

A Study to Evaluate the Effectiveness of Massaging of Foot on the Level of Pain among Post-Operative Patient at Selected Hospital of Badami

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Abstract:- Physiological reaction to torment makes destructive impacts that drag out the body's recuperation once medical procedure. Patients routinely report delicate to direct agony in spite of the fact that torment prescriptions are managed. Complimentary strategies upheld sound examination discoveries are required to enhance post agent relief from discomfort exploitation restorative forte administration. Foot knead can possibly help relief from discomfort. Kneading the foot invigorates the mechanoreceptors that initiate nerve strands to release endorphins that keep torment transmission from achieving cognizance. The present study aims at assess the effectiveness of foot massage on the amount of pain, among post operative patients with abdominal surgery.

➤ *The Objectives Of The Study*

- To work out the extent of pain of post operative abdominal surgery patients before implementation of foot massage as measured by a numerical pain scale and empiric check list.
- To seek out the effectiveness of foot massage on the extent of pain pressure in terms of reduction in pain.

➤ *Materials And Method*

Pre-experimental one group pre test post test design was used for the present study. Sample consisted of 30 post operative patients with abdominal surgery, who met the inclusion criteria. Tools used were Observation checklist and numerical pain scale to assess pain intensity. Data was analyzed using descriptive and inferential statistics.

➤ *Result*

The findings of the study showed a significant difference in level of pain between the pre and post foot massage sessions immediately and after 10 minutes of FM, ($t_{29} = 12.041$, $t_{29} = 22.71$, $t_{29} = 12.59$, $p < 0.05$) for the observation checklist, and ($t_{29} = 17.02$, $t_{29} = 23.234$, $t_{29} = 9.865$, $p < 0.05$) for the numerical pain scale.

There was no significant association between pre foot massage pain and the selected variables such as age ($\chi^2 = 0.109$) and type of surgery ($\chi^2 = 0.670$, $p > 0.05$).

➤ *Conclusion*

Foot massage is a simple non invasive cost effective method that can be used effectively for the management of post operative pain.

I. INTRODUCTION

Pain may be a distressing feeling usually caused by intense or damaging stimuli. The International Association for the Study of Pain's wide used definition defines pain as "an unpleasant sensory and emotional expertise related to actual or potential tissue injury, or delineated in terms of such damage";

Pain is a complex, multifaceted phenomenon. It is an individual, unique experience that may be difficult to describe or explain, and often difficult for others to recognise, understand, and assess. Pain often leads to debilitation, diminished quality of life and depression. Pain management challenges every healthcare team member, for there is no single universal treatment.

Pain motivates the individual to withdraw from damaging things, to guard a broken piece whereas it heals, and to avoid similar experiences within the future. Most pain resolves once the deadly input is removed and therefore the body has cured, however it's going to persist despite removal of the input and apparent healing of the body. generally pain arises within the absence of any detectable input, injury or illness.

Suffering is a frequent consequence of pain and comfort may not be possible in the presence of pain. Helplessness and suffering are experienced when individuals have insufficient resources and are unable to cope up. Pain is usually transitory, lasting only until the noxious stimulus is removed or the underlying damage or pathology has healed, but some painful conditions, such as rheumatoid arthritis, peripheral neuropathy, cancer and idiopathic pain, may persist for years.

Pain that lasts a long time is called chronic or persistent, and pain that resolves quickly is called acute. Traditionally, the distinction between acute and chronic pain has relied upon an arbitrary interval of time from onset; the two most commonly used markers being 3 months and 6 months since the onset of pain, though some theorists and researchers have placed the transition from acute to chronic pain at 12 months.

II. NEED OF THE STUDY

Studies demonstrate that torment administration following medical procedure keeps on being insufficient. Outcomes of under-treated agony incorporate an expanded rate of sickness and regurgitating, expanded inclination to respiratory and portability inconveniences.

Agony drugs might be more compelling when joined with other relief from discomfort systems. The adequacy of the medication might be expanded with change in the situation of the customer, back rub, foot rub, or basic collaboration with the patient. Foot and hand knead can possibly help relief from discomfort.

Back rub invigorates cutaneous mechanoreceptors that initiate huge essential afferents. Back rub is the most generally utilized reciprocal treatment in nursing practice. It is one of the manners in which medical attendants use to convey minding to patients and contact is fundamental to the attendant's job in mending. Back rub is an all-inclusive type of touch, which results in shared vitality trade. It mitigates torment and creates unwinding. It builds torment edges, and along these lines adjusts a person's impression of torment. A ten-minute foot rub was found to have a huge quick impact on the impression of agony, queasiness and unwinding when estimated with visual simple torment scale.

A pre-test post-test single gathering plan with members filling in as their own controls was led in a 39-bed unit at an extensive showing healing center in the mid-west between May 1, 2000 and May 1, 2001 to discover the impact of foot and hand back rub to diminish torment among postoperative patients who had experienced gastro-intestinal, gynecological, head neck plastic or urological medical procedure. A 20-minute foot and hand rub (5 minutes on every furthest point) was given and the agony power and trouble were estimated by a 0-10 numerical scale in the changed brief torment stock. The subjects detailed a 56% diminishing in torment power from 4.65 to 2.35 ($t=8.154$, $P < 0.001$). Agony trouble diminished from 4.00 to 1.88 ($t=5.683$, $P < 0.001$). The symptomatic reaction to torment including pulse and respiratory rate additionally essentially diminished ($P < 0.05$).

A semi exploratory examination was led at Municipal Hospital, Mumbai in 1996 to recognize the impact of back rub on the agony of postoperative patients who had under gone shut mitral commissurotomy. The consequence of the examination demonstrated that on second postoperative day 35% patients in the trial aggregate gotten analgesics, though

every one of the patients gotten analgesics in the control gathering. With respect to the recurrence and time of admission was concerned, the individuals who required analgesics in the test gather gotten it just once though in the control aggregate 75% gotten twice.

III. STATEMENT OF PROBLEM

A study to evaluate the effectiveness of massaging of foot on the level of pain among post-operative patient at selected hospital of Badami.

IV. OBJECTIVE OF THE STUDY

- To assess the pain before & after foot massage among post-operative patients
- To compare the difference in pain among post-operative patients between pre and post test
- To find the association between pre-test scores in pain and their selected demographic variables among post-operative patients.

➤ Hypothesis

H₁: There will be a significant difference in pain among post-operative patients between pre and post test

H₂: There will be a significant association between pre test scores in pain and their selected demographic variables among post-operative patients.

➤ Assumptions

- Pain is an individual unique experience.
- Postoperative pain is poorly controlled by pharmacological means alone.
- Foot massage is one of the effective non-pharmacological methods of pain relief.
- Pain causes increase in heart rate and blood pressure.

➤ Research Approach

Evaluative approach.

➤ Research Setting

Selected hospitals at Badami.

➤ Research Design

Experimental design

➤ Population

Postoperative abdominal surgery patients admitted in selected Hospitals during the time of data collection at Badami.

➤ Sample Size

200 patients in selected hospitals of Badami.

➤ Sampling Technique

Convenient Sampling technique.

➤ *Inclusion Criteria*

- Patients in selected hospitals of Badami.
- Patients able to understand read and write Kannada.
- Patients willing to participate in the study.
- Patients present on the day of data collection.

➤ *Exclusion Criteria*

- Patients not willing to participate in the study.
- Patients who are absent on data collection day.

V. RESULTS

Characteristics	Frequency	% of respondents
Age in years		
21 to 25years	26	21
26 to 30years	38	44
31 to 35years	26	21
36 and above years	10	14
Gender		
Male	64	65
Female	36	35
Religion		
Hindu	64	65
Muslim	32	28
Christian	4	7
Annual income of the family		
Below 10,000	18	19
10001-15,000	58	58
15001- 20,000	20	19
20000 & Above	4	4
Type of family		
Nuclear	52	52
Joint	48	48
Residential background		
Urban	15	31
Rural	35	69
Total	100	100.00

Table 1:- Distribution of study subjects according to different socio-demographic characteristics

Above table shows the results of 100 patients admitted in different hospitals of Badami who have undergone abdominal surgery at selected hospitals according to researcher choice of the particular hospital in Badami,

Pre test and post test massage pain of post operative abdominal surgery admitted in different selected hospital at Badami.

Patients admitted in different hospital of Badami are selected around 100, who are undergoing abdominal surgery,

and these patients were assessed by standard check list and pain scale

N=100				
Objective assessment of pain Using observation check list		Range	Mean	SD
O ₁ (Pre)		8 – 13	10.67	1.322
O ₂ (0 th minute)		5 – 11	8.00	1.314
O ₃	(10 th minute)	3 – 7	4.77	1.165
Numerical pain scale				
O ₁ (Pre)		6 – 10	7.47	1.042
O ₂	(0 th minute)	3 – 7	5.70	0.952
O ₃	(10 th minute)	3 – 7	4.53	0.937

Table 2

Data in Table shows that range of mean pre test pain level (8-13 as per objective assessment and 6-10 as per numerical pain scale) were higher than that of mean post test pain level (3-7 as per objective assessment and 3-7 as per numerical pain scale) respectively. It is evident from the table that the mean pre test pain level ($X_1=10.67\pm1.322$, 7.47 ± 1.042) was higher than the mean post test pain level ($X_2=4.477\pm1.165$, 4.53 ± 0.937)

Paired ‘t’ test showing significant difference between pre- and post-foot massage pain level

N =100				
Objective assessment of pain	Mean	SD	t value	
O ₁ - O ₂	2.667	1.213	12.041*	
O ₁ - O ₃	5.900	1.423	22.710*	
O ₂ - O ₃	3.233	1.406	12.590*	
Numerical pain scale				
O ₁ - O ₂	1.767	0.568	17.026*	
O ₁ - O ₃	2.933	0.691	23.230*	
O ₂ - O ₃	1.697	0.648	9.860*	
t ₍₂₉₎ at 0.05 level = 2.045				
*Significant				

Table 3

It is evident from Table that the calculated ‘t’ values are greater than table value ($t_{(29)} = 2.045$, $P<0.05$) showing that there was significant difference in the pre and post-foot massage pain score. Hence the null hypothesis rejected and research hypothesis accepted

VI. CONCLUSION

The chapter presents the conclusions drawn supported this study. This study tried to search out the effectiveness of foot massage on the extent pain of surgical patients with abdominal surgery.

- The pre-foot massage pain level was considerably above the post-foot massage pain level.
- The highest significance of distinction in pain level was found between pre-foot massage and ten minutes when foot massage.
- There was no vital association between pre-foot massage pain score, age, and sort of surgery.

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