The 2nd UDAYANA INTERNATIONAL NURSING CONFERENCE

GLOBAL HEALTH: Nursing & Health Sciences’ Perspective "ACHIEVING SUSTAINABLE COMMUNITY"

Edited by:
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EFFECT OF BALINESE MUSIC ON REDUCING ANXIETY FOR PATIENTS WITH MYOCARDIAL INFARCTION

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ABSTRACT

Research consistently demonstrates that Myocardial Infarction (MI) patients commonly experience anxiety. Music intervention has been suggested to have beneficial effect on psychological including anxiety. This study aimed to evaluate the effect of Balinese music on reducing anxiety for patients with first MI. In this quasi-experimental, pretest-posttest design, 61 first MI patients were assigned to either the music group or control group. The music group (n = 30) received 20-minute Balinese music intervention, whereas the participants in the control group (n = 31) received routine care with no music intervention. All the participants were assessed using the State-Trait Anxiety Inventory for adult 10 minutes before and after intervention. The mean anxiety scores were found significantly decreased in the music group (p < .05) after receiving Balinese music. The mean anxiety scores were also found significantly lower in the music group (p < .05) than the control group. These results indicated that Balinese music intervention has simply intervention to reduce anxiety among first MI patients.

Keywords: Balinese music, anxiety, First myocardial infarction
INTRODUCTION

Myocardial Infarction (MI) is one of the common cardiovascular diseases that has a high mortality rate (Murphy, Xu, & Kockanek, 2013). Patients with MI often suffer from anxiety (Larsen, Christensen, Nielsen, & Vestergaard, 2014). The prevalence of anxiety in MI patients has been related to increase the risk of restenosis, length of recovery, and doubled risk of death compared with MI patients without anxiety (Batty, Russ, Stamatakis, & Kivimäki, 2014; Russ et al., 2012). MI patients with sustained anxiety showed it not only had a negative impact on physiological responses but also adversely affected the quality of life are due to increased rates of morbidity and mortality after infarction (Chapa et al., 2014). Therefore, the challenge for cardiac nurses is to maintain and prevent further complications from MI by the reducing anxiety in the patient.

Music has been investigated for its effectiveness in reducing anxiety (Alex, 2014; Bradt et al., 2013; Chan, 2007; Chlan, 2009). It has been studied and used in a variety of settings and populations, especially for reducing anxiety on the part of the patients (Covington, 2001; Hole, Hirsch, Ball, & Meads, 2015; Lai, 2004). However, research results of the effectiveness of music on anxiety are inconsistent. Some researchers argue that the difference in findings may be influenced by at least one limitation in each study such as small sample size, lack of a control group, non-randomized sampling, lack of exclusion criteria, or difference in types of music (Alex, 2014; Bradt et al., 2013; Schou, 2014).

Good et al. (2000) suggested that, with respect to the cultural aspect of music interventions, cultural intervention can be seen as an important factor that enhances the appropriateness and effectiveness of intervention. In Indonesia, especially in Bali, music is big a part of cultural. Balinese traditional music often uses to serve Hindu religious beliefs, accompanying dances or theaters (Sanger, 1988). Balinese music may be suitable for music intervention. Thus this present study was conducted to investigate effect Balinese music on anxiety in patients with first MI.

METHOD

Study Design and Participant

This study was a pretest and posttest quasi-experimental design and conducted between December 2015 – January 2016 in the ICCU of Sanglah Hospital. A total sample of 61 patients
with first MI were assigned either experimental or control group. The experimental group received Balinese music, while patients in the control group received usual care. The patients were selected using following inclusion criteria: have stable hemodynamic levels; had no hearing or cognitive impairment; and not receiving anti-anxiety agents. MI patients who had complications and had mental health problems were excluded.

**Intervention**

The intervention is 20 minutes of Balinese music with having flow rhythm 60-80 beat per minutes, low frequencies, regular, smooth, has relax melody, and has a simple and no lyric. The Balinese music was given twice a day in the morning (10.00 am) and evening (16.00 pm).

**Instrument**

Anxiety was measured using the 6-item State Anxiety Inventory (SAI) and Trait Anxiety Inventory (TAI). The 6-item SAI involves only presence and absence of anxiety. Both SAI and TAI are rated on a four-point Likert scale. Responses range from “not at all (1)” to “very much so (4)”, higher score indicate high level of anxiety. This study used the Indonesian version of 6-item SAI and TAI (Suhartini, 2010) to test the reliability with the results of the Cronbach’s alpha coefficient were .82 for the 6-item SAI and .84 for the TAI.

**Data Analysis**

All of the data were managed and analysed using computer program. Descriptive statistics were used to describe the characteristics of the participants. The independent-samples t tests were used for between-group comparisons. Moreover, the paired-samples t-test was used for within-group comparisons. The significance level was set at 0.05.

**RESULT**

**Table 1**

*Demographic Characteristic of the Participants (N=61)*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Experimental (30)</th>
<th>Control (31)</th>
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<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td><strong>Age (year)</strong> (M±SD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Trait Anxiety</strong> (M±SD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>6</td>
<td>20.0</td>
</tr>
<tr>
<td>Male</td>
<td>24</td>
<td>60.0</td>
</tr>
<tr>
<td>Diagnosed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STEMI</td>
<td>18</td>
<td>60.0</td>
</tr>
<tr>
<td>NSTEMI</td>
<td>12</td>
<td>40.0</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Islam</td>
<td>3</td>
<td>10.00</td>
</tr>
<tr>
<td>Christian</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td>Hinduism</td>
<td>23</td>
<td>76.7</td>
</tr>
<tr>
<td>Education Level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No schooling</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Primary school</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td>Secondary school</td>
<td>10</td>
<td>33.3</td>
</tr>
<tr>
<td>High school</td>
<td>9</td>
<td>30.0</td>
</tr>
<tr>
<td>Collage or higher</td>
<td>7</td>
<td>23.3</td>
</tr>
<tr>
<td>Smoking Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking</td>
<td>20</td>
<td>66.7</td>
</tr>
<tr>
<td>Not Smoking</td>
<td>10</td>
<td>33.3</td>
</tr>
</tbody>
</table>

*Independent t-test, t = 0.76, p = 0.450
Two participants from the control group (both patients because of developing bradycardia) and two participants from the experimental group (did not complete the intervention) were excluded from the study.

Table 1 shows the demographic characteristics of the two groups. The average ages were 54.5 years old for the experimental group and 56.7 years old for the control group. The majority of the participants in both groups were male and diagnosed with STEMI. The majority of participants practices Hinduism. The baseline mean trait anxiety scores were 47.67 (SD=12.55) for the experimental group and 49.43 (SD=13.30) for the control group, which mean both group have a moderate trait anxiety level. There were no statistically significant differences in the demographic variables and trait anxiety between the groups (Table 1).

Table 2
Effect of Balinese Music on State anxiety of the participants (N=61)

<table>
<thead>
<tr>
<th>State Anxiety</th>
<th>Experimental</th>
<th>Control</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(30)</td>
<td>(31)</td>
<td></td>
</tr>
<tr>
<td>M± SD</td>
<td>p1</td>
<td>M± SD</td>
<td>p2</td>
</tr>
<tr>
<td>Before</td>
<td>15.97±4.28</td>
<td>.000</td>
<td>15.17±3.28</td>
</tr>
<tr>
<td>After</td>
<td>8.07±1.20</td>
<td>.000</td>
<td>13.77±2.90</td>
</tr>
</tbody>
</table>

The p1 was calculated by paired t-test to compare pre- and posttest in the intervention group. The p2 was calculated by paired t-test to compare pre and posttest in the control group. The p calculated by Independent t-test to compare the difference in the posttest between the two groups.

There were not statistically difference in state anxiety and trait anxiety between experimental and control groups before starting the Balinese Music. Table 2 shows statistically significant decreases in state anxiety (\( p^1 \) and \( p^2 \) < 0.05) after the intervention either experimental and control group. There was statistically difference in state anxiety between experimental and control groups after the receiving Balinese music (p<0.05)

**DISCUSSION**

The aim of this study was to examine the effect of Balinese music on anxiety in patients with first MI. Study findings revealed that Balinese music had significant effects on patients’ anxiety. However, despite receiving standard nursing care, patients in the control group also experience any significant change in their anxiety level. Confirming similar findings in other population, Bally, Campbell, Chesni, and Tranmer (2003) have also found that music intervention can significantly reduce anxiety of patients with first time coronary angiography. In addition, a systematic review of randomized control trial reported anxiety reduced after music intervention in general MI (Bradt & Dileo, 2009).

Almerud and Petersson (2003) noted that music affects the brain, stimulates the generation of alpha brain waves and the secretion of endorphins,
produces relaxation, and relieves fear and anxiety. Moreover, it alleviates patients’ pain and anxiety through distracting them from the causes of anxiety (Chang & Chen, 2005). Accordingly, it seems that music intervention in the present study might also alleviated anxiety by distracting patients’ attention from the environmental factors that caused anxiety.

This present study included cultural aspect in the intervention of Balinese music and found positive effect on anxiety of first MI patients. Previous study conducted by Dogan and Senturan (2012) performed traditional Turkish music in patients undergoing CAG and found reduction of anxiety after the intervention. Therefore, this study showed that the researchers used the music based on cultural aspect and dealing with the experience of first time for CAG which the patients may be familiar with. Similarly, in this present study Balinese music have a role to stimulate participant to deal with it by induced relaxation through contents of Balinese music.

The finding showed both of groups were found decrease in state anxiety scores after the program, but better reduction of state anxiety scores was found in the experimental group than control group. The decreasing anxiety in control group could relate with the result such us some of the participants in the control group were seen playing with their phone during the program. Moreover, control group also reported had no chest pain and dyspnea during the study.

These results cannot be generalized because all data were collected in only one hospital with a small sample of patients. Some factors such as psychological and personality characteristics, as well as their attitudes and beliefs about Balinese music might have affected our findings. Therefore, further studies on larger sample sizes and with controlling the confounding variables can be suggested.

CONCLUSION

Anxiety remains a frequent psychological problem among first MI patients. Cultural factor is seen as important aspect to improve effectiveness intervention. Nurses can use music such Balinese music as simple intervention to reduce anxiety of first MI patients. The findings in present study may provide an evidence to support the use a traditional music in the management of anxiety in MI patients.

ACKNOWLEDGMENT

The authors would like to acknowledge Nursing of Study program of
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REFERENCES


