

Utilization of Comfort Room on Inpatient Psychiatric Unit

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ABSTRACT

There is scarcity of research on the use of comfort room as a treatment for reducing anxiety in hospitalized non-psychotic psychiatric patients. The use of comfort rooms has been shown to be an effective means to reduce anxiety in non-psychotic hospitalized psychiatric patients thus reducing the need for pro re nata (prn) medication administration (Steward, Robson, Chaplin, Quirk & Bowers, 2012). The purpose of this study is to examine if the use of a comfort room decreases the administration of prn medications in non-psychotic hospitalized psychiatric patients. The Beck Anxiety Inventory (BAI) will be used to measure anxiety in patients before and after the use of a comfort room. Participants are 15 non-psychotic hospitalized psychiatric female patients between the ages of 18 and 60 years old. One week after the implementation and utilization of a comfort room as a treatment modality to reduce anxiety the total number of prn medications administered for the treatment of anxiety will be counted and compared to the total amount to prn medications administered the week preceding the initiation of the study.

INTRODUCTION

• Kimport and Hartzell (2015) describe anxiety as a normal physical and psychological reaction to stress. The physiological response to anxiety is activation of sympathetic system (Fry, 2015). Individuals feeling anxiety will experience increased vital signs, trembling, dizziness, and emotional fear of losing control (Fry, 2015). When anxiety symptoms become exaggerated and interfere with daily functions than it becomes mental disorder (Fry, 2015). The use of medications pro re nata (prn) Latin for "as needed or as circumstance arises" (merriam-webster.com) is one medical intervention that is utilized to reduce the symptoms of anxiety (Haw & Wolstencroft, 2014). Recently the use of comfort rooms on the psychiatric units is being employed as an intervention to reduce anxiety in non-psychotic patients (Cumming, Coldwell & Grandfield, 2010). While the use of comfort rooms is being utilized as an intervention to reduce anxiety in non-psychotic patients to date there is a scarcity of research on this intervention. A comfort room is a designated space designed to calm the senses. (New York Department of Mental Health, 2009). Comfort rooms are equipped with comfortable furniture, pleasing colors and other sensory items. Comfort room also provide patients an opportunity to practice coping skills necessary upon discharge (New York State Department of Mental Health, 2009).

PURPOSE OF STUDY

• The purpose of this study is to examine if the use of a comfort room reduces the use of prn medications in non-psychotic hospitalized psychiatric patients with increased BAI scores and exhibit signs and symptoms of anxiety.

METHOD

• Patient anxiety levels will be measured using Beck Anxiety Inventory (BAI) (Beck, Epstein, Brown & Steer, 1988) 15 minutes after the patient has been placed in a comfort room. If there is no change in the patients BAI (Beck, Epstein, Brown & Steer, 1988) after 15 minutes the patient will be offered prn medication. Patients may refuse the use of the comfort room, may exit the comfort room at any time and request a prn medication.

SAMPLE

• Fifteen non-psychotic psychiatric female patients hospitalized on an acute psychiatric unit have been recruited to participate in this study. Participants' ages range between 18 to 60 years. Participants identified themselves Caucasian (46.7%), African American (20%), and Hispanic (33.3%). Fourteen of the patients speak and write English and one study participant speaks and writes Spanish. A Spanish speaking interpreter via phone will always be available. Patient's diagnosis include; generalize anxiety disorder (GAD), obsessive compulsive disorder (OCD), post-traumatic stress disorder (PTSD), substance induced anxiety disorder and borderline personality disorder. Patients excluded from the study are patients experiencing psychosis and patients diagnosed with bipolar mania.

RESULTS/CONCLUSIONS

• Study to be initiated: Summer 2016

HYPOTHESIS

• Non-psychotic psychiatric patients exhibiting anxiety who utilize the comfort room will have a decrease in the use of prn medications and decreased BAI scores as opposed to non-psychotic psychiatric patients who do not utilize the comfort room and are experiencing symptoms of anxiety and increased BAI scores.

INSTRUMENTS

• The Beck Anxiety Inventory (BAI) will be utilized to measure anxiety. The BAI is 21 item self-reporting measuring tool to describe the severity of anxiety (Beck et al., 1988). The reliability for the BAI = (Cronbach's $\alpha=0.92$) and the validity BAI was moderately correlated with Hamilton Anxiety Rating Scale (0.51) (Beck et al., 1988).

• A comfort room is equipped with tables, comfortable chairs, medicine balls, one rocking chair, and a whiteboard with written positive messages. The wall color is light purple decorated with colorful flowers and butterflies. There are two big windows with a lot of daylight coming through. In addition sensory items such as scented lotions, stress balls, stuffed animals, and books are available for the user.

• Total prn medication administration for each participant will be obtained from each patient's medical administration record (MAR). One week after the initiation of the comfort room the total prn medication administration usage per patient will be compared to pre-study usage. For the purpose of this study only prn medications administered as an intervention to reduce anxiety will be counted. All prn medications will be administered orally.

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