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Socio-Psychological and Economic Problems Faced by Hospitalized Patients and their Effects on their Quality of Life

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Abstract: Patients face many Social, economic and Psychological problems faced in hospitals. The primary caregivers of people with various mental illnesses, such as early psychosis, chronic schizophrenia, depressive disorders, anxiety disorders, and others, were the focus of this study, which sought to examine their psychological, economic, social and quality of life. Patients face social problems in hospitals. They face many difficulties while living in the hospital. The present study is designed to examine hospitalized patients' social, psychological and economic issues and their effects on their quality of life in the Muzaffargarh District. Government hospital patients are participating in the study as respondents. Data collection made use of the multistage sampling technique. First, the Hospital Muzaffargarh is deliberately chosen. The sampling data was collected from 375 respondents. The second stage used the hospital record to create a list of attendants. In the third stage, three hundred seventy-five data are randomly selected from the list. In light of the research objectives, an interviewing schedule was created for the data collection. The ten respondents as a pretest population evaluated the questionnaire's acceptability. Using Social science statistical software, data was examined using descriptive regression methods (SPSS).

Key Words: Health Inequality, Reduced Productivity, Economic Burden, Anxiety, Family Dynamics, Social Isolation

Introduction

Hospitals of the Early Era (BC–500 AD)

Surgery and medicine have existed since the dawn of civilization, when humans and sickness coexisted on Earth. Religious rituals and ceremonies were always connected to early medical treatments. Priests served as doctors or healers, ministering to the body, mind, and spirit. Hospitals played an essential role in the temple. (Alexander et al., 2017). In contrast to ailments usually attributed to supernatural forces, drugs were magical and mythical. Priests and physicians were ruling class members who possessed enormous political power. Hospitals served as meeting spots as well. Different types of medicine were used in various nations in prehistoric times, such as Mesopotamia, Egypt, Greece, Rome, Tibet, and China. Barbieri, (Babar, and Hassali, 2011).

Definition

A hospital is a residential institution that provides medical treatment on a short-term as well as long-term basis, such as observational services, diagnostic procedures, therapeutic interventions, and rehabilitation programs for people who are ill or injured or who may become sick or get hurt in the future,

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as well as for expectant mothers. It might or might not further offer outpatient treatments to ambulatory patients. Akbar, (Shahada, [2022](#)). A social and medical organization's hospital is a crucial component. In addition to serving as a centre for bio-social research and teaching healthcare professionals, the hospital's primary purpose is to provide comprehensive population healthcare that is both curative and preventive (Jackson-Koku, [2019](#)). Our country has many social, economic, and psychological problems. In hospitals, patients face many issues. In the hospital, patients face difficulty inwards. There are many patients in one ward. There are no beds for patients. Patients face psychological problems living in the hospital, like depression and anxiety. In DHQ hospital, Muzaffargarh has a low capacity of beds. The government owns, operates, and controls the governmental hospital. Boyer, (Laurent, et al, [2006](#)).

Social Problem

The period of "social problem" is typically occupied with social circumstances that disturb or injure civilization, corruption, discrimination, and the like. It emphasizes in what way, and why people originate from comprehending that approximately situations must be watched as a communal problem, that is, in what way they informally hypothesise social glitches (Girdhar, [2019](#)).

Psychological Problem

Psychological complaints, also called psychological complaints, are indiscretions of attention that affect tenacious action patterns that can touch your everyday purpose for a lifetime (Lebni, J. et al., [2020](#)).

Economical Problem

An economic problem usually is the issue of manufacturing picks that happen because of the capital shortage. It ascends since people have limitless needs; however, the payment to gratify that desire is incomplete (Abuzeid M et al., [2014](#)).

The hospital people faced in our areas every three Critical care is a term used to describe the care of patients who are extremely ill and whose clinical condition is unstable or potentially the practice of administering immediate and continuous care to a client with actual or potentially life-threatening health care disorder Psychological problems noisy, stressful confusing, sleepless, psychoactive drugs, depression anger, etc. Social issues in healthcare are also social determinants of health. In hospitals, patients face many social and psychological problems (Ahmed, [2010](#)). Most patients belong to low-income families. Their economic condition is not good, and they have no money to treat patients. In government, hospitals are not in good condition. There is no proper cleanliness. These things create patient problems. (Lo, [2008](#)). In hospitals, patients face fundamental problems like food, shelter, and clothes. Patients face medical issues. They have no proper care in hospitals. Many patients belong to low-income families. They have no money for treatment. Economic problems are faced in hospitals. People belong to low-income families. They are not economically strong. Patients have no proper hospital facilities like shelter, clothes, and food. (Salahuddin & Alban, [2006](#)).

Social provision and family communication can raise and boost the self-respect of older grown-ups, and such provision has a role in the care of psychological health. Most family memberships in Pakistan have been seen while looming over and whipping their parents. They face psychological issues when they have no money for treatment. These things create psychological problems. When they have no money, they cannot take medicines for treatment. (Ali & Kiani, [2003](#)). Many patients face problems in hospitals upon their arrival in different departments. They face family problems when they are in the hospital; they come under other circumstances. They have fewer income problems, and they cannot afford that loss as we are doing in the CT scan department. Poor people cannot pay the fee for their treatment. We only guide them for their help, considering that some of them say we can delay the test or postpone it until we arrange enough money for their treatment. They also face the same situation in different other departments and face rude and rough behaviour by staff. They wait many hours for their treatment. Management is also poor in hospitals as we cannot get many things on time, and quality affects their service when they cannot control the situation, then complain and blame the government (Lozano, R. et al., [2012](#)).

The rapid increase in the population of Pakistan has produced many healthcare problems that are needed for every age in Pakistan and all over the world. The purpose of health care is that everybody needs

the duty of government to provide facilities to their people, free and quality health for everyone in the hospital. Still, due to many problems at the national level, we lack the basic facilities that are provided at our hospitals in many districts of Pakistan. When critical patients enter a hospital, they are offered basic facilities and referred to other hospitals far away. Most dangerous events occur in a way that is very harmful to our healthcare system. (Mamdani, [2007](#)).

Socio-economic factors are the leading figures in our lives that have many problems. Individuals are socio- and economically influenced. Many statistics include lack of education and cultural and religious discrimination—leading to unemployment cause of psychological problems. Low education and corruption in all departments ruin the structure of health and the economy (Maqsood, A et al., [2021](#)). The low socioeconomic status of hospitals and health care systems with patients is inferior for our patients during hospitalization. In hospitals, socioeconomic methods are cheap due to a lack of administration where the conduct of qualitative measures for the facilities is outstanding. The health facilities are low due to many other conditions like the very high population in the world, lack of management, and negligence of doctors and paramedical staff that result in the loss of many lives that increase and patients victims of chronic disease. (Khan, [2008](#)).

Significance of the Study

Developed countries have better healthcare systems due to their improved economic status. Moreover, high literacy and easy accessibility to their healthcare system significantly positively impact their quality of life. This outcome can be seen in their increase in life expectancy. In contrast, the healthcare system and its services are poor, which can be observed by decreasing their life expectancy. It is well known that a good quality of life increases the individual's life expectancy and the overall population. In addition, the quality of life has been dramatically influenced by the individual social, economic, and psychological status. (Mboera, L. E., et. al. [2020](#)). There are several conducted to assess the sociological, psychological, and economic perspectives of the patients who have been hospitalized. It has been well established that these factors significantly impact their quality of life. It has been seen that treatment and overall patient care outcomes satisfy the patient and improve their overall quality of life. Quality of life (QOL) is a multifaceted concept that often comprises subjective assessments of both positive and negative aspects of life. It is challenging to quantify that while the phrase "quality of life" has significance in virtually every academic area, people and organizations might define it differently, namely, the patient's capability to participate in routine daily activities. In medical care, quality of life is an essential factor. Some medical therapies can significantly reduce the quality of life while offering little discernible benefit, while others substantially improve the quality of life.

Psychology is one of the most noteworthy sciences that deals with the study of human behaviour and the attempt to unearth the most significant problems that impede behavioural patterns, intending to develop and modification the latter, often seek the individual to achieve the quality of his actions and contribute to the quality of life. It has been seen that the economic and social status of the individual has a direct effect on human psychology. Because of them, the behavioural patterns and attitudes have significantly changed. This study will also highlight the impact of psychology on the individual quality of life.

Statement of the Problem

Hospitalized patients are often involved with socio-psychological and economic challenges that significantly impact their quality of life. Firstly, the disruption of daily routines and separation from familiar environments can lead to heightened stress and anxiety. Social isolation, exacerbated by limited visitation rights, compounds these psychological challenges. Moreover, economic burdens arise from medical expenses, potential loss of income due to extended hospital stays, and expenses related to transportation and accommodation for family members. The lack of emotional support and communication with healthcare providers can contribute to feelings of helplessness. Additionally, socio-economic factors can intersect, as patients from marginalized communities may face increased difficulties in accessing quality healthcare. Furthermore, the potential long-term impact on career prospects and financial stability intensifies the economic strain on these individuals. These intertwined issues create a



complex web that hampers the overall well-being of hospitalized patients, highlighting the importance of holistic approaches to healthcare that address not only medical needs but also socio-psychological and economic dimensions for improved patient outcomes

Objectives of the Study

1. To demonstrate the social problems faced by patients during treatment in the hospital.
2. To find out the psychological issues faced by patients during treatment.
3. To analyze the economic problems faced by patients' families during the treatment of patients.
4. To investigate the effect of socio-psychological and financial issues on patients' quality of life.

Literature Review

The literature review in this study is based on the principle that research is a collective effort, one in which many researchers contribute and share results with one another in which many (Pavlů, 2017). Due to the absence of awareness in different countries under progress, countries like Pakistan, women waver to dialogue about chest cancer willingly since breasts are classically used as sub-sensual organs. They are also disheartened by culture to debate their body in public places, which stops the consciousness of women about medical matters of women's bodies. Mostly, they have no knowledge about chest cancer and frequently, women have low knowledge about the check of breasts. Consequently, women are incapable of debating their difficulties, the existence of swellings on their chest, and openly, they cannot understand their problems and cannot cure the right medication. Therefore, they face anxiety in discussing their problems. (Khan, 2021).

Khalid (2001), many men are independent of their women. Because of their shyness and dependence on women's income, illiterate individuals are unable to inform their family members about this illness. Wealthy relatives can afford to consult a doctor and take action against breast cancer. Female patients are reluctant to explain their illnesses to male physicians because they are uncomfortable disclosing their physical characteristics. Particularly, single women are unable to disclose their illness. An elderly woman with breast cancer laments that she doesn't care about it since she believes she will pass away soon because of the sickness. Breast cancer treatment is quite painful, especially chemotherapy transistor therapy and body part removal (Ullah, 2002).

(Muhammad, 2001), It's a detail of a lifetime public peep into the infirmary and looks dangerous pregnant to get better quality Some truthfully gust up getting mediocre we consume all caught the dangerous floors around hospital fight of afterwards process there is a danger of medicinal trouble like depletion or impurity. They can also affect government health management and populace tragedies. When they reach the hospital, they have a very substantial and dangerous process to declare their persistence. They also face problems like patients' upkeep at a reliable period, and they face health establishments that have rude conduct, which causes worry, stiffness, and other social problems and injuries. (Khalid, 2001).

Shaikh, (2011), there is an extraordinary occurrence of emotional problems, including nervousness, depression and community dysfunction in patients experiencing nervous therapy. The quality of life of these patients is small, and it disturbs all provinces of the patients' lifecycles. Practical capabilities are unpleasantly pretentious in patients with nervous dysfunction. Infirmary Nervousness and Unhappiness Gauge presented that 35 patients (83.33%) had irregular nervousness and 16 patients (57%) had atypical depression in the current education. Reasonable to plain nervousness and unhappiness

(Testa et al., 2009), identified important tricky upon the beginning of diabetes that many patients had to agonize for a period of time previous to their analysis in a materially dangerous disorder of dropping into an unconsciousness or pre-coma. (Banning et al., 2009). In the hospital, the treatment and discovery of growth are prejudiced by numerous features like philosophy, religiousness, communal standards and the soul of innate subsequent corporeal and psychological fitness difficulty. Breast cancer is possibly lifetime intimidating, and its analysis and action can consume affected belongings on bodily, psychological, social and financial features of life. Tham, R., et al. (2008), Constructed on his psychological or physical belongings, medication addiction is separated into binary chief collections. (Zaidi et al., 2013). Due to the absence of awareness in different countries and countries alike, Pakistani women waver to

dialogue about chest cancer willingly since breasts are classically used as sub-sensual organs. Banning et al. (2009), the low level of consciousness of social & financial problems as healthy as poor broadcast acceptance have been connected to the extraordinary occurrence of breast cancer in our situation. To control the community, economic, medical, sexual and psychological problems faced by females consuming breast cancer in southern Punjab, Pakistan (Zaidi et al., 2013). The computerized analysis further supports the data, which is in the ratio of (12%; 88%) to TLE and TGE, indicating one of the primary issues raised by patients in community hospitals is the excessive compensation received by doctors. (Pavlů, 2017).

According to Abuzeid M et al., (2014), 18.5% of primary caregivers had indications of unhappiness (founded on DHQ-8 cut-off of 101 or greater), though 12.7% had indications of nervousness founded on GAD-8 deadline opinion of 11 or better. Socio-demographic associates of indications of unhappiness and nervousness are exposed in Manifold logistic deterioration examines that main caregivers between 37 and 48 ages and 50– 65 years likened with those 65 years and above those who were unemployed, living with others, providing upkeep to persons identified with dementia and with advanced FIS notches remained meaningfully related with advanced danger of indications of unhappiness at the same time as those who be concerned for son/daughter were related with inferior risk. (Khan, 2011). It is a statistic that this section of medical professionals is if extra-ordinary facilities are available all across the country. (Pakistan Bureau of Statistics, 2018, January 03). According to (Testa et al., 2009), most older adults struggle with mistreatment, including physical, sexual, financial, and material exploitation, as well as psychological, expressive, abandonment, neglect, and thoughtful loss of self-respect; however, due to cultural norms and other factors, they are often too afraid or unable to report it, which can ultimately result in physical harm as well as occasionally long-lasting psychological effects like depression and anxiety.

Material and Methods

The researcher used the quantitative methodology of research to examine the low-income families study focused on the impact of lower socio-economic status and environmental effects on patients in the hospital Muzaffargarh. The data were collected from low-income families. In DHQ, patients are of low socio-economic status. They cannot get good hospital treatment because they face many socio-economic problems. These things affect their quality of life. The researcher used the quantitative methodology to examine low-income families. Many patients come from rural areas. They cannot bear the expenses of hospital bills like medicines, tests, etc. The target population of the present study is hospitalized patients of the hospital Muzaffargarh. The study has purposefully selected the general population of Muzaffargarh, Pakistan. The researcher utilized a random sampling approach. A sample of 374 patients from DHQ Hospital Muzaffargarh was selected from the hospital. With the ultimate goal of quantitative analysis in mind, information was gathered using a typical frame-collecting schedule that incorporated closed and open-finished assessments for the examination goals. Interview schedules were used as a tool for the data collection process from research respondents, with the deciding objective of quantitative analysis. Each interview agenda was modified and condensed by the author after the interview on the same day. The researcher used pretesting as a pre-requisite for the study procedure in order to improve the interview schedule and response rate of the participants. Statistical analysis will be done on the current data using SPSS, version 21, and simple linear regression analysis.

Hierarchal Linear Regression Analysis

H1: There is a relationship between social problems and quality of life among hospitalized patients.

H1: There is a relationship between socio-economic problems and quality of life among hospitalized patients.

H1: There is a relationship between socio-economic and psychological problems and quality of life among hospitalized patients.

- The researcher used hierarchical linear regression analysis for the present study.
- In hierarchical linear regression analysis, three independent variables were used in the forward stepwise method, i.e. social, psychological, and economic problems.
- The dependent variable is quality of life.

**Table 1**

Hierarchical linear regression analysis

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.509 ^a	.259	.256	11.78381	.259	117.555	1	337	.000
2	.537 ^b	.288	.284	11.56179	.030	14.067	1	336	.000
3	.655 ^c	.430	.425	10.36663	.141	82.940	1	336	.000

1. Independent Variable: Social Problem
2. Independent Variable: Social Problem, Economic Problem
3. Independent Variable: Social Problem, Economic Problem, Psychological Problem

Dependent Variable: Patient Quality of Life

As mentioned through the values of the R², it is evident that

1. Social problems put forth 25.9% of changes in the quality of life among hospitalized patients.
2. When economic problems were added to social problems, they put forth 28.8% of changes in the quality of life among hospitalized patients.
3. When psychological problems were added to the social and economic problems, then they put forth 43.0% changes in the quality of life among hospitalized patients.

As evident from the above-said facts, the socio-economic and psychological problems produced the highest percentage of changes, i.e. 43% in quality of life among hospitalized patients.

Discussion

The patient discussion is a clinical document to support the health professional during an encounter. The professional must know that the patient's resume cannot be exhaustive for the patient's safety. In the hospital, patients face many problems. In hospital wards, there are more patients, and there are fewer beds. When patients are discharged from the hospital, they have no vehicles to drop off their homes freely. If they hire ambulances for patients, they charge high fares from patients. Many people belong to low-income families. They cannot pay the increased fare to the ambulance drivers. Patients face many economic and social problems while living in the hospital. The hospital is a District-level hospital where many people come from villages. They don't know the doctor's room even if they cannot understand the language. Few patients across all categories claimed that they were unaware of their daily plan of treatment.

In the hospital, lab tests are so expensive. Patients cannot pay the high fee for hospital lab tests. Physicians write tests outside of lab tests. Despite having a solid understanding, patients frequently disagreed with their doctor regarding a particular aspect of the treatment plan. The age of the patient or the physician had no relation to the physician summary agreement score based on patient sex or race. The patient's physician disagrees with a part of the recommended course of therapy. A few potentially serious effects of the conflict include patients' incorrect perceptions of the nature of their presenting symptoms, severely limited understanding of the diagnostic and therapeutic plan, faculty expectations, and patients' ignorance that medications with potential side effects had been administered. Patients in hospitals deal with a variety of psychological issues while they are there. Because they face economic issues, they do not have enough money for treatment. These things cause psychological problems.

Depression anxiety is one of the psychological problems in patients. In outpatient, patients face difficulty consulting their problems with physicians. Outpatients wait for a physician for a long time. Psychological pain is one of the significant issues in hospitalized patients. Many people are illiterate and don't know the language of doctors and other staff. The economic problem is one of the most critical problems in hospitalized patients. Patients belong to low-income families. They have no money for medicines, lab tests, and other expenses. In the hospital, the CT scan department charges a high fee from patients. Many individuals are not in good enough health to undergo pricey tests or scans. Agreement between patients and their physicians has improved outcomes and enhanced drug adherence. The patient's understanding of their treatment plan in an ambulatory setting is a strong indicator of self-management behaviour. My research has significant ramifications for informed consent. Even though it is

frequently assumed that the principle of informed medical consent only applies to invasive procedures, it actually applies to any treatment that involves risk, including the perception of medication with potentially serious side effects and the imitation of diagnostic evaluations that may lead to further testing invasive procedures.

Conclusion

This study demonstrates how community hospitals are a crucial part of the regional healthcare delivery system, offering a clear benefit of being closer to patients' homes and addressing issues resulting from hospital service hospitals in various settings for the governance and provision of health services. Modernizing a hospital using technology is the primary goal of a hospital management system. Both the child and the family experience stress when their child is hospitalized. Patients and their caregivers may feel anything from the unknown to totally out of control. These emotions hinder the atmosphere for growth and healing while also complicating the clinical situation. Hospital management is not powerful enough to provide better facilities to hospitalized patients. Their services are not good. There is no good cleanliness in wards and washrooms. Patients and their attendants face many problems in the hospital attendants have no proper place to live. A hospital must provide shelter for patient's attendants where they live. Patients face many social and economic issues in hospitals.

In hospitals, staff does not give good behaviour to patients. The hospital ayes cannot provide good conduct to patient attendants. The signboard is not attached inwards. Patients cannot know where they go for treatment. Patients' emotions get worse during hospitalization, and sadness and anxiety rise. By being aware of these aspects, patients' hospital stays may be supported. Their quality of life is impacted by these factors. Patients in hospitals deal with social, financial, and psychological issues. Their quality of life is impacted by these factors. Similar effects of technical advancements have been seen in health care. For the spatiotemporal study, the medical records of depressed hospital patients were consulted. Patients and their families often feel stress as a result of illness and hospitalization. Numerous factors that might affect the severity of patients' unpleasant responses to hospitalization and medical innovations have been found in recent studies. Financial limitations and a lack of social support make patients' families feel badly.

The hospital patients have many problems living in the hospital. The economic problem is a significant problem facing the patients. They have no money for lab tests and medicines. Patients and their families often feel stress due to illness and hospitalization. Numerous factors that can affect the severity of patients' unfavorable reactions to hospitalization and medical procedures have been found in recent research. The current research gives insight into the psychological state of Pakistani caregivers taking care of family members with various mental diseases. Conclusions explain the detrimental effects that providing care for others can have on their quality of life and mental health. They highlight the need for social services and psycho-educational programs for caregivers to help them cope with the suffering of providing care for those with mental illness. Significantly, mental health specialists identify the needs of caregivers and their problems and refer them to appropriate services to safeguard better facilities for patients. From the upstairs conversation, it was concluded that the mainstream of the accused belonged to low-income families and faced financial stress due to their ill children.

Recommendations

1. Hospitalized patients often experience social isolation, leading to feelings of loneliness and depression. Recommendations include implementing support programs, encouraging visits from loved ones, and providing access to virtual communication tools.
2. The hospital environment can contribute to anxiety and stress. To address this, integrating psychological support services, such as counselling or mindfulness programs, can significantly improve patients' mental well-being.
3. Medical expenses and potential loss of income during hospitalization can pose economic challenges. Recommending financial counselling services, assistance programs, and transparent communication about costs can alleviate the burden on patients.



4. Hospitalized individuals may feel a loss of control over their lives. Enhancing patient empowerment through shared decision-making, involving them in care plans, and respecting their preferences can improve their sense of autonomy.
5. The transition from hospital to home can be challenging. Recommending comprehensive post-discharge care plans, including follow-up appointments, rehabilitation services, and access to community resources, can facilitate a smoother recovery process and enhance the overall quality of life for patients.

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