INTRODUCTION

Anxiety is a fear, worry and stress are all part of most people's life today. But simply experiencing anxiety or stress in and of itself does not mean you need to get professional help or you have an anxiety disorder. In fact, anxiety is a necessary warning signal of a dangerous or difficult situation. Without anxiety, you should have no way of anticipating difficulties ahead and preparing for them. Individual face anxiety on daily basis. Anxiety which provide the motivation for achievement is a necessary force for survival. Individual have experienced anxiety throughout the ages. Anxiety is more common in women than in men at least 2 to 1 prevalence rate have been given at 1.5 to 5.

Approximately 30.6% of total population of 946 millions in India suffering from anxiety, stress, fears. Anxiety can be a symptoms of an underlying health issue such as chronic obstructive pulmonary disease (COPD), heart failure, or heart arrhythmia. Abnormal and pathological anxiety or fear itself may be a medical condition that falls under the blanket term “anxiety disorder”. Such conditions came under the aegis of psychiatry at the end of the 19th century and current psychiatric diagnostic criteria recognize several forms of disorder. Recent surveys have found that as many as 18% of person may be affected by one or more of them. 1

Yates (2009) says that more than two thirds of family members visiting intensive care unit (ICU) patients have symptoms of anxiety or depression during the first days of hospitalization. Identifying determinants of these symptoms would help caregivers support families at patient discharge. Prospective multi centre study including 78 ICUs (1184 beds) in France. Family members completed the Hospital Anxiety and Depression Scale on the day of patient discharge to allow evaluation of the prevalence and potential factors associated with symptoms of anxiety. Three hundred fifty-seven patients were included in the study, and 544 family members completed the Hospital Anxiety Scale. Symptoms of anxiety were found in 73.4% and 35.3% of family members, respectively; 75.5% of family members and 82.7% of spouses had symptoms of anxiety (P = .007).
REVIEW OF LITERATURE

A review of related literature gives an insight into the various aspects of the problem under study. The review serves as an integrated function that facilitates the accumulation of knowledge.

The review of literature for the present study is organized under the following heading:-

1) Literature related to anxiety.
2) Literature related to anxiety present in relatives of the patients admitted in the emergency wards.

METHODOLOGY

The methodology used for this study was descriptive exploratory type.

Sample

Size of sample is 60.

A sample is the subset of population containing all the characteristics of the population which has been selected to participate in the study.

In this study samples will be relatives of patients admitted in emergency wards who are available at the time of data collection from SKNMC&GH.

Material and Method:-

The tool consisted of demographic data modified questionnaires scale to assess the level of anxiety.

The content validity of tool was ensured by verifying with the expert from the field of nursing medicine and education. The reliability co-efficient was 0.8 and was considered reliable in statistical correction.

Tool and Technique

The tool consisted of of demographic data, modified questionnaire scale to assess level of anxiety.

The tool was divided in 3 parts into sections as shown below-

SECTION A: Written consent

SECTION B:

Demographic data of relatives of patients including age, gender, qualification, religion, occupation, income, marital status, type of family, language spoken.

SECTION C:

Likert scale to assess anxiety level among relatives of patients admitted in emergency wards. This is four point likert scale which contains 20 items; each items has four points that are severely, mildly, moderately, not at all and marked 3,2,1 and 0 respectively.

The content validity of tool was ensured by verifying it with experts from the field of nursing medicine and education. The reliability co-efficient was 0.8 and was considered reliable in statistical correlation.

A pilot study helped to identify the problems if any related to
questionnaires. But no problems were identified during pilot study and the study was very feasible to carry out further. The data gathering process began from 9/1/2018 to 14/1/2018. Modified questionnaire scale to assess level of anxiety of relatives and on the same day tool was collected from the samples.

The tool collected was analysed in the terms of frequency, percentage and selected demographic variables.

**FINDING OF THE STUDY**

The significant findings of the study analysed according to the objectives laid for the study. The findings were as follows –

**Demographic variables –**

In the demographic variables following points were noted.

Out of 60 the samples were of age 18-28 years that is 15, age group 28-38 years is 25, 38-48 years is 9 and above 48 years is 10.
In gender male were 30 and female were 30.
In educational status 21 were graduate, 8 were taken higher secondary education, 22 were had taken secondary education and 9 were had taken primary education.
In income, 13 sample were having below 5000, 23 were having 5001-10,000, 17 were having 10,001 – 15,000 and 7 were having above 15,000 monthly income.
In type of family 37 samples live in joint family, 17 samples live in nuclear family, 4 samples live in extended family and others were 2.

In Relation with patient, there 9 were fathers, 13 were mother, 4 were husband, 11 were wives and others were 23.

Score of level of anxiety among relatives of patient admitted in emergency wards the significant finding of the study analysed according to the objectives for the study. The findings were as follows.

11 samples are having score under 0-7 which are having minimal level of anxiety.
8-21 which are having mild anxiety.
21-42 are having moderate level of anxiety.
42-60 are having severe anxiety.

**RESULT**

The significant finding of the study analysed according to the objective for the study. The findings were as follows.

The score of level of anxiety among relatives of patient admitted in emergency ward are as follows:

11 samples are having score under 0-7 which are having minimal level of anxiety.
8-21 which are having mild anxiety.
21-42 are having moderate level of anxiety.
42-60 are having severe anxiety.

**REFERENCES**

