

Massage Therapists' Experiences with Cancer Patients on Isolation

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Purpose: To describe the massage therapist's experience working as part of a research study team with patients undergoing treatment with cancer.

Description: Two hospital-based and three community-based massage therapists completed the training to participate in providing massage in this study. Three of the therapists were nurse-massage therapists. All were nationally certified by the National Certification Board for Therapeutic Massage and Bodywork and certified by the Virginia Board of Nursing, the governing body for massage therapy in the Commonwealth of Virginia. Four of the five therapists (80%) were members of the American Massage Therapy Association. The average years of experience with massage therapy was 4.5 years at the start of the study. Four of the five therapists (80%) had worked previously with patients with medical conditions; three of the five (60%) previously had provided massage to patients in-hospital and had worked on patients who were in hospital beds; all therapists had provided in-home massages. Four of the five therapists (80%) previously had worked previously with patients with cancer. None of the therapists had prior experience working with patients who were receiving bone marrow transplant or stem cell transplant. Prior to this study, two of the five therapists (40%) had provided massages wearing gloves and one (20%) had provided massage while wearing a mask. None of the therapists previously had provided massages wearing isolation gowns. All therapists completed the Institutional Review Board CITI online training for protection against research risks, reviewed study information, and completed a 3-hour training session specific to the massage protocol, hospital environment, isolation procedures and cancer treatment.

Procedures: The massage therapist completed a pre-study survey about their prior experience with massage and patients with cancer or patients on isolation and a post-study survey about their experience working with cancer patients on isolation.

Critical Results: The post-study survey completed by each therapist indicated the therapists did not believe that glove use interfered with their ability to provide comforting massage. More lotion than is usually needed for massage was required to increase the glide capacity of the gloves, as the gloves tended to produce a drag on the skin without sufficient lotion. No gloves were required for any of the massages in the home environment. The therapists reported that there had been occasional interruptions in the massage sessions provided to participants in the hospital to permit other patient care activities. The therapists did not report any difficulties in providing massage in the home environment. However, scheduling of in-home massages was complicated by the difficulty of finding a community-based therapist in several rural areas, as well as, coordinating the in-home massage with a time that was best for the participant.

Discussion of Significance: While the massage therapists needed to wear gloves for all in-hospital massages, only one participant reported that the gloves interfered with the massage experience. Massage therapy training should include the use of barrier protection (gloves) in medical massage courses to ensure that therapists are prepared to work with patients on isolation. It is feasible to provide massage to patients in isolation. Locating massage therapists in some rural areas provides the same challenges as accessing health care for residents of rural communities.