Psychological effect of hospitalization

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Medical and surgical hospital patient were asked to perceive 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.
5. Isolation from other people.
7. Threat of severe illness.
8. Separation from family.
9. Problem with medication.
*STRESS EVENTS:

1. Unfamiliarity of the surrounding:
   - having strangers sleep with you in the same room.
   - having to sleep in a strange bed.
   - being aware of unusual smells around you.
   - being in a room that is too cold or too hot.
   - having to eat cold or tasteless food.
2. Loss of independence:
- having to eat at different times than you usually.
- having to wear a hospital gown.
- having to be assisted with bathing.
- 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.
Some people regard illness as a challenge. Their efforts to overcome illness and weakness may lead to greater achievements than 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.
GUTIL 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 gutil for which the punishment has fallen upon them they adopt an outlook which is not conductive 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 GREAT DEAL OF DISCOMFORT WITHOUT COMPLAINT.
SOMETIMES THEY SUCCEED IN GAINING ESPECIAL CONSIDERATION JUST AS THEY DID IN CHILDHOOD. OFTEN THE BEHAVIOR APPEAR 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 IGOING 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 GIVEN BEFORE THE PATIENT HAS HAD TO ASK FOR IT. THE "ATTENTION SEEKING" BEHAVIOR DECREASE DRASTICALLY. 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 USEFUL 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. PARTIALLY DEAF PEOPLE MAY BE EVEN MORE HANDICAPPED BECAUSE THEY MAY BE LESS CONSCIOUS OF DEFECTIVE HEARING AND MORE INCLINED TO BALME OTHER OR FAILING TO THEMSELVES CLEAR.
PEOPLE WHO HAVE BECOME PARTIALLY SIGHTED 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 CONFUSION, DISORIENTATION AND TERRIFYING FEELING OF BEING LOST WHICH MAY RESULT IN UNCONTROLLED, 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 RELUCTANCE TO FASE FACT. HE KEEP HIS WORRY TO HIMSELF AND BEGIN TO SEE HIMSELF AS AN OBJECT OF PITY AND DESPAIR IT MAYBE MUCH WISER TO ENCOURAGE TALK OF THE FUTURE AS EARLY AS POSSIBLE. AND TO HELP THE PATIENT TO GET TO KNOW HIMSELF 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 LONGER 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.