



FEASIBILITY STUDY

The effect of chair massage on stress perception of hospital bedside nurses

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KEYWORDS

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Shift work;
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Massage therapy

Summary

Objective: To evaluate the effectiveness of a 10 min chair massage on the stress perception of hospital nurses in comparison to a routine “coffee break” during a working shift.

Methods: Eighty-two bedside nurses, ($M = 4$; $F = 78$), mean age of 34.77 ± 9.32 , within a small, suburban hospital, participated in this study to determine the effect a 10-min on-site chair massage ($n = 41$) had on their stress perception in comparison to a 10-min “coffee break” ($n = 41$). The feasibility of incorporating a massage into their workload during a shift was also considered. Using the Perceived Stress Scale (PSS), stress perception was assessed in an experimental pre-test–post-test design and analyzed using t -tests for dependent samples.

Results: Stress perception was significantly lower in the massage group ($P < .05$) and was not significantly changed in the control group. Also, 86% of the nurses scheduled to participate in the study were able to do so within their normal workday.

Conclusion: Incorporating chair massage into a nurse’s hospital shift is feasible and a 10 min session reduces the stress perception of the nurse more so than the standard “coffee break”. This study focused on a one-time intervention for the 82 nurses enrolled. Further study on the longer term feasibility and effects of chair massage on this population and others in high stress professions is warranted.

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Introduction

Stress is a complex issue that includes physiological and psychological components. One’s perception of stressful situations, or stressors, as well as one’s personal coping skills, factor into the level of stress

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response (Pollock, 1984). Stress, itself, is the physical or psychological response that we have to the internal or external stressors that we perceive (Peddicord, 1991). Physical manifestations of stress response can include elevated blood pressure, cardiac changes, digestive changes, moodiness, indecisiveness, and neuromuscular changes. Mental fatigue, absenteeism, memory loss, and irritability are a few of the manifestations of perceived stress that may surface in a work setting on a regular basis (Foxall et al., 1990; Balch and Balch, 1997).

"Burnout" is a term used often in the literature in discussing stress and turn-over of staff, particularly, among those individuals in a health care occupation. It generally refers to a state of exhaustion, physical, emotional, and/or psychological, and is considered to be a form of occupational stress or a subclass of the effect of increased stress levels in individuals (Freudenberger, 1974). Additionally, circumstances in the hospital environment, such as noise levels, long hours, and staffing shortages, can create demands on the nurses which add to the manifestations of burnout.

Job stress among nurses has received more attention in recent years (Breakwell, 1990). Numerous studies have focused on the stress levels of critical care nurses with varied results. When stress is linked to cases of burnout, it has been found that critical care nurses did not differ from non-critical care nurses and this may be due to a greater ability to deal with stress in general on the part of the critical care nurses (Keane et al., 1985). Another study suggests that as hospitals develop effective orientations to critical care units and provide adequate staffing to these units, the stress levels for the critical care nurses falls below that of the non-critical care nurses (MacNeil and Weisz, 1987). Thus, for measuring stress perception in nurses, it seems appropriate to study nurses from various nursing units, including critical care nurses. Bedside nurses could provide information on the effectiveness of a 10-min chair massage session on stress perception during the workday in a stress-loaded job.

While much research has focused on stress levels and/or stress perceptions in nursing, little attention has been given to stress management techniques to reduce these levels/perceptions and the ability to incorporate these techniques within the hospital work environment, although it is an area that is gaining recognition. Some nurses have recognized the need for stress management techniques with activities such as a wellness day organized by nurses, for nurses (Tennant et al., 1997). Numerous strategies of stress management have been identified, such as breath work, biofeed-

back, meditation, and progressive muscle relaxation (Peddicord, 1991). Massage therapy has also been found to be effective in reducing anxiety and job stress (Field et al., 1997). Most recently, Lawler and Cameron (2002) did a study that found an initial reduction in stress perception for college students who received chair massage when compared to those who watched television (Lawler and Cameron, 2002). This change, however, was not borne out over time. Massage therapy was found to have positive effects on anxiety, depression, and positive well-being as well as other measures with older adults (Sharpe et al., 2002). Katz et al. (1999) implemented a pilot study using a 15-min chair massage therapy session as the intervention in measuring pain and tension in hospital nurses with positive results (Katz et al., 1999). Further research in the emerging use of massage therapy for stress management is needed as well as a beneficial, convenient timeframe for the intervention. This study is an initial look at the feasibility and the benefit of chair massage for this population of caregivers in a hospital environment. Given that a bedside nurse in a hospital setting is usually allotted two 15 min breaks and one 1/2h lunch break during an 8 h shift, scheduling a 10 min chair massage session within one of the 15 min breaks may be manageable and found to be beneficial.

Methods

Subjects

Reviews of the study were done by the Institutional Review Boards (IRB) of the hospital and the University, as well as the Research Review Committee of the hospital since the study involved human subjects and notably, hospital employees. Inclusion criteria included those nurses with at least six (6) months, full time practice of bedside nursing in a hospital setting. Exclusion criteria included those who regularly receive massage therapy on their own as well as anyone with medical exclusions for chair massage. Bedside nurses were recruited on a voluntary basis to participate in the study through a flyer announcing it which was posted in the nurses' lounges on the four nursing units of the hospital. The flyer included the dates of the study, how to enroll, as well as the inclusion and exclusion criteria. The nurses who met criteria and responded first were scheduled for a specific date and time to meet with the study investigator. Enrollment took place with the nurse manager of the unit. Participants were assigned a number to

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