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Research Article

The Effect of Five-Finger Relaxation Technique on Anxiety and Stress in Non-Hemorrhagic Stroke Patients at the Inpatient Installation of RSUD Cimacan Cianjur District

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Abstract

Aims: The purpose of this study was to examine the effect of five-finger relaxation technique on anxiety and stress in hemorrhagic stroke patients at Cimacan Hospital.
Methods: This study used quasi-experiment with nonequivalent control group design. Sample collection using purposive sampling. The sample was 40 people and divided into two groups with 20 people each for the intervention group and control group. Data analysis using Paired Sample T-Test and Independent Sample T-Test.
Results: The results showed that after the five-finger relaxation technique was performed on the intervention group, there was a decrease in anxiety levels (p = 0.000) and stress (p = 0.000) in stroke patients, while in the control group there was a decrease in anxiety (p = 0.000) and stress (p = 0.000), and there was a difference between anxiety levels (p = 0.000) and stress (p = 0.000) in the intervention and control groups.
Conclusion: There is an effect of five-finger relaxation technique on anxiety and stress in non-hemorrhagic stroke patients, and there are differences in anxiety and stress in the control and intervention groups. It is hoped that this five-finger relaxation technique can be used as an evidence base nursing on non-pharmacological treatment as a form of independent nursing intervention by a nurse in providing nursing care to help in the process of reducing anxiety and stress in stroke patients.

Keywords:
Anxiety, Five Finger Relaxation Technique, Non Haemorrhagic Stroke, Stress

INTRODUCTION

In Indonesia, stroke is the most prevalent disease, the highest in Asia. Mortality from stroke is ranked fifth for those aged 15 to 59 years and second for those aged 60 years and older. Stroke, irrespective of age, gender, or ethnic origin, is the primary cause of long-term disability, claiming the lives of nearly 6 million individuals annually (1). A stroke has the potential to induce abrupt lethargy (which may manifest as total or partial paralysis), sensory impairments pertaining to vision, speech, or locomotion, and in severe cases, fatality. According to Wurtiningsih, dysfunction among stroke patients can result in psychological consequences, including but not limited to grief, anxiety, despondency, and stress, as well as feelings of inferiority, disadvantage, and the desire to regain diminished abilities (2, 3). Anxiety and

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tension are prevalent psychological issues that frequently manifest in patients who have experienced a stroke, among others.

Anxiety is a psychological response to stress that contains physiological and psychological components. Typical manifestations of anxiety depend on each individual and may include withdrawal, silence, swearing, complaining, and crying (Long, 1996) (4). Anxiety experienced by stroke patients can be caused by physical damage to the brain. Prolonged impairment in activity or mobility can have a psychological impact, which can particularly increase anxiety levels. Ongoing discomfort due to illness can trigger anxiety, even to the point of panic, in response to disrupted basic needs. In contrast, Sarafino elucidates that stress is a state precipitated by inter-individual and inter-environmental interactions, which generates the perception of detachment between the pressures emanating from circumstances that originate within the biological, psychological, and social systems of an individual. Specifically, inadequate management of anxiety and tension may impede the patient's capacity to effectively navigate stroke treatment; thus, it is imperative to address these concerns (5).

Both pharmaceutical and non-pharmaceutical approaches exist for the treatment of anxiety and stress. Medications are used in pharmacological therapy to alleviate anxiety symptoms. Furthermore, treatments that do not include pharmaceuticals encompass A kind of self-hypnosis known as "five-finger hypnosis" has the potential to alleviate stress and mental tension through its calming effects. This approach influences the body's limbic system, which in turn influences the secretion of stress chemicals like adrenaline (6).

One hypnosis technique that can alleviate mental discomfort, stress, and tension is five-finger relaxation, often known as five-finger hypnosis. As a self-hypnosis exercise, the patient focuses on positive thoughts and feelings, such as gratitude for his present situation, images of his closest loved ones, scenarios in which he receives praise, and memories of happy times, like daydreaming about a relaxing vacation to a favorite location while following the hypnotist's finger movements (7).

Based on the description above, the purpose of this study is to determine the effect of the five-finger relaxation technique on the level of anxiety and stress of non-hemorrhagic stroke patients at Cimacan Regional General Hospital, Cianjur Regency ".

METHODS

This study used a quasi-experiment with a "Nonequivalent control group" design. In this design, consisting of two groups, namely experimental and control groups, previous observations were made (pretest) to determine the initial state of whether there was a difference between the experimental group and the control group. The population in this study were all non-hemorrhagic stroke patients undergoing treatment at the inpatient installation of Cimacan Hospital, Cianjur Regency with a total sample of 40 people divided into control and intervention groups of 20 people each using the sampling technique, namely total sampling. Inclusion criteria in this study were patients who were willing to become respondents, patients with non-hemorrhagic stroke who were treated at Cimacam Hospital who did not have disability in the hand, patients with an age range of 35 - 65 years. The data collection method used a questionnaire with anxiety instruments using the Zung Self Anxiety Scale (ZSAS) and the reliability test had a Cronbach's Alpha value of 0.918, while the stress instrument using the Depression Anxiety Stress Scale (DASS-42) had a Cronbach's Alpha value of 0.917. Univariate data analysis uses the frequency distribution formula, mean and standard deviation. Bivariate analysis used Paired Sample T-Test and Independent Sample T-Test. This study has passed ethical review at STIKES Sukabumi with number: 000056/ KEP STIKES SUKABUMI/2024.

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RESULTS

1. Overview of Respondent Characteristics

Table 1. Overview of Respondent Characteristics

No.	Respondent Characteristics	Intervention		Control	
		F	%	F	%
1	Age				
	50-59 Years	5	25,0	6	30,0
	60-69 Years	4	20,0	4	20,0
	70-79 Years	11	55,0	10	50,0
2	Genger				
	Male	9	45,0	7	35,0
	Female	11	55,0	13	65,0
3	Last Education				
	Elementary School	7	35,0	9	45,0
	Junior High School	5	25,0	3	15,0
	Senior Hihg School	5	25,0	6	30,0
	College	3	15,0	2	10,0
4	Employment Status				
	Not Working	17	85,0	18	90,0
	Work	3	15,0	2	10,0
5	Duration of Non-Haemorrhagic Stroke				
	<5 Years	8	40,0	7	35,0
	>5 Years	12	60,0	13	65,0

Table 1, shows that in the intervention group, most of the respondents were in the age range of 70 - 79 years as many as 11 people (55.0%), female gender as many as 11 people (55.0%), elementary school education as many as 7 people (35.0%), unemployed status as many as 17 people (85.0%), and long suffering from non-hemorrhagic stroke, namely >5 years as many as 12 people (60.0%). As for the control group, most respondents were found in the age range of 70 - 79 years as many as 10 people (50.0%), 13 people (65.0%) were female, 6 people (30.0%) had a high school education, 18 people (90.0%) were not working, and the length of time suffering from non-hemorrhagic stroke was >5 years as many as 13 people (65.0%).

2. Univariate Analysis

Table 2. Anxiety and Stress Before and After the Five Finger Relaxation Technique in the Control and Intervention Groups

Variables	Measurement	N	Mean	Mean Difference	SD	Min Value	Max Value
Anxiety	**Control**						
	Pretest	20	56,95	7,15	5,835	47	68
	posttest	20	49,80		5,376	41	61
	Intervention						
	Pretest	20	57,90	9,7	6,415	49	70
	posttest	20	48,20		6,534	40	59
Stress	**Control**						
	Pretest	20	75,00	6,8	8,903	63	90
	posttest	20	68,20		8,575	57	83
	Intervention						

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Pretest	20	80,10	12,12	9,256	63	95
posttest	20	67,85		8,647	52	80

Table 2, shows that the control group anxiety variable before being given treatment to 20 respondents obtained an average anxiety of 56.95 (± 5.835) with a minimum value of 47 and a maximum value of 68, and after being given treatment obtained an average anxiety of 49.80 (± 5.376) with a minimum value of 41 and a maximum value of 61. As for the intervention group before being given treatment to 20 respondents, the average anxiety was 57.90 (±6.415) with a minimum value of 49 and a maximum value of 70, and after treatment an average of 48.20 (±6.534) was obtained with a minimum value of 40 and a maximum value of 59.

3. In terms of the control group stress variable, prior to receiving treatment, the average stress level was 75.00 (±8.903), with a minimum value of 63 and a maximum value of 90. However, after receiving treatment, the average stress level was 68.20 (±8.575), with a minimum value of 57 and a maximum value of 83. This study was conducted on twenty individuals who participated in the study. Before receiving therapy, the intervention group, which consisted of twenty individuals, experienced an average stress level of 80.10 (±9.256) with a lowest value of 63 and a maximum value of 95. However, after receiving treatment, the average stress level dropped to 67.85 (±8.647) with a minimum value of 52 and a maximum value of 80.

Bivariat Analysis

Table 3 Hypothesis Test of the Effect of the Five Finger Relaxations Technique on Reducing Anxiety and Stress in the Control and Interventions Groups

Variables	Measurment	N	Mean	Mean Difference	SD	Min Value	Max Value
Anxiety	**Control**						
	Pretest	20	56,95	7,15	5,835	16,594	0,000
	posttest	20	49,80		5,376		
	Intervention						
	Pretest	20	57,90	9,7	6,415	25,684	0,000
	posttest	20	48,20		6,534		
Stress	**Control**						
	Pretest	20	75,00	6,8	8,903	17,527	0,000
	posttest	20	68,20		8,575		
	Intervention						
	Pretest	20	80,10	12,25	9,256	22,794	0,000
	posttest	20	67,85		8,647		

Table 3, shows the p-value in the control group of 0.000 (<0.05) so that it can be said that there is an effect of the five-finger relaxation technique on reducing anxiety. This is evidenced by a decrease in the mean value before and after treatment in the control group from 56.95 to 49.80 with a mean difference of 7.15. The intervention group obtained a p-value of 0.000 (<0.05) so that it can be concluded that there is an effect of the five-finger relaxation technique on reducing anxiety. This is evidenced by a decrease in the mean value before and after treatment in the intervention group from 57.90 to 48.20 with a mean difference of 9.7.

Given that the p-value for the stress variable in the control group is 0.000 (which is less than 0.05), it can be concluded that the five-finger relaxation technique does have an effect on reducing stress. This is demonstrated by the fact that the mean value in the control group dropped from 75.00 to 68.20 following treatment, with a mean difference of 6.8. This implies that the treatment was successful. Due to the fact that the intervention group achieved a p-value

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of 0.000 (which is less than 0.05), it is possible to draw the conclusion that the five-finger relaxation technique significantly contributes to the decrease of stress. The intervention group saw a decrease in the mean value before and after treatment, which went from a value of 80.10 to 67.85, with a mean difference of 12.25. This fact is demonstrated by the fact that the mean value decreased.

Tabel 4. Hypothesis Test for Differences in Anxiety and Stress in the Control and Interventions Group

Variables	Group	N	Mean	t	P-value
Anxiety	Control	20	7,15	4,451	0,000
	Intervention	20	9,70		
Stress	Control	20	6,80	-8,222	0,000
	Intervention	20	12,25		

Based on table 4, the p-value of the independent sample t-test on the anxiety variable is 0.000 so that it can be said that there are differences in the anxiety of stroke patients in the control group and the intervention group. This is evidenced by both groups experiencing a decrease in the mean value with a decrease in the difference score in the intervention group of 9.70 higher than the control group of 7.15. As for the stress variable, the p-value is 0.000, this shows that there are differences in the stress of stroke patients in the control group and the intervention group. This is evidenced by both groups experiencing a decrease in the mean value with a difference score in the intervention group of 12.25 higher than the control group of 6.80.

DISCUSSION

1. **Effect of Five Finger Relaxation Technique on Anxiety in Control and Intervention Group**

   The findings demonstrated that the five-finger relaxation technique had an influence on the level of anxiety experienced by the control group. This is demonstrated by the fact that the mean value in the control group dropped from 60.80 to 52.95 before and after treatment, with a mean difference of 7.85. This indicates that the treatment was successful in reducing the mean value.

Anxiety is characterized by a feeling of fear that is inappropriate and unwarranted, and it is accompanied by physiological symptoms. Anxiety disorders, on the other hand, are characterized by considerable suffering and functional impairments that are brought on by anxiety (7). According to Smeltzer and Bare, anxiety in stroke patients is brought on by a number of neurological conditions. These conditions include motor loss in the form of hemipelgia (paralysis on one side) and hemiparesis (weakness on one side of the body), loss of communication, impaired perception, bladder dysfunction, damage to cognitive function and psychological changes, and limitations in movement as a result of the symptoms of the disease they are experiencing. In patients who have suffered a stroke, this condition is the root cause of anxiety (8). In addition, according to Case, people who have suffered a stroke and are currently hospitalized endure anxiety or psychological issues to varied degrees. In some cases, this circumstance can arise as a consequence of blood flow abnormalities that decrease monoamine synthesis, hence lowering serotonin levels. Serotonin is a neurotransmitter that helps maintain a stable emotional state (9). During the

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course of the research, the participants in the control group were able to reduce their levels of anxiety by participating in a variety of activities offered by the hospital. These activities included early mobilization and range of motion exercises. However, they were not given the opportunity to get treatment using the five-finger relaxation technique. Patients suffering from stroke feel less anxious as a result of this.

According to the findings, the five-finger relaxation technique had a positive impact on the level of anxiety experienced by the intervention group. This is demonstrated by the fact that the mean value in the intervention group dropped from 57.90 to 48.20 by the time treatment was administered, with a mean difference of 9.7. This indicates that the intervention was successful.

According to Pratama's research, there is an effect of the five-finger relaxation technique on reducing anxiety, with a p-value of 0.000 (10). The findings of this study are consistent with Pratama's findings. It is supported by the findings of research conducted by Atritiningrat showing the five-finger relaxation technique is beneficial in lowering anxiety, with a p-value of 0.004 (11). This assertion is supported by the findings of a study conducted by Yanti, which shown that the five-finger relaxation technique had a significant impact on lowering anxiety levels, with a p-value of 0.001 (12).

It is stated by Davis and McKay that the five-finger relaxation technique is a process that utilizes the mind by moving the body in order to repair itself and maintain health or rest through communication inside the body that engages all of the senses, including touch, smell, sight, and hearing (13). A decrease in muscle tension and metabolic rate, as well as a sense of serenity, well-being, and relaxation, are all consequences of engaging in this activity, which serves as a distraction and has the potential to lower the heart rate, blood pressure, and breathing rate (14).

Reducing muscle tension, improving concentration, lowering stress levels, and lowering fear are all possible outcomes of the five-finger relaxation technique. Hypnotherapy, relaxation techniques, distraction, and spiritual pursuits are all effective methods for overcoming anxiety to a certain extent. In addition, the five-finger relaxation technique has the potential to influence the limbic system of an individual, so influencing the release of hormones that are capable of causing anxiety (15).

2. Effect of Five Finger Relaxation Technique on Stress in Control and Intervention Group

The results showed the effect of the five-finger relaxation technique on anxiety in the control group. This is evidenced by a decrease in the mean value before and after treatment in the control group from a mean value of 75.00 to 68.20 with a mean difference of 6.8.

Stress is an uncomfortable condition that arises due to the surrounding environment. Stress is one of the main factors in the emergence of social and health problems (16). Stress is the most common emotional disorder found, which is around 30-40%. The causes of stress in stroke patients can be divided into biological and psychological factors. Stress can be a response to lesions in the brain's nervous system and can also be the result of adjustment disorders due to post-stroke physical and cognitive disabilities. How much influence is caused by biologic factors is unclear, but many things suggest that psychosocial factors are more

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important. One psychosocial factor as a cause of stress is the loss of a loved one (17).

Constant and continuous stress has an effect on the work that the adrenal and thyroid glands do in manufacturing adrenaline, thyroxine, and cortisol. This is because the primary stress hormones will rise in number, which will have a substantial impact on the homeostatic system (18). Both the increase in heart rate and blood pressure are influenced by adrenaline, which acts in conjunction with the sympathetic nervous system to provide a synergistic effect. This rise in heart rate will make atherosclerosis worse, according to Herka (19), who argues that thyroxine, in addition to boosting the Basal Metabolic Rate (BMR), also raises the heart rate and the frequency of breathing. In addition to the duration of the stroke, there are a number of other elements that can influence stress.

Based on the results of the analysis of the characteristics of respondents, it was found that most respondents in the control group had suffered a stroke for 13 years. Stroke patients who at the time of the acute attack did not show signs of stress, at a re-examination conducted 6 months later found about 30% of them showing symptoms of stress. Long suffering from stroke will make patients feel even more useless and hopeless about what they are experiencing, stressors like this really trigger patients to fall into a state of stress. Each patient will respond with different defense mechanisms, the worse the mechanism in dealing with stroke, the more emotional disturbances will occur, as found in this study, patients who have had a long stroke mostly experience stress (20).

The results showed the effect of the five-finger relaxation technique on stress in the intervention group. This is evidenced by a decrease in the mean value before and after treatment in the intervention group from a mean value of 80.10 to 67.85 with a mean difference of 12.25.

The findings of the research conducted by Dewi and colleagues indicate that the five-finger relaxation technique has a significant impact on the reduction of stress, with a p-value of 0.040 according to the findings (7). supported by the findings of research conducted by Arselina, which shown that the five-finger relaxation technique is an excellent method for reducing stress with a p-value of 0.000 (2). There is a significant effect of the five-finger relaxation technique on stress, with a p-value of 0.000 (21). This finding is supported by the findings of research conducted by Nurhasanah.

A significant reduction in stress in respondents was due to carrying out the treatment of five-finger relaxation techniques routinely, and supported by the observation that respondents took various actions during hospitalization provided by nurses and doctors such as early mobilization and range of motion exercises.

In general, five-finger relaxation will show positive results if done regularly, changes that occur during relaxation and after relaxation affect the work of autonomic muscles, this relaxation causes an emotional response and a calming effect, the feeling of calm will be forwarded to the hypothalamus to produce Cortivotropin Releasing Hormone (CRH) and activate the anteriopituitary to secrete enkephalin and endorphin which act as neotransmitters that affect the mood to be relaxed and happy (22). In addition, the five-finger relaxation technique can affect breathing, heart rate, pulse rate, blood pressure, reduce muscle tension and body coordination, and strengthen

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memory, increase body temperature productivity, and regulate stress-related hormones (23).

3. Differences in Anxiety of Stroke Patients in the Control and Interventions Group

The results showed that there were differences in anxiety of stroke patients in the control group and intervention group. This is evidenced by both groups experiencing a decrease in the mean value with a decrease in the difference score in the intervention group of 9.70 higher than the control group of 7.15.

The decrease in anxiety in both groups after treatment was influenced by various factors including respondents getting routine hospital actions in the form of early mobilization and ROM exercises where these actions can help respondents to recover from stroke conditions and prevent complications such as decubitus wounds, besides that this action can help reduce anxiety because this activity can trigger an increase in endorphin hormone levels which can reduce anxiety. In addition, the intervention group received additional treatment in the form of the five-finger relaxation technique which made the process of releasing the endorphin hormone maximized, making the intervention group have a greater reduction in anxiety scores than the control group.

4. Differences in Stress of Stroke Patients in the Control Group and Intervention Group

The results showed that there were differences in the stress of stroke patients in the control group and the intervention group. This is evidenced by both groups experiencing a decrease in the mean value with a difference score in the intervention group of 12.25 higher than the control group of 6.80.

The decrease in stress in the intervention group is much more significant than the control group, this is because patients have a higher relaxation effect, feel calmer and more comfortable, so that the burden of thought that is felt is much less. In addition, based on the results of observations of all respondents in both groups getting a calm and comfortable inpatient environment that creates relaxation so as to create positive affirmations and reduce stress. In addition, the actions obtained from nurses and doctors are one of the factors that help in the process of reducing stress.

CONCLUSION

There is a significant effect of the five-finger relaxation technique on reducing anxiety and stress in stroke patients before and after treatment in both the control group (p=0.000) and the intervention group (p=0.000). Furthermore, there are differences in the levels of anxiety experienced by stroke patients in both the control group and the intervention group (p=0.000), as well as differences in the levels of stress experienced by stroke patients in both the control group and the intervention group (p=0.000). This five-finger relaxation technique is hoped to be able to be utilized as an evidence-based nursing on non-pharmacological treatment as a type of autonomous nursing intervention by a nurse in the process of giving nursing care to stroke patients in order to assist in the process of reducing worry and tension.

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