

# Anxiety Among Primary Caregivers of Patients Admitted in the Emergency department

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## ABSTRACT

Family is affected as a whole when illness or disability strikes. The extent of family disruption depends on the seriousness of the illness, the family's level of functioning before the illness, socioeconomic considerations, and the extent to which other family members can absorb the role of the person who is ill. Families of critically ill-patients have been reported to have high prevalence of anxiety, depression and post-traumatic stress (Beesley et al., 2017, Hudson et al., 2013, Wartella et al., 2009). It has been revealed that mental health care of family members of the patients in the intensive care unit is one of the major concerns for nurses to providing holistic nursing care in developed countries (Mcadam & Puntillo, 2009).

**Methods:** A Non-Experimental- descriptive cross-sectional design among 30 primary caregivers of patients admitted in the emergency department by using non-probability quota sampling method. Hamilton anxiety scale was used to assess the level of anxiety.

**Results:** Majority of the primary caregivers belong to the age group 21-40years (50%), 60% of the primary caregivers were males, Majority of the care-givers (46.7%) were children of the patients in terms of relationship, 93.3% of them are non-medical by profession, 73.3% of the conditions getting admitted at emergency department

(ED) are non-trauma, Majority of the primary caregivers had previous ED experiences. There was a significant association between occupation (0.038) and previous ED experience (.045) with level of anxiety.

**Discussion:** The findings indicate that primary caregivers experience varying levels of anxiety, with significant associations identified between certain sociodemographic and clinical variables. These results underscore the importance of recognizing and addressing caregiver in emergency department settings.

**Conclusion:** It is essential for nurses to be aware of the varying levels among primary caregivers in the emergency department. Developing and enhancing communication and counselling skills can effectively address and alleviate caregiver anxiety.

**Keywords:** Anxiety, Primary Caregivers, Emergency department

## INTRODUCTION

Wellbeing of caregivers is important because the patients depend on them to uphold in the community. Additionally, hospitalisation on an emergency basis places burden on caregivers of patient as well. Caregivers of patients with psychiatric disorders have been found to be at higher risk of social isolation, emotional burden and a reduction in quality of life

(Thommessen et al, 2002; Martinez et al, 2005, Bhatia, Gupta, 2003).

Hospitalization of a patient in the Intensive Care Units negatively affects the mental health of the family caregivers and they might eventually come up with psychological disorders ((Hudson et al., 2013, Konstanti et al., 2016, Mcadam and Puntillo, 2009, Tabakakis et al., 2019, Wartella et al., 2009). The caregivers have been found to have an increased rate of affective and anxiety disorders (Lantz, 2004; Ohaeri, 2003; Cochrane, Goering & Rogers 2002). A high prevalence of anxiety, depression and post-traumatic stress symptoms have been documented among families of critically ill patients (Beesley et al., 2017, Hudson et al., 2013, Wartella et al., 2009). It has been revealed that mental health care of family members of the patients in the intensive care unit is one of the major concerns for nurses to providing holistic nursing care in developed countries (Mcadam & Puntillo, 2009). Thus, there is a need to understand the nature, stressfulness, and effectiveness of coping in caregivers providing care to patients at different times during the trajectory of recovery in order to understand the overall impact of illness. Hence the study was undertaken to assess the anxiety among primary Care Givers of Patients Admitted in the Emergency department and to identify the association between anxiety and selected socio demographic variables of primary care givers and clinical variables of patients.

## **MATERIALS & METHODS**

A non-experimental, descriptive cross-sectional design was undertaken to assess the level of anxiety Among Primary Care Givers of Patients Admitted in the Emergency department of a tertiary care hospital in South India.

30 samples who were chosen by non-probability quota sampling method and who consented to participate in the study ensuring that the inclusion criteria are fulfilled.

## **INCLUSION CRITERIA**

- Primary caregivers with age > 18 years.
- Primary caregivers who are able to understand Hindi, Bengali, Tamil and English
- Primary care givers who are family member of the patient.

## **EXCLUSION CRITERIA**

- Mentally challenged
- Primary caregivers who have been earlier diagnosed with depression or anxiety disorders.
- Primary caregivers of patients in isolation zone.

Hamilton anxiety scale was used to measure severity of anxiety symptoms, consisting of 14 items measuring psychic anxiety i.e., mental agitation and psychological distress and somatic anxiety i.e., physical complaints related to anxiety.

Each item is scored ranging from 0 (not present) - 4 (severe), minimum score is 0 and max score is 56. The test-retest reliability of the scale was found to be 0.92 and an intraclass correlation of 0.86. Its sensitivity was 74 percent for detecting anxiety disorders, and 87 percent for affective disorders in general, whereas specificity was 100 percent. Eight items contributed significantly to distinguishing between anxious and depressed patients in a discriminant analysis. It also exhibited good construct validity, showing statistically significant relationships with independent self-report measure of generalised anxiety and other anxiety variables. (Costello, 1993).

## **Interpretation of Scores:**

<17- Mild

18-24- Moderate

25-30-Severe

>30- Very severe

Descriptive statistics was used to assess the caregiver anxiety. Frequencies and percentages were used to describe the data. Chi-square was used to find association between demographic variables, clinical variables and level of care giver anxiety.

### Ethical Consideration:

- Consent was taken after explanation of the study objectives and procedure.
- Confidentiality of information, patient and caregiver profile was maintained.
- Permission from the concerned authority.

### RESULT

Table 1 highlights that majority of the caregivers belong to the age-group of 21-40

years (50%) and age-group of <20 was minimum (6.7%).

In terms of gender, males comprise the majority (60%) and females were 40%. Majority of them have the educational qualification of primary and less (33.3%). 50% belongs to middle class and above, 63.3% were unmarried 93.3% were non-medicals by occupation and were children (46.7%) in terms of relationship to the patient.

**Table 1. Distribution of caregivers on selected demographic details (N=30)**

Demographic variables	Frequency	Percentage (%)
Age:		
<20	2	6.7
21-40	15	50.0
41-60 & above	13	43.3
Gender:		
Male	18	60
Female	12	40
Educational status:		
Primary & less	10	33.3
High school	9	23.3
Graduate and above	11	30
Occupation:		
Medical	2	6.7
Non -medical	28	93.3
Socio-Economic Status:		
Lower class	7	23.4
Lower middle class	8	26.6
Middle class and above	15	50
Marital Status:		
Unmarried	11	36.7
Married	19	63.3
Relationship with the patient:		
Parent	3	10
Sibling	5	16.6
Children	14	46.7
Spouse	8	26.7

Table 2 highlights that majority of the conditions belong to non-trauma (76.7%) and few of them were trauma (23.3%).

Majority of the primary caregivers had previous ED experience (66.7%) and remaining (33.3%) didn't had the experience.

**Table 2 Distribution of caregivers on selected clinical details (n=30)**

Demographic variables	Frequency	Percentage (%)
Condition:		
Non –trauma	23	76.7
Trauma	7	23.3
Previous ED Experience:		
Yes	19	66.7
No	11	33.3

Figure 1 illustrates that majority 16 (54%) of the primary caregivers had mild anxiety, 7 (23%) had moderate anxiety, 3 (10%) of them had severe anxiety and 4 (13%) had very severe anxiety.

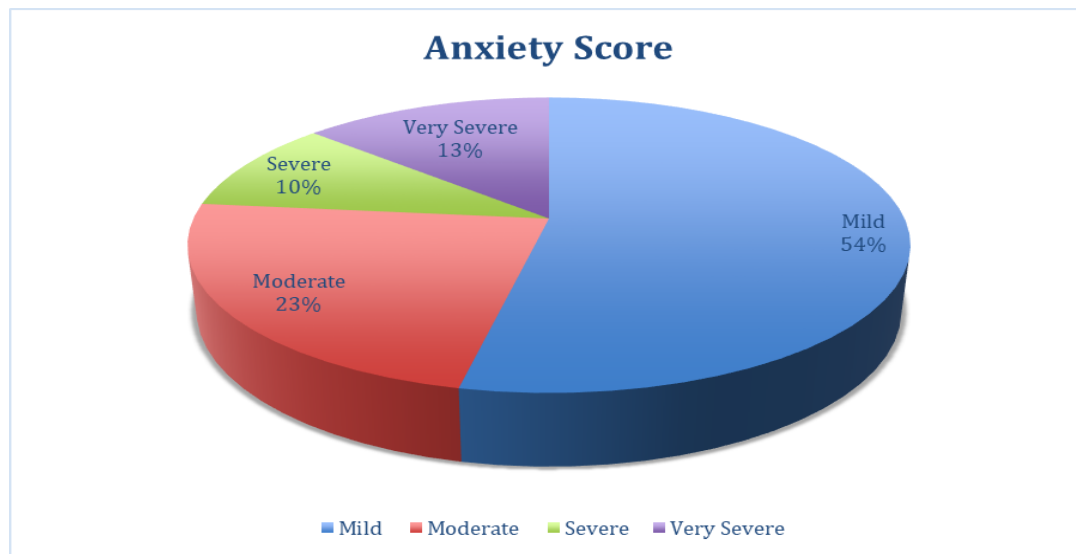


Table 3 reveals that there are no statistically significant association between anxiety among primary caregivers of patients admitted in the emergency department and the demographic variables.

**Table 3. Association between anxiety and demographic variables.**

Demographic Variables	Mild (n) %	Moderate (n) %	Severe (n) %	Very Severe	Chi Square	P value
Age:					6.63	0.26.
<20 years	1 3.3	- -	- -	1 3.3		
21-40 years	8 26.6	2 6.7	3 10	2 6.7		
41-60 years	7 23.4	5 16.7	- -	1 3.3		
Gender:					0.697	.874
Male	9 30	5 16.6	2 6.7	2 6.7		
Female	7 23.3	2 6.7	1 3.3	2 6.7		
Educational Status:					10.997	0.088
Primary & less	3 10	7 23.	1 3.3	2 6.7		
High School	7 23.3	2 6.7	- -	- -		
Graduate and above	6 20	1 3.3	2 6.7	2 6.7		
Occupation:					4.7	0.244
Medical	- -	1 3.3	- -	1 3.3		
Non-medical	16 53.4	6 20	3 10	3 10		
Socio-economic Class					8.17	0.23
Lower class	1 3.3	3 10	2 6.7	1 3.3		
	6 20	1 3.3	- -	1 3.3		
Lower middle class	10 30	3 10	1 3.3	2 6.7		
Middle class and above						
Marital Status:					2.98	.394
Married	6 20	1 3.3	2 6.6	2 6.6		
Unmarried	10 33.3	6 20	1 3.3	2 6.6		
Relationship with patient:					13.22	1.53
Parent	1 3.3	2 6.7	- -	- -		
Sibling	4 13.4	1 3.3	- -	- -		
Children	8 26.7	1 3.3	2 6.7	3 10		
Spouse	3 10	3 10	1 3.3	1 3.3		

**Table 4 reveals that there is statistically significant association between anxiety among primary caregivers of patients admitted in the emergency department and previous ED experience.**

**Table 4. Association between anxiety and demographic variables.**

Clinical Variables	Mild (n) %	Moderate (n) %	Severe (n) %	Very Severe (n) %	Chi Square	P value
Condition:						
Trauma	13 43.3	5 16.6	3 10	2 6.7	2.798	.424
Non-Trauma	3 10	2 6.7	- -	2 6.7		
Previous ED experience:						
Yes	14 46.7	4 13.3	1 3.3	1 3.3	8.036	.045*
No	2 6.7	3 10	2 6.7	3 10		

## DISCUSSION

**The primary objective of the study was to assess the level of anxiety among primary caregivers of the patients admitted in the emergency department:**

Hamilton anxiety rating scale was used to assess the anxiety level among primary caregivers of patients admitted in the emergency department of a tertiary hospital in South India.

The study reveals that all the primary caregivers accompanying patients admitted in ED has anxiety. majority of them has 54% of them suffers from mild anxiety, 23% of them suffers from moderate, 10% had severe anxiety and 13% of them had very severe anxiety.

**The secondary objective was to identify association between anxiety and selected demographic and clinical variables:**

No significant association was found between level of anxiety and most of the demographic and clinical variables except for previous ED experience (.045) which shows that primary caregivers having a previous ED experience has milder anxiety than those who hadn't.

No previous studies have reported the association between anxiety and demographic characteristics of primary caregivers and anxiety.

## CONCLUSION

It is essential for Nurses to be aware of the varying anxiety levels among primary caregivers in the emergency department.

Developing and enhancing communication and counselling skills can effectively address and alleviate caregiver anxiety.

## Declaration by Authors

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