



Application Of Thought Stopping and Psychoeducation Therapy Families Towards Objective Loads And Resilience Family Caregiver In Caring For Clients Hypertension With Anxiety

Akbar Suseno^{1*}, Nurlinawati²

¹Magister Ilmu Keperawatan, Fakultas Ilmu Keperawatan, Universitas Indonesia

²Fakultas Kedokteran dan Ilmu Kesehatan, Universitas Jambi, Jambi 38127, Indonesia

Corresponden: arkan2aditya14@gmail.com

ABSTRACTS

Background: Anxiety is a mental problem that is often experienced by people in everyday life, especially those who experience physical illnesses such as hypertension. **Objective:** Writing this report is intended to provide nursing interventions for nurses, family psychoeducation and thought stopping (TS) therapy so that clients can control anxiety, and the family's ability to care for anxious clients. **Methods:** Nursing actions for 1 hypertensive client with anxiety were reported in the form of a case series carried out in four meetings (five sessions). **Results:** There were a decrease in signs of anxiety symptoms experienced due to trauma from an event. There is an increase in the client's ability to control anxiety and the family's ability to care for the client. **Conclusion:** This study is evidence based on the effectiveness of nursing actions by nurses and specialist nurses for clients with anxiety who require further evaluation with a larger sample size and more frequent meetings. In addition, it is necessary to research anxiety clients with physical illnesses by applying a combination of other therapies, such as cognitive behavioral therapy (CBT).

ARTICLE INFO

Article History:

Received 28 Jan 2024

Revised 16 February 2024

Accepted 14 March 2024

Available online March 2024

Keyword:

hypertension, anxiety, thought stopping, family psychoeducation

1. INTRODUCTION

Health reflects a condition where the body is in good physical, mental, spiritual and social health so that it is able to be independent and productive (WHO, 2023). One part of health that cannot be separated from the meaning of health itself is mental health, where mental health is defined as a condition where an individual is aware of their abilities, able to adapt, be productive and behave according to age and social culture.

Every individual has the potential to have mental health problems, one of the risk factors being chronic physical illness, such as hypertension. Hypertension is ranked second in the world (46.65%) after heart disease (48.26%). The prevalence of hypertension according to Riskesdas (2018) shows that the prevalence of hypertension increased from 25.8% in 2013 to 34.1%. This condition kills around 8 million people every year. Because most hypertension sufferers have no signs or symptoms, they are often called the silent killer (Ministry of Health of the Republic of Indonesia, 2018). As a result of the large number of cases, hypertension has become 1 of 12 indicators of a healthy family and has minimum service standards in the health sector (Ministry of Health of the Republic of Indonesia, 2016). It was recorded that 49,891 or 62.6% of the population experienced hypertension in Bogor City (Bogor City Health Office, 2019) , and as many as 542 hypertensive residents in Rangka Mekar Village.

Emotional mental problems are the most common in clients with physical disorders (10.2%) of all other emotional mental problems. Clients who have chronic illnesses are 2.6 times more likely to experience emotional mental disorders (Widakdo & Besral, 2013). One form of emotional mental disorder is anxiety. Anxiety is a mental health problem that is included in the group of emotional mental disorders with a prevalence of 6.3% of the population (Riskesdas, 2018). Anxiety has an impact on mental problems that are often experienced by people in everyday life. Anxiety will get worse if it occurs and is experienced for a long time and continuously, thus having a bad impact.

When an individual experiences physical health problems, at the same time it is also possible for that individual to experience mental health problems. The main principle of nursing therapy is to reduce signs of anxiety and increase the abilities of both the client, family and group. Nursing therapy can be carried out with generalist nursing therapy by practicing deep breathing, distraction, spiritual activities, and five finger hypnosis (Keliat, 2019). Psychiatric nursing specialist therapy with an individual approach using thought stopping (TS),

progressive muscle relaxation (PMR), thought therapy (CT) and behavioral thought therapy (CBT) (Wahyuningsih et.al, 2012), and family therapy with family psychoeducation with The aim is to improve the client's cognitive, affective and psychomotor abilities in dealing with health.

The research results of Lumenta, et.al (2022) show that after implementing thought stopping (TS) for three sessions, signs and symptoms of anxiety decreased in hypertensive clients. The research results of Rodin, et.al (2020) state that psychoeducational therapy helps reduce signs and symptoms of anxiety in hypertension which are shared between clients and caregivers.

This reporting activity was carried out in RW 11, Rangka Mekar Village, South Bogor District, Bogor City, West Java. The population in RW 11 is 457 people with 129 families. The results of scanning clients using a self-reporting questionnaire (SRQ) and examining signs and symptoms found that clients with hypertension experienced mild emotional mental disorders (anxiety), with complaints of frequent dizziness, restless sleep, feelings of anxiety, fear or worry, fatigue easily, and feeling uncomfortable in the stomach.

This case report manages 1 client with a nursing diagnosis of anxiety and provides nurse and specialist therapy. Nursing practice is carried out on clients who are in middle adulthood. The cause of the client's anxiety was due to the problem of the hypertension condition he was experiencing, namely experiencing a mild stroke when the client was alone in the river which caused the client to become traumatized by this incident.

The client with anxiety reported in detail in this case report is 1 client who received nurse nursing action, specialist nurse nursing action (thought stopping and family psychoeducation) with the aim of seeing a response to reducing signs of symptoms and increasing the client's and family's abilities after being given nursing action. The ultimate goal is for the client to be able to adapt to the illness, and stop intrusive thoughts and unwanted thoughts consciously. The nursing action process is carried out using the Stuart Adaptation Stress Model theoretical approach which fully describes the process of disease occurrence, response, and how clients are able to form coping skills.

2. METHODS

This case report uses a case series model on 5 clients with anxiety who were given nursing and specialist nurse actions (thought stopping and family psychoeducation). The flow of intervention is in accordance with the nursing process with the Stuart adaptation stress model approach starting from assessment, determining a nursing diagnosis, implementing nursing actions and the results of nursing actions, and the client support system, as well as changes after the intervention is given.

3. RESULTS AND DISCUSSION

Client Characteristics

The client is a woman, 43 years old, medical diagnosis of hypertension, BP = 190/100 mmHg, sick since 21 years ago (since she was pregnant with her first child), client often eats fried food and meatballs, history of hereditary disease, takes medication regularly, goes to PKM , often complain of headaches and stiff necks, clients feel that the disease will not heal, complain of anxiety if they experience another stroke when they are alone. Self reporting questionnaire (SRQ) = 6.

Clients aged 40-60 years are included in the middle adult development stage, where the stages are achieving maturity and involvement in the family and community in carrying out their roles and preparing the next generation (Keliat et al., 2019). Analysis of adult age characteristics is quite influential in the occurrence of anxiety related to complex developmental tasks. In middle adulthood, physical strength begins to decline and if this is combined with a physical illness which becomes a stressor, it will cause the client to feel like they have lost their physical strength and authority to do something. This loss triggers anxiety in clients with physical illnesses including hypertension.

The client who underwent nursing intervention was female. The neurotransmitter serotonin, which plays a role in causing stress and anxiety in women, is not able to produce it as fast as the male brain. Research shows that women have lower levels of the hormone corticotropin releasing factor, a hormone that regulates the stress response, making women twice as susceptible to experiencing stress as men (Anxiety and Depression Association of America, 2016). Supported by the characteristics of women who tend to use coping mechanisms by thinking about problems rather than looking for solutions (Bagley et al., 2011).

The results show that the client has an elementary school/equivalent education. The analysis found that those with a low educational background would be more accepting of the illness they experienced because their knowledge of illness was relatively low. The education obtained will also increase a person's creativity and sensibility in responding to problems that influence a person's anxiety (Alves et al., 2022).

The client in this report is a housewife who does not work. Stress can occur in someone because they don't have a job or have inadequate work. Low socio-economic conditions affect various aspects of a person's life, such as meeting daily needs, providing care to family members, and experiencing feelings of helplessness or rejection by others (Towsend, 2015)

Nursing Assessment.

The assessment process is carried out using the Stuart adaptation stress model flow starting from determining predisposing factors, precipitation, client responses and coping sources. Assessment of response and ability to use sign instruments symptoms were also developed based on Stuart's model. Signs and symptoms, responses, client abilities and family capabilities before nursing action is given, as follows:

Table 1 Nursing Care for Hypertensive Clients with Anxiety

Signs and Symptoms	Client Ability	Caregiver Ability
Physiological: Dizziness, stiff neck, BP 190/100 mmHg (increasing), easily tired. Obesity (BB: 70 kg, TB: 140 cm) Cognitive: When anxiety comes, heart palpitations, shortness of breath, a bit sweaty, fear of causing trouble to the family, less ability to solve problems, and easy to forget. Affective: worried, afraid, sad Behavior: If anxious, the client can calm himself down by sitting in the living room and talking with his children/husband Social: Rarely leaves the house alone, does not participate in social activities.	Able to pray, take medication, unable to recognize the signs of anxiety, unable to relax, unable to divert thoughts, unable to think positively, unable to stop disturbing thoughts	<i>The main caregiver is the husband, able to use health services to help clients, able to recognize the client's problems but not knowing the cause, unable to care for them, unable to modify the environment to care for the client</i>

Nursing diagnosis: anxiety		
Nursing therapy: education, thought stopping, and family psychoeducation		
Implementation of Nursing Actions		
Meeting 1: Nurses' nursing actions: Health education regarding hypertension and anxiety, practicing relaxation, distraction, spirituality and positive thinking. Family: not yet provided		
Meeting 2: Evaluation of signs and symptoms, validation of abilities. Family psychoeducation: identifying problems in caring for sick family members and caring for sick family members.		
Meeting 3: Evaluation of signs and symptoms, validation of abilities. Family psychoeducation: family stress management. Thought Stopping: identifying unpleasant experiences and practicing stopping disturbing thoughts with a regular count		
Meeting 4: Evaluation of signs and symptoms, validation of abilities, evaluation of exercises to stop intrusive thoughts. Family psychoeducation: management of family burdens, and the benefits of support systems.		

The results of the client's scanning based on history, signs and symptoms, client-family responses and abilities, it was concluded that the nursing diagnosis was anxiety. The interventions provided are nursing actions, thought stopping, and family psychoeducation.

Nurses' nursing actions are given at the first meeting completely after an assessment, hypertension and anxiety health education. Nurses' nursing actions consist of identifying the causes of problems and situations, signs and symptoms and anxiety response as well as practicing breathing to reduce anxiety, distraction in the form of changing the situation with daily activities, spirituality and five finger hypnosis.

Thought stopping is given to clients at the third meeting after the nurse's actions are given, and at the same time as family psychoeducation. Thought stopping is given in one meeting for 20-30 minutes by identifying unpleasant experiences that give rise to disturbing thoughts and practicing stopping one of the most disturbing thoughts with a regular count (count of 5), as well as evaluating the benefits of stopping disturbing thoughts. Caregivers are given family psychoeducation in 5 sessions with a frequency of 4 meetings for 30-40 minutes each meeting, by conducting problem assessments, caring for clients, stress management, burden management and utilizing family support resources.

Hypertensive clients with anxiety complete activities with 4 therapy meetings. Evaluations are carried out at each meeting to determine any significant changes in the client's abilities as well as a decrease in signs and symptoms of anxiety. Evaluation of the

family is carried out to determine the increase in the caregiver's ability to provide client care at each meeting.

The results of nursing actions resulted in a decrease in signs of anxiety symptoms in the client, in the form of decreased blood pressure (BP = 150/80 mmHg), the client began to relax when disturbing thoughts came back. In the final evaluation, there was one thought that emerged when thought stopping was carried out, namely remembering and longing for parents who had died. Families are able to recognize problems, care for families, carry out stress management and burden management. Families are able to use existing resources within and outside the family.

Predisposing and Precipitating Factors

The results of biological assessments in hypertensive clients with anxiety show that a history of physical illness and hypertension are predisposing factors. This indicates a physical illness, a change in health condition due to the illness, which in this case is hypertension, which can cause anxiety.

The psychological factor most often found in hypertensive clients with anxiety is having a history of losing a loved one. Based on the results of the study, losing a loved one is like a parent who dies. Losing a loved one is stressful and disturbing because the individual must endure suffering. Losing a loved one due to the death of a parent, husband or beloved child has an impact on emotional changes.

A history of anxiety and unpleasant experiences are psychological predisposing factors in hypertensive clients with anxiety. A history of anxiety and unpleasant experiences are psychological predisposing factors in hypertensive clients with anxiety.

Response to Stressors

Physiological

Nursing actions by nurses and specialists are carried out with the aim of recognizing signs of anxiety, educating on hypertension and anxiety care, training relaxation, distraction, spirituality and positive thinking. The physiological signs and symptoms of anxiety include dizziness, stiff neck, increased blood pressure, and fatigue. After being given nursing care, the signs and symptoms of anxiety decreased in the form of reduced frequency of dizziness and decreased blood pressure.

Nurse nursing and thought stopping actions are a combination of therapy that is very easy to carry out, relaxes the body, reduces muscle tension, stress and increases tolerance

for daily activities, thereby improving the client's quality of life. The combination of nursing and thought stopping actions aims to produce a response that can control and control stressful conditions. These results show that nursing and thought stopping actions are able to reduce physiological signs and symptoms, the results are very optimal.

This is in line with previous research that the actions of nurses, especially five-finger hypnosis, can reduce the most signs of anxiety symptoms in the physical aspect with a reduction of 60% (Hikmawati et al, 2016). Providing thought stopping can reduce physical complaints and reduce the level of anxiety from moderate to mild (Agustarika, Keliat & Nasution, 2009).

Cognitive

Individuals who experience hypertension tend to experience changes in their way of thinking, both changes in concentration and focus on problems (Sauceda, 2011). Thought stopping therapy aims to increase the client's ability to control intrusive thoughts that result in anxiety, resulting in discomfort and decreased productivity.

Signs of cognitive symptoms decreased after being given action by nurses and specialist nurses. Thought stopping therapy aims to increase the client's ability to control intrusive thoughts that cause anxiety, resulting in discomfort and decreased productivity. Anxiety conditions are related to feelings of uncertainty and uncertainty that are felt to threaten the individual's comfort.

These feelings of uncertainty and uncertainty often give rise to negative thoughts. Clients with negative thoughts need training to stop these negative thoughts from becoming positive thoughts. The research results of Haryati and Nurdiana (2018) show that family psychoeducation has been proven to reduce anxiety and psychosocial problems by reducing the level of anxiety due to physical illness. Based on the description above, the author believes that nursing and thought stopping actions are able to reduce cognitive symptoms, but the results are not optimal so it is necessary to use a combination of other therapies such as cognitive therapy which aims to develop positive thinking patterns when experiencing anxiety.

Affective

Affective responses in the form of worry, fear and sadness in the client's anxiety are part of the emotions in dealing with problems which are also influenced by the time, duration and intensity of the stressor experienced. When individuals experience anxiety, the

sympathetic nervous system works predominantly, resulting in increased body organ function such as increased heart rate, blood pressure, breathing and muscle tension (Perry & Potter, 2010).

Anxiety is a direct manifestation of life stress and is closely related to an individual's mindset. Anxiety experienced by individuals is subjective and different from each other. Thought stopping and family psycho-education are able to maintain psychology, provide support and change adaptation to conditions so that coping becomes adaptive (Stuart, 2016).

Behavioral and Social

Signs of social symptoms include difficulty interacting and not participating in social activities in society. After being given thought-stopping measures and family psychoeducation, signs of symptoms decreased. Thought-stopping nursing actions and family psychoeducation have an influence on changing individual skills automatically in carrying out adaptive coping (Stuart, 2016). The author believes that changes in signs and symptoms in behavioral and social aspects that occur in clients after being given therapy are part of the client's adaptive coping abilities. The skills that clients have in managing stressors occur as a result of adaptive coping, including behavior as part of a response to stressors.

Coping Mechanisms

Coping mechanisms are all efforts made to manage stress that is constructive or destructive. When someone experiences anxiety, they try to eliminate it with various coping mechanisms. The inability to deal with anxiety constructively causes a person to experience psychological problems (Stuart, 2016).

4. CONCLUSION

The results of this case report show a decrease in signs of symptoms in clients with anxiety in both physiological, affective, cognitive, behavioral and social aspects. The client's ability to control anxiety and the family's ability to care for them also increased after being given nurse and specialist nursing measures (thought stopping and family psychoeducation).

These results recommend the need for further experimental research with other therapy combinations to see the effectiveness of therapy for anxiety with a larger number of clients. Comprehensive thought stopping therapy and family psychoeducation for anxiety patients which can be carried out by skilled nurses and nurses guided and supervised by specialist nurses.

5. REFERENCES

- Agustrika, B., Keliat, B., A., & Susanti, Y. (2009). *Pengaruh terapi thought stopping terhadap ansietas klien dengan gangguan fisik*. Depok : FIK UI
- Alves, A. M., et.al. (2022). Effect of an educational nursing intervention on the mental adjustment of patients with chronic arterial hypertension: An interventional study. *International Journal of Environmental Research and Public Health*, 19(1).
- Anxiety Disorder Association of America (ADAA). (2016). *Anxiety Disorder Statistic*. Washington : ADAA
- Bagley, S. L., et.al. (2011). Sex differences in physiological and affective responses to stress in remitted depression. *Physiology and Behavior*, 104(2), 180–186.
- Darmawati, I., & Kurniawan, F. A. (2021). Hubungan antara grade hipertensi dengan tingkat kemandirian lansia dalam activities of daily living (ADLs). *Faletehan Health Journal*, 8(01), 31-35.
- Dinas Kesehatan Kota Bogor. (2022). *Profil kesehatan Kota Bogor*. Bogor : Dinkes Kota Bogor
- Haryati & Nurdiana. (2018). Pengaruh psikoedukasi terhadap pengetahuan dan tingkat kecemasan pasien dengan hipertensi. *JKEP. Vol. 3 No. 1 Mei 2018*, hlm 119-130
- Johnson, H. M. (2019). Anxiety and hypertension: is there a link? A literature review of the comorbidity relationship between anxiety and hypertension. *Current Hypertension Reports*, 21(9), 22–26.
- Keliat, B. A., et.al . (2019). *Asuhan keperawatan jiwa*. Jakarta : Penebit EGC.
- Kemkes RI. (2018). Hasil riset kesehatan dasar tahun 2018. Jakarta : *Kementrian Kesehatan RI*, 53(9), 1689–1699.
- Lumenta, D., et.al. (2020). Penerapan terapi *thought stopping* untuk menurunkan kecemasan pada klien hipertensi. *Jurnal Keperawatan Silampari* Volume 6, Nomor 1, Desember 2022.
- Potter, P.A & Perry, A.G, (2010). *Fundamental of nursing*, (6 th ed), United States Of America, Elsevier Mosby.
- Rodin, M., et.al. (2020). Aplikasi tindakan generalis dan spesialis : psikoedukasi pada klien dan *caregiver* dengan hipertensi. *Jurnal Ilmu Keperawatan Jiwa* Volume 3 No 4, Hal 403 - 410,
- Stuart, G.W. (2016). *Principles and practice of psychiatric nursing*. (7th ed). Philadelphia : Mosby.
- Townsend, M.C. (2015). *Psychiatric mental health nursing*. (7th Ed). Philadelphia: Davis Company

Widakdo, G., & Besral, B. (2013). Efek Penyakit Kronis terhadap Gangguan Mental Emosional. *Kesmas: National Public Health Journal*, 7(7), 309–316.

World Health Organization. (2023). *World health Organization-Psychiatric prevalence in general health care*. Geneva : WHO

