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Effectiveness Of Guided Imagery Relaxation Technique On Pre- Operative Anxiety.

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Research Guide

ABSTRACT

OBJECTIVE

To evaluate the effectiveness of guided imagery relaxation technique on pre-operative anxiety among patients undergoing general surgery. And to find out association between effects of guided imagery relaxation technique on pre operative anxiety with selected demographic and clinical variables.

METHOD

Quasi experimental (Non –Randomized control group design) was used to collect data for 60 patients, 30 who would undergo guided imagery relaxation technique and 30 control group.

Experimental group, pre-operative anxiety was assessed by the Beck Anxiety inventory scale of were measured the anxiety level before and after intervention.

Cooperative analyzes the demographic variables and clinical variables, In the analysis of the differences between the experimental group and control group.

RESULTS:

The result shows in experimental pre test majority of severe anxiety 43.3%, moderate anxiety 46.6% mild anxiety 10% in experimental post test majority of anxiety minimal 100%.

In control group pretest majority of severe anxiety 13.3%, moderate anxiety 40%, mild anxiety 36.6%, and minimal anxiety 10%. Which are same in control group post test.

COCLUSION

Guided imagery relaxation technique is effective nursing intervention for the reduction of pre-operative anxiety undergoing general surgery ward.

KEYWORDS:

Guided imagery, Anxiety, Pre-operative, Relaxation Technique, General Surgery

INTRODUCTION

Anxiety described as one of the world most debilitating mental health issue (WHO, 2011) and the development of effective interventions is fundamental to its successful management [1]

Anxiety is a feeling of uneasiness and worry, usually generalized and unfocused as an overreaction to a situation that is only subjectively seen as managing. It is obtained accompanied by muscular tension, restlessness, fatigue and problems in concentration [2].

Anxiety can be appropriate, but when experienced regularly the individual may suffer from an anxiety. Preoperative anxiety is common problems in patients undergoing surgery [3]

Anxiety is recognized by patients for subjective aspects related to psychological issues, such as reports of inability to relax, insomnia, irritability and impatience. The state of relaxation produced by guided imagery leads to a decrease in anxiety [4, 5, 6]

One systematic review studied the effectiveness of non-pharmacological intervention, such as guided imagery relaxation before surgery to relief pre-operative anxiety [7]

Guided imagery is a mind-body intervention that uses the patient's own imagination and mental processing to form a mental representation of an object, place, event, or situation perceived through the senses. It is considered a relaxation technique that focuses on the interaction between brain, mind, body and behavior.

Guided imagery is a type of focused relaxation or meditation. Focused relaxation involves concentrating on a specific objects, sound, or experience in order to calm the mind. In guided imagery, intensely of a peaceful place or scenario. The goal is to promote a calm state through relaxation and mindfulness. The idea is that the body reacts to own thought [8]

It is a simple technique that easily manages stress and reduces tension in the body. Guided imagery has been found to provide significant stress reduction benefits, including physically relaxing the body quickly and efficiently and even helping participants getting touch with deeper level of wisdom. That would help them better manage their lives in a ways that would reduce stress. [9]

Anxiety causes emotional and psychiatric problems as well as physical problems [10]. Anxiety is particularly important, because it has the potential to affect all aspects of anesthesia such as preoperative visit, induction; Preoperative anxiety is one of the most important problems for the patients, preoperative, and recovery periods [11,12].

Preoperative anxiety is found to be correlated with increased autonomic fluctuations and increased requirement of anesthetic, elevated incidence of nausea and vomiting, and augmented pain during postoperative period [13, 14, and 15]. As a result of these complications, it was reported that recovery period and the length of hospital stay were extended [16].

High levels of anxiety were seen in many patients during the preoperative period and all patients had different levels of anxiety. The exact etiology of anxiety can be due to anesthesia, surgery, and several other different reasons [17, and 18].

Thus, it is crucial to detect the patient's existing anxiety to assist patients. Many different approaches have been reported on this subject, but some of the methods are not practical to use and can be time consuming during the preoperative preparatory period due to non-specific questions [19]. Surgery, despite the constant technological innovation and increase in the quality interventions, is a difficult time for the human being. As a challenge for patients, the surgical procedure brings pre-and postsurgical limitations, such as changes in their life habits, besides the vulnerability of the trans-operatory period, which can generate significant levels of anxiety [20]

The preoperative phase is considered the period in which the patients are most vulnerable in their needs, both physiological and psychological, becoming more prone to an emotional imbalance [21].

Lack of guidance regarding surgery and lack of support on the part of the health staff, such as preventing a proper therapeutic relationship, cause the permanence of patients in the anxious and depressed state throughout the hospitalization. The presence of information about the surgery, however, contributes to reduce levels of anxiety [22].

Before anxiety, fear, and anguish evidences in the preoperative period, which are present among the individuals undergoing surgery, to development nursing actions directed to minimize such effects becomes primordial. Among the tools that nurses can use to minimize the preoperative anxiety of surgery, to provide information about the surgical event, to promote illuminating dialogue and the reception of patients are important strategies [23]. Through a preoperative visit of quality, the nurse adopts care strategies based not only in technical and scientific knowledge, but also on knowledge of the expectations and perceptions of the patient regarding the surgery to contemplate all physical, emotional, and social aspects, thus systematizing the assistance to be provided in this period [24].

1.1 BACKGROUND OF THE STUDY

In this study the anxiety are more common in the pre-operative patient, which are reduced by the guided imagery relaxation technique.

Pre-operative anxiety is one of the most frequently observed psychological reactions among patients awaiting various surgeries, and may occur even in up to 80% of patients for surgical procedure.

Guided imagery the use of visualization, words, and /or music to evoke positive images in order to benefit a person. Guided imagery is more than just visualizing something you want or imagining things a different way; it is a process of using the connection between body and mind to bring about positive changes in yourself. The practice of guided imagery may be useful in treating stress. (Brian krans 2013)

PROBLEM STATEMENT

A study to evaluate the effectiveness of guided imagery relaxation technique on pre-operative anxiety among patients undergoing general surgery at NMCH, Sasaram.

OBJECTIVES OF THE STUDY

- To evaluate the effectiveness of guided imagery relaxation technique on pre-operative anxiety among patients undergoing general surgery at NMCH, Sasaram.
- To find out association between effect of guided imagery relaxation technique on pre-operative anxiety with selected demographic and clinical variable.

RESEARCH METHODOLOGY

Research design

In present study there was used Quasi experimental (non randomized control group design). Quasi experimental design involve manipulation but lack of control group or randomization

In current study the manipulation was done by using the Guided imagery relaxation technique on preoperative anxiety among patient undergoing general surgery

Setting of the study

The current study was conducted in general surgery ward in NMCH Jamuhar.

Target population

The target population of this study is preoperative patient undergoing general surgery at NMCH, sasaram.

Sample technique

In this study the sampling technique is non-probability convenient sampling technique.

Sample size

The sample size of the present study is 60 in which 30 in Experimental group and 30 in control group.

MAJOR FINDING OF THE STUDY

Patient with pre-operative anxiety

- Majority were female patient
- Majority of the nil of previous surgery / Hospitalization.
- Majority of the age 2 to 30 years
- Overall result shows majority of patient experienced severe level of anxiety before guided imagery intervention.
- Majority of pre-op patient experienced minimal anxiety after guided imagery.
- Guided imagery was effective in reducing pre –op anxiety.

RESULT

Effectiveness of guided imagery on preoperative anxiety between experimental pretest and post test.

assessment of				
anxiety	minimal	mild	moderate	severe
		g _A		
experimental pre	1 1	MA	A STATE OF THE STA	4
test	0%	3(10%)	14(47%)	13(43%)
experimental post	30			
test	(100%)	0%	0%	0%

The result of this study shows the majority of anxiety in experimental pre- test the severe anxiety 43%, moderate anxiety 47% and mild anxiety 10% minimal 0%. Where after giving the intervention (Guided Imagery Relaxation technique) 100% result come in minimal value in experimental post test.

COMPARISON OF EXPERIMENTAL GROUP AND CONTROL GROUP

compare	minimal	mild	Moderate	Severe
Experimental	0%	3 (10%)	14 (47%)	13 (43%)
group pretest				

Experimental	30 (100%)	0%	0%	0%
group post test				
Control group	3 (10%)	11 (37%)	12 (40%)	4 (13%)
pre test				
Control group	3 (10%)	11 (37%)	12 (40%)	4 (13%)
post test				

The above table shows in the first row in experimental pre test majority of severe anxiety 43.3%, moderate anxiety 46.6% mild anxiety 10%.

The second row of table shows experimental post test majority of anxiety minimal 100%.

The third row of table show control group pretest majority of severe anxiety 13.3%, moderate anxiety 40%, mild anxiety 36.6%, and minimal anxiety 10%. Which are same in forth row control group post test.

Discussion

This study was aimed to find out the effectiveness of guided imagery on pre operative anxiety at NMCH, Sasaram. The findings of the study have been discussed with reference to the objective and hypothesis and with the research findings of other studies.

A total of 60 samples 30 in experimental and 30 in control group that fulfilled the inclusion criteria were selected and data were gathered from them majority of preoperative anxiety.

The first objective of the study is to evaluate the effectiveness of guided imagery relaxation technique on preoperative anxiety among patient undergoing general surgery at NMCH, Sasaram.

In experimental group pre test were 43 % of sample in severe anxiety, 47% of sample in moderate anxiety, 10% of sample in mild anxiety and 0% of sample in minimal anxiety.

In experimental group post test were 0% in severe anxiety, 0% in moderate anxiety 0% in mild anxiety and 30% in minimal anxiety. In control group pre test were 13% in severe anxiety, 40% in moderate anxiety, 37% in mild anxiety and 10% in minimal anxiety. In control group post test 13% in severe anxiety, 40% in moderate anxiety, 37% in mild anxiety and 10% in minimal anxiety.

The second objective the study is to find out association between effects of guided imagery relaxation technique on preoperative anxiety with selected demographic and clinical variables.

The table no 4.10 represent Association between preoperative anxieties after guided imagery relaxation technique and selected demographical variables.

The table number 4.11 represents the association between preoperative anxieties before guided imagery relaxation technique and selected clinical variables.

The table number 4.12 represents association between preoperative anxieties before guided imagery relaxation technique and selected clinical variable The table number 4.13 represents

Association between preoperative anxieties after guided imagery relaxation technique and selected clinical profiles.

IMPLICATIONS

The findings of the study have an implication for the nursing profession. The implications have been listed under the following headings i.e. nursing practice, Nursing education, nursing Administration and Nursing Research.

Nursing practice:

- Nurse's role in the health care area is undergoing a rapid charge. Nurses play a pivotal role in management of anxiety.
- Nurses must practice a holistic approach for reduce the preoperative anxiety.
- The nursing personnel have to plan and allot time everyday assess the anxiety level of preoperative patient and provide guided imagery relaxation technique among preoperative patient undergoing general surgery.

Nursing education:

- Anxiety has been considered as vital sign, Non pharmacological, physiological and physical technique such as guided imagery relaxation technique used to alleviate pain.
- Teach the patient towards the importance of guided imagery relaxation technique for pre-operative patient.
- Conduct individual and group teaching regarding guided imagery.

Nursing administration:

- Necessary in service education to be provided to the nursing personnel at various levels to make them aware of simple and effective guided imagery relaxation technique.
- Update the nurse's knowledge in to current practice and treatment through workshop and conferences. This will enable them to provide health education holistically to the patient.
- Guided Imagery should be insisted to practice by nursing personnel, who are working the preoperative surgery ward.

Nursing research:

- Thought many studies are done in this concept in other countries. More number of such studies needs to be under taken in India.
- The study on various technique of guided imagery should be emphasized to do by the post graduate nursing students.

d794

CONCLUSION:

Guided imagery preoperatively is an effective, easy and low-cost intervention. We think that being aware of the patients' anxiety and finding appropriate approaches for their anxieties can be valuable. BAI is an effective method to measure patient anxiety and it might be beneficial to use during preoperative visits. Patient satisfaction and superior outcomes can be achieved in this way.

This study shown that the guided imagery is effective for reducing preoperative anxiety. Imagination is an internal part of a patient life. It is vital that the nurses work in co-operation with the educational staff and also integrate the components of guided imagery during the routine activity in preparing the patient for surgeries and invasive procedure.

REFERANCE

- 1.Bandura, A. Self referent mechanisms in social learning theory American psychologist, 1979.
- 2. Barrow, Horold M. Man and movement, Philadelphia: Lea &febiger, 1983.
- 3. Gill Dine. Psychological Dynamics to sports, Human Kinetics Publishers Inc. Champaign illinosis, 1986.
- 4. Sharma k. suresh third edition, nursing research and statistics, page no 256,266 and 268.
- 5. Laura K.C and Paul J.M (2017), Guided imagery improve mood and fatigue and quality of lifer journal of evidence based integrative medicine 23:1-8,doi:10.1177/25/5690X17748744.
- 6.Maria Hadjibalassi, Evridiki Papastavrou, Ekaterini Lambrinou, Elizabeth Papathanassoglou (2017) effect of guided imagery on physiological and psychological outcome journal homepage www.elsevier.com/locate/aucchttps://www.researchgate.net/publication/315774012.
- 7.Rev.LatinoAM. Enfermagem(2018) Guided imagery relaxation therapy on preoperative anxiety. journal of sciELO Analytics, 26 https://dx.doi.org/10.1590/1518-8345.2850.3101.
- 8.Tarasoutchi F, Montera MW, Grinberg M, Barbosa MR, Piñeiro DJ, Sánchez CRM, et al. DiretrizBrasileira de Valvopatias SBC 2011 / I DiretrizInteramericana de Valvopatias SIAC 2011. Arq Bras Cardiol [Internet]. 2011[cited 2015 Apr 19];97(5 supl1):1-67. Available from: http://publicacoes.cardiol.br/consenso/2011/Diretriz%20Valvopatias%20-%202011.pdf [Links
- 10. Buonanno P, Laiola A, Palumbo C, Spinelli G, Terminiello V, Servillo G. Italian validation of the Amsterdam preoperative anxiety and information scale. Minerva Anestesiol. 2017;83(7):705–11.
- 11. Laufenberg-Feldmann R, Kappis B. Assessing preoperative anxiety using a questionnaire and clinical ratings: a prospective observational study. Eur J Anaesthesiol. 2013;30(12):758–63.
- 12.Gras S, Servin F, Bedairia E, Montravers P, Desmonts JM, Longrois D, et al. The effect of preoperative heart rate and anxiety on the propofol dose required for loss of consciousness. AnesthAnalg. 2010;110(1):89–93.
- 13. Pokharel K, Bhattarai B, Tripathi M, Khatiwada S, Subedi A. Nepalese patients' anxiety and concerns before surgery. J ClinAnesth. 2011;23(5):372–8.

- 14.Maranets I, Kain ZN. Preoperative anxiety and intraoperative anesthetic requirements. Anesth Analg. 1999;89(6):1346–51.
- 15. Van Den Bosch JE, Moons KG, Bonsel GJ, Kalkman CJ. Does measurement of preoperative anxiety have added value for predicting postoperative nausea and vomiting? AnesthAnalg. 2005;100(5):1525–32.
- 16. Taşdemir A, Erakgün A, NuriDeniz M, Çertuğ A. Comparison of preoperative and postoperative anxiety levels with State-Trait Anxiety Inventory Test in preoperatively informed patients. Turk AnesteziyolojiveReanimasyonDernDerg. 2013;41(2):44–9.
- 17JIala HA, French JL, Foxall GL, Hardman JG, Bedforth NM. Effect of preoperative multimedia information on perioperative anxiety in patients undergoing procedures under regional anaesthesia.Br J Anaesth. 2010;104(3):369–74.
- 18.Shafer A, Fish MP, Gregg KM. Preoperative anxiety and fear: a com- parison of assessments by patients nad anesthesia and surgery residents. AnesthAnalg. 1996;83:1285–91.
- 19.MohdFahmi Z, Lai LL, Loh PS. Validation of the Malay version of the Amsterdam preoperative anxiety and information scale (APAIS).Med J Malaysia. 2015;70(4):243–8.
- 20. Silva MEM, Zakir NS. [Instructional control and relaxation procedure as psychological preparation for pre-surgery patients with heart disease]. EstudPsicol [Internet]. 2011[cited 2015 Apr 19];28(3):371-9. Available from: http://www.scielo.br/pdf/estpsi/v28n3/a09v28n3.pdf Portuguese. [Links]
- 21.Umann J, Guido LA, Linen GFC, Freitas EO. Enfermagemperioperatóriaemcirurgiacardíaca: revisãointegrativa da literatura. Rev Min Enferm [Internet]. 2011[cited 2015 Apr 19];15(2):275-81. Available from: http://www.reme.org.br/artigo/detalhes/36 [Links]
- 22.Fernandes MVB, Aliti G, Souza EM. Perfil dos pacientessubmetidos à cirurgia de revascularização do miocárdio: implicaçõespara o cuidado de enfermagem. Rev EletrEnferm [Internet]. 2009[cited 2015 Apr 19];11(4):993-9. Available from: http://www.fen.ufg.br/revista/v11/n4/pdf/v11n4a25.pdf [Links]
- 23.Pritchard MJ. Managing anxiety in the elective surgical patient.Br J Nurs [Internet]. 2009[cited 2015 Apr 19];18(7):416-9. Available from: http://www.ncbi.nlm.nih.gov/pubmed/19373185 [Links]
- 24. Camponogara S, Soares SGA, Silveira M, Viero CM, Barros CS, Cielo C. [Preoperative patients' perceptions of cardiac surgery]. Rev Min Enferm [Internet]. 2012[cited 2015 Apr 19];16(3):382-90. Available from: http://www.reme.org.br/artigo/detalhes/541 Portuguese. [Links]
- 25.Accardi MC, Milling LS (2009) The effectiveness of hypnosis for reducing procedure-related pain in children and adolescents: a comprehensive methodological review. J Behav Med 32(4):328–339. https://doi.org/10.1007/s10865-009-9207-6