



“A Comparative Study to Assess the Level of Stress Among Bystanders of Patients Admitted in Critical and Non Critical Care Units of HSK Hospital and Research Centre Bagalkot.”

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KEYWORDS

ICU
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ABSTRACT:

Introduction: Stress can be defined as a state of worry or mental tension caused by a difficult situation .stress is a natural human response that promotes us to address challenges and threats in our lives ,everyone experience it .Stress is usual normal part of our daily lives. It is a normal physical reaction to an external or internal pressure that is placed on a person's system. Stress is the “non specific response of the body to any kind of demand made up to it”(Selyel 1956).Care givers burden a multidimensional, exacted on care providers can be define as the extent to which caregivers perceived that caregivers has had an advanced effect their emotional, social, financial, physical and spiritual functioning.

Method :A comparative study design was adopted in order to assess the stress level of caregivers admitted CCU and Non critical care unit in Hsk hospital and research Center Bagalkot. The tool was used for study using perceived stress scale the sample size was included under the study was 120. And the sampling technique adapted was Nonprobability convenient sampling data was collected through the interview method .The study revealed that majority of caregivers has more stress that is (65%) .Research is concluded need to focus on the impact of stress and coping among family members of CCU and NCCU admitted care unit.

RESULT: The data gathered were summarized in the master sheet and both descriptive and inferential statistics were used for analysis. The Z test was used to find out the significant difference between the two groups that is difference in the stress levels in Critical and non Critical care unit, the calculated Z value (1.90) is greater than the table value (1.66) at 0.05 level of significance, showed that there is no significant difference between the stress levels among bystanders of patients admitted in critical and non critical groups, hence it is not significant.

1. Introduction

Stress can be defined as a state of worry or mental tension caused by a difficult situation .stress is a natural human response that promotes us to address challenges

and threats in our lives ,everyone experience it . Everyone reacts differently to stressful situations coping styles and symptoms of stress vary from person to person.⁽¹⁾Stress is a part of our lives. We live with it; deal with it, and above all worry about it. It is a state



produced by a change in the environment that is perceived as challenging, threatening or damaging to once dynamic balance or equilibrium ⁽²⁾. Stress is usual normal part of our daily lives. It is a normal physical reaction to an external or internal pressure that is placed on a person's system ⁽¹⁾. Stress is the "non specific response of the body to any kind of demand made up to it" (Selye 1956) ⁽¹⁾. Care gives burden a multidimensional, exacted on care providers can be define as the extent to which caregivers perceived that caregivers has had an advanced effect on their emotional, social, financial, physical and spiritual functioning ^(1,2). Types of critical care units CICU [Critical care unit] Family members of ICU patients may experience anxiety disorganization and helpless, which leads to stress. ⁽³⁾ Families of patients in the ICU experience sever stress, as they often have to make decision on behalf of patients when the risk to the patients life is high Non critical care units General ward is a common unit where patients who are admitted share the same room. The ward is equipped with health monitoring systems with one to one care assistance for patients as required facilities are catered as per patients diagnosis, age, comfort and other essential factors ⁽⁴⁾.

2. Objectives

- i. To assess the level of stress experienced by the bystanders of patients admitted in critical care unit.
- ii. To assess the level of stress experienced by the bystanders of patients admitted in non-critical care unit.
- iii. To compare the level of stress experienced by the bystanders of patients admitted in critical and non-critical care unit.
- iv. To find out the association between the level of stress with their selected socio demographic variables among bystanders of patients admitted in critical care unit.
- v. To find out the association between the level of stress with their selected socio demographic variables among bystanders of patients admitted in non-critical care unit.

3. Methods

Research approach: comparative approach research design: Comparative research survey design. Setting of

the study: HSK Hospital Bagalkot. Data collection method: structured questionnaires. Sample: the sample was selected by simple random technique and convenient sampling technique. The researcher randomly selected HSK hospital setting. The only patients bystanders present in critical and non critical ward were selected for enrolment of subjects. All the patients bystanders was in the age group of 20-50 years were selected by simple random technique method. Sample Size: 60 patients bystanders admitted in critical care unit and 60 patients bystanders admitted in non-critical care unit Sampling Technique: simple random Sampling Technique and convenient sampling technique. Population: Target Population. This states that group of population that the researcher aims to study and to whom the study findings will be generalized. In this study patients bystanders are the target population. Accessible Population: The accessible population of present study conducted among bystanders patient at hsk hospital Bagalkot. **Variables under study :Selected socio demographic variables:** Age, gender, religion of bystanders, marital status of bystanders, educational status of bystanders, monthly income of the family, relation to the client, family members in hospitalization, type of family, previous exposure of bystanders to hospitalization. **Data collection procedure:** Prior permission was obtained from Principal B. V. V. Sangha's SIONS, Bagalkot. Permission will obtain from the Medical superintendent of hsk hospital bagalkot. Written and verbal consent will be obtained from bystanders of patients selected for the study. For illiterate bystanders of patient structured interview and for literate bystanders of patients structured closed ended questionnaire will be used. The data collection will be done in study area between 9am-5pm or depending upon the availability of the subjects.

Ethical Approval: -

Ethical clearance certificate was obtained and enclosed from the ethical committee of B.V.V.SSajjalashree Institute of Nursing Sciences, Bagalkot. Written consent was to be obtained from the bystanders of patient participating in the study. Anonymity and confidentiality regarding the data and identify of bystanders was be maintained.



Statistical Analysis: The data will be analysed by using descriptive and inferential statistics. Numerical data obtained from the sample will be organized and summarized with the help of descriptive statistics like percentages, mean, median and standard deviation. Karl Pearsons coefficient correlation formula and z test will be used to find out significant of bystanders of patient.

Results: The data will be analysed by using descriptive and inferential statistics. Numerical data obtained from the sample will be organized and summarized with the help of descriptive statistics like percentages, mean, median and standard deviation. Karl Pearsons coefficient correlation formula and z test will be used to find out significant of bystanders of patients. Chi square test is used to find out the association.

Socio demographic and clinical characteristics of mother:

TABLE NO,1 : : represents that overall socio demographic of bystanders of patients in this study was majority of subjects 22(36.66%) belonged to the age group of 41to 50 years in critical care unit and majority of subjects 17 (28.3%) belongs to the age group of 31 to 40 years in non critical care unit. majority of subjects 42 (70%) were female in critical care unit and 31(51.6%) were again females in non critical care unit. majority of subjects 55 (91.66%) were hindu in critical care unit and 55(91.6%) were again hindu in non critical care unit. marital status reveals that majority of subjects 50 (83.33%) were married in critical care unit and 50(83.33%) were again married in non critical care unit. majority of subjects 24 (36.66%) had primary education in critical care unit and 17(28.3%) again had primary education in non critical care unit. majority of subjects 35 (58.33%) belonged to 5000 to 10000 income in critical care unit and 35(58.33%) again belonged to 5000 to 10000 income in non critical care unit. majority of subjects 25 (41.66%) were children in critical care unit and 14(23.33%) were others in non critical care unit. majority of subjects 60(100%) were family members in critical care unit and 56(93.3%) were again family members in non critical care unit. majority of subjects 38(63.33%) were from nuclear family in critical care unit and 35(58.3%) were from nuclear family in non critical care unit. majority of subjects 34(56.66%) had no previous history of

hospitalization in critical care unit and 37(61.6%) had previous history of hospitalization in non critical care unit.

Table No 1: Frequency and Percentage Distribution of Sample According To Socio Demographic Variables In Critical Care Unit And Non Critical Care Unit.

SL NO	DEMOGRAPHIC VARIABLES	CRITICAL CARE UNIT		NON CRITICAL CARE UNIT	
		N = 60	P=100%	N = 60	P = 100%
		F	P	F	P
1	Age				
	a) Less than 20	0	0%	02	3.33%
	b) 21 to 30				
	c) 31 to 40			12	20%
	d) 41 to 50	10	15%		
	d) Above 50			17	28.8%
		20	30%		
		22	36.66%	16	26.6%
		8	11.66%	13	21.1%
2	Gender				
	a) Male	18	30%	29	48.3%
	b) Female				



		42	70%	31	51.6%
3	Religion of the Bystanders				
	a)Hindu				
	b)Muslim				
	c)Christian				
	d)Others	55	91.66%	55	91.6%
		5	8.33%	05	8.33%
4	Marital status of the Bystanders				
	a)Married				
	b)Unmarried				
	c)Divorce				
	d)Separated	50	83.33%	50	83.3%
	e)Widowed	8	10%	10	16.6%
		2	1.66%		
	Educational status of the Bystanders				

5	a)No formal education				
	b)Primary education				28.3%
	c) P U C	15	25%	17	
	d)Graduate				45%
	e)Others	24	36.66%	27	
		10	15%	10	16.6%
		8	11.66%	05	8.3%
		3	5%	1	1.6%
6	Monthly income of the family				
	a)Rs 5000 to 10,000/month				
	b)Rs 10001 to 15,000/month				
	c)Rs 15001 to 20,000/month	35	58.33%	35	58.3%
	d)More than 20,000/month	20	26.66%	22	36.6%
		3	5%	02	3.3%
		2		01	16.6%



			3.33 %		%
7	Relation to the client				
	a)Spouse				
	b)Grand children		18.33 %		23.3 %
	c)Children	11		14	
	d)Others		3.33 %		3.33 %
		5		02	
			41.66 %		51.6 %
		25		31	
		19	28.33 %	13	21.6 %
8	Family members in hospitalization				
	a)Yes				
	b)No	60			
			100 %	56	93.3 %
				4	6.6%

9	Type of the family				
	a)Nuclear	38	63.33 %		58.3 %
	b)Joint	22		35	
			36.66 %	25	41.6 %
10	Previous exposure of Bystanders to hospitalization				
	a)Yes				
	b)No		43.33 %	37	61.6 %
		26			
		34	56.66 %	23	38.3 %

Association Between The Level Of Stress With Their Selected Socio Demographic Variables Among Bystanders Of Patients Admitted In Critical Care Unit.

TABLE NO. 2: The findings propose that there was no significant association found between stress level of patients bystanders admitted in critical care unit and age, gender, educational level, marital status, religion, monthly income, relation to client, family member, type of family, previous history of hospitalization. Therefore H2 is rejected for all socio demographic variables, that is , there is no significant association between stress level of patient bystanders with their selected socio



demographic variable in critical care unit at $P < 0.05$ level.

Sl n o	Demograp hic variables	D f	Chi Square	Tab le valu e	P val ue	Associat ion
1	Age	3	1.132	2.353	0.769	Not significa nt
2	Gender	1	0.4	6.314	0.527	Not significa nt
3	Religion	1	0.054	6.314	0.816	Not significa nt
4	Marital status	2	1.424	2.92	0.491	Not significa nt
5	Education	4	2.348	2.132	0.672	Not significa nt
6	Monthly income	3	1.212	2.353	0.75	Not significa nt

7	Relation to client	3	1.108	2.353	0.775	Not significa nt
8	Family members	3	1.108	2.353	0.775	Not significa nt
9	Type of family	1	0.22	6.314	0.639	Not significa nt
10	Previous history	1	2.692	6.314	0.101	Not significa nt

* $p < 0.05$ [Significance]

Association Between The Level Of Stress With Their Selected Socio Demographic Variables among Bystanders Of Patients Admitted In Non Critical Care Unit .

TABLE NO.3: The findings propose that there was significant association found between stress level of patients bystanders admitted in Non critical care unit and that is religion, relation to client and type of family. Therefore H3 is accepted for some socio demographic variables like religion, relation to client, type of family as there was significant association found between stress level in patients bystanders. The other findings also propose that there was no significant association found between stress level of patient bystanders admitted in Non critical care unit like age, gender, marital status, education, monthly



income, family members, previous history. Therefore H3 is rejected for some socio demographic variables like age, gender, marital status, education, monthly income, family members, previous history, as there was no significant association found between stress level of patients bystanders in non critical care unit.

Sl no	Demographic variables	Df	Chi Square	Table value	P value	Association
1	Age	4	6.938	2.132	0.139	Not significant
2	Gender	1	0.069	6.314	0.793	Not significant
3	Religion	1	3.298	6.314	0.05	significant
4	Marital status	1	0.559	6.134	0.455	Not significant
5	Education	4	6.191	2.132	0.185	Not significant
6	Monthly income	3	6.542	2.353	0.08	Not significant

7	Relation to client	3	7.643	2.353	0.054	significant
8	Family members	1	1.424	6.314	0.233	Not significant
9	Type of family	1	5.503	6.314	0.019	significant
10	Previous history	1	0.471	6.314	0.493	Not significant

The findings propose that there was no significant association found between stress level of patients bystanders admitted in critical care unit and age, gender, educational level, marital status, religion, monthly income, relation to client, family member, type of family, previous history of hospitalization. Therefore H2 is rejected for all socio demographic variables, that is, there is no significant association between stress level of patient bystanders with their selected socio demographic variable in critical care unit at $P < 0.05$ level.

The Z test was used to find out the significant difference between the two groups that is difference in the stress levels in Critical and non Critical care unit, the calculated Z value (1.90) is greater than the table value (1.66) at 0.05 level of significance, showed that there is no significant difference between the stress levels among bystanders of patients admitted in critical and non critical groups, hence it is not significant. Therefore, H1 is rejected.

Discussion: -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 assess 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⁾

The present study reveals that,

Percentage wise distribution of patients bystanders according to their age groups reveals that majority of subjects 22(36.66%) belonged to the age group of 41 to 50 years in critical care unit and majority of subjects 17 (28.3%) belongs to the age group of 31 to 40 years in non critical care unit. Percentage wise distribution of the subjects according to their gender reveals that majority of subjects 42 (70%) were female in critical care unit and 31(51.6%) were again females in non critical care unit. Percentage wise distribution of the subjects according to their religion reveals that majority of subjects 55 (91.66%) were Hindu in critical care unit and 55(91.6%) were again Hindu in non critical care unit. Percentage wise distribution of the subjects according to their marital status reveals that majority of subjects 50 (83.33%) were married in critical care unit and 50(83.33%) were again married in non critical care unit. Percentage wise distribution of the subjects according to their educational status reveals that majority of subjects 24 (36.66%) were primary education in critical care unit and 17(28.3%) were again in primary education in non critical care unit. Percentage wise distribution of the subjects according to their income reveals that majority of subjects 35 (58.33%) were 5000 to 10000 in critical care unit and 35(58.33%) were again 5000 to 10000 in non critical care unit. Percentage wise distribution of the

subjects according to their relation to the client reveals that majority of subjects 25 (41.66%) were children as bystanders in critical care unit and 14(23.33%) were others as bystanders in non critical care unit. Percentage wise distribution of the subjects according to their family members reveals that majority of subjects 60(100%) were family members in critical care unit and 56(93.3%) were again family members in non critical care unit. Percentage wise distribution of the subjects according to their type of family reveals that majority of subjects 38(63.33%) belonged to nuclear family in critical care unit and 35(58.3%) again belonged to nuclear family in non critical care unit. Percentage wise distribution of the subjects according to their previous history of hospitalization reveals that majority of subjects 34(56.66%) had no previous history of hospitalization in critical care unit and 37(61.6%) had previous history of hospitalization in non critical care unit.

Conclusions: -

The study findings provides insights on the direction of nursing care interventions for care givers as to reduce the stress level among patients bystanders admitted in critical and non critical care unit. Based on study results , the following conclusions were made.

The Z test was used to find out the significant difference between the two groups that is difference in the stress levels in Critical and non Critical care unit, the calculated Z value (1.90) is greater than the table value (1.66) at 0.05 level of significance, showed that there is no significant difference between the stress levels among bystanders of patients admitted in critical and non critical groups, hence it is not significant.

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