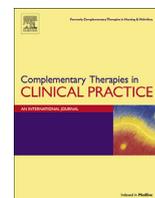




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# Complementary Therapies in Clinical Practice

journal homepage: [www.elsevier.com/locate/ctcp](http://www.elsevier.com/locate/ctcp)

## The oasis project, exploring the concept of reducing anxiety & stress in a hospital setting



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### ARTICLE INFO

#### Article history:

Received 14 August 2014

Received in revised form

23 May 2015

Accepted 5 June 2015

#### Keywords:

Relaxation and visualisation

Anxiety reduction

Aromatherapy

Hand massage

Colour

### ABSTRACT

Comments written in a prayer book in a hospital Chaplaincy Centre, about the area being a 'quiet oasis' in the middle of a busy hospital amid lots of anxiety and stress led to a focus group forming to explore ideas on how this could be addressed; a short term vision was the creation of an area (Oasis) in the Chaplaincy centre and longer term in other areas across the whole hospital. These areas would have an ambience of calm and relaxation where the use of colour, sound, aroma's and touch would be used to help in the reduction of stress and anxiety, this may be from forthcoming surgery, procedures or life in general from traumatic circumstances. The potential impact of this would be to aid recovery, potentially reduce other stress related illness and improve general well-being using strategies to include relaxation, breathing and visualisation techniques and aromatherapy hand massage.

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### 1. Introduction & background

The concept of the Oasis Project evolved from comments written in the 'prayer book' in the Chaplaincy Centre at the George Eliot Hospital NHS Trust. The book is for receiving comments and requests for prayers from users of the service, one such comment mentioned the area being a '**quiet oasis**' in the middle of a busy hospital and amid a lot of anxiety and stress.

Thoughts turned to how such anxiety and stress could be addressed and what could be done to help, from this a focus group was formed and Oasis was born in 2010. The aim of the project was to create space within the hospital setting and eventually into the wider community. The initial pilot was agreed and space to be allocated in the Chaplaincy Centre due to the ambience of calm and relaxation it already elicited. Incorporated into this existing area would be the use of relaxing reclining chairs surrounded by portable screens, colour in the form of towels, sound, aroma's and touch to reach the senses of the client.

The potential impact of this project would be to aid recovery from illness or surgery and potentially reduce other stress related illnesses [1] and to improve general wellbeing using strategies to

include relaxation, breathing and visualisation techniques with the addition of aromatherapy hand massage.

The project is run by volunteers multidisciplinary in format at the time of this audit there were approximately 22 on the team. Consisting of the Chaplaincy Manager as the lead, chaplaincy lay visitors (many ex health professionals), midwives, and nurses from theatres, pain clinic, the COPD clinic, a health visitor, a retired hospital director, therapists, an occupational therapy student and a member of the hospitals communication team, each member has a role within the team. Those not employed by the hospital have to go through the volunteer recruitment process via the Patient Advice and Liaison Service (PALS) who carry out enhanced disclosure checks and induction programmes. All volunteers had undertaken by distance learning a Professional Relaxation Therapy Diploma awarded by the School of Natural Health Sciences [20] [www.naturalhealthcourses.com](http://www.naturalhealthcourses.com) and Aromatherapy Hand Massage training in house by the clinical lead of the project to ensure a consistent approach, this was adapted to suit our model of care and additional support and training is given from the Clinical Psychology Department. All volunteers are insured by the hospital trust.

The pilot project is funded entirely from charitable funds and fundraising efforts and donations because there was no funding from within the NHS to launch it, although it is supported by the senior management of the hospital Trust Board, there are no charges to the clients for the Oasis session, although a number of clients volunteered to give donations.

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## 2. Perceived benefits

### 2.1. To the client

- Promote relaxation and reduction of anxiety and stress [2].
- Introduce clients to self-help strategies for situations causing anxiety
- An increase in physical, emotional and spiritual health and wellbeing
- May help prevention of stress related illness
- Involves the client in their own healthcare [3].

### 2.2. To the NHS trust

- Calmer more relaxed clientele accessing all services
- Potential quicker recovery, shorter hospital stays resulting in reduction of costs and positive financial impact
- Potential reduction in readmissions
- Potential impact of calmer staff and reduction of complaints
- Integrated healthcare-positive impact, innovative creative approach to healthcare [3].

## 3. Methods

The project was a pilot service agreed and supported by trust management therefore did not require ethical approval. As part of the Trusts Audit Department results will be presented to an audit day which occurs every 3 months.

The audit period was from January 2013 to January 2014, volunteers who were qualified led the sessions and trainees were supported.

The inclusion criteria for clients to access the service were those experiencing acute or chronic anxiety or panic attacks, those with general nervousness or apprehension regarding a treatment or procedure that they were coming into hospital to undergo.

Those excluded from the service were clients that had mental health issues (though they would be signposted to appropriate services), and clients the volunteer deemed them to be unsuitable for the therapy/project.

Caution was taken with clients who had skin conditions and clients who were pregnant in regards to the aromatherapy blends.

### 3.1. Referral system

The initial pilot study recruited pre-operative clients accessing the Day Procedures Unit to elicit data that would show effectiveness from a qualitative and quantitative aspect, plus included were other appropriate clients from other clinical areas.

The staff in the day procedures unit and other referrers would have a flow chart of ideal candidates to whom they would offer the service, via a referral form. A leaflet outlining the service would be given to the client along with a medical questionnaire and Hospital Anxiety and Depression Scale (HADS) form [4]. The referral and returned forms would then be scrutinised by the clinical assessment lead on the team, as to their suitability for the project they are then contacted via a dedicated Oasis team mobile phone and offered a session.

Clients can self-refer onto the project if they feel it will be beneficial to them, those clients self-referring would complete the forms on the day of the session, but would verbally be assessed via the telephone to check initial suitability.

The HADS form has a series of questions about different aspects/situations in everyday life; these questions are scored on an anxiety or depression level. This gives valuable information as to whether

the client is suffering from an anxiety state or whether there are concerns about mental health issues, the latter aspect being out of the remit of the Oasis Project.

Rather than reject these people there is a system to offer referral to other services if desired. This protects the client from receiving inappropriate help and the volunteers from taking on issues and problems that would impact on their own health.

The medical questionnaire outlines any medical issues/medication and lifestyle of the client, they are asked to complete this to ensure there are no contraindications.

For pregnant clients liaison with a midwife team member will occur to ensure there are no contraindications [5].

All documentation is securely stored and staff and volunteers are bound by the hospitals confidentiality protocols. Clients were also asked if they would complete an anonymous audit form as part of the pilot study/evaluation of the project to ensure efficacy.

### 3.2. Session format

1. At the beginning of the session the client is welcomed and introduced to the environment, the process is explained and documentation checked for accuracy and if there are any additions or changes.
2. They are seated in the reclining chair and offered a hand massage with their chosen blend. Essential oils were selected which would be suitable for a variety of clients and that would complement the techniques to enhance relaxation and reduction of anxiety and stress.

Rather than blends for specific emotional or physical states, six blends were formulated and labelled as Blends 1–6 with essential oils they contained. The client would smell each blend and choose which one appealed to them the most, it would be noted which ones were chosen.

The essential oils chosen were blended in grapeseed carrier oil to a 1% dosage and are:

If someone is allergic or does not wish to have one of the blends a plain grapeseed base can be used as an alternative.

- 3 After the hand massage the armchair is reclined and music is introduced into the background this is checked with the client to ensure that it's agreeable. Breathing techniques are then taught to raise their awareness of how they breathe, so that they concentrate on this as well as sound around them and the area their body is in contact with, we call it breathing through the senses. This leads into the relaxation exercise as they utilise their breathing and focus on the body, carrying out a relaxation sequence raising their awareness on where tension is held in the body and how to release it with the exhalation breath.
- 4 We then introduce a visualisation, a virtual journey in the thoughts to a beach, forest or any one of a series of places which have been formulated by each of the volunteers to select to suit the individual needs of the client. The volunteer follows a pre-determined number of scripts, aligned to the client and to ensure a consistent approach. The client is left to relax with the music for 5–10 min as appropriate and the volunteer remains in the area. The music is low level near to the client but not in an obtrusive way.
- 5 They are then gently brought back into the environment and moved back to the upright position and offered a drink. When they feel comfortable and aware we ask them to complete the audit form, discuss aftercare, clients are offered a small amount of their chosen aromatherapy blend in a rollette bottle to apply to the inner wrist to aid continuance of their relaxation away

1. Rose, Ylang Ylang, Bergamot	2. Rose, Mandarin, Frankincense
3. Neroli, Grapefruit, Lavender	4. Jasmine, Lemon, Frankincense
5. Lemongrass, Frankincense, Benzoin	6. Benzoin, Sweet Marjoram, Sweet Orange

from the session, also given are strategies that it is anticipated will become 'everyday' strategies.

The area is prepared for further clients, as there are two volunteers per session, four clients can be seen. Time is allowed so this is unhurried and stress free for the client and the volunteer. Currently up to a maximum of 3 sessions is offered to the client; however the majority stated they would like more.

At the end of the session documentation is reviewed and notes written up and the area cleared. There is time to reflect with a colleague or note any difficulties which can be fed back to the group.

#### 4. Results

The audit ran from its inception in January 2013 to January 2014, 33 audit forms were returned out of 38 clients seen.

Although it was only a small client group and the majority were female and the largest group were aged 61–70 (Fig 1), interestingly though it was a male who scored the highest score on the anxiety scale with a 19. Is the reason for more females accessing the service due to women being more readily able to admit and seek help to deal with emotional stresses and fears as opposed to men who may feel it is a weakness to admit this or does the project not seem a 'male thing', or perhaps more male volunteers need to recruited to

the team so men can have a 'male to male chat'.

Fig 1 also elicited what they were coming into hospital for and the referral source. As expected most of the referrals came from Day Procedures Unit (DPU) with the staff in the pre-operative assessment clinic referring, although initially referrals were slow and it transpired staff felt they could not promote it as they thought it was a Christian based service as it was in the Chapel and were not allowed to discriminate by not offering it to everyone. They were reassured that the Chapel was in fact a multi-faith/multicultural chaplaincy centre and staff members were invited to experience a session to get a better understanding.

The most significant notable results were from questions asked "How were you feeling before and after attending the Oasis Relaxation Project?"

Clients were asked to score on a scale of 1–10 (1- hardly stressed at all and 10- very stressed). The results for the 'before the session, 29 out of 33 (2 not recorded) were 5 and above.

When asked the same question for 'after' the session, the results 26 out of 33 (2 not recorded) were below 5 (Fig 2).

Clients were asked "please circle all of the words which describe how you were feeling" before and after the session. All the words were positive and negative words and used exactly the same in both of the questions.

In the **before** session the words that were recorded the highest were 'anxious' 'worried' 'tense' 'nervous' and 'apprehensive'.

In the **after** session the three main ones recorded were 'relaxed-27' 'calm-21' 'relieved-7' so again quite a significant shift and yes some may say it is hard to measure as it is has a qualitative aspect and people may have just recorded what we expected (Fig 3).

Clients were asked to score in order of preference 1st to 6th which they felt was the most useful part, on reflection it appeared

DEMOGRAPHIC CHARACTERISTICS OF THE CLIENTS		NUMBER	CUMMALATIVE
GENDER (N=33)	MALE	6	6
	FEMALE	25	31
	NOT RECORDED	2	33
AGE GROUPS (N=33)	18-30	1	1
	31-40	3	4
	41-50	4	8
	51-60	5	13
	61-70	14	27
	70+	5	32
	NOT RECORDED	1	33
REASON FOR HOSPITAL VISIT (N=33)	MEDICAL	6	6
	SURGICAL	14	20
	MEDICAL/SURGICAL	1	21
	DON'T KNOW	2	23
	DON'T WISH TO ANSWER	2	25
	NOT RECORDED	8	33
REFERRAL SOURCES (N=33)	COPD CLINIC	1	1
	WORK COLLEAGUE	1	2
	PAIN CLINIC	2	4
	PALS	1	5
	OASIS COORDINATOR	4	9
	PRE-OP CLINIC	13	22
	FRIEND	2	24
	FAMILY	1	25
	NOT RECORDED	1	26
	NOT KNOWN	7	33

Fig. 1.

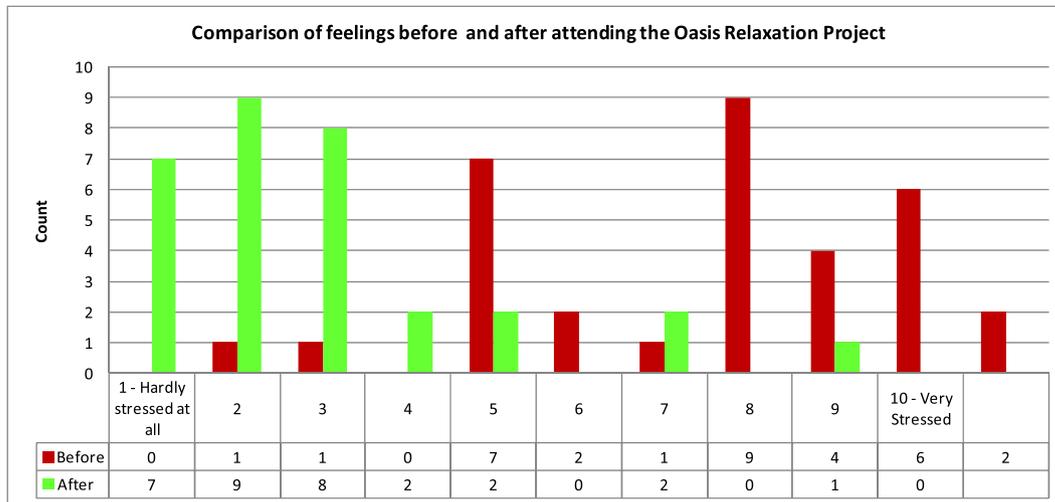


Fig. 2.

this question may have been a little ambiguous and misinterpreted but initial interpretation suggests the most popular aspect was the aromatherapy hand massage with breathing and relaxation following close behind, although being welcomed and the opportunity to be listened to and the visualisation exercises also factored as having an active part (Fig 4).

Clients were asked about the environment and was it conducive to relaxation and feeling comfortable, despite misgivings about being a chaplaincy centre the majority agreed it was a positive environment (Fig 5), one person said no although the comment made was “very calm and peaceful”. The Oasis team felt this was an important factor when the project was set up, it was felt it needed to be more than just a ‘space’ to come to, hence the reclining armchairs so clients could completely relax into a supported space with screens to enable some privacy.

There was a space to ask for ‘can you explain why’.

27 comments made the following are a sample of a few of those made.

‘Atmosphere was very relaxing’

‘people kind and friendly, atmosphere relaxed’

‘Whole ambience of building’

‘The chapel is very peaceful and quiet, very relaxing atmosphere’

‘Calm and welcoming’

‘I was stressed and have been for a while, what with my 7th operation looming and worrying that I wouldn't be able to cope going through it all again, but when I was told of the oasis group treatment, I thought it would aid me with the tools and support and mental strength I need to get through it. It was a warm, peaceful, friendly environment, very welcoming and was nice to chat and relax, the reassurance I needed’

‘As it was welcoming and friendly’

‘Welcoming, peaceful, relaxing’

‘Very friendly caring people, made me feel at ease and were calm, despite me arriving a bit late and stressed’

‘Very relaxing, peaceful and calm’

‘Time to get away’

‘Really relaxing, was nice to be listened too, the welcome played a big part of me being able to relax as I felt I could trust’

‘It is really quiet and peaceful’

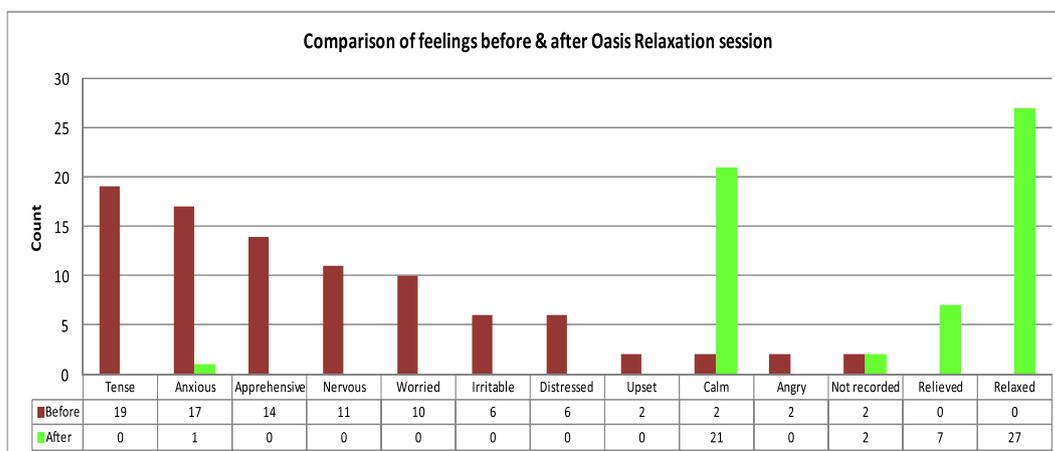


Fig. 3.

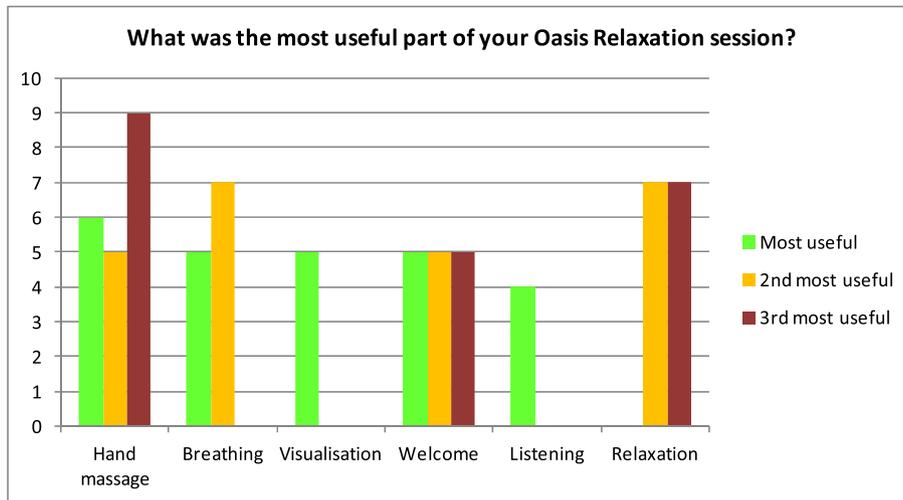


Fig. 4.

'Music and isolation'

'The church feeling and quietness helped escape from the business of the outside world'

'Been here before a spiritual place'

'Relaxing tape, calm'

'Very friendly'

'Always had great difficulty in stopping and giving time just for myself. Really helps my coping mechanisms just to switch off for an hour and do nothing but go to my special place'

'I was feeling a little tense when I first came into the chapel but you all put me at ease'

'Very nice and relaxing'

'Had an enjoyable session'

'I enjoyed it very much'

'I found the whole session very relaxing and calming'

'Chair didn't go back enough'

'I found the ladies and the treatment very comforting and calming'

'Loved every minute of it, thank you'

'No improvement needed'

'Enjoyable experience'

'I thoroughly enjoyed the session and feel so much calmer and less stressed. The lady was so kind and lovely, thank you'

'Excellent thank you'

'Very useful and much needed service helps me cope with the pain I hope, I will try the exercises at home'

'The ladies were very welcoming and helped me to feel relaxed'

'Only to say it was a little too warm environment, to an uncomfortable stage. That on its own does sort of sap one's energy levels. If it was the last thing of the day I had to do then it would give full benefits, but because I had to crack on with appointments, driving home etc. it was hard to snap out of the relaxation mood I was in. I however can't fault the whole enjoyable, friendly experience and hope the chat and tools I have took on board will support me and help me control my anxieties the day of my operation and maybe in the future. I shall practice my breathing and visualise the inviting beach and glorious seashore as I was taught. Thank you for all your time and input and friendly service much appreciated'.

The most popular blend chosen was blend 3 (Fig 6) which contains Neroli, Grapefruit and Lavender. The second most popular choice was Blend 1, containing Rose, Ylang Ylang and Bergamot.

The most popular blends were linked with the words.

'Anxious' 'Nervous' 'Tense' 'Worried' and the anxiety scores on the HADS form linked with each blend as shown in Fig 6.

The final audit question asked clients for any further comments or if there is anything could be done to improve the service offered these are extracts of a few.

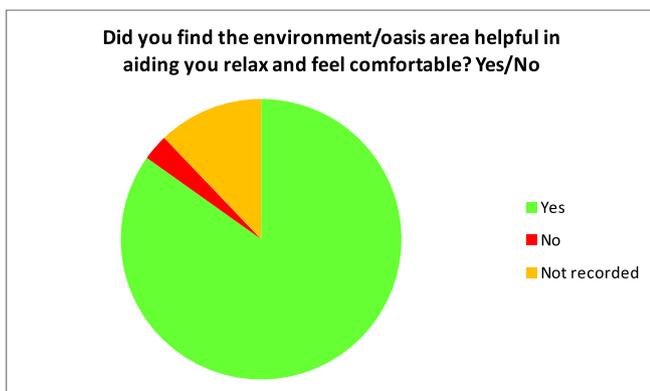


Fig. 5.

### 5. Discussion

The ultimate and fundamental aims of the pilot study into the Oasis Project was to explore ways of reducing stress and anxiety of patients coming into hospital for operations, procedures or tests and too find a way forward to integrate this into mainstream care.

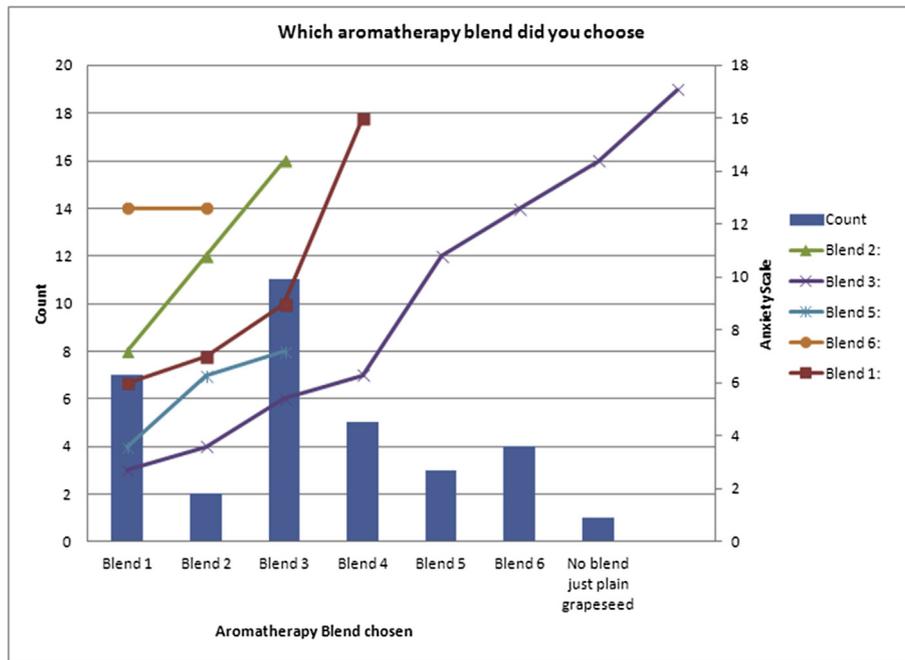


Fig. 6.

Stress according to the Health and Safety Executive (HSE) [6] is not an illness it is a state and affects people in different ways, what one person finds stressful can be a normal event to another. So stress can be viewed from a positive or negative aspect and can in small doses help us perform under pressure and motivate us to do our best and face life's challenges. If though we are exposed to excessive pressure or other demands placed before us from home or work life or traumatic experiences this then can have an adverse effect on the body leading to short term problems such as irritability, fatigue, poor concentration, eating too much or too little. In the long term this can lower the immune system, lead to obesity, insomnia, irritable bowel syndrome, skin disorders and depression and sometimes more serious conditions.

Anxiety Care UK [21] state that anxiety is a characteristic feature of most people in its 'normal' form it helps with vigilance, learning and general performance, in short anxiety is useful. Anxiety and feelings of stress are symptoms, a response to pressure, the more intolerable or persistent the pressure, the worse the anxiety, this does not necessarily mean a single factor it is more often an accumulation of things.

According to Stress UK [22] hospital anxiety, surgery fear and fear of medicine are common things people get anxious about and the key reason for this is often that they feel 'out of control' especially as they go under anaesthesia, secondly the fear that the surgery or medical procedure will not work and also fear of their own mortality. This attitude is reinforced in a review of several published authors researching in this field [7] it also highlighted that nursing staff have limited time available to recognise and deal with these anxieties or patients themselves felt they could not address it as staff seemed to be busy. It could be reasoned that this is why the Oasis Project is readily accepted as the team can give time to allow the client to express these anxieties and be heard.

Generalised Anxiety Disorder (GAD) is the most common anxiety disorder affecting 5–6% of the population this is where anxieties have built to an extreme or a collection of anxieties that have become severe phobias although this is out of the remit of the Oasis team and better dealt with by the mental health teams the NICE

guidelines 2011 [8] encourages person centred care and giving support wherever it can be gained, so an area that can be a collaboration with all teams and patient led, or the work with clients may prevent development into this disorder if identified as a risk factor.

The teaching of relaxation techniques had a significant impact on patients according to a study of patients undergoing gastrointestinal endoscopy whose diastolic blood pressures were compared. The group assigned to instruction on relaxation techniques with the aid of music exhibited a significantly lowered diastolic pressure throughout the procedure compared to the control group [9]. This was perhaps a limitation to the authors study as Oasis team volunteers are not all trained professionals so unable to take and record blood pressure.

Teaching of relaxation techniques however has been studied and although in the post-operative period it elicited increased satisfaction with pain and anxiety relief in comparison to a control group [10]. It could though be argued although statistically significant that some of the preoperative anxiety would be reduced as the thing that caused the anxiety was now over. Also implementation would be difficult post-operatively again due to time constraints of the nursing staff.

The team debated over how to introduce colour into the area, because of infection control, laundering and storage it was decided against blankets, so because towels would be needed for the hand massage this presented the perfect solution.

Colour therapy was integrated into the Professional Relaxation Diploma Course so this information was utilised and key to the colours chosen, although we all have our own personal choice particular colours can help towards providing a specific 'feeling' for a space which the team felt would be 'purple' and 'teal'. Colour therapy or 'Chromotherapy' as it is sometime known dates back thousands of years and is said to balance energy, Isaac Newton proved that white light (i.e. the sun) is made up of colours he proved this by passing sunlight through a glass prism which resulted in a projection of a rainbow of colours on a surface. He used a second prism and combined light from the first prism to produce white light again, the sun always brightens up a person

and an environment. Also available is a visual display designed by Geoffrey Poulton especially for the George Eliot Hospital called the 'points, lines, triangles program' likened though to a kaleidoscope which can be used to just sit and watch on the screen which is quoted as being 'a visual equivalent of peaceful music, the natural colours and patterns help draw us in to a more serene way of being'.

The Oasis team believed inclusion of Music therapy was an important addition to the environment, Collingwood [11] states 'listening to music can have a tremendously relaxing effect on our minds and bodies, especially slow, quiet classical music. This type of music can have a beneficial effect on our physiological functions, slowing the pulse and heart rate, lowering blood pressure, and decreasing the levels of stress hormones'. Music has also been shown to be an effective sedative component in pre-operative and operative procedures. This is supported by a similar study where relaxation tapes were given to patients preoperatively who were then assessed pre and post listening with recording of physiological measurements [12]. This again is a limitation to the authors study as the team approached from a qualitative perception rather than quantitative or physiological responses.

Music used in combination with visualisation techniques was aimed to create a distraction situation as a tool when faced with events that caused anxiety. In a study using visualisation during ablation of atrial fibrillation it reported positive experiences when used in combination with usual pain management and reduced their perception of pain and anxiety during invasive procedures [13].

To make the project more holistic it was decided to integrate aromatherapy (essential oils) to support physical and emotional health and wellbeing this incorporates two senses touch and smell. During the PRP course references and sequences were given for a foot massage, after discussion with the team it was decided hand massage fitted the model better. This vital form of face to face communication with the client and can elicit many non-verbal cues; it also gives time to get to know the client and start the relaxation process and gives them a window to be listened to. This is supported in a study where hand massage was performed on patients awaiting surgery, the results positively showed a reduction in anxiety compared to those who received standard nursing care alone [14].

A decision was made by the teams aromatherapist to detract from naming the blends 'relaxation blend' or 'uplifting blend' or stating the blends were for anxiety or stress as the client was more likely to pick a blend to how they perceived they felt and then disliking the smell of the blend thus adding negativity to session.

The blends were chosen for synergy and to address different aspect of anxiety and stress responses and also to lift the client and were named Blend 1 to 6.

The client chose the blend themselves by smelling from a cotton pad without guidance or what the therapist thought would be suitable. The body responds to this smell when the odour is inhaled and is picked up the olfactory epithelium in the nose which contain olfactory receptors the odour molecules are sent via the olfactory nerve to the olfactory bulb in the brain, the neurochemicals as they are now known as are stored in the limbic system also known as the centre of memory and emotions.

The limbic system as defined as a complex set of brain structures that lie on both sides of the thalamus right under the cerebrum it contains within its structure the olfactory bulbs and hippocampus amongst other things. The limbic system supports a variety of functions including emotion, behaviour, motivation, long term memory and olfaction. It appears to be primarily responsible for emotional life and has a great deal to do with the formation of memories [15].

When asked most clients chose their essential oil blends because they liked the smell, this immediately gives a pleasant

response or recalling a pleasant memory and already a feeling of wellbeing before anything is done. The percentage of the blend was kept at a low dilution (1%) so none were overpowering especially for those with respiratory complaints and for those with medical conditions or on medication to prevent interaction.

Neroli also known as Orange Blossom is known for use in anxiety states and for nervous tension and shock and can help with problems of an emotional origin. Grapefruit aids depression, headaches, nervous exhaustion and performance stress. Finally Lavender has many properties but in relation to the project it helps with nervous tension, shock and stress related conditions and is a natural sedative [16].

Although the use of aromatherapy is still controversial a controlled prospective study showed that the use of Lavender essential oil was not effective based on statistical analysis, patients did generally report the scent to 'be pleasant' so it could be argued that this inexpensive and popular method could aid stress reduction [17].

Rose is thought to help with depression, insomnia, nervous tension and gives a feeling of wellbeing and happiness, Ylang Ylang also helps with the first three areas of the above but in addition soothes and inhibits anger brought on by frustration. Whilst Bergamot aid anxiety and stress related conditions and has a refreshing and uplifting quality [16]. Bergamot was used in a randomized control trial entitled 'The anxiolytic effects of aromatherapy on patients awaiting ambulatory surgery: a randomized controlled trial' The aim of the study was to determine if aromatherapy could reduce pre-operative anxiety in 109 patients randomly assigned to experimental (Bergamot essential oil) and control (water vapour) conditions. The result showed those exposed to Bergamot essential oil prior to surgery had a greater reduction in pre-operative anxiety than those in the control group [18]. Anxiolytic is defined as a medication or other intervention that inhibits anxiety.

All of the other essential oils work on anxiety and stress related condition each approaching from a differing angle two other oils that were in the third most popular blend Jasmine which excels in stress by producing feelings of optimism, confidence and euphoria and can help in cases of apathy, indifference and listlessness and Frankincense with its ability to slow and deepen breathing and works on the adrenals to block the release of adrenaline, works on endorphin levels and influences serotonin.

Another study 'A systematic review of the anxiolytic effects of aromatherapy in people with anxiety symptoms' was a systematic review of 16 randomized controlled trials (studies from 1990 to 2010) examining the anxiolytic effects of aromatherapy among people with anxiety symptoms showed that most studies indicated positive effects to quell anxiety (and no adverse events were reported) [19].

To go into more depth on this part of the project alone would require more research and study into the effects of essential oils but this portion alone shows the positivity of including this aspect.

## 6. Conclusion

In conclusion the Oasis Project has proved a simple low cost service (approximate cost equates to around £2.00 per patient) and can make an impact alongside conventional care therefore offering a more holistic approach to health. In addition we are giving the tools and everyday strategies to clients helping them to deal with some aspects of their anxiety and stress in relation to their hospital visit. There has also been a lot of interest from staff members, as we have offered hand massage and relaxation at wellbeing and awareness raising events. The team have been asked if they could offer staff members sessions for them, this is being considered as a future role but this would have to be weighed against the provision

of the patient service as the limitation is the number of volunteers available. The team believe a dedicated room within the hospital would enhance and widen the remit of the project, especially if other complimentary therapists could be incorporated into the project, and meet with the hospital philosophy of 'Well to Excel' that is if staff are well and happy they perform better.

There is scope also in the long term for more in-depth studies and research to investigate whether clients did continue to use the techniques once at home, did it make a difference to sleep, relationships with family and would they recommend to others. Is it obvious to nursing staff following the sessions there is a difference in the client, could studies be carried out into blood pressure recordings before, during and after procedures?

This relaxation technique could be rolled out as cascade training to calm the anxieties of those patients in their care if nursing staff were given more information about possible predictors of preoperative apprehension. The way forward could be to access or run more trials on the use of essential oils, and their impact on care and medication use and is there a reduction in stress related illnesses. The limitations are the access to specific areas that volunteers without professional qualifications would be denied or not have the knowledge to know what they were looking for.

The project can also replicated within other hospitals and community settings and may help bring back some of the basics that lack in modern care due the high pressures society has on us all.

Finally patients benefitted from the service, they appreciated the care and support offered to them in a very stressful time in their lives. The cost effective nature of this service could offer a real benefit to in-patients, patients receiving treatment on day units, patients being admitted for endoscopy session, as well as surgical procedures.

The next phase of the project is to secure Trust funding for a clinical lead one day per week, dedicated administrative sessions, and further training for volunteers this would increase our capacity to deliver the service whilst keeping cost to a minimum.

## Acknowledgements

The author would like to thank all of the Oasis team members for their support and hard work particularly Heather Norgrove, also Edward Pogmore for sowing the seed and his dedication and guidance when needed. A big thank you to all those who have donated and raised money to buy the equipment and resources without this it would cease to exist. Sincere thanks go to the many people who have contributed however small a part to creating a wonderful multidisciplinary project especially Elizabeth Holland for speedily transforming the results into chart form.

## References

- [1] Hoare J. *The Complete Aromatherapy Tutor*. London: Octopus Publishing Ltd; 2010.

- [2] Mousley S. Audit of an aromatherapy service in a maternity unit. *Complement. Ther. Clin. Pract.* 2005;11:205–10.
- [3] Russo H. *Shining Lights: a Practical Guide to Integrating Health Practice*. London: The Princes Foundation for Integrated Health; 2006.
- [4] Zigmond AS, Snaith RP. The hospital anxiety and depression scale. *Acta Psychiatr. Scand.* 1983;67(6):361–70.
- [5] NCT/RCM/RCOG. *Making Normal Birth a Reality*. 2007. A consensus statement from the maternity care working party.
- [6] [www.hse.gov.uk/stress/furtheradvice/whatisstress.htm](http://www.hse.gov.uk/stress/furtheradvice/whatisstress.htm) 19/3/14.
- [7] Pritchard MJ. Managing anxiety in the elective surgical patient. *Brit J. Nurs.* 2009;18(7):416–9.
- [8] [guidance.nice.org.uk/cg113](http://guidance.nice.org.uk/cg113).
- [9] Salmore RG, Nelson JP. The effect of preprocedure teaching, relaxation instruction, and music on anxiety as measured by blood pressure in an outpatient gastrointestinal endoscopy laboratory. *Gastroenterol. Nurs.* 2000;23(3):102–10.
- [10] Rejeh N, Heravi-Karimooi M, Vaismoradi M, Jasper M. Effect of systemic relaxation techniques on anxiety and pain in older patients undergoing abdominal surgery. *Int. J. Nurs. Pract.* 2013;19(5):462–70.
- [11] Collingwood J; The power of music to reduce stress. [online] available from: <http://psychcentral.com/lib/2007/the-power-of-music-to-reduce-stress/> (accessed 25.03.14).
- [12] Ko YL, Lin PC. The effect of using a relaxation tape on the pulse, respirations, blood pressure and anxiety of surgical patients. *J. Clin. Nurs.* 2012;21(5):689–97.
- [13] Norgaard MW, Pederson PU, Werner A, Abrahamoen R, Larson B, Darmer MR. Visualisation and attentive behaviour for pain reduction during radio-frequency ablation of atrial fibrillation. *Pacing Clin Electrophysiol.* 2013;36(2):203–13.
- [14] Brand LR, Munroe DJ, Gavin J. The effect of hand massage on preoperative anxiety in ambulatory surgery patients. *AORN J.* 2013;97(6):708–17.
- [15] [www.wikipedia.org/2014](http://www.wikipedia.org/2014).
- [16] Lawless J. *The Encyclopaedia of Essential Oils*. London: Thorsons; 2002.
- [17] Muzzarelli L, Force M, Sebold M. Aromatherapy and reducing preprocedural anxiety: A controlled prospective study. *Gastroenterol. Nurs.* 2006;29(6):466–71.
- [18] Ni CH, Hou WH, Kao CC, Chang ML, Yu LF, Wu CC, Chen C. The anxiolytic effect of aromatherapy on patients awaiting ambulatory surgery: a randomized controlled trial. *Evid. Based Comp. Alt. Med.* 2013;2013:927419.
- [19] Lee YL, Wu Y, Tsang HW, Leung AY, Cheung WM. A systemic review on the anxiolytic effects of aromatherapy in people with anxiety symptoms. *J. Alt. Comp. Med.* 2011;17(2):101–8.
- [20] School of Natural Health Sciences: [www.naturalhealthcourses.com](http://www.naturalhealthcourses.com).
- [21] [www.anxietycare.org.uk](http://www.anxietycare.org.uk).
- [22] [www.stress.org.uk](http://www.stress.org.uk).



My name is **Susan Mousley**, I have over 36 years' experience in the NHS working as a nurse and presently as a midwife. I started my Complementary Therapy (CT) journey in 1995 qualifying as an aromatherapist, then subsequently as a baby massage teacher. I am CNHC registered and a member of the International Federation of Aromatherapists and also the Guild of Holistic Therapists. I also have qualifications in Bach Flower Level 1&2, Professional Relaxation Therapy, Primary Thought Field Therapy and am presently training as a Neuro Linguistic Practitioner. I have done other related short courses in CT's also. I helped set up an aromatherapy project within the maternity unit in which I work in 2000 which is now established in the unit. From this I was asked in 2010 to help set up and develop the Oasis Relaxation Project within the chaplaincy centre to help all patients, carers (and staff) deal with anxiety and stress in relation to their hospital experience. I teach subjects related to the above in the UK and overseas where health professionals and therapists take an interest in how to integrate CT's into conventional practice.