

Brief Report

The impact of therapeutic massage on adult residents living with complex and high level disabilities: A brief report

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Abstract

Background: Research into the effects of touch in disabled adults in residential care remains largely unexplored in the current literature. Evidence suggests however, that massage therapy may improve mood state, including anxiety and stress, reduce pain and improve sleep/wake behavior and fatigue. These benefits are of importance as they have substantial impact on quality of life.

Purpose: This pilot study evaluated the effect of therapeutic massage on the quality of life of adults with complex care needs living in residential care.

Methods: Participants were recruited from three residential homes (Queensland, Australia) for 18–65 year olds with severe disability. 25 participants were recruited and received a massage program consisting of five weeks of twice weekly massages. Structured interviews were conducted pre-post intervention. Additionally, mood was ascertained preceding and following each massage session.

Results: Mood of participants improved markedly immediately following massage session ($p < 0.05$) and pre-massage mood was observed to increase over the study period. However, pre- and post-intervention measures indicated massage did not improve pain, sleepiness, depression or stress levels or sustain positive mood three days post-intervention. Participants' satisfaction with their current health significantly improved ($Z = -2.51, p = 0.012$), as did their satisfaction with their current happiness ($Z = -2.06, p = 0.04$), suggesting that massage therapy offered some improvement in quality of life.

Conclusions: The results of this pilot indicates that massage may be of benefit to people living with high care needs and represents a practical innovation providing tactile stimulation that may be integrated into care. © 2016 Elsevier Inc. All rights reserved.

Keywords: Massage therapy; Disability; Quality of life; Residential facilities; Long-term care facilities

Providing practical innovations to improve the quality of life (QoL) of adults living with severe disabilities remains an ongoing issue and challenge for carers of residential facilities (long-term care facilities). Of importance is the current need for increased tactile stimulation. Interpersonal tactile stimulation or 'touch' can provide an effective mean

of influencing social behaviors and aid in the forming of attachments or social bonds.¹ However, research in aged-care residential facilities indicates that touch by health care professionals is frequently only associated with routine tasks necessitated by care duties and are less likely to be a touch intervention.² Research into the effects of touch in disabled adults in residential care remains largely unexplored in the current literature. Evidence for tactile stimulation explored primarily involves the use of some form of massage therapy, with studies of massage therapy applied to institutionalized disabled^{3,4} highlighting the feasibility and acceptability of undertaking massage therapy research in this setting. Previous studies have shown that massage therapy improved mood state, including anxiety⁵ and stress,^{6,7} reduced pain^{5,8} and improved sleep/wake behavior and fatigue.^{8,9} Studies into the effectiveness of massage therapy for the relief of chronic pain have shown massage to increase deep sleep accompanied by lower pain levels⁸ and improved mood.⁷ Lower anxiety levels, decreased cortisol

Conflict of interests: The collaborating organization, Wesley Mission Brisbane, provided financial support for the hiring of a massage therapist and researcher for the duration of the study. In addition, an independent researcher from Griffith University was the lead researcher on the project to minimize any conflict of interest.

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and increased serotonin and dopamine levels have also been reported.^{10–12} These benefits are of significant importance as they have substantial impact on QoL.

People with a disability are significantly more likely to experience physical pain, anxiety and sleep disturbances. Adults with cerebral palsy (CP) in one study reported experiencing pain (average intensity of 5.1 on a 10 point scale) 63% of the time during the previous week,¹³ with pain correlated with depressive feelings and sleep disturbances.¹⁴ People suffering multiple sclerosis (MS) can suffer reactive depression and have a significantly reduced QoL influenced by fatigue, depression, pain and physical activity.^{15,16} Learning disabilities have been associated with increased anxiety¹⁷ and anxiety itself has been shown to be a risk factor for physical disability in the later years, although not independently of depression.¹⁸ Disability in general negatively impacts on QoL and thus strategies for improvement in these areas are desperately needed.

This pilot study aimed to explore the benefit of an organization wide quality improvement measure in three residential facilities for disabled adults with high care needs. Evidence of the benefits of massage therapy in the disabled and sick provided the premise to further explore the implementation of massage therapy in a residential care setting.

Methods

Sample and setting

A large non-government organization collaborated with a university to establish the effects of massage therapy in adults with severe disability living in residential care. This one group pre- post-test pilot study, involved 25 self-selected adults with full-time care needs living in dedicated apartment facilities for people aged 18–65. The sample was drawn from current residents at three sites with 25 out of a possible 29 residents participating in the research. Participation in the project was offered to all residents as part of an organization wide trialling of massage therapy as a health practice innovation. Ethics approval was granted by the collaborating university's Human Research Ethics Committee.

Recruitment of participants was undertaken in such a way as to avoid coercion. An administrative officer, not part of the research or clinical teams, visited the apartments and spoke to residents (and family/decision makers if they were present). The administrative officer presented an overview of the research, described the massage therapy and the physiotherapy assessment, along with a description of the survey question themes (for e.g. pain, sleep patterns), to all potential participants (and family if they were present). A covering letter was provided, which contained the researcher's contact details so that residents and family could contact the researchers if they had any

questions. For residents unable to give consent on their own behalf, a letter explaining the research including a description of the massage therapy, survey question themes, was posted to the residents' legally recognized decision maker. The covering letter contained the researchers' contact details so that decision makers could contact the researchers if they had any questions. The letters to the decision maker were addressed and posted by the manager of the apartments. The researchers did not have access to resident's private details to maintain the participant's confidentiality.

Intervention

The intervention was a program of head, neck and arm massages delivered in a consistent manner by a qualified massage therapist (Supp 1). The program consisted of two, 45 min massage sessions per week, for 5 weeks. During the massage if the massage therapist was concerned that the client was uncomfortable or wanted the massage to stop the Face Anxiety Scale (FAS) or Smileometer (see below) was used to determine the participant's mood.

Mood: anxiety and enjoyment

Initially the pilot study aimed to quantify anxiety levels as a simple measure of mood pre and post massage therapy using the FAS. The FAS is a single-item instrument especially designed to measure the state of anxiety in ICU settings and has been validated by McKinley et al against the Hospital Anxiety and Depression Scale (HADS).¹⁹ It consists of a scale showing five faces representing five different levels of anxiety, ranging from no anxiety to extreme anxiety, scoring from one to five. The resident was asked how much anxiety they felt at the moment of assessment and they provided either a verbal or a non-verbal response, by pointing to the relevant face. Due to feedback from participants that FAS limited their responses to negative or neutral responses the research team opted for a scale that included not only negative emotion faces but also the positive faces that participants wanted to indicate.

The 'Smileometer' was identified as a suitable tool. The Smileometer is based on a 5-point Likert scale and uses five faces representing different levels of emotion from awful to brilliant. It has been used to elicit children's fun and enjoyment following a game or other activity.^{20,21} While our participants were not children a scale that allowed participants with little or no speech to indicate how they felt was needed. In order to test this tool, it was trialled, and the participants reported that the scale gave them the opportunity to reflect negative, neutral and positive responses. The levels of enjoyment of participants were therefore assessed using the smileometer before and after each massage session by the massage therapist ($m = 10$), as well as pre and post-intervention program by a research officer.

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