Relaxation Techniques and Therapeutic Communication On Anxiety And Grieving Of Clients with Low Back Pain

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Abstract

Objective: Low back pain client may have an alteration in their job and had a grieving process with anxiety. Client who experienced it will feel anxiety with certain level and grieving with certain phases. This writing discuss about Mrs. RL’s case about low back pain with anxiety and grieving as psychosocial problems.

Methods: This case study aimed to evaluate nursing management given to patient with low back pain to pass grieving process and decrease their anxiety. Nursing management in grieving and anxiety was relaxation techniques and exploring feelings.

Results: The evaluation for nursing management was the resolved nursing problem either anxiety or grieving with the teaching interventions.

Conclusion: Application of the relaxation techniques with adjusted time for patients in daily living to keep patient’s psychosocial conditions can be performed by nurse.

Keywords: Anxiety; Grieving; Low Back Pain; Relaxation Technique

Introduction

Urban work varies from the formal to informal sectors. Singer is included in the informal sector1. Singers use high-heeled shoes for a long time in an effort to look attractive2. The relationship between the use of high heels and low back pain in 100 female respondents and obtained results that the use of high heels for a long time proved to cause pain in the heel and back3.

Low back pain is defined as a mechanical problem in the spine4. Low back pain prevalence in Indonesia is estimated at 7.6% - 37%5. This can made an impact on works. Clients who experience low back pain generally feel acute back pain in less than 3 months or chronic back pain in more than 3 months without any improvement and weakness6. The difficulty of working makes the client have the choice to keep working or stop to get through the recovery period7. The changes in the level of activity become one of the characteristic limitations of grieving diagnoses8. Job loss is also a factor associated with grieving, namely anticipating significant loss of objects.

Major changes in life such as quitting work become one of the factors related to anxiety9. Anxiety is the dominant response to grieving. Anxiety in grieving is affective or emotional evidence8. Therefore the authors raised the problem and presented nursing care to clients with the title "Intervention of Relaxation Techniques and Therapeutic Communication on Anxiety and Grieving Clients with Low Back Pain in Rs. Dr. H. Marzoeki Mahdi Bogor”

Method

This scientific work is writing with case study method to Mrs. RL at the Dr. H. Marzoeki Mahdi Hospital Bogor with a medical diagnosis of low back pain, suspect HNP, and vomitus. Nursing care is provided for four days and focuses on the client's psychosocial problems which are anxiety and grieving. In addition to psychosocial problems, the author also carries out nursing care on the client's physical problems.

Nursing Care

The client has the initials Mrs. RL, a 33-year-old woman. The client has currently married and has three children who live in one house. Clients entered the nursing room 4 at one of the hospital in Bogor on May 2018 with a medical diagnosis of low back pain, suspect Hernia Nucleus Pulposus (HNP), and Vomitus. The main
complaint experienced by a client when entering the hospital was back pain which caused the client to be unable to carry out activities for up to 8 days before entered the hospital. Previously ill, clients worked as freelancers.

The client works as a singer who works from stage to stage. Usually client has sing at cafes with dangdut koplo as music genre. The client's husband works as an online transport driver and the client says that in addition to helping with household needs, she also works because of the hobby of singing. During the work the client uses high heels with a height of 7-10 cm in a span of 8-10 hours in one day. The client said before that she only worked 2-3 times a week but since the last 6 months she has become a routine of singing and training. The client claimed she also felt quite tired but did not feel because the client did the favored thing.

The client's husband says that the client must stop working so that she doesn't get sick again. The client feels objection and thinks that his job is not the cause of the illness she experienced. The client's husband is a decision maker in the household so that the client obeys to quit work and becomes a housewife. Clients often think about it and sometimes look daydreaming. The client said that she was worried about him when she no longer worked and also the pain she felt.

Client felt pain in the lower back, abdomen and legs. After a physical examination, it was found that the client felt moderate pain with a pain scale of 7 out of 10 and VAS 3 with the effect of ketorolac analgesics. The client's awareness was comos mentis with a non-anemic conjunctiva and the lips are not dry and not pale. At present the client has a weight of 48.5 kg and a height of 147 cm so that the body mass index or BMI of the client is 22.4 and was considered normal. Clients' blood tests such as hematolog (hemoglobin, hematocrit, leukocytes, and platelets) and blood chemistry (SGOT, SGPT, urea, creatinine, and glucose) were also normal. The client's vital signs were also within normal limits with blood pressure of 112/72 mmHg, pulse of 76 times / minute, respiratory rate of 20 times / minute, and temperature of 36.7 ° C.

Based on the analysis of the data obtained from the case, Mrs. RL obtained several psychosocial nursing problems namely anxiety and grieving. The core problem of the problem was grieving anticipation triggered by job loss that causes anxiety. The client's natural physical problem is that acute pain also triggers client anxiety so that more prominent psychosocial problems were anxiety. The main diagnosis in the form of anxiety refers to the criteria here and now, which was in accordance with the things that happened when the author carried out nursing care. Therefore the authors prioritized nursing problems in the form of anxiety and grieving.

The client was planned to be given intervention for anxiety and grieving nursing problems. In addition to these two psychosocial problems the authors also intervened for physical problems, namely acute pain. The intervention that the author plans for anxiety is to establish a relationship of trust, identification of anxiety levels, help clients recognize the situation of the cause of anxiety, encourage clients to express feelings, listen attentively, explain all about disease information, and instruct relaxation techniques in the form of deep breathing, distraction, hypnotic five fingers, and spiritual.

The author also provided interventions for grieving nursing problems. The client was experiencing a stage of depression in grieving so the author intervenes for the stage of depression and the acceptance stage. The intervention that the author did to grieve the stage of depression was identification of the grieving phase, let the client express sadness, give non-verbal support, discuss negative thoughts that often arise, train the client to identify positive things that are still owned. Whereas for the acceptance stage the author provides additional intervention in the form of helping the client accept the feeling by discussing the client's plan in the future, and providing the information needed by the client in accordance with the plan made by the client.

Nursing implementation for Mrs. RL was conducted for 4 days. The author carries out both physical and psychosocial nursing care to clients. At the first meeting the author prioritized to foster mutual trust in advance to facilitate the assessment and determination of health problems. The author communicated with a therapeutic greeting, introduces himself and provides information to the client that the author was responsible for the client when the author is on duty. The author also asked for a call that is liked by the client, explaining the purpose of the author in interacting and in performing nursing actions. The client was quite open with the author by being able to tell the complaints she feels and think about.

The client showed anxiety since the first meeting even though the client has not understood that what she feels is anxiety. The client revealed that she felt pain and that she repeated several times. The client said that before she worked, it happened that his hobby was singing too. Client missed her children who were at home with their grandmother. The client would hope to get well soon and got home. The author also helped the client to identify anxiety that she experiences until the client can understand that she was feeling anxiety. In addition, because the client was feeling pain the author provides an intervention in the form of deep breathing and distraction to help the client feel relaxed from pain and anxiety. After a deep breathing and distraction exercise the author made a contract to do five finger hypnosis exercises at the next meeting.
The author helped client practice five-finger hypnosis and spiritual activities at the second meeting. The client can took five-finger hypnosis with the help of the author and say that she feels calmer after the action. Clients also still carried out spiritual activities while being treated so that the author simply explains the benefits of spiritual activities on the client's condition. The author evaluated the client about deep breathing and distraction techniques. Client can took deep breaths effectively and previously have done independently too. In addition the author also helped clients to identify the grieving conditions that clients experience. The author helped clients recognize the situation and the grieving phase that the client was feeling where the client is in a depression phase. After that the writer made a contract again to practice again the activities that had been studied together.

The author evaluated the client's ability to carry out activities that have been trained at the third meeting. Clients can take deep breaths, distraction techniques, and spiritual techniques, but clients cannot remember the steps in a five-finger hypnotism technique. The author also evaluates the feelings of Mrs. RL at the third meeting. The client said that she felt better than the previous day. The client looks more relaxed, facial expressions are not tense but the client still complains about things she is worried about like going home and related to the examination of his illness. The author does nonverbal support to clients by sitting side by side and giving a therapeutic touch. The author discusses positive things that still can Mrs. RL does like clients can have more free time to gather with children. Furthermore, the writer contracts the next meeting to re-practice the activities that have been trained and discuss the client's plans in the future.

The author re-evaluates at the fourth meeting and discusses what activities the client will do after being discharged from the hospital. The client has got approval to go home and expresses his pleasure. The client said that she had also taken deep, distracted and spiritual breaths several times and could do it effectively when asked to be re-practiced. The client looked calmer and not restless. When discussing the next client plan, Mrs. RL said that she wanted to rest at home first. Regarding work, the client feels resigned and follows her husband to become a housewife but did not rule out the possibility of working again. The author also suggested channeling hobbies singing to other things besides working like karaoke at home.

The nursing process ended with an evaluation that measures the success of the intervention carried out by the nurse. The evaluation component for measuring success were in the form of verbal responses, results of observations by nurses on clients, analysis of nursing problems regarding success or not, and follow-up plans for clients. The client evaluated anxiety and grieving nursing problems. Both of these things were measured by the success of the intervention.

Evaluation of client anxiety showed that the level of client anxiety has decreased. Client recognized anxiety, perform relaxation techniques, and reduce anxiety. Clients identified perceived anxiety. Clients can also did relaxation techniques in the form of deep breathing, distraction techniques, and spiritual techniques. Five-finger hypnosis still needed the author's help to remember the four components of hypnosis because the client can remember only three out of four. The client said that after did relaxation techniques it felt different that she felt calmer and relaxed. The client took a deep breath when feeling pain, before went to sleep, or when felt anxious. Client performed distraction techniques by chatting with husbands or families who accompany clients at the hospital. While spiritual techniques were carried out by clients such as dhikr or prayer in bed.

Client's grieving evaluation results showed that the client arrives at the receiving stage in grieving from the depression stage. At first the client was still in the depression stage where the client is confused about what to do, feeling sad and pensive. The client understood that the reality that occurs cannot be denied even though it was still hard to accept it. After an intervention the client can understood that she needed to accept loss in order to feel calmer. At the meeting the four clients were seen to be able to accept being housewives and enjoying time with their children. The client also expressed her desire to rest at home after she returned home.

Discussion

In the assessment process, it is necessary to identify the causes of the problem from the low back pain client. Client experienced acute low back pain because pain was still felt not more than 4 weeks. The cause of client experiencing low back pain was still unclear so it was included in non-specific low back pain. The client was suspected of having a herniated nucleus pulposus (HNP) but no diagnostic tests have been carried out to establish the etiology. Client had not carried out supporting checks in the form of X-rays or other examinations. In client with HNP, it is necessary to conduct investigations such as electromyography (EMG) in which the electrical activity of skeletal muscle will be measured using electrodes inserted into the muscles. Therefore, the etiology of low back pain client was still not specific. It was known that client often used high heels for hours to work. Several studies describe the relationship between high heels and the incidence of low back pain.

The use of high heels is associated with low back pain because most low back pain is caused by occupational problems compared to organic diseases. High heels affect kinematic ankle joints when walking so that abnormalities occur in the legs. High heels cause
increased flexion of the knees and ankles that are compensated by the shape of the spine arch. Body balance is also disrupted because the muscles of the torso must work more to maintain balance. Doctors and therapists assume high heels cause an increase in the lordosis arch from the spine that increases lumbar lordosis (abnormalities of the lower back arch) so that a person feels low back pain. Prolonged use has also been proven to be related to low back pain based on research on sales promotion girls (SPG).

The client's family, the husband, gives the mandate to the client to stop working and become a housewife. This brought psychosocial changes to the client. Even though it had not happened yet the client feels that she had lost the object in the form of work and entered into grieving anticipation. Client experienced a period of mourning, unable to do things, pensive, sad and also cry according to the behavioral response of the depression phase from grieving. The client's assessment results found that the client passed the grieving phase before the depression phase. Before the husband decided the client must stop, the client felt that his work has no relationship with the pain she got; this was in accordance with the phase of denying the grieving phase. The client also felt angry because she cannot do the things she wants to do, one of which was working; this was included in the angry phase. After that, the client had also tried to persuade her husband to allow him to return to work (bargaining phase) but because the client's husband did not allow the client to go into a phase of depression that is unable to do something, withdraw, pensive, sad, and cry. Based on signs and symptoms, the client also experienced anxiety due to grief and also the pain she feels. The client was less focused on what she does because of the loss she feels, but when assisted to focus on the client, she can still be focused so that it can be said that the client's perception was limited and needs to be helped to connect thinking. The client still concentrated on being directed by the writer and his face also looks tense so that the client can be categorized as moderate anxiety.

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Clients with the stage of grieving depression were in a period where someone feels that she known that events were an unavoidable reality so the client needs to help express feelings and thoughts so that the client can give up more. If a person has begun to feel that she was accepting an event, it needs to be helped to direct the plan so that she can start a new thing. Anxiety problems can also be intervened to help clients get distracted. When the client is anxious, the field of one's perception will narrow so that the focus will focus on the problem. By providing relaxation techniques such as hypnosis, deep breathing, distraction, and spiritual will use the power of attention and suggestion so that clients who experience anxiety can shift focus to other things to reduce anxiety.

Client who experience grieving require intervention from the nurse to help clients pass the grieving phase to completion. Nurses must use communication skills as well as listening, giving open and closed questions, clarifying feelings, and concluding. A client who experienced moderate anxiety can be given interventions that can make client calm like relaxation techniques. Relaxation techniques can be done such as deep breathing, distraction techniques, five-finger hypnosis, and spiritual techniques.

Client who had anxiety were still having a perception field that can still understood the instructions of the nurse so that the intervention of relaxation techniques was something that can be done quite effectively. When the nurse gives instructions for doing or thinking about something, the client can followed and repeated the nursing action. In addition, nurses can also identified the causes of anxiety for client because the client can still focused on communication.

The stage of depression in the client grieving with the identification of the positive aspects of the client was good to do. This was consistent with the theory put forward by Kubler-Ross that the stage of depression is when the client feels sad but cannot deny the reality. Hence, the nurse needs to guide the client to the acceptance phase. Clients who express their feelings can help reduce the feelings that bother them. Identification of the positive aspects will help the client through sadness because the client has other things she can do. In the acceptance phase, the nurse is good at identifying the client's plans in the future. This should be supported by the provision of information by nurses about the things needed by the client to start the plan.

The implementation that has been done to the client helps the client to get through anxiety and grieving. It was proven in previous research that relaxation techniques can reduce the level of anxiety in the study participants. Clients also feel subjective differences that she becomes calmer and relaxed after doing relaxation techniques. In the case of grieving, the client needs to express his feelings so that the client can arrive at the acceptance stage.

After nursing actions, signs and symptoms of both anxiety and grieving were reduced. The client had not felt anxious; the client's focus was also getting better.
fields of client perception also extended and not only think of pain or loss of work. During the 4 days of nursing care carried out, it was seen the development of clients every day.

An alternative that can be done to solve the problem was to invite client to participate in the intervention. As in the five-finger hypnosis intervention the client needed to imagine 4 things to relax. Generally, 4 things that were imagined were the state of the body when it was healthy, gathering with loved ones, getting proud achievements, and being in the desired place. Client can be involved by deciding what things they want to imagine and can make client feel happy.

Another thing that can be improved was the determination of training time. Some interventions that have been trained can be done well, but needed scheduled training so that client can get to use the intervention. Nurses need to ensure that the client conducts activities regularly to get used to, one of which is to determine or plan the client's time to exercise independently. Communication needs to be maintained so that the client does not feel like being patronized. Nurses can speak softly and slowly and not force clients because the process of sharing from clients is important so that nurses can help 19.

In the client being in the grieving process, the nurse needs to ensure in more detail the client's response according to the grieving stage. When the client is in the acceptance stage, make sure that the activities carried out when leaving the hospital are activities that can help the client escape the grieving stage 8. The author was good at asking what will be done after the client went home and the client answered that she wanted to take a break at home. It was better if the writer can also ask what activities will be done after the break at home.

Things that can be improved from the nursing process are so many. Trust should be maintained to the maximum level so nurse and the client can be more comfortable to explain the real conditions and feelings. The author also could be using instrument for measure the anxiety and grieving right at the moment with client, therefore the result can be more precise. Family conditions from the client also need a concern to nurses. Despite of this need, author had learned many things from this case and hopefully this scientific work can be a good literature for other nurses.

**Conclusion**

Low back pain is a common pain and is a symptom of various causes. One of them is the use of high-heeled shoes that can make the body arch disturbed. Client with these physical problems experienced various psychosocial problems including grieving and anxiety. Client who experienced grieving and anxiety needed to be helped from the nurse to get through it. To Mrs. RL, the client felt sad and lost work which was his hobby. The loss she felt entered into the stage of grieving, namely the stage of depression. The client also felt anxious about her future after not worked again by showing anxious attitude. Grieving and anxiety felt by Mrs. RL was given nursing actions in the form of relaxation techniques to help client calm down and deal with the things they are worried about and facilitation of the grieving stage to arrive at the acceptance stage by expressing feelings. After four days of nursing implementation, the client became calmer and smiles a lot. The client also said that she felt more relieved and comfortable after taking nursing actions. Client also took actions that have been taught independently. Signs and symptoms of anxiety and grieving that the client feels were also decrease. This nursing process was still have many things to improve such as maintaining maximum trust, using instrument for measure the anxiety and grieving at the moment, and family issues. Hopefully other nurses can learn things from this and improve their nursing process as the suggestions.

**Reference**


