



**Research Article**

**IMPACT OF TRANSITION ON PSYCHOLOGICAL HEALTH PARAMETERS**

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**ABSTRACT**

Admission to an intensive care unit is a stressful and extremely notable hospital experience for patients and their family members. Patients admitted in the ICU face several healthcare transitions within the healthcare setting during their recovery, which certainly affects patient's health. A descriptive correlational study design was carried out to assess the impact of transition on psychological health parameters of patients transferred from ICU to the wards. In this study non probability consecutive sampling technique was used. The major finding revealed that amongst psychological parameters the mean value of anger was higher as compared to other components like helplessness, anxiety, and feeling of loneliness. The correlation between components of psychological parameters was found to be highly significant. The finding of the study provided insight that there was impact of transition on psychological health parameters of patients after shifting from ICU to general wards. Those patients transferred from ICU to the wards needed psychological preparation by the health care personnel to reduce the adverse effect of transition on their psychological health parameters.

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**INTRODUCTION**

Patients are admitted to the ICU for a variety of reasons. Majority are admitted to an ICU because of an urgent medical situation, needing high-level medical support of vital functions to keep the patient alive. Admission to an intensive care unit is a stressful and extremely notable hospital experience for patients and their family members. Patients and family members viewed ICU admission as a crisis for both of them because they are not adequately and mentally prepared for such a stressful situation.<sup>1-2</sup>

**Background**

The patients who had undergone treatment in the ICU reported that it was an unknown environment for them. Patients expressed that, due to ICU admission, they have fear of death or permanent disability, uncertainty about the condition, emotional conflicts etc. This combined feelings trigger anger, guilt, denial, despair, and depression. Along with patient, the family members also experience feelings of anxiety and insecurity. It is the fact that the patients in a critical care environment suffer from both psychological and physical problems caused by the stress of being admitted in the ICU.<sup>3</sup>

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Once the patient is hemodynamically stable and minimally dependent on invasive procedures, he/she is shifted to ward. In the ICU, transfer is an everyday procedure. Critically ill patients in the ICU often experience many transitions, from the time they are critically sick until they recover and return to their homes. After discharge from the ICU, patients may experience altered sleep patterns, anxiety, depression, disorientation, mood changes and lapses of memory, nightmares and concentration. Anxiety is a common problem among patients associated with both pre- and post-discharge from ICU. It has been observed that patients who are discharged from ICUs to general wards are vulnerable and survivors of critical illness face multiple physical and psychological challenges.<sup>4-5</sup> Numerous investigations described a variety of short- and long-term effects on patient following critical illness, including impairment of memory, attention, concentration, language, mental processing speed, and executive functions e.g., decision making, organization, and planning which is followed by sleep deprivation.<sup>6-7</sup>

A study was carried out to quantify the levels of anxiety experienced by intensive care unit (ICU) patients just before transfer to the ward and then twice after transfer to the ward. A prospective, repeated measure cohort study was adopted. All adult ICU patients who remained in ICU for greater than 24 hours were eligible for the study. Measurements of anxiety were undertaken using self-report on the anxiety subscale of

Hospital Anxiety and Depression Scale on three occasions; after patients were told of their immediate transfer to the ward, after 4 hours on the ward and after one night on the ward. Result revealed that the mean anxiety levels remained low at all measurement points and did not change over time. This small study provided a start to the prospective mapping of anxiety levels on time of transfer and shortly after transfer from an ICU to the wards. It also provided information to researchers who want to examine ICU transfer anxiety.<sup>8</sup>

Many studies support those patients who are admitted in the ICU facing multiple transitions. Due to this transition process, they encounter various physical and psychological problems after transferring from ICU. A pragmatic prospective cohort study was carried out to examine the impact of transfer time on patient anxiety. In this study, samples were critically ill patients staying on the ICU for at least 24 hours and clinically ready for transfer to the general ward. Result of data collection of before and after transfer of the patients, showed that the post-transfer anxiety was higher at night time than day time.<sup>9</sup>

**Aim of the study** Assess the impact of transition on psychological health parameters of patients transferred from ICU to the wards.

**MATERIALS AND METHODS**

In this study psychological health parameters included anxiety, lack of concentration, mood changes, disorientation, loneliness, nightmares, helplessness and anger. Total 100 patients admitted in the ICUs of a teaching hospital participated in the study based on inclusion criteria. A non-experimental descriptive correlational study design was carried out and samples were selected with non-probability consecutive sampling technique. Likertscale to assess the psychological parameters used for data collection consisted of 8 components with 28 items. Reliability of the tool was 0.90. The project has been approved by the institutional ethics committee. Informed consent was obtained from the participants before initiating the study.

**RESULTS**

Analysis done using descriptive analysis i.e. frequency and percentage for individualized items. Inferential statistics used to correlate the mean difference.

**Table 1** Responses of participants for anxiety n=100

Components	Always	Often	Some times	Rarely	Never
f (%)					
Feeling of unexplained worry	0	5	48	39	8
Feeling Restlessness	5	34	45	16	0
Becoming tired easily	0	0	49	37	14
Having sleep that is not restful	2	13	46	36	3
Unnecessary irritability	1	5	28	50	16

The table 1 presented that 48% participants felt unexplained worry some times, and 34% felt restlessness often. 49% became tired easily, 46% did not have restful sleep sometimes and 50% felt unnecessary irritability rarely.

**Table 2** Responses of participants for lack of concentration n=100

Components	Always	Often	Some times	Rarely	Never
f (%)					
Trouble in concentrating,	7	37	47	9	0
Feeling as if the mind is going "blank,"	2	34	45	15	4
Reduced ability to focus	7	27	54	12	0
Difficulty with memory	51	39	10	0	0
Confusion or forgetfulness	5	20	38	34	3

The table 2 presented that 47% and 37% participants had trouble in concentration some times and often. 34% and 45% felt as if the mind is going "blank," sometimes and often, 54% felt as reduced ability to focus sometimes and 51% had difficulty with memory always. 38% and 34% had confusion and forgetfulness sometimes and rarely.

**Table 3** Responses of participants for mood changes n=100

Components	Always	Often	Some times	Rarely	Never
f (%)					
Unexplained feeling of low	4	9	52	30	5
Unexplained tearfulness	7	38	45	10	0

The table 3 depicted that 52% participants had unexplained feeling of low some times. 45% and 38% felt unexplained tearfulness some times and often.

**Table 4** Responses of participants for disorientation n=100

Components	Always	Often	Some times	Rarely	Never
f (%)					
Difficulty in thinking	3	13	59	25	0
Difficulty in talking	9	16	65	10	0
Difficulty in comprehension	4	23	60	13	0
Difficulty in reading*	3	12	26	23	0
Difficulty in writing*	1	18	27	17	1

The table 4 presented that 59% participants had difficulty in thinking some times, and 65% and 60% participants had difficulty in talking and comprehension some times. 26% sometimes and 12% often had difficulty in reading. 27% sometimes and 18% often had difficulty in writing.

\*: It was not applicable to patients who were not educated, so the frequency is calculated based on the data gathered.

**Table 5** Responses of participants for feeling loneliness n=100

Components	Always	Often	Some times	Rarely	Never
f (%)					
Feeling sadness	2	9	48	35	6
Feeling isolated and withdrawal.	0	42	49	9	0

The table 5 presented that 48% participants felt sadness some times. 49% and 42% felt isolated and withdrawal some times, and often.

**Table 6** Responses of participants for nightmares

n=100

Components	Always	Often	Some times f (%)	Rarely	Never
Undesirable experiences that occur while falling asleep,	3	9	45	38	5
Dream awakes	10	38	52	0	0
Feeling scared, anxious, angry, sad as a result of dream	0	5	44	46	5
Feeling sweaty	0	47	42	11	0

The table 6 presented that 45% participants felt undesirable experiences falling asleep sometimes, in 52 % and 38% dream awakes them sometimes and often. 46% and 44% participants were scared, anxious, angry, and sad as a result of dream rarely and some times, 47% and 42% felt sweaty or had a pounding heartbeat often and sometimes.

**Table 7** Responses of participants for helplessnessn=100

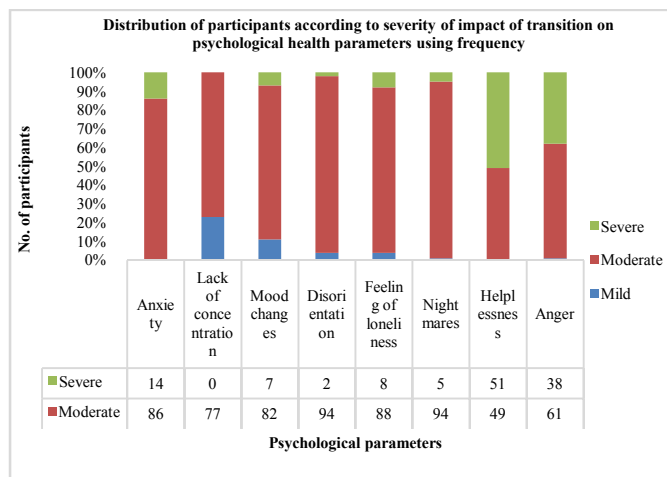
Components	Always	Often	Some times f (%)	Rarely	Never
Feeling lack of self-trust	2	2	46	39	11
Sense of incompetence	1	2	39	53	5
Believe that incapable of doing anything by own.	2	4	46	38	10

The table 7 presented that 46% felt lack of self-trust some times, 53 % and 39% had sense of incompetence rarely and sometimes. 46% believed that they were incapable of doing anything by their own sometimes.

**Table 8** Responses of participants for anger n=100

Components	Always	Often	Some times f (%)	Rarely	Never
Feeling impatience.	1	2	47	44	6
Feeling loss of control over emotion	4	4	32	38	22

The table 8 presented that 47% and 44% participants felt impatience some times and rarely, and 38 % and 32% felt loss of control over emotion rarely and sometimes.



**Fig 1** Distribution of participants according to severity of impact of transition on psychological health parameters using frequency

Figure 1 presented that majority of the participants had impact of transition on 51% helplessness, 38% anger, and 14% anxiety in severe form. Finding also showed that majority of the participants also had impact of transition on 94% disorientation, 94% nightmares, 86% anxiety, 88% felt loneliness, and 82% had mood changes in moderate form.

**Table 9** Correlation between the components of psychological parameters n=100

Psychological parameters	Mean	SD	pvalue
Anxiety	3.374	0.3311	0.000**
Lack of concentration	2.566	0.354	
Mood changes	2.915	0.5732	
Disorientation	2.9187	0.3825	
Feeling of loneliness	3.005	0.5294	
Nightmares	2.975	0.3527	
Helplessness	3.5467	0.4703	
Anger	3.61	0.5346	

Kruskal-Wallis Test, \*\*: Highly Significant Difference

Table 9 presented the correlation between components of the psychological parameters. In this the mean value of anger was higher (3.6 ±0.53) as compared to other components like helplessness (3.5 ±0.47), anxiety (3.3 ±0.33), and feeling of loneliness (3.0 ±0.52). The correlation between components of psychological parameters is highly significant with p value 0.000\*\*.

**DISCUSSION**

The findings of the study provided insight about the impact of transition on psychological health parameters of patients after shifting from ICU to general wards. The finding revealed that amongst psychological parameters the mean value of anger was higher (3.6 ± 0.53) as compared to other components like helplessness (3.5 ± 0.47), anxiety (3.3 ± 0.33), and feeling of loneliness (3.0 ± 0.52). The correlation between components of psychological parameters was highly significant with p value 0.000\*\*. So the result shows that there was impact of transition on psychological health parameters of patients transferred from ICU to the wards and significantly higher found in anger, helplessness, anxiety and feeling of loneliness etc.

Similar results were also found in a review article where the researcher done the review with the aim to have a critical presentation of the existing evidence on how patients, families and nurses experience the transition from ICU to the ward and to analyze the possible interventions available for the development of an optimum transition process. From the reviews it highlighted that transfer anxiety was one of the recurring aspects. It also revealed that several interventions for transition been proposed such as developing information brochures, creating a profile of practicing nursing liaison between the ICU and the ward and ICU discharge report.<sup>10</sup>

So, this study recommends that patients should be prepared well before transfer from the intensive care unit to the wards. Ongoing care to these patients may help nurses to tackle with various psychological problems.

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