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A study of patient and nurse attitudes toward certain sociological and psychological factors in nursing care.

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Boston University
A STUDY OF PATIENT AND NURSE ATTITUDES TOWARD CERTAIN SOCIOLOGICAL AND PSYCHOLOGICAL FACTORS IN NURSING CARE

Submitted to
The Faculty of the Boston University
School of Nursing
by
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CHAPTER I

THE PROBLEM

Introduction

The national nursing organizations have set up minimum standards so that the quantity of nursing care may be measured by the use of accepted formulae. However, there is no acknowledged criterion or formula for measuring the quality of nursing care administered. The quality of nursing care is that immeasurable and intangible factor which markedly influences the fulfillment of patient needs. It consists of an evaluation of the attitudes of both the patients and the nursing personnel involved in each agency, as well as their actions. To evaluate these attitudes and activities, it is necessary to understand the concept of comprehensive nursing care. Within the past several years, various similar definitions of nursing have been defined in a broad sense to include physical care of the sick; care of the mind and spirit, as well as the body; care of the patient's physical and social environment; health education, health services for families and communities. In order to administer total comprehensive nursing care in all of these areas, a satisfying nurse-patient relationship is needed. To obtain this relationship, the nurse must focus her attention on patient needs and the fulfillment of these needs. A principal component in this
relationship is a knowledge of the attitudes and feelings of the patients toward their nursing care, and of the nursing personnel toward the kind of care they are giving. Four areas encompassed in the concept of comprehensive nursing which are pertinent to quality nursing care are: 1) care of the mind and spirit, 2) care of the social environment, 3) care of the physical environment, and 4) health education within the hospital. These might be classified as some of the sociological and psychological factors in nursing which, if understood by the nurse, might greatly influence satisfactory nurse-patient relationships and, consequently, aid in providing maximal nursing care of the patient.

Statement of the Problem

In order to determine whether patient needs are being met in certain sociological and psychological areas, and to determine whether the nursing personnel feel they are meeting these needs, this problem was approached by proposing the following questions:

1. What are the feelings and attitudes of adult medical and surgical patients toward certain sociological and psychological aspects of nursing care in a specific hospital?

2. Do the nursing personnel on the medical and surgical services of this same hospital feel they are giving the nursing care necessary to include these sociological and psychological aspects to the satisfaction of the patients?

An attempt to clarify and solve these problems requires that the following questions be answered:

1. Why were these four areas chosen to be studied?
2. Do the patients feel that their needs are being met in these areas?

3. Do the nursing personnel feel they are helping patients meet their needs in these areas?

4. What are the similarities and differences in responses of patients and nursing personnel?

5. What are the positive and negative factors in these areas that influence nursing care?

6. What recommendations may be made to this specific hospital in order to aid in improving the nursing care of patients?

Purpose

This study was initiated because of an interest in determining the quality of nursing care administered in a specific hospital. It is realized that the quality of nursing care cannot be measured in an absolute sense because of the intangible qualities involved, however, in order to continuously strive to improve patient care, any institution must first attempt to determine this quality. At the hospital in which this study is being conducted, no research has ever been attempted to determine what sociological and psychological needs of the patients were being met.

Frequently, the patient can make suggestions as a result of subjective factors which are not realized or apparent to the nursing personnel. These suggestions should serve as helpful guides in planning the amount and kind of care we need to provide.¹ The value of obtaining patient opinion is

further justified by Randall, who states that we should be concerned with patient opinion and use this information to locate sources of misunderstanding and dissatisfaction. Furthermore, Bernays suggests that patient opinions are important because nurses are dependent upon them for help in solving their problems.

Nursing personnel who are given an opportunity to focus attention on the quality of nursing care they administer, may benefit through self-criticism, and thereby voluntarily improve their care to patients.

The determination of the quality of technical skills is not the purpose of this study. It is felt that in most instances, the nursing profession itself can best judge the competence with which the technical aspects of nursing care are administered.

Both patients and nursing personnel are asked their personal opinions about four areas in nursing care, i.e., care of the mind and spirit, care of the social environment, care of the physical environment, and health education in the hospital, in an attempt to partially determine the quality of nursing care being administered at this specific hospital. The feelings and attitudes sought are those which only each participant in the study can judge. The areas to be studied

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are ones which are important to the patient, but which are thought to be neglected by the nursing personnel on the grounds that they do not have time to give the comprehensive care indicated by including these areas. The study might show that the patients are satisfied with the nursing care given to them, but regardless of this, it may or may not show that the nursing personnel feel they are including these areas in their daily contact with patients.

Scope

This is an attitude study of medical and surgical patients and the nursing personnel caring for them, to determine whether certain sociological and psychological factors in nursing care are being met satisfactorily. To obtain responses from what may be assumed to be a representative sampling, questionnaires were distributed to more than 200 patients and nursing personnel. These questionnaires, although worded differently for the two groups, were set up so the patients' responses to each question could be compared with the responses to the same question asked of the nursing personnel. This would facilitate the method of determining first, if the patients were satisfied with their care, and secondly, if the nursing personnel felt they were giving the quality of care necessary to satisfy patient needs.

The patients included in the study are adult medical and surgical patients, on both house and private services. The personnel involved are all those persons who are assigned to
the medical and surgical services by the nursing department, excluding the ward secretaries; therefore, the head nurses, graduate nurses, nursing students, nursing aides, and orderlies who render nursing service on these units are included in the study.

This study was conducted with the cooperation of a private general hospital in an industrial city located in New England. The hospital has a total capacity of 221 beds and 36 bassinets. There is a three year school of nursing within the hospital organization.

Since this is an attitude study, based on individual opinions, there was no attempt to control the many variables which would influence the responses. It is important, however, to recognize that these variables are present and may have an effect upon the findings. These findings will be analyzed under the four broad categories which were previously described.

This study may have direct application to other general hospitals in which the background of patients, the preparation and number of nursing personnel, and the philosophy of care are similar.

Definition of Terms

In order to clarify the meaning of terms to be used throughout the study, the following definitions are given:

Nursing personnel. A collective term which refers to all the personnel assigned by the nursing department to the various medical and surgical wards to give nursing care. This group includes head nurses, staff nurses, nursing students,
nursing aides, and orderlies.

**Medical services.** A clinical service which includes both general medical and cardiac services.

**Surgical services.** A clinical service which includes general surgical, orthopedic, urological, gynecological, eye, ear, nose and throat, thyroid, and the neurological services.

**House patients.** Those patients who are under the care of the medical or surgical staff physicians who have been assigned to each clinical service by the physicians' executive committee of the hospital.

**House wards.** The wards to which house patients are usually assigned.

**Private patients.** Those patients who are under the care of physicians of their own choice.

**Private wards.** The wards to which private patients are usually assigned.
CHAPTER II

REVIEW OF RELATED RESEARCH

Previous Investigations

Few studies have been published which deal with attitudes of patients and nurses. In 1951, Nahm\(^1\) reported a study of senior nursing students and graduate nurses through the use of an autocratic-democratic attitude test. This revealed that the beliefs and practices of those tested seemed to relate to an authoritarian rather than a democratic philosophy.

Studies undertaken by Connors,\(^2\) Robinson,\(^3\) and Mack\(^4\) are all concerned with a broad modern concept of social and psychological aspects of patient care.

After the Baker Memorial unit of the Massachusetts General Hospital had been in existence for 10 years (1930-1939), a study\(^5\) was made to determine the reactions of patients to the

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conditions of their care while hospitalized. A minimal amount of the information sought was concerned directly with nursing care. The segment of the study related to this area showed that ninety-four per cent of the patients' responses revealed "satisfaction with and often enthusiasm for the nursing service as to its amount and quality under all conditions of illness, while less than 5 per cent voiced dislike for the many changes of nurses, insufficient number to do all the work required, and their relative indifference to care of convalescents."6

Further published work concerned with patient and nurse attitudes which have an indirect bearing on this study are included in various books and articles in nursing and allied literature. Brown7 indicated the importance of nurse attitudes, nurse-patient relationships, and understanding of patient needs. Smith8 emphasized these same areas in 1939, as did Muller9 in 1950. A later study10 recommended that more stress be placed on the professional nurse's responsibility

6 Ibid. p. 30.
for planning total patient care.

Published articles concerned specifically with patient attitudes toward nursing care are few in number. However, there are several pertaining to hospital service in general which include nursing care. In their study, Viguers and Brickman\(^\text{11}\) demonstrate the value of allowing patients to tell their opinions of hospital service. A discussion of a patient's view of a hospital is reported by Day,\(^\text{12}\) in which emphasis is placed upon the need for hospital personnel to improve their philosophy of hospital purposes and their understanding of the emotional needs of patients.

Early in 1947, the hospital in which the present study is undertaken conducted a questionnaire poll\(^\text{13}\) of former patients and their families in order to determine the degree of community interest in building a new addition to the hospital. The only question directly bearing upon nursing care dealt with the attitudes of nurses and attendants toward patients at the hospital. After the responses were analyzed, it was found that, of the patients, 16.5 per cent thought nurses' and attendants' attitudes were indifferent, and 83.5 per cent thought they were kindly disposed toward them. Of the 5,820


\(^{12}\) Day, John W. "A Patient's View of a Hospital." Hospitals, 14:18-21, January, 1940.

\(^{13}\) Personal communication.
questionnaires mailed, 833, or 14 per cent were returned, and of these, 458, or 55 per cent, wrote comments. Those comments which dealt with the attitudes of nursing personnel were rated in four categories as follows:

- excellent ........... 23.5%
- good .................. 31.0%
- critical ............... 40.25%
- antagonistic .......... 5.25%
- total 100.00%

In 1947, Randall\textsuperscript{14} conducted a poll of patient opinions in four Minnesota hospitals. Of the 273 patients participating in the poll, some had specific complaints in 16 areas, even though they were generally satisfied with the hospital care. The areas in which the percentage of complaints was highest include: no ideas about home care, no explanation of hospital schedule, awakened too early, food not hot, and visiting rules not satisfactory.

Bernays,\textsuperscript{15} a public relations consultant, conducted a poll of patient opinion of nurses. The findings were favorable toward nurses on the whole. Most patients received enough attention, felt their nurses were skillful and deft, were well-informed on both medical and non-medical subjects, and met their needs and desires.


A study, directed by Burgess\textsuperscript{16} in 1928, was made of the economics of nursing in the United States. More than one thousand patients responded to questionnaires which sought their opinions regarding the quality of care they received, and the fairness of fees, from private duty nurses. Eighty-six per cent of the patients were satisfied with the nursing care they received, and fifty-four per cent said it was more difficult to pay the nurse than to get the right kind of nurse.

In 1952, a group\textsuperscript{17} studied the social expectations and desires of psychiatric patients. Their findings revealed the following:

1. Patients do have social expectations and desires from nursing personnel and are able and willing to verbalize them if given the opportunity.

2. Patients' desires for social interchange with nurses were considerably higher than either their experiences or expectations.

3. Since there are differences in patients' social experiences, expectations, and desires due to sex and behavior, a more individual approach to patients is indicated.

4. Nurses spend less than half their time carrying out emotional aspects of patient care.

5. The background and experience of the nursing personnel influence markedly their understanding of patients.


Within the past two years, Wright\textsuperscript{18} has conducted a study at the Harper Hospital in Detroit, Michigan. It was an inclusive study of the entire hospital organization, its personnel and its patients, with the primary purpose of improving patient care. The patients were surveyed as to their satisfaction on eleven items having to do with care in the nursing unit. The findings of this study will not be published until the summer of 1953; therefore, they cannot be discussed in relation to this study, although many of the questions asked of the patients are similar.

No study concerned with only the four aspects of nursing considered in this investigation has been reported in the literature to date.

Philosophy

The present trend of the concept of nursing toward caring for the patient as a whole is in keeping with Florence Nightingale's\textsuperscript{19} original definition of nursing. Almost a century ago, Miss Nightingale was crusading in an attempt to create the realization that it was not just the disease which must be treated, but rather, the whole person. She maintained that the physical and social environment, health education,

\textsuperscript{18}Wright, Marion J. "Meeting the Need for Nursing Personnel." \textit{Hospitals}, 26:49-51, 76-78, June, 1952.

and other social and psychological aspects of nursing were as important as the direct physical treatment of the disease. It was pointed out in 1937\textsuperscript{20} that with the rapid development of the public health movement earlier in this century, this concept was neglected to a great extent in institutions, because the preventive and social aspects of nursing were identified with this new group. Consequently, the hospital nurses tended to ignore these important factors in the care of their patients.

Today, the human elements are becoming more involved in nursing care, not to displace the physical and technical skills, but to become integrated with these skills, so that complete and comprehensive nursing care would include both technical skills and understanding of patients. While it is true that a nurse must be clinically proficient, a good nurse must be much more, for she must also recognize the indivisibility of the patient, his mind and his body.\textsuperscript{21}

Evidence in nursing and allied literature points out that nursing personnel cannot give comprehensive nursing care to patients, or meet the needs of these patients to any measurable degree, unless they have self understanding and some fulfillment of their own needs. Specifically, three sources proclaim


the value of this theory. Müller\textsuperscript{22} states that "the successful application of interrelationship depends upon the person who has achieved self understanding". Bischoff and Connolly\textsuperscript{23} maintain that "the nurse's knowledge of herself and her skills in developing helpful nurse-patient relationships are important factors in successfully meeting the emotional needs of patients in general hospitals". Laycock\textsuperscript{24} points out that "the hospital will help meet the psychological needs in patients to the extent the employees are finding a rich fulfillment of their own needs".

Thus it is seen that the first step toward the improvement of nursing care rests within each of the nursing personnel, and the ability to understand one's self is difficult unless some guidance is given. The second step is to develop skill in interpersonal relationships, so that one's own standards, attitudes and needs do not influence harmfully the interpretation of patients' needs. To develop this skill is difficult too, unless some guidance is given. Assistance in guidance and self-direction of nursing personnel has not been emphasized enough in nursing service administration. One of the purposes of this present study is to determine the need


\textsuperscript{23} Bischoff, Mary W. and Connolly, Mary G. "New Skills Are Needed." \textit{American Journal of Nursing}, 51:576, September, 1951.

for helping nursing personnel give comprehensive nursing care. Too often, the cause of inadequate care of patients is not ignorance of technical nursing skills, lack of time, or shortages of workers. It may be that the personnel are either not aware of the importance of these human, or sociological and psychological, factors in nursing care, or they do not know how to integrate these factors in the care they administer. If it is found that the nursing personnel are not including the social and psychological aspects of their care to patients, the next step is to learn why they are not, and then remove the cause, if possible.

Once the nursing personnel understand their own attitudes and actions, it is easier for them to develop skills in interpersonal relationships since, by understanding themselves, they can better understand their patients. One aspect of this comprehensive knowledge of patients' attitudes and actions is an awareness of their social and psychological needs as integral parts of the care given them. Each patient and each situation presents a new challenge which calls for the best use of our skills in nursing the total patient. \(^{25}\) By meeting all of the needs of each patient, the nurse is able to produce a climate which enhances his recovery.

According to Peplau, \(^{26}\) there are four phases in the

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\(^{25}\)Bischoff and Connolly. op. cit., p. 578.

nurse-patient relationship which demonstrate the need for including the social and psychological factors in nursing care. The first phase is orientation, which leads to the expression of the patient's needs and feelings. The second phase is identification which is a way of meeting felt needs by the nurse who consistently symbolizes a helping person, providing abundant and unconditional care. The third phase is exploitation, wherein the patient becomes more mature and independent, and makes full use of the services offered him on the basis of self interests and need. The fourth phase is resolution in which, as old needs are fully met, they are gradually put aside willingly by the patient as he prepares to go home. If the patient and his family have had adequate preparation for his care after discharge, the illness even is soon integrated by the patient. This is the ideal situation in nurse-patient relationships perhaps, but it cannot be obtained through mere technical skill on the part of the nurse. Much more is needed. How else can this patients' needs, as seen in these four phases, be met unless the sociological and psychological factors in nursing care are included to the maximal degree? It appears as though sufficient proof has been established which demonstrates the importance of these factors in care of patients.

This study does not pretend to include all of the sociological and psychological factors in nursing care. It is concerned with four areas: care of the mind and spirit, physical environment, social environment, and health education, as
these are involved in care given by nursing personnel. In addition, this study does not include each of these four areas in complete detail, since the purpose is to obtain a broad view of the strengths and weaknesses of these areas in the nursing care administered in a specific hospital. With the trend in nursing reverting again to Florence Nightingale's original definition and purpose, the hospitals of today must determine whether they are giving the social and psychological factors in nursing care adequate emphasis so that they may be integrated in order to give patients the total comprehensive care they need.
CHAPTER III

PROCEDURE OF THE STUDY

The Hospital

The site of the study is a private general hospital located in an industrial city in New England. It has a total capacity of 221 beds and 36 bassinets. The average daily census for the fiscal year ending June 30, 1952, was 201. The seven medical and surgical wards normally contain 168 beds. During the week of the study, the daily average census on these two services was 149. The daily average nursing care hours on the seven wards during the week was 3.5. There was no attempt on the part of the nursing department to influence the quality of nursing care administered on these wards either before or during the week of data collection.

The Patients

The patients who participated in this study were those who were on the adult medical and surgical wards. In this hospital, persons who are 14 years of age and older are admitted to these wards. The patients included in the study were all of those who had been under the care of the general nursing staff, and who had been in the hospital at least three days. It was felt that this number of days was the minimum necessary for the patients to be able to judge
somewhat competently the quality of nursing care in order to answer the questionnaire. Patients from both the private and house services were included in the study. However, it would have been virtually impossible to obtain an equal number of house and private patients during the time allotted for collecting the data since, for the past seven years, approximately 85 per cent of the patients admitted to the hospital have been on the private services. There was also no attempt made to distribute evenly the number of medical and surgical or male and female patients since the investigator was striving for a typical representative sampling.

The only adult medical and surgical patients not asked to participate were those who had private practice nurses caring for them for one or more eight hour periods daily, those who could not read English or reasonably understand the content of the questionnaire, and those who were acutely ill and comatose.

Since this was an attitude study based on individual opinions, there was no way to control the many variables which would influence the responses. Each patient was visited by the investigator, the questionnaire and its purpose were explained, anonymity was assured, and each person was allowed to keep the questionnaire for a minimum of 24 hours, so it could be answered at the patient's convenience. Any other internal or external influences could not be controlled in this particular situation.

The data from the patients was collected during one
A total of 100 patients were given the questionnaire and 100 per cent were returned.

In this sample there were the following:

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<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
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<tbody>
<tr>
<td>Medical patients</td>
<td>13</td>
<td>12</td>
<td>25</td>
</tr>
<tr>
<td>Surgical patients</td>
<td>37</td>
<td>38</td>
<td>75</td>
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The Nursing Personnel

The nursing personnel involved in this study were the head nurses, staff nurses, nursing aids, and orderlies assigned to the several medical and surgical wards. Included also were all of the students of nursing in the school. It was desirable to have all of the students participate not only because they render service and gain experience intermittently throughout their program on these two services, but also because, for the purposes of future recommendations, it was necessary to learn their various attitudes toward the quality of nursing care they were giving their patients.

The only nursing personnel on the medical and surgical wards who were not approached were those not on duty because of days off, vacation, illness, or leave of absence on the two days during which personnel were contacted. All nursing students except those on vacation and affiliation participated in the study.

The data from the nursing personnel were collected during four meetings over a two day period. The hours of the meetings were posted two weeks in advance on all floors of the hospital.
In this way, the personnel could attend a meeting at the time most convenient to them. Paid personnel from the pediatric and obstetrical wards, and the entire supervisory and educational staffs, were invited to attend any meeting so they could learn about the study, although they did not participate in it. At each meeting, the questionnaire and its purpose was explained, each participant was assured anonymity, and each completed his individual questionnaire at the meeting, with no time limits established. A total of 124 questionnaires were distributed to the personnel. The response was 100 per cent.

The Questionnaire

The data collecting devices used in this study were two questionnaires, each consisting of 43 questions. One set of questionnaires was distributed to patients, the other to nursing personnel. The questionnaires were devised so that each response could be rated, and appropriate columns were provided with the following headings: always, sometimes, never, and no opinion. The questions were grouped into four separate categories so that, in the patients' questions, the first fifteen were concerned with care of the mind and spirit, the next thirteen were directed toward care of their social environment, the following five were concerned with their physical environment, and the next eight referred to their health.

1See Appendix A.
2See Appendix B.
education. In addition, there were two final questions asking their preference in categories of personnel caring for them. The nursing personnel questionnaire contained statements worded in such a manner that the responses from the personnel could be compared with patient responses in those same broad categories. In the questionnaire given the nursing personnel, the total number of statements in each category differed slightly in that there were sixteen concerned with care of the mind and spirit, and fourteen directed toward care of the social environment. The last two categories contained the same number of statements, five and eight.

The trial run for each questionnaire was conducted two weeks before the final distribution. Questionnaires were given to a selected group of ten patients and four nursing personnel, who studied and answered them, and offered constructive suggestions for re-wording some of the statements for clarification of their meaning. One patient thought the questionnaire was too long, while the other nine considered it to be of comfortable length.

The questionnaire method of collecting data was used principally because it was less time consuming and would cover a wider sampling than the interview method, there was less pressure on the participants for an immediate response, and it was possible to insure uniformity of questions and responses since the same wording and order of questions were used for all participants.
The investigator attempted to word the questionnaires in such a way that they would have the same meaning for everyone. It is recognized, however, that the danger of misinterpretation was present. According to Payne, it may be "almost certain that on nearly every question, some fraction of the respondents give answers which they do not really mean to give," yet Finer states that "with proper procedure and safeguards in interpretation (no poohpoohing on the ground that the patient is ignorant, or acts emotionally, or that, on the contrary, he is rationally omniscient), this is a valuable adjunct to the efficiency audit."

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CHAPTER IV

PRESENTATION

Analysis of Data

The questionnaire was given to 100 patients. There were twenty-five medical patients and seventy-five surgical patients who responded. In all, 50 per cent of the responses were from males, 50 per cent from females. According to age groups, 23 per cent of the participants were between 14 and 29 years of age, 33 per cent were between 30 and 49 years, 34 per cent were between 50 and 69 years, and 10 per cent were 70 or older.

As previously noted, 124 questionnaires were distributed to the nursing personnel. Of those participating, seven were head nurses, sixteen were staff nurses, eight were nursing aides, and two were orderlies, and 91 were students of nursing. Of the latter, 35 were in the last year of their program; 19, in their second year, and 37 in the first year.

After the questionnaires were returned, the data were analyzed and the responses were grouped into four broad categories, namely:

1) care of the mind and spirit
2) care of the social environment
3) care of the physical environment
4) health education within the hospital

In the analysis of the data, there frequently were no significant differences in the individual responses of specific
categories of personnel, i.e., head nurses, staff nurses, nursing students, and non-professional employees, or of patients, according to age, sex, and type of service. Where important variances were found in these categories, they are explained in the interpretation of the data.

The responses are here presented in tabular form.

**Care of the Mind and Spirit**

**Individual treatment.**—The first item of each questionnaire dealt with the degree of individuality with which each patient was treated. It is desirable to treat patients as individuals, rather than as "just another case" if they are to gain security and a feeling of belonging as an integral part of the hospital unit. The following table shows how the patients felt they were treated and also how the nursing personnel thought they were treating these patients so that they may retain their individuality.

**TABLE 1**

RESPONSES OF PATIENTS AND NURSING PERSONNEL TOWARD THE INDIVIDUAL TREATMENT OF PATIENTS

<table>
<thead>
<tr>
<th>Types of Responses</th>
<th>Percentage of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Always</td>
</tr>
<tr>
<td>Patients</td>
<td>78</td>
</tr>
<tr>
<td>Personnel</td>
<td>73</td>
</tr>
</tbody>
</table>

Source: Computed from Questionnaire Returns
It is interesting to note that there is no significant difference in the responses of patients and nursing personnel. Of the 124 responses from the personnel, 91 of these came from students, nineteen of whom were in their second year. Twelve of the 19 second year students checked the column "sometimes".

Special needs and desires.--This question follows the first one closely since, in order to give patients individual treatment, it is necessary to put their special needs and desires before routine hospital duties. Table 2 indicates these responses.

### TABLE 2

RESPONSES INDICATING THE DEGREE OF SATISFACTION OF PATIENT NEEDS AND DESIRES

<table>
<thead>
<tr>
<th>Types of Respondents</th>
<th>Percentage of Responses</th>
<th>Total Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Always</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Patients</td>
<td>57</td>
<td>18</td>
</tr>
<tr>
<td>Personnel</td>
<td>37</td>
<td>61</td>
</tr>
</tbody>
</table>

Source: Ibid.

The responses of the patients indicated that the majority felt their needs and desires took precedence. Of those replying "never", 86 per cent of the respondents were females.

The nursing personnel were more critical of this aspect of the nursing care they give. Although all of the non-professional personnel replied "always" to this item, only 22 per
cent of the total number of first year nursing students, and 14 per cent of all the head nurses answered in a similar manner and are included in the 37 per cent.

Answering lights.—Patients who use their call lights to summon a nurse are frequently disturbed if the light is not answered immediately. On this basis alone, they sometimes seem to judge the quality of nursing service received. Both the patients and the nursing personnel were asked if they thought lights were answered within a reasonable length of time. Table 3 illustrates the responses to this question.

TABLE 3
ATTITUDES BASED ON WHETHER CALL LIGHTS WERE INVESTIGATED WITHIN A REASONABLE LENGTH OF TIME

<table>
<thead>
<tr>
<th>Types of Respondents</th>
<th>Percentage of Opinions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Always</td>
</tr>
<tr>
<td>Patients</td>
<td>74</td>
</tr>
<tr>
<td>Personnel</td>
<td>64</td>
</tr>
</tbody>
</table>

Source: Ibid.

There was some discrepancy in judgment between patients and nursing personnel of whether the lights were answered within a reasonable length of time. The head nurses and second year nursing students particularly felt the lights might have been answered sooner. Reasons for this were not investigated.
Contacting the clergy.--Attention to the care of the mind and spirit of each patient was partially based upon assuring him that his clergyman will be contacted for a visit if he so indicates. It is necessary to determine whether the patient receives this assurance, and if the nursing personnel are willing to accept and act upon this request. These reactions are found in Table 4.

<table>
<thead>
<tr>
<th>TABLE 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPINIONS OF PATIENTS AND NURSING PERSONNEL TOWARD ACTION OF CONTACTING THE CLERGY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Types of Respondents</th>
<th>Percentage of Opinions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Always</td>
</tr>
<tr>
<td>Patients</td>
<td>66</td>
</tr>
<tr>
<td>Personnel</td>
<td>96</td>
</tr>
</tbody>
</table>

Source: Ibid.

The comments offered by patients who had no opinion indicated that they had no reason to see their clergymen while they were hospitalized. All the other patients felt this request was fulfilled.

The 4 per cent who said they would sometimes communicate with the clergy for patients was comprised entirely of nursing students.

Discussing the patient's illness with him.--The next
three questions were directly related to discussion with the patient of his illness and treatment. He is naturally concerned about these, and his peace of mind while in the hospital is greatly dependent upon the amount of assurance and information he receives from his nurses. The nurses should allocate time to discuss the patient's illness and treatment with him, when appropriate or needed, in terms which he can understand. Both groups were asked if the nurses found time, and if the terms used in the discussion were understood by the patients. The findings are indicated in Table 5.

**TABLE 5**

RESPONSES OF PATIENTS AND NURSING PERSONNEL TOWARD THE WILLINGNESS OF PERSONNEL TO SPEND TIME WITH PATIENTS, AND THEIR ABILITY TO USE TERMS UNDERSTOOD IN THE DISCUSSION OF PATIENTS' ILLNESS WITH THEM

<table>
<thead>
<tr>
<th>Responses</th>
<th>% of Patients Regarding</th>
<th>% Personnel Regarding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Willingness of Personnel to Spend Time</td>
<td>Discussion with Personnel Clearly Understood</td>
<td>Willingness to Spend Time with Patients</td>
</tr>
<tr>
<td>Always</td>
<td>47</td>
<td>62</td>
</tr>
<tr>
<td>Sometimes</td>
<td>16</td>
<td>8</td>
</tr>
<tr>
<td>Never</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>No opinion</td>
<td>22</td>
<td>23</td>
</tr>
<tr>
<td>No answer</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total Number</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: Ibid.
According to these responses, there is decided disagreement between attitudes of patients and personnel on this subject. The high percentage of patients responding "no opinion" may lead one to think that it might be because patients have never asked about their illness or they may be hesitant in admitting their lack of understanding. It is evident that the personnel think they are covering this aspect of nursing care adequately.

The next question dealt with whether patients' questions were answered honestly and completely by the nursing personnel. It was recognized that this question might be difficult to answer. However, it may be pertinent in determining if the patients had confidence in their nurses. Concomitantly, the nursing personnel were asked if they answered each patient's questions as honestly and directly as possible. The results of this question appear in the following table.

**TABLE 6**

**ATTITUDES OF PATIENTS AND NURSING PERSONNEL TOWARD HONESTY OF ANSWERS GIVEN TO PATIENTS' QUESTIONS**

<table>
<thead>
<tr>
<th>Types of Respondents</th>
<th>Percentage of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Always</td>
</tr>
<tr>
<td>Patients</td>
<td>73</td>
</tr>
<tr>
<td>Personnel</td>
<td>88</td>
</tr>
</tbody>
</table>

Source: Ibid.
There was moderate disagreement in responses since the personnel evidently thought they were more honest in answering questions.

In this category, an additional question was asked of the personnel in an attempt to determine more accurately any insecure feelings they might have about answering patients' questions concerning their illness. The following break-down shows the presence of some insecurity:

- Always insecure: 9%
- Sometimes insecure: 82%
- Never insecure: 4%
- No opinion: 5%
- Total: 100%

Patient feelings and attitudes.—Another factor to be considered under the broad area of care of the mind and spirit is the nurses' awareness of the feelings and attitudes of patients. Both groups were asked if they thought the nurses seemed to be sensitive toward the feelings of patients, and the following table shows the responses.

<table>
<thead>
<tr>
<th>TABLE 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATTITUDES OF PATIENTS AND NURSING PERSONNEL TOWARD SENSITIVITY OF PERSONNEL TO PATIENTS' FEELINGS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Types of Respondents</th>
<th>Percentage of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Always</td>
</tr>
<tr>
<td>Patients</td>
<td>70</td>
</tr>
<tr>
<td>Personnel</td>
<td>49</td>
</tr>
</tbody>
</table>

Source: Ibid.
Although there is a marked difference between the two groups in the "always" column, when the two positive, or "always" and "sometimes", columns are combined, the discrimination becomes less meaningful. Concern is felt, however, about the number who checked the "never" column. Of the patients involved, two are male and one is a female, but the type of age group and service is equally distributed. Of the personnel who answered "never", half were non-professional personnel and half were first year students of nursing.

The nursing personnel were also asked whether the patients' attitudes and feelings influenced the kind of care they gave them. Almost half of those replying "never" were first year nursing students. The break-down of responses follows:

Always influential......40%
Sometimes influential.....48%
Never influential........12%
Total 100%

Patient problems.--Like everyone else, patients have problems too. They may have had some before entering the hospital and may have acquired new ones during their hospitalization. Because patients are confined within the institution, their problems tend to become more acute and may be magnified, thus requiring an outlet, one in which they can confide with a maximal amount of confidence. A nurse who shows a sincere interest in the problems of her patients tends to be a good listener and in turn, help them adjust and adapt themselves to the hospital situation more readily and with less anxiety
and apprehension. In the questionnaire, the patients were asked if the nurses took a special interest in their problems, and the nurses were asked if they were sincerely interested in their patients' problems. Table 8 shows the answers given.

TABLE 8
ATTITUDES DENOTING NURSING PERSONNEL'S SINCERITY OF INTEREST IN PATIENTS' PROBLEMS

<table>
<thead>
<tr>
<th>Types of Respondents</th>
<th>Percentage of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Always</td>
</tr>
<tr>
<td>Patients</td>
<td>61</td>
</tr>
<tr>
<td>Personnel</td>
<td>65</td>
</tr>
</tbody>
</table>

Source: Ibid.

Analysis of the patients' responses indicated that the 3 per cent negative opinions expressed consisted entirely of females. The high reply in the "no opinion" column might indicate that the patients are either hesitant in their expression or they may possibly not feel that they have any problems. The 35 per cent of personnel who replied "sometimes" was comprised solely of graduate nurses and nursing students.

Another question dealing with patients' problems was whether the patients felt they could trust a nurse to keep a confidence. The nursing personnel were asked if they refrained from discussing anything a patient might confide to them, unless it was necessary for the head nurse or doctor to
know. Table 9 illustrates the responses to these questions.

TABLE 9

ATTITUDES TOWARD THE ABILITY OF NURSING PERSONNEL TO KEEP A PATIENT'S CONFIDENCE

<table>
<thead>
<tr>
<th>Types of Respondents</th>
<th>Percentage of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Always</td>
</tr>
<tr>
<td>Patients</td>
<td>70</td>
</tr>
<tr>
<td>Personnel</td>
<td>73</td>
</tr>
</tbody>
</table>

Source: Ibid.

A large percentage of patients ventured no opinion on this question. The oldest age group, 70 or older, responded in the most positive manner. Of the 70 per cent who answered "always", over half were female patients. An analysis of the personnel's responses showed that all those offering no opinion were graduate nurses. Of the total who said they sometimes keep patients' confidences, 96 per cent were nursing students.

It is important to determine whether or not patients can comfortably discuss their problems with at least one nurse, since a lack of sympathetic listening and effective communication in the nurse-patient relationship can be detrimental to quality nursing care. When the patients were asked if there was at least one nurse with whom they could talk comfortably about their problems, the following replies were given:
always.............58%
sometimes...........9%
ever...............2%
o no opinion.......25%
o no answer........6%

Total 100%

Of those 25 per cent who remained neutral in their replies, there was no significant difference either in the age group or the sexes. The participants who responded 'never' and 'no opinion' comprised almost one third of the patients included in the study. The underlying cause of this was not investigated.

In relation to this question, the nursing personnel were asked whether they helped the patients work out their problems. The responses were as follows:

always helped.......54%
sometimes helped....42%
ever helped..........1%
no opinion..........3%

Total 100%

The one negative response was made by a non-professional employee. It is interesting to note that 96 per cent of the nursing personnel felt they had always or sometimes been of assistance to the patients.

Personnel problems.--In order to determine the discreetness of nurses in relation to the patients, both groups were asked if the personnel talked excessively about their own personal and professional problems with the patients. The responses are shown in Table 10.

There was a discrepancy between the groups replying "always". Of the 19 patients who felt the nurses talked
excessively about their own problems and activities, 13 were males, and eleven of those were male surgical patients. The

TABLE 10
THE FREQUENCY WITH WHICH PERSONNEL DISCUSS THEIR OWN PERSONAL AND PROFESSIONAL PROBLEMS WITH PATIENTS

<table>
<thead>
<tr>
<th>Types of Respondents</th>
<th>Percentage of Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Always</td>
</tr>
<tr>
<td>Patients</td>
<td>19</td>
</tr>
<tr>
<td>Personnel</td>
<td>2</td>
</tr>
</tbody>
</table>

Source: Ibid.

2 per cent of nursing personnel who felt they always discussed their own problems was comprised entirely of non-professional persons. Most of the personnel who responded "sometimes" were nursing students.

_Indiscreet discussion of patients._--The value of discussing patients and their illnesses is recognized as a constructive and practical teaching method. It is considered unethical, however, to repeat these discussions away from the hospital. This practice is recognized, but its extent is not known. Patients might be aware of this since they are members of the community, and the personnel might know since they are the primary persons involved. Both groups were asked if, in their opinion, nursing personnel discussed patients and their
illnesses outside the hospital. The following table illustrates the results.

**TABLE 11**

PERCENTAGE OF PATIENTS AND PERSONNEL WHO THINK THAT NURSING PERSONNEL DISCUSS PATIENTS OUTSIDE THE HOSPITAL

<table>
<thead>
<tr>
<th>Types of Respondents</th>
<th>Percentage of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Always</td>
</tr>
<tr>
<td>Patients</td>
<td>6</td>
</tr>
<tr>
<td>Personnel</td>
<td>1</td>
</tr>
</tbody>
</table>

Source: Ibid.

More than half the nursing personnel discuss patients away from the hospital. The one person who replied "always" was a non-professional employee. Of the 50 per cent of personnel responding "sometimes", only one was a non-professional person. A great discrepancy is seen in the two groups since only 15 per cent of the patients felt that they were discussed outside the hospital. The large segment giving no opinion is not viewed with alarm since many of these patients may have no valid opinion on the subject.

Confidence of nurses.--In order to feel secure, the patients need to be confident in the nurses' ability to care for them. The patients were asked if the nurses appeared confident in their dealings with them. The nursing personnel were
asked if they recognized their ability and felt confident of procedures when they cared for patients. The replies are shown below.

**TABLE 12**

EXPRESSIONS OF CONFIDENCE OF NURSING PERSONNEL IN THEIR WORK

<table>
<thead>
<tr>
<th>Types of Respondents</th>
<th>Percentage of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Always</td>
</tr>
<tr>
<td>Patients</td>
<td>90</td>
</tr>
<tr>
<td>Personnel</td>
<td>60</td>
</tr>
</tbody>
</table>

Source: Ibid.

Of the ten patients replying "sometimes" and "no opinion", eight were surgical patients. 94 per cent of the personnel responding "sometimes" were nursing students. Analysis of this group showed that 34 per cent of the third year students, 68 per cent of the second year students, and 59 per cent of the first year students participating in the study were not always sure of themselves on the wards.

Care of the Social Environment

Many of the questions categorized under the title "care of the social environment" might also be closely related to the area "care of the mind and spirit". However, in this section, the following questions were considered to be more
sociologically oriented.

Consideration and courtesy.---It is only natural for patients to assume that the nursing personnel will be considerate and courteous toward them in every instance. It is also recognized that this may alter under various circumstances.

A factor included in this area is self-introduction by the personnel. Although nursing personnel wear name pins on their uniforms, they might overlook this act of social behavior.

In these questionnaires, the patients were asked if the nurses appeared courteous and considerate, and if the personnel introduced themselves in their first contact with the patients. The nursing personnel were asked similar questions. Table 13 shows the responses to these questions.

Most of the patients felt that courtesy and consideration was extended. Over half of the nursing personnel replying "sometimes" to this question were third year students of nursing.

In the item on self-introduction of personnel to patients, the nursing staff replied in a less critical manner than the patients. Seven of the nine persons who never introduced themselves were nursing students. The non-professional personnel were the only ones who did not overwhelmingly respond "sometimes". Half of these persons said they always introduced themselves to patients. It is interesting to note that at the hospital at which this study was done, non-professional nursing employees are the only persons in the department who
do not wear name pins on their uniforms.

**TABLE 13**

**OPINIONS TOWARD COURTESY AND CONSIDERATION OF NURSING PERSONNEL, PLUS SELF-INTRODUCTION, TO PATIENTS**

<table>
<thead>
<tr>
<th>Responses</th>
<th>Percentage of Patient Opinions concerning</th>
<th>Percentage of Personnel Opinions concerning</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Courtesy and Self-Intro-</td>
<td>Courtesy and Self-Intro-</td>
</tr>
<tr>
<td></td>
<td>Consideration by</td>
<td>Consideration by</td>
</tr>
<tr>
<td></td>
<td>Personnel</td>
<td>Personnel</td>
</tr>
<tr>
<td>Always</td>
<td>93</td>
<td>48</td>
</tr>
<tr>
<td>Sometimes</td>
<td>6</td>
<td>14</td>
</tr>
<tr>
<td>Never</td>
<td>-</td>
<td>24</td>
</tr>
<tr>
<td>No opinion</td>
<td>-</td>
<td>9</td>
</tr>
<tr>
<td>No answer</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Total Number</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Ibid.

**Patient adjustment.**—The first hospital admission is sometimes approached with fear by many patients. The adjustments they must make are manifold and, since most of them are physically incapacitated, assistance in their attempts to adjust to this different situation should be rendered. Opinions of patients and personnel relative to patient adjustment are here presented.
TABLE 14
ATTITUDES TOWARD THE DEGREE TO WHICH NURSING PERSONNEL ASSIST PATIENTS IN THEIR ADJUSTMENT TO THE HOSPITAL EXPERIENCE

<table>
<thead>
<tr>
<th>Types of Respondents</th>
<th>Percentage of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Always</td>
</tr>
<tr>
<td>Patients</td>
<td>76</td>
</tr>
<tr>
<td>Personnel</td>
<td>69</td>
</tr>
</tbody>
</table>

Source: Ibid.

The 4 per cent of the patients who had no assistance in their hospital adjustment were all on the surgical service. The 1 per cent negative response given by the nursing personnel was expressed by a non-professional employee. According to personnel category, the highest percentage (35 per cent) of those always assisting patients in adjustment consisted of first year nursing students.

Interest in serving.--The attitude with which a nurse approaches and fulfills a patient's request is important. Her interest and pleasant manner can assure the patient that his needs and desires are important. Her disinterest and irritable attitude can anger the patient or cause him to hesitate in expressing his needs and desires, thus making him feel dissatisfied and unimportant. Both patients and nursing personnel were asked if, when the patients requested anything of them,
the nurses showed interest and a genuine wish to serve. The results are given below.

### TABLE 15

<table>
<thead>
<tr>
<th>Types of Respondents</th>
<th>Percentage of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Always</td>
</tr>
<tr>
<td>Patients</td>
<td>86</td>
</tr>
<tr>
<td>Personnel</td>
<td>86</td>
</tr>
</tbody>
</table>

Source: Ibid.

There was equal agreement among the two groups which points to an interesting coincidence.

**Patient expectations of nurses.**—Before entering a hospital, patients usually have a preconceived conception of nurses. No matter what this conception is, they expect the nurses to live up to some standard. In the questionnaire, the patients were asked if the nurses lived up to their expectations. For a comparison, the personnel were requested to answer whether they thought they lived up to the patients' expectations. Table 16 illustrates the responses received.

There is a definite difference in opinion between the two groups responding "always". The question may be biased since, in most instances, the nurses may not know the expectations of the patients.
TABLE 16
PERCENTAGE OF NURSING PERSONNEL WHO FULFILLED PATIENTS' EXPECTATIONS OF THEM

<table>
<thead>
<tr>
<th>Types of Responses</th>
<th>Percentage of Opinions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Always</td>
</tr>
<tr>
<td>Patients</td>
<td>84</td>
</tr>
<tr>
<td>Personnel</td>
<td>44</td>
</tr>
</tbody>
</table>

Source: Ibid.

Visitors.—There is an ambivalent feeling about visitors in a hospital. The patients seem to appreciate them more than the nursing personnel. Although visitors appear to be bothersome at times, nevertheless, they can be of assistance in interpreting quality nursing care to the patients. Visitors can help the nurse understand the patient better, i.e., his worries, habits, and peculiarities. Relatives may also be taught to care for the patient after he is discharged, and how to prevent a recurrence of his illness. The art of dealing with visitors to promote better understanding for nurse-patient relationships is an important aspect in the education of all nursing personnel.

During visiting hours, patients are entitled to some privacy with their family and friends. Nursing personnel should plan their work in order to make this possible. Treatments should be performed at times other than visiting
hours, unless it is imperative that they be administered at that time. Medications often cannot be postponed, but the administration of these does not take the visitors away from the bedside for more than a brief moment, if at all.

Two questions related to the subject of visitors were asked. In the first item, both groups were asked if, during visiting hours, special treatments and procedures were postponed except in those instances where it was essential to do them during visiting hours. The second item asked each group if, in their opinion, the nursing personnel were helpful and courteous toward visitors. The following table illustrates the findings.

**TABLE 17**

**OPINIONS REGARDING POSTPONEMENT OF TREATMENTS DURING VISITING HOURS AND THE APPROACH TO VISITORS**

<table>
<thead>
<tr>
<th>Responses</th>
<th>Percentage of Patient Opinions Regarding Postpone­ment of Treatments</th>
<th>Percentage of Personnel Opinions Regarding Postpone­ment of Treatments</th>
<th>Personnel Courtesy and Helpfulness toward Visitors</th>
<th>Courtesy and Helpfulness toward Visitors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>57</td>
<td>78</td>
<td>85</td>
<td>89</td>
</tr>
<tr>
<td>Sometimes</td>
<td>15</td>
<td>19</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Never</td>
<td>14</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>No opinion</td>
<td>11</td>
<td>2</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>No answer</td>
<td>3</td>
<td>-</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>Total number</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Ibid.
Concerning the postponement of treatments and procedures, three-fourths of those patients replying "never" were females. One staff nurse replied "never". The differences between the two groups in responses to this item may be due to a lack of technical knowledge on the part of patients, and also their inability to determine whether or not a treatment is essential at a specific time.

There was decided agreement between the two groups regarding the helpfulness and courtesy given to visitors. One female medical patient submitted a negative reply.

The nursing personnel were asked an additional question concerning visitors in order to determine whether they thought visitors were important in the care of patients. Responses showed that half of the nurses felt the visitor's role was important, and slightly less than half felt they were only sometimes important. This would indicate that the nursing personnel do not either appreciate or utilize visitors adequately.

**Early awakening of patients.**--Arousing patients one to three hours before breakfast so they can be washed is a hospital tradition of long standing. Although this practice may have once served a useful purpose, it does not now appear to be meeting any particular patient needs, but, nevertheless, is still being done. The questionnaires contained two items on this subject. The first question was to determine if the patients and nursing personnel approved of the early awakening hour. The second item asked if the two groups felt that being
washed before breakfast in the hospital was necessary. The
findings are indicated in the following table.

**TABLE 18**

**ATTITUDES TOWARD THE NECESSITY OF EARLY
AWAKENING AND WASHING OF PATIENTS**

<table>
<thead>
<tr>
<th>Attitudes</th>
<th>Percentage of Patient Opinions toward</th>
<th>Percentage of Personnel Opinions toward</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Approval of Early Washing before Rising</td>
<td>Necessity of Early Washing before Breakfast</td>
</tr>
<tr>
<td>Always</td>
<td>69%</td>
<td>90%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>9%</td>
<td>6%</td>
</tr>
<tr>
<td>Never</td>
<td>13%</td>
<td>-</td>
</tr>
<tr>
<td>No opinion</td>
<td>6%</td>
<td>2%</td>
</tr>
<tr>
<td>No answer</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Total Number</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: Ibid.

The patients expressed more approval of the early awaken-
ing hour than did the nursing personnel. Almost half of the
dissenting patient opinions were from persons under 30 years
of age. The responses from personnel may have been influenced
by their experience on night duty where the procedure of early
awakening of patients was an added chore to their many duties.
However, as many first year students as any other category
were opposed to always rousing patients at an early hour, yet
these students have never worked nights and live in a dormitory away from the second and third year students of nursing. One wonders where these younger people received such a positive opinion.

The two groups were in agreement that it is either sometimes or always necessary to wash before breakfast.

Patient orientation.--Orientation is an integral element in adjustment. If a patient knows what to expect, there is less apprehension and more cooperation on his part because he becomes more assured and confident, and feels included in the membership of the hospital family. Nursing personnel all too often take for granted the routine schedules, procedures, and treatments in which they are involved. They forget that the patients are relative strangers to the hospital situation and each of these so-called "routines" is an entirely new experience to many patients. A lack of orientation leads to an expression of patient anxiety. Adequate explanation to the patient is a necessary social factor in caring for these people.

The first question concerning orientation of patients which was asked of the participants was whether the patients had been oriented to all routine hospital schedules, such as time of meals, baths, treatments, visiting hours, and x-rays, if taken. The next question asked was when any special treatments had to be done to patients, such as change of dressings, irrigations, or enemas, did the nursing personnel offer an adequate explanation. Table 19 illustrates the responses to
these orientation procedures.

TABLE 19
OPINIONS REGARDING ORIENTATION GIVEN TO PATIENTS ABOUT HOSPITAL AND MEDICAL PROCEDURES

<table>
<thead>
<tr>
<th>Responses</th>
<th>Percentage of Patient Opinions Re Orientation to Hospital Routine</th>
<th>Percentage of Patient Opinions Re Orientation to Medical Treatment</th>
<th>Percentage of Personnel Opinions Re Their Role in Orientation to Hospital Routine</th>
<th>Percentage of Personnel Opinions Re Their Role in Orientation to Medical Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>52</td>
<td>61</td>
<td>40</td>
<td>85</td>
</tr>
<tr>
<td>Sometimes</td>
<td>14</td>
<td>10</td>
<td>53</td>
<td>15</td>
</tr>
<tr>
<td>Never</td>
<td>14</td>
<td>16</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>No opinion</td>
<td>16</td>
<td>9</td>
<td>7</td>
<td>-</td>
</tr>
<tr>
<td>No answer</td>
<td>4</td>
<td>4</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total Number</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Ibid.

A great discrepancy is evident here as only two-thirds of the patients felt they were sometimes or always oriented to hospital routines, while 93 per cent of the personnel thought they were carrying out this function.

This discrepancy was also seen in regard to the orientation to treatments, since 71 per cent of the patients were always or sometimes given an explanation of the treatment, yet all nursing personnel claimed this was so.

The final question concerning patient orientation dealt
with whether the nursing personnel explained how the patient might help during any special procedure. The following table indicates the responses to this question.

**TABLE 20**

**OPINIONS REGARDING EXPLANATION BY NURSING PERSONNEL OF HOW PATIENTS MAY ASSIST IN A PROCEDURE**

<table>
<thead>
<tr>
<th>Types of Respondents</th>
<th>Percentage of Responses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Always</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Patients</td>
<td>61</td>
<td>12</td>
</tr>
<tr>
<td>Personnel</td>
<td>82</td>
<td>13</td>
</tr>
</tbody>
</table>

Source: Ibid.

This area of patient orientation also shows marked differences in opinion as expressed by the two groups.

**Morning care.**—To most patients and many nursing personnel, morning care means a bath, a bed change, and leaving the room neat. Although it is recognized that this is not the complete definition, the expression is used in the following item because this definition is so popular. Both groups were asked if they thought the patients were comfortable and refreshed after morning care was completed. Table 21 contains the responses to this item.

There is close agreement in responses to this question; of those patients replying "sometimes", three-fourths of them were under 30 years of age.
TABLE 21
ATTITUDE TOWARD SATISFACTION AFTER MORNING CARE IS GIVEN

<table>
<thead>
<tr>
<th>Types of Respondents</th>
<th>Percentage of Responses</th>
<th>Total Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Always</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Patients</td>
<td>88</td>
<td>7</td>
</tr>
<tr>
<td>Personnel</td>
<td>84</td>
<td>8</td>
</tr>
</tbody>
</table>

Source: Ibid.

Care of the Physical Environment

There are many aspects of the patient's physical environment with which nursing personnel are indirectly concerned, such as the cleanliness of the floors, walls, and ceiling of his room, the condition of the lights and furniture and linen, his food, and how it is served. Each is important to the patient, but is not the primary responsibility of the nursing staff. The one area in which nursing is directly involved is that of assuring the patient quietness whenever he needs or wants it. The nursing personnel can regulate the patient's physical environment by conducting their activities, and controlling the activities of others, so there would be a minimum of noise disturbing the patient day and night, and by allowing the patient to have specific times during the day when he may rest with a minimum of interruptions.
Quiet corridors. -- It is difficult to keep an active ward noise-free during the day, especially when the kitchen and utility rooms are in close proximity to the patient units. During the night, any slight noise is magnified greatly. Nursing personnel should be aware of the degree to which noise travels on a ward, and should make an effort to permit the least amount of disturbance to occur. Both groups were asked in two questions whether the corridors were free of excessive noise during the day and night. The word "excessive" was used in the questions because it is recognized that each individual has a specific degree of tolerance toward noise, therefore, the response would indicate the participant's own tolerance. The following table illustrates the opinions offered on this subject.

| TABLE 22 |
| ATTITUDES TOWARD EXCESSIVE NOISE IN THE CORRIDORS |

<table>
<thead>
<tr>
<th>Responses</th>
<th>Percentage of Patient Opinions toward Corridors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Free from Noise During the Day</td>
</tr>
<tr>
<td></td>
<td>Free from Noise During the Day</td>
</tr>
<tr>
<td>Always</td>
<td>67</td>
</tr>
<tr>
<td>Sometimes</td>
<td>23</td>
</tr>
<tr>
<td>Never</td>
<td>4</td>
</tr>
<tr>
<td>No opinion</td>
<td>4</td>
</tr>
<tr>
<td>No answer</td>
<td>2</td>
</tr>
<tr>
<td>Total number</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Ibid.
Of the six patients replying that the corridors were never free of excessive noise day or night, five were women. The large number of nursing personnel offering no opinion might be explained by the fact that none of the first year nursing students have yet been assigned to night duty, and there are several employees who are assigned to a permanent day or night shift.

There is a decided difference of opinion between the two groups as to the degree of noise in the corridors. The patients seem to be relatively satisfied, yet the nursing personnel appear to believe there is room for improvement.

Rest periods.—Patients should be allowed enough time free from treatments, visitors, and other activities so they may take a nap during the day without being disturbed. Even though they may be in bed all day, continual activity around them provides an external stimulus which fatigues the patient easily. Table 23 shows the responses of both groups when each was asked whether the nursing personnel provided an opportunity for the patients to rest at some time during the day.

<table>
<thead>
<tr>
<th>Types of Respondents</th>
<th>Percentage of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Always</td>
</tr>
<tr>
<td>Patients</td>
<td>75</td>
</tr>
<tr>
<td>Personnel</td>
<td>18</td>
</tr>
</tbody>
</table>

Source: Ibid.
From the findings, it is apparent that the patients are more satisfied than the personnel with the amount of time they have to rest. The head nurse group consisted of less than 1 per cent of those who always provided the patients with undisturbed time for resting, while the first and third year nursing students seemed to be in the majority.

Intra-hospital visitors.--Friends and relatives are not the only persons who visit patients. Other patients on the ward and nursing personnel also visit them. Sometimes patients welcome them when they come to their bedside during the day, but there are times when they prefer to be left alone. In an attempt to determine what patients and personnel think about these intra-hospital visitors, both groups were asked first if they thought patients enjoyed having nursing personnel visit with them in their rooms, and secondly, if patients enjoyed having other patients visit with them. The results are found in Table 24.

From the returns, it appears that the nursing personnel respect the privilege of patients' privacy. It is also apparent that the patients enjoy having the personnel visit with them in preference to visits by other patients. One speculative theory might be that the conversation of the personnel is more desirable than that of other patients. One male surgical patient did not enjoy having the nursing personnel visit with him, and one female medical patient did not like to have other patients visit with her.
### TABLE 24
PERCENTAGE OF OPINIONS REGARDING PATIENTS' ENJOYMENT OF INTRA-HOSPITAL VISITORS

<table>
<thead>
<tr>
<th>Responses</th>
<th>Percentage of Patients Enjoying</th>
<th>Percentage of Personnel Opinions Regarding Patients' Enjoyment of Nurses Visiting</th>
<th>Percentage of Personnel Opinions Regarding Patients' Enjoyment of Other Patients Visiting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% Nurses Visiting</td>
<td>% Other Patients Visiting</td>
<td>% Nurses Visiting</td>
</tr>
<tr>
<td>Always</td>
<td>93</td>
<td>72</td>
<td>47</td>
</tr>
<tr>
<td>Sometimes</td>
<td>4</td>
<td>21</td>
<td>42</td>
</tr>
<tr>
<td>Never</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>No opinion</td>
<td>2</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>No answer</td>
<td>-</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>Total Number</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Ibid.

Health Education Within the Hospital

Preparing the patient to care for himself or to be cared for by others when he goes home is a prime responsibility of the nursing staff. If this factor has not been emphasized in the training of the staff, the patients cannot expect to be given total nursing care of the quality they are entitled to receive. Also, if the patients do not realize that they should expect to be prepared for discharge competently, they do not appreciate the true value of the hospital nursing
personnel. In an attempt to discover if the nursing staff is aware of its responsibilities toward the health education of patients, and is able to carry out these responsibilities, and also to determine if patients feel they are receiving a good preparation for discharge, the following section of the questionnaire is presented.

**Personal hygiene and health habits.**—One of the most opportune times for nursing personnel to discuss the patient's personal hygiene and health habits with him is when he is being given morning care. Nurses should be well qualified to discuss these, and should realize that teaching or reaffirming patients' concepts of their hygiene and health habits is very advantageous in the hospital situation. Both groups were asked if the nursing personnel discussed these subjects with the patients. The results are shown below.

<table>
<thead>
<tr>
<th>Types of Respondents</th>
<th>Percentage of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percentage of Responses</td>
</tr>
<tr>
<td></td>
<td>Always</td>
</tr>
<tr>
<td>Patients</td>
<td>50</td>
</tr>
<tr>
<td>Personnel</td>
<td>17</td>
</tr>
</tbody>
</table>

Source: Ibid.
The patients and personnel appear to be in disagreement. There is a wide discrepancy in all areas except in the "never" column. A large percentage of patients offered no opinion to the question. Half of the personnel who responded that they never discussed these subjects with patients were non-professional employees, and the other half were nursing students.

**Immediate preparation for discharge.**--In the area of health education within the hospital there is a need for teaching the patient and his family how to take care of the patient upon discharge. There are many things he must know in order to prevent a recurrence of his illness and to ensure that there will be no arising complications. Although this might be considered the responsibility of the doctor, it is of concern to the nurse too, since the doctor might not discuss this issue in great detail. Nursing personnel also can help the patient and his family to plan any home adjustments, simple methods of carrying out treatments, diets, etc. The two groups of participants were asked first, if any of the nursing personnel informed the patient how he should take care of himself when he goes home, and second, if they had discussed his home care with his family. Table 26 illustrates the findings.

The responses in the table appear to indicate that there is little apparent teaching of patients in the hospital. The nursing staff, which replied that patients' home care was never discussed with them, consisted of first and second year nursing students and non-professional personnel. Half of the patients offered no opinion, which makes one wonder if they
expect to be prepared for their post-discharge activities.

### TABLE 26

**OPINIONS REGARDING DISCUSSION BY THE NURSING PERSONNEL WITH THE PATIENT AND HIS FAMILY RELATIVE TO HIS HOME CARE**

<table>
<thead>
<tr>
<th>Responses</th>
<th>Percentage of Patients Who Feel Their Home Care Is</th>
<th>Percentage of Personnel Who Discuss the Patient's Home Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Discussed with the Patient</td>
<td>Discussed with the Family</td>
</tr>
<tr>
<td>Always</td>
<td>25</td>
<td>16</td>
</tr>
<tr>
<td>Sometimes</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Never</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td>No opinion</td>
<td>46</td>
<td>50</td>
</tr>
<tr>
<td>No answer</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>Total Number</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Ibid.

**Independent care.**—An important function of the nursing staff is to increasingly encourage each patient to help himself while he is in the hospital so he will be better able to care for himself on discharge. By teaching him to be independent as early as is advisable, the final phase of Peplau's

1Peplau. op. cit. p. 10.
nurse-patient relationship will be accomplished more easily since the needs of the patient will gradually be satisfied as he prepares to go home. An essential factor in providing for the success of this function is the willingness of both the patient and the nursing personnel to appreciate the need for each patient to be able to care for himself before discharge. Both groups were asked whether the personnel encourage patients to care for themselves in the hospital, and if they would like to see each patient able to care for himself completely before he goes home. The following table shows the responses to these two questions.

Three-fourths of the personnel replying that they sometimes encourage patients to care for themselves were nursing students. A comparison of the totals for each group indicates that the nursing staff is more satisfied with the amount of encouragement of independence of patients, and is more appreciative of the need for this independence before discharge.

Knowledge and use of health agencies.---There are several state and community health agencies to be found in the general area in which the hospital under study is located. In order to meet the needs of some patients, it may be necessary that the nursing personnel discuss the facilities of these agencies with them. Three questions relating to health agencies were asked of both groups to determine their thinking on this subject. The first item asked whether the patient would ask the nursing personnel for information about a health agency if he desired assistance. The second item asked if
TABLE 27

<table>
<thead>
<tr>
<th>Responses</th>
<th>% of Patients Who</th>
<th>% of Personnel Who</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Desired</td>
<td>Encouraged</td>
</tr>
<tr>
<td></td>
<td>Independence</td>
<td>Patients</td>
</tr>
<tr>
<td></td>
<td>in Hospital</td>
<td>toward</td>
</tr>
<tr>
<td></td>
<td>Discharge</td>
<td>Independence</td>
</tr>
<tr>
<td>Always</td>
<td>57</td>
<td>66</td>
</tr>
<tr>
<td>Sometimes</td>
<td>10</td>
<td>-</td>
</tr>
<tr>
<td>Never</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>No opinion</td>
<td>19</td>
<td>18</td>
</tr>
<tr>
<td>No answer</td>
<td>11</td>
<td>16</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Ibid.

The nursing personnel would be expected to notify the hospital social service department if a patient desired such assistance.\(^2\) The last item asked both groups if the nursing personnel could give the patient complete information about the local community and state health agencies. Table 28 shows the responses.

\(^2\)This is the policy of the hospital in which this study was done.
# Table 28

**Percentage of Responses by Patients and Nursing Personnel Concerning Information Given on Community Resources**

<table>
<thead>
<tr>
<th>Responses</th>
<th>Percentage of Patient Opinions Concerning Whether</th>
<th>Percentage of Personnel Opinions Concerning Whether</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>To Ask Personnel About Health Agencies</td>
<td>Personnel Would Contact Social Service Department</td>
</tr>
<tr>
<td>Always</td>
<td>51</td>
<td>47</td>
</tr>
<tr>
<td>Sometimes</td>
<td>4</td>
<td>-</td>
</tr>
<tr>
<td>Never</td>
<td>-</td>
<td>5</td>
</tr>
<tr>
<td>No Opinion</td>
<td>36</td>
<td>38</td>
</tr>
<tr>
<td>No Answer</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Total Number</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Ibid.
The large percentage of patients who offered no opinion on the three items might indicate that the questions were not clearly understood or stated, or the patients have had no opportunity or desire to determine the role of hospital nursing personnel in health agencies. The extremely low (3 per cent) fraction of personnel who would be able to give complete information about the agencies demonstrates one area in which they are not meeting the needs of patients adequately. There were five persons replying "always" to this third item, a non-professional employee, a staff nurse, a first year student, and two from the class of third year students. The third year students had just completed, a week before the study was done, a 22 hour course in public health nursing taught by a qualified instructor, yet a break-down of the item "I would be able to give a patient complete information about any community or state health agency in the area," showed the following results:

always...... 6%
sometimes... 43%
never....... 34%
no opinion. 17%

per cent of
class 100%

This group made up 35 per cent of those responding "never" to the item.

Sources of satisfactory nursing care.--The patients were asked to check which type of nursing personnel gave them the most satisfying and the least satisfying nursing care. Many checked all, some checked two categories. Therefore, the
results were thought to be unreliable and so were not reported in this study.
CHAPTER V

SUMMARY OF FINDINGS, LIMITATIONS, CONCLUSIONS, AND RECOMMENDATIONS

Summary Abstract

This is a study to ascertain, in terms of the opinions of patients and nursing personnel, the quality of certain sociological and psychological aspects of nursing care given on the medical and surgical units of a 257 bed private hospital. The information needed was obtained by an analysis of the data received from two sets of questionnaires, one given to patients, the other to nursing personnel.

One hundred medical and surgical patients and 124 nursing personnel participated in the study by completing the questionnaires. The 100 per cent return was partially attributed to the fact that the investigator was able to have personal contact with each participant through the distribution and collection of each questionnaire. The interest of both patients and personnel in the study was also influential in the success of data collection.

An over-all view of certain sociological and psychological aspects of nursing care was sought in four areas:

1) care of the mind and spirit
2) care of the social environment
3) care of the physical environment
4) health education within the hospital
A summary of the findings in these four areas shall be presented to illustrate the similarities and differences in responses of patients and nursing personnel.

Summary of Findings

A. Care of the mind and spirit

1. Three-fourths of both the patients and nursing personnel felt that each patient was treated as an individual. Among the second year students of nursing participating, only 37 per cent always felt that they treated each patient as an individual.

2. More than 50 per cent of the patients felt their special needs and desires came before routine hospital duties, yet only one-third of the nursing personnel put these needs and desires before routine duties.

3. Although 74 per cent of the patients felt their call lights were answered within a reasonable length of time, only 64 per cent of the personnel thought they were.

4. There is a general consensus among all participants that the clergy would be contacted without hesitation if a patient so desired.

5. Slightly more than half of the personnel, and less than half of the patients felt that the nurses willingly found time to discuss the patients' illnesses with them. Concomitantly, 86 per cent of the personnel thought they used terms clearly understood by the patients, yet only 62 per cent of the patients understood the terminology of the personnel.

6. Fifteen per cent fewer patients than personnel thought the nursing personnel answered each patient's questions honestly and completely.

7. A great majority (51 per cent) of the nursing personnel always or sometimes felt insecure in answering patients' questions concerning their illnesses.

8. Less than half of the nursing personnel felt they were always sensitive to the feelings and attitudes of patients.

9. Only 40 per cent of the nursing personnel believed
that patients' attitudes and feelings always influenced the kind of care they gave them.

10. More than 50 per cent of the patients felt they could talk comfortably to at least one nurse about their problems. Ninety-six per cent of the nursing personnel thought they helped the patients work out their problems.

11. Although all of the personnel felt they showed some interest in patients' problems, only 72 per cent of the patients expressed a similar opinion.

12. Almost three-fourths of both groups thought the nursing personnel refrained from discussing outside the hospital anything a patient might confide to them.

13. Almost 20 per cent of the patients thought the personnel talked to them excessively about their own personal and professional problems.

14. Although only 15 per cent of the patients felt that the personnel discussed patients and their illnesses outside the hospital, over half of the personnel admitted doing this.

15. A large majority (90 per cent) of the patients felt that the nursing personnel always appeared confident in their dealings with them. Only 60 per cent of the personnel felt confident of procedures when they cared for patients. The remaining 40 per cent of the personnel, almost all of whom were nursing students, were not always sure of themselves in the clinical area.

B. Care of the social environment

1. Both groups agreed that the nursing personnel appeared courteous and considerate toward patients.

2. Less than half of the patients and only 23 per cent of the personnel stated that the nursing staff introduced themselves in their first contact with patients. One-fourth of the patients said the personnel never introduced themselves.

3. Although 98 per cent of the nursing personnel said they assisted patients in their adjustment to their hospital experience, only 84 per cent of the patients felt they received such assistance. Four per cent of the patients believed they never received any aid in their adjustment.
4. There was equal agreement among the two groups that the nursing personnel showed interest and a genuine wish to serve when patients requested anything of them.

5. Although most of the patients felt that the nursing personnel always lived up to their expectations, less than half of the personnel thought they did this.

6. More than three-fourths of the personnel postponed treatments and procedures, if possible, during visiting hours, yet only half of the patients realized this.

7. There was general agreement that the personnel were courteous and helpful toward visitors.

8. Half of the nursing personnel thought visitors were always important in the care of patients, and slightly less than half felt they were sometimes important.

9. The early awakening hour in the hospital was approved by 69 per cent of the patients and 23 per cent of the nursing staff. The two groups were in agreement that it is sometimes or always necessary to wash before breakfast.

10. Two-thirds of the patients felt they were sometimes or always oriented to hospital routines, while 93 per cent of the personnel thought they were carrying out this function.

11. All of the nursing personnel said they sometimes or always gave an explanation of treatments to be performed, yet only 71 per cent of the patients claimed this was so.

12. Although 82 per cent of the personnel said they always explained to patients how they might assist in a procedure, only 61 per cent of the patients felt they received adequate explanations. Six per cent of the patients stated they never received any explanation.

13. Both groups were satisfied with the results of morning care given to the patients.

C. Care of the physical environment

1. There is a decided difference of opinion between the two groups as to the degree of noise in the corridors. The patients seemed relatively satisfied, while the personnel believed there was much room for improvement, since only 20 per cent thought the corridors were
free of this noise during the night.

2. Although three-fourths of the patients felt they were always able to rest at some time during the day free from interruptions, only 18 per cent of the personnel thought this was possible.

3. A great majority (93 per cent) of the patients always enjoyed having nursing personnel visit with them, and 72 per cent enjoyed the visits of other patients, much less than half of the personnel felt that patients always enjoyed intra-hospital visitors.

D. Health education within the hospital

1. Exactly 50 per cent of the patients, and 17 per cent of the nursing staff felt that the personnel always discussed the patients' hygiene and health habits with them in the hospital.

2. Only one-fourth of both patients and personnel said that the nursing staff always discussed the patients' home care with them or their families.

3. Although both groups agreed that patients should be able to care for themselves on discharge as much as is possible, only 67 per cent of the patients felt they were encouraged toward this independence.

4. Most of the nursing personnel are willing to accept the responsibility of relaying patients' requests for aid to the social service department of the hospital.

5. Although more than half of the patients would ask the nursing personnel for information about the state and community health agencies if they desired their assistance, only 3 per cent of the personnel would always be able to give them adequate information about these agencies.

Limitations

During the tabulation and analysis of the data heretofore presented, the following limitations of the study were found:

1. The effects which varying lengths of hospitalization had on patients' attitudes and feelings were not determined in the study.
2. Patient and nursing personnel responses revealed only how they felt at the time of answering the questionnaires.

3. There was no space provided in the questionnaire for comments after each question, therefore, full opportunity for the participants to explain their answers or offer suggestions in any specific area was not encouraged.

4. There was no follow-up procedure to determine if the nursing care had improved after the nursing personnel had completed the questionnaire.

5. The reliability of the findings is not known since the data was obtained from only one group, and the findings were not tested on a counter or parallel group.

6. There was no attempt made to determine why patients did not answer certain questions. There is a possibility that those questions were not understood by some participants.

7. No attempt was made to determine whether or not the responses of the participants would have been different had the questions been presented on another day.

8. No attempt was made to determine whether length of stay or any particular personnel affected the responses of patients.

Conclusions

Because this was a study of attitudes and feelings, it is questionable that opinions can be a basis for conclusions. Nevertheless, 100 patients and 124 nursing personnel appear to comprise an adequate sampling so that conclusions stated could be assumed to be valid.

None of the items in either questionnaire was weighed in order to determine its importance in comparison with other items, however, consistently negative responses in any one area may be considered suitable for making valid deductions.
The conclusions which follow are general in nature, since none of the four areas was studied in detail.

A. Care of the mind and spirit

Acceptable nursing care in this area was found prevalent with few exceptions.

B. Care of the social environment

Satisfaction on the part of both patients and nursing personnel was sufficiently expressed in this category. There were three questions asked which were concerned with patient orientation to hospital schedules, treatments, and procedures. The responses to these items consistently showed that the patients were not satisfied with the amount of orientation to the hospital situation which they received.

C. Care of the physical environment

Responses to items dealing with this area of nursing care revealed adequate satisfaction on the part of both groups.

D. Health education within the hospital

Prominent weaknesses were seen in this area demonstrating a definite need for:

1) the nursing personnel to discuss the patient's home care with him and/or his family before his discharge from the hospital.

2) the nursing personnel to know more about their local and state health agencies.

Recommendations

As a result of the findings of this study, it is recommended that:

1. The findings of this study be presented to the nursing personnel of the hospital investigated and this group interpret the findings to
demonstrate the need for improving the sociological and psychological aspects of nursing care which they administer, if they agree that improvement is necessary.

2. The nursing personnel of the hospital investigated be aided in a plan of action to assist them in improving these aspects of nursing care.

Suggestions for this may include:

a. An in-service education program for the graduate nurse staff which will contain the importance of, and ways to obtain, comprehensive nursing care for each patient.

b. A training program for non-professional nursing employees to better define their roles in caring wisely for the total patient.

c. A strengthening of the school of nursing curriculum to include more emphasis on the sociological and psychological aspects of nursing care.

d. A course of conduct which will assist the nursing personnel to develop more thoughtfulness in their care of patients, more skill in observation of patient opinions toward nursing care, and a criterion to enrich their methods of self-evaluation.

3. The philosophy and objectives of the hospital investigated, and its school of nursing, place more emphasis in the following areas:

a. Patient orientation to hospital schedules, treatments, and procedures.

b. Patient teaching and guidance of their learning activities so that the patient may gain more independence while hospitalized, and so that the patient and his
family will be adequately prepared to care for the patient on discharge.

c. A knowledge of the community resources available to patients, which will include the values, limitations, and functions of these resources.

4. A committee be formed, consisting of supervisory and education personnel, graduate staff nurses, nursing students, and non-professional employees of the nursing department, to evaluate the progress of the department in meeting the social and psychological needs of the patients.

5. Patients be used as resource persons by having them participate in intermittent studies similar to this one. This would be a continuing and effective way of learning patient opinions in order to assist in determining:

a. Areas of weakness in nursing care.

b. Areas of improvement in nursing care.

6. Further studies be conducted at this hospital to determine:

a. If the social and psychological needs of patients on the medical and surgical services have been met more adequately after the findings of this study have been interpreted to, and recognized by, the nursing personnel.

b. If a public health affiliation may be initiated for the students of nursing and, possibly, for the graduate nurses, to emphasize the need for planning continuity of patient care.
c. If the sociological and psychological needs of patients on the obstetrical and pediatric services are being met adequately.
APPENDIX A

The Hospital wishes to strive continuously for better nursing care and to improve its service to you and the community. Your cooperation is being asked in filling out this questionnaire so that the Hospital will learn from your responses the extent to which you are satisfied with your nursing care.

Your identity is not required for the purposes of this questionnaire; therefore, you need not sign your name.

In the statements below, the word "nurse" means any one or group of nursing personnel on your ward, including the graduates, students, aides, and orderlies. Rather than your feelings toward any one nurse, your over-all impressions of the nursing care given on your ward is desired. There are 4 spaces provided after each statement; please check ( ) the block which you think best answers each statement. Only one block should be checked for each statement.

Please feel free to comment on any question and to offer suggestions regarding your nursing care. Space is provided for this at the end of the questionnaire.

1. I feel that the nurses treat me as an individual, not as "just another patient".

2. The nurses put my special needs and desires before routine hospital duties.

3. When I put my light on to summon a nurse, it is answered within a reasonable length of time.

4. If I told my nurse that I wished to see my clergyman, she would see that he was contacted.

5. The nurses find time to discuss my illness and treatment with me so I can better understand these.

6. When discussing my illness with me, the nurses use terms I can understand.

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SOME \ NO
ALWAYS TIMES NEVER OPINION

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7. The nurses appear to answer my questions honestly and completely.

8. The nurses seem to be sensitive to my feelings.

9. The nurses take a special interest in my problems.

10. It is possible for me to feel comfortable in talking over my problems with at least one nurse.

11. The nurses do not talk with me excessively about their own problems and activities.

12. In their actions around me, the nurses appear confident in their job.

13. In my opinion, the nurses discuss patients and their illnesses outside the hospital.

14. I feel that the nurses discuss me and my illness with the other patients on the ward.

15. I feel, as though I can trust a nurse with anything I may confide to her.

16. The nurses appear courteous and considerate.

17. The nurses introduced themselves to me when I was first admitted.
18. The nurses help me to adjust to my experience as a hospital patient.

19. The nurses show interest and a genuine wish to serve whenever I request anything of them.

20. The nurses are meeting my expectations of them.

21. During visiting hours, the nurses postpone treatments if I have visitors.

22. The nurses are courteous and helpful toward my visitors.

23. Being awakened early in the morning so I can wash before breakfast meets with my approval.

24. I feel that being washed before breakfast in the hospital is necessary.

25. At least one nurse has oriented me to all routine hospital schedules, like time of meals, baths, treatments, visiting hours, x-rays, if taken, etc.

26. When any special procedures are done to me, such as a dressing change, irrigation, or enema, the nurse explains it to me first so I know what and why it is to be done.

27. When the nurse does any special procedures, she tells me what I may do to help.
28. After I have been given morning care (bath, bed change, etc.), I feel refreshed.

29. The corridor outside my room is free from excessive noise during the day.

30. The corridor is free from excessive noise during the night.

31. It is possible for me to take a nap during the day without being disturbed.

32. I enjoy having the nurses come into my room and visit with me.

33. I enjoy having other patients come into my room and visit with me.

34. The nurses appear willing to discuss my personal hygiene and health habits with me.

35. I have been informed by a nurse how to take care of myself when I go home.

36. A nurse has discussed with my family how I should take care of myself when I go home.

37. Each day, the nurses increasingly encourage me to take care of myself.

38. Before I leave the hospital, I would like to be able to care for myself completely.
39. If I wanted assistance from a community or state health agency after I was discharged, I would ask a nurse for information about the agency before I left the hospital.

40. I would expect the nurse to see that the agency was informed of my desire for assistance.

41. In my opinion, the nurses caring for me know enough about the health agencies to give me intelligent advice.

42. The most satisfying nursing care was given by:

43. The least satisfying nursing care was given by:

COMMENTS:
Please indicate your response by putting a check mark (✓) in the appropriate column.

<table>
<thead>
<tr>
<th></th>
<th>SOME-ALWAYS TIMES NEVER OPINION</th>
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<tbody>
<tr>
<td>1.</td>
<td>I treat each patient as an individual, not as &quot;just another patient&quot;.</td>
</tr>
<tr>
<td>2.</td>
<td>I put the patient's special needs and desires before routine hospital duties.</td>
</tr>
<tr>
<td>3.</td>
<td>When a patient puts on his light, I feel that it is answered within a reasonable length of time.</td>
</tr>
<tr>
<td>4.</td>
<td>If a patient told me he wished to see his clergyman, I would see that he was contacted directly or indirectly.</td>
</tr>
<tr>
<td>5.</td>
<td>I find time to discuss my patient's illness and treatment with him (if he wishes and if it is advisable) to the degree that he might better understand these.</td>
</tr>
<tr>
<td>6.</td>
<td>When discussing the patient's illness with him, I use terms he understands.</td>
</tr>
<tr>
<td>7.</td>
<td>I answer each patient's questions as honestly and directly as is advisable.</td>
</tr>
<tr>
<td>8.</td>
<td>I feel insecure in answering questions because I do not know how much I should tell the patient about his illness.</td>
</tr>
</tbody>
</table>
9. I am sensitive to each patient's feelings and attitudes.

10. Patients' attitudes and feelings influence the kind of care I give them.

11. I take sincere interest in the problem of each of my patients.

12. I try to help each patient work out his problems.

13. I refrain from discussing my personal or professional problems with the patients.

14. I feel sure of myself when I do treatments and procedures and in any other way care for patients.

15. I refrain from discussing patients and their illnesses outside of the ward, classroom, and nurses' residence.

16. Unless it is necessary for the head nurse and doctor to know, I refrain from discussing anything a patient may confide to me.

17. I am considerate and courteous toward patients.

18. I introduce myself to each new patient on the ward.

19. I make a point of helping each new patient with whom I come in contact to become adjusted to his hospital experience.
20. Whenever patients ask for anything, I show interest and a genuine wish to serve.

21. When on the ward I live up to the patients' expectations of me.

22. During visiting hours, if a patient has a visitor, I postpone any special treatment or procedure unless it is essential that it be done at the time.

23. I am courteous and helpful toward visitors.

24. I think visitors are important in the care of patients.

25. I approve of waking patients early in the morning to be washed before breakfast.

26. I consider it necessary for patients to be washed before breakfast.

27. I see that each new patient has been oriented to routine hospital schedules, like time of meals, treatments, baths, visiting hours, x-rays, if taken, etc.

28. If I give any special procedures to a patient, such as a dressing change, enema, or irrigation, I explain it to the patient first so he knows what and why it is to be done.

29. When I give any special treatments to a patient, I tell him what he may do to help.
30. My patients are as comfortable as is possible after I give them morning care.

31. The corridors on my ward are free of excessive noise at night.

32. The corridors on my ward are free of excessive noise during the day.

33. I see that each patient is able to take a nap, free from disturbances at some time during the day.

34. I feel that patients enjoy having me come into their rooms to visit with them.

35. I think patients enjoy having other patients come into their rooms to visit with them.

36. When giving morning care, I discuss each patient's personal hygiene and health habits with him as indicated.

37. I make sure that each patient who is discharged has been taught how to take care of himself at home.

38. I make sure that the patient's family knows how to take care of him when he is discharged.

39. Each day I increasingly encourage each patient to take care of himself.

40. If it is advisable, I would like to see each patient able to take care of himself completely before he is discharged.
41. If a patient on my ward wanted information about any community or state health agency in Maine, I would assume he would ask me about it.

42. If a patient wanted assistance from a community or state health agency, I would see that the C.M.C. social service department was notified.

43. I would be able to give a patient complete information about any community or state health agency in Maine.

Please check your personnel category:

Head nurse  ____  Nursing student-first year  ____
               second year  ____  third year  ____
Staff nurse  ____  Nursing aide  ____
               Orderly  ____
               Student affiliations completed:
               Communicable  ____
               Psychiatric  ____
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