



Perceptions of Guided Imagery for Stress Management in Pregnant African American Women



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ABSTRACT

Maternal stress during pregnancy has been associated with numerous adverse pregnancy, birth, and health outcomes. Pregnant African American women have been reported to have higher levels of stress compared to other ethnic or racial groups underscoring the need for effective interventions to reduce stress in this population. The purpose of this study was to gain an in-depth understanding of the perceptions of guided imagery (GI) as a technique for stress management in a cohort of pregnant African American women who participated in a GI intervention as part of a larger mixed methods randomized controlled trial. The 12 week intervention was a professionally recorded compact disc with four tracks developed and sequenced to reduce stress and associated symptoms. The findings from this descriptive phenomenologic study were derived from daily logs and interviews from 36 participants randomized to the GI group. Participants described the stressful nature of their lives. Results demonstrated pregnant African American women perceived the intervention as beneficial in reducing stress and the associated symptoms. The emergent themes suggested the intervention offered a respite from their stressful lives, reduced the negative emotional responses to stress and enhanced well-being, benefited other areas of their daily life, and provided an opportunity to connect with their baby. The study results support the perceived efficacy of GI as a stress coping intervention. GI is an economic as well as easy to implement, access and use technique that has potential stress coping benefits as perceived by pregnant African American women.

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While the typical image of the experience of pregnancy is one of happiness and excitement, for many women pregnancy is a time of multiple stressors which have the potential to impact physical and emotional health (Dunkel Schetter, 2011). Maternal stress can be viewed as a particular relationship between the woman and the internal or external environment that is perceived by her as taxing or exceeding her ability to cope (Lazarus & Folkman, 1984). The perception of stress can lead to negative emotional and physical responses such as anxiety, tension, difficulty sleeping, and fatigue (Wadhwa, Entringer, Buss, & Lu, 2011). Of concern is that these stress exposures and the resultant stress responses during pregnancy have been associated with pregnancy complications, negative birth outcomes, and potential adverse health implications for mothers and infants over the life course (Austin & Leader, 2000; Chou, Kuo, & Wang, 2008; Dunkel Schetter & Tanner, 2012; Hall et al., 2009; Räisänen, Gissler, Saari, Kramer, & Heinonen, 2013). Also troubling is the disparity in rates of stress between African American women compared to women of other racial or ethnic groups with pregnant African American women experiencing a greater number of stressful life events (Anachebe, 2006; Dominguez, Dunkel-Schetter, Glynn, Hobel, &

Sandman, 2008; Zambrana, Dunkel-Schetter, Collins, & Scrimshaw, 1999). Such findings have been suggested as a potential explanation for the disparities in health outcomes in African American women and underscore the need for an effective intervention to reduce maternal stress in pregnant African American women.

The pathway from maternal stress to negative health outcomes is a multifaceted and complex biopsychosocial process and exemplifies the connection between the mind and the body (McEwen, 2007). The perception of stress in the mind initiates biological changes in the body leading to physiologic reactions that can have detrimental effects on health outcomes. This interaction between the mind and body helps to explain the influence of maternal stress on health and pregnancy outcomes as mediated by the interactions of the autonomic nervous system biologic pathways (Cardwell, 2013). Such pathophysiological processes may lead to physiologic arousal characterized by symptoms such as increased heart rate, tense muscles, aches and pains, uterine contractions, sleep disturbances, difficulty thinking, and negative emotions (McEwen, 2007).

This mind–body connection between stress and negative emotional and physical responses makes it an ideal focus for mental health nursing practice, which recognizes the interconnectedness of mind, body, spirit, and environment and often integrates conventional and complementary nursing interventions into care (Mariano, 2013). Nurses empower individuals with the needed knowledge and skills to live healthier and more balanced lives through positive lifestyle changes and daily self-

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care (Potter & Frisch, 2009). One such complimentary intervention designed for self-care is guided imagery.

Guided imagery (GI), is a dynamic, psychophysiological modality in which a person imagines and experiences an internal reality in the absence of external stimuli (Menzies & Gill Taylor, 2004). The incredible power of the mind creates mental images that connect an associated emotion to the body which leads to changes in feeling and physiologic states. GI is an intervention that has been used for the self-management of stress and the resultant stress responses. Quantitative research findings have reported that the use of GI during pregnancy has reduced self-reported measures of stress, anxiety, difficulty sleeping, and fatigue during pregnancy (Chuang et al., 2012; Jallo, Bourguignon, Taylor, Ruiz, & Goehler, 2009; Jallo, Cozens, Smith, & Simpson, 2013; Jallo, Ruiz, Elswick, & French, 2014; Schaffer et al., 2013; Urech et al., 2010). While randomized controlled trials using standardized measures are critical to demonstrate the effectiveness of GI, data obtained from instruments using closed-ended items do not always capture the full story of a woman's experience.

A qualitative research approach can help to compensate for these constraints and potentially provide better insight into the context of the intervention (Albright, Gechter, & Kempe, 2013). Such an approach plays an important role in gaining understanding of the everyday realities of the use of the intervention in their daily life. Thus, it is important that the experiences and perspectives of the participants be understood. A narrative approach allows women to tell their stories in a way that can develop a fuller understanding of their experiences (Guardino & Schetter, 2014). Participants' perceptions may increase our understanding of the perceived benefits and barriers as well as potential therapeutic mechanisms of GI during pregnancy. This is vital for all pregnant women, but maybe especially important for pregnant African American women who are potentially at increased risk for stress and negative health outcomes. Therefore, the aim of this qualitative study, which completes previously published preliminary results (Jallo et al., 2014) is to gain an in-depth understanding of the experiences and perceptions of GI as a technique for stress management in a cohort of pregnant African American women who participated in a GI intervention as part of a larger mixed methods randomized controlled trial.

MATERIALS AND METHOD

Research Design

This descriptive phenomenologic study is the qualitative arm of a larger community-based 12 week longitudinal randomized clinical intervention study, which was conducted in southeastern Virginia (Jallo et al., 2009). The affiliated Institutional Review Boards (IRBs) for the recruitment sites reviewed and approved the study protocol. Written informed consent was obtained from participants prior to their enrollment in the study.

Participants

This study focuses on the participants who were randomized to the GI group and completed the 12 week GI intervention. Participants were recruited at 2 academic obstetric clinics affiliated with 2 large metropolitan southeastern Virginia health systems. Inclusion criteria included: (1) pregnant African American women between 14 and 17 weeks gestation; (2) ≥ 18 years or older; (3) able to read, write and understand English; and (4) verbalize a source of social support. Exclusion criteria included: (1) multiple pregnancy; (2) cervical cerclage; (3) current use of oral corticosteroids; (4) uterine or cervical abnormality; (5) dissociative disorders, borderline personalities and psychotic pathology; (6) medical and/or pregnancy complications; and (7) current use of GI techniques. The principal investigator or members of the research team recruited potential participants. A total of 148 potential participants were assessed for eligibility. Of these 148 women, 74 did not

meet inclusion criteria, 2 were eligible but declined to participate, and 72 pregnant African American women between 14 and 17 weeks gestation were enrolled after completing the informed consent process. Thirty-six participants were randomized to the GI group and constitute the sample for this phenomenologic inquiry.

Intervention

The 12 week GI intervention that participants were asked to consider has previously been described in detail (Jallo et al., 2014). The GI compact disc (CD) consisted of 4 tracks with each track lasting 20 minutes. Participants were instructed to listen to one of the tracks once a day. For weeks 1–4 the participants were asked to listen to a track in a sequenced order and for weeks 5–12 the participant was instructed to daily select the track of their choice. The script for each of the CD tracks was developed and professionally recorded by the first author who was certified in GI. The images were selected and sequenced to focus on reducing stress, anxiety, and fatigue. All CDs included images to promote relaxation, focused breathing and a sense of overall health and wellness. In addition, CD #1 included images of a pleasant safe scene; CD #2 included a shortened version of content in CD#1 and added images associated with decreases in stress and stress-related symptoms; CD#3 included different images focusing on reducing stress and symptoms as well mental rehearsal imagery whereby the participant was invited to imagine successfully meeting the challenges in her daily life; and CD#4 included a shortened version of CD #3 and images related to a healthy pregnancy and baby. The CDs, CD player, and extra batteries were provided to the participant.

Measures Data Collection

Demographic and Health History

A self-reported demographic and health history questionnaire was developed for this study. Basic demographic information as well as medical, obstetrical and mental health risk factors as well as health behaviors were collected.

Daily Logs

The qualitative data were collected through 2 sources. Data about the intervention were collected through daily logs in which the participants documented the frequency of use and perceived benefits and/or problems related to use of the intervention.

Participant Interviews

Semi-structured interviews using open-ended questions were conducted at the completion of the 12 weeks GI intervention. Participants were asked to share their experiences with this intervention related to the following: (1) overall impression, (2) features they liked most and/or least, (3) integration and use of techniques in daily life, and (4) suggestions for improvement. The responses were written down verbatim and the responses verified by the principle investigator. The interview lasted approximately 10–15 minutes.

Procedure

Eligible women who consented, agreed to participate and were randomized to the guided imagery group, completed the demographic and health history during their scheduled prenatal visit. Participants received the GI CD, CD player, extra batteries, daily log forms and study instructions. The GI participants were asked to listen to one of the CDs daily in a prescribed manner and complete the daily log. The logs were collected by the research team at the recruitment site when the participant returned for their next prenatal appointment. Upon completion of the 12 week intervention, the participant participated in a semi-structured interview conducted at the prenatal clinic during a routine prenatal visit.

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