

# Integrating Complementary Therapy into a Pain Management Program on a Transitional Care Unit

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Pain is often under-recognized and undertreated in the geriatric population which can lead to both cognitive and physical impairments [1]. Sleep loss, functional disturbances, falls, and a decline in quality of life are some of the many detriments from unmanaged pain [2-5]. A U.S. mid-west transitional care facility recognized that their residents' pain scores were above both the state and national average [6]. These scores represented suboptimal rehabilitation and increased lengths of stay for the residents, most notably the post-operative clients.

A clinical scholars (CS) team of graduate students (nursing and occupational therapy), university faculty from various health disciplines, along with nursing and therapy staff from the facility examined the current pain management program. Pharmacological interventions, both opiate and non-opiate medications dominated their options for treating pain in the post-operative patients, along with the use of warm or cold packs, and repositioning. These interventions do reduce pain, however, do not address the emotional and mental components involved in pain perception [7] [8] and are often not able to fully eliminate post-surgical discomfort [9-11]. Best practice in pain management includes the use of nonpharmacological methods with pain medications [12].

The CS team examined the literature for evidence-based practices of relieving post-operative pain in the older patient population and discussed the means of implementing them at the facility. The team determined that the use of music at 60 beats per minute [13-17], guided imagery [18] [16] [19-21], and progressive muscle relaxation (PMR) [22-24] were the best options for these post-operative older adults. The team received approval from the University's Institutional Review Board prior to implementation.

The CS team had already determined that the interventions

worked to reduce pain as studies have shown this to be true; the next step was to complete a quality improvement (QI) study to see if it was feasible for staff to implement and whether staff and residents would accept the interventions. The residents were screened by nursing staff on the team for inclusion criteria of being post-operative and cognitively intact. The eight residents that participated received a basket with a CD player, three CDs (one for each therapy), headphones, and a form to complete indicating their pain before and after the interventions. They could choose any they wanted to listen to and were asked to do so at least once per day for a week. The residents and staff also completed surveys to gauge their acceptance of the therapies.

The results showed there was a significant reduction in pain ( $p = 0.002$ ) and qualitative data pointed to improved sleep, relaxation, and stress reduction. The therapies were used equally, and it was patient preference as to which they chose. The staff saw no increase in their workload, rather they valued the extra time teaching the residents about the therapy. They noted improved sleep, decreased anxiety, and overall relaxation in the residents that participated. On their own, the staff used the music therapy on four additional patients that were demonstrating pain who were not cognitively intact. They noted that these patients had decreased agitation, better cooperation with cares, and improved ability to sleep.

Limitations of this QI study include the small sample size as well as limiting inclusion criteria to post-operative and cognitively intact patients. The statistical significance of pain relief should be interpreted with cause due to the small sample size.

This QI study offers insight into improved pain management. An interprofessional team approach to QI related to pain management provides meaningful collaboration and is

beneficial by tapping into multiple perspectives, expertise, and skill. The integration of complementary therapies into the workflow of staff is neither burdensome nor resource intensive. Results of the study support complementary therapy in the form of guided imagery, music, and PMR to improve pain management for postsurgical patients in a TCU setting, giving them benefits beyond pain control such as improved sleep, and reduced anxiety.

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