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Original Paper

## The Benefits of Using Complimentary Therapies in Midwifery Practice

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### Abstract

The purpose of this research was to clarify the benefits to caregivers of adopting therapies complementary to the nursing discipline. This study took place at a mixed gynecological and pediatric ward in hospital A. The study took place from March, 2003 to March, 2004, and the midwives and the nurses were interviewed on several separate occasions. The research was explained by the researcher and discussed with the ward staff, and the data was analyzed in the light of these discussions. This study found that medical staff could more effectively help their patients by using complementary care that included both massage and the use of aromatherapy. These therapies allowed for better interaction between the medical staff and the patient. As a result, the staff had a higher degree of satisfaction with their clinical practice. Complementary care was found to benefit regular nursing disciplines, improve staff job satisfaction, and lower stress levels. Further research needs to be done to discover the continuing factors that will allow for enhanced/ enhancing care.

### Introduction

The medical profession currently tends to treat the pathophysiology of patients rather than taking the holistic approach, thus falling short in its treatment of the patient's emotional needs. The medical profession, accordingly, faces many dilemmas because of its lack of opportunity to carry out adequate care for patients. This causes a decrease in job satisfaction and dissatisfaction with the usual care at the hospital. Aromatherapy and massage can be used to fill this gap, as well as to improve the patient's response to traditional treatments[1]. There are a large number of texts that show the benefits of using holistic care with hospitalized patients. The appropriate use of these modalities will enhance the quality of patient care and will compliment conventional treatment regimens[1,2]. During the course of this study, the medical professionals benefited, both in their own health and in greater job satisfaction, from including aromatherapy and massage in their nursing discipline. The staff felt that they were able to provide a greater depth of care than the usual nursing routine allowed. This encouraged better interaction between the medical staff and the patient and, accordingly, the staff felt more satisfied with their clinical practice.

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## Background

The use of complementary therapy, including aromatherapy, within a health care setting has grown rapidly in recent years, and is expected to continue to do so. It is used 30% more often in midwifery practice, especially to help women relax during childbirth[1].

The combining of wards in Japan has been accompanied by cases of falling quality in midwifery care due, perhaps, to a decline in the midwives' job satisfaction which may have been caused by conflicts between the midwife staff and the requirements of working in a mixed ward.[2]. The mixed ward has also caused the quality of care for women in childbirth to chronically decline because the midwives are unable to concentrate on taking care of the deliveries.

The researcher met a midwife who introduced the use of complementary therapy into her practice, in this case using aroma oils and massage, in order to change her own style of care for a woman in labour. The midwife sought to break through her own fixed midwifery practices. Her behavior affected her colleagues and they gained benefits from the use of aromatherapy in their practices. The researcher thought that hidden in these benefits might be the key to enhancing midwifery practices.

## Purpose

The aim of this study was to clarify the benefits to caregivers who adopt complimentary therapies into the midwifery discipline.

In this research, using aroma oil, massage and rudimentary acupuncture, within the midwifery discipline, were all accepted as being complimentary therapies.

## Method

This was a "naturalistic study" using the "action research style". "Participant observation" was by the author and 2 midwives who were working in the A ward. The participants, nine midwives, were observed and informally interviewed during the day shift by using the "participant-as-observer" method. Interviews were mostly held after complimentary therapy had been conducted. The interviewer approached care-givers who used or talked about complimentary therapy on the ward, asked for permission to interview them, and, if they agreed, asked their reasons for their responses and feelings towards using aromatherapy. The participants were subsequently interviewed about what they thought about using complimentary therapy in the clinical setting.

The study was conducted off and on from March 2003 to March 2004. The data was explained by the researcher and discussed with the staff working in the ward, and the data was analysed. After completing the analysis the results were shown to all the midwife-staff to ascertain their responses to the findings.

## Ethical considerations

Prior to this study, an explanation was given to the participants about the purpose of the study, the method and the use of the results. Also the analysed data was shown to the participants to ensure a clear expression of the meaning of the data. The researcher informed the participants that they could decline

to cooperate if they felt that they did not want to be a part of this study. Moreover, permission to use the data was requested from the participants, and the researcher made it clear that she would not use the data unless this permission was granted. Consent was obtained from all the participants.

Results

Object: About the ward at hospital A

On the ward, the job of midwife was complicated because there were multiple departments. The midwives tended to have more experience than the nurses and therefore were expected to fill leadership roles in the clinical setting and, because of this, the midwives could not concentrate their care on childbirth. Midwives often left women alone during delivery only observing the delivery process to check for abnormalities. As a result of this, the midwives' job satisfaction was low and the routine work was getting dull.

Interviews were conducted with all of the ward's midwife staff, but the midwife who had introduced aromatherapy to the ward was, naturally, of particular interest. This midwife was interviewed in greater depth and detail. The interviewer did, however, seek the opinions of the other midwives, as much as possible, in the hopes of mitigating this bias. The researcher tried to observe as much of the use of complementary therapy on the ward as possible.

Table 1 The characteristics of the ward at hospital A.

<b>Outline</b>
<p>"A" hospital: Established in 1946.</p> <p>The mixed Ward: Gynecology and obstetrical patients, Pediatric, Others (Cardiology, Ophthalmology, Otolaryngology, Premature/ Sick infants)</p> <p>Average number of operations per week: 6</p> <p>Average number of childbirths per year: 260</p> <p>The proportion of cesarean sections: 15%</p>
<b>About staff</b>
<p>Average staff experience on "A" ward: midwife 13.5 years (SD 10.6) nurse 2.8 years (SD 1.6).</p> <p>The midwives are well experienced; there are very few incidents during childbearing.</p> <p>All the staff on the ward work keenly.</p> <p>Midwives tended to take leadership roles due to their longer working experience on the ward as compared to the nurses.</p> <p>Midwives had been seeking an opportunity to get out of their usual daily job situation such as routine centered-work.</p> <p>Despite working properly they have less confidence.</p> <p>Some staff seemed to be feeling "powerless".</p> <p>The staff had difficulties concentrating on their jobs as midwives because they had to take care of other staff working in the ward.</p> <p>e.g.; The amount of time spent with a woman during childbirth was very short and limited.</p>

### One midwife senses the opportunity to improve the ward

A midwife with 15 years experience used aromatherapy to help herself recover from fatigue. She recalled the experience:

*“What a nice feeling! We should make other women feel as good as I did. I’d like to use this skill in my clinical practice. I want to make patients feel better like I did with aromatherapy.”*

She began a period of study and trained herself in aromatherapy, she later used the skills she had learnt in her practice. The midwife got good feed-back from the patients in her care.

Other staff at the ward became interested in the use of aromatherapy. They had experienced the aroma’s effect on themselves when the fragrance filled the ward. Many of them felt comfortable and relaxed.

Support grew among the staff on the ward, and most of them joined the midwife in order to “enhance their own practice”.

Findings in four categories emerged from the data analysis. Each categorized concept is discussed briefly and includes participant quotations.

#### Finding 1. Enhancement

What the staff discovered was that health care providers have to become more familiar with their patient’s desires. They came to this discovery by increasing the time spent “standing by the woman during delivery”. The staff accordingly provided more individualized care to the patients, and received good responses from them. This affected the staff’s motivation and encouraged them to improve their clinical practice. There was improved interaction between the patients and the staff.

*“Putting herself into the position of a woman in childbirth is the most important and desirable thing for a midwife. I thought that this is exactly what I want to do when I massage a pregnant woman in pain. Their expression makes me want to develop my midwifery skills.”*

#### Finding 2. Autonomy

*“I realise that I need to study more about aromatherapy in order to perform well!”*

The staff on the ward began a continued self-study program about aromatherapy and some of them also began to train in other methods of complementary therapy. Recently other staff on the ward, not only the midwives, has shown enthusiasm for the idea of enhancing their knowledge.

Not everyone, however, was so accepting and enthusiastic. Some of the staff did hold some reservations:

*“For me, it was a bit difficult to see and feel any definite benefit to the patient from using aromatherapy. That’s why I was not positive about getting involved with aromatherapy in my practice. I did eventually try using the therapy for a woman in labour. She said, ‘I never expected to feel so good during my labour. Thank you, so much . . . ’ and proceeded to fall asleep. She was free from fear and anxiety because of the massage with aroma oil and the presence of the midwife. This response convinced me that I should not reject new knowledge out of hand, and should not be so fixed in my own thoughts and sense of values. As a professional I have to listen to what the patients are trying to say. I have to know how to use the ‘new’ therapy safely.”*

This midwife, with 25 years experience, initially showed a negative attitude toward aromatherapy because she was not sure of its effectiveness. She experienced a positive reaction, however, when she finally tried aromatherapy, and this gradually affected her thinking.

While the midwives cared for women in delivery with aromatherapy, they stayed with the women and felt the women's responses to their care directly. They found out what they did well or what they did not do well, and the midwives were able to see the problems that needed to be solved. Moreover, in order to make time for practicing aromatherapy, the staff adjusted job responsibilities on the ward by themselves.

### Finding 3. Self-care

The staff realised that when they used aroma oil in their practice, the fragrance had a beneficial effect on their own fatigue and stress.

*"I felt better and more relaxed when I used the aroma oil on a client, then I realised that I was actually helping myself also and this stimulated my job efficiency. So I thought that I have to look after myself better in order to improve my job performance. This was very important to me!"*

### Finding 4. Healing Time

This midwife, who sensed the pleasure of using aromatherapy, gave a massage to a woman who had just given birth. Before the massage the woman felt dull and tense, and could not sleep at night because of her changed environment. She expressed these feelings to the midwife after massage:

*"Beautiful music, a warm room, massage . . . it was like I received a reward for giving birth !"*

The woman did not talk a lot, but she gave evidence by her relaxed feeling. The midwife also seemed to be very relaxed:

*"Yes, I became very relaxed because the smell of the aroma oil was so nice. Before I started I was a little bit tired and upset , I was encouraged by the smell and atmosphere of using the aroma oil. I thought that I was about to go to sleep! (Laughter)"*

Then the woman and the midwife started chatting. The feeling of pleasure that existed between the midwife as a caregiver and the woman was clear to see.

A summary of the results follows:

- (1) The medical professionals working on the ward experienced more sympathy with their patients through the use of massage, especially during labor and delivery.
- (2) Healthcare providers have come to realize they need to pay attention to the clients' desires, especially the clients' psychological needs. It can affect the method of routine health education.
- (3) Staff job satisfaction increased because the patients gave better responses to the staff than they had ever experienced before.
- (4) The staff felt relaxed and comfortable with the aroma oils during work time. They then began to realise the importance of caring for their own minds and bodies.
- (5) Accordingly, the nurses and midwives started regular voluntary study meetings in order to gain more knowledge of the safety and effectiveness of aromatherapy and massage.

Discussion

The American Holistic Nurses Association (AHNA) mentions that the concept of holism is “a state of harmony among body, mind, emotions and spirit within an ever-changing environment”[3]. Nursing staffs, including midwives, have a unique opportunity to provide services that facilitate wholeness. Holistic nursing care assists people to assume personal responsibility for their own care[4]. When we look at a person holistically, the effect of the interaction of all the variables upon the person is a continuous interaction with the environment because the person is an open system[5]. In this present study, the midwives experienced ongoing changes that could have a positive influence on their self-development. So holistic care, like complimentary therapy, could benefit the nursing discipline, for example, to improve staff job satisfaction and relaxation.

In this study, participants who used the word “aromatherapy” meant not only using aroma oil, but also included some complementary therapeutic tools, such as massage, acupuncture, reflexology and so on.

Midwives tend to seek, as much as possible, to provide the best midwifery care during labour and just before and after birth [6,7], they know the importance of being with patients to share the moment, and of staying in touch with the woman’s feelings. But circumstances can make this extremely difficult. During the course of the present study the midwives were required to spend a great deal of time with paperwork or supervising other staff and so they were not only getting used to not staying with a woman in childbirth, they were also assessing childbirth processes without detailed observations. The midwives, as a result, felt less job-satisfaction, but it was very difficult to make this clear to other staff.

The staff felt satisfied when complementary therapies were initiated with the patients, even staff that had negative feelings towards using aromatherapy. The staff still wanted to enhance their skills in some way. This feeling was based on responses from their patients expressing pleasure at their care. It is a desire in which giving others pleasure and satisfaction is itself a pleasure and its own satisfaction. Touch is able to convey comfort, safety, warmth, and reassurance[2] and touch connects the caregiver to the cared for. This was seen very clearly in this study, so that using aromatherapy as a complimentary therapy was understood to be a useful tool for midwifery as it encouraged healing and developed autonomy among the midwives. Finally, most of the staff in the ward accepted and added complementary therapies, in this case mainly aromatherapy, into their usual practical care.

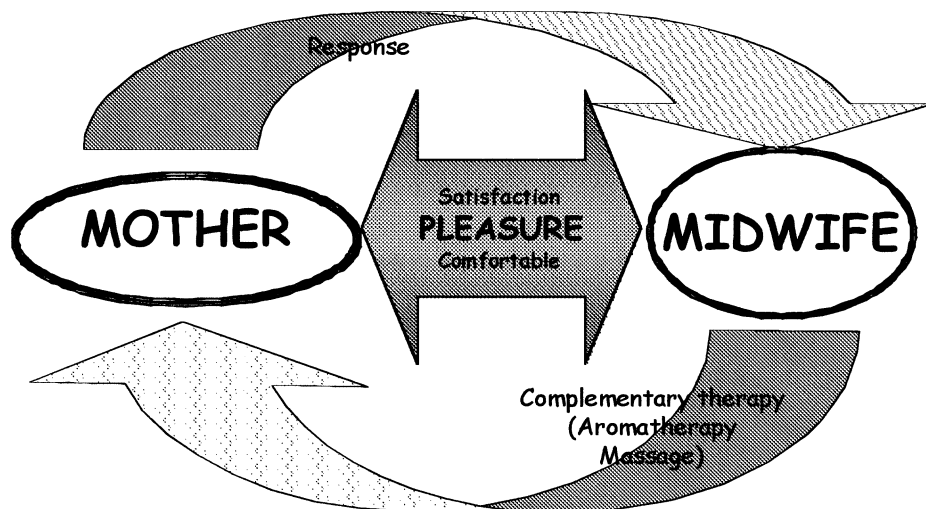


Fig. 1 What happened when complementary therapy was used in a clinical practice at the A ward.

The AHNA recognizes that nurses must first heal themselves before they can facilitate the healing of others. There are many ways to heal someone, and individuals must seek their own means to be comfortable. The idea of caring for the caregiver is relatively new [4,8]. Improving quality of care while enabling staff to fulfill their own desires can lead to a lessening of fatigue, improved work satisfaction and overall pleasure [8,9]. Using complementary therapy is one of the tools which can help fulfill staff desire for a better working environment. It is possible to stimulate the staff's autonomy by enhancing their ability as professionals, and by restructuring ward management.

The staff, in addition, came to the realization that presence, meaning that in addition to "being there" the midwives made a conscious decision to "be with" the client in an emotionally and psychologically open manner, was of primary importance[8]. Presence allows the midwife to guide women in telling their personal stories with the aim of helping them discover their feelings about the experience of childbirth. . It also encourages women to describe their symptoms in a more exact and revealing way, which obviously helps in giving them better care.

## Conclusion

Holistic care as complimentary therapy could benefit the entire nursing discipline, for example, to improve staff's job satisfaction, and performance. Further research needs to be made to find out the factors leading to continuous enhanced / enhancing care.

## Acknowledgements

I want to thank all the people who participated and helped me to carry out this study, without their assistance none of this would have been possible. The midwife who introduced aromatherapy to the ward has now been joined by another midwife and two nurses. It is understood that these staff members independently expanded their activity. Other staff on the ward also tended to support this movement. The performance and teaching of baby massage is being planned as one of the future ward strategies. The yearly aim of the ward changed from "Accurate care" into "Gentleness and sympathy". It means that there is now an agreement among the staff to include complementary therapies.

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