



Stress & Anxiety Management Group for GEM Inpatient Rehabilitation: A pilot study

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INTRODUCTION

Some Geriatric Evaluation & Management (GEM) inpatients struggle to engage in therapy due to stress & anxiety, affecting rehabilitation outcomes. Literature suggests that older adults benefit from relaxation interventions to alleviate anxiety & depression. However benefits & feasibility of these interventions are unclear in the current healthcare climate, with pressures on patient flow & length of stay.

This pilot study aimed to evaluate a 6 week trial of a 2 week relaxation & stress management group program jointly run by occupational therapy (OT) & clinical psychology staff on a 34 bed GEM subacute inpatient unit.

METHOD

Convenience Sample

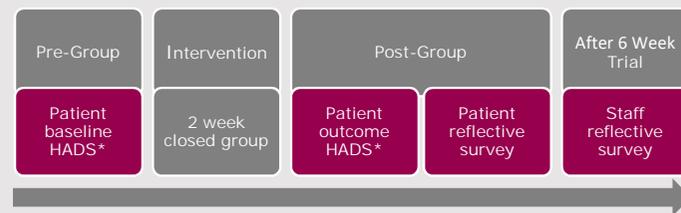
Patients Included: Self reported anxiety during GEM OT Assessment
Able to Follow 2 stage commands
Consent to referral to group

Patients Excluded: Unable to maintain attention for 30-40minutes
Behavioural concerns likely to impact on group dynamics
Infection control precautions restricting group attendance

Staff Included: OT, Nursing & Psychology staff working on GEM unit.

Mixed Methods Approach

Feedback from Multiple Perspectives



Intervention

- 2 x 30-40 minute sessions over 2 week period, run by clinical psychologist
- Education
- practical exercises (breathing, muscle relaxation, imagery & mindfulness),
- reflective discussion
- handouts &
- homework tasks

Analysis of Outcome Measures

- Hospital Anxiety & Depression Scales* (Snaith 2003) were analysed using descriptive statistics.
- Patient & Staff surveys were analysed thematically & triangulated.
- Rosalind Franklin Qualitative Research Appraisal Tool was used for rigor (Henderson & Rheault 2004).

RESULTS (Quantitative)

- The group ran on 5/6 occasions during the trial: 11 patients completed the pre HADS, 7 completed the post HADS & 4 were lost to follow up.
- Median change (post-pre HADS) in anxiety score of -2 points & median change in depression score of -2 points, indicate slight trend towards reduced anxiety and depression symptoms.
- Categorically, 5 patients scored no change in anxiety, 1 improved & 1 deteriorated. Four patients scored no change in depressive symptoms, 2 improved & 1 deteriorated.

HADS	Anxiety		Depression	
	Pre (n=11)	Post (n=7)	Pre (n=11)	Post (n=7)
Normal (0-7)	5 (45%) ¹	5 (71%)	5 (45%) ¹	5 (71%)
Mild (8-10)	2 (18%) ¹	0 (0%)	4 (36%) ²	0 (0%)
Moderate (11-14)	4 (36%) ²	1 (14%)	1 (9%) ¹	2 (29%)
Severe (15-21)	0 (0%)	1 (14%)	1 (9%)	0 (0%)
Post-Pre HADS	Median -2 (Range -8 to +7)		Median -2 (Range -4 to +2)	

Number Lost to follow up^x

RESULTS (Qualitative)

Patients (n=8) reported positively in terms of satisfaction, content, environment, social benefits & timing of group. Six reported feeling more able to manage their stress & perceived reduced anxiety following the group. Staff (n=4) were also positive regarding group & content but ¾ had limited awareness of the group & were uncertain regarding impact of group on client engagement and rehabilitation outcomes.

"Will use breathing techniques in everyday activities"
Patient

"Being able to relax & focus on one thing or something important was beneficial"
Patient

"Will be attending the next group and thought the time & location was suitable"
Patient

"Liked talking to the psychologist & the social environment"
Patient

"Enjoyed learning something new & using everyday strategies to combat my high level of stress"
Patient

DISCUSSION

- Results were confounded with 4/11 patients lost to follow up, group cancellations due to staffing & inadequate marketing.
- The 2 patients who deteriorated either improved or scored no change in the other domain. It was unclear if deteriorations were associated with the group.
- Spontaneous recovery & contaminating factors cannot be discounted.

CONCLUSION

- The Stress & Anxiety Management Group for GEM Inpatient Rehabilitation may be beneficial with trend towards reduced symptoms, and both patients & staff reporting positive outcomes.
- Further work is required to refine the group, logistical processes for sustainability & feasibility of roll out across other wards.
- Further research is planned to include more comprehensive data including representation of sample & impact on rehabilitation outcomes.

References
Henderson, R., & Rheault, W. (2004). Appraising and Incorporating Qualitative Research in Evidence-Based Practice. *Journal of Physical Therapy Education*, 18(3), 35-40.
* Snaith, R.P. (2003). The Hospital Anxiety & Depression Scale. *Health & Quality of Life Outcomes* Aug 1; 1:29.

