



Original Research

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

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1. 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 (Andreescu & 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 or 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 imagination 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 imagination 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

Table 1 Mean Score of Anxiety Level Pretest-Posttest

Anxiety Score	Mean	SD
Pretest	30,03	8,834
Posttest	22,07	6,400

Table 2 Mean Result of Bivariate Analysis

Anxiety Score	Mean	SD	p-value
Pretest	7,967	5,034	0,0001
Posttest			

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, Sadock, 2019). Guided imagination focuses attention on visual, auditory, and sensory images for therapeutic purposes (Rao & Kemper, 2017).

The process of imagination allows respondents to realize the possibility of positive action in an imaginative environment. Participants tend to focus on the best parts of the environment, ignoring the uncomfortable aspects (Serra et al., 2012). Guided imagination is a spiritual method that navigates the participant's imagination to a positive and calm state so as to reduce anxiety and improve health (Parizad et al., 2021). Anxiety is a condition which the individual experiences restlessness, feeling uneasy, worried, anxious, followed by other physical complaints. Guided imagination can relieve anxiety by focusing the individual's attention on things that make them calm and comfortable.

Research has showed that guided imagery can significantly lower anxiety level while reduction in the respiratory rate and heart rate was also reported (Beizae et al., 2018). In patient with depressive disorder, guided imagery also significantly lower

their anxiety level (Apóstolo & Kolcaba, 2009). Blood cortisol level is also lowered after guided imagery in preoperative patient (Felix et al., 2018). Vital signs is also improved (Parizad et al., 2021).

Anxiety disorders have been found to be present in 14–17% of older adult (Canuto et al., 2018; Miloyan & Pachana, 2015; Norton et al., 2012). Anxiety is prevalent among elderly because of experience of loss and bereavement as frequent negative life events in later life (Welzel et al., 2019). 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

- Abadi, R. S., Shahboulagh, F. M., Vejdani, M., Khoshknab, M. F., & Delbari, A. (2018). The impact of relaxation using guided imagery techniques on the physiological changes associated with anxiety in the elderly undergoing cataract surgery. *Journal of*

- Sabzevar University of Medical Sciences.*
- Andreescu, C., & Varon, D. (2015). New Research on Anxiety Disorders in the Elderly and an Update on Evidence-Based Treatments. In *Current Psychiatry Reports*.
<https://doi.org/10.1007/s11920-015-0595-8>
- Apóstolo, J. L. A., & Kolcaba, K. (2009). The Effects of Guided Imagery on Comfort, Depression, Anxiety, and Stress of Psychiatric Inpatients with Depressive Disorders. *Archives of Psychiatric Nursing*.
<https://doi.org/10.1016/j.apnu.2008.12.003>
- Beizae, Y., Rejeh, N., Heravi-Karimooi, M., Tadrissi, S. D., Griffiths, P., & Vaismoradi, M. (2018). The effect of guided imagery on anxiety, depression and vital signs in patients on hemodialysis. *Complementary Therapies in Clinical Practice*.
<https://doi.org/10.1016/j.ctcp.2018.10.008>
- Canuto, A., Weber, K., Baertschi, M., Andreas, S., Volkert, J., Dehoust, M. C., Sehner, S., Suling, A., Wegscheider, K., Ausín, B., Crawford, M. J., Da Ronch, C., Grassi, L., HersHKovitz, Y., Muñoz, M., Quirk, A., Rotenstein, O., Santos-Olmo, A. B., Shalev, A., ... Härter, M. (2018). Anxiety Disorders in Old Age: Psychiatric Comorbidities, Quality of Life, and Prevalence According to Age, Gender, and Country. *American Journal of Geriatric Psychiatry*.
<https://doi.org/10.1016/j.jagp.2017.08.015>
- Case, L. K., Jackson, P., Kinkel, R., & Mills, P. J. (2018). Guided Imagery Improves Mood, Fatigue, and Quality of Life in Individuals With Multiple Sclerosis: An Exploratory Efficacy Trial of Healing Light Guided Imagery. *Journal of Evidence-Based Integrative Medicine*.
<https://doi.org/10.1177/2515690X17748744>
- Cole, L. (2021). The Impact of Guided Imagery on Pain and Anxiety in Hospitalized Adults. *Pain Management Nursing*.
<https://doi.org/10.1016/j.pmn.2021.02.007>
- da Silva, L. A. A., Machado, C. A. M., de Oliveira Santana, E., da Silva, M. N., Felix, J. V. C., Sawada, N. O., Guimarães, P. R. B., & Kalinke, L. P. (2021). Guided Imagery Relaxation in Quality of Life of Patients Undergoing Hematopoietic Stem Cell Transplantation: A Quasi-Experiment. *Asian Pacific Journal of Cancer Prevention*.
<https://doi.org/10.31557/APJCP.2021.22.8.2453>
- Felix, M. M. dos S., Ferreira, M. B. G., de Oliveira, L. F., Barichello, E., Pires, P. da S., & Barbosa, M. H. (2018). Guided imagery relaxation therapy on preoperative anxiety: A randomized clinical trial. *Revista Latino-Americana de Enfermagem*.
<https://doi.org/10.1590/1518-8345.2850.3101>
- Keliat, B. A., Akemat, Daulima, N. H. C., & Nurhaeni, H. (2012). *Keperawatan Kesehatan Jiwa Komunitas : CMHN Basic COurse*. EGC.
- Krau, S. D. (2020). The Multiple Uses of Guided Imagery. In *Nursing Clinics of North America*.
<https://doi.org/10.1016/j.cnur.2020.06.013>
- Miloyan, B., & Pachana, N. A. (2015). Clinical significance of worry and physical symptoms in late-life generalized anxiety disorder. *International Journal of Geriatric Psychiatry*.
<https://doi.org/10.1002/gps.4273>
- Nguyen, J., & Brymer, E. (2018). Nature-based guided imagery as an intervention for state anxiety. *Frontiers in Psychology*.
<https://doi.org/10.3389/fpsyg.2018.01858>
- Norton, J., Ancelin, M. L., Stewart, R., Berr, C., Ritchie, K., & Carrière, I. (2012). Anxiety symptoms and disorder predict activity limitations in the elderly. *Journal of Affective Disorders*.
<https://doi.org/10.1016/j.jad.2012.04.002>
- Parizad, N., Goli, R., Faraji, N., Mam-Qaderi, M., Mirzaee, R., Gharebaghi, N., Baghaie, R., Feizipour, H., & Haghghi, M. M. (2021). Effect of guided imagery on anxiety, muscle pain, and vital signs in patients with COVID-19: A randomized controlled trial. *Complementary Therapies in Clinical Practice*.
<https://doi.org/10.1016/j.ctcp.2021.101335>
- Patriquin, M. A., & Mathew, S. J. (2017). The Neurobiological Mechanisms of Generalized Anxiety Disorder and Chronic Stress. In *Chronic Stress*.
<https://doi.org/10.1177/2470547017703993>
- Potter, P. A., Perry, A. G., Stockert, P. A., & Hall, A. M. (2013). *Fundamentals of nursing* (Eighth ed). Elsevier Mosby.
- Rao, N., & Kemper, K. J. (2017). The Feasibility and Effectiveness of Online Guided Imagery Training for Health Professionals. *Journal of Evidence-Based Complementary and Alternative Medicine*.
<https://doi.org/10.1177/2156587216631903>
- Rozzini, L., Chilovi, B. V., Peli, M., Conti, M., Rozzini, R., Trabucchi, M., & Padovani, A. (2009). Anxiety symptoms in mild cognitive impairment. *International Journal of Geriatric Psychiatry*.
<https://doi.org/10.1002/gps.2106>
- Sadock, Benjamin, Sadock, V. (2019). Kaplan & Sadock Buku Ajar Psikiatri Klinis. In *EGC*.
- Serra, D., Robertson Parris, C., Carper, E., Homel, P., Fleishman, S. B., Harrison, L. B., & Chadha, M. (2012). Outcomes of guided imagery in patients receiving radiation therapy for breast cancer. *Clinical Journal of Oncology Nursing*.
<https://doi.org/10.1188/12.CJON.617-623>
- Steptoe, A., Deaton, A., & Stone, A. A. (2015). Psychological wellbeing, health and ageing. *Lancet*.
- Stuart, G. W. (2016). *Prinsip dan praktik keperawatan kesehatan jiwa stuart* (B. A. Keliat & J. Pasaribu (eds.)). Elsevier.
- Videbeck, S. L. (2010). *Psychiatric/Mental Health Nursing*. (5th ed.). Lippincott Williams & Wilkins. <https://doi.org/10.1016/B978-008043924-2/50055-9>
- Welzel, F. D., Stein, J., Röhr, S., Fuchs, A., Pentzek, M., Mösch, E., Bickel, H., Weyerer, S., Werle, J., Wiese, B., Oey, A., Hajek, A., König, H. H., Hesper,

K., Keineidam, L., Van Den Bussche, H., Van Der Leeden, C., Maier, W., Scherer, M., ... Zimmermann, T. (2019). Prevalence of anxiety symptoms and their association with loss experience in a large cohort sample of the oldest-old. Results of the AGECODE/AGEQUALIDE study. *Frontiers in*

Psychiatry.

<https://doi.org/10.3389/fpsyt.2019.00285>