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[Cynthia X. Pan, R.Sean Morrison, Jose Ness, Adriane Fugh-Berman, Rosanne M. Leipzig. "Complementary and Alternative Medicine in the Management of Pain, Dyspnea, and Nausea and Vomiting Near the End of Life", Journal of Pain and Symptom Management, 2000](#)

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CChaqrurweantoKritRpraechda,rp.h"D,ARiNlieVtvenitilpqqOtifenStUspwpOithft Abstract , Intrody

Anxiety is common phenomenon among patients the sensation of breathlessness, with ventilator support.

Since,

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regarding the frequent suctioning in ability to lfoouurr repeated mmeaasvu\*reo s!:tu:d:ie-s!,"-  
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risi1tuId;vrrrih,iIs#pi,afpiler,r!hfai,s anxiety. Anxiety is able impose and overall well .being of a harmful

effects on the recovery Tracy, 2008; Dileo, Bradt, & patient. (Bunt as cited in Chlan &

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Grocke, 2008; McKinley, parbury, & Chehelnabi, 2004). patient with Key Words: Cornolernen arv

tkeraoies. arxiety. ventilator supoort ventilator support is at particular diminished ability of the anxiety,

because of critical risk for increasing levels of delay recovery. individual patient to cope and publicly of

such alternative minimal information is available

ecpomantodieitnniiootnn'sawllihfseict.ahAiesnixrneivgeoatlrvydiinn.ggi treatment to reduce anxiety in

done and many study that Several strategies have Therefore, this review will patients with ventilator

support. subjective feeling of tension, summarize the complementary apprehension, nervousness, and

associated to reduce patient,s therapies utilization to reduce worry experienced and found to anxiety, with

ventilator suppoft. anxiety in patient with ventilator be associated with sympathetic Complementary

approaches include like music therapy, support. nervous system arousal. The physical manifestation of

anxiety aromatherapy, and etc., these temperature, urinary urgency, involve extreme shifts in body may

provide quit relaxed environment (Kaplow & Hardin, a Obiective of Review adrpypmeotuithe,,dialantedd

puDpialps,holorsessiosf Long et al., 200l; Lorenzi, 1999). 2007; Keegan, 200l; Lee, 2000; To review the

utilization evidence (Almerud & petersson, 2003; Complementary therapy claims of complementary

therapies that to relieve anxiety symptoms to reduce anxiety in patients A2n0g0e5la;, CChhulangn,,

C1h9an9,8&; CChhlaann,, is more readily available to the with ventilator support. Engeland, Anthony, &

individual, either for patients or Guttornson, 2007l. When the be used in particular population.

healthcare. Such treatments may To know what the common used complementary therapies by

tpraetieahttesdunpdeerrgiodan,xtiehtyeirmethies Although, there are few of its treatment for anxiety in

adutts patients with ventilator nurses to reduce anxiety in with evidence efficacy and only support. 16t

IruN Inucusr zoos THE MALAYSIAN JOURNAL OF NURSING ,i t -, .t Methods of Review Inclusion criteria

Inclusion criteria in this study are: (a) A study is adult patient in ventilator support; (b) the intervention

evaluated was complementary therapy; (c) the outcomes used in the study included anxiety, vital sign

and mood. This study also was excluded from the review if the report was not in English. This reason

based on the practical reason, increased time, expense and complexity of translating and synthesizing

these studies. Seorch strategy Five bibliography databases (MEDLINE, CINAHL, Science Direct,

Interscience, and Proquest) were searched from L999-2008 [for original clinical reports or reviews that](#)

[evaluated the use of](#) complementary therapy [to](#) reduce anxiety in The term of complementary patients

with ventilator support. therapy and anxiety was used in a comprehensive search of electronic databases.

[Articles were screened and excluded based on](#) the [title and abstract information](#). If [they involved](#)

[primarily patients with](#) ventilator support [that](#) relevant with characteristic of patients with ventilator

support, it can be retrieved. When the information is [not available or unclear in the title or abstract, the](#)

[full text was obtained for review](#). The used [best evidence](#) approach [to identify studies for](#) THF MAI

AYqTAN JOI IRNAI Otr NIIAqTNG [final inclusion in the paper, This meant that systematic reviews,](#)

[including meta- analysis, Randomized Controlled Trials \(RCTs\), and other controlled studies were](#)

[preferentially considered](#). If [no such trials were found, studies with weaker designs \(such as large](#)

[prospective case series\) were](#) review. [Study design](#) and sample size of complementary therapy, specific

of the complementary therapy (methods, frequency) outcomes assessed, [were extracted from each study](#)

[and tabulated. Results](#) of Review [The](#) utilization [of](#) complementary therapy [was evaluated in](#) 29 [studies](#)

[of symptomatic adult patients with incurable conditions](#). Of [the](#) 29 studies, there were two RCTs, two

meta-analysis, five quasi experiment/experiment, four repeated measures, nine systematic/literatu re

review, two qualitative studies, three descriptive studies and one comparative study. Anxiety in Potient

with Ventilator Support The term of anxiety came from the Greek word agon in which is derived the

words anguish and ogony. Agon was used for recitation painful feelings of terror and dread, in German

words (Grimm, 1997; Hooi, 2007). Anxiety is a broad concept within psychological literature and it implies various other terms that include in definitions and meanings. The anxiety, such as fear, phobia, stress are often used in life event and personality characteristics. Anxiety is as a response to life events, feeling uncertainty, uneasiness, apprehension, or tension that a person experiences in response to an unknown object or situation or danger, and the source of which is largely unrecognized (American Psychiatric Association, 2000). On the other hand, anxiety is defined in state anxiety and trait anxiety (Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983). Spielberger, et al defines anxiety as an unpleasant emotions characteristic by subjective feeling of tension, worry and sensitive autonomic nervous system activation. It is called as state anxiety. The concept of state anxiety was often transitory was often transitory, fluctuation, and can recur when evoked by appropriate stimuli. Moreover, anxiety is described on an enduring personality (Spielberger, et al., 1983) Trait anxiety is a general tendency to respond with anxiety to perceive threats in the environment. When faced with stressful situation, the person with trait anxiety tends to perceive them as dangerous and threatening and responding to them with an intense elevation of state anxiety. It is endure over time and tends to be relatively stable and predictable. Thus, the stronger the trait anxiety the rllly r {, more probable the individual will experience more intense and more frequent elevations of the state anxiety in a threatening situation. Anxiety in patient with ventilator support is classified in terms of state and trait anxiety. It consciously perceived feeling of tension, apprehension, and activation of the autonomic nervous system. State anxiety may vary in intensity and fluctuate over time. Otherwise, trait anxiety refers to relatively stable individual differences in anxiety proneness. It is the tendency to perceive differences between people in stressful situations as dangerous or threatening and to respond such situations with elevations in the intensity of their state anxiety reactions (Spielberger, et al., 1983). The degree and duration of anxiety in patient with ventilator support demonstrated by each individual varies depend on the meaning of the event and personal characteristic (Moser, et al., 2003; Sungkhaw, 2001). Anxiety in patient with ventilator support is categorized into four levels; mild anxiety, moderate anxiety, severe anxiety and panic anxiety (Frazier, et al., 2003; Moser, et al., 2003; Shives, 2005; Sungkhaw, 2001; Valfre, 2001). Anxiety Monogement in Patients with Ventilator Support Music Music has been used since ancient times to arouse well-being. Florence Nightingale recognized the beneficial of music on the sick (Chlan & Tracy, 1999). Music is unique stimulus, because it can encourage both physiological and psychological responses in the listener. Music itself is defined as a complex web of expressively organized sound that contains three essential elements: rhythm, melody, and harmony. movement of music. It is the Rhythm is the order in the most dynamic aspect and is a key factor in selecting particular pieces of music for exact purposes. For example, body rhythms (respiration, heart rhythm, and gait) are an integral part of human life, and music can play an essential role in harmonizing these rhythms. The melody of music is allied to the sequence of musical pitch and the interval between the musical tones. Pitch is a subjective aspect of sound due to the number of cycles the sound vibrates per second; a faster vibration produces a higher pitch. The melody of a musical piece contributes to the listener's emotional response. It is owing to the way pitches are blended together, with the combination of sounds described as consonant or dissonant by the listeners (Bunt as cited in Chlan & Tracy, 1999). The harmony of music is as the nonverbal scenery appeals to the right hemisphere of the brain, which involve in intuitive, creative, and imaginative ways of processing in formation and evokes psycho physiological responses. It influence on the limbic system, the center of emotions, feelings and I sensations (Guzzetta as cited in Chlan & Tracy, 1999). Music harmony provides commencement of the brain by releasing the enkephalin and endorphin, in which the body's natura1 mood, varying substances and pain killing (Thaut as cited in Chlan & Tracy, 1999). Findings from clinical research suggest that music may facilitate a cutback the stress response, including decreased anxiety levels, decreased blood pressure and heart rate, changes in plasma stress hormone levels (Chlan, 1998; Chlan 1999; Dileo, et 31., 2008; & Tracy, Walworth, 2003; Wilkins & Moore, 2004). The use of music listening as an effective, noninvasive intervention designed to assist nurses in creating a healing environment to promote health and well-being. Music has confirmed effectiveness in reducing pain, diminishing anxiety, and them use at the relax time. escalating relaxation. Some of treatment goal in the clinical Indeed, music is using for setting; however, need still more recent development (Chlan & Tracy, 1999; Gagner-Tjelleesen, et ?1., 200t; Mackereth, White, i I COMPLE'ME Cawthorn, & Lynch, 2005; Mok & Wong, 2003; Nilsson, 2008). An integrative literature review and meta-analyses by Evans (2001) found that the effectiveness of music in anxiety reduction during normal care delivery, but it did not effect in patients undergoing invasive or unpleasant procedures, such as bronchoscopy, sigmoidoscopy, or surgery with spinal anesthetic. This study use Randomized Control Trials (RCTs) in which 29 articles related to the effectiveness of music as an intervention for patients with ventilator support. Another study indicated that music gave has done by Nilsson (2008) positive impact on both physiological and psychological. It is suggested that listening to music become an option modality to all patients during hospita lization. the anxiety reduction? In Why music has virtues for patients with ventilator support, several studies that concerned in music therapy have been found that music give more effect in anxiety reduction, vital signs (heart rate, systolic blood pressure, diastolic blood pressure and respiratory rate) stabilization, pain reduction, sedation effect, tolerance, satisfaction, mood affection, and IMenugstihc oisf 'sstaafye haonspditaelfizfeactioivne. intervention for selected in patient with ventilator support, in particular for reducing anxiety via nonpharmacological agents. According Cooke, Holzhauser, Jones, Davis, & Finucane, (2007) the theoretical basis of music as an intervention for anxiety lies in its ability to basis promote relaxation through its effect on the autonomic nervous system. It is widely accepted that the auditory stimu\at\on of mus\c. occup\es a number of neurotransmitters thereby diverting feelings of anxiety, fear and pain resulting in a more positive perceptual experience. The character of these stimuli determines the patients' altered feeling states, including the promotion of stress and anxiety reduction. difference of term (music therapy, music intervention, and American Music Therapy music relaxation). According Association (2007), music evidence-based use of music therapy is the clinical and interventions to accomplish individualized goals within a therapeut\c re\af\$onsh\p. \uSrc therapy is established and credential professional who has completed an approved music therapy program. Music therapy is a reputable health profession in which music is used within a therapeutic relationship to address physical, emotional, cognitive and social needs of Music process individuals. Conversely, music intervention is the arts of music Music has two branches: active and passive. In active form wherein sound is created music therapy the utilization of with the object of bringing pleasure to the human ear. Music instruments of one's own voice is structured to correspondent to intervention can be done by all sensory organs, .to obtain health profession to give suitable motor and emotional relaxation and distraction for the responses. For example, when patients, although the health profession do not have certified following music, patients with no problem in throat, larynx, or from the special program. lung, may have an insightful breakthrough as to the White (1999) used a term psychological meaning of their similar to music intervention. music relaxation; it is quite problems. In the passive branch, This term use to give sense of listening to specific music is done relaxation to the patient to appease the body and mind (1999) stated that music in order

to relax, stimulate, or reduce anxiety or stress. White ventilator support, listening to from acute myocardial infarction (Keegan, 2001). In patient with relaxation on patients recovering the music is passively branched to give restful environment and communication and the patient anxiety reduction. Despite music because of obstacles in verbal buffer noise; it resulted in a only follows the music. therapy, music intervention, and Finding from bulk of term, but from the bulk of music relaxation are different in research, some of researcher use research the outcome of music THE MALAYSIAN JOURNAL OF NURSING AUGUST 2006 I MJN | 19 more probable the individual will experience more intense and more frequent elevations of the state anxiety in a threatening situation. Anxiety in patient with ventilator support is classified in terms of state and trait anxiety. It consciously perceived feeling of tension, apprehension, and activation of the autonomic nervous system. State anxiety may vary in intensity and fluctuate over time. Otherwise, trait anxiety refers to relatively stable individual differences in anxiety proneness. It is differences between people in the tendency to perceive stressful situations as dangerous or threatening and to respond such situations with elevations in the intensity of their state anxiety reactions (Spielberger, et al., 1983). The degree and duration of anxiety in patient with ventilator support demonstrated by each individual varies depend on the meaning of the event and personal characteristic (Moser, et al., 2003; Sungkhaw, 2001). Anxiety in patient with ventilator support is categorized into four levels; mild anxiety, moderate anxiety, severe anxiety and panic anxiety (Frazier, et al., 2003; Moser, et al., 2003; Shives, 2005; Sungkhaw, 2001; Valfre, 2001). 181 MJN Inucusr zoos Anxiety Monagement in Patients with Ventilator Support Music Music has been used since ancient times to arouse well-being. Florence Nightingale recognized the beneficial of music on the sick (Chlan & Tracy, 1999). Music is unique stimulus, because it can encourage both physiological and psychological responses in the listener. Music itself is defined as a complex web of expressively organized sound that contains three essential elements: rhythm, melody, and harmony. movement of music, It is the Rhythm is the order in the most dynamic aspect and is a key factor in selecting particular pieces of music for exact purposes. For example, body rhythms (respiration, heart rhythm, and gait) are an integral part of human life, and music can play an essential role in harmonizing these rhythms. The melody of music is allied to the sequence of musical pitch and the interval between the musical tones. Pitch is a subjective aspect of sound due to the number of cycles the sound vibrates per second; a faster vibration produces a higher pitch. The melody of a musical piece contributes to the listener's emotional response. It is owing to the way pitches are blended together, with the combination of sounds described as consonant or dissonant by the listeners (Bunt as cited in Chlan & Tracy, 1999). yqnti!torsupport The harmony of music is as the nonverbal scenery appeals to the right hemisphere of the brain, which involve in intuitive, creative, and imaginative ways of processing in formation and evokes psycho physiological responses. It influence on the emotions, feelings and limbic system, the center of sensations (Guzzetta as cited in Chlan & Tracy, 1999). Music harmony provides commencement of the brain by releasing the enkephalin and endorphin, in which the body's natural mood, varying substances and pain killing (Thaut as cited in Chlan & Tracy, 1999). Findings from clinical research suggest that music may facilitate a cutback the stress response, including decreased anxiety levels, decreased blood pressure and heart rate, changes in plasma stress hormone levels (Chlan, 1998; Chlan 1999; Dileo, et al., 2008; & Tracy, Walworth, 2003; Wilkins & Moore, 2004). The use of music listening as an effective, noninvasive intervention designed to assist nurses in creating a healing environment to promote health and well-being. Music has confirmed effectiveness in reducing pain, diminishing anxiety, and escalating relaxation. Some of them use at the relax time. treatment goal in the clinical Indeed, music , is using for setting; however, need still more recent development (Chlan & Tracy, 1999; Gagner-Tjellesen, et al., 2000; Mackereth, White, THE MALAYSIAN JOURNAL OF NURSING I : t ! 1 'i\_ for patient with ventilator support is to reduce anxiety, pain, and promote relaxation. Thus, the important thing is that it give the therapeutically effect for the patients with ventilator support.

Aromatherapy The sense of smell is an area that has long been in recognized in psychotherapy. It is called with aromatherapy. It was the art and science of using pure essential oils for various therapeutic purposes, primarily those related to smell. Approximately, there are 400 essential oils are in use today such as eucalyptus, rosemary, lavender, lemon, chamomile, and etc. Those come from essential oil in which extracted from plant, wood or fruit. The essential oils are the pure essence of a plant. These essential oils have been found to provide both psychological and physical benefits when used correctly (Dunn, Sleep, & Collett, 1995; Keegan, 2007; Kyle, 2006; Mackereth, et al., 2005; Torre, 2003). For example, Lavender, especially *Lavandula angustifolia*, is known to have analgesic, anxiolytic, antidepressive, anesthetic, anticonvulsant, relaxing and sedative effects (Barocelli, et al., 2004) to reduce stress and anxiety (Kutlu, Yilmaz, & Cecen, 2008). Smelling the certain scents or odors during hospitalization can bring in relation to a deeper link of feelings and emotions, and give many effects after smelling it. 201 MJN IAUGUST 2006 Aromatherapy works with and when aroma of oils is inhaled the body by activating its own or applied give reacted to the healing energies to balance body, smell.

Aromatherapy is thought mind and spirit, The use of to work on mood by supporting essential oils can help boost the the release of neurotransmitter immune system, reduce stress, promote relaxation, stimulate (i.e. encephaline, endorphins, circulation, promote digestion, serotonin and nor-adrenaline). reduce nausea after Encephaline and endorphins is useful to reduce pain and create chemotherapy and act as a feeling of well being. Releasing decongestants, anti- serotonin will help relax and calm inflammatory, and antibacterial whereas noradrenaline acts as a (Hately, 2008; Long, et al., 2001; stimulant (Kyle, 2006). However, Lorenzi, 1999). Aromatherapy is thought to work on mood by the study of guided imagery as a promoting the release of strategy to reduce anxiety has not been studied in patient with .neurotransmitter, including ventilator support, thus study on encephaline, endorphins, serotonin and noreadrenalin. with ventilator support is aromatherapy effect in patient Encephaline and endorphins desired. reduce pain and create a feeling of well being. Serotonin help Guided Imagery relax and calm whereas Guided imagery can be noradrenaline acts as a stimulant (Guyton, 1997; Kyle, 2006). implemented by nurses to reduce Findings for aromatherapy anxiety in patients. The primary aim of guided imagery is to studies has been shown that it can be use to anxiety/stress gently guide the persons to a state where their mind is calm, reduction, headaches, migraine, asthma, insomnia, silent and motionless. It is a simple, low cost, noninvasive tool musculoskeletal problems and so that has been demonstrated, on (Long, et al., 2001). However, independence, and control mind state that there is still no Kite et al as cited in Kyle (2006) when a person is faced with evidence that the effects of oils emotional trauma or illness. Despite the guided imagery is are continued over time. useful to reduce anxiety, study about guided imagery in patients interacts with bodies in two The aromatherapy with ventilator support not found ways. The first is that yet. Some studies were pharmacologically, through conducted in COPD patients (Carrieri-Kohlman & Janson, chemical changes when oils enter 1999), among cancer patients the bloodstream and react with hormones and enzymes, The (Kwekkeboom, Wanta, & Bumpus, 2008), relieving pain in second is that physiologically, by many settings (Running, et al., producing an effect on the body, 2008), and outpatients settings such as sedation or stimulation; (Miller, 2003). There is limited THE MALAYSIAN JOURNAL OF NURSING COMPLEMENTARY study about guided

imagerY in and Latin, it metaPhorically in China on medicine. It was not patients with ventilator suPport, borrowed the concePt of moving only touch but also relieved apparently, for the future studies air, breath and wind. As such, the is need research to investigate words are Part of our everYdaY healing. Muscle massage, muscle tension and Profound guided imagerY technique to language, to insPire, to lift ones actually, was aPParentlY ieduce anxietY in Patients with spirits, to dispirit, in good spirits, practiced in several other ancient ventilator suPPort. among others (Foster, 2006)' cultures such as Persians, Hindus, These senses often move to seek and EgyPtian (Seaward, 2002)' It Guided imagerY used to out the company of others' ManY is not only in those culture, even influence behavioral changes is a individuals maY be ill and then in Asian culture also Practice specific stYle of cognitive they cannot enjoY or PraY massage to their well being like restructuring. Anxiety trigger together in the religious Places Thailand is now famous with Thai cause releasing hormone that (e.g mosque, church, and Massage. related to its' So, to adjust the temple). Thus, theY need a group trigger, the imagerY concept has that suPPort sPiritual asPect of It is widelY accePted that been adaPted to intercePt the their life (Keegan, 2001)' massage theraPY is one kind of stimulus and give the bodY a technique in comPlementarY chance to unwind (Seaward, There are three keY therapY to make Patients relax' 2002l. Guided imagerY works bY elements that focus on the Massage studied bY McKechnie replacing negative thoughts and relationship between sPiritual et al as cited in Seaward (2003) percePtions with Peaceful theraPY and anxietY reduction in found that the connective tissue scenes. PresentlY as real or patients with ventilator support' massage aided in reducing imaginarY thoughts can trigger They are identified-self, others resting hearth rate, skin the anxietY response, relaxing and God. The interconnectedness resistance, and muscle tension' thoughts can Promote the of these three core elements are Thus, it was indicating that this relaxation response. When as being at the heart of mode of relaxation was beneficial imagination is used to Promote spiritualityY (Jane, Cobb, & relaxation, the bodY five senses Forman, tggTl' The sense of ianssorecdiautceindgwthiteh sYamnPxioemtYs' are in effect deactivated or relatedness and connectedness However, in the recent studY desensitized to anxietY stimuli' The bodY is allowed to recharge wboitdhy Gsyosdtemmarkeeguhalarthmioonn.Yltwciathn tmheasresaisge'ntohestrtauPdyY atos cirteedduciun so that upon return to PhYsical improve the abilitY to engage in anxiety in patient with ventilator environment, the Patients can achieving an inner sense of support. deal with their anxiety effectively ultimate Purpose (Jane, et al', (Seaward, 2002)' The The aPPlication of touch at effectiveness of guided imagerY ventilator suPPort can utilize 1997). The Patients with the site of tense muscle is bY as a strategy to reduce anxiety these concepts. TheY will activating neural reflex receptor has not been studied in Patient experience a sense of wholeness' cause a dilatation of blood with ventilator suPPort, but some They also will be deal with their vessels and increase circulation' evidence indicates that the anxiety in facing hard time When the mind is cleared of success of guided imagerY treatment with ventilator thought, stress and anxietY is depends on the individual's supPort. minimized (Seaward, 2002)' imaging abilitY. Despite the detail that many Mossoge theroPY Spiritalol theraPY Massage theraPY has csclaiemtmfisciaallYre,ityeist cuonmpmroovnelYn The root meaning of been in use for over 3.000 Years, spiritual terms in Hebrew, Greek the earliest references to it being amcacesPstaegdeththaetrathPeYeftfoectsthoef MALAYSIAN JOURNAL OF NURSING AUGUST 200e I MJN | 21 with Ventilator Support musculoskeletal and neuromuscular systems, difficult to compare and contrast reduction. They are guided including increased flexibility and resu lt. imagery, spiritual therapy, decreased muscle tension, are In terms of meditation, and aromatherapy. unrefuted. reduce anxiety in patient with complementary therapy to population of patients with However, it was not found in Discussion ventilator support, although, the In this review, it has only music therapy or music ventilator support was found that utilization of them is widely complementary therapy to undertaken a literature review of intervention that has a lot of Thus, we need upcoming accepted in the result of study. reduce anxiety in patients with wnuimdbeelryoafstcuedpietse,dbeicnausemiatniys research in particular patient ventilator support. This review researches in several settings. with ventilator support to reduce has found that trials of Studies involving complementary anxiety. readily identify on routine complementary therapy may not therapy may be less likely to be published in refereed, indexed There are number of literature searches. Despite the journals. Complementary therapy strength to this review. Firstly, it paucity of controlled trial, there are data that support the use of study result testing herbal or is comprehensive, including five dietary supplements may not be databases encompassing the some complementary therapy to reproducible in clinical practice, nursing and allied health, reduce anxiety in patients with as the herbal medicine products medical, and social health ventilator support. need legally guarantee by literature. This review represents the first systematic review of used Ohfenrobtea,l naonstdudiedsiethaharyt government regarding the purity or quantity of ingredients. reduce anxiety in patients with complimentary therapy used to this literature review, although supplements were found during Many complementary ventilator support. Secondly, this herbal medicines were included therapies are simple to use and symptoms in patients with paper examines highly prevalent in the search term (under the appear have or no side effects. Of the 29 articles that related to this ventilator support which are clinically, relevant, common and The reason of .that may be heading of Alternative medicine). symptomatically patients may be applicable to reduce anxiety in review, only music therapy is using the best evidence morbid. Thirdly, this paper is disinclined to participate in a approach. Data initially is sought placebo-controlled RCT or may ocoormptroehendcominfpolremteedocuoctnosmenet have impaired ability to tthheerampy. Tbehcausseimitpislnooninfvamsuivseic, Ipatcieanntsbeithbeveentfiiclaiaitolresffuepcportto. from the meta-analysis and randomized control trials. Small nonpharmacological and do not case report such as pilot study is ailslsneessmsenta,bnedcausfleucotfusaetvnerge to follow it. In patient with need much energy from patient also reviewed to support some of data. reason is that the outcomes of hemodynamic status. Another ventilator support, it is widely applied, because of the apanssdivenensoltistenninegetodthemuucschic study should be noted. The Several limitations to this search of terminology over time the lack of formal assessment complex to evaluate because of concern to patients may be concentration to do it. was constrained by indexing limitation. The difficulty findint type of information. There may tool and difficulty quantifying this Moreover, there are four literature consists in patient with ventilator support was limited by of endpoints, thus making it be inconsistency in the duration ventilator support on anxiety can be also used for patient with complimentary therapies that them. It has found that trials of the databases and not indexed in the content to reduce anxiety of ))r tr rr'r r r complementary therapy to reduce anxiety in patients Aragon, D., Farris, C., & Jacqueline, B, (2002) The effects of harp music in vascular wrrsoetiuvvthdtieinevwese.nwlTitteiahlarissatottdurherseeuisspeieopxanocrlrcuwthseamisosa.nmyAoaonbfoeetnhnoefoonrt-rIeimpnargiastlaiicisytthiocfanolanunorngfeduatashogoinse Barnasoann,dSth.,oZraicmicmseurrmgiacna,l p1a.t,ie&ntsNAie/tveerenon,tivle M(e1d9i9ci5ne)'T8h'5e2-e60ffects of music interuentions on anxiety in the patient after coronary bypass grafting' - BarocelliHi,uzeEOdo.O.,rit+nCh)ia.solActni"nnd,ateil,nduoFncgL,ic,oCev2pho4tn,iaavd7veu2atd4rai-nn1hi,d3y2Mgb'ar,isdtrldmoppRirceoctveieacrtoctihvreeo'neM"ffge'rcobTssrsuoon"fi'ievRhssa'eIc&ndtiBaalinaadon.c,iqlhria'IIIAley

based on the increased time, expense, complexity of Buckle, Is.c(i2noceos7,j.76cl,i2n1c3o-  
l22or3o.motherdpy essential oils in practice (2nd ed ) New translating, and synthesizing these studies'  
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