

Psychological effect of hospitalization

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Psychological effect of hospitalization

**medical and
surgical hospital
patient were asked
to perceived
Stressfulness .
from this results it
can be seen that
some of the most
stressful events**



Involved lack of communication factor :

- 1. Unfamiliarity of the surrounding.**
- 2. Loss of independence.**
- 3. Separation from spouse.**
- 4. Financial problem.**
- 5. Isolation from other people.**
- 6. Lack of information.**
- 7. Threat of severe illness.**
- 8. Separation from family.**
- 9. Problem with medication.**

***STRESS EVENTS:**

1. Unfamiliarity of the surrounding :

- having srangers sleep with you in the same room.**
- having to sleep in atrange bed.**
- being a ware of unusual smells around you.**
- being in a room that is too cold or too hot.**
- having to eat cold or tastless food.**

STRESS



2. Loss of independence:

- having to eat at different times than you usually.**
- having to wear a hospital gown.**
- having to be assisted with bthing.**
- not being able to get newspaper radio or TV when you want to.**
- having to be assisted with a bad – pan.**
- being fed through tubes thinking you may loss your weight.**

3. SEPARATION FROM SPOUSE :

- worry about your spouse.
- being away from you.

4. financial problem:

-thinking about losing income because of your illness

-not having enough insurance to pay for your hospitalization

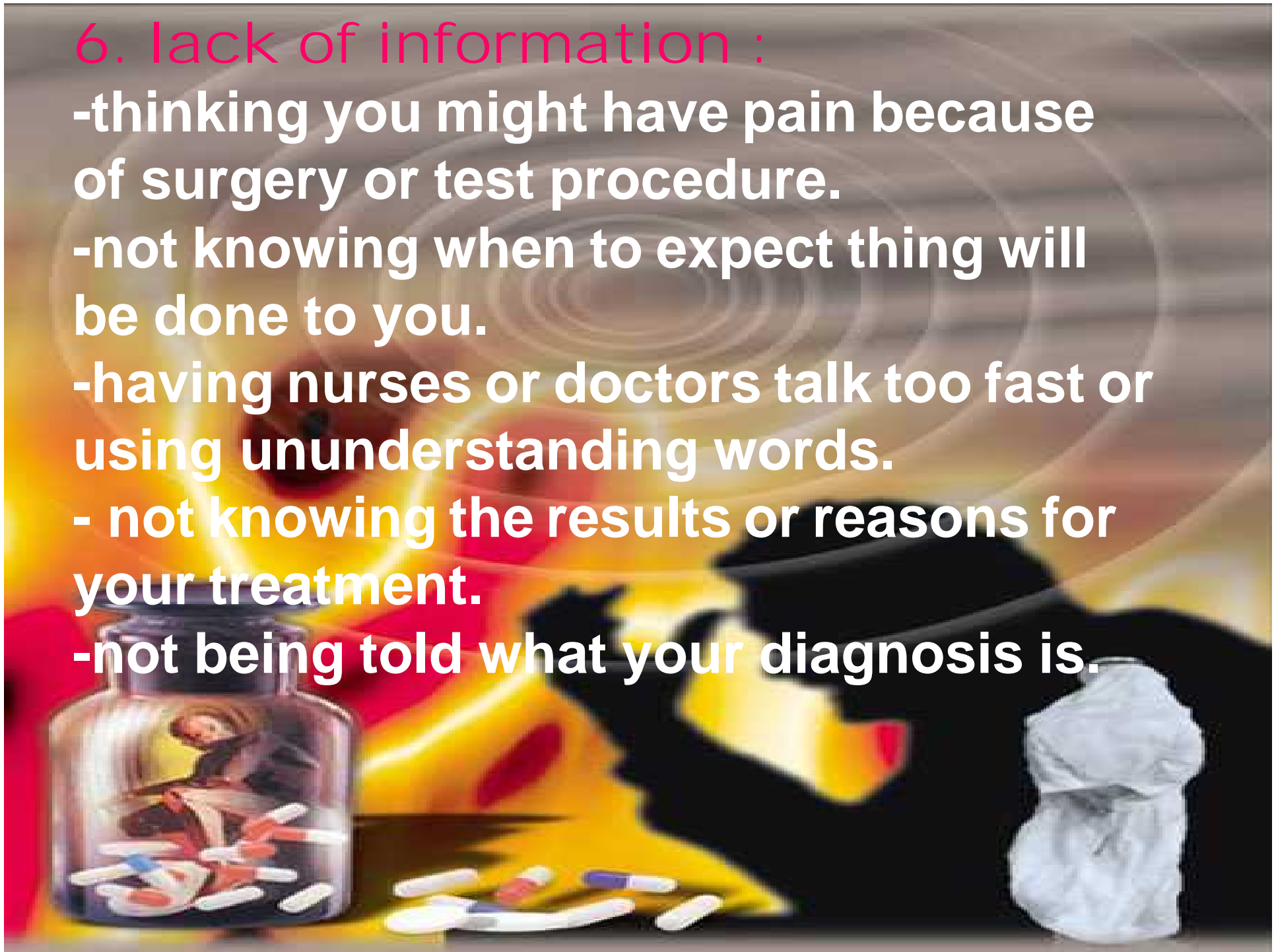


5. isolation from people:

- having room mate who is seriously ill or cannot talk with you .
- having room mate who is not friendly.
- not being able to call family or friend on the phone.

6. lack of information :

- thinking you might have pain because of surgery or test procedure.
- not knowing when to expect thing will be done to you.
- having nurses or doctors talk too fast or using ununderstanding words.
- not knowing the results or reasons for your treatment.
- not being told what your diagnosis is.



7. threat of severe illness:

- thinking your appearance might be changed after your hospitalization.**
- being put in hospital of an accident.**



8. separation from family:

Being in the hospital during holidays special family occasions:

- not having family visit you.**
- being hospitalized faraway from homes.**



9. PROBLEM WITH MEDICATION:

- having medications cause you discomfort.**
- feeling you are getting dependent on medications.**
- not getting relief from painfull medications.**

ATTITUDES TO SICKNESS

Some people regard illness as a challenge .
their efforts to overcome illness and
weakness may lead to greater achievements
then would otherwise have been possible .
the term " compensation " is sometimes used
to indicate the mechanism of overcoming a
weakness suffering helps many people to find
a new faith in religion to discover their
purpose in life . illness can be turned into an
advantage helping the development of most
desirable characteristics.

REGRESSION:

Under stress people often revert to earlier patterns of behaviour they "regress". sickness often causes changes in behaviour which are quite irrational. the patient can not help himself because he is reacting unconsciously and some of his troubles lie in the past rather than in the current illness.



THE STIGMA OF ILLNESS:

Some illness still bear stigma . people suffering from mental disorders epilepsy tuberculosis or venereal diseases are still occasionally treated as outcasts of society . ill health is often looked upon as a punishment in many cultures it is regarded as shameful and wicked . looking upon illness as if it were blameworthy causes sick people to behave with resentment .

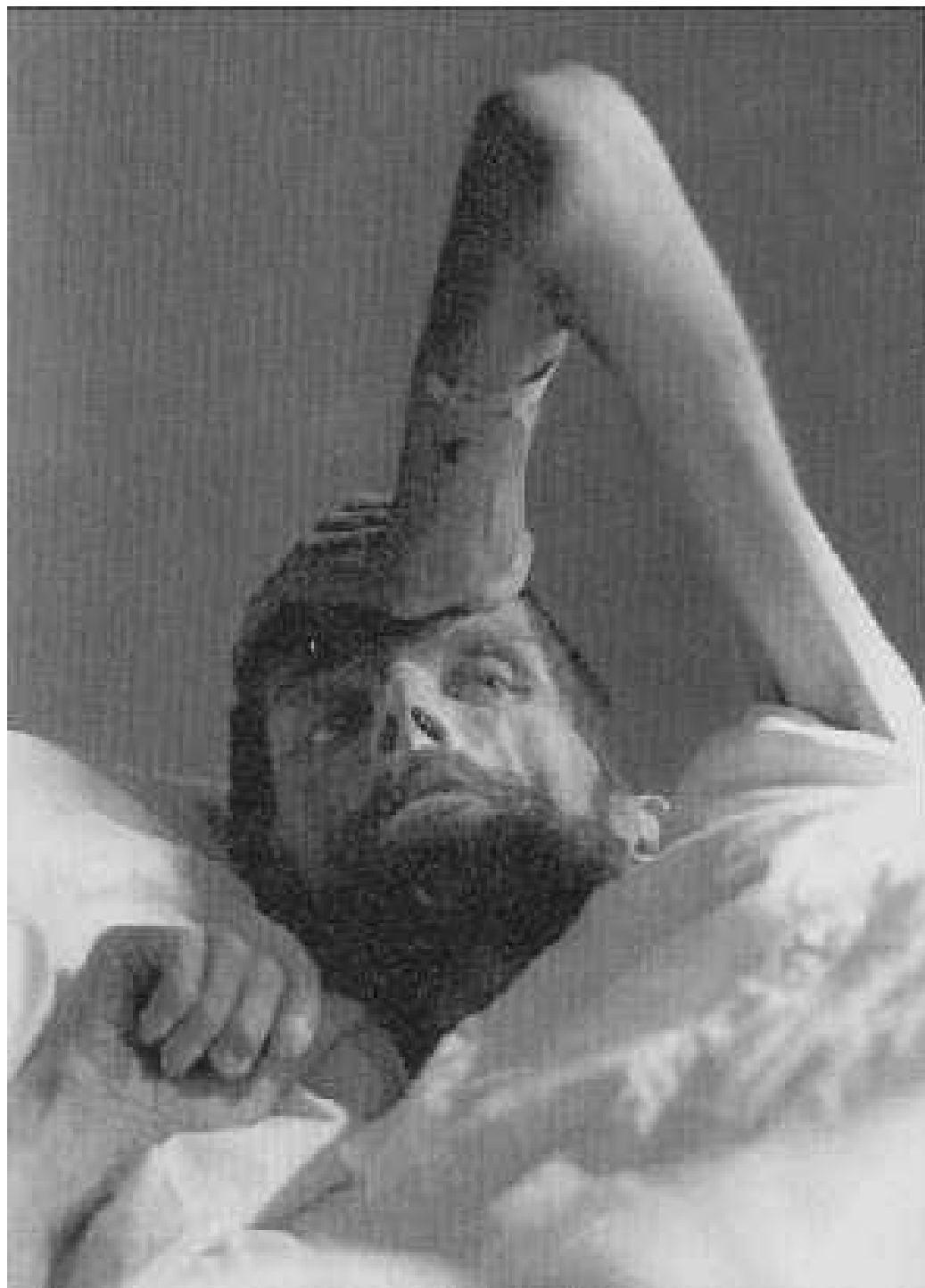
GUILTY FEELINGS ABOUT ILLNESS:

Often people believe that illness is a punishment for some misdeed .

Some patients who feel guilty look upon the illness as a punishment they are unjustly treated for wondering what they have done to deserve suffering.

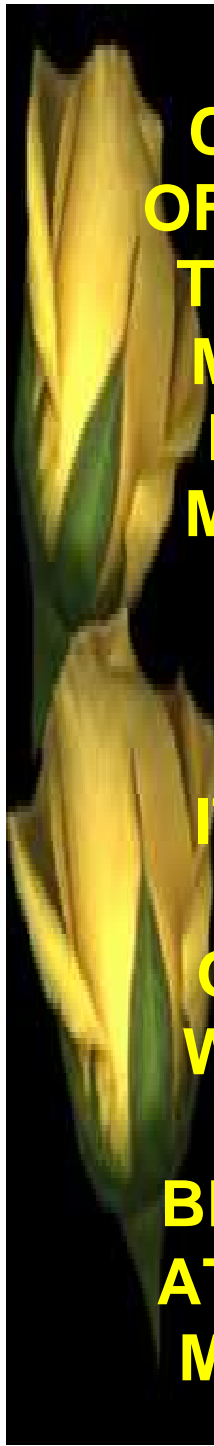
Unfortunately there is a tendency to regard any illness as a punishment even when it is unavoidable and in no way attributable to individual negligence or wickedness .

When patients or relatives adopt the attitude that the illness must be regarded as punishment and to find the guilty for which the punishment has fallen upon them they adopt an outlook which is not conducive to recovery . Some patients who look at illness as a form of punishment react to it by becoming resentful angry rebellious others by becoming submissive apologetic or passive .



THE NEED FOR ATTENTION:

**DURING ILLNESS PATIENT
MAY USE BEHAVIOR
PATTERN QUITE
UNCONSCIOUSLY SUCH
AS CRY , COMPLAIN ,AND
DISPLAY THEIR
SUFFERING OTHER
APPEAR TO BE ABLE TO
TOLERATE A GREAT DEAL
OF DISCOMFORT
WITHOUT COMPLAINT .**

A vertical strip of yellow tulips is positioned on the left side of the page, partially overlapping the black background.

SOMETIMES THEY SUCCEED IN GAINING ESPECIAL CONSIDERATION JUST AS THEY DID IN CHILDHOOD . OFTEN THE BEHAVIOR APPAER MISPLACED AND FAILS TO FULFIL ITS PURPOSE. CRYING AND COMPLAINING MAY RESULT ONLY IN IRRITATING THE NURSE OR IN DISCOUARGING VISITORS: REMAINING TOO SILENT MAY RESULT IN BEING IGNORING BY ABUSY STAFF , BUT CHILDHOOD PATTERNS OF BEHAVIOR MAY PERSIST EVEN WHEN THEY TURN OUT BE OF NO PRACTICAL USE .

IT IS HELPFUL TO ASSUME THAT ANY PATIENT WHO SEEK AT TENTION REALLY NEEDS IT, PROVED OTHERWISE. OFTEN WHEN IT IS FREELY GIVEN AND WHEN IT IS GIVIN BEFORE THE PATIENT HAS HAD TO ASK FOR IT . THE "ATTENTION SEEKING" BEHAVIOR DSECREASE DRAMATICALLY. IF NEED FOR ATTENTION IS UNDERSTOOD CHILDISH ATTITUDE CAN MORE EASILY GIVE WAY TO MORE ADULT FORMS OF ADAPTATION.

CHRONIC SICKNESS AND DISABILITY:

ACCEPTING DISABLEMENT:

ILLNESS IS REGARDED AS A TEMPORARY INTERFERENCE IN THE NORMAL PROCESS OF LIFE AND DOES NOT , AT FIRST , LEAD TO A CHANGE IN OUTLOOK . PROLONGED AND CHRONIC ILLNESS AND PERMANENT DISABLEMENT , HOWEVER , NECESSITATE A COMPLETE RECONSTRUCTION OF THE PATIENT'S IDEAS OF HIMSELF AND COMPLETE REORGANIZATION OF RELATIONSHIP . THE ORDINARY EXPECTATIONS OF FAMILY AND SOCIETY AS MUST BE CHANGED , THIS PROCESS IS SLOW PAINFUL AND REQUIRES CONSIDERABLE ASSISTANCE FROM THOSE WHO ARE LOOKING AFTER THE PATIENT :

WHEN THE PATIENT FIRST REALIZE THAT HE CANNOT GET COMPLETELY WELL HE MAY BECOME DEPRESSED . HE MAY FEEL THAT IN SUCH CIRCUMSTANCES LIFE IS NOT WORTH LIVING . HE MAY LOSE INTEREST IN HIMSELF , HIS TREATMENT AND THE CONDITIONS SURROUNDING HIM .

WHEN THE PATIENT IN THIS PSYCHOLOGICAL STATE IT IS VERY DIFFICULT TO NURSE HIM ,AS HE HIMSELF DOES NOTHING TO HELP . HE MAY REFUSE TO TAKE SUFFICIENT NOURISHMENT , NEGLECT HIS PERSONAL HYGIENE , LOSE ALL INTEREST IN ANY ACTIVITY. ALL DOCTORS AND NURSES KNOW THAT THE WILL TO LIVE IS ESSENTIAL FOR RECOVERY AND THEY MUST HELP THE PATIENT TO SEE THAT IN SPITE OF HIS HANDICAP HE IS NEEDED BY THOSE WHO LOVE HIM AND THAT HE CAN STILL BE USEFULL TO THE COMMUNITY

STIGMA:

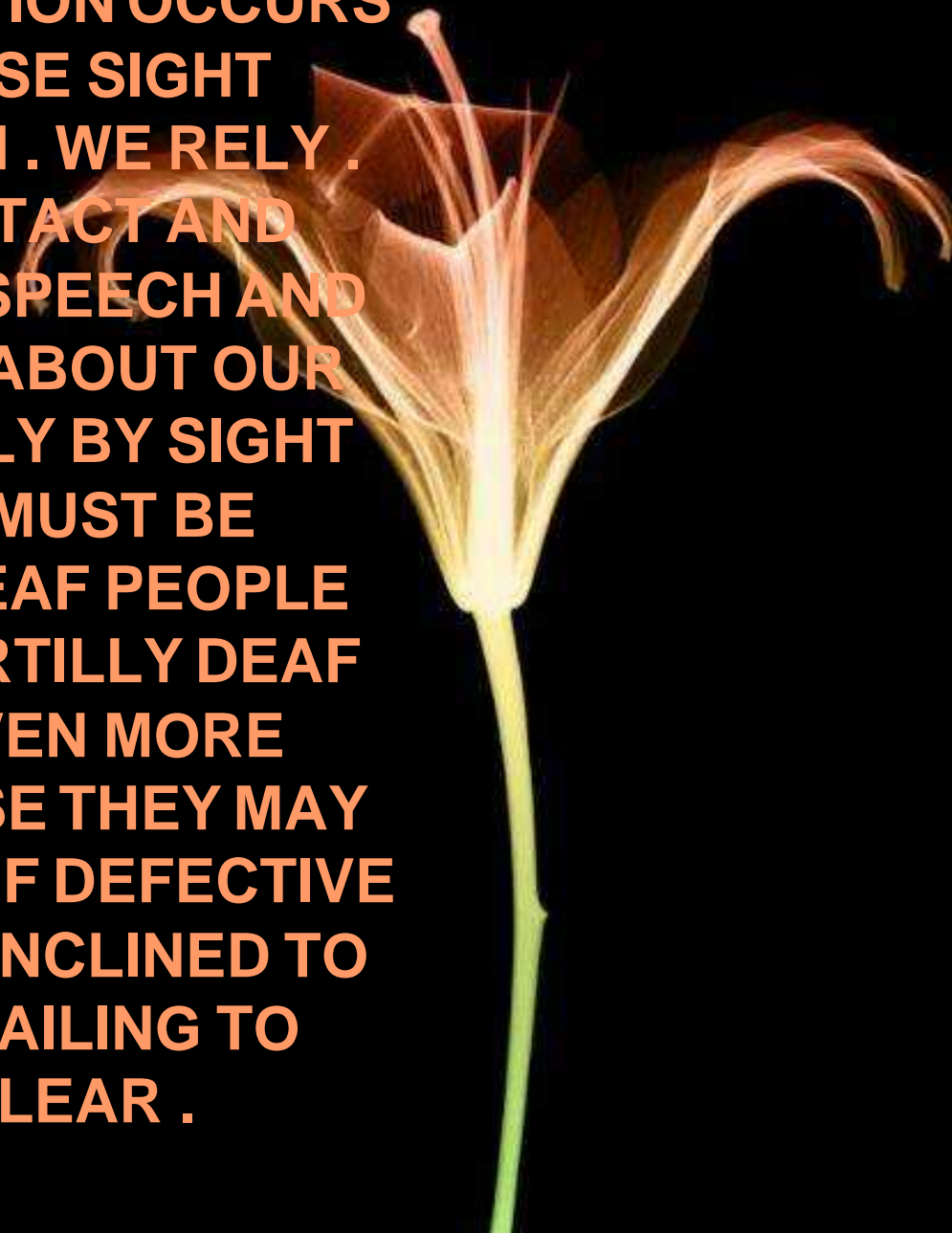
Often the patient who realizes that he is permanently disabled becomes furiously angry with himself and with everyone whom he feels he can blame for his disability. He may express his feeling in the criticism of the treatment and care he is receiving in the hospital possibly even in litigation against the hospital or those he thinks are responsible for his condition or he may accuse his family or people in general of being hard – hearted disliking him because he is burden to them and looking down on invalids. At some stage of the illness most disabled people project their anger on to other people. They refuse to meet people refuse to be seen or to go out .this phase of self – consciousness increases the difficulties because while originally people may not have harboured any of the feelings ascribed to them the patient's attitude creates in them embarrassment , discomfort and eventually rejection .

DIFFICULTY IN COMMUNICATION:

**IT IS INEVITABLE THAT A
DISABLED PERSON MUST
LOSE SOME OF HIS FORMER
FRIENDS . IF HE CAN NO
LONGER WORK HE LOSES
INTEREST IN DISCUSSION
ABOUT HIS FORMER JOB .
AFTER AN INITIAL ATTEMPT
TO KEEP IN TOUCH HE
BECOME INCREASINGLY
ISOLATED FROM ALL THOSE
WHOSE INTERESTS HE CAN
NO LONGER SHARE .**



**THE GREATEST ISOLATION OCCURS
IN THOSE WHO LOSE SIGHT
, HEARING OR SPEECH . WE RELY .
IN OUR SOCIAL CONTACT AND
COMMUNICATION BY SPEECH AND
WE KEEP INFORMED ABOUT OUR
ENVIRONMENT MAINLY BY SIGHT
AND HEARING . IT MUST BE
REMEMBERED THAT DEAF PEOPLE
ARE SUSPICIOUS. PARTILLY DEAF
PEOPLE MAY BE EVEN MORE
HANDICAPPED BECAUSE THEY MAY
BE LESS CONSCIOUS OF DEFECTIVE
HEARING AND MORE INCLINED TO
BLAME OTHER OR FAILING TO
THEMSELVES CLEAR .**



PEOPLE WHO HAVE BECOME PARTILLY SITGHTED OR BLIND NEED CONSTANT INTERPRETATION OF THEIR ENVIRONMENT WHILE THEY ARE LEARNING TO USE THEIR OTHER SENSES . THE TOTAL ISOLATION OF THOSE WHO CANNOT SEE MAY LEAD TO PERIOD OF COFUSION . DISORIENTATION AND TERRIFYING FEELING OF BEING LOST WHICH MAY RESULT IN UNCOTROLLED , SOMETIMES AGGRESSIVE BEHAVIOUR. IT IS SOMETIMES DIFFICULT TO KNOW HOW SOON THE PATIENT SHOULD BE CONFRONTED WITH THE FACT THE PROGNOSIS IS NOT TOO GOOD .



" OFTEN , IN WELL-MEANING ATTEMPT TO SPARE HIM HIM SUFFERING. IT IS NOT MENTIONED FOR ALONG TIME . BY THEN THE PATIENT HAS ALREADY BEGUN TO REALIZED THAT ALL IS NOT WELL AND , SENSING OTHER PEOPLE"S RELUETANCE TO FASE FACT . HE KEEP HIS WORRY TO HIMSELF AND BEGIN TO SEE HIMSELF AS AN OBJECT OF PITY AND DESPSIR IT MAYBE MUCH WISER TO ENCOURAGE TALK OF THE FUTURE AS EARLY AS POSSIBLE . AND TO HELP THE PATIENT TO GET TO KNOW HIMFELF AS ADIFFERENT BUT IN NO WAY INFERIOR , PERSON TO THE ONE HE USED TO BE .

REHABILITATION:

THIS CAN BEST BE DONE BY EMPHASIZING WHAT THE PATIENT DO RATHER THAN WHAT IS NO LOGER POSSIBLE FOR HIM . IF HE HAS LOST THE POWER OF HIS LEGS HE CAN WORK WITH HIS HANDS ,HE CAN PAINT OR LEARN A NEW CRAFT . THE CREATION OF NEW INTEREST , NEW SKILL IN NO WAY CONNECTED WITH THE DISABLED PART OF THE BODY GIVE A POSITIVE .

PURPOSE DIRECTION TO LIFE

MANY PATIENT ARE ABLE FIRST TO ACCEPT THE FACT THAT THEY MAYBE USEFUL TO OTHER SUFFERERS OF THEIR OWN KIND .

ASSOCIATION FOR SUFFERERS FROM POLIOMYELITIS PARAPLAGIA OR EPILEPSY MAY .

