

Life in a Hospital Ward: An Ethnographic study on the Psychological Aspect of Ward life

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Abstract

Hospital is such a place where no one goes willingly. But when someone is compelled to admit there, he /she is found to behave differently. This paper deals with the psychology of the patients who admit in a hospital ward. An ethnographic study was done in a diabetic ward of a hospital of Dhaka, Bangladesh, to understand the nature of hospital culture in the context of Bangladeshi society at large. The author of this paper stayed in a ward of a renowned hospital from February 1 to 7, 2012, as a patient's attendant. This paper is written based on continuous seven days observation and various interviews of service providers of hospital, patients and their attendants. This study will show the psychological aspects of patients, service providers, patients' relatives, etc, how one communicates and interacts with others in different situations from anthropological point of view. This study will also unveil many things which are usually not noticed by many.

Key words: Service, noise, bad smell, patient, psychology, ward, ethnography.

Introduction

When someone stays in a hospital, his or her behaviour is quite different from that at home. Each person's interpersonal communication skill and relationship is different from that of others. When someone is turned into a patient, then his /her mental condition slightly changes as per the nature of the disease concerned. Moreover, the patients' attendants and relatives' behaviour also temporarily changes due to circumstances. Though all the patients are equal in the eyes of the doctors, still a doctor's attitude varies sometimes towards patients for some reasons or others.

'Ethnography' means the study and systematic recording of human cultures. In this paper an ethnographic study was done in a diabetic ward of a renowned hospital in Bangladesh to understand the nature of hospital culture in the context of Bangladeshi society at large. Life and work in the ward result in a culture that is simultaneously created by its inhabitants and the conditions in which they are situated. The study shows that biomedicine is a product of particular social conditions and that the hospital reflects features of its society. Behind the increase of blood sugar and insulin pushing in the ward, there are stories of despair, frustration and intolerance occurring in a society in which masses of people fight over limited resources. In the ward people interact in an extremely hierarchical manner. The patients, who are mainly from poor economic backgrounds, remain at the bottom of the hierarchy. The doctors and other staff members are often professionally frustrated. Family members are engaged in nursing and provide various kinds of support to their hospitalized relatives. Patients give small bribes to ward boys and cleaners to

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obtain their day-to-day necessities. Patients joke with each other and mock senior doctors. Thus, they neutralize their powerlessness and drive away the monotony of their stay.

The author of the article looks at the experiences of all the people involved in this hospital—the patients, doctors, nurses, relatives, and auxiliary staff. This article shows hierarchical nature of society itself. This context allows the reader to understand the wider challenges that exist in providing health care in Bangladesh.

Ultimately, this anthropological study provides a much-needed reminder that the present way of health care is no longer good enough, no matter where in the world you are.

Objectives

- To show how a patient feels when s/he is admitted in a hospital and the expression of her/his psychology in the new atmosphere.
- How hospital service providers and others behave with the patients.
- To portray a general picture of a hospital ward.

Methodology

The author of the article spent consecutive 7 days in the male ward of Diabetic patients in a renowned hospital from February 1 to 7, 2012. The author was an observer as the patient's attendant. The author took individual-informal oral interview of nurses, cleaners, food-delivers, medical officers, patients and patient's attendants. The findings of this research are based on interviews and observations.

In-depth interview

In-depth interviews were taken informally and individually at different times. Interviews of medical officers, nurses, cleaners and food-deliverers were taken when they were on duty. There were ten beds in the ward. It was a male ward. All the beds were filled up always. Each bed's rent is 900 tk per day. The nurses do roster duty. A nurse is always on duty. The female attendants are allowed to stay in a ward with the male patients. But no male is allowed in the female ward.

Findings

- a) **Ward environment:** The ward is wide and long. There are 10 beds in this ward. For each bed though worn out, there are white bed sheet, one rug, two pillows, one small wooden closet to keep necessary things. The ward's floor is mosaic and dirty. There is a common bathroom for this ward which is very much filthy and is a heaven for rats at night. Beside the entrance, there is a booth for the nurses. There is a wide veranda where the attendants of the patients take rest and dry their wet clothes. A bowl is kept under each bed as bin. The Professors visit every morning and pay attention to each patient. Later medical officers come for round duty.

- b) **Sound:** The ward's environment is very noisy. Everyone is talking loudly; the patients are surrounded by many visitors. They are talking with themselves and over telephone. Their cell phones' ring tones are very loud and few talk in speaker phone. No visiting time is maintained and the nurses on duty seldom give objections to overcrowding of the visitors.
- c) **Toilet:** The toilet's condition is indescribable. Whenever the door of the toilet is opened, a nasty blow of smell enters into the room. Toilet seats are very dirty and broken. Every day a cleaner comes and clean it but that is not sufficient. The most intolerable part of the ward is its toilet.
- d) **Attitudes of neighbouring patients and their attendants:** When a patient admits, he hesitates for lack of privacy. Very soon they are accustomed with this environment and they start talking with other patients and their attendants. They feel curiosity to others' sickness, family members and visitors. Many gaze at other's food, clothing and gesture. The patients and their attendants talk loudly with each other and also over phone. Each bed is very close to the other bed. An attendant from each patient sleeps at night in between two beds on their personal arrangements. They bring food from outside for them. The patients are not usually allowed to take outside food but often they like to eat their home made food. Nurses or doctors usually don't interfere in case of food. There is a notice written above every bed that none should sit on patient's bed, but none obeys it.
- e) **Attitudes of service providers:**
 - i) **Nurses:** The nurses are generally called 'sisters'. Generally they behave well with the patients and do their duty punctually. Often they feel annoyed for those patients' attendants who misbehave with them. Sometimes they do mistakes in writing medicine's name, but it happens very occasionally. Many nurses' behaviour is often very rude.
 - ii) **Cleaners:** The cleaners are very casual in their job. If anyone objects for any dirt or smell, they react almost violently. Nurses also can't order them for any job. All are very freedom lover; they don't expect any objection from anyone.
 - iii) **Food server:** The food server or deliverer comes in a ward four times in a day. They go to each bed and handover food tray. After fifteen to twenty minutes they collect empty trays.
 - iv) **Medical officers:** Generally the medical officers are young and many of them are internee doctors. They behave well with patients but sometimes many of them lose their patience in conversation with attendants or patients to know about their medical history. Often they are found less sympathetic than the Professors.
 - v) **Professors:** The patients are often happy with the behaviour and care of the Professors. They come to visit at the early morning. Later they are not available.

- vi) **Lift men:** The Lift men often do not show minimum courtesy or respect to people who are in the lift.
 - vii) **Medicine store's salesmen:** There are several medicine stores in the hospital. Most convenient store is in the 10th floor. But it is often found that they don't behave well with the customers. Sometimes they deny the availability of a medicine whereas it is available in the store. There is no way of complaining against them, because of lacking chain of commands.
 - viii) **Gate keepers:** There is a rule at the entrance of the hospital that one has to pay taka 20 to enter from 8 am to 4 pm. But it is regularly found that they don't ask for ticket to everyone. They select person randomly. Usually they prevent women to enter without ticket. Their behaviour is very rough.
 - ix) **Doctors' attendants:** MLSS are found controlling the patients' serial in front of the doctor's chamber. They usually favour their known patients. When a new patient comes from village, they feel very helpless for the rough and cruel behaviour of these persons. Most of the patients are new in Dhaka city or in this hospital. They ask for help from the attendants, but they are most of the time do not receive correct direction. But the same attendants behave very warmly with the rich patients.
- f) **When a new patient admits:** When a new patient comes in the next bed, the neighbouring patient feels interested to know about him. If the new patient is found in more critical situation, other patients feel scared.
- g) **When a patient dies:** When a patient is in situation of dying, other patients feel nervous and lastly when that patient dies, sudden sounds of sighs, crying, running for doctors etc create a panic. Lying beside a dead body that was alive few moments before, is very tough for other patients. The dead body is not removed from the ward immediately. His relatives start running to and fro for paying hospital bills and completing other formalities.
- h) **Ward at night:** Every patient or his attendants have to carry an amount of money for emergency treatment. But at night they feel worried about stealing. Ward's door is kept open whole night and it often happens that thief comes at midnight and takes away money, ornaments, watch from patient's attendants who sleep on the floor or the nearby veranda. Sometimes few patients can't sleep whole night for pain and shout and let others not sleep.
- i) **25 minutes of special attention:** Every day in the early morning, the Professors come to visit the ward. At that time everyone is in full attention. The junior doctors behave very sincerely, the sisters and the cleaners – everyone are very serious to perform well. The Professors take 20 to 25 minutes to complete this session and the picture in his presence is completely different than that of the rest of the day.

Conclusion

Life is completely different in a hospital ward. A man's real attitude can be seen in a ward. Here everyone thinks about only himself. Sometimes the patients' attendants behave selfishly but it happens because of their cordiality towards their relatives who are patients. Different people come from different classes and area. In the ward each bed costs 1000 tk per day which is costly for many patients. But they come here with a deep faith on the institution. May be it's possible to keep the hospital cleaner. Usually the patients and their relatives react firmly for its dirtiness. Service takers expect only some service from the providers - changing bed sheets regularly, keeping clean toilets, fresh food, good behaviour from all, etc. When a person admits in a ward, his life shrinks into a bed and a side table from a home. He has to adjust with new environment and his new physical condition. If physical condition is not in favour, a person's tolerance level becomes lower. If he is not attended properly by his relatives, he often reacts emotionally. As a sister (nurse) is full time available in the ward, the patients and their relatives have maximum interaction with her. A ward's environment is mostly dependent on the sister's attitude. If she behaves friendly, a normal atmosphere is consistently available there.

When in the annual picnic day all the doctors, staff etc are absent in the hospital, the patients feel insecure. If any problem arises, there is none to take care. Generally in the weekly holidays, the patients sometime feel nervous for the absence of doctors.

Often few attendants of patients behave strangely which create annoyance among others. They sleep, take their prayer and eat food on the patient's bed, keep untidy and noisy all the time, speak loudly over phone, keep the door of toilet open and keep the basin of bathroom dirty with food while washing utensils.

To pay bill is a hazard here- it's time consuming. Those who come here from the village for the first time, it's hard for them to connect everything. Often the doctors prescribe those medicines which are not found in the hospital's medical stores, and then it's more difficult for the attendants to buy it from outside.

Limitations

As this study is only based on observation of seven days and interviews, few loopholes may be found. Further study can be done based on more days' observation in more wards in more hospitals and medical colleges.

References

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