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### *Essential psychological problems of hospitalized patients*

A stay at hospital is usually a psychologically difficult situation for any person. It requires him/her to cope with given tasks, and, in accordance with Selye's theory, any task situation gives rise to stress (2,6,8). Even the news that hospitalisation is necessary spurs various emotions. Some get anxious, others become hopeful (1,5,9). Hospital conditions require adjustment to a new environment. It is often necessary to undergo unpleasant examinations and medical operations. In addition, when a person is admitted to hospital s/he changes the social environment. At hospital, it is created by the medical staff and other patients. It lacks those near and dear, so the feeling of loneliness appears. At hospital, one experiences one's own suffering and encounters the suffering and even death of others. Sometimes, one has to face the perspective of being an invalid, which is a consequence of an illness, injury, or the way that the medication has been carried out to save the life. Occasionally, one has to undergo a long-term diagnostic and await proper treatment.

The patient is often strongly concentrated on him/herself. They refer the information they hear to themselves and interpret it in a particular way. They often come to pessimistic conclusions. Imagination and reality often inspire anxiety, or even fear (3,4,7). Hospitalization is a complex situation, which influences various areas of human activity. The authors have attempted to observe it in reference to the patients of the 4<sup>th</sup> Independent National Clinical Hospital in Lublin (SPSK-4).

#### MATERIAL AND METHODS

72 people treated in four selected SPSK-4 departments participated in the study. The subjects were 18 to 65 years old, the mean age was 41.5. The criterion according to which a person was qualified to participate in the study was the person's consent to respond in writing answers to the questions in the questionnaire. Characterization of the studied group is given in Table 1.

A self-made questionnaire *The influence of hospitalisation on a patient's mental condition* was used for the study. The subjects filled it in anonymously. In the questionnaire, the patients were asked about: • The reaction to the fact that hospital medication was prescribed; • Sources of information about the illness and medication method; • Expectations connected with hospital medication; • Relations with medical staff; • The influence of hospitalization on private life; • The influence of hospitalization on professional life; • Limitation of freedom as a result of hospitalization; • Difficult situations associated with the stay at hospital; • The need to contact a psychologist.

Table 1. Characteristics of the studied group

Studied group		Number of people	%
Sex	female	36	50.0 %
	male	36	50.0 %
Stay at hospital	first	16	22.2 %
	successive	56	77.8 %
Patients of the Department of	Surgery	20	27.8 %
	Laryngology	19	26.4 %
	Cardiology	17	23.6 %
	Rheumatology	16	22.1 %

## RESULTS

Table 2 juxtaposes the results. Usually, when the subjects decided to undergo hospital medication, they experienced various anxieties, but also counted on improvement in their health condition. When asked about their reaction to the proposal of hospital medication, they responded, to quote: "I was a little apprehensive, but I believed that I would be cured". "It was a necessity which will prevent further complications".

A large group informed us about their exclusively positive attitude to this form of medication, seeing it as a chance to improve their health condition. In the questionnaire, they wrote that the proposal of hospital medication was accepted by them, to quote: "Gladly, because I am really concerned about an improvement in my health condition". "Gladly, because I've felt bad".

Only 10% of the subjects concentrated solely on the unpleasant experiences connected with hospitalization. "Their answers were, e.g.": "It was difficult for me to accept it. It is an unpleasant experience".

Almost all of the subjects received the information about their illness and the methods of treatment from a doctor. The doctor gave it during routine periodical examinations, during ambulatory treatment and in Preadmission Testing Area when the patient was being admitted to hospital.

Only 5% of the subjects got the knowledge about their health condition from other sources or regarded the information received from the doctor as insufficient. After hospital medication, the patients usually expected a certain improvement in their health condition. Around one third of the subjects expected a total restoration to health. A small group of patients is worth mentioning whose hopes connected with hospitalization did not concern improvement in physical health. Among their expectations, the patients from this group included: "Sympathy of the staff towards the sick, understanding, cordiality, smile".

The subjects usually felt that they could co-operate in the course of treatment, though they co-operated in different ways. Some of them adopted an attitude of dialogue, they wrote, e.g.: "The doctors and nurses clarified my doubts, this encouraged me to comply with the prescriptions". Others trustfully subduced to medical prescriptions. These subjects wrote, e.g.: "The feeling of co-operation was a consequence of my being a disciplined patient. 13% of the subjects did not have a sense of co-operation in the medication". They expressed it in such statements as: "I only took the medicines, without a thorough introduction into the details of my illness" or: "I believe that the doctors should better inform the patient about the results of the examinations, the decisions were made without my participation".

A vast majority of the patients felt mentally supported by the medical staff. Most frequently, the support came from the doctors and nurses. Among the people who comforted the sick, there were also students of a nursing school, ward attendants, and other patients. What helped was a

good word or a smile. Also, the expertise of the medical staff was appreciated. The patients described the support they received in the following words: "The operating doctor gave his support smiling and informing me that everything was all right". "The anaesthesiologist, before the operation, by conversing with me in an appropriate way". "The nurses through thoughtful care after the operation".

Table 2. Results obtained on the basis of the questionnaire "The influence of hospitalisation on a patient's mental condition"

1. The reaction to the fact that hospital medication was prescribed	
positive	35.0 %
negative	10.0 %
varied	55.0 %
2. Sources of information about the illness and medication method	
doctor	95.0 %
other	5.0 %
3. Expectations connected with hospital medication	
improvement in health condition	55.0 %
total restoration to health	28.5 %
diagnosis	8.0 %
other	8.5 %
4. Patients' relations with medical staff	
the feeling of co-operation in treatment	87.0 %
lack of the feeling of co-operation	13.0 %
the sense of mental support	95.0 %
lack of the sense of mental support	5.0 %
5. The influence of hospitalization on private life	
irrelevant	49.2 %
positive influence	28.2 %
negative influence	22.3 %
6. The influence of hospitalization on professional life	
irrelevant	63.5 %
positive influence	28.5 %
negative influence	8.9 %
7. Limitation of freedom as a result of hospitalization	
lack of the sense of limitation	63.5 %
the sense of limitation	36.5 %
8. Difficult situations associated with the stay at hospital	
pointing to specific events	79.3 %
no information	20.7 %
9. The need to contact a psychologist	
reporting the need	68.0 %
lack of the need	32.0 %

Around one half of the patients decided that hospitalisation influenced their personal life. For some it was a positive influence, because an improvement in physical performance gave them a chance of a bigger engagement in family life. A stay at hospital also gave them the opportunity to experience greater care on the part of those near and dear. It was often a pretext for improving family relations. Persons who observed negative effects of hospitalization on their life wrote that they missed their closest family, were anxious about them (small children in particular). Those people informed us that their stay at hospital destabilized the whole family situation and created negative sensations in all family members. Hospitalization was judged as unfavourable for professional life by one third of the subjects. The negative consequences were: absence which might cause dismissal from employment and a lower income due to the fact that full remuneration was substituted with sick benefit. A dozen-or-so-percent group saw a positive influence of hospital medication for their work, because one may rest from it in hospital, and after the medication fulfil one's duties more efficiently.

A considerable group of the subjects did not experience the limitation of freedom as a result of hospitalisation. The subjects who did have this experience, perceived the following factors as limitations of freedom: no possibility of leaving the hospital building and going out of doors; the fact that smoking was prohibited; the necessity of keeping the diet.

A large group of the subjects pointed to specific difficult situations associated with hospital medication. They were connected directly with the illness and therapy as well as with living conditions and hospital routine. Difficult situations mentioned by the subjects are: the long time one has to wait before the operation; suffering fear before the operation and pain after it; the necessity of lying in bed; waiting for the diagnosis; receiving the diagnosis stating the incurability of the illness or permanent loss of performance – disability; observing the suffering of other patients; problems in relations with other patients; crowded wards; not enough freedom in using the bathroom and toilets; accepting the help of others in personal hygiene perceived as embarrassing; too early reveille.

Most of the subjects wanted to have a contact with a psychologist because of their mental condition. They informed us of their fears, the sense of being lost, the feelings of loneliness, uncertainty, increased anxiety. They expected help in overcoming these feelings from the psychologist. The psychologist's help was perceived as positively influencing the process of medication because it enabled stress-reduction. To quote: "A contact with a psychologist would facilitate the mental preparation for the operation and the stay at hospital". "A psychologist can help release the stress, especially when the patient is awaiting an operation, such contact will give better results in the treatment". "A psychologist can prepare patients for the life after hospital and say what to do in order not to return there".

## CONCLUSIONS

1. The patients usually viewed hospital medication as a necessity and had a positive attitude towards it.
2. Nearly all the patients received the information about their illness and the planned treatment from a doctor.
3. In connection with the stay at hospital, the patients expected an improvement in their health condition and positive experiences in their contact with the medical staff.
4. A majority of the patients had the sense of co-operation with the medical staff and received mental support from them.

5. The doctors were perceived as the most important persons in the process of medication, and it was from them that the patients expected mental support.

6. Hospitalization was judged negatively as to its influence on family life mainly by those whose children demanding attention had been left at home.

7. People working professionally usually saw negative consequences of hospitalization for their work.

8. Most patients experienced difficult situations and limitations of freedom during their stay at hospital. That was the consequence of their illness, method of treatment, hospital routine, and living conditions.

9. A majority of the patients would wish to contact a psychologist. A psychologist was perceived by the subjects as a person who helps to reduce the hospital stress and to acquire the ability to deal with stress after leaving hospital.

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#### SUMMARY

The aim of the study was to describe psychological difficulties in patients who are hospitalized. The study group comprised 72 people treated in four departments of the Medical University of Lublin. The method made it possible to find out that: 1) Only 10% of patients have negative reactions to the fact that hospital medication was prescribed. 2) 95% of patients received the information about the illness and the medication method from a doctor. 3) 55% of patients expected improvement in health condition. 4) 87% of patients felt cooperation in treatment. 5) 49.2% did not feel the influence of hospitalization on private life. 6) 63.5% of patients did not feel the influence of hospitalization on professional life. 7) 63.5% did not feel limitation of freedom as a result of hospitalization. 8) 79.3% of patients pointed to difficult situations associated with the stay at hospital. 9) 68% reported the need to see a psychologist. The study shows how many psychological problems people treated in hospital have. It also points to the need for psychological help of hospitalized patients.

### Istotne problemy psychologiczne pacjentów hospitalizowanych

Celem pracy było opisanie psychicznych obciążeń, jakich doświadczają chorzy w związku z leczeniem w szpitalu. W badanej grupie znalazły się 72 osoby leczone w czterech klinikach SPSK-4 w Lublinie. W badaniach wykorzystano ankietę własnej konstrukcji. Uzyskane wyniki pozwalają na stwierdzenia: 1) Tylko 10% pacjentów zareagowało negatywnie na zalecenie leczenia szpitalnego. 2) 95% pacjentów otrzymało informację o chorobie i sposobie leczenia od lekarza. 3) 55% oczekiwało poprawy stanu zdrowia. 4) 87% pacjentów miało poczucie współpracy z zespołem leczącym. 5) 49,2% pacjentów nie widziało wpływu hospitalizacji na życie prywatne. 6) 63,5% pacjentów nie widziało wpływu hospitalizacji na aktywność zawodową. 7) 63,5% nie miało poczucia ograniczenia swobody w związku z hospitalizacją. 8) 79,3% pacjentów wskazało na konkretne zdarzenia, będące dla nich sytuacjami trudnymi. 9) 68% badanych zgłaszało potrzebę kontaktu z psychologiem. Ankieta pokazała wielość problemów psychologicznych, jakie przeżywają pacjenci w związku z hospitalizacją. Uzyskane wyniki informują o potrzebie zapewnienia pacjentom pomocy psychologa w czasie pobytu w szpitalu.