PATIENTS OFTEN REPORT anxiety related to undergoing a variety of invasive procedures, and the gynecologic examination is one of the most common of these procedures (Domar, 1985; Hilden, Sidenius, Langhoff-Roos, Wijma, & Schei, 2003; Reddy & Wasserman, 1997). For some invasive procedures, medications may be given to reduce patient anxiety levels, but often, nonpharmacologic interventions for anxiety are overlooked (Lang et al., 2006).

Research has indicated that relaxation techniques can reduce patient anxiety (Menzies, Taylor, & Bourguignon, 2006; Scherwitz, McHenry, & Herrero, 2005; Sloman, 2002), and most studies have investigated the impact of repeated instruction and/or practice experiences (Louie, 2004; Scherwitz et al., 2005). The need for multiple sessions precludes use of the method with outpatients who only have a single opportunity to both learn and use a relaxation method to reduce anxiety during a stressful medical procedure.

This exploratory pilot study investigated the feasibility of instruction in and use of a relaxation approach called the Color Breathwork Method (CBM) by women experiencing a gynecologic examination. The CBM is a holistic intervention that combines the relaxation techniques of breathing, muscle group relaxation, and visualization (Barry, 1991, 2005). It is different from other relaxation methods in that during the initial instruction, participants are guided to visualize a peaceful scene and then to identify a color associated with that scene. Once a scene-specific peaceful color is identified by the participant, “breathing in” the color of peace and exhaling stress and anxiety become the focus of the guided relaxation session. Participants are told that they can use this method during stressful or anxiety-provoking situations by simply closing their eyes, breathing in their color of peace, and exhaling any stress or tension that they may be feeling (Barry, 2005).

In this study, CBM was used to decrease anxiety associated with having a gynecological examination. The primary purpose was to examine changes in anxiety after CBM instruction. A secondary purpose was to explore the feasibility of CBM use during a gynecological examination.

METHOD

Design and Sample

This investigation was a pilot study using a one-group pretest–posttest design. Anxiety data (self-report rated on a scale of 1 [no anxiety] to 10 [anxiety as bad as it can be]), blood pressure [BP], and heart rate [HR]) were collected before and after CBM instruction. Postgynecological examination survey questions were used to assess feasibility of using CBM during the examination. The sample popula-
tion consisted of women scheduled for gynecologic examinations at the Student Health Services Clinic of a large Mid-Atlantic university. After initial health intake screening, women were approached to participate. After obtaining informed consent, baseline anxiety data were collected. Participants were then instructed in the CBM and encouraged to use it during their examinations. Instruction began with purposive breathing and relaxation of muscle groups on exhalation. Participants were then asked to visualize a place where they felt peace, to take note of all sensory inputs associated with that place, and to visualize a color that they associated with that “place of peace.” Finally, participants imagined that the room was filled with their color of peace and breathed in the color, exhaling any tension or anxiety that remained. At the conclusion of the instructions, participants were given a colored key tag, with their color of peace as a tangible reference for use during the examination. The CBM instruction session typically lasted 7–10 minutes. After instruction in CBM, anxiety data were collected once again, and the participants completed a brief survey related to their experience.

RESULTS

Eighty-eight percent of the 40 participants completing the study were 18–25 years old, and 65% were undergraduate students. Most participants (85%) had experienced a prior gynecologic examination.

Paired t test indicated a significant reduction in participant anxiety after CBM instruction, $t(df = 38) = 9.31, p = 0.000$, from 5.0 ($SD = 2.3$) to 3.0 ($SD = 1.9$) on the self-report rating scale. Before and after CBM instruction, systolic and diastolic BP also decreased significantly, $t(df = 38) = 5.00, p = 0.000$ and $t(df = 38) = 3.65, p = .001$, respectively. Systolic BP decreased from 107.5 ($SD = 9.5$) to 103.1 mm Hg ($SD = 10.0$); diastolic BP decreased from 69.9 ($SD = 7.5$) to 67.1 ($SD = 7.5$). Participants’ HR were also significantly lower after CBM instruction, dropping from 76 ($SD = 7.1$) to 72 ($SD = 6.6$) beats per minute $t(df = 37) = 6.84; p = .000$.

Eighty-eight percent of participants reported using the CBM during their examination, and 93% believed that instruction in the technique was helpful in reducing their anxiety during the examination. Only one participant was unable to visualize her color of peace during the examination. Participants were asked to identify any other circumstances in which they might use this relaxation method. By far, the most common participant response (68% of respondents) was “prior to tests or final exams.”

DISCUSSION

This study supports the premise that gynecologic examinations are anxiety provoking for women. A single instruction in the Color Breathwork relaxation method may help women to calm themselves prior to the procedure. This single session appeared to impact self-reported anxiety, BP and HR.

Limitations

This investigation was exploratory in nature and did not include a control group for comparison of responses. In addition, patients’ responses may have varied according to the number of examinations that they had experienced and the nature of their prior examination experiences. This would be a worthwhile consideration in future work. Another limitation is that the study population was composed of young healthy university students. It would be interesting to test the use of CBM with middle-aged and older women. Even with these limitations, this exploratory study suggests that this simple approach, well within the scope of nursing practice, may help women manage a common anxiety-producing experience.

Implications for Further Research

Replication of this study with a true experimental design would lend increased credibility to the findings. In addition, repeated contact with participants to investigate how they independently used CBM after this single instruction session would be instructive. This pilot study conducted in the midst of clinical practice has provided rudimentary evidence with potential to guide nursing practice and research.

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