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# Patient interaction in response to the introduction of a nurse-patient relationship

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PATIENT INTERACTION IN RESPONSE TO THE INTRODUCTION  
OF A NURSE-PATIENT RELATIONSHIP

By

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(Bachelor of Science, Columbia Union College, 1952)

A field study submitted in partial fulfillment of  
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The late Edward L. Siegel, Ph.D. of the Veterans Administration Hospital, Syracuse, New York, kindly furnished copies of the interaction scales developed by him and his associates. The observation tool used to collect data was devised from these scales.

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TABLE OF CONTENTS

	Page
ACKNOWLEDGMENTS . . . . .	ii
LIST OF TABLES . . . . .	iv
LIST OF ILLUSTRATIONS . . . . .	v
 Chapter	
I. INTRODUCTION . . . . .	1
Statement of Problem	
Importance of Problem	
Scope and Delimitation	
Definition of Terms	
Preview of Methodology	
II. THEORETICAL FRAMEWORK OF THE STUDY . . . . .	9
Review of Literature	
Assumptions	
III. METHODOLOGY . . . . .	18
Time and Place of Study	
Selection and Description of Sample	
Collection of Data	
IV. FINDINGS . . . . .	23
Analysis of Data	
Presentation of Data	
Summary of Findings	
V. SUMMARY AND RECOMMENDATIONS . . . . .	38
Suggested Hypotheses	
Recommendations for Further Study	
APPENDIXES . . . . .	43
BIBLIOGRAPHY . . . . .	46

## LIST OF TABLES

Table	Page
1. Mean Number of Interactions for Groups I and II, by Segments of the Observation Period, and Length of Time Study in Progress . . . . .	25
2. Frequency of Interactions with Personnel and Patients During the Special Nurse's Visit for Groups I and II. . . . .	28
3. Total Frequencies of Patient-Patient Interactions by Segment of the Observation Period for Groups I and II . . . . .	30
4. Frequency of Interactions According to Type-- Social or Utilitarian--for Groups I and II . . . . .	33
5. Total Number of Patient-Initiated Interactions by Type of Interaction and with Whom Interacting . . . . .	35

## LIST OF ILLUSTRATIONS

Figure		Page
1.	Proportion of Total Interactions Occurring in Each Segment of the Observation Periods . . .	26
2.	Proportion of Total Interactions with Patients, with Personnel, and with Both Personnel and Patients for Groups I and II, Including and Excluding the Interactions with the Observer	32

## CHAPTER I

### INTRODUCTION

In psychiatric nursing, the essence of care is to be found within the nurse-patient relationship. The patient's inability to interact with others in a socially acceptable way has brought him to the hospital. In the hospital his contacts with the personnel and with other patients afford opportunities for him to develop relationships with people in a supportive setting. Spiller has pointed out that the hospital is a special environment "which will either perpetuate the stunting or impairment of his capacity for socialization or will provide opportunities for developing new capacities for sound interaction."<sup>1</sup>

An important part of the patient's social environment is the nurse. Some of the studies that have explored the effects of an intensive nurse-patient relationship, have revealed the beneficial outcomes for the patient involved. Mellow's work in this area is perhaps the best known.<sup>2</sup>

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<sup>1</sup>Elvira Satula Spiller, "A Comparison of Interpersonal Relationships Between Patients and Authoritarian and Non-Authoritarian Aides in a Psychiatric Hospital" (unpublished Master's thesis, Boston University, School of Nursing, 1958).

<sup>2</sup>June Mellow, "An Exploratory Study of Nursing Therapy With Two Persons With Psychoses" (unpublished Master's thesis, Boston University, School of Nursing, 1953).

Other investigators have studied the interactions of nurses and patients on a wider scale. Hyde<sup>3</sup> found that the proportion of friendly interactions among patients increased in direct relation to the number of friendly personnel interactions with them. The greatest single factor in improving ward socialization proved to be the patients themselves, with or without the help of personnel. In view of these findings it might be asked if seeing a patient develop a relationship with a nurse encourages other patients to interact with the nurse or her patient? If even a few patients have friendly interactions with the nurse, they in turn may encourage interaction among other patients.

#### Statement of Problem

What kinds of interaction occur among a selected group of mentally ill patients when a one-to-one relationship is introduced on a unit? What hypotheses might be generated from the data as guides for further study?

#### Importance of Problem

Personal interest in nurse-patient relationships in a psychiatric setting originated during an undergraduate experience at St. Elizabeth's Hospital in Washington, D.C. The development of a one-to-one relationship with a patient

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<sup>3</sup>R. W. Hyde and R. H. York, "A Technique for Investigating Interpersonal Relationships in a Mental Hospital," Journal of Abnormal and Social Psychology, XLIII (1948), 287-299.

at that time was very meaningful to the nurse and identifiably helpful to the patient.

Observations of other patients not involved in a relationship with a nurse seemed to indicate their awareness of the nurse-patient relationships in the ward situation. Patients, who had been very withdrawn at the start of the clinical experience, gradually began to initiate interaction with the students, who were engaged in nurse-patient relationships that were progressing effectively or favorably. Some patients seemed to try to promote the relationships, others to compete for them. Did seeing a patient develop a relationship with a nurse stimulate these patients to attempt to do the same thing? What other effects did the nurse-patient relationships have upon the other patients on the ward?

Interest in this area was further stimulated by reading Pride's<sup>4</sup> study of the interactions that occurred among the patients on a ward where she had a commitment to one patient. It was decided to study the effects of a nurse-patient relationship upon other patients in a particular ward as a detached observer, not involved relationally with any of the patients in the unit under study.

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<sup>4</sup>Martha W. Pride, "A Study of the Interaction Between the Patients of Ward A and the Members of a One-to-One Nurse-Patient Relationship" (unpublished Master's thesis, Boston University, School of Nursing, 1960).

The practicality of a nurse working closely with one patient, in view of the large number of patients and the small number of personnel available, has been questioned by nurses as well as other personnel. It was hoped that this study will contribute to more effective articulation regarding this method of working with a patient.

Objectives of the study were:

1. To observe the interactions of ten selected male patients on a continued treatment ward in relation to the visits of a nurse who was working intensively with one patient.
2. To identify the kinds of interaction occurring among this group of patients.
3. To generate hypotheses regarding the influence of a nurse-patient relationship on the total ward population.

#### Scope and Delimitation

The ward selected for the study was a locked male ward on the continued treatment service of a large, urban, state mental hospital. It was the maximum security unit of the building; held a census of forty patients. Although a head nurse was assigned to the ward at the time of study, the exigency of staffing problems interfered with her availability and presence on the unit. A student of nursing in the Master's program at Boston University had just begun to

develop a relationship with one of the patients. As far as could be ascertained no nurse had worked with a patient on that ward in recent months. Thus this ward provided a setting in which the interaction of patients in response to the introduction of a special social system--a one-to-one nurse-patient relationship--could be observed.

Since it was not feasible to observe all the patients on the ward, this study was limited to ten patients. Five men were selected at random from the total ward population by drawing names out of a hat. The other five men were selected on the basis of their interaction with the nurse and the patient participating in the nurse-patient relationship.

No attempt has been made to show causal relationship in this study, since many factors, both known and unknown, could be influencing patient interaction. The interactions were observed for their frequency and characteristics, not to determine what prompted the interaction. Study results apply only to the population studied and can only be tentatively generalized to any other population.

#### Definition of Terms

One-to-one nurse-patient relationship as used in this study referred to an intensive relationship between one nurse and one patient in which the nurse had made a commitment to the patient; and for which she had formulated therapeutic

goals toward establishing, sustaining, and terminating the relationship.

Interaction<sup>5</sup> referred to all overt social contact between the patient and other people. It included talking, facial expressions, body movements, and expressions (postures of attentiveness, movements of the hand), and vocal non-verbal expressions (sighs, grunts, groans and chuckles).

Utilitarian was used to denote an interaction which was ostensibly for some useful purpose of benefit to the patient only. Examples included requests for objects and requests for time and place orientations. An interaction may have had a utilitarian beginning, then become more of a social one; for example, the patient asked for the time, then stopped to chat about other things. An interaction of this nature was classed as mixed social and utilitarian.

An interaction was termed social if it was primarily for the sake of being and communicating with others for non-utilitarian reasons.

#### Preview of Methodology

Data were collected by the use of an observation schedule devised to include categories similar to those in

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<sup>5</sup>The definitions for this and the following three terms are those developed by Edward L. Siegel and his associates in connection with studies done at the Veterans Administration Hospital, Syracuse, New York.

the interaction scales of Kranock, Siegel, and Mabry.<sup>6</sup> A copy of the schedule may be found in Appendix A. The interactions of ten selected patients were observed in relation to the visits of a nurse who had a one-to-one relationship with a patient on the unit. Observations were made for fifteen minutes prior to the arrival of this special nurse; for fifteen minutes while she was on the unit; and for fifteen minutes after she and her patient had left the ward. Observations were made twice a week over a six week period.

The ten patients were observed on a time-sampling basis--each patient being observed once every five minutes. Notation was made whether or not the patient was interacting. If the patient was interacting, the following items were recorded for each interaction: With whom was the patient interacting (personnel, patients, or both)? Was the interaction social or utilitarian? Did the patient initiate or receive the interaction? Was it verbal or non-verbal? All observations were made by the writer.

The questions to which answers were sought included: Did patients interact more frequently when the nurse was present or absent? With whom did the patients interact--the special nurse? ward personnel? patients? Were the observed

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<sup>6</sup>Ann Kranock, Edward L. Siegel, and John H. Mabry, "A Method for the Study of Social Interaction on the Hospital Ward," Nursing Research, VIII, No. 8 (Summer, 1959), 172.

interactions social or utilitarian? Did the interactions of the patients increase after the nurse left the ward? Did patients with previous contact with the special nurse or her patient interact more frequently than patients selected at random from the ward?

## CHAPTER II

### THEORETICAL FRAMEWORK OF THE STUDY

#### Review of Literature

The therapeutic importance to the patient of the social milieu has been studied and reported thoroughly. Well known among these studies are those of Stanton and Schwartz,<sup>1</sup> Greenblatt, York and Brown,<sup>2</sup> and Greenblatt, Levinson, and Williams.<sup>3</sup>

Caudill<sup>4</sup> studied the interactions of patients and staff in a small private mental hospital. One means used to collect data was a picture test. Several findings were of interest in considering the impact of nurse-patient relationships upon staff and patients. In response to a picture of

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<sup>1</sup>Alfred H. Stanton and Morris Schwartz, The Mental Hospital (New York: Basic Books, Inc., 1954).

<sup>2</sup>Milton Greenblatt, M.D., Richard H. York, Ph.D., and Esther Lucille Brown, From Custodial to Therapeutic Patient Care in Mental Hospitals (New York: Russell Sage Foundation, 1955).

<sup>3</sup>Milton Greenblatt, M.D., Daniel J. Levinson, Ph.D., and Richard H. Williams, Ph.D., (eds.), The Patient and the Mental Hospital (Glencoe, Ill.: The Free Press, c. 1957).

<sup>4</sup>William Caudill, The Psychiatric Hospital as a Small Society (Cambridge: Harvard University Press, 1958).

a nurse talking with a patient in a private room, nurses could not see the nurse as a staff nurse; rather, they interpreted her as a private duty nurse.<sup>5</sup> The patients' reaction to the same picture pointed up problems in communication between nurses and patients. Some patients felt it unwise to talk extensively with nurses who would "just get the wrong impression of them and report everything they said." Others felt the nurse was reluctant to come in and in a hurry to get away.<sup>6</sup>

In an early study of interaction processes in a state mental hospital Rowland lived there as a guest (observer). He represented himself to patients in his true role. He defined three levels of person to person interaction: first level--maximum insight and sympathetic interpenetration; second level--little or no insight and minimum of sympathetic interpenetration; third level--considerable withdrawal from social contacts.<sup>7</sup>

Hyde and York<sup>8</sup> in reporting on a technique for investigating interpersonal relationships in a mental hospital, reported a low degree of verbal interaction when no favorable

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<sup>5</sup>Ibid., p. 198.

<sup>6</sup>Ibid., p. 199.

<sup>7</sup>Howard Rowland, "Interaction Processes in a State Mental Hospital," Psychiatry, I (August, 1938), 323-337.

<sup>8</sup>Hyde and York, op. cit., p. 289

motivating stimuli were present. The principal verbal interactions that occurred were furnished by personnel in the performance of routine duties, demonstrating the importance of personnel in activating unsocialized ward situations.

#### Personnel-Patient Interaction

The importance of personnel in influencing the interaction of patients was also reported by Boyd, Baker and Greenblatt.<sup>9</sup> Positive affective behavior of the personnel produced more interaction of patients among themselves and with personnel. Other factors concurrent with high rates of socialization were a stable and friendly ward atmosphere, the absence of disaster and emergency situations, and the presence of more active patients. A general correlation was found between patient's social behavior on the ward and clinical improvement.<sup>10</sup>

#### Patient-Patient Interaction

In stressing the importance of personnel in regard to ward interaction, the role of patients themselves must not be overlooked. Schauer<sup>11</sup> found through sociometric testing in a

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<sup>9</sup>Richard Boyd, Thelma Baker, and Milton Greenblatt, "Ward Social Behavior: An Analysis of Patient Interaction at Highest and Lowest Extremes," Nursing Research, III (October, 1954), 77-79.

<sup>10</sup>Ibid., p. 79.

<sup>11</sup>Gerhard Schauer, "Patients as Therapeutic Agents in a Mental Hospital," Sociometry, VIII, Nos. 3, 4 (1945), 156-157.

small private psychiatric sanatorium, that patients made a contribution to the equilibrium and welfare of the group. Patients were responsible for twenty percent of the total "therapeutic energy" determined by this method.

Maas and his associates stated that group psychotherapy seemed to have "a generally stimulating effect on patients in regard to more outwardly purposeful activities and verbal relationships with other people."<sup>12</sup> Thus, interaction of patients in a group stimulated interaction and relationships outside the group.

Using the critical incident technique, Carter studied the patients' perception of patient-patient interaction on a psychiatric ward. Eighty-one percent of the patients perceived patient-patient interaction as therapeutic. Patients were "interested, able and willing for the most part, to participate in studies that have direct bearing upon themselves."<sup>13</sup> There is a need for more research to determine how to organize the hospital to enhance therapeutic interaction.

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<sup>12</sup>Henry S. Maas, Edith Varon, and David Rosenthal, "A Technique for Studying the Social Behavior of Schizophrenics," Journal of Abnormal and Social Psychology, XLI (January, 1951), 119-123.

<sup>13</sup>Frances Carter, "The Critical Incident Technique in Identification of the Patient's Perception of Therapeutic Patient-Patient Interaction on a Psychiatric Ward," Nursing Research, VIII (Fall, 1959), 211.

### Nurse-Patient Interaction

Various aspects of nurse-patient interaction have been reported. Mandell and Freitas<sup>14</sup> cited the incident of a nurse working eight to ten hours a day with one patient. The ward personnel and patients began to regard and treat them as a unit. This was used to advantage by the nurse since she was allowed to represent him in group activities, allowing him to begin to have a social role without effort on his part. Subsequently he began to be included in the ward conversation and a number of patients began to interact with him, all of which was promoted by the nurse.

Biddle<sup>15</sup> discussed the role of the nurse in the spontaneous recovery of schizophrenic patients. He stated that the building of human relationships is as important a part of therapy as the more clinical and technical treatments. Further, he stated that if every patient could feel that someone in the hospital had a personal interest in him, we could expect a much higher recovery rate.

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<sup>14</sup>A. J. Mandell, and L. Freitas, "Psychotherapy of a Withdrawn Schizophrenic: Participation of a Psychiatric Nurse," Archives of General Psychiatry, IV (June, 1961), 597-602.

<sup>15</sup>W. Earl Biddle, "The Nurse and 'Spontaneous' Recovery in Schizophrenia," American Journal of Nursing, XLIX (June, 1949), 371.

Schwartz, Schwartz, and Stanton<sup>16</sup> studied a specific aspect of interpersonal relations--the way requests are made and the response elicited. The findings supported the hypothesis that the fulfillment of requests was related to the insistence and perseverance of the patient and the clarity of his requests.

Studies by nurses have also added to our knowledge regarding nurse-patient interaction. Morimoto<sup>17</sup> studied favoritism in personnel-patient interaction. Morimoto and Kandler<sup>18</sup> found that similarity of interests attracted personnel to patients; this held true even when the nurse was not aware of the specific interest of the patient. Personnel gave more attention to the patients with few interests. Their interactions with patients were largely concerned with meeting physical and custodial needs.

Langevin<sup>19</sup> found that patients who needed the most assistance in establishing relationships with others were the

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<sup>16</sup>Charlotte Schwartz, Morris S. Schwartz, and Alfred H. Stanton, "A Study of Need Fulfillment on a Mental Hospital Ward," Psychiatry, XV (May, 1951), 193-217.

<sup>17</sup>Francoise Morimoto, "Favoritism in Personnel-Patient Interaction," Nursing Research, III (February, 1955), 109-112.

<sup>18</sup>Francoise Morimoto and Harriet Kandler, "Nurse-Patient Interaction," Nursing World, CXXX (April, 1956), 7.

<sup>19</sup>Henry J. Langevin, Jr., "A Study of Sociometric Patterns and Behavior Characteristic on a Mental Hospital Ward" (unpublished Master's thesis, Boston University, School of Nursing, 1956), p. 46.

ones who were avoided, rejected, and ignored. Leach<sup>20</sup> studied the interaction of personnel with schizophrenic patients. She found male and female attendants interacted more frequently with patients than did the professional nurses, almost twice as often. Professional nurses and female attendants interacted more with acutely ill patients, while male attendants tended to interact more with chronic patients.

Spiller, in a study of interpersonal relationships between patients and aides, reported that "patients seemed to sense the type of relationship the aide was going to maintain with them, and they in turn responded by also maintaining the same sort of pattern in their relationships with the aide."<sup>21</sup> This same pattern may be applicable to nurse-patient relationships. Nurses would do well to consider the type of relationships they have established with patients and what they are doing to maintain them, in an effort to discover whether these relationships are of benefit to the patient or may be hindering his progress toward health.

Robinson, Mellow, and Hurteau<sup>22</sup> reported a study of the therapeutic functions of a nurse in a large public mental

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<sup>20</sup>Harriet K. Leach, "Interaction of Nursing Personnel With Schizophrenic Patients," Nursing World, CXXXIV (August, 1960), 25-58.

<sup>21</sup>Spiller, op. cit., p. 42.

<sup>22</sup>Alice Robinson, June Mellow, Phyllis Hurteau, and Marc Fried, "Research in Psychiatric Nursing," American Journal of Nursing, LV, (1955), 441-444, 572-575, 704-707.

hospital. The study centered around the potentialities of nursing therapy--its implications for: (1) the care of the individual patient, (2) the education of personnel, (3) the preparation of therapeutic psychiatric head nurses. One statement was of particular interest in the areas of nurse-patient and patient-patient interaction.

Patients can and do help one another. Patients who would not respond to approaches of ward personnel responded easily to other patients, frequently "opened up" and seemed less anxious when they were<sup>23</sup> with others whose problems were similar to theirs.

The nurse-patient relationship has been shown to be of therapeutic value, as has interaction among patients. There is a need for studies to determine the kinds of interaction which are therapeutic and how therapeutic interaction can be encouraged and enhanced. What effect does a nurse-patient relationship have on the interaction of patients not involved in the relationship? In attempting to provide a partial answer to this question, an exploratory study was done to discover the kinds of interaction occurring among a group of chronic, hospitalized patients when a one-to-one nurse-patient relationship was introduced on the unit.

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<sup>23</sup> Ibid., p. 443.

Assumptions

1. Building human relationships is an important part of therapy.
2. An increase in the socialization of patients is accompanied by a return to more normal behavior.
3. Nurse-patient relationships are beneficial to patients.
4. Nurse-patient relationships increase interaction.

## CHAPTER III

### METHODOLOGY

#### Time and Place of Study

To collect data relevant to the problem under study, a forty bed locked ward in a large, urban, state mental hospital was selected for observation. The hospital was located in the metropolitan area of a large Eastern city, and had a census of slightly less than three thousand patients. It was a teaching center, providing clinical experience for resident psychiatrists, undergraduate and graduate students of nursing, students of social work and theology. In spite of the number and types of professional personnel obtaining experience, the actual number of people working actively with patients was small.

The ward selected was the maximum security ward for the building in which it was located. It had a bed capacity of 40 patients. The ward was locked although some of the patients were allowed ground privileges. The personnel of the unit consisted of a female head nurse and two to three male attendants for the morning shift. A graduate nurse enrolled in the Master's program in Psychiatric Nursing at Boston University had recently begun an intensive relationship with one of the patients. As far as could be ascertained no other nurse had worked with a patient on that ward in

recent months.

Prior to beginning the study, conferences were held with the head nurse, the supervisor of the building and the resident physician. Permission to do the study was obtained from the Director of Nursing. Several days extending over a period of weeks were spent in non-participant observation on the ward to become familiar with the patient population. The observer was not formally introduced to the patients at any time. The patients were informed that the observer was a graduate nurse who would be doing some observations on the ward for a period of approximately two months. They were not told the nature of the observations or specifically who was being observed. Data were collected during April and May 1962.

#### Selection and Description of Sample

The sample was comprised of ten male patients selected from the total ward population. Five men were selected at random by drawing names out of a hat. The other five men were selected because they interacted frequently with the special nurse and the patient participating in the nurse-patient relationship.

The patients ranged in age from 22 to 53 years. No attempt was made to control for age, diagnosis, length of hospitalization, or type of treatment patient was receiving in either section of the sample. The period of time the

patient had been in residence in the ward under study varied from two months to five and one half years. Of the patients selected at random, four had been on the unit less than a year; one patient had been there for five and one half years. In the other half of the sample one patient had been on the ward for six weeks, another for four months, another for nearly five years, and the remaining two for more than a year. The period of residence on this ward should not be construed as the total length of hospitalization since six of the men had been on other wards for periods varying from four months to thirteen years prior to coming to this ward. A Master Sheet of the demographic data for each patient may be found in Appendix B.

It was necessary to eliminate one of the patients from the selected sample since he was given ground privileges and rarely present on the ward during the observations after the first two weeks of the study. This patient had been on the ward since his admission nearly five years ago; during the time of this study his privileges were broadened.

#### Collection of Data

To collect the data the investigator devised an observation tool using categories similar to those in the interaction scales developed by Siegel and his associates at the University of Syracuse.<sup>1</sup> A copy of this tool may be found in

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<sup>1</sup>Kranock, Siegel and Mabry, op. cit.

Appendix A. Two days were spent in testing the use of this tool in observing a group of ten patients on the ward where the study was done. It was found that it was not possible to observe all ten patients at once and record the total interaction during the observation period. It was therefore decided to observe each patient once every five minutes by spot checking.

Using the tool mentioned above, observations were made twice a week for a period of six weeks, each time the special nurse visited her patient. The patients in the sample were observed for fifteen minutes prior to her arrival on the ward, for fifteen minutes while she was there with her patient, and for fifteen minutes after she and her patient had left the ward. The observer remained for an additional fifteen minutes to give any patient who wished to do so, an opportunity to speak to her. She did not initiate any interaction.

During each fifteen minute segment of the observation period each patient was observed once every five minutes making a total of three observations per patient per segment. First, it was noted whether the patient was or was not interacting. If the patient was interacting several factors were noted: the type of interaction--social or utilitarian; with whom the patient was interacting; the activity or passivity of the patient; and the nature of the interaction--verbal or nonverbal. Notation was made when the patient

was interacting with the special nurse; if other personnel were involved no attempt was made to record who they were other than to check the category "With personnel." If the patient was not interacting, a check was made in the appropriate column, and no further notations were made regarding that observation.

Following completion of the forty-five minutes of observation, the observer remained on the ward for an additional fifteen minutes to speak with anyone who cared to initiate interaction with her. She did not initiate interaction herself. If a patient approached her while she was making her observations, she told him she was busy and unable to speak with him then; if he wished, he could speak to her when she completed her work in \_\_\_ minutes.

## CHAPTER IV

### FINDINGS

#### Analysis of Data

The purpose of the study was to discover what kinds of interaction occurred among a selected group of mentally ill patients when a one-to-one nurse-patient relationship was introduced on a unit. The following factors were observed in regard to each interaction: the type--social or utilitarian; the nature--verbal or nonverbal; with whom; and the passivity-activity of the patient involved. The data were analyzed to answer the following questions: Did patients interact more frequently when the special nurse was present or absent? With whom did patients interact--the nurse? other personnel? other patients? Were the observed interactions largely social or utilitarian? How did the interactions of patients with previous contact with the special nurse and her patient, differ from those of patients selected at random from the ward?

The ten patients in the sample were divided into two groups. Group I was comprised of patients selected at random from the total ward population. In Group II were patients who had been interacting frequently with the special nurse and her patient prior to the study. One of the patients in Group II was absent from the ward for a majority of the

time after the first two weeks of the study. Therefore data were collected on nine patients--four patients in Group II and five patients in Group I.

The first step in analyzing the data was to tabulate frequencies for each of the categories in the observation schedule for the two groups of the sample. Totals were found for the number of patients interacting, the number of interactions for each observation period and for all of the observations combined.

Although observations covered a period of six weeks, only seven complete observation periods made up the data presented, rather than the twelve periods originally planned. No observations were made the third week of the study which was a University vacation period. It was necessary to eliminate the observations for three days since the patient involved in the relationship with the special nurse was absent from the ward for this period of time. His transfer to another hospital at the beginning of the seventh week made further observations impossible.

The seven observation periods were distributed as follows: one observation period each week for the first, second, and fourth weeks, and two observation periods each week for the fifth and sixth weeks.

#### Presentation of Data

A summary sheet showing the totals for the various categories will be found in Appendix C. The total number of

interactions observed for all observation periods for Group I was one hundred and sixteen; for Group II it was eighty-three. Of the five patients in Group I, an average of two patients were either absent or not interacting, and three were interacting during the observation periods. For Group II the average number interacting was two out of four.

The number of patients interacting and the number of interactions observed increased in both groups as the study progressed. The increase was more marked in Group II in which the numbers for the last two weeks of the study (or a total of four observation periods) were twice those of the first four weeks (or three observation periods). Table 1 presents these findings.

TABLE 1.--Mean number of interactions for Groups I and II, by segments of the observation period, and length of time study in progress

Segment of Observation Period*	Mean Number of Interactions			
	Group I		Group II	
	Weeks of the Study 1-4	Weeks of the Study 5-6	Weeks of the Study 1-4	Weeks of the Study 5-6
All segments	5.1	5.9	2.0	5.5
A	4.0	4.7	2.0	4.7
B	7.0	6.2	2.7	6.2
C	4.3	6.5	1.3	5.5

\*Segment A is before the nurse's arrival, Segment B during her visit, and Segment C after her departure.

Did Patients Interact More Frequently When the  
Special Nurse Was Present or Absent?

Interactions During the Special Nurse's Visit

The interactions occurring during the segments of the observation periods were totalled and the percentage of total interactions which occurred in each segment computed. For both Groups I and II the largest number of interactions occurred during the special nurse's visit, comprising 40 per cent of the total interactions for each group ( $0.08 < P < 0.13$ ). Group I interacted slightly less before the nurse's arrival and more after her departure than did Group II. These facts are illustrated in Figure 1.

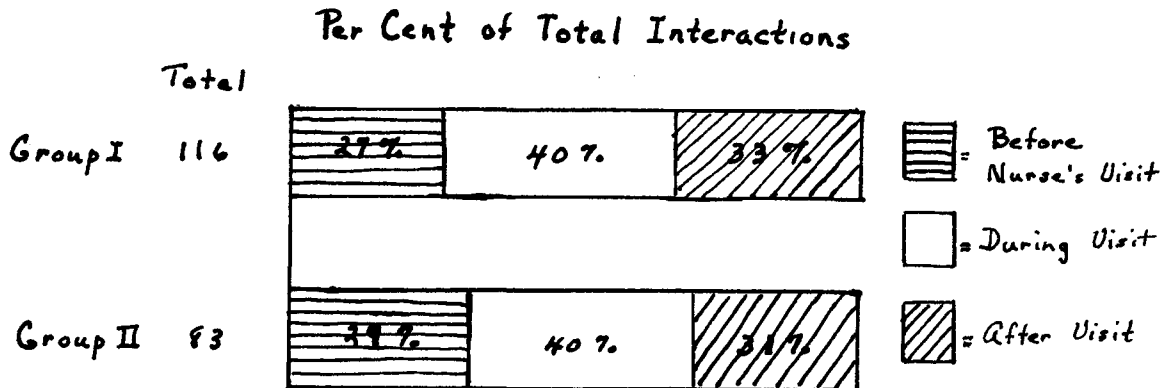


Fig. 1.--Proportion of total interactions occurring in each segment of the observation periods

The data were examined also to see how many of the interactions occurring during the nurse's visit on the ward were with the nurse, with other personnel, or with patients.

For Group I, of the total 46 interactions occurring during the nurse's visit, 19 were with patients, 23 were with personnel, and 4 were with both patients and personnel. Of the 23 interactions with personnel, 12 were with the special nurse; one of the 4 interactions with both patients and personnel was with the special nurse and her patient. Thus of the 46 interactions, the nurse was involved in 13, or not quite one third of the total.

There were 33 interactions occurring during the nurse's visit among the patients of Group II. Eight of these were with patients, 20 with personnel, and 5 with both patients and personnel. The nurse was involved in 16 of the 20 interactions with personnel. In the five interactions involving patients and personnel, the patient was interacting with an attendant and one or more patients in the instances observed. For Group II almost half of the interactions occurring during the special nurse's visit were with her. It would seem that Group II tended to interact less frequently than Group I while the nurse was present; however when the patients did interact, it was more often with the special nurse than with other patients. Table 2 is in relation to the above data. The differences in frequencies between the two groups were not found to be statistically significant.

TABLE 2.--Frequency of interactions with personnel and patients during the special nurse's visit for Groups I and II

Group	Number of Interactions				
	Total	With Patients	With Patients and Personnel	With Personnel	With Special Nurse
Group I	46	19	3	11	13
Group II	33	8	5	4	16

Several incidents illustrated the types of interactions which occurred during the special nurse's visit. Usually when the special nurse arrived she gave her patient, Mr. S, a package of cigarettes to share with the other patients as well as a package for himself. Patients in both groups of the sample soon learned that cigarettes were available if they asked for them. Mr. A, Mr. C, and Mr. E in Group I frequently approached the nurse and her patient and asked for cigarettes; Mr. E often was nonverbal, extending his hand for a cigarette when the nurse was giving one to someone else. On several occasions Mr. A obtained a cigarette from the nurse and her patient and promptly gave the cigarette to another patient. The nurse would often light the patients' cigarettes. Mr. A seemed to imitate her in this respect also. One day Mr. F obtained a cigarette from the nurse. Mr. A walked over and said, "Want a light?" At another time Mr. A received a cigarette from Mr. S, smoked half of it, then gave it to Mr. D, who had been trying to get

a light for his handmade cigarette. Mr. A returned to Mr. S, asked for and received another cigarette. Mr. D had tried to get several patients to light the large cigarette he had rolled. He followed one patient, who was smoking, for some time, made a motion indicating he wanted a light. The patient refused, saying the cigarette was too big, and tore it apart angrily. It was at this point that Mr. A gave Mr. D his half-smoked cigarette. That same day another patient, not one in the sample, gave Mr. D a cigarette. He had to insist that Mr. D take it. Mr. D was often sad and depressed; it seemed that patients sensed this and endeavored to help him by offering him things.

In Group II Mr. F and Mr. I often obtained cigarettes from Mr. S. Mr. I seemed to compete for the nurse-patient relationship. When the nurse arrived, he often met her at the door before she had a chance to find her patient. He would ask how she was, tell her she was looking well, and often ask if she would talk with him. If Mr. S left his seat next to the nurse, Mr. I would sit down beside the nurse and begin to talk. On other occasions Mr. I sat with the nurse and her patient and talked.

The two other patients in Group II, Mr. G and Mr. H, did not ask for cigarettes as often as Mr. F and Mr. I. Mr. G seemed to be fairly well supplied himself. One day Mr. H was sitting by Mr. S, smoking a cigarette; he said "Smoke, S?" and he and Mr. S exchanged cigarettes. Then

Mr. H explained that he had a cold.

Interactions Following the Nurse's Visit

The total number of patient-patient interactions was greater for the periods following the special nurse's visits than for the periods before her visits. The difference was not large and did not hold true on a daily basis, occurring only three to four times in each group. One factor which may have some significance for further investigations was that the largest number of patient-patient interactions were recorded for Group I during the nurse's visit, while for Group II the largest number of patient-patient interactions occurred after the special nurse had left the ward. The above data are presented in Table 3.

TABLE 3.--Total frequencies of patient-patient interactions by segment of the observation period for Groups I and II

Group	Observation Period Segment		
	Before Visit	During Visit	After Visit
Group I	13	19	16
Group II	7	9	12

P = >.60

One day Mr. E had been sitting watching the special nurse and her patient. As the nurse and her patient left the ward, a woman came to visit one of the patients. When the attendant called the patient who was being visited, Mr. E

followed the woman and the patient out to the porch. In a few minutes he returned, approached the table, waved at an attendant who was playing cards, then sat on the floor and laughed. Sometimes after the special nurse had left, the observer was approached by patients. One day Mr. G came up and asked, "Got any boy friends?" During the fifth week of the study Mr. B came up, leaned over very close to her and asked, "How's it going?" This was the second time he had spoken while the observer was present on the ward.

#### With Whom Did Patients Interact?

The majority of interactions recorded were interactions between patients and personnel--60 interactions with personnel out of a total of 116 interactions for Group I; 46 interactions with personnel out of 83 total interactions for Group II ( $.008 < P < .014$ ). There were 8 interactions recorded involving both personnel and patients for Group I, and 10 such interactions for Group II. The effect of the observer on these figures cannot be discounted. As previously mentioned, 12 of the interactions with personnel recorded for Group I were with the special nurse; of the remaining 48 interactions, 30 were with the observer, 18 with the ward personnel. The breakdown for the 46 interactions recorded for Group II was 16 interactions with the special nurse, 20 with the observer, and 10 with ward personnel. If the interactions with the observer were eliminated, there would be 30 interactions with

personnel and 48 interactions with patients for Group I; 26 interactions with personnel and 27 interactions with patients for Group II. Figure 2 illustrates the percentage of interactions in each category excluding the interactions with the observer, and the percentage of interactions in each category with the observer included in the category of personnel.

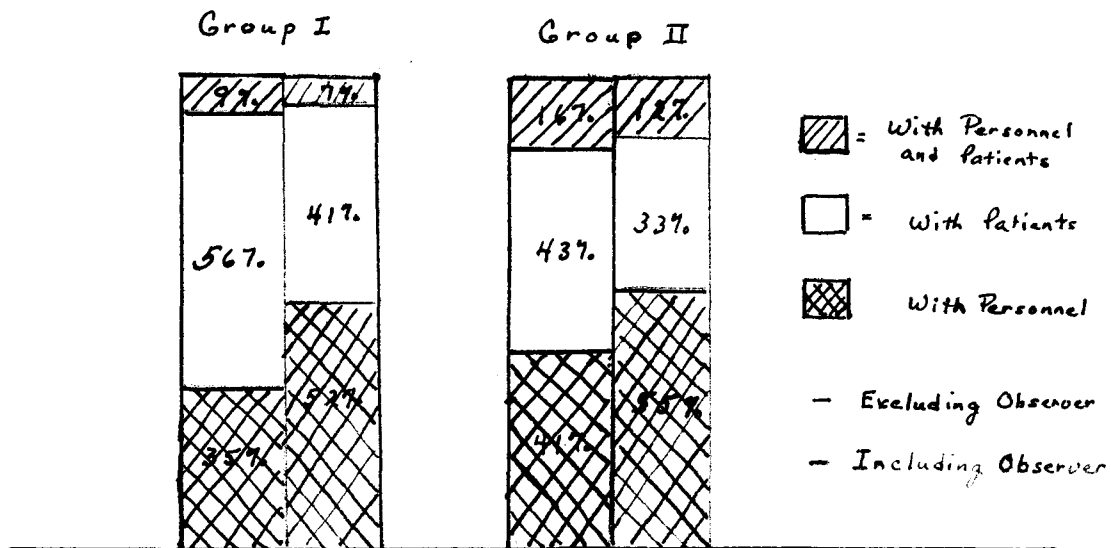


Fig. 2.--Proportion of total interactions with patients, with personnel, and with both personnel and patients for Groups I and II, including and excluding the interactions with the observer

### The Type and Nature of the Interactions

#### Social or Utilitarian

Tabulations showed that the larger portion of interactions for both groups were social rather than utilitarian. For Group I there were 59 social interactions, 33 utilitarian

interactions and 16 mixed social and utilitarian interactions. It was not possible to classify 8 interactions for this group. For Group II there were 56 social interactions, 16 utilitarian interactions, 10 mixed social and utilitarian interactions, and 1 which was unclassified. Table 4 presents these findings.

TABLE 4.--Frequency of interactions according to type--social or utilitarian--for Groups I and II

Group	Type of Interaction			
	Social	Utilitarian	Mixed Social and Utilitarian	Unclassified
Group I	59	33	16	8
Group II	56	16	10	1
				P = < .001

Instances of social interaction observed included Mr. A and Mr. G playing cards with an attendant and other patients; Mr. A and Mr. H walking arm in arm around the day room singing as they walked; and Mr. E lying on the floor facing another patient, returning his gaze for several minutes. Utilitarian interactions recorded centered around requests by patients to be let in or out of the ward, the distribution of medicines and the lighting of cigarettes. Mr. E, who was almost always nonverbal, entered the day room one day carrying a tee shirt. He stood in the center of the

room and called out, "Who wants a tee shirt?" Several minutes later he approached the observer and said "Hello Miss."

#### Initiated or Received by the Patient

In making the observations another item which was observed and recorded was the activity or passivity of the patient--did he initiate or receive the interaction? Of the total 83 interactions recorded, the patients of Group II initiated 56 interactions, and received 11 interactions. For 16 interactions of this group it was not possible to determine who initiated the interaction. Patients in Group I initiated 80 interactions, and received 24 interactions. In twelve instances, who initiated the interactions was not determined. Thus over two thirds of the interactions recorded for both groups were initiated by patients ( $P = < .001$ ). The larger portion of patient-initiated interactions were social in type and were with personnel. Table 5 presents the number of patient-initiated interactions of each type and with whom the patient initiated the interaction.

TABLE 5.--Total number of patient-initiated interactions by type of interaction and with whom interacting

Type of Interaction *	Group I		Group II	
	Personnel	Patient	Personnel	Patient
Social	32	8	30	3
Utilitarian	14	10	5	7
Mixed Social and Utilitarian	3	9	2	7

P = <.001

\* Four patient-initiated interactions for Group I and two for Group II were not classified as to type.

#### Verbal or Nonverbal

The patients in both groups were verbal in their interactions almost as many times as they were nonverbal (P .50). In Group I 53 interactions were verbal while 59 were nonverbal. In Group II 37 interactions were verbal and 39 were nonverbal. In each group there were patients who were almost entirely nonverbal during the observation periods of the study. One patient in Group I interacted almost entirely on a nonverbal level, speaking once to an attendant who asked him a question. Even when he wanted a light for his cigarette he approached patients and made his wishes known by his actions rather than words. There was also a patient in Group II whose interactions were entirely nonverbal.

### Overt Affect

The overt affect of the patients was noted for those who were interacting. For both groups the primary affect was neutral or tending to be pleasant. There were some instances when patients seemed to be markedly cheerful; for example, one day when two patients (one from each section of the sample) were singing and tap dancing together. There were only thirteen recorded instances when the affect of the patient was unpleasant. Two of these were for patients in Group II. The remaining eleven instances were for two patients in Group I--one who was often angry and hostile with rapid swings of mood, and one who was most often sad and depressed. On the days when there were the most interactions the affect of the patients was neutral or pleasant.

### Summary of Findings

A total of 199 interactions were observed for patients in the sample during the six weeks of the study. Patients interacted more frequently when the special nurse was present than when she was absent. Forty percent of the total number of interactions, or 79 out of 199, occurred during the nurse's visit. The majority of interactions recorded for both groups were with personnel. Of the interactions for patients of Group I occurring during the special nurse's visit 13 out of 46 were with her. For Group II, 16 of the 33 interactions

occurring during her visit were with the special nurse. The observed interactions were largely social ones--115 out of 199. Patients with previous contact with the special nurse interacted more often with her than with other patients. Patients in Group I--those selected at random--interacted more frequently with patients. The two groups did not differ appreciably in the type, nature, and activity or passivity of their interactions.

## CHAPTER V

### SUMMARY AND RECOMMENDATIONS

The interactions of a group of patients in a large, urban, state mental hospital were studied to identify what kinds of interaction occurred when a one-to-one nurse-patient relationship was introduced on a unit. A locked male ward with a census of forty patients was selected; it was the maximum security ward of the building. A nursing student in the Master's program at Boston University had recently begun to develop a relationship with one of the patients.

The sample was comprised of ten patients. Five men were selected at random from the total ward population. Selection of the remaining five men was based on their frequent interaction with the nurse and the patient participating in the nurse-patient relationship.

The interactions of the ten patients were observed in relation to the visits of the special nurse with her patient. Observations were made for fifteen minutes prior to the arrival of the nurse; for fifteen minutes while she was on the unit; and for fifteen minutes after she and her patient had left the ward. Observations were made twice a week over a six week period.

A review of the related literature revealed that nurse-patient relationships and nurse-patient interaction had

been studied extensively. Such relationships have been found to be beneficial to patients and to have increased patient interaction. One study dealt specifically with the effect of a nurse-patient relationship on the ward population.<sup>1</sup> In reading the literature, it became apparent that little actually was known of the kinds of interaction occurring among patients and the types of interaction which are therapeutic. Information of this nature is needed to make maximum use of nurse-patient relationships.

The sample was divided into two groups--Group I, those who were selected at random; Group II, those who had previously interacted frequently with the special nurse. An average of three of the five patients in Group I were interacting during the observation periods. One of the patients in Group II was not present on the ward during the observation periods after the second week of the study. Therefore he was not included in the sample. Of the four men remaining, an average of two patients were interacting during each period. The number of patients interacting and the number of interactions observed increased in both sections as the study progressed. The increase was more marked in Group II for which the figures for the last two weeks were twice those of the first four weeks of the study.

Forty per cent of the total interactions of patients in each group occurred during the special nurse's visit

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<sup>1</sup>Pride, op. cit.

( $P = < .13$ ). Group I interacted slightly less before the nurse's arrival and more after her departure than did Group II ( $.083 < P < 0.15$ ). Patients in Group II interacted more frequently with the special nurse than did the patients in Group I. The special nurse was involved in 13 of the 46 interactions occurring during her visit among the patients of Group I. For Group II almost half of the interactions observed (16 out of 33) were with special nurse.

The majority of interactions recorded for both groups were with personnel; for Group I--60 out of 116 or approximately 52%; for Group II--46 out of 83 or 55% ( $P = < .01$ ). Although the observer did not initiate any interaction, many of the patients initiated interaction with her during the observation periods.

Social interactions predominated over utilitarian ones in both groups. Over 68% (136 out of 199) of the interactions for both groups were initiated by patients. Patients in both groups were verbal almost as many times as they were nonverbal. Such findings would seem to indicate that patients selected at random from the ward did not differ appreciably from those who had previously interacted with the special nurse, in the type, nature, and activity-passivity of their interactions. Group I interacted more frequently during the special nurse's visit than did Group II; the largest number of patient-patient interactions for Group I were recorded during the special nurse's visits. Group II interacted more often with the

special nurse than with other patients. The largest number of interactions between patients in Group II and other patients occurred after the special nurse had left the ward. Does this indicate that the patients in Group I were stimulated to interact with someone during the nurse's visit as a result of seeing her interact with her patient and others? Moreover, did the patients in Group II prefer either to interact with, or observe the nurse while she was there, and after she had gone, feel a need to interact with each other?

#### Suggested Hypotheses

1. Introduction of a nurse-patient relationship on a unit acts as a catalytic agent for increased patient interaction.
2. As a particular nurse-patient relationship develops on a unit, interaction among patients with the special nurse, and with other patients increases.
3. A non-authoritarian nurse, who demonstrates a giving attitude toward a patient and through him to others, provides a pattern for patients in relating to each other.

#### Recommendations for Further Study

The following recommendations are made for further study:

1. Detailed study of interactions of patients with each other. Investigation of types of interaction patients

found beneficial.

2. The interactions of several groups of patients in response to the introduction of a one-to-one nurse-patient relationship, with relevant variables controlled, to determine which patients respond most favorably to this special social system.

3. The patterns of interaction among a total ward population before the introduction of a nurse-patient relationship, during the time it is in progress, and after the relationship has terminated. Investigation of the permanence of the effects observed.

4. Reactions of patients to those patients who have a one-to-one nurse-patient relationship.

5. Detailed study of nurse's responses to patient-initiated interactions with her, while she is developing a relationship with one patient.



APPENDIX B  
PERSONAL DATA SHEET

Patient	Age	Religion	Admission Date	Length of Stay on Unit	Occupation	Marital Status	Type of Commitment
Group I							
A	28	Cath.	1/28/62	2 mos.	None	Married	Sec. 86
B	36	Cath.	7/20/55	5 mos.	None	Single	Sec. 51
C	37	Cath.	10/14/48	7 mos.	Poultry Farmer	Single	Sec. 104
D	22	Cath.	5/4/61	6 1/2 mos.	Student	Single	Sec. 51
E	35	Cath.	9/27/56	5 1/2 years	Busboy	Separated	Sec. 51
Group II							
F	29	Cath.	10/9/59	14 mos.	Machinist	Single	Sec. 51
G	44	Prot.	11/28/61	4 mos.	?	Divorced	Sec. 51
H	32	Prot.	7/31/56	17 mos.	Mechanic	Single	Sec. 100
I	53	Cath.	1/19/62	6 wks.	Orderly	Married	Sec. 79
J*	36	?	4/15/57	5 years	Brush Worker	Single	Sec. 79

\*

This patient was not included in the sample because of his absences from the ward.

## APPENDIX C

Item	Group I	Group II
Number of Patients	5	4
Total Number of Interactions	116	83
With personnel	60	46
With patients	48	27
With personnel and patients	8	10
Total Social Interactions	59	56
Segments A	16	20
B	22	21
C	21	15
Total Utilitarian Interactions	33	16
Total Mixed Social and Utilitarian Interactions	16	10
Unclassified as Social or Utilitarian	8	1
Total Patient-Initiated Interactions	80	56
Total Patient-Received Interactions	24	11
Total Origin of Interaction Undetermined	12	16
Total Verbal Interactions	54	37
Total Nonverbal Interactions	59	39
Unclassified as Verbal or Nonverbal	4	7

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