
The Effectiveness Of Guided Imagery Relaxation Therapy In Reducing Anxiety Levels In Pre-Operative Patients In The Marwah Inpatient Ward, Bakti Timah Hospital, Pangkalpinang

Ulfah Fitriyatul Mardiyah¹⁾, M. Jamaluddin²⁾

^{1,2)} Nursing Professional Study Program, Faculty of Health and Nursing Sciences, Karya Husada University, Semarang

*Corresponding Author

E-mail: ulfahfm11@gmail.com

Abstract

Anxiety is a psychological response often experienced by patients before undergoing surgery and can affect their physical and psychological readiness. This study aims to determine the effectiveness of guided imagery relaxation therapy in reducing anxiety levels in preoperative patients in the Marwah Inpatient Ward, Bakti Timah Hospital, Pangkalpinang. The study used a descriptive method with a case study approach. The subjects consisted of three preoperative patients experiencing anxiety and were selected based on inclusion criteria. Data collection was carried out using a nursing assessment format, observation sheets, the Hamilton Anxiety Rating Scale (HARS), documentation, and the Standard Operating Procedures for guided imagery therapy. Data analysis was carried out descriptively by comparing the patient's condition before and after the intervention for 3x24 hours. The results showed that all patients experienced a decrease in HARS scores, namely Mrs. A from 24 to 15, Mr. B from 22 to 14, and Mrs. C from 26 to 16. In addition, patients showed a decrease in fear, increased comfort, better sleep quality, and improved vital signs. It was concluded that guided imagery relaxation therapy was effective in helping to reduce anxiety levels and increase patient readiness in facing surgery so that it could be applied as a non-pharmacological nursing intervention in pre-operative patients.

Keywords: Anxiety, Guided Imagery, Nursing Care, Preoperative Patient, Relaxation Therapy

INTRODUCTION

Surgery is a medical procedure performed for diagnostic, therapeutic, curative, palliative, or reconstructive purposes through invasive interventions on body tissue. With the advancement of science and technology in the health sector, surgery is increasingly being implemented as part of healthcare services to improve patient conditions (Potter et al., 2021; Kozier et al., 2021). However, surgery is still perceived as a threatening experience for bodily integrity and safety, which can elicit various emotional responses before the procedure. Patients undergoing surgery often experience fear, worry, anxiety, and uncertainty about the outcome of the surgery. This condition is known as preoperative anxiety, an emotional response that arises when individuals encounter situations perceived as threatening or dangerous (Stuart, 2021; Townsend & Morgan, 2018).

Preoperative anxiety is a common problem in perioperative nursing practice. A patient's anxiety level can be influenced by various factors, such as lack of knowledge about surgical procedures, fear of anesthesia, concerns about postoperative pain, potential complications, changes in body shape, and fear of disability or death. Furthermore, age, previous surgical experience, education level, coping skills, family support, medical condition, and the care environment also play a role in determining each patient's anxiety level (Keliat et al., 2019; Yusuf et al., 2019). These differences in characteristics cause each patient to have a different psychological response to surgery, requiring appropriate treatment.

Anxiety that is not optimally managed can negatively impact a patient's physiological and psychological condition. Activation of the sympathetic nervous system due to anxiety can increase the release of stress hormones, such as adrenaline and cortisol, which can increase blood pressure, heart rate, respiratory rate, oxygen consumption, muscle tension, disrupt sleep patterns, and reduce the patient's sense of well-being (Smeltzer et al., 2018; Potter et al., 2021). Psychologically, high levels of anxiety can cause patients to have difficulty concentrating, receive information from healthcare

professionals, become easily irritated, feel helpless, and even show resistance to surgery (Stuart, 2021; Townsend & Morgan, 2018). These conditions have the potential to impact patient readiness for surgery and the post-surgical recovery process.

Nurses play a crucial role in helping patients manage anxiety through therapeutic communication, providing clear information about surgical procedures, providing emotional support, and implementing non-pharmacological nursing interventions (Kozier et al., 2021; Potter et al., 2021). One intervention that can be implemented is guided imagery relaxation therapy, a relaxation technique that utilizes the patient's imagination to create mental images that provide a sense of comfort, safety, and calm. Through this process, the patient's attention can be shifted from negative thoughts about the surgery to more positive experiences, thus creating a state of relaxation. The activation of the parasympathetic nervous system that occurs during the relaxation process contributes to a decrease in sympathetic nervous system activity, heart rate, blood pressure, muscle tension, and the stress response. Besides being easy to implement, this therapy does not require complicated equipment, is inexpensive, can be performed at the patient's bedside, and can be taught as a self-help method for managing anxiety (Potter et al., 2021; Kozier et al., 2021).

The Marwah Inpatient Ward of Bakti Timah Hospital, Pangkalpinang, is a service unit that treats patients with various health conditions, including patients who will undergo surgery. Pre-operative patients in the treatment room often show signs and symptoms of anxiety such as restlessness, frequently asking about surgical procedures, fear of anesthesia and surgical results, experiencing difficulty sleeping, and showing changes in vital signs due to the tension experienced. Based on these conditions, this study aims to apply nursing care through guided imagery relaxation therapy to determine its effectiveness in reducing anxiety levels in pre-operative patients in the Marwah Inpatient Ward of Bakti Timah Hospital, Pangkalpinang. This study is important because effective anxiety management is expected to improve patient comfort, physical readiness, and psychological readiness in facing surgery. The novelty of this study lies in the application of guided imagery relaxation therapy as an independent nursing intervention and a comparison of the results of its application in three pre-operative patients in the Marwah Inpatient Ward of Bakti Timah Hospital, Pangkalpinang.

RESEARCH METHODS

This study used a descriptive method with a case study approach to implement nursing care for preoperative patients experiencing anxiety. The case study approach was chosen because it allows researchers to conduct an in-depth assessment of the patient's condition through the stages of the nursing process, which include assessment, establishing a nursing diagnosis, planning, implementation, and evaluation. This allows changes in the patient's condition after the intervention can be observed comprehensively (Hidayat, 2021; Potter et al., 2021). The intervention implemented was guided imagery relaxation therapy as a non-pharmacological nursing action to reduce anxiety levels in preoperative patients in the Marwah Inpatient Ward, Bakti Timah Hospital, Pangkalpinang, during a 3x24-hour treatment period. The preparation of nursing diagnoses, interventions, and outcomes refers to the Indonesian Nursing Diagnosis Standards, the Indonesian Nursing Intervention Standards, and the Indonesian Nursing Outcome Standards (PPNI, 2017, 2018, 2019).

The subjects in this case study were three pre-operative patients experiencing anxiety and undergoing treatment in the Marwah Inpatient Ward of Bakti Timah Hospital, Pangkalpinang. Subject selection was based on inclusion criteria, namely patients who would undergo surgery, were at least 18 years old, were conscious and able to communicate well, experienced anxiety based on the results of measurements using the Hamilton Anxiety Rating Scale (HARS), and were willing to participate in the application of guided imagery relaxation therapy. Meanwhile, exclusion criteria included patients with a decreased level of consciousness, severe hearing impairment, cognitive impairment or

severe psychological disorders that hinder the implementation of therapy, and patients who refused to participate in the intervention.

The research instruments consisted of a nursing assessment format to obtain patient bio, psycho, social, and spiritual data, a vital signs observation sheet, the Hamilton Anxiety Rating Scale (HARS) instrument to measure anxiety levels before and after the intervention, a Standard Operating Procedure (SOP) for guided imagery relaxation therapy as a guideline for implementing the action, and a nursing care documentation format that includes assessment, diagnosis, intervention, implementation, and evaluation (PPNI, 2017, 2018, 2019). Data collection was carried out through interviews, observations, physical examinations, and medical record documentation studies to obtain information about the patient's condition before and after the intervention. Data analysis was carried out descriptively by comparing anxiety scores based on HARS, changes in vital signs, verbal responses, and changes in patient behavior before and after the application of guided imagery relaxation therapy to each subject for 3 x 24 hours (Hidayat, 2021).

The research procedure began with obtaining a permit to conduct the case study, selecting subjects according to the inclusion criteria, explaining the purpose, benefits, and procedures of the study, and obtaining patient consent to participate in the therapy. The implementation phase began with assessing the patient's condition and measuring anxiety levels using the HARS before the intervention. This was followed by administering guided imagery relaxation therapy for approximately 10 to 15 minutes daily for 3 x 24 hours, accompanied by monitoring the patient's response and providing emotional support through therapeutic communication. The final phase involved re-measuring anxiety levels using the HARS, comparing pre- and post-intervention results, identifying changes in the patient's psychological and physiological conditions, and documenting the entire nursing care process. All case studies adhered to ethical principles of nursing, including informed consent, anonymity, data confidentiality, beneficence, non-maleficence, and justice (Potter et al., 2021; PPNI, 2017).

RESULTS AND DISCUSSION

Comparative Analysis of Three Patient Assessment Data

Based on the results of the assessment of the three patients, it was found that there were similarities in nursing problems, namely anxiety related to situational crises due to planned surgical procedures.

The three patients had several similarities in their anxiety, including lack of surgical experience, anxiety about the outcome, fear of pain, and unfamiliarity with the surgical process. All three patients also exhibited similar signs and symptoms, including fear, insomnia, anxiety, increased blood pressure, increased heart rate, and elevated HARS anxiety scores.

However, there were differences in anxiety levels and dominant factors causing anxiety. Mrs. A was more worried about the success of the operation, Mr. B was more afraid of the anesthesia procedure, while Mrs. C was more afraid of post-operative pain. The HARS score results showed that Mrs. C had the highest level of anxiety (26), followed by Mrs. A (24), and Mr. B (22).

Nursing Care Planning

No.	Nursing Diagnosis	Objectives and Outcome Criteria (SLKI)	Nursing interventions (SIKI)
1.	Anxiety (D.0080) related to situational crisis due to surgical procedures is characterized by the patient saying they are afraid, worried, have difficulty sleeping, appear restless, have facial tension, increased vital signs and increased anxiety scores based on HARS.	It is expected that after nursing actions are carried out for 3x24 hours, the anxiety level will decrease (L.09093) with the following outcome criteria: a. Subjective Criteria 1. Patients are able to express feelings more calmly. 2. Fear of surgery decreases. 3. Feelings of worry about the results of the operation are reduced. 4. The patient said he was more prepared to undergo surgery. 5. Patients are able to control negative thoughts about surgery. 6. The patient's sleep quality improved. b. Objective Criteria 1. The patient appeared more relaxed and calm. 2. The facial expression is not tense. 3. Restless behavior decreased. 4. Better eye contact. 5. Blood pressure is within more stable limits.	Anxiety Reduction (I.09314) Observation Observation measures were carried out to determine the level of anxiety and changes in the patient's condition during the intervention. 1. Identifying patient anxiety levels using the HARS instrument. 2. Identify the main causes of anxiety experienced by the patient. 3. Assess for psychological signs and symptoms such as fear, anxiety, difficulty sleeping, and worry. 4. Monitor physiological responses such as blood pressure, pulse rate, and respiratory rate. 5. Evaluate changes in anxiety levels before and after therapy. Therapeutic 1. Create a comfortable, calm, and minimally disruptive environment during therapy. 2. Provide an opportunity for patients to express feelings of fear and worry. 3. Using therapeutic communication with empathy and active listening. 4. Providing emotional support and reassuring the patient that feelings of anxiety are a common response before surgery. 5. Guide the patient to perform guided imagery relaxation techniques for ±10–15 minutes in a comfortable position. 6. Instruct the patient to breathe slowly and imagine a pleasant place or experience. 7. Helping patients maintain concentration on positive images until they reach a relaxed state. Education 1. Explain the condition of the disease and the purpose of the operation according to the information provided by the medical team. 2. Provides information regarding pre-operative preparation.

		6. Pulse and respiratory rates improved. 7. HARS anxiety scores decreased from moderate to mild.	3. Teaches guided imagery relaxation techniques that can be done independently. 4. Encourage patients to use relaxation techniques when feeling afraid or anxious. 5. Teach the family to provide emotional support to the patient. Collaboration 1. Collaborate with doctors regarding the patient's physical condition and readiness to undergo surgery. 2. Collaborate with other health teams if problems are found that require further treatment. 3. Reporting the development of the patient's psychological condition during the pre-operative period.
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Guided Imagery Therapy Implementation Plan

The implementation of guided imagery relaxation therapy is planned to be carried out for 3 consecutive days (3×24 hours) with each session lasting around 10–15 minutes.

The implementation stages include:

Preparation Stage

- a. Prepare a calm and comfortable environment.
- b. Explain the goals and procedures of therapy to the patient.
- c. Ensure the patient is in a comfortable position, such as lying down or sitting relaxed.

Implementation Stage

- a. Ask the patient to close their eyes and focus on their breath.
- b. Guide the patient to inhale and exhale slowly and regularly.
- c. Direct the patient to imagine a calming atmosphere, such as being at the beach, park, mountains, or a place that provides a sense of comfort.
- d. Use soothing words so that the patient can feel relaxed and safe.
- e. Maintain a relaxed state for ±10–15 minutes.

Termination Stage

- a. Guide the patient to slowly become aware of their surroundings.
- b. Ask the patient how they feel after the therapy is done.
- c. Evaluate changes in patient comfort and anxiety levels.
- d. Documenting the patient's response to the actions that have been given.

Based on this plan, all three patients received the same intervention, guided imagery relaxation therapy, tailored to their individual anxiety factors and condition. This plan served as the basis for implementing nursing care over a 24-hour period.

Implementation and evaluation of nursing

Patient I (Mrs. A)

First day

Nursing actions	Response	Evaluation
1. Building a trusting relationship with patients through therapeutic communication. 2. Assess the patient's anxiety level using the HARS scale.	The patient was able to follow instructions well, appeared calmer, and said that his anxiety had	S: The patient said he was still afraid of the surgery, but felt more comfortable and calmer after undergoing guided imagery relaxation therapy. O: The patient appears more relaxed

3. Identifying the causes of anxiety, namely fear of the process and results of surgery. 4. Assessing vital signs with results of blood pressure 150/90 mmHg, pulse 96 times/minute, and respiratory rate 24 times/minute. 5. Provide an explanation regarding the purpose of the operation and pre-operative preparation according to the patient's needs. 6. Give patients the opportunity to express their fears and concerns. 7. Prepare a comfortable and quiet environment for the implementation of therapy. 8. Conduct guided imagery relaxation therapy for ±15 minutes by directing the patient to breathe slowly and imagine a calming atmosphere. 9. Evaluate patient response after therapy.	decreased slightly after the therapy.	-calmer facial expression, able to follow therapy instructions well -Blood pressure 145/90 mmHg, pulse 90 beats/minute, respiratory rate 22 breaths/minute. A Anxiety problems decreased partially Q: Continue guided imagery therapy, provide emotional support, and evaluate the development of the patient's anxiety.
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The second day

Nursing actions	Response	Evaluation
1. Conduct an evaluation of the patient's anxiety level and changes in condition. 2. Providing motivation so that patients have a more positive mindset when facing surgery. 3. Involve the family in providing emotional support to the patient. 4. Retrain the guided imagery technique for ±15 minutes. Teach patients to do relaxation techniques independently when anxiety arises.	Patients report feeling less fear, sleeping better, and feeling more prepared for surgery.	S: The patient said his fears had subsided and he was sleeping better than the previous day. O: -The patient appears calmer, less anxious, can communicate well, -blood pressure 140/85 mmHg, pulse 84 beats/minute, -HARS score 18. A: Anxiety has decreased P: Continue relaxation interventions and strengthen the patient's positive coping.

The third day

Nursing actions	Response	Evaluation
1. Conduct a reassessment of anxiety levels using HARS. 2. Guide patients to do guided imagery independently. 3. Provide positive reinforcement for the patient's ability to control anxiety. 4. Provide support to keep patients calm before surgery.	The patient reported feeling more comfortable and prepared for surgery. She appeared more relaxed, had a calmer facial expression, and exhibited no agitated behavior as at the beginning of the assessment.	S: The patient said he was more prepared to undergo surgery and was less worried about the procedure. O: -The patient appears calm, has good eye contact, and a relaxed facial expression. - blood pressure 130/80 mmHg, pulse 80 beats/minute - HARS score 15. A: The anxiety problem was partially resolved with the anxiety level decreasing to mild anxiety. P: Maintain positive coping strategies and prepare the patient for surgery.

Patient II (Mr. B)

First day

Nursing actions	Response	Evaluation
1. Conduct an assessment of the patient's anxiety level and factors causing anxiety. 2. Assessing vital signs with results of blood pressure 145/90 mmHg, pulse 92 beats/minute, and respiratory rate 22 times/minute. 3. Provides an explanation of the surgical procedure and the necessary preparations. 4. Provide an opportunity for patients to express concerns about anesthesia and the outcome of surgery. 5. Carry out guided imagery relaxation therapy for ± 15 minutes.	Patients appeared more relaxed after therapy, had better control of their breathing, and reported reduced fear.	S: Patients said they felt more comfortable and less afraid after the therapy. O: The patient appears calmer, able to perform breathing exercises well, and has a more relaxed facial expression. A: Anxiety has decreased somewhat. P: Continue relaxation therapy, therapeutic communication, and family support.

The second day

Nursing actions	Response	Evaluation
1. Conduct therapeutic communication and provide psychological support. 2. Involving the family to increase the patient's sense of safety and comfort. 3. Repeat the guided imagery therapy for ± 15 minutes. 4. Encourage patients to use relaxation techniques when feeling anxious.	Patients reported that their anxiety about anesthesia began to diminish and they were able to rest better.	S: The patient said that his anxiety about the anesthesia had decreased and he could rest better. O: -The patient looks calmer -blood pressure 135/85 mmHg, pulse 82 beats/minute - HARS score 17. A: Anxiety issues have improved. P: Continue guided imagery exercises independently with the guidance of a nurse.

The third day

Nursing actions	Response	Evaluation
1. Evaluate the patient's final anxiety level. 2. Guide patients to do guided imagery independently. 3. Provide reinforcement regarding patient readiness for surgery. 4. Conduct an evaluation of changes in patient behavior and signs of anxiety.	The patient appeared more confident, appeared calm, and stated that he was ready to undergo the surgical procedure according to the predetermined schedule.	S: The patient said he was ready to undergo surgery and felt more confident. O: The patient appears relaxed, does not exhibit any agitated behavior. -blood pressure 125/80 mmHg, pulse 78 beats/minute -HARS score 14. A: Anxiety decreased to a mild level and the problem was partially resolved. P: Stop specific interventions because nursing goals have been achieved and continue surgical preparation according to the program.

Patient III (Mrs. C)

First day

Nursing actions	Response	Evaluation
1. Assess the level of anxiety and factors that cause patients to be afraid of undergoing surgery. 2. Performing a vital signs examination with the results of blood pressure 155/95 mmHg, pulse 98 times/minute, and respiratory rate 25 times/minute. 3. Providing education regarding surgical procedures and post-operative pain management. 4. Provide an opportunity for patients to express feelings of fear and worry. 5. Carry out guided imagery relaxation therapy for ±15 minutes.	The patient was able to follow the therapy process well, felt more comfortable, and stated that his mind became calmer.	S: Patients said they felt calmer after being given therapy and their fear of surgery was slightly reduced. O: The patient appears more comfortable, able to follow instructions well, facial expression is more relaxed. A: Anxiety has decreased somewhat. P: Continue relaxation therapy and provide emotional support.

The second day

Nursing actions	Response	Evaluation
1. Evaluate changes in patient anxiety levels. 2. Provide emotional support and positive motivation. 3. Involving the family to provide a sense of security to the patient. 4. Repeat guided imagery therapy for ±15 minutes.	Patients reported less fear of pain after surgery, better sleep, and a more relaxed appearance.	S: The patient said he was able to control his fear and was starting to rest well. O: The patient appeared calmer, blood pressure 140/90 mmHg, pulse 86 beats/minute, HARS score 19. A: Anxiety has decreased. P: Continue guided imagery therapy and increase patient self-confidence

The third day

Nursing actions	Response	Evaluation
1. Conduct a final assessment of anxiety levels using HARS. 2. Guide patients to do relaxation techniques independently. 3. Provide positive reinforcement for the patient's ability to control anxiety. 4. Evaluate patient readiness for surgery.	Patients reported being calmer, less afraid of surgery, and showing readiness to undergo surgery.	S: Patients reported being less afraid of surgery and feeling more prepared to undergo the procedure. O: -The patient appears relaxed, has good eye contact, -blood pressure 130/85 mmHg, pulse 80 beats/minute -HARS score 16. A: Anxiety decreased to mild anxiety. P: Maintain the relaxation techniques that have been taught and continue with the preparation for surgery.

Based on the 3x24-hour implementation, all three patients showed positive changes after receiving guided imagery relaxation therapy. These changes included decreased fear and anxiety, increased comfort, improved sleep quality, and increased patient preparedness for surgery.

Comparison of the results of applying Guided Imagery relaxation therapy to three patients
HARS anxiety score development table

Patient	Early score	Day 2	Day 3	Decline	Final Category
Mrs. A	24	18	15	9 points	Mild anxiety
Mr. B	22	17	14	8 points	Mild anxiety
Mrs. C	26	19	16	10 points	Mild anxiety

Based on the results of a 3x24-hour evaluation, all patients experienced a decrease in anxiety levels after receiving guided imagery relaxation therapy. The decrease in HARS scores indicates that this therapy was able to help patients reduce fear, worry, and tension before surgery.

In addition to a decrease in anxiety scores, positive changes were found, including calmer appearance, more relaxed facial expressions, improved sleep quality, and more stable vital signs such as blood pressure, pulse, and respiratory rate. This suggests that guided imagery relaxation therapy benefits preoperative psychological preparedness in patients.

Discussion

This case study aims to analyze the results of guided imagery relaxation therapy on anxiety reduction in three preoperative patients in the Marwah Inpatient Ward, Bakti Timah Hospital, Pangkalpinang. The discussion is based on the nursing care process, from assessment and diagnosis, planning, implementation, and evaluation of intervention outcomes.

Analysis of Anxiety Assessment Results in Preoperative Patients

Based on the results of the assessment conducted on three patients, namely Mrs. A, Mr. B, and Mrs. C, all patients showed nursing problems related to anxiety before undergoing surgery. This was characterized by complaints of fear, worry, difficulty sleeping, feelings of restlessness, and the emergence of physiological changes such as increased blood pressure, increased pulse rate, and increased respiratory rate.

Preoperative anxiety in patients is a common response to threats to bodily integrity and uncertainty about the outcome of surgery. The three patients had different causes of anxiety. Ms. A was more concerned about the success of the surgery, Mr. B was afraid of the anesthesia process, while Mrs. C was more afraid of pain and the postoperative recovery process.

These differences in anxiety-causing factors indicate that each individual's response to surgery varies. Factors that can influence anxiety levels include previous surgical experiences, the patient's level of knowledge, perception of the disease, physical condition, coping skills, family support, and each patient's personal experiences.

The results of anxiety level measurements using the Hamilton Anxiety Rating Scale (HARS) instrument showed that all three patients experienced moderate levels of anxiety before being given the intervention. Mrs. A had a HARS score of 24, Mr. B had a score of 22, and Mrs. C had a score of 26. The highest score was found in Mrs. C, who indicated more dominant anxiety, mainly due to fear of post-operative pain and concerns about the healing process.

These findings align with the theory that patients undergoing surgery often experience anxiety due to a lack of knowledge about the surgical procedure, fear of pain, changes in physical condition, complications, and uncertainty about the outcome. If left untreated, anxiety can interfere with a patient's psychological preparedness and affect their physiological state before surgery.

Nursing Diagnosis Analysis of Anxiety

Based on the assessment data, the nursing diagnosis that emerged in the three patients was anxiety (D.0080) related to a situational crisis resulting from the surgical procedure. This diagnosis was supported by subjective data, including patients expressing fear of undergoing surgery, anxiety about the procedure, difficulty sleeping, and negative thoughts about the surgical procedure.

Meanwhile, objective data showed that the patient appeared anxious, had a tense facial expression, frequently asked questions about the surgical procedure, experienced increased blood pressure and pulse rate, and had a HARS score in the moderate anxiety category.

Establishing an anxiety diagnosis is a priority in nursing care because untreated anxiety can lead to an increased body stress response. Activation of the sympathetic nervous system can increase the release of stress hormones, leading to increased blood pressure, heart rate, muscle tension, and disrupted sleep patterns.

Therefore, appropriate intervention is needed to help patients control anxiety, one of which is through guided imagery relaxation therapy, which is a non-pharmacological therapy, easy to do, safe, and can be applied by nurses independently.

Analysis of the Implementation of Guided Imagery Relaxation Therapy

Guided imagery relaxation therapy was administered to the three patients over three 24-hour sessions, lasting approximately 10–15 minutes each. Prior to the therapy, the nurse created a comfortable environment, explained the purpose of the procedure, and helped the patients assume a relaxed position.

During therapy, patients are instructed to practice slow, steady breathing techniques and then visualize a place, experience, or situation that provides a sense of safety and comfort. These positive mental images help distract patients from negative thoughts and fears about the surgery.

Physiologically, the relaxed state that occurs during guided imagery therapy can decrease sympathetic nervous system activity and increase parasympathetic nervous system activity. This results in a decreased stress response, characterized by decreased muscle tension, stable blood pressure, a decreased pulse rate, and feelings of comfort and calm.

Throughout the therapy, all patients demonstrated a good ability to follow instructions. Patients reported feeling more comfortable, more relaxed, and able to manage their pre-operative fears.

Analysis of Evaluation Results After Providing Guided Imagery Therapy

Based on the results of the three-day evaluation, positive changes were observed in all patients. After receiving guided imagery therapy, HARS anxiety scores decreased in each patient.

Mrs. A experienced a decrease in her HARS score from 24 to 15, a decrease of 9 points. Mr. B experienced a decrease from 22 to 14, a decrease of 8 points, while Mrs. C experienced a decrease from 26 to 16, a decrease of 10 points.

In addition to a decrease in HARS scores, behavioral changes were observed, including calmer patients, more relaxed facial expressions, improved sleep quality, and greater preparedness for surgery. Physiological indicators such as blood pressure, pulse rate, and respiration also showed a shift toward greater stability.

The difference in the magnitude of anxiety reduction in the three patients may be influenced by various factors such as the initial level of anxiety, the patient's ability to follow the relaxation process, family support, life experience, and the individual's ability to manage stress.

Analysis of the Effectiveness of Guided Imagery Therapy on Anxiety Reduction

Case study results indicate that guided imagery relaxation therapy has a positive effect on reducing anxiety levels in pre-operative patients. This therapy helps patients focus on calming images, thereby reducing negative thoughts related to surgery.

The success of guided imagery therapy is not only evident in reduced anxiety scores, but also in changes in patients' emotional and physiological responses. Patients become more confident, better prepared for surgery, and are able to independently use relaxation techniques when anxious feelings arise.

Based on the results of the application to three patients, it can be concluded that guided imagery relaxation therapy is a non-pharmacological nursing intervention that is effective, easy to implement, safe, does not require large costs, and can be part of holistic nursing services for pre-operative patients.

The Relationship between Case Study Results and Evidence-Based Practice

The results of this case study align with various studies showing that guided imagery relaxation therapy is effective in reducing anxiety levels in pre-operative patients. This technique works by promoting relaxation, increasing comfort, reducing psychological tension, and helping patients gain better control over their emotional responses.

The agreement between the results of the case study and previous research shows that the application of guided imagery therapy can be used as an evidence-based nursing intervention (evidence-based nursing practice) to help overcome anxiety problems in patients who will undergo surgery.

Thus, the application of guided imagery relaxation therapy for 3 x 24 hours on three pre-operative patients in the Marwah Inpatient Ward, Bakti Timah Hospital, Pangkalpinang, was proven to provide positive changes in the form of reduced anxiety levels, increased comfort, and patient readiness in facing surgery.

Analysis of Anxiety Assessment Results in Preoperative Patients

Based on the results of an assessment of three preoperative patients in the Marwah Inpatient Ward at Bakti Timah Hospital in Pangkalpinang, all patients experienced moderate anxiety nursing problems based on the Hamilton Anxiety Rating Scale (HARS). This condition was indicated by complaints of fear, worry, difficulty sleeping, feelings of restlessness, and physiological changes such as increased blood pressure and pulse rate.

Although all three patients received education and explanations regarding the surgical procedure, anesthesia, and pre-operative preparation from healthcare professionals, anxiety persisted as a normal psychological response to surgery. This demonstrates that providing information alone may not completely alleviate anxiety, as anxiety is influenced by various internal and external factors.

In this case study, the factors that influenced the anxiety of the three patients were more related to the individual's perception of the surgical procedure, previous surgical experience, coping skills in dealing with stress, level of concern about possible pain, success of the surgical procedure, changes in body condition after surgery, and concerns about the recovery process.

Patients who have never had surgery may experience anxiety due to facing a new, unfamiliar experience, not simply due to a lack of information. Meanwhile, patients who have had surgery may also experience anxiety due to previous surgical experiences, the experiences of others, or the prospect of potential complications and discomfort.

In addition, family support factors, hospital environmental conditions, personality characteristics, self-confidence levels, and the patient's ability to control negative thoughts can also influence pre-operative anxiety levels.

Thus, the anxiety found in the three patients does not indicate suboptimal preoperative education provided by healthcare professionals, but rather represents an individual emotional response to a perceived threatening situation. Therefore, additional nursing interventions focused on psychological aspects are needed, one of which is guided imagery relaxation therapy to help patients manage anxiety, increase comfort, and prepare mentally for surgery.

CONCLUSIONS

This study shows that the application of guided imagery relaxation therapy as a non-pharmacological nursing intervention can reduce anxiety levels in pre-operative patients in the Marwah Inpatient Ward, Bakti Timah Hospital, Pangkalpinang. During the implementation of nursing care for 3 x 24 hours, all three patients experienced a decrease in the Hamilton Anxiety Rating Scale (HARS) score, namely Mrs. A from 24 to 15, Mr. B from 22 to 14, and Mrs. C from 26 to 16 so that all patients were in the mild anxiety category. In addition to the decrease in anxiety scores, positive changes were found in the form of reduced fear and worry, increased comfort, better sleep quality, more stable vital signs, and increased patient readiness for surgery. These results indicate that guided imagery relaxation therapy can be applied as an independent nursing intervention to help overcome anxiety in pre-operative patients.

This study has limitations due to its use of a case study approach with only three patients, making the results unable to be generalized to a wider population. Furthermore, the intervention was limited to a 3x24-hour treatment period, thus not reflecting the therapy's long-term effectiveness. Therefore, further research is recommended involving a larger sample size, using a more robust research design, and conducting evaluations over a longer observation period. Practically, the results of this study provide implications that guided imagery relaxation therapy can be considered as part of routine nursing interventions for preoperative patients to improve comfort, psychological readiness, and the quality of nursing care.

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