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Critically Ill Patients Experiencing Anxiety

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Abstract:

Background: Patients hospitalised to the intensive care unit (ICU) are in a life-threatening state and may experience psychological symptoms, such as anxiety, as a result of their illness.

The purpose of this investigation is to gauge the degree of fear felt by critically ill patients.

Methods The Hamilton anxiety scale was used to identify anxious K.H. & M.R.C. patients through a cross-sectional study of fifty patients in the intensive care unit. The research utilised both descriptive and inferential statistics.

This study found that among 50 critically sick patients, 82% were suffering from severe anxiety, 14% from moderate anxiety, and 4% from mild anxiety.

Patients in the intensive care unit who were already critically sick often have additional mental health problems, such as anxiety.

1. Introduction

Anxiety is a normal and healthy biological response to a perceived threat. Symptoms include a lack of control over the situation and a sense of hopelessness. A few repercussions may follow from this. The emotional response of anxiety is often overlooked or misunderstood. [1]

A patient's mental health might be negatively impacted by their critical illness, the ICU environment, and other factors. One possible mental disorder is anxiety. [2]. Anxiety may be exacerbated in IC patients by the presence of mechanical ventilators and other loud, technical gadgets. [3]

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Anxiety may have its origins in both the unfamiliarity with the disease and the unfamiliarity with the intensive care unit (ICU) setting. Sleep disturbances in the intensive care unit Anxiety can be triggered by anything from a change in sound or temperature to physical discomfort. There is a correlation between anxiety and these causes. As a result, this can increase anxiety levels, and the anxiety itself can amplify symptoms in some people. The nurse's role in the care of an intensive care unit patient who is experiencing anxiety is twofold: to assess the patient's current degree of anxiety and to determine the underlying causes of that patient's concern. Finding out how anxious a critically ill patient is can help nurses treat them more effectively. [4] As well as aiding in care planning and facilitating the early discharge of ICU patients, determining the extent to which they are worried about their treatment and their prognosis is important for avoiding complications like depression and post-traumatic stress disorder. [5]

A negative impact of anxiety on the health of the patient. Caregiver and patient happiness, treatment success, problems avoided, and overall health are all improved when anxiety is assessed early on. Assessing the level of anxiety in a population [6] can shed light on the causes of the condition, provide a record of its impact, and show how it influences patient outcomes. [7]

2. Problem Statement

Critically ill patients experiencing anxiety

3. Objective

To assess anxiety among critically ill patients.

4. Methods

A cross-sectional survey research design was used for this investigation. The following inclusion and exclusion criteria were used to choose a total sample size of 50 from the intensive care unit at K.H. & M.R.C. To gauge the extent of the problem, we employed the Hamilton Anxiety Scale. Informed and written consent from patients was obtained before submitting an application for ethical approval to the consent authority. Descriptive and inferential statistical methods were used for analysis.

The gadget, in a nutshell: -

Demographic information such as age, gender, education level, marital status, employment, and place of residence were collected in Section I.

Patients' anxiety levels were evaluated using the Hamilton Anxiety Rating Scale (HAM-A), Section II. Each of the 14 questions on this scale is scored from 0 (not present) to 4 (very severe), with 1 (mild) serving as the lowest possible score and 2 (moderate) as the next highest. Overall, the scale went from mild (less than 17) through moderate (18 to 24) to severe (25 or more) (More than 25).

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5. Results

Table 1: Frequency and Percentage Distributions of Selected Demographic Variables -

Sr. No.	Socio-Demographic Variables	Categories	Frequency	Percentage
1	Age	21-40	18	36
		41-60	19	38
		61-80	13	26
2	Gender	Male	29	58
		Female	21	42
3	Education	Illiterate	6	12
		Primary	18	36
		Secondary	13	26
		Graduate	13	26
4	Marital Status	Married	43	86
		Unmarried	7	14
5	Occupation	Active	29	58
		Inactive	21	42
6	Residence	Urban	9	18
		Rural	41	82

As shown in Table No. 1,

In terms of age distribution, 19 respondents (38%) are between the ages of 41 and 60, 18 (36%) are between the ages of 21 and 40, and 13 (26%) are between the ages of 61 and 80.

The study included 29 male participants (58%), as well as 21 female participants (42%).

• 18 (36%) sample members had completed elementary school, 13% (26%) had completed secondary school, and 12% (6% of the total) did not complete high school.

• Forty-three (86%) of the sample were married, whereas only seven (14%) were single.

Among the sample, 29 (or 58%) were employed in some capacity, whereas 21 (or 42%) were not.

• Forty-one participants (82%) were from rural areas, while nine participants (18%) were from metropolitan areas.

Table 2: Distribution of Anxiety among Critically Ill Patients Admitted to the Intensive Care Unit, Ranked by Frequency and Percentage, as Scored on the Hamilton Anxiety Rating Scale (HAM-A).

Categories	Frequency	Percentage
Mild (less than 17)	2	4
Moderate (18 to 24)	7	14
Severe (More than 25)	41	82

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Table 2 shows that 41 people in the sample (or 82% of the total) suffered from severe anxiety. 7 people (14% of the total) reported feeling moderately anxious.

• 2 people (4% of the total) were experiencing some anxiousness.

Table 3: Mean (SD) Anxiety Scores of Patients Admitted to the Intensive Care Unit

Categories	Mean	SD
Mild (less than 17)	26.16	3.431
Moderate (18 to 24)		
Severe (More than 25)		

As can be seen in Table 3, the mean score was 26.16 (3.431), indicating that the vast majority of the study's participants had significant anxiety.

Table 4: Relationship between sociodemographic factors and anxiety among hospitalised critically sick patients

Sr. No.	**Demographic Variables**	**level of depression**			**Chi Square value**	**P Value**	**Results**
		Mild (Less than 17)	Moderate (18 to 24)	Severe (More than 25)			
1.	**Age**						
	21-40	1	2	15	1.537	0.8201	NA
	41-60	0	3	16			
	61-80	1	2	10			
2.	**Gender**						
	Male	2	3	24	2.112	0.3478	NA
	Female	0	4	17			
3.	**Education**						
	Illiterate	0	1	5	2.071	0.9131	NA
	Primary	1	3	14			
	Secondary	0	1	12			
	Graduate	1	2	10			
4.	**Marital Status**						
	Married	2	6	35	0.3398	0.8438	NA

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	Unmarried	0	1	6			
5.	**Occupation**						
	Active	2	5	22	2.284	0.3192	NA
	Inactive	0	2	19			
6.	**Residence**						
	Urban	0	2	7	0.9929	0.6087	NA
	Rural	2	5	34			

According to Table 4, no demographic factor is strongly related to anxiety.

6. Discussion

This study's authors set out to determine the prevalence of anxiety in critically sick patients, and their findings suggest that 19 percent of the sample is comprised of individuals aged 41 to 60 years old, while 18 percent are in the 21 to 40 age range, and 13 percent are aged 61 to 80. 29 of the participants were male (58%), while 21 were female (42%). Eighteen (36% of the sample) had completed elementary school, thirteen (26% of the sample) had completed middle school, high school, and college, and six (12%) were completely illiterate. Out of the total sample, 43 (or 86%) were married while just 7 (or 14%) were single. According to their profession, 29 people in the sample (or 58% of the total) were now employed, whereas 21 people, or 42% of the total, were not. Forty-one participants (82%) were recruited from rural areas, whereas nine (9%) were located in metropolitan areas.

We found that 41 people (82% of the whole sample) had severe anxiety, 7 people (14% of the total sample), moderate anxiety, and 2 people (4%) experienced mild anxiety.

There is no conclusive evidence that any demographic factor is connected to anxiety. Sajeda AS et al. did a similar study to assess anxiety in ICU patients, finding that 56.5% of study participants were female and the average age was 44.6 years old. Anxiety affected 84.3% of patients, with a mean score of 12.1 (SD 18.2) (SD 4.3). In a similar vein, Maria et al[8] .'s study on anxiety in critically sick patients found that, of 141 participants, 70% were male and the average age was 54; more than half of the participants reported experiencing moderate-to-severe levels of worry. Maria B. et al. did a study on anxiety and critically sick patients, and their findings show that patients' levels of anxiety change from day one to day seven of hospitalisation. Sixty-nine percent of patients were experiencing mild anxiety, 16.7 percent were dealing with moderate anxiety, and 13.9 percent were dealing with severe anxiety. [10]

The majority of patients in the Intensive Care Unit (ICU) were men between the ages of 40 and 59, and the study found that 43.4% of patients suffered from mild anxiety, 28.3% suffered from moderate

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anxiety, and 28.3% suffered from no anxiety at all according to the FACES scale. [11]

Sixty percent of ICU patients had extremely severe anxiety, while another twenty-five percent had severe anxiety, according to a study by Sharma GB et al.

According to research by Balasubramanian N., 42% of people experience mild anxiety, 32% experience moderate anxiety, and 26% experience severe anxiety or panic attacks.

Critically ill patients hospitalised to the intensive care unit may have underlying mental health problems, such as anxiety, that range in severity.

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References

[1] Shelly A, Holmer R, Tighe M. Diagnosis and treatment of anxiety in the intensive care unit patient. Intensive Care Medicine, 6th ed. Philadelphia: Lippincott Williams & Wilkins2008. 2008;201:2296.

[2] Umbrello M, Sorrenti T, Mistraletti G, Formenti P, Chiumello D, Terzoni S. Music therapy reduces stress and anxiety in critically ill patients: a systematic review of randomized clinical trials.

[3] Chlan L. A review of the evidence for music intervention to manage anxiety in critically ill patients receiving mechanical ventilatory support. Archives of psychiatric nursing. 2009 Apr 1;23(2):177-9.

[4] Chlan L, Halm MA. Does music ease pain and anxiety in the critically ill? American Journal of Critical Care. 2013 Nov;22(6):528-32.

[5] Peris, A., Bonizzoli, M., Iozzelli, D. et al. Early intra-intensive care unit psychological intervention promotes recovery from post-traumatic stress disorders, anxiety and depression symptoms in critically ill patients. Crit Care 15, R41 (2011). https://doi.org/10.1186/cc10003

[6] Yildirim T, Özlü ZK. Needs of critically ill patients' relatives in emergency departments. Nursing and Midwifery Studies. 2018 Jan 1;7(1):33.

[7] May AD, Parker AM, Caldwell ES, Hough CL, Jutte JE, Gonzalez MS, Needham DM, Hosey MM. Provider-Documented Anxiety in the ICU: Prevalence, Risk Factors, and Associated Patient Outcomes. Journal of intensive care medicine. 2021 Dec;36(12):1424-30.

[8] Shdaifat SA, Al Qadire M. Anxiety and depression among patients admitted to intensive care. Nursing in critical care. 2022 Jan;27(1):106-12.

[9] Shinde M, Anjum S. Educational Methods And Media For Teaching In Practice Of Nursing. Sneha Publication India (Dombivili). 2007.

[10] Shinde M, Anjum S. Introduction to Research in nursing. Sneha Publication India (Dombivili). 2007

[11] Potdar N, Shinde M B, Sadare S. Barriers to Comprehensive Care in Intensive Care Units. International Journal Of Science and Research. 2016;5(8):447-50.

[12] Shinde MB, Hiremath P. Stressors, level of stress and coping mechanism adopted by undergraduate nursing students. International Journal of Nursing Education. 2014 Jul;6(2):231-3.

[13] Mohite N, Shinde M, Gulavani A.

ISSN: 2309-5288 (Print)
ISSN: 2309-6152 (Online)
CODEN: JCLMC4
Journal of Coastal Life Medicine

Job satisfaction among nurses working at selected tertiary care hospitals. International Journal of Science and Research (IJSR). 2014;3(6).

[14] Shinde MB, Mohite VR. A study to assess knowledge, attitude and practices of five moments of hand hygiene among nursing staff and students at a tertiary care hospital at Karad. Int J Sci Res. 2014;3(2):311-21.

[15] Gulavani A, Shinde M. Occupational stress and job satisfaction among nurses. International Journal of Science and Research (IJSR). 2014 Apr;3(4):733-40.

[16] Shinde M, Mane SP. Stressors and the coping strategies among patients undergoing hemodialysis. Int J Sci Res. 2014;3(2):266-76.

[17] Shinde M, Anjum S. Effectiveness of demonstration regarding feeding of hemiplegia patient among caregivers. International Journal of Science and Research (IJSR). 2014;3(3):19-27.

[18] Desai A, Shinde M, Mohite V. Knowledge of mental illness among caregivers of alcoholic's. International Journal of Science and Research (IJSR). 2014;3(4):550-7.

[19] Castillo MI, Cooke M, Macfarlane B, Aitken LM. Factors associated with anxiety in critically ill patients: A prospective observational cohort study. International Journal of Nursing Studies. 2016 Aug 1;60:225-33.

[20] Bolosi M, Peritogiannis V, Tzimas P, Margaritis A, Milios K, Rizos DV. Depressive and anxiety symptoms in relatives of intensive care unit patients and the perceived need for support. Journal of Neurosciences in Rural Practice. 2018 Oct;9(04):522-8.

[21] Hakak B, Tadke R, Faye A, Gawande S, Bhave S, Kirpekar V. Anxiety symptoms in patients admitted in medical intensive care unit: A cross-sectional study. Indian Journal of Medical Sciences. 2022 Aug 22;74(2):62-71.

[22] Sharma G, Maben EV, Kotian MS, Ganaraja B. Psychological evaluation of patients in critical care/intensive care unit and patients admitted in wards. Journal of clinical and diagnostic research: JCDR. 2014 Dec;8(12):WC01.

[23] Balasubramanian N. A study to assess level of anxiety among intensive care unit (ICU), patients in a selected hospital, Salem, Tamilnadu. Asian Journal of Nursing Education and Research. 2013 Apr 1;3(2):5.