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A STUDY TO ASSESS THE PSYCHOLOGICAL DISTRESS AND ASSOCIATED FACTORS OF PROLONGED HOSPITALIZED PATIENTS, IN A TERTIARY CARE HOSPITAL, ODISHA.

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Abstract

Background: The study focuses on the psychological impacts of prolonged hospitalization on patients in a tertiary care hospital in Odisha, India. Recognizing that prolonged hospital stays can exacerbate psychological distress, the research aims to identify the prevalence and contributing factors of such distress among these patients. This is critical as understanding and addressing psychological distress in hospital settings can significantly enhance patient recovery and overall well-being.

Methods: A cross-sectional study design was employed, including 120 adult inpatients hospitalized for more than 14 days at the All India Institute of Medical Sciences, Bhubaneswar (AIIMS BBSR). The Kessler Psychological Distress Scale (K10) was utilized to measure psychological distress levels. Data on socio-demographic factors (age, sex, marital status, etc.), clinical variables (type of illness, length of hospital stay, previous hospitalizations), substance use-related factors, and psychosocial factors (social support, living conditions) were also collected through structured self-reporting questions and medical record reviews. The association between these factors and psychological distress was analyzed using descriptive and inferential statistics.

Results: The prevalence of psychological distress was 47.5% among the participants. Key factors associated with higher levels of distress included being female, married, employed in high-stress jobs, poor social support, longer hospital stays, history of previous hospitalizations, substance abuse, and the presence of comorbidities. The study also highlighted that psychological distress could negatively impact treatment outcomes and recovery, indicating the importance of addressing mental health as

part of holistic patient care.

Conclusions: The study concluded that psychological distress is a significant and common issue among prolonged hospitalized patients, influenced by a multifaceted combination of demographic, clinical, and psychosocial factors. The findings emphasize the necessity of integrating mental health services into routine patient care in hospital settings, suggesting that targeted psychological interventions could improve not only the mental health but also the physical recovery and quality of life of these patients.

Keywords: Psychological distress, prolonged hospitalization, tertiary care hospital, Kessler Psychological Distress Scale, associated factors.

Background

The World Health Organization (WHO) defines mental health as a condition of well-being in which people can successfully utilize their abilities, connect positively with others, handle stressors, and make significant contributions to their family and community. In order to highlight the crucial role that mental well-being plays in general health, the WHO highlights that mental health includes both the presence of mental wellness and the absence of mental illness.

In the Indian context, where healthcare resources are often strained, and mental health services may be underdeveloped or inaccessible, the psychological well-being of hospitalized patients warrants particular attention. Odisha, a state characterized by its diverse cultural heritage, socioeconomic disparities, and unique healthcare landscape, presents a compelling setting for investigating this issue. As a tertiary care hospital serving a broad spectrum of medical conditions and patient populations, the hospital under study provides an ideal backdrop for examining the prevalence and determinantsof psychological distress among its diverse patient base.

Need of the Study:

In order to better focus individualized patient-centered treatment and enable healthcare practitioners to give special consideration to those patient groups admitted to the hospital, it is vital to analyze factors related to psychological discomfort in prolonged hospitalized patients. Examining a range of variables that could affect a patient's mental health outcomes is necessary when evaluating the psychological well-being of long-term hospitalized patients. These factors can be categorized into several domains: demographic characteristics, clinical variables, social support networks, coping strategies, and environmental stressors. Understanding how these factors interact and impact psychological distress is essential for developing targeted interventions to supportpatients during their hospitalization and facilitate their recovery process.

Furthermore, the need for this study is underscored by the scarcity of research explicitly examining psychological distress among hospitalized patients in Odisha. Whilestudies on mental health in India exist, they often focus on community-based populations or specific clinical conditions, overlooking the unique challenges faced by hospitalized patients. Given the cultural, socioeconomic, and healthcare infrastructure factors that distinguish Odisha from other regions, it is crucial to investigate psychological distress within the context of a tertiary care hospital in this setting.

Statement of problem

"A study to assess the Psychological Distress and Associated Factors of prolongedhospitalized patients, in a tertiary care hospital, Odisha.

Research question

- What is the prevalence of psychological distress among prolonged hospitalized adult inpatients in a tertiary care hospital in Odisha?
- What are the factors associated with psychological distress among prolongedhospitalized adult inpatients in the same hospital setting?

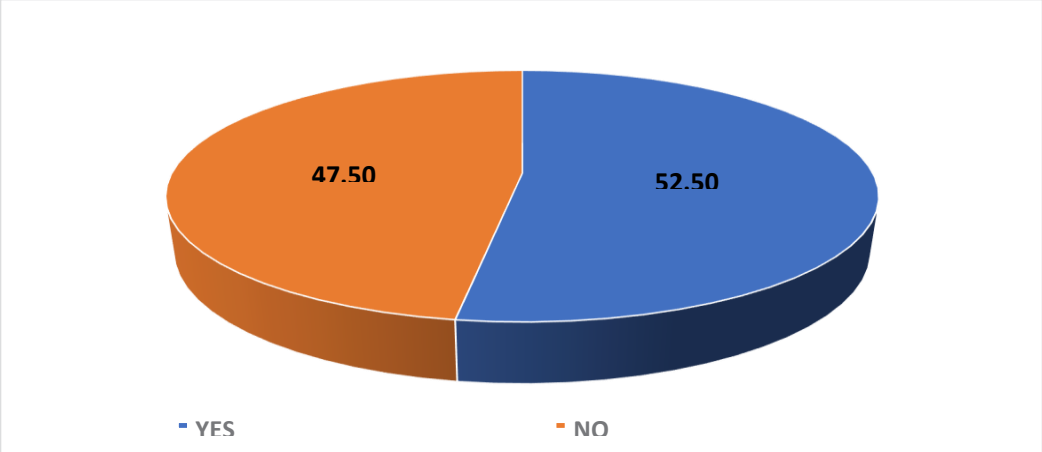
Objectives

- To assess the prevalence of Psychological Distress among prolonged hospitalized adult inpatients in a tertiary care hospital in Odisha.
- To explore the factors associated with psychological distress among prolongedhospitalized adult inpatients in the same hospital setting.

Methods and data collection

This present study was conducted at ICU & WARDS Department of AIIMS, Bhubaneswar. AIIMS, Bhubaneswar, the descriptive cross-sectional research design was Adopted to conduct the study. 120 patients were selected by using convenience sampling technique, who were fulfilled

inclusion and exclusion criteria. The researchers visited different wards and intensive care units (ICUs) within the healthcare facility to identify potential participants. Individuals who met the predetermined inclusion criteria for the study were approached and invited to participate. The researchers thoroughly explained the nature and purpose of the survey to these potential participants, ensuring they understood what their involvement would entail. After providing this comprehensive explanation, the researchers obtained written informed consent from those who agreed to participate in the study. This



consent processensured that the participants were making a voluntary and informed decision to be part of the research, and it also documented their willingness to participate. Throughout the study, the researchers maintained strict confidentiality protocols to protect the privacy and anonymity of the participants. This might have involved de-identifying data, using coding systems, and implementing secure data storage and handling procedures. The data collection tools, including questionnaires, surveys, or other instruments, were administered to 120 participants. These tools were designed to gather relevant information from the participants, such as socio-demographic characteristics (age, gender, and occupation), clinical-related factors, psychosocial factors, and other pertinent data.

Major findings and discussion

The demographic status of the study population based on Age the prevalence of hospitalization was higher among patients aged 30-40 (37.5%) and 40-50 (30.8%). According to on Gender A significant gender disparity was observed, with males constituting 80% of the hospitalized patients according to Marital Status An overwhelming majority (90%) of the patients were married, which might reflect the social structure or the age distribution of the sample. Based on Education: Among the patients, 40% had completed high school, 20% were graduates, and 20% were illiterate. As with Socioeconomic Status: 90% of the patients belonged to families below the poverty line (BPL). According to Residential Area: 80% of the patients resided in rural areas

Substance use-related factors:

Among the study participants, 30% of the patients have a habit of substance abuse;Pann is the most commonly used substance (14.1%), followed by tobacco (9.1%),alcohol (5%), and illicit drugs (1.6%).

Psychosocial related factors:

Most patients live with their families (90%) and have moderate social support (67%). However, 15% have poor social support, which could exacerbate psychological distress.

Clinically related factors:

Based on Previous Psychiatric History: 8% of the patients had a previous history ofpsychiatric conditions, which could be related to or a result of their prolonged hospitalization.

Most Common Wards: The patients were most commonly admitted to the ORTHO (15.8%) and CTVS (15%) wards. Among the Comorbidities 50% of the patients had co morbidity disorders. Based on Length of Hospital Stay Most patients (60%) had stayed there for 14-21 days.

Factors associated with psychological distress:

Figure: 1 Prevalence of psychological distress in different wards & ICU

Table 1: Frequency percentage distribution of psychological distress by Kesslerpsychological distress scale (k10)

N=120

Kessler Score Range	Category	f	%
10-19	Likely to be well	63	52.5%
20-24	Likely to have a mild mental disorder	32	26.6%
25-29	Likely to have a moderate mental disorder	16	13.4%
30-50	Likely to have a severe mental disorder	9	7.5%

Note-kessler score range ≥20 indicates psychological distress yes

Figure: 2 Prevalence of psychological distress in different wards & ICU

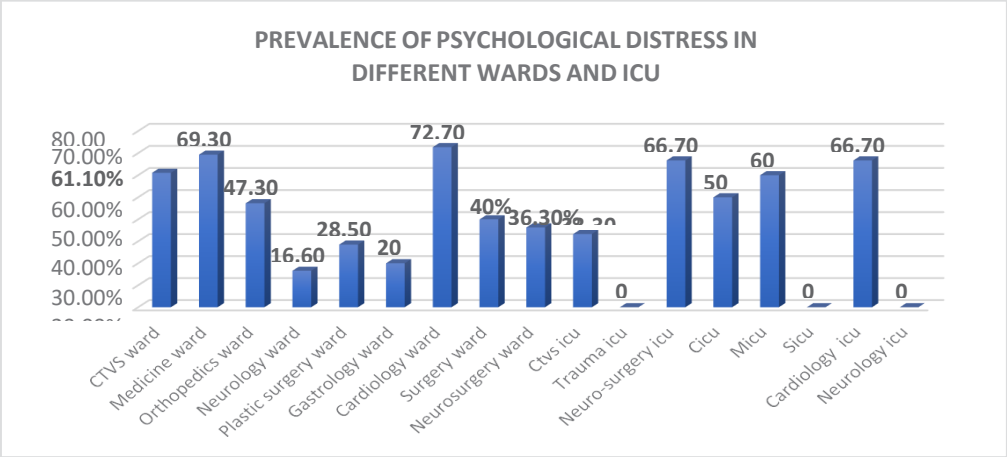


Fig 2 shows that in ward, the majority of Prevalence of Psychological distress was found in cardiology (8/11, 72.70%), followed by medicine (9/13, 69.30%), & In ICU, the majority of patients were found to be in NEURO SURG ICU &cardio ICU (2/3, 66.7%) followed by MICU (3/2, 60%).

Implication of study in nursing:

Nursing Practice

- Nurses will be given importance to assessing mental health along with physical health for better care & recovery of the patient by personalized treatment plan, Patient-centered care, following collaborative care model, patient engagement strategies, resilience building intervention, making aware providing health education to the patient as well as family

Nursing Administration

- Seminars, workshops, and training programs are mainly for the emergency and critical care nurses and peripheral center nurses as they are the primary care providers for integrating mental health services and physical health. This program should be organized at all levels of health care.

Nursing Education

- As a collaborative treatment strategy & patient-centered care approach for psychological distress, patients shall be incorporated into the curriculum and taught to UG and PG nurses for effective implementation.
- Seminars and workshops shall be held as part of continuing nursing education to teach working nurses how to identify patients with high risk of psychological distress and provide personalized treatment plans.

Nursing research

- More & more research should be conducted in nursing to find out how long-termhospital stays affect mental health outcomes, do more study. Analyze how well treatments that tries to lessen psychological suffering and enhance general patient well-being work.

Conclusion:

The study identifies various domains influencing psychological distress, including demographic characteristics, clinical variables, social support networks, coping strategies, and environmental stressors. By examining these factors and their interplay, healthcare providers can develop targeted interventions to support patients during their hospitalization and facilitate recovery.

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