

NHPCO *Practice Report*

Implementation of a Massage Therapy Program in the Home Hospice Setting

Joseph P. Polubinski, PhD and Laurie West

Introduction

As a complementary therapy, massage provides a cost-effective therapeutic tool with low risk if appropriately administered.¹ A growing body of research indicates that massage can be an effective therapeutic tool for pain relief and symptom management. For example, a recent study reports the results for a large group of patients with cancer who received massage therapy for pain and symptom control.² The authors describe major, clinically relevant, and immediate improvements in self-reported symptoms, such as pain and anxiety among others, following massage. Given that provision of comfort and symptom management is one of the primary goals of hospice care, it would appear that the rationale for using massage with hospice patients also exists.

However, the approach a massage therapist takes with a hospice patient may be quite different from the approach a therapist takes with patients with less advanced disease and debility. Some massage techniques may not be appropriate for persons nearing the end of life because they may be too stimulating or disturbing—physically, mentally, or even emotionally. In addition, some patients may have

diseases or may be receiving medical treatments for which massage is contraindicated. Therefore, for certain hospice patients, slower, gentler techniques applied to unaffected areas may be more appropriate.

With such restrictions, can massage be an effective treatment modality for pain and symptom management in hospice? The findings of a recent study of hospice patients suggest the effects of one particular technique may be helpful but limited. In the study, patients receiving only hand massage had increased comfort over time; however, symptom distress remained unchanged.³

Our report describes the provision of massage therapy to hospice patients for pain and symptom management and demonstrates its immediate effects using a pre-post treatment design. Specifically, we examine the changes in patients' self-ratings of pain, anxiety, and peacefulness. Pain and anxiety were chosen because these symptoms are frequently experienced by hospice patients and have been frequently measured and reported in massage therapy studies.^{2,4,5} Peacefulness was added as a complement to the other scales. Peacefulness was chosen in part because of its relationship with the more holistic goals of the hospice approach to care, and "being at peace" has been shown to be considered important by patients at the end of life.⁶

Intervention

Patients and families were informed of the volunteer massage therapy program at The Hospice of the Florida Suncoast, including program objectives, limitations, and potential benefits. Massage was provided based on assessed patient need and availability of the volunteer therapist.

Patients of The Hospice of the Florida Suncoast were referred by primary registered nurses (RNs) for massage therapy in the 6-month period of January to June 2004. The majority of patients ($n = 15$) had a primary diagnosis of cancer that had metastasized to other parts

Address reprint requests to: Joseph P. Polubinski, PhD, The Hospice Institute of the Florida Suncoast, 300 East Bay Drive, Largo, FL 33770-3770, USA.

Joseph P. Polubinski, PhD is the Director of Research and Laurie West, BS is the Director of Quality & Service Excellence at the Hospice of the Florida Suncoast, Largo, Florida, USA.

of the body. The remaining patients' primary diagnoses included respiratory conditions ($n = 8$), neurological disorders ($n = 7$), and cardiac and circulatory diseases ($n = 2$).

A primary RN could refer any patient for massage therapy except those who were receiving blood products or anticoagulants, had a diagnosis of multiple myeloma, or had a history of deep vein thrombosis in the past 3 months. These patients could receive massage therapy, but required a doctor's order to do so. Patients with bony metastases did not require a doctor's order; however, bony metastases were considered as "site restrictions." This meant that RNs could refer patients for massage if there was no indication of bony metastasis to the massage site.

All massage therapists held current State of Florida licenses and attended a 6-hour training session designed by The Hospice of the Florida Suncoast to educate them on the philosophy and ethics of hospice work. Additional components of the training included the process for receiving referrals, clinical indications and contraindications for interventions with hospice patients, and documentation. The massage therapists were also trained in data collection and administration of the pain, anxiety, and peacefulness scales.

Before administering the massage, the licensed massage therapist (LMT) reviewed the patient's request, assessed the patient's needs, and established therapeutic goals consistent with the interdisciplinary plan of care. Each session was individualized, with special consideration given to the unique situation of the patient. The LMT performed the massage therapy procedure, utilizing oils and techniques appropriate to the patient's diagnosis and attitude at the time of the session. The LMT avoided direct contact with any rashes, open sores, wounds, bandages, or transdermal medication patches. Flexibility and creativity were essential. At times, it was necessary to gently massage only

one distal area. However, every attempt was made to massage as much of the body as possible whenever desired, appropriate, and feasible.

Sessions averaged 58 minutes in length, and in addition to the massage, included time for the review, assessment, and establishment of goals. Immediately before and after massage therapy, patients were asked to rate their pain, anxiety, and peacefulness. Patients rated levels of pain and anxiety using a 0 (not present at all) to 10- (highest possible level) point scale. For peacefulness, 0 represented the "highest possible level of peacefulness" and 10 represented "not peaceful at all." For consistency between scales, lower scores always represented more favorable ratings.

Results

Data were collected on a total of 151 massage therapy sessions with 32 patients. The immediate effects of massage therapy on symptoms are shown in Table 1. Although the therapy sessions were individualized, the effects were consistent with those reported for non-hospice patients diagnosed with cancer.^{2,4} On average, from the start of a therapy session to after the end of the session, the patients reported a 52% reduction in pain scores and experienced similar improvements in anxiety and peacefulness.

The relationship of the effect-size to the level of pain at the start of each session was also examined. Using an extreme quartile-split, sessions were grouped by the patients' pre-treatment pain level: low (pain levels of 0-2), moderate (pain levels 3-5), and high (pain levels 6-10). A sizeable degree of improvement was achieved across all three pain levels (Table 2).

Study Limitations

Because a control group was not used, this study demonstrates an effect-size rather than

Table 1
Improvements in Self-Ratings Following Massage Therapy

Symptom	Sessions	Pre-Treatment		Post-Treatment		Change	% Improvement
		Mean	SD	Mean	SD		
Pain	151	4.2	2.4	2.0	1.9	2.2	52
Anxiety	151	3.8	2.6	1.8	2.2	2.0	53
Peacefulness	151	4.0	2.6	1.9	2.3	2.1	52

Table 2
Improvements in Pain Self-Ratings by Pre-Treatment Pain Level (Group)

Pain Level	Sessions	Pre-Treatment		Post-Treatment		Change	% Improvement
		Mean	SD	Mean	SD		
Low	36	1.1	0.8	0.4	0.7	0.7	60
Moderate	74	4.1	0.9	1.8	1.4	2.3	55
High	41	7.1	1.2	3.8	2.0	4.3	47
Total	151	4.2	2.4	2.0	1.9	2.2	52

providing a test of the effect. Another limitation of this study is the unknown cumulative effect of massage. Due to the manner in which outcome data were tracked, the unit of observation was the "session," not the individual. One fourth of the patients ($n = 8$) received only one treatment, and the remainder received multiple therapy sessions: half of the patients ($n = 16$) received between 2 and 7 treatments, and one fourth ($n = 8$) received between 8 and 14 treatments.

Implications for Practice

The Hospice of the Florida Suncoast is continually exploring options to improve the quality of life of the patient and family. Even for the hospice patient, where there may be severe limitations on the application of massage, massage therapy can provide significant and immediate relevant improvements in pain and anxiety and can increase peacefulness. The improvements in symptoms noted in our study are commensurate with the improvements in symptoms noted in larger, more controlled studies.^{2,4}

Moreover, massage therapy seems a natural fit for hospice patients, who also greatly appreciated receiving the massages. When asked about the effects of massage just after receiving a

treatment, one patient responded enthusiastically, "How much better can it be?"

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