

## **A Descriptive Study to Assess Theknowledge, Attitude and Practice Regarding Alexander Complementary Techniques among Nursing Staffs in Selected Hospitals, Kanpur, U.P**

**Ms. Rupali Kushwaha<sup>1</sup>,**

Second year M.Sc. Nursing, Faculty of Nursing, Rama University, Kanpur, Uttar Pradesh.

**Prof. Dr. Jasmi Johnson<sup>2</sup>,**

Principal, Head of Department (Obstetrics and Gynecology Nursing), Faculty of Nursing, Rama University, Kanpur, Uttar Pradesh

### **ABSTRACT**

The Alexander Technique (AT) is a mind–body educational approach that emphasizes awareness of posture, movement, and coordination to reduce unnecessary muscular tension and anxiety. This descriptive enrichment study was conducted among 100 nursing staff working in selected hospitals of Kanpur, U.P., to assess their knowledge, attitude, and practice (KAP) regarding Alexander Technique as a complementary approach to promote physical and psychological well-being in antenatal care. A structured KAP questionnaire was administered, and data were analysed using descriptive and inferential statistics. The findings revealed that 45% of nurses had moderate knowledge, 30% had high knowledge, and 25% had low knowledge. The majority (70%) demonstrated a positive attitude toward integrating AT into antenatal care, and 60% expressed willingness to receive formal training. There was a significant association between knowledge level and years of experience ( $p < 0.05$ ). The results highlight the importance of including complementary therapy education in nursing training and hospital practice to enhance holistic maternal care.

### **Keywords:**

Alexander Technique; Mind–Body Education; Nursing Staff; Knowledge, Attitude and Practice; Complementary Therapy; Musculoskeletal Relaxation; Anxiety Reduction; Holistic Care; Antenatal Support.

### **INTRODUCTION**

Nurses play a vital role in promoting maternal comfort, relaxation, and psychological well-being throughout pregnancy. Pregnancy brings about physiological and psychological changes that can lead to musculoskeletal discomfort, fatigue, and anxiety. Nurses who understand and apply evidence-based complementary techniques can significantly enhance the quality of antenatal care.

The Alexander Technique (AT), developed by Frederick Matthias Alexander, is a method of postural and movement re-education that encourages individuals to identify and release unnecessary muscular tension. Through mindful awareness and gentle guidance, it improves coordination, balance, and body alignment while reducing physical strain and emotional stress.

In clinical and educational settings, AT has been shown to alleviate chronic pain, reduce muscle tension, improve breathing efficiency, and promote mental calmness. Despite these benefits, awareness and application of AT among Indian nursing staff remain limited. Assessing their knowledge, attitude, and practice regarding this technique is essential to determine readiness for its integration into antenatal education and nursing care practices.

### **NEED FOR THE STUDY**

Complementary and mind–body therapies are increasingly recognized in nursing for their role in promoting holistic well-being. During pregnancy, nurses are often the first to address complaints of back pain, fatigue, and anxiety. However, most rely primarily on conventional methods, with limited awareness of evidence-based non-pharmacological interventions like the Alexander Technique.

The AT encourages proper posture, efficient movement, and relaxation, thereby reducing strain and stress. For nursing staff, understanding AT not only benefits their personal well-being—reducing occupational strain and burnout—but also equips them to educate and support antenatal mothers.

Studies conducted internationally have shown that nurses with training in complementary therapies demonstrate improved patient satisfaction, reduced stress, and greater professional fulfilment. However, in India, few studies have explored the knowledge and practice of AT among nursing professionals. Therefore, this study aims to assess the KAP of nursing staff regarding Alexander Technique and identify areas for professional training and integration into maternal health services.

## **STATEMENT OF THE PROBLEM**

**“A Descriptive Study to Assess the Knowledge, Attitude, and Practice Regarding Alexander Complementary Techniques among Nursing Staff in Selected Hospitals, Kanpur, U.P.”.**

## **OBJECTIVES**

1. To assess the level of knowledge regarding the Alexander Technique among nursing staff.
2. To evaluate the attitude of nursing staff towards the use of Alexander Technique in clinical practice.
3. To assess the practice and willingness of nurses to undergo training in Alexander Technique.
4. To determine the association between knowledge, attitude, and practice levels and selected demographic variables of nursing staff.

## **HYPOTHESES**

- H1: There is a significant association between nursing staff’s knowledge level regarding Alexander Technique and years of experience.
- H2: There is a significant association between attitude toward Alexander Technique and prior exposure to complementary therapies.
- H3: Nursing staff with higher educational qualifications demonstrate better practice readiness.

## **METHODOLOGY**

### **Research Approach:**

Descriptive cross-sectional approach.

### **Research Design:**

Descriptive research design with mixed-method elements (quantitative KAP survey and qualitative feedback).

### **Population:**

All nursing staff working in selected antenatal, obstetric, and outpatient units of hospitals in Kanpur.

### **Sample Size:**

100 nursing staff.

### **Sampling Technique:**

Convenience sampling with purposive inclusion of those involved in maternal care.

### **Inclusion Criteria:**

- Registered nurses working in obstetric or maternity wards.
- Willing to participate and provide informed consent.

### **Exclusion Criteria:**

- Nurses not directly involved in antenatal or maternal health services.
- Nurses on leave during data collection.

### DESCRIPTION OF TOOL

1. **Section A – Demographic Data:** Age, gender, qualification, years of experience, prior exposure to complementary therapies.
2. **Section B – Knowledge Questionnaire:** 20 items (multiple choice/true–false), total score 0–20; categorized as low (0–7), moderate (8–14), high (15–20).
3. **Section C –Attitude Scale:** 10 statements on 5-point Likert scale (1–5); total score 10–50.
4. **Section D – Practice Checklist:** 8 items assessing frequency, readiness, and willingness to apply AT principles in nursing care.
5. **Section E– Open-ended Questions:** Barriers to learning AT and perceived usefulness in antenatal practice.

### DATA COLLECTION PROCEDURE

- Institutional ethical clearance obtained prior to data collection.
- Formal permission from hospital administration.
- Self-administered questionnaires distributed during staff duty hours.
- Assured confidentiality and voluntary participation.
- Data coded and entered in SPSS for analysis.

### PLAN FOR DATA ANALYSIS

- Descriptive Statistics: Frequency, percentage, mean, and SD.
- Inferential Statistics: Chi-square test for association between demographic variables and KAP scores.
- Significance level:  $p < 0.05$ .

### RESULTS AND FINDINGS

#### Section A:

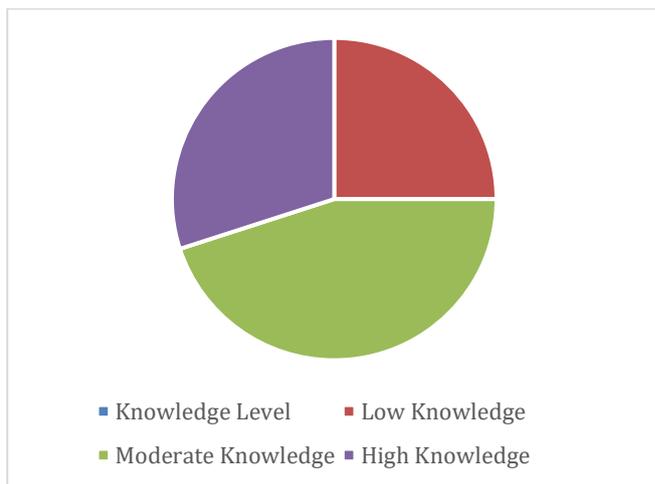
##### Demographic Profile

- 60% of nurses were between 25–40 years of age.
- 85% were female, and 15% were male.
- 50% had more than 5 years of professional experience.
- 40% had prior exposure to complementary therapies.

#### Section B:

##### Knowledge Level Regarding Alexander Technique

Knowledge Level	Frequency (n)	Percentage (%)
Low Knowledge	25	25%
Moderate Knowledge	45	45%
High Knowledge	30	30%



**Interpretation:**

Most nurses (45%) had moderate knowledge of AT, while 30% had high knowledge and 25% had low knowledge. This indicates the need for structured training sessions

**Section C:**

**Attitude Toward Alexander Technique**

- 70% of nursing staff exhibited a positive attitude toward learning AT.
  - 20% had a neutral attitude.
  - 10% were uncertain about its clinical applicability.
- Mean Attitude Score:  $37.2 \pm 6.1$  (indicating overall positive perception).

**Section D:**

**Practice and Readiness**

- 60% of nurses expressed willingness to undergo AT training.
- 40% reported applying posture and relaxation techniques informally during care.
- 25% reported using similar relaxation methods in their personal practice.

**Section E:**

**Association Between Knowledge and Demographic Variables**

Variable	$\chi^2$ Value	p-value	Significance
Years of Experience	8.56	< 0.05	Significant
Prior Complementary Therapy Exposure	10.42	< 0.05	Significant
Educational Qualification	4.12	> 0.05	Not Significant
Gender	3.28	> 0.05	Not Significant

### **Interpretation:**

Years of experience and prior exposure to complementary therapies significantly influenced knowledge and practice readiness regarding AT.

### **DISCUSSION**

The study demonstrated that nursing staff possessed moderate knowledge and a positive attitude toward the Alexander Technique, with a strong willingness to participate in future training programs. Nurses with greater experience and prior exposure to complementary therapies exhibited higher knowledge and practice readiness, consistent with previous studies emphasizing experiential learning in alternative therapies.

These findings underscore the need to incorporate AT into continuing nursing education, not only to enhance antenatal care but also to improve nurses' own physical and psychological well-being, reducing occupational stress and fatigue.

### **NURSING IMPLICATIONS**

#### **Nursing Practice**

Nursing staff can integrate the principles of Alexander Technique into daily care practices to improve their own posture and reduce fatigue, while also guiding antenatal mothers in relaxation and body awareness. This holistic approach enhances maternal comfort, reduces anxiety, and promotes a calm environment during care. Training programs for nurses should emphasize hands-on demonstrations of AT techniques as part of antenatal teaching.

#### **Nursing Education**

Incorporating Alexander Technique into nursing curricula and professional workshops can broaden nurses' understanding of mind-body therapies. Simulation-based sessions, case studies, and continuing education modules should be developed to enhance clinical competence in complementary practices.

#### **Nursing Administration**

Hospital administrators should support structured in-service training and allocate resources for implementing complementary therapies such as AT. Interdisciplinary collaboration between nursing educators, physiotherapists, and mental health professionals can standardize AT integration into antenatal education protocols.

#### **Nursing Research**

Further experimental and longitudinal studies are needed to evaluate the effectiveness of AT-based interventions on nurses' musculoskeletal health, stress levels, and antenatal outcomes. Evidence from such research will strengthen policy inclusion of complementary therapies in routine maternal health care.

### **CONCLUSION**

The study concluded that most nursing staff had moderate knowledge and a positive attitude toward the Alexander Technique, with many expressing willingness to learn and apply it in practice. Experience and prior exposure to complementary therapies were significantly associated with higher knowledge levels. These findings emphasize the potential of AT as an effective, non-pharmacological approach to promote physical and psychological wellness for both nurses and antenatal mothers. Integrating AT into nursing education and hospital-based wellness programs can enhance holistic, evidence-based maternal care.

### **REFERENCES**

1. Alexander, F. M. (2001). *The Use of the Self*. Orion Books. (Original work published 1932)
2. Dennis, J. A., & Long, L. (2019). The Alexander Technique for chronic musculoskeletal pain and disability: A systematic review. *Complementary Therapies in Medicine*, 45(1), 64–70. <https://doi.org/10.1016/j.ctim.2019.05.006>

3. Cacciatore, T. W., Gurfinkel, V. S., Horak, F. B., Cordo, P. J., & Ames, K. E. (2014). Increased dynamic regulation of postural tone through Alexander Technique training. *Human Movement Science*, 36, 132–143. <https://doi.org/10.1016/j.humov.2014.04.006>
4. Little, P., Lewith, G. T., Webley, F., Evans, M., Beattie, A., Middleton, K., ... & Sharp, D. (2008). Randomised controlled trial of Alexander Technique lessons, exercise, and massage (ATEAM) for chronic and recurrent back pain. *BMJ*, 337, a884. <https://doi.org/10.1136/bmj.a884>
5. MacPherson, H., & Barlow, A. (2009). The Alexander Technique and chronic pain: A study of teachers' and patients' perspectives. *Complementary Therapies in Medicine*, 17(3), 159–164. <https://doi.org/10.1016/j.ctim.2009.05.002>
6. National Institute for Health and Care Excellence (NICE). (2020). *Chronic pain (primary and secondary) in over 16s: Assessment of all chronic pain and management of chronic primary pain (NICE guideline NG193)*. NICE. <https://www.nice.org.uk/guidance/ng193>