

Nursing processes to care for somatization disorder nursing essay



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The world is a well diverse place that entertains the minds of nurses to provide care to humanity. One of the most mysterious psychiatric disorders that puzzle the minds of health care providers is somatization disorder in which it was originally called Briquet's syndrome. In psychiatry, the nursing process is an eminent framework that provides assessment, diagnosis, planning/expected outcome, implementation/intervention, and evaluation to help resolve a patient's symptom. Somatization disorder is marked by multiple medically unexplained physical, or somatic, symptoms that interfere significantly with a patient's ability to perform activities of daily living such as work and family responsibilities. The cause of somatization disorder is not known. The physical suffering that a person with this disorder experience occurs about the age of 30. These individuals undergo numerous medical tests with negative results before psychological cause of their distress is identified. Usually a person with this disorder has suffered from discomfort physical pain, not psychological pain and have seen and consulted with several doctors. The goal for a person who suffers from this disease is to find a health care provider who can identify the cause of their illness and provide relief.

As a nurse, assessment is most critical and an important stage in establishing a stable foundation of the nursing process. There are three criteria's in the assessment stage which includes physiologic, mental, and social influences. In the mental status, a nurse will start their assessment with building a strong connection of trust. This is to have therapeutic relationship with the client who will hopefully express their feelings or any emotions that may be bothering them. A couple of physical examinations a

nurse will obtain are the patient's vital signs and patient's history. The patient's history involves the past and present. This is usually the first test perform on the patient. A nurse performs a thorough clinical evaluation of the patient's potential risk factors and symptoms. Several factors that increase an individual's chance of developing this disorder are antisocial personality disorder, anxiety, depression, cultures that discourage the communication of emotional distress, and a low social class with hardly any education. A diagnosis of this disorder requires different symptoms for a considerable amount of time. Some symptoms relating to this disorder are headaches, chest pain, nausea, vomiting, weakness, loss of voice, unable to feel pain, etc. When the nurse establishes that there are no physical symptoms, a mental test is performed to rule out related disorders such as sleep and anxiety disorders. Some behaviors affiliated with this disorder are excessive fear, worrying, dyspnea, sweating, restlessness, and muscle tension. Patient displays difficulty completing task and lack of joy in life. It is important as a nurse to know that a person with somatization disorder is not pretending to experience these physical complaints. As for a diagnosis, there are no specific tests to determine this disorder. Social assessment consists of the nurse investigating the patient's family functioning, education, occupation, culture, etc. These three assessments generally rule out symptoms and eventually narrow what is causing somatization disorder.

In this educational article “ Domestic Violence Among Druze Women in Israel as reflected by Health Status and Somatization Level” it describes women in a traditionally religious culture in Israel. This is a male-dominant culture in which women have to respect the elders, and be loyal to the family even

though they are being victimized or abused in their home. As Druze women visit their primary physician, a screening was being conducted to disclose factors leading to their somatization. Some of these factors that were screened were related to victimization such a safety, physical abuse, psychological, and sexual abuse. The medical symptoms that allure the Druze women into the clinic serve as an indirect tool to identify psychosocial indicators of increase somatization. This questionnaire composed of a completed health status, somatization, and abuse assessment screen. These women were asked to rate four items, which are 1- Do you feel safe in your home?, 2- Are you afraid of your spouse or another family member?, 3- During the last year, has anyone beaten you up, pushed or slapped you?, 4- During the last year, has anyone forced you to have sex. That article reported results of higher scores of physical and sexual violence, as well as a sense of fear at home were associated with lower health status and a higher somatization level (Women and Health, 2005). Women in abusive relationship who has greater stress are at risk of obtaining somatization. In the assessment stage, it is pertinent to summarized and collected data that will help identify the nursing diagnoses. A thorough nursing assessment may reveal information about family functioning.

In identifying the nursing diagnoses for clients, focusing on dysfunctional coping and issues related to family and psychosocial interaction is pertinent. The questionnaire that was collected during assessment from the Druze women was able to identify and diagnose the patient's problem. Some NANDA diagnoses for clients with somatization disorder are ineffective coping, powerlessness, social isolation, anxiety, and interrupted family

process. As with the Druze women, they display all of these diagnoses. A nursing diagnosis for the Druze women who showed higher levels of somatization disorder is ineffective coping related to unresolved psychological issues as evidenced by history of being abused.

The next step in the nursing process is the planning or expected outcome. In this process, it is the nurse duty or responsibility is to bring forth achievable goals for the patient and family to meet at a particular time period. Some of these expected outcomes involve coping, decision making, self-esteem, etc. In an article, "Complex post-traumatic stress disorder in patients with somatization disorder" describes the correlation between severe childhood trauma, adult somatization and complex post-traumatic stress disorder. A total of 28 patients were involved in this study. In this article, it shows that these individual who were abused as children and have post-traumatic stress disorder have been found to show more somatization (Spitzer, 2009). These individuals show more medically unexplained symptoms than the control group (non post-traumatic stress disorder). Coping as a plan will incorporate that the client will state feelings of powerlessness and other feelings related to sadness with less time spent focusing on physical symptoms during hospitalization. Another nursing outcome anxiety control in which the client will report increased feelings of relaxation and decrease anxiety during childhood trauma.

Implementation in the nursing process usually begins if client is in the hospital and continues on an outpatient basis. As a nurse, it is of the utmost importance to establish a good and trusting relationship with the client. The nurse will do intensive research of collaborating with other health care

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providers who treated and currently treating client. Communication is crucial in establishing enough resource on a patient. A nurse role at this point is to be empathic. Patient have to feel that the nurse understand what they are experiencing. Some important tools to use to communicate effectively with the patient are therapeutic communication. Listening and being assertive can portray confidence in the eyes of the patient who suffers from somatization disorder. Establish a therapeutic relationship with the client by spending one-on-one time with the patient with somatization disorder, assigning the same caregiver, keeping commitments, providing encouragement and support, and being empathic. Usually client with somatization disorder have little to no trust in the health care system. When the client trust is gain, therapeutic intervention is possible. If client describe physical complaints, refocus the client by encouraging verbalization of feeling. By focusing on feelings rather than physical complaints conveys interest in the client as a person and reduces their need to garner attention through physical complaints. The rationale is that this client will seek out nursing care as a mean of alleviating powerlessness.

The goal of care is for the nurse to make the patient feel they are controlling the symptoms. By controlling the symptoms, the patient will function properly in work and social situations. There are treatments for somatization disorder. These treatments are cognitive behavioral therapy, psychotherapy, and medications. Psychotherapy deals with a psychiatrist or social worker to deal with stressful or painful events. A medication use is antidepressant such as selective serotonin reuptake inhibitor (SSRIs). In an article, “ Stress-induced somatization in spouses of deployed and nondeployed servicemen”

elaborates on stress and somatization experienced by spouses of deployed versus nondeployed servicemen. This article illustrates that “ One of the cornerstones in treating somatization is structured cognitive behavioral therapy”. Cognitive behavioral therapy requires a mental health professional to work with you to cope with the symptoms. There is no known prevention for somatization disorder. In order to reduce a person chance of developing this disorder, they will have to reduce the amount of stress, be conscious of their emotional and psychological status, and have a strong and trusting relationship with your primary health care provider.