Nursing, as a profession aims at providing holistic nursing care to patients where their physical, psychological, social and spiritual needs are to be taken into consideration. Nurses spend maximum time with the patients than any other hospital personnel and therefore, are in a position to assess the psychological reactions of the patients. They can understand their emotional needs and plan for appropriate nursing interventions. Paradoxically more often than not, it is the psychological component of the holistic health care which is ignored by the Nurses. No matter where the patient may appear on a health illness continuum, perceptions held by the patient and his emotional reactions become important facets in his care.

Reasons for Emotional Reactions when People Become Patients

1. Alteration in body image.
2. Threat to usual life pattern.
3. Breadwinners in the family view illness with apprehension if income is threatened.
4. Homemakers tend to worry & be apprehensive about the care of their families and homes.
5. Dread of invasion of privacy with probing questions and detailed physical examination.
6. Fear and uneasiness of being in strange surroundings, among strange people.
7. Fear of pain, hospitalization and surgery, strange diagnostic procedures and treatment modalities.
8. Fear of a diagnosis, death dependency on others, helplessness.
9. Children feel uneasy and fearful of being deserted by their parents.
10. Young adults may be concerned about interruptions in their education.

The Nurses must understand the effect of these stressors on patients and provide appropriate support and intervention.

Common Emotional Reactions To Illness are: stress, fear, anger, anxiety, hostility, helplessness and depression.

How Can a Nurse Handle Emotional Reactions of Patients

It is unrealistic to assume that people's emotional reactions can or should be neutralized when they become patients. But, there are means by which a Nurse can ease mental and physical distress. They are:

1. Spend Time with Patients
   Calling a patient by his name, just remaining with him to listen to what he has to say, is a great contribution to his comfort and well being.

2. Verbalization of Feelings
   The single most useful thing is to encourage and support the verbalization of emotions. In itself, putting worry into words very often brings about a tremendous relief of tension.

3. Handling the Crying of Patient
   Verbalization of distress is often accompanied by tearfulness. In our culture, is unacceptable for men to cry, and so you may find this behavior in a man upsetting. Many women get great relief from a 'good cry', but should not be denied too, it is just a manifestation. Any crying should be handled with care and privacy and support given until composure is regained.

4. Orientation of Patient to Health Care Facility
   Provide detailed explanation of the care patient receives and of rationale behind various medical and nursing procedures that the patient has to undergo, with constant reassurances all along. This will alleviate the fear of 'unknown' in patients.

5. Identification of Learning Needs of Patients
   In course of interacting with the patient and especially when distress is verbalized, learning needs of patients will be identified, e.g. a patient before surgery may worry about prognosis, pain, ambulation, dependency etc. Imparting information on these aspects will satisfy patients' need to know about his condition, treatment etc. and thus reduce anxiety.

6. Act as a Resource Person
   When you identify learning needs of patients, that are best met by some other members of the health care team, act as a resource person and arrange for the patient to receive that information.

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[at the time of writing this article]
7. **Diversional Activities**
Encourage diversional activities within the permissible limits of patients' condition, that are pleasurable and tension reducing. Many chronically anxious people either do not recognize or are uncomfortable with their need for recreation. Activities should not require intensive or prolonged concentration and should be in group rather than solitary.

8. **Taking Care of Insomnia**
Encourage patients with insomnia to use artifice means to prevent sleep at a bare minimum. Employ measures such as low environmental stimuli, light meals before dinner, engaging in daytime activities, reading book, listening to music at bedtime, to induce sleep.

9. **Performance of ADL**
Patients should be encouraged to carry out daily activities as physical condition permits. At the same time, nurses should be prepared to help as much and for as long as necessary.

10. **Adequate Food and Fluid Intake**
Nurses need to assure adequate fluid intake and nutrition. Many persons in depression have little interest in food and their nutritional status can decline sharply. Offer good nutritional quality. Offer small, attractively served portions frequently. Allow time to patient for eating or feed if required.

11. **Ensuring Regular Elimination Pattern**
Help is important for adequate elimination and reduction in constipation, a common complaint of a distressed patient.

12. **Controlling Powerlessness**
For reducing feeling of powerlessness among psychologically disturbed patients, identify factors that can be controlled by him, involve patient in decision making regarding his care, treatment and future, when possible.

13. **Maintaining Cheerfulness & Humour**
Human emotions can be contagious, hence patients tend to enjoy having persons who are cheerful and yet professionally competent and sincere about their work. Humour can often relieve anxiety, stress and anger & help to develop warm relationships when used appropriately.

14. **Providing Privacy**
Ensure privacy of patients to the greatest extent possible.

15. **Seeking Help of Mental Health Professional**
Patients who experience serious and prolonged disruptions in their life styles and in their relationship with significant others due to their illness and emotional reactions, should know that psychiatric intervention can offer relief. The Nurse should provide them information about the sources of mental health care in the community.

**References:**

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**Peace on Earth**

Peace on earth is a great dilemma, today, challenging the life, social, political and environmental, Turbulent times crisis after crisis, relief and rescue operations beyond the reach of all.

HIV/AIDS, all sorts of disasters rising high, Oh, terrorism and terrible tragedy, the black Tuesday,
Sufferings unimaginable, precious human lives being destroyed.

May we turn caste and creed, power and political differences, into regions of applications and diversity into unity, utilizing our God-given gifts and power within.

May happiness and peace be brought to re-birth and growth.

Quality care in all our efforts, healing hurts and wounds, love bringing new warmth into broken homes and lands, wiping tears, helping all to smile, bringing joy in all dimensions of life for all, with all!

Sr. Rose Kochithare
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Mokama
Patna