

Original article:

“Association of Socio demographic factors with transitional care on anxiety level on patient those patient transfer from SICU to Ward.”

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ABSTRACT:

Background of the study:

As per the literature those patients are admitting in the ICU they are under emotional and psychological trauma. When they are in the hospital health care professionals should provide vary secure and safety care of the patient. familiar environment should provide them and good communication skill while presenting health status of the patient. This all help the patient to minimize anxiety level of the patient when they transfer from ICU to ward.

Objectives:-

Study investigated to determine the association of Socio demographic factors on anxiety level those transfer from SICU to Ward.

Material and Methods:

Experimental study done on patient those admitted on SICU to assess the association with Socio demographic variables it includes sex, age, religion, education, marital status, occupation. Self-prepared questionnaire was prepared and validated from experts. Patient selected those admitted in SICU by random sampling methods. Data was collected with self-prepared questionnaire

Results:

In the present study in the 60 samples 30(50%) was male and female, 28(46.70%) were in-between age of 25-40yrs, maximum samples were Christian 40(66.70%) in the education 32(53.35%) were illiterate, among the samples 54(90%) were married among the samples 27(45%) them were on daily wages. In the levels of anxiety in the ICU mild anxiety 7(11.66%), in the moderate anxiety 18(30.11%) and severe anxiety 35(58.33%).

In association there was no any association seen with anxiety those transfer from SICU to Ward. In SICU Mean SD 18.281 and In ward 7.9340 and paired t -Test Value was 19.5356 which was associated with <0.0001 . As per Socio demographic variables association seen with religion with anxiety p value 0.0110 and χ^2 13.054.

Conclusion:

.Psychological support and transitional care given by the nurses with good communication was helpful for the patient to reduce his anxiety level. Good hospital environment also helpful for the patient for his safety and security of the patient .Good team work by the health care professionals was important to reduced hospital stay of the patient.

Key Words:Scio demographic factors, Ward, transitional care.

INTRODUCTION -

Many of ICU patient and family members are in stressful condition in that so many are survivor but they are impaired with physical ,social and psychological domain and required long term care to regain health status of the patient. Some patient feels depression and fatigue .It was much important by the patient as well as care givers to keep continuity in care .health care professionals should give proper information because sometimes they need care in different location so proper guideline had to be explained by the health care are much important.¹

Quality of life was diminishing after hospital admission for the patient as well as relatives. But there are so many factors responsible for like inadequate information was provided by the health care professionals by the relatives, sometimes education of the patient and relatives, uncertainty about outcome of the disease .To improve quality of life of patient it was much necessary that should prepared proper guideline for coordinating care or sometime psychological support by counselor to the patient and care givers to reduced stress level was important.²

Nursing was effective to reduce the stress; reduction of hospital stay if that had been planned properly with good communication. Discharge planning has to be planned properly; patient should be comfort during hospitalization some strategies should develop by the hospital to implement transitional care and care givers and patient should orient with that care to reduced psychological burden.³

To prevent ICU stress it was much important to go a good communication with patient especially nurse because patient was unable to play his role due to sickness so sometimes he may not be able explain you but you can show respect to his nonverbal cues, make patient comfortable by providing comfort devices like extra pillows, sometimes change of position ,passive exercises, allowing relatives to spend some times with the patient ,allow to assist noninvasive procedure.⁴

After discharge home care management has to plan to prevent anxiety and depression by providing some coping strategies to the patient and care givers. Sometimes patient may develop medication induced delirium so to cope with that which are the guidelines that has to be explained well to patient.⁵

Methods-

Experimental study done to assess the transitional care on anxiety on patient prior transfer from SICU to ward selected in tertiary care hospital. Total 60 samples selected as per inclusion criteria of the study. Samples selected with simple random techniques to assess the anxiety level. Self-prepared questionnaire was prepared to assess the anxiety level. Questionnaire was validated by the experts and permission taken by the ethical committee before data collection. Purpose of the study was explained by the researcher to the sample. Data was collected from the samples those transferred from ICU to ward. Study done to observe the association with Socio demographic variables with anxiety level those transfer from SICU to ward.

Results –

Section A- Frequency and percentage distribution with Socio demographic among samples.

Section B- . Association between assessment so anxiety transferring from SICU to ward:

Section C- Association between anxiety with socio-demographic Variables.

Section A- Frequency and percentage distribution with Socio demographic among Samples.

SL.NO.	Demographic Variables	Frequency	Percentage
	AGE		
1	25-40	16	25.70%
2	40-60	28	46.70%
3	Above60	16	26.70%
	SEX		
1	Male	30	50%
2	Female	30	50%

3	Others	0	0%
RELIGION			
1	Christian	5	8.33%
2	Hindu	40	66.70%
3	Muslim	15	25.00%
4	Others	0	0%
EDUCATION			
1	Illiterate	32	53.35%
2	Secondary Education	15	25.00%
3	Under Graduation	13	21.70%
4	Post-Graduation	0	0%
MARITAL STATUS			
1	Married	54	90.00%
2	Unmarried	6	10.00%
OCCUPATION			
1	Daily Wages	27	45.00%
2	Business	5	8.40%
3	Farmer	15	25.00%
4	Others	13	21.66%

In the above study in the 60 samples 30(50%) was male and female, 28(46.70%) were in-between age of 25-40yrs, maximum samples were Christian 40(66.70%) in the education 32(53.35%) were illiterate, among the samples 54(90%) were married among the samples 27(45%) them were on daily wages. In the levels of anxiety in the ICU mild anxiety 7(11.66%) in the moderate anxiety 18(30.11%) and severe anxiety 35(58.33%).

Section B- Association between assessment so fanxiety transferring from SICU toward:

In this study above findings shown there was anxiety present those patient admitted in SICU than the ward. Some are had fear about hospitalization and sometimes because they are not much educated to understand condition and its consequence on patient's health, some relatives had

AREA OF ANALYSIS	MEAN	STANDARD DEVIATION	MEAN+SD	MEAN-SD	TTEST	PVALUE
SICU	19.81	1.5348	21.351	18.281	19.5356	<0.0001
WARD	11.05	3.1159	14.165	7.9340		

economic burden.

SectionC

Table3: Finding related to association between anxiety with socio-demographic

Variables.						
DEMOGRAPH ICDATA	MIL D	MODERA TE	SEVE RE	PVALU E	X2	SIGNIFICA NT
Sex						
a)Female	5	3	22	0.3189	2.286	NS
b)Male	2	6	22			
Age						
a)25-40	2	1	13	0.3102	4.784	NS
b)40-60	2	8	18			
c)Above60	3	2	11			
Religion						
a)Christian	2	9	21	0.0110	13.054	S
b)Hindu	5	6	4			
c)Muslim	1	1	11			
d)Others	0	0	0			
Education						
a)Illiterate	3	5	23	0.7179	3.695	NS
b)Secondaryeducation	3	2	10			
c)Undergraduation	1	1	9			
d)Postgraduation	1	1	1			
Maritalstatus						
a)Married	5	11	39	0.7322	0.6234	NS
b)Unmarried	1	1	3			
Occupation						
a)Dailywages	2	2	23	0.5708	4.791	NS
b)Business	1	1	3			
c)Farmer	4	1	10			
d)Others	1	1	11			

In the above table findings noted that there was no any significant value shown except with religion pvalue0.0110 and χ^2 value was 13.054.

Discussion:-

In the present study findings noted that among 60 samples 30(50%) was male and female, 28(46.70%) were in-between age of 25-40yrs, maximum samples were Christian 40(66.70%) in the education 32(53.35%) were illiterate, among the samples 54(90%) were married among the

samples 27(45%) them were on daily wages. In the levels of anxiety in the ICU mild anxiety 7(11.66%) in the moderate anxiety 18(30.11%) and severe anxiety 35(58.33%).

In SICU Mean SD18.281 and in ward 7.9340 and paired t -Test Value was 19.5356 which was associated with <0.0001 . As per Scio demographic variables association seen with religion with anxiety p value 0.0110 and χ^2 13.054. There was no any association found in Scio demographic except religion.

A cross sectional studies by (2022) Hakak B, Tadke R, Faye A. et al. most of participants are male with age belongs to 40-59 yrs. samples shown physical psychological and behavioral mild anxiety symptoms. But shown negative correlation ($r=-1.79$) with gender disease and no any statistical significances with mild or moderate anxiety. Which was similar to my study.^{6?}

A study done in by Rijal J, Sae-Sia W, Kitrungrrote L (2020) to assess the level of anxiety from transfer from ICU after open heart surgery .52(54%) of patient shown high level of anxiety and correlation shown with uncertainty in illness, nurses support and coping so in was noted that need based care and support was necessary for the patient to reduce his anxiety. In the present study association shown with religious factor.⁷

Qualitative study done with conventional approach as patient transfer from ICU to WAard. study done with purposive sampling techniques from 2018 to 2019 with semi structured interview method. Among 504 codes s were exacted and findings noted patient had uncertainty with improper communication, unhealthy atmosphere, patients own belief and cultural pattern etc.⁸

Conclusion:-

Hospital admission was very stressful factor for the patient especially those admitted in SICU. many factors responsible for that like education, occupation .literacy economic burden and also outcome from disease condition .In SICU if nurses are rendering good care and good communication about patient health status was reducing burden for the caregivers as well as patient.

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Conflicts of interest:

There are no conflicts of interest.

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