Weighted Blanket: An Anxiety Reduction Tool in the Outpatient Oncology Infusion Setting

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BACKGROUND: Adults with cancer experience a significantly higher level of anxiety compared with the general population. Anxiety is reported at diagnosis and throughout the cancer trajectory, and it is particularly heightened at the initiation of infusion treatments. In 2020, the COVID-19 pandemic exacerbated anxiety levels in patients receiving cancer treatments.

OBJECTIVES: This evidence-based practice project evaluated the feasibility and effectiveness of using medical-grade weighted blankets to reduce anxiety in patients with cancer receiving the first two infusion treatments in the ambulatory setting.

METHODS: Patients completed a modified version of the Visual Analog Scale for Anxiety to self-report anxiety pre- and postimplementation. Patients and nurses completed feasibility surveys.

FINDINGS: Patients reported reduced anxiety after using a weighted blanket and described weighted blankets as comforting and soothing. More than 90% of surveyed patients agreed or strongly agreed that the blanket was comfortable, not too heavy, and easy to put on, and did not interfere with nursing care or their own activities. Nurses valued the ease of use and adherence to infection control standards.

ADULTS WITH CANCER EXPERIENCE A SIGNIFICANTLY HIGHER level of anxiety (10%) compared with the general population (7%) (Pitman et al., 2018). Patients commonly experience anxiety upon diagnosis. Increased anxiety often persists throughout the cancer journey but is particularly heightened at the initiation of infusion treatments (Sheldon et al., 2008). Early intervention strategies aimed at decreasing anxiety are important steps for improving quality of life and other cancer-related health outcomes. Granek et al. (2019) emphasized the key role that the oncology nurse plays in identifying and acting on patients' emotional distress, including anxiety. Historically, evidence-based approaches to decrease anxiety levels in patients with cancer have included cognitive behavioral therapies and psychoeducational interventions (Sheldon et al., 2008).

Data reflect the negative impact of the COVID-19 pandemic on depression and anxiety in the general population (American Psychological Association, 2020) and in patients with cancer (Ayubi et al., 2021). The American Psychological Association (2020) acknowledged a steady increase in these disorders, which escalated to problematic levels during the pandemic. Requests for mental health management surged during the pandemic, with nearly 75% of surveyed psychologists reporting an increased demand for the treatment of anxiety (American Psychological Association, 2020).

Background

In response to the COVID-19 pandemic, healthcare systems adhered to the Centers for Disease Control and Prevention guidelines in multiple ways, including the restriction of caregiver attendance in clinical settings. Oncology nurses recognized higher levels of mental health distress in isolated patients without social support (Granek et al., 2019). Social work consultations, often used to provide support services to identify and alleviate anxiety, transitioned to virtual appointments to adhere to recommendations from the Centers for Disease Control and Prevention (2023) for increasing space and distance in the clinical environment. Organizations launched new telehealth models, redefining how supportive services were provided (Jernigan, 2020), often resulting in ancillary support staff not being readily available in the clinic. The rapid implementation of new and evolving infection control measures among other factors (e.g., length of treatment, type of disease, prognosis) exacerbated anxiety for patients and families (Ayubi et al., 2021). For the first time in recent history, nurses needed to adjust their care models and institutional