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The Lived Experience of Nurses Using Aromatherapy for Well-Being

Maria J. Perez

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THE LIVED EXPERIENCE OF NURSES USING AROMATHERAPY FOR WELL-BEING

DISSERTATION

Presented in Partial Fulfillment of the

Requirements for the Degree of

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Maria J. Perez

2018

THE LIVED EXPERIENCES OF NURSES USING AROMATHERAPY

FOR WELL-BEING

DISSERTATION

by

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2018

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Abstract

Background: Nurses are at the forefront of patient care; as such, their well-being is crucial to safe, quality patient care. Physical, emotional, and spiritual well-being impacts a nurse's health. The nursing profession is facing high levels of stress that have become a global public health problem (WHO, 2016). Nurses' work environments are stressful because of heavy workload, higher acuity patients, and self-neglect. Nurses' neglect of self-care is due to the fast pace demands of today's healthcare system. This is one of the factors that negatively impact patient care and safety, along with the adverse impact it has on the nurses' well-being. There are a number of integrative holistic modalities which promote health. Aromatherapy is one which may be beneficial to reduce stress and improve well-being. There is little known about the efficacy of aromatherapy among the nursing population for the use of decreasing stress in the workplace.

Purpose: The purpose of the research is to understand the lived experience of nurses using aromatherapy as a self-care practice to maintain or restore well-being and decrease work stress.

Theoretical Framework: The researcher used hermeneutic phenomenology guided by van Manen's (1990) framework.

Methods: This study is a phenomenological hermeneutic qualitative study.

Results: Four related themes, stressing, caring for self, education for aromatherapy, and remembering, emerge from the rich lived stories of nurse participants who use aromatherapy for well-being.

Conclusions: This study gives an understanding of the use of aromatherapy for self-transcendence of the nurse participants in order to achieve well-being. The research gives

evidence to healthier nurse participants who acquired self-knowledge in order to use aromatherapy for their self-care.

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DEDICATION

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CHAPTER ONE

Nurses are at the forefront of patient care; as such, their well-being is crucial to patient care and safety (WHO, 2016). Unfortunately, caring for self has become a casualty of the increasingly complex and fast-paced demands of health care today, leading to negative consequences for healthcare providers and adversely impacting patient care and safety (Gonzalez, Pizzi, Thomas, Cooper, & Clyne, 2013; Rodwell & Munro, 2013; Van Bogaert et al., 2014). The Institute of Medicine (IOM, 1999; 2004) indicated that most medical errors occur because nurses are exhausted, overstressed, and overwhelmed. The duty for self-care is crucial and is linked to provision five of the Code of Ethics of the American Nurses Association (2013). To meet these professional demands and ethical expectations, nurses need to be physically and mentally ready to deliver nursing care.

Watson (1999) regarded personal well-being as an essential responsibility of every nurse and often referred to nurses' well-being as crucial to caring for patients. Well-being is composed of four major categories: physical well-being, psychological well-being, social well-being, and spiritual well-being (Lavdaniti & Tsitsis, 2015). Physical well-being is being free of disease or the control or relief of symptoms from illness. Psychological well-being is a sense of control with illness, altered life priorities, emotional distress, and fear, as well as life change. Social well-being refers to an individual's ability to adjust when dealing with his or her roles in relationships. Spiritual well-being is dependent on how an individual controls uncertainty, which is created and derived by hope.

Integrative health modalities offer one way of addressing individual well-being (Fontaine, 2015). In its strategic plan of 2011-2015, the National Center for Complementary and Alternative Medicine (NCCAM) mandated that researchers advance the science of CAM by developing evidence-based practice and the integration of holistic modalities into health care and health promotion. NCCAM wanted to promote strategies for promoting health and well-being by developing effective, practical ways to use CAM (Fontaine, 2015). NCCAM established 16 research centers to explore the safety and efficacy of a wide range of therapies that are funded every year because it is the position of this organization that integrative holistic modalities are effective (Fontaine, 2015). One of the therapies, aromatherapy, intrigues the researcher's interests since it can be used aromatically, taken internally, and applied externally and can produce a physiological response and a psychological response in an individual. There is limited research on the benefits of aromatherapy and nursing and many fewer articles dedicated to well-being of nurses. The researcher believes using integrative holistic modalities such as aromatherapy is one method that nurses could institute to care for themselves. The aim of this study is to explore the lived experiences of nurses who use aromatherapy to self-care and to decrease stress, thereby improving patient safety and the nurses' well-being. Findings may shed light on inexpensive, accessible holistic modalities for self-care and for maintaining nurses' well-being, ultimately impacting quality patient care.

PROBLEM AND DOMAIN OF THE INQUIRY

Background of the Study

The World Health Organization (WHO) identifies nurses as the key to the improvement of health outcomes around the world (Spence Laschinger, Nosko, Wilk, &

Finegan, 2014). Since nurses are at the forefront of patient care, the WHO delineates nurses' well-being as crucial to patient care and safety. The literature has addressed patient safety concerns as a result of nurses' medical errors, most of which are due to exhaustion and excess stress. The WHO defines health as synonymous with well-being: "a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity" (Lorber, Treven, & Mumel, 2015, p. 183). Watson's caritas describes self-care as necessary not only for being whole but also for being able to care for patients. Nurses who do not emphasize self-care are more likely to suffer a decrease in overall wellness, thereby potentially jeopardizing patient safety and affecting quality of care (Gonzalez et al., 2013).

According to the Centers for Disease and Control and Prevention (2014), work stress and burnout are prevalent among those working in high-risk jobs. Stress has been a contributing factor to poor teamwork and poor communication, leading to sentinel events (Pipe et al., 2011). For nursing professionals, work conditions are extremely stressful and challenging. When work and personal stress are coupled, the capacity of human tolerance decreases (Leiter & Maslach, 2009). The body physically starts to feel the consequences of the stress factors, and physical deterioration occurs. The continuing deteriorating physical effects can lead to diminishing mental capacity.

Stress has been regarded as an occupational dilemma since the 1960s and has led to significant health problems among nurses (Freudenberger, 1975; Leiter & Maslach, 2009). Increased use of technology, continuously changing regulations in health care, lack of support by administration, and increasing nurse-to-patient ratios have all contributed to increased stress and have, therefore, negatively impacted nurses' well-

being (Khamisa, Oldenburg, Peltzer, & Ilic, 2015; Watson, 2008). The American Nurses Association (ANA), along with the World Health Organization (WHO), have identified the need for nurses to self-care and improve their well-being to care for patients and maintain safety (ANA, 2010; Spence Laschinger et al., 2014). However, nurses' lack of understanding of how to identify and implement self-care measures further compromises their health and wellness.

Stress

Stress is a non-specific response of the body to any demands made on it or the reaction of the body to a perceived threat to an individual's well-being (Leiter & Maslach, 2009). In the seminal works of Hans Selye (1955), the physiological adaptations that occurred in the body during an unexpected demand on the body were defined by him as biological stress. Selye's general adaptation syndrome theory made the connection of how the secretion of hormones and its resistance, caused by stress, leads to chronic illness. Hans Selye defined three initial stages to stress: a) alarm stage, b) reaction stage, and c) exhaustion stage. If exhaustion stage persists, it may result in death, if unresolved (Smith & Selye, 1979).

The seminal works of Freudenberger (1975) indicated that psychological stress is the relationship between person and environment that can cause the person to exceed his or her resources and jeopardize his or her well-being. Freudenberger identified professions such as medicine, nursing, law enforcement, and firefighting as highly stressful because of the nature of the work. The nursing profession includes multiple stressors, all of which lead to a decrease in well-being.

The seminal works of Maslach (1982) emphasized that stress, in combination with work-life and personal dilemmas, affects the quality of care given to patients. Maslach's works reflected on the variables within the nursing profession that lead to stress. Some of the compounding stressors are the increasing use of new technology such as electronic health records (EHRs); the continuously changing regulations and clinical requirements imposed by regulatory agencies such as the Centers for Medicare & Medicaid Services (CMS), The Joint Commission (JC), and the Agency for Health Care Administration (AHCA); and a lack of support by administration, which establishes a disconnect between leaders and bedside nurses. These stressors have affected the well-being of nurses. Furthermore, lack of control over the increasing nurse-to-patient ratio has resulted in nurse exhaustion, which in turn increases the risk of medical error. Occupational stress has detrimental effects on nurses' well-being and may affect the nature of caring relationships and healing environments in a negative way by interfering with the nurse's ability to observe, listen, and understand the patient (Rodwell & Munro, 2013; Selye, 1984; Van Bogaert et al., 2014). In addition, occupational stress, health organization stress, and leadership stress have led to a decrease in nurses' well-being, thus resulting in nurses leaving the profession, which increases the nursing shortage crisis and further exacerbates stress in the workplace (Van Bogaert et al., 2014). Maslach concluded that exposure to the stressors for a prolonged period ultimately produces conditions of burnout.

Burnout has three dimensions: (a) exhaustion, which is distance emotionally and cognitively from an individual's work; (b) depersonalization, which occurs when an individual is distant from an individual's emotions; and (c) inefficacy, which is a

reduction in personal accomplishments (Maslach, Schaufeli, & Leiter, 2001). Exhaustion, depersonalization, and inefficacy contribute to nurse absenteeism and job turnover and negatively impact the quality of patient care and safety (Leiter & Maslach, 2009; Maslach, 1982; Van Bogaert et al., 2014; Watson 2008). Burnout has been associated with poor health outcomes (Khamisa, Oldenburg, Peltzer, & Ilic, 2015). Nurses need to develop a healthy, sustaining work life that decreases stress and prevents burnout. Recognizing early symptoms of stress and burnout is essential to sustaining well-being. Watson (2008) identified that nurses needed to self-care which was central to the practice of professional nursing in the development of the theoretical framework for caring. Self-care means reducing unnecessary stressors and taking time out for yourself.

Watson (2008) identified additional stressors intrinsic to nursing: difficult family members, demanding physicians, and the inability to consistently deliver quality care. The high demands placed on nurses are exacerbated by poor organizational support, rapidly changing work conditions, and staffing shortages (Watson, 1979). These problems, which are influenced by legislative and regulatory changes, lack of resources, and the pressure of life and death situations, remain significant stressors in today's healthcare environment (Quinn, Smith, Ritenbaugh, Swanson, & Watson, 2003; Watson, 2008). Watson elaborated that these overwhelming conditions lead nurses to self-neglect, thereby creating an imbalance within the mind-body-spirit, which in turn affects patient care, transcending the caring moment.

Today's healthcare environment is rapidly changing, presenting nurses with numerous demands that affect their ability to cope and maintain well-being. Stress is a major factor affecting well-being and professional satisfaction in the work environment.

This impacts individual performance by means of the increasing interpersonal demands, the workload, and organizations’ demanding more of nurses each day, diminishing the well-being of nurses. Thus, management of stress is essential for well-being and for providing a longer career of nurses at bedside.

National and Global Concerns for Nurses’ Well-Being

Well-being is a national and global concern not only for the nursing profession but also for other professions. The National Institutes of Health (NIH) has funded several studies on complementary alternative medicine (CAM) interventions and their roles in improving health and well-being. The most recent study was funded by the Department of Defense for research on CAM in the treatment of variety of conditions that are endemic to the military population (Ross & Darracq, 2015). For example, police officers have one of the most difficult occupations. Police officers deal with harassment, stress, and traumatic events occurring simultaneously, which affects their physical and mental health. A study conducted in Sweden used relaxation techniques and vivid imagery to reduce stressors and promote coping among police officers (Arnetz, Arble, Backman, Lynch, & Lublin, 2013).

Provision five of the Code of Ethics for Nurses identifies nurses’ responsibility to promote health and safety and preserve wholeness and integrity (Lachman, Swanson, & Winland-Brown, 2015). The “duty to self and other” delineates personal behaviors that are self-regarding behaviors, which includes maintaining personal health, personal safety, and overall well-being. The American Nurses Association (2013) also states that nurses need to care for themselves in order to provide quality care for their patients. The American Holistic Nurses Association supports the “ANA Healthy Nurse Constructs:

calling to care, priority to self-care, opportunity to role model, responsibility to educate, and authority to advocate" (Carpenter & Assi, 2015, p. 34). There is a consensus among nursing associations that well-being is essential to patient care and safety. Nurses have a social responsibility to give primary consideration to the well-being of self and of patients (ANA, 2010).

Lorber et al. (2015) identified that the World Health Organization defined self-care of the nursing profession as essential to the well-being of the nurse and patients. Nurses from Spain have been in the forefront of advocating for integrative holistic modalities (IHM) for well-being. Several pieces of published evidence-based research exist on the effects of integrative holistic modalities and the positive benefits on caring and well-being (Donoso, Demerouti, Garrosa Hernandez, Moreno-Jimenez, & Carmona Cobo, 2015; Diaz-Rodriguez et al., 2011a; Diaz-Rodriguez et al., 2011b; Pedrazza, Minuzzo, Berlanda, & Trifiletti, 2015).

Nurses are becoming aware of nontraditional, supportive modalities such as aromatherapy, Reiki, therapeutic touch, massage therapy, and many others. These therapies offer nurses an opportunity to render self-care addressing their physical, emotional, mental, and spiritual well-being. The goal is to promote wellness by using integrative holistic modalities. Helping nurses manage their stress is crucial. Nurses' use of aromatherapy for well-being is a non-traditional health promotion modality that needs to be investigated.

Well-Being and Self-Care

Neglecting to care for self and others can have negative consequences for both the nurse and the patient. The literature defines the need for nurses to heal themselves before

they can heal their patients. Therefore, nurses have an enormous responsibility to their patients and to the community when they are providing care to have wellness themselves. Jean Watson (1985) concluded that nurses need to be mentally and physically well to care for patients, and they achieve this by caring for self. Nurses that have well-being demonstrate the ability to restore the self to a tranquil state of awareness that is centered and balanced. The nurses' caring is enhanced, and they are more energetic when their health is at optimum. They are happy, and they keep stress at a manageable level, which is essential for daily living management (Vitale, 2009). The nurses have flexibility and the ability to reflect in their state of centeredness, which enhances a state of well-being.

Many nurses may not know how to care for themselves. Nurses are caring for others and, therefore, they forget to care for themselves. Caring for yourself means reducing unnecessary conflict and stress; effectively managing dilemmas; communicating clearly with patients, friends, and family; and taking time out for yourself (Vitale, 2009). Watson (1999) stated, "If one is to work from a caring healing paradigm, one must live it out in daily life" (p. 51). Nurses who do not self-care demonstrate an increased level of work-related stress, conflict with peers and patients, inferior quality of work, emotional exhaustion, depersonalization, and lack of personal accomplishment (Khamisa et al., 2015). When nurses care for themselves, they make time for a daily routine in practices such as meditation, prayer, yoga, relaxation, time with nature, or other such activities. Focusing on forms of relaxation every day is the foundation of self-healing, stress control, health enhancement, personal empowerment, and deep relaxation (Pipe & Brotz, 2009; Vitale, 2009).

Watson (1979) believed that caring-healing modalities for the nurse would enhance their caring for patients, meaning that nurses needed to achieve well-being to be able to heal others. Watson believed that methods such as massage, therapeutic touch, reflexology, aromatherapy, and crystal therapy could become a form of nursing care/self-care to achieve healing (Smith & Parker, 2010). Watson (2008) believed that caring healing model was embodied in the mind-body-spirit therapeutics modalities. The transpersonal caring theory promotes self-healing patterns that are noninvasive, energetic environmental field modalities that can give comfort, wholeness, self-healing, and well-being. She believed healing is integral in the discipline of nursing as a humanistic profession. Watson (1999) stated that nursing is a spiritual practice, and putting transpersonal caring into practice involves creating an environment where the caring healing paradigm involves the physical and the metaphysical as well as love, empathy, reverence, and sacredness regarding life and all living things, for self and others. The nurse is one who lives in wellness as a role model and advocate, ensuring his or her own self has well-being and, therefore, is able to care for others in a meaningful way (ANA, 2010). It is essential to help nurses reach well-being by providing research that can benefit nurses on how to use integrative holistic modalities such as aromatherapy to achieve well-being.

Aromatherapy

According to the National Center for Complementary and Integrative Health (NCCIH, 2016), integrative and alternative medicine is defined as a diverse set of healing philosophies and therapies that are used to complement conventional or allopathic medicine. Aromatherapy is one of the integrative modalities used to improve well-being.

Aromatherapy uses essential oils that are highly concentrated, extracted, and distilled naturally from a part of a plant's bark, stems, twigs, leaves, roots, peel of fruit, or flower, a method that has been used throughout time for healing (Fritz, 2015; Johnson, 2014). Essential oils can be inhaled, ingested, or massaged into the skin. Aromatherapy is a non-invasive method of stress relief. These oils can protect us from disease, create a powerful emotional response, promote a sense of calmness, lift a mood, and eliminate negative energies (Fritz, 2015, p. 16).

Certain oils used in aromatherapy can promote well-being and vitality as well as kill bacteria and viruses in the body because of their chemical structure, which passes through the skin for immediate systematic response when used topically or inhaled (Fritz, 2015). For example, peppermint reduces nausea and vomiting, and lavender reduces anxiety. These benefits have been documented in Fritz (2015) and Johnson (2014). This study could endow nurses with the knowledge and benefits of achieving well-being by incorporating self-care using aromatherapy. Studies have shown that aromatic molecules stimulate the olfactory senses, which affects the hypothalamus, autonomic nervous system, and the endocrine system, resulting in increased circulation, regulating respirations and heart rate, and decreasing blood pressure (Chen, Fang, & Fang, 2015). Aromatherapy has been effective in reducing pain, reducing anxiety, improving sleep, and improving vital signs (Igarashi, 2013; Janula & Mahipal, 2015; Lytle, Mwatha, & Davis, 2014). Benefits to maintaining well-being include managing a hectic workday, restoring self to a tranquil state, experiencing clarity of thought, and connecting the mind-body-spirit which is an integral part of self-healing transformations. Through these healing journeys, an individual can restore calmness and balance through self-care.

Therefore, investigating the use of aromatherapy for well-being needs to be studied further in nursing practice.

Patient Safety

Watson (1999, 2008) correlated that neglecting self-care had an impact in the delivery of nursing care, which could impact patient safety. The Joint Commission (2011) attributes medical errors to nurses' being exhausted or overworked. The Institute of Medicine's (IOM) first report *To Err is Human* in 1999 addressed patient safety, which has been linked to concerns with mental and physical wellness of the bedside nurse. Scholars argue that stress can decrease cognitive abilities and impair physiological health (Clancy, 2009; Khamisa et al., 2015; Van Bogaert et al., 2014). The ANA (2013) published a position paper on registered nurses and employers being responsible to sustain a culture of safety, a healthy work environment, a work-life balance, and a reduction in the risk from nurse fatigue for optimal patient outcomes. According to the Nurse Practice Act, the nurse is responsible for patient safety. This would make the nurse accountable to assess his or her physical and mental conditions prior to taking an assignment. This also includes accountability to be fit for duty. Furthermore, the nurse has a duty to advocate for patient safety including a self-assessment, self-care measures, and any nursing action necessary to comply with the standard of practice (Cropley, 2015; Lachman, 2016). Therefore, the application of self-care for nurses is essential to protect the nurse and patient safety.

Problem Statement

Nurses' well-being enhances not only individual health but also promotes quality patient care and patient safety (IOM, 2004; Vitale, 2009; Watson, 1999, 2008). However,

scholars argue that nurses' well-being is inconsistently actualized (Lorber, Treven, & Mumel, 2015; Watson, 2008). Occupational demands have created high levels of chronic stress in nurses, and evidence suggests that nurses are poorly prepared to implement self-care measures that could restore their sense of well-being (Leiter & Maslach, 2009; Watson, 1999, 2008). Aromatherapy offers nurses an affordable, accessible form of self-care that may maintain or restore their sense of well-being and potentially mitigate the adverse effects of occupational stress. Nurses' well-being affects the delivery of safe and competent nursing care. Understanding the perception of nurses who use aromatherapy for the reduction of stress and the improvement of well-being is essential for the nurse. However, there is little research on nurses' use of aromatherapy. Research is limited; therefore, there is a need to explore nurses' use of aromatherapy as a self-care modality to promote well-being.

Purpose of the Study

The purpose of this qualitative, hermeneutic phenomenology study is to understand the lived experience of nurses using aromatherapy as a self-care practice to maintain or restore well-being and decrease work stress. This research aims to give a voice to the nurses who practice integrative holistic modalities for self-care and to gain a deeper understanding of the essence of the lived experiences of nurses using aromatherapy to achieve well-being and decrease work stress. This study may provide knowledge to help nurses improve their well-being through self-care.

Research Question

The primary research question is: What is the lived experience of registered nurses who use aromatherapy as a self-care measure to achieve well-being and decrease work stress?

Philosophical Underpinnings

The philosophical stance is the guiding system with the principles rooted in the researcher's underlying epistemological and ontological assumptions that guide the methodology (Crotty, 1998). Qualitative research "reflects the values, the beliefs, and the assumptions about the nature of human beings, about the nature of the environment and the interaction between the two" (Munhall, 1994, p. 10). Qualitative research is conducted in a natural setting to understand a phenomenon based on the views of the participants in the study (Creswell, 2013). The interpretivist process of research is to reflect the "multiple truths" of the participant's reality versus the positivism, which is based on one universal view or "one truth" approach (Guba & Lincoln, 1994). The worldview is to investigate the paradigm of interpretivism/constructivism, and interpretivism originates from the tradition of hermeneutic and phenomenology making it vital to the discovery of the human experience and knowing the essence of being.

Interpretivism

In interpretivism, "multiple truths and realities" reflect varying human socialization views of life (Crotty, 1998). Reflecting on the human socialized view of life, the interpretivist conceptualizes multiple realities as opposed to the quantitative, positivistic, which believes in one truth as the approach in research (Crotty, 1998). According to Crotty (1998), human beings understand the world from a particular culture,

history, and social setting. Scientists have believed for over four centuries in the scientific way of thinking, which only had one objective reality, as universal knowledge, which is the positivist view (Nicholls, 2009). The downfall of the positivists is that they neglect to see the social world in their everyday social interpretations of context; this is where they lose a complete picture of reality. For example, in positivism, the researcher only wants to know if aromatherapy is effective in decreasing symptoms. On the other hand, in interpretivism, the researcher wants to know how aromatherapy affects the individual in decreasing symptoms. This leads to multiple versions of the truth for each individual. Positivism cannot see the interconnections with others or social and cultural systems in which individuals live; therefore, interpretivism looks at the understanding of what it is to be human, which is associated with phenomenological tradition to seek understanding of an experience (Nicholls, 2009).

The assumption under which the interpretivist researcher operates is that reality has been constructed inter-subjectively through understanding and meaning that was developed socially and experientially (Guba & Lincoln, 1994). The interpretive paradigm views the world from a particular historical, cultural, and social perspective as it is expressed by its participants. It concludes that individuals have a unique perspective on their experiences and what each experience means to them as they interact in the world based on their belief and culture. Therefore, the researcher comes to understand his or her own existence and engagement with reality in the world; it is not discovered but constructed, implying that different people may construct meaning in different ways even though they experience the same phenomenon (Crotty, 1998, p. 71). The researcher will not see duplication because each participant has an inner and personal perspective of the

experience that is influenced by his or her previous experiences, culture, and beliefs. The researcher needs to see how the participants see their reality, which is part of their uniqueness as human beings.

In an interpretative epistemological stance, the researcher will interact closely with the individuals being studied, to rely on subjective, interactive evidence to formulate themes from the findings (Creswell, 2013). In positivism, the individuals are in a controlled environment searching for one objective reality, through one scientific method, arriving at one universal truth (Crotty, 1998). The researcher interacts with the participants, building a trusting relationship investing time to collect narrative data in a natural setting, rather than the impersonal controlled laboratory environment. Each participant brings various aspects of reality and truth. The researcher enters the world of the participant in a natural setting or context, believing that "context is crucial to deciding whether or not a finding may have meaning in another context as well" (Lincoln & Guba, 1985, p. 39). Interpretivism is the philosophical perspective that supports the scientific inquiry in a qualitative study that aims to understand humans in a social context through their actions and their perception of realities as a whole rather than discover universal laws that explain their reality by reducing it to numbers that are measurable (Antiwi & Hamza, 2015). The researcher and the participant interactively arrive at authentic meaning in the phenomenon of the lived experience of nurses who use aromatherapy for well-being.

Interpretivism acknowledges that human beings are complex and intricate and respond to different circumstances uniquely. In the interpretive paradigm, context is considered essential to the phenomenon. In interpretivism, research is conducted in a

natural environment. The purpose of the interpretive paradigm is to comprehend the meaning of human action as it is socially constructed. Viewing human behavior as dynamic and changing in a naturalistic paradigm (Antiwi & Hamza, 2015). In a natural setting, the researcher tries to understand the participants' perception of their social setting and the meaning they attached to their experience, instead of controlling the conditions in a research laboratory. The researcher needs to understand the participants' meaning immersing through interaction; the researcher must understand the process and have appreciation for the process to have a clear picture of the experience. Qualitative research is best suited for the interpretivist/constructivist paradigm because it constructs and interprets the experience of the individuals as they interact with others in their social world. This paradigm is best suited in the naturalistic world as it applies to the real world as it evolves naturally and is not manipulative, controlled, or obstructive.

Constructivism

Constructivism involves "human subject engaging with the object in the world and making sense of them" (Crotty, 1998, p. 79). In constructivism, reality is believed to have multiple constructions, each having its own truths and all equal value. The realities change as a human being evolves and interacts in the natural world. It is implied that humans do not discover knowledge; instead, they are constructed (Creswell, 2013). Meaning is constructed by human beings as they experience the world. Meaningful reality is constructed from the interactions between human beings and their world within social context. In constructivism, individuals have a unique experience, with each one independently making sense of the world in his or her way. Individuals view the world differently, and they constitute a diverse way of knowing different meanings and different

realties (Crotty, 1998, p. 64). Meaning comes into existence in and out of an individual's engagement with the realities of his or her world; it is not discovered but constructed, and different people may construct meaning in diverse ways even in relation in the same phenomenon depending on their relationship with the object (Crotty, 1998, p. 43). Independently they exist, but when meanings are shared, social reality is constructed. Human beings construct meaning from their own experiences life, work, situations, and interpretation, making sense of them (Crotty, 1998).

Constructionism

Constructionism is contingent on human practices that are constructed out of the interaction between human beings and their world and is developed and transmitted within a social context (Crotty, 1998, p. 42). Reality is formed through interaction with others within the culture, who themselves are the products of common historical and cultural norms that form persons' lives (Creswell, 2013). Individuals develop within a culture, which affects how they construct an experience or a reflection of beliefs. From culture, individuals arrive at social standings, upbringing, social economic status, sexuality, educational experience, and so on. This is how an individual forms biases and how his or her interactions among people and environment are affected by constructionism (Lincoln & Guba, 2013). Social reality is shared, constructed, sustained, and reproduced by human social lives. For example, Eastern society accepts holistic therapies and alternative modalities such as Reiki, aromatherapy, and meditation, to name a few, as part of their cultural upbringing passed down through the generations. On the other hand, Western society marginalizes the use of such holistic therapies and alternative modalities, refusing to give credit to the ancient art. Western society believes in the

biomedical model for healing. In other words, culture shapes the way individuals see things and define the view of the world by making sense of the world (Crotty, 1998, p. 58).

Qualitative inquiry is a worldview of the cultural and historical understanding in a social setting (Crotty, 1998). Creswell (2013) concurs that reality is not perceived by a cultural influence but is formed through interactions within the culture, as products of historical and cultural norms that operate in the form of persons' lives. The social world and the natural world cannot exist independently; they are one human world that is ready to be interpreted (Crotty, 1998). Understanding personal meaning is central to constructivism. It is important to discover why participants do the things they do and how the personal experience affects their world. These are internal experiences that formulate truths that create profound possibilities for maintaining, reinforcing, or changing perspectives to develop or improve personal experience and outcomes (Denicolo, Long, & Bradly-Cole, 2016).

Qualitative Research

The philosophical underpinning that the researcher will use to frame and guide the study of interest will be a naturalistic inquiry. It will be the philosophical framework used to assist the researcher conceptualize and contextualize the phenomenon of interest which incorporates multiple realities and contexts. The aim of this study is to understand how nurses use aromatherapy to improve their well-being. This is consistent with qualitative, phenomenological research.

Qualitative research "reflects the values, the beliefs and assumptions about the nature of human beings, about the nature of the environment and the interaction between

the two" (Munhall, 1994, p. 10). Qualitative research knowledge is a combination of the participants' perceived meaning of their lives, which can be observed objectively in a natural environment. That relationship between the researcher and the participants results in the shaping of meaning of the experience (Lincoln & Guba, 1985). Qualitative research uses inductive reasoning. The inductive process requires the researcher to go back and forth between the data and the themes that emerge until they establish a comprehensive set of themes (Creswell, 2013, p. 45). Inductive reasoning uses open-ended interviews and unstructured interviews and observation of the participants, generating qualitative data in the form of words, narratives, and pictures. Crucial emphasis is placed on the understanding the holistic description of the human experience as it is lived within the context of those who experienced the phenomena. As the collection of data and analysis progress and as the researcher immerses himself or herself in the data and co-creates with the participant, gaining new insight, new questions emerge, and further investigation is sought to confirm or amplify the emerging themes. Qualitative researchers seek to discover patterns in common themes among the participants who experience the phenomenon. The data that are collected are developed into concepts and theories by the researcher to heighten awareness through the discovery of meaning. Therefore, qualitative research searches for a deeper understanding of the participants' lived experience of the phenomenon being studied and for acceptance of the value of the context and the setting.

In qualitative research, the naturalistic approach was a response to the positivism counter movement by Kant and Weber (Polit & Beck, 2004). Qualitative research is conducted in a natural setting and is a process that understands the social or human

problems, based on the views of the participants of the study (Creswell, 2013). Qualitative research is nonexperimental, pragmatic, interpretative, and grounded in the lived experiences (Creswell, 2013). Naturalistic inquiry occurs in the field where there is flexibility in both strategies and techniques that are used to investigate the quality of relationships, situations, activities, or materials. The researcher observes the participants as the true knowers of the experience, which is lived within the context of those who are experiencing the phenomenon. The participants are considered whole, complex, and always evolving as they experience the phenomenon within their social world. In qualitative research, the researcher is concerned with how the individual make sense of their lives. Therefore, the researcher does not try to generalize beyond an experience of the participant. Instead he or she renders a rich in-depth narrative of the phenomenon being studied as experienced and perceived by the participant. The main goal of naturalistic research is to comprehend the meaning of a participant's actions in their natural setting as they make sense of their surroundings through social roles, structures, rituals, and symbols.

Therefore, the researcher uses a qualitative approach to answer the research question to gain a deeper meaning and understanding from the participants' lived experience of the phenomenon being studied and accepts the value of the setting and context. The research seeks to answer the question of the study by examining various social settings and individuals' construction of meaning. The emphases of qualitative inquiry are articulating, understanding, appreciating, and making "multiple truths" be known through the process of the research process (Benner, 1994).

Five scientific assumptions apply to all research: ontology, epistemology, axiology, rhetorical, and methodological. Ontology is the study of what exists, meaning the nature of reality or truth. In qualitative research, the ontological assumption is relativism, a view that espouses multiple realities that are individually constructed (Guba, 1990). Epistemology is how we know what we know and deals with the relationship of the researcher to what is being researched. In qualitative inquiry, knowledge is subjective; that is, it is constructed by the individual. The individual participant is seen as the knower, and the researcher will interact closely with the individuals being studied to gather subjective data that will be used to formulate the themes, concepts, or theory that, ultimately, constitute the findings (Creswell, 2013). The researcher and the participant will interdependently construct the meaning of the phenomena through observation, interviews, and content analysis. Axiology addresses the role of value in research. Qualitative inquiry recognizes that the researcher brings intentional and unintentional biases to the study (Creswell, 2013). It is essential that an individual declare and acknowledge his or her experiences, preconceptions, and biases related to the phenomenon being studied. This is done to acknowledge and/or set aside the researcher's influence on the study's outcome.

The rhetorical assumption deals with the language used to discuss the research process, analysis, and findings. In qualitative research, findings are typically reported in narrative rather than statistical form. The researcher will identify similar patterns of how nurses experience using aromatherapy for well-being and report them as themes that reflect the essence of the phenomenon. The use of the participants' own words will be used to support the study findings.

The methodological assumption in qualitative research is characterized as inductive and occurs in the natural setting with the researcher as an instrument to facilitate creation of meaning (Creswell, 2013). It is the process used to gain knowledge. The researcher will use an interpretive (hermeneutic) methodology to explore and acquire knowledge needed to understand nurses' use of aromatherapy to achieve well-being. A qualitative approach will provide a deeper meaning and understanding of the phenomenon and incorporates the natural setting and context in which the phenomenon occurs. More specifically, an hermeneutic, phenomenological methodology will be used to explore and identify the essence of nurses' lived experience of the phenomenon of using aromatherapy.

Phenomenology

Phenomenology is described as a philosophy as well as methodology; it has many roles "as a philosophy, a perspective, and an approach to research" (Munhall, 2012, p. 160). According to Reiners (2012), phenomenology is considered subjective, inductive, and dynamic. Subjectivity provides authenticity of the experience of the participant with his or her perception and understanding of the phenomenon (Munhall, 1994, p. 14). Phenomenological study is based on the knowledge of what is common to all the participants who are experiencing the phenomenon and how they experience it. In phenomenology, the researcher and the participants are continuously interacting throughout the study; they are inseparable. The role of the researcher is to seek understanding and to explain the participants' lifeworld as lived by them, as whole beings, complete with the worldview, relationships, and experiences.

Intentionality is the relationship between the subject and the object of the subject's consciousness (Crotty, 1998, p. 79). The object is shaped by the consciousness. Intentionality captures the interaction between subject and object. Munhall (1994) stated that phenomenology as a philosophy has four key concepts: consciousness, embodiment, natural attitude, and experience and perception. First, when individuals experience a phenomenon, they attribute meaning in their own consciousness, which is a sensory awareness of and response to the environment. Consciousness is the unity of the mind and the body as it experiences the subjective and objective world (Munhall, 1994, p. 14). With regard to consciousness, an individual is aware of everything in and around him or her and the person cannot step out of consciousness (Munhall, 1994). The balance of mind and body attributes meaning to the experience and combines the subjective and objective understanding (Munhall, 1994). Second, embodiment through our senses of seeing, smelling, and hearing provides sensible consciousness. It is being-in-the-world where the individual reflects and recognizes the experience in the world with openness as an individual. Third, natural attitude is the world of individuals as experienced by previous generations and becomes unquestioned. This represents teachings and assumptions from preceding generations that are handed down and that have become part of their reality (Munhall, 1994). The fourth concept is perception and experience, which is the method by which individuals encounter an experience of the world through their body. Individual perception of an experience is what seems like reality, as the truth, and is not right or wrong (Munhall, 1994).

Husserl’s Descriptive Phenomenology

Phenomenology is the contribution of German philosopher Edmund Husserl (1859-1939) and became a very influential movement in the early 20th century. Husserl believed that the human experience (the lived experience) could not be measured; therefore, its meaning had to be described (Munhall, 1994). Husserl’s phenomenological approach was descriptive transcendental. Husserl was focused on the essence of consciousness experience of a phenomenon. He believed that phenomenology is based on the meaning of the individual experience, which is constructed as a description (Husserl, 1931). Husserl believed that phenomenology is based on the individual’s experience and the meaning that he or she can experience based on the idea that something is true, as understood by the human consciousness (Koch, 1995). Husserl introduced intentionality, which is how people connect meaning to things in the world they live in. He believed human experiences should be examined in the subjective allowing information to be described as perceived by human beings (Husserl, 1931; Koch, 1995). Phenomenological reduction is used to strip away the researcher’s preconceived ideas of the phenomenon of interest to reach the “pure consciousness” as the essence of the experience (Munhall, 1994). Exploring consciousness makes the essence of the experience. In epistemology, constructionism rejects the view of human knowledge just like Husserl wanted the truth to be objective without influence of known knowledge (Husserl, 1931). Husserl's phenomenology focused on the researcher’s coming to know the experience by describing the experience of the phenomenon (Converse, 2012). His epistemological approach was to discover a new understanding of the phenomenon. He did not believe that all individuals experience events in the same way (Husserl, 1931).

According to Creswell (2013), Husserl proposed that phenomenology suspends all positions in relationship to the awareness of being able to understand what is occurring, consciousness, and is based on the meaning of the individual experience. In other words, he wanted to explore how individual consciousness is formed. He believed bracketing or separating the consciousness was part of the reductive process for the observation of the experience (Paley, 1997). Implementing phenomenological reduction was one way Husserl believed individuals can do bracketing by holding in abeyance the assumptions, beliefs, and biases about the phenomenon of study (Abalos, Rivera, Locsin, & Schoenhofer, 2016). Therefore, he believed that everyday consciousness experience can be described, and preconceived options can be set aside or bracketed (Reiners, 2012). “Bracketing” is essential to descriptive (transcendental) phenomenology; therefore, it is essential for the researcher to set aside knowledge and biases related to the phenomenon of study.

Heidegger’s Interpretative Phenomenology

Martin Heidegger (1889-1976), a German a philosopher, shifted the focus of phenomenology from the epistemological to the ontological. Heidegger believed phenomenology should be used to investigate the meaning of being (Converse, 2012; Heidegger, 1962). He believed this meant the study of being, the existence of being, of what exists, what are the fundamental parts of the world and how do they relate to each other. Heidegger’s belief in the existential phenomenological concept means that an individual is free to make choices. His focus was an ontological quest to reveal how an individual exists, rather than Husserl’s epistemological focus on how the existences of things are made conscious (van Manen, 2014). He believed this phenomenon could not

be separated from the world but rather could be understood by being consciously involved in the world (Creswell, 2013).

Heidegger's perspective is based on the idea that a researcher cannot understand others without taking into consideration his or her own culture, social context, or historical period, thereby connecting the meaning to the social world around them (Heidegger, 1962; van Manen, 1990). He believed that human beings cannot be on the outside of pre-understanding because their experiences are constituted with one another historically (Munhall, 2012). Heidegger differed from Husserl because he believed that "bracketing" could not be possible; he claimed that individuals cannot separate themselves from their previous knowledge of a phenomenon. He postulated that prior understanding impacts knowledge development (Heidegger, 1962). Heidegger (1962) stated that "bracketing" is neither possible nor warranted, as prior understanding will always impact knowledge development and understanding.

Heidegger stated phenomenology as "dasein," having foresight or pre-understanding of being, a view that each individual brings into a situation and that forms the basis from which they interpret the experience (Crotty, 1998). The assumption of "dasein" is identified by Heidegger as "fore-structure," which is an understanding that comes from an individual's own world and the interpretation of reality (Benner, 1994). This pre-understanding and fore-structure continue to manifest new understanding throughout an individual's life in the lived experiences (Crotty, 1998; Munhall, 1994; Paley, 2014). Dasein is responsive to a specific environment, suggesting a particular understanding of the question of being in the world; understanding is what people do, the lived experiences (Paley, 2014).

Hermeneutic phenomenology has multifaceted characteristics; it deals with description and interpretation of meaning, and it is set in the natural setting. The aim is to describe the lived experience and how it is lived by the people every day, which adds understanding to the context of life. The hermeneutic cycle begins by interpreting one's everyday experience to illuminate its meaning (Heidegger, 1962). Once the meaning is discovered, individuals reflect upon the experiences of life; therefore, it affects their individual views for the next experience, and, soon, interpretation of text becomes an infinite project.

Hermeneutic phenomenology finds meaning from the shared experience of the participant, the researcher, and the subject, each conveying a unique point of view. The perspective is that an individual cannot understand others without bringing his or her lived experience from a culture, social context, or historical period as part of the experience. Heidegger's goal of inquiry was to find meaning from a combination of the participant, the researcher, and the subject, each point of view conveying a message together of the lived experience in a given place or time which implies the totality of life. Together, the researcher and the participant merge their lived experiences, thereby co-creating a new meaning of the experience. Heidegger's perspective is to find meaning between the interaction of researcher and participants and the subject. The focus is to extrapolate information using unstructured questions to discover meaning instead of facts, but most of all, the importance is what it means to the individual and how this meaning influences his or her choices.

Heidegger's belief in an existential phenomenological concept means that the individual is free to make choices; however, choices may be influenced by culture,

environment, and life events of individuals. Phenomenological concept moves beyond the description because individuals are free to make choices, which affects the meaning of the everyday experience. Hermeneutic phenomenology believes that each person constructs meaning depending on his or her personal preferences and choices as they engaged in the world, which they interpret (Crotty, 1998). Therefore, the focus is on the individual stories and their everyday experiences by describing, exploring, and comprehending; the researcher seeks to describe and interpret the meaning of texts and languages into written words with the intent to gain insight into the world of the participant who is experiencing the phenomenon. Hermeneutic phenomenology allows the researcher to have journal notes and memos for reflection on the experience with the phenomenon and the participant; therefore, this interpretive process forms a language through written words that creates an interpretation of life experiences that adds to the body of knowledge through this interpretive process. This researcher seeks to gain understanding about the lived experiences of nurses who use aromatherapy as a self-care modality to achieve a state of well-being. Hermeneutic phenomenology gives the researcher, by using a qualitative lens, the opportunity to ask the questions, "What is the essence of the phenomenon being experienced and what does it mean to the participants?"

Relationship of Phenomenology to This Study

Van Manen (1990) stated that hermeneutic phenomenology is explicated as the ontological understanding of the life worlds as they are lived. Van Manen (1990) believed that phenomenology is inductive and cannot allow generalizations. He stated that by phenomenology being inductive, it cannot be used to prove, show, or generalize

individual perceptions. He used Heidegger's interpretative hermeneutics to obtain deep, descriptive data that give meaning to the experience. He believed that phenomenology does not solve problems; rather, it gives meaningful answers to questions. His main focus is to give insight and understanding to the meaning of a particular phenomenon. Another of his beliefs is that the phenomenological method is open and flexible to changes as the need arises (van Manen, 2014). Van Manen (1997) believed in the human science approach to seek and uncover the meaning of everyday human experiences. This method begins with the day-to-day lived experience of individuals, as they interact in their world. He stated that phenomenology is suited for finding meaning in any events, processes, and structures of individuals' "lived experiences," their perceptions, pre-judgments, presuppositions, and the connection to the social world around them (van Manen, 1997). The purpose of phenomenology is to "construct and animate evocative, descriptive of human actions, behaviors, intentions, and experiences as we meet them in the life world" (van Manen, 1997, p. 19). Van Manen stated this can be accomplished by combining and intertwining description, language, and interpretation.

Nurses who practice aromatherapy have a unique lived experience of the four lifeworlds of lived time, lived space, lived body, and lived relationships. The lived space (spatiality) is felt space where an individual has a sense of belonging in connection in a location (van Manen, 1990). It is where human beings find themselves most comfortable, like at home (Munhall, 2012). They might occupy a space and this space may affect how they feel. Spatiality addresses where nurses feel comfortable using aromatherapy; the space allotted for storing the materials needed; and how their acceptance of this modality changes their living space in general. Max van Manen (1990) stated that the lived time

(temporality) does not refer to time and a clock; it instead refers to subjective time, which is how the human beings are being in the world in relationship to the past, present, and future experiences and beliefs. Temporality suggests a past, present, and future orientation to nurses' use of aromatherapy. According to van Manen (1990), the lived body (corporeality) means when human beings are always present in the world, in that moment, the mind and body connection. It is how aromatherapy is physically, cognitively, and emotionally experienced by the nurses. A lived human relationship (relationality) is the relationship that develops with others in the intrapersonal space human beings share (van Manen, 1990). It understands the verbal and nonverbal language that gains profound understanding of the participants' experience and what it means to them. The nurses' lived experience using aromatherapy has an impact on their relationships with family, friends, coworkers, and other healthcare providers and in relationship to the researcher and the interpersonal space shared as part of the data collection process.

Van Manen's philosophical contribution to hermeneutic phenomenology inquiry gives the researcher and the participant an opportunity to co-create meaningful interpretations; therefore, it is suitable for this study. As the researcher engages with the participants who are using aromatherapy and understands their lifeworld experiences, orientation, richness, and strength emerge. An understanding of the meaning nurses ascribe to their use of aromatherapy is best achieved through a hermeneutic phenomenological study of their lived experience of the phenomenon directly.

Significance of the Study

The phenomenon of interest in this study is the experience of nurses who integrate aromatherapy to improve their sense of well-being. This study will help others achieve well-being, particularly those individuals working in high stress environments. These individuals cannot function effectively or care for others if they are not in optimal health. Many individuals are suffering from stress and exhaustion of the mind, body, and spirit, which have some negative consequences on them and their surroundings. A lack of self-care is a phenomenon that is causing a disconnect in work dynamic and family dynamic. Therefore, investigating the meaning of using aromatherapy for achieving well-being should be explored and understood to effectively preserve physical and emotional well-being. Research of this capacity may empower individuals to better understand the importance of self-care on achieving well-being using aromatherapy. This study filled a gap in the literature while offering a solution to the lack of self-care among individuals, thereby improving well-being. This study added to the body of knowledge by helping other professions to self-care and manage stress to achieve wellness.

Significance to Nursing

The phenomenon of interest in this study is the experience of nurses who use aromatherapy for well-being. Health care is changing both worldwide and nationally, which calls for more nurses who can care for patients. As a result, nurses' need for well-being is essential to their being able to care for patients. As technologies increase and regulatory agencies demand more in the future, nurses needs to have physical, mental, and spiritual well-being. The WHO, ANA, and AHNA have emphasized the global and national demand for nurses to self-care and preserve their well-being. Further, a need

exists to understand how aromatherapy modalities are being used for self-care to help achieve well-being. It is important for professionals to be sensitive to life events, work environment, and life transition and how all affect their well-being. The researcher investigated this phenomenon from a nursing perspective to help develop knowledge that adds to scientific knowledge and to the body of nursing knowledge and to advance the science of nursing. Therefore, investigating the use of aromatherapy to achieve well-being was explored and understood. This study adds to the body of knowledge while advancing the science of nursing.

Implications for Education

The inclusion of aromatherapy modalities in continuing education and nursing education in undergraduate and graduate nursing curriculum offers an opportunity to prepare a nurse to engage in self-care and achieve well-being, providing a greater understanding for aromatherapy and other integrative holistic modalities. Presently, undergraduate nursing curricula do not delineate any effort towards teaching aromatherapy modalities. Although several textbooks reference complementary alternative medicine (CAM) as holistic modalities that can be implemented into patient care, few graduate courses are dedicated to the education of practitioners using aromatherapy modalities. A handful of schools have master’s level degrees with a sole purpose of training practitioners in the use of integrative holistic modalities (IHM) or CAM. There are no doctoral programs dedicated to the education of IHM or CAM. In the mainstream, continuing education and hospital educators are noticing the benefits of holistic therapies. Therefore, their modules for holistic modalities and hospitals are incorporating meditation rooms for their employees.

Nursing schools can implement appropriate uses of aromatherapy in the curriculum, thus increasing nursing knowledge. Educating nurses on integrative holistic modalities such as aromatherapy, acupuncture, massage, pet therapy, music therapy, relaxation techniques, meditation, self-hypnosis, progressive muscle relaxation, therapeutic touch, Reiki, yoga, biofeedback, energy work, and guided imagery may help improve nurses' well-being. Academia can educate nurses to self-care by teaching the integrative modalities, but this requires knowledge, skill, and further evidence-based research. Hospitals and nursing schools will develop strategies that will teach practicing nurses to self-care for improvement of well-being. A nurse who is prepared in the application of integrative holistic modalities can improve patient health and maintain safety. This study may provide the path to introduce aromatherapy modalities as a form of self-care.

Implications for Practice

There is a gap in the literature on the use of IHM for nurses' well-being. Understanding the lived experience of the nurses who use aromatherapy for well-being would impact the practice by identifying benefits to self-care and the process of achieving well-being. Identification of aromatherapy modalities to help prevent or reduce stress and burnout would result in better productivity, decreased absenteeism, increased engagement, and increased empowerment of the nurse. One way is to empower nurses through research of evidence-based practice for improving well-being.

High turnover influences the healthcare institutions financially and impacts quality of care provided to clients. Reducing turnover can save institutions a large amount of money and ensure better quality of care for the clients. Hospitals will develop

strategies that will teach practicing nurses to self-care for the improvement of their well-being, thereby improving patient care and safety.

The nursing profession should be the voice for nurses as well as their patients. This includes assessing their physical and mental status and spiritual well-being, especially when charged with caring for others. An individual must care for himself or herself in order to be competent to care for others. It is important for nursing professionals to be sensitive to life events, work environment, and life transition and how all affect their well-being. Improving well-being will impact patient care and safety. For example, a hospital can create a tranquility room infused with aromatherapy, implementing a relaxation technique for nurses to self-care. Nursing schools can have a tranquility garden along with designated tranquility rooms for students and faculty to aid in the implementation of teaching self-care and holistic therapies such as aromatherapy. Educating nurses on how to identify and decrease stressors will help with preserving nurses at bedside. Outcomes of the study can help nurses use aromatherapy modalities when caring for patients, thereby improving patients' well-being.

Implications for Research

Research of this capacity may empower nurses to better understand the importance of self-care to achieve well-being using aromatherapy. The research will enhance the self-care awareness and protect nurses' well-being and improve patient safety and outcomes. Nursing research is charged with developing knowledge about issues, which affects the nursing profession within a methodological approach. Therefore, researchers should use this study to change the nursing profession and improve retention of nurses at bedside by improving well-being. Nursing research is needed to fill the gap

with evidence-based strategies that incorporate the aromatherapy modalities for well-being. Further research is needed to implement the practice of aromatherapy modalities for evidence-based practice for nursing well-being.

Implications for Health/Public Policy

Aromatherapy can benefit the nurse and the patient and reduce the cost of expensive procedures by promoting wellness. The challenge for change agents is to advocate at the local and state level for changes to provide hospitals and academic settings with the funding to educate nurses and allow nurses time for self-care for the improvement of their well-being, a benefit that may prevent stressors that can lead to burnout. Lobbying for legislation that addresses the reimbursement for integrative holistic modalities for the promotion of health in general with different modalities or reimbursement of holistic modalities for preventive care would facilitate accessibility of aromatherapy. The support of the Tri-Council for Nursing would be an asset to the progress toward a policy to help improve nurses' well-being with the use of aromatherapy. The nursing profession should be the voice for nurses as well as their patients. It is essential that policies be created to implement the use of integrative holistic modalities since the government has a vested interest in these modalities as preventive care measures. This research can provide the necessary evidence that can guide policy changes at the state and national level by improving well-being among nurses. In turn, well nurses provide safer patient care.

Scope and Limitations of the Study

This study investigates the nurses' experience with aromatherapy for their well-being. The study consists of registered nurses who self-identify as using aromatherapy as

a form of self-care. This study has several limitations. The researcher is a novice. This limitation can be minimized with supervision from academic mentors. It is necessary to guard against leading the interviewee to ideas that would support the author's own biases. Another potential limitation is the possibility that participants stated what they believed the interviewer wanted to hear. A final limitation is the sample because the researcher interviewed only nurses who are fluent in English. This may eliminate nurses from other non-English speaking cultures where aromatherapy is more widely accepted and practiced.

Chapter Summary

This chapter discussed the understanding that the lived experience of nurses using aromatherapy for their well-being is critical to patient care and prevention of stress. Stress can lead to nurses leaving the profession when they have reached the point of being burned out. Maintaining mental and physical health is necessary to be able to heal and care for the patient holistically. The purpose of the study and the relevance to nursing, education, practice, research, and policy have been addressed. The philosophical underpinnings of the research methodology, phenomenology, were addressed, and the scope of the study and potential limitations were identified. Researching nurses' using aromatherapy for self-care to achieve well-being is a study that should be investigated for the improvement of nurses' health and wellness and the decrease of work-related stress.

CHAPTER TWO

Review of the Literature

Purpose of the Study

The purpose of this qualitative, hermeneutic phenomenology study is to understand the lived experience of nurses using aromatherapy as a self-care practice to maintain or restore well-being. In a qualitative study, a literature review is used to place the proposed study in context. A search for related topics was conducted using several databases: Cumulative Index to Nursing and Allied Health Literature (CINAHL), EBSCOhost, Medline, ProQuest, PubMed, and OVID. Keywords included nurses and CAM, holistic nurses and holistic care, aromatherapy, complementary and alternative medicine, integrated holistic modalities, self-care and holistic nursing, culture and CAM, nurses and well-being, IHM and stress, and CAM and stress/burnout. Complementary alternative medicine (CAM) and integrative holistic modalities (IHM) are used interchangeably. Citations were limited by language to English and to the subject of investigation. Initially, the search was limited to scholarly work published from 2010-2016. An additional search was conducted dating back to 2000 because of limited research on nurses using CAM/IHM or aromatherapy. When the search was further narrowed to "nurses using CAM,"133 articles were identified, out of which 18 were considered appropriate for the study. When the search was narrowed to nurses using aromatherapy, only two articles were found that were appropriate. The literature review culminated in four content areas that frame the current study: historical context; nurses' well-being and work environment; use of integrative holistic modalities; and knowledge, beliefs, and attitudes of CAM.

Historical Context

Complementary and alternative medicine (CAM), also referred to as integrative holistic modalities, is practiced worldwide. There are approximately 1,800 therapies being practiced in many forms of holistic modalities that have been handed down over thousands of years, orally and in written records. These therapies are based in ancient systems of ancient people including Egyptians, Chinese, Greeks, Native American, and Asian Indians. Osteopathy and naturopathy have evolved in the United States during the past two centuries (Fontaine, 2015). According to Fontaine (2015):

> The National Center for Complementary and Alternative Medicine (NCCAM) at the National Institutes of Health (NIH) defined CAM therapy as a broad range of healing philosophies, approaches, and therapies that conventional medicine does not commonly use, as a broad range of healing philosophies, approaches, and therapies that conventional medicine does not use, accept, study, understand, or make available. (pp. 5-6)

Florence Nightingale (1820-1910) was the first nursing theorist, leader, educator, administrator, communicator, statistician, environmental activists, and healer (Dossey, Selanders, Beck, Attewell, 2005). Nightingale practiced holistically, integrating nursing and focusing on the individual, his or her inner and outer needs, and the person and his or her environment. Nightingale knew that the environment affected individuals positively or negatively by affecting their health and well-being, which made them vulnerable to disease or illness (Dossey et al., 2005). In her famous *Notes on Nursing*, Nightingale understood that a need exists for connection to something greater than self, the divine presence, which was an integral part of her healing. She believed the main

tenants of healing were through self-care in harmony with self, others, and the universe bringing together mind, body, and spirit. In the letters 1873, she addressed nurses, calling on them to self-care to role model. She instructed nurses to become stronger for others by setting the example for patients to follow such as caring for self (Dossey et al., 2005).

In today's integrative holistic framework of health care, Florence Nightingale still resonates firmly with current nursing care. There is a mind-body-spirit connection in each person that is treated with respect, openness, and compassion. Jean Watson and Florence Nightingale both addressed the faith and hope that each person needs to be able to heal. According to Watson (1979), carative factor number two of the science of caring was the installation of faith-hope. Watson identified that faith-hope was a curative factor well documented throughout history from the Greek gods, Egyptian times, and Biblical miracles of faith. She believed that nurses must instill a sense of faith and hope in their patients during treatment, as it helps the patient accept information and engage in an attitude of change and health-seeking behavior. Furthermore, many individuals believe that when scientific medicine states that nothing can be done for a patient, faith-hope can heal and transcend all limitations and restrictions of science knowledge (Watson, 1979). Watson further believed that "one must work from a caring-healing paradigm, one must live it out in daily life" in other words, we must self-care to be able to care for others" (Watson, 1997, p. 51). To have an authentic presence within the context of nursing as caring, a shared lived experience occurs with patient; thus, the nurse needs to be in a state of wellness for the connectedness to occur, affirming that caring in self and others is essential in nursing practice (Boykin & Schoenhofer, 2001).

The understanding of the mind-body connection increases the value of the emotional and mental and led to therapy such as counseling, relaxation techniques, music therapy, aromatherapy, Reiki, and biofeedback therapy (Dossey & Keegan, 2009). In the holistic paradigm described by Dossey and Keegan (2009), the context and meaning of interactive therapy as a form or pattern that is reflective of the whole observing a phenomenon influence the behavior of the phenomenon being observed. Another part is that the paradigm relates to the belief that interaction between human beings and environment is transactional, multidirectional, and synergistic in ways that cannot be reduced.

An integrative approach to health and wellness has grown over the past decades in the United States, thereby initiating a need for greater understanding of the essence of integrative holistic modalities in nursing. This study can provide a greater knowledge base of the essence of using integrative holistic modalities, like aromatherapy, for well-being, in nursing practice. The American Holistic Nurses Association (AHNA) and the American Nurses Association (ANA) provided guidelines in the *Holistic Nursing: Scope of Standard and Practice* to identify holistic nursing practices as an integral part of nurses' role as healers (2013). In 1992, the National Institutes of Health (NIH) established the Office of Alternative Medicine (OAM) to facilitate the evaluation of complementary forms of care to the public by healthcare practitioners. OAM was reformed to be called the National Center for Complementary and Alternative Medicine (NCCAM) in 1998. Therefore, the NIH has established thousands of funded research projects to evaluate the safety and effectiveness of complementary alternative medicine (CAM). To comply with current issues and trends, the name was changed in 2014 from

NCCAM to National Center for Complementary and Integrative Health (NCCIH). The name change came about to refer to an interdisciplinary approach to treatment, prevention, and health promotion of conventional therapies and complementary therapies together.

Aromatherapy history goes back 6,000 years to ancient Egypt, the Far East, China, and Renaissance Europe (Holmes, 2015; Thomas, 2002). India's traditional natural system of medicine, Ayurveda (science of life), has been practiced for more than 5,000 years. Medieval physicians (Avicenna) are credited with determining the method of extracting essential oils from plants, and Egyptians used aromatherapy for religious and medicinal purposes (Thomas, 2002). Hippocrates used aromatherapy and bath and scented massage and for fumigations to rid Athens of plague (Thomas, 2002). In the 1650s, analytic sciences determined that aromatherapy was meaningless, but in 1804, Napoleon Bonaparte funded the French's therapeutic use of essential oils for internal use in medicine (Holmes, 2015). With the development of chemistry-based pharmacology after the germ theory, chemists started to explore activities of essential oils against microbes (Holmes, 2015). In Paris, esthetician Marguerite Maury independently explored the medicinal use of essential oils in the 1950s for healing her patients. French doctor Jean Valnet started healing wounded soldiers in World War I. In 1975, Dr. Valnet wrote a textbook on aromatherapy and its functions for medical use and healing (Holmes, 2015; Thomas, 2002). A French chemist named René Maurice Gattefosse in the 1930s discovered the benefits of essential oils for healing (Thomas, 2002).

Aromatherapy affects the olfactory nerves which are linked with the limbic system in the brain, serving as the command center for our emotional and affective states.

It is connected to the olfactory bulb, which delivers the sense of smell (Thomas, 2002). Most essential oils have healing properties such as aseptic, antiviral, anti-inflammatory, antidepressant, pain relieving, expectorant, digestion improvement, relaxation, and diuretic properties (Holmes, 2015; Thomas, 2002). Since aromatherapy affects our senses and has healing properties, it should be investigated for nurses' well-being.

Nurses' Well-Being and Work Environment

According to the literature, nurses' well-being is affected by the work environment. Research has shown that organizational justice impacts nurses' well-being and work attitudes (Longpre, Dubois, & Nguemeleu, 2014). Organizations have been known to have an influence on the physical and emotional well-being of nurses in the work environment, thereby affecting work satisfaction and turnover of nurses (Lorber et al., 2015; Rodwell & Munro, 2013). Studies have shown that emotional control by nurses has a positive influence on well-being and the reduction of stress; therefore, strategies to support nurses improve their health and well-being (Donoso et al., 2015; Van Bogaert et al., 2014). This section will review relevant quantitative research that assesses the well-being of nurses and the influence of the work environment.

Donoso and colleagues (2015) conducted a descriptive quantitative study with the research question: Do employees with emotional abilities experience higher levels of energy and well-being at work? The study's sampling method was snowball technique using social networks of the researchers. Seventy-five nurses were surveyed, but only 53 returned the general questionnaire. They filled out the surveys for a period of 5 days. The mean age of participants was 40.71 years; most of the participants had partners.

Most were employed 39 hours per week, and the average years of work experience was 17.8. The nurses who had a contract were 54.7%, and 32.1% had a permanent contract.

A daily paper-based questionnaire with several instruments was given that measured difficulties on emotional regulation, emotional demands, and vigor at work in the afternoon and vitality and positive effects at night. Daily emotional demands were measured with a subscale “Emotional Requirements Derived from Task” by Moreno-Jimenez et al (2004, cited in Donoso et al., 2015). The subscale contains five items on a seven-point Likert scale. Daily emotional regulation difficulties were measured from a Spanish adaptation of Difficulty of Emotional Regulation Scale (DERS) by Gratz and Roemer (2004). It contained 28 items divided into five subscales. DERS has been found to have a high internal consistency within both the clinical and nonclinical population; it supports the construct of validity. General and daily vigor at work were measured by a Spanish version of vigor subscales from Utrecht Work Engagement Scale (UWES) by Schaufeli et al. (2002, cited in Donoso et al., 2015). This was a six-item scale measuring energy and mental resilience while working. General and daily subjective vitality was measured with a Spanish version of Vitality Scale (VS) by Ryan and Frederick (1997, cited in Donoso et al., 2015). This tool had a seven-point Likert scale that measured how participants felt physically and mentally in every domain. General and daily positive affect was measured with a Spanish short version of Positive and Negative Affect Schedule (PANAS) by Robles and Paez (2003, cited in Donoso et al., 2015) which measured positive effects on a five-item scale.

The statistical analysis conducted was hierarchically structured with a multilevel analysis approach in a linear model. The data were composed of two levels with

repeated measurements at a daily level. Level I was emotional demands at work, daily difficulties of emotional regulation at work, vigor in the afternoon, positive affect, and vitality at night. Level II measured vitality, vigor, and positive affect. All levels were centered in the predictor variable at the person's mean, which implies that all between-person variance in these variables was removed. This method ensured that the relationship of the day level was not confounded by person level variance.

The results concluded that emotional control could also enhance personal well-being outside work because emotional regulation influences motivation and well-being and reduces the impact of emotional demands. The study also showed that emotional demands at work could have a positive effect and promote motivation and well-being among nurses. A recommendation for future research was to replicate the results with a different shift of nurses. Another recommendation was an experimental study or intervention where emotional regulation is manipulated.

Lorber et al. (2015) conducted a quantitative cross-sectional study to examine the relationship between work satisfaction and the well-being of employees in nursing in Slovenian hospitals. The research question was as follows: “The workplace satisfaction of employees in nursing—is it associated with their well-being?”

Purposeful sampling was used. A total of 1,100 nursing employees were surveyed as well as 85 mid-level nurse leaders, and 1,015 questionnaires were sent to other nursing employees. Six hundred employees filled out the questionnaires completely and correctly, giving a response rate of 56%. The study included 640 employees in nursing; 75 (12%) were nurse leaders, and 565 were employees in nursing (88%). There were 87 males (14%) and 553 females (86%). There were 153 (24%) respondents who were

younger than 30 years of age and 410 (64%) who were between the ages of 30 and 50 years of age; 77 (12%) were older than 50 years old. Of the leaders, the average time spent in a leadership position was 8.6 years.

The instrument used a 69-item, closed-type questionnaire that measured work satisfaction and well-being. Work satisfaction used a 15-item tool with a six-point scale from O. K. Consulting, a company for education and transformational management. Cronbach's alpha for this tool was 0.943. To measure well-being, Psychological Well-Being by Ryff and Keyes (1995, cited in Lorber et al., 2015) was used with content validity and construct validity and reliability that had been previously established. This was six dimensions of well-being that measured autonomy, environmental mastery, positive relationships with others, personal growth, self-acceptance, and purpose of life with a six-point scale.

SPSS version 20.0 was used for statistical analysis. The difference between variables was analyzed with the Mann-Whitney test and Spearman's correlation coefficients to identify a relationship between the study variables. Linear regression analysis was used to determine the impact of workplace satisfaction (independent variable) on well-being (dependent variable) with a p-value of < 0.05.

The study revealed that workplace satisfaction of nursing leaders was significantly higher than that of other employees in nursing. It also suggested that workplace satisfaction is highly positively correlated with well-being of employees in nursing. Further recommendations for study included exploring how different work practices can help create a more positive work environment and lead to a healthy

employee outcome like workplace satisfaction, a higher level of well-being, physical safety, and self-efficacy.

Rodwell and Munro (2013) conducted a quantitative study that investigated the relationship between three types of organizational resources and the impact of job demands on nurses' well-being and attitudes. The research question sought to investigate the impact that job demands, job control, support, and organizational justice have on predicting well-being and work attitudes among nurse midwives. The design was a cross-sectional survey. The study consisted of a convenience sample of 226 nurses and 545 employees who were Australian midwives. There were 273 employees who completed the survey. Of the participants, 44.7% were nursing staff and 55.73% were midwifery staff. In addition, all respondents were female who had been working for at least five years or more (63.6%) and had been in their current role for five years or more (54.2%). Most of the respondents worked part-time (60.1%) and had a tertiary degree (highest level of education was three years for 36.9% of the respondents; 49.6% had a postgraduate degree).

The questionnaire instrument measured attitudinal outcome variables, which were organizational commitment, job satisfaction, and general well-being. The predictor variables were job control, social support, job demand, negative affectivity, and organizational justice. Nine instruments were used. Job satisfaction was measured using a six-item job satisfaction scale, a shorter version by Brayfield and Rothe (1951, cited in Rodwell & Munro, 2013). Respondents rated the items on a five-point Likert scale. Organizational commitment was measured by an eight-item effective organizational commitment scale by Allen and Meyer (1990, cited in Rodwell & Munro, 2013); these

items were measured on a five-point scale. Well-being was measured with the General Health Questionnaire-12 (GHQ-12) by Goldberg and Williams (1998), which measures perceived psychological health. The GHQ-12 was scored on a four-point Likert scale. The 12-item scale included assessment for normal and abnormal functioning. Negative effectivity (NA) scale Positive and Negative Affectivity Scale (PANAS) by Watson et al. (1998, cited in Rodwell & Munro, 2013), which measures negative affectivity, uses a five-point Likert scale. Job demands were measured using an 11-item scale developed by Caplan et al. (1980, cited in Rodwell & Munro, 2013). The scales measured psychological and physical demands on a five-point Likert scale. Job control was measured using a nine-item scale from Karasek (1985, cited in Rodwell & Munro, 2013), which measures job control on a five-point Likert scale. Support was considered as social support from within the organization and from non-work resources, which was measured on a five-point Likert scale on a four-point item, which was developed by Caplan et al. (1980). Organizational justice was measured using a 20-item scale developed by Colquitt (2001, cited in Rodwell & Munro, 2013), which measured four types of justice: procedural, distributive, interpersonal, and informational. The items were rated on a five-point Likert scale. All scales were previously well validated and well adopted with a good reliability and coefficients.

Data were analyzed using SPSS 18.0 for Windows. Multiple regression analysis was used to discover which variables significantly predicted the outcome variables and the amount of variance in the outcomes explained by the predictor variables.

The findings of the study concluded that work demands, support, and control have a positive impact on work attitudes and well-being. The findings also indicated that

having control of negative affectivity impacts the interaction between the supervisor support along with the job control. The study also determined that organizational justice plays in augmenting role on demand-control-support model. The researcher suggests that further studies should be focused on justice variables to describe their impact on health and work attitudes more fully.

Van Bogaert et al. (2014) conducted a quantitative cross-sectional design with a survey that investigated the impact of role job and organizational characteristics of nurse managers' work-related stress and well-being. The research question sought to investigate the impact of role of the nurses for managers as it relates to work stress and well-being such as emotional exhaustion, job satisfaction, work engagement, and turnover. The design was a cross-sectional survey. The study consisted of a convenience sample of 540 nursing managers from Belgium; managers were from 15 general hospitals and two university hospitals; 365 unit managers completed the survey. Of the unit managers, 57.5% were females; 80.5% had a baccalaureate in nursing; 76.4% had additional management and leadership training; and 89.6% had a full-time position.

Questionnaire instruments were the Leiden Quality of Work Questionnaire for Nurses (LQWQ-N) (Maes et al., 1999, cited in Van Bogaert et al., 2014), a four-point Likert scale; the Questionnaire on Experience and Assessment of Work (QEAW) (Van Veldhoven, Meijman, Broersen, & Fortuin, 2002, cited in Van Bogaert et al., 2014), a four-point Likert scale; the Maslach Burnout Inventory for Human Services Survey (MBI-HSS) (Maslach, Jackson, & Leiter, 1996, cited in Van Bogaert et al., 2014), a seven-point Likert scale; and Utrecht Work Engagement Scale (UWES) (Schaufeli & Bakker, 2003, cited in Van Bogaert et al., 2014), a seven-point Likert scale. They

measured job role related factors, job characteristics, organizational variables, and outcome variables.

Data were analyzed using SPSS 20.0 for Windows. Data were analyzed using a descriptive statistic; Pearson correlations and Cronbach's alpha coefficient were calculated. Hierarchical regression analysis estimated the associations and strengths with the demographic characteristics, role conflict, role ambiguity, role meaningfulness, job characteristics, and organizational variables such as emotional exhaustion, work engagement, job satisfaction, and turnover intention; $p \leq 0.05$ would be considered statistically significant.

The findings indicated a positive perception of work pressure and decision authority were related to a lower level of emotional exhaustion; the more positive feelings of work home environment were related with positive collaboration with physicians and work agreements and a decrease in emotional exhaustion. Job roles engagement with positive perception and meaningfulness had higher work engagement. There was no significant impact on role ambiguity. There was a significant association between demographics and turnover intention as younger employees experienced higher qualifications and more ambition for advancing opportunities. Risk factors for emotional exhaustion and decreased job satisfaction were unfavorable and perceived as role conflicts, work pressure, physician collaboration, work agreements, and home interference. Risk factors were unfavorable and turnover intentions with perceived role meaningfulness and decision authority and job security. Work and home interference was a strong influence on emotional exhaustion, job satisfaction, and turnover intention. Role overload was identified as a stressor and an organizational constraint and a role

conflict. Chronic exposure to stress impacted negatively the nurse manager's health, his or her decision-making process, and individual, patient, and organizational outcomes. The researcher suggested that future studies should be longitudinal and designed to evaluate the effects of certain interventions to improve the nursing unit manager's performances to impact their work favorably and decrease stress and improve well-being.

Longpre et al. (2014) conducted a quantitative, descriptive, cross-sectional, correlational study to gain an understanding of the relationship between the transformation processes underlying services integration of the nurses' workplace well-being in Quebec, Canada. The research questions were as follows: "What is the relationship between the level of care integration and nurses' perceptions of that integration process? What is the relationship between the level of care integration and nurses' workplace well-being? Is the relationship between the level of care integration and nurses' workplace well-being mediated by nurses' job satisfaction?" (p. 2). There were two frameworks used in the study. The first one is the Development Model for Integrated Care (DMIC), which describes the integration process by measuring 89 integrative activities. Second is the framework for Flexihealth model, which analyzes work situations that could generate stress during the change process. The assessment of change was based on challenges, responsibility, threat, and control. Workplace well-being was measured with three constructs: negative stress, positive stress, and satisfaction. The target population was all nursing personnel who worked full- or part-time; there were 200 total participants who met the inclusion criteria. The nurses were divided into the following pathways: 35 in chronic obstructive pulmonary disease

(COPD), 70 in autonomy support for elderly (ASE), 35 in palliative oncology services (POS), and 35 in mental health services (MHS).

There were 107 questionnaires that were analyzed. Data were analyzed using SPSS 20 and SAS 3.2 software using a significance threshold of 5%. The nurses in POS had a lower negative stress level and a higher positive stress level than the other pathways. The more advanced integrations were associated with the nurses' feeling less threatened, thereby having improved workplace well-being. The perception of threat appeared to be a significant variable in the relationship between level of integration and well-being. The researchers concluded that nurses should be given resources so they can exercise more control. Strategies to support nurses will maintain and improve their health and well-being. There was no recommendation for further studies.

Three studies addressed nurses' well-being as it relates to their work environment. Donoso et al.'s (2015) study showed that emotional demands had a positive association with well-being as long as the nurse could emotionally regulate. Lorber et al. (2015) and Rodwell and Munro (2013) showed that having support and control at work was essential for well-being and a positive attitude. Lorber et al. (2015) and Rodwell and Munro (2013) also stated that the everyday occupational stressors negatively impacted the nurses' well-being. Van Bogaert et al. (2014) and Longpre et al. (2014) indicated that higher-level positions have greater stress, resulting in a decrease in nurses' health and well-being. Longpre et al. (2014) concluded that giving nurses resources and interventions improves workplace well-being. Van Bogaert et al. (2104) concluded that proper interventions and strategies to support nursing unit managers can improve the delivery of safe patient care and nursing well-being. All the studies emphasized that

emotional control and job control are factors that impact well-being. Well-being is being addressed but outside the context of specific self-care activities nurses may be using to mitigate the effects of workplace stress. This study will explore aromatherapy as a specific self-care modality that may contribute to nurses' overall well-being.

Integrative Holistic Modalities Being Used by Nurses

Research being conducted in nursing has been limited with regard to nurses' personal use of IHM. Review of nursing literature reveals a growing interest and motivation for IHM use among nurses to help decrease stress. Modalities such as healing touch, aromatherapy, and meditation have been shown to improve well-being (Chen et al., 2013; Diaz-Rodriguez et al., 2011a; Gonzalez et al., 2013). These studies aim to confirm that the usage of IHM is beneficial for the well-being of nurses and reduction of stress. This section will review relevant literature, quantitative and qualitative, involving nurses using IHM.

Bernstein et al. (2015) conducted a quantitative single-arm, non-randomized, quasi-experimental design pilot study to evaluate the effectiveness of yoga as a form of stress relief for ICU staff. Classes were held for six weeks, six times per week and were 15 minutes long, with a registered yoga teacher or yoga instructor-in-training.

The effects of the yoga classes were measured with a psychosocial stress test with 10 questions; the Perceived Stress Scale (PSS) was distributed during the first two weeks of classes. A convenience sample of 30 participants (14 men; 16 women) completed the baseline survey and only 13 completed the follow-up. Only four participants identified themselves as nurses at baseline (Bernstein et al., 2015).

The level of significance was set at $p = 0.05$ for the PSS scores. Significance change of improvement at follow-up was that the participants felt that they were unable to control important things in their lives ($p = 0.03$) and that difficulties were piling up so high they could not overcome them ($p = 0.04$). At baseline, 65% of the participants felt supported by their supervisors to participate in yoga practice; by follow-up, 100% felt supported and 100% felt yoga helped manage stressors. The qualitative feedback the participants wrote was that yoga was refreshing during a busy day; they appreciated time for self-care; and they wished it could be for a longer duration than six weeks (Bernstein et al., 2015).

The study concluded that yoga instruction was not associated with improvements on the perceived stress of the management of their stress. The authors concluded that most participants attended one to five sessions during the six weeks; this inconsistency of engagement in the yoga classes was likely sub-therapeutic to achieve significant reduction of perceived stress (Bernstein et al., 2015). Further studies recommended included a longer pilot with more classes available for more consistent participation to fully evaluate the effects of yoga.

Chen, Fang, and Fang (2015) conducted a quantitative, cross-sectional study on the effects of aromatherapy in relieving symptoms related to job stress among nurses. The research question was as follows: Does lavender essential oil inhalation have an impact on reducing job stress symptoms? The study selected 110 nurses with the higher numbers for job stress-related symptoms. There were 53 nurses in the experimental group who had a small bottle containing 3% lavender oil pinned to their right chest. The 57 nurses in the control group each had a bottle with no lavender oil pinned to their right

chest. The Stress Symptom Scale was used to measure job-related stress (content validity rating of 0.92; Cronbach's alpha was 0.88).

The findings indicated that on the first and second days, there was no difference in the groups. On the third and fourth days, there was a significant difference in the groups: controlled group 3rd ($t = 0.043$; $p = 0.965$), 4th ($t = -0.126$; $p = 0.900$), experimental group 3rd ($t = -2.106$; $p = 0.035$), 4th ($t = -2.227$; $p = 0.026$) (Chen et al., 2013). Wearing lavender essential oils significantly decreased the number of the stress symptoms for the subsequent four days. The findings suggested that inhalation of the lavender essential oil aromatherapy was ineffective for two days but was effective in alleviating symptoms of stress for more than three days (Chen et al., 2013). Further research studies were suggested to use more objective physiological indices such as heart rate, blood pressure, and salivary cortisol. Another study could explore the possible side effects of aromatherapy to ensure safety of the use of the essential oils.

Johnson (2014) conducted a quantitative randomized study. The research question was as follows: Does aromatherapy have an effect on cognitive test anxiety? The research design was a randomized study with a pretest and posttest evaluating the effects of aromatherapy of lemon essential oil on cognitive test anxiety among nursing students. The baseline data were obtained from one exam with all participants. The second exam was given to the participants in the experimental group, which has diffused aromatherapy lemon essential oils, and the control group remained in the same room without aromatherapy. Both groups were administered exam two in separate rooms, and both groups were given a Cognitive Test Anxiety Survey (CTAS) after exam one and two. Thirty-nine sophomore nursing students from a four-year college (35 females and

four males) consented to the study. The mean age of the participants was 25.79 years old. The aim of the study was to evaluate the impact of aromatherapy on the cognitive test anxiety of nursing students. The aromatherapy lemon was chosen because of its effects on cognitive functioning, memory, and attention levels. The 100% essential oils were purchased from Brazil and were administered by a diffuser that had a maximum diffusion of 600-800 feet. A certified nurse-aroma therapist was used from a nationally recognized program with over 800 hours of continuing education. Statistical analyses were performed using SPSS 19.0 for Windows. Cronbach's alpha was used to measure internal consistency of the cognitive test scores. The alpha coefficient in this study was 0.92 for the pre-intervention and 0.94 for post-intervention, which was consistent with previous studies.

The results showed a significant decrease in the level of cognitive test anxiety among nursing students. The lemon essential oil effects decreased cognitive test anxiety scores for 21 students' pretests ($M = 73.62$) to posttest ($M = 67.62$). The paired t-test confirmed that the average CTAS score was significantly lower than the average pre-intervention score among the nursing students, t-test = 2.83; $p = 0.01$. Therefore, lemon essential oil was shown to be an effective intervention for reducing test anxiety among nursing students. Johnson encourages the use of innovative ideas to reduce stress in students. No further recommendations were included in the study.

Cuneo et al. (2011) conducted a quantitative, experimental design pilot study that measured the effects of Reiki on work-related stress in registered nurses (RN). The research question was as follows: Does Reiki influence stress? The study consisted of 26 registered nurses (RNs) (24 females, two males) who agreed to participate in the study

prior to receiving Reiki I class presentation. The mean age was 44.6, and the mean years practicing was 19. Additionally, the working mean was 26 hours a week. The participants were to use Reiki for 21 days and keep a diary and complete the evaluation tool. They used the psychological tool Perceived Stress Scale (PSS) tool administered prior to Reiki I and after 3 weeks of their applying self-Reiki. The coefficient reliability of .78 was reported; this tool is a 10-item Likert scale that has validity and reliability. The total number of nurses completing the follow-up was 17, and nine did not complete the forms. There was a significant change from baseline 82% ($p = 0.0063$), *p* value of significance being ($p = 0.05$), had a decrease in PSS. The data demonstrated that educating the nurses in Reiki decreased work-related stress after three weeks.

The nurses in the study reported sleeping better, feelings of wellness, feeling less stressed, and feeling relaxed, calm, and peaceful, which enabled them to provide optimal care to their patients. Nurses who were highly compliant with Reiki had a larger mean decrease in PSS scores. The instructors of Reiki followed up with the student, and the nurses expressed gratitude for the information on Reiki. In the PSS scores, there was a significant improvement in sleep, relaxation, calmness, and peacefulness, and participants felt warm/hot, which supported the literature review. Reiki practice can decrease work-related stress as shown by the stress reduction scores (Cuneo et al., 2011). Further suggestions for a study were to conduct a randomized single-blinded study with nurses' experiencing burnout for the immediate effects of Reiki on the body.

Diaz-Rodriguez et al. (2011b) conducted a quantitative, controlled, single-blind randomized study to explore the immediate effects of Reiki on the heart, cortisol levels, and body temperature of burned-out health professionals. The research question was as

follows: Does Reiki have an immediate effect on body temperature, heart, and cortisol levels?

The study was conducted in Spain, using Reiki therapists (Level III of training) and a Reiki placebo intervention. It included a convenience sample of 21 female health professionals, ages 44 ± 6, experiencing burnout from the emergency services unit of a university hospital in San Cecilio in Granada, Spain. Among the participants, 19 of them were nurses, and two were physicians. The researchers used Maslach's instrument tool Maslach's Burnout Inventory (MBI) to qualify the personnel as burned out. Reiki was administered by a practitioner with 15 years of clinical experience. The Reiki placebo was administered by a nurse with no training or intention of healing. The practitioners administered a 30-minute session. ANOVA was used for the statistical analysis. Heart rate variability (HRV) significant SDNN ($F = 4.9$; $p = < 0.04$) showed a significant decrease low-frequency (LF) ($F = 4.2$; $p = <0.05$) and the ratio LF/HF ($F = 4.0$; $p = 0.02$). However, researchers found an increase in LF/HF ratio ($p = < 0.05$) in the placebo treatment. ANOVA did not reveal any significance with salivary cortisol concentration. However, it revealed a significant session time interaction with body temperature ($p = < 0.01$) after Reiki session but no significant changes after the placebo (Diaz-Rodriguez et al., 2011b).

The results supported the hypothesis that Reiki influences the parasympathetic nervous system. The Reiki therapy showed a significant increase in heart rate variability (HRV) SDNN and deceases in LF and increased body temperature. The Reiki placebo showed no changes in body temperature or in heart rate variability, showed an increase in LF/HF ratio. Neither showed any significant changes in salivary flow rate or cortisol

levels. The hypothesis that Reiki reduces systemic sympathetic activity was confirmed by the reduction in low frequency component of HRV (Diaz-Rodriguez et al., 2011b). The researchers recommended conducting further studies with Reiki in a larger population.

Diaz-Rodriguez et al. (2011) conducted a quantitative study based on the immediate effects of Reiki on the blood pressure and salivary IgA levels of burned-out health professionals. The study was conducted in Spain; it was a controlled, double-blind randomized study using Reiki therapists (Level III of training) and a Reiki placebo intervention. They recruited 18 female health professionals, ages 44$\pm$6, experiencing burnout from the emergency services unit of a university hospital in San Cecilio in Granada, Spain. The participants included 19 nurses and two physicians. The researchers used Maslach instrument tool Maslach Burnout Inventory (MBI) to qualify the personnel as having burnout. Reiki was administered by a practitioner with 15 years of clinical experience. The Reiki placebo was administered by a nurse with no training or intention of healing. The practitioners administered a 30-minute session. ANOVA was used for the statistical analysis. The ANOVA showed a significant interaction with time x intervention for IgA concentration ($F = 4.71$; $p = 0.04$) and diastolic blood pressure (F = 4.92; $p = 0.04$) (Diaz-Rodriguez et al., 2011b).

A Reiki session produced significant improvement in salivary IgA and diastolic blood pressure in nurses with burnout. The Reiki treatments may be cost effective in preventing the negative effects of job stress in nurses that are at high risk to burnout. The researcher suggested using a larger population in future studies with Reiki.

Tang, Tegeler, Larrimore, Cowgill, and Kemper (2010) conducted a quasi-experimental, single-group study that measured the stress of nurse leaders in an academic health center after a treatment period of healing touch. The aim of the study was to evaluate the impact of teaching healing touch (HT) on the well-being of nurse leaders in an academic health center.

Twenty-six nurse leaders were recruited to participate in a two-day training program; only 21 completed the program with pre- and post-self-reported throughout the whole study period. All participants were female, and the average age was 47$\pm$ 6. The classes were offered twice to meet the schedule needs of the nurse leaders. The participants attended classes that were didactic and experiential. The nurse leaders trained in healing touch applied the biotherapies during a 14-day period and self-reported during and four weeks after. The participants' baseline measurements for blood pressure and heart rate variability (HRV) were measured one to two weeks prior to the training. Self-reported measures used were visual analogue scales (VASs) for both negative states (depression, anxiety, stress, feeling rushed, and physical pain) and positive states (vitality, relaxation, well-being, sleep quality, and job satisfaction). Physiologic measures included resting blood pressure taken after a five-minute rest period. HRV was measured in the following parameters. The standard deviation of the interbeat interval (SDNN), power spectrum analyses included total power (TP), low frequency (LF), and high frequency (HF). HRV was used to measure autonomic balance and coherence, which might be aspects of well-being (Tang et al., 2010).

The data were analyzed from the 20 participants who completed all baseline and outcomes calculated; differences were compared using a paired *t*-test. The nurse leaders

showed reduced stress and improved physiological outcomes after training in healing touch. A significant improvement was set at $p = 0.05$ in the self-reported VAS measures of depression ($p = 0.02$), stress ($p = 0.01$), anxiety ($p = 0.046$), as well as relaxation ($p = 0.02$), well-being ($p = 0.03$), and sleep ($p = 0. < 0.01$) with the training as self-reported by the nurse leaders. The VAS had no significance in the categories of pain ($p = 0.3$), feeling rushed ($p = 0.4$), and job satisfaction ($p = 0.23$). The baseline blood pressure was 113+9.7 mm Hg/71+6.8 mm Hg with a range of 96-142/64-82 with no significant improvement. However, there was a significant improvement in TF ($p = 0.008$), HF ($p = 0.003$), and LF ($p = 0.02$) (Tang et al., 2010).

The nurse leaders also stated that the therapies were extremely valuable to their work and well-being; they had impacted their life significantly. Healing touch is a biofield therapy that promotes healing, supports stress reduction, and strengthens the body’s ability to heal and increase systemic resistance to stress. Biofield therapies lower stress levels with treatment including the physiologic improvement (Tang et al., 2010). Further suggestions for future studies were for larger and broader studies on biofield therapies.

Gonzalez et al. (2013) conducted a qualitative, classical grounded theory research study to address the following research questions: (a) How has using the tranquility room impacted caring in your nursing practice? (b) How have you provided caring support today? and (c) How have you received caring support today?

The researchers created a tranquility room located on a nursing unit, which provided an oasis for reflection, self-motivation, and caring. The room was soothing in a secluded environment with waterfalls, music, and reading material including the *Theory*

of Human Caring by Jean Watson to promote tranquility. The aim of the study was to provide nurses a tranquility room and share their caring perspective. There were 20 telemetry nurses who used the tranquility room for a 15-week period.

Nurses from a telemetry unit were educated on the tranquility room over a two-week period. Only one nurse used the room a time after performing handoff communications. All were required to record time entering and exiting and answer the questionnaire weekly. The nurses were allowed to use the room and answer the questionnaire multiple times during the study. Questionnaires were inserted in a secure box. The researchers gathered the questionnaires weekly for a three-month period. The researcher coded the data, constantly comparing for identification of emerging themes. The group analysis of question one revealed that the participants answered as follows: clear and refocus; calm, peace, relax, break; recharge, rejuvenated; and care. These revealed abstract meanings that included clarity of mind, spiritual calm, and physical renewal. Participants answered question two as follows: comfort, help, care, and calm; support and help; and patient time. The abstract meaning included open communication, supportive environment, and human support. Question three participants answered as follows: support and supportive; help and helpfulness; tranquility room; relax; and colleague. Abstract themes included supportive caring environment and collegial support (Gonzalez et al., 2013).

During an independent analysis of the data, the researchers concluded per question one that participants answered: positive impact, calming, relaxing, rejuvenated; positive energy, recharge, clear mind, refocus, reflection, regroup, grounded, inner strength, deep breath; peaceful recovery, debrief, and unwind. The abstract meaning

included self-care impact, inner awareness of self, and rejuvenated. Question two participants answered as follows: excellent care, talk to patients, smile, communication, presence, hold patient's hand, more time with patients, more attention to patients, interest in patients, see patient as a person and support. Question two's abstract meaning included improve care, improve communication, genuine caring, patient as a person, listened, calm approach to patient supported patient. Question three participants answered as follows: encouragement, support, environment impact, coworkers being there, helpful coworkers, deal with difficult situations, feel appreciated, the room gave support, and assisted each other. Question three's abstract meaning focused on social support. Emerging themes included: question one, presence of self; question two, give of self, and question three, social support (Gonzalez et al., 2013).

The researchers concluded that the utilization of the tranquility room translated to caring. It acted to self-build and led to evolving practice for the good of all, not self-sacrificing. "Nurturing our humanity facilitates the creation of an optimal healing environment that helps tap our healing powers and incorporate them into our nursing practice" (Gonzalez et al., 2013, p. 15).

The literature review in this section showed a positive relationship between the effectiveness and the usage of different integrated holistic modalities (IHM). This section indicated that there is a benefit in the application of Reiki as shown in the study of Cuneo et al. (2011) and both of Diaz-Rodriguez et al. (2011a, 2011b), which demonstrated that Reiki has a physiological effect and a stress reduction effect with improvement of overall well-being. It also revealed that nurses use IHM to improve health, thereby improving well-being. Bernstein et al. (2015), Gonzalez et al. (2013),

and Tang et al. (2010) demonstrated a disconnect existing between self-care and caring because of workloads and high patient acuity. Caring for self and caring for others fall short in the healthcare environment. Studies demonstrated that IHM has an effect on physiological and emotional well-being. Donoso et al. (2015), Chen et al. (2015), Cuneo et al. (2011), and Gonzalez et al. (2013) showed that a connection exists between caring for self with holistic modalities and how it transfers to caring for the patients. The studies by Tang et al. (2010) and Gonzalez et al. (2013) showed that nurses are open to integrative holistic modalities for self-care. The importance of self-reflection, empowerment, and knowledge of modalities to improve self-care are essential to the profession's existence, as suggested by Gonzalez et al. (2013). The literature reveals that there is a gap in the understanding of the use of aromatherapy for self-care to achieve well-being in nurses.

Chen et al. (2015) addressed aromatherapy to relieve stress in nurses, and Johnson (2014) addressed aromatherapy for cognitive anxiety in nursing students. There are limited studies on the use of aromatherapy among nurses. The nurse who uses aromatherapy for well-being needs further investigation. This research would provide an understanding of the participants in identifying the world of each nurse's lived experience.

Knowledge, Beliefs, and Attitudes of CAM

A growing body of literature has given some insight into the beliefs about, knowledge of, and attitudes towards CAM. Most of the studies define a need for formal education for medical students, nurses and nursing students, and pharmacy student's pre-licensure (Buchan, Shakeel, Trinidade, Buchan, & Ah-See, 2012; James, Bah, &

Kondorvoh, 2016). Research demonstrated that nurses were willing to learn about CAM (Samuels et al., 2010; Smith & Wu, 2012). This section will discuss literature reviews that focus on nurses' knowledge, beliefs, and attitudes toward CAM.

Buchan et al. (2012) conducted a quantitative study to explore the use of CAM among Scottish nurses as well as their attitude toward CAM. The convenience sample consisted of 621 nurses who were invited to participate from Aberdeen Royal Infirmary in Arberdeen, Scotland, a United Kingdom teaching hospital. Only 531 (from various specialties) completed the questionnaire. The questionnaire had 49 common herbal and alternative therapies. Eighty-nine percent of the respondents were female, of whom 48% had 5-15 years of experience. Descriptive statistical analysis using SPSS concluded that 80% of the nurses admitted to using CAM at one time, while 42% were currently using CAM. The most commonly used forms of CAM were massage (33%) for relaxation, cod liver oil (20%) for joint pain, and cranberry juice (19%) taken for urinary tract infection.

Buchan et al. (2012) found that nurses between the ages of 20-30 used CAM more frequently than any other group, and, overall, 81.5% would spend money on CAM and would recommended to others since they believed it was effective. CAM was being used by 74% of the practicing nurses. A substantial number of women (89%) were found to use CAM, compared to a statistically significant ($p = 0.0001$) number of men (8.5%). Respondents were asked how much they spent weekly; those who spent "nil" were unsure of its effectiveness. Those who spent between 30-50 pounds felt it was effective, indicating a statistical significance ($p = 0.001$). A very high percentage (90%) of these nurses had no formal education in CAM and no training in its use, but most expressed the desire to learn more about CAM through education or pre-licensing training. The

researcher recommended that education in CAM should be integrated into the pre-licensure curriculum, noting the lack of knowledge among staff nurses. Nurses ought to be adequately educated to appropriately counsel patients on usage, benefits, and risks, including side effects and potential conflict with medications and CAM (Buchan et al., 2012).

James, Bah, and Kondorvoh (2016) conducted a quantitative descriptive comparative study with a cross-sectional survey. The research question was on exploring self-use, attitudes, and interest in CAM. The convenience sample was final-year medical, pharmacy, and nursing students from the College of Medicine and Allied Health Sciences, University of Sierra Leone. Sixty-seven undergraduate final year students, including 46 medical students, 11 pharmacy students, and 10 nursing students, responded to the survey. Forty-three students were males, and 24 were females. Age group ranged from 21-36. Forty-five students were Christian, and 19 were Muslim.

The survey tool for data collection was developed based on CAM Health Belief Questionnaire (CHBQ) and was used as a 10-item five point Likert-type instrument for the study. The questionnaire consisted of four parts. The first part looked at the student demographics. The second part attempted to assess the students' self-reported use, using “yes or no” options indicating if they had used CAM and which modalities. The third part sought to assess the students’ attitude towards CAM using the CHBQ. The fourth part evaluated the student source of CAM information and interest in studying CAM. Data were collected and analyzed using the SPSS version 16.

Descriptive statistics were used to calculate and respond to several categories by percentages. A Chi square, Fisher exact two-tailed test, a one-way ANOVA, and

Kruskal-Wallis test were used to analyze the data. The Fisher exact two-tailed test was used to compare the self-reported use of CAM, the perceived knowledge of CAM and the recommendation of CAM. The Kruskal-Wallis test was used to compare attitudinal scores among the three groups, since the group population was small ($N = 64$). A pair-wise post-hoc analysis after the Kruskal-Wallis was also done to see which pairs of the groups differed significantly. It was determined to be statistically significant if the *p* value was less than 0.05.

All 67 students were aware of at least one form of CAM modalities listed. Medicine (59.1%), pharmacy (72.7%) and nursing (55.6%) students have used one form of CAM. Two-thirds (65.9%) of the medical students, three-quarters (81.8%) of the pharmacy students, and half (55.6%) of the nursing students stated they would recommend the use of CAM to their patients. Half of the students stated they were knowledgeable about CAM. There was no significance between the three groups with self-reported use, recommendation of CAM, and perceived knowledge of CAM. Eighty percent of the medical students and 100% of the pharmacy and nursing students said the CAM was at least effective, and safety of CAM modalities had no statistical significant difference. Attitude toward CAM was positive with a mean attitudinal score of 33.80 ± 3.2. The Kruskal-Wallis test indicated a significant difference in attitude between the three groups. Post-hoc analysis showed that attitudes toward CAM was different between the medical and pharmacy students and the medical and nursing students, but not between the pharmacy and nursing students. Medical students seemed to have a more positive attitude toward CAM than the pharmacy and nursing students. Seventy percent of students agreed to the statement that clinical care should integrate best

conventional and CAM practices. Three-quarters of all the students were interested in studying CAM. The sources of CAM information for the medical students were media followed by books and journals. Pharmacy and nursing students' primary information about CAM was journals.

In conclusion, pharmacy students were aware of at least one CAM and had used them. Pharmacy students would recommend CAM to their patients. The most commonly used therapies were herbal medicine and nutritional supplements and massage therapy. All three groups had a positive attitude toward CAM with the medical students' showing the most in comparison to their peers. There was an overwhelming endorsement for CAM to be introduced to the curriculum for all three groups as an elective module. There was no further recommendation for future studies by the author.

Smith and Wu (2012) conducted a qualitative grounded theory study in Taiwan using an exploratory and descriptive approach. The research questions were as follows: What do you believe CAM is about? How do you define CAM? and What are your experiences of practicing CAM in the health care setting? (Smith & Wu, 2012, p. 2661). The purpose of the study was to explore and describe the nurses' beliefs, experiences, and practice regarding CAM in Taiwan. A qualitative research design, grounded theory, was used for the study, but no specific type was described in the study.

The study used a purposive sampling method and theoretical sampling. Eleven registered nurses were interviewed, and data were collected from in-depth, semi-structured interviews, field notes, and memos. The interviews lasted 30-60 minutes long and were audiotaped. The data were analyzed and organized into categories and coded line by line without perceived notion. The data were grouped by incidence into higher

codes, and themes were identified by categories and the meaning was determined. This was an inductive and iterative analytic process. The interview transcripts were originally written in Chinese and translated into English by the same researcher after data analysis had been completed.

Three major categories emerged: (a) lack of clear definition, (b) limited experience, and (c) high interest. Lack of clear definition was present during the interview when the majority of the nurses have an ambiguous definition of what CAM is. Many nurses stated that CAM included non-scientifically proven therapies. The nurses stated that CAM was not part of acupuncture or is it; most were confused. Limited experience topic participants claimed they had lack of knowledge with CAM and lack of time to learn CAM. Nurses claimed that CAM was not part of their job description. The last emerging theme was high interest in more information. The majority of nurses stated CAM was too vast, not in their scope of practice, and time consuming, but they did express a desire to learn more about CAM. Some nurses expressed the desire to learn so they can use it to comfort their patients (Smith & Wu, 2012).

Overall, the participants were in favor of learning about CAM programs and therapies to increase their knowledge base. The driving force of the curiosity may be the patients they care for and to satisfy their own interest and benefit their patients. These nurses described themselves as holistic care providers. A suggestion for future research was to repeat the study on a larger scale over a period of time to validate the experience of the nurses with CAM therapies. The researchers also suggested expanding on subcategories that interest nurses and CAM and better educate and facilitate nurses

learning in this area. Another suggestion for future studies focused on examining the exact knowledge base of the nurses regarding these CAM therapies.

Samuels et al. (2010) conducted a cross-sectional quantitative study. The aim of the study was to evaluate the use and attitudes of nurse-midwives in Israel toward CAM. The study conducted on nurse-midwives from five Israeli medical centers to evaluate the use and attitudes of practitioners with the use of CAM. One hundred and seventy-three participants out of 238 completed the questionnaires, which was a response of 72.7%. Microsoft Excel was used to import data to SPSS for data analysis. All data were examined with a univariate and selected item with a bivariate statistic, with the survey tool; the items were tested for reliability and validity. Construct validity was assessed by conducting an exploratory factor analysis of 10 items using the varimax rotation factor analysis.

The CAM Health Belief Questionnaire (CHBQ) was used as a 10-item Likert-type instrument, created by Lie and Boker, with a Cronbach's alpha found to have a 0.81 in the current study. The nurse-midwives (87.3%) reported using CAM: 48.6% used herbal medicine, 67.1% used massage, 40.5% used touch therapies, 42.2% used meditation, and 39.9% used prayer as a form of CAM. Seventy percent of the nurse-midwives reported recommending CAM or considered using CAM as a treatment for patients. The nurse-midwives listed high scores in energy/vital (56.1%), balance between positive and negative forces (55.6%), concept of self-healing (70%), and the importance of integrating the patient's values, health beliefs, and expectations into the care process (83.4%). Most respondents scored high in stating conventional medicine could benefit from CAM (70.8%) and complementary therapies stimulate the body's

natural therapeutic powers (57.4%). For the negative worded items, a large proportion disagreed with statements that CAM poses a threat to public health (85.3%), need to discourage treatments that have not been scientifically proven (47.6%), and assumption that the effects of CAM are no more than a placebo effect (61.1%) (Samuels et al., 2010).

The study evaluated the use and attitude toward CAM among nurse-midwives from Israel. Respondents agreed that CAM is the fundamental tenet for promoting body's energies that are vital for health. The nurse-midwives used CAM as a form of relaxation and attunement. Education may be the reason they accepted the usage of CAM. The nurse-midwives believed that CAM and conventional medicine should be incorporated into accepted treatment options. CAM treatment used most often included massage, herbal medicine, and meditation. Further studies were recommended to evaluate the efficacy and safety of treatments with pregnant women.

In this section of the literature review, Buchan et al. (2012) and James et al. (2016) revealed that nurses have very limited knowledge, conflicting attitudes, and uncertainty with the use of CAM/IHM. However, Buchan et al. (2012), James et al. (2016), Smith and Wu (2012), and Samuels et al. (2010) revealed that nurses and professionals in other health disciplines are willing to learn and be educated in the proper usage and application of IHM. It is essential to enhancing nursing practice to address the barriers that exist with using IHM, particularly aromatherapy for self-care to improve well-being. All three studies emphasized the need for further education on the use of IHM for the nurse and for patient care. The research presented in this section suggests that nurses are not aware of the multiple benefits of aromatherapy. This

research aims to give voice to nurses who practice using aromatherapy for self-care, thereby improving their well-being. This research will facilitate the understanding of the lived experiences and the meaning of aromatherapy for well-being.

Experiential Context

The researcher’s inquisitiveness regarding aromatherapy grew from her personal experience as a nurse and as a practitioner using the essential oils. The researcher started using lavender oils for pregnant women in labor on the labor and delivery floor after reading an article on essential oils and their usage. She noticed that not only would patients become relaxed, but she was more relaxed as well. The researcher noticed that the attainment of relaxation due to the lavender was indeed a factual experience for her and for patients. As she began the doctoral program, she knew that she would like to conduct research on an integrated holistic modality such as aromatherapy. While conducting several literature reviews, the researcher realized there was a paucity in the research regarding aromatherapy and nurses who use it for well-being. As a nurse and an educator, the researcher has always been curious about the nursing perspectives on the essential oils effects on the mind-body-spirit and the interconnectedness to holistic therapies and caring.

In phenomenology, it is important for the researcher to set aside any preconceived biases or opinion, allowing the themes to emerge from the participants’ experience (Creswell, 2013). The art of nursing is dependent on the compassion for the individual and the art of listening, holistic healing, and the caring inside each nurse—values that the researcher believes are essential components of nursing. The researcher's experience with aromatherapy was developed while working in labor and delivery when she

provided lavender to her patients for relaxation. The patients claimed to feel relief, and their anxiety diminished. Therefore, it is imperative that the researcher self-reflect in journaling in order to not influence her interpretation of the participant's experience; to discover the true essence and meaning of the life experience of nurses who use aromatherapy for well-being.

The researcher spent time reflecting on the personal and the professional perspective that she brought to the study, allowing the researcher an opportunity to reflect on her background, experiences, values, and assumptions in relationship to the study. In philosophical hermeneutics, the researcher's preconceived ideas (fore-structure) are openly acknowledged (not bracketed) and accepted because doing so improves the ability to hear the participants' voices. The researcher's reflective journals are used to assist in suspending her beliefs to avoid influencing the study (van Manen, 1997). Reflexivity is important in qualitative study because it raises the awareness of the relationship of the researcher to the data. Through reflexivity, the researcher arrives at an understanding that is achieved through reflective journaling of experiences, thoughts, emotions, and any biases (Munhall, 1994). It allows the researcher to understand the assumptions that influence human behavior and the personal or professional meaning of the topic. Van Manen (1990) described reality as being co-created by the researcher and the participant; therefore, engaging participants to examine the themes that emerge in the study of their lived experience is for clarification of descriptions and for confirmation that the researcher sees the experience through their lens and is hearing their voices accurately.

Chapter Summary

In this chapter, the review of literature focused on defining well-being and exploring what drives the nurse to seek aromatherapy and other integrative holistic modalities. The history of complementary holistic modalities/integrative holistic modalities gives a better understanding of how these therapies help alleviate stress and promote well-being. Understanding the underlying process that influences well-being in nurses can provide valuable insight to the meaning and preservation of wellness in nurses. There is a gap in the nursing literature that demands being investigated through the empirical lens. This study aims to give voice to the importance of the holistic nurse who uses aromatherapy for their wellness.

CHAPTER THREE

Methods

The purpose of the qualitative, hermeneutic phenomenology study was to understand the lived experience of nurses using aromatherapy as a self-care practice to maintain or restore well-being. The research design was guided by van Manen's approach. Although van Manen (1990) offers six research activities to guide phenomenological inquiry, for data collection he refers to Miles and Huberman for a step-by-step analysis of the data; therefore, data analysis was guided by the three analytic processes outlined by Miles and Huberman (1994).

Research Design

The research design provided the framework of the study. This study used van Manen's (1990) hermeneutic, interpretive-descriptive, phenomenological approach as the qualitative design. According to van Manen (1990), "hermeneutical phenomenological research may be seen as a dynamic interplay among six research activities" that guide the research process (p. 9):

1. Turning to a phenomenon that interest us and commit us to the world
2. Investigating experience as we live it rather than as we conceptualize
3. Reflecting on the essential themes which characterize the phenomenon
4. Describing the phenomenon through the act of writing and rewriting
5. Maintaining a strong orientation pedagogical to the phenomenon
6. Balancing the research context by considering parts and whole (p. 30)

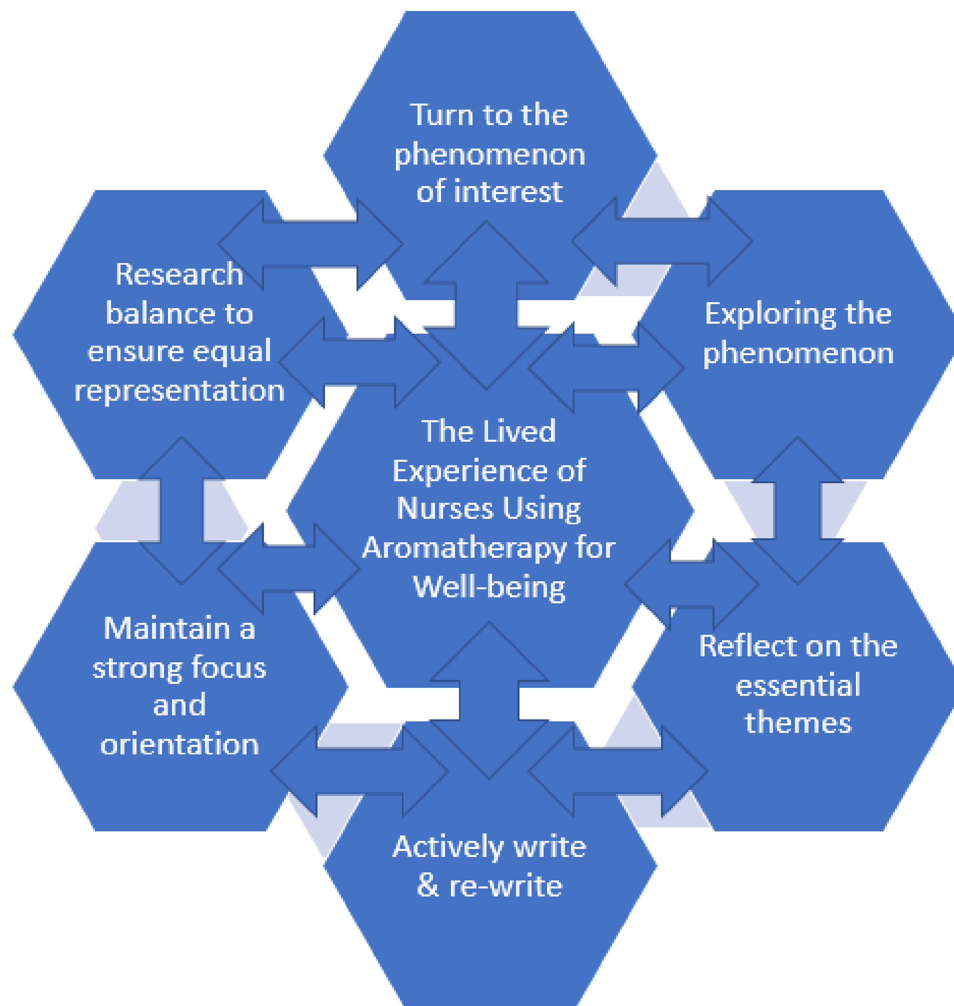

Figure 1. Six research activities to investigate the lived experience of nurses using aromatherapy for well-being (adapted from van Manen, 1990).

The six research activities created by van Manen are as follows:

1. Turning to a phenomenon which profoundly interests the researcher is a commitment to a single thought or idea that focuses on a deep quest to understand the phenomenon by avoiding distractions from other ideas or thoughts. It involves identifying pre-understanding to avoid biases and clarifying assumptions. "Phenomenological research is a being given over to

some quest, a true task, deep questioning that restores an original sense of what it means to be a thinker, a researcher, a theorist" (van Manen, 1990, p. 31).

2. Investigating an experience as we live it means experiencing with the participant the phenomenon of the lived experience. "It means re-learning to look at the world by re-awakening the basic experience of the world" (van Manen, 1990, p. 31). The researcher adapts the concept of being in the world by becoming fully involved in the world. The researcher investigates the nature of the phenomenon "lived experience" from someone who has lived it instead of as written knowledge or personal conceptualizing. The researcher accomplishes this task by exploring the lived experience, with all the modalities like interviewing, journaling, pictures, and other aspects.
3. Reflecting on essential themes is the understanding that some lived experience is a true reflection on the lived experience that is a thoughtful, reflective grasping of what gives the particular experience special significance (van Manen, 1990). It focuses on what is significant in the lived experience and gives meaning to each individual. Emerging themes all are used to bring structure to the experience making "a distinction between appearance and essence, between the things of our experience which grounds the things of our experience" (van Manen, 1990, p. 32). The researcher should continuously be reflecting on what constitutes the nature of the lived experience, including what the participant feels, thinks, and senses. Themes give order to the research data.

4. Actively write and rewrite during the process means conversation, inquiry, and questioning that which is being talked about to be seen. It refers to the art of writing and rewriting to discover meaning that is embodied in the human experience and represented in text (van Manen, 2014). The act of writing provides the structure of the lived experience. It is significant to express thoughts in as clear and precise a manner as possible; this is crucial and essential for understanding and structuring the phenomenon.
5. Maintaining a strong and oriented relation to the phenomenon is a form of qualitative research that is "extraordinarily demanding of its practitioner (van Manen, 1990, p. 33). The researcher must maintain a strong connection to the original question during the study. Phenomenological research can be consuming and demanding and requires that the researcher be disciplined and able to sustain a pedagogical relation to the phenomenon. The researcher should be careful not to get sidetracked or to indulge in speculations or settle for preconceived conceptions or opinions, to become narcissistic and self-indulgent, or have preoccupations or narcissistic reflections. "To be oriented to an object means that we are animated by the object in a full and human sense. To be strong in our orientation means that we will not settle for superficialities and falsities" (van Manen, 1990, p. 33).
6. Balancing the research content by considering the parts and the whole means that there is a danger that the researcher can lose sight of the whole phenomenon of the lived experience and become involved in construction of text, which can be structured and argumentative towards a certain effect and

which does not represent the themes accurately. Therefore, the researcher needs to keep the overall purpose of the design during the process of writing and analyzing and needs to repeatedly review it throughout the process of the entire study.

Van Manen's approach enabled the researcher to reach a deeper understanding of the meaning of the everyday experiences of the participants. This process guided the study for the researcher, helping to gain insightful descriptions of the participants' lived world. Van Manen's six activities method focuses on data collection; therefore, Miles and Huberman's methods were used to analyze the data. The philosophical approach and methodology for this study offer a unique opportunity to explore the perception, process, understanding, and meaning of the nurse's experience with the use of aromatherapy for well-being. The research design for this study adapted van Manen's hermeneutic interpretive phenomenology and his six basic research principles.

Sample and Setting

This qualitative, hermeneutic phenomenological study used purposive and snowball sampling strategies. Purposive sampling allowed the researcher to choose participants who have used aromatherapy for their wellness, which provided the opportunity for the researcher to gain insight on lived experience of nurses using aromatherapy for well-being (Creswell, 2013). Snowball sampling involved participants' referring the researcher to other nurses who have used aromatherapy to participate in the study (Creswell, 2013; Munhall, 2012). Phenomenological inquiries should include five to 25 participants or until saturation is reached per Creswell (2013). This study had 10 participants. The saturation of the emerging data allowed the researcher to identify themes that generated

rich and meaningful text. Saturation is reached when the same themes reemerge consistently, there is redundancy, and no additional information emerges (Munhall, 2012). This study reached saturation at six participants and a maximum of 10 participants was recruited to ensure saturation.

Access and Recruitment Procedures

The qualitative research study targeted licensed registered nurses who use aromatherapy. The study was solely concerned with registered nurses who used aromatherapy for well-being and to decrease work stress. Upon IRB approval, the researcher recruited participants from the American Holistic Nurses Association (AHNA), the social professional network LinkedIn, and personal professional colleagues. The sampling procedure was purposive, and snowball sampling strategies were used to select the most appropriate participants. Upon Barry University Institutional Review Board (IRB) approval, access and recruitment of the sample commenced. Participants were recruited through three sources as follows:

a) The researcher contacted the American Holistic Nurses Association (AHNA) and requested permission to access their member list with a letter of access (see Appendix F). After the approval from the American Holistic Nurses Association (AHNA), a flyer was sent to members requesting volunteers and posted on the associations website.

b) The researcher is a member of LinkedIn, a professional social media site that was used to contact professional colleagues. After the approval from IRB, a flyer was posted on the researcher’s LinkedIn social media account requesting volunteers from professional colleagues’ network.

c) The researcher's colleagues in South Florida schools of nursing and hospitals were given a recruitment flyer (see Appendix C).

The researcher contacted her professional network via email or telephone, and the study's flyer was sent to interested persons. Once permission was obtained from AHNA, the contact person at the organization would post the research flyers on the websites. The researcher asked permission to post the flyer on her LinkedIn account. Flyers were given to professional colleagues who were interested in participating in the study. A $25 Walmart card was given to the participants as a token of appreciation. Individuals interested in participating in the study contacted the researcher via email or the telephone number that was posted on the recruitment flyer. Individuals were screened for inclusion in the study and were scheduled for the initial interview at a mutually agreed time and place.

Inclusion Criteria

The inclusion criteria for this study were as follows:

- Any licensed registered nurses who have used aromatherapy for at least one year
- Nurses willing to speak openly about their experience and willing to have the interview taped
- Able to write, read, and speak English
- Access to Internet and telephone

Exclusion Criteria

Exclusion criteria were as follows:

- Have not used aromatherapy for at least a year

- Unwillingness to openly speak about their experiences
- Participant is not able to write, speak, and read English fluently
- Participant has no access to telephone or Internet or is unable to meet with the researcher

Ethical Considerations/Protection of Human Subjects

In all scientific inquiry, it is necessary to protect human subjects from harm and maintain their anonymity and confidentiality. Participants were informed that there were no known risks associated with participation in this study and there were no direct benefits to them as participants. Participation in the study was strictly voluntary, and study participants were informed that they could withdraw at any time without consequence. Each participant also had the right to refuse to answer any questions presented and the right to request that the audio recorder be stopped at any point during the interview without consequence. Once offered, the $25 Walmart gift card was the participant's to keep, regardless of whether the participant completed the study. The interview were recorded using a digital audio recording device. Another digital audio recorder was used as backup. The recorders were in the participant's full view during the interviews.

In qualitative research, anonymity cannot be guaranteed, but there are several measures that can be taken to maintain confidentiality. Procedures to protect the confidentiality of the participants were implemented as per the requirements of the National Institutes for Health guidelines for protecting human research participants. A confidentiality agreement was signed by each of the participants and by the transcriptionist (see Appendix G). The participants gave themselves a pseudonym of their

choosing as the identifier to maintain confidentiality. Hard copy data were kept in a locked file cabinet in the researcher's home office. Hard copies of the informed consent forms were stored and locked separately from field notes, demographic data, and transcripts identified by pseudonym only. Electronic data were stored on an encrypted password protected USB port and password-protected personal computer in the researcher's home office. Audio recordings were identified by pseudonyms and were destroyed once member check had been performed. The findings of the study were reported in aggregate form to protect confidentiality.

Data Collection Procedure

Data collection procedures were initiated upon the approval of Barry University IRB approval. Once approval was obtained, access to AHNA and LinkedIn account flyers were posted on the website. The researcher contacted her professional network via email or telephone, and the study's flyer was sent to interested persons. Professional colleagues who were interested in participating in the study and who had contacted the researcher were screened to determine if they met the inclusion criteria. If they did, they were provided information about the study. Then an interview was scheduled at a time and setting mutually agreed upon by the researcher and the participant. The interviews lasted a maximum of 60 minutes and included 10 minutes to complete a demographic form. After initially welcoming and thanking the participant for volunteering to be in the study, the researcher informed participants of the procedure, purpose of the study, protocol, and audiotape recordings technique, and also reviewed the consent. The participants were allowed to ask questions, and clarifications of the purpose of the study were addressed. If they agreed to participate, they were asked to sign the informed consent. A Walmart gift

card of $25.00 was given as a token of appreciation. The participant selected a pseudonym to be used on the demographic form and for the transcript of the interview. Completing the demographic form took a maximum of 10 minutes. The two digital recorders were visible to the participant for the duration of the 60 minute interview. A semi-structured interview with open-ended questions (see Appendix E) was used to attempt to capture the true essence of the nurse who uses aromatherapy for well-being and to decrease work stress. The grand tour question opened the interview: Tell me about your experience using aromatherapy? Additional probing questions were asked by the interviewer for clarification or for further in-depth understanding of the participant's experience.

At the end of the interview, the researcher thanked the participant for sharing her experience and asked if there was anything else the participant wished to add to the interview. The participant was informed that a third party transcriptionist would transcribe the interview data verbatim. Third party confidentiality consent was signed by the transcriptionist (see Appendix I). The researcher reviewed the transcribed interviews while listening to the recordings to ensure accuracy; the participants were contacted to schedule a second interview to review the transcript and for member checking. This meeting was conducted by phone and lasted no more than 30 minutes. There was a total of 100 minutes for participation in the study. Once member checking was completed, the audio-recordings were destroyed. Hard copy data were kept in a locked file cabinet in the researcher's home office. Hard copies of the informed consent forms were stored and locked separately from field notes, demographic data, and transcripts, which were identified by pseudonym only. Electronic data were stored on an encrypted password

protected USB port and a password-protected personal computer in the researcher's home office. Audio recordings were identified by pseudonyms and destroyed once member checking was performed. Data will be kept for a minimum of five years from completion of the study and indefinitely thereafter.

Interview Questions

The purpose of the interview (see Appendix E) in this qualitative phenomenological study was to understand and interpret the meaning of the lived experience of registered nurses who use aromatherapy for well-being and for decreasing work stress. The interview questions are in Appendix E. The estimated time commitment was 10 minutes for demographics, 60 minutes for the first interview, and 30 minutes for member checking for a total of 100 minutes.

Demographic Data

Demographic data were collected on the study participants using a researcher-designed demographic questionnaire (see Appendix D). The data from the demographic questionnaire were reported in aggregate form to describe the characteristics of the participants.

Data Analysis

The researcher used Miles and Huberman for a detailed, systematic analytic method of data analysis processes. Miles and Huberman (1994) defined three analytic processes: data reduction, data display, and drawing and verifying conclusions that can be used in the analysis of qualitative research data.

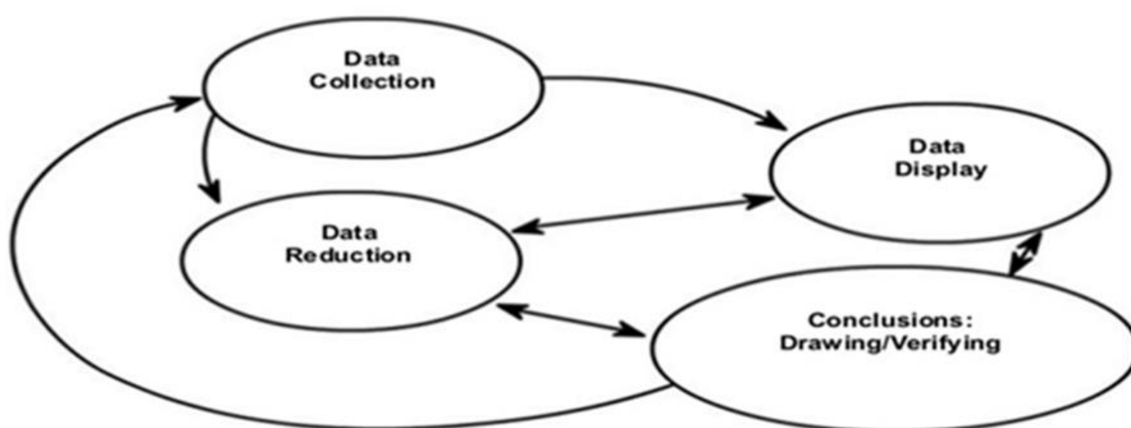

Figure 2. Interactive model of data analysis (adapted from Miles & Huberman, 1994).

Data reduction refers to the process of selecting, simplifying, focusing, abstracting, and transforming the data that are written up in the field notes, memoing, or transcriptions. Data reduction is a continual process throughout a qualitative study. There is an anticipatory data reduction that occurs when the researcher chooses the research question, data collection approaches, and the method. Data collection has continual data reduction occurring as the researcher writes summaries, codes data, identifies themes, makes clusters, writes memos, and makes partitions. Even after fieldwork, data reduction continues until the study is completed. The researcher decides which data to analyze and which to delete by analytic choices (Miles & Huberman, 1994). Therefore, data collection is a form of selection, through summary or paraphrase, and analytic decisions to arrive at a final conclusion that can be drawn and verified.

Miles and Huberman (1994) address another analytic activity using data display. Data display is used to organize, assemble, and compress information, and it permits the researcher to draw a conclusion and take action. Displays help the researcher understand

what is happening and whether to do something, either analyze further or take action based on their understanding. The most frequent form of display for qualitative data has been extended text, which can be cumbersome for the researcher. Using data displays that include matrices, graphs, charts, and networks is intended to organize the information into accessible and compact forms for the researcher to see what is happening and draw a justified conclusion or move on to the next step of analysis (Miles & Huberman, 1994). Designing and deciding on the content of the display are analytic activities that are considered data reduction.

The third analytic activity is conclusion drawing and verification, which starts from the first data collection by the researcher deciding what the data means and noting patterns, configurations, regularities, casual flows, and propositions. The researcher is to hold the conclusions lightly and maintain openness and skepticism. Conclusions are prefigured from the beginning, even when proceeding inductively, but the final conclusion does not appear until data collection is over. Conclusions are verified as the analytic process occurs but may be a fleeting moment that crosses the analyst's mind during the writings or an elaborate argument and review among participants to develop "inter-subjective consensus" or an extensive effort to replicate the findings in another data set (Miles & Huberman, 1994, p. 11). According to Miles and Huberman (1994), the emerging meanings from the data need to be tested for their sturdiness, plausibility, and their "confirmability" (p. 11).

The transcriptionist listened to the audiotaped recording and transcribed verbatim. The researcher verified the transcriptions for accuracy. Data analysis began after the first interview was completed and transcribed. During the process of analysis, themes emerge

that are significant to the phenomenon. The themes are grouped into categories that capture the essence of the phenomenon (van Manen, 2014). In the analysis of the data, the researcher went from the descriptive to the interpretive, trying to make sense of the participants' world as nurses using aromatherapy for well-being. As data were collected, the researcher used the six activities of the interpretive process of reading and rereading the data as outlined by van Manen (1990). Van Manen's six activities focused on data collection. He refers to Miles and Huberman for a step-by-step process for analyzing the data. Therefore, the researcher used Miles and Huberman (1994) as a guide for the steps to analyze the data of the phenomenon being investigated. The researcher maintained a journal for reflection to acknowledge personal biases and preconceived notions. Data were collected until saturation of the themes was reached at the maximum of 10 participants interviewed.

Researcher Rigor

In qualitative research, the researcher must maintain rigor in the research process so that the findings are believable. In qualitative research, rigor is referred to as trustworthiness. Lincoln and Guba (1985) suggested four criteria for evaluating trustworthiness in a qualitative study: credibility, dependability, confirmability, and transferability.

Credibility

Lincoln and Guba (1985) referred to credibility as the most critical item to establish trustworthiness. Establishing credibility involves ensuring that the results are a true representation of the participant's experience and views, which can be verified through member checking. The researcher established credibility by showing the true

image of the lived experiences of nurses who use aromatherapy for well-being. Therefore, the researcher needed to establish an accurate picture of the phenomenon being studied. There are several steps a researcher can take to ensure credibility. The researcher was immersed in the data, completed member checking with participants being studied, and rechecked the transcribed interviews with the audiotapes for accuracy of the transcriptions. Lincoln and Guba (1985) emphasized that member checking is essential to establish credibility. This gives the participants an opportunity to correct any data that could be misinterpreted by the researcher.

Dependability

Lincoln and Guba (1985) stated that dependability shows that the findings are accurate, consistent, and able to be duplicated. The researcher achieved dependability with an audit trial, which is traceable and has clear documentation of the steps taken to perform the research. This was achieved through journaling and by keeping analytic memos. Dependability was achieved by using thick, rich descriptions of the participants' own voices to illustrate the findings.

Confirmability

The researcher must provide evidence that the interpretation and the findings of the study are a true representation of the participants and not affected by the researcher's bias for motivation or interest as per Lincoln and Guba (1985). The researcher analyzed the data from the nurses who use aromatherapy for well-being by listening, transcribing, reading and rereading, reflecting, and interpreting the data to capture the true essence of the findings. The researcher conducted analytic interpretations by journaling and memoing. The researcher followed up on any outliers. The researcher maintained a

reflective journal to reflect on biases and preconceived ideas to allow the true text to emerge.

Transferability

Lincoln and Guba (1985) established that transferability is how well the phenomenon being studied will transfer beyond the original study. The ability to transfer to the same or similar situation will increase the transferability of the study. Purposive sampling to data analysis can facilitate transferability by providing a detailed, rich, thick, and strengthened description of the process for future potential researchers (Lincoln & Guba, 1985). The researcher provided a thick description and interpretation of the study through purposive sampling for the phenomenon of nurses using aromatherapy for well-being. In addition, the method, sample selection, inclusion and exclusion criteria, as well as the data collection and analysis were described in this study to provide a concise audit trail.

Chapter Summary

This chapter introduced the method of inquiry and explained the strategies that would be used to answer the following question: What is the lived experience of nurse using aromatherapy for well-being? The purpose of qualitative phenomenology was clarified and the rationale for selecting van Manen's (1990) research design approach and the analytic methods of Miles and Huberman (1994) was offered. Key processes in the research method were explored, including access and recruitment of the sample, ethical considerations, inclusion and exclusion criteria, data collection and analysis procedure, and information pertaining to the interview. The chapter concluded with a discussion of how rigor was maintained in this study. Chapter Four explains the research findings.

CHAPTER FOUR

Findings of the Inquiry

The purpose of this qualitative phenomenological study is to explore the lived experience of nurses who use aromatherapy for well-being. This research aims to give voice to the nurses who are invested in using aromatherapy for their well-being in order to gain understanding of the nurse's experience and discover how nurses find meaning in integrating aromatherapy into their professional and personal lives. This understanding provides knowledge that will empower nurses to self-care, provide supporting research, and advocate for nurses' well-being. This chapter presents the findings of this phenomenological inquiry and individual descriptions of the lived experience of 10 participants are introduced in this chapter to provide readers with insight into the background of each participant who are actively using aromatherapy for well-being from different areas of the nursing field. Saturation was reached with six participants; an additional four participants were interviewed to ensure saturation with the emerging themes. Demographic specifics, analysis of data, including themes and subthemes, participants' voices that led to the evolution of these themes, and the connection to an applicable theory are included in this chapter.

In this chapter, emerging themes are presented followed by an explanation of each theme. A restatement of the research question was offered to ensure it meets the assumption necessary and was appropriate for the method, and the findings were connected to a specific theory. Finally, a summary of key findings is discussed. This study allowed the participants to share their feelings, lifeworlds, and thoughts, thereby illustrating the essence of the experience. Through the participants' feelings and personal

experience and thoughts, the researcher was able to describe, clarify, and interpret the meaning of the lived experience of nurses using aromatherapy for well-being.

Sample Description

This study investigated the lived experience of ten nurse participants who use aromatherapy for well-being. The participants ranged from ages 31 to 65 with a mean age of 33.8 years. There was six participants in the age range of 31 to 40 years of age and four participants in the age range 51-60; one participant was 65 years of age. Most of the study participants were between the ages of 31 to 40, followed by the age group of 51-60. There was only one participant in the age group of 61 to 70. A total of ten female participants were interviewed. A total of two participants were single, six were married, and two were divorced. Seven of the participants had a master's degree as the highest educational level and three participants had a doctorate. Two of the participants had been a registered nurse between 2 to 10 years, four had been a registered nurse between 11 to 16 years, and four participants had been a registered nurse more than 17 years. Eight of the participants were employed full time and two were employed part time. As far as work-related stress, three participants had 2-3 years and seven participants had 4-6 years. A total of four participants felt distant at work, and six stated they did not feel distant at work. Four of the participants received accomplishments at work and six did not receive any accomplishments at work.

All participants used aromatherapy. Each participant self-reported using aromatherapy for more than a year. Four of the participants used aromatherapy for 2-3 years; two used aromatherapies for 4-6 years; and four participants used aromatherapy for more than seven years. Aromatherapy was used by three participants weekly; four

participants used aromatherapy 2-3 times a week; and three participants used aromatherapy 4-5 times a week. The aromatherapy essential oils used by the participants are as follows: 10 participants used lavender; eight participants used eucalyptus; nine participants used peppermint; nine participants used lemongrass; seven participants used tea tree; three participants used frankincense; four participants used rosemary; 10 participants used orange; one participant used almond; three participants used sandalwood; four participants used rose; and one participant used pine.

Table 1 summarizes study participants' demographics collected through a questionnaire completed prior to the interview. The demographics questionnaire asked participants their age, gender, marital status, years as a registered nurse, work experience, employment status, educational level, work-related stress, feeling overwhelmed, feeling distant at work, accomplishments received, how long practicing aromatherapy, and frequency of usage of aromatherapy.

Table 1

Summary of Participants' Demographics Characteristics

Demographic Characteristics	N	%
Age of Participants		
21-30	0	0
31-40	6	60
41-50	0	0
51-60	3	30
61-70	1	10
Gender		
Male	0	0
Female	10	100
Marital Status		
Single	2	20
Married	6	60
Divorced	2	20

Educational Level		
Associate Degree	0	0
Bachelor Degree	0	0
Master's Degree	7	70
Doctoral Degree	3	30
Years as RN		
2-10	2	20
11-16	4	40
17 years or more	4	40
Employment Status		
Full-Time	8	80
Part-Time	2	20
Work-Related Stress		
Less than 1 year	0	0
2-3 years	3	30
4-6 years	7	70
6 years or more	0	0
Felt Overwhelmed		
Yes	5	50
No	5	50
Felt Distant at Work		
Yes	4	40
No	6	60
Received Accomplishment at Work		
Yes	4	40
No	6	60
Practicing Aromatherapy		
1 year	0	0
2-3 years	4	40
4-6 years	2	20
7 or more years	4	40
Types of Aromatherapy		
Lavender	10	100
Eucalyptus	8	80
Peppermint	9	90
Lemongrass	9	90
Tea Tree	7	70
Frankincense	3	30
Rosemary	4	40
Orange	10	100
Other		
Almond	1	10
Sandalwood	3	30
Rose	4	40
Pine	1	10
How Often You Use Aromatherapy		

Monthly	0	0
Weekly	3	30
2-3 times a week	4	3
4-5 times a week	3	30

Characteristics of the Participants

Each participant in the study was asked to choose a pseudonym for the purposes of privacy and confidentiality. The characteristics of each participant were obtained from the audiotapes, the demographic sheets, the transcribed interviews, and reflection on information shared by participants during the interviews. All participants were open, engaging, and willing as they shared the story of their experiences as nurses using aromatherapy for self-care to improve their well-being. These nurses ventured into a life journey of using a holistic modality such as aromatherapy to improve their health wellness. All participants expressed a genuine appreciation for the researcher's using aromatherapy as a topic of study to inform others of the benefits. The following are brief summaries of the characteristics of each of the participants.

Trixie

Trixie is a 37-year-old Caucasian female who has been married for over 10 years. She has a doctorate in nursing and has been a registered nurse for more than 15 years and currently resides in California. Trixie uses aromatherapy more than 4-5 times a week; in fact, she claims to use it daily. She has been using aromatherapy for over six years. She was introduced to aromatherapy by a friend. At first she was skeptical about how aromatherapy would help her, but to her amazement, she felt a difference after a few days of using aromatherapy. She started with the essential oils lavender. She started using lavender as a way to de-stress and mood stabilize, and she indicated "it helped me relax

whenever I felt irritated." She then progressed to orange or a citrus blend and found the blend that was just soothing and invigorating. She educated herself to improve her well-being. **Trixie** has now evolved into using aromatherapy or the essential oils mainly internally to help with her health. She also uses the essential oils to clean, disinfect, and to prevent illness for her and her partner.

Since **Trixie's** introduction to aromatherapy, she has used other forms of holistic modalities such as massage, yoga, Reiki, crystals, and meditation. She uses aromatherapy, essential oils, during massages, meditation, and yoga. **Trixie** currently is educating herself on ways to promote her wellness through self-care. She believes there is not enough information on aromatherapy to encourage nurses to use it for self-care. She is a firm believer that nurses' stress levels need to be addressed through holistic modality for the improvement of their well-being.

Chewy

Chewy is a 31-year-old Hispanic female who has been married for over seven years. She has a master's degree in nursing and has been a registered nurse for 10 years and currently resides in Florida. **Chewy** uses aromatherapy more than 2-3 times a week and has been using aromatherapy for 4-6 years. She was introduced to aromatherapy several years ago while participating in a study for the emergency room where she worked. While participating in the study, she noted the benefits that she felt while using the different types of essential oils for the study. Since then she has continued to use aromatherapy for her well-being as a self-care measure.

Chewy incorporated aromatherapy into her family unit. She claims that aromatherapy has been helpful in promoting health and well-being for her and her family.

In particular, decreasing anxiety and calming her children has been magical; it helps her a lot with the management of the boys. **Chewy** has used other forms of holistic modalities such as massage and meditation. **Chewy** claims that massages and meditation along with aromatherapy have been very beneficial to her well-being.

Kristie

Kristie is a 38-year-old Hispanic female and has been married for approximately 10 years. She has a master's degree in nursing and has been a registered nurse for 15 years and resides in Florida. **Kristie** uses aromatherapy more than 2-3 times a week and has been using aromatherapy for over six years. She was introduced during nursing school where she needed to relax and decrease anxiety. The use of aromatherapy was self-directed; she picked lavender for relaxation and found it to be useful and beneficial. **Kristie** uses aromatherapy for self-care for herself and her family as a holistic modality to improve health and wellness. She also uses aromatherapy, essential oils, for cleaning the house and to combat foul odors, which she is extremely sensitive to. She has used aromatherapy as a form of self-care to decrease her stress level at work.

Kristie has used other forms of holistic modalities such as massage, yoga, crystals, and meditation. She has found that getting frequent massages infused with aromatherapy has helped to de-stress her. She also has incorporated aromatherapy with yoga. She has continued to educate herself and other holistic modalities for self-care, stating that she has found it to be beneficial to her health and wellness. She claims that nurses tend to self-neglect themselves, decreasing their productivity and wellness.

Kitty

Kitty is a 33-year-old Hispanic female who has been married for over 10 years. She has a master's degree in nursing and has been a registered nurse for over 11 years and resides in Florida. **Kitty** uses aromatherapy once a week; she has been using aromatherapy for 2-3 years. She was introduced to aromatherapy through a study in a hospital where she worked, a study for which she was one of the assistant researchers. In the study, researchers infused aromatherapy throughout the unit in order to promote relaxation and decrease stress from the job and thereby decrease callouts. **Kitty** found that the aromatherapy was beneficial to reducing her anxiety and improving her relaxation during the study. She continued to use aromatherapy as a form of self-care for her and her family. She noted that it would reduce anxiety and help them sleep better and she continued to use lavender for her children. She has used other forms of holistic modalities such as crystals. **Kitty** uses crystals for balancing her energy fields.

Sassy

Sassy is a 65-year-old Caucasian female who has been divorced for more than 10 years. She has a master's degree in nursing and has been a registered nurse for more than 17 years; she resides in Florida. **Sassy** uses aromatherapy more than 4-5 times a week and has been using aromatherapy for over six years. Sassy was introduced to aromatherapy while completing her master's degree during which she took an elective course which led her to get a certificate and complementary integrated therapies in 2010. She has taken a couple of courses from the American Holistic Nurses Association (AHNA) pursuing a board certification as a holistic nurse, and she is currently a member (AHNA). She uses aromatherapy as a self-help for her well-being.

She has used other forms of holistic modality, massage, which she incorporates into her sessions. She also has a certification, level II, on healing touch and Reiki level I. She has completed a 10-week course in meditation. She has done Bach therapies and flower therapies. Her nursing philosophy incorporates holism for her patient care; that is why she has dedicated time to educating herself on the use of holistic modalities. **Sassy** believes nurses are not educated on the appropriate use of aromatherapy or any other holistic modalities.

Candy

Candy is a 56-year-old Hispanic female who has been married for over 30 years. She has a doctorate in nursing, has been a registered nurse for more than 17 years, and resides in Florida. **Candy** uses aromatherapy once a week and has been using aromatherapy for 2-3 years. She was introduced to aromatherapy by self-exploration on ways to promote relaxation during a very stressful time in her personal life. A friend offered her some candles infused in lavender for relaxation. She found that the aromatherapy in the candles was very soothing and did promote the relaxation she was looking for. She then started using aromatherapy, essential oils, for relaxation and to decrease the stressors of work. She found this to be very beneficial to improving her well-being. **Candy** incorporated the use of aromatherapy in caring for her patients, using them to decrease odors. She has also found aromatherapy to be beneficial to cleaning and sanitizing and health promotion. She has used other forms of holistic modalities such as massage, for relaxation, and yoga for mental wellness incorporating aromatherapy into both holistic modalities.

Bambi

Bambi is a 58-year-old Hispanic female who has been married for 20 years. She has obtained a master's degree in nursing and has been a registered nurse for more than 30 years and resides in Florida. **Bambi** uses aromatherapy 2-3 times a week and has been using aromatherapy for over six years. She first started using aromatherapy over six years ago when it was recommended to her by her veterinarian. The veterinarian stated that she can use lavender to calm animals, mainly her dogs and horses. **Bambi** started using aromatherapy of lavender on her animals and realized that she was also experiencing a calming effect. Since she noticed a calming and soothing effect from the use of aromatherapy, she started using other essential oils such as pine wood, citrus orange and lemon, patchouli, roses, eucalyptus, and sandalwood. She claims that using essential oils increases her focus, decreases her stress, and improves her health and wellness. When she used essential oils on her children, she noticed that they were a lot calmer; at one point her children started to ask for the aromatherapy of lavender to soothe them when they were about to take exams.

Bambi recalled migrating to other forms of holistic modalities for self-care such as hypnosis, meditation, and massage. She also reported having used the modalities on her family members which she found to be beneficial by providing a holistic noninvasive method of relaxation and comfort. **Bambi** identified a need for nurses to learn about aromatherapy and other holistic modalities for self-care. She feels that nurses are not educated on aromatherapy or other holistic modalities for self-care that can also be useful for patients. She would like to further increase her knowledge on different types of aromatherapies as a formal education.

Dandyland

Dandyland is a 33-year-old Hispanic female who is single. She has a master's degree in nursing and has been a registered nurse for about 10 years and currently resides in Florida. **Dandyland** uses aromatherapy more than once a week and has been using aromatherapy for 2-3 years. She was introduced to aromatherapy through a study in the emergency room of the hospital where she was a supervisor. The goal was to reduce stress of the staff members in a busy department. She claims that there was a reduction in callouts and that the staff nurses were able to handle the workload easier with decreased anxiety and stress. Her staff gave her positive feedback as did patients who were visiting the ER; they were all giving positive feedback on the use of aromatherapy for relaxation. While they were conducting the study at her place of work, she realized the benefits she was receiving from the aromatherapy; it was relaxing and alleviated stress. Therefore, she continued to use it in her daily life introducing aromatherapy to her family and children. She has noticed that using lemongrass and lavender helps her students. **Dandyland** claims that there is not enough education on the different uses of essential oils. She states that she has had health benefits from continual use of aromatherapy. She has used other forms of holistic modalities such as massage and claims it is very relaxing.

Cheery

Cheery is a 55-year-old Hispanic female who has been divorced for over 17 years. She has a master's degree in nursing and has been a registered nurse for more than 17 years; she resides in Florida. **Cheery** uses aromatherapy more than 4-5 times a week and has been using aromatherapy for a little over five years. She started using aromatherapy after doing a study in the emergency room to see if aromatherapy helped

decrease stress levels and anxiety in an emergency department. **Cheery** continued to use aromatherapy at home with her children. She claims aromatherapy helps decrease the children's anxiety and helps them sleep better. She uses aromatherapy as a homeopathic remedy to treat illness, and she asserts that it has made a difference in her health and wellness and that of her family. She feels that when she takes time to self-care and improve her well-being, she is capable of caring for her family and manage work better. She has used other forms of holistic modalities such as massage, once a month with aromatherapy, yoga, Reiki, crystals, and meditation.

Lynn

Lynn is a 37-year-old Caucasian female, married over 10 years. She has a doctorate in nursing and has been a registered nurse for about 16 years and resides in California. **Lynn** uses aromatherapy more than 2-3 times a week, and she has been using aromatherapy for over 10 years. She was first introduced to aromatherapy when she was in college. She used it to de-stress prior to a test. At first she was skeptical, but she noted that the more she used it, she claimed to be in a deeper state of relaxation. **Lynn** became intrigued by the effects of aromatherapy on her wellness and relaxation. In college **Lynn** used to get severe migraines which were alleviated with the use of peppermint essential oils. She claims that she no longer has migraines because aromatherapy has improved her well-being and reduced her susceptibility to illness. She started to incorporate using diffusers while she traveled along with herbal teas such as peppermint lemongrass and orange. She began to explore other holistic modalities to enhance the feeling of wellness that she had accomplished with aromatherapy as a form of self-care. She has used other forms of holistic modalities such as guided imagery, mindfulness, massage, yoga, and

meditation while incorporating aromatherapy. She gets monthly massages and uses lavender to promote relaxation and well-being. **Lynn** combines different types of aromatherapy depending on her needs while meditating in yoga. She believes that nurses do not self-care and that education is needed.

Results

The themes for this study evolved after several cycles of listening to the recordings, reading and re-reading transcripts, writing notes, doing research, reflecting, and journaling. The researcher observed expressions, tone, and enthusiasm and noted those in the reflecting journal. In order to grasp the essence of the experience, the researcher immersed herself into the experience of the data. Data were evaluated based on van Manen's six activities and four existential themes that are used to identify the lived world of the participants. Reflecting upon the lived experience of nurses using aromatherapy for well-being, their lived space spatiality, lived body corporeality, lived time temporality, and human relationships rationality or communality, four profound themes emerged. The 10 participants provided rich and comprehensive descriptions of their experience, thereby allowing the researcher to discover the themes. The themes uncovered in this study were the profound experience of each participants' existential lifeworlds of body, space, and times as they live using aromatherapy for well-being. The four themes—stressing, caring for self, educating for aromatherapy, and remembering—each carried a significant value, but each theme interrelated and impacted other themes.

Stressing

Stressing is the first theme that evolved from the analysis of the data. Stress is defined as one aspect at any one point in one's life of wear and tear where the sum of all

the nonspecific effects create a vital reaction (Selye, 1955). As a theme, stress captures the participants' feelings of being overwhelmed, stressful, tired, and overworked because of self-neglect. This theme capture the experience that led to the participants' using aromatherapy for self-care in essence to improve their stress level.

For **Trixie**, it was about feeling stressful during driving and generally stressed about work. She has used essential oils with stressful deliveries. She shared:

> Aromatherapy helps the stress, mood stabilization so if I'm irritated it helps to kind of relax me. If I am tired, it will help me wake up. If I am driving in traffic, I use wild orange or citrus blend to help me relax so I'm not so tense behind the wheel . . . . In stressful driving situations . . . I incorporate essential oils or aromatherapy in the clinical settings, for oils to help with relaxation during labor.

Chewy described a stressful experience of feeling overwhelmed and of helping students with their stress and anxiety. **Chewy** stated:

> while working in the ER department . . . We replicated a study. . .where we used aromatherapy to reduce stress levels and callouts related to illness. . . . At times when the ER was very busy or I felt overwhelmed I would go and use like the lavender oils and stuff to make me relax and to calm down. . . . I give students lavender. . . . They do calm down a lot before exams.

Kristie explains why she started using holistic modalities. **Kristie** describes:

> [There are] overwhelming tasks at work, that they can be stressful . . . . So I have done a lot of alternative therapies for stress and anxiety especially during nursing school. . . . There's a lot of self-care that is necessary because of it's emotional job at any level in any setting, to help, you know, the stress.

Kitty shares why she uses aromatherapy for stressful days. **Kitty** explained:

> Whenever I have a stressful day, I put the infuser in my house or in my office . . . . For relaxation and meditation . . . . Relax the anxiety. Can offer patients modalities to decrease their anxieties and stress.

Sassy describes how holistic modalities have helped her relax. She mentions how she reduces the dog's stress with therapies. **Sassy** shared:

> I go for a massage whenever I feel stressed always use lavender oils. . . . I use lavender for relaxation and to calm myself. . . . I do give my dog when he's thundering out Bach therapy under her tongue and calms her . . . . Nurses learning that they're overwhelmed, overworked, and looking for ways to relieve all the stress especially working in an acute care setting . . . . If you can take a bathroom break and go have some lavender with you to feel better . . . because if you're burned out there's no way you can give all the care and empathy to your patients that they need.

Candy shares how she came to deal with her life stress. **Candy** states:

> I was looking for different areas of how to deal with stress, deal with life, and deal with personal things in my life. . . . I chose aromatherapy because of a friend. To alleviate some of my stressors . . . . Get away from my daily routines or my stressors at work, it gives me an opportunity to disconnect from all that [and] feel myself think.

Bambi uses aromatherapy for her animal stress that incorporated into her life. **Bambi** shared:

> I notice that lavender [has] just a calming effect on me but also on the animals . . . . The stress of taking exams and working on my master's, I used aromatherapy lavender in the bathtub and did some meditation. . . . I do it when I'm really stressed or when I need an extra boost. . . . You're going to deal with special subjects, and it's going to be stressful I find that in those stressful days a bath and some lavender really helps me calm down afterwards.

Dandyland elaborates on overall stress for students, patients, and nurses. **Dandyland** states:

> I see a lot of my students use them before testing to help with their anxiety . . . . When I am stressed, lavender is very calming. . . . The overall stress levels for both staff and patient's lavender helped in the ER . . . . Actually use the oils and massage and it help them alleviate stress throughout their day . . . . The moments where they were very stressed out and overwhelmed with their patient assignments, they handled it better with less anxiety.

Cheery explains the stress levels in the emergency department and being a mom has affected her. **Cheery** shared:

> [A]romatherapy help stress levels and anxiety in the emergency department . . . helps relax them . . . . I have stress in my life [as a] full-time mom responsibility falls on me running around very stressful . . . . I use essential oils when I feel stressed, I find that when I stop doing the oils that I feel a lot more run down; I feel more tired and kind of disconnect[ed] . . . . Using the oils, I felt refreshed and definitely less stress[ed].

Lynn shares how her stress levels have changed from college to her career. **Lynn** explains:

> I first encountered it when I was probably in college [to] decrease my stress and anxiety with testing . . . . It helped me to get to a deeper state like a more relaxed state . . . like if I'm struggling I don't want to be there kind of thing. Absolutely miserable . . . I use aromatherapy and it helps . . . . I get sick, migraines, as often that is just part of the toxic effects of stress. . . . Heaviness from work . . . . Sometimes you need to settle yourself or [are] having trouble finding balance . . . tension . . . . Don't have enough hours in the day and you're going insane. . . . Lavender calms me down at night.

Caring for Self

Evolving from the analysis of the data in this study, another theme became prominently evident: caring for self. Watson's (1985, 1999) theory of caring states that caring for self is about the will and commitment to care, the caring actions, the knowledge, the values, and the consequences which create the caring phenomenon. Orem's theory of self-care delineates that self-care must be learned and performed for life, well-being, and for humans to function (Smith & Parker, 2010). Vitale (2009) described self-care as a strategy that nurses can use to prevent stress, burnout, and fatigue and for enhancing job satisfaction. The participants found that caring for themselves was a priority for their well-being. Data indicated that all participants used aromatherapy to provide self-care as it relates to a caring act upon themselves.

Trixie identifies the way she uses aromatherapy to care for herself. She states:

> Use those things to kind of help me. . . . Focusing in. . . . Restoring the body to help me go to bed. . . . Use essential oils as healthcare supplements for support. . . . Currently use essential oils for personal well-being. . . being able to identify the needs of my body . . . . The key is to utilize aromatherapy consistently as a lifestyle approach… Aromatherapy helps me relax. I use it for self-care, for respiratory support, sleeping, and restoring my body.

Chewy identifies how she uses aromatherapy to care for herself and her family. She explains:

> I use aromatherapy for self-help to relax me and calm me down. . . . I do massages and meditation often. . . . I think that there's not one correct answer to wellness or health. . . . Exploring all avenues can maximize recovery. . . . Aromatherapy is preventative as well as for healing . . . . Promoting health and well-being . . . . A better way of life. . . . Number one, for their well-being and in order to care for others. . . . Find the essential oils to be soothing.

Kristie explained how she started using aromatherapy for self-care. She states:

> [I] have done alternative therapies to decrease stress and anxiety especially during nursing school. . . . It's also helped my migraines. . . . Because of the nature of the profession, there's a lot of self-care that is necessary because it's an emotional job at any level in any setting to help you de-stress . . . . Nurses are supposed to be the picture of the role model for the patients through health, wellness, and self-care at every level. . . . I hope that the features nurses can implement moralistic measures not only for patients before ourselves. . . we need to take care of ourselves in order to take care of others.

Kitty explains how she self-cares and how she cares for her children. She states:

> I put the infuser in my house or in my office. . . for personal use and relaxation. . . . I also use yoga meditation; it definitely helps you relax your breathing, relax your anxiety and just become one with yourself. . . . An alternative way to treat any. . . . Just keep you relax[ed] as opposed to taking medications. . . . You can squirt the kids with lavender. . . so they relax.

Sassy explains her interest for aromatherapy and other holistic modalities as a self-care measure when she describes:

> I started using it and tried a lot of different fragrances and found that I love every night to relax . . . . I was studying a lot to wake up I would use lemon. . . . When I go for massages, massage therapy uses aromatherapy lavender when I want to relax. . . . Engage in aromatherapy for self-care [I put a] few drops in my tub or in a foot soak . . . . Sometimes for pain I use healing touch or Reiki. . . . Meditation to quiet my mind and quiet myself; it's better than a prescription. . . . I've also tried Bach therapies, flower therapies, and I've learned about energies to help me balance. . . . I use the roll-on things to relieve stress. Making nurses more aware that they need to take care of themselves before they can take care of their patients. . . . what nursing care is about.

Candy elaborates on how she cares for herself daily. **Candy** defined self-care:

> There is a part of me that self-cares, meaning that it's a special time for me . . . to break away from my daily stressors . . . . Relax myself with different modalities . . . . I enjoy reading inspirational thoughts, candles, meditation, and relaxation and

> some yoga. . . . Aromatherapy to care for ourselves . . . . It is important to care for yourself.

Bambi describes how she cared for herself during her master's program. She states:

> [I would] use aromatherapy when I was working on my master's and taking exams I put some lavender in the bathtub . . . . When I'm really stressed and need a little boost . . . I use essential oils for well-being as a form of self-care . . . . I also use candles, hypnosis, [and] the aromatherapy diffuser to relax.

Dandyland explains how she cares for herself. She states:

> I use aromatherapy in the diffuser at home . . . . I like to put it on my hands and massage them when I'm anxious or need energy . . . a certain mood . . . . To relax me if I'm anxious I'd use lavender . . . . Kind of help me to alleviate stress throughout the day . . . . I use candles and massage therapy to relax and be center[ed] . . . . I do those bath bombs in the tub.

Cheery explains the different methods that she uses for self-care. She states:

> [D]ifferent types of scents . . . . Helps my mindset . . . . Lavender relaxes me. . . . Peppermint gives me a clear mindset. . . . I love getting massages once a month, and I do yoga to relax . . . . [If] I spend more time with my well-being I am able to care for other people and my kid's family and manage work better . . . . [I] use "On Guard" for well-being so I won't get sick . . . . It can help maintain good health.

Lynn describes how she uses aromatherapy and other modalities in her daily life for improvement of health and wellness. She states:

> [When] I was in college I used aromatherapy combination meditation and [it] helped me get to a deeper, more relaxed state . . . . I've done guided imagery, yoga, healing touch. . . . Do massages to relax . . . . Lavender helps me relax . . . . Lemon to lift me up . . . . Peppermint to keep me on point . . . . There are blends for focus and to keep me grounded . . . Meditation . . . helps me get to where I want to go faster . . . . And mindfulness to kind of help my whole self . . . . Aromatherapy alleviated my migraines . . . Pretty much cured myself of migraines . . . . Guided imagery and meditation I think helped me to consciously relax; I use music therapy as well exercise helps . . . . Can do some power with yoga . . . . Doing the movements helps focus . . . . I went into the class that had to do with therapeutic touch . . . . I travel heavily for my job, and I carry my aromatherapy rollers . . . . [I] find it beneficial.

Educating for Aromatherapy

Education is described as the process of acquiring or the act of acquiring new knowledge, through engaging in learning while progressively engaging in preparing oneself intellectually for a more fulfilled life (Daley, 2001). The data analysis demonstrated that all of the participants actively engaged in acquiring some form of education for the use of aromatherapy, through self-knowledge, to decrease stress and increase wellness for the improvement of their health and well-being.

Trixie identified that education is a key component to proper administration of aromatherapy. **Trixie** states:

> [The] most important thing about aromatherapy for well-being is education . . . . Being utilized appropriately and in a safe manner . . . . It's really the education

> and proper follow-up . . . . I would say thirdly, the ability to sit and listen to your body . . . but being able to approach [and] identify the needs of your body . . . . and I believe that nurses could educate the public population . . . . There is a huge potential educational marketplace for this for nurses to use this for well-being.

Chewy shares the same belief as **Trixie**; she also thinks individuals should educate themselves on the proper use of aromatherapy. **Chewy** declares: “People need education to use it correctly . . . . I think this would be very helpful.”

Kristie elaborates on how she has educated herself to use holistic modalities appropriately; she feels that all nurses should educate themselves prior to using holistic therapies. **Kristie** states:

> Future nurses can implement more holistic measures not only for patients but ourselves . . . . I’ve been using holistic modalities since I was 19 . . . done a lot of reading and self-help videos.

Kitty believes that evidence-based practice research can increase the usage of holistic modalities as nursing interventions. She feels all nurses should be educated in order to treat patients holistically. **Kitty** states:

> I think more research is done on the therapeutic effects . . . . We can use it more often as our nursing intervention . . . . Ensure that we educate our staff . . . for them to understand alternate ways to treat [patients].

Sassy began educating herself in order to use holistic modalities as a form of self-care eight years ago. She strongly believes people should educate themselves to use any type of holistic modalities. **Sassy** states:

> Aromatherapy . . . was actually the first course I took . . . . It led me to get a certification and complementary integrative therapy . . . . As part of my certificate program, I did level II of healing touch . . . [and] I feel that everybody should do it; [it] should be something that's not academic.

Candy explains how nurses should be taught to incorporate holistic modalities into an educational program; she feels there is a deficit among nurses in reference to using holistic modalities. **Candy** states:

> I think we should be more conscientious about teaching nurses that will incorporate in educational programs about the different modalities that can promote like aromatherapy. I think I took initiative because I needed to have some time for me . . . . That it was very comfortable for me to read about it and to sort of like express some of that in my time at home . . . . No I don't feel this information on aromatherapy I think we should be more involved . . . I think it will be very important that we can bring that out of us to contribute to the healing of our patients but also for us to have our personal healing.

Bambi believes nurses should educate themselves because there is no formal education in the present nursing curriculum. **Bambi** states:

> I think they're a lot more open nowadays than they are to alternative modalities like I said they need to educate themselves . . . . Have not received formal education . . . I've had to education it's been by myself . . . . [N]urses do not get enough education, [it's] not part of the curriculum.

Dandyland feels that we should educate nurses on the different uses of holistic modalities. **Dandyland** declares:

> I think staff are in an educational setting . . . . Can learn some modalities . . . I think you could start educating them all on the different uses.

Cheery believes that individuals need to educate themselves prior to using aromatherapy as a holistic modality. **Cheery** states:

> I think aromatherapy is a really great avenue to explore. I do think it can help and they can be beneficial if you know how to use it.

Lynn testifies how self-knowledge has increased the appropriate use of holistic therapies. **Lynn** states:

> I think I'm faster now to recognize those imbalances and correct them than I use to be since I've been reading . . . . I've learned a lot through the years.

Remembering

Remembering is a memory described as the recalling of a distant image, smell, sight, or thought (Bruijn & Bender, 2018). As the interviewing process progressed, it was noted that nine out of 10 participants made reference to smelling lavender as a child; three mentioned it after the interview process was finished. For example, "my mother used to put lavender on me; maybe that's why I like it so much" and "my grandmother used "Violeta" when I was small; it's my favorite to this day," and "I like lavender maybe because it was my perfume as a child." The researcher adapted her questions to include if the participants had a memory or recollection of smelling fragrances during childhood that reminded them of a specific time or person. Six out of 10 recalled a memory, remembering, from childhood that was associated with aromatherapy; some believed it was culturally infused and others stated remembering the odor during childhood and how it brings the memory of their grandparents to mind.

Candy elaborated on how she recalls specific smells during her childhood; she believes it's because of her culture. **Candy** states:

> If you really look back from childhood is always been there and I have never realized that as my cultural background. . . . But it was never expressed as aromatherapy . . . . So lavender is one. Eucalyptus is one that I can remember as a child.

Bambi describes smells during her childhood that reminded her of her parents and grandparents cleaning the house and of the smell of violets on babies. **Bambi** describes:

> Who can forget Pine-Sol? "Violeta"? And whenever you visit your cousins they had babies you could smell "Violeta," "Pinoaroma." [I]n North Carolina . . . spring you can smell dogwood; reminds me of childhood.

Dandyland explains how her memories develop connections through a particular smell. **Dandyland** testifies:

> Certain feelings which are created once you smell it, like the violeta for the babies. . . But in essence you like as so and you can create memories. People don't understand the connection between your memories and certain smells. . . . You smell certain perfumes and it reminds you of a family member that may be half passed. . . . The powers smell and the power of aromatherapy on its effect on your mood and on your memories.

Cheery describes a childhood memory that reminds her of her grandmother and mother, a particular smell that she recalls as a memory of them. **Cheery** explains:

> Cultural thing. . . Grandmother would rub Vicks [and] would use sage, rosemary around the house. . . . Incense. . . .mother used “Mistolin” . . . . Yes, lavender, lime.

Lynn recalls her childhood memory fondly of her grandmother and how she uses several fragrances that still to this day remind her of her grandma. **Lynn** states:

> So my grandma likes lemon for cleaning. . . . lavender was a popular one. My grandmother had a lavender in her garden as well . . . . I think she used rosemary; we just didn’t call [it] aromatherapy then . . . . She used honey when you need to relax . . . . Till this day honey reminds me of my grandma.

Restatement of Research Questions

The main research question for this hermeneutic phenomenological study was as follows: What is the lived experience of registered nurses who use aromatherapy as a self-care measure to achieve well-being and decrease work stress? In hermeneutic phenomenology, there is no outright method, so this study was directed by Max van Manen’s six activities of data collection which was a useful guide for the novice researcher. This method is an appropriate tool to explore and interpret the essence of the lived experiences. As a novice, the researcher was guided by Miles and Huberman’s (1994) interactive model of analysis for a systematic analysis of the data; this offered the research thick and rich accounts and increased understanding of what it is like for nurses to use aromatherapy for well-being. As the researcher reflected on the participants’ stories of their lived experiences using aromatherapy for well-being, four themes grounded in the data were revealed. The four themes that were finalized are stressing,

caring for self, educating for aromatherapy, and remembering. These themes reflect the meaning to the participants' experience in this study.

Connection to a Theory

The interviews revealed a collective experience of all the study participants, and they were all exhibiting some stressful event. The nurses in the study showed an initiative to educate themselves on holistic modalities for self-care as a form of caring for themselves to improve their well-being. One theory found to have a connection to the study was the theory of self-transcendence (Smith & Parker, 2015). Humans undergo changes which are complex, but humans possess inherent potential for healing, emotional growth, and well-being. Self-transcendence involves redefining self-boundaries during health events that are evident to connect to the inner life, or other, and to the natural and technological environment, and to imagine various ways to enhance well-being (Smith & Parker, 2015). Reed's theory of self-transcendence focuses on people's perception of self boundaries that have the capacity to expand or adjust these boundaries in a positive way. This may be achieved by bringing in a new perspective, reaching out to others, connecting to something greater than oneself, or revising old beliefs (Smith & Parker, 2015, p. 417). The theory brings into account the contexts of vulnerability and provides an approach to facilitating the well-being in nursing practice. This theory describes how a vulnerability can initiate self-transcendence for the achievement of well-being. Nurses in this study showed the motivation to transcend their vulnerability and improve their well-being through the use of aromatherapy. The analysis of these themes, stressing, caring for self, educating for aromatherapy, and remembering in relationship to the study participants and the connection to this theory will be discussed in Chapter Five.

Chapter Summary

This chapter highlighted the significant findings of this phenomenological research study into the lived experience of 10 nurses who use aromatherapy for well-being. The chapter began with the demographic representation of the sample to give an overall view of the participants' ages, gender, marital status, years as a registered nurse, work experience, employment status, educational level, work-related stress, feeling overwhelmed, feeling distant at work, accomplishments received, how long practicing aromatherapy, types of aromatherapy used, and frequency of usage of aromatherapy. This study offered the research with rich thick accounts and increased understanding of what it is like for nurses using aromatherapy. The data analysis led to four themes that portray elements of the participants' lived experience: stressing, caring for self, educating for aromatherapy, and remembering. The themes that emerge from the data analysis were connected to the theory of self-transcendence as delineated by Reed (Smith & Parker, 2015). Chapter Five will present an exploration of the meaning of the study and an interpretive analysis of the findings. It will also provide a comprehensive explication of the connection of the theory, strengths, and limitations, and recommendations for future studies.

CHAPTER FIVE

Discussion and Conclusion of the Inquiry

The purpose of this inquiry was to explore the lived experiences of nurses who use aromatherapy for well-being. In this chapter, a discussion of the findings of the phenomenological inquiry is presented. The intent is to provide a deeper understanding of the experiences of the participants. The meaning and significance of this study are to explore and reveal the multiple essences and truths for each participant. This study contributes to the body of knowledge regarding nurses who use aromatherapy for their well-being. Analysis of data revealed four themes—stressing, caring for self, educating for aromatherapy, and remembering—which emerge from the present study. This chapter presents an interpretive analysis of these themes associated with poems and music lyrics and connected to published literature that correlates to the themes. A discussion of the relationship between the findings of the study and the theory of self-transcendence is explored. Therefore, it discusses the implications for nursing education, nursing practice, nursing research, and for health and public policy. Finally, the strengths and limitations of the study are discussed, and recommendations for future scientific inquiry are mentioned to complete this chapter.

Exploration of the Meaning of the Study

The question that guided this research study was as follows: What is the lived experience of nurses who use aromatherapy for their well-being? This hermeneutic, phenomenological study began with the researcher's personal interest in the phenomenon and the underlying desire to discover something specific about nurses who experience well-being while using aromatherapy. The justification for this study was supported by

the paucity of literature regarding aromatherapy and its benefits. Current literature supports the justification for the investigation of this phenomenon, with several research studies revealing the inadequacy of literature related to nurses using aromatherapy.

Nurses represent the largest group of the healthcare community, yet there are few studies conducted related to the nursing profession's using aromatherapy as a holistic modality. Literature also supported the lack of knowledge among nurses in relationship to using aromatherapy. Determining strategies by using holistic alternative modalities to de-stress and find alternate coping mechanisms is essential to prevent the loss of nurses from the profession. According to Freudenberger (1975), psychological stress can cause the person to exceed his or her resources and jeopardize his or her well-being. Watson et al. (2008) acknowledge that nursing is a profession that has several factors that lead to stress. The factors leading to stress is the high demand of the profession with poor support, rapidly and changing work conditions. Watson (2008) identified these factors as stressors intrinsic to nursing along with the difficult family members, the demanding physicians, and the delivery of poor quality care.

The researcher was able to ascertain the essence of this phenomenon by using semi-structured interviews to listen to the stories and the voices of the participants as they revealed their stories about caring for themselves to improve their health and wellness and well-being. The naturalistic approach methodology utilizes for understanding the rich data obtained through the participants' interviews in the study which was directed by Max van Manen's six activities of data collection; van Manen's activities framework was a useful guide for this novice researcher using the hermeneutic phenomenology approach. This method is an appropriate method for exploring and interpreting the essence of the

lived experiences. The study explored the different meanings each participant ascribed to her lived experience using aromatherapy to achieve well-being. While following the steps outlined for data analysis using Miles and Hubermen's (1994) Interactive Model of Analysis, this researcher uncovered the complexity of the challenges that the participants endured in their life and careers and how they cared for themselves to achieve well-being. The findings of this qualitative hermeneutic phenomenology revealed that the essence of the lived experiences of nurses' using aromatherapy for well-being was to transcend their vulnerability by caring for self.

Extracting the essences of the lived experiences was achieved by using van Manen's (1990) activities for the hermeneutic phenomenological approach and was used to preserve rigor and embrace one methodology to follow as a guideline. Creswell (2013) states that one technique for unskilled full qualitative researchers is to preserve rigor and to embrace one methodology to follow the guidelines. The objective trustworthiness in a qualitative study is to support the argument that the inquiry's findings are worthy (Lincoln & Guba, 1985). The researcher considered the following guidelines established by Guba and Lincoln (1994) as the four standards of trustworthiness in a qualitative study: credibility, dependability, conformability, and transferability.

Interpretative Analysis of the Findings

The data analysis revealed four themes that generated the essence of the experiences. Saturation was reached by the sixth participant. The researcher conducted four more interviews to ensure saturation was reached; therefore, a total of 10 nurse participants who used aromatherapy were interviewed. It is imperative to connect the findings obtained from each theme to the more extensive body of literature on nurses'

using aromatherapy for self-care for the improvement of well-being. This course of interpretive analysis comprised of looking at the emerging data related to each theme in a boundless perspective and an illustration of the conclusion from them regarding the lived experience of nurses using aromatherapy for well-being. These nurses reported feeling stress, leading them to seek self-care as a form of caring and using aromatherapy to achieve well-being. Seeking to educate and acquire self-knowledge on aromatherapy was prominent among the participants. Aromatherapy made the nurses remember a distant fond memory from their childhood which created a sense of comfort.

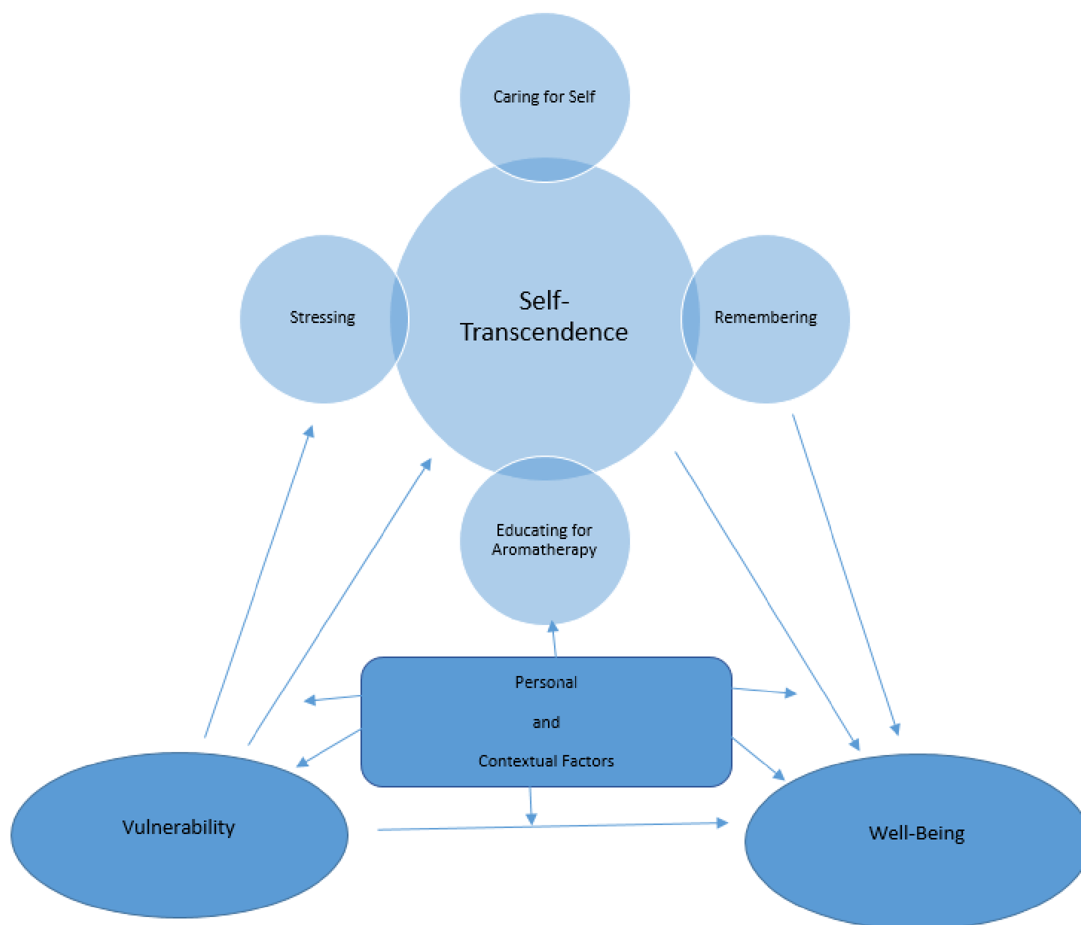

Figure 3. Conceptualized representation of self-transcendence theory (Smith & Liehr, 2008) relationship to the themes of the lived experience of nurses who use aromatherapy for well-being (Perez, 2018).

The theme that emerged from the data analysis revealed the self-transcendence theory (Smith & Liehr, 2008). Reed (Smith & Liehr, 2008) states that human vulnerability increases the human's capacity to self-transcend as a positive influence on well-being. She describes it as inherent and gradual, a non-linear process resulting in a greater awareness of self and expansion of personal boundaries. Reed expressed that humans develop as life events and environments affect their well-being; therefore, this is

a potential context for promoting healing through self-transcendence. Capitalizing on the ability to take the vulnerability and expanding one's self and finding a way to transcend the vulnerability to achieve well-being is essential to healing.

The theme of stressing represented the nurses' feeling overwhelmed; they identified being self-neglected because of a lack of time and the feeling of being stressed; this vulnerability initiates the need to self-transcend. The vulnerability created an event that led to a crisis in wellness that created an opportunity to grow beyond the stressing crisis. The theme of caring was part of the self-transcendence occurring among the participants. The caring represented the capacity to expand personal beliefs and boundaries in several ways to create a focus on self. The participants found meaning and value in their experiences from the past, remembering, how aromatherapy made them feel during childhood. The memory of being a child and the comforting aromas heightened their senses to caring for self. The participants felt a connectedness with a greater purpose than self, initiating the spiritual perspective that empowered them to self-care in order to find well-being. It was identified by feelings of neglect that encouraged the nurse participants to self-care.

The theme of educating is part of the contextual and social factors which motivated the nurses to seek the knowledge to accomplish self-transcendence. The capacity to find meaning in educating themselves to expand their knowledge was empowering to the nurse participants. The individual experiences as nurses led them to search for ways to improve their well-being using education to research the effectiveness of aromatherapies. The theme of remembering accomplishes the memory of better times

in the participants' lives when they had well-being. Remembering is a reflection of well-being in the participants' life experience.

Reed's theory of self-transcendence (Smith & Liehr, 2008) acknowledges human experiences as raw form of physical, social, and spiritual influences on well-being. Self-transcendence expands resources to manage multiple stressors and to expand personal boundaries in multiple ways beyond self. Remembering focused the nurses on a path that empowered them to reach well-being. The themes stressing, caring for self, educating for aromatherapy, and remembering all are intertwined in the need for self-transcendence as depicted in the conceptualized representation model (Smith & Liehr, 2008).

Stressing

Stress is the reaction of the body to any perceived threat or demand which affects an individual's well-being (Leiter & Maslach, 2009). Cuneo et al. (2011) describes job stress as being harmful emotionally and physically to the nurses with the potential to lead to burnout. Stress, whether psychological or physical, can lead to increased risk of diabetes, cardiovascular disease, and other chronic illnesses (Bernstein et al., 2015). Chamine and Oken (2016) conducted a quantitative study on the effects of aromatherapy on post-stress performance on the cognitive function of the working memory. There were 92 participants with three groups, one with the placebo (water), second with coconut, and the third with lavender. Each group was given a battery of stressors which included physical, emotional, and mental stressors after which they were given cognitive tests and physiologic measures via saliva test. The study yielded that lavender had a reduction of stress greater than coconut ($p < .001$) (p. 716, p. 720). These results support the theme of stress being alleviated by using aromatherapy; lavender was the scent with which most

nurses in the study experienced alleviation of stress, and lavender seemed to be the most popular scent.

Cheery recalls an instance where she felt relief from stress by using the lavender essential oil on her forehead:

> I had such a stressful day. . . . I just rubbed some lavender essential oils on my forehead and within minutes I was feeling so much better . . . maybe it was the oil or mental determination.

Lynn had a similar experience:

> I feel lavender de-stresses me every time . . . . usually I put some drops of lavender in the diffuser, and the scent takes me away . . . . I become so relaxed.

Bambi expressed feeling overwhelmed:

> After a stressful day those that you just can't go on one more thing to happen . . . overwhelming events one right after another . . . I need a massage with aromatherapy.

The study by Smith (2014) researched interventions to enhance the effectiveness of nurses' coping with work stress. Smith found that implementing mindfulness-based stress reduction strategies helped nurses decrease stress which impacted patient care positively. In the study Smith (2014) identified that it is impossible to eliminate all work-related stress and personal stressors in nurses' lives, but it is possible to focus on implementing coping mechanisms and interventions to help nurses effectively cope with stress using holistic modalities. In another study on stress and well-being among female health professionals, researchers identified that self-care was poor and that self-neglect was prominent because of inadequate sleep, nutrition, and physical activity (Ribeiro Leao

et al., 2017, p. 1). Ribiero Leao and colleagues (2017) conducted a quantitative study with 93 health professional in an unblended clinical trial. The study aimed to evaluate the impact of stress and implementation of self-care measures. The study concluded that self-care interventions mediated by smell and touch can help decrease stress in healthcare professionals. Stress is identified as the vulnerability in the theory of self-transcendence because of the fact that continuous self-neglect increases stress and health-related changes intensify (Smith & Parker, 2015). Therefore, when facing illness, one has the capacity for self- transcendence to occur. All the nurse participants in this study shared their experience and feelings of being overwhelmed, having anxiety, feeling exhausted, self-neglecting which led to stress which then led them to seek aromatherapy to treat their symptoms for the improvement of their well-being.

Kristie describes feeling overwhelmed:

> I've been using holistic modalities . . . . I have a lot of alternative therapies for stress and anxieties like aromatherapy, acupuncture, yoga, and meditation to alleviate anxiety and stress. I felt like everything was too much to handle; that's when I started searching for ways to feel better . . . . my friends gave me ideas on types of therapies out there for me to use. . . . I started reading about different types of holistic modalities.

Trixie expressed feeling overwhelmed:

> Due to the healthcare environment…being overwhelmed is part of the everyday stress…I use the oils to help with relaxation.

Kitty stated:

> Nurses can use it while at work if [they] feel stressed they can relax . . . with a little bit of lavender, citrus . . . as well as at home.

Sassy mentioned:

> I love lavender. . . . I use it on my pillow after a stressful day . . . helps me sleep . . . because if you're burnt out, there's no way you can give all the care and empathy.

The poem by William Upton (2015) gives meaning to the feelings shared by these nurses' experience with stress:

> Mind Stress-Body Stress-Distress Poem (Upton, 2015)
>
> Every negative in life morphs into stress.
>
> Silently, without medical diagnosis, it is what kills us all.
>
> No matter what it reads on the death certificate,
>
> There is a paper trail flowchart leading back to it
>
> As the underlying cause.
>
> Our bodies and our minds locked down and negative situations.
>
> We press unnecessary and premature panic buttons.
>
> We overthink despair.
>
> We freeze our healthy, positive mental hard drives,
>
> Our creative juices.
>
> We self-imposed internal behavioral viruses
>
> That set off alarms, thus disengaging us from the simple realities.
>
> We allow our fight or flight chromosome formations
>
> Two wage battles of cognitive dissonance

In a separate universe we don’t even recognize.

We call ourselves stressed out,

But simply are mired in disappointment quicksand.

We chilled with the game on the line.

The stress overpowers our subconscious heroism.

It slithers into our bloodstreams

And poisons our thoughts.

When we forced resolutions to our stress at the point of impact,

We feed its fever.

If we distance ourselves from the madness, however the method,

We can observe the sun magically, and through the osmosis,

Rise again when morning comes.

99% of life’s problems,

Life’s frustrations,

Life’s stresses,

Can be solved by releasing our internal pressure valve

And allowing our inner, still, small voice of calm

To become the gradual, yet deliberate means

Of antiseptic nutrient. (Upton, 2015)

Caring for Self

Caring is one of the nurse’s essential responsibilities for patients mainly for themselves. Jean Watson (1999) regarded the nurses’ well-being as an essential responsibility and as crucial to caring for patients; caring healing modalities is an

authentic connection to self and others. Nurses are in the forefront of patient care; therefore, their well-being is essential to patient care and safety (Spence Laschinger et al., 2014). Spence Laschinger and colleagues' (2014) longitudinal study researched the effectiveness of empowerment and support in nursing practice and the impact on nurses' well-being. The study showed that empowerment improved nursing care by improving the quality of patient care being delivered. Nurse managers' being supportive created an environment of empowerment which supported personal and professional development. The practice opportunity and verbal encouragement helped in decreasing stress on the units thereby improving overall well-being for nurses. The ANA Healthy Nurse Constructs identified priority to self-care and calling to care as essential to nurse's well-being, meaning that it is the nurse's social responsibility to consider his or her well-being prior to taking care of patients (ANA, 2010). Another study mentions stress and health professionals; the researcher stated that self-care interventions such as touch and smell can help in fighting the stress (Ribeiro Leao et al., 2017, p. 16). To incorporate the theory of self-transcendence on stress, the vulnerability activates self-transcendence which is evident by the expansion of self-boundaries using aromatherapy for caring; self-care then leads to enhanced well-being. In this study, the nurse participants clearly identified the need to care for themselves and provide self-care interventions that would decrease their stress. All of the nurse participants voiced that lavender was one of the essential aromatherapy oils that most helped them when they were stressed.

Bambi described that she used aromatherapy, lavender, in the bathtub as a form of self-care when she was really stressed: "I also used candles and aromatherapy diffusers to relax with the scent of lavender."

All of the participants expressed feeling the need to self-care, caring, was an expression of loving themselves. Watson (1979) believed that methods such as massage, therapeutic touch, and aromatherapy could become a form of nursing care self-care to achieve healing, as a caring-healing modality.

Lynn states:

> Diffusing oil when I breathe it makes a difference . . . . I always do lavender in the evening. . . . You should take care of yourself. . . . I used prayer to get settled . . . . Have a lot of support for the well-being and self-care from my job. . . . We can use alternative therapies in our practice to make a difference. . . . I spritz it on our linens. Scents for the bathroom for the bath wash and soap-making scent I'm faster now to recognizing those imbalances and correcting them than I used to be. You've got to use aromatherapy routinely for the maximum benefit and lasting benefits in order to care for ourselves, body, mind, and spirit . . . . Realize they're all connected.

Candy states:

> I'm going to work this in . . . for me to include in my health because I believe that it's not just a mental but a spiritual and physical . . . those three that connect . . . all the different modalities like aromatherapy for myself . . . that kind of stuff I enjoy.

Dandyland mentions that she has scheduled her self-care:

> I actually enrolled to a once a month massage, Massage Envy, because it's good for me, [a] big alleviator . . . haven't gone that often lately.

Sassy states:

> I need time for me to be able to relax, de-stress . . . every once in a while I need to be the most important one so I pamper myself, a lot.

The poem by Salim (2018) expresses the meaning and feelings of the nurses caring for themselves in the study:

> Dear Self (Salim, 2018)
>
> Be kind to yourself,
>
> As you are with others
>
> You have these grand expectations
>
> Of yourself
>
> And at times
>
> Those around you
>
> It's good to have goals
>
> A hunger for
>
> Betterment
>
> But you must also be
>
> Vigilant to keep them realistic
>
> Because, while you are indeed fierce
>
> & strong-willed,
>
> You are also soft
>
> & at times, fragile
>
> You are human.
>
> But that doesn't mean
>
> You are without superpowers

Your sensitivity is your greatest gift,

But without training,

Can also be your greatest downfall

You must learn to master your craft

This means to be patient with yourself

As you would with others,

To show compassion

As you would with others,

To show love, grace, and humility,

To yourself

This in practice,

Is to truly understand, and epitomize,

That self-care is not selfish

That it's okay to say no,

To ask for help,

Order to be truly vulnerable

To embrace the lows,

For making the highs even sweeter

To acknowledge that fear is the root cause

Of bitterness

& resentment

To let the good wash over you

The same as the bad,

& embrace the micro changes,

As the meta-stays the same

To believe you are worthy,

Of great love,

The same as you believe

Another's worthy of

Yours

To embody the idiom

That can only truly love another,

After they learn to love them self,

& thus allow yourself

the hard-earned victory of grounded, stable

Understanding

To know the difference between

Support & advice,

Love

& lust,

Friendship

& partnerships

To have faith

That you will find your way,

Because you will;

Because you live your life

With generosity

& authenticity

This is my vision for you,

That you will make this,

Your reality. (Salim, 2018)

Educating for Aromatherapy

Buchan et al. (2012) conducted a quantitative study to explore the use of CAM among nurses in Scotland and their attitudes toward CAM. They had a convenience sample of nurses, 531 who responded to the questionnaires. Ninety percent had no formal education. There is a growing body of literature that identifies the need for formal education for medical students, nurses, and nursing students, and pharmacy students' pre-licensure (Buchan et al., 2012; James et al., 2016). Buchan et al. (2012) stated in their quantitative study that 74% of practicing nurses using CAM noted a lack of knowledge among nurses. Nurses claimed they had no formal education in CAM.

Smith and Wu (2012) conducted a qualitative grounded theory study using a descriptive and exploratory approach. The study identified three major categories that the nurses in the study lacked clear definition of how to use CAM, they had limited experience, but had a very high interest in practicing CAM. The nurses wanted to increase their knowledge base to be able to satisfy their own interest and improve patient care. The literature supports the theme of lack of education and nurses' acquiring self-knowledge when using aromatherapy and other holistic modalities. All of this research's nurse participants identified the need for education specifically for using aromatherapy appropriately. Nine out of 10 participants in this study identified acquiring their

knowledge themselves. One participant, **Sassy**, decided to formally educate herself in order to use aromatherapy and other holistic modalities. She stated:

> I was interested in aromatherapy; it was actually the first course I took . . . . It led me to get a certification in complementary integrated therapy.

Cheery mentioned:

> I have always been curious on holistic modalities since the 80s but it was not popular then . . . very little information was out to review . . . I have basically educated myself.

Dandyland states:

> People should be educated . . . . I think a lot of times aromatherapy is dismissed as a hippy intervention . . . but it's scientifically sound . . . that medical benefits should be known.

Candy agrees with **Dandyland** that patients should be educated. She states:

> Patients should be educated . . . . I know the importance of self-care, but educating others is the hard part . . . . even nurses are resistance as hoky poky stuff or fluff . . . in aromatherapy to other modalities.

Bambi states:

> If I had been educated . . . I would have been using therapies earlier . . . . I pretty much did it myself.

The poem by Reza (2017) expresses how education needs to be cultivated in order for self-knowledge to occur as expressed by the nurses in the study:

> Profits and Losses from Education (Reza, 2017)
>
> Education is more than a tree of complete faculties

With roots, stems, branches, leaves, flowers and fruits,

All the limbs need cares to grow timely and properly

Only then sweet and unexpected fruits can be got truly,

Otherwise, its fruits will be bitter, tannin and poisonous

To spoil hunger, taste and be harmful as boomerangs. (Reza, 2017)

Remembering

Bruijn and Bender (2018) conducted a quantitative study to identify whether there is a link between olfaction and memory specific to a person or recalled from childhood. The study was used to identify the potential effects of odors in recalling memories by analyzing the correlation of smells in relationship to memories and childhood memory recall. The association of childhood-related odors was (t (30.76) = 3.53, p = .001), confirming that childhood memories triggered by olfactory cues are congruent and had emotional intensity and therefore supported the link between memory and olfaction (Bruijn & Bender, 2018, p. 551). The study concluded that odors are effective in eliciting cues of childhood memories. Participants had richer memories when the odor objects were related to their childhood.

In a pilot study by Reid, Green, Wildschut, and Sedikides (2015) on scent–evoked nostalgia, the question was to find a psychological implication that was relevant to elicit a nostalgia. The study indicated a positive effect, optimism, social connectedness, self-esteem, self-continuity, and meaning of life. Positive emotions for scent-evoked nostalgia had a significant effect on the participants (M = 0.33, SD = 0.27, $p < .001$) (p. 163). Scent provokes a strong nostalgia which is accompanied by emotions; it is characterized by positive emotions which buffer and self-protect the individuals. The authors in the study

indicated that nostalgia occurs more frequently in one's natural environment, an estimated average of three times a week (p. 165).

Remembering is a theme that is conclusive to aromatherapy in this study, brought forward from the participants' unique experiences. Ninety percent of the participants claimed to have remembered their childhood which was evoked by using aromatherapy. Most referred fondly to their grandparents.

Lynn describes that smelling honey always reminds her of her grandma. **Lynn** states:

> Every time I smell honey it reminds me of my grandma. She used honey in everything . . . . I still get flashbacks of being with her.

Cheery states:

> I can remember when I was a little girl my mother use to bathe me in violeta . .. Till this day every time I smell a baby with violeta, I remember my childhood.

Dandyland mentioned:

> I can remember some of my childhood memories with violet perfume as a young child. . . . .my mom always had my sisters bathe in it.

Candy states:

> I remember how the house smelled like lavender . . . . In my grandmother's backyard she had eucalyptus trees.

The poem by Christopher Morley (1947) describes how smells bring about memories just as the nurse participants expressed in their lived experiences:

> Smells (Morley, 1947)
>
> WHY is it that the poet tells
>
> So little of the sense of smell?

These are the odors I love well:

The smell of coffee freshly ground;

Or the rich plum pudding, holy crown;

Or onions fried and deeply browned.

The fragrance of a funny pipe;

The smell of apples, newly ripe;

And printers inks on the leaden type.

Woods by moonlight in September

Breathe most sweet, and I remember

Many a smoky campfire ember.

Camphor, turpentine, and tea,

The balsam of a Christmas tree,

These are the whiffs of gramarve…

A ship smells best of all to me! (Mosley, 1947)

Significance of the Study

The significance of the study was to enhance the understanding of the phenomenon of the lived experience of nurses using aromatherapy for well-being. An inquiry into the lives of nurses who had used aromatherapy for their well-being was represented in the existing hermeneutic phenomenological research. The emerging themes of the study were relevant to what it means to use aromatherapy to improve well-being.

The findings generated by the study may further enrich existing literature on nurses' using aromatherapy for well-being. The findings of this hermeneutic

phenomenological study on this population will contribute to scientific discussion about the chosen phenomenon. The themes developed—stressing, caring, educating, and remembering—in this present study may be further developed to identify variables, constructs, and theories related to the phenomenon of caring and self-care. The findings of this study may also address current gaps in the literature regarding this phenomenon and may provide researchers from other disciplines such as law enforcement, social workers, occupational therapists, physical therapists, psychology, and educators a hermeneutic stance on the chosen phenomenon. Therefore, embarking on such a venture has provided a voice for those nurses who currently use aromatherapy for their well-being as part of their self-care in "caring-healing modalities" (Watson, 1979).

Significance of the Study to Nursing

The experiences of nurses' using aromatherapy for self-care for their well-being has not been significantly researched. The study has highlighted various health issues that need to be addressed to improve nurses' well-being. It is essential that nurses self-care in order to maintain themselves healthy at bedside; first they need to care for themselves. Watson's (1979) caring-healing modalities address cultivation of sensitivity to one's self first then to others, radiating love and healing for self and others, transforming self. Therefore, they are creating harmony, unity, wholeness, and releasing any disharmony or blocking energies that interfere with the natural healing process. The researcher discovered that nurses self-neglect and have extraordinary stress upon them. Understanding the effects of stress on nurses and being able to empower them by using aromatherapy to improve their well-being, the findings of this study may advance nursing knowledge and indirectly advance the science of nursing. By gaining an understanding of

the lived experience of nurses' using aromatherapy for well-being helps better assist the nurses in developing self-care, caring, which is needed to raise awareness about the phenomenon.

Implications for Nursing Education

The findings have revealed a magnitude of education requirements by the participants at the present time. The participants felt that they were not properly educated to the use of aromatherapy; it was an identified deficit among all nurses as primary caregivers depending on essential resources. By educating nurses on self-care, one can ensure that nurses will appropriately prepare to deal with improving their well-being and providing quality care to patients. Nurse educators must create a broader curriculum to capture the essence of the lived experience of nurses using aromatherapy for well-being as an essential part of self-care in nursing. Furthermore, a nursing educational curriculum should be prepared to educate nurses, nursing students, and novice to expert nurses on the need for self-care using holistic modalities like aromatherapy. Faculty needs to evaluate a curriculum designed to integrate holistic modalities such as education aromatherapy in nursing education, the hospitals, inservice classes, and continuing education programs to educate nurses on self-care using different types of aromatherapy. Studying this phenomenon has provided educators as well as students an intimate view into the lives of nurses using aromatherapy for well-being.

Implications for Nursing Practice

The implication for nursing practice is to meet the needs of the nurses who are under a significant amount of stress and need to improve their well-being, body, mind, and spirit. Nurses in this study reported feeling stress and needing to use aromatherapy

for self-care to improve their well-being. The participants voiced a lack of knowledge on the use of aromatherapy, identifying a need for educational resources on holistic modalities. Educating nurses on how to identify and decrease stressors will help the nurses serving at the bedside. Nursing leadership needs to establish a tranquility room for nurses to self-care and also provide resources such as inservice education on self-care and holistic modalities. Nurses are the first members of the multidisciplinary team to care for patients. If the nurses are not well mentally and physically, how can they provide quality care for their patients? Understanding the importance of self-care among nurses is crucial to identify the path to wellness. Therefore, it is imperative for nurses to be empowered with the necessary skills and knowledge for self-care to effectively implement aromatherapy for their well-being.

Implications for Nursing Research

The study provided substantial data to support the need to educate nurses as primary caregivers for it impacts nurses and patient care. The findings of the lived experiences of nurses using aromatherapy for well-being are vital in order to extend research to the nursing profession and beyond the nursing profession. Nursing research should scrutinize this phenomenon and address the possibility of the existing literature on aromatherapy and the lack of literature among the nursing population. The existing nursing curriculum should be supported by current research, which should prepare nurses to care for themselves and improve their well-being. The findings of the hermeneutic phenomenology study on this population contributes to the scientific discussion about the chosen phenomenon. This current study identifies variables or constructs not previously identified that can be further tested. The themes developed in this present study may

further develop to identify other variables, constructs, and theories related to the phenomenon of caring in nursing as self-care for the improvement of well-being.

Implications for Health and Public Policy

The findings of this study may provide lawmakers with additional knowledge to appropriately fund education on aromatherapy to improve nurses' well-being by decreasing stress and stabilizing the mind, body, and spirit, enhancing health and wellness. The findings of the current study may assist in creating new policies to decrease the impact of self-neglect among nurses. Furthermore, when lawmakers understand a phenomenon, they may be better equipped to implement public educational training to increase awareness on the usage of aromatherapy for well-being. This could be achieved by creating policies that educate nurses and other healthcare professionals to minimize stress and improve well-being, which would decrease the cost to the insurance companies for stress-related health issues. Lawmakers should ensure appropriate and adequate resources required to provide education which delineates self-care for nurses and other healthcare providers. Therefore, there may be a benefit to other professions by raising awareness on self-care and decreasing the stress in high-risk stress jobs. Findings will also allow policymakers to determine the necessary funding to educators and holistic practitioners to implement a project to improve the well-being of the nursing profession. Lawmakers should ensure that all other personnel should be trained to provide self-care measures such as holistic modalities like aromatherapy to decrease stress in the workplace. Lawmakers should formulate plans to educate healthcare workers, paramedics, and police officers on how to decrease stress by using aromatherapy to improve their well-being. If individuals are properly educated and trained, aromatherapy

may limit absenteeism and health-related illnesses caused by stress. Finally, health and policy lawmakers should allocate funds and policies to assist the professions that endure high stress levels to improve their well-being.

Strengths and Limitations of the Study

The strength of the current phenomenological study was that it provided a rich description of the lived experience of nurses using aromatherapy for well-being. This study was conducted with a small purposeful sample of participants who graciously allowed the researcher to extract the essence of the meaning of their experience using aromatherapy for their well-being. Another strength of this study was the use of qualitative research, particularly hermeneutic phenomenology, which offered activities to guide the novice researcher to conduct and develop. The activities outlined by van Manen provide a way to extract the essence of the experience which are objective through subjective experiences of several individuals. This approach was developed to prompt rich deep meaning that would not have been appropriate by any other means of investigation. The study allowed participants to independently express their perceptions, beliefs, knowledge, and memories associated with using aromatherapy for their well-being.

The limitations of the study were that many participants were not formally educated in aromatherapy; therefore, the use was mainly secondhand information or intuitive. The range of this research was limited to English-speaking nurses. Although this study accomplishes its aim, there were certain restraints. The research was conducted using a small population which might not represent most of the nurses using aromatherapy. The novice researcher's effort was to execute to reserve trustworthiness

and rigor. Additionally, as a novice researcher, the investigator may have failed to recognize personal biases or channel her biases, which would alter the findings of the study. Some participants may have exaggerated the experience or provide information that the participant felt the researcher may have wanted to hear. Another limitation is that all participants were female, so the voices of male nurses in relation to aromatherapy were not included.

Recommendations for Future Study

This study opened an element to the study on the lived experience of nurses using aromatherapy for well-being, which needs to be explored further in the future. There is a vast need for more qualitative studies, especially on other professions that are experiencing a decrease in health and wellness because of the stressors of the job. Future research that would be of interest includes exploring other healthcare professionals and first responders' experiencing self-neglect resulting in decreased well-being. Such studies may yield rich data on how the healthcare profession tends to self-neglect which leads to poor health and stress induced illnesses because of the stressors of the job. Future qualitative studies that may be of interest include any study exploring the lived experiences of first responders dealing with their stressful environment and their awareness of aromatherapy as a holistic modality to improve their well-being. Data gathered from this target group may provide a foretaste into the lives of the nursing population in the midst of this political controversy with the Affordable Care Act whose primary focus is on preventive care. Future researchers can conduct longitudinal quantitative studies to assess the impact that the use of aromatherapy has on the well-

being of nurses over time. Lastly, researchers can investigate the effectiveness of different aromatherapy essential oils in a meta-analysis of the holistic therapies.

Summary and Conclusions

Chapter Five discussed the findings of the phenomenological inquiry into the lived experiences of nurses' using aromatherapy for well-being. This study sought to explore the lived experience of those nurses who use aromatherapy to improve their well-being. Thus, the phenomenon of interest was explored and a disparity in the body of knowledge for nursing research was filled. Ten participants graciously volunteered to share their individual stories, which allowed the researcher to recognize their lived experiences, thereby accomplishing the goals of the study. The guidelines of phenomenology were applied, and four themes became apparent while the researcher absorbed herself in the participants' description of their experiences.

Underpinning this phenomenon were the themes stressing, caring for self, educating for aromatherapy, and remembering. The themes clarified the participants' accounts and were linked to the theory of self-transcendence. The themes extracted from the narratives of the participants using van Manen's (1990) six research activities to evaluate and condense the data down to the primary meaning then analyze using Miles and Huberman's (1994) Interactive Model of Analysis. This chapter manifested the relationship of each theme to the literatures, musical lyrics, and poems. Music and poetry permit the manifestation of the most penetrating feelings in the most intense form (van Manen, 1990).

The researcher is appreciative of the participants for their willingness to express their experiences. The theory of self-transcendence offered a structure to create a more

vibrant and genuine understanding of the lived experience of nurses using aromatherapy for well-being. This study presented significance to the education, nursing practice, research, and public health and policy. The shared experience of nurses' caring for self to improve their well-being by using aromatherapy, a holistic modality, was the essence in the study. Finally, nurses need to care for self before they can care for patients and be well themselves to provide quality care. It is essential as previously noted to improve nurses' well-being through the use of aromatherapy, for they are at the forefront of patient care.

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APPENDIX A

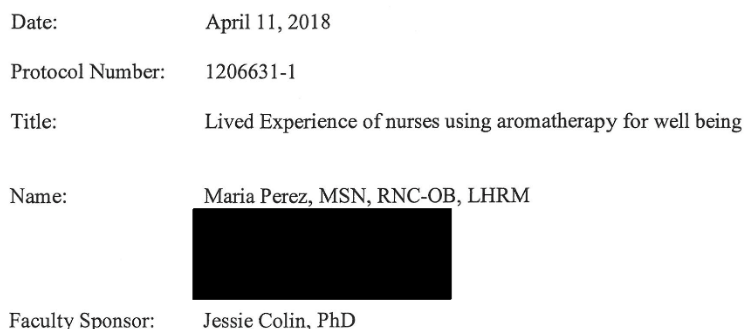
BARRY UNIVERSITY

IRB APPROVAL LETTER

Barry University
Division of Academic Affairs

Institutional Review Board
11300 NE 2nd Avenue
Miami, FL 33161
P: 305.899.3020 or 1.800.756.6000, ext. 3020
F: 305.899.3026
www.barry.edu

Research with Human Subjects
Protocol Review



Date: April 11, 2018

Protocol Number: 1206631-1

Title: Lived Experience of nurses using aromatherapy for well being

Name: Maria Perez, MSN, RNC-OB, LHRM

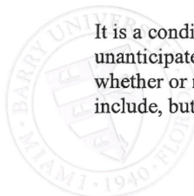
Faculty Sponsor: Jessie Colin, PhD

Dear Ms. Perez

On behalf of the Barry University Institutional Review Board (IRB), I have verified that the specific changes requested by the convened IRB have been made.

It is the IRB's judgment that the rights and welfare of the individuals who may be asked to participate in this study will be respected; that the proposed research, including the process of obtaining informed consent, will be conducted in a manner consistent with requirements and that the potential benefits to participants and to others warrant the risks participants may choose to incur. You may therefore proceed with data collection.

As principal investigator of this protocol, it is your responsibility to make sure that this study is conducted as approved by the IRB. Any modifications to the protocol or consent form, initiated by you or by the sponsor, will require prior approval, which you may request by completing a protocol modification form.



It is a condition of this approval that you report promptly to the IRB any serious, unanticipated adverse events experienced by participants in the course of this research, whether or not they are directly related to the study protocol. These adverse events include, but may not be limited to, any experience that is fatal or immediately life-

threatening, is permanently disabling, requires (or prolongs) inpatient hospitalization, or is a congenital anomaly cancer or overdose.

The approval granted expires on April 11, 2019. Should you wish to maintain this protocol in an active status beyond that date, you will need to provide the IRB with an IRB Application for Continuing Review (Progress Report) summarizing study results to date. The IRB will request a progress report from you approximately three months before the anniversary date of your current approval.

If you have questions about these procedures, or need any additional assistance from the IRB, please call the IRB point of contact, Mrs. Jasmine Trana at (305)899-3020 or send an e-mail to **dfeldman@barry.edu.** Finally, please review your professional liability insurance to make sure your coverage includes the activities in this study.

Sincerely,

David M. Feldman, PhD
Chair, Institutional Review Board
Barry University
Department of Psychology
11300 NE 2nd Avenue
Miami Shores, FL 33161

****

Note: The investigator will be solely responsible and strictly accountable for any deviation from or failure to follow the research protocol as approved and will hold Barry University harmless from all claims against it arising from said deviation or failure.

APPENDIX B

BARRY UNIVERSITY

INFORMED CONSENT FORM

Your participation in a research project is requested. The title of the study is *The Lived Experience of Nurses Using Aromatherapy for Well-Being*. The research is being conducted by Maria Perez, a student at Barry University, College of Nursing and Health Sciences and is seeking information that will be useful in the field of nursing. The aims of the research are to increase the knowledge and understanding of aromatherapy being used for the well-being of the nurse. We anticipate the number of participants to be 25. In accordance with these aims, the following procedures will be used:

If you decide to participate in this research, you will be asked to do the following: Sign this consent if you agree to participate, you will receive a $25 dollar Walmart gift card; you will be asked to select a pseudonym, which will be used to label the demographic data form, the transcript, field notes and audio recordings; complete a demographic questionnaire, which should take you approximately 10 minutes; participate in one individual interview face-to-face for no more than 60 minutes, and a second interview, which will occur by telephone. A third party transcriptionist who has signed a confidentiality agreement will transcribe the data word for word. The transcript of the data will be sent to you via the email you have provided. Once you receive it please contact me so we can set up an appointment to review the transcript for clarification and accuracy. Your consent to be a research participant is strictly voluntary and should you decline to participate or should you choose to drop out at any time during the study, there will be no adverse effects to you.

There are no known risks for your participation this study. Although, there are no direct benefits to you for participating in this study, it may help our understanding of the lived experience of nurses who use holistic modalities. As a research participant, information you provide will be held in confidence to the extent permitted by law. Any published results of the research will refer to group averages only. There will be two audio recorders during the interview for protection against any malfunctioning device. Hard copy data will be kept in a locked file cabinet in the researcher's home office. Hard copy of the informed consent stored and locked separately from field notes, demographic data, and transcripts identified by pseudonym only. Electronic data will be stored on an encrypted password protected USB port and a password-protected personal computer in the researcher's home office. Audio recordings will be identified by pseudonyms and destroyed once member check has been performed. Data will be kept for a minimum of 5 years from completion of the study and indefinitely thereafter.

If you have any questions or concerns regarding the study or your participation in the study, you may contact me, my supervisor, or the Institutional Review Board. If you are satisfied with the information provided and are willing to participate in this research, please indicate this by signing this consent form.

Voluntary Consent
I acknowledge that I have been informed of the nature and purposes of this experiment by Maria Perez and that I have read and understand the information presented above, and that I have received a copy of this form for my records. I give my voluntary consent to participate in this experiment.

Researcher: ____

Signature of Participant: ____

Witness: ____

(Witness signature is required only if research involves pregnant women, children, other vulnerable populations, or if more than minimal risk is present.)

APPENDIX C

RECRUITMENT FLYER

Feeling Stressed Out?

Registered nurses are needed to participate in a research study to help learn more about aromatherapy being used to achieve wellness.

If you are a licensed registered nurse who is currently using aromatherapy for well-being, there is an exciting opportunity for you to be involved in a unique study.

Your story is the key to developing a complete understanding of how using aromatherapy help nurses achieve wellness. To participate you must meet the following criteria:

- Be a licensed registered nurse who has used aromatherapy for at least one year
- Be willing to speak openly about your experience and willing to have the interview taped
- Able to write, read, and speak English

Please join the study! A Walmart gift card of $25 will be given to every participant (as a token of appreciation) for all who qualify for the study.

If you would like to participate, please contact Maria Perez, RN.

APPENDIX D

DEMOGRAPHIC DATA COLLECTION FORM

This questionnaire consists of personal data. The personal data is related to your experience with aromatherapy. Please circle or write the appropriate response below.

Participant ID____(Pseudonym)

1. What is your age? _____________

2. What is your gender?
   - o Female
   - o Male

3. What is your marital status?
   - o Single
   - o Married
   - o Separated
   - o Divorced
   - o Widowed

4. What is your educational level?’
   - o Associate Degree
   - o Bachelor’s Degree
   - o Master’s Degree
   - o Doctorate

5. How long have you been a registered nurse?
   - o 2-10 years

- 11-16 years
- 17 years or more

6. What is your current employment status?
   - Employed full-time
   - Employed part-time
   - Retired
   - Unemployed
7. How long have you been using aromatherapy?
   - 6 months-1 year
   - 2-3 years
   - 4-6 years
   - 6 years or more
8. Do you feel overwhelmed with work?
   - Yes
   - No
9. Do you feel distant at work?
   - Yes
   - No
10. Do you receive recognition for your accomplishments at work?
    - Yes
    - No
11. Which type of aromatherapy do you use?
    - Lavender

- Eucalyptus
- Peppermint
- Lemongrass
- Tea Tree
- Frankincense
- Rosemary
- Orange
- Other:_______________________________________

12. How often do you use aromatherapy?

- Once a month
- Once a week
- 2-3 times a week
- 4-5 times a week or more

APPENDIX E

SAMPLE INDIVIDUAL INTERVIEW QUESTIONS

Initial Open-Ended Questions:

1. Tell me about your experience using aromatherapy?
2. Do you believe using aromatherapy alleviates stress?
3. Can you tell me about an instance where you engaged in aromatherapy for self-care?
4. What is your experience with aromatherapy modalities?
5. Do you use essential oil? If so what type (s), Please list____
6. How long did you use essential oils?

Intermediate Questions:

1. How would you describe nursing's professional role in relation to aromatherapy?
2. To what degree do you see nursing using aromatherapy for well-being?
3. How do you perceive the professional nurse engaging in aromatherapy as a method of self-care to achieve well-being?
4. In your opinion, is the decision to engage in aromatherapy for personal use effective? If so (or not), can you tell me more about that?

Ending Questions:

1. What do you think are the most important about using aromatherapy for well-being?
2. Is there anything else you would like to add?

APPENDIX F

LETTER OF REQUEST FOR ACCESS

May 16, 2018

American Holistic Nurses Association

My name is Maria Perez; I am a doctoral candidate. I am conducting a study entitled The Lived Experience of Nurses Using Aromatherapy for Well-Being. This study is partial fulfillment of my PhD in nursing. The primary purpose of the study is to gain understanding of the meaning of the lived experiences of the nurses using aromatherapy for well-being. It is expected that the general findings generated by the proposed study may inform the nursing profession about registered nurses experience with the use of aromatherapy serve.

I am writing today to ask for your permission to post a flyer on your website to recruit members of AHNA as participants in the study. If you agree to post the flyer, upon approval by the Institutional Review Board (IRB), a copy of the flyer will be emailed to you. Thank you for your consideration of allowing access and your assistance to recruit volunteers for this study.

Please contact me at [redacted] or email me at [redacted] with any questions or concerns. You may also contact my faculty sponsor, Dr. Jessie M. Colin, at [redacted], or email her at [redacted]. The IRB contact is Jasmin Trana who can be reached at (305) 899-3020 or via email at jtrana@barry.edu. I look forward to your response at your earliest convenience.

Respectfully,

Maria Perez, MSN, RNC-OB, LHRM
PhD Student

APPENDIX G

BARRY UNIVERSITY

THIRD-PARTY CONFIDENTIALITY FORM

Confidentiality Agreement

As a member of the research team investigating__________________________________, I understand that I will have access to confidential information about study participants. By signing this statement, I am indicating my understanding of my obligation to maintain confidentiality and agree to the following:

- I understand that names and any other identifying information about study participants are completely confidential.
- I agree not to divulge, publish, or otherwise make known to unauthorized persons or to the public any information obtained in the course of this research project that could identify the persons who participated in the study.
- I understand that all information about study participants obtained or accessed by me in the course of my work is confidential. I agree not to divulge or otherwise make known to unauthorized persons any of this information unless specifically authorized to do so by office protocol or by a supervisor acting in response to applicable protocol or court order, or otherwise, as required by law.
- I understand that I am not to read information and records concerning study participants, or any other confidential documents, nor ask questions of study participants for my own personal information but only to the extent and for the purpose of performing my assigned duties on this research project.
- I understand that a breach of confidentiality may be grounds for disciplinary action, and may include termination of employment.
- I agree to notify my supervisor immediately should I become aware of an actual breach of confidentiality or situation which could potentially result in a breach, whether this be on my part or on the part of another person.

Signature ____

Date ____

Printed Name ____

Maria J. Perez

VITA

October 6, 1964	Born-Havana, Cuba
1987	ASN, Miami-Dade Community College Miami, FL
2007	BSN, Barry University, Miami Shores, FL
2011	MSN, Florida Atlantic University, Boca Raton, FL
2018	PhD, Barry University Miami Shores, FL
12/88 – 8/92	Staff Nurse, Mount Sinai Medical Center Miami Beach, FL
1/90 – 1/92	Field Nurse, Home Advantage, Miami Beach, FL
5/92 – 5/95	Staff Nurse, Palmetto General Hospital Hialeah, FL
5/95 – 11/95	Director Perinatal Services, Staff Builders, Inc. Miami Lakes, FL
11/95 – 11/96	Hospital Coordinator, American Providers, Inc. Miami, FL
3/97 – 3/00	Realtor, Caldwell Bankers Realty Miami Lakes, FL
3/00 – 3/01	Owner/Broker, Raymar Realty Hialeah, FL
8/01 – 8/02	Staff Nurse, Palmetto General Hospital Hialeah, FL
9/02 – 1/07	Perinatal Educator, Palmetto General Hospital Hialeah, FL

5/03 – 2/05	Supervisor, Palmetto General Hospital Hialeah, FL
12/05 – 12/06	Interim Director of Staff Development, Palmetto General Hospital Hialeah, FL
9/06 – 5/10	Adjunct, Florida National College Hialeah, FL
1/07 – 4/10	Director of Education, Hialeah Hospital Hialeah, FL
5/10 – 2/11	Adjunct, Saber Inc. Miami, FL
3/11 – 5/11	Faculty, American Medical Academy, Miami, FL
5/11 – 2/12	Clinical Practice Specialist, Mercy Hospital, Miami, FL
4/12 – 10/12	HCA South-East Region EFD Workforce & Organizational Development
6/12 – 8/13	Director of City College Miami, FL
8/15 – Present	Faculty, West Coast University Doral, FL
8/16 – Present	Adjunct, Florida International University Miami, FL
1/17 – Present	Adjunct, Ana G. Mendez University Miami Lakes, FL
12/17 – Present	Adjunct, Nova Southeastern University Ft. Lauderdale, FL

Published Article

Perez, M. (2016). Holistic modalities & self-care: Hope for the prevention and recovery of professional burnout. *Beginnings,* 8-9, 22-23.