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Psychological Differences Between Healthy Persons and Ambulatory Patients

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Abstract: This study was designed primarily to examine the psychological differences between healthy persons and ambulatory. This study comprises 4 hypotheses differently tested. The hypotheses are: that the degree of anxiety in healthy persons is significantly different from ambulatory patients, that the degree of emotional stability in healthy persons is lower compared to ambulatory patients, that the level of depression in healthy persons is lower compared to ambulatory patients, that the level of stress in healthy persons is significantly lower compared to ambulatory patients. For the testing of the 4 variables, the independent t-test was used which showed significant differences between healthy persons on Anxiety, Emotional instability, Depression and stress. A sample size of 100 subjects was used. The sample size was divided into 2 groups 50 from outside the hospital setting with a subdivision into equal numbers of 25 males and females. Age range was between 18 years and 60 years (with a mean of 31.87). Findings were discussed in relation to existing literature on the importance of recognizing the effect of being a patient undergoing hospitalization due to illness. Those findings revealed the need to re-assess some of the existing research in human behaviour in illness. The training and nurturing of both health and medical practitioners with the thorough understanding of human behaviour in illness was suggested.

Key words: Psychological differences, healthy person, ambulatory patients, Nigeria

INTRODUCTION

Methods of technological skills, efficiency and productivity have developed greatly. It has, however, extended from commerce and industry to those professions which deal more directly with human beings and their welfare-medicine, dentistry, nursing, physiotherapy and even clinical psychology. These professions are so busy doing things for the welfare of people that they tend to forget that they are human beings soft organic creatures that have needs, are often erratic or unpredictable that can both suffer and lose their direction in life.

Majorly, the health care delivery system in general and in Nigeria in particular is facing a major set back due to the inability of the health team-Doctors, Dentists, Physiotherapists and even nurses to possess good understanding of human behaviour in illness. Quite apart from the actual symptoms and discomforts of physical illness, being sick has very profound psychological effects. The basic function of the hospital remains the same, it must provide the community with full medical care and both curative and preventive and this include health education, out-patient services and ambulatory treatment.

To emphasize psychological symptoms is one problem the present study is aimed at tackling.

According to Antonousky (1979), the pathogen approach divides the world into the healthy and the sick. In this study however, sick or ill persons were only limited to those persons on admission in hospitals.

A threat to one's health as in illness would elicit some kind of response from the individual for example, cancer, a serious illness had been found to be associated with psychological attributes like depression, anxiety and anger (Freidenberg *et al*., 1980). Diabetic patients have also been found to have guilt feelings, probably concerning an exaggerated sense of responsibility for the disease onset of course.

There have been findings suggesting that good psychological adjustment is associated with many factors among which are lower levels of perceived daily stress regarding sickle cell disease, illness tasks and less use of negative thinking (Gil *et al*., 1995). The subjects were 10 African American adults with sickle cell disease. The results showed that the underlying stress and coping conceptual model accounted for 44-50% of the variance in psychological adjustment. Emphasis in this study was on psychological adjustment of SCD adults and it proved that good adjustment is affected largely by stress, perception of stress and negative thoughts and thinking.

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Parsons (1975) in a study of hospitalized patients found that hospitalized patients, who had been diagnosed as having some chronic debilitating illness were both more depressed and anxious than a control group of non-hospitalized individuals.

Adjustment to new setting of a hospital is said to be made more difficult by the vulnerability of patients and the norms of the sick role as Mechanic (1978), found out in his study on sources of stress among in-patients. The assumption is that whereas healthy people are able to attenuate the impact of their environment by leaving or changing them, sick people must accept the hospital environment as it is. It was noted that hospitalized individuals neither had control nor the ability to alter unpleasant or dissatisfactory settings. This study reveals the stress that accompanies hospitalization which is one of the psychological conditions under study. This tends to be in line with Lazarus and Launier definition of stress in which the individual believes that the situation strains or overwhelms his or her resources and tasking his or her well being.

MATERIALS AND METHODS

The subjects for this study were selected from 2 sectors of the society in Ekiti State. These subjects were randomly selected from:

- State Specialist Hospital, Ado-Ekiti, Ekiti State. Subjects were selected from 5 different wards. The wards include, the female medical, male medical, female surgical, male surgical and the maternity ward.
- Healthy adults outside the hospitals settings such as newspaper houses, banks, government Parastatals e.t.c.

On the whole, one hundred subjects were randomly drawn. The number was divided into 2 groups made up of 50 subjects per group. Thus fifty subjects were examined from each sector. That is 50 from the ambulatory patients, 50 from outside the hospital setting. Each of the 2 groups was subdivided into equal numbers of 25 males and females. Each subject was within the age range of 18-60 years.

Instruments:

- The Mental Health Inventory (MHI) developed by Viet and Ware (1983) with items were used to measure subjects responses on the level of anxiety, depression and emotional instability.
- Psycho-Socio Stress Inventory (PSI) which was designed to measure the level of stress among adults in the Nigerian population.

Description of the instruments: Each instrument has peculiar variable that measures with its peculiar items and rating scale as follows.

Level of anxiety was measured using the anxiety subscale of the Mental Health Inventory (MHI) developed by Viet and Ware (1983). The subscale comprises of 9 items, which can be used to obtain information about an individual's level of anxiety.

The higher the score obtained, the higher the level of anxiety.

Depression was measured using the depression subscale of the (MHI). The subscale consists of 4 items out of the original 38 item scale. Responses were also based on a 5 or 6 point responses scale which can be scored at the general higher order level the highest possible score was 6 while least score possible was 1 with the score of 5, 4, 3 and 2 indicating intermediate positions. The lower the score assessed, the higher the level of depression.

Using the emotional instability subscale of Mental Health Inventory (MHI) emotional instability was measured. The sub-scale comprises 9 items. Likewise, scores of a subject on emotionalities which consists of just 3 items (positive effect) was also included. Responses were anchored on a 5 or 6 point responses scale. The lower the score assessed the higher the level of emotional instability.

The MHI is divided into 2 broad subscores on low-higher order dimensions labeled as Psychological Distress (PD) and Psychological Well-Being (PWB). Five other level scores can also be obtained from this instrument scores for PD and PWB which were used separately as units of analysis. An internal consistency measure of 0.92 for PWB and 0.94 for PD, while 1 year stability coefficient of 0.63 and 0.62 was reported respectively by Viet and Ware (1983).

Psycho-Socio Stress Inventory (PSI) was designed to measure the level of stress among adults in the Nigerian population. The instrument consists of 70 items. However, for the purpose of this study the items were limited to just 56 items, which were found to be relevant only to adults. Response categories ranges from "extremely threatening" to "Not threatening is scored "0". On the whole, "56" items emerged and were used. A content validity was done through the Content Validity Ratio (CVR) for the purpose of instrument analysis.

Procedure: To serve the purpose of this study, one hundred copies of the instrument were distributed and administered personally in the various places the subjects of both sexes were drawn from.

At the State Specialists Hospital, assistance was given by Nurses and Doctors on duty at any given time of administration which helped remove any hostility from the patients. The researchers helped in reading out the instructions and how to respond to the items to the patients and assurance was given that the instruments has no adverse effects and that any information given would be treated confidentially. The instruments were administered after breakfast.

Healthy adults on the other hand were individually approached and employed to answer the questions sincerely after explanation was given about the purpose of the study.

Each of the sub-scales was considered as an independent variable and the independent t-test was adopted to analyse the data.

RESULTS

Table 1 shows that there is significant difference in the anxiety score of the ambulatory patients and healthy persons ($t(98) = 5.85$, $p<0.05$). The result supports the hypothesis that ambulatory patients would show an higher level of anxiety than the healthy persons.

Table 2 shows that there is a significant difference in the score of the ambulatory patients and healthy person ($t(98) = 2.39$, $p<0.05$). The result also supports the hypothesis that ambulatory patients show an higher level of emotional instability than ambulatory patients.

Support was obtained for the hypothesis, which states that, the level of depression in healthy persons is significantly lower compared to ambulatory patients. Table 3 shows that there is a significant difference in the score of the ambulatory patients and healthy persons ($t(98) = 7.07$, $p<0.05$).

Table 1: T-test summary table showing the difference between healthy persons and ambulatory patients on the level of anxiety

Group	N	Mean (x)	df	t	p
Ambulatory patients		32.36			
Healthy persons	100	42.58	98	5.85	<0.05

Table 2: T-test summary table showing the difference between healthy persons and ambulatory patients on the level of emotional instability

Group	N	Mean (x)	df	t	p
Ambulatory patients		36.38			
Healthy persons	100	43.28	98	2.39	<0.05

Table 3: T-test summary table showing the difference between healthy persons and ambulatory patients level of depression

Group	N	Mean (x)	df	t	p
Ambulatory patients		10.78			
Healthy persons	100	17.26	98	7.075	<0.05

Table 4: T-test summary table showing the difference between healthy persons and ambulatory patients on the level of stress

Group	N	Mean (X)	df	t	p
Ambulatory patients		15.58			
Healthy persons	100	29.02	98	5.268	<0.05

Table 4 shows that there is also a significant difference between the scores of the ambulatory patients and healthy persons ($t(98) = 5.26$, $p<0.05$). Hence support was obtained for the hypothesis, which states that the level of stress in healthy persons is significantly lower compared to ambulatory patients.

DISCUSSION

Results from the present research reveal that there are significant differences between healthy persons and ambulatory patients on the level of anxiety, emotional instability, depression and stress. The difference observed in Table 1 shows that ambulatory patients naturally react to illness with an high level of anxiety.

Ambulatory patients as compared to healthy persons react to their environment showing high level of alteration in mood swings. It suggests that a stable behaviour can often be affected immediately by such things as distraction or when brought into a strange environment like the hospital setting due to illness. Pilowsky (1978) in his theory of Abnormal Illness Behaviour (AIB), developed a classification system of abnormal Illness Behaviour of which "illness Denying" syndrome is part of patients displaying an illness denying type of syndrome either minimize or begate the existence of an illness.

Also, support was given to the fact that as compared to healthy individuals, ambulatory patients go through a feeling of loss and hopelessness. This is in line with findings of Belgrave and Malock (1991) that demonstrated a significant relationship between emergency treatment and hospital admissions with depression.

CONCLUSION

Stress is a well known psychological problem which could occur as a result of many environmental factors such as heat, pain e.t.c. or as a result of life occurrences such as serious physical illness.

The importance of the findings can be generalized not only to the Nigerian and African population but the world over. Attempts to minimize the discomfort of being an ambulatory patient should be welcomed not only by the patients and their families but also especially by professionals who offer their assistance to these patients.

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