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RESEARCH ARTICLE

A STUDY TO ASSESS THE LEVEL OF ANXIETY AMONG FAMILY MEMBERS OF PATIENTS ADMITTED IN ICU DHIRAJ GENERAL HOSPITAL (DGH), PIPARIA (WITH A VIEW TO PREPARE AN INFORMATION BOOKLET ON PREVENTION OF ANXIETY)

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ABSTRACT

Objectives

- To assess the level of anxiety among family members of patient admitted in ICU DGH.
- To find out association between the level of anxiety with their selected demographic variables.
- To prepare an information booklet on prevention of anxiety.

Material and method: The selection of design depends upon the purpose of the study, research approach and variable to be studied. Descriptive research design was used for the study. The study was conducted on 30 family members of patient admitted in ICU, DGH using non-probability purposive sampling technique. The tool used for data collection MHARS was selected to assess the level of anxiety among family members of patients. The data was tabulated and analyzed in terms of objective of the study, using descriptive and inferential statistics. An information booklet on prevention of anxiety provided to prevent anxiety among family members of patients admitted in ICU.

Results: The result showed that 3 (10%) family members have no anxiety, 13 (43.33%) family members have mild anxiety, 13 (43.33%) family members have moderate anxiety and only 1 (3.33%) family members have severe anxiety. The findings variable indicate such as Age (X2 = 4.314), Patient's age (X2 = 5.484), Gender (X2 = 0.557), Religion (X2 = 0.384), Education (X2 = 5.923), Type of family (X2 = 0), Family monthly income (X2 = 1.45), Was patient admitted earlier in ICU? (X2 = 0.554), Type of personality (X2 = 0) showed significance at 0.05 level of significance. Thus it can be interpreted that there is significance association between the levels ofanxiety.H1 is partially accepted.

Conclusion: The study was undertaken to assess the level of anxiety among family members of patients admitted in ICU, DGH, Piparia and found that the majority of family members had mild and moderate level of anxiety related to patients admitted in ICU. Therefore to reduce the anxiety level among family members the researcher or investigator provided information booklet to reduce anxiety.

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INTRODUCTION

"The greatest weapon against stress is our ability to choose one thought over another"

William James

Anxiety is a universal phenomenon and emotional reality of human life. It is widely accepted that patients admitted in ICU is a common reaction in family members. Anxiety is distinguished from fear, which is an appropriate cognitive and emotional response to a perceived threat. Anxiety is related to the specific behaviour of fight-or-flight responses, defensive behaviour or escape. It occurs in situations only perceived as uncontrollable or unavoidable, but not realistically (Öhman, 2000). Hence anxiety is an emotion characterized by unpleasant

state of inner turmoil, often accompanied by nervous behaviour, such as pacing back and forth, somatic complaints, and rumination (Seligman, ?). It is the subjectively unpleasant feelings of dread over anticipated events, such as the feeling of imminent death (Davison, 2008). Anxiety is not the same as fear, which is a response to a real or perceived immediate threat, whereas anxiety is the expectation of future threat. It is often accompanied by muscular tension, restlessness, fatigue and problems in concentration (American Psychiatric Association, 2013). The admission in intensive care unit produces a crisis situation for both patient and family members. During this period families deal with many stress including role changes financial concerns, uncertain patient prognosis. If the event is not handled properly, the result may be prolonged physical and psychological instability of family member, a situation that may adversely affect patient outcome (Chartier, 2005). The furthermore, fears of death, unclear result, emotional distress, financial concerns, changing roles, unfamiliarity with the procedures of hospital and the emotional turmoil and separation from family members, are several sources of anxiety for the family (Stover Leske Jane, 2002). When changes occur in health of one family member, all members are affected. A family's functioning will influences the health and well being of its members. If the illness is life threatening, it can produce severe stress within family system (Paniyadi, 2008). Anxiety is described as an unpleasant state of uneasiness or tension, which may be associated with abnormal hemodynamic as a consequence of sympathetic, parasympathetic, and endocrine stimulation. It begins as soon as the surgical procedure is planned and increases to maximal intensity at the moment of entering the hospital (Klopfenstein, 2008). The symptoms of anxiety can be physical and mental. Dizziness, muscle tension or pain, restlessness, sleeplessness, difficulty in concentrating, racing heartbeat, fast breathing, shaking or trembling, stomach ache, , loss of energy, sweating, clammy hands, chest pain, dry mouth (https://www. fairview.org/healthlibrary/Article/82144).

MATERIAL AND METHODS

The selection of design depends upon the purpose of the study, research approach and variable to be studied. Descriptive research design was used for this study. Modified Hamilton Anxiety Rating Scale (MHARS) was used to assess thelevel of anxiety among family members of patients admitted in ICU, DGH. An information booklet on prevention of anxiety provided to prevent anxiety among family members of patients admitted in ICU.

RESULTS

- Section-I: Frequency & percentage distribution of socio-demographic variables.
- Section-II: Analyze the level of anxiety among family members of patients admitted in ICU.
- Section-III: Association between the level of anxiety with their selected demographic variables.

Section-I: Frequency & Percentage distribution of socio demographic variables

In this section the socio-demographic variables of the respondents has been displayed to show the frequency distribution of the various attributes of demographic variables. Frequency and percentage have been calculated and the outcomes are as follows:

- According to the Age 6 (20%) respondents belongs to age group of 18-30 years,19 (63.30%) belongs to age group of 31-40 years, 3 (10%) respondent belongs to age group of 41-50 years and 2 (6.7%) respondent belongs to age group above 50 years.
- According to the Patient's age 7 (23.3%) respondents belongs to age group of 18-30 years, 6 (20%) belongs to age group of 31-40 years, 8 (26.7%) respondent belongs to age group of 41-50 years and 9 (30%) respondent belongs to age group above 50 years.
- According to the 12 (40%) respondents were male and 18 (60%) were female.
- According to the 19 (63.30%) respondents were Hindu religion, 8 (26.7%) respondents were Muslim religion, 3 (10%) respondent were Christian religion and only 0 (0%) respondent were other religion.
- According to the 9 (30%) respondents are illiterate, 13 (43.30%) respondents are having primary education, 3 (10%) respondents are having higher secondary education and 5 (16.70%) respondents are graduate.
- According to the 14 (46.7%) were nuclear family and 16 (53.3 %) were joint family.
- According to the 4 (13.30%) respondents having less than 10,000, 12 (40%) respondents having 11,000-20,000, 8 (26.70%) respondents having 21,000-30,000 and 6 (20%) respondents having above 30,000 family monthly income.
- According to the 17 (56.7%) respondents given yes answer and 13 (43.30%) respondents given no answer.
- According to the 18 (60%) respondent having extrovert and 12 (40%) respondent having introvert personality.

Section II: Description of the level of anxiety among family members of patients admitted in ICU.

This section deals with analysis of overall level of anxiety among family members of patients admitted in ICU.

Table 1. Overall level of anxiety family members of patients admitted in ICU

n=30

Category	Level of anxiety	
	Frequency	Percentage
No anxiety	03	10
Mild anxiety	13	43.33
Moderate anxiety	13	43.33
Severe anxiety	01	3.33
Total	30	100

Figure 1: Indicates that the overall level of anxiety score of family members suggest that 3 (10%) family members have no anxiety, 13 (43.33%) family members have mild anxiety, 13 (43.33%) family members have moderate anxiety and only 1 (3.33%) family members have severe anxiety.

SECTION III: Description of the association between the level of anxiety with their selected demographic variable

Among all the selected demographical variables: age (X^2 = 4.314), patient's age (X^2 = 5.484), gender (X^2 = 0.557), religion

(X^2 = 0.384), education (X^2 = 5.923), type of family (X^2 = 0), family monthly income (X^2 = 1.45), was patient admitted earlier in ICU? (X^2 = 0.554), type of personality (X^2 = 0) showed no significant association between the level of anxiety among family members. The level of significant is 0.05. So we conclude that from the selected demographic variables that are not significantly associated between the level of anxiety. Hence H_1 was not accepted.

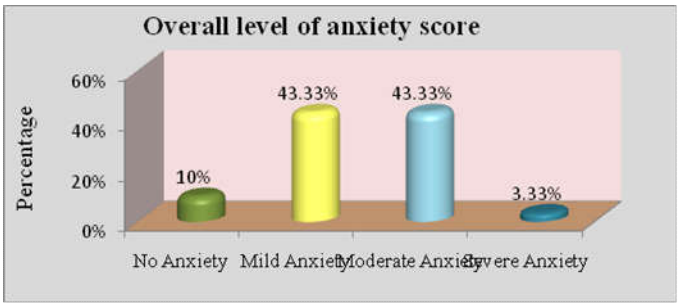

Figure 1. Overall level of anxiety scores of family members

DISCUSSION

This chapter deals with the discussions in accordance with the objectives of the study and hypothesis. The statement of the problem was "A study to assess the level of anxiety among family members of patients admitted in ICU Dhiraj General Hospital (DGH), Piparia (with a view to prepare an information booklet on prevention of anxiety)."

Conclusion

The present study assessed the level of anxiety among family members of patients admitted in ICU, DGH, Piparia and found that the majority of family members had mild and moderate level of anxiety related to patients admitted in ICU. After providing the booklet on prevention of anxiety there was reduction of anxiety level among family members. The study conducted that to assess the level of anxiety among family members of patients and to prevent anxiety among family members to prevent the severe anxiety further.

According to analysis level of anxiety among family members of patients admitted in ICU. The score of family members suggest that 3 (10%) family members have no anxiety, 13 (43.33%) family members have mild anxiety, 13 (43.33%) family members have moderate anxiety and only 1 (3.33%) family members have severe anxiety.

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