

# Home Away from Home

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*There is pathos in human sufferings. It draws one to god right away.  
We find patients anxious, angry, bitter and hostile, depressed and tearful.  
God works within their broken hearts and bodies through tender,  
loving care of compassionate nurses. The whole beautiful creation is god  
gift to us and we, a gift to one another. Let us give ray of hope, courage and  
strength to those in our care. Let us help and give meaning to their life  
by giving meaning to the concern for their sufferings*

- Nursing Journal of India

## Introduction

In the busy world of health care it is often easy to forget that the patient is a person who lives, works, loves and has fun. Things are done to and for the patient. The patient is told what to eat and when to eat, to bathe, have visitors, sit on a chair, walk and use the bathroom. The fact that the patient had once been carrying out these activities without help is easily forgotten. No wonder patients often complain that the doctor, nurse and nursing assistants and other health care workers treat them as things rather than as people.

Too often the patient is viewed and referred to as a physical disease or problem, such as “The Retina case in 205” rather than “Mr. Rama Krishnan in 205”. Most patients receive care for physical problems. However, to effectively care for patients, one must be aware of the whole person. The whole person consists of physical, social, psychological and spiritual parts. The parts are woven together and cannot be separated. Each part relates to and depends on the other. To consider only the physical part is to ignore the patient’s ability to think, make decisions and interact with others. It also ignores the fact that the patient is a living person with experiences, joys, sorrows and needs.

## Physical aspect

The physical needs are the most important for survival and they must be met first. It is important for a patient

in an eye hospital too, since eye is an invaluable sensory organ that is responsible for gathering visual stimuli to assist individual in communicating with the world around them.

In an ophthalmic field the nurse uses observational skills and performs various examinations of the visual system to aid the ophthalmologist with the diagnosis. While doing so it is necessary that the nurse use proper techniques so as to ensure accurate results and prevent injury. She should also be keen to the clues of compensatory stances which the patient may use in an effort to see clearly.

For eg: A patient who has double vision may cock his head to the side in an attempt to focus images into one.

Also the nurse needs to understand the relationship of the eye to the body when caring for a patient with ophthalmic disorder. Many a times we forget to realise that he has other physiological needs besides ophthalmic disorders. For eg. food, rest and comfort or any other physiological problems that has to be met with. The patient would have come from a long distance and might not have had anything to eat. He can survive longer without food or water but will begin to feel weak and ill within a few hours. Similarly without enough rest and sleep an individual becomes exhausted. So the role of a nurse does not end with just administering eye drops or tying a bandage, but also requires looking into each minor aspect of his physical needs and help him in meeting them which would enhance a patient to develop trust.

## Psychological aspect

Once the physiological needs have been met man's desire for homeostasis is directed to the more complicated needs of love, security, self- esteem and self-integration.(Fig. 1)

When patients come to a hospital they are anxious about the unknown situation that they find themselves in and about the possible future consequences of their illness. They are often overwhelmed by the number of diagnostic and treatment techniques. They are distressed by the confinement and isolation from family and everyday surroundings. Finally they feel threatened by their dependency on others. Some of these states of the mind are expressed in the following lines:

1. A patient might think: The nurse has instilled eye drops and has made me sit in the room with eyes closed. She did promise to take me to the doctor in another half an hour, but yet I find myself sitting here for more than an hour and I feel as if I am lost. (Sense of helplessness)
2. Patient denies the gradual loss of eyesight until the loss significantly affects activities such as reading, cooking, walking or driving. (Fear of losing sight)
3. A glaucoma patient who perceives a threat to vision such as a sudden loss of sight may speak rapidly and repeatedly ask for the same information. (Anxious)

So the nurse must be sensitive not only to the verbal expressions of his psychological state but also to the

nonverbal expression such as posture, silence, gestures, facial expressions, inattentiveness, sleeplessness, etc and she must understand and accept the patients perception towards his illness and acknowledge the same.

## Social aspect

As the socio-cultural composition of the population changes, it becomes increasingly important to address according to the socio- cultural considerations in the delivery of health care. Patients from diverse socio- cultural groups bring to the health care setting different kinds of health care beliefs, values and practices. These factors significantly affect the way the individual will respond to health care problems or illness, to those who provide care and to the care itself. Unless these factors are understood and respected by the health care providers, the care provided may be ineffective and the outcomes may be negatively affected.

The common social factors would include the mode of dressing, religion, language, values, rules, economic status, dietary practices, norms for behaviour etc. For eg:

1. Providing special foods that have significance to them.
2. Communicating in their own language
3. Respecting their beliefs and value system
4. Introducing other patients of the same geographical area.

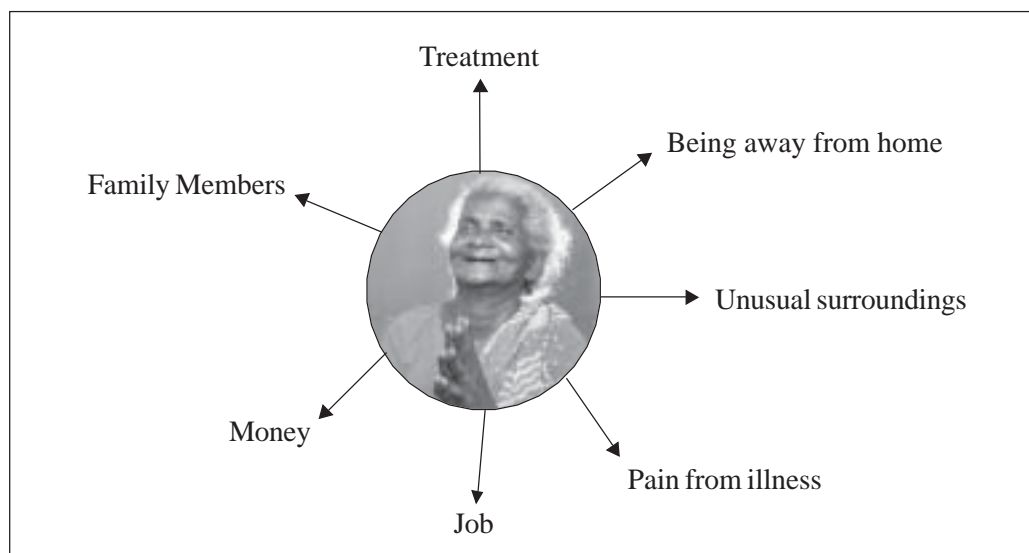


Fig 1: Psychological aspects

All these may provide opportunities for the patient to maintain a feeling of comfort at a time when he may feel isolated from family and community.

Understanding of beliefs and value systems are very important in guiding the individuals thinking, decisions and actions. It provides direction for interpreting and responding to illness and to health care.

### Spiritual aspect

Spirituality stands beyond the realm of sensory perception. Usually the spiritual gets expressed through the physical and the physical often gets conditioned by the spiritual. Spiritual needs often become particularly apparent during the time of illness. In the hospital it is usually the nurse who recognises the patient's need for spiritual guidance and it is her responsibility to make available to the patient, the sources of spiritual help. For eg:

1. A Hindu patient might want to visit the Meenakshi Amman temple
2. A Muslim patient may need privacy to worship five times a day
3. A Christian patient may need privacy to read Bible and pray

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4. Some parents might feel guilty when their child develops Retinoblastoma due to consanguineous marriage.

To meet with the spiritual needs effectively, the nurse must take time to listen to the patient and to ascertain his emotional state. She can help the patient by responding in a way that would help him understand his problem more clearly. Usually a patient is not looking for the answer from the nurse but looking for acceptance and help.

### Conclusion

If people had a choice between staying healthy or becoming ill certainly choose health. Unfortunately, people do become ill and injured. Besides physical problems caused by illness the sick person experiences some psychological and social effects. Many feel frustrated and angry when they are unable to perform their normal activities. These feelings may become even greater if others must perform the routine functions for the patient. A Holistic approach will be successful if we think, how we might feel and react if we had that illness and problems. This would thus enable us to serve better.

*Dare to care and make the patient  
feel at home*