Research Article

A Study to Assess the Psychological Distress and Associated Factors of Prolonged Hospitalized Patients, In a Tertiary Care Hospital

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ABSTRACT

Background: This study explores the psychological impact of prolonged hospitalization on patients in a tertiary care hospital in Kanniyakumari district, Tamil Nadu, India. It aims to determine the prevalence and contributing factors of psychological distress, recognizing its importance in improving patient recovery and well-being.

Methods: A cross-sectional design was used with 60 adult inpatients hospitalized for over 7 days at Dr Kumaraswami Health Centre Hospital. Psychological distress was assessed using the Kessler K10 scale. Data on socio-demographics, clinical history, substance use, and psychosocial factors were collected via self-reports and medical records. Statistical analysis identified associations with distress.

Results: Psychological distress was found in 47.5% of patients. Higher distress was associated with being female, married, employed in high-stress jobs, poor social support, longer stays, prior hospitalizations, substance abuse, and comorbidities. Distress was linked to poorer treatment outcomes.

Conclusion: Psychological distress is common among prolonged hospitalized patients and influenced by multiple factors. Integrating mental health services into routine care can enhance both psychological well-being and physical recovery.

Keywords: Psychological Distress, Prolonged Hospitalization, Tertiary Care Hospital, Kessler Psychological Distress Scale, Associated Factors

Valan P A et al.
Trends. Nurs. Adm. Edu. 2025; 14(1)

2

Introduction

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. Psychological distress manifests as a spectrum of mental health abnormalities, including symptoms like anxiety, depression, insomnia, fatigue, irritability, forgetfulness, and difficulty concentrating, as well as somatic complaints such as sleep disturbances, headaches, and backaches. Mental distress is particularly prevalent in hospital settings, where it can significantly impact patients' health status, treatment outcomes, and quality of care. Studies have indicated that a considerable proportion of hospitalized patients experience common mental disorders such as stress, depression, and anxiety, with prevalence rates ranging from 20% to 60%. These findings underscore the importance of addressing mental health issues in hospital settings and implementing appropriate interventions to support the psychological well-being of patients during their hospitalization.[1]

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, Tamilnadu 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 determinants of psychological distress among its diverse patient base.

Need of the Study

In order to better focus individualised patient-centered treatment and enable healthcare practitioners to give special consideration to those patient groups admitted to the hospital, it is vital to analyse 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 support patients during their hospitalization and facilitate their recovery process.[2]

Furthermore, the need for this study is underscored by the scarcity of research explicitly examining psychological distress among hospitalized patients in selected setting in Kanniyakumari district. Whilestudies on mental health in India exist, they often focus on community-based populationsor specific clinical conditions, overlooking the unique challenges faced by hospitalized patients. Given the cultural, socioeconomic, and healthcare infrastructure factors that distinguish Kanniyakumari from other regions, it is crucial to investigate psychological distress within the context of a tertiary care hospital in this setting.[3]

Statement of Problem

A study to assess the psychological distress and associated factors of prolonged hospitalised patients, in a tertiary care hospital.

Research question

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

Objectives

- To assess the prevalence of psychological distress among prolonged hospitalised adult inpatients in a tertiary care hospital in selected hospitals at Kanniyakumari district.
- To explore the factors associated with psychological distress among prolonged hospitalised adult inpatients in the same hospital setting.

Methods and data collection

This present study was conducted at ICU & WARDS Department Dr Kumaraswami Health Centre Hospital, Kanniyakumari district. The descriptive cross-sectional research design was adopted to conduct the study.[4] 60 patients were selected by using convenience sampling technique, which 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 process ensured 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

3

Valan P A et al.
Trends. Nurs. Adm. Edu. 2025; 14(1)

participants. This might have involved de-identifying data, using coding systems, and implementing secure data storage and handling procedures. The datacollection tools, including questionnaires, surveys, or other instruments, were administered to 60 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.[5]

Major findings and discussion

The demographic status of the study population based on Age the prevalence of hospitalisation 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 70% of the hospitalised 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, 60 % had completed school, 30% weregraduates, and 10 % were illiterate. As with Socioeconomic Status: 90% of the patients belonged to families below the povertyline (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. Table.1, Figure 1.

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 ICU & cardio ICU (2/3, 66.7%) followed by MICU (3/2, 60%).

Table 1.Frequency percentage distribution of psychological distress

N=60

Kessler Score Range	Category	f	%
10-19	Likely to be well	33	55%
20-24	Likely to have a mild mental disorder	10	16.67%
25-29	Likely to have a moderate mental disorder	13	21.67%
30-50	Likely to have a severe mental disorder	4	6.67%

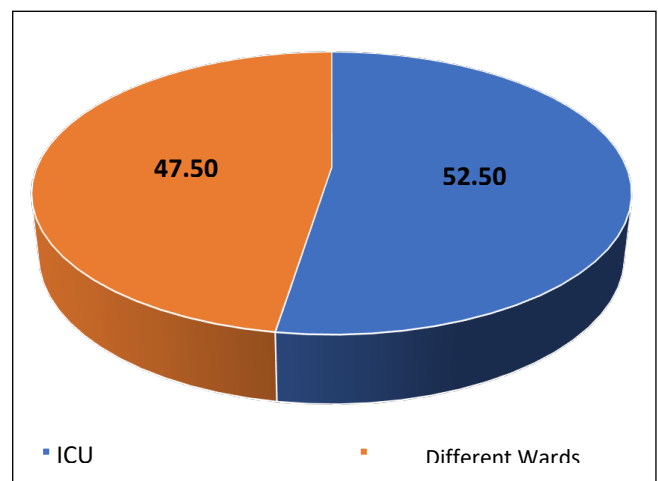Note: kessler score range ≥20 indicates psychological distress yes

Figure 1.Frequency percentage distribution psychological distress in different wards & ICU

Note: This figure 1 demonstrate Frequency percentage distribution psychological distress in different wards & ICU
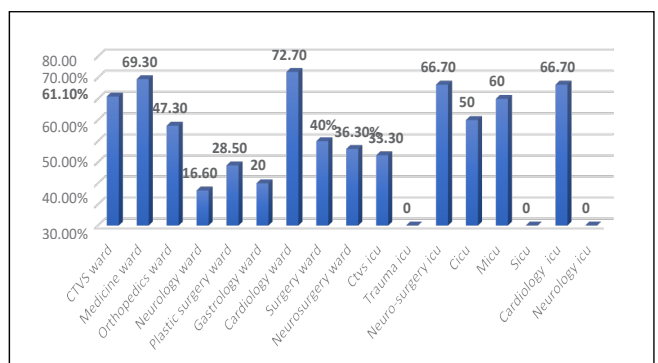

Figure 2.Prevalence of psychological distress in different wards & ICU

Note: Above figure shows psychological stress among patients in different wards of the Hospital

Valan P A et al.
Trends. Nurs. Adm. Edu. 2025; 14(1)

4

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.[6]

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.[7-8]

Nursing research

- More & more research should be conducted in nursing to find out how long-term hospital 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.

Conflict of Interest: None

Source of Finding: None

Declaration of Generative AI and AI-Assisted

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