Original Research Article

The Level of Stress among the Relatives of Clients Admitted In Intensive Care Unit at Tertiary Care Hospital - Krishna Hospital, Karad, India

Rajashri B. Karale[1], Prabhuswami Hiremath[2], Vaishali R. Mohite[3], Prakash Naregal[1], Bhagwat Karale[4]

[1]Lecturer (Child Health Nursing), [2]Lecturer (Mental Health Nursing), [3]Dean, Principal,
[4]Clinical Instructor (Medical Surgical Nursing),
Krishna Institute of nursing Sciences, Karad.

Corresponding Author: Rajashri B. Karale

ABSTRACT

Family members of ICU patients may experience stress, disorganization and helplessness, which may lead to anxiety. Untreated family stress may lead to lack of trust of healthcare providers, inability to company with hospital regulations and decisions, anger and hostility, and litigation. Aim of the present study was to assess and compare the stress level among the relatives of clients admitted in intensive care unit. The samples for the present study were 60 relatives of the clients admitted in intensive care units of Krishna Hospital Karad, selected by purposive sampling method. Structured interview schedule was used to collect the data and stress rating scale consists of 25 items. Results shows that 3.33% relatives had severestress, 73.33% relatives had moderate stress, and 23.34% relatives had mild stress. There was no significant associationfound between the stress level and demographic variables. Study concludes need for family intervention programme to manage stress to improve coping among relatives.

Objective

1) To Assess the Stress Level among the relatives of clients admitted in intensive care unit.
2) To compare the stress level of relatives of clients admitted in intensive care unit with demographic variables.

Research Methodology: The present study is aimed at assess the stress level of relatives of client admitted in intensive care unit. In order to accomplish the objectives of the study, a descriptive survey approach, non-experimental research design was adopted. The setting is Krishna hospital, Karad, India. In this study consist of 60 relatives of the clients admitted in intensive care units.

Results: Maximum 43.33% sample was found in the age group of the 21-30 years. As well as 20% sample was found in the age group of the 31-40years and 51-60 years. Minimum 16.66% samples were found the age group of the 41-50 years. With regard of the sex of relatives majority were males (34%).Minimum samplesi.e.11.66% were uneducated and 36.66 % samples were graduated. Stress level was- 3.33% of relative's had mild stress, 73.33% of relatives had moderate stress, and 23.33% of relative's had severe stress. No demographic variables were associated with stress level.

Key words: Stress, Relatives, Client, Intensive Care Unit, Tertiary Care Hospital.

INTRODUCTION

Stress is the "non-specific response of the body to any kind of demand made up to it" (Selye1956). [1] Family, as the first and most basic social institution, possess a specific role, structure and culture. Moreover, the family is the founder of the physical, cultural, spiritual, psychological and social health of its members. [2]

Family members of ICU patients may experience stress, disorganization and helplessness, which may lead to anxiety.

Untreated family stress may lead to lack of trust of healthcare providers, inability to company with hospital regulations and decisions, anger and hostility, and litigation. Situations that contribute to stress are lack of ICU waiting areas, lack of multidisciplinary meetings between nurses and physicians to discuss care and treatment, and lack of a quiet room for consultation with family members. [3]

The impression is that the feeling of stress come from outside sources when, in reality, it happens inside of us. When we feel as though we are under pressure, our bodies react the same way that we have trained them to do with a rise in blood pressure, tightening of muscle and accelerated breathing. Some stress is unavoidable and is actually good for motivated behaviour. But too much stress leads to troubles that can range from stomach to anxiety attacks and even as serious as heart attacks. [4]

The nurse, usually involved with care and fulfilling the patient's needs, may fail to notice the anger, fear and suffering undergone by the family members. The lack of information and uncertainty can cause apprehension and anxiety. [5]

Families of patients in the ICU experience severe stress, as they often have to make decisions on behalf of the patient when the risk to the patient's life is high. [6]

Suhair H (2014) explores the self-perceived needs for adult family members having critically ill patient, measure to how extent the needs are met and identify who meet the needs. The participants' ranked need for assurance, information and proximity as the highest; need for support and comfort as the lowest. Families in this study viewed nurses as the most important source to meet their needs. [7]

Study conducted by Mohandeep Kaur (2015) [8] to evaluates the various factors contributing to anxiety and depression among the attendants of ICU patients. Study conducted at 1100 bedded tertiary care government hospital in Northern India which has a 10 bedded open ICU. Results show that high prevalence of anxiety and depression among the relatives of patients in ICU. The major factors contributing to this include male patient, dependence of the attendants on the patient, inadequate information given by ICU doctors and poor financial status of the family. Recognition of abnormal signs of anxiety and depression, adequate counselling or even professional help by psychologists should be provided at the earliest possible which may help in reducing long term consequences like Post Traumatic Stress Disorder.

Study conducted by Mohammad Zarei (2015) to assess and compare the stress, anxiety and depression in family members of patients hospitalized in the special care unit on 200 family members, who were the first degree relatives of patients hospitalized in Quchan's hospital in 2013. Data were collected by using the anxiety and stress scale (DASS) and they were analyzed by t-test and chi-square test. The results of the study indicated family members of patients, who have been hospitalized in ICU, experience more anxiety and stress than family members of patients admitted to CCU. The supports provided by nurses for families of patients, through the creation of appropriate therapeutic creates hope in families and reduce their stress levels. [9]

Miyuki Komachi (2015) conducted cross sectional study to evaluate the prevalence and factors associated with acute stress symptoms among families of patients admitted to the ICU. The mean total Impact of Event Scale-Revised (IES-R) score differed significantly between planned and unplanned ICU admissions (t = 4.03, p <0.05), indicating a main effect of admission type (F = 18.5, p < 0.05). There was no significant main effect of relationship (F = 0.05, p = 0.82) or interaction effect of admission type and relationship (F = 0.54, p = 0.47). Multiple regression analysis indicated that admission type was significantly associated with acute stress symptoms (B = 18.09, β = 0.47, p <

0.01), and explained 22% of the variance in total IES-R score. Whether a patient had a planned or unplanned admission to the ICU influenced symptoms associated with acute stress symptoms of family members more than did getting support from nurses, being the patient's spouse, or the severity of illness of the patient. [10]

Sundararajan et al. reported that 41.3% of family members had PTSD symptoms (IES-R score > 26) after 48 hours of ICU admission (average length of stay of 7 days). [11]

The study conducted by Chien WT (2006) concludes that effectiveness of providing families of newly admitted critically ill patients, with a needs-based educational intervention to allay anxiety and satisfy immediate psychosocial needs. [12]

Objectives

1) To Assess the Stress Level among the relatives of clients admitted in intensive care unit.
2) To compare the stress level of relatives of clients admitted in intensive care unit with demographic variables.

RESEARCH METHODOLOGY

The present study is aimed at assessing the stress level of client admitted in intensive care unit. In order to accomplish the objectives of the study, a descriptive survey approach, non-experimental research design was adopted. The study conducted at Krishna hospital, Karad, India. In this study total 60 relatives of the clients admitted in intensive care units. Family member who were available at the time of data collection, who were willing to participate in the study were included.

Tool: Structured interview schedule was used to collect the data, it consists of two sections.

Section a: Demographic Variables, which Includes age, sex, education.

Section b: Stress rating scale consists of 25 items.

RESULTS

The investigator collected the data for analysis and interpretation using a structured questionnaire. In order to examine the proposed association the data were tabulated, analyzed and interpreted using descriptive and inferential statistics.
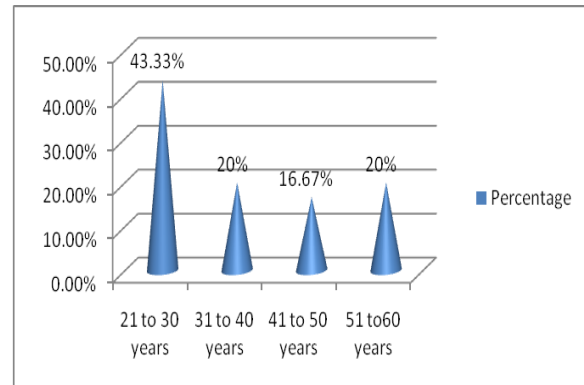

Fig.1 Distribution of samples according to age

Table no1: Distribution of samples according to Age (N=60)

Socio-demographic variables	Frequency	Percentage
Age in year		
21 to 30 years	26	43.33%
31 to 40 years	12	20%
41 to 50 years	10	16.67%
51 to60 years	12	20%

Above table and figure shows that more relatives of client i.e.43.33% are from age group of 21-30 years and less relatives of client i.e.16.67% are from age group of 41-50 years had included in this study.
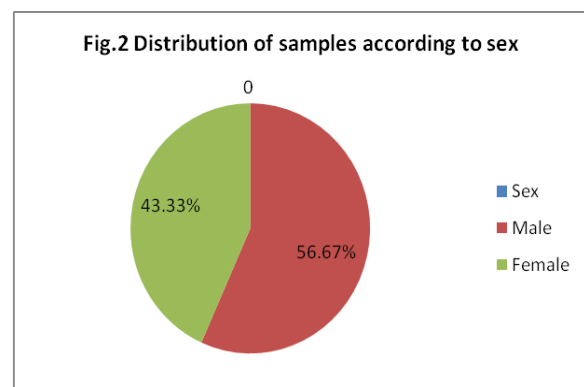

Table no 2. Distribution of samples according to sex N= 60

Socio demographic variable	Frequency	% Percentage
Sex		
Male	34	56.67%
Female	26	43.33%

Above table and figure shows that majority of the relatives of client i.e. 56.67 % were males and 43.33% were females.

Table no 3. Distribution of sample according to Education=60

Socio-demographic variables	Frequency	% Percentage
Education		
Uneducated	7	11.67%
Primary	19	31.67%
Secondary	12	20%
Graduation	22	36.66%

The above table represents the educational status of the relatives. It is evident that majority (36.66%) of relative are educated up to graduation, (31.67%) were educated up to Primary, and (20%) Secondary and (11.66%) were uneducated.

Table no 4 Distribution of the Stress level among samples

Stress Level	Frequency	% Percentage
Mild	14	23.34%
Moderate	44	73.33%
Severe	2	3.33%

Fig.4 Distribution of samples according to stress level
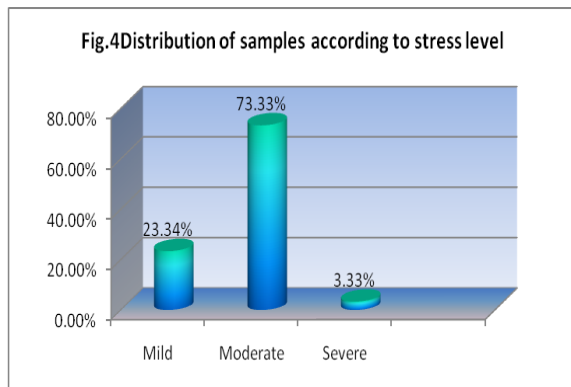
The above table and figure represented the stress level of the relatives; majority (73.33%) of relatives had a moderate stress. Only 3.33% relatives had severe stress and 23.33% had mild stress. There was no significant association found between demographic variables and stress level of relatives of client admitted in Intensive Care Unit.

DISCUSSION & SUMMARY

The findings of the study revealed that maximum 43.33% sample were found in the age group of the 21-30 years. As well as 20% sample were found in the similar age group i.e. 31-40years and 51-60 years and minimum 16.67%sample were found the age group of the 41-50 years. With regard of the sex majority of the sample i.e.56.67%were males and 43.33% were females. With regard of education of relatives, majorities (36.66%) of relative were educated up to graduation, (31.67%) were educated up to Primary, and (20%) were educated up to Secondary and (11.67%) were uneducated. Stress level of the client relatives - 3.33% of relative's had severe stress, 73.33% of relatives had moderate stress, and 23.34% of relatives had mild stress. Present study findings are supported by study conducted by Sangeeta Patil et.al to asses stress level among the relatives of clients admitted in intensive care unit and coping methods of relatives. The result shows that 8% relatives had severe stress, 44% had moderate stress and 48% had low stress. [13]

Study conducted by Priyadarshini Kulkarni et al to asses stress among care givers nursing their loved ones suffering from cancer. The study results showed that overall stress level among caregivers is 5.18 ± 0.26 (on a scale of 0-10); of the total, nearly 62% of caregivers were ready to ask for professional help from nurses, medical social workers and counselors to cope up with their stress. This survey has helped us identify the support needs of care givers. [14] Elie Azoulay, et al found Post-traumatic stress symptoms consistent with a moderate to major risk of PTSD were found in 94 (33.1%) family members. [15]

There was no significant association between stress level of the relatives of client and selected demographic variables.

CONCLUSION

Admission of a critically ill relative of an Intensive Care Unit causes anxiety and stress to family members. Nursing care is initially focused on maintaining the physiological stability of the patient and less on the needs and concerns of family members. Understanding how family makes sense of this experience may help nurses focus on the delivery of family centered care. The duty of a nurse, as a caregiver, is to help them to cope with stress, support the patient and family members.

Nursing implication

Study findings can be helpful in clinical settings to improve nursing practices by providing education to nurses

on stress and coping strategies of relatives of client admitted inIntensive Care Unit and factors to be considered while providing information and explanation throughout the clients stay. Nurse administrator should take great interest in formulating the policies and procedures for the relatives of client admitted in Intensive care unit. Nurse educator can develop a family education programme for family members of clients admitted in intensive care unit (ICU). Study findings can be used by new researcher to determine actions plans. Future research studies can build on this database.

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