

Impact of Socio-Aesthetics as Supportive Care in A Large, Multi-Specialty Hospital

Couteau Céline, Sebillé-Rivain Véronique, Jourdan Eric, Gouret Sandrine, L. Coiffard Laurence

Couteau Céline, Gouret Sandrine, L. Coiffard Laurence, University of Nantes, Nantes Atlantic Universities, LPiC, MMS, EA2160, Faculty of Pharmacy, 9 rue Bias – Nantes, F-44000 France
Sebillé-Rivain Véronique, University of Nantes, Nantes Atlantic Universities, EA 4275 - SPHERE "methodS in Patient-centered outcomes and HEalth ResEarch", Faculty of Pharmacy, 1 rue Gaston Veil – Nantes, F-44000 France
Jourdan Eric, Gouret Sandrine, Laboratoire Bioderma, 75, cours Albert Thomas, 69447 Lyon Cedex 03, France

Conflict-of-interest statement: The author(s) declare(s) that there is no conflict of interest regarding the publication of this paper.

Open-Access: This article is an open-access article which was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>

Correspondence to: L. Coiffard Laurence, University of Nantes, Nantes Atlantic Universities, LPiC, MMS, EA2160, Faculty of Pharmacy, 9 rue Bias – Nantes, F-44000 France.
Email: Laurence.coiffard@univ-nantes.fr
Telephone: +33-2-53484317

Received: November 30, 2016

Revised: January 19, 2017

Accepted: January 22, 2017

Published online: March 10, 2017

ABSTRACT

AIM: Self-image is liable to deteriorate in a certain number of situations when a person has health problems and especially in the case of medical conditions needing a hospital stay. Socio-aesthetics is a field that was founded in the 1960s. It is starting to catch on in hospitals when the patient needs comprehensive care. The objective of this study was to evaluate socio-aesthetic activity that started in April 2013 in large multi-specialty hospital at Nantes.

METHODS: Between April 2013 and April 2015, a questionnaire was given to patients who used a socio-aesthetician in order to evaluate the benefits of aesthetic care and other services such as hair removal.

RESULTS: Facial care and massages were the services most often requested by patients. The most common perceived benefit reported by patients who received socio-aesthetics services (> 95%) is the moment experienced as a relaxing moment, followed by an improvement in skin comfort for 85% of patients.

CONCLUSION: This socio-aesthetic experience was felt to be very satisfying for 99% of patients who benefited from it.

Key words: Socio-aesthetic; Supportive Care; Assessment

© 2017 The Author(s). Published by ACT Publishing Group Ltd. All rights reserved.

Couteau C, Sébillé-Rivain V, Jourdan E, Gouret S, Coiffard L. Impact of Socio-Aesthetics as Supportive Care in A Large, Multi-Specialty Hospital. *Journal of Dermatological Research* 2016; 1(4): 96-102 Available from: URL: <http://www.ghrnet.org/index.php/jdr/article/view/1940>

INTRODUCTION

Unlike cosmetology, socio-aesthetics is a new discipline. Even though the concern for Aesthetics is as old as human history, in the past, only the upper classes used cosmetics for financial reasons, but never sick or socially-excluded people. The history of socio-Aesthetics started about the same time as the history of plastic surgery at the beginning of the 20th century. Thanks to progress in anesthesia and asepsis, the first operations were correcting protruding ears by Ely, then rhinoplasty by intranasal endoscopic surgery by Roe^[1]. World War I was really when maxillofacial surgery units were created. They were needed for the substantial number of facial wounded. Out of millions people activated, 1.5 million died and almost 300,000 were mutilated. Out of the latter, 10,000 to 14,000 were seriously disfigured and nicknamed *Gueules cassées* ("broken faces" in French)^[2,3]. Strictly speaking, socio-Aesthetics was founded in 1960 in the oncology and psychiatry departments of an English hospital. In 1962, the San Francisco Psychiatric Hospital hired its first socio-Aesthetician. In France, this discipline started in September

1963 at the Vinatier Psychiatric Hospital. Jenny Lascar is considered to be the first volunteer beautician to offer her services in a hospital setting. After one of her friends became depressed, she decided to quit her job at a beauty salon to work with psychiatric in-patients. In 1967, Renée Roussière volunteered her services in the Psychiatric Department at the Tours University Hospital. She had to face the doctors' pessimism who thought her work was "a drop in the bucket" (she alone cared for 2,000 patients!)[4,5]. Little by little, this discipline established itself within the framework of comprehensive patient care and especially with the French National Cancer Plan 2014-2019. The few evaluations of this kind of practices were experiments carried out in oncology[6-10].

Two-and-a-half years ago, we started a socio-aesthetic experiment with patients hospitalized in different wards. It currently has 827 medical and surgical short-stay beds. The objective of this study was to evaluate socio-aesthetic practices on male and female patients, regardless of medical condition since April 2013.

MATERIALS AND METHODS

For two-and-a-half years, aesthetic care was offered to people hospitalized by healthcare teams using a mandatory joint approach. On the one hand, it was important to ensure good care management and safety for the patient. On the other hand, the socio-aestheticians' health needed to be taken into account as well. Examples of this included special hygienic precautions, possible trauma suffered by the patient, a risk of thrombosis, the need to keep the oxygen mask on, etc. It was important to find any obstacle that would prevent providing any service. Hospital Departments Involved are presented in Table 1.

Many services were offered to the patients are presented (Table 2). The patient chose the service himself or herself by taking the different constraints mentioned above into account. The choice was the result of a conversation between the healthcare team and the patient about his or her situation, desires, experiences, care pathway, etc. The products used most often are presented in Table 3. This conversation helped the socio-aestheticians know how the patient felt about his or her skin, his or her hygiene and care habits, and changes that may have occurred during the hospital stay or treatment. A skin diagnosis was then carried out followed by cleansing with cleansing milk and lotion or micellar water or even a water mist. If needed, a scrub adapted to the patient's skin was done, before a facial massage using a nourishing cream and a hydrating mask. A hand massage was carried out during the mask. Before carrying out a massage, the socio-aestheticians and patient chose the most comfortable position based on the patient's health status. Then, they chose the part of the body to be massaged. The sheets and blankets were protected with a special sheet. With a nourishing cream, massages were carried out on one or several body parts: face, arms, hands, back, legs, or feet. The product was rinsed off the skin if needed for better comfort. It was always rinsed off the face and then a cream was applied based on the person's skin type. After massaging the arch of the foot, the massage cream was rinsed off when the patient was not at complete rest in order to avoid having him or her slip and fall.

Hair removal was carried out if needed and requested by the patient or suggested by the socio-aestheticians. Tweezers were used to remove hair. In some cases, cold wax strips were used on the upper lip and/or chin.

For make-up and manicures, we used Eye-Care® products. Before hand care, nail polish was removed using a product without acetone if needed. The finger nails were then cut and filed. When nails were

Table 1 Hospital Departments Involved.

Neurology
Nephrology
Gastro-enterology
Hematology
Orthopedics
Rheumatology
Ophthalmology/Ear-Nose-and-Throat/Stomatology
Traumatology
Urology
Hemodialysis

Table 2 Services Provided to Patients Who Filled out the Satisfaction Survey.

Service	Patients Concerned (%)
Facial care	67.34
Hand care	48.79
Foot care	6.05
Facial massage	24.60
Hand massage	42.74
Foot and/or leg massage	18.95
Back massage	14.11
Make-up	0.81
Nail Polish	6.05
Hair removal	22.98
Beauty advice	4.84
Conversation	20.16

altered by various treatments and medical conditions, emollient gel for cuticles was used. This gel is a necessary precondition before cuticles grow back. It is designed to soften them thanks to its alkaline pH. It is formulated with healing and moisturizing allantoin and silicon. To nourish the nails, we also used a strengthening oil for nails and cuticles that was formulated with three vegetable oils (castor oil, apricot kernel oil, and macadamia oil), vitamin E, and silicon. A treatment could also be applied to the nails. This was a strengthening and smoothing care, a nail polish that contains vitamin E and B5 and silica.

It is often used as a fortifying base before putting on Ultra vernis silicium-urée® silica-urea nail polish. At the beginning of each session, patients were asked if they wanted to listen to music. They could say yes or no.

A totally anonymous satisfaction questionnaire was written based on our research objectives—expectations, care benefits on physical and mental health, relationships with others, and care appreciation (Figure 1). It was given to the patient who filled it out himself or herself, and then given directly back to the socio-aestheticians or the healthcare team member who handed out the questionnaire.

Descriptive statistical analyses were performed for categorical (number, percentage) and continuous data (min-max, mean, median, interquartile range).

RESULTS

From April 2013 to April 2015, 654 people (144 men and 510 women, sex-ratio: 0.3), with an average age of 57.8 years (16-99) requested the services of the socio-aestheticians. We were able to collect and analyze 248 questionnaires filled out by 48 men and 200 women, sex-ratio: 0.2), with an average age of 56.3 years (16-91).

Table 3 The Products Used for Facial and Body Care.

Product Name	Ingredients	Use
Skincare cream	Aqua, Glycerin, Cetearyl Isononaote, Isohexadecane, Glycol Palmitate, Caprylic/Capric Triglyceride, Triceteareth-4 Phosphate, Fructooligosaccharides, Mannitol, Xylitol, Glycyrrhetic Acid, Rhamnose, Laminaria Ochroleuca Extract, Glycol Stearate, PEG-2 Stearate, Pentylene Glycol, Acrylates/C10-30 Alkyl Acrylate Crosspolymer, Caprylyl Glycol, 1,2-Hexanediol, Disodium EDTA, Xanthan Gum, Sodium Hydroxid	Facial Care
Make-up remover	Aqua, Glycerin, Ethylhexyl palmitate, Paraffinum liquidum, Polypropylene terephthalate, Glycyrrhetic acid, Mannitol, Xylitol, Rhamnose, Fructooligosaccharides, Laminaria ochroleuca extract, Ammonium acryloyldimethyltaurate/ vp copolymer, Pentylene glycol, Ethylhexylglycerin, Disodium edta, Caprylic/capric triglyceride, Sodium hydroxide	Facial Care
Strong cream	Aqua, Paraffinum liquidum, Stearic acid, Cera alba, Propylene glycol, Cetyl alcohol, Glycyrrhetic acid, Glyceryl stearate, Sorbitan sesquioleate, Rhamnose, Tocopheryl acetate, Allantoin, Mannitol, Mannitol, Xylitol, Fructooligosaccharides, Laminaria ochroleuca extract, Sodium PCA, Carbomer, Triethanolamine, Caprylic/capric triglycerids, Butylparaben, Propylparaben, Methylparaben, Ethylparaben	Facial Care - Post-Hair Removal from the Face
Micellar water	Aqua, PEG-6 caprylic/capric glycerides, propylene glycol, cucumis sativus (cucumber) fruit extract, mannitol, xylitol, rhamnose, fructooligosaccharides, disodium edta, cetrimonium bromide	Facial Care - Manicure
Exfoliating cream	Aqua, Propylene glycol, Cetearyl alcohol, Cetyl alcohol, polyethylene, Butyrospermum parkii, Paraffin, Cera microcristallina, Paraffinum liquidum, Salicylic acid, Mannitol, Xylitol, Rhamnose, Fructooligosaccharides, Laminaria ochroleuca extract, Niacinamide, Apple fruit extract, Sodium cetearyl sulfate, Sodium lauryl sulfateE, Xanthan gum, Hexyldecanol, Caprylic/Capric triglyceride, Sodium hydroxide, Citric acid, Fragrance	Facial Care
Light cream	Aqua, Glycerin, Cyclomethicone, Dicaprylyl ethe, Dimethicone, cyclopentasiloxane, Polyethylene, Sodium lactate, Arachidyl alcohol, Niacinamide, Mannitol, Xylitol, Rhamnose, Fructooligosaccharides, Laminaria ochroleuca extract, Apple fruit extract, Glyceryl stearate, PEG-100 Stearate, Behenyl alcohol, Cetyl palmitate, Pentylene glycol, Arachidyl glucoside, Hexyldecanol, C30-45 Alkyl Cetearyl Dimethicone Crosspolymer, Xanthan gum, Citric acid, Caprylic/Capric triglyceride, Disodium EDTA, Phenoxyethanol, Chlorphenesin, Fragrance	Facial Care
Toning lotion	Aqua, Glycerin, Polysorbate 20, Mannitol, Xylitol, Rhamnose, Fructooligosaccharides, Niacinamide, allantoin, Apple fruit extract, Hexyldecanol, Disodium EDTA, Sodium hydroxide, Citric acid, Cetrimonium bromide, Fragrance	Facial Care
Mask	Aqua, Glycerin, Cyclopentasiloxane, Dicaprylyl ether, Dimethicone, Xylitol, Glycol palmitate, Cyclohexasiloxane, Corn Starch modified, Arachidyl alcohol, Mannitol, Rhamnose, Fructooligosaccharides, Laminaria ochroleuca extract, Xylityl glucoside, Anhydroxylitol, Niacinamide, Appel fruit extract, Glyceryl stearate, PEG-100 Stearate, Behenyl alcohol, Cetyl alcohol, Titanium dioxide [NANO], Arachidyl glucoside, Disodium EDTA, Xanthan gum, Hexyldecanol, C30-45 Alkyl Cetearyl Dimethicone Crosspolymer, Alumina, Stearic acid, Caprylic/Capric triglyceride, Chlorphenesin, Phenoxyethanol, Fragrance	Facial Care
Cream for oily skin	Aqua, Glycerin, Paraffinum liquidum, Ethylhexyl palmitate, Dipropylene glycol, Xylitol, Bis-PEG/PPG-16/16 PEG/PPG-16/16 dimethicone, Sodium acrylate/Sodium Acryloyldimethyl Taurate Copolymer, Mannitol, Rhamnose, Fructooligosaccharides, Laminaria ochroleuca extract, Glycyrrhetic acid, Allantoin, Ceramide 3, Tocopheryl acetate, Isohexadecane, Caprylic/Capric triglyceride, Polysorbate 80, Disodium EDTA, Cetrimonium bromide, Ginkgo biloba leaf extract, Dodecyl gallate, Propylene glycol, Fragrance	Facial Care
Micellar water for oily skin	Aqua, PEG-6 Caprylic/Capric Glycerides, Sodium citrate, Zinc gluconate, Copper sulfate, Ginkgo biloba leaf extract, Mannitol, Xylitol, Rhamnose, Fructooligosaccharides, Propylene glycol, Citric acid, Disodium EDTA, Cetrimonium acid, Fragrance	Facial Care - Hair Removal from Face
Matifying cream	Aqua, Glycerin, Cyclopentasiloxane, Methyl Methacrylate Crosspolymer, Xylitol, Isostearyl alcohol, Butylene glycol cocoate, Di-C12-13 Alkyl Malate, Mannitol, Rhamnose, Fructooligosaccharides, Laminaria ochroleuca extract, Silica, Zinc gluconate, Ginkgo biloba leaf extract, Cyclohexasiloxane, Laureth-7, Propylene Glycol, Ethylcellulose, Sodium hydroxide, Glyceryl Polyacrylate, Pyridoxine HCL, Caprylic/Capric triglyceride, Dodecyl gallate, Polyacrylamide, Pentylene glycol, C13-14 Isoparaffin, Acrylates/C10-30 Alkyl Acrylate Crosspolymer, 1,2-Hexanediol, Caprylyl glycol, Citric acid, Fragrance	Facial Care
Repairing cream	Aqua, Glycerin, Ethylhexyl palmitate, Fructooligosaccharides, Zinc oxide, Octyldodecanol, Butylene glycol, Polyacrylamide, Mannitol, Xylitol, Rhamnose, Laminaria ochroleuca extract, Copper sulfate, Zinc sulfate, Sodium hyaluronate, Vitis Vinifera (Grape) vine extract, Asiaticoside, Asiatic acid, Madecassic acid, C13-14 Isoparaffin, Octyldodecyl xyloside, PEG-30 Dipolyhydroxystearate, Caprylic/Capric triglyceride, Laureth-7, Laureth-3, Hydroxyethylcellulose, Acetyl Dipeptide-1 Cetyl ester, Potassium sorbate	Post-Hair Removal from the Face
Cream for atopic skin	Aqua, Paraffinum liquidum, Glycerin, Cetearyl isononanoate, Glyceryl stearate, PEG-100 stearate, Myreth-3 Myristate, Steareth-21, Tocopheryl acetate, Mannitol, Xylitol, Rhamnose, Fructooligosaccharides, Laminaria ochroleuca extract, Cyclopentasiloxane, Cyclohexasiloxane, Trehanolamine, Cetyl alcohol, Palmitic acid, Stearic acid, Acrylates/C10-30 Alkyl Acrylate Crosspolymer, Caprylic/Capric triglyceride, Disodium EDTA, Phenoxyethanol, Chlorphenesin, Sodium hydroxide	Facial and Body Care
Hand's cream	Aqua, Glycerin, OctyldodecanolL, Paraffinum liquidum, Cetearyl alcohol, Glyceryl stearate, Ceteareth12, Ceteareth-20, Dimethicone, Stearic acid, Mannitol, Xylitol, Rhamnose, Fructooligosaccharides, Laminaria ochroleuca extract, Acrylates/C10-30 Alkyl Acrylates Crosspolymer, Xanthan gum, Poassium sorbate, Caprylic/Capric triglyceride, Disodium EDTA, Sodium hydroxide, Salicylic acid, Phenoxyethanol, Chlorphenesin, Fragrance	Manicure - Hand Massage
Balm for atopic skin	Aqua, Glycerin, Paraffinum liquidum, Ethylhexyl stearate, Dimethicone, Niacinamide, Sucrose stearate, Glyceryl dibehenate, Fructooligosaccharides, Mannitol, Xylitol, Rhamnose, Laminaria ochroleuca extract, Peumus boldus leaf extract, Zanthoxylum alatum extract, Tribehenin, Pentilene Glycol, Glyceryl behenate, Acrylates/C10-30 Alkyl Acrylate Crosspolymer, 1,2-Hexanediol, Caprylyl Glycol, Ammonium Acryloyldimethyltaurate/VP Copolymer, Caprylic/Capric triglyceride, Oleyl alcohol, Xanthan gum, Sodium hydroxide, Disodium EDTA	Facial and Body Care

A total of 148 patients belonged to socio-professional categories 5, 6 and 7 of the French classification system (Figure 2). Most were hospitalized for a gastroenterological condition (Figure 3). Playing music was not always possible, even when it was wanted, because many people often share their room with another person (Figure 4), or more in areas where patients are grouped together at the same time like for hemodialysis. The number of services was not limited either. Some on hemodialysis benefited from aesthetic care 10 times or more. We noticed that most of the time patients requested two (Figure 5). The services most often requested by patients were facial and hand massages and facial care (Figures 6 and 7).

DISCUSSION

The socio-aesthetician went into each room and to the patient's bed because there is currently no special area for this at the University Hospital. Patients were not limited in the number of times they could use her services. Massage is a beauty practice used to help people relax. This kind of massage is not medical or therapeutic. Facial care and massages were carried out using moisturizing products (Table 3). Hydration is a common problem in the field of socio-aesthetics^[11]. Manicures were also done and finger nail polish was applied if requested. It is sometimes difficult or even impossible for patients to trim their nails themselves. If their hospital stay is extended, the situation can become extremely embarrassing. Hair removal was only done on the face (Figure 6). Eliminating excess hair helps the patient give a better self-image to nursing staff that go into his or her room and also to friends and family who come to visit^[12]. Make-up was very rarely put on in the way that socio-aesthetics was practiced in this study. It is more often used in ambulatory situations when we want to cover scars for example or any visible lesion typical of dermatological disorders such as acne, rosacea, or even vitiligo^[13]. This is called corrective medical make-up and its benefits on the quality of life of patients with dermatological or other conditions has been shown^[14,15]. In our field, we have to make sure the patient has the necessary make-up removal products and that she can do it herself. After the manicure, nail polish was applied in some cases. Colored nail polish is rarely used except on hemodialysis patients. For hospitalized people, transparent or light pink (a similar color to the nail's natural tint) strengthening nail polishes were used. They were formulated without toluene, formaldehyde, or rosin. These three ingredients were considered completely inappropriate for this kind of application^[14,15].

We noticed that a vast majority of these patients (67.34%) were not used to aesthetic care and had never been to a beauty salon before being admitted to the hospital. A total of 69.35% had never benefited from socio-aesthetic care before. We know that the proportion of women who use beauty salons on a regular basis is relatively low^[16]. As with the entire population concerned by socio-aesthetic care, facial care, facial massages, and especially hand massages were the services most often requested by patients who filled out the questionnaire. Aside from being relaxing, massaging someone's hands is an important gesture because it enables physical contact with the person without invading their private physical space, such as the face or body. The hand is the ultimate symbol of communication. Giving one's hands to another is often easier than giving one's face, for example. Most of the time hospitalized people's hands are rough and painful. More often than not, they are swollen, wounded, bruised, dried out, and lack flexibility. Hand massages were always done with facial care and manicures. Sometimes, it was the only service carried out. It is the most accessible service for people who are not used to Aesthetic care. After the massage, we noticed that patients admired

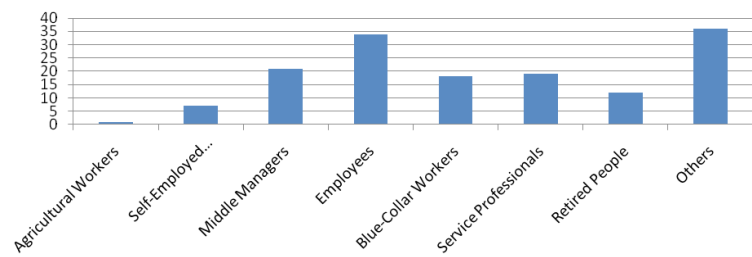


Figure 2 Break-Down of Survey Patients Based on Hospital Department.

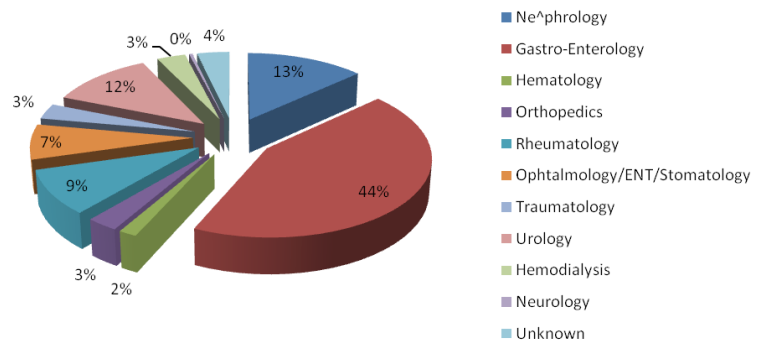


Figure 3 Break-Down of Survey Patients Based on Hospital Department.

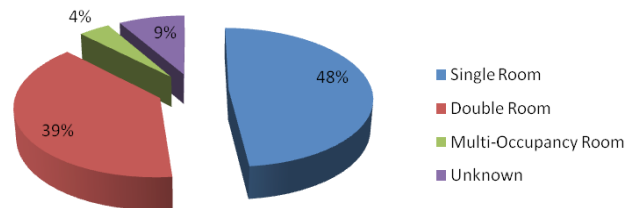


Figure 4 Types of Patient Rooms.

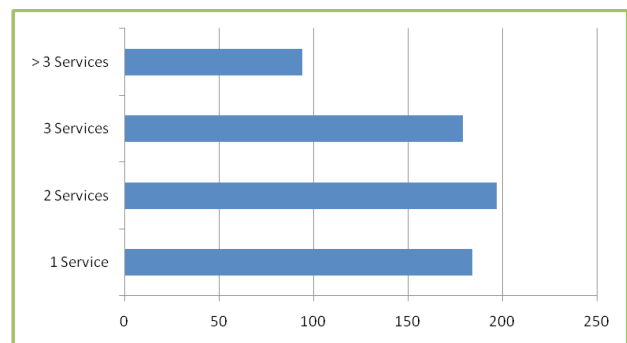


Figure 5 Number of Services per Patient.

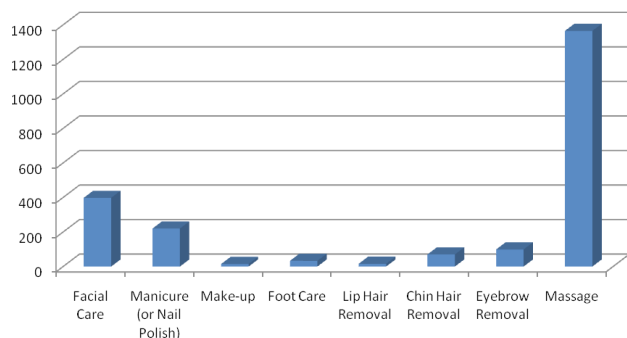


Figure 6 Break-Down of Services Provided during this Socio-Aesthetic Study.

their hands or moved their fingers. The benefits are numerous and immediate: flexibility, comfortable skin, etc.

As was mentioned earlier, there is no special area dedicated to socio-aesthetic care at the Nantes, as is the case in other hospitals, such as Paris, Annecy, or Perpignan, for example. According to the satisfaction survey, 94.76% of patients found that the room where the service took place was appropriate. However, 71.77% agreed with the idea of creating a beauty station at the university hospital. We have to keep in mind that, in some cases, bed rest was mandatory and it would not have been possible to go to the beauty station. The services lasted between 30 and 90 minutes, which is similar to the length of time spent in a beauty salon. This duration was considered completely appropriate in 88.71% of cases. Only 10.48% of patients thought it was too short. Patients almost unanimously (99.19% of them) found that the care was beneficial. This was for different reasons. Above all else, patients were left with a pleasant sensation to the touch and the service was experienced as a moment of relaxation. It seemed that when cream was applied, it created a feeling of freshness on the skin helping the patient relax^[17]. Music added to this feeling,^[18, 19] but also the pleasant smell of the product used. An improvement in the sensation of skin comfort was reported in 86% of cases (Table 4). Hydration is the main challenge in socio-aesthetics. Xeroderma often occurs during the decline stage of numerous medical conditions^[20-23]. This situation has mainly been reported in patients with kidney failure and those who are on hemodialysis. More than 85% of hemodialysis patients suffer from xeroderma^[24-28]. There may be a link between the pruritus that affects many of these patients and their level of skin dryness^[29]. Because the Natural Moisturizing Factor (NMF) diminishes each decade of life, dry skin problems also occur in older patients^[30,31]. This is also the case with people who have nutritional deficiencies, especially essential fatty acids, and chronic alcoholics^[32,33]. Contrary to what is commonly reported as a positive effect of socio-aesthetics, the care given had almost no effect on patient self-image and on the image they gave to others (Table 4). The feelings of patients in their own words are combined in Figure 8. For over 60% of patients, it was more than just a chance to pass time (Table 4). We can say that during the service, the patient was able to take a break from a day often punctuated by anxious and painful moments. As other socio-aestheticians, the socio-aesthetician which realize the services says that its job offers satisfaction^[34].

CONCLUSION

The socio-aesthetic study that we ran for 30 months at the Nantes was very satisfying. It was mainly experienced as a moment of relaxation for the patients, who noticed an improvement in skin comfort. It would be interesting to quantify the gain in terms of moisturizing rate using a corneometer method, for example. With the interesting results obtained, it seems vital to continue this activity and even to offer more options in order to reach more patients, at other sites, such as cardiology, psychiatry, and gynecology departments.

ACKNOWLEDGEMENTS

We would like to thank Laboratoire Bioderma for funding most of this project.

REFERENCES

- Glicenstein J. Aesthetic surgery and history. *Annales de Chirurgie Plastique Esthétique* 2003; **48** (5): 257-272 [PMID: 15250097]; [DOI : 10.1016/j.anplas.2003.08.002]
- Vrebos J, Dupuis CC. The life of Maurice Virenque (1888-1946).

Table 4 Different Types of Benefits Perceived by the Patients

Type of Perceived Benefit	Patients Concerned (%)
Improved sleep	6.45
Pain relief	29.44
Headache relief	4.03
Pleasant feeling	63.71
Skin feels comfortable	86.29
Moment of relaxation	95.16
Improved self-image toward others	12.90
Improved self-image toward oneself	24.60
Disease was forgotten	64.11
Opportunity to talk to someone	55.24
Opportunity to confide in someone	22.18
Opportunity to pass the time	37.90
Opportunity to feel supported	44.76
Obtained answers to questions about skincare	18.55
Obtained advice	23.39

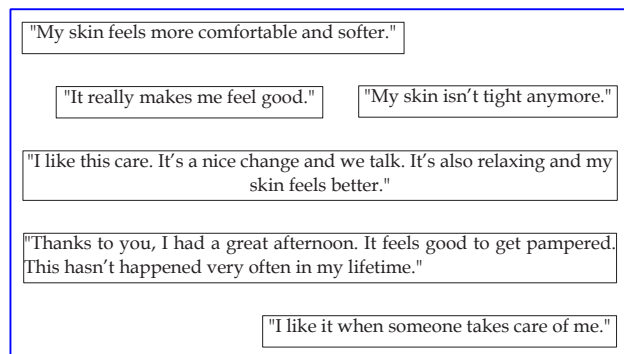


Figure 8 Examples of Testimonies Left by Patients

From «Gueules Cassées» to cervicofacial facelift. *Annales de Chirurgie Plastique Esthétique* 1998; **43** (2): 169-174. [PMID: 9768083]

- Pichel B. Broken faces: reconstructive surgery during and after the Great War. *Endeavour* 2010; **34** (1): 25-29 [PMID: 20106529]; [DOI: 10.1016/j.endeavour.2010.01.002]
- Roussiere R, Martinaud C, Greco JM. La socio-esthétique, une perspective nouvelle dans la prise en charge de la personne éprouvée. *Nouvelles Dermatologiques* 2000; **19**: 244-246
- Flagel H. The benefits of socio-Aesthetic therapy in nursing homes. *Revue de l'Infirmière* 2013; **188**: 39-40 [PMID: 23477091]
- Fobair P, Stewaert SL, Chang S, D'Onofrio C, Banks PJ, Bloom JR. Body image and sexual problems in young women with breast cancer. *Psychooncology* 2006; **15**: 579-594 [PMID: 16287197]; [DOI: 10.1002/pon.991]
- Quintard B, Lakdja F. Assessing the effect of beauty treatments on psychological distress, body image, and coping: a longitudinal study of patients undergoing surgical procedures for breast cancer. *Psychooncology* 2008; **17**: 1032-1038 [PMID: 18322903]; DOI: 10.1002/pon.1391]
- Bouak J, Bouteyre E. Cancer et socio-esthétique: évaluation psychologique des changements de l'image du corps grâce au dessin de la personne. *Psychooncologie* 2010; **4**: 38-46 [DOI: 10.1007/s11839-010-0299-6]
- Labeurie H, Quintard B, Dixmierias F, Coulon-Faye F, Bussièrès JE, Wood C, Lakdja F. Impact d'une approche socio-esthétique sur l'image du corps et la qualité de vie de patientes mastectomisées ou tumorectomisées pour cancer du sein. *Douleurs - Evaluation - Diagnostic - Traitement* 2006; **7**: 87 [DOI: DOU-11-2006-7-HS2-1624-5687-101019-200609330]

10. Paolini F. Listening to and helping patients with cancer. *Revue de l'Infirmière* 2011 ; **169**: 29-30 [PMID: 21469369]
11. Cacoub P, Bourlière M, Lübke J, Dupin N, Buggisch P, Dusheiko G, Hézode C, Picard O, Pujol R, Segaeert S, Thio B, Roujeau JC. Dermatological side effects of hepatitis C and its treatment: patient management in the era of direct-acting antivirals. *Journal of Hepatology* 2012; **56** (2): 455-463 [PMID: 21884670]; [DOI: 10.1016/j.jhep.2011.08.006]
12. Alloncle J. Une nouvelle approche en soins palliatifs: la socio-esthétique. *Revue de soins palliatifs* 2002; **17**: 59-60 [DOI: 10.3917/inka.022.0059]
13. Peuvrel L, Quéreux G, Brocard A, Saint-Jean M, Vallet C, Mère A, Labetoulle G, Le Fol C, Dréno B. Evaluation of quality of life after a medical corrective make-up lesson in patients with various dermatoses. *Dermatology* 2012; **224** (4): 374-380 [PMID: 22759904]; [DOI: 10.1159/000339478]
14. Merial-Kieny C, Nocera T, Mery S. Medical corrective make-up in post- chemotherapy. *Annales de Dermatologie et de Vénéréologie* 2008; **1**: 25-28. [DOI: 10.1016/S0151-9638(08)70094-2]
15. Chevillotte G, Ficheux AS, Morisset T, Roudot AC. Exposure method development for risk assessment to cosmetic products using a standard composition. *Food and Chemical Toxicology* 2014; **68**: 108-116 [DOI: 10.1016/j.fct.2014.03.010]
16. Sainio EL, Engström K, Henriks-Eckerman ML, Kanerva L. Allergenic ingredients in nail polishes. *Contact Dermatitis* 1997; **37** (4): 155-162 [PMID: 9385510]
17. Cochenec M. Le soin des apparences. L'univers professionnel de l'esthétique-cosmétique. *Actes de la recherche en sciences sociales* 2004; **154**: 80-91. [DOI: 10.3917/arss.154.0080]
18. Tarteaut MH, Herrmann F, Grandjean R, Toutous-Trellu L. Soins esthétiques aux personnes âgées dans la réhabilitation hospitalière. *Recherche en soins infirmiers* 2008; **94**: 92-100
19. Crawford I, Hogan T, Silverman MJ. Effects of music therapy on perception of stress, relaxation, mood, and side effects in patients on a solid organ transplant unit: A randomized effectiveness study. *Arts Psychotherapy* 2013; **40** (2): 224-229 [DOI: 10.1016/j.aip.2013.02.005]
20. Fabbrocini G, Cameli N, Romano MC, Mariano M, Panariello L, Bianca D, Monfrecola G. Chemotherapy and skin reactions. *J of Experimental & Clinical Cancer Research* 2012; **31**: 50. [PMID: 22640460]; [PMCID: PMC3583303]; [DOI: 10.1186/1756-9966-31-50]
21. Macdonald JB, Macdonald B, Golitz LE, LoRusso P, Sekulic A. Cutaneous adverse effects of targeted therapies: Part I: Inhibitors of the cellular membrane. *Journal of American Academy of Dermatology* 2015; **72** (2): 203-218 [PMID: 25592339]; [DOI: 10.1016/j.jaad.2014.07.033]
22. Seité S, Khemis A, Rougier A, Ortonne JP. Importance of treatment of skin xerosis in diabetes. *Journal of European Academy of Dermatology and Venereology* 2011; **25** (5): 607-609 [PMID: 19453736] [DOI: 10.1111/j.1600-0625.2009.00903.x]
23. Valentine J, Belum VR, Duran J, Ciccolini K, Schindler K, Wu S, Lacouture ME. Incidence and risk of xerosis with targeted anticancer therapies. *Journal of American Academy of Dermatology* 2015; **72** (4): 656-667. [PMID: 25637330]; [DOI: 10.1016/j.jaad.2014.12.010]
24. Galperin TA, Cronin AJ, Leslie KS. Cutaneous manifestations of ESRD. *Clinical Journal of American Society of Nephrology* 2014; **9** (1): 201-218
25. Jeong SK, Park HJ, Park BD, Kim IH. Effectiveness of Topical Chia Seed Oil on Pruritus of End-stage Renal Disease (ESRD) Patients and Healthy Volunteers. *Annals of Dermatology* 2010; **22** (2): 143-148 [PMID: 24115194]; [DOI: 10.5021/ad.2010.22.2.143]
26. Kadlec F, Berta M, Kuzel P, Lopot F, Polakovic V. Assessing skin hydration status in haemodialysis patients using terahertz spectroscopy: a pilot/feasibility study. *Physics in Medicine and Biology* 2008; **53** (24): 7063-7071 [PMID: 19015579]; [DOI: 10.1088/0031-9155/53/24/004]
27. Kato A, Hamada M, Maruyama T, Maruyama Y, Hishida A. Pruritus and hydration state of stratum corneum in hemodialysis patients. *American Journal of Nephrology* 2000; **20** (6): 437-442 [PMID: 11528242]
28. Wikstrom B. Itchy skin—a clinical problem for haemodialysis patients. *Nephrology Dialysis Transplantation* 2007; **2**: v3-7. [PMID: 17586843]; [DOI: 10.1093/ndt/gfm292]
29. Morton CA, Lafferty M, Hau C, Henderson I, Jones M, Lowe G. Pruritus and skin hydration during dialysis. *Nephrology Dialysis Transplantation* 1996; **11**: 2031-2036. [PMID: 8918718]
30. Marty JP. NMF and cosmetology of cutaneous hydration. *Annales de Dermatologie et de Vénéréologie* 2002; **129**: 131-136. [PMID: 11976540]
31. White-Chu EF, Reddy M. Dry skin in the elderly: complexities of a common problem. *Clinical Dermatology* 2011; **29** (1): 37-42. [PMID: 21146730]; [DOI: 10.1016/j.clindermatol.2010.07.005]
32. Parish LC, Fine E. Alcoholism and skin disease. *International Journal of Dermatology* 1985; **24** (5): 300-301. [PMID: 3160677]
33. Truchetet E, Brändle I, Grosshans E. Skin changes, pathophysiology and therapy in deficiency of essential fatty acids. *Zeitung die Hautkrankheiten* 1988; **63**(4): 290-301. [PMID: 3291438]
34. Jolivel F. Socio-aesthetic care blending professionalism and humanism. *Revue de l'Infirmière* 2013; **193**: 30-31 [PMID: 24245402]

Peer reviewer: Monica Li

Figure 1 Satisfaction Questionnaire Given to Patients after the Socio-Aesthetic Service:

Sex: Woman Man

Profession:

Age:

Hospital Department:

Room individual double multiple

Date: / /

Do you go to beauty salons on a regular basis?
 Yes No

Have you already received the services of a socio-Aesthetician?
 Yes - How many times: No

CARE

Which care did you benefit from?

- Facial care
- Hand care
- Foot care
- Facial massage
- Hand massage
- Foot/back massage
- Back massage
- Make-up
- Nail polish
- Hair removal
- Beauty advice
- Conversation

Was the place where the care was given appropriate?
 Yes No

If a socio-Aesthetician’s salon opened in another hospital department, would you be willing to go there to benefit from Aesthetic care?
 Yes No

You agreed to listen to music. Which additional benefit(s) did it give you?

Service Duration:

Did the service duration seem?
 Too short Too long Just right

Are you satisfied with the service?
 Yes No

Did you benefit from the service? : Yes No

If yes, which benefit(s) did you get?

Physical benefit(s)

- Slept better
- Forgot the pain
- Headache relief
- Pleasant feeling
- Moment of relaxation

Cosmetic benefit(s)

- Helped with being observed by others
- Advice from the socio-Aesthetician
- Answers to cosmetic questions
- Added comfort to the skin/improves skin appearance

Psychological benefit(s)

- I look at myself differently
- The disease and treatments were forgotten during beauty care
- Helped pass the time
- Opportunity to meet someone to talk to
- Opportunity to meet someone to confide in
- I felt supported

If not, specify

Would you recommend this service to another patient?
 Yes No

What do you think of this service in this department?
 Very good initiative
 Satisfying initiative
 Not very interesting initiative

What do you think needs to be improved?

YOUR TESTIMONY:

