A Study To Assess The Prevalence of Anxiety Among Female Health Care Professionals in Selected Institutions
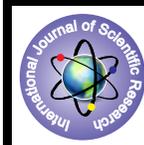
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ABSTRACT

Background

Every individual faces stress and anxiety at some point or other in their lives. For some anxiety can be helpful, increasing their productivity , while for some it can have deleterious effects. Lifetime and past year prevalence rates of anxiety disorders were 1.5 to 2 times as common among women as compared to men1. Also, among various professions, those participating in health care services were commonly found to suffer from high anxiety levels and psychosomatic illnesses. Undetected high Anxiety levels in health care professionals, especially nurses, who are a major force in the health care services, pose a great danger not only to self , but also to the patients under their care. It can also lead to negative organizational consequences and has been linked to a number of poor outcomes, such as lower morale, reduced job performance, increased tardiness, and absenteeism. It also seems to fuel job dissatisfaction, which is a precursor to staff turnover. Hence their arises an urgent need to address the issue of rising anxiety levels in nurses.

Objective

Objective of the study was to estimate the prevalence of anxiety among female health care professionals in selected institutions and to identify the relationship between the level of anxiety of the female health care workers and the selected socio demographic variables.

Methods

A non experimental descriptive univariant cross sectional study was conducted in Aug 2015 using a self administered structured questionnaire among 121 nursing professional of selected institutions. Stratified Proportionate Sampling was carried out and questionnaire administered after taking informed consent. Prevalence of anxiety scores was calculated and their association with the selected socio demographic variables were carried out.

Results

The majority of the samples were in the age group 26- 30, maximum were having 1-5 years of experience and were working in general field. Maximum samples had two children and had husband as the support system. 82 of 121 subjects had no family member suffering from any chronic disabilitating illness. Prevalence of moderate and severe levels of State and Trait anxiety was 76 respectively and 2 had extreme levels of state anxiety. Anxiety levels had no significant association with any of the selected socio demographic variables except presence of chronic illness with state anxiety.

Introduction

In todays world, mental health and mental disorders are one of the most significant public health challenges faced, among which anxiety disorders are among the most prevalent mental disorders in the general population[2]. Studies have highlighted that women suffer from higher rates of lifetime diagnosis for each of the anxiety disorders examined.

Study conducted on Generalised anxiety disorder: prevalence, burden, and cost to society ,by Wittchen HU in 2002, highlights that ,GAD affects women more frequently than men and prevalence rates are high in midlife and older subjects but relatively low in adolescents.[3] More conflict arises with the working mother as they have to play multiple roles of cook, maid, tutor, nurse as well as cater to the demands of office work. [4] They are bound to fulfill the demand at work followed by various demands at home. This can leave a working woman stressed and anxious; more so if the family is not supportive.

Medical education and medical profession are among the most challenging and most stressful among other professions. Women as health care professionals face Anxiety and Depression as an escalating problem. Study by Kurebayashi et al in 2012, among nursing students found that around 87% of the subjects had moderate and high scores for anxiety trait and 80% for anxiety state.[5]

Background of the study

Women generally experience more commonly anxiety symptoms, which may have detrimental effects on both professional and personal front . Also very often, various perceptions are placed on the female worker in their workplaces . Managers who perceived their female employees of maintaining high work-family conflict presume them to be not as committed to the organization, and therefore not worthy of advancement in career.

Working mothers often have to challenge perceptions and stereotypes that evolve, as a working woman becomes a working mother. Working mothers are perceived as less competent and less worthy of training than childless women.

It is also seen that specific occupations are at risk for the evolution of burnout, particularly those positions in the human services, especially in health care.[6] As health care professionals there is increased job demands, responsibilities and commitments which further add to the problem. Most important causes of stress among nurses were found to be jobs not finishing in time because of shortage of staff, conflict with patient relatives, overtime, and insufficient pay.[7]

Methods:

Non experimental descriptive cross sectional survey approach was adopted. Samples were selected by Proportionate Stratified sampling and simple random sampling from within the stratas. Self administered structured questionnaire was administered to the subjects after obtaining consent from them, during their duty hours, in their workplaces. Tool used to measure anxiety levels was State Trait Anxiety Inventory. The selected socio demographic variables were age of subject, years of experience, area of work, no of children, support system available, presence of chronic disabilitating illness in the family.
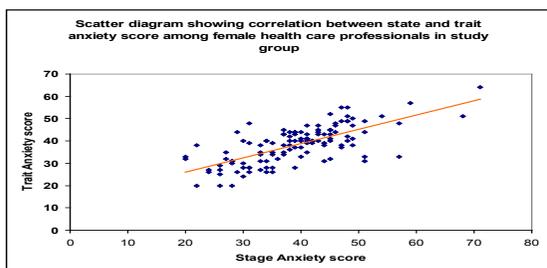
Results:

Out of 121 subjects the majority of the samples -28, were in the age group 26- 30, maximum of the samples were having 1-5 years of experience –31, Maximum samples were working in general field - 54 , had two children – 54 and majority of the samples had husband as the support system – 68 .Greater part of the samples – 82 did not have any

family member suffering from any chronic disabilitating illness.

Majority – 68 (56.19%) had moderate levels of State anxiety and minimum number of 2 (1.65%) had extreme anxiety .

68 (56.19%) had moderate levels of trait anxiety, 8 (6.62%) had severe anxiety and none had extreme levels of anxiety. There was no significant association of anxiety levels with any of the socio demographic variables except presence of illness in family members with respect to State anxiety.

Correlation between state and trait anxiety showed a positive correlation , with a r value of 0.71 and with p value < 0.0001 level of significance. This indicates that as Trait anxiety increases, state anxiety increases and vice versa.

State anxiety Score

Scatter Diagram representing Correlation between state and trait anxiety

Discussion
In the present study the age group was divided into seven class intervals. The majority of the samples were in the age group 26- 30 (23.14%), and minimum were in the age group of 21- 25 (4.96%). In the study by Jose TT and Bhat MS[8] also the maximum samples(70.2%) were in the age group 21 – 30 yrs.

With respect to years of experience maximum of the samples were having 1-5 years of experience-31 (25.62%) and the least samples were having 6- 10 and 11- 15 years of experience – 17 (14.05%). This is similar to the study by Jose TT and Bhat MS[8]where maximum samples (56.92%) had 1-5 yrs of experience and least samples (5.19%) had more than 20 yrs of service.

Maximum number of participants had two children – 54 (44.63%) and those with more than two children were minimum in number – 4 (4%). Similarly in the study by Jose TT and Bhat MS[8], maximum samples had (44.13%) had two children and minimum (4.74%) had three or more children.

Assessing the prevalence of Anxiety among the Nurses
68 subjects had moderate levels of State anxiety 8 had severe and 2 had extreme anxiety . 68 had moderate levels of trait anxiety, 8 had severe anxiety and none had extreme levels of anxiety. Similarly study by Kurebayashi SFL et al[5] also reveals that moderate and severe trait anxiety were present in 87% of subjects and 80% had moderate and severe State anxiety. The mean preintervention State anxiety score of nursing students in the study by Ratanasiripong P et al[9] to study the effectiveness of Biofeedback was 18.6%. This is also supported by the study by Reghuram R
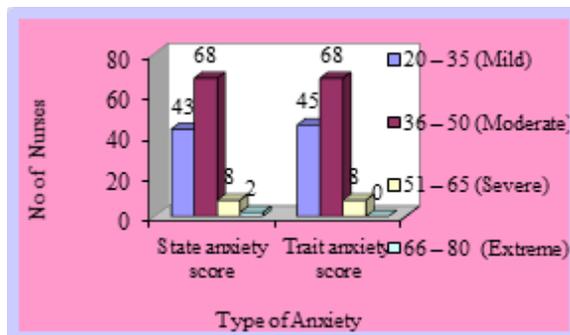
Bar diagram representing assess the assess the prevalence of anxiety among female health care professionals in study group

and Mathias J[10], in which 71.2% had moderate social anxiety and 1.2% had severe social anxiety. Study by Jose TT and Bhat MS[8] also shows similarly low stress in 60.38% of nurses, moderate stress in 38.46% and severe stress in 1.15% of nurses.

Association of anxiety levels with the Socio demographic variables
Comparison of the state and trait anxiety of the various age groups of the samples shows that the mean of state anxiety is higher than trait anxiety in the health care professionals. The Mean State and Trait anxiety higher in younger age groups .It is also represented that the anxiety levels (both state and trait) decreases with increase in age.

Mean anxiety levels of State was higher than that of trait anxiety with respect to no of yrs of service. Highest state and trait anxiety level is in the group with least amount of service- 1-5 yrs of service and least state anxiety was in the group with more than 20 yrs of service. Inference can be made that higher levels of anxiety is seen in subjects with lesser number of years of service and anxiety levels were found to be decreasing with increase in the number of years of service. There is no association between anxiety levels and years of experience of nurses similar to studies by Jose TT and Bhat MS[8] .

Highest state anxiety was for those working in the specialised area of work, least was for those working in the general area of work, Highest trait anxiety is for those working in the administrative area of work and least in the general area of work. Those working in specialised area of work have higher levels of state and trait anxiety.

There was no significant association between anxiety levels and area of work, in contrary to the study by Jose TT and Bhat MS[8] which found out a significant association between area of work and stress of nurses .

Mean of state anxiety is higher than that of trait anxiety while comparing no of children. The highest state and trait anxiety is for those who have one child and minimum state anxiety is for those having more than two child. Those with no children had the second highest levels of state and trait anxiety. The data also represented that the state and trait anxiety decreases with increase in number of children. There was no significant association between anxiety levels and no of children of subjects. Also in the study by Jose TT and Bhat MS[8] , no significant association was found between stress of nurses and no of children.

The study reveals that mean of state anxiety scores are

higher than the trait anxiety scores while considering support system available. Highest state and trait anxiety is present when the inlaws are present as the support system. State anxiety is least when the parents are the support system and trait anxiety is least when the domestic help is the support system. When in laws are the support system there is considerable increase in both the state and trait anxiety and when parents are the support system there is considerable decrease in the state and trait anxiety.

Comparison of the state and trait anxiety with presence of any chronic disabilitating illness in the family reveals that mean state anxiety levels were higher than the mean trait anxiety levels. When there is presence of illness in family members ,State anxiety was high, in those having no illness in the family members trait anxiety was higher than state.

Conclusion

Nurses are suffering from high levels of both State and Trait anxiety. Many though are aware of various relaxation techniques and stress management methods are unaware of their own high anxiety levels. There is a pressing need for the health care professionals to be more responsive and considerate of their own health in order to produce better patient services and outcomes. Undetected and untreated anxiety can have deleterious effects on health and relationships of both caregivers and patients under their care. Timely and prompt action to identify the potential stressors and relievers are the need of the hour.

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