

Research on the Effect of the Foot Bath and Foot Massage on Residual Schizophrenia Patients



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ABSTRACT

Researchers performed foot baths and massages for residual schizophrenia patients to gauge the effects on psychiatric symptoms. Subjects were six residual schizophrenia patients hospitalized in a psychiatric hospital. Three times a week for 4 weeks, they received an 8-minute effleurage massage to their legs after a 10-minute foot bath. The effect of physiological relaxation was identified by a significant decline in heart rate in all cases. The results of the Positive and Negative Symptom Scale are as follows: a mean score of 29.0 was measured before treatment, which lowered to 21.5 after treatment, indicating that foot care improved their negative symptoms ($p < 0.05$). The results of the Quality of Life Scale before the foot care intervention, were 10.5 and increased to 34.0 after the intervention, indicating improvement in their quality of life ($p < 0.05$). The results of the two measurements indicate that foot baths and massages were effective in improving psychiatric symptoms.

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Psychiatric care in Japan has been shifting from hospital-oriented care to community-oriented care. As a result, hospitalization days in psychiatric hospitals have been gradually reduced. No significant change has been observed for the discharge of inpatients staying in a hospital longer than a year, however, and the issues related to long-term hospitalization have not been resolved yet (Ministry of Health, Labor and Welfare, 2014). According to a survey conducted by the Ministry of Health, Labor and Welfare in 2010, in recuperation wards at psychiatric hospitals, inpatients with scores below 40 on the Global Assessment of Functioning (GAF) account for 64% of all inpatients. Many of those hospitalized in recuperation wards are residual schizophrenia patients, who are easily affected by delusions or auditory hallucinations, making them gravely communication impaired.

In psychiatric wards, various types of rehabilitation have been undertaken in order to relieve stress in social life and prevent recurrence (Iwasaki, 2010). However, there are some schizophrenia patients who are not willing to undertake any rehabilitation therapy no matter how hard nurses urge them to.

In the field of psychiatry, it was once said that physical care was intrusive and in some cases could be a security threat for schizophrenia patients because their ego boundaries were unclear (Kayama, 1999). However, according to Nakai (1984), once patients had distinct psychological boundaries, physical care gave them a sense of security and even relieved their anxiety. In addition, the importance of nursing through physical care started drawing attention in the field of psychiatric nursing care. In fact, it was suggested that physical care provided patients with comfort as well as relief, helping to establish a relationship of

mutual trust between patients and their caregivers (Urayama, Aohda, & Sakurai, 2008) while also helping vulnerable patients recover their ego functionality (Terasawa, 2004). Meanwhile, through the study of physical care skills for schizophrenia patients, Arashi (2009) found that physical care in the remission phase substituted for the function of their physical sense, promoted recovery of the sense, and built a bridge across the divide of mind and body.

These results suggested that physical care gives patients with residual schizophrenia a sense of security and helps them bridge the split between their mind and body. There is a possibility that physical care works directly on their vulnerable ego functions, leading to the recovery of their schizophrenic symptoms.

In Japan, complementary and alternative medicine has become popular. Complementary and alternative medicine, which includes physical care such as massaging, has been used in the field when western medicine has not been effective enough (National Center for Complementary and Alternative Medicine). There have been multiple reports on the effects of massage, including pain relief (Degirmen, Ozerdogan, Sayiner, Kosgeroglu, & Ayranci, 2010) and stress reduction (Hayes & Cox, 1999), as well as a relaxation (Lu, Che, & Kuo, 2011) and healing effect (Cronfalk, Strang, & Ternstedt, 2009). It has been reported that the combination of a foot bath with massage enhanced relaxation effect even more (Hattori, Yamaguchi, Shimada, & Nagano, 2003; Kudo, Kudo, & Tomisawa, 2006; Nitta, Aso, & Kawabata, 2002).

In psychiatric nursing care, studies on the effects of massage have reported improvement in communication and self-care (Fukami, 2009; Uehara & Nishioka, 2010). However, there are few previous studies that clarified the condition of the intervention method, the procedure of the foot bath and massage or the evaluation index.

In this study we provided residual schizophrenia patients with foot baths and massages, and made them feel physiologically relaxed, in

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order to determine whether or not the foot bath and massage brought about their subjective comfort. Furthermore, we examined whether the foot bath and massage improved their psychiatric symptoms and reduced the difficulties associated with their psychiatric symptoms.

METHODS

Definition of Terms

Residual Schizophrenia

Residual schizophrenia patients in this study mean patients with negative symptoms that are prominent after the acute phase symptoms disappear, characterized by blunted emotion, lack in harmonious relationships with others, and a lowered interest in surroundings

Research Methods

Research Design

A quasi-experimental design was used to conduct “pre–post testing” in a single group (Fig. 1).

Duration of Research

For 11 months from April 2012 through February 2013.

Research Subjects

Subjects in this study were 10 patients who were hospitalized in a recuperation ward at a psychiatric hospital and diagnosed with residual schizophrenia, in accordance with diagnostic criteria defined in Diagnostic and Statistical Manual of Mental Disorders fourth revised edition (DSM-IV-TR). We selected these patients because we made a decision that no

disadvantages such as, deterioration of symptoms or decline in quality of life (QOL) would affect them even if they participated in this research.

Pretest

As the researchers who implemented foot care were not qualified to perform foot care, before starting the research, they conducted a pretest of foot massage on six healthy adults based on the protocol prepared by themselves, and confirmed the comfort of foot massage.

Procedure for Obtaining Subjects' Consent for Research

Since the subjects in our study had little contact with other people, were inactive and shut themselves away, the researchers visited the hospital and greeted the patients three times a week to let them recognize our presence during a 1-month research preparatory period. We even gave foot baths and massages to other patients who volunteered. Thus we made every effort to let them know that we visited the hospital for research and were capable of providing them with foot baths and massages as nursing care.

Procedure for Foot Bath and Foot Massage

The patients were kept in a semi-upright sitting position on a chair with the top part of the seat tilted back by 40 degrees and rested with their knees covered by bath towels for 5 minutes before the foot bath and foot massage intervention. They then immersed their feet in 40 °C water in foot bath vessels for 10 minutes. For 2 minutes within the period, we gave them foot massages in the vessels. After the foot massage, we wiped their legs with towels and applied baby oil from their knees to feet. Then we gave an effleurage massage on each of their legs for 4 minutes, or 8 minutes in total. After the massage, we let them rest for 5 minutes. Researchers themselves performed the massage with the method based on a previous study (Kimura et al., 2003) three

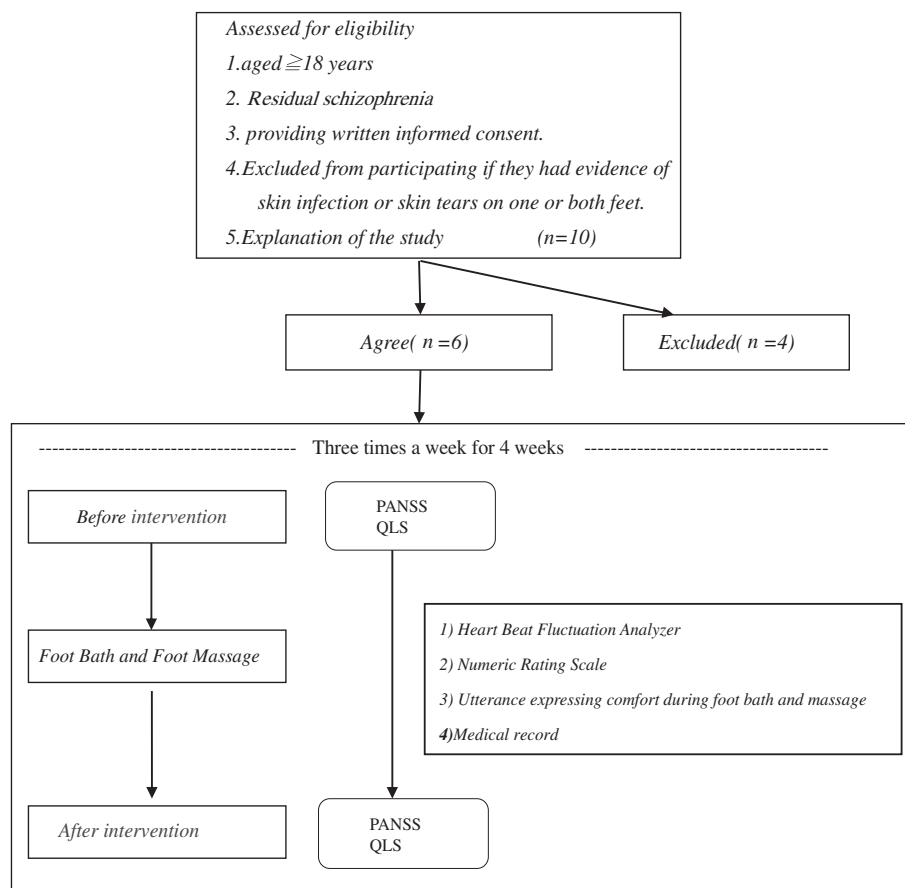


Fig. 1. Study design.

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