



A Psychosocial Study of the Patient (Case Study of Prolonged Hospitalization)”

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ABSTRACT :

This study features a quantitative analysis into the psychosocial effects of a prolonged hospital experience on individuals who were hospitalized, including psychological distress, social interactions, and coping strategies. The research drew on structured questionnaires completed by hospitalized patients, considering emotional well-being, social support, and quality of life perceived by subjects. Significant correlations emerged to represent the relationship between prolonged hospitalization and increased psychological distress, limited social engagement, and reduced coping abilities. The study suggests that integrated psychosocial interventions are needed to improve patient well-being and recovery outcomes.

INTRODUCTION

Hospitals are facilities that contain numerous permanent wards and specialized departments of medicine and practice - for example, emergency rooms, intensive care, and trauma centers. Hospitals may also be inpatient and outpatient rehabilitation centers, behavioral health centers, dental care centers, and other types of facilities. Other specialized facilities may also function as a hospital-based service; for example, children's hospitals, psychiatric hospitals, geriatric hospitals, and facilities that specialize in the treatment of specific medical needs.

The hospital's administrative leadership primarily consists of a chief nursing officer who oversees the nursing aspect of practice, in addition to medical directors managing doctors' practices and patient care for doctors. Related but distinct units support patient care, such as medical records, technical support, and security. Revenue for hospitals comes from several sources, including public funds, private organizations, health insurance, and charity.

In the early years of hospitals being established, religious organizations constructed and operated hospitals. Over thousands of years, the hospital structure transformed from hospitality to being a place for treatment of medical illness, while teaching hospitals included education for student physicians into the patient care environment. As technology has advanced, remote monitoring and virtual wards have become more important over the past few years in terms of patients receiving care at home. Cure institutions have historic roots to ancient India, Greece, and Rome. Military hospitals were some of the earliest hospitals that managed care to its soldiers. Contemporary hospitals face budget pressures, lower patient census, changes in healthcare distribution models (microhospitals, freestanding ERs, etc). The Catholic Church remains one of the largest non-governmental providers of health care facilities and services around the globe.

REVIEW OF LITERATURE

De Souza. (2025) conducted research on, "Household Long-term hospital stays for kids with complicated chronic illnesses: Between losses and adjustments in an unclear future." The objective of this study was to examine the family perspective and emotional consequences of caregivers of children with chronic conditions who remained in intensive care units for long periods. A qualitative, descriptive-exploratory study, anchored in symbolic interactionism, was performed with 10 primary caregivers of children with extensive experience in a Brazilian intensive care unit. Interviews were conducted, either remotely or in person, and subsequently analyzed using thematic content analysis and lexical analysis. Based on the symbolic interactions, we observed that families were required to reposition themselves in the face of a context full of insecurities and permeated by losses. These losses begin with the diagnosis of the chronic condition, and are amplified by extended hospitalization, which itself brings myriad uncertainties about the future and results in a reorganization of life. Over time, some families experience discharge and must adapt to home care; others remain hospitalized and continue to encounter significant consequential experiences; still others lost their child and must reorganize themselves within grief. The study exemplifies the prerogative of reflection around the need to care for families, working to mitigate the impacts they face throughout the prolonged hospitalization and to empower them in caring for the child.

Jordaan J. (2024) conducted research on, "A critical study of the effects of virtual reality on hospitalised patients' psychological health." This study looks at how hospitalised individuals with serious illnesses can benefit psychologically by using virtual reality (VR). The effectiveness and usefulness of VR in improving these individuals' psychosocial functioning are the main topics of the study. Positive psychological benefits, VR adoption and views, factors

affecting VR's efficacy, and VR's diversity and statistical and practical usefulness were all identified in the study. The results indicate that, despite VR's young inception, its application can enhance patients' psychological functioning and, ultimately, their general quality of life. To get a thorough conclusion about the possible advantages of VR, more research is required.

Rose (2024) conducted research on, "Extended Boarding, Racial Discrimination, and Patient Dissatisfaction in Emergency Rooms." An investigation into the effects of prolonged emergency department boarding on hospitalised adults' perceptions of racial prejudice and discontent was carried out in Boston, Massachusetts. Individuals from a range of racial and ethnic backgrounds were included in the study, including marginalised racial and ethnic groups and non-Hispanic White individuals. According to the findings, boarding for 24 hours or more was linked to higher levels of reported prejudice and care dissatisfaction. Additionally, the study discovered a stronger correlation between discrimination and patients from marginalised groups. In order to address health disparities and advance equity-focused solutions, the study emphasises the necessity of addressing ED boarding delays. The results emphasise the necessity of more egalitarian and inclusive ED healthcare procedures.

Jagannathan (2023) conducted research on, "Extended stays in state-funded tertiary care psychiatric facilities for individuals with mental illnesses and unreported public health consequences." According to 43 state-funded tertiary care psychiatric hospitals (TCPHs), 36% of inpatients have a length of stay (LOS) longer than a year, according to the National Strategy for an Inclusive and Community-Based Living (NSCIL) report. The ramifications for public health are concerning. A study was done to find out how long people who were hospitalised for a long time stayed there on average and how many more inpatient admissions could have been provided. The findings revealed that the mean length of stay (LOS) for 4869 individuals in TCPHs was 9.6 years, with notable state-to-state variation. According to the report, more research is required on deferred inpatient treatment and the possibility of providing inpatient care to as many people as necessary by clearing these beds.

Tirupathi S. (2023) conducted research on, "Following their release from a long-term inpatient psychiatric rehabilitation facility, patients with persistent schizophrenia are readmitted to the hospital." This study looks at how schizophrenia patients in an Australian long-stay inpatient psychiatric rehabilitation unit (LPRU) are affected by mental rehospitalisation. Four factors are measured in this study: the average number of mental inpatient admissions, the length of stay between hospitalisations, the LOS Proportion, and the average length of stay for each hospitalisation. The findings indicate that 35 patients did not require rehospitalisation upon release, and that the mean IP decreased by 50%, the LOS Proportion decreased by three times, and the number of days to rehospitalisation increased by 1.8 times. The decrease in the LOS Proportion was substantially impacted by the duration of stay in LPRU. After discharge, the outcome parameters didn't change.

RESEACH GAPS

Studies on long-term psychological impact of being hospitalized on caregivers and family members are limited. Although emotional consequences are examined, research is lacking addressing the extent prolonged hospitalization impacts caregivers' mental well-being in the long-term.

Research on financial implications surrounding prolonged hospitalization is limited.

There is no study that explicitly addresses the economic burden on families and healthcare systems from extended hospitalization.

There is limited research that examines post-discharge outcomes for patients hospitalized long-term. Although some research discusses readmissions for select diagnoses, little research examines the impact of diagnoses on long-term recovery after discharge.

Little understanding exists surrounding the role of VR in long-term psychological support. Several studies discuss the benefits of VR; however, further research is needed regarding the effectiveness of VR interventions sustained over long periods, including the necessities of variations in accessibility for different groups of patients.

Lack of studies addressing race, ER boarding, and mental health. Discrimination and dissatisfaction were mentioned, but more research is needed to understand how prolonged stays in the ER contribute to mental distress among all race groups.

Need for more diverse, cross-cultural comparison studies. Research in this area has largely been circumscribed to certain locations; therefore, we do not have a full sense of how long-term hospitalization is experienced in different healthcare systems or socio-economic groups.

RESEARCH METHODOLOGY

Objectives:

- To Recognizing the emotional challenges that long-term hospitalized patients' caregivers face when assisting and tending to their families.
- To research the psychological experiences and difficulties that long-term hospitalized patients' caregivers encounter.
- To research the financial circumstances that family members of patients who are persistently hospitalized face.
- To Researching the mental health issues that long-term hospitalized patients' caregivers encounter.

Variable:

- Independent Variable: Age, Education, Caste & Religion of Patients.
- Dependent Variable: Diseases

Research Design:

- To monitor how social, mental, and physical issues evolve over time, think about undertaking a longitudinal study. For comparison, include a control group of families who have never had a loved one admitted to the hospital. To guarantee that families' viewpoints are fairly represented, use a participatory research approach and include them as collaborators in the study

Universe:

- The universe for the present research study includes Patients from Parul Sevashram & Ankleshwar Kakaba Hopsital.

Sample:

- The sample of this study comprises of 40 Patients from Parul Sevashram & Ankleshwar Kakaba Hopsital.

Sampling Method:

- This study utilizes probability sampling technique namely simple random sampling to collect primary data from the patients.

Tools of Data Collection:

- Data is collected through Structured Questionnaire.

Data Analysis & Interpretation:

- The data will be analyzed and interpret through

Limitation:

- **Measurement Validity:** The tools used may not fully capture the complexity of caregiving experiences.
- **Lack of Longitudinal Data:** Changes in caregiver experiences over time are not assessed.

RESULTS & DISCUSSION

Lengthy hospitalizations have dramatic effects on caregivers' emotional health. Among participants, 30% displayed anxiety symptoms, while 46% reported irritability—which indicates elevated emotional distress. Loneliness was common, as 32% of participants felt lonely all of the time and 34% felt lonely some of the time. The current study further revealed that 42% of caregivers experienced a great deal of worry for their loved one's future and that 46% had not involvement in decision-making, which added to their distress levels. These emotional hardships indicate the importance of support for the psychological well-being of caregivers in healthcare settings.

The psychological toll is observable, as 64% of the caregivers suffered stress from a family member's illness. Those manifestations even had a physical response with dark circles (40%) and headaches (54%) being noted as stress responses. Depression was indicated in 38% of caregivers, which suggests the mental strain from long-term caregiving increases in this time-period. The coping styles of caregivers varied, with some (24%) using family communication and others (38%) praying. The findings highlight the need for organized emotional and psychological support for caregivers, such as counselling and stress management.

Financial stress was a significant concern, as 46% of caregivers had financial liability. 50% of families had an annual income of ₹30,000 to ₹70,000, which meant a significant burden for medical payments. 46% of families did not have any financial collaboration, which added complexity to the caregiver's role. A clear sign for providing financial assistance programs, flexible payment plans for financially stressed families, and collaboration with NGOs are immediate requirements.

Due to ongoing stress, caregivers also experienced physical health issues. 24% had high blood pressure and blood sugar, 34% had inflammation due to medications, and 26% had skin issues. 44% reported that hospitals did not have adequate follow-up support after they left the hospital, providing continued health issues for the caregiver that were not being addressed by the institution. This highlights the importance of caregiver wellness programs that include medical checkups, nutritional support, and access to appropriate rest facilities.

Moreover, 32% percent of caregivers reported a degree of dissatisfaction with their medical care suggesting areas of healthcare service improvement. Moreover, dissatisfaction with care received also raises additional mental stress and may lower trust in the healthcare system. The identified areas for improvement could be addressed with feedback loops, improved nursing care, and enhanced communication with nursing staff, all of which could benefit caregivers, caregiver experiences, and hospital satisfaction overall.

The study discusses the various challenges which caregivers endure during long periods in a hospital, including emotional distress, financial burden, physical health decline, and dissatisfaction with health care. To mitigate these challenges, hospitals must develop and offer comprehensive support systems, which include psychological counselling, financial assistance programs, wellness programs, and improved patient care. Strengthening caregiver support will improve the mental well-being of caregivers and patient care outcomes.

Conclusion

Long-term hospital stays can have significant negative impacts on patients and their caregivers, causing stress, anxiety, and feelings of loneliness. These emotional challenges can hinder the ability to provide high-quality patient care. To address these issues, hospitals and healthcare systems should incorporate psychological support services like peer support groups and counseling, as well as stress-reduction methods like relaxation therapy and meditation.

Financial difficulties are another concern, with 46% of respondents reporting financial difficulties due to long-term medical care costs and loss of income for caregivers. Healthcare institutions should collaborate with governmental and non-governmental organizations to offer financial assistance programs and provide flexible payment plans.

Physical health decline among caregivers is another pressing issue, with symptoms such as fatigue, headaches, and compromised immune systems. Hospitals should establish caregiver wellness programs that include assigned rest areas, nutritious meals, and frequent health examinations. Social support is also crucial, with strong family support networks helping caregivers manage the psychological and financial strain of extended hospital stays. Open communication between caregivers, medical personnel, and other families can foster a sense of community and shared responsibility.

Concern over medical care also arises, with 32% of caregivers unhappy with the care they received. To improve caregivers' trust in the hospital system, compassionate patient care, prompt interventions, and high-quality healthcare services should be provided. Enhancing hospital amenities and implementing regular feedback systems can make providing care more enjoyable. Involving caregivers in patient care discussions can also help them actively participate in decision-making.

In conclusion, addressing the emotional, psychological, and financial challenges of extended hospital stays is essential for a more efficient and compassionate healthcare system.

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