



Use of the Seva Stress Release (SSR) Protocol with hospitalized patients receiving cancer treatment

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Study Purpose

To identify the feasibility of use and impact of the Seva Stress Release (SSR) acupressure protocol on stress, anxiety, fatigue, and vital signs of patients hospitalized for cancer treatment.

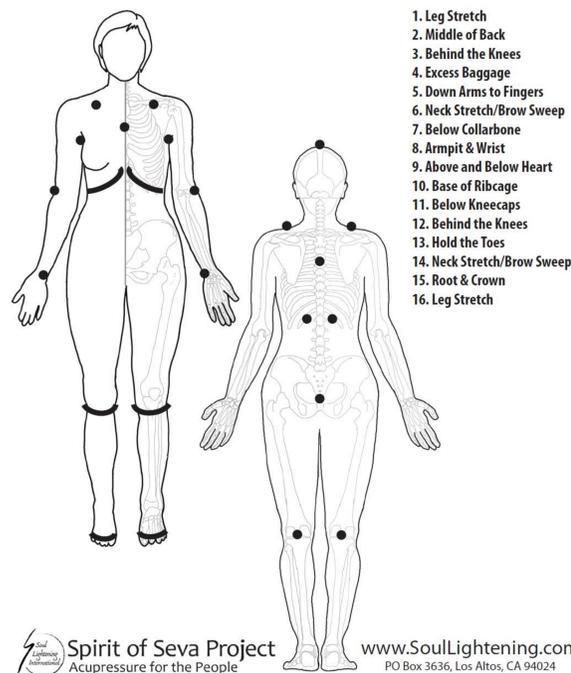
Background

Stress, pain, and anxiety are a symptom cluster experienced by cancer patients, leading to fatigue, insomnia, and discomfort.[1] Acupressure is a complementary therapy based on Traditional Chinese Medicine, which restores the smooth flow of energy to contribute to health and healing. Pressure is applied using the fingertips[2]. It is noninvasive with few contraindications, making it well-suited for patients diagnosed with cancer who may be placed on bleeding and neutropenic precautions. The Seva Stress Release is a standardized protocol developed to address stress, pain, and fatigue. It has been taught worldwide, and can be performed in 10-15 minutes with the patient in a sitting or lying position. The acupoint sequence is shown in Figure 1. It has already been utilized with cancer support groups and within hospitals[3,4].

Methods

This was a quasi-experimental pre-post intervention design without a control group. Thirty patients receiving cancer treatment on a Bone Marrow Transplant and Oncology unit at a Level I trauma center who were experiencing anxiety, stress, fatigue, and/or pain were recruited to participate in the study. After obtaining informed consent, baseline data (patient fatigue, pain, and stress levels measured using a 0-10 visual analogue scale, and vital signs) were obtained, followed by administration of the SSR protocol. All variables were collected again post-intervention. 24 hours post intervention, patients completed a survey describing their perceptions of the SSR.

Soul Lightening Acupressure The Seva Stress Release



Results

Thirty patients consented, age 31-86 years, (18 women, 12 men, 18 cancer diagnoses). Patients reported significantly less fatigue, pain, and stress after SEVA. Additionally, patient heart and respiratory rates were significantly reduced after the intervention. Most patients reported the results lasted at least 1-4 hours. Narrative patient comments indicated that several patients found the SSR helped them sleep better, helped them relax, and even helped with mental clarity. All but two patients stated they would probably or very likely recommend the therapy to other patients in the hospital.

Variable	Pre-SSR	Post-SSR	p-value	Duration of Relief	# Patients	Symptom	Help Score
Fatigue	5.821	3.268	0.000	1 hour	8	Fatigueq	5.95
Pain	3.59	2.21	0.000	1-4 hours	12	Pain	6.96
Stress	5.57	2.57	0.000	5-10 hours	1	Stress	6.7
HR	81.93	77.43	0.000	>10 hours	6		
RR	19.79	16.32	0.000				

Conclusion and Nursing Implications

Results of this pilot study indicate that the Seva Stress Release is feasible to incorporate in the inpatient oncology setting. It was statistically effective in reducing pain, fatigue, stress, and anxiety in hospitalized patients receiving cancer treatment. The SSR provides patients with another potentially effective modality of pain relief without the fear of opiate side effects.

This intervention can be easily performed by nursing personnel as an adjunct or alternative to analgesics when patients experience pain. Furthermore, it may be used to enhance sleep, mental clarity, and quality of life for patients during hospitalization. Further research is needed to evaluate the impact of multiple Seva Stress interventions, as well as comparison of SEVA with attention control groups, and use of SEVA in outpatient settings.

Implications for Nursing: Nurses can learn this protocol in a single, one-day workshop, allowing them to provide patients with additional means of symptom relief.