

## Healthcare Professionals' Perspectives on Patient Anxiety and Supportive Interventions in a Rehabilitation Ward

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### Abstract

This study explores healthcare professionals' perspectives on patient anxiety and supportive interventions in rehabilitation ward settings. Drawing on current research, including the WHO's recent data on depression prevalence, the study examines how anxiety manifests in rehabilitation patients, its impact on recovery outcomes, and current assessment and intervention practices. Healthcare professionals identify significant barriers to addressing patient anxiety, including organizational constraints, knowledge gaps, and patient-related factors such as communication difficulties and stigma. The bidirectional relationship between physical recovery and psychological wellbeing is highlighted, with evidence supporting Feng et al.'s (2023) concept of a "double-downward spiral" where anxiety and physical limitations mutually reinforce each other. The article reviews pharmacological, psychological, interpersonal, and environmental approaches to anxiety management, with particular emphasis on integrating psychological support into routine rehabilitation practice. Promising practices include interdisciplinary team models, embedded brief psychological interventions, and enhanced professional development. Future directions suggest the need for rehabilitation-specific psychological interventions, improved assessment tools for patients with cognitive impairments, and organizational structures that support holistic care. This

comprehensive examination of healthcare professionals' perspectives contributes to a more integrated understanding of psychological support in rehabilitation settings and its critical role in optimizing recovery outcomes.

## INTRODUCTION

The rehabilitation journey following a stroke or other serious health conditions is often complex and challenging, marked by significant physical limitations, emotional distress, and psychological adjustments. Within rehabilitation settings, healthcare professionals play a pivotal role in supporting patients through these multifaceted challenges. Patient anxiety, particularly in rehabilitation wards, represents a significant barrier to optimal recovery and positive rehabilitation outcomes. The psychological impact of hospitalization, combined with the uncertainties of recovery, can create a substantial mental health burden for patients undergoing rehabilitation (Alzahrani, 2021).

Recent research has highlighted that psychological factors, particularly anxiety and depression, significantly influence rehabilitation outcomes and long-term recovery trajectories (Tsuchiya et al., 2016; Feng et al., 2023). According to the World Health Organization (2025), depression affects approximately 5.7% of adults globally, with even higher prevalence rates among those with chronic physical conditions. In rehabilitation settings, this prevalence can be substantially higher, with post-stroke depression affecting up to 33% of patients (Schöttke & Giabbiconi, 2015). As Ayerbe et al. (2014) demonstrated in their long-term follow-up study, depression after stroke can persist for up to 10 years, highlighting the chronic nature of this psychological challenge.

Despite growing recognition of psychological factors in rehabilitation, healthcare professionals' perspectives on patient anxiety and their approaches to supportive interventions remain underexplored. Understanding these perspectives is crucial for developing comprehensive, patient-centered approaches to rehabilitation that address both physical and psychological dimensions of recovery. As Perna and Harik (2020) emphasize, rehabilitation psychology plays a vital role in stroke care, yet integration of psychological support into standard rehabilitation practice varies considerably across settings.

This study explores healthcare professionals' perspectives on patient anxiety in rehabilitation wards, examines current supportive interventions, and discusses evidence-based approaches for addressing psychological distress during rehabilitation. Drawing on recent research and clinical evidence, this article aims to contribute to a more holistic understanding of rehabilitation care that recognizes the interconnectedness of physical recovery and psychological wellbeing.

### **Understanding Patient Anxiety in Rehabilitation Settings**

#### **The Nature and Prevalence of Anxiety in Rehabilitation**

Anxiety among rehabilitation patients manifests in various forms, including generalized anxiety about recovery prospects, specific fears related to particular activities or situations, and anticipatory anxiety concerning rehabilitation procedures or discharge planning. A study by Wada et al. (2023) demonstrated that psychological distress, including anxiety symptoms, was prevalent among stroke patients in rehabilitation wards and significantly associated with poorer functional outcomes. Similarly, Asada et al. (2024) identified several specific stressors faced by older stroke patients in convalescent rehabilitation hospitals, including fear of

stroke recurrence, difficulties with movement of paralyzed limbs, and concerns about future independence.

The prevalence of anxiety in rehabilitation settings is substantial. Schöttke and Giabbiconi (2015) reported that post-stroke anxiety affects approximately 20-25% of patients, often co-occurring with depression. Assessment tools such as the Hospital Anxiety and Depression Scale (Zigmond & Snaith, 1983) and the Beck Anxiety Inventory (Beck et al., 1988) are commonly used in clinical settings to measure anxiety levels, though healthcare professionals often rely on clinical observation and patient communication to identify anxiety symptoms in daily practice.

### **Impact of Anxiety on Rehabilitation Outcomes**

Healthcare professionals consistently observe that anxiety has significant detrimental effects on rehabilitation outcomes. Gillen et al. (2001) demonstrated that depressive symptoms and a history of depression predicted rehabilitation efficiency in stroke patients, with anxious-depressive presentations associated with slower progress and diminished functional gains. Tsuchiya et al. (2016) found that post-stroke depression inhibited improvement in activities of daily living in patients in a convalescent rehabilitation ward, with depressed patients showing significantly lower functional independence measure gain scores compared to non-depressed patients.

The mechanisms through which anxiety impacts rehabilitation outcomes are multifaceted. Healthcare professionals report that anxious patients often demonstrate reduced participation in therapy sessions, decreased motivation, impaired concentration, and heightened pain perception. These observations align with research by Paolucci et al. (1999), who found that depressed mood was associated with poorer rehabilitation outcomes and longer hospital stays in stroke patients.

The relationship between anxiety and physical functioning appears bidirectional. Feng et al. (2023) identified a "double-downward spiral process" where perceived stress, anxiety, and depression mutually reinforce each other over time, creating a cycle that can progressively worsen both psychological distress and physical functioning. Healthcare professionals often observe this spiral in clinical practice, noting that patients who experience initial anxiety about their recovery may develop more pervasive psychological distress that further impedes physical progress.

### **Stressors Contributing to Patient Anxiety**

Healthcare professionals identify numerous factors that contribute to patient anxiety in rehabilitation settings. Asada et al. (2024) conducted a qualitative study of stressors faced by older stroke patients and categorized them into "stressors related to hospitalization" and "stressors related to the illness." Hospitalization-related stressors included challenges with activities of daily living (eating, sleeping, grooming, toileting), limited leisure activities, problems with roommates in communal living, and separation from family. Illness-related stressors included difficulty moving paralyzed limbs, fear of stroke recurrence, lack of information from healthcare providers, and inappropriate communication from staff.

Additionally, healthcare professionals recognize that transition points in the rehabilitation journey—admission to the rehabilitation ward, progression to new therapeutic activities, and planning for discharge—often trigger heightened anxiety. Uncertainty about recovery trajectories, concerns about dependency, and fears about reintegration into home and community settings are commonly cited sources of patient distress. As Wróblewska et al. (2021) noted, depression and anxiety

significantly impact quality of life in elderly people, with hospitalized patients facing particular challenges related to loss of autonomy and disruption of normal routines.

## **Healthcare Professionals' Assessment and Identification of Anxiety**

### **Current Assessment Practices**

Healthcare professionals employ various approaches to assess anxiety in rehabilitation settings, ranging from standardized assessments to informal observation and communication. Formal assessment tools include the Hospital Anxiety and Depression Scale (HADS; Zigmond & Snaith, 1983), the Geriatric Depression Scale (Yesavage et al., 1982), the Hamilton Rating Scale for Depression (Hamilton, 1960), and the Zung Self-Rating Depression Scale (Zung, 1965). These standardized measures provide objective data on anxiety and depression levels, though healthcare professionals report varying practices regarding the frequency and consistency of formal assessment.

More commonly, healthcare professionals rely on clinical observation, interpersonal interaction, and interdisciplinary communication to identify signs of anxiety. Behavioral indicators such as agitation, withdrawal, tearfulness, sleep disturbances, poor appetite, and reluctance to participate in therapy are frequently noted as potential signs of anxiety. Physical manifestations including increased heart rate, shortness of breath, muscle tension, and heightened pain sensitivity also alert professionals to possible anxiety. The quality of patient engagement in therapeutic activities serves as another important indicator, with avoidance behaviors, excessive questioning, or catastrophizing about recovery progress signaling potential anxiety.

### **Barriers to Effective Assessment**

Despite recognizing the importance of identifying anxiety, healthcare professionals face numerous barriers to effective assessment. Time constraints within busy rehabilitation settings often limit opportunities for in-depth psychological assessment, with physical rehabilitation priorities sometimes overshadowing psychological needs. Some professionals report feeling inadequately trained to assess psychological symptoms, particularly when distinguishing between normal adjustment reactions and clinically significant anxiety or depression.

Patient factors also complicate assessment. Communication difficulties due to aphasia or cognitive impairments can impede traditional assessment approaches, requiring creative adaptations. Cultural and language differences may affect symptom expression and interpretation, as noted by Kanchara et al. (2022), who identified culture-dependent constructs in the process of personal recovery among mental health service users in Japan. Additionally, healthcare professionals observe that some patients minimize psychological symptoms due to stigma or focus primarily on physical recovery, making detection of anxiety more challenging.

There are also methodological challenges in anxiety assessment. Coughlin (1990) discussed recall bias in epidemiologic studies, which can affect retrospective self-reporting of symptoms. In rehabilitation settings, patients may have difficulty accurately recalling their emotional states over time, complicating assessment of anxiety trends. Bernhardt et al. (2017) emphasized the need for agreed definitions and standards in stroke recovery research, including psychological assessment, highlighting current inconsistencies in approaches.

### **Supportive Interventions for Patient Anxiety**

#### **Pharmacological Approaches**

Pharmacological interventions represent one approach to managing anxiety in rehabilitation settings, though healthcare professionals express varying views on their appropriateness and efficacy. Selective serotonin reuptake inhibitors (SSRIs)

are commonly prescribed for both anxiety and depression in rehabilitation patients, with research supporting their effectiveness in post-stroke depression (World Health Organization, 2025). However, many healthcare professionals express preference for non-pharmacological approaches as first-line interventions for mild to moderate anxiety, reserving medication for more severe or persistent symptoms. Concerns about medication side effects, potential interactions with other medications, and impacts on participation in rehabilitation activities influence professionals' perspectives on pharmacological approaches. Some rehabilitation specialists note that certain anti-anxiety medications may affect alertness, coordination, or cognitive function, potentially interfering with full engagement in therapy. These observations align with WHO guidance (2025) that psychological treatments should be the first treatments for depression, with antidepressant medications not needed for mild depression but potentially combined with psychological treatments for moderate and severe depression.

### **Psychological Interventions**

Healthcare professionals identify numerous psychological interventions for addressing anxiety in rehabilitation settings. Cognitive-behavioral therapy (CBT) approaches are frequently mentioned, with evidence supporting their effectiveness for both anxiety and depression. Mitte (2005) conducted a meta-analysis demonstrating the effectiveness of cognitive-behavioral treatments for generalized anxiety disorder, finding them comparable to pharmacotherapy. Chen et al. (2006) evaluated cognitive-behavioral group therapy for depression and self-esteem, finding significant improvements in both domains.

Other psychological approaches employed in rehabilitation settings include relaxation training, mindfulness-based interventions, problem-solving therapy, and supportive counseling. These interventions may be delivered by psychologists, but are increasingly incorporated into routine care provided by other rehabilitation professionals. Bostick (2017) reviewed the effectiveness of psychological interventions delivered by non-psychologists for low back pain and disability, finding promising evidence for such approaches. Similarly, Tracey (2008) discussed health professionals' role in their clients' psychological rehabilitation, highlighting opportunities for integrating psychological support into standard practice.

Specific psychological techniques mentioned by healthcare professionals include:

- Graded exposure to anxiety-provoking rehabilitation activities
- Cognitive restructuring to address catastrophic thinking about recovery
- Relaxation techniques including progressive muscle relaxation and guided imagery
- Goal-setting to enhance motivation and sense of control
- Psychoeducation about normal adjustment reactions during rehabilitation

### **Interpersonal and Environmental Approaches**

Beyond formal psychological interventions, healthcare professionals emphasize the importance of interpersonal and environmental approaches to reducing patient anxiety. Therapeutic relationships characterized by empathy, trust, and person-centered care are viewed as fundamental to anxiety management. Havana et al. (2023) conducted a systematic review of patients' experiences of patient-centered care in hospital settings, finding that relational aspects of care significantly influenced patient experiences and outcomes.

Communication strategies are particularly emphasized, with professionals noting the importance of clear, consistent information about rehabilitation processes and expectations. Asada et al. (2024) found that a lack of information from healthcare

providers was a significant stressor for stroke patients, suggesting that improved communication could reduce anxiety. Similarly, Kitwood (1988) highlighted the importance of "the personal" alongside "the technical" in healthcare, emphasizing the human dimensions of care.

Environmental modifications are also employed to reduce anxiety, including:

- Creating predictable daily routines to enhance sense of security
- Adapting the physical environment to minimize sensory overload
- Facilitating family involvement and social support
- Providing privacy when needed, particularly in communal rehabilitation settings
- Ensuring adequate pain management to reduce physical contributors to anxiety

### **Integrative and Holistic Approaches**

Many healthcare professionals advocate for integrative approaches that address the interconnected physical, psychological, and social dimensions of rehabilitation. Puig Llobet et al. (2020) examined positive mental health and self-care in patients with chronic physical health problems, emphasizing the importance of holistic approaches to care. This perspective aligns with the double-downward spiral process identified by Feng et al. (2023), which highlights the reciprocal relationships between perceived stress, anxiety, and depression in daily life.

Holistic approaches mentioned by healthcare professionals include:

- Family education and involvement, as supported by Kalra et al. (2004), who demonstrated the benefits of training carers of stroke patients
- Peer support programs that connect patients with others who have navigated similar rehabilitation journeys
- Self-management strategies that enhance patients' sense of control and agency
- Spiritual support that acknowledges existential dimensions of illness and recovery
- Creative therapies including art, music, and movement-based approaches

### **Challenges and Barriers to Implementing Supportive Interventions**

#### **Organizational and System-Level Barriers**

Healthcare professionals identify numerous organizational and system-level barriers to implementing supportive interventions for patient anxiety. Limited resources, including time constraints, staffing shortages, and competing priorities, often restrict opportunities for psychological support. Many rehabilitation facilities lack dedicated mental health professionals, with psychological services being provided on a consultative basis rather than as integrated components of daily care.

Fragmentation of care represents another significant barrier, with psychological support sometimes viewed as separate from physical rehabilitation rather than as an integral dimension of comprehensive care. Okamoto et al. (2014) described the structure and function of "Kaifukuki rehabilitation wards" in Japan, highlighting variations in how psychological support is integrated into rehabilitation systems internationally.

Financial constraints also influence the provision of psychological support, with reimbursement systems in many regions prioritizing physical rehabilitation services over psychological interventions. Healthcare professionals report that documentation requirements and productivity pressures may further limit time available for addressing emotional needs, particularly when such interventions are not explicitly included in reimbursable services.

#### **Professional and Knowledge-Based Barriers**

Healthcare professionals also identify barriers related to professional roles and knowledge gaps. Many rehabilitation specialists, including physical and occupational

therapists, report receiving limited training in psychological assessment and intervention, leading to lack of confidence in addressing anxiety symptoms. Interprofessional role boundaries sometimes create uncertainty about responsibilities for psychological support, potentially resulting in unmet psychological needs.

Knowledge gaps regarding evidence-based psychological interventions appropriate for rehabilitation settings further complicate implementation. While substantial evidence supports the effectiveness of various psychological approaches for anxiety and depression (Hackett et al., 2008; Ramasubbu, 2011), healthcare professionals may be unfamiliar with these approaches or uncertain about how to adapt them for rehabilitation contexts. Limited awareness of appropriate assessment tools and intervention strategies suited to patients with cognitive or communication impairments poses additional challenges.

### **Patient-Related Barriers**

Patient-related factors also influence the implementation of supportive interventions. Stigma surrounding mental health concerns may lead patients to minimize psychological symptoms or resist psychological support. Cultural variations in the expression and interpretation of psychological distress, as noted by Kanehara et al. (2022), require culturally sensitive approaches that may be challenging to implement in diverse patient populations.

Cognitive and communication impairments common in rehabilitation settings, particularly following stroke or traumatic brain injury, necessitate adaptations to standard psychological approaches. Healthcare professionals report that such adaptations require specialized knowledge and skills that may not be widely available within rehabilitation teams. Additionally, the cognitive demands of intensive physical rehabilitation may limit patients' capacity to engage in formal psychological interventions, requiring flexible and integrated approaches.

### **Promising Practices and Future Directions**

#### **Integrated Approaches to Psychological Support**

Healthcare professionals identify several promising approaches for integrating psychological support into rehabilitation practice. Interdisciplinary team models that include psychology as a core component of rehabilitation services enable systematic assessment and intervention for anxiety and depression. Regular team conferences that explicitly address psychological dimensions of rehabilitation facilitate shared responsibility for emotional wellbeing across disciplines.

Embedding brief psychological interventions within routine rehabilitation activities represents another promising approach. Rehabilitation specialists increasingly incorporate elements of cognitive-behavioral therapy, mindfulness, and motivational interviewing into standard practice, addressing psychological needs alongside physical rehabilitation goals. The WHO (2025) has developed brief psychological intervention manuals for depression that may be delivered by lay therapists to individuals and groups, suggesting potential for wider implementation of psychological support.

#### **Professional Development and Training**

Enhancing healthcare professionals' knowledge and skills related to psychological support is identified as a key priority. Training programs that prepare rehabilitation specialists to recognize signs of anxiety and depression, implement basic psychological support strategies, and make appropriate referrals for specialized mental health services show promise for improving psychological care.

Interdisciplinary education that fosters shared understanding of psychological dimensions of rehabilitation further supports integrated approaches.

Supervision and consultation models that connect rehabilitation specialists with mental health professionals enable ongoing professional development and support for complex cases. Communities of practice focused on psychological aspects of rehabilitation facilitate knowledge sharing and collective problem-solving across settings and disciplines.

### **Research and Evaluation Needs**

Healthcare professionals highlight several areas requiring further research and evaluation. More robust evidence regarding the effectiveness of psychological interventions specifically adapted for rehabilitation settings would inform practice decisions and potentially strengthen support for resource allocation. Development and validation of assessment approaches suitable for patients with cognitive and communication impairments would enhance identification of anxiety in diverse rehabilitation populations.

Implementation science research examining factors that facilitate or impede integration of psychological support into rehabilitation settings could inform system-level changes to support more holistic care. Patient-centered outcomes research investigating the dimensions of psychological wellbeing most important to rehabilitation patients would ensure that interventions address priorities meaningful to those served.

## CONCLUSION

Healthcare professionals' perspectives on patient anxiety in rehabilitation wards reveal a complex interplay between physical recovery, psychological adjustment, and environmental factors. Patient anxiety emerges as a significant concern that affects rehabilitation engagement, progress, and outcomes. While healthcare professionals recognize the importance of addressing psychological dimensions of rehabilitation, numerous barriers impede comprehensive implementation of supportive interventions.

Despite these challenges, promising practices are emerging that integrate psychological support into routine rehabilitation care. These approaches recognize that physical and psychological dimensions of recovery are inextricably linked, requiring holistic interventions that address both domains simultaneously.

Moving forward, enhancing healthcare professionals' capacity to address psychological needs, developing organizational structures that support integrated care, and building stronger evidence for psychological interventions in rehabilitation settings will be essential for optimizing recovery outcomes. By addressing patient anxiety through comprehensive, person-centered approaches, healthcare professionals can support both physical and psychological dimensions of rehabilitation, ultimately enhancing quality of life and functional outcomes for those they serve.

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