

Research Paper—Psychology



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**PERCEIVED MOOD STATES
OF ORTHOPEDIC AND
DERMATOLOGICAL PATIENTS**



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A B S T R A C T

The present study has tried to explore the Perception of different Mood States of Orthopedic and Dermatological Patients. For this data was collected on 200 respondents; 100 Orthopedic & 100 Dermatological Patients equally divided into two categories; males and females, 8SQ constructed by Cattell & Curran (1976) was utilized to measure the perceived mood states. The results of the present study have suggested that;

(1) Orthopedic patients have perceived more Depression and Regression. (2) Dermatological patients perceived more Anxiety, Stress, Fatigue, Extraversion and Arousal. (3) Orthopedic males have perceived more stress, Extraversion and Arousal. While Orthopedic females have perceived more Anxiety, Depression, Regression and Guilt. (4) Dermatological males have perceived more Anxiety and Stress while dermatological females have perceived more Depression, Regression and Fatigue.

A mood state is a relatively long lasting affective or emotional state. Moods differ from simple emotions in that, they are less specific, less intense, and less likely to be triggered by a particular stimulus or event. Moods generally have either a positive or negative valence. In other words, people typically speak of being in a good mood or a bad mood. Unlike acute emotional feelings like fear and surprise, moods often last for hours or days. Mood states also differ from temperament or personality traits which are even longer lasting. Nevertheless traits such as optimism and neuroticism predispose to certain types of moods.

To understand the different mood states in different types of patients (Orthopedic and Dermatological), researchers have asked whether there is a definite pattern and correlation in the prevalence of mood – states in different types of ailments and whether there is any gender specific differences in the prevalence also. The present study has, therefore, tried to explore gender differences

on the perception of mood – states of Orthopedic and Dermatological patients.

The term “Orthopedics” is derived from the greek words “orthos” (Straight) and “Paedia” (Child). Orthopedic patients have afflictions of their musculoskeletal systems. In addition to the bones and joints the domain of Orthopedics now a days includes problems of injuries related to the muscles, tendons, ligaments, bursae, nerves and blood – vessels. Infection to bones (osteomyelitis) is a very dreaded condition and although effective treatment is available, but still some amount of residual problem usually remains even after that. Orthopedic patients also suffer from degenerative joint diseases (osteo arthritis), spondylosis, osteoporosis, tumors of bones, cartilage and the surrounding soft – tissues. Dermatological patients are those who have any kind of disorders of skin, nails and hair. Although most of these patients don’t have pain or any threat to their lives but these disorders also disturb the patients emotionally and erodes their

self esteem. This group of patients includes conditions like SLE (Systemic Lupus Erythematosus), Psoriasis, Atopic Dermatitis, Bacterial, Viral and Fungal infections.

Method

Objectives: (1) To identify perceived Mood – states of Orthopedic and Dermatological patients. (2) To identify gender differences on the perceived Mood – states of Orthopedics and Dermatological patients.

Hypotheses: (1) There will be a significant difference on the perception of Mood – states of Orthopedics and Dermatological patients. (2) There will be a significant gender difference on the perception of Mood – states of Orthopedics and Dermatological patients.

Design-The present study has utilized one independent classificatory variable of Physical – conditions of the individuals. This variable led to the dichotomization of respondents into Orthopedics and Dermatological males and female patients. The dependent variable of interest was Mood – states.

Sample - The sample was collected on 200 adult patients; 100 Orthopedics and 100 Dermatological patients equally divided into two categories males (50) and females (50) in each category. Only those respondents were included in the study whose severity of diseases was ranked '3' (average) by the doctors on a 5 – point rating scale. The age range of the respondents was between 30 to 57 years with the Mean age of females being 39.70 years & that of males was 44.20 years.

Tools -8SQ (Eight state Questionnaire) developed by Cattell and Curran (1976) was used to measure the eight different types of Mood and Emotional states. These eight states are Anxiety, Stress, Depression, Regression, Fatigue, Guilt, Extraversion and Arousal.

Procedure -The sample was selected using incidental non –random sampling method. The data was collected on Orthopedic and Dermatological adult patients. All the respondents were contacted personally. The typed questionnaire comprised of seven pages and required at least 30 minutes to complete.

Analytic Strategy - The obtained data were analyzed using Mean, SD and t-testing.

Result & Discussion -Keeping in view the objectives of the present study, the obtained data were analyzed using Mean, SD and t-testing (Table – 1 and Table – 2). The obtained results are discussed as under;

(1) Perceived Mood – States of Orthopedics & Dermatological Patients: As it is evident from the inspection of Table–1 that significant differences are obtained on the perceived mood states of Orthopedics & Dermatological patients, supporting the first hypothesis. The findings of the study have suggested that as compared to Dermatological patients, Orthopedics have perceived more Depression and Regression. In other words Orthopedic patients feel more unhappy, disagreeable, pessimistic, disappointed, confused, unorganized, unable to concentrate, experience difficulty in coping and act more impulsively than dermatological patients. Tsapakis et al (2009) in their study found that Orthopedic patients suffer a greater number of mood disorders (anxiety & depression) even before & after the minor Orthopedic day surgery. The result of the present study has been supported by this study as Orthopedics were found to feel more depressed. The findings of Cohen et al (2006) Gupta & Gupta (2003) reported high depression among dermatological patients stand in contrast with the findings of the present study. Dermatological patients have perceived more Anxiety, Stress, Fatigue, Extraversion, Arousal and Total Mood States than Orthopedic patients (Table – 1) supporting the first hypothesis. Since dermatology is related with different kind of skin disorders, nails & hair. That's why they feel a lot of pressures, find themselves unable to take time off and relax, feel constantly on the go, feel hectic, experience great strain and lots of demands by others and become unhappy with their own performance. Some of the dermatological patients get so much negative feedback from the society that they feel themselves as untouchable and unwanted, hence, feel exhausted, feel no energy in themselves, sluggish, tired, need rest, weary, and below par in performance. They keep themselves more distant

from the society members. But some dermatological patients make reaction – formation. So they try to become more sociable, outgoing, adventurous, talkative and enthusiastic. This is perhaps the reason why dermatologic patients in the present study are also found to be more Extraverted than Orthopedic patients. The findings of Linnet & Jemec (1999) found that anxiety is a prevalent psychological factor associated with atopic dermatitis (AD). AD patients generally suffer from a high anxiety level, and psychological treatment documents a positive effect on the anxiety level as well as the course and management of the disease. The findings of Linnet & Jemec (1999) support the finding of the present study that dermatological patients experience more anxiety. The findings of Yazici et al (2004) also reported high anxiety among dermatological patients support the findings of the present study. Ali et al (2004) reported Orthopedic patients as more anxious than dermatological patients stand in contrast with the findings of the present study.

No significant differences are found on the perception of Fatigue among Orthopedic & Dermatological patients. Evers et al (2005) in their study reported that dermatological patients feel more fatigued, helplessness and less social support

which stand in contrast with the findings of the present study.

2. Gender Differences on the perception of Mood–States among Orthopedic & Dermatological patients;

(i) Orthopedics & Mood – States - As it is evident from the inspection of Table – 2 that orthopedic males have perceived more Stress, Extraversion and Arousal than Orthopedic females. In other words as compared to Orthopedic females, Orthopedic males feel a lot of pressure, unable to take time off and relax, consultancy on the go, feel hectic, experience great strain and experience lots of demands. Since we live in a male dominated society and the males are considered as bread winners and whole – sole of the family. So they feel more stressed as compared to females because inspite of their physical problem & they are supposed to fulfill all their responsibilities alone. This might be one of the reason why male Orthopedics are more stressed than Orthopedic females. Orthopedics males are also found to be more sociable, outgoing, adventurous alert, keyed up, excited, stimulated, keen and sharp sensed than Orthopedic females. One of the drawbacks of being highly physically active is injuries (Over use injuries

such as stress fractures or accidental injuries). A state of mental arousal may lead to more physical activities and more Orthopedic problems & this may be cause of the above findings. All these results support the second hypothesis of the present study.

Orthopedic females are found to experience more Anxiety, Depression, Regression, Guilt and total mood states than orthopedic males. (Table – 2) In other words orthopedic females are worried, tensed, unhappy, pessimistic, disappointed, confused and unorganized, unable to concentrate, act impulsively regretful and dissatisfied with themselves. The studies of Carol et al (1981), Rosenfield, (1980), Hoeksema (1990) and Piccinelli (2000) reported prevalence of depression more in

Table-1: Mean, SD and t-values of Orthopaedic & Dermatological Adults on different Mood-States

Different Mood States	Orthopaedic Patients(n=100)		Dermatological Patients (n=100)		t Values
	Mean	SD	Mean	SD	
ANXIETY	13.06	4.22	16.69	5.89	5.04**
STRESS	18.15	3.21	19.28	2.69	2.69**
DEPRESSION	17.75	4.59	16.44	4.6	2.01*
REGRESSION	16.40	3.21	15.09	4.41	2.38*
FATIGUE	13.10	5.26	15.16	2.19	3.61**
GUILT	18.06	5.28	18.25	3.55	.29
EXTRAVERSION	16.66	3.04	18.96	2.77	5.60**
AROUSAL	13.25	4.20	15.2	2.99	4.75**
TOTAL	120.25	16.45	131.01	12.2	5.29**

**=Significant at .01 level

*= Significant at .05 level

Table -2: Mean & SD of Orthopedic and Dermatological Adult Male & Female Patients on different Mood-States.

Different Mood States	Orthopedic Patients (N=100)					Dermatological Patients (n=100)				
	Males(n=50)		Females(n=50)		t Values	Males(n=50)		Females(n=50)		t Values
	Mean	SD	Mean	SD		Mean	SD	Mean	SD	
ANXIETY	11.62	6.45	14.74	2.15	3.25**	17.84	4.16	15.74	3.15	2.83**
STRESS	17.82	4.2	13.06	3.22	6.34**	18.28	4.06	14.76	4.59	4.09**
DEPRESSION	16.4	3.04	19.0	5.60	3.20**	14.24	3.96	18.44	3.69	5.53**
REGRESSION	16.38	5.28	18.64	4.83	2.24*	17.69	4.61	19.6	3.84	2.05*
FATIGUE	13.1	5.76	14.08	4.31	.96	14.86	3.99	17.08	4.31	2.67**
GUILT	14.42	4.89	18.06	5.80	3.40**	17.86	4.85	17.06	5.08	.74
EXTRAVERSION	14.14	5.26	12.22	2.56	2.31*	17.96	3.77	17.22	3.56	1.01
AROUSAL	20.02	2.29	16.6	3.21	6.11**	18.2	3.29	18.6	3.21	.62
TOTAL	123.92	22.23	131.5	13.73	2.05*	141.86	15.25	141.5	15.73	.12

women than men, support the findings of the present study. No gender differences were found on the perception of fatigue among Orthopedic Buchwald et al (1994) also reported no gender – differences among Orthopedics on the perception of fatigue which support the finding of the present study.

(i) Dermatological Patients & Mood – States: Dermatological males have found to be more Anxious and Stressed. Weinstock (1999) reported that the life time prevalence rate of anxiety is 13.3% with rates of 15.5% in women and 11.1%

in men stand in contrast with the findings of the present study. While Dermatological female patients were found to experience more Depression, Regression and Fatigue than dermatological male patients. The psychological development during the formative years of childhood may be responsible for these gender differences. It is found that Psychological and Psychiatric factors play an important role in majority of the dermatological disorders. Women are also more sensitive to these psychological factors. In many cases the impact of the skin disorders upon the quality of women’s life is a stronger predictor of psychiatric morbidity than the clinical severity of the disorder as per physician ratings. The higher

prevalence of Depression, Regression & Fatigue in skin patients as compared to males can be attributed to these facts. The findings of the present study may help people to understand the psychological conditions of different patients suffering from different diseases. These findings throw some light upon the different perception of Mood states of people having different physical conditions. It also throws some light upon how males and females react and response overtly to their physical conditions/disorders.

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