

# APPLICATION OF ANALYTICAL SITUATION IN ANXIETY NURSING CARE ON HYPERTENSIVE CLIENT WITH COMMUNITY MENTAL HEALTH NURSING APPROACH

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## ABSTRACT

**Background :** Hypertension is a disease prevalent in the community. The psychosocial problem often found in hypertensive client is anxiety. The negative impact of anxiety would interfere with the productivity and quality of life. To manage the problem of anxiety in the nursing management, a Community Mental Health Nursing approach is required which consists of four pillars: management approach, professional relationship, Compensatory reward, and patient care delivery. **Purpose :** The purpose of this paper is to: 1) determine the characteristics of client anxiety, 2) determine the effects of psychiatric nursing treatment for anxiety clients. **Methods :** This paper was written by using the case study method with a four-pack serial therapy psychiatric nursing. Package is the first therapy generalist action (client and family), followed by progressive relaxation, and family psychoeducation. The second package is the act of generalist therapy (client and family), progressive relaxation, thought stopping, and family psychoeducation. The third package is the act of generalist therapy (client and family), progressive relaxation, family psychoeducation, and supportive group therapy. The fourth treatment package is the act of generalists (client and family), progressive relaxation, thought stopping, cognitive therapy, family psychoeducation, and supportive group therapy. **Results :** The results of this paper are: 1) the characteristics of the client's anxiety of influence are: age, education level, occupation, marital status, and client stressors are: predisposition, precipitation, response to stressors, ability to solve problems and coping mechanisms. 2) a combination of the most appropriate therapy to improve the ability of clients and the families in managing anxiety is: progressive relaxation therapy, thought stopping, cognitive therapy, family psychoeducation, and supportive group therapy. **Conclusion :** From the study it was evident that the package that includes nursing with progressive to relaxation, thought stopping, cognitive therapy, family psychoeducation, and supportive group therapy could be used as a standard therapy for psychiatric nursing specialist hypertension clients with psychosocial problems of anxiety in the community order.

**Keywords :** Anxiety, Hypertension, Community mental health Nursing

## BACKGROUND

Humans are holistic beings. Each individual has a biological (physical), psychological (emotional) and social aspect which are interrelated with each other in determining the health status of individuals. This means that when the physical state of the individual is affected, the psychological and social conditions can be disrupted. Disorders of the physical aspects can reduce a person's productivity, decreasing the quality of life (Stuart, 2009; Videbeck, 2010). Decreased quality of life will make the individuals more susceptible to the emergence of psychosocial problems.

Basic Health Research Department of Health (2010) states that the national prevalence of psychosocial problems in the population aged > 15 years was 11.6%. West Java was the province that has the highest

prevalence with 20.0%. The high prevalence of psychosocial problems detected, allegedly helped in the epidemiological transition, with the shift in the increase number of cases, from the Communicable Diseases to the Non-Communicable Diseases (Pradono *et al.*, 2005).

Hypertension or high blood pressure is one of the communicable diseases which are common in the community (Sheps, 2005; Harapan, 2005). Hypertension is a risk factor for cardiovascular disease prevalence and mortality is quite high (Idrus, 2011). The prevalence of hypertension is high due to lifestyle changes such as smoking, obesity, physical inactivity and psychosocial stress. Hypertension is a prevalent disease which if left untreated can lead to serious physical and psychosocial problems.

The most common psychosocial problems found in hypertensive clients are anxiety (Toyibah and Hamarno, 2007; Prabowo, 2005; Zimmerman and Frohlich, 1990). Anxiety is a response to a stressful situation in which the outcome is working to relieve behavior (Rawlin, *et al.*, 1993) as a positive impact. Besides bringing a positive impact, anxiety can also cause negative impacts. If not managed as early as possible, negative impact arising from anxiety may interfere with productivity and quality of life (Fortinash, 2004). But in reality, the various policies related to management remains focused on mental health issues and mental disorders (Dirjenmed, 2002). Clients with psychosocial problems often go undetected, so appropriate treatment is not obtain in the case of mental health patients.

One of psychiatric nursing efforts in addressing psychosocial issues in the community is to make secondary prevention efforts. Secondary prevention is one form of comprehensive nursing care that focuses on early detection and treatment of psychosocial problems instantly (Keliat, Helena and Farida, 2011; Friedman, 2010). Secondary prevention is a method of treatment that can be developed by nurses in community life through a program of community-based nursing services. Community-based psychiatric nursing services, better known as the Community Mental Health Nursing (CMHN) is a comprehensive nursing care, focusing on healthy community life. This procedure of nursing can be applied to patients susceptible to stress or in the stage of recovery. This procedure can commence prevention, addressing the collective mental health for all those who live in the community for both the healthy group as well as for the individuals with risk of mental illness. CMHN consists of four pillars: management approach, professional relationship, compensatory reward, and patient care delivery (Mohr, 2006; Keliat, Panjaitan and Riasmini, 2010). Based on the concepts presented above, it is understood that CMHN can be applied to high-risk groups in order to reduce the high prevalence of psychosocial problems detected through the application of nursing therapeutics.

Nursing interventions for anxiety clients can be given in combination type of therapy that includes generalist therapy and specialist therapy, either for an individual approach, or families and groups (Keliat, Helena and Farida, 2011). Specialist therapy was given with an individual approach including thought stopping, progressive relaxation, cognitive therapy and cognitive behavior therapy (Windarwati, 2009). Therapy given to a family was psychoeducation therapy; the treatment was given using a group approach, it includes supportive therapy and self help group (Townsend, 2009; Stuart, 2009; Videbeck, 2008). Nursing interventions that focuses

on clients, families and groups are in line with the understanding that the client is part of the system. Thus providing therapy to clients must also include a supra-system for families and groups / communities where the client is located.

The effectiveness of specialist therapy to change the client's ability to manage anxiety has been demonstrated through several researches. Agustarika research (2008) showed that thought stopping is proven to reduce anxiety. Results were confirmed by Supriati (2010), who stated that the combination of progressive relaxation therapy and thought stopping are known to lower physiological responses, cognitive behavior and emotional changes in clients who experience anxiety. The results of the other researches related to the effectiveness of specialist family therapy for clients who are in community structure has been proven by researches done by Sutejo (2009) and Lestari (2011). Application of the concept of specialist therapy has been done on the management of psychiatric nursing care to clients with anxiety, physical illness hypertension in Bogor, West Java Province for 14 weeks.

Number of clients managed risk is 136 people, all of which have an accompanying physical illness as a problem. The common diseases that were dealt with include hypertension, diabetes mellitus, gout, stroke, arthritis, gastritis, tuberculosis and others. Based on the physical illnesses found, it has been identified that the number of people who have hypertension rank first (52 people or 48.59%) of all physical illness is found. Of the 52 clients detected with hypertension, the author has treated 35 clients (68.9%) and found that every client has a nursing diagnosis of anxiety. The high incidence of hypertensive clients who experience anxiety becomes a priority in the management of cases that need to be followed in the form of a comprehensive management and comprehensive nursing care through the management of people.

Management of psychiatric nursing for nursing diagnosis of anxiety in the community was carried out using the nursing process. The nursing process is a cycle of assessment, determination of diagnosis, planning, implementation and evaluation. Generalist therapy consists of deep breathing relaxation, distraction and five fingers hypnotics. The specialist therapy which has been implemented includes the following: thought stopping therapy, progressive relaxation, cognitive therapy, supportive group therapy, and family psychoeducation.

## **METHOD**

This paper uses the case serial study method with a four-pack therapy of psychiatric nursing. The first

package therapy was generalist nursing interventions (client and family), progressive relaxation, and family psychoeducation. The second package therapy was generalist nursing interventions (client and family), progressive relaxation, thought stopping, and family psychoeducation. The third package therapy was generalist nursing interventions (client and family), progressive relaxation, family psychoeducation, and supportive group therapy. The fourth package therapy was generalist nursing interventions (client and family), progressive relaxation, thought stopping, cognitive therapy, family psychoeducation and supportive group therapy.

The study population consisted of all hypertensive clients in Baranangsiang Village, Bogor Regency, West Java. The sample consisted of all the clients with hypertension in RW 01 and RW 10 of the Baranangsiang Village with a nursing diagnosis of anxiety. Anxiety screening process was carried out by measuring signs and symptoms of anxiety in clients based on an instrument which refers to the response of the cognitive, affective, physiological, behavioral, and social changes. Based on the screening process, the information was gathered from 35 people.

This paper uses four psychiatric nursing therapy packages. The effective use of nursing therapy is based on changes in the client's response to the stressors that trigger anxiety and increase the ability of clients and their families in managing anxiety. Measuring the success of change in response to a stressor is done by comparing the condition of the patient before and after the application of the therapy. Improved ability of the client and family to manage anxiety was measured based on the workbook for each nursing therapy. The workbook is for each session of evaluation which will help to analyze the selected therapy for its appropriateness with its ability to cope with anxiety related nursing care. Measurement of the success of the application of psychiatric nursing specialist therapy was conducted over 14 weeks to manage clients nursing diagnosis of hypertension with the occurrence of anxiety.

## RESULTS

Respondents in this paper are totaling to 35 people. Characteristics of the 35 clients with anxiety disorder is grouped by age, sex, ethnicity, marital status, education, occupation, length of hypertension, title of insurance, history of hospitalization for hypertension, hypertension medication and traditional medicine. Characteristics of respondents can be seen in table 1.

**Table 1. General Characteristics of Distribution of Client Hypertension**

No.	Characteristics	N	Levels of Anxiety			Percentage (%)
			Mild	Moderate	Severe	
1.	Age (year)					
	a. 20 - 40	7	3	2	2	22,22
	b. 41 - 65	18	9	8	1	48,14
	c. More than 65	10	2	5	3	29,63
2.	Sex					
	a. Male	5	3	1	1	14,18
	b. Female	30	11	14	5	85,18
3.	Ethnicity					
	a. Sundanese	25	10	11	4	70,37
	b. non Sundanese	10	4	4	2	29,63
4.	Marital Status					
	a. Married	22	10	10	2	62,96
	b. Widow/Widower/not married	13	4	5	4	37
5.	Education					
	a. Primary	24	8	11	5	69,96
	b. Secondary	11	6	4	1	29,62
6.	Occupation					
	a. Labor	16	6	7	3	44,44
	b. Not working	19	8	8	3	55,55
7.	Length of hypertension (year)					
	a. Less than 5	22	10	8	4	63
	b. More than 5	13	4	7	2	37
8.	Title of insurance					
	a. Jamkesmas/SKTM	14	4	5	5	37
	b. General	21	10	10	1	62,96
9.	History of hospitalization for hypertension					
	a. Yes	8	1	3	4	22,22
	b. No	27	13	12	2	77,78
10.	Hypertension medication					
	a. Yes	11	2	4	5	33,33
	b. No	24	12	11	1	66,67
11.	Traditional medicine					
	a. Yes	15	6	8	1	40,74
	b. No	20	8	7	5	50,26

The largest percentage of the client undergoing treatment was in the age group of 41-65 years (48%). The proportion of clients per sex has shown a predominance of female (85%) with 25 people (70%) being Sundannese. According to the marital status, (63%) clients are married, while as many as 24 people (70%) have the status of primary education. 19 people (55.5%) did not work and 22 clients (63%) complained of hypertension since less than 5 years.

Biological factors such as some physical disease could be a predisposing factor in the history of hypertension. Psychological factors are the most dominant unpleasant experience (48.6%), while the highest predisposing social factors are low education (51%). Precipitating biological stressors are most often expressed by clients with the physical illnesses in hypertension (48.6%). Psychological stressors that are most widely perceived by the client are anxiety and sadness (22.85%). Social stressors are often related with complaints from work place (34%). Originally stressor at most comes from within us (80%). The timing of the stressors most widely expressed by the client is between 1-3 months (63%), while the number of stressors experienced by most clients is more than 1 stressor (52%).

The results of the study showed that all of the clients indicated a decrease in attention with regard to the cognitive response (100%) and all clients showed increased vital signs (100%). All of clients show affective anxiety responses (100%). Behavioral response that appeared the most was agitation (80%), whereas the

social response indicated by the client is mostly focused on themselves (51%). The ability of solving problems of the clients and families indicated that 12 clients (34%) were able to overcome the problem by praying. But most of the families demonstrated the use health services.

Provision of psychiatric nursing package is based on the response and capabilities of the patient. So the package can be divided into 4 therapy groups. The first package therapy was generalist nursing interventions (client and family), progressive relaxation, and family psychoeducation. The second package therapy was generalist nursing interventions (client and family), progressive relaxation, thought stopping, and family psychoeducation. The third package therapy was generalist nursing interventions (client and family), progressive relaxation, family psychoeducation, and supportive group therapy. The fourth package therapy was generalist nursing interventions (client and family), progressive relaxation, thought stopping, cognitive therapy, family psychoeducation, and supportive group therapy. Table 2 shows the distribution package management therapy for the four groups.

Nursing evaluation was performed in all client groups. Each client is evaluated by comparing the signs and symptoms before and after the application of therapy package. In addition, the evaluation was also performed by comparing the ability of the client and family before and after nursing therapy package. Table 3 shows the average distribution of evaluation criteria on the client after a four pack of nursing therapy.

**Table 2 : Distribution of Therapeutic Nursing Package**

Group of Therapy	n	Levels of Anxiety			Nursing Therapy		
		Mild	Moderate	Severe	Individual	Family	Group
I	8	8	-	-	Progressive relaxation	Psychoeducation	-
II	11	-	5	6	Progressive relaxation, Thought stopping	Psychoeducation	-
III	7	6	1	-	Progressive relaxation	Psychoeducation	Supportive etherapy
IV	9	-	9	-	Progressive relaxation, thought stopping, cognitive therapy	Psychoeducation	Supportive etherapy

**Table 3 : Distribution of Average Response Evaluation Criteria after Getting Therapy Nursing Package**

No	Evaluation criteria	Group 1		Group 2		Group 3		Group 4	
		pre %	post %	Pre %	post %	Pre %	post %	pre %	post %
<b>Appraisal of stressor</b>									
1	Cognitive	69	31	76	30	86	36	74	0
2	Physiological	60	8	84	27	67	5	64	4
3	Affective	63	13	70	15	100	0	52	0
4	Behavioral	44	13	83	23	29	7	89	0
5	Social	19	13	36	12	57	0	50	0
<b>Coping Resources</b>									
1	Personal Abilities	9	100	11	77	11	77	19	100
2	Family Abilities	15	90	15	87	25	91	20	100

The evaluation showed that, overall, the whole package of nursing therapy has reduced response and improved the abilities of the client and family. Based on the Table 3, it can be analyzed that the fourth packet therapy demonstrated proven results of the greatest decrease in average anxiety response of the client as well as improved the average ability of clients and families in overcoming the problem.

## DISCUSSION

Client's age is dominated by adults (41-65 years). The developmental tasks of this age are to increase the reach of intimacy and generosity (Friedman, 2010). The conditions faced by clients with physical illnesses due to hypertension as a result of old age and the complications faced by the client fails the client to reach adulthood developmental tasks with the risk for psychosocial problems of anxiety.

Percentage of female gender dominated managed clients. The female are at risk for hypertension, especially in the case of those who have reached their menopause. In addition, women are also at more risk of experiencing anxiety related to vulnerability in the face of external environmental stress (Kaplan and Saddock, 2007; Copel, 2000). This compels the clients to experience psychosocial problems of anxiety.

Sundanese has the largest percentage of the client's management. This is in accordance with the opinion of Stuart (2009) who stated that certain types of tribes suffer from mental development and occurrence of mental problems faced by clients. In addition, on the basis of the results of the qualitative analysis, the information

obtained showed that the consumption pattern of salt intake has contributed to the incidence of hypertension.

Most of the anxious client undergoing treatment, are in the married status. The presence of a spouse could be expected to act as social support in order to strengthen the client's coping resources. Therefore, nursing therapy will be prioritized for the client whose marital status is widow / widower and with a strengthening social support by other family members. They are expected to forego the role of a couple (separated due to death or divorced) (Stuart, 2009) in this manner.

Most clients have a background in elementary education. Low levels of education will cause a person to become more susceptible to stress than the higher levels of education (Tarwoto and Wartonah, 2010; Kaplan and Saddock, 2007). This finding is consistent with the results of research conducted by Kopelowicz, Liberman and Zarare (2002) which stated that higher education and knowledge of a person will positively correlate with his coping skills. Coping skills possessed are manifested during anxiety level management.

The analysis of results regarding the application of specialist mental nursing care on anxious clients with physical illnesses hypertension, showed that most of the clients did not work. The work is one component that is closely related to income. Low income is one factor which is predisposing the precipitation of anxiety on the client. The above statement is reinforced by the opinions of Cattell (2001) and Hoffman and Hatch (2000) who explained that there is a relationship between poverty and financial stressors.

**Table 3 : Distribution of Average Response Evaluation Criteria after Getting Therapy Nursing Package**

No	Evaluation criteria	Group 1		Group 2		Group 3		Group 4	
		pre %	post %	Pre %	post %	Pre %	post %	pre %	post %
<b>Appraisal of stressor</b>									
1	Cognitive	69	31	76	30	86	36	74	0
2	Physiological	60	8	84	27	67	5	64	4
3	Affective	63	13	70	15	100	0	52	0
4	Behavioral	44	13	83	23	29	7	89	0
5	Social	19	13	36	12	57	0	50	0
<b>Coping Resources</b>									
1	Personal Abilities	9	100	11	77	11	77	19	100
2	Family Abilities	15	90	15	87	25	91	20	100

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The analysis of the result of the specialist mental nursing care has identified that the majority of clients admitted due to physical illness have suffered hypertension for less than 5 years. Client's initial experience is a very vital understanding in the case of the client, especially for the future treatment (Taylor, 2003).

Clients experiencing physical illness like hypertension have a biological predisposition to stressors associated with disturbances in the physical integrity. Predisposing biological stressors will affect the cyclic predisposition for psychological and social stressors. Predisposing stressors are discussed in this report, which contributed to psychosocial issues raising anxiety. Precipitating stressor is significant and is considered as a major threat to the client as it can cause stress and anxiety leading to psychosocial problems (Stuart, 2009; Townsend, 2009). Effect of stressors on client's anxiety includes biological stressor like physical illnesses hypertension, psychological stressors associated with feelings of clients, interpreting the physical condition and role in society and social stressors related to the ability of the client to adapt according to the demands of social culture (Stuart, 2009). Psychosocial problems of anxiety occur among the client because the client with hypertension responds to stressors precipitation in a wrong manner and does not have the ability to manage the problem. Furthermore the ability of families as providers of social support to the client is also less than optimal (Stuart, 2009; Townsend, 2009; Videbeck, 2008).

Nursing care plan has been developed in such a manner so that the issues related to the development of anxiety can be managed with proper nursing. Determination of the nursing care plan is well adapted according to the abilities of the clients and families helping to overcome the problems. Based on the ability of the client and family, nursing therapy will be designated to the client. Nursing therapy serves to reduce anxiety and increase the response capacity of the client and family so as to manage the problem. The results of the evaluation regarding the different nursing therapy package among all groups of the patients, showed that the group receiving the fourth package of therapy had a positive effect in reducing the overall signs and symptoms of anxiety after receiving the therapy with proper nursing skills. In addition, the package of four nursing therapy can also

increase the ability of clients and families in addressing problems in all groups. The fourth package of nursing therapy groups is consisting of a combination therapy of generalists, which include thought stopping, progressive relaxation, cognitive therapy, supportive group therapy, and family psychoeducation.

Based on the evaluation results of the implementation of nursing care management to deal with the anxiety of the client, it can be analyzed that the whole approach taken to resolve a problem with proper coping depending particularly on personal ability and positive belief. The whole package of the therapy group showed an increase in the ability of clients and families in the care and control of anxiety and lower levels of anxiety.

1. Group I therapy is the combination of progressive relaxation and family psychoeducation which was proven to increase the ability of clients and families in managing anxiety, the changes are more dominant in the physiological responses.

2. Group II therapy consists of a combination of progressive relaxation, thought stopping and family psychoeducation has proven to increase the ability of clients and families in managing anxiety; the changes being more dominant in the physiological and cognitive responses.

3. Group III therapy is the combination of progressive relaxation, supportive group therapy, and family psychoeducation proven to increase the ability of clients and families in anxiety management; with dominant changes in affective responses, especially regarding physiological, behavioral and social change.

4. Group IV therapy is a combination of progressive relaxation, thought stopping, cognitive therapy, supportive group therapy and family psychoeducation proven to increase the ability of clients and families in managing anxiety; the changes is in the response, cognitive, affective, physiological, behavioral and social response.

Of the total of the four groups of nursing therapy, the fourth treatment group is the most effective, which has covered all therapy at all levels of anxiety (individual therapy, family and group) and includes all the changes towards the response (cognitive, affective, physiological, behavioral and social).

Thus the management of nursing therapy has helped

in the treatment of mental health as a human resource management in this region (Riset Kesehatan Dasar, 2010). Empowerment is a branch of mental health implications regarding community empowerment in accordance with pillar II CMHN (Community Mental Health Nursing). CMHN is a community-based nursing approach, which prioritizes the participation of the community to improve health. CMHN approach can be applied using the four pillars of: Pillar I approach management, community empowerment Pillar II, Pillar III partnership, as well as community activities Pillar IV of psychosocial risk groups (Keliat, Panjaitan and Riasmini, 2008). Psychiatric nursing care approach involves the role of nurses CMHN and Mental Health Cadre (Keliat and Helena, 2011).

## CONCLUSION

All the groups of clients get a complete package of nursing therapy. The first package therapy is generalist nursing interventions (client and family), progressive relaxation, and family psychoeducation. The second package therapy is generalist nursing interventions (client and family), progressive relaxation, thought stopping, and family psychoeducation. The third package nursing therapy is generalist nursing interventions (client and family), progressive relaxation, family psychoeducation, and supportive group therapy. The fourth package nursing therapy is generalist nursing interventions (client and family), progressive relaxation, thought stopping, cognitive therapy, family psychoeducation, and supportive group

therapy. The presence of combination of the individual therapy (progressive relaxation therapy, thought stopping, and cognitive therapy), family therapy (family psychoeducation) and group therapy (supportive therapy) in the fourth package has proven to be the most effective way to reduce signs and symptoms of anxiety and improve the ability of clients and families in managing anxiety.

## RECOMMENDATIONS

Suggestions from this study can be applied in the health care sector, in the community, scientific, and professional life. Health services include health offices and health centers which are expected to provide concrete policy related to the provision of psychiatric nursing specialist therapy for clients experiencing anxiety, physical illness like hypertension. The targeted communities were advised to cultivate skills that are useful in managing the client's anxiety. Nursing therapy should help to address the needs of a particular source of social support like coping with SHG (Self Help Group). SHG is expected to improve the sustainability of the client's ability to manage anxiety. Improvement in client capabilities can be achieved with family involvement, volunteers, religious leaders and community leaders. Through research development and with advancement in science with the development of psychiatric nursing specialist therapies, especially on the aspects of anxiety and hypertension, can improve the method of therapy resulting in the proper management of anxiety among patients.

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