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A Study to Assess the Post Traumatic Stress Symptoms (PTSS) and Anxiety Among Patients After Transfer Out from Intensive Care Unit at Shri Vinoba Bhave Civil Hospital, Silvassa

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ABSTRACT

BACKGROUND: Critical illness can expose patients to traumatic stressors that are caused by both Intensive Care intervention techniques and life threatening experiences. For the last ten years, there has been an increasing interest and attention regarding psychological consequences related to surviving critical illness. This patient population were found to have both Post Traumatic Stress Symptoms and Anxiety.

OBJECTIVE: To assess the Post Traumatic Stress Symptoms (PTSS) and Anxiety among patients after transfer out from the ICU, to correlate the relationship between PTSS and Anxiety and find the association between Post Traumatic Stress Symptoms and Anxiety with selected demographic and clinical variables

METHODOLOGY: A time series design was adopted and 200 samples were selected by non-purposive sampling technique. Sociodemographic and clinical variables data was collected using the self-administered questionaries' and PTSS was assessed by using Impact Event Scale Revised and Anxiety was assessed by Anxiety Assessment Scale once the patient is transfer from ICU.Follow up interview was done on 7, 14, 30 day.

RESULT: The study findings suggest that Out of 200 samples (patients), 77% of patient were having moderate anxiety, 13% were having severe anxiety, 9.5% were having mild anxiety, & 0.5% were having no anxiety on 0 day. On day 30 62.5% were having moderate anxiety, 33.5% were having mild anxiety, 2% each were having severe and no anxiety So people in the moderate group reduced to 62% and an increment is found in the mild group percentage as 33.5%. On day 0, 51% were having moderate PTSS, 47.5% were having low PTSS and 3% were having high PTSS, none of the patient was having severe PTSS. On day 30, 97.5% were having low PTSS and 7.5% were having moderate PTSS, none of the patient was having high or severe PTSS. This shows a remarkable improvement on day 30 with 92.5% low PTSS. There is no correlation between PTSS and anxiety of patients on 0, 7, 14, 30 day. There was no association between demographic & clinical variables and PTSS & anxiety scores.

CONCLUSION: Technological advancements in health care setting has reduce mortality rate of human beings but their emotional consequences also need to be conducted.

KEYWORDS: Post Traumatic Stress Symptoms, Anxiety, Intensive Care Unit

INTRODUCTION

More people worldwide becomes critically ill every year and require treatment in the Intensive Care Unit. Millions of patients survive critical illness due to the improvements in medical research and technological advances in the Intensive Care Units. The emotional consequences of being critically ill has increased because of this change in survival rate.

Critical illness can expose patients to traumatic stressors that are caused by both Intensive Care intervention techniques and life threatening experiences. For the last ten years, there has been an increasing interest and attention regarding psychological consequences related to surviving critical illness. This patient population were found to have both Post Traumatic Stress Symptoms and Post Traumatic Stress Disorders.

Painful procedures, mechanical ventilation and significant physical limitations are some of the factors that makes the critically ill patients get expose to stressors. In addition, prolonged physical weakness, disturbances in sleep patterns, impaired memory, and attention and concentration deficit have also been reported among ICU survivors. Patients with Post Traumatic Stress Symptoms were found to have symptoms of PTSD, but they did not meet all the criteria for making the diagnosis of PTSD.

NEED OF THE STUDY

According to estimates, the lifetime prevalence of PTSS globally is 8% in the general population, with rates higher in females (10–12%) and lower in males (5–6%). Approximately 6% of women giving birth, 8%–45% of burn patients, and 20%–28% of cardiac patients possess PTSS-like symptoms, and the frequency of PTSS was documented from 17%–30% in intensive care units.

Admitted to the intensive care unit exposes patients to severe stressors, including physical constraints, pain, lack of sleep, and communication difficulties. A number of demographic characteristics have been identified as risk factors for the development of PTSD, including younger age, gender, educational attainment, and past psychiatric history.

It is been observed during the clinical exposure that ICU is an environment where patients face life – threatening situations, undergo invasive medical procedures, and experience high level of stress. The intense nature of the ICU environment can contribute to the development of post – traumatic stress symptoms and anxiety in patients. Moreover ICU experiences can have long lasting effects on patient's mental health. Survivors of critical illness may suffer from psychological distress even after their physical health has improved. Understanding the prevalence of post-traumatic stress symptoms and anxiety in this population can help health care professionals provide appropriate support and interventions .Hence the investigator planned to conduct a study to assess the Post Traumatic Stress Symptoms and Anxiety of the patients after transfer from Intensive Care Unit.

OBJECTIVES:

The Objectives of the study are:-

- To assess the Post Traumatic Stress Symptoms (PTSS) and Anxiety among patients after transfer out from the ICU.
- To correlate the relationship between PTSS and Anxiety.
- To find the association between Post Traumatic Stress Symptoms and Anxiety with selected demographic and clinical variables.

ASSUMPTION:

Life saving interventions used in the ICU can increase patient's risk for Post Traumatic Stress Symptoms and Anxiety.

HYPOTHESIS:

RESEARCH HYPOTHESIS

H_1:- There will be significant correlation between post-traumatic stress symptoms and anxiety among patients after discharge from the ICU at 0.05 level of significance.

H_2:- There will be significant association between post-traumatic stress symptoms and anxiety with selected demographical and clinical variables at 0.05 level of significance.

RESEARCH DESIGN / METHOD:-

The aim of the present study was to assess post-traumatic stress symptoms and anxiety among patients after transfer from ICU. Therefore, a **Quantitative research approach** was adopted.

A time series design was used to assess and to correlate Post Traumatic Stress Symptoms and Anxiety among patients after transfer from ICU and sample are selected by using Non Probability Sampling Technique which consisted of 200 patients, who are admitted in Trauma Intensive Care Unit (TICU) and Medical Intensive Care Unit (MICU) of Shri Vinoba Bhave Civil Hospital, Silvassa. And stayed for more than 24 hours in MICU &TICU and transfer to step down wards at Shri Vinoba Bhave Civil Hospital, Silvassa.

VARIABLE

The variables included in this study are **Dependent Variable** which is PTSS and anxiety of the patient.

INCLUSION CRITERIA:

The study includes:

- Male and Females patients more than 18 years of age who are willing to participate in the study
- Conscious and oriented in time and place.
- Who stayed in the ICU for 24 hours or
- Who are able to understand and read English, Hindi,Gujarati

EXCULSION CRITERIA:

The study excludes:

- Patients who are on mechanical ventilator
- Patients who are experiencing withdrawal
- Previous history of psychiatric illness
- Taking Anti- Depressants and Benzodiazepines
- History of traumatic brain injury Death or inability to communicate meaningfully at discharge from ICU
- Patient who are Physically and Mentally Challenged
- Refusing to take part in the study at any stage.

TOOL

The following tools were used in order to obtain the data

Section –A Demographic data

It consist of age, gender, education, marital status, occupation, education, number of children, History of substance abuse, Place of residence

Section –B – Clinical Variables

It consist of diagnosis, Length of ICU stay, Reason for ICU Admission, Previous history of ICU admission.

Section – C: Impact Event Scale – Revised (IES-R)

The IES-R is a 22-item self-report measure (for *DSM-IV*) that assesses subjective distress caused by traumatic events. It is a revised version of the older version, the 15-item IES (Horowitz, Wilner, & Alvarez, 1979). The IES-R contains 7 additional items related to the Hyperaurosal symptoms of PTSD, which were not included in the original IES. Items correspond directly to 14 of the 17 *DSM-IV* symptoms of PTSD. The IES-R has not been updated to match the *DSM-5*, so it does not include items to full assess negative alterations in cognition and mood, for instance. Respondents are asked to identify a specific stressful life event and then indicate how much they were distressed or bothered during the past seven days by each "difficulty" listed.

Items are rated on a 5-point scale ranging from 0 ("*not at all*") to 4 ("*extremely*"). The IES-R yields a total score (ranging from 0 to 88) and subscale scores can also be calculated for the Intrusion, Avoidance, and Hyperaurosal subscales. The scoring of the scale ranges from

0 = No symptoms
1 = Few symptoms
2 = Moderate symptoms
3 = A High Level of symptoms
4 = an extreme high level of symptoms

0-23	Low PTSS
24- 32	Moderate PTSS
33-36	High PTSS
37& above	Severe PTSS

Section –D: - Anxiety Assessment Tool

It is the self-assessment tool which consist of the 7 questions modified from the Anxiety Assessment Short Form-a .Items are rated on 5 point rating scale ranging from 1 (Never) to 5 (Always) It yields a total score from ranging from 1-35 .the scoring of the tool is as follows

Less than 15 – No Anxiety
15 – 19 -- Mild Anxiety
20 – 27 – Moderate Anxiety
28 – 35 --- Severe Anxiety

DATA COLLECTION PROCESS

The research will be In the ICU and before discharge from the hospital, the researcher will visit the patients, explained about the study, and completed consent procedures. On the day of transfer out from ICU anxiety of the patient will be assessed 2 hours prior to transfer to the step down wards using Anxiety Assessment Tool.

Once patient is transfer out to the ward within 24 hours PTSS of the patient willbe assessed using Impact

Event Scale Revised. Follow up interviews (on day 14, 30) will be conducted over the telephone; however, some will be done when patients came for follow up to the hospital. The telephone interviews will be conducted at a suitable time for the patients; they were allowed to stop the call anytime and request a return call when they desire.

ANALYSIS AND FINDINGS:

Section I – Description of Demographic & Clinical Variables

Section II: Assessment of Post-Traumatic Stress Symptoms and Anxiety among patients after transfer from ICU

Section III : Find out correlation between Post Traumatic Stress Symptoms & Anxiety among patients

Section IV : Find out association between selected demographical & clinical variable with PTSS and anxiety scores .

Section I – Description of Demographic & Clinical Variables

Table 1: Frequency and percentage wise distribution to assess the post-traumatic stress symptoms (PTSS**) and anxiety among patients after transfer from intensive care unit at Shri Vinoba Bhave Civil Hospital, according to their demographic data.**

(n = 200)

Demographic variables	**Frequency**	**Percentage**
1.Age (in years):		
18-25	12	6
26-50	150	75
51-75	35	17.5
75 and above	3	1.5
2.Gender:		
Male	151	75.5
Female	49	24.5
others	0	0
3.Education:		
No formal education	0	0
Primary /Secondary	72	36
Higher secondary school	108	56
Graduate and above	20	10
4.Marital status:		
Single	28	14
Married / Living together	166	83
Widowed	6	3
Separated/Divorced	0	0
5.Occupation:		
Unemployed	7	3.5
Self –employed	179	89.5
Professional	14	7
Retired	0	0

6.Number of children :		
0	11	5.5
1-2	188	94
3-5	1	0.5
6 and above	0	0
7.History of substance abuse:		
Any one : Alcohol, Smoking, Tabaco Chewing	78	39
Any two: Alcohol,Smoking,Tabacco chewing	60	30
All three : Alcohol,Smoking,Tabacco chewing	22	11
None of the above	40	20
8.Place of residence:		
U.T of Diu Daman & Dadra Nagar Haveli	118	59
Gujarat	56	28
Maharashtra	26	13
Other	0	0

Table 1 Indicates the Frequency and Percentage Wise Distribution of Demographic Variables

The majority of the sample 150(75%) of them belongs to the age group between 26 and 50 years. Whereas, 12(6%) belongs to 18-25 years of and 75 and more years samples were 3(1.5%). 151(75.5%) were male and female 49(24.5%).With respect of education, most of the samples 72 (36%) of them have completed primary /secondary education & 108(54%) has completed Higher secondary education. However, only 20 (10%) sample were graduate and above education level in this present study.

In Marital status 166 (83%) of them were married /Living together. 28(14%) of them were single and only 6 (3%) of them are widowed. Occupational status depicts that most of the sample 179(89.5%) of them were self-employed, 14(7%) of them were professional, whereas only 7(3.5%) of them unemployed in this study.

Number of children shown , almost all 188(94%) of them had 1-2 children .11(5.5%) of them had no children during this study period .Regards history of substance abuse, 78(39%) of them had one habit of substance abuse i.e either smoking, alcohol and tobacco chewing . 60(30%) of them had two substance abuse i.e smoking, alcohol and tobacco whereas 22 (11%) of them had all three habits of substance abuse i.e smoking, alcohol and tobacco. 40(20%) of them had none of the substance abuse of smoking, alcohol and tobacco.

Regards place of residence 118 (59%) of them are residence of U.T of Diu Daman & Dadra Nagar Haveli whereas 56(28%) of them belongs to Gujarat & 26(13%) of them were residence of Maharashtra in present study.

Table 2: Frequency and percentage wise distribution to assess the Post-traumatic Stress Symptoms (PTSS**) and anxiety among patients after transfer from intensive care unit at Shri Vinoba Bhave civil hospital, according to their clinical data.**

(n = 200)

Clinical variables	Frequency	Percentage (%)
1.Length of the ICU Stay		

1-5 Days	19	9.5
6-10 days	154	77
11-15 days	17	8.5
15 days and above	10	5
2.Reason for ICU Admission:		
Medical	170	85
Post-operative	30	15
3.Previous History ICU admission		
Yes	10	5
No	190	95

Table 2 indicates clinical variables,

Regards Length of the ICU, Majority 154 (77%) of them has stayed 6-10 days. Around 19 samples, 19(9.5%) had stayed 1-5days and 17(8.5%) of them were stayed 11-15 days whereas 10(5%) of them stayed for more than 15 days.

Regards reason for ICU Admission, 170(80%) of them admitted for medical and 30(15%) of them were admitted for post-operative.

Regards previous history of ICU admission, most all 190 (95%) of them do not had any history of ICU Admission and only 10 (5%) had previous history of ICU admission.

Section II: Assessment of Post-Traumatic Stress Symptoms and Anxiety among patients after transfer from ICU

Table-3: Frequency and percentage wise distribution of level of post-traumatic stress symptoms (PTSS) among patients after transfer from Intensive Care unit at Shri Vinoba Bhave Civil hospital.
(n = 200)

	0 day		7^{th} day		14thday		30th day	
PTSS groups	f	%	f	%	f	%	f	%
Low	97	48.5	145	72.5	164	82	185	92.5
Moderate	102	51	52	26	36	18	15	7.5
High	1	0.5	2	1	0	0	0	0
Severe	0	0	0	0	0	0	0	0

The above table 3 indicates the level of PTSS at 0, 7, 14, & 30day

At 0 day that majority 102 (51%) of them were in moderate level and 97(48.5%) of them were mild level of stress & Only 1 (0.5%) sample was in high level stress. None of them were having severe level of Post-Traumatic Stress Symptoms. On 7th day, majority 145(72.5%) of them were in low level and 52(26%) of them were moderate level of stress. Only 2 (1%) sample was having high level stress. None of them were severe level. On 14^{th} day, majority 164 (82%) of them were in low level and 36(18%) of them were in moderate level of stress. None of them were having High and severe level of stress. On 30th day, majority 185 (92.5%) of them were in low level and 15 (7.5%) of them were having moderate level of stress. None of them were in High and severe level stress.

Table-4: Frequency and percentage wise distribution of level of anxiety among patients after transfer from intensive care unit at Shri Vinoba Bhave Civil Hospital.
(n = 200)

Anxiety groups	0 day		7th day		14thday		30th day	
	f	%	f	%	f	%	f	%
No Anxiety	1	0.5	3	1.5	3	1.5	4	2
Mild Anxiety	19	9.5	31	15.5	49	24.5	67	33.5
Moderate Anxiety	154	77	156	78	142	71	125	62.5
Severe Anxiety	26	13	10	5	6	3	4	2

The above table 4 indicates the level of anxiety, at 0, 7, 14, & 30day
On 0 day the frequency and percentage of anxiety level reveals that majority 154 (77%) of them were in moderate level and 26(13%) of them were in severe level of anxiety. Only 1 (0.5%) sample was in No anxiety level .On 7th day. , majority 156 (78%) of them were in moderate level and 31(15.5%) of them were having mild level of anxiety, 10(5%) samples were having severe level anxiety & Only 3 (1.5%) sample was having No anxiety. On 14th day, majority 142 (71%) of them were in moderate level and 49(24.5%) of them were in mild level of anxiety, 6 (3%) samples in severe level of anxiety & Only 3 (1.5%) sample was in No anxiety level .On 30th day , majority 125 (62.5%) of them were in moderate level and 67(33.5%) of them were having mild level of anxiety. Each 4 (2%) sample were having No anxiety level and severe anxiety level respectively.

Table-5: Area and overall wise Mean, SD and mean% to assess the post-traumatic stress symptoms (PTSS) among patients after transfer from intensive care unit at Shri Vinoba Bhave civil hospital
(n = 200)

PTSS SCORE	**Mean**	**SD**	**Mean%**	**SE**	**F- Value**	**p- value**
DAY-0	23.87	3.12	27	0.10	F = 13.84	P< 0.001 (HS)
DAY-7	23.41	14.56	27	0.71		
DAY-14	21.05	3.12	24	0.72		
DAY-30	19.93	3.06	23	0.96		

Table 5 indicates that level of PTSS score among patients after transfer from intensive care unit , On Day 0 , the mean percentage & the Mean±SD of PTSS was 27%, 23.87±3.12,whereas, On Day 7, the mean percentage & the Mean±SD of PTSS score was 27% & 23.41±14.56. However, Day 14, the mean percentage and the Mean±SD of PTSS score was 24% & 21.05±3.12. On Day 30, the mean percentage was 23% whereas the Mean±SD of PTSS score were 19.93±3.06Hence, it can be interpreted that, Day by Day the PTSS **score** level gradually decreased among patients after transfer from intensive care unit in this present study. . From the results of 'F' value for stress score obtained as F = 13.84 which was found highly significant difference between the days of studies ['p' <0.001]. It is shown in the study that improvement among subjects regarding stress, mean score of PTSS was high in the initial day 23.87& got reduced gradually and finally reached to 19.93. Therefore, there was highly significant differences on stress scores and between the days of studies. Hence Accept and retained Research hypothesis H_1.

Table-6: Area and overall wise Mean, SD and mean% to assess the anxiety among patients after transfer from Intensive Care Unit at Shri Vinoba Bhave Civil hospital.
(n = 200)

Level of Anxiety	Mean	SD	Mean%	SE	F – value	P value
DAY-0	23.7	3.38	68	0.10	F = 502.15	P < 0.001 (HS)
DAY-7	22.19	3.20	63	0.10		
DAY-14	21.12	3.19	60	0.10		
DAY-30	19.9	3.27	57	0.03		

Table 6 indicates that that level of anxiety among patients after transfer from intensive care unit, on Day 1 , the mean percentage were 68% & the Mean±SD of anxiety score were 23.7±3.38. Whereas, on Day 7, the mean percentage and the Mean±SD of anxiety score were 63 % & 22.19±3.20. However, Day 14, the mean percentage was 60% and Mean±SD of anxiety score was 21.12±3.19. On Day 30, the mean percentage was 57% whereas the Mean±SD of anxiety score were 19.9±3.27. From the results of 'F' value for anxiety score was obtained as F = 502.15 which was found highly significant difference between the days of studies ['p' <0.001]. It shown in the study improvement among subjects regarding anxiety, mean score of anxiety which was high in the initial day 23.70 got reduced gradually and finally reached to 19.99.Hence, it can be interpreted that, Day by Day the anxiety level gradually decreased among patients after transfer from Intensive Care Unit .

Section III: Find out correlation between Post Traumatic Stress Symptoms & Anxiety among patients

Table 7: Correlation between Anxiety and Post-Traumatic Stress Symptoms.
(n = 200)

Correlation between of anxiety scores and Post Traumatic Stress Symptoms Scores between days				
	Anxiety Day 0	Anxiety Day 7	Anxiety Day 14	Anxiety Day 30
PTSS Day 0	-0.04 p=0.606	-0.08 p=0.266	-0.10 p=0.141	-0.06 p=0.435
PTSS Day 7	-0.09 p=0.23	-0.11 p=0.136	-0.11 p=0.123	-0.11 p=0.106
PTSS Day 14	-0.01 p=0.86	-0.05 p=0.51	-0.07 p=0.33	-0.01 p=0.836
PTSS Day 30	-0.04 p=0.57	-0.06 p=0.401	-0.07 p=0.302	-0.01 p=0.897
None of the correlation coefficient values are significant ['p' > 0.05]				
No association between attitude and IES - R scores				

The above table 7 depicts that correlation between anxiety and Post Traumatic Stress Symptoms level among patients after transfer from Intensive Care Unit. The results shown, that there was no correlation found on day 1st , 7th , 14th and 30th day between anxiety and stress level Even though all the day correlation was negatively correlated which was not significant correlation (p>0.05) . It seems anxiety

level decreased while stress level was improved. Hence, fail to reject the Null hypothesis $H_{0\,1}$. Therefore, there was no correlation between anxiety and Post Traumatic Stress Symptoms level on day 0,7th, 14th and 30 day.

Section IV: Find out association between selected demographical & clinical variable with PTSS and anxiety scores

Table 8: Association for level of level of PTSS s and selected demographic data. (n = 200)

Demographic variables	Low		Moderate		High		Severe		χ2-value	p-value
	f	%	f	%	f	%	f	%		
1.Age (in years):										
18-25	5	2.5	7	3.5	0	0	0	0	9.00	0.173
26-50	75	37.5	75	37.5	0	0	0	0	(df=6)	NS
51-75	14	7	20	10	1	0.5	0	0		
75 and above	0	0	0	0	0	0	0	0		
2.Gender:										
Male	75	37.5	75	37.5	1	0.5	0	0	0.712	0.700
Female	22	11	27	13.5	0	0	0	0	(df=2)	NS
others	0	0	0	0	0	0	0	0		
3.Education:										
No formal education	0	0	0	0	0	0	0	0	1.98	0.738
Primary /Secondary	34	17	37	18.5	1	0.5	0	0	(df=2)	NS
Higher secondary school	54	27	54	27	0	0	0	0		
Graduate and above	9	4.5	11	5.5	0	0	0	0		
4.Marital status:										
Single	13	6.5	15	7.5	0	0	0	0	1.48	0.960
Married / Living together	81	40.5	84	42	1	0.5	0	0	(df=2)	NS
widowed	3	1.5	2	1	0	0	0	0		
Separated/Divorced	0	0	1	0.5	0	0	0	0		
5.Occupation:										
Unemployed	4	2	3	1.5	0	0	0	0	1.85	0.932
Self –employed	88	44	90	45	1	0.5	0	0	(df=6)	NS
Professional	5	2.5	8	4	0	0	0	0		
Retired	0	0	1	0.5	0	0	0	0		
6.Number of children :										
0	6	3	5	2.5	0	0	0	0	1.29	0.862
1-2	90	45	97	48.5	1	0.5	0	0	(df=4)	NS
3-5	1	0.5	0	0	0	0	0	0		
6 and above	0	0	0	0	0	0	0	0		
7.History of substance abuse:										
Any one										
Any two	46	23	32	16	0	0	0	0	10.11	0.120

All three	23	11.5	37	18.5	0	0	0	0	(df=6)	NS
None of the above	10	5	12	6	0	0	0	0		
	18	9	21	10.5	1	0.5	0	0		
8.Place of residence:										
U.T of DNH & DD	59	29.5	59	29.5	0	0	0	0	3.87	0.424
Gujarat	28	14	27	13.5	1	0.5	0	0	(df=4)	NS
Maharashtra	10	5	16	8	0	0	0	0		
Other										

Table no 8 shows association between Post Traumatic Stress Symptoms scores and demographic variables, results reveals that there was no association with demographic variables such as age ($\chi2$ =9) , gender ($\chi2$=0.712), education ($\chi2$=1.98), marital status ($\chi2$=1.48), occupation($\chi2$=1.85),Number of children ($\chi2$=1.29) , history of substance abuse($\chi2$=10.11) ,place of residence ($\chi2$=3.87) which was not significant (p>0.05) .**Therefore, Fail to reject the null hypothesis** $H_{02.}$ Therefore, there was no association between anxiety and demographic variables.

Table 9: Association for level of level of PTSS and selected clinical variables (n = 200)

Clinical variables	**Low**		**Moderate**		**High**		**Severe**		**$\chi2$-value**	**p-value**
	f	**%**	**f**	**%**	**f**	**%**	**f**	**%**		
1.Length of the ICU										
1-5 Days	11	5.5	8	4	0	0	0	0		
6-10 days	72	36	81	40.5	1	0.5	0	0	6.28	0.392
11-15 days	6	3	11	5.5	0	0	0	0	(df=6)	NS
15 days and above	8	4	2	1	0	0	0	0		
2.Reason for ICU Admission:										
Medical										
Post-operative	83	41.5	86	43	1	0.5	0	0	0.238	0.88
	14	7	16	8	0	0	0	0	(df=6)	NS
3.Previous History ICU admission										
Yes										
No	1	0.5	9	4.5	0	0	0	0	6.41	0.041*
	96	48	93	46.5	1	0.5	0	0	(df=2)	S

Table no 9 shows association between level of Post Traumatic Stress Symptoms scores and clinical variables, results reveals that there was no association with clinical variables such as length of ICU ($\chi2$ =6.28) , Reason for ICU Admission ($\chi2$=0.238) which was not significant (p>0.05) except Previous history ICU admission ($\chi2$=1.46, p=0.041) .**Therefore, Fail to reject the null hypothesis** $H_{0.}$Therefore, there was no association between Post Traumatic Stress Symptoms and clinical variables except Previous history ICU admission

Table 10: Association for level of anxiety with selected demographic data.
(n = 200)

Demographic variables	No Anxiety		Mild Anxiety		Moderate Anxiety		Severe Anxiety		χ2-value	p-value
	f	%	f	%	f	%	f	%		
1.Age (in years):										
18-25	0	0	0	0	9	4.5	3	1.5		
26-50	1	0.5	17	8.5	113	56.5	19	9.5	5.04	0.831
51-75	0	0	2	1	29	14.5	4	2	(df=9)	NS
75 and above	0	0	0	0	3	1.5	0	0		
2.Gender:										
Male	1	0.5	13	6.5	115	57.5	22	11	2.06	0.559
Female	0	0	6	3	39	19.5	4	2	(df=3)	NS
others	0	0	0	0	0	0	0	0		
3.Education:										
No formal education	0	0	0	0	0	0	0	0	5.25	0.512
Primary /Secondary	0	0	6	3	54	27	12	6	(df=6)	NS
Higher secondary school	1	0.5	13	6.5	83	41.5	11	5.5		
Graduate and above	0	0	0	0	17	8.5	3	1.5		
4.Marital status:										
Single	0	0	3	1.5	22	11	3	1.5	2.25	0.987
Married / Living together	1	0.5	16	8	126	63	23	11.5	(df=9)	NS
widowed	0	0	0	0	5	2.5	0	0		
Separated/Divorced	0	0	0	0	1	0.5	0	0		
5.Occupation:										
Unemployed	1	0.5	0	0	5	2.5	1	0.5	31.56	P<0.001***
Self –employed	0	0	16	8	139	69.5	24	12	(df=9)	HS
Professional	0	0	3	1.5	9	4.5	1	0.5		
Retired	0	0	0	0	1	0.5	0	0		
6.Number of children:										
0	0	0	1	0.5	10	5	0	0	11.43	0.076
1-2	1	0.5	17	8.5	144	72	26	13	(df=6)	NS
3-5	0	0	1	0.5	0	0	0	0		
6 and above	0	0	0	0	0	0	0	0		
7.History of substance abuse:									10.28	0.328
Any one	0	0	4	2	64	32	10	5	(df=9)	NS
Any two	1	0.5	10	5	43	21.5	6	3		
All three	0	0	1	0.5	16	8	5	2.5		

None of the above	0	0	4	2	31	15.5	5	2.5		
8.Place of residence:										
U.T of Diu Daman & Dadra Nagar Haveli	1	0.5	9	4.5	91	45.5	17	8.5	3.45	0.749
Gujarat	0	0	6	3	45	22.5	5	2.5	(df=6)	NS
Maharashtra	0	0	4	2	18	9	4	2		
Other										

Table no 10 shows association between level of anxiety and demographic variables, results reveals that there was no association with demographic variables such as age ($\chi 2$ =5.04) , gender ($\chi 2$=2.06), education ($\chi 2$=5.25), marital status ($\chi 2$=2.25), Number of children ($\chi 2$=11.43) , history of substance abuse($\chi 2$=10.28) ,place of residence ($\chi 2$=3.45) which was not significant ($p>0.05$) except occupation (**$\chi 2$=31.56, $p<0.001$).Therefore, Fail to reject the null hypothesis** H_0.Therefore, there was no association between anxiety and demographic variables except occupation.

Table 11: Association of level of anxiety with selected clinical variables.
(n = 200)

Clinical variables	**No Anxiety**		**Mild Anxiety**		**Moderate Anxiety**		**Severe Anxiety**		**$\chi 2$-value**	**p-value**
	F	**%**	**f**	**%**	**f**	**%**	**f**	**%**		
1.Length of the ICU										
1-5 Days	0	0	1	0.5	17	8.5	1	0.5	9.85	0.365
6-10 days	1	0.5	15	7.5	113	56.5	25	12.5	(df=9)	NS
11-15 days	0	0	3	1.5	14	7	0	0		
15 days and above	0	0	0	0	10	5	0	0		
2.Reason for ICU Admission:										
Medical	1	0.5	17	8.5	131	65.5	21	10.5	0.84	0.84
Post-operative	0	0	2	1	23	11.5	5	2.5	(df=3)	NS
3.Previous History ICU admission										
Yes	0	0	0	0	8	4	2	1	1.46	0.691
No	1	0.5	19	9.5	148	73	24	12	(df=3)	NS

Table no 11 shows association between level of anxiety and clinical variables, results reveals that there was no association with clinical variables such as length of ICU ($\chi 2$ =9.85), Reason for ICU Admission ($\chi 2$=0.84), Previous history ICU admission ($\chi 2$=1.46) which was not significant ($p>0.05$) **Therefore, Fail to reject the null hypothesis** H_{02}.Therefore, there was no association between anxiety level and clinical variables.

CONCLUSION

Based on the findings of the following study conclusion drawn:

1. Majority of patients suffer from Post-Traumatic Stress Symptoms and Anxiety after transfer from Intensive Care Unit to wards.
2. There is no any correlation between Post Traumatic Stress Symptoms and Anxiety of the patients after transfer out from ICU.

Technological advancements in health care setting has reduce mortality rate of human beings but their emotional consequences also need to be conducted.

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