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The specific character of hospitalization in a gynaecology ward

Specyfika hospitalizacji w oddziale ginekologii

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Streszczenie

Wstęp

Hospitalizacja wyzwala specyficzne emocje wynikające z problemów zdrowotnych i egzystencjalnych pacjenta jego rodziny. Choroba potęguje nasilenie przykrych stanów emocjonalnych.

Celem badań było poznanie przeżyć kobiet podczas hospitalizacji w oddziale ginekologicznym.

Materiał i metody

Badania przeprowadzono w oddziale ginekologiczno- położniczym w Kielcach wśród 83 kobiet. Zastosowano metodę sondażu diagnostycznego z wykorzystaniem ankiety. Materiał poddano analizie, a istotność różnic zweryfikowano testem χ^2

Wyniki

Wśród kobiet wymagających interwencji ginekologicznych hospitalizacja wyzwalała zaburzenia emocjonalne.. Lęk podczas oczekiwania na badanie potwierdziło większość badanych. Większość kobiet obawiała się zabiegu operacyjnego i bólu oczekując profesjonalnej opieki i wsparcia psychicznego.

Wnioski: Hospitalizacja w oddziale ginekologii wyzwala specyficzne stany emocjonalne wśród kobiet. Badania i zabiegi ginekologiczne postrzegane były jako sytuacje trudne.

Słowa kluczowe: hospitalizacja kobiet, zabiegi ginekologiczne, stany emocjonalne.

Summary

Introduction

Hospitalization releases specific emotions resulting from health and existential problems of a patient and their family. Disease enhances the intensity of unpleasant emotional states. The aim of the research was to investigate the experiences accompanying women during hospitalization in a gynaecology ward.

Material and methods

The research was carried out in the ward of gynaecology and obstetrics in Kielce among 83 women. The diagnostic survey with the use of questionnaire was used. The material was analysed and the significance of differences was verified with the use of χ^2 test.

Results

Hospitalization released emotional disorders among women requiring gynaecological examination. The majority of respondents confirmed feeling fear while waiting for the clinical examination. Most women were afraid of surgery and pain. They expected professional care and psychological support.

Conclusions: Hospitalization in a gynaecology ward releases specific emotional states among women. Examinations and gynaecological surgeries were seen as especially difficult situations.

Keywords: hospitalization of women, gynaecological surgeries, emotional states.

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Introduction

Health is recognized as the highest value in the life of every human, and the specific situation of the disease is difficult [1].

A disease is seen as a dynamic process that causes functional limitations of the individual. A hospital is a specific place not only giving hope of recovery, but also a source of stressful situations [2]. Somatic disease can be considered both as a consequence and a cause of stress. Coping with stress includes control of emotions and behaviours aimed at improving health. Behaviours oriented on health goals are related to the performance of medical recommendations and patient activity undertaken on their own initiative [3].

The aspect of subjective perception of a patient is noticed, among others, by W. Ciechaniewicz, who expresses it in the statement: "The human person can never be the subject that is treated instrumentally (...) Each person is an individual because they feel subjectively the disease and their own location" [4].

A diagnosis of gynaecological disease requiring intervention is an additionally stressful situation for many women, because it concerns the intimate area. Shame and feeling of embarrassment dominate apart from the fear of pain. The intensity of emotional response is dependent on many factors such as age, cultural and religious differences, clinical indications for examination. Disorder of the process of communication with the staff may have an impact on further proceedings and sometimes cause the abandonment of clinical examination.

Gynaecological examination requires the doctor and midwife have special sensitivity and attitude, which should be characterized by understanding and tolerance. Women, who do not accept their own body, endure the examination worse and react with the unpleasant

feeling of shame. The situation is similar among girls in onset of puberty, who have not accepted their femininity yet as well as among women in the elderly [5].

Hospital organization is determined by the regulations, orders and restrictions, under which patient may not always find themselves. The reduction of cognitive function was observed among the elderly due to exacerbation of the disease, even after excerpt from the hospital [6].

Hospitalized people's reactions are influenced by various factors, ie. health, family situation, profession, etc. The stronger the pain, the easier to take decision of consent to treatment [7]. Patients admitted to hospital urgently require special care. Internal's staff sensitivity and understanding have a huge impact on patient's adaptation to the new environment.

M. Sulewska points out that "humanitarian task of the hospital is articulated in the interests of saving anxiety that is worsening mood". She also notices, that hospitalization is associated with loss of independence and dependence on others, and, apart from the symptoms of the disease, a sense of threat develops [5].

Recognizing symptoms relating to illness causes anxiety and develops insecurity. Emotional tension, in accordance with the concept of Lazarus, can be a motivating factor for actions or enhance resignation reactions. It is necessary to ensure privacy as a fundamental guarantee of trust during the gynaecological examination. Gynaecological operations constitute an interference with organ identified with motherhood. There were anxiety and depressive disorders most frequently observed among women before surgery. Younger women expressed side effects stronger than older ones [8].

Emotions of varying intensity accompany the disease throughout its duration. The most common emotional reaction is fear, anxiety and insecurity. Fear accompanies the patient in the next stages of the disease usually reflecting its seriousness and expected consequences. It turns out, however, that hope does not leave patients even in the face of impending death [7].

According to M. Motyka and B. Bąk, proper preparation of women for surgery may affect postoperative period. Medical treatment becomes a cause of women's objectified stress, and reliable information and friendly conversation improve both physical and mental state [9].

Some women experience crises of identity, a sense of lower value, isolate themselves from the family and friends after gynaecological surgery. Widespread belief of the loss of attractiveness and the possibility of sexual contacts has an impact on psychological trauma. There may also occur a negative attitude to a partner [10].

Post castration assembly may contribute to the development of the state of stress. In this context it is worth to mention help referred as interaction with the entity in order to achieve balance [11].

The source of iatrogenic mistakes could be: lack of information or information incomprehensible for the patient, generation gap in the conversation, ignoring the mental preparation for testing and / or surgery [12, 13].

Among the consequences of iatrogenic mistakes, there can be distinguished: deterioration of the basic disease, fear, anxiety, depressed mood and even reactive psychosis [14].

The empathy is therefore included in the professional functions of the medical staff. Therapeutic communication is any positive contact with the patient having an impact on their physical and mental condition. It relieves fear, anxiety and helplessness [15].

Aim of the study:

The aim of the study was to analyze experiences and behaviours of women hospitalized for gynaecological diseases based on data contained in the selected literature.

Material and methods

The research was carried out in the months of February-April 2015 in the ward of gynaecology and obstetrics in Kielce among 83 women. The age of patients ranged from 18 to 85 years. Women were surveyed on the third day after gynaecological surgery. Participation in the survey was voluntary, connected with ensuring anonymity.

The diagnostic survey with the use of questionnaire was used. The material was analysed and the significance of differences was verified with the use of χ^2 test. The level of significance was set at $p < 0.05$. The aim of the research was to investigate the experiences accompanying women during hospitalization.

Results

Among the respondents, most women were aged of 41-50 years ie. 33 people (40.0% of respondents), aged of 20 - 30 years were 7 women (8.4% of respondents), and at the age of 31 - 40 years were 20 people (24.0% of respondents). Above the age of 50 years were 23 women (27.6% of respondents).

The group of respondents was dominated by residents of the city ie. 50 people (60.4% of respondents), while in the countryside lived 33 women (39.6% of respondents).

Tab. 1. Respondents by eduction

Education	n	%
Primary	6	7,6
Vocational	25	30,0
Secondary	28	33,6
University	24	28,8
Total	83	100,0

Most women had secondary education ie. 28 people (33.6% of respondents). Vocational education was reported by 25 women (30.0% of respondents), and university education by 24 patients (28.8% of respondents). The smallest group of women had primary education, ie. 6 people (7.6% of respondents). Table 1.

Tab. 2. Hospitalization as a difficult situation - the opinions of the respondents

Respondents' answers	City		Village		Total	
	n	%	n	%	n	%
Yes	33	39,6	13	15,6	46	55,2
Rather yes	15	18,4	17	20,4	22	38,8
No	0	0	0	0	0	0
Rather not	0	0	0	0	0	0
I have no opinion	2	2,4	3	3,6	5	6,0
Total	50	60,4	33	39,6	83	100,0

According to 33 women (39.6% of respondents) living in the city and 13 (15.6% of respondents) residents from the village, hospitalization was a difficult situation. The answer "rather yes" was indicated by 15 residents of the city (18.4% of respondents), and 17 (20.4%) of the women living in the countryside. No correlation was found between the place of

residence and the opinion of hospitalization as a difficult situation (chi2 (for p = 0.05; s4) = 9,488> chi2 calc. = 5.7).

Admission to hospital according to plan is less stressful than urgent. Such opinion was expressed by 80 women. There was no correlation between the place of residence and the opinion: "planned admission to hospital is less stressful than urgent", because (chi2 (for p = 0.05; s4) = 9,488> chi2 calc. = 0.067).

Tab. 3. Fear of a gynaecological examination

Specification	City		Village		Total	
	n	%	n	%	n	%
Yes	42	50,8	20	24,0	62	74,8
Rather yes	0	0	3	3,6	3	3,6
No	3	3,6	5	6,0	2	9,6
Rather not	10	12,0	5	6,0	15	18,0
Total	50	60,4	33	39,6	83	100,0

Fear while waiting for a gynaecological examination was confirmed by 62 women (74.8% of respondents). Among women without negative feelings prevailed residents of the city. The relationship between the place of residence and the feeling of fear and discomfort while waiting for a gynaecological examination (chi2 (for p = 0.05; s3) = 7.815 <chi2 calc. = 7.97) was shown. The strength of the relationship was weak (R = 0.29).

Tab. 4. Fear of postoperative pain

Respondents' answers	City		Village		Total	
	n	%	n	%	n	%
Yes	45	54,4	24	29,8	69	83,2
Rather yes	5	6,0	6	7,2	11	13,2
No	0	0	0	0	0	0
Rather not	0	0	3	3,6	3	3,6
Total	50	60,4	33	39,6	83	100,0

Fear of postoperative pain was expressed by 69 women (83.2% of respondents). No correlation was found between the place of residence and the fear of pain (chi2 (for p = 0.05; s3) = 7.815> chi2 calc. = 6.3).

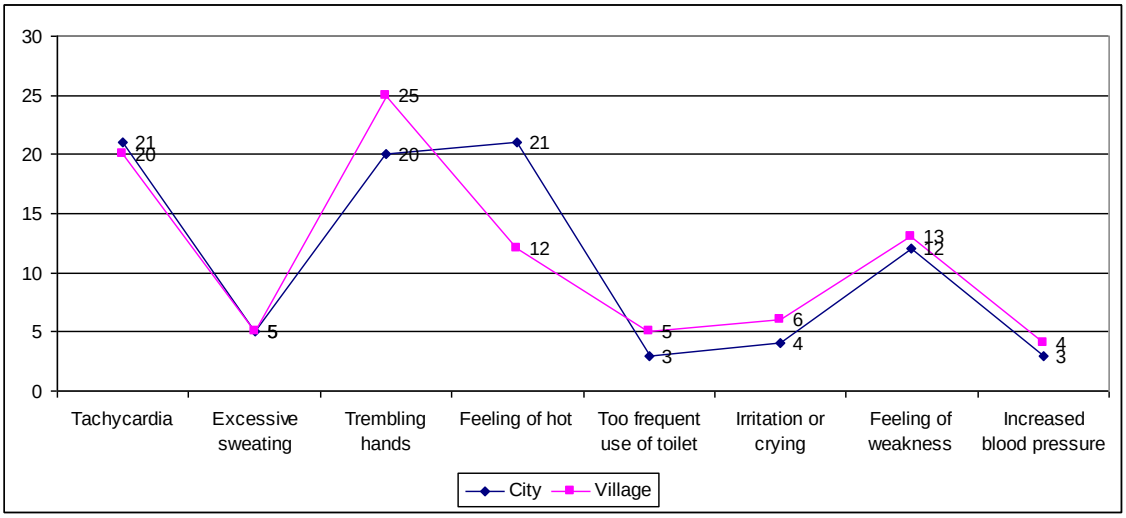

Fig. 1. Women's feelings before gynaecological treatments and the place of residence

Tab. 5. Menopause as an unpleasant period in a woman's life and the place of residence

Respondents' answers	City		Village		Total	
	n	%	n	%	n	%
Yes	37	44,4	1	1,2	38	45,6
Rather yes	8	9,6	9	10,8	17	20,4
No	3	3,6	5	6,0	8	9,6
Definitely not	2	2,4	18	21,6	20	24,0
Total	50	60,4	33	39,6	83	100,0

Menopause is an unpleasant experience for 55 women (66.0% of respondents). Different opinion was expressed by 28 women (34.0% of respondents) living mainly in the countryside. The relationship between the place of residence and the opinion that "menopause is an unpleasant experience for women" was shown (chi2 (for p = 0.05; s3) = 7.815 <chi2 calc. = 45.9). The strength of the relationship was high (R = 0.6).

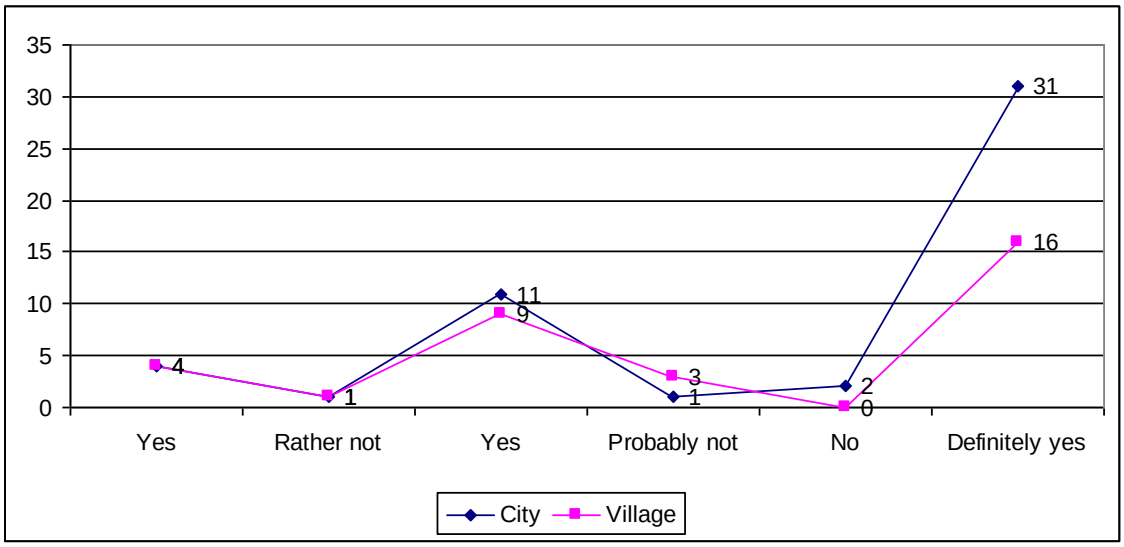

Fig. 2. Separation from family for the time of hospitalization and place of residence

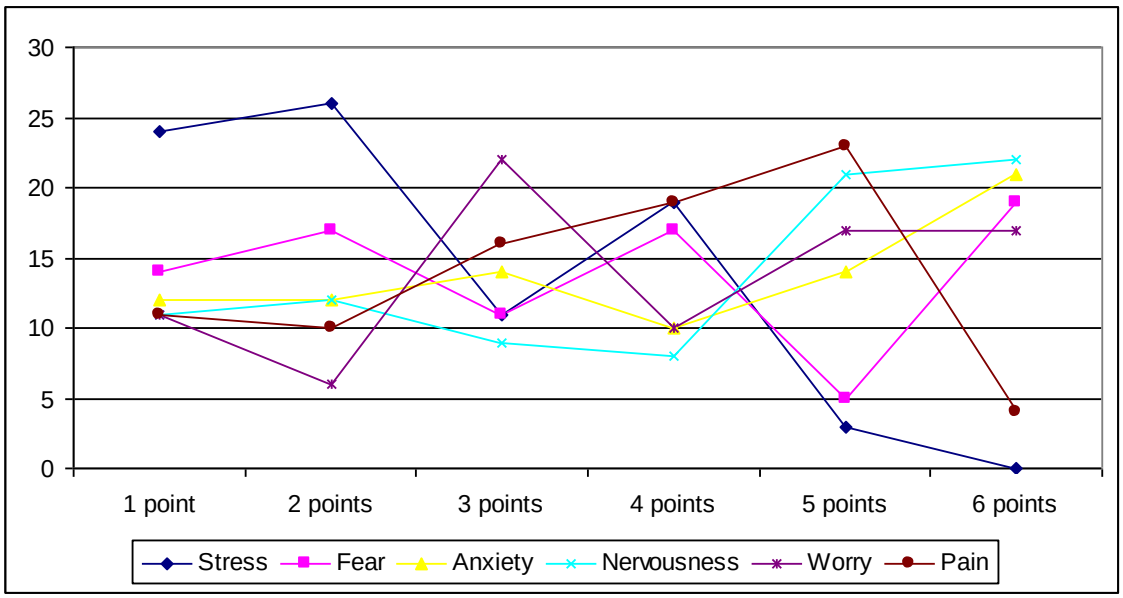

Fig. 3. The emotional states during hospitalization in the gynaecology ward

The relationship between age and the fear and anxiety associated with hospitalization was observed (chi2 (for p = 0.05; s9) = 16.919 <chi2 calc. = 36.27). Women under the age of 40 indicated more often fear and anxiety associated with hospitalization than older ones. The strength of the relationship was high (R = 0.55).

Discussion

Sickness and suffering constitute an integral part of human life and it happens that dignity is exposed to an ordeal. Hospital stay releases isolation of the natural environment and decrease opportunities to support from loved ones. And yet, in such situations, there is a natural need for emotional support. Patients of the ward may be an important source of support. But, because of random selection, it can be extremely difficult. It happens sometimes, that suffering of others is an additional source of fear and anxiety. Another consequences of hospitalization are: loss of current social position of the patient, necessity to abandon habits, acceptance of regulations of hospital ward.

Many authors still point out barriers in communication between a patient and medical staff, which result from sociocultural differences and a higher social status on the side of the staff [14].

Based on the results of own research it was found, that hospitalization in the gynaecology ward was seen as a very difficult situation by the majority of respondents. The majority of the surveyed women confirmed feeling fear while waiting for the clinical examination as well as feeling fear of postoperative pain.

Each surgery can be a source of emotional burdens. As evidenced by the research of M. Jałowiecki, fear of surgery and anaesthetic is not related to education. The feel of fear was confirmed significantly more often among young people [9].

The results of the research of B. Lelonek and A. Cieślik also indicate a high level of fear connected with situations and personality among patients hospitalized in a surgical ward. In an unknown environment patients are exposed to dangerous and embarrassing procedures, have little impact on the functioning of the ward and are isolated from their families [1].

According to the results of the own research, fear also holds a high position among women hospitalized in the gynaecology ward. Situations developing security threat of an individual were related to waiting for gynaecological examination and fear of postoperative pain. Among the respondents, there were different vegetative symptoms noticed, such as: tachycardia, feeling of hot, frequent urination, trembling hands, excessive sweating, blood pressure fluctuations (Fig. 1).

A man, who experiences an unpleasant life event for the next time, do not necessarily handles it in the same way. Negative experiences can release destructive actions connected with the development of a sense of helplessness in life. Women most often react with crying as well as with vegetative symptoms as headaches and/or pain of abdominal cavity. Men more often use mechanisms of rationalization and think they do not need support [7].

In the studied group, it was also confirmed the insufficient range of knowledge about menopause and prevention of gynaecological illnesses. Low knowledge of respondents may further increase negative emotions and anxiety attitudes during hospitalization. In this context, the research of A. Słopiecka also confirm insufficient knowledge on the prevention of reproductive organs diseases in the studied population of women. One third of the respondents could not define the frequency of cervical screening, and in the case of the observed symptoms, it took at least two months to the first visit to the out-patient gynaecological clinic [16].

The message of the research was to draw attention to the great need of psychological influence from the medical staff. A disease is always a difficult situation in human life, especially when hospitalization is required. It forces a change in the current lifestyle, contains elements that constitute a threat to the individual, disturbs or prevents from realization of life goals and deprives of esteemed values.

Conclusions

1. Hospitalization in a gynaecology ward released specific emotional states and is a stressful experience for most respondents. Women under the age of 40 showed significantly more often on fear and anxiety associated with hospitalization than older ones.
2. Gynaecological treatments were perceived by women as difficult situations. The feeling of fear while waiting for a gynaecological examination was confirmed by the majority of respondents.
3. Most women were afraid of surgery and pain and expected professional care and psychological support.

Literature

1. Lelonek B. Cieślik A., Przystosowanie do choroby u pacjentów leczonych na oddziale chirurgii. Studia Medyczne 2011; 24(4): 45-52
2. Sęk H. (red.) Psychologia kliniczna. PWN Warszawa 2006: 223-242
3. Upton D. Introducing Psychology for Nurses and Health Care Professional. Second edition Rout ledge Taylor and Francis Group, London and New York 2012: 185 - 214
4. Ciechaniewicz W. Pacjent jako podmiot opieki. W: Opieka nad osobami przewlekle chorymi w wieku podeszłym i niepełnosprawnymi. Red. D.Talarska, K. Wieczorowska-Tobis, E. Szwałkiewicz PZWL. Warszawa 2007; 27.
5. Sulewska M. Pamiętajmy o problemach chorych hospitalizowanych. Medycyna Rodzinna 2008; 3: 74-76.

6. Aiken L.H. Henrichs t.F. Systematic relaxation as a nursing intervention technique with open heart surgery patients. Nursing Research 1991: 212- 217
7. Collins. B. G. Collins T.M. Crisis and trauma. Developmental – ecological intervention. Boston – New York Lahaska Press, Houghtondliffin Company 2005: 28-36
8. Mojs E., Suchocki S., Opala T. Psychologiczne konsekwencje chorób nowotworowych. W: Ginekologia. Red. T. Opala PZWL. Warszawa 2004; 197-199
9. Motyka M., Bąk B. Psychologiczne przygotowanie do zabiegów ginekologicznych a przebieg okresu pooperacyjnego. Pielęgniarstwo XXI wieku 2008; 2-3: 23-24.
10. Paszkowski T. Zapobieganie szkodom jatrogennym w położnictwie i ginekologii. Lublin 2004; 58-91.
11. Jakiel S. Operacje ginekologiczne. W: Pielęgniarstwo we współczesnym położnictwie i ginekologii. Red.L. Łepecka- Klusek PZWL. Warszawa 2010; 392-402.
12. Pietraszkiewicz S, Hajduk A. Pacjent ma prawo się bać. Magazyn Pielęgniarki i Położnej 2011; 6: 38-39.
13. Motyka M, Burmacka J. Błędy jatrogenne w opiece nad pacjentem. Pielęgniarstwo XXI wieku 2006; 21-26.
14. Gross R., Kinnison N. Psychology for Nurses and Health Professional. CRC Press Taylor Group and Francis, London and New York 2014: 75-126.
15. Syguła K. Rozmowa też leczy. Magazyn Pielęgniarki i Położnej 2011; 10: 10.
16. Słopiecka A. Analiza wiedzy i zachowań zdrowotnych kobiet hospitalizowanych z powodu chorób ginekologicznych oraz kierunki profilaktyki i promocji zdrowia. Studia Medyczne 2009: 13 :27-35.

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