Journal of Advances and Scholarly Researches in Allied Education
Vol. 20, Issue No. 4, October-2023, ISSN 2230-7540

Optimizational Therapy's Efficacy for People Suffering from Anxiety Symptoms

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Abstract - The primary goal of this empirical study is to determine whether or not occupational therapy can improve the well-being of elderly people living in an institutional setting who are experiencing symptoms of depression, social isolation, and anxiety. The widespread occurrence of stress illnesses has severely limited many people's capacity to take part in everyday activities. Forty persons now residing at the Home for persons with Physical Disabilities serve as the experimental background for the current study. Multiple sclerosis, spina bifida, muscular dystrophy, limb abnormalities, cerebral palsy, paraplegia, heart attack, stroke, etc. are only few of the conditions that the people who get this social assistance have. Their cognitive abilities are all still intact. To aid in clinical diagnoses and psychopathology screening, a questionnaire was developed based on the PAI (Personality Assessment Inventory) and administered to a sample population of adults in a controlled trial. Items from the PAI were chosen because of their ability to identify anxiety symptoms and phenomenology and because they were employed in the current investigation. The Anxiety Scale is a self-report assessment of personality characteristics that are correlated with anxiety. The scale includes sections measuring worry in three different ways: mentally, emotionally, and physically. Occupational therapy has traditionally placed a strong focus on employment and the human element in the workplace, and its methodology is organised around iterative cycles of problem identification and solution development. The post-treatment outcomes are very suggestive of occupational therapy's efficacy. The number of people with anxiety dropped from 37 (93.2%) before occupational therapy was carried out to 18 (47.7%), a reduction of nearly 50%; this is only one of the improved indicators. The current research suggests that occupational therapy is the most often used kind of rehabilitation treatment in public facilities. It's a chance to let go of stress, worry, wrath, discontent, disappointment, insult, and hatred.

Keywords - Distress, Diseases, Anxiety, Stress, Symptoms, Physical Disabilities.

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INTRODUCTION

In terms of worldwide disability burden, anxiety and stress-related illnesses (characterised by excessive dread or concern over a present or expected future event) rank tenth[1]. High lifetime prevalence rates for anxiety disorders are linked to greater disability, worse quality of life, and less engagement in life [2]. The cost of living with an anxiety condition is considerable for both individuals and society as a whole. The average yearly cost of care for patients with anxiety in the United Kingdom is £71 million (US $84.2 million)[3]. This amount equals around $52 billion USD in the US [4].

Anxiety disorders, no matter the form or cause of the condition, have a substantial affect on an individual's capacity to engage in their chosen activities in everyday life at a level with which they are content [5]. Anxiety-related stress drains resources and saps motivation for everyday tasks [6], and it's connected to both resilience and occupational adaptivity, which is defined as "the capacity to modify one's behaviour in response to changing circumstances"[7]. In the context of health intervention, a focus on the physiological or cognitive elements of anxiety may not always lead to an improvement in the individual's engagement in everyday activities. “Additionally, poor functioning might remain after complete or partial recovery from an anxiety illness owing to the longitudinal effect of psychosocial impairment, demonstrating that involvement in everyday life seems to be independent of symptoms of anxiety[8]. More so than the intensity of either anxiety or depression symptoms, involvement and functioning are recognised to be a predictor of health care use and cost[9]. These results highlight the need of identifying the features of therapies that concentrate on how people with anxiety take part in everyday activities, as this will aid in the creation of more specific and successful interventions in the future.” In

addition, more precise targeting of therapies has the potential to reduce costs[10].

Anxiety is a multifaceted human emotion that crosses cultural boundaries. In a study of Iranian adults dealing with anxiety, those affected described feeling "caged in" by their condition and feared being ignored or criticised by others[11]. According to one British person's description of anxiety and its effects, "My head says I'm under attack and physically I feel like I'm under attack" and "it has prevented me from doing a lot of things"[12]. The diversity of these encounters highlights the need of investigating the features of interventions for individuals.

“Occupational therapists have traditionally helped those struggling with anxiety in a number of contexts. Because of the varied nature of the included studies, Fox et al.'s [13] comprehensive review and narrative synthesis of occupational therapy treatments for adults with anxiety disorders was unable to reach a conclusion about the overall clinical efficacy of these therapies.” However, since this was an efficacy review, the authors did not meticulously track the features of the studies that were selected or the therapies that were used. “Limiting the review's reproducibility and openness is the authors' possible failure to record their systematic review in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement. Fox et al.[13] note at the end of their article how important it will be for the field to report on the results of studies examining the effectiveness of occupational therapy for patients with anxiety. The proposed scoping study aims to expand upon the authors' results[13] by doing a more recent search, as well as investigating and comprehending the current landscape of intervention features of the treatments discovered. Studies done during 2019 that might contribute to the data have been found via a search of the CINAHL database.”

The identification of prospective intervention features is vital to the creation of novel complex treatments[14]. “A lack of clinical and cost-effectiveness in an intervention may come from insufficient time spent on identifying features in the early stage of the development cycle for a complicated intervention [14]. Furthermore, analysing the features of prior occupational therapy studies can assist the design and future assessment of novel therapies by assessing how the study is done and identifying knowledge gaps[14,15].” The Medical Research Council[15] outlines a "development-evaluation-implementation process" for complex therapies, which this method parallels. To improve the likelihood of future treatments' success in both evaluation and implementation (i.e., actual use), this strategy may be implemented.

RESEARCH METHODOLOGY

The purpose of this empirical study is to determine the efficacy of occupational therapy in treating residents of a Saudi Arabian institutional setting who are experiencing distress, social isolation, and sadness, all of which contribute to a deterioration in their physical and psychological health.

This study utilises the Home for Adults with Physical Disabilities as its experimental setting, and its research sample consists of forty residents of the facility. In Table, you can see how the population is split up by age, gender, and level of education.

Table 1: Age, sex, and educational background distribution

Age	Resident Count	Gender		Education	
		Female	Male	College	High-School
68-73 yrs.	**10**	**4**	**6**	**8**	**3**
74 – 79 yrs.	**20**	**4**	**16**	**9**	**13**
Over 80 Yrs.	**10**	**9**	**2**	**3**	**7**
All	**40**	**17**	**24**	**20**	**23**

Multiple sclerosis, spina bifida, muscular dystrophy, limb abnormalities, cerebral palsy, paraplegia, heart attack, stroke, etc. are only few of the conditions that the people who get this social assistance have. Their cognitive powers are still intact. Occupational therapy sessions were carefully chosen for the experiment's execution, taking into account the residents' requirements, participation preferences, and medical conditions. Some behavioural characteristics, including emotional responses, gestures, and facial expressions, were determined by open direct observation. “We learned about the individual's wants and requirements, areas of interest, current disposition, and potential for physical and mental resistance (all of which affect how long occupational therapy exercises may be maintained). The length ranged from 90 to 120 minutes, four times a month, for one year.” Each

worker's individual requirements were taken into account and met in the workplace.

A test study was undertaken using a personality questionnaire constructed on the basis of the PAI - Personality Assessment Inventory. For the purpose of clinical diagnosis and psychopathology screening, this questionnaire was developed for use with adult subjects. Respondents need to have reading and comprehension skills on par with those of someone with an elementary school education in order to finish the questionnaire. Self-administered, it seeks data on a number of important clinical measures. The whole spectrum of clinical characteristics is covered, and the scales' subscales make interpretation easier. Items from the PAI were chosen because of their ability to identify anxiety symptoms and phenomenology and because they were employed in the current investigation. Common characteristics of anxious feelings are quantified by the Anxiety scale. Item content includes concern, subjective apprehension, fear of humiliation, and bodily indicators of tension and stress, among other anxiety-related features. The scale is divided into three sections, each measuring a different dimension of anxiety. Mental, emotional, and physical health.

Results interpretation

Between 60 and 69 T-points - suggestive of feeling stress and some concern, sensitivity and emotionality. T-score of 70 or more indicates probable high levels of stress and worry. A person with this outcome spends much of their time worried and on edge in anticipation of bad things to come. Such individuals have been characterised as tight-knit, apprehensive, frightened and dependant. If a person has a T-score of 70 or more, it's quite probable that at least one of the subscales is elevated, and the subscale scores should be taken into account when deciding which modality the anxiety shows in. High T-scores (greater than 90) on all three subscales are consistent with a diagnosis of generalised anxiety disorder. The researcher's quality of life suffers significantly because of this; even the smallest amount of responsibility might seem overwhelming. In many cases, crises are sparked by quite little pressures. Anxiety disorders may be diagnosed in the vast majority of these situations.

RESULT

Pre-occupational therapy questionnaire results suggest that 93.2% of residents report feeling nervous or tense most of the time because they are worrying about something bad happening to them. 56.9% share serious fears and anxiety about the present. Tension manifests itself physically in 97.7% of people as somatic problems. Ninety-nine point nine percent said that fatigue is a direct effect of their stress levels. Most locals (67%) are above-average in all three dimensions. They can't get through the day because of how worried they are. Table

A high score on the Cognitive Anxiety subscale indicates that a resident is experiencing substantial difficulties paying attention and focusing on the present. Their friends and family members will likely attest to the fact that they worry too much about things that are out of their hands.

People who score high on the Physiological Anxiety scale are more likely to report physical symptoms of stress. They are so anxious and worried that it shows in their physical appearance.

Subjects with high Affective Anxiety report experiencing extreme tension, a lack of ability to relax, and a general exhaustion as a consequence of their condition.

Most people who have been studied have anxiety levels that are above average, making up the so-called Configuration. Individuals who score highly on all three subscales suffer from excessive concern that interferes with their ability to focus and manage their daily responsibilities. “They worry about things that are obviously inconsequential and over which they have little influence. Motor tension, lack of relaxation, and general exhaustion and malaise are all symptoms of a life that is considered as excessively stressful.”

Table 2: Pre-occupational therapy scores on an anxiety scale.

Anxiety					
Points		Frequency	%	% validity	Cummulative %
Valid	65	2	6,8	6,8	6,8
	75	1	2,3	2,3	9,1
	76	1	2,3	2,3	11,4
	77	2	4,5	4,5	15,9
	79	9	18,2	18,2	34,1
	80	8	22,7	22,7	54,8
	81	5	11,4	11,4	68,2
	83	1	2,3	2,3	70,5
	85	4	11,4	11,4	81,8
	88	2	4,5	4,5	86,4

	89	3	9,1	9,1	95,5
	93	2	4,5	4,5	100,0
	Total	40	100,0	100	

Cognitive Anxiety

Points		Frequency	%	% validity	Cummulative %
Valid	57	3	6,8	6,8	6,8
	63	5	13,6	13,6	20,5
	66	6	22,7	22,7	42,2
	70	8	11,4	11,4	53,5
	73	7	15,9	15,9	70,5
	79	6	18,2	18,2	88,6
	83	1	2,3	2,3	90,9
	86	4	9,1	9,1	100,0
	Total	40	100,0	100,0	

Physiological Anxiety

Points		Frequency	%	% validity	Cummulative %
Valid	67	1	2,3	2,3	2,3
	71	8	20,5	20,5	22,7
	74	3	6,8	6,8	29,5
	78	1	2,3	2,3	31,8
	81	5	11,4	11,4	43,2
	85	10	29,5	29,5	73,7
	88	10	22,7	22,7	95,5
	99	2	4,5	4,5	100,0
	Total	40	100,0	100,0	

Affective Anxiety

Points		Frequency	%	%	Cummulative %
Valid	59	3	6,8	6,8	6,8
	69	1	2,3	2,3	9,1
	72	8	20,5	20,5	29,5
	75	11	29,5	29,5	59,1
	78	8	20,5	20,5	79,5
	81	3	6,8	6,8	86,4
	85	4	9,1	9,1	95,5
	88	2	4,5	4,5	100,0
	Total	40	100,0	100,0	

Table shows the outcomes obtained after the occupational treatment was administered, which are very suggestive of its efficacy. Among the enhanced metrics are:

After receiving occupational therapy, the percentage of residents with anxiety dropped from 37 (93.2%) to 18 (47.7%), a decrease of almost 50%. After the occupational treatment was over, there was no sign of worsening in the residents' condition.

Table 3: Results from an anxiety measureadministered before and after occupationaltherapy

Anxiety

Points		Frequency	%	% validity	Cummulative %
Valid	48	1	2.3	2.3	2.3
	51	1	2.3	2.3	4.5
	54	1	2.3	2.3	6.8
	55	1	2.3	2.3	9.1
	56	1	2.3	2.3	11.45
	57	7	18.2	18.2	29.5
	59	4	9.1	9.1	38.6
	60	5	13.	13.6	52.3

		6		
61	6	15.9	15.9	68.2
63	3	6.8	6.8	75
64	3	9.1	9.1	83.1
65	3	6.8	6.8	90.9
67	2	4.5	4.5	95.5
68	1	2.3	2.3	97.7
72	1	2.3	2.3	100,0
Total	40	100,0	100,0	

CONCLUSION

The following conclusion is based on an examination of the data collected during the occupational therapy session that was performed. Occupational therapy leads to a considerable improvement in their condition, which testifies of its efficacy. The following general suggestions are allowed in light of the study findings. The goal is to pave the way for occupational therapy to play a larger role in the services provided by social and health care organisations. So that there are more qualified occupational therapists in the helping professions and in clinical practise, we must train more of them.

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