Pre-op education on post-op recovery led to significant reduction of self-reported anxiety” (Bailey, 2010)
- Music therapy reduced neuropathic pain over time as well as reducing pain scores” (Korban & Uyar, 2014)
- In an experimental group given Reiki therapy, less pain was reported and fewer anxiolgies were requested than the control group (Toms, 2011)
- Experimental group (women undergoing GYN surgery) had lower State Trait Anxiety Inventory (STAI) scores (blood pressure, pulse, and respiration) after the use of music therapy (Labrague, 2016)
- Relaxation training in which patients are trained to reduce autonomic arousal and anxiety levels has been shown to reduce pain (Thomas & Sethares, 2010)
- With the addition of complementary therapies, specifically prayer therapy, 89.5% of hospice patients requested than the control group (Toms, 2011)
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FOCUS
Music, relaxation techniques, guided imagery, pre- and post-operative education, spiritual therapy (prayer), healing touch, art therapy, aromatherapy, and massage are the focus areas of this initiative.

Focus:
- Non-pharmacological and complementary therapies will give nurses extra resources in order to manage the patients’ pain and anxiety.
- Using these alternative therapies will also enable the patients to take an active role in their care and will allow them to learn strategies that may help them manage their pain and anxiety once they are discharged.
- Education about non-pharmacological therapies would allow for better understanding of this issue, and thus inspire a change in practice and enhancement of patient satisfaction.

Nursing Implications
- Non-pharmacological and complementary therapies will give nurses extra resources in order to manage the patients’ pain and anxiety.
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recommendations
Implement an educational program highlighting the benefits of alternative and complementary therapies in relieving pain and anxiety for our patients, guided by population driven goals.

Consideration to adjustments in nurse-to-patient ratios based on acuity levels would allow for more time to provide focus on pain and anxiety relieving measures.

Next Steps
- Reach out to appropriate resources, such as other hospitals and clinical outcome specialists, for guidance on development of education, which would further support the Relationship-Based Care model
- Develop education at a unit-level first
- Engage unit education committees and unit practice councils to give nurses the added knowledge and resources needed in order to apply practices to patient care.
- Incorporate program as an element of our current pain education seminar

Stakeholders:
- UM BWMC Clinical Education Department
- Clinical Outcomes Specialists
- Unit Practice Councils
- Pain Collaborative Practice Team

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Conclusions
Several of the studies we reviewed show that complementary and alternative therapies significantly reduce pain and anxiety for patients in the hospital through the use of guided imagery, relaxation techniques, Reiki therapy, music and massage therapy, among others. We have also concluded that education itself is a highly effective tool in reducing anxiety in patients, thus resulting in an overall more pleasant hospital stay.

Further educational opportunities in the domain of complementary and alternative therapies would be highly beneficial to enhance the nursing practice at this hospital and our ultimate goal of incorporating Relationship Based Care.