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Characteristics of Patients Who Experience Fear During Hospitalization

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Abstract

Purpose/Background

The purpose of this study is to describe individuals likely to experience fear, apprehension, or anxiety during hospitalization. Supporting literature has much to say about intervening once these feelings occur, but little on the description or characteristics of patients exhibiting these feelings during hospitalization. The intent of this exploration is to allow nurses to identify these patients sooner and prevent unnecessary stress and delays in care.

Theoretical Framework

When a patient experiences fear, they respond through the stress response cycle commonly observed as delays in wound healing and immunosuppression when feelings are prolonged. Identifying individuals likely to experience fear can prevent these negative consequences as well as allow for positive outcomes from hospitalization.

Methods

The parent study was a quantitative analysis of patient perceptions and satisfaction of the nursing bedside handoff. A questionnaire was utilized to measure various factors including the presence of fear. Secondary analysis was completed to explore the characteristics of patients who reported fear, apprehension, or anxiety. The data was evaluated for significant relationships between reported fear and patient demographics through descriptive statistical analysis.

Results

The findings have shown that Caucasian individuals over the age of 60 are significantly less likely to experience fear, apprehension, or anxiety during

hospitalization No other demographic data was found to have a significant relationship to the experience of fear, apprehension, or anxiety during hospitalization.

Conclusion

Additional literature paired with these findings point to generational values and characteristics as contributing factors. Supporting literature also demonstrates that patient's perception of safety may play a role in lessening these feelings.

Characteristics of Patients who Experience Fear During Hospitalization

The experiences of fear, apprehension, and anxiety are some of humanity's most basic emotions (Halter, 2014). Depending on the situation and stimulating factors, any individual can experience these feelings in varying capacities. According to the North American Nursing Diagnosis Association (NANDA), fear is defined as "the response to a perceived threat that is consciously recognized as a danger," and anxiety is defined as "a feeling of apprehension caused by anticipated danger accompanied by the autonomic response whose source is often unknown to the individual," (Wiley, 2014, pg. 323 and 336). Additionally Taber's Cyclopedic Medical Dictionary (2009) defines apprehension as, "awareness of the meaning and significance of a particular sensory stimulus as modified by one's own experiences, knowledge, thoughts, and emotions." On a physiological level, these responses to perceived danger similarly affect patients.

The body reacts to these feelings through activation of the stress response cycle (Lewis, Dirksen, Heitkemper, & Bucher, 2014). When activation of this response is prolonged, suppression of the immune system can result and lead to a worsened health status (Selye, 1950). However when a patient experiences lower intensities of these feelings, the body is less inhibited and in some cases, is supported by the stress response and able to heal more effectively (Salleh, 2008; Selye, 1950). Much research has been done to develop interventions that alleviate these feelings of fear, apprehension, and anxiety. Even though these interventions have shown to be effective, gaining the knowledge of who is more likely to experience fear, apprehension, or anxiety during hospitalization may be beneficial. If nurses can identify susceptible patients sooner, proper interventions can be initiated earlier, and may enable the alleviation of the elicited

stress response. This early identification may increase quality of care delivered by fending off the negative effects of a prolonged stress response as well as guiding the patient toward quicker recovery than otherwise expected. The aim of this study is to explore the factors predisposing individuals to experiencing fear, apprehension or anxiety during their hospitalization.

Literature Review

One way nurses can effectively prevent patients from experiencing feelings of fear, apprehension, and anxiety during hospitalization is to enhance their perception of safety. When patients do not feel safe during their hospitalization they are more likely to experience fear, apprehension, and anxiety because their compromised condition can be seen as a danger. Factors shown to inhibit a patient from feeling safe during hospitalization include discrepancies in nursing care and communication, patient's perceived loss of control, unmet psychosocial needs, and lack of a good support system (Wassenaar, Schouten, & Schoonhoven, 2014). As nurses work to lessen factors inhibiting patients' perception of safety, they will begin to enable patients to feel less fearful, apprehensive, or anxious during hospitalization (Wassenaar et al., 2014).

In a subsequent study, patients who underwent colonoscopy were more likely to be anxious and fearful about the procedure if they had never had one before or were unaware of what the procedure would involve (Rollbusch, Mikocka-Walus, & Andrews, 2014). This too demonstrates that a deficit in patient knowledge (and potentially a deficit in communication between the care team and the patient) may augment a patient's experience of fear, apprehension, and anxiety during hospitalization.

When the psychosocial needs of patients in an intensive care unit were evaluated,

it was observed that these needs were met when the participants felt safe (Hupcey, 2000). Specifically, the study ascertained that patients' perception of safety hinged on their ability to regain control, understand their care, establish trusting relationships between themselves and the staff, and maintain hope throughout hospitalization. It was observed that when patients felt a loss of control during periods of confusion or when their needs for information and understanding their treatment were unmet, they not only felt unsafe, but some began to refuse treatment and fight with staff. These behaviors were identified not only as feelings of fear, apprehension, and anxiety which could lead to physiologic delays in healing through activation of the body's stress response, but also as potential situations that could lead to delays in evidence based hospital therapy.

Others have explored why patients suffering from end-stage diseases would withhold information of a worsening condition or choose to delay seeking medical care in these circumstances. Findings suggested that patients perform these types of behaviors because of their overwhelming desire not to return to the hospital and the underpinning fear of getting worse (Lowey, Norton, Quinn, & Quill, 2014). These patients explained that during their previous hospitalizations they had experienced many losses including the loss of control over their health, independence, and functional ability. Further, they rationalized that by exercising control over when they reported their symptoms or sought medical care they could regain some of that previously lost control, even if it meant a worsened health outcome. Just as in the previous studies discussed, here too, the patients who experienced fear, apprehension, and anxiety were hindered in the healing process in a multitude of dimensions. These patients may be hastening their own demise as a result of their fear of getting worse. Lowey, Norton, Quinn, and Quill, (2014) bring to light just

how important it is for nurses and other health care providers to identify patients at risk for experiencing fear, apprehension, and anxiety during hospitalization. When the health care team can establish a patient's perception of safety, many detrimental consequences can be avoided.

When patients determine that they are well taken care of and that their needs are met, they not only are more likely to feel safe, but they are also more likely to divulge feelings of fear, apprehension, or anxiety (Lasiter, 2011). Participants in a study regarding perceptions of safety acknowledged that if their call light went unanswered they would feel very unsafe. Additionally it was observed that when the nurses were within a safe proximity, took initiative, and demonstrated generous oversight in their care, participants were more likely to identify their specific fears. Here too the patient's trust in the care team was key to reducing fear, apprehension, and anxiety during hospitalization.

The current literature supports the need for patients to feel safe within a healthcare setting to promote effective healing. The literature also brings to light how patient expectations influence the perception of safety as well as the consequences both physiologically and psychosocially when these needs are not met. However there is much to be learned about what factors specifically influence a patient's experience of fear, apprehension, and anxiety during hospitalization. If it is known that patient perception of control, good communication between the patient and medical staff, and understanding of the situation can deter feelings of fear, what sorts of factors influence a patient to experience these feelings in the first place? There is little known about how an individual's demographics such as education, age, gender, ethnicity, or other factors

influence the experience of fear, apprehension, and anxiety during hospitalization. The purpose of this secondary analysis is to explore what some of these factors may be as well as to better equip nurses to identify patients at higher risk of experiencing fear, apprehension, and anxiety while hospitalized.

Methods

Design

This study involved secondary analysis of data collected from two quantitative studies performed in 2011-2013 and 2014 (Ford, Heyman, & Chapman). These original studies utilized a descriptive correlational design to explore patients' perceptions of the nursing bedside handoff through the use of surveys. Eligible participants completed an informed consent that met the hospital and Institutional Review Board (IRB) requirements prior to being asked a wide variety of questions including whether they experienced fear, apprehension or anxiety and how the nursing bedside handoff affected those experiences. Other portions of this survey also sought to determine how the nursing bedside report affected the participants' perception of their own safety, trust in the medical staff, and their level of participation in care planning. To maintain confidentiality, no individual identifiers were retained during this process.

Participants

The targeted population was adult medical/surgical patients who had participated in the bedside handoff procedure during their stay at the hospital. A convenience sample was collected from various inpatient units at one hospital. Prior to approaching the patient the researchers consulted with the patient's nurse to determine if they met the inclusion criteria. These included

- Over the age of 18 years;
- Fluent in spoken and written English;
- Inpatient on the unit for at least three handoffs;
- No diagnosis of dementia or confusion;
- Met the hospital's criteria for giving informed consent; and
- Entire hospital stay had been on the study unit

Patients were not approached if they met any of the exclusion criteria. These included

- Under the age of 18 years;
- Unable to speak and/or read English without the help of a interpreter;
- Present of the unit for fewer than three bedside reports;
- Diagnosed with dementia or confusion;
- Transferred onto the unit of study from another unit during their current stay
- Did not meet the hospital's criteria for giving informed consent;
- Hospital employees, health professionals;
- Isolation precautions

Measures

In the primary studies a survey was designed to collect demographic information including participants' age, gender, education level, ethnicity, frequency and perception of bedside handoff experiences and perceptions of the fear during hospitalization. The development of this survey used recommendations and themes from the Institute of Medicine (IOM), Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), and the United States Department of Health and Human Services (DHHS).

Additionally a Likert scale and an open-ended optional comment box were included to allow for both quantitative and qualitative measurements (Ford, et al., 2014).

Analysis

The data was analyzed using SPSS version 21. This application was used to calculate frequencies and means of the demographic responses as well as carry out Chi square tests for independence between these demographic responses and presence of fear, apprehension, and anxiety of the participants during their hospitalization.

Results

Demographics

There were 207 participants in the initial studies used in this secondary analysis. As shown in Table 1 there was an even distribution between genders for this sample. The overwhelming majority of the sample identified themselves as Caucasian/White (~83%) with the largest minority group being Black/African Americans making up about 10% of the sample. The majority of the sample identified as being over the age of sixty (about 66%) with the largest percentage of participants being between the ages of 60 and 69 years old. Additionally about three quarters of the sample had not achieved education beyond some college experience with the largest percentage (35.6%) holding at most a high school diploma or equivalent. About two thirds of the sample indicated that they did not experience feelings of fear, apprehension, or anxiety during their hospitalization, leaving about one third of the sample who did.

Table 1:

Demographic Characteristics of Sample

Demographic	(n)	Percentage (%)
Gender		
Male	103	49.8
Female	104	50.2
Race		
American Indian or Alaskan Native	8	3.9
Black or African American	20	9.7
Caucasian or White	171	82.6
From Multiple Races	7	3.4
<i>Unspecified</i>	<i>1</i>	<i>0.5</i>
Age		
18-20	1	.5
21-29	6	2.9
30-39	8	3.9
40-49	22	10.6
50-59	34	16.4
60-69	59	28.5
70-79	42	20.3
80-89	30	14.5
90 and older	5	2.4
Education		
Less than High School	29	14.0
High School Diploma or Equivalent	74	35.7
Some College but no Degree	55	26.6
Associate Degree	17	8.2
Bachelor	17	8.2
Graduate	14	6.8
<i>Unspecified</i>	<i>1</i>	<i>0.5</i>
Fears Present		
Yes	66	31.9
No	137	66.2
<i>Not Specified</i>	<i>4</i>	<i>1.9</i>

Statistical Analysis

When comparing the distribution of each demographic response with the presence of fear, only one statistically significant relationship was found (Appendix A).

Participants who identified as Caucasian/White and were 60 years of age and above

experienced significantly less fear, apprehension, and anxiety during hospitalization ($\chi^2=3.877$, $df=1$, $p=0.049$). All other ethnicities of the same age ranges reported fear in similar proportions to white/Caucasian participants age 59 and below.

Discussion

Statistical analysis of the data suggests that instead of a demographic linking to individual to a more frequent experience of fear, apprehension, or anxiety during hospitalization, the opposite was observed. Further review of current literature was performed in an attempt to shed light on the association between the observed fearlessness of the older White/Caucasian individuals in this sample compared to their counterparts. Generational cohort characteristics offered a valid point of view on this association.

A generational cohort is a group of individuals who are born during the same time period and journey through life together (Berkowitz and Schewe, 2011). These groups are highly influenced by external events that took place during their “coming of age” – generally between the ages of 17 and 23 years. These events assist in shaping each generational cohort’s preferences, attitudes, and desires. Characteristics exhibited by each cohort represented in the sample are listed in Table 2.

Table 2:

Characteristics of generational cohorts

Generational Cohort	Common Characteristics
The Great Depression	Determination Attitude of “ <i>I can survive anything</i> ”
World War II	Familiar sense of delayed gratification Respect for authority/ “March to an order”
Postwar	Value face-to-face interaction Loyalty/ respect for authority/conformity Productivity
Baby Boomer Leading Edge	Questioning the Status Quo Strong belief over living a healthy life and valuing their youth Individualistic/self-respecting
Baby Boomer Trailing Edge	Distrust for authority Suspicious of large institutions
Generation X	Skeptical about the future Focused on the pursuit of their own personal quality of life Exceedingly independent
Gen Y/Millennials	Value excitement, fun, and enjoyment Team players, favor collaboration

Note. Common characteristics for each generational cohort was summarized from Berkowitz and Schewe (2011)

The generational cohorts that are represented in the sample of individuals who experience fear statistically less often (White/Caucasian individuals 60 years old and above) include the Great Depression cohort, World War II cohort, Postwar cohort, and a small portion of the Baby Boomer Leading Edge cohort. As shown in Table 2, these older generational cohorts possessed characteristics such as respect for authority, value of productivity, loyalty, and optimism, as well as being familiar with the concept of delayed gratification. Researchers Berkowitz and Schewe (2011) argue that these characteristics were shaped by external events including the Great Depression, World War II, Postwar struggle and the development of the American Dream.

The younger generational cohorts exhibited the following characteristics: questioning of the status quo, distrust of authority and large institutions, and holding high value of individualism, youth, and independence. The historical events taking place during these younger generational cohorts coming of age time included: the Civil Rights Movement, Vietnam War, Energy Crisis, latchkey kids phenomenon, 2008 financial crisis, and the Information Age (Berkowitz and Schewe, 2011).

It may be argued that the characteristics exhibited by each set of generational cohort groupings contribute to the observed frequency of reported fear during hospitalization. With defining characteristics like those of the older generational cohort grouping, the ability to trust caregivers and be involved and satisfied with care may be increased. This increase in trust and satisfaction may allow these older individuals to feel safe more often and therefore experience less fear. Additionally with defining characteristics like those of the younger generational cohort grouping the likelihood for them to be dissatisfied with the routine plan of care, distrust the providers, and constantly question the quality of care provided may be increased as well. As indicated in current research, when this younger grouping exhibits behaviors of distrust, dissatisfaction, and loss of control their capability feel safe is lessened and may therefore lead them to experience more fear during hospitalization.

As healthcare providers work with more and more individuals from these younger generational cohorts they can be aware of different characteristics that may lead them to experience fear, apprehension, and anxiety more frequently during hospitalization. Further, as researchers continue to explore the experience of fear, apprehension, and anxiety during hospitalization, they may gain valuable insight on how these older

generational cohorts' common characteristics effect the hospitalization experience as well as how to harness, support, and teach characteristics leading to feelings of safety and trust as a reaction to stress and ultimately result in improved patient outcomes and lessened fears.

Limitations

Although this secondary analysis was performed in a manner that produced valuable information there were several limitations identified. As this study was an analysis of previously collected data there were limitations placed on the types of statistical tests performed. A majority of the data collected was categorical instead of numerical in nature and therefore the slightly less accurate Chi square test for independence rather than statistical correlational studies were performed. Additionally because the original study used surveys as a means of data collection from the participants there is a risk for response bias. Further, the original study did not specifically define fear, apprehension, or anxiety for the participants. This allowed each individual to determine for him or herself what these terms meant if they were present during their hospitalization and may have caused inaccurate reporting for said experiences. Finally, because the original study did not ask the participants to identify with a specific generational cohort, these had to be assigned during the secondary analysis through the use of each participant's specified ten-year age category. Having each participant identify for themselves which generational cohort they belonged to would have yielded a more accurate analysis.

Conclusion

Hospitalization may cause an individual to experience fear, apprehension, or anxiety. When prolonged, these feelings can cause a worsened health status, especially for vulnerable, hospitalized patients (Seyle, 1950). By exploring how varying demographics influence the experience of fear, apprehension, or anxiety during hospitalization generational cohort characteristics were found to be a potential area of influence. As researchers continue to work with more individuals from varying generational cohorts more information may be gathered to elaborate on the findings from this study. Additionally, as nurses continue to work with the aging population, taking generational cohort characteristics and values into consideration when assessing the individual patient experience to stress may prove to be beneficial. With findings of significantly less fear among White/Caucasian participants over the age of 60 years, more analysis and research may be continued to understand how these experiences are developing and truly effect the continuum of care.

Overall, fear, apprehension, and anxiety during hospitalization is an experience that should be lessened whenever possible due to its potential negative consequences. As healthcare continues to seek better patient outcomes and satisfaction for all, this is one aspect of the hospitalization experience that should be taken into consideration and further explored.

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Appendix A

Reported Fear of White/Caucasian Participants

