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A study of the satisfactions of convalescent psychiatric patients

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A STUDY OF THE SATISFACTIONS OF CONVALESCENT

PSYCHIATRIC PATIENTS

by

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CHAPTER I

INTRODUCTION

Before the nurse can help the patient she must become aware of his needs.
Some of these needs may be discerned from observation of his behavior in the
hospital and some information may be obtained from his medical record. However, the patient has many feelings and problems which he needs to talk over
with someone who will listen to him and from whom he need not fear retaliation
or censure. The nurse can here be of therapeutic value in fulfilling the
role of a good listener, an indispensable partner in any conversation. She
accomplishes this by recognizing the cues which the patient gives and by
guarding against prematurely terminating the conversation before the patient
has had opportunity for full expression.

In addition it is important for the nurse to recognize that frequently
the verbal expression may be a clue to an underlying problem. "What is the
patient saying that he cannot say in any other way? What is the language of
his illness? What does it communicate indirectly about the individual who
is sick? In order to understand the language of illness, to determine what
the symptom says that the patient cannot express directly, it is necessary
to take what is actually said by a patient, the manifest content of the communication so-to-speak, and to desymbolize and interpret it for possible
hunches to the underlying meaning."[1] Thus the ordinary interaction of nurse

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[1] Hildegard Peplau, Interpersonal Relations in Nursing, p. 295.

and patient affords opportunities for the nurse to become aware of the patient's needs.

Statement of the Problem

Through the technique of the guided interview and the use of non-participant observation, is it possible to determine whether the everyday ward situations are being utilized to provide satisfaction for convalescent psychiatric patients, what satisfactions patients receive, and from whom they receive these satisfactions?

Sub-Problems

1. Are there opportunities for satisfaction in the everyday situations on the convalescent psychiatric unit:

    a. In introduction and orientation to the ward

    b. In regard to personal comfort

    c. In regard to therapy

    d. In regard to personal security

    e. In regard to social life in the hospital community

    f. In assisting the patient in his preparation for return to family and community life.

2. Are patients receiving satisfaction in these areas?

3. Do personnel provide these satisfactions?

4. If personnel do not provide these satisfactions are there other sources?

5. Are there patients who do not receive satisfactions?

Purpose of the Study

This study is undertaken to explore an area in psychiatric nursing which heretofore has not received the attention of investigators. It is an attempt to discover whether the formal and informal social context of the convalescent psychiatric unit is used by the nursing personnel to provide satisfactions for convalescent psychiatric patients. The investigators believe that it is particularly difficult to discover the needs of these patients. This was noted in Matheney's study of the psychiatric nursing affiliation.

> "The degree to which students understood patients' behavior
> was related more closely to the degree of illness than to any
> other factor concerned in the study. From an educational point
> of view the student's experience with acutely ill patients was
> most profitable. Group as well as individual performance was at
> its peak on services where deviations from normal were most marked.
> There was a progressive drop as the patients' behavior more closely
> approximated normal. This culminated in a significantly low degree
> of understanding on the convalescent service where patients' be-
> havior appears confusingly normal to the inexperienced observer."[2]

Furthermore, this study will attempt to explore the extent to which the total ward environment is used to provide physical comfort and psychological support for the convalescent patient.

It is hoped that this preliminary study will stimulate further investigations in this area and thus aid in furnishing material for in-service educational programs and student orientation programs. It may further lead to a new design for a psychiatric nursing affiliation for basic nursing students.

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[2] Ruth Matheney, "How Does the Psychiatric Nursing Affiliation Fail?"
The American Journal of Nursing (November, 1951), 51: 684-687.

Scope of the Study

This study was undertaken in a psychiatric hospital which carries on a program of extensive research. The subjects consisted of twenty-five convalescent female patients ranging in age from 16 to 64 years. Various types of mental diagnoses were included in the sample. The majority of the patients had been transferred to the convalescent ward from the acute ward although a few had been admitted directly. The data were obtained over a period of five months and were based on interviews with patients and observations of interactions between patients and personnel. Guided interviews were conducted with each patient in the hope that through verbalization each individual would relate his needs and satisfactions more freely. Anecdotal observations were included for clarification and interpretation of verbalized material but conclusions were drawn from an analysis of the interviews.

Limitations

On this ward the daily average census was occasionally low because of the rapid turnover of patients which was caused by transfers back to the acute ward, transfers to the open ward, and discharges to the community. This rapid turnover of patients may have presented a situation of shorter periods of contact between patients and personnel than is usually found in the typical mental hospital.

In accordance with the purpose of the study, conclusions were drawn from patients' statements only. It was recognized that certain patients may have been unable to express negative feelings, and mood swings resulting from the patient's illness may have affected the responses. No way of

evaluating these factors was presented.

Previous Investigation

An exhaustive survey of nursing literature and that of allied fields was made. No evidence was found that similar work had been reported in this area. The following studies were selected as most pertinent to this investigation since, even though they are primarily concerned with acutely ill patients, they have certain implications for convalescents also.

Tudor[3] demonstrated how nursing care can be oriented in three directions to assist the patient with his daily living, namely: (1) to facilitate the patient's communication, (2) to facilitate his social participation, (3) to fulfill his needs.

> "The form of expression these needs take, the manner in which they are fulfilled, and the appropriateness of the fulfillment in terms of the manifest need are all matters which the nurse must consider in relating herself to the patient."

Dolan, Johnson, and Robitaille[4] through the use of guided interviews with patients and personnel concluded that "patients do have social expectations and desires from nursing personnel and are able and willing to verbalize them if given the opportunity. These verbalizations can provide information and cues which can be utilized in total nursing care."

In their study of need-fulfillment on an acutely ill ward, Schwartz,

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[3]Gwen Tudor, "A Sociopsychiatric Nursing Approach to Intervention in a Problem of Mutual Withdrawal on a Mental Hospital Ward," Psychiatry: Journal for the Study of Interpersonal Processes (May, 1952), 15: 193.

[4]Regina Dolan, June Johnson, and Francoise Robitaille, "A Study of the Social Expectations and Desires of Psychiatric Patients," Unpublished Master's Thesis, Boston University School of Nursing, August, 1952, p. 137.

Schwartz, and Stanton,[5] by means of observation, investigated the requests
of patients and the responses of personnel to these requests. While it was
accepted that the hospital staff should take the initiative in discovering
and meeting patients' needs even when unexpressed, the results of their study
showed that the personnel failed to accomplish this.

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[5]Charlotte Schwartz, Morris Schwartz, and Alfred Stanton, " Study of
Need Fulfillment on a Mental Hospital Ward," Psychiatry: Journal for the
Study of Interpersonal Processes (May, 1951), 14: 223-243.

CHAPTER II

PHILOSOPHY UNDERLYING THE STUDY

In the philosophy of this study, illness is considered not merely as a condition but as a social role. Parsons has listed four main features of the sick role in our society. First, the exemption of the patient from the performance of some of his normal social obligations; second, the exemption of the patient from full responsibility for his own state; third, the undesirability of the role of being sick and the desirability of relinquishing this role as soon as possible; fourth, the definition of being sick as being in need of help.[1]

In being sick, the sick person makes the transition to the role of patient. Every status being linked with a particular role, the role of patient includes the attitudes, values, and behavior ascribed by society to any person occupying this status. "It can even be extended to include legitimate expectations of such persons with respect to the behavior toward them of persons in other statuses within the same system."[2] The philosophy of the present study rests upon this concept of the role of patient as including his legitimate expectations of the behavior of nursing personnel

[1] Talcott Parsons, "Illness and the Role of the Physician" in Personality in Nature, Society, and Culture, edited by Clyde Kluckhohn, Henry Murray, and David Schneider, pp. 613-614.

[2] Ralph Linton, "Social Roles" in Readings in Social Psychology, edited by George Swanson, Theodore Newcomb, and Eugene Hartley, p. 264.

toward him.

Webster defines convalescence as "gradual recovery of health and strength after disease; the time between the subsidence of a disease and complete restoration to health." For the psychiatric patient convalescence may be defined as the period in which he begins to relinquish the sick role and gradually prepares to resume his normal social obligations. Thus the needs of the convalescent patient are different from those of the acutely ill patient.

While some nurses can intuitively estimate these frequently intangible needs, a conscious appraisal is necessary in order to achieve a therapeutic nurse-patient relationship. The tools employed in accomplishing this are the psychiatric history, nursing notes, communication between personnel, and skillfully guided conversation with relatives. The very best opportunity for appraisal is offered by contact with the patient himself. In order to utilize this contact to the best advantage, the development of skills in interviewing and observation is essential.

An accurate evaluation of the patient's needs and an estimation of the extent to which the nurse is capable of meeting them enables her to set specific goals and plan a program of adjustment and rehabilitation. Recognizing the extent to which her appraisal is an on-going process, she can alter the goals in relation to the patient's changing needs and still maintain a therapeutic environment. This evaluation of the patient's needs also establishes a basis of communication and participation with others who are involved in his care.

Muller gives the following quotation from a patient:

"The nurse is a representative of society to the psychiatric patient who has been deprived of such participation. As a friend of the patient she seeks to bring about the restoration of the patient's usefulness and dependability in that society. She is an example of the person with the qualities necessary for functioning successfully in society, thereby demonstrating the exercise of the proper discipline. If she can get the patient to understand the frustrations of a hospital as necessary evils, she will prepare the patient for living in the world of today where frustrations are especially prevalent."[3]

An area which is peculiarly within the nurse's province and in which she can make her greatest contribution is in the creation of a therapeutic environment which will provide physical comfort and psychological support for the patient. This philosophy is based on the concept that in all hospitals the everyday ward situations may be used to provide satisfactions for patients. "On the basis of the security of reliable belongingness to a hospital group the patient can tolerate the pressures of social status. In this regard the needs of the emotionally disturbed are more acute, but not different in kind, to the needs of all of us."[4] In helping the patient to understand and accept the restrictions of freedom in the ward situation the nurse assists the patient in preparing himself for the social and legal controls he will have to meet in the community.

Setting in Which the Study Took Place

This study was undertaken in a psychiatric hospital on a thirty bed female convalescent unit. The atmosphere of this ward was comfortable and homelike and the furnishings were attractive and colorful. At the front of

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[3]Theresa Muller, The Nature and Direction of Psychiatric Nursing, p. 239.

[4]David Rioch and Alfred Stanton, "Milieu Therapy," Psychiatric Treatment, Proceedings of the Association for Research in Nervous and Mental Disease, 21: 103-104, 1953.

the ward there was a large pine-paneled living room with many comfortable chairs, current magazines, a radio, and a television set. In the rear, another recreation area was arranged. There were two small wards with ten beds each, four semi-private and two private rooms. A service room contained a washing machine, electric irons, and individual lockers for clothing. The patients had free access to the kitchen which contained a large electric refrigerator where they could keep their own food. They were allowed to leave the ward for meals, occupational therapy, movies, and other activities.

The nursing personnel consisted of three graduate nurses, four nursing students, and six attendants. For purposes of the study, these were all grouped under the heading of nursing personnel.

The techniques selected were non-participant observations and guided interviews. After socializing and observing on the unit, the investigators constructed a tentative interview which was used in a pilot study on the male convalescent ward. After discussing the result with two psychiatrists on the staff of the hospital, the original interview was revised and expanded. In order to see what provision was made for the physical comfort and psychological support of the patient, the revised interview was divided into the following categories: (1) Orientation, (2) Personal Comfort, (3) Total Therapy, (4) Personal Security, (5) Social Life in the Hospital Community, (6) Preparation for Return to Family and Community Life.

In order to establish rapport and secure cooperation, it was necessary for the investigators to spend considerable time socializing with the patients before undertaking the interviews. The purpose of the study was fully explained to them and they were completely reassured concerning the

confidential nature of the information given. While many questions elicited a "yes" or "no" response, these were designed to introduce the open-ended questions which followed and to serve as preparation for the more searching questions which came later. (See Appendix.)

Appreciation of the contribution of each patient was expressed at the termination of the interview. Patients were encouraged to feel that the interviews were not closed and that additional information would be welcome at any subsequent time. That this was satisfying to patients was evidenced by their responses. On the investigators' subsequent visits to the unit, patients showed interest in the progress of the study, socialized with them and were eager to have them meet their relatives.

The only criterion for selection of patients was willingness to be interviewed. While patients were not selected on the basis of diagnosis, care was taken to insure that a wide variety of diagnoses were included.

A sample of twenty-five was deemed adequate for the purposes of the study. In the sample were fifteen married and ten single women. The modal age was 30-40 years.

CHAPTER III

ANALYSIS AND PRESENTATION OF DATA

The investigators have assumed that in all hospitals there are situations which give opportunities for satisfactions or dissatisfactions of patients. The questions in the interview were centered around these simple, every-day situations in order to determine whether this group of convalescent psychiatric patients had received satisfactions, in which situations they had received them, and from what source they had received them.

The interview used to elicit this information was composed of one hundred and forty-two questions which were divided into six categories as previously described. It began with questions relating to orientation to the convalescent unit and continued with more difficult topics of discussion. The interview consumed a great deal of time, not only because of its length, but also because of interruptions such as visitors, meals, and doctor's visits. These factors and the fact that the interview was left open-ended so that patients frequently came back to offer additional information, made it impossible to estimate the amount of time required for each interview.

The presentation of the data follows the order of the interview with observations, anecdotes, and explanations preceding the statistical material in each of the six categories. The term "nursing personnel" has been used to include graduate nurses, nursing students, and attendant nurses. All percentage differences reported are significantly different at least at the

0.05 level. Those not significantly different are so indicated.

Orientation to Ward

The category of orientation to ward was sub-divided into three sections: preparation for the transfer, introductions to patients and personnel, and explanation of ward procedures. Fifty-three per cent of the patients stated that they experienced satisfaction with their orientation to the ward.

While the majority of patients expressed satisfaction in their orientation to the ward, the following experience of one patient is included to show how an unsatisfactory orientation may color the entire hospital experience. This patient was admitted directly to the convalescent ward. She had come to the hospital alone, without the approval of her family, after a long period of indecision and increasing depression, and with only eleven cents in her purse. When she arrived at the hospital she felt physically and emotionally exhausted. Since she had come from a distance and had not known what she would need, she had brought a large, heavy suitcase full of clothing. The attendant who came to the admitting office to escort her to the ward picked up a small cosmetic case and left the patient to struggle up the stairs with the heavy suitcase. The attendant did not even attempt to get the elevator. When they arrived on the ward it was time for the evening meal and the attendant insisted that the patient go down to the dining room while the patient protested that she would prefer going without the meal to the ordeal of meeting so many new people. The attendant then went into the nursing office and said aloud, although nobody else was present, "I wonder what this one is going to be like!" Fear of consequences then induced the patient to go down to supper. In retrospect the patient said that perhaps

the attendant had been right in insisting that she go down to supper even
though she had been unwilling. The rest of her orientation to the ward was
a bitter disappointment and she had felt that her last resource was gone,
since, even in her depression she had thought she would receive understanding
care and consideration when she finally had made up her mind to enter the
hospital. Throughout her hospital stay this patient continued to feel in-
secure and alone and unconvinced that anyone was interested in her.

While 72 per cent of the patients had had ward procedures explained and
had thought they understood the explanation at the time, 28 per cent expressed
a desire for further clarification. Many patients offered suggestions for
improving the orientation process. For example, as part of the explanation
of ward procedures, the patients were usually taken to the bulletin board
where a list of off-ward activities was posted. After reading this list the
patients were expected to select their own activities. While they liked having
this opportunity, they expressed a desire for further explanation of the con-
tent of activities such as O.T. (occupational therapy). Some of the patients
thought this meant medicine. Patients were also uncertain about the meaning
and purpose of psychodrama. They felt they needed to have the explanations
repeated later. Moreover, they wanted assurance as to the number of activi-
ties for which they could sign. They also suggested that the bulletin board
be kept up-to-date for "it causes trouble for patients if it is not up-to-
date, since we are held responsible for doing the right things." One patient
gave an example of an incident in regard to getting her own clothing. On
this occasion the regulation had been changed but the change had not been
posted on the bulletin board. Table IA showing which procedures were explained

TABLE I

PERCENTAGES OF PATIENTS RESPONDING TO QUESTIONS IN THE CATEGORY OF ORIENTATION TO WARD

Interview Questions	Satisfactions Received						Sources of Satisfaction		
	Percentage		Percentage				Percentage		
	Yes	No	Most	Some	None	Other[a]	Doctor	Nursing personnel	Other Patients
1. Did you know you were coming to this ward?......	48	52*				20	28	28*	20*
2. Who told you?......									
3. Did you understand what it meant?......	56	44*							
4. When you arrived on the ward were you introduced to patients?......			72	4*	24*				
5. If not introduced, had you met them before coming to this ward?......			16	24*	60				
6. If not, did you introduce yourself?......	20	4,b							
7. Do you think patients like to be introduced?......	92	8							
8. Were you introduced to the personnel?......			52	4	44				
9. Were the ward procedures explained to you?......	72	16				12			
10. When the procedures were explained, was it done in a friendly manner?......	96	4							
11. Did you understand the explanation at the time?......	72	16				12			
12. If you did not understand the explanation, did you ask about it?......	16	12*							
13. Did you receive a satisfactory explanation?......	12	16*							
14. Have you needed more explanation?......	48	52*							
15. If you needed more explanation, who would you go to?......								52	48*
16. Were procedures explained?......	See explanation in Table IA								
Average Per Cent......	53	20	47	11	43	15*	28	36*	48

[a] Question #1—admitted directly
#9—partially
#11—partially

[b] Question #6—76% already introduced

*Not significantly different

~Significant difference between Most and Some and Some and None

+Significant difference between Doctor and Other Patients

TABLE IA

Explanation of Question #16

16. What procedures were explained?

Percentage of Responses

a. Signing in and out...16%

b. Signing in and out
   and
 Ward work..12%

c. Signing in and out
   and
 Meals...24%

d. Signing in and out
   and
 Ward work
   and
 Meals... 4%

e. Signing in and out
   and
 Visiting privileges... 4%

f. Signing in and out
   and
 Ward work
   and
 Signing up for off-ward activities......................... 8%

g. Signing in and out
   and
 Meals
   and
 Signing up for off-ward activities......................... 8%

h. Ward work
   and
 Visiting privileges
   and
 Telephone privileges....................................... 4%

i. Lights out... 4%

j. Kitchen privileges
   and
 Signing up for off-ward activities......................... 4%

k. None...12%

indicates that "signing in and out" in combination with other procedures was the most clearly understood. Responses of patients and observations indicated that great emphasis was placed upon the explanation of this procedure.

Personal Comfort

Questions here were designed to determine patients' satisfactions in regard to sleep and food. The opportunity to select the place where one will sleep offers situations for satisfaction or dissatisfaction because some patients like to sleep near a window or a door while others do not. Some patients like to sleep in a ward while others prefer a private or a semi-private room. Eighty-four per cent of the patients expressed a desire for a choice. Through the patients' answers and from observations, it was noted that whenever possible the head nurse offered the patients a choice as to where they would sleep. When patients were not satisfied with the bed originally assigned to them, they felt free to ask this head nurse for a change of location when the opportunity arose. Eighty per cent of the patients were satisfied with the time for arising and 84 per cent were satisfied with the hour for retiring, both of which were described by patients "as very reasonable for a hospital." In reply to questions eleven and twelve, 44 per cent of the patients thought most of the personnel were interested and 12 per cent thought that some were interested. Only 24 per cent had tried to talk to personnel about these problems while 100 per cent of the patients had discussed them with each other.

The questions about food showed that patients expressed 100 per cent satisfaction in being able to eat with their friends rather than having a definite place assigned; not being rushed at mealtime; in being permitted to smoke at meals; and having the freedom of the kitchen for coffee hours and

TABLE II

PERCENTAGES OF PATIENTS RESPONDING TO QUESTIONS IN THE CATEGORY OF PERSONAL COMFORT—SLEEP

Interview Questions	Satisfactions Received						Sources of Satisfaction		
	Percentage		Percentage				Percentage		
	Yes	No	Most	Some	None	Other[a]	Doctor	Nursing Personnel	Other Patients
1. Does anyone ask if you have slept well?......................	36	64							
2. Who asks you?..							8	28*	
3. Do you sleep well?...	52	32				16			
4. Do you get enough sleep?...................................	52	44				4			
5. Do you think the ward regulations concerning sleep are reasonable—for example:									
a. The hour for retiring?.................................	84	16							
b. The hour for arising?.................................	80	20							
6. Do you get to sleep easily?...............................	52	48*							
7. What prevents you?..	See explanation below								
8. Is it possible to rest during the day?...................	52	48*							
9. Does anyone ask you where you would like to sleep?........	56	44*							
10. Do patients like to choose their place?..................	84	4				12			
11. Do you think the personnel are interested in these problems?..			44	12	44				
12. Do they ask you about these problems?....................			44	12	44				
13. Have you tried talking to the personnel about this?......	24	76							
14. Do patients talk to other patients about these problems?..	100								
Average Per Cent......................	58	40	44	2	44	11	8	28	

[a]Questions #3 and #4—sometimes
 #7—noise 20*
 worries 24*
 poor sleeper 4*
 #10—do not care
*Not significantly different

~Significant difference between Most and Some and Some and None

(concluded on next page)

TABLE II (concluded)

PERCENTAGES OF PATIENTS RESPONDING TO QUESTIONS
IN THE CATEGORY OF PERSONAL COMFORT—FOOD

Interview Questions	Percentage		Satisfactions Received Percentage			
	Yes	No	Most	Some	None	Other[a]
1. Is your appetite good?	20	10				
2. Do you get enough to eat?	100					
3. Does the food taste good to you?	32	20*				48
4. Is there enough variety?	28	48*				24
5. Are there any special foods you like which you are not getting?	92	8[b]				
6. If so, what are they?	See explanation below[c]					
7. Do you like the place where you eat?	92	8				
8. Do you choose whom you will eat with?	100					
9. Do you have enough time to eat?	100					
10. Do you have enough time to smoke after meals?	100					
11. Do the patients have evening snacks?	100					
12. Do the patients have a coffee hour?	100					
13. Is the ward kitchen open for them?	100					
14. Have you gained any weight?	56	20				24
15. Would you like to gain or lose?	40	20*				40
16. Does anyone help you with this problem?	8	92				
17. Do you think the personnel are interested in how you feel about these problems?	8	92				
18. Do they ask about these problems?	8	92				
19. Have you tried talking to the personnel about them?	28	72				
20. Do patients talk to other patients about these problems?	100					
Average Per Cent	63	5				34

[a] Questions #3 and #4—sometimes #14 and #15—remain same
[b] Question #5—No = 8% on insulin therapy
[c] Question #6—fruit juice—20%
  salads—20%
  milk—52%
*Not significantly different

evening snacks. Patients expressed a desire for more help in regard to diet and weight control. Responses showed that 92 per cent of the patients were not receiving help with these problems; the remaining 8 per cent were receiving insulin therapy. Twenty per cent of the patients who had formerly received insulin had gained a great deal of weight and wanted help with this problem. Weight gain also presented an economic problem because clothing no longer fitted. Both the 40 per cent who wanted to gain weight and the 4 per cent who wanted to remain the same felt that they needed help. Another element which could have influenced weight gain was the fact that the milk machine was repeatedly out of order and the patients had to substitute coca-cola when they wanted a drink between meals. While only 28 per cent of the patients had tried talking problems over with the personnel, 100 per cent had discussed them with one another.

Therapy

The category of therapy was sub-divided into patients receiving psycho-therapy combined with somatic therapy, and those receiving psychotherapy alone. This accounts for the responses to question 1, 3, and 5. In these questions the patients who were not receiving somatic therapy did not require explanation of the details of treatment nor the reasons for delays as did the other group.

Of the patients receiving somatic therapy, 68 per cent experienced dis-satisfactions concerning explanations of delays of treatment. On one occasion the investigator talked with a patient who was extremely anxious and appre-hensive about shock treatment which her doctor had told her would begin that morning. For some reason it was not scheduled but the head nurse kept trying

TABLE III

PERCENTAGES OF PATIENTS RESPONDING TO QUESTIONS IN THE CATEGORY OF THERAPY

Interview Questions	Satisfactions Received						Sources of Satisfaction		
	Percentage		Percentage				Percentage		
	Yes	No	Most	Some	None	Other	Doctor	Nursing Personnel	Other Patients
1. Are you told if there is going to be a change in your treatment?.....................	40	36*							
2. Who tells you?...							32	8*	
3. Is the treatment explained so that you feel satisfied?..................................	8	17							
4. Do you feel free to question it?...	76	24							
5. If treatments are delayed is the reason for the delay explained to you?..............	8	68							
6. Do you think the personnel understand how hard it is to wait for treatment?.........			12	12	76				
7. Does anyone try to make the waiting period easier?..................................			12	12	76				
8. Who does this?...								16	8*
Average Per Cent.....................	33	36*	12	12	76		32	12	8

*Not significantly different

~Significant difference between Most and None and Some and None
~Significant difference between Doctor and Other Patients

to locate the doctor to find out about it. When the nurse finally succeeded in contacting the doctor the patient was informed and was taken for therapy as soon as possible.

On another occasion the investigator observed that a very agitated, elderly patient was the last one to receive her treatment. During the time she was waiting none of the nursing personnel approached her or made any attempt to make the waiting period easier. Other patients talked to her and tried to reassure her.

In reply to question 7 concerning any attempt to make the waiting period easier, 76 per cent of the patients stated that they felt no one tried to do this. When asked if she thought the personnel understood how hard it was to wait for treatments, one patient said, "Some do and some don't. Sometimes it depends on what side of the bed they got out on."

One patient who was receiving psychotherapy only, at the time of her interview, and who was later started on electric shock therapy, made a special point of reporting that she thought some of the personnel did understand how difficult the waiting period was. She said she had been taken first the day of her initial treatment and she expressed great appreciation for the thoughtfulness of a nursing student who noticed her hesitation and offered to accompany her.

When shock therapy was given on the ward, because of physical limitations, patients were restricted to the living room without having access to their lockers, the kitchen, or their own rooms. While this presented an inconvenience to the patients, it was even more painful for them to relive their own experiences through being in such close contact with other patients

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undergoing treatment. Patients offered suggestions for arrangements which would make the experience of receiving shock therapy less painful. Rather than having shock therapy given on the ward, they suggested having a special area for this purpose, with a separate entrance and exit so that the incoming patient would be spared the experience of seeing the patient who had just had the treatment.

Patients undergoing electric shock therapy repeatedly expressed concern over their poor memory and from the responses it was evident that they had not received reassurance about this.

Personal Security

In interpreting the responses to questions 1-5 it must be noted that the patients' conception of "help" was a physical need or desired privilege. They said they went to the nursing personnel, social worker, and other patients for anything pertaining to the ward and to the doctor for anything pertaining to their illness. Since these questions were deliberately repeated in the last category, the investigators accepted this interpretation of "help" for the time being.

In reply to question six, 64 per cent of the patients said that their withdrawal from the social life of the ward was noted. This was a source of satisfaction because 84 per cent of the patients liked to have someone make this observation. It should be noted that only 44 per cent of this satisfaction was received from nursing personnel.

One hundred per cent satisfaction was expressed in regard to having ward work assigned and patients felt that this was fairly done. They felt that the performance of household tasks on the ward was a preparation for the

TABLE IV

PERCENTAGES OF PATIENTS RESPONDING TO QUESTIONS IN THE CATEGORY OF PERSONAL SECURITY

Interview Question	Satisfactions Received Percentage				Sources of Satisfaction Percentage				
	Yes	No	Most	Some	None	Other[a] Doctor	Nursing Personnel	Other Patients	Social Worker	Total Hospital Environment Includ. Nursing Personnel	No Com
1. Do you feel free to ask for help?	80	20*									
2. Do you get the help that you need?	68	32									
3. From whom?						56	44*				24*
4. If you need help whom do you go to?						32	36	4	4		12*
5. Who do you think has helped you most?						20	8	36		24	
6. Does anyone notice if you stay by yourself?	64	24*			12[b]						
7. Who notices?							44	20*			
8. Would you like to have someone notice?	84	16									
9. Is anything done about it?	52	12									
10. What is done?	See explanation in Table IVA										
11. Are there times when you would rather be left alone?	15	10*									
12. Do you like to help with the ward work?	88[c]										
13. Do you choose what you want to do?	100										
14. Would you like to?	8	92									
15. Do you talk about your feelings concerning this at ward meetings?	24	64	12								
16. Are the personnel interested in how you feel?			32	20	48*						
17. Is anyone interested in what you are doing?			44	12	44	12	40	40			
18. Who seems interested?											
19. Are the ward meetings helpful?	84	12									
20. In what way?	See explanation in Table IVA										
21. Who brings up questions?	48	36*					36	48*			
22. Do you like to suggest topics yourself?											
23. What is usually talked about?	See explanation in Table IVA										
24. What sort of things would it be good to talk about?	See explanation in Table IVA										
Average Per Cent	96	91*	30	16	35*	16	30	35	30	4	24

Question #15—12% unable to attend
  1 patient on insulin treatment
  2 patients did not know about ward meeting
#19—Nonsense 12% that do not attend

[a] Question #6—None—12% never stay apart
[b] Question #12—remaining 12% physically unable to help
[c] *Not significantly different

Significant difference between Social Worker and Total Hospital Environment including Nursing Personnel, and between Social Worker and No One

(continued on next page)

TABLE IVA

Explanation of Question #10

10. What is done?

Percentage of Responses

     a. Talking it over...48%

     b. Making suggestions...16%

     c. Do not stay apart..36%

Explanation of Question #20

20. In what way?

Percentage of Responses

     a. Help with ward problems......................................28%

     b. Help with ward problems
        and
       Ventilation of feelings.....................................24%

     c. Help with ward problems
        and
       Ventilation of feelings
        and
       Verbalization of problems...................................40%

     d. Ventilation of feelings
        and
       Explanations.. 8%

     e. Suggestions... 4%

     f. Verbalization of problems...................................16%

       Do Not Attend...16%

Explanation of Question #23

23. What is usually talked about?

Percentage of Responses

     a. Supplies needed...12%

b. Supplies needed
   and
   Repairs..20%

c. Supplies needed
   and
   Ward work
   and
   Repairs..16%

d. Snacks...24%

e. Lost clothes...12%

   Do Not Attend..16%

Explanation of Question #24

24. What sort of things would it be good to talk about?

Percentage of Responses

a. Needs of ward...16%

b. Explanation of rules on bulletin board.................52%

c. Suggestions...16%

d. Do not attend...16%

TABLE IV (continued)

PERCENTAGES OF PATIENTS RESPONDING TO QUESTIONS IN THE CATEGORY OF PERSONAL SECURITY

Interview Questions	Satisfactions Received Percentage		Satisfactions Received Percentage				Sources of Satisfaction Percentage		
	Yes	No	Most	Same	None	Other[a]	Doctor	Nursing Personnel	Other Patients
25. Do you like the idea of outside visits?	100								
26. Do you have enough time to make plans?	68	20							
27. Are explanations given when the privilege is not offered?	36	36*				16			
28. Who explains this to you?							32	4*	
29. Do you think outside visits are helpful?	88								
30. Have you found them satisfactory?	88								
31. When you return from your outside visit is anyone interested in how things went?	12	10*							
32. Do you like to have interest shown?	76	12							
33. Who talks to you about it?							16*	32*	40*
34. Do patients talk to other patients about their outside visits?	100								
35. Are the visiting hours convenient?	72	28							
36. Are the visiting hours long enough?	76	24							
37. Do you prefer afternoon or evening visiting hours?	See explanation in Table IVB								
38. Can arrangements be made to have enough privacy with visitors?	64	36							
39. Do you like having visiting hours?	88								
40. When do you especially like to see?	See explanation in Table IVB								
41. Do these people come to see you?	80	8							
42. How often do they come?	See explanation in Table IVB								
43. Is it often enough?	80	8							
44. Are these visits satisfying to you?	88								
45. Do you like to have your visitors meet the personnel?	28	36*				24*			
46. Do the personnel show interest in meeting your visitors?			16	20	52				
47. If visitors don't come, do you understand why?	100								
48. Are there visitors that you would rather not see?	72	28							
49. Do patients talk to other patients about visitors?	100								
Average Per Cent	74	22	16	20	52	20	24	18	40

For Questions #26-33—12% of the patients could not go home
Questions #34-41-43—13% of the patients did not have visitors because
location was too distant

[a]Question #27—privilege always given
#45—sometimes
*Not significantly different
~Significant difference between Most and None and Some and None

(concluded on next page)

TABLE IVB

Explanation of Question #37

37. Do you prefer afternoon or evening visiting hours?

Percentage of Responses

  a. Afternoon..24%

  b. Evening...36%

  c. No preference..40%

Explanation of Question #40

40. Whom do you especially like to see?

Percentage of Responses

  a. Family...76%

  b. Friends..12%

Explanation of Question #42

42. How often do they come?

Percentage of Responses

  a. Once a day...40%

  b. Once a week..16%

  c. Twice a week...20%

  d. Thrice a week..12%

TABLE IV (concluded)

PERCENTAGE OF PATIENTS RESPONDING TO QUESTIONS
IN THE AREA OF PERSONAL SECURITY

Interview Questions	Satisfactions Received Percentage	
	Yes	No
50. Do you know how often the mail comes to the ward?..............	36	64
51. Do you like to receive letters?.................................	72	28
52. Do you like to write letters?...................................	36	64
53. Are materials supplied?..	36	64
54. Do you think they should be?...................................	96	4
55. Is there a convenient place for writing?.......................	100	
56. Is it quiet enough on the ward for writing?....................	100	
57. Do you feel that the letters are mailed promptly?..............	60	40*
58. Do you like to telephone outside?..............................	60	40* See explanation below
59. Are the booths conveniently located?..........................	100	
60. Are you satisfied with the regulations about making telephone calls?..	100	
61. Would you like to receive telephone calls?....................	64	36
Average Per Cent....	72	43

Question #58—negative response represents satisfaction—patients' security
increased because of regulation regarding telephones
*Not significantly different

resumption of their home responsibilities and was an experience in learning to work together.

Responses to question sixteen showed that only 32 per cent of the patients thought the personnel were interested in their feelings. The following anecdote illustrates the dissatisfaction one patient experienced in regard to personnel's interest in her feelings. This patient was suffering from a stiff neck and since she could not move her head without intense pain, the investigator suggested postponing the interview but the patient wanted to continue. After helping the patient to find a comfortable position on her bed, the investigator sat facing her with her own back to the ward. An attendant entered the ward, evidently having just come on duty. The investigator was conscious that the attendant was moving about the ward talking to the patients, but she did not listen to their conversation since the interview was going along well. When the attendant approached the patient who was being interviewed, she said, "Hello, Mrs. B., how are you? How are you feeling this afternoon?" Mrs. B.'s lips parted but before she had an opportunity to tell how miserable she felt, the attendant said, "That's just fine, that's just fine," and left the ward. With a wry smile Mrs. B. looked at the investigator and the interview was resumed.

The investigator had an opportunity to observe a ward meeting on two occasions. These meetings were held in the ward living room where there were constant interruptions since the entrance to the ward is located there. The patients sat rather far apart from one another. The head nurse served as a leader and both she and the patients brought up topics for discussion. On these two occasions, the topics discussed were "things needed on the wards, plans for snacks, opportunities for patients to get patterns and materials

for sewing." Patients stated that they felt free to bring up questions at ward meetings. They also felt free to ask the head nurse to bring up subjects which they found too difficult. Subjects of this type were usually concerned with interpersonal relations between patients and between patients and personnel.

Several patients expressed the idea that patients must be very careful about what they say to personnel. They said patients are always afraid they will say the wrong thing and thus give the impression that they are not well enough to remain on the convalescent unit or not well enough to go home. This same fear often prevents patients from asking questions or requesting explanations. It also makes them feel that they must participate in activities regardless of their interests. They said patients are afraid that if they say the wrong thing they will be given shock treatment. Both in reference to their fears of being transferred back to the acute ward and to their anxiety about their ability to meet the requirements of the convalescent ward, many patients suggested an intervening ward so that the change would be less abrupt.

Because of their close association with each other patients felt that they often detected a behavioral change in another patient even before the personnel were aware of it. They said that since their previous observations had been rejected when called to the attention of the nursing personnel, they no longer felt free to speak about them.

One patient told the investigator that her security was threatened by the fact that it was possible for one patient to read another patient's record. On two occasions this patient had heard another patient relating

what she had read on patients' records. The investigator could not secure the patient's permission to reveal the manner in which this feat was accomplished but the patient was anxious to have the incident appear in this study.

Every Friday afternoon the list of patients who had been granted visiting privileges was posted on the ward bulletin board. Sixty-eight per cent of the patients stated that they had sufficient time to make plans for their week-end visits. Some patients stated that they were inconvenienced by the fact that the telephone privilege was not granted at the same time that the visiting privilege was given and that they were unable to notify relatives and friends. When this occurred it was necessary for the nursing personnel to get in contact with the doctor in order to secure the privilege for the patients. (On the convalescent unit the patients were not allowed to telephone without special permission from the doctor.) Patients suggested that telephone privileges be posted with the list of visiting privileges in order to help them get away promptly. One patient told of having to wait until eight o'clock in the evening because she could not get in touch with her doctor to obtain permission to telephone her husband.

While 76 per cent of the patients said they would have liked to have had interest shown concerning the happenings of their week-end visit, only 48 per cent had found anyone interested. This lack of interest on the part of nursing personnel resulted in their missing opportunities of discovering clues about patients' feelings and behavior. The responses to Question #34 showed that the patients received 100 per cent satisfaction in talking with one another about their experiences.

While the interviews were being conducted, the administration made the visiting hours longer at the request of the patients. This was a source of great satisfaction. The dissatisfactions reported in this category occurred in the early interviews, before the change had been made.

Sixty-four per cent of the patients were uninformed as to when the mail came to the ward or whether writing materials were available. When asked if patients thought writing materials should be supplied by the hospital, 96 per cent of the patients said they did, provided that the name of the hospital did not appear on the stationery. Eighty per cent of the patients expressed doubts about the promptness with which letters were mailed. Three patients said they had seen letters which should have been mailed lying on the doctor's or nurse's desk.

Patients suggested measures be taken to improve the sanitary conditions of the lavatories. They said that many patients suffered from "Athlete's foot" and other skin infections; they were worried over using the same tubs and showers and having to hang their towels on the same towel rack.

Social Life in the Hospital Community

In this category as well as in orientation to the ward, patients expressed a desire for more explanation of the content of the various off-ward activities. While 96 per cent of the patients appreciated the opportunity of sharing in the planning of their off-ward activities, they felt a need for more information as to what the various activities involved.

Table VA lists the responses to questions concerning the off-ward activities in which patients participated and those which they found most satisfying. No effort was made to limit responses and although various

TABLE V

PERCENTAGES OF PATIENTS RESPONDING TO QUESTIONS IN THE TREATMENT OF SOCIAL LIFE IN THE HOSPITAL COMMUNITY

Interview Questions	Satisfactions Received Percentage				
	Yes	No	Most	Some	None
1. Do the people who work here greet you when they come on duty and go off?........			44	20	36
2. Do you share in the planning of your off-ward activities?........	96	4			
3. Would you like to?........	96	4			
4. Do you often go off the ward for other activities?........	96	4			
5. Do you enjoy getting away from the ward?........	88	12			
6. What activities do you take part in?........	See explanation in Table VA				
7. What activities are most satisfying?........	See explanation in Table VA				
8. Are there ones you don't take for?........	See explanation in Table VA				
9. Do you share in the planning of these activities?........	92	8			
10. When you are taking part in ward activities do you choose what you like?........	96	4			
11. Do patients think patient government is a good thing?........	88	12			
12. In what way?........	See explanation in Table VA				
13. Do you think patients like to take part in psychodrama?........	56	44			
Average Per Cent........	86	14	44	20	36

*Significant difference between Most and Some and Most and None

TABLE VA

Explanation of Question #6

6. What activities do you take part in?

<u>Percentage of Responses</u>

    a. Occupational therapy...16%

    b. Occupational therapy
        and
       Physiotherapy.. 8%

    c. Occupational therapy
        and
       Physiotherapy
        and
       Industrial therapy.. 4%

    d. Occupational therapy
        and
       Physiotherapy
        and
       Gardening.. 4%

    e. Occupational therapy
        and
       Movies... 4%

    f. Occupational therapy
        and
       Movies
        and
       Concerts... 4%

    g. Occupational therapy
        and
       Movies
        and
       Industrial therapy.. 4%

    h. Occupational therapy
        and
       Movies
        and
       Dances..16%

    i. Occupational therapy
        and
       Movies
        and
       Walking in yard.. 4%

j. Occupational therapy
    and
Movies
    and
Walking in yard
    and
Psychodrama.. 8%

k. Occupational therapy
    and
Movies
    and
Walking in yard
    and
Reading... 4%

l. Occupational therapy
    and
Dances
    and
Walking in yard....................................... 8%

m. Occupational therapy
    and
Group therapy... 4%

n. Walking in yard...................................... 4%

o. Physically unable.................................... 4%

p. None... 4%

Explanation of Question #7

7. What activities are most satisfying?

Percentages of Responses

a. Occupational therapy...............................32%

b. Occupational therapy
    and
Physiotherapy
    and
Gardening... 4%

c. Occupational therapy
    and
Industrial therapy.................................... 4%

d. Occupational therapy
        and
   Industrial therapy
        and
   Dances
        and
   Psychodrama...16%

e. Occupational therapy
        and
   Dances... 4%

f. Occupational therapy
        and
   Walking in yard
        and
   Reading.. 4%

g. Occupational therapy
        and
   Psychodrama.. 4%

h. Occupational therapy
        and
   Group therapy...................................... 4%

i. Physiotherapy...................................... 4%

j. Movies
        and
   Concerts... 4%
        and
   Gardening

k. Walking in yard.................................... 8%

l. Reading.. 4%

m. Physically unable.................................. 4%

n. None... 4%

Explanation of Question #8

8. Are there some you don't care for?

Percentages of Responses

     a. Occupational therapy..........................12%

     b. Psychodrama...............................16%

     c. None cared for........................... 4%

     d. No dislike expressed.....................68%

Explanation of Question #12

12. In what way?

Percentages of Responses

     a. A good idea if personal problems are not presented.... 8%

     b. Preparation for community life........................24%

     c. Self-expression......................................28%

     d. Preparation for community life
         and
       Learning to work together............................40%

combinations were given, occupational therapy appeared most frequently. These opportunities to participate in various off-ward activities contributed to patients' satisfactions and added variety to their hospital day. Eighty-eight per cent of the patients expressed satisfaction in having opportunities for off-ward activities.

Sixty-four per cent of the patients did not like to take part in psychodrama. There was a great deal of misunderstanding about the purpose of these sessions which was due to inadequate explanations. This lack of knowledge prevented patients from attending meetings. Two patients stated that they would never be willing to take an active part in psychodrama because they had seen nursing personnel mimicking patients' words and actions following sessions which they had witnessed.

Eighty-eight per cent of the patients considered patient government helpful for a variety of reasons which are enumerated in Table VA.

Preparation for Return to Family and Community Life

While getting ready to face the future is one of the most important phases of the convalescent period, patients received less help in this area than in any other. During the course of the interview, patients were able to verbalize the problems which they would have to face upon their return to family and community life.

Ninety-six per cent of the patients stated that they frequently thought of the time when they would be leaving the hospital. Ninety-two per cent of the patients admitted having problems that were of great concern to them. As noted on Table VIA, the problem that occurred most frequently and in combination with other problems was concern over their ability to fulfill

TABLE VI

PERCENTAGES OF PATIENTS RESPONDING TO QUESTIONS IN THE CATEGORY OF PREPARATION FOR RETURN TO FAMILY AND COMMUNITY LIFE

Interview Question	Satisfactions Received Percentage				Sources of Satisfaction Percentage				
	Yes	Not Some	None	Other	Doctor	Nursing Personnel	Other Patients	Social Worker	Total Hospital Environment Including Nursing Personnel
1. Do you often think about the time when you will be ready to leave the hospital?....	96	4							
2. Are there any problems that bother you?......	92	8							
3. What are they?......	See explanation in Table VIA								
4. Do you like to talk about these problems?......	80	20							
5. With whom do you talk?......					24	4	16	4*	56
6. Who asks you how you feel about leaving the hospital?......					12	4	12	4	72
7. Would you like to be asked how you feel about this?......	92	8							
8. Do patients talk to other patients about these problems?......	100								
9. Would you like to have the personnel show more interest in your feelings about these problems?......	84	16							
10. Who do you think has helped you most in getting ready to leave the hospital?......					12	4	20	20	44
Average Per Cent......	91	12			16	4	16	8	57

*Significant difference between Doctor and No One and Other Patients and No One and Social Worker and No One

**Not significantly different

TABLE VIA

Explanation of Question #3

3. What are they?

Percentages of Responses

    a. Job.. 4%

    b. Job
       and
      Family problems
       and
      Finances.. 8%

    c. Job
       and
      Ability to fulfill role............................ 8%

    d. Job
       and
      Ability to fulfill role
       and
      Finances.. 4%

    e. Job
       and
      Place to live..................................... 4%

    f. Family problems.................................. 8%

    g. Family problems
       and
      Ability to fulfill role............................16%

    h. Family problems
       and
      Ability to fulfill role
       and
      Finances.. 4%

    i. Ability to fulfill role...........................20%

    j. Ability to fulfill role
       and
      Place to live..................................... 4%

    k. Place to live..................................... 8%

    l. Physical disability............................... 4%

    m. Unable to express any............................. 8%

their role in family life and job requirements. This problem of role fulfillment was of particular concern to the wives and mothers.

While 80 per cent of the patients liked to talk about their problems, 24 per cent stated that they had discussed them with the doctor, 4 per cent with the social worker, 16 per cent with other patients, and 56 per cent did not discuss them with anyone. Ninety-two per cent of the patients would have liked to have been asked about their feelings in regard to leaving the hospital; 12 per cent were asked by the doctor, 12 per cent were asked by other patients, 4 per cent were asked by the social worker, while 72 per cent were not asked by anyone. Patients received 100 per cent satisfaction in talking to other patients about their problems.

Eighty-four per cent of the patients expressed a desire to have the personnel show more interest in helping them with their problems. Table VI shows sources from which patients received help in getting ready to leave the hospital and brings out the fact that 44 per cent felt that they had received no help.

CHAPTER IV

SUMMARY, CONCLUSIONS, RECOMMENDATIONS AND

PROPOSALS FOR FUTURE STUDIES

Summary

Through the use of the guided interview it is possible to determine whether the everyday ward situations are being utilized to provide satisfaction for convalescent psychiatric patients, what satisfactions patients receive, and from whom they receive these satisfactions. In addition, the interview reveals the types of situations which furnish satisfaction to convalescent patients and the strengths and weaknesses of the total program for patient care.

While convalescent psychiatric patients received satisfactions in some of the categories investigated in this interview, there were many situations in which patients' needs were not met. The ward situations were not utilized to their greatest potentiality to provide physical comfort and psychological support. These convalescent patients evidenced willingness to discuss their feelings and problems when the opportunity was offered them during the course of the interview. Through failure to initiate discussion of these subjects nursing personnel are missing the clues which patients give in regard to their needs and are missing opportunities to provide satisfactions for patients.

Conclusions

1. Lack of consistent practice in preparing patients for transfer from the acute ward to the convalescent ward, in introducing them to other patients and personnel, and in explaining ward procedures prevented patients from receiving full satisfaction in orientation to the ward.

2. Eating arrangements and freedom in using the ward kitchen provided maximum satisfaction for patients. They did not receive the help they desired in regard to diet and weight control.

3. Inadequate explanations, lack of interest, and absence of psychological support from the nursing personnel contributed to the anxiety of patients receiving electric shock therapy. The existing physical arrangements for the administration of electric shock therapy increased the anxiety of these patients.

4. Having it noted when they withdrew from the ward social life was a source of satisfaction to patients. In failing to show interest in patients' feelings and activities nursing personnel frequently missed these opportunities of providing satisfactions. Patients refrained from asking questions and seeking the help they needed because they feared the personnel would misunderstand their motives. This same fear caused them to participate in ward activities regardless of their personal interest and feelings. The visiting privilege furnished great satisfaction to patients but in failing to discuss these visits with patients nursing personnel missed opportunities to pick up clues. In discouraging patients' observations and comments concerning other patients, nursing personnel failed to utilize the empathy and intuitive feeling of patients for one another. Restrictions placed upon the

use of the telephone proved to be a source of satisfaction to patients and contributed to their feeling of security.

5. While patients liked sharing in the selection of their off-ward activities, they did not receive sufficient explanations concerning the content and purpose of these activities. Patients received less help in preparing for return to family and community life than in any other category. Personnel did not show interest in patients' feelings about these problems. Patients would have liked to discuss these subjects but they felt unable to take the initiative and their only source of support was discussion with one another.

6. Nursing personnel showed a lack of depth of interest in patients and a lack of understanding of what constitutes comprehensive nursing care.

Recommendations

1. It is recommended that a conscious and consistent effort be made to create a social climate which will provide physical comfort and psychological support for convalescent patients. The following measures are suggested for achieving this goal:

a. That patients be prepared psychologically for the transfer from the acute to the convalescent ward.

b. That patients be introduced to other patients and personnel at the time of their admission to the convalescent ward.

c. That patients, whenever possible, be given a choice of the place where they will sleep.

d. That patients be given help and reassurance with problems of diet and weight control under medical supervision. The following

methods are suggested:

(1) That patients be given advice and instruction in what constitutes a balanced diet.

(2) That nutritional pamphlets and literature be made available for patients.

(3) That the group method be used in the problem of weight control.

(4) That patients' weekly weight checks be used educationally in relation to their nutritional needs.

e. That reassurance be given to the patients in the following areas:

(1) Their concern over their temporary loss of memory during their course of electric shock therapy.

(2) That patients can feel free to ask questions and seek explanations with the assurance that this will not be considered as evidence that they are not well enough to remain on the convalescent ward.

(3) That adequate sanitary precautions are being taken in the lavatories and showers.

(4) That their mail will be promptly delivered and posted.

f. That explanations be given to patients concerning treatments and their possible time and effect, and that they be informed when treatments are delayed or changed.

g. That nursing personnel give reassurance and support to patients waiting for treatment.

h. That nursing personnel take the initiative in helping the patients to express their needs through initiating conversation and showing evidence of real concern for their recovery.

2. It is recommended that further assistance be given to the patients in adjusting to the convalescent ward. The following measures are suggested:

    a. That an intervening ward be established so that patients will be able to make the transition from the acute to the convalescent ward with greater ease.

    b. That explanations be given to patients concerning the meaning of the off-ward activities and that assistance with planning these activities be offered.

    c. That different arrangements be made so that shock treatment will be given elsewhere than on the ward where it is inconvenient and traumatic for the other patients.

    d. That personnel show interest in meeting and talking to patients' visitors.

3. It is recommended that assistance with preparation for return to family and community life be accepted as an essential element in the care of convalescent patients. The following measures are suggested:

    a. That personnel show interest in the problems that patients will face on return to family and community life.

    b. That personnel offer opportunities for patients to discuss their problems.

    c. That regular conferences be held with doctor, social worker, and nursing personnel to share information for the purpose of better understanding of the patients' problems.

    d. That whenever necessary referrals be made to community agencies.

4. It is recommended that an orientation program be set up for all new nursing personnel and an in-service education program be planned for the staff in order that they may develop interview skills and may use the ward situations effectively to meet patients' needs. It is recommended that in these programs emphasis be placed upon the difference between the needs of the acutely ill patient and the convalescent patient. It is further recommended that the personnel participate in planning this in-service program since the personnel's acceptance of the philosophy is an important element in creating a therapeutic ward environment.

Proposals for Future Studies

It is hoped that this study will stimulate interest in a hitherto neglected area of psychiatric nursing and that further studies of the convalescent psychiatric patient will be undertaken.

It is recommended:

1. That this study be supplemented by a study undertaken to explore the situations which personnel consider sources of satisfaction or dissatisfaction for convalescent psychiatric patients.

2. That a study be made of the extent of communication needed to provide optimum 24° nursing care of the psychiatric patient.

3. That a study be conducted to determine the needs of convalescent psychiatric patients in an unstructured situation.

4. That a nursing study be conducted to investigate patients' adjustment to family and community life after discharge from the psychiatric hospital.

5. The general hospital as well as the mental hospital offers opportunities for psychiatric nursing. In view of the shortened hospitalization period, early ambulation, and new drugs, it is recommended that studies be done to determine whether patients are receiving psychological support and preparation for convalescence at home.

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APPENDIX

GUIDED INTERVIEW

I. Orientation to Ward

    1. Did you know you were coming to this ward?

    2. Who told you?

    3. Did you understand what it meant?

    4. When you arrived on the ward were you introduced to patients?

    5. If not introduced, had you met them before coming to this ward?

    6. If not, did you introduce yourself?

    7. Do you think patients like to be introduced?

    8. Were you introduced to the personnel?

    9. Were the ward procedures explained to you?

    10. When the procedures were explained, was it done in a friendly manner?

    11. Did you understand the explanation at the time?

    12. If you did not understand the explanation, did you ask about it?

    13. Did you receive a satisfactory explanation?

    14. Have you needed more explanation?

    15. If you needed more explanation, who would you go to?

    16. What procedures were explained?

II. Personal Comfort

    A. Sleep

        1. Does anyone ask you if you have slept well?

        2. Who asks you?

        3. Do you sleep well?

        4. Do you get enough sleep?

5. Do you think the ward regulations concerning sleep are reasonable—for example:

   a. The hour for retiring?

   b. The hour for arising?

6. Do you get to sleep easily?

7. What prevents you?

8. Is it possible to rest during the day?

9. Does anyone ask you where you would like to sleep?

10. Do patients like to choose their place?

11. Do you think the personnel are interested in these problems?

12. Do they ask you about these problems?

13. Have you tried talking to the personnel about this?

14. Do patients talk to other patients about these problems?

B. Food

1. Is your appetite good?

2. Do you get enough to eat?

3. Does the food taste good to you?

4. Is there enough variety?

5. Are there any special foods you like which you are not getting?

6. If so, what are they?

7. Do you like the place where you eat?

8. Do you choose whom you will eat with?

9. Do you have enough time to eat?

10. Do you have enough time to smoke after meals?

11. Do the patients have evening snacks?

12. Do the patients have a coffee hour?

13. Is the ward kitchen open for these?

14. Have you gained any weight?

15. Would you like to gain or lose?

16. Does anyone help you with this problem?

17. Do you think the personnel are interested in how you feel about these problems?

18. Do they ask about these problems?

19. Have you tried talking to the personnel about them?

20. Do patients talk to other patients about these problems?

III. Therapy

1. Are you told if there is going to be a change in your treatment?

2. Who tells you?

3. Is the treatment explained so that you feel satisfied?

4. Do you feel free to question it?

5. If treatments are delayed is the reason for the delay explained to you?

6. Do you think the personnel understand how hard it is to wait for treatment?

7. Does anyone try to make the waiting period easier?

8. Who does this?

IV. Personal Security

1. Do you feel free to ask for help?

2. Do you get the help that you need?

3. From whom?

4. If you need help, whom do you go to?

5. Who do you think has helped you most?

6. Does anyone notice if you stay by yourself?

7. Who notices?

8. Would you like to have someone notice?

9. Is anything done about it?

10. What is done?

11. Are there times when you would rather be left alone?

12. Do you like to help with the ward work?

13. Do you choose what you want to do?

14. Would you like to?

15. Do you talk about your feelings concerning this at ward meetings?

16. Are the personnel interested in how you feel about this?

17. Is anyone interested in what you are doing?

18. Who seems interested?

19. Are the ward meetings helpful?

20. In what way?

21. Who brings up questions?

22. Do you like to suggest topics yourself?

23. What is usually talked about?

24. What sort of things would it be good to talk about?

25. Do you like the idea of outside visits?

26. Do you have enough time to make plans?

27. Are explanations given when the privilege is not offered?

28. Who explains this to you?

29. Do you think outside visits are helpful?

30. Have you found them satisfactory?

31. When you return from your outside visit, is anyone interested in how things went?

32. Do you like to have interest shown?

33. Who talks to you about it?

34. Do patients talk to other patients about their outside visits?

35. Are the visiting hours convenient?

36. Are the visiting hours long enough?

37. Do you prefer afternoon or evening visiting hours?

38. Can arrangements be made to have enough privacy with visitors?

39. Do you like to have visitors?

40. Whom do you especially like to see?

41. Do these people come to see you?

42. How often do they come?

43. Is it often enough?

44. Are these visits satisfying to you?

45. Do you like to have your visitors meet the personnel?

46. Do the personnel show interest in meeting your visitors?

47. If visitors don't come, do you understand why?

48. Are there visitors that you would rather not see?

49. Do patients talk to other patients about visitors?

50. Do you know how often the mail comes to the ward?

51. Do you like to receive letters?

52. Do you like to write letters?

53. Are materials supplied?

54. Do you think they should be?

55. Is there a convenient place for writing?

56. Is it quiet enough on the ward for writing?

57. Do you feel that the letters are mailed promptly?

58. Do you like to telephone outside?

59. Are the booths conveniently located?

60. Are you satisfied with the regulations about making telephone calls?

61. Would you like to receive telephone calls?

V. Social Life in the Hospital Community

1. Do the people who work here greet you when they come on duty and go off?

2. Do you share in the planning of your off-ward activities?

3. Would you like to?

4. Do you often go off the ward for other activities?

5. Do you enjoy getting away from the ward?

6. What activities do you take part in?

7. What activities are most satisfying?

8. Are there some you don't care for?

9. Do you share in the planning of these activities?

10. When you are taking part in ward activities do you choose what you like?

11. Do patients think patient government is a good thing?

12. In what ways?

13. Do you think patients like to take part in psychodrama?

VI. Preparation for Return to Family and Community Life

1. Do you often think about the time when you will be ready to leave the hospital?

2. Are there any problems that bother you?

3. What are they?

4. Do you like to talk about these problems?

5. With whom do you talk?

6. Who asks you how you feel about leaving the hospital?

7. Would you like to be asked how you feel about this?

8. Do patients talk to other patients about these problems?

9. Would you like to have the personnel show more interest in your feelings about these problems?

10. Who do you think has helped you most in getting ready to leave the hospital?

TABLE VII

COMPOSITE AVERAGE PERCENTAGES OF SOURCES OF SATISFACTIONS IN ALL CATEGORIES

Category	Percentage					
	Doctor	Nursing Personnel	Other Patients	Social Worker*	Total Hospital Situation Including Nurs.Personnel	No One
Orientation......	28	36	48			
Personal Comfort.	8	28				
Therapy..........	32	12	8			
Personal Security	30	35	30	4	24	36
Social Life in the Hospital Community.......	24	18	40			
Preparation for Return to Family and Community Life.............	16	4	16	4	20	54
Average Per Cent	23	22	28	4	22	40

*The social worker cannot be compared with other personnel as a source of satisfaction because of the nature of her work. This percentage may have been affected by the fact that the study was concerned with one situation on one ward and not the total hospital situation.

Table VII is the composite average of satisfactions in each of the six categories. From the chart it can be seen that patients received almost an equal amount of satisfaction from doctors, nursing personnel, and total hospital situation while they received slightly more from other patients. Forty per cent of the patients did not receive satisfaction from any source. The responses totaled more than 100 per cent due to the fact that patients were allowed more than one choice. These responses represent combinations of choices.