Submission 163

Aged Care Therapists

June 2003

HUMAN RIGHTS COALITION

Human Rights Coalition

PO Box 642, Brighton, SA 5048 Phone: (08) 8296 7350

Committee Member
Standing Committee on Ageing

11 June, 2003

Re: AC Therapists

Dear Sir/Madam

When I was visiting my grandmother in a nursing home I found that some residents had little in the way of contact with family or friends (for various reasons). The physical contact that many have is often of a perfunctory nature with nursing staff, though high maintenance residents are provided with hand massages by physiotherapists or diversional therapists.

I would like to see the federal government make it a legal requirement for Nursing Homes to employ a an Aged Care Therapist and set up a therapy room, thus had hoped you and your fellow committee members would make a recommendation along these lines. This would involve a substantial government subsidy, but I believe most people would support the expenditure of public funds for this purpose.

Thank you for your time.

Sincerely

Richard Lutz
Director, HRC

Human Rights Coalition

Proposal in Brief

Richard Lutz, Director June 2003

Nursing Homes: Aged Care Therapists

Touch and Age

Everyone wants to live, but no one wants to grow old, for old age, as someone has aptly put it, is a dirty trick. The answer to that, of course, is to die young—as late as possible. But that is mainly a matter of spirit. In most cases the body wears out long before we are ready to vacate the premises. Diseases and disorders may increase, while strength and mobility will be reduced.

Aging often brings limitations due to health problems or disability, but this does not have to bring an end to the quality of life, for while the premises inhabited may break down the spirit can flourish—if it is encouraged to.

In our society the elderly are regarded as biodegradable and superfluous, instead of what they really represent: a biological elite who, having survived the ravages of youth and middle age, have much to offer the world with their weathered wisdom. Almost universally the old have been regarded as the repositories of tradition and wisdom and the conservators of the mores.

This has given them a prestige and a reverence that has seldom been ignored. But in a society in which the cult of youth has become a multi-billion dollar industry, age grading and age segregation add to the problem of the disengagement and stratification that has taken place, separating the young, the middle-aged and the elderly from each other. These social categories constitute dividing lines which set people apart from one another, with destructive social and political consequences.

The young see the old as superannuated, and "on the way out", and the old are inclined to accept the verdict. But the truth is that age is a special privilege which, with it's accumulated wisdom and experience, is superior to the state of unresolvedness and lack of confidence from which it will take years for the young to emerge.

Aging is a poor word for growing. We must find new definitions for old words which have lost their meaning.

I know that touching was
and still is and always will be
the true revolution.

—Nikki Giovanni

There is but one temple in the universe, and that is the body of Man. Nothing is holier than that high form. Bending before man is a reverence done to this revelation in the flesh. We touch heaven when we lay our hands on a human body.

—Novalis

(pen name of Frederich von Hardenberg), 1772. Quoted in Thomas Carlyle's *Miscellaneous Essays*, vol. II.

The way to grow is to retain and develop that youthfulness of spirit which results in the wisdom and genuine youthfulness of many of the elderly. As the song says, "You have a head start if you are among the young at heart."

In short, it is better to live in style, to wear out rather than to rust out. In the course of time the body changes in character, but the spirit within us, like good wine, is capable of improving with time.

The skin represents the most visible of the evidences of aging: wrinkling, spotting, pigmentary changes, dryness, loss of elasticity, and so wearisomely on. With aging, the various tactile nerve endings undergo significant changes.

The structure of nerve endings within the organised corpuscles of the skin undergoes neurofibril breakdown. Tactile corpuscles decrease, exhibiting marked changes in size, shape and relationship to the epidermis.

Throughout the nervous system and its appendages there is evidence of change, mostly in the form of cell and fibre loss. This is reflected in decreased acuity in the sense of touch, in the ability to sharply localise stimuli, and speed of reaction to tactile and pain stimuli.

One of the striking changes with age is, in many cases, the apparent loss of the great sensitivity of the palmar surfaces of the hand. The fingers and palms, in which the greatest number of neuro-tactile elements are located, seem as it were to have become indurated, as if the 'callused' skin has undergone a loss of its ability to transmit and receive its former communications.

However, tactile needs do not seem to change with aging — if anything, they seem to increase. Yet in the Anglo-Saxon world we are taught that the tactual behaviour of childhood is inappropriate in adolescents. Adults may embrace their mothers, but not their fathers; a favoured aunt or grandmother may also be embraced, but not their male counterparts. Males may embrace girls on certain private occasions, but may not do so publicly unless a generally accepted mutual understanding exists between them.

Compared to the female, the male is culturally encouraged, in the Western world, to remain all the days of his life a virtually non-tactile creature—hungering for tactual experience, and seeking it, mainly, through sexual contacts. When, in old age, the male's sexual capacities are diminished or completely reduced, the tactual hunger is more powerful than ever, for it is the only sensuous experience that remains to him.

It is at this time, when he has again become so much dependent on others for human support, that he is in need of embraces, of an arm around his shoulder, of being taken by the hand, caressed, and given the opportunity to respond.

"Does it hurt?" asked the rabbit.

"Sometimes," said the Skin Horse, for he was always truthful.

"When you are Real, you don't mind being hurt."

"Does it happen all at once, like being wound up," he asked, "or bit by bit?"

"It doesn't happen all at once," said the Skin Horse.

"You become. It takes a long time. That's why it doesn't often happen to people who break easily, or have sharp edges, or who have to be carefully kept. Generally, by the time you are Real, most of your hair has been loved off, and your eyes drop out and you get loose in the joints and very shabby. But these things don't matter at all, because once you are Real you can't be ugly, except to people who don't understand."

—Margery Williams
The Velveteen Rabbit

Women need such communications even more than men. Yet this is where we fail the aging most miserably. The aged desire neither to be patronised nor tolerated, but to be understood, respected, and worthy of the love they have bestowed on others. Because we are unwilling to face the fact of aging, we behave as if it isn't there. It is this evasion that is the principal reason for our failure to fully understand the needs of the aging.

The most important and neglected of these needs is the need for tactile stimulation. One has only to observe the responses of older people to a caress, an embrace, a hand pat or clasp, to appreciate how vitally necessary such experiences are for their wellbeing.

On the basis of the kind of evidence cited in the book *Touching: the Human Significance of the Skin*, by Ashley Montagu, it may be conjectured that the course and outcome of many an illness in the aged is influenced by the quality of tactile support the person received before and during an illness.

Furthermore, in a substantial number of cases one may suspect that it was the individuals history of tactile experience prior to his or her illness, and particularly during it, as well as expectations of its continuation, that made a difference between life or death.

In the aged especially, the need for tactile stimulation is a hunger which has so often remained unsatisfied that, in their disappointment, its victims tend to become uncommunicative concerning their need for it.

A perfunctory peck of the cheek is no substitute for a warm embrace, nor is a conventional handshake capable of replacing a caressing hand.

The elderly often have one or more disabilities, such as impaired hearing, vision, mobility and vitality, problems that can make them feel helpless and vulnerable. It is through the emotional involvement of touch that one can reach out through the isolation and communicate love, trust, affection and warmth.

It is especially in the aging that we see touching at its best as an act of spiritual grace and a continuing human sacrament.

The wiser mind
mourns less for what age takes away
than what it leaves behind.

—Wordsworth
The Fountain

Standard Practice

It is well known in professional circles that nursing students tend to avoid touching elderly patients, especially the acutely ill.

Here is an address to nurses by a 90-year-old women, found in her locker in an English nursing home after her death. It was called "A Crabbed Old Woman"—

The body it crumples. Grace and vigour depart.

There is now a stone where once I had a heart.

But inside this old carcass, a young girl still dwells,

And now and again my battered heart swells.

I remember the pain, and I remember the joys,

And I'm living and loving all over again.

And I think of the years, all to few, gone too fast,

And accept the stark fact that nothing will last.

So open your eyes, nurse, open and see,

Not a crabbed old woman.

Look closer. See me.

The expression of such feelings tells us something of the loneliness, the failure of acceptance, and the abandonment that so many of the elderly experience, who are all too frequently regarded as redundant relics who have outstayed their welcome.

These insensitive attitudes constitute an indictment of the values of our society—values which need to be reexamined and replaced by a view which sees age as a special privilege and a promising challenge.

Proposal

I would like elderly people living in Nursing Homes provided with the benefits (physiological and emotional) of modern massage techniques and related therapy by specially trained people, tentatively called 'Aged Care Therapists'.

AC Therapists would be trained to work with the elderly and would be required to pass a government approved training course. This course could be designed by the National Council of Massage and Allied Health Practitioners (NCMAHP) in conjunction with TAFE.

AC Therapists would learn a variety of techniques, as well as client evaluation and communication skills.

Techniques

Ideally, AC Therapists would be required to learn the following techniques—

1. Therapeutic Touch

This is ideal for providing a nurturing experience for those who don't like being physically manipulated due to emotional or physical reasons. One places one's hands on or near different parts of the body for short periods. The radiated heat generated by one's body, in combination with the therapists attention, has a nurturing effect on the recipient.

2. Reflexology

Based on the principle that there are reflex points on the feet, hands and ears that correspond to the organs, glands, and structures of the body. Thumb and finger pressure is applied to these points. Working on these areas releases stress and tension which can lead to improvements in circulation, nervous system function and general wellbeing. Often accompanied by a massage of the area worked on.

3. Holistic Massage

A very gentle and relaxing massage applied in a sensitive and nurturing manner. It has a therapeutic effect on the whole body, both physically and emotionally. It may incorporate elements of Lymphatic Drainage, Myofascial Release and a gentle oil massage. Baby powder can be used instead of oil.

4. Skeletal Mobilisation

SKM techniques reach deep muscular tension that normal massage could not achieve. It involves manipulating the (clothed) body's joints in order to reach deep muscles.

5. Myofascial Release Therapy

It is a subtle and powerful technique to treat soft tissue dysfunction in the form of contracted fascia caused by physical or emotional trauma of some kind. Fascia is a connective tissue that covers every muscle, nerve, bone and internal organ of the human body. This technique is performed without oil.

6. Trigger Point Therapy

Palpitation and stretching of tender areas in the soft tissue to improve movement and reduce pain. For specific treatment of soft tissue injuries, muscular aches and pains, and related conditions. This technique is sometimes performed without oil.

7. Muscular Stretching

Palpitation and stretching of tender areas in the soft tissue to improve movement and reduce pain. For specific treatment of soft tissue injuries, muscular aches and pains, and related conditions. Sometimes performed without oil.

8. Lymphatic Drainage Massage

A rhythmic and relaxing massage following a network of lymphatic drainage paths over the body to help in the elimination of waste and fluid build-up from the body's tissues. A very gentle and relaxing style. No oil is used.

Benefits

A study of the effects on therapeutic massage on nursing home residents by Ms Kwei Cheung found that massage could enhance relaxation of the body and relief of muscle pain, which, in turn, could elevate a patient's mood. The benefits of the above techniques include the following—

Increased circulation
Increased flexibility
Improved immune response
Fewer aches and pains
Less irritability
Less constipation
Sounder sleeping
Emotional comfort
Sense of connectedness

Evaluation and Communication

Knowing what techniques are appropriate to perform is very important. A person may suffers physical pain due to a injury or dislike being touched. Thus therapists must research each client thoroughly so he or she knows what technique is appropriate.

The biggest problem one has in dealing with elderly people is communicating with them, thus it is appropriate that AC Therapists are taught communication skills. A communication course would include interacting with doctors, physiotherapists, nurses and other heath care professionals. Ideally, they would also learn Makaton sign language, an abbreviated version of AUSLAN designed for use by the mentally challenged and people who have contact with deaf people in work or social situations.

Nurses

My research has found that many nurses are quite stressed due to less than ideal staffing levels and the nature of their work. Thus I would like AC Therapists to provide nurses with a short treatment of their choosing (once a week).

Final Words

Now that we have become aware of the need many elderly people have for physical contact, it is time to ask ourselves if we can stand by and do nothing because the subject is too emotionally draining.

We need to remember that our children will one day grow old and no-one may be there to physically comfort them in their final years if they are childless or estranged from their relatives.

Ultimately we all die. There is no cure for old age. Perhaps if we spent less time on futile attempts to avoid the reality of old age and death, and a little more time looking at the needs of the elderly, we could make Australia a better place for all.

I recently came across a book by Viktor Frankl (*Man's Search for Meaning*) in which he writes about his experiences during World War II.

"The experiences of camp life show that a man does have a choice of action. There were enough examples, often of a heroic nature, which proved that apathy could be overcome, irritability suppressed. Man can preserve a vestige of spiritual freedom, of independence of mind, even in such terrible conditions of psychic and physical stress. We who lived in concentration camps can remember the men who walked through the huts comforting others, giving away their last piece of bread. They may have been few in number, but they offer sufficient proof that everything can be taken away from a man but one thing: the last of the human freedoms – to choose one's attitude in any given circumstances, to choose one's way. The way in which a man accepts his fate and all the suffering it entails, the way in which he takes up his cross, gives him ample opportunity – even in the most difficult circumstances – to add a deeper meaning to life."

We live in a wealthy nation, one which has the means to put in place a physical therapy regime for nursing home residents. It is my hope that we can work together to make our nursing homes more like the safe harbour most of our homes were in our youth.

The paved highways of belief through touch and sight leads straightest into the human heart and the precincts of the mind.

—Lucretius

De Rerum Natura
V, 105-107

HRC 101-603

CLINICAL PROJECT REPORT

Therapeutic massage for the elderly

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AGEING is a normal process, the effect of which varies with each individual. According to Vogel (1982) anxiety may be associated with helplessness due to loss of control. Declining physical abilities and loss of sensory functions can be the contributing factors to the feeling of helplessness.

Accompanying the loss of physical control often is a loss of social control. Families may make decisions without consulting the older person. Rowlands (1984) states that, 'if they are hospitalised, the elderly are suddenly faced with group living and relinquishing a whole range of independent actions, often resulting in signs of social withdrawal and feeling of gloom."

Besides that, the elderly may feel ashamed of increased dependency and this affects their self image.

As image of self-worth decreases, feelings of anxiety and emotional upset may increase. Drug therapy is not always effective in altering the negative mood. Is there any alternative to help the elderly to change to a better mood? Can therapeutic massage be of benefit to them?

Review of related literature

Rowlands (1984) states: "Therapeutic touch is actually a massage." She argues that therapeutic massage is a valuable and acceptable form of physical contact between nurses and their clients. In her study, the health promoting effect of the therapeutic massage in dealing with the depressed elderly is confirmed.

Therapeutic touch, a modern version of the laying on of the hands, was introduced into nursing by Krieger (1975). According to Krieger (1975) therapeutic touch does not involve contact with the body of the clients, but contact is always said to be made with the energy field of the client. In Krieger's study (1976) she finds that the clients after therapeutic touch feel profoundly relaxed and have a sense of well being.

Heidt (1980) has researched the effect of therapeutic touch on the anxiety level of hospitalised patients: 90 subjects between the age of 21 and 65, hospitalised in a cardiovascular unit of a large medical centre in New York City were involved in the study. The result shows that subjects who received intervention of therapeutic touch experienced a highly significant reduction in anxiety state when compared to the two control groups.

Keller and Bzdek (1986) have examined the effects of therapeutic touch on tension headache pain. The result shows that therapeutic touch can reduce the headache experienced in 70-90% of the subjects and the effect is enhanced over four hours following the intervention. Only five of the 30 subjects in the therapeutic touch group resorted to another headache treatment in the four hours interim.

The three major effects of therapeutic touch are:

- reduction of anxiety (Boguslawski 1980);
- relief of pain (Krieger 1979); and
- facilitation of the healing process (Krieger 1975, 1981, Boguslawski 1980).

Clark and Clark (1984) have explored the current scientific basis for practice of therapeutic touch as a treatment modality. They found that the empirical support for the practice of therapeutic touch was weak and it was described as "a little more than a practice of placebo".

Research question

Can therapeutic massage alter the negative mood of the elderly client to a more positive one?

PURPOSE OF THE STUDY: To observe the effect of therapeutic massage on the poor mooded hospitalised elderly in a metropolitan hospital.

DEFINITIONS:

1. Therapeutic Massage:
Therapeutic massage comprises the movement of hand over part of the body as the massage medium. In this study the client's back (from neck to sacrum) will be massaged. Massage skills involve a series of smooth stroking (effleurage) movements, moulding palms to the anatomical contours, maintaining full contact throughout.
2. Elderly Clients:
Males or females over 65 years of age.
3. Negative Mood:
The signs and symptoms exhibited in negative mood are insomnia, emotional upset, withdrawal, feeling sad/bored and poor appetite.

Design

The study was a survey utilising the participant observation and descriptive approach. The subjective feelings of the subjects were noted before and after the therapeutic massage.

Methodology

1. Subjects:
All subjects had absolute right to participate voluntarily in the study or refuse/withdraw from the study at any time. The following explanations of the study were given to the subjects regarding:
(i) Definition of therapeutic massage and negative mood.
(ii) Purpose.
(iii) Method and demand as outlined in the consent form.
(Appendix III)

A convenience sample was obtained from the three medical wards in a large metropolitan hospital. The patients were given a mood chart (Appendix I) to fill in until 10 patients were selected. The criteria were as follows:
(i) All subjects were expected to be able to read and understand English.
(ii) They were over 65 years of age.
(iii) They exhibited one or more signs and symptoms of negative moods, e.g. insomnia, emotional upset, withdrawal, feeling bored/sad. The data collected before the study

served as baseline information for comparison later on.

(iv) The subjects were not on any anti-depressant drugs for at least two weeks prior to the study. During the period of study, any subject being prescribed such treatment by the doctor due to change of physical condition would be omitted from the study.

(v) The subjects would have no evidence of cognitive impairment. Ten test items from Hodkinson's Mental Test were used (Appendix II) for screening of the subjects. One point was given to each correct item. Full points would be 10, and 7-10 was the normal range. After the screening test, eight of the subjects gained 10 points and two of them gained 8 points.

Six male subjects and four female subjects were selected. On the fourth day of the program, one female subject had been discharged. Therefore, only nine of them were included in the study.

2. **The Mood Chart: (Appendix I)**

The mood chart was originally developed by Rowlands for her research on therapeutic touch's effects on the depressed elderly in 1984.

The review of Social Science Citation Index 1985, 1986 and 1987 fails to find any further use of this tool. It appears that this study is the first one to use the mood chart since 1984. There is no available information of its validity or reliability.

The Mood Chart is a 5-point rating scale ranging from 1 to 5, negative to positive. The content of the chart was explained clearly to the subjects. Then they were asked to choose an appropriate answer for each item.

The mood chart was filled in by the subjects before and after the whole course of therapeutic massage. The results were compared at the end of the study.

3. **Hodkinson's Mental Test (Appendix II)**

Kane and Kane (1985) stated that, "in a study sponsored by the Royal College of Physicians, Hodkinson (1972) performed a detailed analysis of a cognitive-functioning test. Physicians and staff members in participating hospitals administered the test to over 700 British hospital patients aged 65 or more with the first four days of their hospitalisation". The original 26-item test was analysed and refined to a 10-item one, which was recognised to be a practical measuring tool for elderly people in clinical settings. One point was assigned to each current item. Full point was 10 and 7-10 was supposed to be the normal range.

Procedures

1. The selected subject was asked to sign a consent form which was designed and officially used in the hospital (see Appendix III).

2. During the process of selecting subjects, the subjects were requested to fill in the mood chart as the baseline data for comparison.

3. By using the Hodkinson's Mental Test, subjects were screened for cognitive impairment.

4. The project was conducted in a period of five consecutive days. All subjects received 10 minutes daily of therapeutic massage.

5. Therapeutic massage time was fixed at between 1pm and 3pm (afternoon resting time for the patients in wards).

6. Throughout the study the researcher observed and asked for the subjective feelings of the subjects during and after each massage.

The following questions were asked:

A: How do you feel after the therapeutic massage?

B: Did you sleep well last night?

C: Does the therapeutic massage help to release your muscle pain?

D: How is your appetite today?

The responses on the first day and the last day of the therapy were compared.

7. Immediately after the whole course of therapeutic massage, the subjects were asked to fill in the mood chart again.

8. In order to avoid confusion, the mood charts were dated and coded. They were kept in a secured file and treated confidentially.

Ethical issues

The participation of the subjects in this study was voluntary. Whether or not they consented to participate, they would not prejudice in any way their status within the hospital. They were free to withdraw their consent of participation at any time during the study.

All the information acquired from the subjects was kept confidential. A code had been given to each subject to ensure confidentiality. After the survey, the results were used for study purposes only.

Presentation, interpretation and discussion of data

Of the nine subjects, six were male, aged from 69 to 79 years, and three were female, aged from 68 to 85 years. The average age of the subjects was 74.2 years.

The medical diagnosis of the subjects included strokes, rheumatic arthritis, bilateral below-knee amputation, septic arthritis, anaemia for investigation, acute myocardial infarction and diabetes mellitus. A code had been given to each subject to ensure the confidentiality of the participant (see Appendix IV). Most of the above mentioned medical diagnoses were common pathological conditions which were associated with elderly people.

The comparison between the mean pre- and post-therapy mood scores is presented in

APPENDIX I: MOOD CHART

This is a 5 point rating scale ranging from 1-5.
1 is the most negative mood while 5 is the most positive one.
Please use a ' / ' to show the appropriate answer.

	1	2	3	4	5	
I feel sad						I don't feel sad
I am bored						I am not bored
I don't want to talk to anyone						I like talking to people
I have nothing to look forward to						I have things to look forward to

From Rowlands D, 1984. Therapeutic Touch: Its Effects on the Depressed Elderly, *The Australian Nurses Journal*, 13 (11): 45-46, 52.

APPENDIX II: HODKINSON'S MENTAL TEST

10 test items of Hodkinson's Mental Test.

1. Age.
2. Time to nearest hour.
3. Address recal for end of test.
4. Year.
5. Name of hospital.
6. Recognition of 2 persons.
7. Date of birth.
8. Date of World War I.
9. Name of present monarch.
10. Count backwards 20-1.

Score: 1 point per correct item.
Full points = 10
Normal range = 7-10 points.

From: Kane R.A. and Kane R.L., 1985, *Assessing the Elderly, A Practical Guide to Measurement*. Toronto: Lexington Books, P. 106.

Table 1. '1' is the most negative mood while '5' is the most positive one.

The findings support the notion that therapeutic massage is a useful form of physical contact between the nursing staff and the elderly patients in this study. Comparison between the mean pre- and post-therapy mood scores indicates that therapeutic massage is a valuable method to elevate the mood of the hospitalised elderly, which, in turn, can improve their quality of life.

Particularly in Table 1, Item 2, the mean of pre-therapy score is 1.2 while the mean of post-therapy score is 4, which shows dramatic improvement in the mood of the subjects.

However, the attention received by the subjects during the program might also reduce the anxiety level of the subjects, thus, altering their mood. It has been anticipated as one of the extraneous variables which could affect the reliability of this study.

According to Table 1, Item 1, 3 and 4, the chosen subjects were only suffering from mild down-mood. It appeared that they liked to talk to somebody rather than to keep silent. Their behaviour was quite different from those of the severely depressed patients. The subjects always had something to look forward to, especially to get well and go home soon. Due to this characteristic of the subjects, there is just a little swing to positive mean scores in Item 1, 3 and 4.

The researcher observed and asked the following four questions after every therapeutic massage was given to each subject. The data that were obtained on the first day and the last day of therapy were used for comparison.

Question A: How do you feel after the therapeutic massage?

Comparison of the number and percentage of responses on the first day and the last day in the therapy is presented in Table 2.

This was an open-ended question. Subjects gave their own description of feelings. The researcher classified their subjective feelings into five groups as shown in Table 2. On the first day of the therapy, 22.2% of the subjects felt no difference before and after the massage; 33.4% of the subjects reported comfortable feelings; and 11.1% of them felt relaxed. About 33.3% of the subjects felt so relaxed that they fell asleep at the end of the massage.

While on the last day of the program, 44.4% of the subjects reported that they felt comfortable after the massage and 33.4% of them experienced relaxation of the body and 22.2% of them felt sleepy at the end of the massage. It was observed that the subjects did take one or two days to build up trust and rapport with the researcher when the program was proceeding.

At the end of the program, three of the subjects asked whether the therapeutic massage service would be provided later on in the hospital.

Question B: Did you sleep well last night?

Comparison of the number and percentage of responses on the first day and the last day of the therapy is shown in Table 3.

On the first day of the therapy, there were 55.6% of the subjects suffering from insomnia; only 22.2% of them could sleep well the night before. But on the last day of the program, only 11.1% of the subjects still suffered from insomnia and 66.7% of them were sound asleep the night before. In this study, it was obvious that therapeutic massage was one of the contributing factors to the relaxation of the body which

APPENDIX III: CONSENT FORM

Title of project: The effect of therapeutic massage on negative moded hospitalised elderly.

Name(s) of Chief Investigator(s):
Ms Kwei C. Cheung

General Purposes, Methods and Demands: This study is designed to find out whether therapeutic massage can alter the negative mood of the hospitalised elderly to a more positive one. In this study, therapeutic massage means a series of smooth and gentle stroking movement of hands over your back (from neck to sacrum).

1. You will be requested to complete the mood chart.
2. Depending upon the result from the mood chart, you may or may not be included in the study.
3. If you are included in the study, you will be asked 10 questions to test your memory.
4. Following this, you will receive 10 minutes daily of therapeutic massage for 5 consecutive days.
5. After each massage, you will be asked your feelings regarding to its effects.
6. Following the completion of therapeutic massage, you will be requested to complete the mood chart.

Possible risks, Inconvenience and Discomforts: No risk or discomfort will be anticipated except the limited exposure of your back to the massage therapist during the therapy. The consultant-in-charge of the ward has agreed for you to be approached.

I have been asked to participate in the above research study and give my consent by signing this form on the understanding that —

1. The Research study will be carried out in a manner conforming with the principles set out by the National Health and Medical Research Council, which appear overleaf.
2. I comprehend the general purposes, methods, demands and possible risks, inconvenience or discomforts of the study.
3. If I do not volunteer to participate in the research study I can still receive appropriate treatment for my condition.
4. In giving my consent I acknowledge that my participation in this research study is voluntary and that I may withdraw at any time.
5. I am informed that no information regarding my medical history will be divulged and the results of any tests involving me will not be published so as to reveal my identity.

Signature _____
(By subject if over 18 years, otherwise by guardian or next friend)

Date _____

Witnessed by _____

APPENDIX IV: AGE AND MEDICAL CONDITIONS OF THE SUBJECTS

Code No	Sex	Age	Clinical Diagnosis
A	M	72	Stroke, Diabetes Mellitus
B	F	85	Rheumatic Arthritis
C	M	79	Rheumatic Arthritis
D	M	70	Bilateral below-knee amputation
E	M	76	Septic Arthritis
F	M	69	Diabetes Mellitus
G	M	69	Stroke
H	F	68	Anaemia F/I
I	F	80	Acute Myocardial infarction

could help to sleep well. This question was a close ended question which did not guide good exploration of the quality of sleep that the patient had. Also, it was not specific enough to pinpoint on the effect after the therapeutic massage. However, it could provide data for comparison. As insomnia could be due to many reasons, the researcher could only assume that the patients could sleep better because of the effect of the therapeutic massage.

In future research, the subjects could be asked as follows:

- Did you sleep well last night after the starting of this program?
- How do you feel about the effect of therapeutic massage in relation to your sleep?

Question C: Does the therapeutic massage help to release your muscle pain?

Comparison of the number and percentage of responses on the first day and the last day of the therapy is presented in Table 4.

On the first day of the progam, 77.8% of the subjects reported that the therapeutic massage did not help to release the muscle pain; only 22.2% of the answers were positive. While on the last day of the program 77.8% of the subjects felt that some of the muscle pain had been alleviated, only 22.2% remained unsure of the pain relief effect. Unlike analgesics, the essential components of therapeutic massage process are empathy and a desire to help on the part of the researcher. The only tool that the researcher used was a pair of hands.

In this study, therapeutic massage reduced the muscle pain in 77.8% of the subjects. Following exposure to the therapy, sensation of warmth and relaxation were reported. This corresponds to similar reports of therapeutic touch sensations in the literature (Krieger 1970, Boguslawski 1980).

Question D: How is your appetite today?

The comparison of number and percentage of responses on the first and last day of the therapy is presented in Table 5.

On the first day of the therapy, 44.5% of the subjects had poor appetite and only 22.2% of the subjects had good appetite. On the last day of the therapy, only 11.1% of the subjects still had poor appetite and 66.7% of the subjects had positive improvement in their appetite. The relaxing and comfortable feeling of better well-being could turn the low-tide of mood of the subjects into a better one, which could affect the appetite.

TABLE 1: Comparison between the mean pre- and post-therapy mood scores (N = 9).

Item 1:

I feel sad — I don't feel sad

Scores	1	2	3	4	5	Total Scores	
No. of responses pre-therapy	—	1	3	2	3	34	3.8
No. of responses post-therapy	—	—	2	2	5	39	4.3

Item 2:

I am bored — I am not bored

Scores	1	2	3	4	5	Total Scores	
No. of responses pre-therapy	8	—	1	—	—	11	1.2
No. of responses post-therapy	—	—	1	7	1	36	4

Item 3:

I don't want to talk to anyone — I like to talk to people

Scores	1	2	3	4	5	Total Scores	
No. of responses pre-therapy	1	—	—	1	7	40	4.4
No. of responses post-therapy	—	—	—	—	9	45	5

Item 4:

I have nothing to look forward to — I have things to look forward to

Scores	1	2	3	4	5	Total Scores	
No. of responses pre-therapy	—	—	—	4	5	41	4.6
No. of responses post-therapy	—	—	—	1	8	44	4.9

Evaluation of the study

Due to limitation of human and financial resources, the sample size was small; therefore, the result could not be generalised to cover other situations.

Concerning methodology of the research, it would be more powerful to confirm the results by using experimental design with control groups and follow-up program rather than descriptive approach.

Some questions asked at the end of each massage were not specific enough and they were close ended questions which could not guide the subjects to explore their deeper feelings about the effect of therapeutic massage.

The time fixed for therapeutic massage was at 1pm-3pm, which was the afternoon resting time for the patients in wards. It was actually not an appropriate time for carrying out the therapy because of the occasional interruptions by visitors. It would be better to do the therapeutic massage just before bed time at night, as it could help the subjects to relax and get into sleep easily.

However, the results of this study are consistent with claims in the literature that the therapeutic massage is an effective modality for relaxation of the body and relief of muscle pain. Although the result cannot be generalised to other situations, this study can provide one of the firm stepping stones for nurses to expand their roles in nursing in terms of quality patient care.

Implication for nursing

Therapeutic massage is a means of non-verbal communication which could convey messages of tenderness and care to the recipients. In that sense, the patients/clients may feel comfortable and relaxed. Under such circumstances, they may feel physically and psychologically better off which could help to improve their quality of life.

Mutual trust and good rapport between nurses and patients can also be established on that basis. Because therapeutic massage is considered a natural potential which can be developed by anyone (Kreiger 1979) it could be taught to the nurses and/or the carers.

Once the skill of therapeutic massage has been mastered, it can be practised anywhere (either at home or in hospitals), at anytime when necessary without any high technical machines and expensive set-up. The researcher highly recommends that nurses should learn to practise the therapeutic massage because it is very cost effective and could improve the quality of care to the patients.

Recommendation for further study

It is suggested that the study should be replicated in different areas, on different population and using a larger sample size. A longitudinal and extensive study could be done in the future to evaluate the practical value of therapeutic massage in real-life settings and the improvement of the patients' conditions with practice over time.

It would be of interest to lengthen the intervention period to two weeks and prolong each

massage to 30 minutes in order to further observe the effects on the subjects.

In order to further establish and confirm the value of therapeutic massage, research is needed to explore the scientific basis for the practice. This would include the effect of therapeutic massage on physiological indexes of anxiety such as pulse rate, blood pressure, heart rate, sleep and rest patterns of hospitalised patients.

Patients' previous life experience and cultural differences will affect the perception of touching (Hollinger 1980) which in turn could influence the effect of therapeutic massage on themselves. It is one of the unexplored areas for research as well.

Nurses are in strategic position to research all these areas because they have frequent and continuous contact with the patients and can observe directly the effect of therapeutic massage on quality patient care.

Summary

This study was designed to find out whether therapeutic massage could alter the negative mood of the hospitalised elderly to a more positive one. This study utilised the participant observation and descriptive approach. In this study therapeutic massage was actually a series of smooth and gentle stroking movement of hands over each subject's back (from neck to sacrum).

Ten patients had been selected according to the set criteria. Unfortunately, one dropped out of the study because she was discharged on the fourth day of the program. Subjects were asked to sign a consent form to participate in the study and to complete the mood chart and the 10-item Hodkinson's Mental Test.

Following this, the subjects who were selected according to the criteria, received 10 minutes daily of therapeutic massage for five consecutive days. After each massage, they were asked about their feelings regarding its effects. Following the completion of the programs, the subjects were requested to complete their mood chart. The results of the mean pre- and post-therapy mood scores were compared. Also, throughout the study, the researcher observed and asked questions regarding the feelings of the subjects after each therapeutic massage. The scores of the first day of therapy were compared with the scores of the last day of the therapy.

Study results indicated that therapeutic massage could enhance relaxation of the body and relief of muscle pain, which, in turn, co. ld elevate the patient's mood. Therapeutic massage is a useful and cost-effective way to offer quality patient care.

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TABLE 2: Comparison of the number and percentage of responses on the first day and the last day of the therapy (N = 9).

	Not comfortable	No difference	Comfortable	Relaxed	Sleepy
No. of responses on 1st day	—	2	3	1	3
Percentage	—	22.2	33.4	11.1	33.3
No. of responses on last day	—	—	4	3	2
Percentage	—	—	44.4	33.4	22.2

TABLE 3: Comparison of the number and percentage of responses on the first day and the last day of the therapy (N = 9).

	Yes	On and Off	No
No. of responses on 1st day	2	2	5
Percentage	22.2	22.2	55.6
No. of responses on last day	6	2	1
Percentage	66.7	22.2	11.1

TABLE 4: Comparison of the number and percentage of responses on the first day and the last day of the therapy (N = 9).

	No	Not sure	Yes
No. of responses on 1st day	7	—	2
Percentage	77.8	—	22.2
No. of responses on last day	—	2	7
Percentage	—	22.2	77.8

TABLE 5: The comparison and percentage of responses on the first day and the last day of the therapy (N = 9).

	Poor	Fair	Good
No. of responses on 1st day	4	3	2
Percentage	44.5	33.3	22.2
No. of responses on last day	1	2	6
Percentage	11.1	22.2	66.7

"Minnie Remembers"

How long has it been since someone touched me,
Twenty years?
Twenty years I've been a widow.
Respected.
Smiled at.
But never touched.

I remember how my mother used to hold me.
When I was hurt in spirit or flesh,
she would gather me close,
stroke my silky hair
and caress my back with her warm hands.

I remember Hank and the babies.
How else can I remember them but together?
Out of the fumbling, awkward attempts of new
lovers came the babies.
And as they grew, so did our love.
Hank didn't seem to mind if my body
thickened and faded a little.
He still loved and touched it.
We didn't mind if we were no longer beautiful.
And the children hugged me a lot.

Why didn't we raise the kids to be silly
and affectionate as well as dignified and proper?
You see, they do their duty.
They come to my room to pay their respects.
They chatter brightly, and reminisce.
But they don't touch me.
They call me "Mom" or "Mother" or "Grandma."
Never Minnie.

My mother called me Minnie.
So did my friends.
Hank called me Minnie too.
But they're gone.
And so is Minnie.
Only Grandma is here.
And she's lonely.

—Donna Swanson