

# **Evaluating the effect of the Jing method of clinical and sports massage on depression, anxiety, and stress in healthcare professionals**

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A dissertation submitted in partial fulfilment of the requirements of Jing Advanced Massage Training for the Professional Diploma in Advanced Clinical Massage and Sports Massage

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*"I certify that this work has not been accepted in substance for any degree and is not concurrently being submitted for any degree other than that of the Diploma in Advanced Clinical Massage and Sports Massage being studied at Jing Advanced Massage Training. I also declare that this work is the result of my own investigations except where otherwise identified by references and that I have not plagiarised the work of others".<sup>i</sup>*

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**Date: 1.4.24**

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*For my children Mica, Ethan and Aimee who are my world and for Paul.*

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*“It’s amazing how far you are willing to go, when someone believes in you” Kate Kacvinsky*

*“This world needs connection, compassion, humanity, kindness, caring and authentic relationships more than ever before” Kirsten Granger*

## CREATIVITY PAGE

### Keep rising

Depression, I've felt it a thousand times, and I'm still not immune to its virus.

When it strikes, it's like a thick black fog, that fills my whole body, mind, and soul.

Pulling out the light and replacing it with dark.

I keep falling, the weight of the darkness pulling me.....

down,

down,

down,

and down, into a deep, dark space no light can enter, the weight of it suffocating my heart.

I struggle so hard to breathe.

Then something shifts and I start to fight back.

Rising, pushing, fighting, and suddenly the dark fog begins to lift, unravelling from around my heart.

I can breathe and I feel light again.

Standing still, breathing deep. I smile briefly as I embrace the light.

But the sadness, loneliness, and self-loathing hover in the air.

I feel like I'm alone on a deserted Island, wondering when the dark fog of depression will strike again.

Till then, I will sit still and wait, for smiles, for friendship, for connection, for understanding and for unconditional

love, to find me at last.

Until then I will sit on my deserted island, waiting for a passing ship.



Gill & the purple rose – illustration by Lisa (XOX)

**Gill Jarrett – Age 13 edited age 51**

## **TABLE OF CONTENTS**

### **TABLE OF CONTENTS**

ACKNOWLEDGEMENTS	2
CREATIVITY PAGE	3
TABLE OF CONTENTS	4
ABBREVIATIONS AND MEANINGS	5
ABSTRACT	6
INTRODUCTION	7
1.1 Burnout	8
1.2 What is burnout syndrome?	8
1.3 Impact of covid on anxiety, depression and stress on healthcare workers	9
1.4 The Jing Method	10
1.5 Therapeutic alliance	10
1.6 Biopsychosocial model	11
1.7 HFMAST	11
2. METHOD	14
3. RESULTS	16
4. DISCUSSION	19
5. CONCLUSION	23
6. REFERENCES	24
7. APPENDICES	30
Appendix 1 – DASS 42 Questionnaire	30
Appendix 2 – Box Breathing	40
Appendix 3 – Participant letter	41
Appendix 4 – Ethics form	43
Appendix 5 – Participants information letter	49
Appendix 6 – Participants consent form	51
Appendix 7 – Stress and Chronic pain protocol	53

## **ABBREVIATIONS**

**BOS:** Burnout syndrome

**HCPs:** Healthcare professionals

**PTSD:** Posttraumatic stress disorder

**COVID-19:** Coronavirus disease 2019

**MDD:** Major depressive disorder

**MFR:** Myofascial release

**DASS:** Depression, anxiety, and stress score

## **ABSTRACT**

According to the 2022 NHS workforce survey, more than a third of healthcare staff reported feeling burned-out at work (S.O.M., 2023a). "Burnout is a widespread reality in today's NHS and has negative consequences for the mental health of individual staff, impacting on their colleagues and the patients and services users they care for." (MP, 2021). The aim of this study is to assess the effects of the Jing Method's multi-modal approach on depression, anxiety and stress in healthcare professionals and look to help address issues of burnout within our healthcare industry.

## **METHOD**

Seven healthcare professionals were recruited and four completed a 16-week study comprising six control weeks, six intervention weeks, and a follow-up at week 16. Participants completed the DASS-42 (Depression, Anxiety and Stress Scale 42) questionnaire weekly during weeks 1-12 and once again at week 16. The intervention was 45-minute hands-on treatments based on the Jing stress and pain protocol.

## **CONCLUSION**

This study was measuring the effect of the Jing stress and pain protocol to measure stress, anxiety and depression in health care professionals and the results showed that the treatment was effective. There was a notable reduction in all areas. At week 16, the follow up questionnaire (4 weeks after last intervention) scores had only slightly changed and remained relatively low. These results suggest that the multi-modal approach of the Jing method, has positive potential for an effective approach to supporting healthcare professionals alleviate job related depression, anxiety and stress and consequently burnout.

## INTRODUCTION

“Who is caring for our carers?” This is the question being asked by The Laura Hyde Foundation who provide mental health support and awareness for medical and emergency services. Healthcare workers continue to be The Laura Hyde Foundation’s most dominant audience when it comes to requesting support, accounting for over 95% of all requests (“LHF 2022 Insights Release,”).

A report by the Royal College of Nursing (RCN) has revealed that tens of thousands of skilled and experienced nursing staff are leaving the profession (RCN, 2023). The Quality Care Commission’s annual assessment State of Care report (2023) highlights staff reporting feeling overworked, exhausted, and stressed (QCC, 2023a).

The Health and Safety Executive (HSE 2022) reported working days lost for stress, depression or anxiety and musculoskeletal disorders accounted for the majority of days lost due to work-related ill health in 2022/23, 17.1 million and 6.6 million respectively.

A report by the Office for National Statistics (ONS) in 2017 identified female nurses as having a risk of suicide 23% above the risk in women in other occupations (NCISH). There were 281 nurses of working age who died by suicide over a 6-year period, 73 % were female. (University of Manchester, 2020). The report found there was no nationwide research conducted to pinpoint the precise risk factors for suicide in this demographic, which would allow for specific prevention efforts.

## **BURNOUT**

“Burnout is a widespread reality in today’s NHS and has negative consequences on the mental health of individual staff, impacting on their colleagues and the patients and services users they care for.”

(Report, House of Commons MP, 2021).

### **WHAT IS BURNOUT SYNDROME?**

Burnout, according to (Maslach, Jackson and Leiter, 2001) is defined as a prolonged response to workplace stressors and a psychological syndrome consisting of three dimensions: emotional exhaustion, depersonalisation and reduced personal accomplishment. Burnout Syndrome (BOS) is a group of signs and symptoms including fatigue, physical weakness and susceptibility to illness, sleep disturbance, weight alteration, irritability and frustration, crying spells, cynical and suspicious attitudes, psycho-rigidity and professional inefficacy (Freudenberger, 1974). The difference between an employee's ideas and expectations and the actual requirements of their work can cause work related disenchantment in the first stages of BOS (Mealer, 2016).

Long-term stress at work can cause burnout in nurses, which can exacerbate medication and clinical errors as well as poor patient care (Pagador et al., 2022). Burnout is still a problem among healthcare workers. Healthcare workers' reactions to stress are influenced by a variety of factors. Factors such as age, profession, workplace seniority and relationship status are factors associated with burnout in our population. (Cohen et al., 2023)

Since the issue of burnout is complex, a bundled strategy with a wide range of interventions is most beneficial in reducing physician and nurse stress. (Xiu-jie Zhang, 2020).

In a study in 2015 there was a significant improvement on stress levels in female nurses working in intensive care units after 25 min weekly massage (Nazari, Mirzamohamadi and Yousefi, 2015).

Multiple studies have also shown massage as helping reduce stress, anxiety and depression in

healthcare workers (Field et al., 2005; Serrano-Gómez et al., 2018; Li et al., 2019; Mohammad et al., 2019; Park and Park, 2019; Wu et al., 2020; Lebert et al., 2022). One study indicated that there was no significant difference with use of massage, meditation, or exercise on perceived stress when nurses participated in an online survey and recommended future researchers use an onsite model (Ayon, 2014)

A pilot study looking into holistic approaches to reduce stress and burnout tried serenity lounges with massage equipment in a Los Angeles medical centre, was so successful in reducing anxiety a further ten serenity rooms were opened (Pagador & Barone, 2020). Other modalities such as mindfulness-based interventions are also effective strategies for the management of stress (McVeigh et al., 2021).

## **IMPACT OF COVID ON ANXIETY/DEPRESSION/STRESS ON HEALTHCARE WORKERS**

The British Medical Association reported, 41% of doctors were suffering from depression, anxiety or stress and 59% from fatigue, and 92% of NHS trusts told NHS providers they had concerns about staff wellbeing, stress and burnout following the pandemic (Covid Review, 2021,n.d.). The British Medical Association's Covid Review 2 (published 8<sup>th</sup> June 2021) "The impact of the pandemic on the medical profession" surveyed nearly 3,000 healthcare workers in May 2020 and one third reported severe anxiety and depression, and those reporting very high levels of severe anxiety and depression was four times higher than pre-Covid. Those most likely to suffer from severe anxiety were female front-line workers, with a previous psychiatric diagnosis and with a history of traumatic events leading to PTSD (Gilleen et al., 2021).

There has been little response so far to the need to support these workers.

“Healthcare staff need to be provided with psychosocial support to protect their mental wellbeing if they are to continue to provide high quality patient care. Few evidence-based prevention or early intervention programs exist so far.” (Stuijzand et al., 2020)

One study showed the importance of providing a holistic approach, including a serene space, massage equipment, and other amenities, to help nurses reduce feelings of anxiety, stress, and burnout, particularly during challenging times such as the COVID-19 pandemic. (Adnan et al., 2022). Interventions for Critical Health Care Professionals CCHP focused on cognitive–behavioural therapy, mindfulness, massage, yoga and aromatherapy (Adnan et al., 2022).

Due to differences in effectiveness of any one particular treatment on healthcare professionals, a multimodal strategy has a higher chance of producing positive results for burnout (Mealer, 2016). If nurses have sufficient resilience, through a multimodal model approach, burnout and the rate of leaving work or resigning decrease, this study does not include massage (Udoudo et al., 2023). A multi-modal approach is required in adopting selfcare for nurses (Sist et al., 2022).

## **THE JING METHOD**

The biopsychosocial model is the basis of the Jing method, which also includes a multi-modal approach, that have been shown to be successful in treating chronic pain and stress-related disorders where central sensitization may play a significant role (Fairweather, 2015).

## **THERAPUTIC ALLIANCE**

The therapeutic alliance between therapist and client is at the core of the Jing method. A therapeutic alliance is a cooperative partnership that exists between a patient or client and a healthcare provider.

Creating this alliance has positive influence on treatment outcomes. Studies show positive effects of improvements in outcomes with patients with lower back pain (Ferreira et al., 2013). Healthcare results are positively impacted by the patient-clinician connection (Kelley et al., 2014).

## **BIOPSYCHOSOCIAL MODEL**

The biopsychosocial model is a holistic framework that considers not only the biological factors of illness but also the psychological and social factors that influence a person's health and well-being. This approach recognizes that health and illness are influenced by a complex interplay of biological, psychological, and social factors. In The Jing Method™, Fairweather and Mari (2015) created a fusion of soft tissue/massage techniques under the acronym HFMAST.

## **HFMAST**

H – Hot or cold

F – Fascial techniques

M – Muscles

A – Acupressure points

S – Stretch – AIS/PNF/Passive

T – Teach, self-care, rehab, breathing exercises, self-trigger point work

## **HEAT**

Hot stones may be able to manage pain, stress, depression, and muscle tension without the need for pharmaceuticals (Leonid and Ramova, 2021). A reduction in several common symptoms in palliative care was noted, achieving a 100% satisfaction score (Parot-Monpetit, Mironnet and Monpetit, 2015). According to a pilot study by (Li et al., 2023) using hot stones can have a positive impact on long term

musculoskeletal pain. Another study discovered that hot stone therapy may help people with chronic kidney disease sleep better (Ghavami et al., 2019). Studies using the Jing Method™ such as (Aherin, 2023; Casadei, 2023; Quayle, 2023; Dumont, 2024) used heat to improve stress, anxiety, depression and wellbeing. A study on heat and massage to calm the autonomic nervous system proved very beneficial with no side effects (Lee, Park and Kim, 2011).

## **FASCIA**

A study highlighting the impact of depression and chronic pain on fascial properties noted differences in stiffness, tone, and fascia thickness in the deep fascia (Overmann, Schleip and Michalak, 2024). Initial findings suggest that the myofascial tissue may play a role in the unhealthy body-mind interplay that sustains MDD (Michalak et al., 2022). A study comparing Swedish massage and MFR found the MFR group reported consistent pain reduction in the neck and upper back regions (Liptan et al., 2013). Myofascial release helped reduce anxiety, depression and pain also improving sleep and quality of life (Castro-Sánchez et al., 2011).

## **MUSCLES**

Massage can provide several benefits to the body such as increased blood flow, reduced muscle tension and neurological excitability, and an increased sense of well-being (Weerapong, Hume and Kolt, 2005). Trigger points are hyperirritable zones in contracted bands of muscle, thought to be caused by muscle overload or stress (Gerwin, 2016). It is suggested that nurses working in intensive care units utilise massage as a valuable non-invasive approach to alleviate stress, improve mental health, and avoid a decrease in the quality of their work life. (Nazari, Mirzamohamadi and Yousefi, 2015). Hand massage could be useful to decrease stress and tension and the study can be used as a basis of health care programs for reducing stress of nursing students. (Park and Park, 2019).

## **ACCUPRESSURE POINTS**

Acupressure uses hands and fingers to access energy points to maintain a balance in the body, using the same energy points used in traditional Chinese acupuncture. A study of the quantitative characteristics of the head meridian acupoint massage discovered positive effects on the sympathetic and parasympathetic nervous systems (Lee, 2016). Acupressure on specific points was proved to reduce pain in female nurses (Movahedi et al., 2017a). Acupressure has reduced fatigue and helped with pain in nurses and is a low cost and with little risk of side effects, and without the need for medication. (Movahedi et al., 2017b).

## **STRETCHING**

Stretching exercises can help increase ROM and flexibility and reduce pain. (Buttagat et al., 2020). Findings indicate that regular stretching practices increases resilience to stress in female carers (Nagamatsu et al., 2015). Ten minutes of stretching before sleep has been shown to help with depression (Kai et al., 2016).

## **TEACHING SELF CARE**

By improving self-care, self-efficacy helps reduce depressive symptoms (Nguyen et al., 2022). Self-care has been shown to be important in ensuring the longevity of a nurse's career (Williams et al., 2022). Research indicates that self-care helps nurses feel less stressed and exhausted at work, but it also lowers the turnover rate. (Sist et al., 2022; Kwon, 2023).

## METHOD

Ethical approval was obtained from The Jing Institute of Complementary Medicine. (Appendix )

Participants were recruited by social media Facebook and Instagram and networking through existing clients. The participant inclusion criteria required all to be working as a healthcare professional over 16 hours per week aged between 25-60. Participants were also required to score between 10 and 20 indicating mild or moderate scores on the DASS 42 questionnaire. Exclusion criteria from the study were pregnancy or having started a new mental health medication within the last month.

The DASS (Depression, Anxiety and Stress Scales) questionnaire developed by Lovibond & Lovibond (1995) was chosen for this study as it is a psychological assessment tool used to measure the severity of symptoms related to depression, anxiety and stress. It consists of 42 questions, with 14 questions for each of the 3 subscales: depression, anxiety and stress. Each question presents a statement to the participants who are asked to rate how much it applied to them that week. The results give insight into the frequency and intensity of symptoms experienced over that week. Previous small-scale studies that have successfully used the DASS-42 include (Quayle, 2023; Birch, 2024; Dumont, 2024)

Everyone who applied to the study was asked to fill in a DASS 42 to ensure they met the score required. Participants then had a 20 min phone call with the researcher. Including completing the consent form, providing basic contact details and a detailed health history. At this point participants were asked to inform the researcher if they needed to start any new therapy during the time of the study.

The study was held over a sixteen-week period which consisted of a six-week control period, followed by a six week intervention period, then the previously used DASS 42 questionnaire was completed at week sixteen. Participants were required to answer the DASS42 once a week for the first six weeks with no intervention to establish their depression, anxiety and stress levels. The intervention period

between weeks seven and twelve required the participants to attend the clinic once a week to receive a forty-five-minute hands-on treatment based on an abbreviated version of the Jing Protocol for Stress and Chronic Pain. The treatment program included amma, hot stones, myofascial release, trigger point work, acupressure points and stretching, (see Appendix 7 for details.) During the intervention period participants were also required to perform self-care on their own at home which consisted of box breathing three times a week. Six days after each treatment and before the following treatment, each participant was required to fill in the DASS42 via jot form and return to the researcher. The DASS 42 Questionnaire for week 12 was returned 6 days after the last hands-on intervention. A last questionnaire was sent 4 weeks after the last hands-on intervention to gain insight into longer term effects of the treatment.

## RESULTS

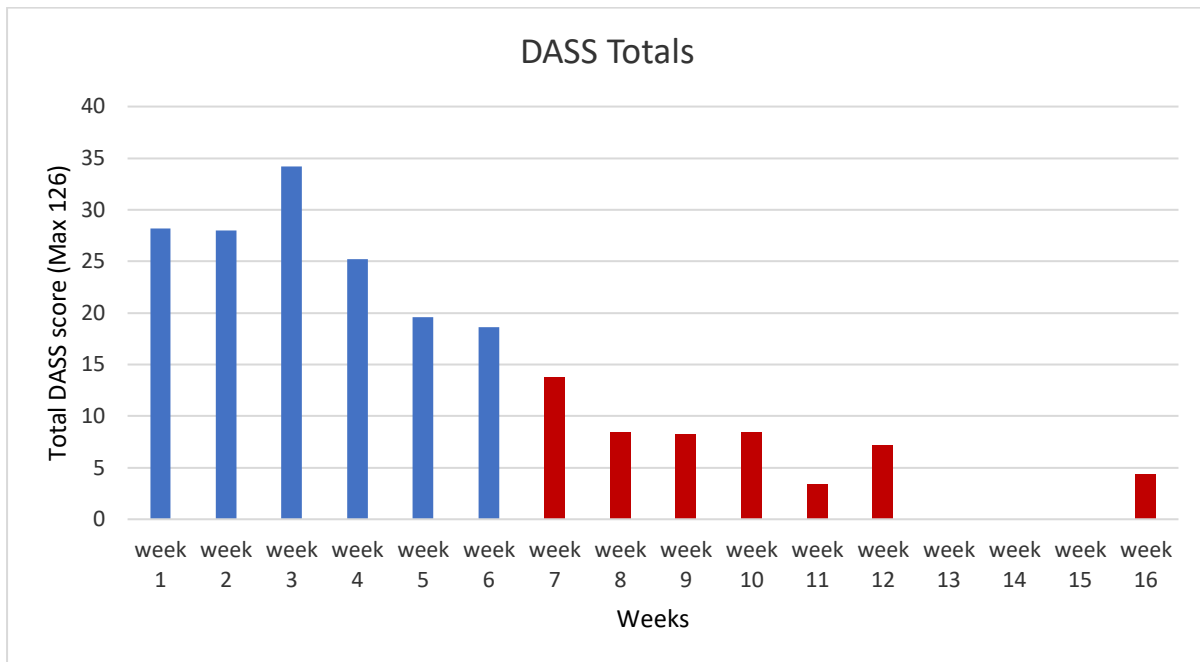


Figure 1: Averages of DASS scores, higher scores indicate worse symptoms.

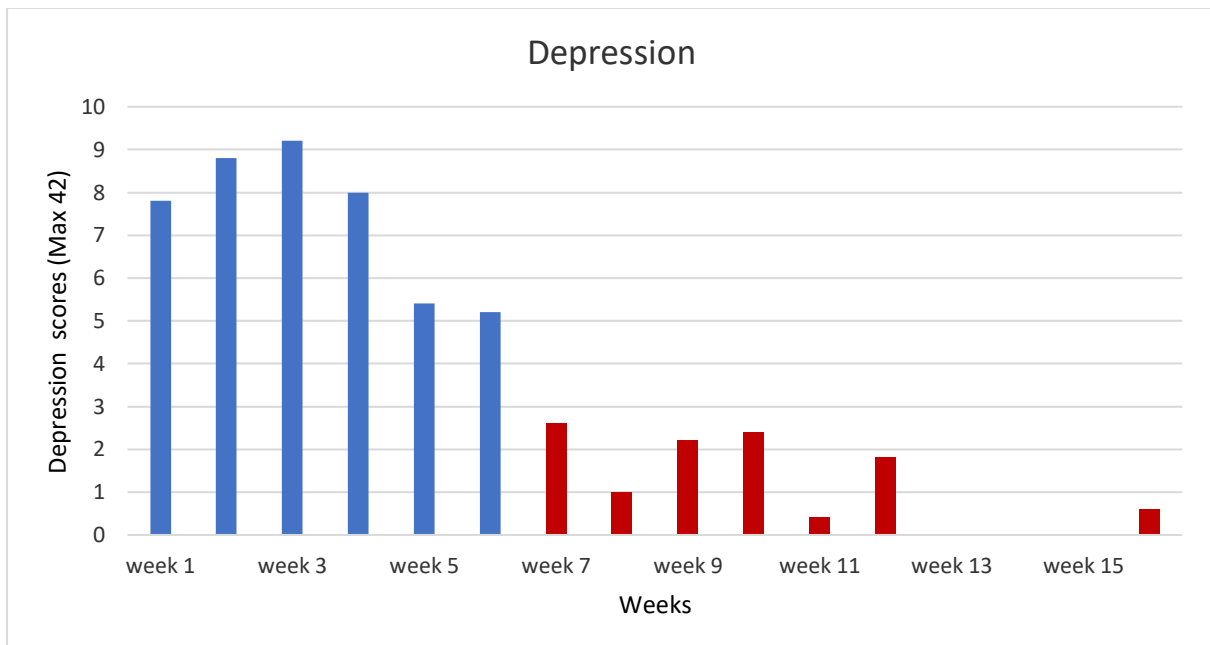


Figure 2: Average scores for depression, higher scores indicate worse symptoms.

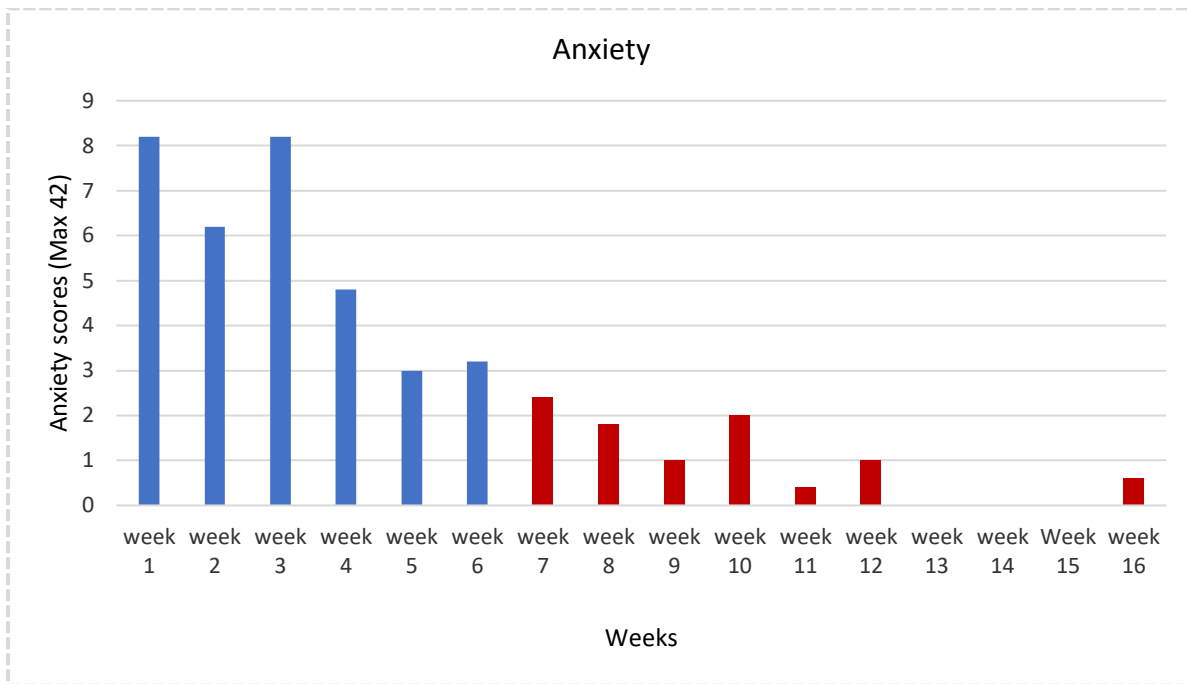


Figure 3: Average scores for anxiety, higher scores indicate worse symptoms.

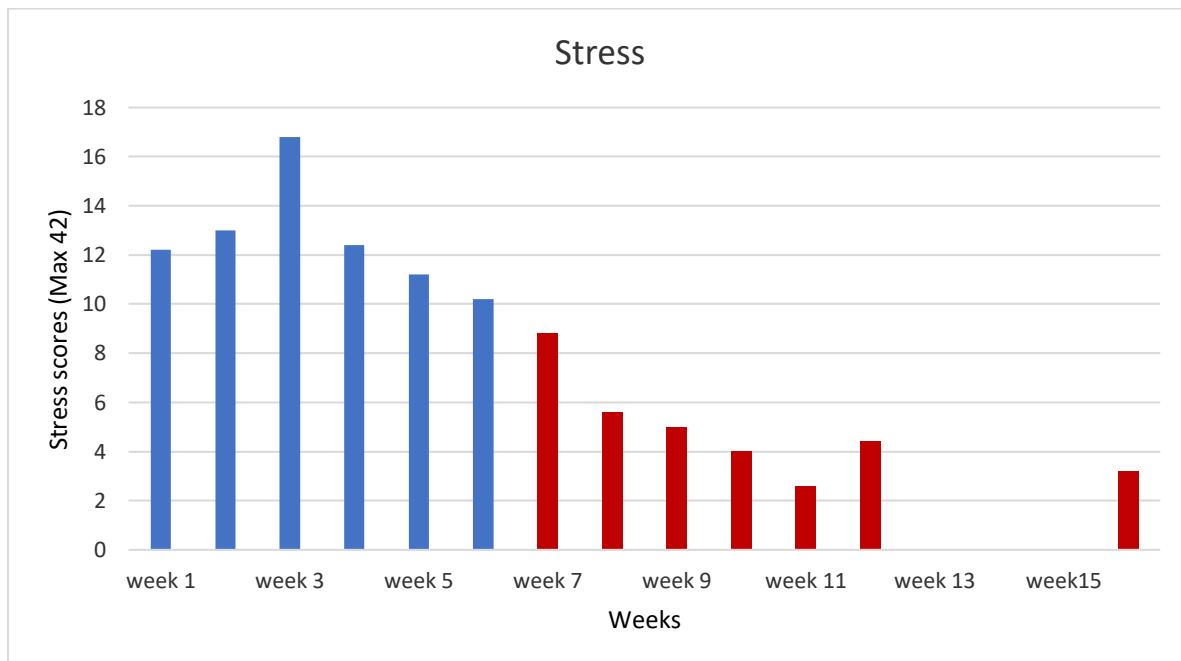
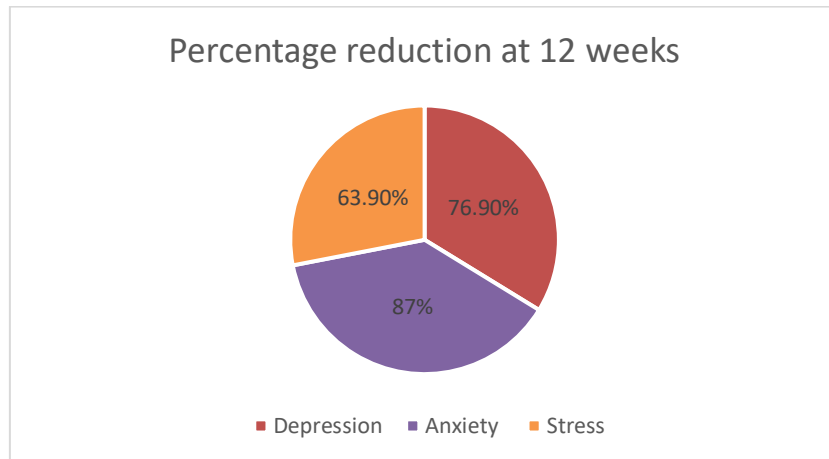


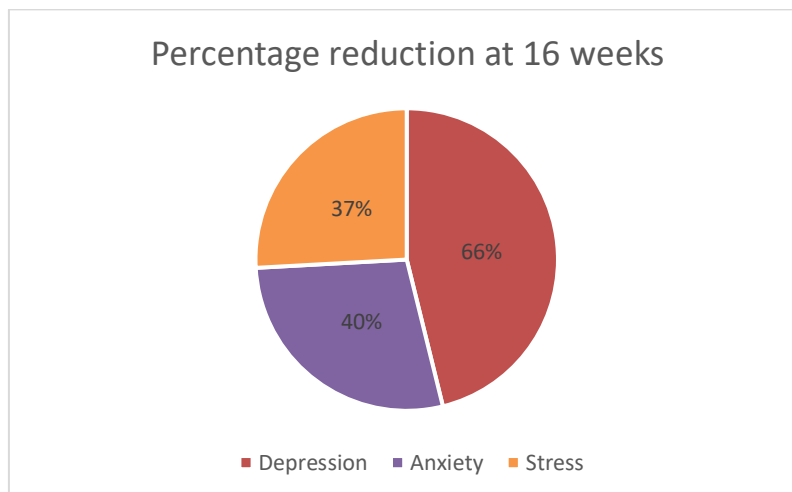
Figure 4: Average scores for stress, higher scores indicate worse symptoms.

Total DASS scores reduced by 74.5% during the 12-week period. Depression scores reduced by 76.9%, anxiety scores reduced by 87% and stress scores reduced by 63.9% at the end of the 12-week period.



From 12 - 16 weeks after treatment had stopped, DASS scores continued to reduce.

Total DASS reduction 39%, depression reduction 66%, anxiety reduction 40% and stress reduced by 27%.



## DISCUSSION

This study was measuring the effect of the Jing stress and pain protocol on reducing stress, anxiety and depression in health care professionals and the results showed that the treatment was effective. There was a notable reduction in all areas, suggesting that the multi-modal approach of the Jing method has positive potential for an effective approach to supporting healthcare professionals from burnout. At week 16, the follow up questionnaire, 4 weeks after last intervention, scores had only slightly changed and remained relatively low.

From the results during the control period, anxiety and depression results started to reduce before the intervention period. Stress results did not change until the hands on period, when it started to reduce alongside depression and anxiety. The total DASS scores reduced by 74.5% during the 12-week period. Depression scores reduced by 76.9%, anxiety scores reduced by 87% and stress scores reduced by 63.9% at the end of the 12-week period. These are strong results supporting other studies using the Jing method stress and pain protocol to help with depression, anxiety and stress. (Aherin, 2023; Casadei, 2023; Quayle, 2023; Dumont, 2024)

It was noted by the researcher that depression and anxiety scores had started to reduce even during the control period. Depression scores reduced by 33% and anxiety scores reduced by 60%. This could be an indication of the benefits of a therapeutic alliance between therapist and client and the act of being listened to as demonstrated by studies (Schwarze and Gerler, Jr., 2015; Sofyan et al., 2023; Dumont, 2024). Therapeutic alliance has been shown to be an effective aspect for treatment in the Jing method (Gillingham, 2016). Studies show that the positive dynamic of a therapist and client achieves a positive impact on the outcome of the musculoskeletal treatments (Babatunde, MacDermid and MacIntyre, 2017) This study provides quantitative data supporting the effectiveness of The Jing Method. The researcher was able to gain anecdotal data at the end of each treatment and recommends future studies documenting this valuable information. And example of this was 3 of the 4 participants in the last 2

treatments reported feeling more motivated to get jobs done, exercise and an increase in energy levels as found with a study by (Lazarus et al., 2021)

Biopsychosocial model is at the core of The Jing Method. This study suggests the effectiveness of this multi-modal approach with reduction of DASS 42 scores in the control period. The researcher noted at the initial consultation highlighted that some participants were going through significant life changes that people had not had a safe space to talk about before. Supporting a study encouraging the education and training of clinicians in the BSP model (Smart, 2023).

Stress score did not have any significant improvement until the hands on period. Studies that noted the effectiveness of heat and massage on the autonomic nervous system (Lee, Park and Kim, 2011). A study by (Garner et al., 2008) using mechanisms measuring resting heart rate and cortisol levels found massage therapy had an immediate beneficial effect on anxiety-related measures demonstrating it as an effective tool for reducing stress and anxiety.

The 4 participants in this study were all female nurses aged between 35 – 61. All 12 applicants that respond to this study were female nurses, reinforcing the data by the (Quality Care Commission, University of Manchester, 2020, Anon., 2023b, Anon., n.d.) that this particular group needs support. Burnout conventional treatment is taking a more holistic approach an article in a Nurse Journal (Kaple, 2023) suggests practicing self-care and mindfulness is one of the best ways for nurses to prevent burnout. This in contrast to the more common path of GP advise consisting of cognitive behavioural therapy and a type of antidepressant called a selective serotonin reuptake inhibitor (SSRI) (NHS, 2024). This study with its overall reduction over 92% in DASS scores over a 12 week period, supports a more holistic approach to help alleviate depression, anxiety and stress once levels have been decreased, echoing recommendations suggested by (Kaple, 2023) that practicing selfcare and mindfulness to help prevent burnout should be ongoing for an individual. This study showed that at 16

weeks levels were still low indicating new habits or lifestyle changes.

Box breathing being given as self-care is supported by studies such as (McVeigh et al., 2021) stating mindfulness-based interventions are effective strategies for the management of stress. Studies show how box breathings effect on sleep quality increases significantly in first year medical students and the elderly (Andas et al., 2023; Tadavi and Mehvish, 2023). 5 mins of regular box breathing helps improve mood and reduces anxiety (Balban et al., 2023). (Van Heer et al., 2021)Box breathing can help mitigate the stress response in junior medical residents allowing maintained performance despite a stressful environment.

In support of the Jing Methods and its holistic approach with an emphasis on education and knowledge of individuals, Zhang et al. (2020) highlighted the benefits of multimodal treatments such as selfcare advice, massage, mindfulness, meditation, and stress management skills and advice. This understanding that there are modalities that can help alleviate their depression, anxiety, and stress that are in their control can be embraced as part of a lifestyle, leading to the empowerment of individuals.

Use of chronic stress and pain protocol has been shown to be effective in treating DASS, (Aherin, 2023; Casadei, 2023; Dumont 2024; and Quayle 2023). (O'Flynn, 2024) a Jing Method study showing the effects on anxiety, stress and depression in desk-based workers also had similar results, anxiety and depression reducing from the control period and stress reducing in the hands-on intervention period. Dumont's (2024) study on mental wellbeing with a history of breast cancer, shows a decrease in DASS, however, it was the depression scores that reduced in the hands-on intervention phase at week 9 not stress, which started a slow decline from the week 1 of the control period. The differences in the results show that the multidimensional treatment of the The Jing Method is effective with

different populations of groups. It is encouraging that this study is supporting accumulative data evidence for the effectiveness of treating depression, anxiety and stress and supporting a model which could help ease the crisis of burnout within our healthcare profession.

The researcher noted 3 out of the 4 participants in the last two week of hands-on intervention reported feeling motivated to “get jobs done” and “I feel like I could run a marathon”. The research had noted in contrast during the first weeks of hands-on interventions participants wanted to go home to sleep. If future studies can record this anecdotal data, as it supports increased motivation within participants.

Limitations of this study are the small number of and a larger cross-section of participants is needed. Selfcare participation could not be fully measured a way to monitor self-care interventions particularly between weeks 12-16 which from the continued reduction of 39% suggested the development of new habits. Evidence to support these findings are required.

Participants reported finding the treatments very beneficial and suggested this type of therapy should be available to healthcare professionals.

A recent and most interesting study by (Stewart-Richardson et al., 2024) looking at experienced orthopaedic massage therapists with the aim of exploring what is effective in massage therapy found an iterative approach of treatment and evaluation that enabled therapists to concentrate on each client's unique needs was the foundation for their ability to deliver effective treatment. In this instance, "effectiveness" might be viewed as a method as opposed to a particular massage technique. The study by (Stewart-Richardson et al., 2024) reinforces therapeutic alliance and biopsychosocial model but would also benefit in exploring a multimodal approach that would highlight what is effective in massage therapy as this study shows.

## CONCLUSION

This study measured the effect of the Jing stress and pain protocol to measure stress, anxiety and depression in health care professionals and the results showed that the treatment was effective. There was a notable reduction in all areas. At week 16, the follow up questionnaire, 4 weeks after last intervention scores had only slightly changed and remained relatively low. These results suggest that the multi-modal approach of the Jing method, has positive potential for an effective approach to supporting healthcare professionals alleviate job related depression, anxiety and stress and consequently burnout.

The question by Laura Hyde foundation of “who is caring for our carers?” could have some answers within this study. The through the care of a BTEC Level 6 advanced clinical and sports massage therapists of the Jing Institute of massage and complementary medicine. This qualification is the highest in the UK and who better to support our incredible healthcare professionals alleviate, manage or avoid burnout and symptoms of depression, anxiety and stress.

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## APPENDICES

### APPENDIX 1 DASS 42 QUESTIONNAIRE

# DASS-42

Name:


Date:

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree, or a good part of time
- 3 Applied to me very much, or most of the time

1	I found myself getting upset by quite trivial things	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I just couldn't seem to get going	0	1	2	3
6	I tended to over-react to situations	0	1	2	3
7	I had a feeling of shakiness (eg, legs going to give way)	0	1	2	3
8	I found it difficult to relax	0	1	2	3
9	I found myself in situations that made me so anxious I was most relieved when they ended	0	1	2	3
10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting upset rather easily	0	1	2	3
12	I felt that I was using a lot of nervous energy	0	1	2	3
13	I felt sad and depressed	0	1	2	3
14	I found myself getting impatient when I was delayed in any way (eg, elevators, traffic lights, being kept waiting)	0	1	2	3
15	I had a feeling of faintness	0	1	2	3
16	I felt that I had lost interest in just about everything	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy	0	1	2	3
19	I perspired noticeably (eg, hands sweaty) in the absence of high temperatures or physical exertion	0	1	2	3
20	I felt scared without any good reason	0	1	2	3
21	I felt that life wasn't worthwhile	0	1	2	3

Please turn the page 

Reminder of rating scale:

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree, or a good part of time
- 3 Applied to me very much, or most of the time

22	I found it hard to wind down	0	1	2	3
23	I had difficulty in swallowing	0	1	2	3
24	I couldn't seem to get any enjoyment out of the things I did	0	1	2	3
25	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3
26	I felt down-hearted and blue	0	1	2	3
27	I found that I was very irritable	0	1	2	3
28	I felt I was close to panic	0	1	2	3
29	I found it hard to calm down after something upset me	0	1	2	3
30	I feared that I would be "thrown" by some trivial but unfamiliar task	0	1	2	3
31	I was unable to become enthusiastic about anything	0	1	2	3
32	I found it difficult to tolerate interruptions to what I was doing	0	1	2	3
33	I was in a state of nervous tension	0	1	2	3
34	I felt I was pretty worthless	0	1	2	3
35	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
36	I felt terrified	0	1	2	3
37	I could see nothing in the future to be hopeful about	0	1	2	3
38	I felt that life was meaningless	0	1	2	3
39	I found myself getting agitated	0	1	2	3
40	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
41	I experienced trembling (eg, in the hands)	0	1	2	3
42	I found it difficult to work up the initiative to do things	0	1	2	3

# DASS 42

## Description

The DASS-42 is a 42 item self-report scale designed to measure the emotional states of depression, anxiety and stress. The principal value of the DASS in a clinical setting is to clarify the locus of emotional disturbance, as part of the broader task of clinical assessment. The essential function of the DASS is to assess the severity of the core symptoms of Depression, Anxiety and Stress. Accordingly, the DASS allows not only a way to measure the severity of a patient's symptoms but a means by which a patient's response to treatment can also be measured.

This is a screening instrument and practitioners should make a clinical judgment as to whether an individual needs further assessment for anxiety and depression. High scores on the DASS would certainly alert the clinician to a high level of distress in the patient and this would need to be explored further within the interview process. Similarly, low scores on the DASS should not be a substitute for a comprehensive clinical interview.

## Scoring

Each of the 42 questions is scored on a 4-point scale ranging from 0 ("Did not apply to me at all") to 3 ("Applied to me very much, or most of the time"). Scores for Depression, Anxiety and Stress are calculated by summing the scores for the relevant items:

Depression: 3, 5, 10, 13, 16, 17, 21, 24, 26, 31, 34, 37, 38, 42

Anxiety: 2, 4, 7, 9, 15, 19, 20, 23, 25, 28, 30, 36, 40, 41

Stress: 1, 6, 8, 11, 12, 14, 18, 22, 27, 29, 32, 33, 35, 39

## DASS 42 Score Sheet

Enter each score from the questionnaire into the first two columns. Add up each row and enter the score into the available box (D, A or S). Add up the each of the D, A and S columns.

The total for each column is the score for that trait:

D = Depression

A = Anxiety

S = Stress

Q	Score	Q	Score	Depression scores	Anxiety scores	Stress scores
1		22				
2		23				
3		24				
4		25				
5		26				
6		27				
7		28				
8		29				
9		30				
10		31				
11		32				
12		33				
13		34				
14		35				
15		36				
16		37				
17		38				
18		39				
19		40				
20		41				
21		42				

<b>Total</b>			
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## Interpretation Guide

The DASS is based on a dimensional rather than a categorical conception of measure of distress where depression and anxiety vary along a continuum of severity. The DASS has no direct implications for the allocation of patients to discrete diagnostic categories postulated in classificatory systems such as the DSM and ICD. However, recommended cutoffs for conventional severity labels are given in the DASS Manual (<http://www2.psy.unsw.edu.au/groups/dass/order.htm>).

The severity labels are used to describe the full range of scores in the population, so 'mild' for example means that the person is above the population mean but probably still below the typical severity of someone seeking help (i.e. it does not mean a mild level of disorder).

	<b>Depression (D)</b>	<b>Anxiety (A)</b>	<b>Stress (S)</b>
<b>Normal</b>	0-9	0-7	0-14
<b>Mild</b>	10-13	8-9	15-18
<b>Moderate</b>	14-20	10-14	19-25
<b>Severe</b>	21-27	15-19	26-33
<b>Extremely Severe</b>	28+	20+	34+

## References

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# DASS

Name:

Date:

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

- 0 Did not apply to me at all  
1 Applied to me to some degree, or some of the time  
2 Applied to me to a considerable degree, or a good part of time  
3 Applied to me very much, or most of the time

- |    |  |   |   |   |   |
|----|--|---|---|---|---|
| 1  | I found myself getting upset by quite trivial things   | 0 | 1 | 2 | 3 |
| 2  | I was aware of dryness of my mouth   | 0 | 1 | 2 | 3 |
| 3  | I couldn't seem to experience any positive feeling at all  | 0 | 1 | 2 | 3 |
| 4  | I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion) | 0 | 1 | 2 | 3 |
| 5  | I just couldn't seem to get going  | 0 | 1 | 2 | 3 |
| 6  | I tended to over-react to situations   | 0 | 1 | 2 | 3 |
| 7  | I had a feeling of shakiness (eg, legs going to give way)  | 0 | 1 | 2 | 3 |
| 8  | I found it difficult to relax  | 0 | 1 | 2 | 3 |
| 9  | I found myself in situations that made me so anxious I was most relieved when they ended                                 | 0 | 1 | 2 | 3 |
| 10 | I felt that I had nothing to look forward to   | 0 | 1 | 2 | 3 |
| 11 | I found myself getting upset rather easily   | 0 | 1 | 2 | 3 |
| 12 | I felt that I was using a lot of nervous energy  | 0 | 1 | 2 | 3 |
| 13 | I felt sad and depressed   | 0 | 1 | 2 | 3 |
| 14 | I found myself getting impatient when I was delayed in any way (eg, elevators, traffic lights, being kept waiting)       | 0 | 1 | 2 | 3 |
| 15 | I had a feeling of faintness   | 0 | 1 | 2 | 3 |
| 16 | I felt that I had lost interest in just about everything   | 0 | 1 | 2 | 3 |
| 17 | I felt I wasn't worth much as a person   | 0 | 1 | 2 | 3 |
| 18 | I felt that I was rather touchy  | 0 | 1 | 2 | 3 |
| 19 | I perspired noticeably (eg, hands sweaty) in the absence of high temperatures or physical exertion                       | 0 | 1 | 2 | 3 |
| 20 | I felt scared without any good reason  | 0 | 1 | 2 | 3 |

21 I felt that life wasn't worthwhile 0 1 2 3

Reminder of rating scale:

- 0 Did not apply to me at all  
 1 Applied to me to some degree, or some of the time  
 2 Applied to me to a considerable degree, or a good part of time 3 Applied to me very much, or most of the time

22	I found it hard to wind down	0 3	1	2
23	I had difficulty in swallowing	0 3	1	2
24	I couldn't seem to get any enjoyment out of the things I did	0 3	1	2
25	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0 3	1	2
26	I felt down-hearted and blue	0 3	1	2
27	I found that I was very irritable	0 3	1	2
28	I felt I was close to panic	0 3	1	2
29	I found it hard to calm down after something upset me	0 3	1	2
30	I feared that I would be "thrown" by some trivial but unfamiliar task	0 3	1	2
31	I was unable to become enthusiastic about anything	0 3	1	2
32	I found it difficult to tolerate interruptions to what I was doing	0 3	1	2
33	I was in a state of nervous tension	0 3	1	2
34	I felt I was pretty worthless	0 3	1	2
35	I was intolerant of anything that kept me from getting on with what I was doing	0 3	1	2
36	I felt terrified	0 3	1	2
37	I could see nothing in the future to be hopeful about	0 3	1	2
38	I felt that life was meaningless	0 3	1	2

39	I found myself getting agitated	0 3	1	2
40	I was worried about situations in which I might panic and make a fool of myself	0 3	1	2
41	I experienced trembling (eg, in the hands)	0 3	1	2
42	I found it difficult to work up the initiative to do things	0 3	1	2

## **APPENDIX 2 BOX BREATHING**

### **How to do Box Breathing**

1. Step 1: Breathe in, counting to four slowly. Feel the air enter your lungs.
2. Step 2: Hold your breath for 4 seconds. Try to avoid inhaling or exhaling for 4 seconds.
3. Step 3: Slowly exhale through your mouth for 4 seconds.
4. Step 4: Repeat steps 1 to 3 until you feel re-centred.

## APPENDIX 3 PARTICIPANT LETTER

Thank you for showing interest in my study. I appreciate you responding to my call for participants. Let me tell you a little more about what it entails.

I trained as a massage therapist over 20 years ago. In my clinic, I specialise in helping clients with many different chronic pain conditions such as rotator cuff injuries, migraines, lower back pain etc. Also helping clients to reduce their stress levels with a blend of techniques taught by Jing Advanced massage, providing a truly holistic treatment for each individual client.

In 2020, I embarked on an advanced degree qualification in my field: the BTEC Level 6 Diploma in Advanced Clinical and Sports Massage offered by Jing Advanced Massage, the highest level of education a manual therapist can achieve in the UK. It is overseen by experts in the field of Musculoskeletal Pain, Education, Sports Science and Psychology.

As part of our course work, we are given an opportunity to design and conduct a study into the effects of clinical massage wellness programme. I have chosen to investigate:

**The effects of the Jing method of clinical massage on depression, anxiety and stress in nurses.**

If you decide to participate the study, it will begin around 31<sup>st</sup> July 2023.

### **Your requirements to be included in the study:**

- **Firstly, you will need to fill in the Depression, Anxiety and Stress Scale (DASS42) to evaluate whether you qualify for this study. Participants need to present with score of over 25 on the DASS 42 questionnaire**
- You are aged between 21-55
- Work in a nursing environment over 16 hours per week

### **Exclusions from the study:**

- You are pregnant.
- You have started a new mental health medication within 12 weeks (anti-depressants can take a time to optimize dosage)
- Works less than 16 hours a week.
- Scores within the normal range or extremely severe

**If you qualify for the study after completing the initial DASS 42 form**

We will have an initial 20 minute one to one video consultation over the phone where we will talk through the study. I will gather your contact info and introduce you to the Depression, Anxiety and Stress Scale (DASS42), the questionnaire we will be using throughout the 16 weeks of the study. There will be an opportunity for you to ask any questions you might have.

**What will be expected of you, the participant?**

- Weeks 1-6, you are required to answer the Depression, Anxiety and Stress Scale (DASS42) online via jot forms once a week with no intervention.
- Weeks 7-12, you are required to attend the clinic once a week for 6 weeks for a clinical hour to receive a 45 min hands-on treatment.
- You will be required to perform a self-care routine 3 times per week that will take about 2 minutes to complete throughout the entire 6 weeks of the intervention period.
- You are required to contribute £30 for each hands-on intervention or £150 paid in full. This is to cover the rental cost of the room and equipment and a small fee in exchange for the therapist's hands-on work.
- Six days after each treatment and prior to the following treatment, you will be required to fill in the Depression, Anxiety and Stress Scale (DASS42) via jot form.
- The DASS 42 for week 12 will be returned 6 days after the last hands-on intervention. And a last questionnaire will be sent 4 weeks (at week 16) after the last hands-on intervention.
- You are required to inform the researcher if they need to start any new therapy during the time of the study (16 weeks).

**Are there any risks involved?**

There is always a small risk that massage might cause a short-term increase in symptoms. There is a very small risk of bruising following treatment, but this is very rare.

**What are the potential benefits to you, the participants?**

Potential for you to experience an improvement in your general everyday physical and mental well-being. The comparison between the data from the control period and the intervention and post-intervention period will allow us to measure progress.

Once my research is published, I will share with you my findings and invite you to the conference, where my colleagues and I will be presenting all our findings.

I must ask that you do not have outside communication with the other participants about the content of the study. Also, I must ask, that you also agree to the confidentiality of all involved.

All your information will be kept confidential. Please call me with any questions.

**Please note that you may at any time withdraw from the project without notice or explanation.**

**Thank you for your consideration for this project and thank you in advance if successful, for your support and commitment to helping me with this research project.**

Sincerely,

Gill Jarrett, ACMT Advanced Clinical Massage Therapist

# APPENDIX 4 ETHICS FORM



## Jing BTEC Research Ethics Form

**BTEC Level 6 – Professional diploma in advanced clinical sports massage**

**Evaluating the effects of the Jing method of clinical massage on depression, anxiety and stress in healthcare professionals**

### Section 1: to be completed by student.

Student's name:	Gill Jarrett
BTEC Year-group:	22-24
Date of application:	June 2023
Student email address:	gilljarrett9@gmail.com
Title of research project:	<b>Evaluating the effects of the Jing method of clinical massage on depression, anxiety and stress in healthcare professionals</b>

### Section 2:

**Does your project involve any primary research using human subject**

Please delete as appropriate.

	YES	NO
Does your project involve any primary research using human subjects?	X	

If yes, does it involve children under 16?		X
If yes, does it involve children under 18?		X
Other vulnerable populations (i.e. mental illness, aged subjects)?		X
Does your project involve NHS patients, NHS staff or Local Authority Service Providers?  <i>If yes, you must obtain 'external ethics approval' for your proposal before the form can be signed-off by 'Jing' and before you can start your fieldwork.</i>		X
Are you planning to use deception?		X
Are you collecting sensitive personal data such as sexuality, mental health data, etc?	X	
Does your project make use of a validated questionnaire?	X DASS42	
Does your project make use of a new/adapted questionnaire or semi-structured interview checklist?		X

### Section 3:

Where is your research being undertaken?  In my treatment room at 11 Pengrove Shrewsbury SY3 7LE		
If your research is being undertaken outside of your own premises, do you have written confirmation from the establishment involved? If yes, please provide evidence.	<del>YES</del>	NO

### Section 4:

How will you recruit participants for this research study?  <ul style="list-style-type: none"> <li>• Current clients and referrals – word of mouth</li> <li>• Posters</li> <li>• Promote on social media Instagram and Facebook</li> </ul>
--

### Section 5:

How will you manage participant confidentiality? Ensure that the information refers to GDPR and is compliant with this legislation.

- All data is held in accordance with the UK General Data Protection Regulation (GDPR) 2022
- Inform Clients on the initial signup form that their information will not be available to third parties and not be seen by anyone else but the researcher
- Client names are replaced by numbers so they will be anonymous
- All data collected will be password protected and stored on a personal computer

**Section 6:**     *Outline your project procedure*

- Recruit participants to investigate the effect of the Jing method of Clinical massage on depression, anxiety and stress in healthcare professionals
- Issue the Depression, Anxiety and Stress Scale (DASS42) online before holding the initial consultation to assess whether the potential participant qualifies for the study in terms of DASS levels.
- Participants will attend one consultation online or phone call. This will include completing the consent form, providing basic contact details, detailed consultation form including health history. The study will be explained to participants so that consent can be obtained.
- Weeks 1-6, Issue the DASS 42 questionnaire to be completed for a duration of 6 weeks via jot form once a week with no intervention.
- Weeks 7-12 consist of 6 hands-on treatments, each lasting 45 minutes. A charge of £30 per treatment. £150 if paid in full.
- Seven days after the treatment, the participants will be required to fill in the DASS 42 questionnaire via jot forms and returned them to the researcher prior to the next treatment.
- The DASS 42 questionnaire for week 12 will be returned 7 days after the final treatment.
- 4 weeks after final treatment participants are required to fill in a final DASS 42 questionnaire via jot form.

2. Briefly describe, **what your participants** must do

- Participants will have to fill in the Depression, Anxiety and Stress Scale (DASS42) to evaluate whether they qualify for this study. In order to qualify for the study, their levels of DASS have to score over 25.
- Participants will then attend an online/ or phone consultation and the study will be explained to them. This will include completing the consent form, providing basic contact details and a detailed consultation.
- Participants are required to inform the researcher if they need to start any new therapy during the time of the study (16 weeks).
- Participants are required to answer the Depression, Anxiety and Stress Scale (DASS42) once a week for the first 6 weeks with no intervention.
- Weeks 7-12 of the study participants are required to attend the clinic once a week for 6 weeks to receive a 45min hands-on treatment based on an abbreviated version of the Jing protocol for stress and chronic pain.
- Participants are also required to perform self-care breathwork 3 x a week. A PDF will be given each week with details.
- 6 days after each treatment and before the following treatment, each participant must fill in the Depression, Anxiety and Stress Scale (DASS42) via jot form and return to the researcher.
- The DASS 42 Questionnaire for week 12 will be returned 6 days after the last hands-on intervention and a last questionnaire will be sent 4 weeks after the last hands-on intervention.

**Section 7:**

What sort of materials or stimuli will your participants be exposed to?		
	YES	NO
Questionnaires	X DASS 42	
Pictures (will you take a photo of participants)		X
Sounds	X non-verbal relaxation music for all participants	
Words	X	
Other		

If using a questionnaire, you are required to attach an example.

**Section 8:**

<p><b>What sort of people will the participants be?</b></p> <ul style="list-style-type: none"> <li>• Participants aged between 25-60</li> <li>• Work in a nursing role environment</li> <li>• Participants to score 20 or over on the DASS 42 questionnaire</li> </ul> <p><b><u>Exclusion Criteria</u></b></p> <ul style="list-style-type: none"> <li>• Pregnancy</li> <li>• started a new mental health medication within the last month (anti-depressants can take a few weeks to optimize dosage)</li> <li>• Works less than 16 hours a week</li> <li>• DASS Scores within the normal range or extremely severe</li> </ul>
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**Section 9:**

<p>If your research study involves minors, how will you obtain participation permission and who is the responsible adult? N/A</p>
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**Section 10:**

Special Issues. Give brief details of other special ethical issues and the controls you will put in place to minimise ethical risk.

- Qualified and insurance of therapist up to date
- Ensure participant’s details are kept fully confidential and secure
- During the consultation process and throughout the treatment the researcher will be observant of participants’ emotional wellbeing and direct them to and direct them to additional resources if necessary – (clinical supervision for the therapist with a clinical psychologist whilst the study is undertaken so concerns can be raised and appropriate measures taken if need)
- Participants will be advised to respect the confidentiality of other participants if known to each other and not discuss study for its duration

**Section 11**

What procedures will you follow in order to guarantee the confidentiality of your participants’ data?

- Record participants name, contact details and DOB
- Assign each participant a number x
- they were assigned so as to preserve anonymity.
- All data will be stored securely, and password protected on the researcher’s private laptop.
- All data will be deleted as soon as the study has been completed.

**Section 12**

Does any of the following apply to your research study?	YES	NO
It requires participants to give information of a personal nature	X	
It involves minors or other vulnerable individuals;		X
It involves paying participants or an alternative incentive to participate		X
It could put you or someone else at risk of injury.		X

**Section 13:**

I understand that I can only start my project, once this ethical application has been approved. This applies to ALL projects, whether using human participants or not.	YES X	NO
--	----------	----

**Student’s handwritten signature:**

\_\_\_\_\_  
(To be completed, once ethical approval has been provided)

**Print Name: Gill Jarrett**

**Date: 21.5.23**

**IMPORTANT**

**Consent**

**Informed consent** must be obtained for **all** participants before they take part in your project. The Consent Form (example below) should clearly state the parameters and content of the research. It should explain what is expected of the participants and what they will be doing. It should draw specific attention to any elements that could conceivably cause subsequent objections, and the measures you are taking to ensure the confidentiality of their data. It should also state that the participants are free to withdraw from the study at any time. Studies carried out in schools require the permission of the head-teacher, and of any responsible adults as per the head teachers’ recommendation. Minors aged over 14 years should also sign an individual consent form themselves. If you are planning to carry out a project whereby you will be in contact with minors, you must establish from the head-teacher or other responsible adult whether the work proposed will require you to have the relevant DBS disclosure. Please seek advice from your Local Authority.

**You must complete a consent form for every participant involved in your study**

# APPENDIX 5 PARTICIPANT INFORMATION LETTER

## INFORMATION FOR PARTICIPANTS

### Important

Please be advised that you can withdraw your participation from this study at any time. There is no need to submit a reason and there will be no consequences for you as a result of withdrawing.

### What will be expected of you, the participant?

- Participants will answer the Depression, Anxiety and Stress Scale (DASS42) so as to determine whether they qualify for this study.
- Participants will then attend an online/over the phone one to one consultation. This will include completing the consent form, providing basic contact details and Jing consultation form & health history.
- Participants are required to inform the researcher if they need to start any new therapy during the time of the study (16 weeks).
- Weeks 1-6, Participants are required to answer the Depression, Anxiety and Stress Scale (DASS42) online via jot forms once a week with no intervention.
- Weeks 7-12, participants are required to attend the clinic once a week for 6 weeks for a clinical hour to receive a 45 min hands-on treatment.
- Participants will perform a self-care routine 3 times per week that will take about 2 minutes to complete throughout the entire 6 weeks of the intervention period.
- Participants are required to contribute £30 for each hands-on intervention so as to cover the rental cost of the room and equipment and a small fee in exchange for the therapist's hands-on work.
- Six days after each treatment and prior to the following treatment, each participant is required to fill in the Depression, Anxiety and Stress Scale (DASS42) via jot form.
- The DASS 42 for week 12 will be returned 6 days after the last hands-on intervention. And a last questionnaire will be sent 4 weeks (at week 16) after the last hands-on intervention.

### What does the initial consultation and research study involve?

We will have an initial 20-minute one-to-one video consultation over the phone where we will talk through the study. I will gather your contact info and introduce you to the Depression, Anxiety and Stress Scale (DASS42), the questionnaire we will be using throughout the 16 weeks of the study. There will be an opportunity for you to ask any questions you might have.

**Weeks 1-6 are about evaluating your current mental well-being. You will fill in the questionnaire via jot forms weekly and these data will provide a baseline for the study. I will send you an email prompt to remind you every week.**

**Weeks 7-12, you will come and attend a 45 min hands-on treatment once a week.**

**During these 6 weeks, you will continue to fill out the questionnaire weekly and I will continue to send you a reminder.**

A final questionnaire will be sent to you 4 weeks after our last hands-on session, at which point I will ask that we also have a feedback meeting together where we can discuss what worked for you and what didn't.

The comparison between the data from the control period and the intervention and post-intervention period will allow us to measure progress.

### Are there any risks involved?

There is always a small risk that massage might cause short-term increase in symptoms. There is a very small risk of bruising following treatment.

### **What are the potential benefits to you; the participants?**

Potential for participants to experience an improvement in their general everyday physical and mental well-being.

### **How the results of the study will be used**

Your data will be mathematically analysed together with all the other participants' data, and the findings from this analysis will be communicated to the project supervisor and possibly other practitioners. Communication of the findings may be in the form of all / any of the following: a dissertation, reports in scientific journals, articles in newsletters, and presentation at a conference.

### **Confidentiality**

All data and personal information will be stored securely in accordance with the terms of the General Data Protection Regulation (GDPR), 2018, and will be accessible only by **Gill Jarrett**. After completion of the study, all data will be made anonymous (i.e. all personal information associated with your data will be removed). Your data will be anonymous in any written reports, articles, and presentations of the results of the study.

### **What to do now you have decided to participate**

If you would like to participate, please return a completed consent form to **Gill Jarrett**  
If you have any further questions, please contact **me** on the telephone number or email address above.

Thank You.

## APPENDIX 6 PARTICIPANT CONSENT FORM



### PARTICIPANT CONSENT FORM

**Title of study: Evaluating the effects of the Jing method of clinical massage  
on depression, anxiety and stress in nurses & healthcare professionals**

**Name of student: Gill Jarrett**

- I have read the information sheet about this study
- I have had an opportunity to ask questions and discuss this study
- I have received satisfactory answers to all my questions
- I have received sufficient information about this study
- I understand that I am / the participant is free to withdraw from this study:
- At any time (until such date as this will no longer be possible, which I have been told)
- Without giving a reason for withdrawing
- That I am free to refuse to answer any question without saying why
- That the services I am receiving will not be affected whether I participate or not.
- I understand that my research data may be used for a further project in anonymous form, but I am able to opt out of this if I so wish, by ticking here.
- I agree to take part in this study

Signed (participant)

Date

Name in block letters

Signed (parent / guardian / other) (if under 18)

Date

Name in block letters:

Gill Jarrett  
Moon Stone Therapies  
07815 604987  
moonstonetherapies9@gmail.com

**Section 3: Jing 's assessment (to be completed by Jing)**

**EITHER:**

This project is not designed to include fieldwork with human participants. Insofar as secondary data are to be used, I am confident that appropriate procedures are in place for data protection and non-disclosure of any personal or confidential data.

**Signature:** .....**date:** .....

**OR:**

This project is designed to include fieldwork with human participants.  
(please circle yes or no)

*YES / NO* All necessary statutory, legislative or other formal external approvals have been obtained (e.g., permissions, police checks, external research ethics and governance approvals in the case of research involving NHS staff or patients or Local Authority service providers or users).

*YES / NO* The design of this study ensures that the dignity, welfare and safety of the participants will be ensured and that if children or other vulnerable individuals are involved they will be afforded the necessary protection.

*YES / NO* I am confident that participants will be given all necessary information before the study, in the consent form, and after the study if necessary.

*YES / NO* I am confident the participants' confidentiality will be preserved.

*YES / NO* I consider that any risks involved to the student, the participants, and any third party are minimal.

*YES / NO* I consider that Departmental approval should be given, since ethical risks have been appropriately addressed in the proposal and I am confident that steps will be taken to minimise any risks.

**Signature:** ..... **date:** .....

If a second opinion was sought from a research ethics expert, the advisor should also sign this form below:

**Advisor's name (please print):**

**Advisor's signature:** ..... **date:** .....

**Once the Jing's signature has been obtained, the student must return the completed form to the Jing Office.**

## APPENDIX 7 STRESS AND CHRONIC PAIN PROTOCOL

### Stress and chronic pain protocol

#### **Week 7**

45 min hands on treatment

**Heat and preparatory work** over drape, grounding and amma

**Acupressure points**

**Myofascial work indirect and direct** to back and shoulders, following recommended strokes to aid relaxation as advised in protocol. Special focus on **hot stones**. 25 mins on back

Turning client over hot stone placement on back

**MFR work to transverse fascial plane**, leg and arm pulls

**Diaphragm work**

**Acupressure points** GV20 & CV17

**Head holding**

**Face massage.**

**Gentle neck stretches.**

#### **Week 8**

45 min treatment

**Heat and preparatory work** over drape, grounding and amma

**Acupressure points**

**Myofascial work indirect and direct** to back and shoulders, following recommended strokes to aid relaxation as advised in protocol. Special focus on **hot stones**. 30 mins on back

20 mins. Turning client over hot stone placement on transverse fascial plane

**MFR work to transverse fascial plane**, leg and arm pulls, stripping intercostal muscles

**Diaphragm work**

**Neck work** – deep work & cervical mobilization and

**Acupressure points** GV20 & CV17

**Head holding**

**Face massage.**

**Gentle stretches** to lower limbs

#### **Week 9**

45 min treatment

**Heat and preparatory work** over drape, grounding and amma

**Acupressure points**

**Myofascial work indirect and direct** to back and shoulders, following recommended strokes to aid relaxation as advised in protocol. Special focus on **hot stones**. 30 mins on back (add in trigger point work)

20 mins - Turning client over hot stone placement on transverse fascial plane

**MFR work to transverse fascial plane**, leg and arm pulls, stripping intercostal muscles

**Diaphragm work**

**Neck work** – deep work & cervical mobilization and

**Acupressure points** GV20 & CV17 & Heart 8

**Head holding**

**Face massage.**

**Gentle stretches** gluteal, piriformis & spinal stretch

## **Week 10**

45 min treatment

**Heat and preparatory work** over drape, grounding and amma

**Acupressure points**

**Myofascial work indirect and direct** to back and shoulders, following recommended strokes to aid relaxation as advised in protocol. Special focus on **hot stones**. 30 mins on back (add in trigger point work)

20 mins - Turning client over hot stone placement on transverse fascial plane

**MFR work to transverse fascial plane**, leg and arm pulls, stripping intercostal muscles

**Diaphragm work**

**Neck work** – deep work & cervical mobilization and

**Acupressure points** GV20 & CV17 & Heart 8

**Head holding**

**Face massage.**

**Gentle stretches** gluteal, piriformis & spinal stretch

## **Week 11**

45 min treatment

**Heat and preparatory work** over drape, grounding and amma

**Acupressure points**

**Myofascial work indirect and direct** to back and shoulders, following recommended strokes to aid relaxation as advised in protocol. Special focus on **hot stones**. 30 mins on back (add in trigger point work)

20 mins - Turning client over hot stone placement on transverse fascial plane

**MFR work to transverse fascial plane**, leg and arm pulls, stripping intercostal muscles

**Diaphragm work**

**Neck work** – deep work & cervical mobilization and

**Acupressure points** GV20 & CV17 & Heart 8

**Head holding**

**Face massage.**

**Gentle stretches** gluteal, piriformis & spinal stretch

## **Week 12**

45min treatment

**Heat and preparatory work** over drape, grounding and amma

**Acupressure points**

**Myofascial work indirect and direct** to back and shoulders, following recommended strokes to aid relaxation as advised in protocol. Special focus on **hot stones**. 30 mins on back (add in trigger point work)

20 mins - Turning client over hot stone placement on transverse fascial plane

**MFR work to transverse fascial plane**, leg and arm pulls, stripping intercostal muscles

**Diaphragm work**

**Neck work** – deep work & cervical mobilization and

**Acupressure points** GV20 & CV17 & Heart 8

**Head holding**

**Face massage.**

**Gentle stretches** gluteal, piriformis & spinal stretch