

Effects of Patient Isolation on Patient's Well-Being: A Review

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Background

Patient isolation is a measure taken to either prevent infected patients from infecting others (source isolation) or to prevent susceptible patients from being infected (protective isolation). There are a significant existing number of patients requiring isolation from infectious diseases such as tuberculosis, which is endemic in Singapore, and more recently, H1N1 to those who are immuno-compromised as a result of chemotherapy or after undergoing transplants. It is therefore important to examine the effects of patient isolation on the patients' psychosocial well-being and the factors which cause these effects.

Objective

The objective of this study is gain an overview on the psychosocial effects of patient isolation and their corresponding contributing factors via a systematic literature review.

Methodology

A systematic review was conducted using the databases of Ovid Medline, PubMed, CINAHL, PsychInfo, and Google Scholar. The search was limited to papers in English and paper referring to seclusion therapy for psychiatric treatment were excluded. Search keywords include "psychological effects", "mental health", and "isolation". The articles that were cited were also reviewed for relevance.

Results

One review paper and eleven primary studies were found. Based on these publications, (1) the direct effects of patient isolation and their adverse psychosocial impacts are illustrated using Figure 1, and (2) strategies that may potentially mitigate these effects are summarized in Figure 2.

It was suggested by Madeo (2003), Ward (2000) and Gaskill (1997) that the psychological problems reported were caused by firstly, the social isolation and lack of communication of the patient; secondly; the lack of stimulation and lastly, the loss of control. Patients reported feeling lonely during the period of isolation and wanted more communication with both staff and visitors. Isolated patients also reported that they were bored and frustrated due to sensory deprivation. Patients suffered from low self-esteem and disorientation due to their inability to exert any sense of control over their situation. It is, however, important to note that Wilkins (1988) suggested that some of the anxiety and stress felt by the patient could be due to the patient's disease instead of the patient's isolation.

Conclusion

The literature suggests that patients are likely to experience to some degree social isolation, lack of stimulation and the sense of loss of control when undergoing source or protective isolation. However, different strategies can be adopted to mitigate the impact of these factors. More research is needed to determine which interventions will be most useful and effective for patients undergoing isolation in Singapore.

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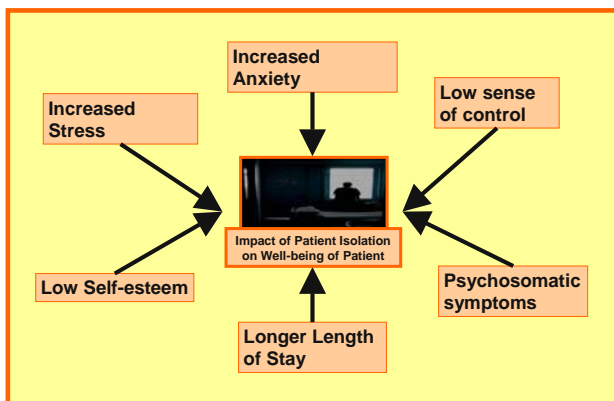


Figure 1: Summary diagram of adverse outcomes of patient isolation

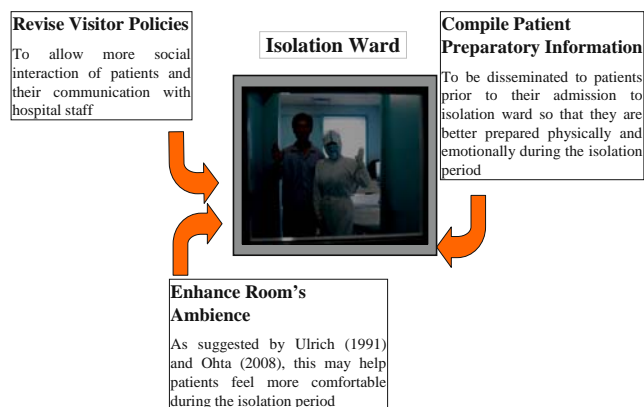


Figure 2: Strategies that may potentially mitigate the adverse effects of patient isolation