



Mini Review

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Impact of Hospitalization on Patients' Mental Health

Nida tabassum khan^{1*}¹Department of Biotechnology, Faculty of Life Sciences & Informatics, Balochistan University of Information Technology, Engineering and Management Sciences, Takatu Campus, Pakistan

***Corresponding author:** Nida tabassum khan, Department of Biotechnology, Faculty of Life Sciences & Informatics, Balochistan University of Information Technology, Engineering and Management Sciences, Takatu Campus, Pakistan.

Received Date: March 28, 2023**Published Date:** April 04, 2023

Abstract

Hospitals or emergency clinics serve a potential purpose of disease diagnosis through clinical testing, disease treatment and patients' rehabilitation. In the past patients by and large needed to remain in medical clinics for extensive stretches. With present day medical advancement, long recovery periods have been reduced to a few days and most extreme surgeries are scheduled on the same day. But for patients with chronic ailments who need expansive clinical and nursing care requires prolonged stay at hospitals. Therefore, the need for emergency and clinical establishments is arising day by day for patients who require urgent utilization of clinical facilities and medical services. As per the American clinic affiliation there are 5564 emergency clinics in US, around 33 million patients were conceded yearly, with 5.5 days being the mean term of stay. However, hospitalization is an extreme condition in which the affected individual undergoes numerous episodes of health downfalls and emotional disturbances on a day-to-day basis. This experience of hospitalization has different psychosocial impacts, including nervousness, despondency, and future uncertainty and may worsen patients' emotional reactions and adversely affect their mental wellbeing. In addition, it can affect a patient's ability to adapt and adjust.

Keywords: Hospitalization; Anxiety; Depression; Mental health; Psychological.

Introduction

Prolonged hospital stays can be extremely upsetting for patients regardless of age whether it's about the apprehension and vulnerability about one's health condition or the disarray and seclusion of the hospital setting [1,2]. Besides, the pressure of hospitalization can be significantly more harmful to the emotional well-being of a patient [3,4]. Based on a recent study, it has been reported that cognitive decline dramatically increases after a hospital stay among elderly patients, adversely influencing their mental and emotional wellness [5,6]. The stress and disengagement that comes from the medical setting and an adjustment of commonality can have a drawn-out impact, making it harder to recuperate after

the stay [7,8]. Thus, extended period of hospitalization is more upsetting and harming for elderly patients [9]. Therefore, as a result, it is important for clinical practitioners to comprehend how hospitalization affects patients' up close and personal state [10]. To help patients during these times, medical experts ought to make and focus on specific mediations. There aren't numerous examinations that gander at and pinpoint how hospitalization affects patients' emotional states and mental prosperity as adults [11,12]. Hence, with a significant spotlight on adult patients, this review aims to assess the outcomes of hospitalization on patients' emotional state and mental prosperity.

Repetitive utilization of in patients' treatment is common event between patients with mental disorders and temperament jumble including substance use problems call for high risk of degenerate, which might portray an intermittent hospitalization [13,14]. Patients with psychological issues account for high hospitalization rates as these patients require critical clinical care [15,16]. And if such issues are accompanied with physical ailments such as associated diabetes, cardiac issues, pneumonia etc. can impact entry and challenge the scope of essential assurance to offer satisfactory medical support resulting in prolonged hospitalization ultimately exceeded medical expenses [17,18]. High hospitalization rates due to chronic illness or serious health condition were associated with numerous accompanying factors including psychological disturbances, depression, anxiety, and behavioral changes [19,20].

Additionally, higher hospitalization was related with progressing age, one of the inclining factors and having health insurance coverage as an empowering factor [21,22]. Other less studied factors include progression of care and access to specialized ambulatory and primary care services [23]. Considering how frequently patients were owned up to clinics for ailments throughout the span of a year might help us to fathom the current mental state of the patients since their previous hospital stay [24]. The general impact of hospitalization on adults weather was for emotional wellness or actual wellbeing issues, might be perceived by looking at the risk factors of hospitalization [25,26]. Nevertheless, long term therapeutics are recognized to be a part of treatment and recuperation in psychological well-being care organizations [27,28]. Early investigations recommended that health protection and advancement ought to take need over the distinguishing and the executives of illness, and that the hospital environment extensive mental impacts on both staff and patients ought to be considered [29,30]. Limited studies have been conducted to acknowledge the impact of physical environment in hospitals on the mental health of patients [31]. Thus, thorough examination would help not only the gaps in medical care but also to improve the psychological behaviour of admitted patients for their mental health wellbeing [32,33].

During Covid-19 pandemic, rate of hospitalization skyrocketed abruptly all over the world, a high percentage of the affected hospitalized Covid patients experienced high incidence of serious anxiety and depression disorders [34,35]. Besides other contributing factors were stress related to separation from loved ones and financial deprivation lead to the development of psychiatric symptoms among the affected hospitalized individuals [36,37]. Depression is one of the primary causes of disability, and it has been assessed that anxiety and depressive disorders have a combined annual negative economic impact of \$1 trillion on the world economy [38]. Hospitalized patients suffer from

psychological problems even after recovery and in most cases is associated with distress and emotional imbalance interfering with their normal functioning [39]. It has been archived that patients with mental issues experience extreme symptoms including functional insufficiency, diminished personal satisfaction, more noteworthy expenses, and expanded utilization of clinical benefits. Hospitalization of an individual doesn't only affects his or her mental health but may eventually began to affect their physical health as well by exhibiting symptoms including anorexia or loss of appetite, exhaustion or lack of energy, trouble concentrating, and a general slowing of motor activity (psychomotor retardation) etc. However, it is still unclear how to apply diagnostic standards intended to identify a patient's mental health at the time of hospitalization and after recovery.

Conclusion

Thus, hospitalized patients do experience symptoms of depression, anxiety, mood swings etc. and even after recovery they exhibit such symptoms indicating that their mental health needs care and medical attention.

Acknowledgement

None.

Conflict of Interest

None.

References

1. Taylor C, Graham J, Potts H, Candy J, Richards M, et al. (2007) Impact of hospital consultants' poor mental health on patient care. *The British Journal of Psychiatry* 190(3): 268-269.
2. Alzahrani N (2021) The effect of hospitalization on patients' emotional and psychological well-being among adult patients: An integrative review. *Applied Nursing Research* 61:151488.
3. Abad C, Fearday A, Safdar N (2010) Adverse effects of isolation in hospitalised patients: a systematic review. *Journal of hospital infection* 76(2): 97-102.
4. Hegarty M, Macdonald J, Watter P, Wilson C (2009) Quality of life in young people with cystic fibrosis: effects of hospitalization, age and gender, and differences in parent/child perceptions. *Child: care, health and development* 35(4): 462-468.
5. Martín S M, Cruz-Jentoft A J (2012) Impact of hospital admission on functional and cognitive measures in older subjects. *European Geriatric Medicine* 3(4): 208-212.
6. Wilson RS, Hebert LE, Scherr PA, Dong X, Leurgens SE, et al. (2012) Cognitive decline after hospitalization in a community population of older persons. *Neurology* 78(13): 950-956.
7. Chang BP (2019) Can hospitalization be hazardous to your health? A nosocomial based stress model for hospitalization. *General hospital psychiatry* 60: 83-89.
8. Mathews SB, Arnold SE, Epperson CN (2014) Hospitalization and cognitive decline: can the nature of the relationship be deciphered? *The American journal of geriatric psychiatry* 22(5): 465-480.
9. Williams F (1974) The crisis of hospitalization. *Nursing Clinics of North America* 9(1): 37-45.

10. Detsky AS, Krumholz HM (2014) Reducing the trauma of hospitalization. *Jama* 311(21): 2169-2170.
11. Krumholz HM (2013) Post-hospital syndrome—a condition of generalized risk. *The New England journal of medicine* 368(2): 100-102.
12. BR Fajemilehin, AO Fabayo (1991) Perception of situational stress associated with hospitalization among selected Nigerian patients. *Journal of advanced nursing* 16(4): 469-474.
13. Karademas EC, Tsagaraki A, Lambrou N (2009) Illness acceptance, hospitalization stress and subjective health in a sample of chronic patients admitted to hospital. *Journal of Health Psychology* 14(8): 1243-1250.
14. Hughes BM (2001) Psychology, hospitalization and some thoughts on medical training. *European Journal of Psychotherapy, Counselling & Health* 4(1): 7-26.
15. Chhari N, Mehta SC (2016) Stress among patients during hospitalization: A study from Central India. *National Journal of Community Medicine* 7(4): 274-277.
16. Zandifar A, Badrfam R, Yazdani S, Arzaghi SM, Rahimi F, et al. (2020) Prevalence and severity of depression, anxiety, stress and perceived stress in hospitalized patients with COVID-19. *Journal of Diabetes & Metabolic Disorders* 19(2): 1431-1438.
17. Chen Y, Huang X, Zhang C, Yuanyuan A, Liang Y, et al. (2021) Prevalence and predictors of posttraumatic stress disorder, depression and anxiety among hospitalized patients with coronavirus disease 2019 in China. *BMC psychiatry* 21(1): 80.
18. Wilson-Barnett J, Carrigy A (1978) Factors influencing patients' emotional reactions to hospitalization. *Journal of Advanced Nursing* 3(3): 221-229.
19. Jamili S, Ebrahimipour H, Adel A, Badiie Aval S, Hoseini SJ, et al. (2022) Experience of patients hospitalized with COVID-19: A qualitative study of a pandemic disease in Iran. *Health Expectations* 25(2): 513-521.
20. Heiskell LE, Pasnau RO (1991) Psychological reaction to hospitalization and illness in the emergency department. *Emergency medicine clinics of North America* 9(1): 207-218.
21. Mishel MH (1984) Perceived uncertainty and stress in illness. *Research in nursing & health* 7(3): 163-171.
22. Davies AD, Peters M (1983) Stresses of hospitalization in the elderly: nurses' and patients' perceptions. *Journal of Advanced Nursing* 8(2): 99-105.
23. Carmel S (1985) Satisfaction with hospitalization: a comparative analysis of three types of services. *Social science & medicine* 21(11): 1243-1249.
24. Dorr DA, Wilcox AB, Brunner CP, Burdon RE, Donnelly SM (2008) The effect of technology-supported, multidisease care management on the mortality and hospitalization of seniors. *Journal of the American Geriatrics Society* 56(12): 2195-2202.
25. Schimmel EM (1964) The hazards of hospitalization. *Annals of internal Medicine* 60(1): 100-110.
26. Suesada MM, Martins MA, Carvalho CR (2007) Effect of short-term hospitalization on functional capacity in patients not restricted to bed. *American journal of physical medicine & rehabilitation* 86(6): 455-462.
27. Gillick MR, Serrell NA, Gillick LS (1982) Adverse consequences of hospitalization in the elderly. *Social science & medicine* 16(10): 1033-1038.
28. Al Hamid A, Ghaleb M, Aljadhey H, Aslanpour Z (2014) A systematic review of hospitalization resulting from medicine-related problems in adult patients. *British journal of clinical pharmacology* 78(2): 202-217.
29. Ricketts TC, Randolph R, Howard HA, Pathman D, Carey T, et al. (2001) Hospitalization rates as indicators of access to primary care. *Health & place* 7(1): 27-38.
30. Dilip TR (2002) Understanding levels of morbidity and hospitalization in Kerala, India. *Bulletin of the World Health Organization* 80(9): 746-751.
31. Goodman DC, Fisher E, Stukel TA, Chang CH (1997) The distance to community medical care and the likelihood of hospitalization: is closer always better? *American Journal of Public Health* 87(7): 1144-1150.
32. Misky GJ, Wald HL, Coleman EA (2010) Post-hospitalization transitions: Examining the effects of timing of primary care provider follow-up. *Journal of hospital medicine* 5(7): 392-397.
33. Delamater PL, Messina JP, Grady SC, WinklerPrins V, Shortridge AM (2013) Do more hospital beds lead to higher hospitalization rates? A spatial examination of Roemer's law. *PloS one* 8(2): e54900.
34. Price-Haywood EG, Burton J, Fort D, Seoane L (2020) Hospitalization and mortality among black patients and white patients with Covid-19. *New England Journal of Medicine* 382(26): 2534-2543.
35. Killerby ME, Link-Gelles R, Haight SC, Schrodt CA, England L, et al. (2020) Characteristics associated with hospitalization among patients with COVID-19—Metropolitan Atlanta, Georgia, March–April 2020. *Morbidity and mortality weekly report* 69(25): 790-794.
36. Ohsfeldt RL, Choong CKC, Mc Collam PL, Abedtash H, Kelton KA, et al. (2021) Inpatient hospital costs for COVID-19 patients in the United States. *Advances in therapy* 38(11): 5557-5595.
37. Di Fusco M, Shea KM, Lin J, Nguyen JL, Angulo FJ, et al. (2021) Health outcomes and economic burden of hospitalized COVID-19 patients in the United States. *Journal of Medical Economics* 24(1): 308-317.
38. Carrillo-Vega MF, Salinas-Escudero G, García-Peña C, Gutiérrez-Robledo LM, Parra-Rodríguez L, et al. (2020) Early estimation of the risk factors for hospitalization and mortality by COVID-19 in Mexico. *PloS one* 15(9): e0238905.
39. Dong M, Yang Z, Chen Y, Sun J, Ma W, et al. (2021) Hospitalization costs of COVID-19 cases and their associated factors in Guangdong, China: a cross-sectional study. *Frontiers in Medicine* 8: 655231.