



## Strategies to reduce patient anxiety and stress through reminiscence therapy

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### ABSTRACT

**Introduction.** Stress in heart patients is caused by unpreparedness in accepting the verdict given by health workers. The way and sentence of delivery that is done directly provides shock therapy to heart patients which increases stress. Stress can result in problems in all systems of the human body. **Methods.** Data collection was carried out using participant demographic data and measurement of stress conditions with the Perceive Stress Scale (PSS) which will be analyzed using univariate, bivariate and Anova. The sampling technique of this study used purposive sampling inclusion criteria willing to become participants, patients with stage-1 heart failure (NYHA), not experiencing visual and hearing impairment, communicative and cooperative. **Results.** The  $t_{count}$  value is 22.798 which is greater than  $t_{table}$  (2.035) for a confidence level of  $df=33$  at a confidence level of 95%, so it can be concluded that  $H_0$  is rejected and  $H_a$  is accepted, which means there is a difference in reducing stress in heart failure sufferers between before and after the intervention in the therapy group reminiscence. **Conclusion.** The reduction in stress in heart failure sufferers with Reminiscence therapy after the intervention was better than Reminiscence therapy before the intervention and there was a significant reduction in stress in heart failure sufferers with reminiscence therapy treatment.

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#### Kata kunci:

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### ABSTRAK

**Pendahuluan.** Stres pada pasien jantung disebabkan oleh ketidaksiapan dalam menerima vonis yang diberikan oleh tenaga kesehatan. Cara atau kalimat penyampaian yang dilakukan secara langsung memberikan terapi kejutan pada pasien jantung yang meningkatkan stres. **Metode.** Pengumpulan data dilakukan dengan menggunakan data demografi partisipan dan pengukuran kondisi stres dengan *Perceive Stress Scale (PSS)* yang akan dianalisis dengan menggunakan univariat, bivariat dan *Anova*. Teknik sampling penelitian ini menggunakan *purposive sampling* kriteria inklusi bersedia menjadi partisipan, penderita gagal jantung stadium-1 (NYHA), tidak mengalami gangguan indera penglihatan dan pendengaran, komunikatif dan kooperatif. **Hasil.** Nilai thitung sebesar 22,798 yang lebih besar dari ttabel (2,035) untuk tingkat kepercayaan  $df = 33$  pada taraf kepercayaan 95%, sehingga dapat disimpulkan bahwa  $H_0$  ditolak dan  $H_a$  diterima, yang berarti terdapat perbedaan penurunan stres pada penderita gagal jantung antara sebelum dan sesudah intervensi pada kelompok terapi reminiscence. **Kesimpulan.** Penurunan stres pada penderita gagal jantung dengan terapi Reminiscence sesudah intervensi lebih baik dibandingkan terapi Reminiscence sebelum intervensi dan terdapat penurunan stres yang signifikan pada penderita gagal jantung dengan perlakuan terapi reminiscence.

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## INTRODUCTION

Heart disease is a condition where the heart is impaired including the heart's blood vessels, heart membranes, heart valves and heart muscle. Heart disease can be caused by many things such as blockages in the heart's blood vessels, inflammation, infection, and congenital abnormalities. Many people do not know the causes, signs, and symptoms of heart disease (Tonga et al., 2021; Y. Wu et al., 2023). Lack of movement, stress and eating unhealthy food are often considered as triggers for a person to develop heart disease. People are often unprepared when declared by a doctor with heart disease. Stress is an event or stimulus from outside (stressor) that causes an individual to feel tense. Symptoms of stress can be biological aspects such as excessive headaches, restless sleep, digestive disorders, loss of appetite, skin disorders and excessive sweat production as well as psychological aspects such as cognitive symptoms, emotional symptoms, and behavioral symptoms. When someone is diagnosed with heart disease, the world seems to collapse, the patient seems useless and a burden to the family, afraid of death and feeling unprepared. Unpreparedness to hear the verdict of heart disease makes sufferers become stressed, alone, become burdened, feel useless, feel useless again, feel not ready to leave this world and finally afraid to die (Lopis et al., 2021; Park, 2022; Sukardin et al., 2021). If the individual can cope with the stress, then the body functions normally again but if it fails, the stress will continue so that the energy supply in the body will be depleted and the individual becomes exhausted. An individual is often stressed to the point that there are physiological changes over a long period of time and there will be lasting damage to the body.

This unpreparedness eventually triggers the patient to become stressed and leave interactions with the community, especially with family. This stress becomes increasingly excessive and results in the patient not taking care of himself anymore, withdrawing, feeling useless, avoiding movement / activities and being afraid to leave the house and interact with the community (Akhter et al., 2023; Huang et al., 2022; X. Wu & Zhang, 2023). This stress triggers the patient to finally make the heart work even more burdened and make the patient suffer even more. An action is needed where the patient does not have to think negatively that he is suffering from heart disease. It is necessary to change negative factors into positive thinking and one of them is to bring up good memories about himself, bring up good things about himself so that the patient can accept well and make peace with himself despite suffering from heart disease (Jiang et al., 2022; Morales-De-Jesús et al., 2021; Paay et al., 2022; Zhang et al., 2021).

In step with (Lazarus & Folkman, 1986) strain is an internal nation that could result from bodily demands from the frame or environmental and social situations which are taken into consideration probably dangerous, uncontrollable or exceed the character's ability to cope. in line with (Lazarus & Folkman, 1986) stress has three bureaucracies, namely: stimulus, reaction, and procedure. (Lazarus & Cohen, 1977), three styles of activities which can motive strain are: every day hassles, which can be small occasions that occur again and again every day together with paintings issues in the workplace, college and so forth, non-public stressors, which are stronger threats or disturbances or major losses to something that takes place on the individual stage including dropping a loved one, dropping a activity, monetary troubles and different non-public troubles and introduced Freese Gibson age is one of the essential factors that reason pressure, the older a person is, the less complicated it's miles to experience strain.

(Lazarus & Folkman, 1986) found out that people will not perceive an occasion as a disturbance if the stressor is interpreted as normal. danger is a subjective evaluation of the potential poor consequences of a stressor. Transactions that lead to stressful conditions commonly involve an assessment manner referred to as cognitive appraisals (Lazarus & Folkman, 1986). Cognitive appraisals are a mental procedure, in which there are elements which might be assessed by using a person: (1) whether or not a demand threatens his welfare and (2) the resources available to fulfil the call for. consistent with (Lazarus & Folkman, 1986) there are two styles of value determinations made with the aid of individuals to assess whether or not an event can or does not reason strain for individuals, particularly number one value determinations, that are decisions whilst we hit upon an occasion that has the capability to cause pressure and secondary appraisals that result in the resources to be had to us or that we have to address stress.

Reminiscence therapy is a therapy aimed at restoring depression and feelings of stress in patients. In this therapy activity, the therapist will help patients who experience stress in heart failure to recall positive aspects and things that are meaningful to the patient in their past. Then the therapist also helps the patient to integrate these positive things into their daily lives currently. This process is expected to help patients to assess the life they have gone through so that patients can feel satisfaction with their lives. (Frisch & Cahill, 2006) also stated that reminiscence therapy aims to improve self-esteem and socialisation. Another goal of reminiscence therapy is to improve cognitive function, communication skills and behavioural function (E. Bohlmeijer, 2007; Boyd, 2015; Chin, 2007; Haight & Burnside, 1993; Woods et al., 2009) state that reminiscence therapy aims not only to provide a pleasant experience to improve quality of life, but also improve socialisation and relationships with others, provide cognitive stimulation, improve communication and can be an effective therapy for depressive symptoms. Reminiscence group therapy has the potential to reduce social isolation, improve cognitive function and depression and increase self-esteem, feelings of worth, social skills and life satisfaction (E. T. Bohlmeijer et al., 2008; Okumura et al., 2008; Payne & Marcus, 2008; Wang et al., 2009).

*Reminiscence therapy* is used appropriately which include the use of photos, track or gadgets which are very familiar in the beyond, to encourage sufferers to speak approximately their preceding reminiscences. This therapy is extra recommended to adults who've mood or reminiscence issues or to folks who need a person's problems in readiness for antique age. according to (Bluck et al., 1999) reminiscence is the manner of intentionally or accidentally reassembling one's memories of the past. The memory may be an event that will not be forgotten or a forgotten event this is skilled directly by way of the man or woman. The reminiscence can then be a collection of personal reports or 'shared' with others.

Based on the description above, it shows that reminiscence therapy given to patients with heart failure is useful for motivating patients and feelings of hopelessness, helping patients to achieve self-awareness, increasing adaptability to stress by adopting past problem-solving skills and improving patients' social relationships. According to (Haight & Burnside, 1993; Touhy Dnp Cns Dnap, 2014) reminiscence or memory is an ability in the elderly who are guided to remember memories and "share" (deliver) the memory with family, groups, or staff. (E. T. Bohlmeijer et al., 2008; Payne & Marcus, 2008; Wang et al., 2009) explain that reminiscence therapy is a therapy for people who are encouraged (motivated) to discuss past events to identify past

resolution skills that they have done in the past. Based on several of these definitions, it can be concluded that reminiscence group therapy is a therapy that is carried out on patients in groups by motivating patients to recall past events and experiences and their problem-solving skills are then conveyed to family, friends, groups or staff.

## METHOD

The research design was quasi experimental pre test and post test. This study was conducted in the working area of the Medan City Health Office, namely in two government hospitals. The number of samples used in this study were 68 cardiac patients who were undergoing treatment. The sampling method used purposive sampling method with a dropball system and in accordance with the predetermined inclusion criteria. The research procedure starts from the pre-test stage (selection of heart failure patients, sample screening), the intervention stage (therapy is given 5 times. The length of time for each meeting averaged 90 minutes. Session one sharing reports in early life, session two numerous studies in childhood, session three sharing experiences in maturity, session four sharing studies with family and at domestic, session five Self-integrity assessment), the control group was not given the intervention, the post-test stage. The qualifications of professionals who provide interventions are at least a bachelor's degree in nursing with a minimum of 5 years of nursing service experience and have been trained in advance with remembrance therapy. All officials included as trainers on this study had been given 16 hours of schooling divided into four education days.)

The number of samples used in this study were 68 cardiac patients who were undergoing treatment. Data collection was carried out using the instrument used was the Perceive Stress Scale (PSS) by Cohen with a total of 14 question items and a rating scale of 0-4, validity test of  $r = .85$  and a reliability test of  $r = .60$ . starting from the pre test, intervention, and post test. The data collected were analysed using the SPSS 24 program. This study was approved by the ethics committee of the research and community development institute of Imelda University Medan and each respondent involved in this study was required to sign an agreement in this study.

## RESULTS

The research subjects showed that based on the characteristics of age obtained by post reminiscence therapy most were in the 61-70 category as many as 13 people (12.7%),

based on the characteristics of gender in post reminiscence therapy most were male as many as 25 people (24.5%), based on the characteristics of education in post reminiscence therapy most had a high school education as many as 12 people (11, 8%), Based on the characteristics of marital status in post reminiscence therapy most are in married status as many as 25 people (24.5%), Based on income characteristics for post reminiscence therapy most are in the retired category as many as 27 people (26.5%), Based on the characteristics of work experience for post reminiscence therapy most work as civil servants as many as 25 people (24.5%).

**Table 1.** Calculation of Respondents' Stress Reduction Before and After Therapy

Subject Group	Pre Intervensi		Post Intervensi		Decline Stress
	N	Mean	N	Mean	
Reminiscence Therapy	34	43,49	34	38,79	4,70
Kontrol	34	43,41	34	43,41	0,00

Based on the calculation of respondent stress reduction in Table 1, it was found that in the reminiscence therapy group there was a decrease in stress of 4.70 (Pre intervention 43,49 and Post intervention 38,79) after the intervention while in the control group there was no decrease because it functioned only as a control and the control group had no intervention.

**Table 2.** Mean and Standard Deviation Results of Post Reminiscence Therapy Group and Control Group

Group	N	Mean	Std. Deviation	Std. Error Mean
<i>Reminiscence Therapy</i>	34	38.79	4.953	.849
<i>Waiting List Control</i>	34	43.12	4.971	.853

Table 2 shows a summary of the mean and standard deviation of the two average comparisons in the reminiscence therapy after intervention and control groups. After the intervention of 34 respondents in the reminiscence therapy group, the mean stress level was 38.79 while 34 respondents in the control group had a mean stress level of 43.12 with a mean difference of 4.33 and a standard deviation difference of 0.018. Based on the difference in means, it shows that the reminiscence therapy group after the intervention and the control group have different values where the average reminiscence therapy is smaller than the control group so that there is a difference in stress reduction after intervention in the reminiscence therapy group with the control group.

**Table 3.** Sample Test Calculation of Reminiscence Group Before and After Intervention

	95% Confidence Interval of the Difference		t	df	Sig. (2-tailed)
	Lower	Upper			
Pair 1 <i>PreReminiscence Therapy –PostReminiscence Therapy</i>	4.206	5.030	22.798	33	.000

The tcount value is 22.798 greater than the t table (2.035) for the degree of confidence  $df = 33$  at the 95% confidence level, it can be concluded that  $H_0$  is rejected and  $H_a$  is

accepted, which means there is a difference in stress reduction in heart failure patients between before and after intervention in the Reminiscence therapy group. The decrease

in stress in patients with heart failure Reminiscence therapy after intervention is better than Reminiscence therapy before intervention and significantly there is a decrease in stress in patients with heart failure with reminiscence therapy treatment. Thus, the first hypothesis which states there is a decrease in stress in patients with heart failure who get reminiscence therapy intervention can be accepted

## DISCUSSION

Stress conditions experienced by patients with heart failure after receiving Reminiscence Therapy showed a significant decrease before and after therapy. Whereas in patients with heart failure who did not receive Reminiscence Therapy showed no significant decrease before and after therapy was given (Macleod et al., 2021; Zhao, 2021). There is a difference in reducing stress conditions in patients with heart failure who get Reminiscence Therapy compared to patients with heart failure who do not get treatment / therapy or control group. The significant decrease referred to in the results of this study is that the stress condition of patients with heart failure is getting better where the stress measurement value decreases after patients with heart failure get Reminiscence Therapy, namely 43.49 pre intervention and 38.79 post intervention. This shows that there is a decrease in stress in heart patients after action or treatment by 4.70. When people with heart failure are first informed about their physical condition, what appears is high anxiety by imagining a terrible disease (Justo-Henriques et al., 2021; Khan et al., 2022; Li et al., 2022). This certainly has an impact on the stress experienced. This feeling of stress will cause sufferers to feel helpless, useless, and unhappy.

As described that stress is an adaptive response mediated by individual differences and psychological processes that are a consequence of external circumstances, situations or events that have an impact on a person's physical or psychological state. Seeing this condition, it can be said that patients with heart failure who experience stress really need assistance or nurse therapists who can help and facilitate patients to reduce stress due to their illness and be able to increase positive coping in motivating themselves to carry out their activities normally again (Hallford et al., 2022; Jiang et al., 2021; Sutinah, 2020).

Reminiscence Therapy is a therapy in which people are encouraged (motivated) to discuss past events to identify past resolution skills that they have done in the past (Azizan et al., 2023; Cahyono et al., 2021; Ildarabadi et al., 2020). In this therapy activity, the therapist will help patients who experience stress in heart failure to recall the positive aspects and things that are meaningful to the patient in their past. Then the therapist also helps patients to integrate these positive things in their daily lives currently. This process is expected to help patients to assess the life they have gone through so that they can feel satisfaction with their life. We use reminiscence therapy to overcome stress such as in grieving situations. This therapy helps reduce poor self-image, create intimate feelings, and provide special meaning when interacting with others. Based on facts and evidence, it is stated that reminiscence therapy can facilitate the improvement of feelings of depression and loneliness and increase psychological comfort. Research also supports the view that reminiscence therapy including occupational history can improve the relationship between people with dementia and their careers by benefiting both (Abdel-Aziz &

Ahmed, 2021; Azizan et al., 2023; Ildarabadi et al., 2020; Justo-Henriques et al., 2021).

One major advantage of reminiscence therapy is that it is an informal process that requires neither extensive practice nor qualifications to organize. It can be used on a basic level and can also be combined with other therapies in one-to-one or group sessions. Several studies have shown that the use of reminiscence therapy also creates a stronger bond between career and residence and the home care setting. According to the research showed a significant decrease in depression after the intervention was given, namely in the pre-intervention the results were obtained 8.1 while after the intervention the results were obtained 6.73. This means that reminiscence therapy is very effective in helping patients who experience emotional disorders such as stress (Huang et al., 2022; Jiang et al., 2022; Saredakis et al., 2021; X. Wu & Zhang, 2023). Meanwhile, there was a significant decrease in depression in patients who received RT and PST treatment compared to WLC, namely  $F(2, 56) = 2.25, p = .12$ , but the significance in both effects for both trial effects,  $F(5, 52) = 45.82, p < .001$ , and the interaction effect,  $F(10, 280) = 8.06, p < .001$  (Justo-Henriques et al., 2021; Morales-De-Jesús et al., 2021; Saredakis et al., 2021; Tonga et al., 2021; Y. Wu et al., 2023).

Reminiscence therapy are very useful for sufferers who experience anxiety, depression, stress as non-pharmacological therapy. According to the research, there was a decrease in the average depression score after being given reminiscence therapy, namely from 19.11 to 16.18 and 15.49 after being followed up 3 months later and according to (Abdel-Aziz & Ahmed, 2021; Hallford et al., 2022; Khan et al., 2022; Li et al., 2022; Sutinah, 2020) it was concluded that there had been a significant decrease Depression (3.73 – 2.91) There was a significant increase in Self Esteem (24.45 – 29.18) Life Satisfaction (19.64 – 21.64).

According to (Haight & Burnside, 1993) reminiscence or memory is an ability in the elderly who are guided to remember memories and "share" (deliver) the memory with family, groups, or staff. (E. T. Bohlmeijer et al., 2008; Wang et al., 2009) explain that reminiscence therapy is a therapy for people who are encouraged (motivated) to discuss past events to identify past resolution skills that they have done in the past. Based on several of these definitions, it can be concluded that reminiscence group therapy is a therapy that is carried out on patients in groups by motivating patients to recall past events and experiences and their problem-solving skills are then conveyed to family, friends, groups or staff. Reminiscence influences memory change in people young and old, friends and family, with caregivers and professionals, imparting information, wisdom, and expertise. In the process of this therapeutic activity, of course therapy can motivate and facilitate sufferers to recall experiences of success or joy that the sufferer has experienced, thereby giving rise to feelings of happiness, joy, and pride during the therapy process. These feelings of happiness and pride are then integrated with the sufferer's current abilities and successes. This is in accordance with the statement (Azizan et al., 2023; Ildarabadi et al., 2020; Y. Wu et al., 2023) that reminiscence therapy can reduce stress and negative feelings in heart failure sufferers. On a study of 23 elderly people concluded that reminiscence therapy was effective in reducing depression. The emergence of feelings of joy and pride is an effort to minimize the signs and symptoms of stress and depression (Sukardin et al., 2021; Tonga et al., 2021). (Lopis et al., 2021; X. Wu & Zhang, 2023) states that reminiscence therapy can be an effective therapy for symptoms of stress and depression.

In the results of research with 34 participants, before reminiscence therapy was carried out the average stress level was 43.49, while after reminiscence therapy the average stress level was 38.79. This shows that reminiscence therapy is effective in reducing stress in heart failure sufferers. This fact means that reminiscence therapy can also be used as an alternative non-pharmacological treatment so that heart failure sufferers can be more cooperative in their efforts to achieve recovery due to physical disorders. Therapy can help sufferers to rediscover the abilities that the sufferer still has. This can make reminiscence therapy able to restore feelings of helplessness and stress in heart failure sufferers (Akhter et al., 2023; Huang et al., 2022; Paay et al., 2022; X. Wu & Zhang, 2023; Zhang et al., 2021). In accordance with the statement of self and understanding oneself and adapting to stress.

(Justo-Henriques et al., 2021; Li et al., 2022; Macleod et al., 2021; Sutinah, 2020) emphasized that reminiscence therapy is carried out to improve cognitive function. Improving cognitive function is expected to increase the sufferer's ability to assess the life they have lived, especially those related to positive experiences so that sufferers can achieve satisfaction with their life. (Akhter et al., 2023; X. Wu & Zhang, 2023; Y. Wu et al., 2023) also emphasized that reminiscence therapy is useful for helping sufferers stimulate their thoughts about themselves. In the process of reminiscence therapy activities, therapy provides sufferers with the opportunity to have relationships and communicate with other people who are members of the group. This activity can certainly have a positive impact on the sufferer's ability to create relationships between interactions with other people (Abdel-Aziz & Ahmed, 2021; Khan et al., 2022; Sutinah, 2020).

Boundaries in this have a look at are the number of samples that want to be increased so that you can extra certainly recognize the benefits of this reminiscence therapy. it's far vital to examine this reminiscence therapy with different remedies along with trouble solving therapy or different treatments.

## CONCLUSIONS AND RECOMMENDATION

From the results of this research, it is known that the main motive for stress in sufferers is the patient's unpreparedness and fear of heart disease. A careful way of conveying information without considering the patient's readiness for the verdict given by the doctor is the biggest cause of stress and fear in sufferers, plus the lack of health workers providing solutions or offering solutions to the problems faced by heart sufferers and the thing that makes heart sufferers most stressed is treatment that requires taking medication for life, installing a heart ring or heart surgery.

It is recommended to health workers that in providing information or conveying information related to patient health to be more careful and easier to understand and the need for solutions to problems faced by patients ranging from the lightest to the most severe solutions.

## AUTHOR DECLARATION

### Ethics Approval and Consent to Participate

This study was approved by the ethics committee of the research and community development institute of Imelda University Medan No. 056/LPPM-UIM/IV/2024/e and each respondent involved in this study was required to sign an agreement in this study

## Consent for Publication

Not applicable

## Availability of Data and Materials

The data generated and/or analysed during this research is not publicly available but is available from the corresponding author upon reasonable request.

## Conflicts of Interest Statement

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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## Authors' Contributions.

Nixson Manurung: Data curation, Conceptualization, Methodology, Formal analysis, Visualization, Writing – original draft, Writing – review & editing.

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## ADDITIONAL INFORMATION

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