ANXIETY AMONG FIRST DEGREE RELATIVE OF SURGICAL PATIENTS AT FAUJI FOUNDATION HOSPITAL

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ABSTRACT

Objective: To ingress the austerity of symptoms of anxiety of the first-degree relatives that report to the hospital at the time at which their relative has to go a surgical procedure.

Study Design: Cross sectional study.

Place and Duration of Study: Fauji Foundation Hospital, Rawalpindi, from Jan 2014 to Oct 2014.

Methodology: The sample consisted of 307 relatives of surgery inpatient at Fauji Foundation Hospital Rawalpindi. Attendants present at the time of surgical procedure above the age of 18 years and below 60 years were included. The Hamilton Anxiety Scale was used as the questionnaire for data collection. Simple random sampling technique was adopted where every fourth attended was included in the study.

Results: Out of 307 sample population, 45.9% had severe level of anxiety, at the time when their relatives were in operating rooms. When we compared anxiety with age groups, 54 people fell in age group 21-30 years. In these, 18 individuals had mild anxiety, 16 had moderate anxiety and 20 had severe anxiety. The second age group had was between 31-40 years. In this age group, 12 had severe anxiety. The 41-50 years of group age, 43 had mild anxiety, 42 had moderate anxiety and 53 had severe anxiety.

Conclusions: The impassioned abutment and complacency of relative's essentialities should be preeminence to prevent anxiety and other disorders.

Keywords: Anxiety, First degree relatives, Surgery.

INTRODUCTION

The exorbitant entanglement regarding situations with doubtful consequences is worry, which isfundamental indicative of anxiety. Interference with the capability of takingaction to solving a problem is the worst outcome of excessive worry. Thinking, behavior, or physical reactions may emulate anxiety symptoms[1].

This disorder presents with many manifestations like panic, palpitation, increased respiration, diarrhea, insomnia etc. Anxiety can affect biological functions like decreased sleep which results in decreased work output and affect the social life of person. Appetite can either be decreased or increased as anxiety in some individuals cause psychogenic diarrhea and sometimes in constipation which then will result in decreased weight or increased weight respectively. Anxiety attack is specially seen in those who have stage fear and they present as flushed red skin. It can even affect the decision making of individual and can make the mood depressed also[1,2].

Others complain of increased frequency of using toilets and increased respiration. But it does not mean that anxiety has negative effects on us. Rather it gives us thrust for better performance for instance during the days of examination you will not study until you have fear of failure. So at times anxiety is useful but at the times where good decisions are need to be made anxiety affects the judgment power. It is interesting to know that people show peculiar signs when they are experiencing anxiety for example some start playing with their hair while other start biting their nails[3].

Critical illness of a relative is a dreadful reality that causes meaningful disturbance in patients and their family member's lives. As doctors are given training to focus on the patient needs, the requirements of the relatives are

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neglected. Few hospital in Pakistan provide world class medical facilities to patients but when it comes to facilitate the attendants of patients there are poor services for attendants. The disease may not be very severe but admission to hospitals comes as a major bad news to the attendants as there are few hospitals and most of them are in cities while major population of our country is living in rural areas. Visiting the patient and giving a bedside duty also adds up to tension upon family[2].

Following admission of patient to the hospital for a surgical procedure, the first response of relatives is lack of sleep, followed by a transient level of anxiety especially noticeable at the time of surgery and continuous till the full recovery of patient. The attendants are anxious to know what is happening to their relative inside and want to know minute by minute report of the surgery. An imbalance in the family structure occurs, if the bread winner of the family is hospitalized after confirmation of disease that needs surgery[3].

At these critical times the anxious behavior of attendants is usually overlooked by the nursing staff. Here comes the duty of whole medical team to establish empathy and trust bonds with the family which may help to decrease the tense state of mind among relatives. Such trust bonds can easily be established when patients and relatives both of them know the investigations, drug treatment, surgical options, prognosis and complications of the surgery so that patients and his relatives develop full confidence in their doctor.

METHODOLOGY

The study was conducted at Fauji Foundation Hospital Rawalpindi, from January 2014 to October 2014. It was a cross-sectional study based on Hamilton Anxiety Scale (HAM-A)[2], acquiring data concerning with level of Anxiety amongst attendants of surgical in-patients in Operation Theatre at Fauji Foundation Hospital. Data from patients who took part actively and passively was composed and Anxiety levels according to the scale provided with the standard questionnaire was compiled.

Sampling technique of consecutive sampling was done and a sample size of 307 attendants was selected with reference prevalence of 28% every fourth relative was included. Pilot study on 20 sample size was done before the study.

Ethical approval was taken from FUIC and consent from the attendants of surgical–inpatients was taken and data was analyzed via SPSS.

RESULTS

Our sample size consisted of 307 relatives. Amongst them 45.9% had severe level of anxiety, at the time when their relatives were in operating rooms. 28.7% relatives had moderate level of anxiety, whereas 25.4% relatives had mild anxiety when their relatives were being operated upon (fig-1-3).

When we compared anxiety with age groups, 54 people fell in age group 21-30 years. In these, 18 individuals had mild anxiety, 16 had moderate anxiety and 20 had severe anxiety. The second age group had individuals with age between 31-40 years. In this age group, 5 had

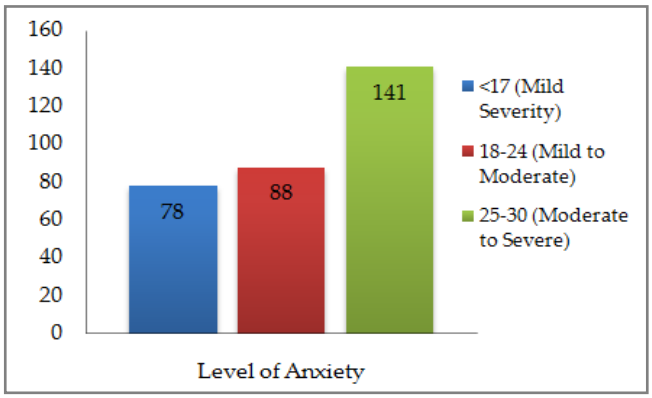

Figure-1: Level of anxiety among pationts.

mild anxiety, 2 had moderate anxiety and 12 had severe anxiety. The third age group consisted of individuals whose age was between 41-50 years. In this age group, 43 had mild anxiety, 42 had moderate anxiety and 53 had severe anxiety as shown in table. If we do gender wise comparison of age groups, we will see the following results. In age group 21-30, 53.7% were males and 46.3% were females, in age group 31-40; 57.8% were males and 42.2% were females, in age group 41-

50; 35.5% were males and 64.5% were females; in age group 51-60; 59.3% were males and 41.7% were females.

Among 146 males, 35.8% had mild anxiety, 43.1% had mild to moderate anxiety, 56.7% had moderate to severe anxiety. Among 161 females,

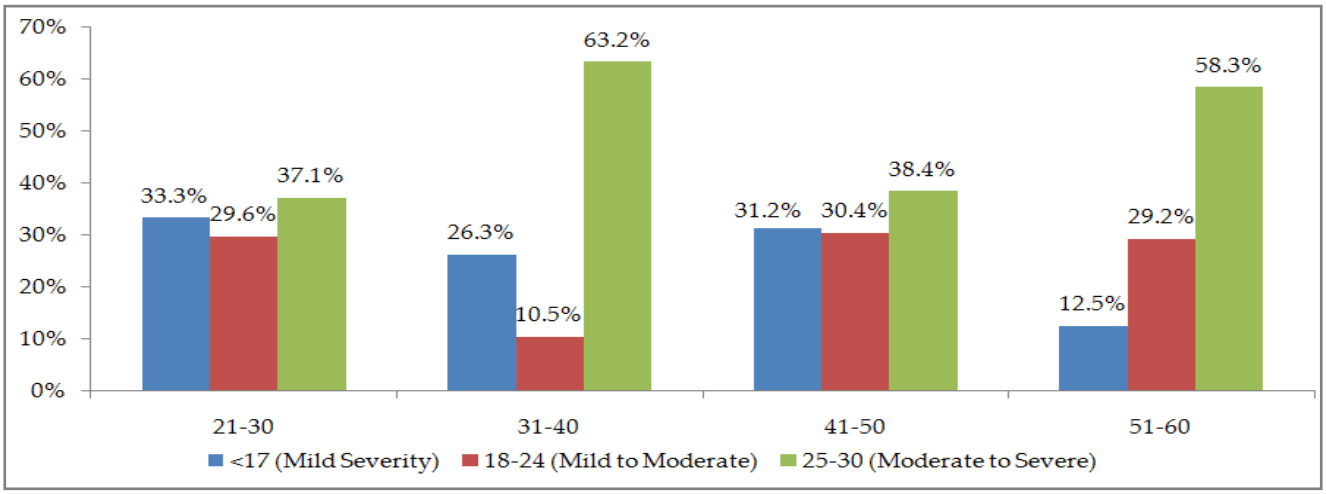

Figure-2: Relationship of age with level of anxiety.

64.2% had mild anxiety, 56.9% had mild to moderate anxiety and 42.3% had moderate to

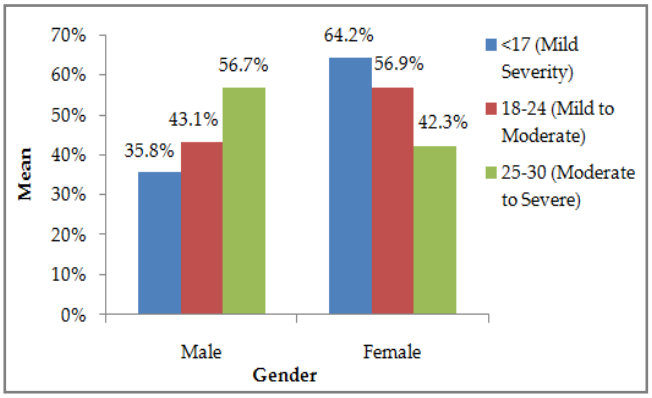

Figure-3: Relationship of gender with anxiety level.

severe anxiety.

DISCUSSION

The Hospital Anxiety and Depression Scale (HAD Scale) is as a reliable instrument for screening of clinically significant anxiety and depression in patients attending a general medical clinic[4-8]. This scale has also been shown to be a good measure of the severity of disorders of mood. Its purpose is to provide clinicians with an acceptable, reliable, valid and easy to use practical tool for identifying and quantifying depression and anxiety. Anxiety constitutes an individual, subjective experience, usually a consequence of an unknown situation or a new experience. Previous studies demonstrate that several diseases can precipitate an attack of anxiety among individuals and their relatives. A cross-sectional study. Since Hamilton Anxiety scale is a simple scale, easy to fill out and validated for the

Table: Descriptive statistics of the study population.

	Mean ± SD	*p*-value
Age Group		
21-30	21.94 ± 5.5	<0.001
31-40	21.63 ± 9.8	0.001
41-50	22.85 ± 5.1	<0.001
51-60	22.93 ± 5.7	<0.001
Gender		
Male	22.24 ± 6.3	0.002
Female	22.65 ± 5.2	<0.001*

culture, it is an important working tool for the nurse, who can use it to identify possible and probable cases of anxiety in different groups of people and in different situations. The identification of traits or clues of such disturbances in relatives may indi-cate the necessity of having an assessment by a specialist in diagnosis and treatment of symp-toms of anxiety and depression, as well as the necessity for emotional support from the whole healthcare team. Due to the importance of the theme, we

suggest that other, broader studies be performed, involving more relatives, so that it is possible to further analyze the phenomenon in question[9-13].

The relation of stressful events with the appearance of anxiety disorder was identified in other studies. According to some researchers, in order for stressful events to result in symptoms of anxiety and/or depression, it is necessary that a genetic predisposition exists for the occurrence of such psychological alterations. Genetic influence has been observed in capacity of bearing and coping with stress[2]. One more thing that should be considered is for how many months/years the person has been sick or how many times he has been admitted in hospital or which relatives stayed with him during his stay at hospital and, consequently, how many months/years the relative have been bearing this trauma. As literature says, the longer a person is exposed to the traumatizing event, the more intensityof symptoms of anxiety[15,16].

It is imperative that the hospital staff and administration take notice of the comfort and mental status of the relatives. It is the relatives, especially first degree relatives that have to take the burden of the difficulties that are associated with the patient. It is difficult to comprehend the mental status of a relative who has been going through such ordeal and who has to suffer a great loss if in any case an unexpected complication occurs[8].

The nurse must acknowledge the signs and symptoms of anxiety early, implement strategies of prevention and attempt to minimize the stressful events, since the relatives anxiety, tension and apprehension can be transmitted to the patient and interfere in their health conditions, changing their clinical situation. Preoperative anxiety can be reduced when correct and adequate information is provided on identified factors[10].

The result of this study emphasized the establishment of procedures centered towards the family and the development of programs comprising of training and qualification for the hospital staff.

Females are more prone to anxiety attacks then males. The psychological factors vary among women. They are more closely attached and are easily lured into believing myths and superstitions. Lack of knowledge and education is also a crucial factor. It is imperative that the individuals are aware of the procedure their relatives are going though. We saw that people who were not well education about the surgical procedure were apparently more apprehensive then other. Lack of knowledge about the procedure induces a scene of helplessness in these individual and they start correlating this with superstations.

Nurses and other staff need to show more empathy towards the relatives. We saw that thee major factor that troubled the relatives was the unknown. They wanted constant update about what is going on in the operation room. They were not satisfied by the delayed information and the attitude of nursing staff.

A study done in Ukraine by Sultana *et al*[9]. Showed that the attitude of the paramedic staff also influences the level of stress in attendants of patients who are admitted for surgery Patient outcome and attendants satisfaction are key elements when it comes to care provided by paramedic staff. This aspect can further be evaluated by including this variable. Another factor with a direct impact on the treatment of the patient, as shown by Sulehri *et al*[10]. Was based on the number of attendants accompanying the patient along with their academic and financial background. With an increasing number of attendants accompanying the patient, the treatment provided by health care professional is compromised. Many factors pay a pivotal role in the outcome of patient's treatment. The resources of thehospital are directly affected by the number of attendants and with many attendants, these resources are exhausted rapidly. Thus, attendant's satisfaction is compromised. Therefore, the level of anxiety shows an increasing trend[17,18].

A study conducted in Uganda showed that 92.7% of attendants were unhappy in some form while there stay in the hospital exceeded 3 days.

This had a direct impact in the execution of the discharge orders given to the attendants such as medication, at home care, red flag sign, follow-up visit, dressing and wound care, diet and nutrition care, psychological support and over all well-being[12-14]. Similarly more than two-thirds of attendents have anxiety when their relative is admitted in ward[15]. Another study described the condition of attendents as mild depressive state[16,17]. These factors lead to poor outcomes of patient[18]. This factor could have influenced our study drastically because our study centered around patient in surgical patients who were admitted on an average of 2 days or more.

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CONCLUSION

It was important and crucial for the patients that his or her relatives are there at the time of surgery for support but there are certain aspects that need consideration. Attendants, especially first degree relatives should not include the elderly. They have a low threshold for anxiety and can be the targeted by panic attracts much more as compared to younger population.

CONFLICT OF INTEREST

This study has no conflict of interest to be declared by any author.

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