

Patient's Adaptation Difficulties to the Hospital Environment. Nurse's Part in That Transition

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ABSTRACT: Patient's adaptation difficulties to the hospital environment represents a frequently met condition for the medical practice. That situation of adaptation difficulty is induced by many factors of intrinsic but especially extrinsic nature. Patient's psychic and his/her diagnosis sternness can influence his/her adaptation but the nurse's play based on the caring pattern decisively contribute for that obstacle should be overwhelmed. Nurse's interventions contribute to make that impact of transition get minimal and aim to the patient physical and psychological undamaged frame/condition. The nurse is a recognized member of the medical team; his/her contribution is to cooperate, thereby enabling patient's adaptation to the hospital environment; he/she is expected to provide for the patient's fundamental needs. Could the patient "smile" when he/she leaves the hospital?

KEYWORDS: nurse, transition, adaptation

Adaptation disorders represent some subjective suffering conditions and emotional affections usually interfering with the social performances and function, originating along the period of adaptation from a significant change of life (ex. hospitalisation) or following a stressed event of life (including the presence of the possibility of a severe physical disease). Individual predisposition or weakness play an important part into the appearance or outlining the risk of the adaptation disorder manifestations. They can be different from a patient to another including depression, anxiety, worry or a combination among them, a feeling of helplessness, of planning or continuing the present situation.

The influence of the psychic factor into the appearance and developing the patient's worsening or healing is remarkable. Psychologic shocking intensity is extremely different from one person to another. Every day observation showed that the recovering act wouldn't be achieved without the patient's psychic adaptation and his/her full sharing into the medical intervention. In other words, it is not the events themselves causing troubles to the patient but the way the patient situates himself/herself to those problems.

Patient's reaction to adaptation during his/her hospitalization equally depends on the diagnosis severness but also on his/her own personality. Charging period could increase that difficulty of the patient. In order to facilitate it the nurse should not perform her duty on the patient by prioritizing the technique side.[5,6]

A nurse is not considered as a person able to manage the hospitalizing transition needed by

the patient if the former just takes the vital signes, delivers medication, trains the latter, but she/he was not really preoccupied to take into account the concept of the „person”; if she was not interested by the patient's life experiences and the present experience perception.

On the contrary, that nurse involving time and energy in order to learn, understand and appreciate the patient; that nurse, whose attitude is overwhelmed by caring, succeeds in creating a trustworthy atmosphere, the so called „therapeutic relationship” whose effects have been positive for both the protagonists. Watson (1998) stated about the „caring” that it implied ethics aiming to protect the human dignity and preserve humanity. The nurse acting by following the „caring” pattern considers the patient as an unique and global person made up of a body, soul and spirit. Following the same ideas, the nurse considers that the signs, symptoms and diagnosis of a disease have been in direct relationship to the human development.[1,5]

It is absolutely necessary that a complex caring plan for each patient should be settled, the so-called *nursing plan* based on the information from the patient during anamnesis, from the nurse's current and specific duties and also from the tasks the nurse is given by the doctor referring to each patient. That plan should comprise the current caring of the patient, investigation plan and therapeutic ways, according to their emergency and discharge. Therapeutic plan gives the nurse independence and, at the same time, it is a picture of the patient where his/her problems and difficulties are well revealed and also the interventions and

the measures meant to improve or to counteract them.

That caring plan is then given to the following teams and may be completed or changed any time when it's necessary thus continuing to care the patient. The nursing plan is made for different periods of time such as for some hours to some days, weeks or months when the patient should remain hospitalized for a longer period (ex.: chronic diseases, recovering) and it refers to the period between the moment when the patient is admitted into the hospital and his/her coming back home.[1]

But the content of the plan can be continuously modified: once the patient leaves the diagnosis stage for the treatment, or coalescence ones or, according to the paraclinic exams. Nursing plan should be made according to Virginia Henderson's needs and should always be a factor to support the patient adaptation into the hospital.

Patient's reception in the medical section

It represents the beginning of the therapeutic relationship between the nurse and patient. Separation from family, extraction from the life habits (job, home, friends) all those can induce the patient anxiety, fear, and his/her concern about the disease. The nurse is able to act immediately, from the first moments when the patient is hospitalized. Nurse implying has as an aim to create a trusting atmosphere enabling the patient a positive contact to the new circumstances. She should encourage the patient to talk about his/her own disease, problems, to set free his/her anxiety by communicating to each other. She should offer the patient time and care enough for him/her to bear the transition.

Increasing patient's feeling of being in the nurse's concern leads to achieve a trusting atmosphere and it also enhances the chances of an adequate cooperation between the nurse and patient. Empathy should be involved since the beginning of the therapeutic relationship.

Identification of different persons working in the medical section or would be in contact to the patient

The nurse should know to meet the patient and make him familiar to the medical environment in order to determine him adapting easier. The patient, in his turn, should meet the members of the team in the section (chief assistant, nurse etc.) to which him/her would interact during his hospitalisation. It's for diminishing the feeling of loneliness the patient experiences into the hospital.

Ensuring the environment conditions

A wardroom represents the place where patient develops his/her activity during the hospitalising period. Cleaning the ward and making the air fresh should be done any time when necessary. Patient's bed should be endowed with a comfortable mattress, cleaned and dried bedclothes; it must be of the same size as the patient's. The nurse must ensure the patient's physical and psychological rest. Numerous visitors, louder talks, many phone calls can disturb the patient's sleep and rest. The nurse should keep silence by closing doors, reducing any kind of noise (T.V. and radio) recommending rubber-soled shoes, avoiding louder-voice discussions, door slamming but attentively manipulating the push-carts or instruments cases.

General caring

The patient's right of getting a sure caring must be respected by the nurse; by her professional attributions, the latter owns a very important role in caring patients. Her part consists in the patient's disease character. By individual discussions the nurse practises the patient's education concerning his/her disease, the necessity to respect the drug therapy other nature treatments or the life hygiene (ex.: food diet smoke ceasing, weight decreasing, etc.) according to the situation. The nurse should let the patient know about the risks the latter assumed in case of a non-adherence to the treatment and the life style imposed by his/her pathology.

Patient's cleaning should occur under intimate conditions and maximal hygiene, thus avoiding different complications (tissue lesions, eschars, pruritus) therefore counteracting patient's refuse to keep his/her own cleaning, personal hygiene and excessive shyness. A partial cleaning, by uncovering just the region to be washed, using protection screens and the lack of commentaries on the physical patient's appearance or his/her hygiene contributes to make the transition period easier. [1,6]

Offering information about caring the patient would be about to benefit and his/her present health

The patient has the right of confidentiality on his/her diagnosis and disease but also the right of being informed about the decisions taken. The lack of real information and their correct understanding lead to anxiety. It is essential that the patient get information concerning his/her health, its improvement or complete recovering and the prognostic.

The patient should be prepared for various exams and investigations during his/her hospitalisation and adequate information by the nurse is indispensable. Patient's psychical preparation leads to diminishing his/her anxiety and his/her adequate co-operation enabling the present episode to be enhanced. Psychical preparation suggests the following: patient's information on exam or investigation's aim, approaches, duration, benefits or complications as well. It's necessary that patient's privacy and dignity should be respected all along the period of hospitalisation.

Food diet

Accepting certain, sometimes severe food restrictions for limited or longer period of time, can create problems of adaptation for patients. The nurse in co-operation with the dietician can improve the difficulty, which the patient experiences with a food diet especially in the beginning. Adequate explanations pointing such a diet and the way to present the food, the frequency of meals according to the patient's tolerance lead to the co-operation and consequently his/her adaptation to the new food diet.

Similarly, menu variety during the hospitalisation represents an important factor in patient's adaptation but the menu has to respect the following: meals time, abhorrence to certain foods, how to be prepared, liquids (how much, when, what way) food restrictions imposed by diet, religion and culture, appetite.

Staff politeness and kindness

The medical staff behaviour and their way of communication with the patient influence the outcome of the medical performances. The relationship between the nurse and patient is based on mutual respect and trust. By respecting the patient, the nurse recognises in him/her a human being having his/her own value scale. The patient is a free human being able to decide for himself/herself even if he/she needed help to get assured that his/her decisions were the best under certain circumstances. Also proof is given that he/she is thought to be unique and as a consequence he/she is the only one owning specific potential to decide the way he/she would prefer to act for his/her own disturbed needs should be satisfied.

But he/she needs more than politeness and kindness, namely he/she should be accepted with a real consideration for what he/she is, therefore for his/her own capacities and his/her life experiences. The nurse should use therapeutic communication techniques based on talking and

non-talking. Nurse's way of speaking should comprise an adequate language based on coherence, rhythm, intonation (according to the message signification) and get rid of obstacles in the development of the language (by diminishing visual, sound stimulus). Message clearness and its adaptation to the patient's knowledge universe by using a polite and respectful language represent abilities, which the nurse belonging to the XXI century should add besides the more and more complex professional competencies. The quality of the conversation between the nurse and patient influence not only patient's psychic but also the therapeutic relationship.[1,4]

Patients may rapidly differentiate a helpful, professional medical caring constituting the basis of all the given services. We have to admit that the absence of an adequate relationship between the nurse and patient and the absence of the relational concept between the two partners may change both the medical and nurse's part into a sequence of organisational gestures without any therapeutic signification for many times.

Watching the patient and the time necessary for his/her requirements

Trying to become acquainted to the new life way (the hospital) the patient would constantly ask the nurse many questions regarding everything that happens and concerns his/her person. Therefore, the nurse has to encourage the patient to ask as many questions as he/she needs and, at the same time, the former should answer according to his/her knowledge and professional instruction avoiding patient uncertainty.[2,4]

Patients would benefit of individual care no matter what is the patient doing (he/she eats, rests or is investigated) the nurse should watch him/her continuously. The nurse should answer the patient's requirement in the shortest time, otherwise the latter can feel neglected, making the nurse-patient therapeutic relationship to get out of order.

Organising the patient's holidays

Patient has to be informed when, how and in what conditions would he/she be discharged. Nurse has to train the patient to take care of his/her health gained during hospitalisation by following drug treatment, food diet, time for rest but also to avoid alcohol and tobacco habits and to be concerned of his/her own person. The more resourceful the patient would be in elaborating recommendations, the more efficient those latter.

By learning all those aspects, the nurse would know to meet the patient's adaptation difficulties to hospitalisation and thus, to train the latter concerning the life way, dietetic and drug treatments. The nurse giving help full of *caring* philosophy proves to be the main actor in diminishing the perception of difficulty that the patient feels when hospitalised.

A nursing performance renewing is necessary for the hospitalised patient were watched and cared according to the concept of *person* in order to enabling a good relationship between the nurse and patient, to accompany him/her along the healing experience.

As a conclusion, we have to take into account some criteria for an adequate approaching of the patient in a bio-psycho-social context:

Patient should be considered as a whole, by a holistic approach, which was not limited only to the sick organ.

Patient should be known besides his/her pathologic records, in the context of his/her social relationship, preferences, values and convictions tied to the medical act.

Patient's empathetic approaches with big interest, attention, care and respect.

Establishing a trust relationship between the nurse and patient, by continuous change of information accessible to the patient's comprehension. The latter has to know that the nurse acts in his/her interest and will watch the treatment and his/her caring.

Adapting the treatment according to patient's condition, respecting his/her convictions, values and life circumstances.

Trying to anticipate the answer to the following question: «what you appreciate the most in your nurse? », the patients should answer:

1. The nurse tells me all I want to know about my illness
2. The nurse shows a personal interest in caring me
3. The nurse offers me detailed cares
4. I can understand everything the nurse says
5. The nurse assures me
6. The nurse spends a lot of time next to me

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