GUIDED IMAGERY INTERVENTION TO REDUCE ANXIETY IN THE ELDERLY RESIDENT OF NURSING HOME

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ABSTRACT

Introduction: The increasing number of the elderly population will cause health problems in the elderly, including mental health problems. However, study of anxiety in elderly is limited. Seeing the conditions experienced by the elderly, it is very necessary to pay attention and to provide intensive mental guidance which is then studied, internalized and practiced by the elderly in daily life. This study aims to determine the effect of guided imagination techniques on elderly anxiety.

Method: The research design was a pre-experimental pre and posttest design with 30 elderly respondents aged between 60 to 75 years old, with no cognitive impairment and physically well. Sample was chosen by purposive sampling technique. Data were collected by using Hamilton Anxiety Rating Scale before and after intervention. Guided imagery intervention was given for 7 days in 15 minutes duration. Data were analyzed using paired t-test to identify the difference in mean score between pretest and posttest.

Results: After the intervention, it was found that guided imagination had an effect on the anxiety score of the elderly. (p value=0.0001 < 0.05). Statistical analysis showed that there were differences in anxiety scores before and after the intervention with mean of 7.967 and SD of 5.034.

Conclusions: This study concludes that guided imagery can be applied to create a relaxation effect to elderly, thus will have an impact on anxiety level. Further research is needed to evaluate effectiveness of this intervention on elderly with different condition.

Keyword: Anxiety ; Elderly ; Guided Imagery

INTRODUCTION

Elderly is said to be the final stage of development in the human life cycle. Elderly is someone who has reached the age of 60 years and over. The increasing number of elderly population will cause health problems. The elderly will generally experience visual disturbances, hearing loss, skin problems, hypertension, osteoarthritis, osteoporosis, senile cataracts, type II diabetes mellitus, and mental disorders (Potter et al., 2013). Mental disorders that are often found in the elderly are depression, decreased cognitive function and anxiety. Psychological wellbeing in elderly should be a concern because it will affect their physical wellbeing (Steptoe et al., 2015).

Currently mental health problems are part of the main issues of global health problems. Data from the World Health Organization (WHO) shows that in 2015, the number of people with depression reached 322 million or 4.4% of the total world population. Almost the same number is also estimated for people with various types of anxiety disorders. This is because depression and anxiety are often comorbid issues.

Anxiety is an unclear fear accompanied by feelings of uncertainty, helplessness, isolation, and discomfort (Stuart, 2016). Anxiety is feeling of worry that is not clear and is not supported by the situation. No object can be identified as an anxiety stimulus (Videbeck, 2010). Anxiety is a feeling of worry, anxious, or discomfort as if something will happen that is perceived as a threat. Anxiety is different from
fear. Fear is an intellectual judgment of something dangerous, while anxiety is an emotional response to that judgment (Keliat et al., 2012).

Research has showed that anxiety is prevalent in older people. Oldest-old individuals suffered from anxiety symptoms and individuals who experienced cases of death in their close social environment within the last 18 months had almost twice the odds of reporting anxiety (Welzel et al., 2019). Anxiety disorders in elderly are often unrecognized because of distress, disability, and mortality risk as they have been associated with cardiovascular disease, stroke, and cognitive decline (Andreeescu & Varon, 2015).

Seeing the conditions faced by the elderly, it is very necessary to pay attention and provide intensive mental guidance which is then studied, internalized and practiced by the elderly in daily life. In providing mental guidance to the elderly requires high accuracy and patience, because the elderly are human beings who have experiences both physiological and psychological changes. They regressed to being like children, their condition returns to being weak due to age, it is necessary to have patience and the right method in dealing with them, for that we need an institution that provides mental health services for the elderly. They also need intervention that can reduce anxiety which is easy to do, not requiring too much energy and cost-effective. Imagery is a nonpharmacologic intervention that can accessed in a variable manner, and usually is inexpensive (Krau, 2020). Guided imagery is a low-cost, easily implemented approach that can be incorporated into patient care to reduce anxiety (Cole, 2021).

Guided imagery or guided imagination is a process of using the power of the mind by directing the body to heal itself and maintain health through communication within the body involving all the senses (visual, touch, smell, sight, and hearing) so as to form a balance between body and soul. Guided imagery aims to produce and achieve an optimal state that is used to divert attention from unpleasant sensations (Bulechek, Butcher & Dochterman, 2013). Guide imagery is a relaxation method for imagining places and events associated with a pleasant feeling of relaxation. This delusion allows the patient to enter a state of experience of relaxation (Kaplan & Sadock, 2010). With this intervention, it can help the elderly overcome the feelings of anxiety they experience. Guided imagination techniques have also been shown to improve quality of life, overcome sleep difficulties, reduce fatigue and stress (Case et al., 2018; da Silva et al., 2021). Therefore, this intervention is highly recommended to be applied in nursing care, especially in the elderly.

There have been many studies conducted on effectiveness of guided imagery as intervention to relieve anxiety. However, not many studies focus on the effect of same intervention to anxiety in elderly. Most studies focused on symptoms of anxiety instead of measuring anxiety on elderly. One study resulted in significant difference of physiological changes related to anxiety such as blood pressure and respiratory rate (Abadi et al., 2018).

Based on presurvey conducted prior to research, many elderly report signs of anxiety such as excessive worries, losing appetite and trouble sleeping. There is no adequate intervention that focus on emotional wellbeing for the elderly, as main focus mostly aims at their physical wellbeing. This study aimed to determine the effect of guided imagination techniques on anxiety of elderly.

2. METHODS

2.1 Design

This study used a pre-experimental design with a randomized pretest posttest design, which compared subjects before and after being given guided imagery relaxation techniques.

2.2 Population and sampling

The research sample was 30 elderly with purposive sampling technique. Inclusion criteria includes 1) elderly in 60 to 75 years old, 2) elderly with no severe cognitive impairment, 3) physically well.

2.3 Variable

The independent variable in this study is guided imagery, and dependent variable is anxiety.

2.4 Instrument

Instruments used to collect data is Hamilton Anxiety Rating Scale. The scale consists of 14 items. Each item is scored on a scale of 0 (not present) to 4 (severe), with a total score range of 0–56, where <17 indicates mild severity, 18–24 mild to moderate severity and 25–30 moderate to severe. Each item in this scale is defined by a series of symptoms, and measures both psychic anxiety (mental agitation and psychological distress) and somatic anxiety (physical complaints related to anxiety).

2.5 Procedure

Elderly who has met inclusion criteria was assessed for pretest anxiety score. Respondents were given guided imagery relaxation techniques using audio visuals for 15 minutes for 1 week. Furthermore, the measurement of anxiety in the elderly was carried out using the same measurement instrument. Elderly is randomly put into 3 groups to minimize crowding and to facilitate calm environment. No elderly dropped out during intervention. Anxiety scale is measured on the eighth day. We used Guided Imagery Standard Operational Procedure developed by Stikes Hang Tuah Tanjungpinang.

2.6 Analysis

Hypothesis testing was carried out using the Paired T-Test to determine the difference in the average
anxiety score in the elderly before and after guided imagination relaxation therapy.

2.7 Ethical Clearance
This research has been reviewed and approved by Stikes Hang Tuah Research and Community Development Board.

3. RESULTS
Based on the results of statistical tests, it was found that there were differences in anxiety scores before and after the intervention with a Mean of 7.967 and SD of 5.034. The p-value results show that there is an influence between guided imagination and anxiety scores.

4. DISCUSSION
Based on the results of the study, the intervention of guided imagination can significantly reduce anxiety scores experienced by the elderly. This is due to the relaxation effect caused by the intervention. Guided imagination has been widely used as an effective intervention for anxiety by causing a state of relaxation (Nguyen & Brymer, 2018). Guided imagination is also a relaxation method for imagining places and events associated with pleasant feelings of relaxation. The delusion allows the patient to enter a state or experience of relaxation (Sadock, Benjamin, & Pachana, 2015; Norton et al., 2012). Anxiety in elderly is also a challenge process due to a higher likelihood of physical problems and illnesses that may complicate the process and diagnosis (Rozzini et al., 2009).

Most patients reported vague or nonspecific somatic complaints, including, but not limited to, shortness of breath, palpitations, fatigability, headache, dizziness, and restlessness. Patients may also describe psychologic symptoms such as excessive, nonspecific anxiety and worry, emotional lability, difficulty concentrating, and insomnia. Participants with anxiety demonstrate heightened physiological arousal at baseline (e.g., higher heart rate), and these individuals are likely to demonstrate the greatest cardiovascular reactivity to an anxiety-provoking stimulus when asked to relax or view neutral stimuli (Patriquin & Mathew, 2017). Guided imagery help elderly to relieve anxiety by slowing down these processes and create more relaxed and calmer environment for patient.

There were several limitations of this study. There is no homogeneity tested in this research. This study also does not describe more demographic characteristic other than age of the elderly as we only focus on the difference in anxiety score before and after the intervention.

5. CONCLUSION
This study concludes that guided imagery can be applied to create a relaxation effect to elderly, thus will have an impact on anxiety level. It is recommended for nurses to use this intervention as one of measure to relieve anxiety level among elderlies.

6. REFERENCES
Sabzevar University of Medical Sciences.


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