



# Hospitalization experiences: the perspective of individuals admitted to the medical clinic

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## Abstract

### Introduction

Contemporary society is witnessing a population that struggles to look after their health due to the relentless pace of their lives, consequently rendering them susceptible to the experience of hospitalization. Within this context, individuals relinquish their autonomy and are confronted with a plethora of reactions and emotions, requiring an individualized and humane approach for a prompt and effective recovery.

### Objective

To comprehend the lived experience of hospitalization, from the perspective of individuals admitted to the medical clinic.

### Methods

This is an exploratory study, with a qualitative approach, and draws upon partial data from a matrix research project, rooted in the theoretical framework of Health Promotion. The manuscript has been organized in adherence with the consolidated criteria for reporting qualitative research (COREQ). It was conducted with a cohort of 15 inpatients from the medical clinic department of a public hospital in the Southern region of Brazil. Data was collected by the authors, using a semi-structured questionnaire, between September and October 2021. Thematic content analysis was used to organize and interpret the data.

### Results

Two categories emerged: the first highlighted the experiences lived during hospitalization. While some participants felt secure and supported by the multi-professional team, others perceived the hospital environment as a place associated with pain and suffering. The second category emphasized the sentiment of longing experienced during hospitalization, such as for spending time with family, friends, leisure activities, and daily routines.

### Conclusion

The experience of the hospitalization process triggers feelings of security, vulnerability, and longing. The importance of qualified professionals to facilitate moments of effective and compassionate care within the hospital setting is evident.

### Keywords

Hospitalization; Humanization of Care; Health Promotion; Nursing.

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## Introduction

In contemporary times, people demand swift and effective solutions, aiming to save time and accomplish numerous tasks. To achieve this goal, individuals often resort to various practices, some of which may be inadequate, such as the consumption of ultra-processed foods and self-medication to alleviate certain conditions. Such practices seem to offer effective solutions at first glance. This results in numerous long-term detriments, such as the marked increase in chronic diseases, an alarming trend in society.<sup>1</sup> Thus, it is evident that due to the fast-paced routine, many individuals lack the time to indulge in leisure or to prioritize and promote their health. Consequently, they fail to contemplate the pleasures of daily life, such as freedom, autonomy, and well-being, rendering daily existence even more exhausting and demotivating,<sup>2</sup> subjecting themselves to the risk of illness and occasionally requiring hospitalization.<sup>3</sup>

The hospitalization process can pose a threat to the autonomy and social roles enacted prior to admission, as the individual shifts from an active role to that of a patient, relinquishing their independence, privacy, and interaction with their support group.<sup>4</sup> These circumstances can provoke diverse reactions and feelings, given the uniqueness of each individual; however, certain sentiments are recurrent, including longing for home or family, alongside the potential perception of the hospital environment as an unpleasant place. Conversely, being present in an environment that is reminiscent of pain, suffering, and fear tends to evoke an appreciation for what was experienced previously. Therefore, the individual, vulnerable in this situation, requires a holistic, humanized, and multi-professional approach to achieve a prompt and satisfactory recovery.<sup>5</sup>

In this context, humanization emerges as a means to preserve the basic rights of the hospitalized individual, reinforcing the need for dignified and respectful treatment while safeguarding their agency and autonomy. Humanization in the healthcare domain has received a great deal of attention in recent years, given the imperative of this practice across all procedures and protocols. As a result, in 2003, the Brazilian Ministry of Health published the National Humanization Policy (NHP) with the aim of implementing the principles of the Brazilian Unified Health System (SUS) in the routine of health services. Furthermore, it is crucial to emphasize that the NHP is applicable across all sectors, regardless of the level of complexity, as it is grounded in the qualification of care.<sup>6</sup> Therefore, to ensure humanization, it is imperative to attend to the patient with a multidisciplinary team, with professionals such as nurses, physicians, physiotherapists, nutritionists, speech therapists, among others. Teamwork is essential to guarantee more effective and higher-quality care across all areas of healthcare services, especially in the medical clinic, where patients are admitted with various and

sometimes impactful diagnoses, requiring more complex procedures and treatments.<sup>7</sup>

It should be highlighted that multidisciplinary teamwork can contribute to enhancing empathy among professionals, making them more efficient and compassionate in providing healthcare to the hospitalized individual and their family. However, it is essential that collaborative efforts are undertaken by all and not merely a subset of professionals within a specific unit or sector.<sup>8</sup> Additionally, nurses are indispensable during the hospitalization process, as they accompany the patient from admission to discharge, and are responsible for managing the nursing team, which will carry out all the care and procedures necessary to assist the individual's health, ensuring their comfort and significantly contributing to their recovery. Moreover, it is crucial to attend to each patient in an integral and holistic manner, continuously evaluating both the environment and the individual, considering not only physical aspects but also psychological, emotional, social, cultural, and spiritual dimensions, ensuring greater well-being and quality in the provision of healthcare.<sup>9-10</sup>

Furthermore, in line with humanized care, the principle of comprehensiveness, which, along with others, underpins the SUS in Brazil, is valued in the NHP and was further emphasized in the National Health Promotion Policy (NHPP). In the NHPP, comprehensiveness is defined as the articulation and harmony among health services, as well as the broadening of the workers' and health services' listening capacities towards patients, considered universal citizens deserving of care without prejudices or privileges. This comprehensive approach is applied in the spheres of health promotion, prevention, protection, and recovery.<sup>11</sup> In this context, the Social Determinants of Health are essential in healthcare, as they consider aspects of an individual's life that extend beyond illness and the biological body, such as work, the environment in which the person lives, social, cultural, economic, ethnic, and behavioral issues, among others.<sup>12</sup>

Health promotion, an essential aspect of the SUS and the backdrop of the aforementioned policies, can be seen as a promising strategy to produce health and address related challenges. This notion was further emphasized in the Ottawa Charter, a document born out of the First International Conference on Health Promotion. The charter defined health promotion as a process of empowering individuals, communities, and society to have greater control and autonomy, utilizing personal and social resources, in pursuit of improvements in quality of life and health.<sup>13-14</sup>

The Charter outlined five action areas which concern healthy public policies, environments favorable to health, community action, autonomy and development of personal skills, and reorientation of health services in the light of health promotion. The document emphasizes the importance of collectively building health, self-care, and caring for others. Specifically, it indicates that these items,

in addition to holism, which is related to comprehensiveness, and ecology, are indispensable for the development and implementation of health promotion strategies.<sup>13-14</sup> The document also outlines commitments for participating countries in pursuit of effective health promotion. In Brazil, the NHPP highlights the five axes derived from the Charter and aims to fulfill these commitments related to the development of public policies, equity, valuing the individual/community in their health-disease process, the reorganization of health services to achieve health promotion, among others.<sup>13,15</sup>

Based on the foregoing, the following research question emerged: What is the experience of the hospitalization process like from the perspective of individuals admitted to the medical clinic? It is believed that by shedding light on the demands of those experiencing hospitalization, it is possible to reflect upon and implement strategies to qualify healthcare assistance in the hospitalization process. Moreover, considering the diversity of the population served in the hospital network, both in terms of age and culture, it is essential to perceive the factors involved in recovery during this process, so as to make the hospital environment more welcoming and pleasant. Therefore, the objective of the study was to comprehend the experience of the hospitalization process from the perspective of individuals admitted to the medical clinic.

## Methods

This is an exploratory study with a qualitative approach, grounded in the theoretical assumptions of Health Promotion. The manuscript was organized following the consolidated criteria for reporting qualitative research (COREQ).

The research took place in a referral public hospital in the West of Santa Catarina, Brazil. Participants were 15 individuals, selected for convenience from those who met the inclusion criteria: aged over 18 and hospitalized in the medical clinic at the time of data collection. Lack of physical and communicative aptitude to respond to interview questions was the exclusion criterion. The participants were intentionally selected, and all those approached accepted to be part of the study.

Data collection was conducted through semi-structured interviews carried out by the authors in the participants' rooms, between September and October 2021. Each interview had an average duration of 40 minutes and followed a guide encompassing questions about the experience of the hospitalization process and the feelings evoked during the admission. All interviews were recorded and subsequently transcribed into digital files.

Thematic content analysis was employed to organize and interpret the data, which aims to uncover the central significance that constitutes communication, prioritizing interpretative approaches over statistical interference. In

the preliminary analysis stage, the transcribed data was briefly skimmed to organize the content and define the units of analysis. In the second stage of material exploration, the data were coded to attain a comprehensive understanding of the text. In the third stage, the data were categorized and sub-categorized through classification and interpretation.<sup>16</sup> Two categories emerged from the analysis: 1) Experiencing hospitalization; 2) Longings evoked during hospitalization, which will be discussed subsequently.

The study was approved by the Research Ethics Committee of a public university in Santa Catarina, under opinion No. 4,960,473/2021, on September 9, 2021. It is emphasized that, prior to data collection, all participants read and signed the Informed Consent Form (ICF). To ensure anonymity, the interviewees were labeled according to basic human needs, based on the content of their testimonies. Hence, the following pseudonyms were used: Food, Shelter, Rest, Family, Friendship, Work, Self-esteem, Clothing, Health, Hydration, Exercise, Safety, Spirituality, Sleep, Resilience.

## Results

Participants' age ranged from 39 to 82 years, which included four females and 11 males. The period of hospitalization at the time of the interview varied from 2 to 30 days. In the first category, the interviewees reported that they received adequate care and were well looked after during their hospitalization. Additionally, they mentioned that while at home, they experienced a feeling of impending death, but upon receiving hospital care, they noticed an improvement in their condition, which put them at ease.

"For me, it's good to be in the hospital. They are treating me well, and I've already improved [...]" (Food)

"Now I'm fine, I feel better here. In fact, the doctor told me I'd only be heading home tomorrow, and I felt at ease." (Shelter)

"As I was at home [...] I thought I was going to die [...] Being here in the hospital, I received all the care and I'm fine [...]" (Rest)

The participants also discussed the administration of pain-relief medications and the multi-professional work for physical well-being in hospital care.

"...The medications are being administered correctly, so I feel good." (Friendship)

"It's good because you don't feel pain, you're being taken care of in the best possible way..." (Family).

"[...] The staff's visits can be entertaining, there are physiotherapists, speech therapists, the whole team here, the team of pharmacists, very good nurses, their care is very good [...] It's clear, in these 6 days here, what good patient treatment looks like [...]" (Work)

On the other hand, they revealed their dislike for the hospital space, as it represents an environment visited during illness, in a more serious state of health, leading

them to associate hospitalization with something unpleasant and a tiring period.

"It's bad because we're here all the time, lying down." (Family)

"I don't like being in the hospital because whoever comes here is because they're not well, they're sick, so it's bad." (Self-esteem)

"Oh, it's tiring [...]" (Clothing)

In the second category - longings evoked during hospitalization -, the interviewees mentioned missing the comfort and routine of their lives at home, along with the freedom experienced in their households, as the hospital environment imposes various restrictions.

"I miss everything: my bed, the food. Everything is different here. At home, we feel more at ease." (Friendship)

"Oh, I like being at home, walking, having visitors over, and now I have nothing here in the hospital." (Health)

"Oh, we miss home, of course, because it's freer there, there are no restrictions. Here, everything is regulated, and if you don't follow orders, you won't get better." (Food)

Hospitalization led the participants to miss being with their families. Missed conversing with them, taking care of them, and having them close, revealing their concern for them:

"My husband [is alone], I'm very worried about him." (Hydration)

"I miss looking after my granddaughters [...], miss my daughter. [...]" (Shelter)

"I miss my daughters and my mother." (Clothing)

Moreover, the interviewees mentioned feelings of longing related to their contact with neighbors, friends, and colleagues, as well as the work activities they engaged in before hospitalization:

"[I miss] my neighbors because we used to visit [each other]. I always took some time out for everyone, to help people too, and now I've been here for almost 30 days." (Family)

"Chatting with my colleagues, I miss that." (Exercise)

"Working, for sure, I miss it a lot [...]" (Family)

Additionally, the participants reported missing the leisure moments that were part of their daily lives, in which they set aside time to promote self-care, have fun, attend church services, and experience the freedom of life.

"Going to the [beauty] salon, dressing up." (Safety)

"Oh, being free, drinking mate. I miss it very much..." (Exercise)

"I wanted to be having a beer [...] and singing [...] That's what we used to do, right?" (Rest)

"[...] I can't attend the worship service." (Health)

It was clear, in the interviewees' testimonies, the deprivation of various significant aspects of their lives due to the hospitalization period, as they expressed longing for their routines, frequented environments, their families, friends, and leisure activities. It became evident that the hospital environment is perceived as a place that evokes pain and suffering, as well as a space that provides security

and support due to the care routines performed by the professionals.

## Discussion

The hospital environment is complex and demands knowledge and efficiency from professionals to provide quality care. In this context, safety within the hospital setting is essential. It contributes to minimizing harm associated with health care to an acceptable level for the institution. This consideration includes the infrastructure, professionals' expertise, and material resources of the respective health service.<sup>17</sup>

Medication management is crucial in this setting and requires professional responsibility, which is tasked with addressing doubts and treating each need individually to provide comfort and well-being. It is known that the use of medications is not limited to a therapeutic practice based on the biomedical model. When used correctly and rationally, they become important mechanisms for the prevention, maintenance, and recovery of health, reducing symptoms, and providing physical and mental well-being.<sup>18</sup> Another critical element in the hospitalization process is the promotion of a suitable and humanistic environment. This encompasses the building's physical structure, which is developed through architectural design. The design aims to meet criteria for enhancing patient satisfaction and comfort. This involves the implementation of organizational methods that facilitate their stay and integration within the hospital. The architectural design aims to harmonize and seeks to meet the different realities of the hospital setting, promoting well-being and creating spaces that provide physical and psychological support to patients, as the environment is essential to the quality of care.<sup>19</sup>

Furthermore, hospital environments can induce stress and tension. And sometimes, physical structures do not provide the comfort of human sensitivity, attention, and care, despite being an important aspect in the recovery of patients. Humanizing the environment is significant, as it contributes to improved patient experiences and outcomes. This approach should be practiced in the training of professionals, ensuring they develop effective strategies to meet the individual needs of each person in a comprehensive and humanized manner. This effort makes each sector as welcoming and pleasant as possible for patients, their families, and co-workers.<sup>20</sup>

Moreover, professional training and interdisciplinary work are essential for promoting effective health care.<sup>21</sup> Both ensure greater resolution, shorter durations, and reduced health spending, enabling comprehensive and humanized care.<sup>9</sup> As a tool for ensuring professional qualification, continuing education is mentioned, encompassing specialization and ongoing professional development, along with permanent education, addressing work process demands, aiming for more qualified health care.<sup>22</sup> To

encourage multi-professional practice, there are residency programs in this field, which combine theoretical-practical knowledge with teamwork and intense insertion in health services.<sup>23</sup>

Another critical consideration for professionals working in the hospital environment is that, during the experience of hospitalization, patients commonly feel longing, whether for work, habitual activities as a means to occupy time and ensure financial support, friends and family, or gatherings for leisurely conversation and distraction. Furthermore, there is the longing to attend religious centers, participating in worship, and strengthening spirituality. Thus, longing signifies the absence felt from what was experienced before hospitalization.

Longing is understood as a human feeling that is difficult to define and can symbolize the experience of pain or joy related to the deprivation or distance from a beloved object or person.<sup>24</sup> Within the hospital environment, this sentiment is common and can be evaluated to ascertain its influence on the patient's treatment and recovery.<sup>4,25</sup>

These everyday activities that generate longing, when restricted, can significantly impact the well-being of hospitalized individuals, as they evoke feelings of helplessness due to the loss of control over their own bodies, as well as the inability to engage in daily activities, along with feelings of anguish and anxiety resulting from the disruption of routines, leisure moments, and contact with family, all crucial for quality of life.<sup>26</sup>

Longing also arises from the hospital environment itself, which typically evokes pain, suffering, and sadness, in addition to subjecting patients to invasive procedures, the loss of privacy, and autonomy. Therefore, it is essential that each patient is seen as a unique individual, with a comprehensive approach, considering each of their statements, complaints, or feelings, in pursuit of an effective and healthy recovery. Furthermore, through dialogues with patients and attending to their complaints, it is possible to improve the service, considering that they benefit from daily care and are the most qualified to suggest changes.<sup>4,25</sup>

To this end, the healthcare professional, especially in nursing, plays an important role in ensuring a humanized care that brings a sense of security and comfort in the hospital setting.<sup>27</sup> In addition to the safe administration of medications, care in the hospital environment, and multi-professional work, communication with patients promotes a more welcoming space, as mentioned by the interviewees. Communication enables moments of sharing knowledge and feelings, strengthening the relationship and bond between the professional and the patient. It is also important for this bond to be established with the family during the hospitalization period, as they provide important support in increasing the patient's confidence and security.<sup>28</sup>

Dialogue with the hospitalized patient helps them to choose the most appropriate course of action for their health condition, contributing to the reduction of hospital stay, as well as pain and risks to their well-being.<sup>28</sup> These behaviors can make the hospital environment more humanized, allowing for less uncomfortable experiences for both patients and their families who also experience this period. Therefore, it is essential that professionals can provide care while striving to enhance communication continually throughout the work process, thus reflecting the provision of safe and quality care.<sup>27</sup>

## Conclusion

Considering the above, it is possible to understand the hospitalization process from the perspective of patients admitted to the medical clinic, who experience moments of satisfaction and security when they feel cared for. Therefore, good care and a welcoming environment directly impact their well-being, providing comfort, hope, and significantly facilitating their recovery.

On the other hand, they feel vulnerable, mainly due to sudden changes in their routine and being deprived from carrying out their daily activities, relying on the help and care of the multi-professional team and others. This situation is related to the perception of the hospital as a place of suffering, anguish, restrictions, which evokes longing for family, home, work, friends, and leisure activities.

Thus, the significant importance of the multi-professional work by professionals aligned with the principles of comprehensive care becomes evident, willing to implement new care strategies in the hospital environment. This approach is essential to promote a humanized, qualified, and efficient service, considering the needs and individualities of each individual, recognizing all aspects of the patient's life rather than just the illness. These aspects will broaden the possibilities for effective recovery and make hospitalization more bearable for the patient and their family.

Among the limitations of the study is the focus on people hospitalized in the hospital's medical clinic, most of whom were living with chronic health conditions. The focus on this cohort excluded other units of hospitalization, such as the surgical clinic, which receives many people with acute health conditions requiring other interventions. As a contribution, the study demonstrates some of the feelings experienced by hospitalized individuals regarding their own condition, their stay in the hospital, and the multi-professional team, providing insight into possibilities for health promotion in situations such as the one presented here. It also contributes to the development of a holistic perspective in health care, seeking to address more unique and individual patient concerns and needs. It emphasizes the importance of hospital ambiance, as well as

contributing to the discussion of multi-professional work in health and comprehensive care, all important aspects of the NHP and the NHPP.

#### Authors' contributions

JBS: Conception and design of the study; drafting the manuscript; critical review of the manuscript.

RATB: Conception and design of the study; data analysis and interpretation; drafting the manuscript; critical review of the manuscript.

KCPP: Conception and design of the study; data analysis and interpretation; drafting the manuscript; critical review of the manuscript.

SKM: Conception and design of the study; data analysis and interpretation; drafting the manuscript; critical review of the manuscript.

ER: Conception and design of the study; drafting the manuscript; critical review of the manuscript.

KMO: Conception and design of the study; drafting the manuscript; critical review of the manuscript.

VM: Conception and design of the study; drafting the manuscript; critical review of the manuscript.

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The authors declare that there is no conflict of interest.

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