



ISSN Print: 2394-7500
ISSN Online: 2394-5869
Impact Factor: 5.2
IJAR 2019; 5(3): 05-09
www.allresearchjournal.com
Received: 04-01-2019
Accepted: 08-02-2019

Martha Sunil Raut
Associate professor, Dr. D.Y.
Patil College of Nursing,
Pimpri, Pune, Maharashtra,
India

Shweta Joshi
Professor, Dr. D.Y. Patil
College of Nursing, Pimpri,
Pune, Maharashtra, India

A study to assess the knowledge and attitude about massage therapy among nurses in labour room of selected hospitals of Pimpri Chinchwad area in Pune city

Martha Sunil Raut and Shweta Joshi

Abstract

Introduction: Today's man lives in a world where everything moves with a tick of a clock and moves around in a world with high technological advancement. Care and concern, of human being is replaced by advanced technology. Nurses will care for mothers by providing massages which help to promote labour and relieve pain. The labour and the birth process is an exciting, painful and anxiety provoking process. Childbirth has been associated with pain, hence throughout history measures have been introduced to help relieve it. Various exorcisms can be found in the records from the ancient civilizations. Massage therapy on Low Back Pain', and it shows that massage can relax the body and direct the attention of the nervous system thereby providing distraction during early labour. Labour proceeds easier and faster if the woman feels relaxed. Massage of different parts using essential oils like Olive oil which works well with her body and promotes relaxation thereby reducing the labour pain perception without any side effects.

Methods research approach: Descriptive survey approach. Research design used was exploratory design. The conceptual framework based on Theory of Goal Attainment model was used for the study which is designed by Imogene King's (1958). The setting for this study was the selected areas of the labour room of selected hospitals like Jijamata Hospital, Bhosari Hospital and Dr. D.Y. Patil Hospital, in PCMC, Pune. Non probability Purposive Sampling Technique was used for 60 samples.

Results: Nurses above Age 31 to 40 yrs. Experience in labour room.3 Yrs & above, It has been observed that in this study exploratory design was used. The population for the present study comprised of nurses in labour room of selected hospitals of Pimpri Chinchwad area in Pune city." Total 60samples were taken, Sample was collected through the use of Non Probability Purposive Sampling Technique. To ensures reliability of tool reliability for knowledge section was assessed. The reliability co-efficient for the knowledge test (The Structured Questionnaire) was calculated, using the Test Re-Test method. The items were coded and the reliability was calculated. The reliability co-efficient was found to be 0.80, so it is significant. The reliabilityco-efficient for the attitude was calculated, using the Test Re-test method.

Conclusion: It has been observed that in descriptive study indicates that there is the justification for taking this study was based on the facts that the incidence rate of severe labour pain is increasing day by day. It describes the steps of goal attainment theory. The Research Method adopted for the study was an Exploratory. The overall knowledge scores of nurses regarding Massage Therapy in labour is good, grade wise distribution of attitude is in the best grade. An association is seen between the age and knowledge of practice of Massage Therapy.

Keywords: assess, knowledge, attitude, massage therapy, nurse, labour room, hospital

Introduction

On the basis of the above references, it can be seen that labour pain is something which each mother has to experience. It is absolutely necessary for the nurses to use massage therapy in labour and also that the need for use of other complimentary therapies is becoming a necessity day by day. The investigator feels that the knowledge of massage therapy is necessary for nurses. The childbearing women experiences many demanding sensations and discomfort during labour and birth. Labour, the culmination of pregnancy is an event with great psychological, social and emotional meaning for the mother and her family. Pregnant women commonly worry about the pain during labour and childbirth. Hence labour pain should be given more importance in women and measures should be taken to reduce pain

Correspondence
Martha Sunil Raut
Associate professor, Dr. D.Y.
Patil College of Nursing,
Pimpri, Pune, Maharashtra,
India

during labour. Be taken to reduce pain during labour. It is well documented that massage therapy particularly massage can be used to increase local circulation and to decrease muscle spasm and stiffness. Massage is often preceded by the application of heat to further improve the extensibility of soft tissues prior to stretching.

Study was to evaluate the knowledge of 46(77%) felt that massage therapy in labour can be given by nurse and only single(1.6%) said relatives can give massage therapy in labour. 32(53%) think that mother's desire should be considered for massage therapy in labour room.53(88%) of them thought that before starting the massage therapy in labour, the nurse should have in depth knowledge about the process of labour.25(42%) of the nurses, massage therapy is practiced mainly in the Ist stage of labour and 8(13%) nurses said IIIrd stage. According to 51(85%) of them, foot massage in labour should be given for 15 to 20 minutes. 30(50%) of them felt that hip, lower back, thighs, hands and legs are the areas to apply the therapy during labour.22(37%) of them stated the best time to use massage therapy in labour as between two contractions.

Research Design

The research design selected for the study was an descriptive survey research design.

Research setting

The present study was conducted in the selected labour room of selected hospitals like Jijamata Hospital, Bhosari Hospital and Dr. D.Y. Patil Hospital, Pimpri Chinchwad Municipal Corporation in Pune city.

Population

The population of the present study comprised of nurses in labour room.

Sample

In the present study the samples are nurses working in the labour room.

Sample size

The Sample size consisted of 60 nurses.

Sample technique

In the present study the sample was collected through Non probability Purposive Sampling Technique.

Criteria for selection of sample

Inclusion Criteria

1. Those nurses who are willing to participate in this study.
2. Those Nurses who have completed the Auxiliary Nurse Midwifery or Diploma in Nursing or Graduation in Nursing Course.
3. Nurses those who are working in the labour room of selected hospitals of Pimpri Chinchwad Municipal Corporation in Pune city.

Exclusion criteria

1. Technicians and Paramedical Staff of the labour room in selected hospitals of Pimpri Chinchwad Municipal Corporation area in Pune city.
2. Those nurses who do not understand the Marathi and English languages.

Development of tool

Consisted of 7 items related to demographic variables. Age, professional qualification, marital status, experience, information about massage therapy, source of information. Consisted of Structured Questionnaire for assessment of knowledge consisted of 19 items related to Massage Therapy. Consisted of attitude scale which was developed using Likert Scale for the assessment of attitude compromised of 15 items related to Massage Therapy. Preparation of the first draft of Structured Questionnaire for Knowledge Assessment. Development of Likert Scale for assessment of attitude. Content Validation of Structured Questionnaire and Likert Scale. Preparation of final draft of Structured Questionnaire and Likert Scale. Finalization of Structured Questionnaire and Attitude Scale. Opinions and suggestions were taken from the experts, which helped in determining the important areas to be included.

Description of the tool

In this study the tool consisted of:

Section A: Demographic Performa

Section B: Consisted of Structured Questionnaire for assessment of knowledge consisted of 19 items related to Massage Therapy.

Section C: Consisted of attitude scale which was developed using Likert Scale for the assessment of attitude compromised of 15 items related to Massage Therapy.

Validity

The tools and content were given to 25 experts. These were received with their valuable suggestions & comments on the study tool. To ensure the content validity of the tool it was submitted to 25 experts. The experts belonged to different fields which included eighteen experts from Obstetrics and Gynaecology department, three from Medical Surgical Nursing, and four from Community Health Nursing Departments, two from Psychiatric Nursing, two from Physiotherapy, one expert in Doctorate in Alternative Therapy in Nursing. Formal written permission was obtained from the Medical Officer, Bhosari Hospital, Jijamata Hospital and Medical Superintendent of Dr. D.Y. Patil Hospital and Research centre, Pimpri Chinchwad Municipal Corporation, Pune. They were requested to give their opinion on the appropriateness & relevance of items in the tool.

Reliability of the tools

The reliability co-efficient for the attitude was calculated, using the Test Re-test method. The items were coded and the reliability was calculated. The reliability co-efficient was found to be 0.99 which is more than 0.8 and so it is found to be highly significant, hence the tool was reliable.

Ethical consideration

- Researcher had obtained approval from appropriate review boards to conduct the study.
- Researcher had taken formal permission from care givers to conduct study.
- Only the samples who had signed the consent form are included in the study.
- Confidentiality of the data is maintained strictly.

Plan for data collection

- Ethical committee clearance
- Permission from the Corporator and Medical Officer of selected hospital.
- Consent from nurses from selected hospital.
- The investigator approached the nurses of selected samples, informed them regarding the objectives of the study and obtained their informed consent after assuring the confidentiality of the data.
- The data collection was done among selected sample by using structured questionnaires for knowledge and of attitude scale which was developed using Likert Scale for the assessment of attitude.

Pilot study

The objective of study and obtained consent for participation in study. A pilot study conducted from 10th November, 2009 to 13th November, 2009 to assess the feasibility of the study and to decide on a plan for a statistical analysis. Prior permission from the administration was obtained from the Medical Officer, Talera Hospital Pimpri Chinchwad Municipal Corporation, Pune. The study was conducted on 10 Nurses. The investigator administered a Structured Questionnaire and A Likert Scale for the assessment of attitude

Data analysis and interpretation

For the analysis of demographic variable would be analyzed in terms of frequency and percentage would be calculated. Mean, Median, Mode, Standard deviation, Percentage, Distribution, Frequencies for assess the knowledge. Fisher's Exact Test' would be applied to determine the significance of findings. The findings would be documented in tables, graphs and diagrams.

Result

Section I: Frequency and percentage distribution of selective demographic variables

The major findings of the study were based on the objective: Description of samples according to personal characteristics in terms frequency and percentage. 26(44%) nurses surveyed were from age group 3-40 years and 23(38%) from age group 20-30 years. 37(63%) of them were professionally qualified as GNM and not a single M.Sc. nursing. 49(82%) were married. 25(42%) of them had more than 3 years of experience. 34(57%) of them had information about massage therapy. 12(35%) of those having information regarding massage therapy had got information from co-professionals.

Section II- distribution of knowledge regarding preparation for massage therapy

1.46 (77%) felt that massage therapy in labour can be given by nurse and only single (1.6%) said relatives can give massage therapy in labour. 32(53%) think that mother's desire should be considered for massage therapy in labour room. 53 (88%) of them thought that before starting the massage therapy in labour, the nurse should have in depth knowledge about the process of labour. 2.25(42%) of the nurses, massage therapy is practiced mainly in the Ist stage of labour and 8(13%) nurses said IIIrd stage. According to 51(85%) of them, foot massage in labour should be given for 15 to 20 minutes. 30(50%) of them felt that hip, lower back, thighs, hands and legs are the areas to apply the

therapy during labour. 22(37%) of them stated the best time to use massage therapy in labour as between two contractions. 3. 30(51%) of the nurses selected hip, lower back, thighs, hands and legs as the area in which massage therapy can be given in labour, whereas 19(32%) selected hand, legs, lower back and abdomen and 9(15%) chose hand, palm, feet hip, lower back, shoulder and remaining 1(2%) of the nurses selected hands, legs abdomen and chest and also it was seen that 52% of the samples selected back and 48% of the samples selected abdomen as the area to give massage therapy for progress of labour. 4.49(82%) of the nurses, massage therapy in labour expresses caring and only 1(1.6%) said it expresses hatred. 44 (73%) of them thought that massage therapy in labour reduces pain and only 3(5%) said it reduces sleep. In the view of 41(68%) of the nurses, purpose of perineal massage in labour reduces perineal injuries. 53 (88%) of them think that massage therapy to hip during labour reduces pain and promote contractions. The purpose of therapy in labour is to improve labour process as per opinion of 49 (82%) of the nurses. 5.19 (32%) of the nurses specified that Olive, coconut, Sesame, all Oils are effective for massage therapy in labour. 23 (38%) of them specified that friction is the massage technique used in labour room and 5 (8%) said it to be pinching. 38(63%) of them thought the meaning of 'effleurage' in massage therapy as circular motions. 6. average knowledge score of nurses is 11.3. standard deviation (S.D.) is 2.702. Thus 50% of the nurses have scored below 11. It shows that the knowledge score of nurses is good. 7. nurses agreed, 26(43%) strongly agreed and only 2(3.2%) were uncertain regarding regular practice of massage therapy in labour with not a single nurse to disagree. 4(68%) of them considered the massage therapy should be made compulsory for all women in labour and 14(23%) were uncertain about it.

Section III-- association between knowledge and demographic variables

1. Age is found to be associated with practice of massage therapy in stage of labour and purpose of massage therapy. It is seen that as the age increases there is increase of knowledge about the practice of massage therapy in stages of labour and purpose of massage therapy. It also shows that the samples with more experience in labour room are more able to tell about the areas of massage therapy in labour. It also shows that experience in labour room is found to be associated with areas of massage therapy.

2. Association between attitude and demographic variables

Age is found to be associated with regular practice of massage therapy in labour. Professional qualification of a nurse is found to be associated with Regular practice of massage therapy in labour. Marital status is found to be associated with Massage therapy as skillful procedure and importance of role of nurse in massage therapy in labour room and experience in labour room is found to be associated with importance of role of nurse in massage therapy in labour room.

Conclusion

The study was a new learning experience for the Investigator. Analysis of the problem faced by the nurses overall knowledge scores of nurses regarding Massage

Therapy in labour is good, grade wise distribution of attitude is in the best grade. An association is seen between the age and knowledge of practice of Massage Therapy. The Married nurses were seen to have more knowledge about the area of massage. It is also seen that with increasing age positive attitude is developed towards the regular practice of Massage Therapy.

Discussion

It is seen here that as the age increases the knowledge about the stage of practice of Massage Therapy in labour increases. It is also seen that more the age, better the understanding about expression of Massage Therapy in labour. The study mentions that married samples had better knowledge about the areas for Massage Therapy. Association between Attitude and Demographic Variables- It is seen that the samples with increasing age have positive attitude towards regular practice of Massage Therapy in labour and the samples with diploma in nursing believed in regular practice of Massage Therapy in labour. The study shows that married samples strongly emphasize on the importance of role of a nurse in Massage Therapy in labour room. It also shows that more the labour room experience, better the understanding about the importance of the role of a nurse in Massage Therapy in labour room.

Limitations

- Data collection period was limited to 4 weeks
- The data was collected only through the baseline data and a Questionnaire.
- The study was conducted to only one group of 60 the present study was conducted in the selected labour room of selected hospitals like Jijamata Hospital, Bhosari Hospital and Dr. D.Y. Patil Hospital, Pimpri pcmc, Pune city. Hence generalization was limited to the population under study.
- Internal validity as the Investigator had no control over the events that took place between the test and re-test.

Recommendations

1. A similar study may be replicated on large samples.
2. A study to assess the knowledge and attitude of nurses regarding complementary and alternative therapies for labour pain management.
3. A study to assess the effectiveness of Olive oil Massage Therapy upon the low back pain of parturient mothers in the first stage of labour.
4. A Quasi Experimental Study to determine the effectiveness of foot massage (Reflexology) in reducing pain in labour.
5. A health teaching may be planned for health workers regarding Alternative Therapies in labour.
6. A study to assess knowledge, attitude and practices of pregnant woman on selected Alternative Therapies.

Acknowledgement

It is something beyond one's human ability to put in words one's sincere feeling of gratitude to those whom one owes something. Firstly, I am grateful to Almighty God whose grace, unconditional love and blessings accompanied me throughout the study. The present study has been completed under the guidance and support of Mrs. Shweta Joshi, Lecturer, Dr. D.Y. Patil College of Nursing Pimpri, Pune. It

was a great privilege to be guided by her. I take this opportunity to sincerely express my gratitude; devotion & regards for my esteemed guide for her continuous guidance, sustained patience, valuable suggestions & timely support from the inception till completion of the study. I express my profound gratitude to Mrs. Rupali Salvi, Associate Professor and the Research Co-ordinator, Dr. D.Y. Patil College of Nursing, for her sustained patience, constant guidance and valuable suggestions from the inception till the submission. I take this opportunity to express my sincere gratitude towards Late Mrs. Vijaya Patil, Ex Principal of Dr. D.Y. Patil College of nursing as well Mrs. Khurshid Jamadar, Principal of Dr. D.Y. patil College of Nursing and the administrative staff for their support & assistance throughout the study period. My sincere & whole hearted thanks to Dr. Nagkumar, Medical Officer, Health Dept., Pimpri Chinchwad Municipal Corporation, Pune for extending their constant support & granting the permission to conduct the study. I would like to take this opportunity to thank all the experts in the field of obstetrics & gynaecology, Medical-Surgical Nursing, Psychiatric Nursing, Alternative Therapy expert Dr. Selin, Physiotherapist and Community health Nursing for their valuable suggestions & validation of the data collection instrument. I also express my gratitude to my husband Mr. Sunil Raut, Shrutika, my lovely daughter, parents & all my family members, I am also thankful to Dr. Gajanan Mankikar, President Anand Medical foundation, Dr. Anil Kale, Trustee and Director of Anand Medical Foundation Nursing Institute, Kuruli, who were a constant source of inspiration. They are my constant support & were helpful to me throughout the study without them I would not have been able to complete this study. I am grateful to Mrs. Nila Sahastrabudhe, H.O.D. Department of Statistics, Sir Parshurambhau College, Pune and Mrs. Vaishali Chirmade, Statistician for their valuable guidance in statistical analysis. I would like to thank Mrs. Archana kapse for translating the English tool in Marathi language. I would like to thank Mrs. Archana Rathod for editing the content of the dissertation. I am grateful to Mrs. Sadhana Adhyapak, Lecturer and Class co-ordinator final year M.Sc. nursing Dr. D. Y. Patil College of Nursing for her constant encouragement, valuable guidance which enabled me, accomplish this study. I am grateful to Mrs. Jayabala Joshi, Lecturer, Dr. D.Y. Patil College Nursing for her constant encouragement, valuable guidance and sustained patience, which made me, accomplish this study. I am also grateful to all faculty members of the College of Nursing for their support, encouragement and valuable suggestions, throughout the period of study. I specially thank all the participants of this study, without their cooperation it would have been impossible to conduct the study. I extend my sincere thanks to all my friends, colleagues and well-wishers for their good wishes for this study. This effort in my academic endeavor would not have been a reality but for the constructive and purposeful support, guidance and encouragement rendered by a number of persons, whose help I specially recognize through this acknowledgement. The proverb that "One can never make alone," could never be truer than in this situation. I have so many well-wishers that I find it impossible to name them all however, deep down in my heart; I will always remember each & every one for their contribution. Martha Waidande

References

1. Aurelia Mclease, Article on "6 quick acupressure point for pregnancy massage therapy, 2009.
2. Baby Boutique, Article on "Use acupressure to induce labour Pregnancy massage therapy, Squidoo LLC Publishers, 2009.
3. Basavanthappa BT, Nursing Research, JP Brothers Medical Publishers, New Delhi, 2007, 40-42.
4. Camilla Peters, Article on "Natural ways to induce labour: Foot massage, 2009.
5. Carolyb Guenther Molly – Massage magazine, 2001.
6. Carolyn Kisner, Therapeutic exercise, 3rd edition, Jaypee brothers New Delhi, 165.
7. Chang MY, Wang SY *et al*, Effects of massage on pain and anxiety during labour, Journal of advance Nursing. 2002; 38:183-188.
8. Chamili Roy. Effect of back massage in promoting sleep, Asian Journal of Cardiovascular Nursing. 2008; 16(2):10.
9. Chung UL, Hung LC *et al*. Effects of L14 and BL67 acupressure on labour pain and uterine contractions in first stage of labour", Journal of Nursing. 2003; 11:251-260.
10. Donna Carlentes Complementary and Alternative Therapies, Spring House Publishers, 330-332, 535-539,
11. Elizabeth holy 1st edition WB Saunders Therapeutic massage, 1998, 40-41.
12. Erin Bicek. Nurses attitudes, knowledge and use of non-pharmacological pain management techniques and therapies, 2004.
13. Field T, Hernandez-Reif *et al*. Pregnant woman benefit from massage therapy, Journal of Psychosomatic Obstetrics and Gynecology. 1992; 20:31-38.
14. Field T, Hernandez- Reif *et al*, Labour pain is reduced by massage therapy, Journal of Psychosomatic Obstetrics and Gynecology. 1997; 18(4):286-291.
15. Gabriella Bering Lisberg, Reflexology during labour, 1999.
16. James. Perceptions of Nurses and mothers in four studies of the peripartum period, The Journal of Perinatal Education. 2004; 10(4):239-244.
17. Jeyalakshmi S. *et al*. Effectiveness of Olive Oil Massage Therapy upon the lower back pain on parturient mothers in first stage of labour, Nursing Nightingale Times, 2008, 48-51.
18. Julia Rogers. Nursing Theories, The base for professional nursing practice, 4th edition, Library of congress Publication, USA, 1995, 110-115.
19. Khan *et al*. Attitude scale of medical students, BMC Medical education, 2006, 16-54.
20. Lowdermilk Perry's Maternity and womens' healthcare, 8th Edition, 74-90.
21. Mrs. Mohanal, Dr. Mrs. A Juide, Assignment of effectiveness of acupressure on labour outcome among primi parturient mothers, Nursing Nightingale Times, 2008, 18-20.
22. Marico Welsh, Article on Contraindications for massage therapy, 2008. Nursing Nigh tingle Times, 2008, 15-20.
23. Khoda N, Karrami A, Safarzadeh *et al*. Effect of massage therapy on severity of pain and outcome of labour in primi para, Iranian Journal of Nursing and Midwifery Research. 2007; 12:1.
24. Nurses of India, 07:9-11
25. Ozge Uzun, Mehtap Tan. Nursing student's opinions and knowledge about complementary and alternative medicine therapies The Journal of Nurse Practitioners, September, 2004, 1(2).
26. Polit D, Hungler BP. Nursing Research Principles and Methods, Philadelphia: JP Lippincot Company, 2008, 126-135.
27. Potter AP, Perry AG. Basic Nursing Theory and Practice, St. Louis: Mosby, 140-151.
28. Shirley Vandarblit. Article Pregnancy massage, body sense magazine, 2002.
29. Slater Victoria's the Nurses' Handbook of Complimentary Therapies, Churchhill Livinstone Punlishers, 2nd edition 1998; 7-15, 47, 55, 131, 147, 163.
30. Stamp G, Kruzins G *et al*. Perineal massage in labour and prevention of perineal trauma, randomized controlled trial, 2001.
31. Vijayalaxmi S, Non pharmacological approaches Nursing Nightingale Times, 2008, 15-20.
32. Taber's cyclopedic Medical dictionary 18th Edition Jaypee Brothers, 1998, 21, 27, 30.
33. Tzeng, Ya-Ling *et al*. Low back pain during labour and related factors, Journal of Nursing Research. 2008; 16:3:231-240.
34. William MT. Trochim Likert scaling, 2006. Websites
35. www.biomedcentral.com
36. www.babyworld.co.uk/information/birth/pain_relief
37. www.birthnaturally.net.in/technique//massage
38. www.bmj.journals.com
39. www.cfpc.ca/english/research/17.
40. www.changingminds.org/explanations/research/measurement/Likert scal
41. www.freeonlinelibrary/Dsc00802-jpgfiles/pregnancy massagetherapy/usingacupressuretoinducelabour
42. www.experiencefestival.com/likert_scale
43. www.internethealth.library.com/therapies/massagetherapy research
44. www.massagemag.com/news/
45. www.medscape.com/viewarticle/494120_8
46. www.nzma.org.nz
47. www.ncbi.nlm.nih.gov
48. www.socialresearchmethods.net
49. www.wellmother.org