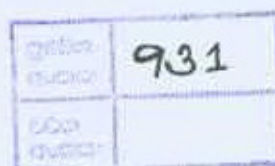


THE PSYCHOLOGICAL IMPACT OF SPINAL CORD INJURY

By

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ABSTRACT

Spinal cord injury usually ends up with permanent paralysis of voluntary muscles and loss of sensation below the lesion, which is associated with reduced mobility and functional independence, impairment of social and vocational activities, as well as negative influences on the person's health and well-being (Middleton & Tran, 2007). Any damage to the spinal cord that has not been caused by a major trauma (Non traumatic spinal cord injury) but has been damaged in other ways such as infection, loss of blood supply, compression by a cancer or through slow degeneration of the vertebrae such as in osteoarthritis can also influence both motor and sensory functions (Kumar & Clark, 2005).

The aim of this study was to examine the psychological impact of spinal cord injury three months after the incident in terms of assessing anxiety and depressive symptoms, coping strategies and understanding psychosocial issues that can be addressed. Specific objectives of the study were (a) identify the psychosocial difficulties faced by the persons with spinal cord injury, (b) describe the extent of depression and anxiety in persons with spinal cord injury, (c) identify the strategies which are used by persons with spinal cord injury to cope with the injury, (d) describe the relationships between coping strategies and psychological outcomes in persons with spinal cord injury and (e) determine perceptions of nurses who work in spinal injury units of rehabilitation hospitals.

A cross sectional descriptive design was employed. An investigator administered questionnaire was utilized to collect quantitative data and semi structured interviews were

conducted by the investigator using an interview guide to collect qualitative data at Rheumatology and Rehabilitation Hospitals Ragama and Digana.

According to the results there were 88% (178) of persons with SCI had no anxiety and only 12% (24) of persons with SCI had anxiety. There were 81% (164) persons with SCI had no depression and only 19% (38) persons with SCI had depression. There were six significant psychosocial problems emerged from participants' narratives; physical dependency, financial difficulties, burden on the family, uncontrollable sensations, uncertainty of marital relationships and lack of concern from associates. Social support, religious beliefs, determination and courage, acceptance and making comparisons were emerged as themes for coping strategies for SCI persons. Perceptions of nurses regarding persons with SCI, meaning of psychological support, ways and means of providing psychological support and barriers to provide psychological support were discussed in the in depth interviews with nurses. Being psychologically distressed, uncertain of future life, helping to adjust to changes of life, being helpful, inability to get corporation, being culturally sensitive 'gender wise', unavailability of training were the themes emerged.

Financial difficulties of SCI persons were found as a major problem in most participants. It is recommended that the available community based rehabilitation programmes be expanded further to assist SCI persons to overcome those difficulties. Most of the nurses emphasized lack of education regarding sexual functioning and related problems of persons with SCI during their rehabilitation. Persons with SCI also communicate indirectly about the importance of receiving information regarding sexuality. Conducting educational sessions about sexuality for persons with SCI is an essential component before discharge from rehabilitation hospital.

There is little research studies on use of psychological interventions to minimize anxiety and depression among persons with SCI in Sri Lanka. It is important to study what type of interventions needed and how these interventions impact psychological outcomes whether associated positively or negatively with patient outcomes.