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Anxiety: Concept Analysis in Nursing

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Abstract:

Anxiety is a common psychological phenomenon that has significant implications for patients, nurses and hospitalization outcome around clinical settings. Rapid social change, technological advancement, economic pressures, and the faster pace of modern life have led to an observed rise in the amount of people who suffer from anxiety throughout the world, and has resulted in anxiety becoming a major public health concern, as well as a key concept in nursing practice. Despite its common use in nursing literatures, anxiety is still a complex and multidimensional concept with different definitions in different disciplines, which caused ambiguity in assessing and intervening. This study is a concept analysis of nursing profession anxiety using Walker and Avant framework to clarify the meaning and application. The attributes, antecedents, and consequences of anxiety are examined systematically, as well as its utilization in nursing literature. Cognitive, physiological, behavioral, and emotional manifestations are identified as core attributes of anxiety and suggest it as a multidimensional phenomenon. Biological, Psychological and Situational Factors are discussed in relation to antecedents and Adaptive and Maladaptive Outcomes for patient and nurses are discussed in relation to consequences. Model cases, borderline and contrary cases are built to further clarify the concept and empirical referents such as the psychological scales, physiological indicators, behavioural observations are identified to support measurements in practice. The findings highlight the need for a clear conceptual understanding of anxiety to improve assessment, effective intervention and nursing education and research. Clarification of the concept of anxiety has led to the enhancement of patient-centered care, better clinical decision-making, and promotion of psychological well-being for nurses and patients alike.

Keywords: Anxiety, Concept, Analysis, Attributes, Antecedents, Consequences,

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Introduction

Anxiety is a common mental health issue in today's society, and is to some extent a result of the rapid social change, technology development, economic pressures and pace of modern life. These factors have led to an increase in stress levels, and thus anxiety remains one of the most frequent psychological disorders across the globe. According to the World Health Organization (WHO), anxiety disorders affect an estimated 301 million people worldwide - making it the most common mental health conditions (WHO, 2023). The Mayo Clinic further mentions that anxiety is increasingly diagnosed across all age groups and cultures and thus its public health significance (Mayo Clinic, 2020).

Anxiety is a common, normal response for a human to a stressful situation or perceived threat and may be experienced to varying degrees of severity. In mild forms, anxiety can be temporary and adaptive, because it is of use to the individual in keeping them alert and focused in challenging situations. However, when anxiety is persistent or excessive it can get in the way of daily functioning and result in major psychological and physiological perturbations. Symptoms may include feeling restless, worrying excessively, having an increased heart rate, having muscle tension, having sleep problems, and having difficulty concentrating (American Psychiatric Association [APA], 2022). Chronic anxiety has also been associated with cardiovascular disease, poor immune response and poor quality of life (GoodRx Health, 2022). In the area of medicine and surgery, anxiety in macro-social environments is especially common among patients given illness, hospitalization, the need for invasive procedures to be carried out, a diagnosis of an illness or confirmation of its presence, and uncertainty about the patient's treatment outcomes (the patient's burn, recovery period or symptoms, recovery, etc.). Research shows that high levels of anxiety in patients can have a negative impact on recovery, pain perception, compliance with treatment, and overall health outcomes (Videbeck, 2020). For example, preoperative anxiety has been linked with increased postoperative pain and with slow wound healing. As a result, the recognition and management of anxiety is an important part of the comprehensive patient care model.

Within the practice of Nursing, there is anxiety for not only the patients, but the healthcare providers as well. Nurses may work in high-pressure jobs that involve heavy responsibilities, emotional work, and critical decision-making and are therefore at risk of anxiety and burnout. Executing the practice of nursing? can negatively affect clinical judgment, communication, and safety of a patient, thus understanding this concept is very important within the professional practice of nursing (Townsend & Morgan, 2021). Despite its common occurrence in the literature of nursing, anxiety is a complex and multifaceted concept and is defined and interpreted in a variety of ways in different disciplines. This conceptual ambiguity is the reason for a systematic examination. Concept analysis helps to give a systematic approach to the clarity of the meanings and uses of concepts in nursing theory and practice. The Walker and Avant method is widely used for this purpose because it allows for identification of defining attributes, antecedents and consequences of a concept, as well as the construction of illustrative cases (Walker & Avant, 2021). Conducting a concept analysis of anxiety will allow nurses to develop a clear understanding of it, be able to assess effectively while implementing effective intervention in healthcare settings.

This article thus discusses anxiety using the concept analysis approach by concentrating on the defining features, antecedents, and consequences of the phenomenon in the field of nursing practice. The aim of this study is to elucidate the meaning of anxiety in the nursing profession by determining the defining attributes of nursing anxiety, investigating various uses of anxiety in nursing literature, and examining antecedents and consequences of nursing

anxiety in the nursing profession. The study also aims at constructing model, borderline, related and contrary cases to clearly explain the concept, define empirical referents to support the measurement of anxiety in nursing as well as discuss the implications of the findings on practice, educational and research in nursing. To achieve these objectives Walker and Avant's (2021) concept analysis framework is adopted which entails selection of the selected concept of interest (anxiety) identified, use of the concept in nursing literature, identifying defining attributes, antecedents and consequences, construction of illustrative cases, and definition of empirical referents.

The aim of this study is to clarify the meaning of anxiety within the nursing profession by identifying its defining attributes, examining its various uses in nursing literature, and exploring its antecedents and consequences in nursing practice. The study also seeks to construct model, borderline, related, and contrary cases to clearly illustrate the concept, define empirical referents that support the measurement of anxiety in nursing, and discuss the implications of these findings for nursing practice, education, and research. To achieve these objectives, Walker and Avant's (2021) concept analysis framework is adopted, which involves selecting anxiety as the concept of interest, determining its uses in nursing literature, identifying defining attributes, exploring antecedents and consequences, constructing illustrative cases, and defining empirical referents.

Conceptual Analysis

Anxiety is such a concept which features widely in nursing practice, education and research but the meaning is varied depending on the discipline, and context. It is critically important to understand anxiety clearly since it has implications for the physical health of patients, their psychological well-being, clinical decision making and overall care outcome. According to Cambridge English Dictionary (2020), the word anxiety can be defined as an uncomfortable feeling of nervousness or worry about something in future or the present time which is happening. This definition focuses on the emotional and anticipatory nature of anxiety with concern about worry being a key feature. Similarly, the American Psychiatric Association (APA) defines anxiety as an emotion that involves feelings of tension, worried thoughts, and physical changes that include an increase in blood pressure, muscle tension, and increased alertness (American Psychiatric Association, 2023). This definition expands the definition to consider both the psychological and physiological components of the experience, thereby emphasizing the included experience of anxiety as a multidimensional experience.

In the clinical setting, anxiety commonly is thought of as a reaction to the threat whether real or perceived. The Anxiety Centre defines anxiety as a state of apprehension, fear, and uncertainty due to the anticipation of a threatening event or situation, either realistically defined or fantasy, which can impair both the physical and psychological functions (Anxiety Centre, 2022). This way of thinking is consistent with the practice of nursing where patients often find themselves in a state of anxiety associated with sickness, hospitalization, surgery, or confusion about their prognosis. Such anxiety may manifest itself in the form of restlessness, irritability, heart rate increases, sleeping issues, and difficulty in concentrating, which may affect recovery and adherence to treatment.

Anxiety has been discussed extensively in the nursing literature due to the great impact it has in influencing patient outcomes. From a physiological point of view, anxiety triggers the activation of the sympathetic nervous system resulting in increased heart rate, elevated blood pressure, and changes in hormones that may have a detrimental effect on immune response and wound healing (Videbeck, 2020). Psychologically, anxiety reduces attention, memory and problem-solving which can make it hard for patients to understand health information nor

participate actively in their health care. Behaviorally, anxiety can lead to avoidance, withdrawal, agitation, and/or noncompliance with treatment regimens.

Several nursing and psychological theories can help in understanding the concept of anxiety. Lazarus and Folkman, Stress and Coping Theory, defines anxiety as arising from the individual's cognitive appraisal of a situation as threatening as well as his or her perceived ability to deal with that threat (Lazarus & Folkman, 2021). According to this theory, anxiety results when people feel that the demands of a situation are greater than their ability to cope. In practice of nursing, this theory is useful in evaluating patient's perception about illness-related stressors and designing interventions to promote coping mechanisms such as patient education, reassurance, and emotional support.

Peplau's Interpersonal Relations Theory also further emphasizes the role of the nurse-patient relationship in the experience and management of anxiety. Peplau (2022) suggested that anxiety is a major concept in the scope of interpersonal nursing and that therapy communication can alleviate anxiety by establishing trust understanding and collaboration. Through effective communication, empathy and presence, nurses can help patients to identify sources of anxiety, express their fears, and develop adaptive coping mechanisms.

Empirical studies have always shown that unmanaged anxiety has a negative impact on health outcomes. High levels of anxiety have been linked to an increase in postoperative pain, prolonged postoperative recovery, hospital length of stay and decreased patient satisfaction (Townsend & Morgan, 2021). In addition, nurses themselves are often anxious as a result of heavy workloads, emotional realities and high-stakes decision-making processes, which can negatively affect concentration, clinical judgment and patient safety. This is somWhat important point about the importance of treating anxiety, not just in patients but in healthcare providers. Given the scope and even inconsistency in usage of the concept, anxiety demands systematic clarification of the concept through concept analysis. Walker and Avant's concept analysis framework offers a structured method of analyzing the defining attributes, antecedents, consequences, and empirical referents of anxiety in nursing (Walker & Avant, 2021).

Attributes of Anxiety

Attributes - attributes are the defining characteristics that always occur when a concept is present and which help differentiate it from other phenomena that it is related to. According to Lee and Kwon (2021), identification of attributes is important in the concept analysis process because they can be defined as the primary features that give a concept its meaning. In nursing, anxiety has been described as a multidimensional concept in which there is the cognitive, physiologic, behavioral, and emotional, which all interact to impact the experience and response to the stressor. One major defining attribute of anxiety is the cognitive manifestation. Cognitively, anxiety is manifested by excessive worry, constant fear, negative anticipation, apprehension, dread, and heightened alertness to what is perceived as a threat to oneself. Individuals suffering from anxiety tend to expect negative things to occur even in the absence of immediate danger, which in turn, leads to distorted thinking patterns and an inability to control one's worries (Beck & Haigh, 2014). In nursing practice, these cognitive features are seen in patients that repeatedly express concerns for their diagnosis, prognosis or treatment outcomes. Such long-lasting worry could hampered the decision-making process and diminishes the patient's ability to comprehend the health-related information and thus, impacts followers to care plan (Videbeck, 2020).

Another important quality of anxiety is physiological response, which is the activation of the autonomic nervous system in the body's response to threats. Common physiological signs

such as increased heart rate, elevated blood pressure, sweating, musculoskeletal tension, and rapid breathing along with stomach discomfort, along with sleeping instability (American Psychiatric Association [APA], 2022). These responses are closely associated with the "fight-or-flight" reaction that prepares the body to cope with a situation of danger. In the clinical setting, nurses have frequently noted these manifestations during times of stress such as preparation for preoperative procedures, diagnostic testing, acute episodes of illness, etc. Persistent physiological arousal, if it is unmanaged, may contribute to an exacerbation of existing medical conditions and slow down recovery (McEwen & Akil, 2020).

Behavioral manifestations are also an essential attribute for anxiety. Behaviorally, anxiety can manifest itself in the form of avoidant behavior toward feared situations, restlessness, pacing, and irritability or an inability to concentrate and remain still. Patients can refuse to undergo medications, delay seeking medical help, or refuse to undergo any medical treatment due to anxiety-caused fears (Townsend & Morgan, 2021). In the context of nursing practice, such behaviors may get in the way of effective care delivery and pose a threat to patient safety. For instance, a patient who will not show up for follow-up appointments because of anxiety could experience disease progression or complications. Nurses must therefore understand some behavioral cues as a sign of underlying anxiety that needs immediate intervention.

Closely related to behavioral features are emotion responses, which is another defining attribute of anxiety. Emotionally, people may feel uncomfortable, helpless, nervous, vulnerable or distressed. These emotional responses are subjective and highly personal in an individual, not everyone experiences the same intensity and expressions of these emotions (Spielberger, 2019). In terms of nursing care, symptomology of emotional distress in anxiety can include high levels of reassurance seeking behaviour, tearfulness and withdrawal. Understanding the subjective nature of such emotions is critical for offering empathetic, patient-centered care, in addition to building therapeutic nurse-patient relationships. Another characteristic that is used to define anxiety is the presence of intrusive thoughts regarding uncertainty about the future. Anxiety is very much linked to an intolerance of uncertainty where people feel a sense of distress when outcomes are not known or predictable (Carleton, 2016). Intrusive "what if" thoughts repeatedly invade daydreams of the mind and continue the cycle of fear and worry perpetuating anxiety. For example, a patient who is scheduled for surgery; he/she might suffer from extreme anxiety due to thoughts like "What if something goes wrong?" or "What if I do not wake up after surgery?" Such fear of the unknown is prevalent between medical and surgical environments and constitutes a significant part of preoperative fear (Caumo et al., 2021).

These intrusive thoughts then often persist, despite reassurance and factual information, and thus, highlight a sense of irrational but compelling thinking. In nursing practice, an awareness of the uncertainty-driven anxiety helps nurses to carry out specific targeted interventions such as patient education, emotional support, relaxation techniques and cognitive reframing. Failure to address these intrusive thoughts may lead to increased stress responses and poor cooperation with care, and negative health outcomes (Videbeck, 2020). Collectively, the characteristics of anxiety including cognitive, physiological, behavioural, emotional manifestation, and intrusive uncertainty-based thoughts reflect the complex and multidimensional nature of anxiety.

Antecedents and Consequences of Anxiety

In concept analysis, the antecedents are events or conditions that must occur before a concept must emerge. According to Walker and Avant (2021), finding antecedents is important to support the understanding of the contextual forces that cause a phenomenon as

well as the correct recognition in practice. In the graphic of the DSM-5, it was noted that in the context of anxiety, antecedents are defined as biological, psychological, social, and environmental factors that predispose individuals to experience anxious responses. It is possible that anxiety is also affected by genetic vulnerability as evidence shows that anxiety disorders may tend to run in families which means that there is a hereditary component (Stein & Sareen, 2015). Neurobiological factors such as dysregulation of neurotransmitters such as serotonin and gamma amino butyric acid (GABA) are also a contributing factor in developing anxiety (American Psychiatric Association [APA], 2022).

Psychological antecedents for anxiety are personality traits and cognitive distortions. Certain personality features such as neuroticism, pessimism and low self-esteem have been found to be important risk factors for anxiety disorders (Barlow et al., 2018). Individuals with high levels of neuroticism are prone towards feeling situations as a threat and react emotionally more than others. Cognitive distortions, such as catastrophizing, overgeneralizing, and selective attention to negative consequences also further predispose people to anxiety by reinforcing negative thought patterns (Beck & Haigh, 2014). These distortions are frequently connected to the ill-functioning of the brain processing and emotionкυrihrs.

Within a nursing and healthcare setting, there are several situational antecedents that contribute to anxiety between patients and healthcare providers. For patients, the key antecedents are a sense of uncertainty and fear especially after being diagnosed with a life-threatening illness or when waiting to have a surgical or invasive procedure. Fear of pain, disability or death often adds to anxiety and limits the ability to cope (Videbeck, 2020). Lack of control is another important antecedent since being in hospital often means reliance on health care professionals, unfamiliar surroundings, and loss of control, which could increase anxiety levels (Townsend & Morgan, 2021).

For nurses, stressors that occur at work are major antecedents of anxiety. High patient load, poor staffing, low levels of organizational support and frequent exposure to human suffering place higher demands on the mind (Adriaenssens et al., 2015). Ethical dilemmas, the fear of committing clinical errors, and time pressure are other causes of anxiety among nursing practice. Additionally, academic pressure is an important antecedent for nursing students. Examinations, clinical evaluations, skill performance assessments, and the leap from being a student to a practitioner are usually linked to increased levels of anxiety (Pulido-Martos et al., 2012). These stressors, if prolonged and not overcome, may result in chronic anxiety. Walker and Avant (2021) define consequences as events or situation that happens as a consequence of the concept. Consequences of anxiety range depending on the coping mechanisms of the individual experiencing it, how long the anxiety is lasting and even how much support systems are present. Anxiety may have both adaptive and maladaptive outcomes. When individuals develop positive coping strategies, and anxiety is identified and managed early, it may lead to self-awareness, self-resilience and personal growth. In the context of nursing practice, feelings and sensations of controlled levels of anxiety could be seen to boost vigilance, motivation, and preparedness and hence facilitate professional development (Stuart, 2019).

However, uncontrolled or excessive anxiety usually brings about unwanted consequences. Among the patients, anxiety has been linked to delayed recovery, lower adherence to treatment, greater perception of pain, and longer stay in the hospital (Chand et al., 2020). High levels of anxiety potential interference in immunity function and wound healing, and as such, exacerbate clinical outcomes. Patients with a problem of anxiety may also have

difficulties in communicating which may restrict their ability to communicate in an effective way in planning the care.

For nurses, anxiety can have a devastating impact on the well-being and performance as a professional. Prolonged exposure to anxiety-provoking circumstances may lead to burnout, compassion fatigue, emotional exhaustion, and low job satisfaction (Adriaenssens et al., 2015). Anxiety negatively affects cognitive functioning, resulting in poor concentration, impaired decision-making, poor clinical reasoning, and potential consequences to patient safety (Townsend & Morgan, 2021). Psychosocial repercussions are also present as ongoing apprehension can foster social disengagement, depression and decreased quality of life for healthcare practitioners (APA, 2022). In summary, the antecedents of anxiety in nursing including genetic, psychological and situational factors and consequences of anxiety including adaptive growth and severe negative consequences for patients and nurses alike.

Constructing Case for the Concept

Model Case (helps clarify the concept of anxiety by demonstrating its multifaceted nature of cognitive, physical, emotion, and behavioral dimensions).

Scenario**:** Mabel, a 35-year-old woman, is scheduled for major surgery. She exhibits restlessness, excessive worry about complications, and increased heart rate before the procedure. Her nurse notices these signs and provides reassurance by showing to her patient in the ward who had similar case and who is doing well and also ready for discharge, relaxation techniques, and preoperative education.

Analysis**:** This case demonstrates all defining attributes of anxiety such as cognitive distress, physiological arousal, and behavioral responses while showing its impact on patient care.

Borderline Case (This may refer to an intermediate state of anxiety that is not quite severe enough to be classified as a full anxiety disorder, but is still significant enough to cause distress or impairment).

Scenario: Joseph, a 25-year-old nursing student, feels nervous before his clinical examination, but remains able to focus and perform well.

Analysis: While Joseph experiences mild anxiety, he does not exhibit severe physiological or behavioral symptoms, making this a borderline case.

Contrary Case (No Attributes of Anxiety Present)

Scenario: Harry, a 50-year-old patient awaiting surgery, remains calm, trusts her healthcare providers, and does not exhibit any signs of distress, no fear of unknown.

Analysis: This case lacks all defining attributes of anxiety, making it a contrary case.

Defining Empirical Referents

Empirical referents are an observable and measurable indicator of the presence or occurrence of a concept in a real world setting. In nursing concept analysis, the empirical referents are very important because they bridge the gap between abstract concepts and clinical practices by making it possible to assess, measure and evaluate. Anxiety, by contrast, is an internal emotional and psychological state, which, per the article, cannot be measured directly. As a result, nurses use indirect signals (i.e., psychological, physiological, and behavioral) to recognize and ascribe to the patients and healthcare providers (Walker & Avant, 2021).

Psychological assessment tools are the most commonly used empirical referents for anxiety. These standardized instruments are based on self-report measures that assess people's subjective experience of worry, fear, and tension. One tool that is commonly used is the Generalized Anxiety Disorder-7 (GAD-7) scale which measures the severity of anxiety symptoms in the last two weeks. The GAD-7 has shown robust reliability and validity in a

variety of samples and clinical settings, which makes it helpful for screening and monitoring anxiety in nursing practice (Spitzer et al., 2006). Another instrument that is widely used is 'State-Trait Anxiety Inventory (STAI)' which differentiates between temporary situation-specific anxiety (state anxiety) and chronic tendencies to experience anxiety (trait anxiety). This distinction is especially useful in healthcare contexts, such as preoperative or critical care rooms, where situational anxiety occurring is common in these contexts (Spielberger et al., 1983). These psychological tools give the nurse the ability to assess the level of anxiety systematically and to see what is effective for an intervention.

In addition to self report tools physiologic measures are important empirical referents for anxiety. Anxiety activates the body Stress response via Sympathetic system & HPA axis leading to measurable physiological changes. Common indicators are increased heart rate, increased blood pressure, rapid respiration, muscle tension, and increased levels of cortisol (APA, 2022). Although these measures are not specific for anxiety and may be present in other conditions, they, in combination with the psychological symptoms, can increase clinical judgment. In the practice of nursing, the monitoring of vital signs is not new, so physiological indicators are practical and accessible tools that identify anxiety, especially for patients who may not be able to communicate their emotions, especially critically ill or pediatric patients (Videbeck, 2020).

Behavioral assessments serve also as empirical referents for anxiety as they concentrate on the observable actions and responses. Behavioral indicators can be restlessness, pacing, fidgeting, avoidance of procedures, poor eye contact, and/or irritability, sleep problems, or difficulty in paying attention. Nurses are in constant contact with the patients and are in a unique position to observe these behaviors and spot those subtle changes that may reflect increased anxiety (Townsend & Morgan, 2021). Behavioral assessments can be particularly useful in settings where taking a self-report measure is unreliable, such as in patients with cognitive impairment, severe illness or barriers to communication. Together, the range of psychological methods, physiological testing, and behavior tests provide a broad framework for the identification and measurement of anxiety within the context of nursing practice. No single empirical referent is enough; rather, a combination of these indicators will increase accuracy and promote decentered, data-driven, patient-centered care. A clear understanding of the empirical referents of anxiety helps to strengthen nursing assessment, inform plans of intervention, and conduct research on ways to help improve mental health outcomes.

Implications of Anxiety in Nursing

In clinical practice, nurses should routinely assess anxiety levels and implement appropriate interventions such as therapeutic communication, cognitive-behavioral techniques, and relaxation strategies, as effective management of preoperative and chronic illness–related anxiety can improve patient adherence to treatment and enhance recovery outcomes. Comprehensive care should involve collaboration with multidisciplinary team professionals when necessary, including psychotherapy and psychiatry services, to develop integrated and individualized care plans that address both physical and mental health needs. In nursing education, faculty should incorporate stress management training into curricula, and simulation-based learning should be used to help students develop effective coping mechanisms for anxiety-provoking clinical situations. In nursing research, further studies are needed to explore the long-term impact of anxiety on patient outcomes, as well as to identify and evaluate effective anxiety reduction strategies for both nurses and patients.

Conclusion

Anxiety is an unpleasant emotion caused by intrusive thoughts and depicts through physical and psychological responses. This concept analysis provides a structured understanding of anxiety in nursing, helping practitioners, educators, and researchers address its challenges and improve patient and nurse well-being.

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