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THE EFFECT OF STATIC STRETCHING ON NURSES’ FLEXIBILITY IN PRIMARY HEALTH CARE CENTER IN DENPASAR

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ABSTRACT
Sedentary lifestyle such as prolonged sitting can cause health problems. The minimum frequency of physical activities conducted by nurses can give bad impacts on the individuals. Thus, a simple strategy is needed to be chosen as an alternative of physical activities in the workplace. This study aimed at investigating the effect of static stretching on the nurses’ flexibility in primary health care center in Denpasar. This study was a quasi-experimental research (One-Group Pretest-Posttest design). 30 samples were selected by using purposive sampling technique. The data were collected through the measurement of flexibility by using Goniometer and SRT box. There was no significant difference on flexibility level based on the subjects’ characteristics, except on the gender category regarding to the flexibility of knee. The result of the study on the flexibility level, before the intervention, on neck, shoulder, elbow, knee, hamstring muscle and low back, respectively are 52,16°; 156,5°; 129,16°; 123° and 5,96 cm. The level of joint flexibility after the intervention, on neck, shoulder, elbow, knee, hamstring muscle and low back, respectively are 58,83°; 163,33°; 132,22°; 127,50° and 9,56 cm. Based on the result of Paired t-test and Wilcoxon Signed Rank Test, it was obtained that the p-value of the data was less than or equal to 0,0001 (p≤0,0001) which indicated that there was a significant effect of static stretching on the nurses’ flexibility level in primary health care center in Denpasar. The result of the study indicates the need for conducting static stretching or other physical activities by nurses during their break time at work, so that their level of joint flexibility can be increased and physical injuries at work can be prevented.

Keywords: flexibility level, nurse of primary health care center, static stretching

INTRODUCTION
Occupational accident is the prominent issue among workers. Based on International Labour Organization (ILO) (2013), each year more than 250 million occupational accidents and more than 160 million workers suffer from disease due to hazardous factors arising in the workplace. The proactive management of safety and health in the workplace enhance the workers to work efficiently and effectively. Eng, Moy, & Bulgiba (2016) pointed out that regular activities in the workplace can affect someone’s health. Unhealthy workplace habits like sedentary can lead to health problems (Inyang & Stella, 2015). In order to overcome a sedentary lifestyle, WHO developed effective workplace health promotion to improve the health and wellbeing of people at work (WHO, 2014). According to Kettunen, Vuorimaa & Vasankari (2014), a physical activity is a key factor contributing to the improvement of workers’ health and work ability in the workplace.

Nevertheless, Rongen, Robroek, Ginkel, Lindeboom, Altink & Burdor (2014) showed that it was not easy to implement the workplace health promotion
in the workplace. It was due to the passive participation of the workers. It is similarly with the population of nurses group. According to Ellapen and Narsigan (2014), not all nurses obeyed the workplace health promotion program. It was because the nurses felt that there was not enough time to do physical activity in the workplace (Prentice, 2004). Generally, nurses work every day for about 8-12 hours, so that it does not provide enough time for them to do physical activity (Cameron, Armstrong-Stassen, Kane & Moro, 2008), including the nurses who work in primary health care centre. The study conducted by Damayanti (2013) showed that the level of physical activity of nurses in primary health care centre in Denpasar was in the lowest score comparing to healthy behavior and other aspects. Someone’s physical activity can affect his or her flexibility. The declination in flexibility is a major risk leading to the musculoskeletal disorder (Kumar et al., 2014). The minimum frequency of physical activities conducted by nurses can lead to bad impacts on the individuals. It should be solved; otherwise it will lead to bad effects on nurses’ health. The declination of nurses’ health can influence their productivity to work in primary health care centre. Based on this problem, a simple strategy is needed to be chosen as an alternative of physical activities in the workplace. This study has not been widely exposed because it focused on the effect of static stretching on the nurses’ flexibility in primary health care centre. The static stretching program does not require any special equipment. It can be done in standing position and it does not need to change the uniform to do it in the workplace. Static stretching focuses on parts of body that have a greater risk for injury as the first step of prevention. The strategy of health promotion like static stretching on nurses can be implemented in work time. Regarding with this statement, the researcher aimed at investigating the effect of static stretching on the nurses’ flexibility in primary health care center in Denpasar.

**METHOD**

This study was a quasi-experimental research (One-Group Pretest-Posttest design). The population of this study was all nurses in primary health care center in Denpasar and the 30 samples were selected through purposive sampling. The data were collected through the measurement of flexibility by using Goniometer and SRT box, in which the reliability of the data has been tested. The result of Intra Correlation Coefficient (ICC) test showed that neck
(0.931), shoulders (0.986), elbow (0.8333), knees (0.885), and hamstring muscle and low back (0.941). Therefore, it shows that the test can be trusted, because the data are reliable.

The measurement on the flexibility level before intervention was done on neck, shoulder, elbow, knee, hamstring muscle and low back. The static stretching program was conducted every two weeks in six meetings before or after working. The duration was 10 minutes. Static stretching exercise was done by elongating the position of body on some parts like neck flexion, neck extension, quadriceps stretch, gastrocnemius stretch, arms and shoulder stretch, standing side stretch, overhead arm pull, and hamstring stretch for about 15 seconds and 5 times repetition for each movement. After 6 meetings accomplished, there was the measurement on the level of flexibility. The stretching posters were given to the subjects in order to make them easier to copy the movement.

Univariate analysis was used to analyze the demographic data, the flexibility of the data on pretest and posttest. Bivariate analysis was used to analyze the effect of static stretching on the level of flexibility. The Sharpiro Wilk normality test was used before statistical test. The difference obtained score on pre-post test were tested by using Paired T-Test for the data with normal distribution (p>0.05) that was the level of flexibility on hamstring muscle and low back.

Wilcoxon Sign Rank Test was used to the obtained data which was non-normal distribution (p<0.05) for the level of flexibility on neck, shoulders, elbows, and knees. The level of reability was 95%, α=0.05. If p value ≤ α or 0.05, so Ha accepted.

**FINDINGS**

The majority of the subjects in this study were 26 females (86.7%). Moreover, the age of subjects was above 36 years old, in which the numbers of subjects in the age of 46-55 years old were 11 people (36.7%). Most of the subjects had been working for 6-24 years. 16 people (53.3 %) and 11 people (36.7%) used to do exercise once a week.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean±SD</th>
<th>The mean difference±SD</th>
<th>p value</th>
</tr>
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<tbody>
<tr>
<td><strong>Neck</strong></td>
<td>52.16 ± 6.78</td>
<td>6.66 ± 0.26</td>
<td>0.000</td>
</tr>
<tr>
<td>Pretest</td>
<td>58.83 ± 6.52</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Posttest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Shoulder</strong></td>
<td>156.50 ± 6.58</td>
<td>6.83 ± 0.65</td>
<td>0.000</td>
</tr>
<tr>
<td>Pretest</td>
<td>163.33 ± 5.920</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Posttest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Elbow</strong></td>
<td>129.16 ± 5.73</td>
<td>3.16 ± 1.43</td>
<td>0.001</td>
</tr>
<tr>
<td>Pretest</td>
<td>132.33 ± 4.30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Posttest</td>
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Table 1. shows that the average of joint neck flexibility before static stretching intervention was 52.16°. Meanwhile the shoulders’ flexibility was 156.50°. The level of joint flexibility on elbow and knees were 129.16° and 123°. The range that can be reached by the subjects was 5.96 cm from point 0 cm. Meanwhile, after intervention, it was found that the average of the level of flexibility on neck was 58.83°. Based on the measurement of shoulder’ flexibility, it was found that most of subjects can reach the flexibility about 160°, the flexibility of elbow was 132.23°. The average level of knees’ flexibility was 127.50°. About 18 people (60%) can do flexion up to 130°. The joint of waist including hamstring muscle and low back shows can extend about 9.56 cm. Based on the result of the test, it was found that the average level of flexibility of subjects’ neck was 52.16°. Washington State Department of Social & Health Science (2014) reveals that the average range of someone’s neck when do flexion is about 50°. The result of the measurement on the flexibility of joint neck was 58.83° and it increased into 6.66° before the measurement on the intervention. There was a significant effect of static stretching on joint neck (p value=0.000), in which it improved into 6.66° compare to the measurement of the subject before static stretching program conducted. This result was quite similar to the study conducted by Chunha, Burke, Franca dan Marques (2008) who investigated the static stretching on neck about six weeks in 30 minutes duration. It was found that there was an improvement after posttest. The result of pretest when the flexion was 51.0° and it increased into 60.5° on the posttest (p value =0.000).

The level of flexibility on the joint shoulder before intervention was in the average 156.50°. This value has passed the
standard of flexion capability on the joint of the neck that was 150° (Washington State Department of Social & Health Science, 2014). The measurement of the level of flexibility on shoulder after static stretching program was 163.33° when doing flexion. There was a significant difference on the flexibility of shoulders \((p \text{ value } = 0.000)\). There was an extension on the angle of the shoulders after the static stretching was conducted. It was 6.83°. This result was supported by the study conducted by Celik (2016) who investigated the acute effects of static stretching on shoulder flexibility, strength, and spike speed in volleyball players. Celik (2016) found that there was a significant difference on the flexibility of the shoulders after static stretching conducted in two days \((p \text{ value } = 0.001)\).

On the contrary, the measurement of the level of flexibility on elbows and knees were different in this study. The result of the measurement on elbows and knees were not appropriate with the standard of flexibility that commonly can be reached by people. Based on the Washington State Department of Social & Health Science (2014), the average angle that elbows and knees can be formed is about 150°. However, in this study, it was found that the average level of the flexibility of the elbows was only 129.16°. It was quite the same as the level of flexibility on knees. The average was 123°. After the static stretching program conducted, it was found that the average of the elbows was 132°. The value of this measurement can be categorized as not good because it cannot reach the performance standard that is 150° (Washington State Department of Social & Health Science, 2014). This result was the same as the measurement before the intervention, which was not good. The level of flexibility on knees was 127° after the static stretching program. This result is not good because it is lower than 150°, which is the standard of the flexion degree on someone’s knees (Washington State Department of Social & Health Science, 2014). The thickness of the muscle around the joint can affect someone’s flexibility. Besides the structure of the muscle, the fat also affects on the tension of someone’s movement. The percentage of the fat shows the positive relation among the joints. The positive relation between fat and several joints are caused by the physical obstruction of the fat tissue in the bone that built up the joint (Moromizato, Kimura, Fukase, Yamaguchi & Ishida, 2016). The minimal use of energy when static stretching conducted cannot reduce the fat proportion around the fat.
network. Thus, the tissue around the joint like muscle and fat tend to be the same. They also affect on the tension of the movement that were done by the nurses in primary health care. There was a significant difference in the level of flexibility on the knees ($p$ value = 0.001) and there was an improvement until 4.5°.

The result of the measurement on the waist’s flexibility including hamstring muscle (muscle on the low thighs) and the low back can reach the scale of the SRT box about 5.96 cm from the point 0 cm that has been set before. According to Australian College of Sport and Fitness (2013), females are reachable to attain the average category in the SRT box on the range of +1 cm to +10 cm from the point 0. Meanwhile, males can attain the average about 0 cm to +5 cm, which is categorized as the average standard. When conducting the measurement on the flexibility of the subjects, most of the subjects wore the uniform fit with their body to tights with their body either their top or their pants. During the measurement, the subjects were difficult to do flexion especially on the measurement of the waist’ flexibility when the body folded to reach the SRT box. It was because the tops and pants that were worn by the subjects make them not be able to straight their hands to reach the box. The tight pants that were worn by the subjects, which were smaller than the standard anthropometry, can impede the movement of waist and body during the work. (Anders, Scholle, Wagner, Puta, Grassme, & Petrovitch, 2005). Eungpinihpong, et al. (2013) figured out that the average range of the waist when wearing the tight pants during the flexion was 87°, which was significantly smaller than the result of the subjects who wore the normal sized of pants that can reach the flexion about 103° ($p$=0.0002). The level of flexibility on the waist was found the average 9.56 cm from the point 0 cm that has been set before. This result is categorized as good for males while for females were still in average category. There was a significance difference on the level of flexibility on waist including hamstring muscle and low back ($p$ value = 0.000). The study conducted by Puentedura, Huijbrgts dan Celeste (2011) showed the difference result, in which there was no significance difference on the level of muscle hamstring’s flexibility (back thighs muscle) before and after intervention of static stretching. The distinction with the previous study is because several factors, namely, characteristics of the subjects, the
duration, and the kinds of movements that the subjects done.

CONCLUSIONS AND SUGGESTIONS

The level of nurses’ flexibility in primary health care before static stretching intervention on neck was 52.16°; neck was 156.50°; elbow was 129.16°; knee was 123.00°; hamstring muscle and low back were 5.96 cm. The level of nurses’ flexibility in primary health care after intervention was improved. The level of flexibility on joint neck was 58.83°, shoulders were 163.33°, elbows 132.33°; knee was 127.50°, hamstring muscle 9.56 cm. There was a significance difference on the level of nurses’ flexibility before and after static stretching intervention. It was found p≤0.001, which means that there was a significant effect of static stretching on the level of flexibility on neck, shoulders, elbows, knees, hamstring muscle, and low back.

This finding suggests that in the future the other researchers need to arrange the schedule of the exercises with the nurses in primary health care. Thus, the interval of the stretching activities can be well-regulated. Moreover, the analysis of the IMT factors and the level of physical activity on the level of the flexibility need to be conducted. It is also suggested that the nurses and other staffs in the primary health care can be implemented or integrated the static stretching program in the break time in order to prevent the musculoskeletal disorder on the workers in primary health care. Thus, it can improve the productivity of the workers, especially the nurses.

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