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AN ATTITUDE STUDY OF OBSTETRICAL PATIENTS AT BETH ISRAEL HOSPITAL

A Thesis

Presented to

the Faculty of the Graduate Division of Public Relations

of the School of Public Relations and Communications

Boston University

In Partial Fulfillment

of the Requirements for the Degree

Master of Science in Public Relations

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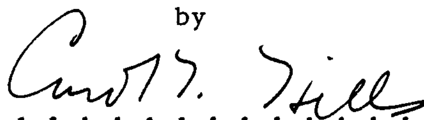
by

Gail Renee Jacobs

June, 1963

Approved

by

First Reader. . . . .

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PREFACE AND ACKNOWLEDGEMENTS

I wish to extend sincere thanks and appreciation to the many persons at Beth Israel Hospital without whose interest and assistance this study could not have been completed. Special thanks to Dr. Harold W. Rubin, acting Obstetrician-in-Chief, to Dr. Harold H. Rosenfield, former Obstetrician-in-Chief, to Mrs. Marjorie Bachmann, Obstetrical Nursing Supervisor, and to the entire Division of Public and Community Relations for their encouragement and cooperation.

Finally, I wish to express gratitude to Professor Carol L. Hills, my advisor, who guided me throughout the entire course of the thesis planning, research and writing.

I feel it important to note that this study was conducted at Beth Israel Hospital in 1961, at the beginning of a major expansion and rennovation period for the Hospital. Changes have been made in the organization, facilities and procedures of the Obstetrical Unit since July 21, 1961, when this research was concluded. The study results are presented here based on existent conditions during the time the research was conducted.

All rights to use this material for publication are reserved by the researcher, who will be most happy to permit its use once having been informed of the purpose.

The researcher was employed as an assistant in public relations at Beth Israel Hospital at the time the study was conducted.

Gail R. Jacobs

New York City
November, 1962

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I

INTRODUCTION

Research questions are usually proposed for two general reasons: one is intellectual, the other practical. The intellectual is based on the desire to know the facts, while the practical is based on the desire to know in order to be able to do something better or more effectively. This study was designed with both purposes in mind.

I. PURPOSE OF THE STUDY AND LIMITATIONS

Purpose. The purpose of this study was to uncover the attitudes of obstetrical patients toward their experience at Beth Israel Hospital. From the results, it was hoped that some recommendations could be offered for improved OBS patient relations and information programs.

A secondary purpose was to experiment with the patient interview to determine its effectiveness and potential future use by the Public Relations Division at BIH.

Limitations. There were three kinds of limitations--those imposed by Hospital administrators; those imposed by the nature of patient response to hospitalization; and those of the investigator.

Limitations imposed by the Hospital's administrators (see Research Design and Significance, Ch. III) had to be considered in the design and execution of the study. They were imposed to protect the patient and to avoid interference with Hospital routine. Some of these limitations were

very time consuming (i.e., checking with nurses, social service workers, private physicians, etc.), and oftentimes, these people were not readily available. Such procedures can but fortunately did not result in the disruption of the interview schedule. However, when dealing with patients, certain rules must be followed if so specified by the administration.

Dr. Martin D. Keller, Director of Clinical Services, indicated two major limitations imposed by the nature of patient response to hospitalization:

> 1. When gathering data on patient attitudes toward a hospital, it is important to remember that the patient reacts first to the illness that has caused his hospitalization and second to the actual hospital experience. Therefore, the OBS patient is concerned first about childbirth and her baby and then with her hospitalization.[1]
>
> 2. The hospital patient is under an emotional strain because of being in an unfamiliar environment, which may tend to color her reactions to the interview.

Then, there were limitations due to the situation of the investigator, who was employed by the Hospital on a full-time basis when this study was conducted. Time limitations were serious because interviews were scheduled during the working day, therefore necessitating a reduction of the sample size. In addition, personal circumstances made it impossible for the coding and writing of the thesis to be completed immediately.

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[1]This was considered in the questionnaire design. Part I concerns the primary concern--childbirth; part II, the prenatal experience; and last, the hospitalization.

II. JUSTIFICATION OF THE THESIS TOPIC

In support of the attitude survey. According to many public relations and public opinion experts, the attitude survey is one of the best ways of measuring public opinion toward an organization.[2] It is by such methods that public relations can enhance its own image and gain recognition as a profession. These same methods that will help to gain professional recognition for the practitioners will also result in better public relations for their organizations.

Today, many hospitals conduct attitude surveys, but the greater number distribute opinion forms to their patients as a routine process, often on the day of discharge.[3] The patients are asked to complete the form and to return it to a floor nurse or to the chief administrator.[4]

Beth Israel Hospital has sent opinion forms to patients after discharge but the procedure did not yield the kinds of responses that could be used in public relations programs.

Once the administration becomes aware of patient complaints and problems, it will be able to take more rapid and efficient steps to remedy the situations. Another important public relations by-product

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[2] Elmo Roper, a speech entitled "The Publics' Attitudes Toward Hospitals," delivered at the New England Hospital Assembly, March,1961, Boston, Mass.

[3] Dodsall, C. E., 'Have You Ever Asked the Patient?," Canadian Hospital, 37:58 plus, May, 1960. (Of fifty questionnaires on file at the Library of the American Hospital Association in Chicago, and borrowed by the researcher, all but five were opinion forms.)

[4] Ibid.

can be achieved by giving the patient an opportunity to express his complaints, whether justified or not, and to leave the hospital a satisfied patient.[5] And, patients may also praise services received.

Psychiatrists look at the OBS patient. Medical and psychiatric practitioners today express concern about the obstetrical patient. At Beth Israel, this concern has been expressed in a number of ways, including the planning of improved OBS facilities, the availability of social service and psychiatric personnel to help the OBS patient, and a full-scale study of the psychological aspects of pregnancy.

This study, which began in 1955, is one of a number of investigations initiated during the last few years due to a growing interest in the psychological aspects of pregnancy and the subsequent mother-child relationships.

The study team, headed by Dr. Grete L. Bibring, Psychiatrist-in-Chief at the BI, described pregnancy as a period of crisis involving complex psychological as well as somatic changes, comparable in its emotional ramifications to puberty or menopause.

Through this study, the team seeks an understanding of the psychological crisis in the pregnant woman, apparent regardless of the state of her general psychic health, and its effect on the mother-child relationship unless resolved prior to childbirth.

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[5] Ibid.

Screening procedures have been operating in the BIH Prenatal Clinic over the past decade to intercept the neurotic cases and refer them for therapy, and also to develop a teaching and training program for obstetricians, social workers and other hospital personnel.

Dr. Bibring expressed the belief that pregnancy affects all expectant mothers. Some of the symptoms are magical thinking, superstitions, depression, and primitive anxieties.[6]

The pregnant woman, she explained, is faced with many conflicts created by society. The physical danger of childbirth has been lessened by progress in the science of obstetrics, but the concern of society has dwindled and the expectant mother is left to adjust to the scientific attitudes.[7]

"We may have to direct our attention and effort to the period of pregnancy itself," Dr. Bibring said, and find adequate ways of bringing psychological support in line with the achievements of modern obstetrics.[8]

Obstetricians on obstetrics. A group of obstetricians, who met at the New England Hospital Assembly held in Boston in March, 1961, agreed that there is a need for the education and psychological support of the

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[6]Bibring, Dr. Grete L., "Some Considerations on the Psychological Processes of Pregnancy." Cambridge, Mass., 1959. This pamphlet was a reprint of the original article which appeared in The Psychoanalytic Study of the Child.

[7]As reported in Medical Tribune, May 5, 1961.

[8]Ibid.

maternity patient and her family. They further agreed that revision of physical facilities and administrative practices should be made to provide this.[9] The group proposed that the hospital experience should be identified with the entire course of the maternity experience. Prenatal care should be accompanied by prenatal education of the patient and her husband, and should include information about the role of the hospital in scientific obstetrical care. It should also include an introduction to the physical surroundings and to hospital personnel who will be working on behalf of the mother, the infant and the family.[10]

For the mother, there should be, in addition to adequate prenatal care, educational and psychological preparation. This, they felt, would help to abolish superstition and ignorance, to remove psychological conflicts associated with pregnancy, and to replace fear of pregnancy and childbirth with a wholesome anticipation of motherhood and the inherent joys for the entire family.[11]

Several visiting obstetricians at Beth Israel had comments to offer:[12]

> "People should smile more--especially when greeting a frightened woman."
>
> "Doctors should shave and should never wear bloody uniforms; they should also use underarm deodorant."

---

[9] Proceedings of the New England Hospital Assembly, Boston, Mass., March, 1961. From the working, mimeographed proceedings, p. 10.

[10] _Ibid_., p. 10. [11] _Ibid_., p. 11.

[12] The obstetricians requested that their comments be included anonymously.

"Husbands are separated from their wives too abruptly. BIH needs a pre-labor set up where a woman in mild labor can sit with her husband in a separate facility."

"We need a Fathers' Lounge."

"I have trouble convincing some patients to come to BIH. They are told by their friends that the husband is dumped immediately; that patients are not protected from the violent reactions of women in active labor--this is often true, that a woman in the early stages of labor is put into a labor room with a woman who is almost ready for delivery."

"Nurses should be pleasant and considerate of patients. One nurse said to Mrs. X, 'you're just as bad as your sister; it must run in the family'."

"I've had patients tell me that BI is like a country club and you need seven extravagant nities for five days--also that the BI is a gossips' haven--we've got to correct this image--it's hurting us and making it difficult to get our patients to come here to have their babies. This is ridiculous--the facilities are among the best available.

Nurses on obstetrics. At a meeting of the head nurses of the OBS unit,[13] similar complaints to those of the obstetricians were made--namely about the abrupt separation of the wife from her husband; the need for a pre-labor set up where (1) the wife can stay with her husband until she is in labor active enough to necessitate her being under constant supervision, (2) women in various stages of active labor (mild to violent) can be placed in appropriate facilities; and the need for a separate recovery suite.

No complaints about delivery room facilities were offered, and the nurses noted that rarely, if ever, has a patient complained about the

[13] The nurses requested that their comments be included anonymously.

nursery or the nursery nurses. They explained that some patients, who have not been adequately prepared by the doctor for their hospital experience have a difficult time adjusting to the hospital routine both in childbirth and post-natal.

They unanimously expressed the opinion that "we must all do a better job of preparing the patient and her husband for short-term hospitalization."

Summary. In short, the concerns of obstetricians and obstetrical nurses, of psychiatrists, psychologists, social service personnel, gyneoologists, pediatricians and hospital administrators, further point up the need for better communication between themselves and between themselves and their patients. It would appear that public relations practitioners could help them achieve this goal.

III. GLOSSARY OF TERMS USED AND EXPLANATION OF ABBREVIATIONS

Due to the technical nature of the study area, a glossary of terms used plus an explanation of abbreviations that will appear throughout the thesis are presented.

Glossary of terms used. There are various types of delivery, depending upon the condition of the mother, the position of the child, etc. It is expected that three definitions will suffice here:

Cesarean section--"delivery of fetus by abdominal incision."[14]

Normal delivery--the accepted procedure of freeing the fetus from the uterus. Here the physician assists the mother.

Forceps delivery--delivery with the aid of obstetric forceps which make traction on the fetus in cases of difficult labor.

Other terms and explanations are:

Obstetrician and doctor are used interchangeably.

Other definitions that may be helpful:

In-patient--one that is housed in the hospital.

Out-patient--a patient who uses hospital clinics but returns to his home afterwards.

House staff--interns and residents.

The labor room--part of the delivery suite, where the patient is taken and observed until she is ready to deliver the baby.

The delivery room--can be likened to an operating room--this is where the woman delivers the baby with the aid of the obstetrician and obstetrical nurses. A special delivery room for Cesarean births is prepared at all times.

The recovery room--labor rooms double as recovery rooms. The patient is taken here after delivery, is observed until she is fully awake and is then taken to her room.

Premature baby--a baby weighing less than 5 pounds 2 ounces. Often children born before the full term pregnancy of nine months are premature in weight. A baby born sooner than nine months is not always premature. This is called an early delivery.

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[14] The American Pocket Medical Dictionary, Twelfth Edition. W. B. Saunders Company, Philadelphia and London: 1925, p. 135.

Anxiety--"Concern or solicitude respecting some event, future or uncertain, which disturbs the mind and keeps it in a state of painful uneasiness."[15]

Explanation of abbreviations.

OBS refers to obstetrics, the obstetrical service.

OB refers to the obstetrician.

BIH refers to Beth Israel Hospital. BIH, BI or the BI are terms commonly used by hospital personnel and persons in the communities whose residents use the Hospital. When reference is made to the Hospital, it is to BIH.

IV. ORGANIZATION OF REMAINDER OF THESIS

Following Chapter I, Introduction, are two other introductory chapters: II--Beth Israel Hospital, a brief history, its organization and a description of the OBS Service; and III--a discussion of the Research Design and Significance.

An Analysis of the Questionnaire Findings is offered in the fourth chapter.

The fifth and final chapter comprises a discussion of the Significance of the Findings to the Development of Public Relations at Beth Israel Hospital.

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[15] Webster's Universal Dictionary of the English Language. The World Syndicate Publishing Company, Cleveland and New York: 1937, p. 78.

II

BETH ISRAEL HOSPITAL

In order to offer a clearer understanding of the survey results, a brief history of the hospital, a discussion of its organization, and a description of its obstetrical facilities are presented in this chapter.

I. HISTORY OF THE HOSPITAL

Beth Israel Hospital is a general, voluntary hospital located in Boston, Massachusetts. One of eight hospitals that comprise the Harvard Medical Center, Beth Israel is "dedicated to comprehensive patient care, teaching and research."[16]

In November, 1960, the Board of Trustees announced that the Hospital would again expand its facilities. Because only preliminary plans for construction and rennovation were available when this research was conducted, the expansion program will not be discussed here.

But to go back to the days when Beth Israel Hospital was conceived in the minds of Boston's Jewish community, the clock must be turned back more than six decades.

The early years. In 1902, a dispensary known as the Mt. Sinai Clinic was opened under the sponsorship of the Jewish Community in Boston.

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[16]This is the Hospital's motto.

It provided out-patient services and a teaching obstetrical clinic, but there were no facilities for in-patient care. A growing demand for in-patient facilities coupled with the condemnation of the building as "structurally unsafe" resulted in the clinic being closed after fifteen years of service.[17]

By 1909, hundreds of men and women had already joined forces in an effort to establish a Jewish-sponsored hospital. There was a feeling in the community that Jewish people (especially the immigrants who barely spoke English) needed an institution sympathetic to their religious views, and one where those who so desired could get food prepared according to Jewish dietary law. Furthermore, Boston's population was increasing rapidly, and there were more persons of the Jewish faith entering the medical profession. Although the need for doctors was increasing, it was difficult for able Jewish physicians to get staff appointments at other hospitals. A new Jewish-sponsored, non-sectarian hospital seemed to offer a solution to the problem.[18]

This plan did not rest well with a small but powerful segment of Boston Jewery who questioned the wisdom of such a project. They felt that there were already a number of excellent hospitals in Boston that were seemingly uncrowded. So why the need for another hospital? And what effect would it have on interreligious group relations in Boston?[19]

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[17]"Anniversary Celebration, Beth Israel Hospital, 1916-1958." Boston, Mass., p. 10.

[18]*Ibid.*, p. 11. [19]*Ibid.*, p. 11.

This type of questionning served its purpose, for it prodded the founders of BIH to maintain the highest standards, and constantly stimulated the supporters to greater achievements.[20]

In 1911 the Beth Israel Hospital Association was organized, and four years later was incorporated. A mass effort, reportedly unparalled in the annals of charitable support for Jewish institutions in Boston, was climaxed in 1916 with the redemption of an $8,000 mortgate on a building which had been purchased as a hospital site. A mortgage burning ceremony was held in Mechanics Hall to celebrate the event.

The new hospital had a capacity of forty-five beds which were quickly occupied. From the beginning, a large percentage of the patients were given free care. Doctors of high ability and repute were soon attracted to the institution.

The School of Nursing, founded in 1918, admitted ten students to its first class.

But this hospital, too, was soon found to be inadequate in size and in the scope of its services.

BIH grows. Following the examples set for them by several Boston hospitals (considered in medical circles to be amongst the leading medical institutions in the world), a group of community leaders began to make plans for a new hospital. It was at this time that these leaders decided that Beth Israel should join other hospitals affiliated with the Harvard

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[20] *Ibid.*, p. 11.

Medical School, thus making BIH a member of one of the most highly recognized medical centers in the world.

Fund raising began again in 1924. Land was purchased on Brookline Avenue in Boston within walking distance of the Harvard Medical School and several of its member hospitals, and construction began soon afterwards. Another victory dinner was held in October of 1927.

The new Beth Israel Hospital was dedicated on its present site on August 1, 1928, and shortly thereafter, admitted its first patient.

Teaching affiliations were immediately established with Harvard and Tufts Medical Schools. For a quarter of a century, the BI was the only Jewish-sponsored hospital in the United States to attain full rank as a university teaching hospital.[21]

Research programs have been expanded throughout the years and are still growing. Several millions of dollars are given to the Hospital annually by government and private agencies to carry out these programs.

Today, BIH maintains both in-patient and out-patient services for ward, semi-private and private patients, a Home Care Program,[22] organized educational programs in the fields of dentistry, social work, dietetics, nursing, physical therapy, and public health. It also offers training programs to laboratory and x-ray technicians, and to dental assistants.

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[21] _Ibid._, p. 12.

[22] This program offers medical, nursing, and psychiatric and social service facilities to persons who need medical supervision yet do not need to be hospitalized. These persons must live within a thirty mile radius of the hospital and have someone at home to care for them.

More than 1200 persons, including physicians and dentists returning for post-graduate courses, received professional education at Beth Israel Hospital in 1961.

The Hospital is expanding again to improve its facilities for patient care, teaching and research.

The birth of the obstetrical unit. At the end of BI's second decade, a major increase of facilities was undertaken. The eventual results were increased facilities for private patients, a new major service--obstetrics, and additional and improved research laboratories.

The BIH Women's Auxiliary, whose primary functions are fund raising, volunteer service, and public relations, set as one of their objectives the building of a maternity wing. This was 1943 and the financial goal was $650,000. The goals were increased several times when the Board of Trustees asked the women to raise additional funds to equip the new unit.

Sever years later (March, 1950) the maternity wing was opened. Since that date more than 30,000 new citizens have been born there.

II. ORGANIZATION OF THE HOSPITAL

A thorough analysis of Beth Israel's organization will not be attempted. It is hoped that a general description of the overall organization and the Clinical Services will provide background for understanding the findings presented in Chapter IV.

Overall organization. The organization of BIH can best be described as a wheel that turns to serve its axis--the patient. The wheel is turned by six spokes--the six divisions of the Hospital--working together as a team to offer coordinated patient care. (See chart on the following page.)

At the head of the organization is a Board of Trustees to whose President the hospital's General Director reports. Beth Israel has found from past experience that it is more efficient to have the General Director work with one man (the President) and several small committees than with the entire Board, which lists more than eighty members.

The General Director manages with six major divisions--house services, clinical services, nursing, fiscal services, personnel, and public relations--whose directors work closely with him in the administration of the Hospital.

Although each director is responsible for his division, weekly meetings are held to avoid the issuance of contradictory orders.

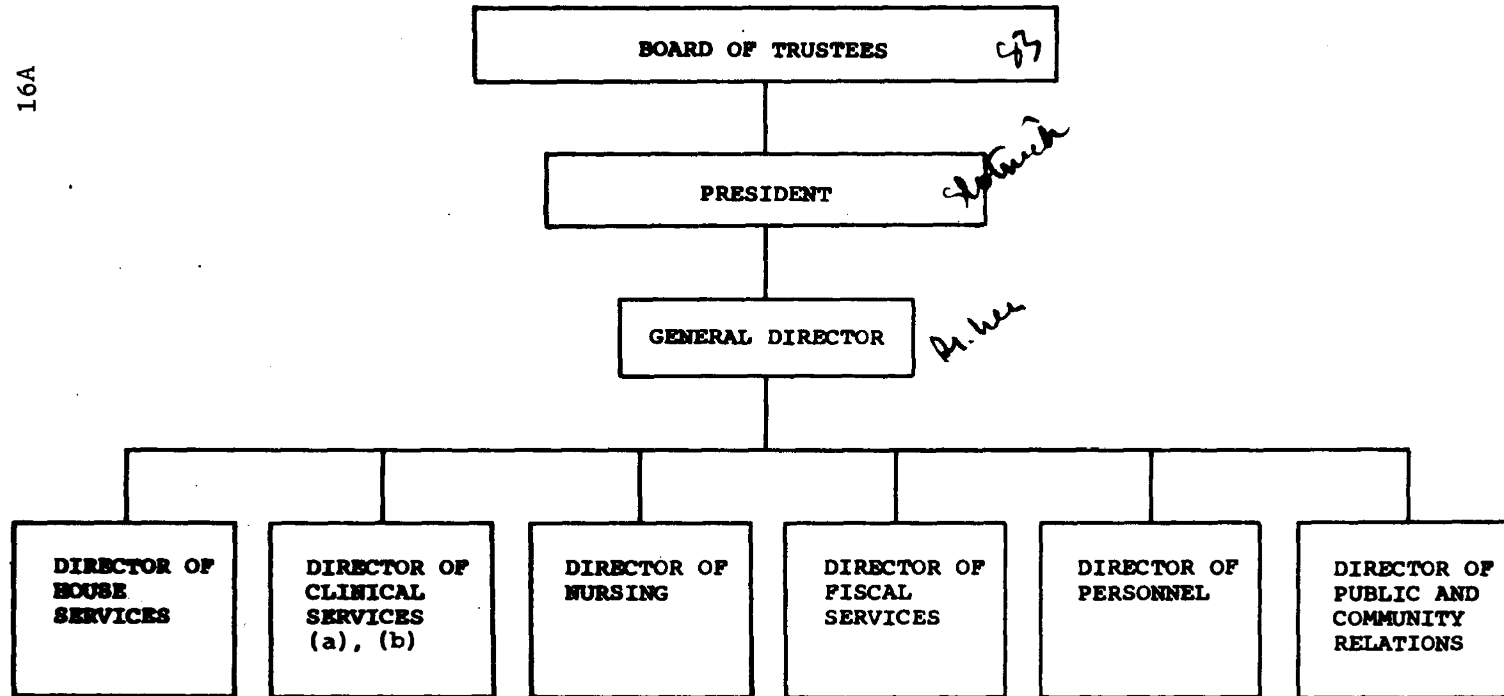
Within each division are department heads who report to the division director. There are approximately forty such department heads who meet periodically with their respective division directors.

In this way, administrators direct related divisional functions within an organizational structure that allows for flexibility, good channels of communication, and leeway in the decision-making function.

Division of Clinical Services. The Director of Clinical Services is the chief administrator of the hospital in the absence of the General Director. His personal staff includes an administrative assistant and a

Chart of Organization for Administration
Beth Israel Hospital
March, 1958

16A



(a) Standards of professional performance are recommended to the Board by the Medical Executive Committee.

(b) To serve as chief administrative officer in the absence or disability of the General Director.

secretary. In short, the director of this major division might be called vice-president-in-charge-of all the medical services in the Hospital. (See chart on the following page.)

The division is comprised of the Services--Pathology and Laboratories, Radiology, Medicine, Surgery, Obstetrics, Pediatrics, and Psychiatry--each with a chief of service; Ambulatory Patient Services (the Out-Patient Department, the Emergency Ward, and Home Care); Social Service; Pharmacy (one for in-patients, and another for out-patients); Medical Records; and the Medical Care Studies Unit.

Minor departments are Anesthesia, Dermatology, Gynecology,[23] Neurology, Neurosurgery, Opthalmology, Orthopedics, Otolaryngology, Physical Medicine, Preventive Medicine, Proctology, and Urology.

Medical and Surgical Research are directed by the Chiefs of Medicine and Surgery respectively.

III. THE OBSTETRICAL SERVICE

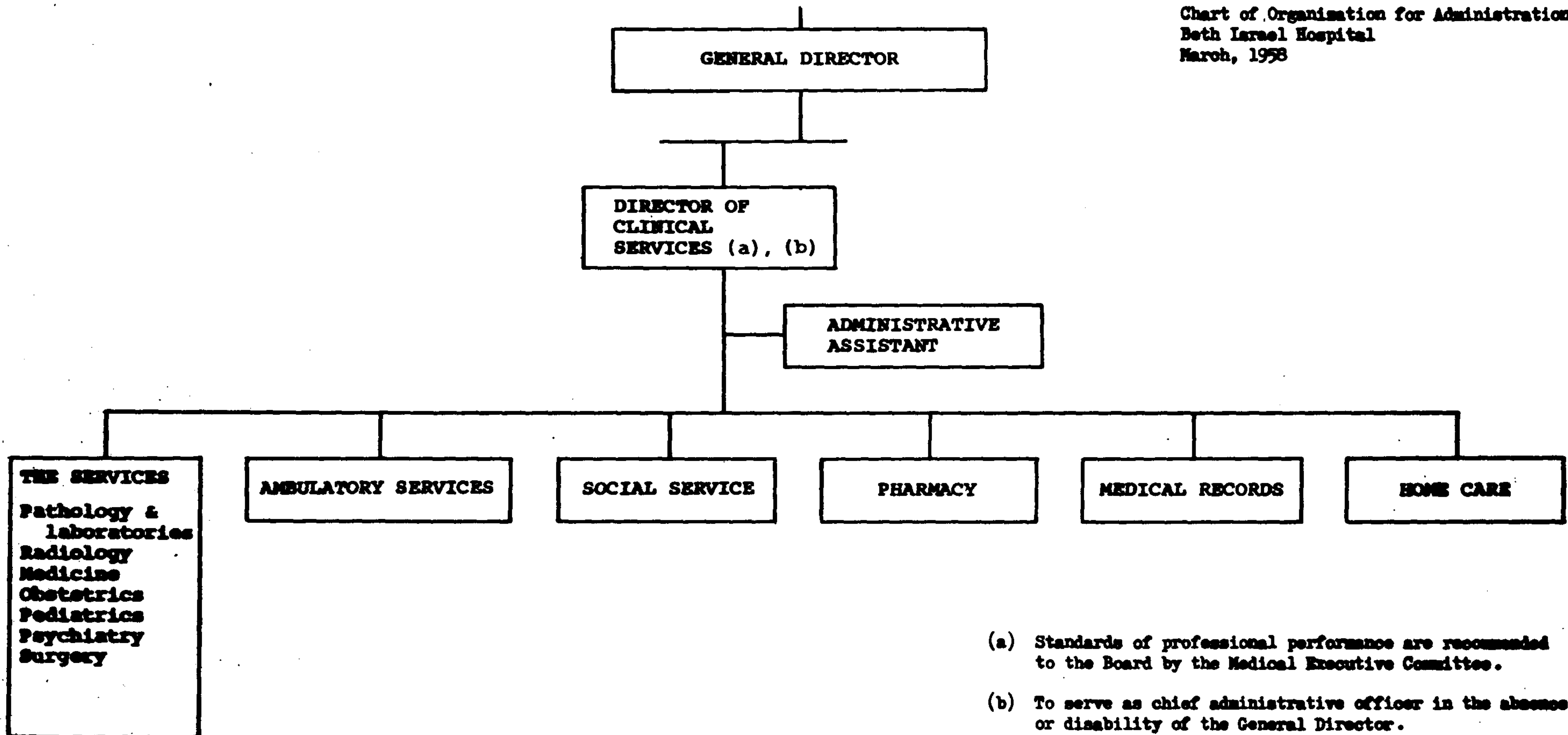
Organization. One of the major Services, OBS is directed by a Chief (currently an acting Chief).[24] His administrative staff includes a chief resident, two assistant residents, and a secretary.

---

[23]Gynecology will soon become a fully accredited partner of the Obstetrical Service. A Chief of Obstetrics and Gynecology will direct the Services.

[24]Dr. Harold H. Rosenfield, who had been OBS Chief since the Unit opened, resigned effective January 1, 1961. Dr. Harold W. Rubin was named acting Chief at that time.

Chart of Organization for Administration
Beth Israel Hospital
March, 1958



(a) Standards of professional performance are recommended to the Board by the Medical Executive Committee.

(b) To serve as chief administrative officer in the absence or disability of the General Director.

Residents and staff obstetricians (visiting obstetricians) deliver the babies of ward ("house") patients. Private and semi-private patients are attended by their own physicians.

Staff pediatricians and a pediatrics resident make daily rounds in the nurseries.

On the nursing side, there is an Obstetrical Nursing Supervisor, an assistant supervisor, and head nurses of the delivery room, nurseries, and patient floors. In addition, patients are served by student nurses, floor nurses, and nurses aides.

A Prenatal Clinic serves ward patients, who use it as private patients do their obstetricians.

Other hospital divisions provide services to the OBS Unit as indicated by patients' needs.

Description of facilities. The OBS Unit is located on three floors of the south wing of the hospital. Patients and their babies are housed on the sixth and seventh floors, while the delivery suites and labor and recovery rooms are on the eighth. Also to be found on the eighth floor are premature nurseries.

With facilities to serve fifty-six mothers and ninety-one infants, the Obstetrical Service offers private, semi-private, and ward accommodations. However, no distinction (other than the special accommodations for premature babies) is made in nursery accommodations.

Former Obstetrician-in-Chief Harold H. Rosenfield described the entire area as an isolation unit that is completely equipped to care for all the needs of the mothers and the babies. The isolation offers protection against infection--"an area in which BI has been most successful."[25]

All delivery rooms are arranged in exactly the same way with all the necessary equipment on hand. One delivery room is prepared for a Cesarean delivery at all times, and the procedure can be under way within twelve minutes. Resuscitators and Cardiac Pacemakers are on hand for emergencies.

Each patient-room is equipped with an inter-com system allowing communication with the nursing station at all times. Inside a trap door behind every bed are oxygen and suction ready for immediate use.

According to Dr. Rosenfield, the nurseries "live up to the highest standards of the United States Public Health Service. Each child is placed in a stainless steel and plastic glass bassinette, with a complete unit beneath each crib to provide supplies for all the needs of the infant. This has also helped to maintain our low record of infection," he concluded.

Medicine charts with room and name identification are kept on each floor to avoid error.

---

[25]Aside from the common cold and other viruses, the most feared infections are the staphylococci--a strain of bacteria that have caused serious epidemics in hospitals and, until recently, were resistant to most antibiotics. A staphylococcus epidemic could cause the deaths of an entire nursery of babies, as was the case in a Texas Hospital not too long ago.

An x-ray room, isolation area for infectious mothers, solariums on each floor, and facilities for a Mother's Teaching Class are provided.

Description of procedure. This section will be presented in three parts: prenatal, admission, and daily routine.

Prenatal. All obstetrics patients are pre-registered, so that they can be taken immediately to the labor preparatory room. Room reservations are made by the obstetrician several months in advance of the delivery.

The Prenatal Clinic makes room reservations for ward patients. They are given prenatal instruction, and are cared for by a nutritionist, a social case worker (for all having a first child), OBS residents, and visiting obstetricians who are required to serve a number of hours at the Clinic. Parents' classes are offered in the evening.

Admission. Patients enter the hospital via a special ground-level entrance leading directly to a separate elevator that transports them to the eighth floor. The patient thus avoids walking up the stairs that lead to the main hospital entrance.

The husband and wife are separated immediately at the elevator (patients are ordinarily taken upstairs either by an admitting officer or OBS personnel along with the elevator operator). Many hospital obstetricians and OBS nurses voiced complaints about the "abrupt separation of husbands and wives--neither being well-prepared for it."

From the elevator, the next stop is the OBS Admitting Room, where the patient is prepared for the labor room. The staff attempts to keep women in various stages of labor together, but this is not always possible.[26]

Women who will have Cesarean deliveries are generally admitted directly to their rooms since there is usually no labor involved.

The about-to-be-mother is under constant surveillance during the active labor stages and is taken to a delivery room. After the delivery, the patient is taken to a recovery room, where she remains usually for five to six hours (depending upon the type of anesthetic administered) before she is taken to her room in the observation area. The baby is placed in an incubator immediately after birth, as a protection against temperature change from the womb to the delivery room, and subsequently is taken to a nursery on the floor where his mother is roomed. If the baby is premature, it is taken to a special nursery for premature infants.

As soon as the patient enters the hospital, she is given a number. This number and her name are transferred onto a tag which she wears around her wrist all during her hospital confinement. Babies wear tags identical to those of their mothers in order to avoid "mix-ups." These tags are matched before mother and baby are discharged.

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[26]One visiting obstetrician, who shall remain nameless, noted the following about the labor situation at BIH: "We need a pre-labor set-up. There are women in various stages of labor (early and ready for delivery) often placed in the same room. A patient should be protected from the violent reactions of a woman in the later stages of labor until she is ready for active labor herself and is medicated. And, too, a woman in mild labor does not need as constant attention as a woman in active labor."

The daily routine. Daily rounds by private physicians and "house staff" offer the patient a constant check on her progress. The typical day of an OBS patient consists of feeding her baby, learning to care for herself and her child, visiting hours, meals, hospital routine, and walking to the nursery several times a day to see the baby.

Usually, on the fifth day after delivery, mother and baby are discharged.

Visiting hours are 3:00 to 4:00 p.m. and 7:00 to 8:00 p.m., plus a special early morning visiting schedule "for husbands only."

Mother's Teaching Classes, held twice weekly from 10:30 to 11:30 a.m., offer either an introduction to or a review of baby care.

Visits with the pediatrician are usually accomplished during the hospital confinement.

III

RESEARCH DESIGN AND SIGNIFICANCE

This chapter of the thesis is devoted to a discussion of the research design, its significance, treatment of the findings, and a critique of the research design.

I. RESEARCH DESIGN

The study. This pilot study was designed to determine the attitudes of obstetrical patients toward Beth Israel Hospital.

Most people do not wish to enter a hospital either as a patient or as a visitor. Whether voluntary or emergency, admission to a hospital is a crisis in a patient's life and usually causes anxieties and inconveniences for him (her) and for his (her) family.

Perhaps the only patients (and patients' families) who are prepared for hospital admission are obstetrical patients. They are, for the most part, prepared for this event by nine months of pregnancy and continuous medical attention. Although most expectant mothers are happy about the coming event, some are not, and for a variety of reasons ranging from the interruption of their current way of life to problem marriages.[27]

The OBS patient group is as homogeneous as a patient group can be--its experience is basically the same both before and during hospitalization.

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[27]Mrs. Margaret Ann Smith, psychiatric social worker, Private Patient Counseling Service.

Other patients present such a wide variety of symptoms and bipolar physical and emotional reactions to illness and hospitalization, that it is often difficult to place them under the strain of an interview.[28] In addition, few interviewers are trained to work under these conditions or to care for the patient in case an emergency should arise during the interview.

Meetings were held with the following persons to devise the best kind of study--one that would allow for gathering the most information and one that would maintain the best interests of the patient: Dr. Sidney S. Lee, General Director; Dr. Harold R. Rosenfield, former Obstetrician-in-Chief; Dr. Harold W. Rubin, acting Obstetrician-in-Chief; Dr. Samuel L. Katz, Pediatrician-in-Chief; Mrs. Marjorie Bachmann, OBS Nursing Supervisor; Dr. Thomas Dwyer, Associate Director of the Psychiatric Service; Mrs. Beatrice Phillips, Director of Social Service; Dr. Martin D. Keller, Director of Clinical Services; Mr. Louis Stein, Director of Public and Community Relations; Mr. Jerry A. Solon, Head, Medical Care Studies Unit; the OBS head nurses; and Hospital obstetricians.

They carefully screened the final questionnaire to be certain that the instrument was complete.

<u>The instrument</u>. Selection of the interview as the method of investigation was based on past experiences of other researchers. Mail

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[28]Dr. Martin D. Keller, Director of Clinical Services.

questionnaires usually yield a 10% to 50% return, while the personal interview promises to yield a 100% return.[29]

The questionnaire was designed in three major sections: (1) admission to the hospital and childbirth experience, (2) prenatal experience and preparation for hospitalization, and (3) hospital experience--in the past and the current experience (see Appendix A).

Method of procedure. The attitude survey, based on a random sample of 387 patients, was administered from June 1 to July 21, 1961, while the respondents were hospitalized. The same questionnaire was delivered and the same interview pattern followed in all instances.

The questionnaire was administered on the fourth day after delivery, Hospital obstetricians and OBS nurses suggested this as the best time for the patient and a more realistic time for the interview since many women become greatly depressed on the second and third days after delivery. However, since some patients are given permission to go home on the fourth day, the schedule allowed for flexibility.

Time limitations necessitated the reduction of the sample size. A total of thirty patients--every seventh patient, bearing in mind certain restrictions--was interviewed. If that patient was found to be an unsuitable respondent, the eighth patient was automatically selected; if the eighth was unsuitable, the ninth was considered, and so on until a

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[29]Selltiz, Jahoda, Deutsch, and Cook, Research Methods in Social Relations Revised in One Volume. Henry Holt and Company, Inc., New York: 1959, p. 241.

suitable respondent was found. The following respondents were considered unsuitable based on the decisions of hospital administrators: (1) unwed mothers, (2) mothers of stillborn and/or abnormal infants. Their reasons for imposing these limitations were:

1. These women could not undergo the strain of talking about childbirth and pregnancy.

2. Their attitudes would be biased against the Hospital from the start.

3. The investigator would not be qualified to cope with these patients should they suffer an emotional breakdown during the interview.

4. All unwed mothers are registered as Mrs. at BIH, and their identity could not be disclosed except to staff concerned directly with them.

In addition, the mother and the baby had to be in good health.

Listings of OBS admissions and newborns, issued daily by the Admissions Office, were used as the sole sample source because of their accuracy and reliability.

When a respondent was selected from this admissions list, several checks were made in accordance with the demands of Hospital administrators. The OBS Nursing Supervisor was called to check on the condition of the mother and the condition of the baby. The Social Service Department was called to check on the marital status of the mother (at Beth Israel, every unwed mother is assigned a social case worker), and to learn whether or not this respondent had any serious problems about which the interviewer should be aware. Blanket permission to interview ward ("house") patients was granted by the acting Obstetrician-in-Chief. Private

obstetricians granted conditional permission to interview their patients. Thus, the investigator had to call each physician and check on his individual patient. The obstetricians felt they might have pertinent information about a patient.[30] Immediately prior to the interview, a final check on the condition of mother and baby was made with the head floor nurse.

Data was obtained from the OBS record prior to the interview so that the investigator would be aware of the patient's case history and any serious problems she faced that day (i.e., pain, hemhorraging, depression, crying spells, etc.).

Each respondent was assured of complete confidentiality (on one occasion, a doctor asked to see his patient's responses to the interview and was refused). However, many people do not believe this to be true and have a tendency to hold back certain feelings that appear controversial to them.[31] One obstetrical nurse suggested that patients might hold back complaints and controversial opinions because they feared repercussions from the floor nurses or mistreatment of their babies by the nursery nurses. (According to the results of the study, her opinion was not substantially supported.)

Setting of the interview. Semi-private and ward patients were not interviewed in the presence of their roommates, but either in the floor

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[30]See Chapter 1, Limitations, p. 1.

[31]Selltiz, Jahoda, Deutsch, and Cook, op.cit., p. 240.

Solarium or the X-Ray Conference Room on the seventh floor. The reasoning behind this decision was to provide the promised confidentiality and to control the interview situation. Twelve women interviewed in their rooms were either private patients or alone in a room; seven were seen in the 6th and 7th floor Solariums; and 11 were questioned in the X-Ray Conference Room. Nine respondents were patients on the 6th floor; twenty-one were on the 7th.

Time of the interview. It was agreed that these interviews would not interfere with Hospital procedure. Therefore, it was necessary to maintain a flexible time schedule. Most patients could be seen at 11:00 a.m. (right before lunch and immediately after the babies were fed). Two-thirds (20) of the respondents were interviewed at that hour. Six interviews were held at 4:15 p.m. (immediately following afternoon visiting) because the interview hour conflicted with a Mother's Teaching Class held twice a week from 10:30 to 11:30 a.m. Three respondents, whose husbands had special visiting privileges, were interviewed at noon and at 12:30 p.m. And still another, who received permission to leave a day early, was interviewed at 9 a.m. prior to her discharge.

The interview. The same procedure was followed for each interview. The researcher went to the floor nursing station, checked the patient's medical record and transferred the census data to the questionnaire form. After donning a green coat, required of all OBS personnel other than floor nurses, the next step was to proceed to the respondent's room and make the

necessary introductions. Although each patient was approached in the same manner, there were variations as needed. When there was more than one patient in a room, the respondent was asked to join the investigator in the Conference Room or in the Solarium (pre-determined according to Hospital scheduled). In no instance did any respondent refuse to be interviewed.

The interview was scheduled to last for 40 minutes. This time schedule varied from respondent to respondent, depending on how verbal she was.

Usually at the end of each interview, the investigator asked to see the respondent's child in the nursery. In cases where it was necessary to go to a conference room or a solarium, the baby was seen before interview began.[32]

II. SIGNIFICANCE

A hospital can better serve its patients if it knows more about them and their needs.[33] As a result, the institution can enjoy better public relations not only with its patients, but with the various publics the patient comes into contact with after discharge from the hospital.

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[32]This was suggested by the Director of Public Relations as a good way of getting the respondent to feel at ease. There was no marked difference between those whose babies were viewed before the interview and those seen afterwards.

[33]Dodsall, C. E., "Have You Ever Asked the Patient?," Canadian Hospital, 37:58 plus, May, 1960.

The selection of the obstetrics patient group offered the best opportunity for a comprehensive interview schedule within the hospital setting.

A study of this sort may be significant to the practice of public relations at Beth Israel because it can help the PR department to make more realistic judgments about its patient relations with the OBS group, and because it may help the Hospital to make future plans in this area.

In addition, it was hoped that the information gleaned from this study would in some small way add to the body of knowledge concerning attitude studies, and that it might also be useful to other hospital public relations personnel.

How else can this data be helpful to a public relations director? It can help him to analyze patient complaints; to assess whether or not patients are properly oriented to hospitalization, childbirth, and patient routine; to help reorient patients who have had previously bad hospital experiences; to check on the effectiveness of literature being distributed by the hospital; to serve the Obstetrics Unit by providing such data that may serve to enlighten the entire OBS staff.

Another important by-product of this study is that it gives the PR director an idea of the kinds of images of his hospital being taken back to the community by OBS patients.

And the OBS patient comes into contact with many people each day and often discusses her hospital experience many years after "junior" is a father or a mother.

The more public relations planning is based on facts rather than on dated evidence, guesses, or hear-say, the more effective its programs can hope to be.

III. TREATMENT OF THE FINDINGS

Hand tallying and content analysis were the methods used to collate the data. This method was feasible because of the limited sample size. Data was transferred to raw tally sheets (see Appendix B) in an effort to avoid confusion and duplication. The sheets were set up in such a manner that data could be compared easily and efficiently. In addition, it was simpler to handle one pile of uniformly sized pages than a cumbersome lot of questionnaires.

After a question was tallied, analyzed for content, or both, the results were written up, thus saving many hours of work during the preparation of a preliminary draft.

Raw data was included in the body of Chapter IV with each question analyzed.

In the final analysis, the data was divided into five areas:

1. Information about the respondents.
2. Admission to the hospital and childbirth experience.
3. Prenatal experience.
4. History of hospitalization.
5. Evaluation of the OBS Unit.

The findings were then analyzed for their significance to public relations at Beth Israel Hospital.

IV. CRITIQUE OF THE RESEARCH DESIGN

The research design was hampered by many limitations (a discussion of the limitations appears in Chapter 1).

In addition to the limitations, there are some criticisms of the research design and the instrument itself (both positive and negative) that may be of interest to other researchers.

To begin with, the instrument was too long and there was too much data to handle in the tallying and content analysis. There were no problems incurred in delivering the instrument. Pages were prepared across the length of the page and stapled in the left hand corner. This allowed for ample space to record the responses and greater facility in turning the pages.

The greatest difficulty was in handling the massive amounts of data.

Too many people were involved in the study design. There were also too many check points, and this was very time consuming. This is not to say that the Hospital should have dismissed its concern about limitations imposed to protect the patients. But, the results might have been more valuable if a greater cross section of patients had been included.

Considering all the limitations imposed, the study was executed smoothly and some valuable data collected. The respondents reacted well to the interview and offered more information than asked for.

IV

ANALYSIS OF QUESTIONNAIRE FINDINGS

The analysis of the questionnaire findings is presented in five parts:

1. The Respondents

   Census and medical data

2. Admission to the Hospital and Childbirth Experience

   Admission, labor, delivery

3. Prenatal Experience

   A. Selection of the hospital, the obstetrician, and the pediatrician

   B. Preparation for hospital experience, prenatal instruction, and prenatal experience

4. History of Hospitalization

5. Evaluation of the OBS Unit

   Care of self, care of baby, evaluation of accommodations, food, atmosphere, visiting regulations, and post-natal instruction.

A total of sixty questions, many with parts a., b., c., etc., comprised the instrument. The results are presented according to the outline offered directly above, and for the most part, follow the order of the questionnaire (see Appendix A).

In each case, the question is presented, followed by raw data and an analysis.

I. THE RESPONDENTS

The following data concerns the thirty respondents. This information was collected both from the respondents and from their medical records.

Census data. The thirty respondents were pregnant a total of 55 times -- 12 once, 13 twice, 3 three times, and 2 four times. They had a total of 52 living children; 3 had had miscarriages.

Based on the 55 deliveries, 16 delivered one child at Beth Israel Hospital; 11 delivered two babies at BIH; 3 delivered three children at BIH; and 5 delivered one baby at another hospital.

Age. The respondents ranged in age from eighteen to over thirty-five--thirteen were between 18 and 25 years, fifteen between 25 and 35, and two 35 and over. The average age for this group was twenty-seven.

Residence. Twenty-nine were residents of Massachusetts representing twenty communities in and around the Greater Boston area. One lived in New York City. A breakdown of Massachusetts residents is shown in the figure below:

Town or City	No. of Residents	Town or City	No. of Residents
Belmont	1	Framingham	1
Boston	3	Hyde Park	1
Brighton	1	Mattapan	1
Brockton	1	Needham	1
Brookline	4	Randolph	2
Burlington	1	Stoughton	1
Cambridge	2	Waterton	1
Canton	1	Weston	1
Dorchester	3	Winthrop	1
Everett	1	West Peabody	1

FIGURE 1

GEOGRAPHICAL DISTRIBUTION
OF MASSACHUSETTS RESIDENTS

The New York state resident, whose parents reside in Newton, was included in all talleys. She and her husband lived in an upper-middle class residential area.

Eighteen of the respondents were apartment dwellers; twelve, home owners; three, home renters.

Education. All attended high school (due to the wording of the question, it was not possible to determine whether all were high school graduates). Of the fourteen who attended college, nine were awarded bachelors degrees and three went on to earn graduate degrees. Among the respondents were two graduates of Beth Israel Hospital's School of Nursing. Three attended business or secretarial school, while eight did not pursue any education beyond the high school level.

Occupation before pregnancy. Twelve were housewives; ten were professionals; one was a part-time professional; six were office workers; and one worked in industry. Of the eighteen who were employed before becoming pregnant, eight planned to resume their work.

The husbands. The respondents gave the following information about their husbands: eleven were professionals; three owned or managed manufacturing plants; three were doing internships or residencies in hospitals; one was a professor; seven were in the trades; and five held miscellaneous positions (i.e., shipper, M.T.A. guard, pawn broker).

The women indicated their husbands' annual incomes, some with resentment. One-sixth (5) had "no idea how much money" their husbands earned. One respondent reacted hostily and said, "you'll have to go now; I don't feel well and I don't care to discuss my husband's income; I don't know." The others are indicated in Figure 2, below.

1-3,000	2	8-10,000	1
3-5,000	8	10-15,000	2
5-6,000	4	15-25,000	0
6-8,000	6	25,000 and up	1

FIGURE 2

RANGE OF HUSBANDS' INCOMES

Hospital insurance. Twenty-eight of the thirty respondents subscribed to some kind of hospital and/or medical insurance plans.

Medical data. The following information was collected from the patients' records and transferred directly to the questionnaire.

Private, semi-private or ward? Twenty-three (more than 75%) were semi-private patients (two in a room); five (about 16%) were private patients (alone in a room); and two (about 6%) were ward patients (three or four in a room) who were cared for at the BIH Prenatal Clinic and planned to bring their babies to the Well Baby Clinic at BIH's Out-patient Department.

Number of hours in labor. The number of hours in labor, including the delivery, ranged from none for the Cesarean births to thirty-eight hours (round numbers). The number of hours and the corresponding number(s) of patients are noted below in Figure 3. There was no information on one of the records.

no labor	3	9 - 10	5
1 - 3	3	12	2
4 - 5	5	19	1
6 - 7	8	25	1
38 hrs.	1		

FIGURE 3

NUMBER OF HOURS IN LABOR

Type of anesthetic. Seven were given spinal anesthetic; two, ether; nineteen were given a combination of gas, oxygen and ether; one

had a regular anesthetic; and one was given a combination of spinal plus gas, oxygen and ether.

Types of deliveries. Two were Cesarean births; fourteen spontaneous or normal; fourteen forceps (11 low forceps, 2 middle forceps, 1 outlet forceps).

Complications during childbirth. Of the thirty respondents, two suffered complications. One was hospitalized for two weeks due to unexplained bleeding, was discharged and then readmitted for a normal delivery. The other suffered a collapsed womb during labor and was given a blood transfusion (one pint).

Complications during recuperation. None of the respondents suffered any serious complications after delivery. Typical complaints were headaches and being unable to walk without pain.

Sexes of the babies. The babies were evenly divided according to sexes--fifteen males and fifteen females.

Weight of the babies. Twenty-eight babies ranged in weight from 5 pounds 5 ounces to 8 pounds 8 ounces. Two were premature.

II. ADMISSION TO THE HOSPITAL AND CHILDBIRTH EXPERIENCE

Who was the first person you saw when you entered Beth Israel Hospital? Did this person make you feel at ease?

Elevator personnel	-	19	(16 at ease, 3 not)
Admitting officer	-	5	(3 at ease, 2 not)
Nurse	-	3	(all at ease)
Volunteer	-	1	(at ease)
OBS attendent	-	1	(not at ease--"the attendent said nothing")
Orderly	-	1	(at ease)

A total of 23 were made to feel at ease; 6 said no, they were ill at ease; 1 gave a questionable reply.

Since more than one half of the respondents (19) first saw the elevator personnel and 16 said they were made to feel at ease, it can be assumed that the elevator personnel are doing more than running an elevator.

* * * *

Did you know which door to enter?

Yes - 29 No - 1

A significant number (29) knew where to go when they came to the Hospital. Nine qualified their yeses--3 either worked at BIH or had relatives who worked there; 3 noted they had been at BIH before; 3 were told by their doctors. One who didn't know had to ask inside the Hospital and therefore walk up the stairs to enter the lobby. This might have resulted in an emergency situation.

* * * *

Were you told to press the button on the wall?

Yes - 17 No - 13

Of the 17 who responded positively to the question, only one noted that her doctor told her. In almost all of the 30 instances, the respondent said she saw the sign, which indicates that a written communication is

better than a verbal one in this instance. With an N of 30, a 17-13 split is not significantly different than chance. From these data it can be inferred that there is a discrepancy in promulgating information to press the button.

* * * *

What time were you admitted?

a.m. (midnight to noon) - 20
p.m. (noon to midnight) - 10

Sixteen of the twenty admitted in the a.m. hours were admitted before 8:00 a.m.

Only two needed emergency care and reported that they got it.

* * * *

The next question, 'Did it seem a very long time before you were met and taken up to the eighth floor?" did not reveal any significant data due to the subjective nature of the response and the lack of external supporting data. The eighth floor comprises the delivery suite.

* * * *

How long had you been having labor pains before you came to the Hospital?

In many instances, the respondents gave exaggerated responses (i.e., 61 hours as opposed to a medical record of 38). In other instances, they gave the number of hours of total labor. Because of the nature of the responses, the question is being discounted.

However, it is worthwhile to note that N 12, who had no other children, had a greater range of labor hours than N 18 who had one, two

and three other children, including two miscarriages. It appears that the greater the length of labor, the greater the patient's anxiety may be. Correspondingly, the group of new mothers represents the greatest range of hours. It is therefore a necessity that they be well prepared for this new experience.

* * * *

<u>Did someone come with you?</u>

Yes - 30

All the respondents indicated that their husbands came with them to the Hospital. None answered the question with a yes or no.

* * * *

<u>What was your experience in the labor room?</u>

Delightful, fabulous, excellent - 4
Pleasant memories, got attention, people were helpful and nice and efficient - 10
Neutral response (it was quick) - 2
Don't know: Cesarean, induced labor, put to sleep - 2
Excruciating pain, hard labor - 2
Labor room was busy, didn't get attention - 1
Husband taken away too abruptly, felt trapped - 2
House of horrors, needs soundproofing - 1
Some pain but not for long - 2
Very helpful nurse--no preparation and would have been lost without her - 1

Generally speaking, twenty-three responses were positive; seven negative. The two who reported excruciating pain had no complaints about the Hospital--just about their labor. The actual complaints were from five (one-sixth of the) respondents. Number 6 who was not given enough attention qualified that there were many babies born that night but said that she would have been more reassured if someone was with her. Here is

one deviation from the Hospital's statement that every woman in active labor is under constant supervision. Respondent #18 reported that she was alone in a labor room and that everyone was kind, understanding and helpful and even held her hand. It appears to follow that the patient's response to her care in the labor room depends on how busy the personnel are and how many babies are about to be born during a given time.

The complaint about the husband being taken away too abruptly echoes remarks made by Hospital obstetricians and OBS nurses. Surprisingly, only one respondent made this comment in answer to the question.

The complaints about noise in the labor rooms and "house of horrors" again echo the remarks of the OBS staff.

That they are aware of this problem is highly commendable.

* * * *

Were you given any medication in the labor room?

Yes - 25 No - 5

Seven of the 25 qualified their yeses. One received medication immediately; four waited a long time; one reported that medication didn't do her "a bit of good"; one eventually took medication even though she had planned to have natural childbirth.

Of the five nos, two were Cesareans, and three were unqualified.

* * * *

If you were given medication, what stands out in your memory?

Remember nothing, nothing stands out - 5
No specific response - 1
Doctor's instructions - 2
Everyone was very nice, no complaints - 5

Very painful labor, unpleasant experience - 5
Unpleasant because of personnel - 2
Mild pains - 2
Had a medical student with me and I knew he was a student - 1
I was half prepped for a Cesarean and put out - 1
The hot bathroom that needs a fan - 1

Number 8, who "felt trapped," recalls people trying to help her here because she was in pain.

Number 10, who suffered "excruciating pain," reports here that she was treated badly by the personnel in the labor room who "kept yelling" at her to keep quiet as she "thrashed back and forth." According to medical evidence, most women are neither responsible for nor remember what they say when given certain types of medication during labor.

Number 19, who positively identified the medical student who cared for her noted in the previous question that hysterical screams from down the hall were most upsetting. Perhaps the screaming made her feel uneasy about her doctor or resident.

Number 29, who reported that the labor room was "delightfully cool on a hot, hot day" also had her obstetrician's private nurse with her in the labor room. She adamantly indicated that she "didn't have to be handled by lots of people and pushed and squeezed." When she was being prepared for labor in the "hot bathroom that needs a fan" the private nurse was with her. It can be inferred that this reaction was based on the fact that the bathroom was hot that day.

* * * *

What was your reaction when you entered the labor room?

Not there--Cesarean birth - 2
Didn't know what to expect, apprehensive, first child - 4
Frightened - 4
Relaxed, knew what to expect, had confidence in the OBS staff - 11 (including 5 having a first child)
Pleasantly surprised - 3
Mixed emotions - 1
Functional attitude, anxious to get it over with - 4
Don't remember entering the labor room - 1

Eight of the thirty respondents were frightened either because they didn't know what to expect, feared pain, or labored under other minor anxieties. Only one (#8) expressed deep fear: "I wanted to go right back home; I had never been in a hospital before and I was panicky." This patient also reported 61 hours of labor (hospital records indicate 38), was over 35, was in a private room, kept complaining, and seemed uneasy during the interview. Although she wouldn't offer information about her husband's income, she did note that they resided in a "very exclusive apartment in Boston."

* * * *

Do you remember who took care of you during this period?

Yes - 28 No - 2

Of the twenty-eight who remembered being cared for while they were in the labor room, ten recalled a nurse; five said nurses, four, doctor (referring to the obstetrician); three, student nurses with some senior person; eight, several people (non-specific).

Eleven remembered being cared for by one person; seventeen by more than one; six by their own doctors plus other Hospital personnel.

* * * *

<u>After your baby was born and you regained consciousness, who was the first person you saw?</u>

A member of the medical staff - 26
No one - 1
No specific response - 2
The baby - 1

From the data, it appears that most of the respondents recalled the first person they saw upon regaining consciousness as a member of the BIH medical staff, i.e., their own obstetrician, a nurse, a resident. One woman, who was conscious during most of the delivery, recalled seeing the baby.

* * * *

<u>What stands out in your memory during this period when you awoke and were taken to your room?</u>

Pleasant--expressed surprise that all was fast; good care, happiness - 14
Discomfort--cough, pain, hunger, desire to smoke - 4
Neutral--going to room on a stretcher - 1
Unpleasant--anxious about husband, noise, people pushing at my stomach - 3
Don't remember--hazy recollections - 8

Discounting the neutral reaction, half of the respondents had pleasant memories of the recovery room (and in one case, of the delivery room). The eight who did not remember added to the fourteen with positive feelings total almost 75%. Those who suffered discomfort were few (4), and the only real complaints were offered by those who suggested an unpleasant experience.

Number 4 was upset because her doctor had called the Information Desk giving her husband permission to come up to see her. She claimed

that the person on duty at the Information Desk said the husband wasn't there and wouldn't let him go upstairs until visiting hour at 3:00 p.m. She, in turn, was worried because she didn't know where her husband was. The woman on duty was merely doing her job. This respondent, who had been on the nursing staff at BIH seemed to expect (and inferred that she got) preferential treatment.

The complaint about noise could be overcome by soundproofing the labor rooms and the entire delivery area.

II. PRENATAL EXPERIENCE

This section of the questionnaire dealt with (a) the selection of the hospital, the obstetrician, and the pediatrician, and the rationale behind these most important selections, and (b) prenatal instruction and preparation for hospitalization.

A. Selection of Obstetrician, Hospital, and Pediatrician

How did you select your obstetrician? Would you use him again?

Recommended by another doctor, used him before on the recommendation of another doctor - 11
Recommended by relatives and friends, used him before on the recommendation of friends - 10
Knew and worked for the obstetrician - 4
Selected obstetrician from the *Yellow Pages* - 2
Delivered her when she was born - 1

Of the twenty-eight respondents who used private obstetricians, twenty-seven were very satisfied and would use the OBS again. One respondent, who selected from the *Yellow Pages* said, "next time I would want a personal recommendation." In contrast, the other respondent who

chose her obstetrician from the Yellow Pages said, "I wanted a woman and I got a good one." Eleven of the twenty-seven qualified their answers with compliments for the obstetrician.

The two OBS Clinic patients (#s 3 and 16) were asked, Why did you come to the Prenatal Clinic at Beth Israel Hospital? Would you come again?

Number 3 responded: "I like it; I have always come to BIH since I was a little girl. You get better care as a Clinic patient than a private patient and besides," she continued, "private patients don't like to mix with us and they demand more attention." She would definitely come again.

Number 16: "I came to the Prenatal Clinic because it was recommended by all my girlfriends." She would "definitely" come again and cited the gentleness and efficiency of all who cared for her in the Clinic and in the delivery suite and in her room.

* * * *

Have you selected a pediatrician for your baby? How?

Yes - 29 No - 1

Twenty-seven selected private pediatricians; two (Prenatal Clinic patients) the Well Baby Clinic, part of BI's Out-Patient Department.

Recommendations by obstetrician, friends, relatives, neighbors - 18
Used him before (2 of these recommended by obstetrician) - 9
Used her own pediatrician - 1
The family doctor - 1

It appears that more than one half of the respondents chose the pediatrician on the basis of a recommendation. Nine followed the recommendation of the obstetrician (almost one-third).

There was no indecision about a choice, and all decisions were made prior to hospitalization in compliance with Hospital procedure. The "No" was from #9, a Christian Scientist, who planned to have her baby by natural childbirth but couldn't, selected and was satisfied with her choice of obstetrician from the Yellow Pages.

* * * *

Why did you choose Beth Israel as the place where you would have your baby?

Obstetrician is affiliated with BIH - 7
Obstetrician is affiliated with BIH and recommended by friends - 4
Many good recommendations, no one ever said it was bad - 4
Personal experience, was an OBS patient at BI before - 4
Employed at BIH, and knew of good facilities - 3
Obstetrician recommended BIH as the "best" - 5
Husband works at BIH, also friends are nurses at BI - 1
Because BI was the best medically of the hospitals available - 1
Had no choice, bad experience last time, but wanted this doctor - 1

Seventeen chose Beth Israel because of the obstetrician; five of these because the doctor "recommended it as the best." This is more than half. A total of eighteen chose BIH based on recommendations.

Only four indicated they were returning by personal choice.

Number 29, who had a bad experience last time qualified and explained that she had a cold and was isolated during her first confinement--a situation that could easily cause great anxiety. She was quite nervous and verbose throughout the interview and even though her general attitude was

negative, she was not critical of the Hospital. Her difficulty in having children may also have added to her anxious state.

* * * *

B. Preparation for Hospital Experience, Prenatal Instruction and Prenatal Experience

Did you visit the hospital before you came here for delivery? If yes, what was your reaction at this time?

This question did not elicit the intended response. It should have read, Did you visit the OBS Unit at BIH for an orientation tour before you had your baby? If yes, what was your reaction at this time?

* * * *

What information did you receive about your Hospital stay prior to your admission for delivery of your baby?

Specific response--noting some of the contents - 10
Non-specific response--booklet, pamphlet, letter with complete instructions, admission questionnaire - 18
Nothing - 1
Something in the mail, don't remember what - 1

Of the ten specific responses, two qualified that they didn't "really" read it all carefully. One of the non-specific respondees noted her husband read it all but that she did not. After a probe, the "nothing" response was altered to "yes, on the charges."

Twenty-nine of the respondents were aware of having received something and at least glanced through the communique. A new patient information booklet was distributed beginning July 1, 1961, but none of these patients would have received it. It was obvious (and has been substantiated by

these results) that a new communique was needed--but the effectiveness of the new one must be measured at some future time. No respondent recalled receiving a birth certificate and only one a letter from the Hospital with complete instructions.

From whom did you receive this information?

Beth Israel Hospital - 29
Don't know - 1

In all but one case, the respondents recalled receiving information from BIH, and were aware that the Hospital tries to inform its patients about hospitalization.

(If you received information from the Hospital) Did your doctor tell you anything?

Yes - 11 No - 17 Don't remember - 2

Yes responses were qualified by five, ranging from "he gave me a general idea," to "my baby was a month early so I would have known more."

Five of the no responses were qualified--one knew from reading; three had past experiences with another baby and/or had worked at the Hospital or for the obstetrician; and one had an early delivery--"the doctor would have told me about that the next day, but told me what I needed to know over the telephone."

One respondent who didn't remember receiving any information from the Hospital noted that she got complete details from her doctor.

The remaining twelve, who did not receive information from their OBS , did receive information from the Hospital. Therefore, all of the

patients had at least some information about the hospital stay prior to admission.

One respondent explained that her doctor shows a series of slides on the entire procedure--from admission to discharge, including labor and delivery--to all his patients. She felt "extremely calm and well prepared."

<u>Did you know what to expect when you came to the Hospital?</u>

Yes - 23 No - 4 Not really, more or less - 3

Yes responses were qualified by five--knew this time (second baby) but not with the first.

Of the four nos, one said she knew nothing of what to expect, and another noted that she "presumed but never got any actual information." Yet, all those who replied with a no said they received information from the Hospital but none from their obstetricians. There is no information about labor and childbirth in the Hospital communiques--it would seem that this would be the primary concern (see Limitations, due to nature of patient response, p. 2). All but one of these respondents received no prenatal instruction, therefore leaving them uninformed and perhaps anxious as well.

The four who weren't quite sure what to expect, all got information from the Hospital, and one was given information by her doctor. Another, who acknowledged a communique from the Hospital and none from the doctor said she "presumed but never got any actual information." She was the only one of the four having her second child.

Did you know what to bring with you?

Yes - 29 No - 1

All but one woman were aware of what to bring with them, although three qualified their answers: one didn't recall if the booklet gives this information, one noted that no one told her to bring nursing brassieres, and another thought there should be an itemized list of articles for mothers. The gift shop sends a cart providing such items to the maternity wing daily.

The no response (#9) "just threw some things in a bag." It was her first baby and because of an early delivery the obstetrician hadn't completed the prenatal instruction. However, she received information from the Hospital indicating what things she would need.

Did you know how long you would be staying?

Yes - 19 No - 4 Approximately - 5

After the doctor told me - 2

More than one half of the respondents knew how long they would be staying prior to admission, and an additional one-sixth had an idea. Only one-fifth (6) had no idea and of these, two were informed by their doctors after admission. It can be assumed that the remaining four found out early enough during their confinements to relieve any anxiety. It would seem that this information would be helpful to the patient in making plans to care for her family during her hospitalization, thus relieving anxiety, and should be repeated often for emphasis.

Did you realize that your husband could not stay with you during labor?

Yes - 27 No - 3

Seventeen of the thirty knew of this regulation and made no further comment. Of the ten yes qualifications, two thought it a good idea because it would probably upset or frighten the husband; two thought the husband could stay with them longer; four wanted their husbands there with them and wished the regulation could be changed; and two said "but he did stay with me--an exception was made--all hospitals should allow it."

Qualifications of the no responses comprised one reaction of surprise, one hope that the husband would be right there, and one wish that the husband could stay for a while but "glad he didn't."

All patients, especially those who answered no, received some kind of hospital preparation and supposedly were informed of this regulation either verbally or in print.

That this is a controversial area was expressed by obstetricians and OBS nurses during the early days of the research design. The pre-labor set-up suggested by one obstetrician might solve this problem for those women who want their husbands with them during the early stages of labor. However, active labor requires constant supervision and most of the nurses and doctors queried were against the presence of the husband during labor and also in the delivery room. As one OB explained, "we must give all our attention to the mother and her baby and have no time to answer questions or take care of a frightened husband."

<u>What other information would have helped you?</u>

None - 24
Bring a watch, a radio - 2
Information about the whole procedure--labor, delivery, admission, feeding, etc. - 2
A visit to the Hospital - 1
Non-specific response - 1

Even though seven respondents did not know or weren't sure what to expect when they entered the Hospital, in all but two cases they expressed little concern. Number 9, who received no information from her doctor because of an early delivery, said she didn't see signs pointing to the OBS entrance and "would have been lost" without a nurse who helped her with labor instructions. Number 21 had never been to a hospital as a visitor or a patient and asked her physician about visiting BIH--"he said no, it wasn't necessary."

A surprising response was from number 15, who seemed upset because she "presumed but never got any actual information" even though this was her second baby. Her response to the question was: "the less you know the better off you are. Ignorance is bliss when you go to have your baby--just rely on your doctor."

* * * *

<u>Did you receive any prenatal instruction?</u>

Yes - 23 No - 5 Not really - 2

Of the twenty-five (including the not really responses), four indicated that they did not receive complete instructions and that they were lacking information about labor, delivery or the baby. Two were

unaware of the meaning of prenatal and were given an explanation so they could answer the question.

In summary, all but five had some prenatal instruction. Twenty-one seemed sure of their preparation, five not really certain. In this very important area, information was available to all respondents (i.e., at Beth Israel Hospital's evening Red Cross course, from the obstetrician, and at the Red Cross in Boston), but not all sought it when dissatisfied with the doctor's instruction.

(If yes) where?

Doctor's office - 19
BIH Prenatal Clinic - 2
Beth Israel Hospital course - 1
Red Cross - 1

From whom?

This question served as a check on the one before. The information corresponded.

For how long?

Less than two months - 2
Five months - 4
Six months - 3
Seven months - 5
Eight months - 2
Nine months - 3
Non-specific - 4

The non-specific answers indicated at least several months of instruction. The attitudes toward the quality of instruction are presented below.

Did you find this information helpful? Why or why not?

Yes - 21 Non-specific response - 1 Yes and no - 1

Yes responses were qualified with: good review, it made me feel relaxed, he always answers questions, you know what to expect, it helps both parents, "I was totally unprepared and needed help," it's just good medical care.

The non-specific response avoided the question. She answered, "no, because there are lots of young kids in the family and I knew what to do," thus avoiding the part of prenatal care which deals with the actual pregnancy, and also the fact that she was anxious because she had a miscarriage five months before conceiving this child.

Number 17 (yes and no) wasn't afraid until she read some of the books the doctor suggested to her. She had no other instruction from the doctor, received information from the Hospital, and didn't report asking the OB questions.

<u>Did your husband attend with you?</u>

Yes - 9 No - 14

Qualified yes answers showed that none of the husbands had intensive instruction. Although they attended with their wives, one waited downstairs; another didn't go to the obstetrician with his wife but just to classes; another read books with his wife; one went just the first time; and one went for two weeks with his wife toward the end of her pregnancy.

<u>(If applicable) Why didn't you take any prenatal instruction?</u>

This is second or third child, I had it before - 6
Planned to, early delivery, follow Christian Science - 1

One of the six noted that she read some pamphlets and got information about labor pains. Another, whose attitude was "ignorance is bliss...,"

said she and her husband took the Red Cross course when she was pregnant before.

From this particular series of responses it appears that several of the respondents did not consider "prenatal instruction" to include care of the mother, the baby, and labor and delivery instructions. The responses might have been more specific if this question area was preceded by a short statement defining prenatal care and prenatal instruction.

* * * *

Would you say you had a normal pregnancy? (If not) Why not?

Yes - 20 No - 5 Yes-but - 5

Four of the twenty yeses reported a very good or better than normal pregnancy.

The reasons offered for abnormal pregnancies were: a lot of nausea and regurgitation; needed medicine to hold the baby (miscarriage five months before); conceived the baby while ill with a virus that kept recurring; the baby was in a bad position, hemhorraging in the second month, nausea, and premature labor (she was also attending college throughout her pregnancy).

Normal pregnancies "but" were caused by: an auto accident early in the pregnancy that caused much anxiety; bleeding during pregnancy; and early delivery.

A total of ten (one-third) of the respondents may have suffered greater anxiety than do most pregnant women.

Did this make your delivery difficult?

Only one respondent, who had a normal pregnancy, reported a difficult delivery. The others, who had problems during pregnancy, said these problems did not impose difficulty in childbirth. One who had a difficult pregnancy, reported a hard delivery but due to her physical construction.

* * * *

Did you have any difficulty in becoming pregnant?

Yes - 5 No - 25

Of the no responses, two reported difficulty in conceiving the first baby.

How did you feel upon learning that you were pregnant?

Glad, thrilled, elated, delighted, planned it - 22
A little too soon, ambivalent feelings, surprised, eventual adjustment and happiness - 6
Just acceptance - 1
Very disgusted--had a miscarriage five months before and wasn't ready to try again - 1

Only one really negative attitude was expressed by a respondent who was understandably upset having suffered a miscarriage only five months before.

* * * *

What were your feelings about delivering your baby?

Scared, anxious, didn't know what to expect, feared pain, had a previous bad experience, a bit nervous - 10
Anxious to get it over with, hoped baby would be normal - 6
Confidence in doctor, calm, no fear if doctor is there - 2
Not afraid - 3
Looked forward to it - 3
No feelings; "it hit me all of a sudden" - 1
Worried about or needed Cesarean sections - 3
Wanted husband with her to share the experience - 1

Wanted to go through natural labor rather than
induced - 1

Total responses indicating some anxiety was twenty; total of non-anxious responses was ten.

Delivery is one of the high anxiety-producing phases of childbearing. It is the culmination of the entire process and follows the often-feared labor period. Women often fear the pain of labor, but because many of them are under anesthetic during the actual birth, they feel more confident about this phase. However, many of them worry about the normalcy of their babies--will it be healthy, will it be normal, will it be deformed in childbirth? Therefore, two-thirds of the patients who were anxious about delivery gave an anticipated reaction (even from women who have other children).

* * * *

III. HISTORY OF HOSPITALIZATION

The information presented in this section is offered as a possible aid to understanding the patients' attitudes toward their hospital experience at BIH, and also to further describe this sample group.

Have you ever been hospitalized before?

Yes - 25 No - 5

Where?

At BIH - 17
At BIH and another hospital - 6
At other hospitals but never at BIH - 8

When?

Only as a child - 2

During adulthood - 23

<u>Was it a voluntary or an emergency admission?</u>

Voluntary admission only - 16
Emergency admission only - 1
Both voluntary and emergency admissions - 8

<u>How long did you stay?</u>

Total lengths of stays are offered rather than the length of time for each hospitalization, thus giving the respondents' total time spent in a hospital.

Less than one week - 7
One to two weeks - 9
Two to three weeks - 3
Three to four weeks - 2
Doesn't remember - 1
One month - 1
Two to three months - 1
Five months - 1

<u>Why were you in the hospital?</u>

To have a baby - 7
For medical and/or surgical procedures - 8
For medical and/or surgical procedures and to have a baby - 10

Included in the description "surgical" are both minor (such as a tonsillectomy or the removal of a cyst) and major (eye surgery, appendectomy, or brain surgery) procedures. Also included in this group are three respondents who had miscarriages in the past.

The twenty-five respondents who had been previously hospitalized, had a total of fifty-four hospital admissions--forty voluntary, and fourteen emergency. Seventeen had been cared for in the past at Beth Israel Hospital--of these, six had also received care at another hospital in

addition to BIH--and eight had never been admitted to the BI. They spent a minimum of one night in a hospital, and most at least one week, thereby familiarizing them with hospitalization. Most of the twenty-five respondents were "short-term" patients, and seventeen had been hospitalized to give birth to babies--just over half.

Of the three who had miscarriages, two had other children.

One-sixth (5) of the total sample group had no history of hospitalization, and another two hadn't been hospitalized since childhood tonsillectomies. Therefore, a total of twenty-three were acquainted with hospitalization through personal experience during their adolescent and adult years.

* * * *

(If respondent was hospitalized to have a baby) And now, will you please compare your care at this Hospital with the care you received previously when you had a baby?

> "I don't know as there is a comparison--BI is so far superior." Nicer nurses, immediate attention when needed, more pleasant surroundings. - 1

> "This is the Ritz in comparison to the other hospital." Better food, better care, nicer room, nicer atmosphere at BIH. Labor room nurses are nice--no one yells. It's more like a hotel than a hospital." - 1

> "It was long ago and difficult to remember." After probe; "it was a difficult delivery; remember pains, ether, and being wheeled into the delivery room"--an unpleasant experience, but no complaints about the Hospital. - 1

> The nurses at BIH are more cordial and take a personal interest in patients. At the other hospital there was a shortage of help and the nurses were curt. Better food at Beth Israel; gentler doctor; they give medication to prevent too much suffering--at the

hospital "they wouldn't give me medication when I asked--I suffered more with the first baby at the other Hospital." - 1

The care is equivalent; prefer the admitting routine at the other hospital: patients go to their rooms where everything is done for them, and the husband stays with the wife during labor as long as possible; prefers visiting regulations at other hospital; the other hospital is more liberal with maternity patients; greater variety of food but doesn't remember the quality. BI is "pleasant. I didn't enjoy my stay there any better (at the other hospital)." - 1

Three patients expressed a preference for Beth Israel Hospital; one could only remember her unpleasant experience at the other hospital but offered no complaints, and really no comparison. One, who called the other hospital "exceptional," just delivered her third child at Beth Israel during the last four years and rates BI highly.

* * * *

Comparisons were offered by patients who had another baby at BIH.

Care is the same--different doctors but they're wonderful - 3

Care is different--more rushed and short-handed than before, everyone is nice but overworked, only the labor room is well staffed. - 1

No mask needed to see baby--better than the old policy - 1

On a different floor this time where they are more liberal about getting up. - 1

Much less strict than before; nurses are more congenial but lax about post-natal care. - 1

Better treatment in the labor room--only nurses there; "last time every intern, resident, and everyone else kept examining me and bothering me." - 1

"I almost went to Richardson House." Last time, was in isolation--very bad experience: first child, had difficulty conceiving for four years. "I've had friends tell me that they don't enjoy being at Beth Israel because of noise, routine and bad food." - 1

In all of these instances, the respondent said she would come to BIH again. It must also be remembered that people tend to forget an experience with time. Perhaps these evaluations point up some need for change (i.e., more floor nurses) but also seem to show improvements (i.e., better treatment in the labor room, no mask needed to see baby).

* * * *

IV. EVALUATION OF THE OBS UNIT

This section comprises the respondents' evaluations of their care on the floor, the care of their babies, the accommodations, atmosphere and food, visiting regulations, and advice on how to care for their children.

<u>Are you nursing or bottle feeding your baby?</u>

Nursing - 10 Bottle feeding - 20

Twice as many are bottle feeding rather than nursing their babies.

<u>Have you received any advice about nursing your baby? From whom?</u>

Yes - 6 No - 4

Of those who said yes, all received some or all of their advice from the nursery nurses, and two received additional information from the obstetrician and the pediatrician. Their evaluation of this advice or instruction was: very helpful - 2, dissatisfied - 2.

<u>Did you receive any advice about feeding your baby (bottle feeding)?</u>

Yes - 12 No - 8

Those who said yes received their advice from Mother's Teaching Class (5), from MTC and reading (1), from nursery nurses and friends (5).

Of those who received no advice, one said "it's instinct," and the other "it just came naturally." Three others explained that they received advice last time they were at BIH to have a baby. Fourteen received no instruction.

* * * *

<u>Did you receive any advice about how to bathe your baby? From whom?</u>

Yes - 11 No - 19

The eleven received this advice from the Mother's Teaching Class (8), from the pediatrician (1), from MTC and friends (1), and from reading (1).

Two who didn't receive advice noted that they didn't need it because this was the second baby, and one received this information last time she was at the BI.

* * * *

<u>Did you attend Mother's Teaching Class at Beth Israel Hospital?</u>

Yes - 12 No - 18

<u>(If no) Do you plan to do so?</u>

Yes - 2 No - 14 Don't know - 2

Going home before another class is scheduled - 2

<u>(If you don't plan to go) Why not?</u>

Have previous experience with other children and have had instruction before - 5
Going home before another class will be held - 2
Enough babies in the family and I can care for mine - 2

Second baby and friends and pediatrician will assist - 1
A nurse will show me everything at home - 2
Didn't know about the class - 1

Of the eighteen who did not attend the Mother's Teaching Class, two planned to before their discharge. Of the remaining sixteen, twelve either had previous experience or would have help at home. Two respondents didn't go because they felt ill or tired, and one went but was too tired to stay.

* * * *

Will you have someone at home to help you care for your baby when you go home? Whom? For how long? What will this person do?

Yes - 28 No - 2

All but two women expected to have someone at home to help them care for their babies. The two who would not were confident that they could care for their babies themselves.

The women expected to receive help from their husbands (5), their mothers (8), a nurse or a practical nurse (10), a housekeeper (3), a combination of husband, sister and mother (2).

The helper would stay on for a minimum of one week and a maximum of eight. Duties in most cases will involve housework, caring for the baby, caring for the mother, and caring for other children.

* * * *

Do you feel you can successfully care for your baby with what you have learned?

Yes - 26 No - 4

In all cases, those who lacked confidence in their ability to successfully care for their babies were to have someone at home to help them and teach them what to do. Three had no other children; one had another child nine years ago.

One practical nurse explained the situation: "taking care of a baby is a bit frightening to a young mother and even to a mother who has had other children because the infant is so tiny and because there is so much to remember. But, of all the women I've attended, 95% rallied and wanted to take care of the child themselves and seemed to learn overnight. It's like so many situations in life--you never know your own capabilities until you have to use them."

* * * *

<u>How often does your husband get to visit you?</u>

Once a day - 12
Once or more a day - 5
Twice a day - 6
Three times a day - 5
Every day - 2

<u>Are you satisfied with this arrangement?</u>

Yes - 20 No - 8 Yes-but - 2

Of those who were not satisfied with this arrangement, one noted that visiting hours used to be either 11 a.m. to 8 p.m. or 1 p.m. to 8 p.m. and that this arrangement was more convenient; two qualified that even though they would like to see their husbands more often, it was impossible because of business demands. Two thought visiting hours were unreasonable and one

called them "ridiculous...in a private room." Still another thought visiting hours should be longer.

Those who said yes-but felt visiting hours should be longer and would like to spend more time with their husbands.

Yes answers were qualified with: four explanations that the husband can't come more often; one "I like it that way so I can rest"; one said she didn't like the arrangement before she came to the Hospital but has since changed her mind; and another noted that the Hospital was very considerate in allowing her husband to visit her at odd hours since he is a medical intern and could not come at the proscribed times.

* * * *

<u>How often do you have visitors while you are here?</u>

Almost every day - 1
Once a day - 4
Once a day or more - 5
Twice a day - 6
Three times a day - 13
Visitors lacking this time - 1

<u>Have you been satisfied with the number of visitors you have had?</u>

Yes - 25 Yes-but - 2 No - 3

Three who answered yes said they had "too many" visitors; one wouldn't want any more visitors; and another would rather have only her husband as a visitor.

Yes-but: the hour should be extended; why can't there be more visitors the first four days?

One dissatisfied patient wanted more visitors and the other asked, "who is when they're in the hospital?"

Do you feel you have been getting enough rest since your baby was born? (If no) Why not?

Yes - 23 No - 6 Don't know - 1

One of the yeses, four nos, and the don't know responses explained they don't get enough rest because of the busy hospital schedule--routine, feedings, visiting hours, and for some, late breast feedings. Two negative responses were due to physical discomfort and not blamed on the Hospital.

They all realized that things had to be done according to a routine.

Eight who expressed a desire for more rest had visitors twice (3) and three times (5) a day.

Those who were dissatisfied with the number of visitors they had felt they were getting enough rest since their babies were born.

The majority (twenty-seven) were satisfied with the number of visitors they had, but only twenty were satisfied with the number of times they had seen their husbands. The Hospital provides a special early morning visiting schedule for husbands only. One respondent suggested that after evening visiting is over, there should be another short visiting period for the husband only.

* * * *

Have you received any complaints about visiting hours?

Yes - 13 No - 17

There is not a significant difference in the split, and it appears that complaints about visiting hours were frequently registered with patients.

However, the regulations are enforced to protect the patient and to allow her to get more rest.

Four women agreed with the Hospital's ruling even though their visitors complained--they said they needed the rest. One husband complained that evening visiting hours were too short. Six respondents reported complaints about people being turned away and not being allowed to visit, and of these six, one noted that her out-of-town visitors were refused visitation privileges. One patient reported complaints from all of her visitors about "the people (aides) who sit at the desks" on each floor to check visiting passes. "They are really nasty; they are vicious. My friends don't even want to come to see me because they've been here and they know these women. What are these women who sit at the desk? Are they nurses? You would think they were sisters to God or something."

The OBS Nursing Supervisor is aware of this problem and feels that something should be done about it. However, these women must do their jobs and allow only the husband and the grandparents to visit the first four days. Suggestions to help solve this problem are offered in Chapter V, Significance of Findings to Development of Public Relations at Beth Israel Hospital.

* * * *

<u>Were you aware of visiting regulations prior to your admission?</u>

Yes - 26 Yes-but - 1 No - 3

Those who were unaware of visiting regulations were satisfied with the number of visitors they had. One who was satisfied-but didn't know that only two persons at a time could enter her room. Her other complaints

comprised an extension of visiting hour, getting too much rest, and allowing three or four visitors at a time after the second day.

Therefore, the awareness of a regulation didn't help those dissatisfied with visiting by their husbands, other members of their families, and/or friends to change their attitudes toward the situation. Their families and friends, who are anxious to see the mother and her new baby might also have been aware of the regulation but resented it. In four cases, the patients knew their families and friends resented the ruling but were glad for its existence.

* * * *

<u>How often do you see your baby during the day?</u>

Once a day - 1
Three times a day - 19
Four times a day - 1
Five times a day - 6
Six times a day - 3

Most women saw their babies three times a day. One visited her baby in the premature nursery only once a day. All mothers see their babies at feeding time except mothers of premature babies. Those who see the baby five and six times are breast feeding their babies and feed them after evening visiting.

<u>Do you go to the nursery window to see your baby during the day? How often?</u>

Yes - 27 No - 3

Those who said no explained that they were unable to walk too much.

Once a day - 1
Several times a day, very often - 11

Twice or more - 4
Three times or more - 7
More than five times - 3
No specific response - 1

One respondent noted that she enjoys "having the shades (of the nursery) up all the time--it wasn't that way formerly." This policy allows mothers to see their babies at all times and relieves anxiety. To be sure, nursery window-watching is a favorite "sport" of OBS patients.

<u>Do you feel your baby is getting good care? Why or why not?</u>

Yes - 29 I can't answer it - 1

Six qualified the yes with excellent, oh, yes!, and beautiful.

The women thought their babies were getting good care because:

The baby looks good - 2
The baby looks clean and seems content - 6
The baby seems content - 4
The baby is always clean - 1
The baby was premature and is gaining rapidly - 2
I know the nurses - 1
The nurses seem efficient, are pleasant, cooperative, handle the babies with loving care - 11
I'm not worried--feel confidence in everyone - 2

The "I can't answer it" response became a "no" when the respondent was asked why? She complained that her baby isn't very clean and has milk caked all over her. "I'm told she doesn't eat. I feed her three times a day, she drinks it down and burps. We had a lot of trouble with my son who started here--he'd cry and then vomit."

Since there was but one complaint, it can be assumed that the nursery nurses are doing a very fine job and that the mothers were very pleased with the care their babies received. In addition, twenty-seven of

the respondents went to the nursery windows to see their babies several times a day and were able to observe for themselves how the nurses cared for the babies. They also observed the babies at least three times a day when they fed them and could evaluate the behavior and cleanliness of the infants.

* * * *

<u>Are you comfortable in your room? (If no) What other conveniences would you like to have available to you?</u>

Yes - 26 Yes-but - 3 No - 1

Three qualified that they were "very comfortable" in their rooms. Those who answered yes-but, wanted a softer mattress (1), air-conditioned rooms (1), someone to share the room or a TV set or longer visiting hours (1). One respondent, who was not comfortable in her room, explained that her discomfort was due to headaches, and because of this she couldn't get up to crank her bed up and down. "I ring for the nurse and wait at least one-half hour," she exclaimed. "I wish there was a push button I could handle myself."

A total of 86 2/3% were comfortable in their rooms. Of this number, 10% expressed extreme satisfication. Another 10% were comfortable but wanted additional conveniences. A small percentage--3 1/3--were dissatisfied. The suggestion for push button control to raise and lower the bed is a good one and would save a lot of time for the floor nurses.

* * * *

Have you enjoyed your meals? (If no) Why not?

Yes - 25 Yes and no - 3 No - 2

Complaints about food were: the meals are bland and usually cold (1); the meals are too well done and very bland (1); it's hard to order meals in advance and I prefer my own cooking (1); the selection isn't good some days (1); it's difficult to eat in this position but not the fault of the meals (1). More than 83% were satisfied with the meals--an overwhelming number, since food is often one of the chief sources of complaint among hospital patients.

* * * *

Do you find the atmosphere on the floor pleasant? Why or why not?

Yes - 29 Yes and no - 1

The respondents thought the atmosphere was pleasant because of the nurses and because of the congeniality of "everyone." They felt that "any OBS section is pleasant," because "no one is really sick" in OBS.

One respondent, who had ambivalent feelings, explained that she was all alone in her room for a few days until her roommate moved in. She described the room as "very bleak." She also suffered headaches and complained about her nursing care.

* * * *

Do you find the atmosphere on the floor cheerful? Why or why not?

Yes - 28 Yes and no - 2

The respondents found the atmosphere cheerful because: the people are nice, the rooms are nice, everyone seems happy and is friendly, the

nurses are helpful and cheerful and don't complain about the patients, there are flowers, the atmosphere is relaxed.

One respondent noted: "the atmosphere is cheerful when I am--when I'm in pain everything is awful." Another, who expressed ambivalent feelings about the pleasantness of the atmosphere, felt the service was good at first but "is pretty bad now--they must be shorthanded--I need care but they don't care." Although she did not give a direct response to the question, it became obvious that a dissatisfied patient is not a cheerful one; nor is a patient cheerful while in great pain.

* * * *

Do you find the atmosphere on the floor clean? Why or why not?

Yes - 30

Twenty-six respondents thought the floor was clean because "there is always someone cleaning." Four explained that it was clean and it looked clean.

There was unanimous agreement about the cleanliness of the Hospital. Not one patient mentioned staphylococci infections in hospitals or fear of such an outbreak at Beth Israel.

* * * *

Have you been satisfied with your nursing care? Why or why not?

Yes - 28 Yes and no - 1 No - 1

An overall positive attitude was expressed by twenty-four; a negative attitude by one; and five had positive and negative feelings about their nursing care.

The totally dissatisfied respondent explained that she hadn't received any nursing care. She was disturbed because she was trying to get an essential item and even though "they said they would send someone, no one comes." She was housed on the 6th floor.

Three who expressed both positive and negative attitudes had this to say: satisfied except for minor things; you get excellent care the first day but not as much attention after that; there is only one nurse on duty at night and she is slow. These patients were on the 7th floor.

The remaining two respondents who answered yes and no, had stronger complaints. Both were housed on the 6th floor.

> "Some nurses don't do anything for you unless you ask and if you don't know what to ask for it's hard. I didn't know I could get pills to relieve the pain and I suffered for a whole day until my doctor came. It's a personality thing. Some of them seem very happy to make you comfortable; others make you feel they are doing you a favor."

> "Except for one nurse. She hated to do anything for me. Sometimes I'm in bad pain and can't get to the bathroom. I called and she came in and was very nasty and wouldn't help me. I've heard the same from other people." She went on to explain that the other nurses appreciated her discomfort and helped her, while this "old woman" is not understanding and is very unpleasant. The outcome was that this respondent filed a complaint and said "keep her (that old nurse) away from me."

In explanation--nurses can give medication only upon the orders of the attending physician. And, the patient who had trouble going to the bathroom, was in pain and couldn't walk very well. She had a very long labor (38 hours) and a difficult delivery. Even so, patients' attitudes were basically positive.

Those who were satisfied had this to say:

Excellent care, get attention when needed, nurses are marvelous, the intercom is a help - 12
They teach you what to do, are helpful, nice and don't complain, they are pleasant - 8
OBS is cheerful, I was a nurse here and know them - 1
Just satisfied - 1
Been at BI before, knows people, they're friendly and ask her about her other children - 1

Patients who are uncomfortable, ill, or in pain often feel they have waited an hour for a nurse to answer a light when only several minutes have passed by. There is an intercom system in every room near every bed which is answered by the nurse or the floor secretary. However, when a great number of patients are admitted within one day or one evening, there could conceivably be a longer wait.

The serious complaints about nursing care were registered by patients on the 6th floor. These complaints should be investigated, as they constitute 50% of the total complaints and 10% of the total response.

* * * *

<u>Do you feel you have received adequate instructions regarding your own care and your baby's care so that you will feel secure when you go home? (If no) Why?</u>

Yes - 21
Will get the information soon - 7
Yes-but--slightly apprehensive - 1
Yes, regarding care of self, nothing about baby - 1

Positive replies expressed confidence; the rest (9) seemed a bit anxious. However, all of those who seemed a bit anxious had selected a pediatrician for the baby and would have someone at home to help them.

* * * *

V

SIGNIFICANCE OF FINDINGS TO THE DEVELOPMENT OF PUBLIC RELATIONS AT BETH ISRAEL HOSPITAL

The significance of the results, including a brief summary of the findings is followed by an evaluation of the effectiveness of the attitude survey and its potential future use at Beth Israel Hospital. Recommendations for improved OBS patient relations and information programs, and recommendations for further study conclude the chapter.

I. WHAT THE RESULTS MEAN TO BETH ISRAEL HOSPITAL AND ITS PUBLIC RELATIONS DIVISION

Before attempting to interpret the significance of the study results to Beth Israel Hospital and its Public Relations Division, a brief summary of the results is offered.

The respondents. The thirty respondents delivered a total of fifty-two living children. Twenty-nine were residents of Massachusetts. A majority were between the ages of eighteen and thirty-five. Most had hospital insurance, and were housed in semi-private accommodations.

Admission to the hospital and childbirth experience. A majority of the respondents were made to feel at ease when greeted and knew where to go; all were escorted by their husbands. Their experiences in the labor room were, for the most part, pleasant, as indicated by a majority of positive

attitudes. Almost one third were anxious upon entering the labor room, and half of these didn't know what to expect. The general attitudes toward this phase of the experience were mostly positive.

Prenatal experience. This includes selection of obstetrician, hospital and pediatrician, and preparation for hospitalization, prenatal instruction, and prenatal experiences.

Selection of obstetrician, hospital and pediatrician. Recommendation and use in the past played a major role in the selection of both the obstetrician and the pediatrician. More than half selected BIH because of the obstetrician's affiliation. Others made the choice based on recommendations, and personal acquaintance with the Hospital through past hospitalization or employment.

Preparation for hospital experience, prenatal instruction, and prenatal experience.

Less than one half of the women were aware of the contents of the literature sent to them by the Hospital. A total of twenty-nine were aware of having received something and at least glanced through the communique.

More than half were not given information by their obstetricians about the hospital experience. However, a significant number (twenty-three) knew what to expect when they came to BIH to deliver their babies. Most knew what things to bring with them and approximately how long they

would be staying. Therefore, basic information was communicated to them either by the Hospital, the obstetrician or both.

Twenty-seven knew their husbands could not stay with them during labor. Of this number one-fifth wished the regulation to be changed.

All but one-sixth of the women received some prenatal instruction, mainly from the physician during office visits. Most found it helpful. A small percentage of the husbands attended with their wives.

Two thirds had normal pregnancies. The remaining third had difficulties due to discomfort, abnormalities, or illness.

Most of the women had no difficulty in becoming pregnant and were very happy upon learning that they were pregnant.

The majority (two thirds) expressed some anxiety about childbirth.

History of hospitalization. Twenty-five (5/6) had previously been hospitalized, seventeen to have a baby. A total of seventeen had been cared for at BIH in the past. The twenty-five women spent a minimum of one night in a hospital, and most at least one week, thereby familiarizing them with hospitalization. Most were "short-term" patients.

Patients who had given birth to babies at other hospitals were asked to compare their care with the care they received at Beth Israel. Three patients expressed a preference for Beth Israel, one could only remember an unpleasant experience with the first birth and offered no comparison, and another called the other hospital "exceptional" but said she was equally as pleased with the BI.

Comparisons offered by patients who had previously had babies at BIH included improvements in the labor room and being able to see their babies without wearing masks. One noted that the nurses were more congenial but lax about post-natal care, and still another felt there was a shortage of nurses on the floor. In each instance, the respondent said she would come to Beth Israel to have another baby.

Evaluation of the OBS Unit. Of those who were bottle feeding their babies, most said they received no instruction from the nurses. However, a majority of mothers who were breast feeding their babies reported they did receive advice from the nursery nurses, the obstetrician and the pediatrician.

Concerning advice about baby care, a little more than half said they did not receive help or instruction, but many said they didn't need it. Just about half took advantage of the Mother's Teaching Class. Perhaps this is no cause for alarm since twenty-eight were expecting someone to help them when they arrived home, and the remaining two felt confident about caring for their babies. However, a small number of women were not so confident.

Two thirds were satisfied with the number of times their husbands visited them. The majority (25) were satisfied with the total number of visitors they had. Approximately one third felt they needed more rest but most realized that hospital routine must be followed.

Almost one half received complaints about visiting hours from their family and friends. One serious complaint was registered about the aides who greet visitors. Twenty-six were fully aware of visiting regulations before they were admitted.

The women visited their babies often at the nursery windows and saw them several times a day for feedings. Twenty-nine were satisfied and very pleased with the care their babies received.

The majority were comfortable in their rooms, liked the food, and found the atmosphere pleasant, cheerful, and clean.

An overall satisfaction with nursing care was expressed by twenty-nine. However, a total of five had complaints--three about minor things, and two about one nasty nurse who treated them badly. One respondent noted that she didn't get any nursing care.

<u>What the results mean to Beth Israel Hospital and its Public Relations Division</u>. They mean that better preparation for labor might be offered to patients by Hospital obstetricians, and more extensive information programs inaugurated by the Hospital. They mean that an apparent majority of OBS patients like BIH, probably carry away positive images of this Service and hopefully transmit these positive feelings to their friends, families, and associates. They mean that the PR Division and the Hospital must ask patients to evaluate the new literature being sent to them prior to admission to determine its effectiveness. Lack of preparation and lack of information accounted for most anxiety expressed by

patients. There are certain complexities and anxieties associated with pregnancy that cannot be removed or alleviated by public relations methods but only by physicians and psychiatric personnel. Even so, most women would be at least a bit anxious about labor, childbirth and the normalcy of the newborn.

In addition, the results point out that the respondents relied mostly on recommendations for selection of the obstetrician, the hospital, and the pediatrician. Even those who had used the doctor or had been at the Hospital before relied on a recommendation for the primary selection. Therefore, it is imperative that all personnel work together to constantly improve the image of the Hospital, to dispel rumors about the OBS Service or any other area of the Hospital that might make patients hesitant to have their babies at BIH, and to seek patients' evaluations of the OBS Unit to determine whether their needs are being met.

They mean that the Hospital could do a better job of preparing mothers (especially those of first babies) to care for their babies and to feel that the Hospital is truly interested in helping them to do so. This assistance should be supplementary to that offered by the pediatrician--the specialist in baby and child care--and a Hospital or a Red Cross course.

They mean that visiting regulations are understood but do not seem to be accepted by many families and friends of patients and that an effort should be made to reach them and to have them accept the rulings. Perhaps a series of newspaper articles about the reasons for stringent visiting

regulations that would reach a large faction of BI's visitors might help them to accept the regulations.

The results indicate an administrative evaluation of complaints about nurses on the OBS Service. Most of the patients were very pleased with their nursing care and lauded the "women in white." However, the complaints could become magnified when discussed with people after discharge. This is one way a snowball rumor can begin--and such rumors are difficult to dispel once started.

II. EFFECTIVENESS OF THE ATTITUDE STUDY AND FUTURE USE BY THE PUBLIC RELATIONS DIVISION AT BETH ISRAEL HOSPITAL

A secondary purpose of this study was to determine the effectiveness of the attitude study and to determine its potential future use by the Public Relations Division at Beth Israel Hospital.

This method of patient interview was effective as used for the OBS patient group. It allowed direct contact with the OBS patient, and also an intensified survey of one patient group. It offered OBS patients an opportunity to evaluate the Hospital and allowed them the satisfaction of registering their opinions. It helped to make the patients feel the Hospital was interested in meeting their needs and in improving its services.

Additional contributions were made to the administration, the OBS Unit and the Public Relations Division.

The administration can evaluate the results and may be enlightened about one of its services. The OBS Unit may discover some of its strengths and weaknesses according to its patients. The Public Relations Division can enlarge upon this effort to ensure a constant supply of data for use in its various programs, and can take steps to initiate improved patient relations and information programs working with the OBS Unit, the administration, the Admissions Office, and the Division of Nursing.

In a large hospital--even one that uses a team approach to patient care--a patient can feel a bit lost. Although the OBS patients sampled seem to feel at home at BIH and on the whole, were satisfied with their care, other hospital patients may react differently. One way to humanize a hospital is to know the patients and therefore be aware of their personal needs. This can also lead to direct communication of hospital programs and explanations for certain procedures to alleviate anxiety for the patients and their families.

Sound planning is based on research. Sound public relations planning is based on research. A program of patient interviews during hospitalization could be initiated at Beth Israel Hospital, using professionals and trained volunteers to administer the instruments.

Patients on all services could be selected on a random sample basis from the Admissions Lists offering a greater cross-section of respondents.

It would, of course, be impossible to interview all patients, but patients who were not included in the random sample for personal interviews

could be polled with a standard questionnaire to be answered on the day of discharge. The following points might be included:

1. Length of stay at BIH.
2. Reason for hospitalization.
3. Private, semi-private or ward?
4. Voluntary or emergency admission?
5. Evaluation of admission procedure.
6. Evaluation of nursing care.
7. Evaluation of medical care.
8. Evaluation of Hospital atmosphere, accommodations and food.
9. Evaluation of visiting procedures.
10. FOR OBS PATIENTS ONLY: Evaluation of baby's care.

In short, this method of patient research can be considered effective because it results in useful information to help maintain and improve patient care.

III. RECOMMENDATIONS FOR IMPROVED OBS PATIENT RELATIONS AND INFORMATION PROGRAMS

Based on the findings of this study, the following recommendations are offered for consideration by the administration, the OBS Unit, and the Division of Public Relations.

The majority of patients sampled seemed very satisfied with their accommodations, the Hospital atmosphere, their food, the care of their babies, their nursing care, and their care in the labor room.

There was anxiousness evident in their responses to admission to the hospital, labor, delivery, and the prenatal experience. Lack of information and the need for better preparation for short-term hospitalization were also apparent.

The recommendations are:

1. All patients should be taken on a tour of the OBS Unit, including the delivery suite, if possible.

2. Obstetricians should be relieved of giving information about hospitalization in so far as possible, so they can concentrate on prenatal instruction, thus preparing patients for labor and delivery, and giving psychological support to patients.

3. The Hospital should take full responsibility for short-term hospital preparation through tours, literature and a special class offered during the evening for wife and husband. At this time, questions can be answered and films or slides shown to acquaint the patient with the entire procedure.

4. Patients should be introduced to Hospital personnel on the OBS Unit who will care for them.

5. The obstetrician is not a pediatrician and should not be responsible for giving baby care courses and instructions. The Red Cross course or a course to be offered at BIH should be mandatory for all patients.

6. A Fathers' Lounge should be provided for anxious dads-to-be.

7. The Hospital should make provisions for a pre-labor facility where women can stay with their husbands until they need to be taken to the delivery suite. A resident and a nurse on duty at this facility could observe patients and be on hand for emergencies. This would also solve the abrupt separation of husband and wife except in emergency cases requiring immediate transportation to the delivery suite.

8. Visiting hours should be rearranged in the evening so that the husband can remain for 15 minutes to one half hour after other visitors leave.

9. Patient literature should be distributed before admission and after admission. The literature distributed prior to admission appears to be adequate. Post-admission literature should include a schedule of a typical day, feeding hours, visiting regulations, and special facilities available such as the Mother's Teaching Class. Patients should be provided with calendars so they can keep a record of their activities--a souvenir, so to speak, of their experience at BIH.

10. Volunteers and student nurses should be trained to give Hospital tours and tours of the OBS Unit to spare nurses and residents whose time is precious.

11. There is a need for signs in the lobby and on the OBS patient floors explaining visiting regulations and the rationale behind them. There is also a need for aides who greet the visitors to be carefully screened. If possible, they should not even serve in this capacity. A student nurse would be a more pleasant receptionist. Student nurses could be rotated on a schedule for this job--certainly a public relations position--and should be made aware of the importance of their interaction with the visitors. In addition, visitors who must be turned away should be seated in a floor lounge equiped with a TV set to help quell their disappointment and make their wait for those who were able to visit more pleasant.

12. OBS personnel should be made aware of the findings of the survey (and of future surveys) and should be asked to offer suggestions to remedy problems that occur.

13. Obstetricians should not wait until the last month to give essential instructions about labor and delivery in case of early delivery.

14. The PR Division should be kept abreast of complaints and compliments about the OBS Unit.

15. Publicity might include special human interest stories about mothers and babies; stories about recent trends in baby name choices; holding an open house for children and adults born at BIH in the past--this open house could be held on any major hospital anniversary.

16. Be prompt in showing the baby to the father and mother to help allay their anxieties.

Better information programs must be the result of cooperation between the Public Relations Division, the OBS Unit, and the Admissions Office. Their team efforts can only be successful with good channels of communication and frequent evaluation.

IV. RECOMMENDATION FOR FURTHER STUDY

A recommended follow-up study would be an investigation of whether or not patients' attitudes toward their hospital care change after their return home. Such a study could be accomplished by interviewing a random sampling of patients during their hospitalization (it is assumed that the investigator would not necessarily choose his sampling from the obstetrical patient group) and then interviewing these same patients in their homes three months later. At such a time, the patients would:

1. No longer be dependent upon a doctor and the Hospital staff for their care.

2. No longer be in a strange environment.

3. No longer be upset by the emergency situation that caused the patients' hospitalization. (OBS patients are probably the exception because having a baby is usually a joyous occasion).

4. No longer be in an anxious state.

The hypothesis suggested is that except in cases of terminal diseases a patient tends to forget his illness and the period of stress he underwent after recuperation.

Questions that might be raised include:

1. Why, if at all does the attitude change?

2. To what degree does the attitude change?

3. Does the impression of the hospital remain the same? If not, does it become more or less favorable?

By formulating questions such as those suggested above, a researcher could provide some basic data for the public relations division of a hospital--data on which public relations personnel could plan sounder programs to reach certain community publics (in this case, ex-patients) based on existent knowledge of the attitudes greeting public relations communiques. Another by-product of such a study might be to add to the body of knowledge concerning attitudes and attitude change.

If an interview were not feasible, questionnaires might be distributed to patients on the day of their discharge (they certainly would feel more at ease in answering a questionnaire when they are about to leave the hospital), and then mail the exact same questionnaire to them three months after they are discharged. By using the same instrument, the researcher would be able to provide valid comparative data.

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Public Health Service
Division of Nursing Resources
Washington, D. C.

A P P E N D I X

APPENDIX A

THE QUESTIONNAIRE

AN ATTITUDE STUDY OF OBSTETRICAL PATIENTS

AT BETH ISRAEL HOSPITAL

PERSONAL DATA--From OBS Record

Name ______________________ Room # ________ Private ________
Semi-private ________
Hospital Number ______________ Ward ________

Date of Interview ____________ Time of Interview ______________

Place of Interview ______________

Date of Admission ____________ Expected Date of Discharge ____________

Date of Birth of Baby ____________ Sex of Baby ______________

Size of Baby ______________

Number of hours in Labor __________ Type of Anesthesia ____________

Any complications in childbirth? _____ yes _____ no

If yes: What? ______________________________

Did patient need a blood transfusion? _____ yes _____ no

If yes: How many pints? ______________

Any complications after childbirth and return to room? _____ yes _____ no

If yes: What? ______________________________

Number of pregnancies __________

Number of children ________ Sex ________ Age ________ Born where? ________

Sex ________ Age ________ Born where? ________

Sex ________ Age ________ Born where? ________

Sex ________ Age ________ Born where? ________

INTRODUCTION

Hello, I'm Gail Jacobs.

I'd like to spend a little time talking to you today. I'm trying to find out how patients feel about Beth Israel Hospital so we can maintain our good service and find out if we are meeting the needs of our patients.

I know you would want to help other women who will have their babies here and you can do this by answering some questions for me.

The results of this interview will be combined with many others, so you can feel confident that your responses will remain anonymous.

I certainly appreciate your cooperation. Shall we begin?

FOR WARD AND SEMI-PRIVATE PATIENTS: Shall we go to the X-Ray Conference Room (or the Solarium if need be) so we can have privacy? WHEN THERE: Shall we begin?

FOR ALL: Please make yourself comfortable.

PART I

ADMISSION TO BETH ISRAEL HOSPITAL AND CHILDBIRTH EXPERIENCE

1. Who was the first person you saw when you entered Beth Israel Hospital?

2. Did this person make you feel at ease? ____ yes ____ no ________ qualification

3. Did you know which door to enter? ____ yes ____ no ________ qualification

4. Were you told to press the button on the wall? ____ yes ____ no ________ qualification

5. What time were you admitted? ____ A.M. ____ P.M.

6. Did it seem a very long time before you were met and taken up to the 8th floor? ____ yes ____ no ________ qualification

7. How long had you been having labor pains before you came into the hospital?

8. Did someone come with you? ____ yes ____ no

   Whom?

9. What was your experience in the labor room?

   a. were you given any medication? ____ yes ____ no ________ qualification

   b. if yes, what stands out in your memory?

   c. what was your reaction when you entered the labor room?

10. Do you remember who took care of you during this period? ___ yes ___ no ______ qualification

11. After your baby was born and you regained consciousness, who was the first person you saw?

12. What stands out in your memory during this period when you awoke and you were transferred to your room?

13. a. How did you select your obstetrician?

    b. Would you use him again? ___ yes ___ no ______ qualification

FOR OBS CLINIC PATIENTS ONLY

Why did you come to the prenatal clinic at Beth Israel Hospital?

Would you come again? ___ yes ___ no ______ qualification

Why or why not?

14. Have you chosen a pediatrician for your baby? ___ yes ___ no ______ qualification

How?

PART II

PRE-ADMISSION AND PRENATAL EXPERIENCE

15. Why did you choose Beth Israel as the place where you would have your baby?

16. Did you visit the Hospital before you came here for delivery? ____ yes ____ no ____ qualification

    if yes: what was your reaction at this time?

17. What information did you receive about your hospital stay prior to your admission for delivery of your baby? (EXPLAIN. What would happen; what would go on).

18. From whom did you receive this information?

    If from BIH: Did your doctor tell you anything? ____ yes ____ no ____ qualification

19. Did you know what to expect when you came to the Hospital? ____ yes ____ no ____ qualification

20. Did you know what things to bring with you? ____ yes ____ no ____ qualification

21. Did you know how long you would be staying? ____ yes ____ no ____ qualification

22. Did you realize that your husband could not stay with you during labor? ____ yes ____ no ____ qualification

23. What other information would have helped you?

24. Did you receive any prenatal instruction?

    ____ yes ____ no ____ qualification

25. If yes:
    a. where?
    b. from whom?
    c. for how long?
    d. did your husband attend with you? ____ yes ____ no ____ qualification
    e. did you find this information helpful? ____ yes ____ no ____ qualification

       Why or why not?

26. If answer to question 24 is no: Why didn't you take any prenatal instruction?

27. Would you say you had a normal pregnancy? ____ yes ____ no ________ qualification

If no: Why not?

What kinds of complications were involved?

Did this make your delivery difficult? ____ yes ____ no ________ qualification

28. Did you have any difficulty in becoming pregnant? ____ yes ____ no ________ qualification

29. How did you feel upon learning that you were pregnant?

30. What were your feelings about delivering your baby?

PART III

HOSPITAL EXPERIENCE

31. Have you ever been hospitalized before? ____ yes ____ no ________ qualification

32. If yes: a. where? ________

b. when? ________

c. was it a general, voluntary or city or state hospital? ________

d. was it a voluntary admission? ____ yes ____ no ________ qualification

e. was it an emergency admission? ___ yes ___ no ___ qualification

f. how long did you stay? ___

g. why were you in the hospital? ___

REPEAT FOR EACH HOSPITAL EXPERIENCE

33. If respondent was hospitalized to have a baby: And now, will you please compare your care at this hospital with the care you received previously when you had a baby?

PROBES: In the labor room?
In your room?

If respondent refuses to answer: why?

34. Are you nursing or bottle feeding your baby? ___

35. If nursing: have you received any advice about nursing your baby? ___ yes ___ no ___ qualification

From whom?

36. If bottle feeding: did you receive any advice about feeding your baby? ___ yes ___ no ___ qualification

From whom?

37. Did you receive any advice about how to handle your baby? ___ yes ___ no ___ qualification

From whom?

38. Did you receive any advice about how to bathe your baby? ____ yes ____ no ________ qualification

    From whom?

39. Did you attend Mother's Teaching Classes at Beth Israel Hospital? ____ yes ____ no ________ qualification

    If no: Do you plan to do so? ____ yes ____ no ________ qualification

    If no: Why not?

40. Do you feel you can successfully care care for your baby? ____ yes ____ no ________ qualification

41. Will you have someone at home to help you care for your baby when you go home? ____ yes ____ no ________ qualification

    Whom? ________

    For how long? ________

    What will this person do?

42. How often does your husband get to visit you? ________

43. Are you satisfied with this arrangement? ____ yes ____ no ________ qualification

    Other comments:

44. How often do you have visitors while you are here? ________

45. Have you been satisfied with the number of visitors you have had? ____ yes ____ no ________ qualification

46. Do you feel you have been getting enough rest since your baby was born? ____ yes ____ no ________ qualification

    If no: Why not?

47. Have you received any complaints about visiting regulations? ____ yes ____ no ____________ qualification

If yes: What complaints have you heard?

48. Were you aware of visiting regulations prior to your admission? ____ yes ____ no ____________ qualification

49. How often do you see your baby during the day?

50. Do you go to the Nursery window to see your baby? ____ yes ____ no ____________ qualification

51. How often?

52. Do you feel your baby is getting good care? ____ yes ____ no ____________ qualification

53. Why or why not?

54. Are you comfortable in your room? ____ yes ____ no ____________ qualification

If no: What other conveniences would you like to have available to you?

55. Have you enjoyed your meals? ____ yes ____ no ____________ qualification

If no: why not?

56. Do you find the atmosphere on the floor pleasant? ____ yes ____ no ____________ qualification

Why or why not?

57. Do you find the atmosphere on the floor cheerful? ____ yes ____ no ____________ qualification

Why or why not?

58. Do you find the atmosphere on the floor clean? ____ yes ____ no ________________ qualification

Why or why not?

59. Have you been satisfied with your nursing care? ____ yes ____ no ________________ qualification

Why or why not?

60. Do you feel you have received adequate instructions regarding your own care and your baby's care so that you will feel secure when you go home? ____ yes ____ no ________________ qualification

_If no_: why not?

CONCLUSION OF THE INTERVIEW AND POST-INTERVIEW QUESTIONS

Well, Mrs. ________________, this concludes the questions about your experience at Beth Israel Hospital. Now, may I ask you a few rather personal questions? Let me reassure you that your answers will remain anonymous. We need this information only so that we can better understand the remarks gathered today (in these interviews).

See Attached

FACE DATA

1. May I ask your age?

   Under 18 ______

   18-25 ______

   25-35 ______

   35 and over ______

2. What is your husband's occupation? ________________________________

3. What is your husband's approximate annual income?

   3-5000 ______ 10-15,000 ______
   5-6000 ______ 15-25,000 ______
   6-8000 ______ 25,000 and up ______
   8-10,000 ______

4. Do you have hospital insurance? ______ yes ______ no

5. What is your home address? ______________________ city ____________ state

6. Do you reside in an apartment? ______

   Do you own your own home? ______

   Do you rent a home? ______

   Other ___________________________

7. What is your educational background?

   high school ______ graduate school ______ degree ______

   college ______ degree ______ other ___________________________

8. What was your occupation before you became pregnant? ________________________

   Do you plan to resume this work? ______ yes ______ no

   If yes: When? ____

APPENDIX B

SAMPLE OF CODING SHEET

Question # ________

Ss#	Response		Ss#	Response	
1			16		
2			17		
3			18		
4			19		
5			20		
6			21		
7			22		
8			23		
9			24		
10			25		
11			26		
12			27		
13			28		
14			29		
15			30		
	sub-total			sub-total	