Point of View

When Helping Hurts: Negative Effects of Benevolent Care

When helping can hurt, should we help at all?

In hospitals and nursing homes, "g doch patients" do not push nurse call buttons, do not ask questions, and do not try to control their surroundings. Such passivity may be good for institutional efficiency but can be bad for patients and residents. Through the best of intentions, care providers assist their clientele in many aspects of living with little consideration of the importance of encouraging independence. Though well intended, it will be shown that such care can be very detrimental to well-being.

LEARNING TO BE HELPLESS AND HEALTH CARE

Increasing dependence on others creates a state of helplessness, which, according to Carlson and Blackwell (1970), is a complex syndrome of emotions.

People are often placed in long-term care facilities against their wishes, and once there, they have little say in what they do, they are expected to allow the staff to make their life decisions. Meals are given at scheduled hours, baths are given on certain days, and visiting hours are predetermined. All rooms are furnished alike.

Losing a sense of control can make unpleasant events profoundly stressful (Homeleau & Bodin, 1986). Nursing traditionally has been viewed as a helping profession, but it may breed feelings of helplessness (Klaus et al., 1997). Diseases are often associated with helplessness, which can result in a rapid decline in health and, ultimately, death. However, patients who believe in their ability to control stress require fewer pain relievers, and nurses rate them as being less anxious (Langer, Janis, & Weller, 1975). Such patients tend to adhere to health regimens, seek medical advice more readily, and exhibit fewer medical problems (Decl, 1980).

CONTROL AND HEALTH

Langer and Bodin (1976) demonstrated the importance of personal control. They studied elderly persons in a highly rated nursing home allowing random individu
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To someone who is unaware of the importance of personal control, this 3-week experiment may not seem like a major intervention in the lives of the residents. The first group heard one speech about self-responsibility, which may not seem like a very strong intervention. The important point is that so uninstitutionalized person who feels helpless, even a small boost in control can have a dramatic effect.

The results were that the residents with increased personal control became more alert and more active than those in the comparison group. More important, increased control affected residents' health and mortality (Richards & Langer, 1977). Eighteen months later, only 15% of the patients in the personal control group had died, compared with 30% in the other group—a statistically significant difference.

Why this difference? The researchers suggested that patients in the personal control group were more positive, more sociable, and generally happier than the patients who relinquished control of their lives to the well-intentioned staff. In other investigations, Langer and her colleagues (Ariely & Langer, Newman, Chandler, & Daves, 1989) and Schmitt (1976) found that making home residents who were taught self-control strategies, such as relaxation and meditation, and who were allowed to control the length and frequency of visits, tended to live longer.

However, a difference exists between the two studies. The residents in the Langer and Rodin study (1970) were given an enacting sense of control. For example, they continued to choose which days to participate in different activities even after the study ended. By contrast, when the Schmitt study (1976) concluded, visits ended. Residents who gained control of visits during the study suddenly had that control taken away.

Over time, the people in the increased control group did worse and were more likely to die (Schmitt & Hanusa, 1978). This increased morbidity and mortality seemed to occur because perceived self-controls were taken away.

IMPLICATIONS AND CONCLUSION

In summary, studies have shown consistently that having a sense of control over what happens to an individual is beneficial and is associated with better adaptation to chronic illness, greater immunity to disease, better health and psychological adjustments (Rodin, 1986), a decline in morbidity (Taylor & Brown, 1988), and an increase in health and happiness (Deci & Ryan, 1987). Nurses are in a unique position to enhance perceived control. Caregivers must recognize the importance of and rationale behind self-help and self-responsibility for patients and residents. Fostering strong support systems, developing trusting relationships, and providing opportunities for active participation in decision making are important nursing interventions that will combat helplessness, hence fostering greater well-being. One cannot exist, however. The Schmitt study (1976) shows that the effects of perceived control are potentially so powerful that nurses should be very careful not to introduce it and then take it away. It is not better to have controlled and lost than never to have controlled at all.

REFERENCES


