A Descriptive Study To Assess The Level Of Anxiety And Coping Strategies Among The Patients Admitted In Intensive Care Unit
*G. Umamaheswari

Abstract
Objectives - To assess the coping strategies among the patients admitted in intensive care unit and to correlate the level of anxiety and coping strategies. Method - Descriptive design was found to be relevant for this study with purposive sampling technique. Result - The results regarding the level of anxiety: 2(6.6%) patients perceived mild anxiety, 15(50%) patients perceived moderate anxiety and 13(43.3%) patients perceived severe anxiety. Regarding the coping strategies: 2(6.6%) patients had good coping and 15(50%) had moderate coping and 13(43.3%) had poor coping. Conclusion - The study Coping positively will aid in better prognosis.

Keywords: Anxiety, Coping Strategies.

Introduction
The frightening experience in intensive care unit, whether it be associated with the disease process or related to the intensive care environment has an important impact on clients recovery and rehabilitation that needs good coping efforts for the better prognosis. The glpbat literature evinces that the Intensive Care Unit (ICU) is a stressful place, where patient experiences physical and psychological discomfort due to the environment characterized by a large amount of equipment, professional and procedures. Anxiety evolves act of life events and experiences stimulates one’s thinking process and helps to maintain a basal level of autonomic arousal, anxiety and certain behavior.

Objectives
- To assess the level of anxiety among the patients admitted in intensive care unit.
- To assess the coping strategies among the patients admitted in intensive care unit.
- To correlate the level of anxiety and coping strategies.
- To find out the association between anxiety and selected demographic variables.
- To find out the association between coping and selected demographic variables.

Methodology
Descriptive design based on the survey approach was used. The study was conducted at Government Hospital at Virudhunagar. The population consisted of patients admitted in intensive care
The sample consisted of 30 patients. The study was conducted over a period of two weeks using purposive sampling technique. Every day of an average of 2-3 subjects were selected by purposive method.

**Inclusion criteria**
- Patients between the age of 30 – 59 years
- Patients admitted in Intensive care unit for a minimum of 24 hrs.
- Patients who were able to communicate.

**Exclusion criteria**
- Patients who had a history of psychosis and neurological deficits.
- Distorted cognitive functions with possible altered perception.

**Description of the tool**
1. The demographic variables of the patients admitted in intensive care unit.
2. State trait anxiety inventory scale to assess the level of anxiety among the patients admitted in intensive care unit.
3. Lazarus Coping inventory scale to assess the coping strategies among the patients admitted in intensive care unit.

**Findings**

**Frequency distribution of samples according to their level of anxiety N=30**

<table>
<thead>
<tr>
<th>Category</th>
<th>Range of score</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild anxiety</td>
<td>21-40</td>
<td>2</td>
<td>6.6%</td>
</tr>
<tr>
<td>Moderate anxiety</td>
<td>41-60</td>
<td>15</td>
<td>50%</td>
</tr>
<tr>
<td>Severe anxiety</td>
<td>61-80</td>
<td>13</td>
<td>43.3%</td>
</tr>
</tbody>
</table>

Table-1: Numerically depicts the distribution of samples according to their anxiety scores. 2(6.6%) patients perceived mild anxiety, 15(50%) patients perceived moderate anxiety and patients perceived severe anxiety.

**Distribution of samples according to their coping strategies N=30**

<table>
<thead>
<tr>
<th>Category</th>
<th>Range of score</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good coping</td>
<td>21-40</td>
<td>2</td>
<td>6.6%</td>
</tr>
<tr>
<td>Moderate coping</td>
<td>41-60</td>
<td>15</td>
<td>50%</td>
</tr>
<tr>
<td>Poor coping</td>
<td>61-80</td>
<td>13</td>
<td>43.3%</td>
</tr>
</tbody>
</table>

Table-2: portrays that 2(6.6%) patients had good coping and 15(50%) had moderate coping and 13(43.3%) had poor coping.

**Correlation between perceived anxiety and coping strategies among patients admitted in Intensive Care Unit**

<table>
<thead>
<tr>
<th>S.no</th>
<th>Category</th>
<th>Mean</th>
<th>SD</th>
<th>C</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Anxiety score</td>
<td>57</td>
<td>6</td>
<td>0.56</td>
<td>0.05</td>
</tr>
<tr>
<td>2</td>
<td>Coping score</td>
<td>37.7</td>
<td>10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table-3: Correlation 'r' value was computed between the variable indicated in table 3. It is observed that the correlation exists between anxiety and coping strategies of patients admitted in Intensive Care Unit. The score is indicating a moderate positive relationship as the 'r' value r=0.56 which is significant at 0.05 level.

**Level of anxiety and its association with demographic variables.**
There was a significant association between the anxiety and selected demographic variable religion and there was no association with other demographic variables like age, sex.
education, occupation, marriage, income, type of family.

**Coping strategies and Its association with demographic variables.**

- There was a significant association between coping strategies and selected demographic variables like sex ($X^2=13.4$) and there was no association with age, education, income, type of family, marriage, religion & occupation.

**Recommendations**

- A descriptive study can be done regarding attitude and coping among patients in intensive care unit.
- A study can be undertaken to find out the role of nurse in reducing psychological problems and improving the coping ability of patient in intensive care unit.
- A study can be conducted to find out the effects of programmed instruction given to the patients regarding the disease condition and treatment in terms of the anxiety and coping.

**Conclusion**

Patients admitted in intensive care unit experience anxiety and extent of this is closely linked to the behavior of the patient. Coping positively will not only make the patients feel better but also aids in better prognosis.

**References**