

## ZONE THERAPY AS A RELAXING TECHNIQUE FOR PROFESSIONALS AT A CENTER OF INTENSIVE THERAPY

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### ABSTRACT

In the health area, the existing stressors in the work routines are a problem for professionals' health and productivity. In this context, the technique of zone therapy is able to reduce nervousness and stress, physical and emotional exhaustion. Therefore, the objective was to report the experience acquired by nursing academics when promoting zone therapy procedures in health professionals from two intensive care units. This report was developed during the practical classes in the period from 01 to 14 September 2016, which used the Questioning Methodology to develop an appropriate intervention. The result has been satisfactory and has reached 50% of the target audience. Among those that did not participate, there was reluctance and disbelief on the relaxation technique, in addition to lack of time to join the experiment, raising questions about overwork. The study reached its goal through the concrete application of the zone therapy technique, providing relaxation and well-being. Finally, activities to support workers' health need promotion, instituting benefits of self-care and, at the same time, motivating further studies in the area.

**Keywords:** Zone therapy. Intensive care units. Occupational health.

### INTRODUCTION

The phenomenon of stress resulting from the current globalized and capitalist economic model emerges with relevance in studies from diverse areas, since it influences directly on the human being's quality of life<sup>(1)</sup>. In the health area, occupational stress is intensely present, bringing consequences for professional development, with decreased productivity, relationship problems and absenteeism, as well as psychophysiological changes, such as depression, suicide and burnout syndrome<sup>(2)</sup>.

In the intensive care unit (ICU), nursing professionals face a stressful work routine, often experiencing suffering, pain and death. Furthermore, other factors such as insufficient resources, conflicting interpersonal relationships, charges, work overload, patients' critical conditions and the need for fast decision-making, contributing to manifestations of stress<sup>(3,4)</sup>.

The difficulty coping with stress is intensified by the current crisis in the health sector, which causes administrative obstacles, inadequate physical facilities and low wages. In this context, the professional needs

to have more than one job, which hinders his/her rest, personal life management, and contributes to dissatisfaction with the job and the high rates of burnout syndrome in nursing professionals in Brazil<sup>(4,5)</sup>.

As relaxation therapy, zone therapy bases on the principle of oriental medicine, which states that all organs, systems, muscles and glands have terminals in feet: 152 points in the left foot and 148 points in the right foot. The technique consists of stimulating specific reflex areas located, mainly in the feet and hands, through digital pressure applied around them in order to promote the physiological equilibrium. It has proven effects in complementary treatments of musculoskeletal diseases, lowering blood pressure and heart rate, improved sleep quality, decrease of nervousness and stress, among other diseases<sup>(6,7)</sup>.

Despite the recognized benefits of zone therapy and the evidence received by occupational stress, studies on the insertion of additional health promotion activities are routinely held with patients under heavy stress, and applying relaxation techniques hardly includes health professionals<sup>(8,9)</sup>.

Several alternative therapies can be employed with

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a focus on health<sup>(2,10)</sup>. Villela<sup>(10)</sup> highlighted the positive impact that acupuncture can have for relieving stress in nurses of urgency and emergency units, being able to improve even the performance in their activities.

Therefore, the relevance of this experience report is justified by the scarcity of studies about the insertion of alternative therapies for relieving stress in health professionals, considering the high physical and emotional wear present in work routine. Thus, the goal is to report the experience acquired by nursing academics when promoting foot zone therapy procedures in health professionals from two intensive care units.

## METHODOLOGY

This is a descriptive study, experience report, based on the experience of nursing students from the fourth year, seventh period of Nursing School "Magalhães Barata", of the State University of Pará. Reporting the experience consists of describing the experience based on interpretation, with objectivity and substantiation in theoretical contribution. The experience occurred during the practical activities of the curricular component Nursing in Intensive Care Center (ICC), in the period from 01 to 14 August 2016.

The experiment was performed at a public hospital located in the metropolitan region of Belém, in the state of Pará. This health facility is a reference in the service of medium and high complexity in urgent and emergency trauma and burn for the Brazilian northern region. The study target population was the multidisciplinary team from the two adult intensive care units, operating in the morning shift in the hospital.

From the precepts of Charles Maguerez, the Questioning Methodology consisting was used, which consists of five steps to continue the activity<sup>(11)</sup>. The first stage corresponds to the Reality Observation and ProblemDefinition. During the group stay in the curriculum practice in ICU, it was observed that the complexity of the patients' health status, families' charge, professionals' degree of responsibility in decision-making and conflict in relationships between them, are factors that trigger stress in ICU workers.

In the second stage, key points were surveyed, which initiated a reflection on possible factors and major stressors-related determinants of the professionals' health. The following questions emerged: *what are the causes of stress in the workplace of professionals from ICU? What are the*

*consequences of stress for the worker process, staff and patients? How can this problem be avoided or mitigated?*

The Theorizing, the third step, is when more elaborate responses to the problem are built, guided by information based on scientific studies that claim that ICU workers are susceptible to stress in the workplace due to excessive activities, responsibility and high complexity of patients<sup>(12)</sup>, resulting in a precarious service to the user, team and family.

In the fourth step, the Solution Hypotheses were prepared, through the searched content. The hypothesis as a solution could be an activity that met the ICU professionals' needs for relieving stress, providing comfort and energy for daily activities.

The fifth and last stage corresponds to the Intervention in reality, in order to solve the problem identified. Therefore, an activity was performed to provide relaxation and minimize stress, based on foot zone therapy technique. To this end, the group participated in a training with an expert in the field to learn how to perform this technique. The action aimed at meeting all the professionals from both adult intensive care units of the hospital, one at a time, in a short time, so as not to hinder the service progress.

The zone therapytechnique occurred in a simple manner, as follows: firstly,the professionals' feet in a basin with warm water, then a scrub with a pleasant aroma was performed, and, later, the feet were dried and a moisturizer was applied to facilitate the hand sliding during the therapy movements.

The used movements had medium pressure, enough to relax without causing pain, and the main stimulated reflex areas were associated with the work routine, and included brain, temples, cervical and dorsal spine, shoulders, neck and heart, with the corresponding points located in the foot plant, as stated by the technique<sup>(7)</sup>.

During the therapy, participants laid down comfortably in an armchair, and listened to soft music intended for meditation. The environment was appropriate to the complete relaxation and rest. The foot zone therapy was held once in every person,lastingon average 10 minutes.

After the therapy, each professional received a tool to assess the activity as great, good, regular or bad, and to report whether the zone therapy helped him/her relax. Other questions asked them to report if that was the first time an activity like this had been accomplished in their work and if they had a relaxing or leisure activity in their day to day.

## RESULTS AND DISCUSSION

The therapeutic effects of zone therapy are cumulative and perceived with weekly sessions. The frequency of the sessions varies according to the individual requirements, focusing on points of interest of the foot reflexology, lasting around 30 minutes<sup>(7,13)</sup>. However, considering the work process, ICU routine and the short time available, the proposed application of zone therapy was designed to be performed in a single session of short duration and only for relaxing from occupational stress in a short time, and not as a treatment for physiological disorders.

The space given by the hospital to perform the relaxation activity was a small room located between the two intensive care units, usually used for storing materials and communicating the medical report to the companions. The room, well located, allowed professionals from both units to participate, and was simply organized with the materials necessary for the foot zone therapy.

Of the sixteen professionals from both intensive care units in the morning shift, eight attended the activity, composed mostly by nursing technicians and physicians. Those that enjoyed 10 minutes of foot zone therapy reported satisfaction and relaxation with the used technique.

Participants did not know the zone therapy technique, demonstrating curiosity about its implementation. The National Policy of Integrative and Complementary Practices and the International Center of Complementary and Alternative Medicine recognize the zone therapy, which has proven positive effects, standing out over other techniques such as massage therapy<sup>(13,14)</sup>.

A fact that may partially explain why only half of the professionals of the teams agreed to participate was a setback that occurred before beginning the activity. The hospital teaching and research department did not send the document that would report to the coordinators from the intensive care units the activity to be performed, who, without awareness of the event, resisted understanding its purpose and consenting to let professionals, one by one, participate.

This lack of communication and acquiescence validates the devaluation of practices that promote intensive care worker's health, seriously necessary among a work routine that results in a physical, emotional and psychological overload, which result in discussion of the need for mechanisms that relieve stressors and promote professionals' health and well-being<sup>(15)</sup>.

In response to the offered technique assessment tool, all participants rated it as good and that, in fact, helped them relax. They mentioned that they had never experienced times like this in their work environment before, and the need for further relaxation therapies. In this group, only two professionals have reported doing some relaxation and leisure activity in their day to day.

In their speeches, participants emphasized the workload in the ICU routine, how time seemed enough only to carry out their activities and the great charge by managers regarding daily productivity. They still reported having more than one job, which implies more stress, physical and emotional wear, and more seriously, depersonalization and low quality of life<sup>(2)</sup>.

One of the goals in promoting an activity of rest and relaxation to ICU workers was the participation of all members of the teams. Achieving 50% was satisfactory, however, not fully conducive to the expected, since the intention of the activity, in addition to relaxing daily stressors, was to raise the importance of professionals taking some time to take care of their health.

Some professionals that did not participate stated clear reluctance and disbelief on the relaxation technique and its benefits, and others did not have available time to participate. It took five hours waiting for these professionals, waiting for a time when they would be able to participate, and yet the total quota was not reached.

The participation of only one nurse encourages even more questions about the workload that does not grant a moment for self-care. In the ICU environment, nursing activities not only involve technical procedures, but also seek to promote skilled care, including the individual in its specificities<sup>(16)</sup>. When dealing with highly complex interventions in an agile and precise manner, suffering, pain and death, the nurse is highly susceptible to wear and exhaustion, requiring relevant strategies that allow him/her to face this scenario<sup>(17)</sup>.

The intensive care nurse, as coordinator of the nursing staff, should seek, along with hospital managers, to offer continuing education to professionals, as a resource to address workers' rights and appreciation of their health, introducing individual or collective measures to strengthen the labor stress effects in the individual<sup>(18,19)</sup>.

Thus, even if shortly, offering relaxation and rest fulfilled its purpose. Nevertheless, development and implementation of the proposal was not supported or encouraged by managers and coordinators, showing a

minimal or nonexistent correlation between workers' psychosocial health and its impact on the quality of the offered assistance, and consequently, patient safety<sup>(19)</sup>.

Regarding people that have received the foot zone therapy, the expectation is, in addition to a significant moment of rest, to learn the importance to seek resources to minimize daily stress as a way of personal care and fortification of their working process.

### FINAL CONSIDERATIONS

The nursing academics' experience when performing the foot zone therapy in professionals from the intensive care unit was positive, as participants reported that it provided comfort and relaxation.

However, the psychosocial conditions of health workers are neglected, a fact evidenced by the partial participation of the target audience and by the resistance of managers to carry out the activity. On the other hand, the workload was common in the participants' speeches, and this stressor can trigger health problems, requiring greater attention.

Therefore, developing biopsychosocial health activities for ICU professionals is extremely important, establishing the benefits of self-care and, at the same time, encouraging deeper studies in the area of occupational health, assuming that they must take care of their well-being before improving the work process and, consequently, the assistance offered.

## REFLEXOTERAPIA COMO TÉCNICA DE RELAXAMENTO PARA PROFISSIONAIS EM CENTRO DE TERAPIA INTENSIVA

### RESUMO

Na área da saúde, os estressores existentes nas rotinas de trabalho constituem um problema para a saúde e produtividade dos profissionais. Nesse contexto, a aplicação da técnica de reflexoterapia é capaz de reduzir o nervosismo e o estresse, atenuando a exaustão física e emocional. Diante disso, objetivou-se relatar a experiência obtida por acadêmicos de enfermagem ao promover procedimentos de reflexoterapia em profissionais de saúde atuantes em duas unidades de terapia intensiva. Este relatório foi desenvolvido durante as aulas práticas no período de 01 a 14 de setembro de 2016, no qual se utilizou a Metodologia da Problemática ao elaborar uma intervenção adequada. O resultado foi satisfatório e atingiu 50% do público-alvo. Entre os indivíduos que não participaram, observou-se relutância e descrédito na técnica de relaxamento, além da falta de tempo para se juntar ao experimento, levantando questionamentos relevantes sobre o excesso de trabalho. O estudo atingiu seu objetivo por meio da concreta aplicação da técnica de reflexoterapia, proporcionando relaxamento e bem-estar. Por fim, verificou-se a necessidade de promover atividades de apoio à saúde dos trabalhadores, instituindo os benefícios do autocuidado e, ao mesmo tempo, motivando estudos mais aprofundados na área.

**Palavras-chave:** Reflexoterapia. Unidade de terapia intensiva. Saúde do trabalhador.

## REFLEXOTERAPIA COMO TÉCNICA DE RELAJAMIENTO PARA PROFESIONALES EN CENTRO DE CUIDADOS INTENSIVOS

### RESUMEN

En el área de la salud, los factores de estrés existentes en las rutinas de trabajo constituyen un problema para la salud y productividad de los profesionales. En este contexto, la aplicación de la técnica de reflexoterapia es capaz de reducir el nervosismo y el estrés, aliviando el agotamiento físico y emocional. Ante esto, el objetivo fue el de relatar la experiencia obtenida por alumnos de enfermería al promover procedimientos de reflexoterapia en profesionales de salud actuantes en dos unidades de cuidados intensivos. Este informe fue desarrollado durante las clases prácticas en el período de 01 a 14 de septiembre de 2016, en el cual se utilizó la Metodología de la Problemática al elaborar una intervención adecuada. El resultado fue satisfactorio y alcanzó el 50% del público objetivo. Entre los individuos que no participaron, se observó renuencia y descrédito en la técnica de relajamiento, además de falta de tiempo para unirse al experimento, planteando preguntas relevantes sobre el exceso de trabajo. El estudio alcanzó su objetivo por medio de la concreta aplicación de la técnica de reflexoterapia, ofreciendo relajamiento y bienestar. Finalmente, se verificó la necesidad de promover actividades de apoyo a la salud de los trabajadores, instituyendo los beneficios del autocuidado y, al mismo tiempo, fomentando estudios más profundizados en el área.

**Palabras clave:** Reflexoterapia. Unidad de cuidados intensivos. Salud del trabajador.

### REFERENCES

1. Vitorino LM, Monteiro FP, Silva JV, Dias EN, Santos AEO. Qualidade de vida da equipe de enfermagem em unidades de urgência e emergência. Rev. Ciênc. Méd [Online]. 2014 [citado em 2016 Ago 5]; 23(2):83-89. Disponível em: <http://periodicos.puc-campinas.edu.br/seer/index.php/cienciasmedicas/article/view/2527/1869>.
2. Silva JLL, Soares RS, Costa FS, Ramos DS, Lima FB, Teixeira LR.

- Fatores psicossociais e prevalência da síndrome de burnout entre trabalhadores de enfermagem intensivistas. Rev Bras Ter Intensiva [Online]. 2015 [citado em 2016 Ago 5]; 27(2):125-133. Disponível em: <http://www.scielo.br/pdf/rbti/v27n2/0103-507X-rbti-27-02-0125.pdf>.
3. Kirrhof RS, Oshôa LM, Bublitz S, Lopes LFD, Squiavenato MCA. Nível de estresse entre enfermeiros de um hospital filantrópico de médio porte. Rev. Enferm UFSM [Online]. 2016 [citado em 2016 Ago 5]; 6(1):29-39. Disponível em: <https://periodicos.ufsm.br/reufsm/article/view/17829/pdf>.

4. Oliveira EB, Araujo PMB, Maia MPQ, Cabral JL, Brito DM, Figueredo EP. Estresse ocupacional e consumo de ansiolíticos por trabalhadores de enfermagem. *Rev enferm UERJ* [Online]. 2014 set/out [citado em 2016 Ago 5]; 22(5):615-21. DOI: <https://doi.org/10.12957/reuerj.2014.15510>
5. Machado FAV, Rodrigues CM, Silva PA. Influência da reflexologia podal na qualidade do sono: estudo de caso. *Cad. Naturol. Terap. Complem* [Online]. 2013 [citado em 2016 Ago 5]; 2(3):67-75. Disponível em: <http://portaldeperiodicos.unisul.br/index.php/CNTC/article/view/1536/1807>.
6. Espírito Santo FH, Chibante CLP, Deus MC, Izidoro VS, Lorena CS. Efeitos da reflexologia das mãos em idosos hospitalizados. *Cultura de los cuidados* [Online]. 2016 [citado em 2016 Ago 5]; 20(45):147-153. DOI: <https://doi.org/10.14198/cuid.2016.45>
7. Guaña L, Ortega JDG, Cabay JPG. Reflexoterapia podal complementaria al protocolo de tratamiento de patologías musculoesqueléticas en pacientes de la unidad básica de rehabilitación física del gobierno autónomo descentralizado el cantón guano en el período enero - junio 2016 [Dissertação]. Riobamba (Ecuador): Universidad Nacional de Chimborazo; 2016. Disponível em: <http://dspace.unach.edu.ec/handle/51000/2940>
8. Oliveira MF, Oselame GB, Neves, EB, Oliveira EM. Musicoterapia como ferramenta terapêutica no setor da saúde: uma revisão sistemática. *Revista da Universidade Vale do Rio Verde* [Online]. 2014 [citado em 2016 Ago 6]; 12(2):871-878. DOI: <http://dx.doi.org/10.5892/ruvrd.v12i2.1739>
9. Silva MAM, Pinheiro AKB, Souza AMA, Moreira ACA. Promoção da saúde em ambientes hospitalares. *Rev. Bras. Enferm* [Online]. 2011 [citado em 2016 Ago 6]; 64(3):596-599. DOI: <http://dx.doi.org/10.1590/S0034-71672011000300027>
10. Villela MPC, Santiago PSN. Stress na equipe de enfermagem da urgência e emergência: acupuntura como estratégia de cuidado. *Rev. Enfermagem Revista* [Online]. 2015 [citado em 2016 Ago 6]; 18(1):136-152. Disponível em: <http://periodicos.pucminas.br/index.php/enfermagemrevista/article/view/9375/10332>.
11. Berbel NAN. Metodologia da Problemática: fundamentos e aplicações. Londrina: Editora UEL. 1999.
12. Bublitz S, Guido LA, Freitas EO, Lopes LFD. Estresse em estudantes de enfermagem: uma revisão integrativa. *Rev. Enferm. UFSM* [Online]. 2012 [citado em 2016 Ago 10]; 2(3):530-538. DOI: <http://dx.doi.org/10.5902/217976923485>
13. Khaledifar A, Nasiri M, Khaledifar B, Khaledifar A, Mokhtari A. The effect of reflexotherapy and massage therapy on vital signs and stress before coronary angiography: An open-label clinical trial. *ARYA Atheroscler* [Online]. 2017 [citado em 2018 Jan 5]; 13(2):50-55. Disponível em: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5628851/>.
14. Brasil. Ministério da Saúde. Portaria nº 849, de 27 de março de 2017. Inclui novas Práticas Integrativas e Complementares. *Diário Oficial* [da] República Federativa do Brasil. 2017 mar. 60; Seção 1.p 68. Disponível em: [http://189.28.128.100/dab/docs/portaldab/documentos/prt\\_849\\_27\\_3\\_2017.pdf](http://189.28.128.100/dab/docs/portaldab/documentos/prt_849_27_3_2017.pdf).
15. Kleinübing RL, Guido LA, Silva RMS, Bolzan MEO. Estresse em enfermeiros que atuam em unidades de terapia intensiva: uma revisão bibliográfica. *Revista Contexto & Saúde* [Online]. 2011 [citado em 2016 Ago 15]; 10(20):947-950. Disponível em: <https://www.revistas.unijui.edu.br/index.php/contextoesaude/article/view/1705>.
16. Silva AG, Silva TL, Wall ML, Lacerda MR, Maftum MA. Unidade de Terapia Intensiva: violência no cotidiano da prática da enfermagem. *CiencCuidSaude* [Online]. 2015 [citado em 2016 Ago 15]; 14(1):885-892. DOI: <http://dx.doi.org/10.4025/cienccuidsaude.v14i1.21914>
17. Andolhe R, Barbosa RL, Oliveira EM, Costa ALS, Padilha KG. Estresse, coping e burnout da Equipe de Enfermagem de Unidades de Terapia Intensiva: fatores associados. *Rev. Esc. Enferm. USP* [Online]. 2015 [citado em 2016 Ago 15]; 49(Esp):58-64. DOI: <http://dx.doi.org/10.1590/S0080-623420150000700009>
18. Martins CCF, Dantas MSP, Marinho FP, Almeida LA, Santos VEP. Stressors agents in intensive care: vision of nursing professionals. *J Nurs UFPE* [Online]. 2014 [citado em 2016 Ago 15]; 8(10):3386-3391. DOI: [10.5205/reuol.6039-55477-1-ED.0810201417](https://doi.org/10.5205/reuol.6039-55477-1-ED.0810201417)
19. Inoue KC, Versa GLGS, Murasaki ACY, de Melo WA, Matsuda LM. Estresse ocupacional em enfermeiros intensivistas que prestam cuidados diretos ao paciente crítico. *Rev. Bras. Enferm* [Online]. 2013 [citado em 2016 Ago 15]; 66(5):722-729. DOI: <http://dx.doi.org/10.1590/S0034-71672013000500013>.

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