

THE PERCEPTIONS OF A SELECTED GROUP OF ADOLESCENT
PSYCHIATRIC PATIENTS CONCERNING THE
NURSE'S ROLE IN THEIR CARE

by

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The Perceptions of a Selected Group of Adolescent Psychiatric Patients
Concerning the Nurse's Role in Their Care

Thesis directed by Assistant Professor Dorothy W. Bloch

The problem of this study was to determine the adolescent psychiatric patients' perceptions of the nurse's role in their care. The purposes of this study were to arrive at conclusions which might be beneficial in: (1) setting up in-service education units for professional and non-professional personnel; (2) setting up a unit of study on the adolescent psychiatric patient for the professional nursing student; and (3) providing knowledge about the nurse's role with the psychiatric patient which might be used to provide better care for the patients.

Normative survey with the open-ended interview was the method used in the study. The two questions which constituted the interview schedule were: "Can you tell me what things the nurse has done for you since you have been here in the hospital?" and "If you had an ideal situation and could have the nurse do the things you would like for her to do, what things would these be?"

Twenty adolescent psychiatric patients from three hospitals were the population for the study. Data were categorized into five major areas which described the nurse's role; these categories in both questions were in similar order. The categories ranged from highest response to lowest as follows: (1) Nurse Therapist;

(2) Companion; (3) Mechanical Nursing Functions; (4) Parent Substitute; and (5) Housekeeping Functions.

Recommendations made were: (1) the nurse's role with adolescent patients should be reconsidered, since in most of the literature reviewed little was mentioned about the nurse as a therapist and this was the most frequent response offered by the patients; and (2) the opinions of the adolescents which indicated the nurse might function secondly as a companion could be used in in-service education with nursing personnel.

This abstract of about 250 words is approved as to form and content. I recommend its publication.

Signed Dorothy M. Block
Instructor in charge of thesis

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CHAPTER I

THE PROBLEM

Introduction

In the nineteenth century nursing made great strides and began to shake itself loose from the whole of the medical profession to become a separate profession. Since that time many advances have been made. Theory and clinical application have been given equal weight in most schools of nursing. The patient has been considered an individual rather than a case with a diseased condition.

The field of adolescent nursing is not as old nor as advanced as other fields of nursing. In hospitals, both general and psychiatric, adolescents have been grouped together with children and adults. There has been little emphasis on this age group in the nursing curriculum.

A recent bulletin published by the National Association for Mental Health in 1959 revealed these sobering facts. Ten thousand patients between the ages of fifteen and twenty-four are admitted per year to public psychiatric hospitals. Six thousand patients under age twenty are under treatment in public mental hospitals each day of the year.¹ These facts point out the significance of this age group.

¹National Association For Mental Health, Facts About Mental Illness (leaflet prepared by National Association for Mental Health, 1959), p. 3.

They need good nursing care just as the adults and children do who are hospitalized.

These conditions, then, suggest a need to look at the nurse's role in the care of the adolescent patient and to ask the adolescent patient himself about the nurse. With opinions from the patients themselves, the question of what the nurse's role is with this patient can be approached.

Statement of the Problem

What were the adolescent psychiatric patients' perceptions of the nurse's role in their care?

Purpose of the Problem

The purposes of this study were to provide information which might be useful in: (1) setting up in-service education units for professional and non-professional personnel; (2) setting up a unit of study on the adolescent psychiatric patient for the professional nursing student; and (3) providing knowledge about the nurse's role with the adolescent psychiatric patient which might be used to provide better care for the patients.

Importance of the Problem

Adolescents have been considered by some authors as being involved in the "not quite" stage, not an adult nor a child.² Since

²Science News Letter, "Not Quite" Age, Science News Letter, LXII (December, 1952), 356.

authors do indicate the need to accept the adolescent as an individual different from an adult or a child, it should be recognized that he will not meet the expectations set for another age.

One author stated:

In the difficult and bewildering period of adolescence, young people usually prefer to take their questions and problems to some understanding adult outside the home, for their new self-consciousness makes it difficult for them to confide in their parents--often they need wise counsel from an adult they respect and trust and it is fortunate when they can turn to a nurse, a doctor, or some other professional person who can help them.³

In an editorial in Nursing Outlook it was pointed out that in looking at the population of the country, the age group of adolescence had been almost overlooked. It was stated, "Hospitals and nursing education, however, have fallen behind in focusing attention on this special age group, ferreting out the special problems, and coming up with some of the answers."⁴ It was further pointed out that nurses often did not know how to work closely with adolescent patients and that these patients

. . . are the center of emotional currents which may result in physical reactions; yet few if any hospitals seem to have provided any haven for them. All the emotional storms of adolescence are imposed upon the transient, but nonetheless severe, problem of physical illness and nowhere in the nursing curriculum have we tried to teach the answers.⁵

³Minnie K. Oed, "Helping the Bewildered Adolescent," American Journal of Nursing, L (May, 1950), 298.

⁴Editorial in Nursing Outlook, I (December, 1953), 667.

⁵Ibid.

Another author stated that "a young person who displays some or all of the symptoms of being a social misfit can, if properly understood, be helped by the cooperative endeavors of the nurse."⁶

Considering some of the comments made by the authors, it seemed important to study this age of adolescence more carefully. This study was undertaken since nurses do care for adolescent patients and little is known about the nurse's role in caring for them.

Assumptions

It was assumed that: (1) adolescents have opinions about the nurse's role in caring for them; and (2) opinions of adolescent psychiatric patients would be helpful in setting up a plan of nursing care for this age group.

Scope and Limitations

This study was limited to adolescents interviewed in three hospitals in a metropolitan western city. Time was an additional limiting factor in that only adolescents who were residing in these hospitals from June 15 to July 22, 1959, were interviewed. The study measured only the opinions of these patients and did not establish the fact that opinions of other adolescent psychiatric patients would be the same.

⁶Phillip Harriman, Lela Greenwood, and Charles Skinner, Psychology in Nursing Practice (New York: The MacMillan Company, 1942), p. 298.

DEFINITION OF TERMS

For the purpose of this study the following terms have been used:

Adolescent patient. A boy or girl, ages thirteen through nineteen, inclusive, who is residing in a psychiatric hospital.

Perception of the Nurse's role. The result of a process during which an adolescent observes and attaches meanings to those things which the nurse does for him.

Psychiatric nurse. A nurse who cares for patients hospitalized in a psychiatric hospital. For the purposes of this study, the professional nurse was not differentiated from the attendant, student nurse, or practical nurse.

PREVIEW OF THE REMAINDER OF THESIS

Chapter II includes a review of nursing and psychological literature which applies to this study.

Chapter III presents the methodology utilized in gathering data, and the plans for analysis of data.

Chapter IV contains an analysis of data classified into categories and a summary of the data collected.

Chapter V contains a summary of the findings, conclusions, and recommendations for further study.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

A survey of literature in American Journal of Nursing, 1946 to date; Nursing Research, 1952 to date; and Nursing Outlook, 1953 to date, revealed no research on the adolescent patient in the psychiatric hospital. However, it was possible to review some articles and books which did consider this topic. Since no material was found which directly related to the problem, consideration was given to the adult's perception of the adolescent and the adolescent's perception of the adult. Also, since no material dealing directly with the adolescent's perception of the nurse was found, some literature was reviewed which pertained to an adolescent as a psychiatric patient.

How Adults Perceive Adolescents

A poem written by Ogden Nash was cited by Stanley Cath in the Rhode Island Medical Journal. Since this poem represents the perception of many adults, it is presented in this study.

O Adolescence, O Adolescence
I wince before thy incandescence
Thy Constitution young and hearty
Is too much for this aged party,
Thou standest with loafer flattened feet
Where bras and funny papers meet.
When anxious elders swarm about
Crying "Where are you going?" thou criest "Out"
Leaving thy parents swamped in debt
For bubble gum and cigarettes.

Thou spurnest in no uncertain tone
 The sirloin for the ice cream cone
 Not milk but cola is thy potion.
 Thou wearest earrings in the ocean
 Blue jeans at dinner, if out of shorts,
 And lipstick on the tennis courts.
 Forever thou whisperest, two by two
 Of who is madly in love with who
 The car thou needest every day
 Let hub caps scatter where they may
 For it would start unfriendly talk
 If friends should chance to see thee walk
 Friends, heavens how they come and go
 Best pal today, tomorrow foe,
 Since to distinguish thou doest fail
 Twixt confidante and tattletale
 And blanchest to find the beach at noon
 With sacred midnight secrets strewn.
 Strewn! All is lost and nothing found
 Lord how thou leavest things around
 Sweater and rackets in the stable
 And purse upon the drugstore table
 And cameras rusting in the rain
 And daddies patience down the drain,
 Ah well, I must not carp and cavil
 I'll chew the spinach and spit out the gravel
 Remembering how my heart has lept
 At times when me thou did accept.
 Still I'd like to be present, I must confess
 When thine own adolescents adolesce.⁷

As one can readily see, there is a definite perception of the boy or girl in the adolescent phase of development as pictured by the poem. The adolescent in the Anglo-American culture has been described as "a healthy, resourceful animal, capable of adjusting to difficult situations as well as of acting out his feelings with a wide and disturbing variety of behavior."⁸ The adolescent, as perceived by the

⁷Stanley H. Cath, "Crossroads of Adolescence," Rhode Island Medical Journal, XXXIX (February, 1956), 83.

⁸Milton E. Kirkpatrick, "The Mental Hygiene of Adolescence in the Anglo-American Culture," Mental Hygiene, XXXVI (July, 1952), 395.

adult, was a person engaged in incorporating the standards of adult society, establishing an identification with his sex role, choosing an occupation, obtaining an education, and developing an ability to love and to work.⁹

Gardiner, in discussing adolescents, enlisted the consideration of every adult toward the need for research in child-rearing practices. He urged research "that when translated into child-rearing practices of agreed upon value will make easier the tasks of the ninety-five per cent of adolescents who are our joy, and will enable us to speedily detect and effectively assist the five per cent that are your concern and mine, and increasingly the concern of this nation."¹⁰

It can then be remarked that the adolescent was placed in a role by his adult figures and that he was assigned tasks in accordance with the beliefs of his adult figures.

How Adolescents Perceive Adults

The adolescent's perception of the adult has been discussed by many authors. They have mentioned the numerous problems of the adolescent, focusing primarily upon the emancipation of the adolescent from the home and resolution of the oedipal conflict. A major factor involved in these two phases, with which the adolescent was confronted,

⁹George E. Gardiner, "Present-Day Society and The Adolescent," American Journal of Orthopsychiatry, XXVII (July, 1957), 510.

¹⁰Ibid., p. 517.

appeared to be the problem of the adult as an authority figure and the adolescent's ability to work through this stress.

Mussen and Conger pointed out the inconsistency between the wishes of the peer group of which the adolescent was a part and the wishes of the authority figures in his family. These authors pointed out the contradictions between parents' and adolescents' wishes and between the wishes of the adolescent and his peer group. Further suggested was the contradiction between what the parent did and what he said he was doing. All of these things, then, made it impossible for the adolescent to correctly identify parental attitudes, and a rational approach to these differences was hardly possible.¹¹

Another author pointed out that with renewal of the oedipal conflict there resulted a dependence on the parent, although the adolescent did not actually believe he could be helped by persons in authority. The adolescent tended to project his own limitations on the outside world and blame others for these limitations.¹²

Two studies indicated the differences in perception of adults experienced by the emotionally healthy and the emotionally ill adolescent. The first study found that adolescents who held different interests from their parents had conflict with them more frequently. The adolescents who had similar interests to their parents had less

¹¹Paul Henry Mussen and John Janeway Conger, Child Development and Personality (New York: Harper and Brothers, 1956), p. 497.

¹²Frederick J. Hacker and Elisabeth Beleerd, "Freedom and Authority in Adolescence," American Journal of Orthopsychiatry, XV (October, 1945), 627.

frequent conflicts with them.¹³ The second study investigated the conception of parents held by adolescents. In using institutionalized and non-institutionalized adolescents, the author noted certain differences in the findings. The institutionalized adolescents tended to attribute non-authoritativeness to their families more than the other group. Also the institutionalized adolescents more frequently mentioned illness of the mother.¹⁴

Rubé explained the rebellion of the adolescent toward his parents as being a direct result of the rebellion of the parents toward themselves. He explained that the adolescent might revolt against the basic rebellion of the parents and their subsequent attitudes.¹⁵

Josselyn also explained the adolescent's rebellion against authority. She remarked that this was not only because the parents were restrictive, but also because they symbolized the infantile conscience from which the child yearned to be free in order to reach maturity.¹⁶ The adolescent at times sought out his parents' controls

¹³Esther Laden Cava and Harold L. Raush, "Identification and the Adolescent Boy's Perception of His Father," Journal of Abnormal and Social Psychology, XLVII (October, 1952), 855.

¹⁴Thomas F. Johnson, "Conception of Parents Held by Adolescents," Journal of Abnormal and Social Psychology, XLVII (October, 1952), 787.

¹⁵P. Rubé, "Outer World of Adolescence," American Journal of Psychotherapy, X (January, 1956), 93.

¹⁶Irene M. Josselyn, The Adolescent and His World (New York: Family Service Association of America, 1952), p. 70.

and strictly adhered to family practices. At other times he resented parental authority, mocked their beliefs, and did not adhere to the family pattern. He went through a process of hating the parents because he could not deny the love he had felt through childhood nor the love he needed intensely from them during this period.¹⁷ The young person, toward the end of the adolescent period, found his parents much less frustrating because he was able to set his own controls and determine his own behavior.¹⁸

Perhaps the feelings of the adolescent toward adults can be typified by the story of Anne Frank. This adolescent's autobiography was a unique piece of writing, due to the constant observation Anne had of herself in relation to adult figures. It expressed the turmoil an adolescent experienced in her daily life in her search for her own inner controls, and her intolerance of her mother at the time of the reappearance of the oedipal conflict. Some of the factors Josselyn mentioned were depicted in Anne's story. These were the beginning feeling of being alone, or adults not being understanding and helpful, and of the gradual change in feeling toward her parents Anne experienced over a period of several years.¹⁹

In summary, it might be said that adolescents' perceptions of adults fluctuated. Adults' authority was felt to be important at

¹⁷Ibid., p. 71.

¹⁸Ibid., p. 54.

¹⁹Anne Frank, Anne Frank: The Diary Of A Young Girl (New York: Doubleday and Company, 1952), 285 pp.

times and unnecessary at other times. The feelings concerning the parents changed to a more accepting and loving nature toward the end of this period. In confronting and resolving feelings toward authority, the adolescent approached maturity.

The Adolescent As A Psychiatric Patient

An adolescent in a psychiatric hospital might find himself in one of two settings in the majority of hospitals. He might be on an all adolescent ward, or he might be on a ward which houses both adults and adolescents.

Miller wrote about adults and adolescents being on the same ward and mentioned that this type of placement worked out well at Menninger Clinic.²⁰

Hendrickson admitted certain advantages of having adolescent patients on an adult ward, but stated that the adolescent received better treatment on an all adolescent floor. He remarked that the adolescent patient experienced more anxiety toward psychiatric hospitalization than any other patient of another age group. This was lessened when the adolescents were hospitalized with adult patients.²¹

²⁰Derek H. Miller, "The Treatment of Adolescents in an Adult Hospital," Menninger Clinic Bulletin, XXI (September, 1957), 198.

²¹Willard J. Hendrickson and Donald J. Holmes, "Control of Behavior as a Crucial Factor in Intensive Psychiatric Treatment in an All Adolescent Ward," American Journal of Psychiatry, CXV (May, 1959), 969.

However, Gallagher, in writing on the adolescent in a general hospital, warned against the lumping of adolescents into adult categories and treating them as such. He stated, "Adolescence is a period of strenuous living and this and its parallel characteristic preoccupations, the quest of recognition, of acceptance by members of their own age group and of freedom from authority make it a time poorly suited to restriction."²²

Sivadon remarked that in Paris an adolescent would either be housed on a child psychiatric service, or on an adult ward. However, in a study conducted with adolescent patients, he set up a ward for adolescents only because he believed he could maintain a more favorable climate this way.²³

Three other authors expressed their views on adolescents being hospitalized on all adolescent wards. Curran, who helped establish an all adolescent ward at Bellevue Hospital in 1939, stated, "To the author's knowledge, no similar ward in a psychiatric hospital, caring only for adolescent boys, is in existence in any other part of America."²⁴ He was of the opinion that similar wards should be organized in other psychiatric hospitals and in state hospitals.

²²J. Roswell Gallagher, "Adolescents In Hospitals," American Journal of Public Health, XLVI (November, 1956), 1425.

²³p. Sivadon, M. Schweich, and A. Haim, "L'Adolescent A L'Hospital Psychiatrique", L'Hygiene Mentale (No. 3, 1955), 91.

²⁴Frank J. Curran, "Organization of a Ward for Adolescents in Bellevue Psychiatric Hospital," American Journal of Psychiatry, XCV (May, 1939), 1365.

Cameron, in England, remarked that before an all adolescent ward was established the adolescents had been nagged by adults, that sexual problems arose, and that the adolescents themselves were intolerant of the adult patients.²⁵ Warren, writing about the same hospital setting, remarked that in previous experience with adolescents in adult wards, it was revealed that the adolescents required as much investigation and treatment as the adult patients.²⁶

Activities for patients varied on the wards which have been discussed. Some hospitals offered little activity for the adolescent patient beyond reading, while some offered workshops and schooling. Treatment varied from a combination of individual and group psychotherapy to individual psychotherapy only.

Having considered the type of hospital environment in which an adolescent might be housed and the activities he might pursue, the requirements for the nurse on the ward with the adolescent should be viewed. Warren of the English hospital listed one of the functions of the ward nurse as that of handing out games to the patients. He remarked that the nurse in charge of the ward had received some training in psychiatric nursing. A male nurse had charge of the boys' ward because a woman might not be able to preserve order. However, the rest of the nurses were female, because it was believed that they

²⁵Kenneth Cameron, "Group Approach to Inpatient Adolescents," American Journal of Psychiatry, CIX (March, 1953), 657.

²⁶W. Warren, "Inpatient Treatment of Adolescents With Psychological Illnesses," Lancet, I (January, 1952), 147.

softened any tendency toward regimentation and were in some cases able to act as mother figures. Warren stressed the importance of the nurse having psychiatric training. He felt that a nurse who was accustomed to working with disturbed adults would be objective in dealing with aggressive adolescents.²⁷

Cameron, in writing of the nurses on the same unit, stated that it was important to have a young, mature nurse who was not authoritarian with the patients. He remarked that the nurses were guided in understanding the main needs of children and all had psychiatric training, but that "beyond this we do not aim to have the nurses psychotherapeutically too sophisticated, depending rather on good personalities and general governing principles."²⁸

Curran stated that nurses at Bellevue Hospital were encouraged to participate in activities with the patients. For instance, he felt that the nurses could help the patients learn to dance. In addition, they were responsible for distributing cigarettes during the smoking period. The nurse was also encouraged to take part in staff conferences when patients from the ward on which they worked were presented.

²⁷Warren, op. cit., p. 148.

²⁸Cameron, op. cit., p. 659.

Steele suggested that the nurse should treat the adolescent as an individual, and that when she wished cooperation from him she should make intelligent explanations to him.²⁹

Although Blake wrote on the care of the adolescent in a general hospital, the points she brought out seemed pertinent to the care of the adolescent who is hospitalized in a psychiatric setting. She stated that nursing care could help alleviate the patient's anxiety. The poised and secure nurse could aid the adolescent in facing the reality of his illness. She also pointed out the importance of a nurse helping the patient regain his feelings of self esteem and respect.³⁰

A difference of opinion could be noted concerning whether an adolescent should be hospitalized on an all adolescent ward or whether he should be on a ward which has adolescents and adults mixed. Therapy tended to vary with the hospital setting. Although little was written on the nurse's function in the care of the adolescent patients, one author expressed the need for the nurse to have had training in psychiatric nursing. There is a suggestion that the nurse's role was not clearly understood, since other functions of a nurse in a psychiatric hospital listed in the literature were distributing cigarettes, passing out games, and teaching patients to dance.

²⁹Katharine McLean Steele and Marguerite Lucy Manfreda, Psychiatric Nursing, (Philadelphia: F. A. Davis Company, 1950), pp. 500-501.

³⁰Florence G. Blake, The Child, His Parents and the Nurse, (Philadelphia: J. B. Lippincott Company, 1954), p. 389.

The Summary

The review of the literature contained a discussion of the adult's perception of the adolescent, the adolescent's perception of the adult, and the adolescent as a psychiatric patient.

Adults tended to perceive the adolescent as a person who fulfilled a definite role, one which was different from the child or adult. The adult tended to expect the period of adolescence to be a trying one, both for him and the adolescent.

The adolescent appeared to view the adult with mixed feelings. He experienced a period when he hated persons with authority and one in which he loved them. How the adolescent perceived adults depended on his emotional well being. Those adolescents who were not emotionally well saw adults as less authoritative than did those adolescents who were well. Rebellion against authority, common in the adolescent period, has been explained as being a result of the rebellion of the parents. This rebellion might result because the adolescent views his parents symbolically as the "infant conscience" from which he wishes to be free so that he may reach maturity.

The adolescent as a psychiatric patient could be housed on an all adolescent ward or a ward mixed with adolescents and adults. His therapy and the type of activity in which he would participate would vary with the hospital setting. The nurse who would care for him in this setting might be one who would participate in activities with him, or one who was responsible for keeping his equipment. The nurse's role

seemed unclear since nurse's functions also tended to depend on the hospital setting.

CHAPTER III

METHODOLOGY

Introduction

The normative survey was chosen as the best research method for studying the adolescent's perception of the nurse's role in his care. It was selected rather than the experimental method due to the fact that the number of subjects was not adequate to provide an experimental and a control group, and there was not sufficient time to set up such an experiment. The documentary method was not chosen because the literature provided little information on this topic. The normative survey, however, seemed the feasible method, and it was used in this investigation.

The Method

Normative survey includes all studies which present facts that concern the nature and status of anything.³¹ In this investigation the survey was used to investigate certain opinions held by adolescent psychiatric patients. There were some advantages for using the normative survey. These were: (1) it provided facts on which professional judgment might be based; (2) it provided essential knowledge about the nature of persons and objects; and (3) it contributed

³¹Carter V. Good and Douglas E. Scates, Methods of Research (New York: Appleton-Century-Crofts, Inc., 1954), p. 259.

toward the fashioning of tools with which to do research by creating a need for such tools and by providing standardizing procedures.³²

Some disadvantages were also apparent. They were: (1) it might be influenced by bias of investigator; (2) the full purpose of the study might not be clear to the participant in the study; and (3) it might fail in objectivity and communication, which would distort results.

The Technique

Two techniques which could have been selected for the investigation of the problem were the questionnaire and the interview. The use of the questionnaire as a technique was discarded due to some rather outstanding disadvantages in construction as well as administration. In using the questionnaire, all questions might not have been clear to the participant, and there would have been no chance to clarify any confusion that might arise. There was the further difficulty that even though the investigator might have personally administered the questionnaire, there could be little chance to explain terms or uses of words which might be foreign to the participant.

Although the interview was chosen as the best technique, there were certain disadvantages in its use. They were: (1) it was time and energy consuming to the investigator; (2) it was influenced by any

³²Tyrus Hillway, Introduction to Research (Boston: Houghton Mifflin Company, 1956), p. 197.

stress which might be affecting either the interviewer or the interviewee; and (3) it was influenced by the interviewer's ability to report the facts as they were given.³³

However, advantages of the use of the interview as a data collecting technique tended to outweigh the disadvantages. They were: (1) the interview provided personal and confidential information which would not ordinarily be found on paper; (2) the interview allowed the researcher to pick up leads offered by the interviewee; (3) the interview allowed the researcher to evaluate the interviewee and decide if he was truthful in his answers and to read between the lines; and (4) the interview provided the subject opportunity to give information and express attitudes which would not have shown up on a questionnaire or test.³⁴ Therefore, the interview was the technique utilized in this investigation.

The open-ended interview, the technique used in this investigation, is one in which questions merely raise an issue but do not suggest any structure for the respondent's reply.³⁵ Responses to questions were clarified by use of non-directive probes. Non-directive probes are a repetition of a last part of a sentence or a summary of the last statement the interviewee has made without influencing the direction of the response.

³³J. Francis Rummel, An Introduction to Research Procedures in Education (New York: Harper and Brothers Publishers, 1958), p. 84.

³⁴Good, op. cit., p. 259.

³⁵Marie Jahoda, Morton Deutsch and Stuart Cook, Research Methods in Social Relations, Part I. (New York: The Dryden Press, 1954), p. 173.

Certain disadvantages in using the open-ended question in interviewing were: (1) it might not offer the information the interviewer was asking for unless the question was clearly stated; (2) it provided material which might be hard to analyze; and (3) the interviewer might inject some of her own feelings into the interview.

The choice of this type of interview however, like the choice of the technique itself, was made because of apparent advantages. These were: (1) the responses gave a detailed picture of the interviewee's attitudes; (2) the subject was allowed to emphasize those factors he felt important; and (3) the interviewer was able to clarify the question if it was misunderstood by the interviewee.³⁶

The Setting

Three hospitals in a metropolitan western city, which provided experience for graduate psychiatric nursing students in the state university, were utilized. One hospital was a city and county hospital providing psychiatric care, one was a state psychiatric hospital, and one was a private psychiatric hospital. Wards which housed adolescent patients provided the setting for this investigation. Adolescent patients were housed on adult wards in all three hospitals.

³⁶Ibid.

The Sources of Data

A total of twenty adolescent psychiatric patients from three different hospitals provided data for this investigation. Adolescents who had been hospitalized a minimum of one week were interviewed between June 15 and July 23, 1959. No consideration was given to diagnosis, race or sex of the patients interviewed. Only those patients falling between and inclusive of ages thirteen through nineteen were interviewed. All participants in the study were able to talk and to give an opinion on the questions asked. Like Fatka, the investigator found the participants willing to give information for the purpose of the study.³⁷

The Preparation for Study

A formal request for permission to interview patients in three hospitals which housed adolescent psychiatric patients was made. This was accomplished through correspondence with the director of the state psychiatric hospital, with the director of psychiatry at the city and county hospital, and with the president of the board of directors at the private psychiatric hospital. A carbon copy of the letter was sent to the directors of psychiatric nursing service at all three hospitals. (See Appendix) The letter requested a brief interview

³⁷Nada June Fatka, "Critical Requirements of Psychiatric Nursing Personnel as Determined by Selected Psychiatric Patients." (unpublished Master's thesis, The University of Colorado, Boulder, 1958), p. 26.

with the director of the hospital, indicated the purposes for the study, and stated the proposed method of study. During interviews with the directors of the psychiatric service at the hospitals, the investigator explained the purposes of her study and the method and technique which would be used. The results of her investigation were offered to the hospital, if requested.

At the state psychiatric hospital, the director of the hospital was personally interviewed. Later, the investigator discussed her study at a morning conference attended by residents, head nurses, and supervisory personnel of the hospital. There she stated her problem, the purposes for the study, and explained how data would be collected. A brief interview with the director of nurses at the hospital was also conducted, during which the investigator obtained permission to visit wards which housed adolescent patients.

A telephone interview was conducted with the president of the board of directors at the private psychiatric hospital, and the director of nurses was personally interviewed. The explanation was similar to the preceding one at the state hospital.

The director of psychiatric service at the city and county hospital was personally interviewed, and the head nurse in charge of the psychiatric unit at the hospital was also consulted personally. They received an explanation similar to that given at the state hospital and at the private hospital.

The Pilot Study

Research in nursing literature provided little assistance in the construction of the interview schedule. The investigator concluded that one way to determine the adolescent psychiatric patient's perception of the nurse's role was to ask the adolescent psychiatric patient.

Two questions constituted the interview schedule. They were: "Can you tell me what things the nurse has done for you since you have been in the hospital?" and "Was it helpful or non-helpful?" The second question was intended as a possible clarification of response to the first question.

A pilot study was done to determine the effectiveness of the interview schedule using the open-ended interview. The population for the pilot study consisted of two patients, a boy and a girl. A tape recorder was used as the tool for collecting data. The two questions which constituted the interview schedule were asked both participants. After completion of the pilot study, it was discovered that use of a tape recorder was impractical.³⁸

A result also suggested by the pilot study was the need for another question on the interview schedule to obtain more information for the study. This question was, "If you were in an ideal situation and could have a nurse do the things which you would like for her to

³⁸Use of a tape recorder was found impractical due to the necessity for the investigator to obtain written permission from the parent or guardian of the adolescent and the time factor this would have involved.

do, which things would these be?" The clarification of the first original question which read, "Was it helpful or non-helpful," was discarded since it was not needed.

The final interview schedule consisted of two open-ended questions with non-directive clarifying probes during the course of the conversation. These two questions were, "What things has the nurse done for you as a patient here in the hospital" and "If you had an ideal situation and could have the nurse do the things you would like for her to do, what things would these be?" These two questions were used because they directed the respondent's answer to a certain point, and they allowed the respondent to answer to an ideal situation. Even though this encouraged an individual opinion, it seemed less threatening than applying the question to the existing circumstances.

The Preparation for the Interview

Having secured permission from the directors of the hospitals and from the nursing service departments, the investigator then visited the wards of the city and county hospital and the state hospital to obtain names of possible interviewees. In the private hospital the names of possible interviewees were secured from the director of nursing service. Along with securing names of possible subjects, the name of each patient's doctor was obtained. Each patient's doctor was either contacted personally or by telephone. At this time the study was explained, and permission to interview patients was obtained. Having gained permission, the investigator

visited the wards where patients were in residence and made arrangements to interview the patients.

The Collection of Data

A private room was available at each hospital for interviewing patients. This insured privacy as well as comfort. One of the interviewer's aims was to establish a congenial atmosphere during the interview. In order to accomplish this, the investigator spent a few minutes talking with the patient to make him feel more at ease before broaching the subject at hand. It was felt that the patient might be able to more freely impart information if he were relaxed. During the interview with the patient the investigator was cognizant of Garrett's advice: "Control of feelings rather than the absence of feelings on the part of the worker is the goal."³⁹ The amount of time taken for each interview varied, but the average time was twenty-five minutes. In conducting the interview, the investigator introduced herself to the interviewee, explained what her problem of study was, and mentioned how this information might be utilized. The interviewee was assured of the confidentiality of the material gathered. It was stressed that the interviewee's opinion concerning the questions was the information the investigator desired. The interviewee then was encouraged to ask questions about the study, and answers were given.

³⁹Annette Garrett, Interviewing--Its Principles and Methods (New York: Family Service Association of America, 1942), p. 21.

The Recording of Data

Data were recorded on separate sheets for each patient. While the recording of data during the interview might have tended to make the interviewee ill at ease and less likely to impart all his opinions, it seemed that this was the best way to record. The investigator felt that the recording would be more accurate and free from possible inclusion of her own opinions. The data were classified into categories according to the content of the interview.

The Plan for Analysis of Data

Using a paper read by Peplau at the Eastern Regional Conference of the National League for Nursing Project as a resource unit, the investigator constructed categories which arose from her data.⁴⁰ It was observed that data did fall into natural categories and the sub-roles established by Peplau were helpful in setting up categories to classify these data. These sub-roles were: Mother-surrogate; Technical; Managerial; and Teaching roles.⁴¹

On the basis of these ideas the investigator set up categories and defined them. The defined categories which will be used in the analysis of data follow:

⁴⁰Hildegard Peplau, "Therapeutic Concepts" (paper read at the Eastern Regional Conference of the National League for Nursing Project, Hotel Sheraton, Washington, D.C., April, 1956), 30 pp.

⁴¹Ibid.

- A. Parent Substitute--The nurse functions in a mother or father role according to the patient's frame of reference. The nurse may carry out certain functions which remind the patient of his mother or father.
- B. Mechanical Nursing Functions--Those functions the nurse performs which are related to physically caring for a patient. The use of correct equipment, the application of techniques to alleviate certain physical symptoms, and the giving of medicines and treatments as prescribed by the doctor are included in this area.
- C. Housekeeping Functions--Those ward duties which a nurse performs and helps patients perform, such as taking care of a sleeping unit of a patient.
- D. Companion--The nurse helps the patient socialize by participating in activities with him and helping him participate in activities with others, such as playing cards and going on walks.
- E. Nurse Therapist--The nurse encourages the patient to express his feelings, makes use of non-verbal communication between her and the patient, and moves with the patient at his own pace toward his rehabilitation.

Three extra categories which did not provide answers to questions asked in the interview, but which did provide additional opinions of adolescents, will be used to classify these data. These opinions signified qualifications. They were:

- F. Professional Qualifications--The training experience a nurse has had in the area of psychiatric nursing.
- G. Desirable Qualifications--Those desirable qualities a patient appreciated in a nurse, such as a sense of humor and a pleasant personality.
- H. Undesirable Qualifications--Those actions of the nurse which disturb the patient and interfere with the nurse-patient relationship. An example of this would be in the instance where the nurse scolded the patient, without offering support.

A presentation of how these categories were used will follow in Chapter IV.

The Summary

The normative survey was the research method utilized to study adolescent psychiatric patients' perceptions of the nurse's role in their care. The technique utilized to obtain data was the open-ended interview.

The setting was in three hospitals in a metropolitan western city which provided experience for graduate psychiatric nursing students in the state university. Population for the study was twenty adolescent psychiatric patients who were hospitalized in these hospitals.

In all three hospitals permission was obtained from the directors of the psychiatric unit and the nursing service department

to interview patients. Doctors of all patients were contacted, and permission to interview their patients was obtained.

A pilot study was done to determine the effectiveness of the interview schedule. Questions were then revised to more adequately answer the question of the study. Two questions constituted the final interview schedule.

Data were collected individually from each patient and categories were established to classify these data.

CHAPTER IV

ANALYSIS AND PRESENTATION OF DATA

Introduction

The adolescent psychiatric patient's perception of the nurse's role was the question of interest in this study. Two questions were formulated to obtain such an answer from these patients. The patients were asked questions which attempted to elicit opinions concerning the real situation as well as the ideal situation. These questions were: "What things has the nurse done for you as a patient here in the hospital?" and "If you had an ideal situation and could have the nurse do the things you would like for her to do, what things would these be?" Twenty adolescent psychiatric patients, boys and girls, provided data in personal interviews, during which they answered these two questions. A presentation of the data received from these adolescents and an analysis follow in this chapter.

The Study

Having collected the data, the investigator examined them to ascertain whether or not they fell into natural categories, and it was observed that data did tend to fall into separate areas. Using Peplau's paper on therapeutic concepts as a resource unit, the investigator was able to construct categories which arose from

her data.⁴² (Refer to Methodology, page 28) The investigator separated the responses to the first and second questions and assigned each response to a category. After this had been done, she elicited the help of two psychiatric nursing instructors, who hold graduate degrees, to serve as judges in checking the categories. They determined that the responses could be separated into the categories as they had been established. Some responses merited more than one category. A presentation of the responses to both questions in the interview schedule follows.

A Summary of the Data

Question I, "Can you tell me what things the nurse has done for you since you have been here in the hospital?" received sixty-four responses. Question II, "If you had an ideal situation and could have the nurse do the things you would like for her to do, what things would these be?" received eighty-two responses.

Category A, Parent Substitute, is indicated in five out of sixty-four total responses to Question I, resulting in 8 per cent of the total response. In Question II, six out of eighty-two responses are indicated Category A, resulting in 7 per cent of the total response.

Category B, Mechanical Nursing Functions, is indicated in nine out of sixty-four total responses to Question I, with a total of

⁴²Hildegard Peplau, "Therapeutic Concepts," (paper read at the Eastern Regional Conference of the National League for Nursing Project, Hotel Sheraton, Washington, D.C., April, 1956), 30 pp.

14 per cent for the category. In Question II, fifteen out of eighty-two total responses indicate Category B, resulting in a total of 18 per cent for the category.

In Category C, Housekeeping Functions, four out of the sixty-four total responses appear with a total of 6 per cent of the total responses to Question I resulting in this category. In Question II, four out of the total eighty-two responses fall in Category C, resulting in 6 per cent of the total response.

Category D, Companion, is indicated in twenty out of sixty-four total responses to Question I, a total of 31 per cent for this category. Question II has seventeen out of eighty-two total responses falling in this category, a result of 21 per cent for this category.

Category E, Nurse Therapist, is indicated in twenty-six out of sixty-four total responses to Question I, a result of 41 per cent for this category. In Question II, forty out of eighty-two total responses are indicated in Category E, a total of 49 per cent for this category.

A graphic presentation of the number of responses falling in each category and the per cent of the whole which the category indicates is placed in Table I, page 35. Figure 1, page 36, shows the percentage of response in Questions I and II. The questions are aligned side by side to compare the answers to the first question, the real situation according to the patients, with the answers to Question II, the ideal situation.

TABLE I
NUMBER OF RESPONSES AND PERCENTAGES FOR
CATEGORIES INDICATING RESPONSES
TO QUESTIONS I AND II

CATEGORY	QUESTION I		QUESTION II	
	Number	Per cent	Number	Per cent
A. Parent Substitute	5	8	6	7
B. Mechanical Nursing Functions	9	14	15	18
C. Housekeeping Functions	4	6	4	5
D. Companion	20	31	17	21
E. Nurse Therapist	<u>26</u>	<u>41</u>	<u>40</u>	<u>49</u>
Totals	64	100%	82	100%

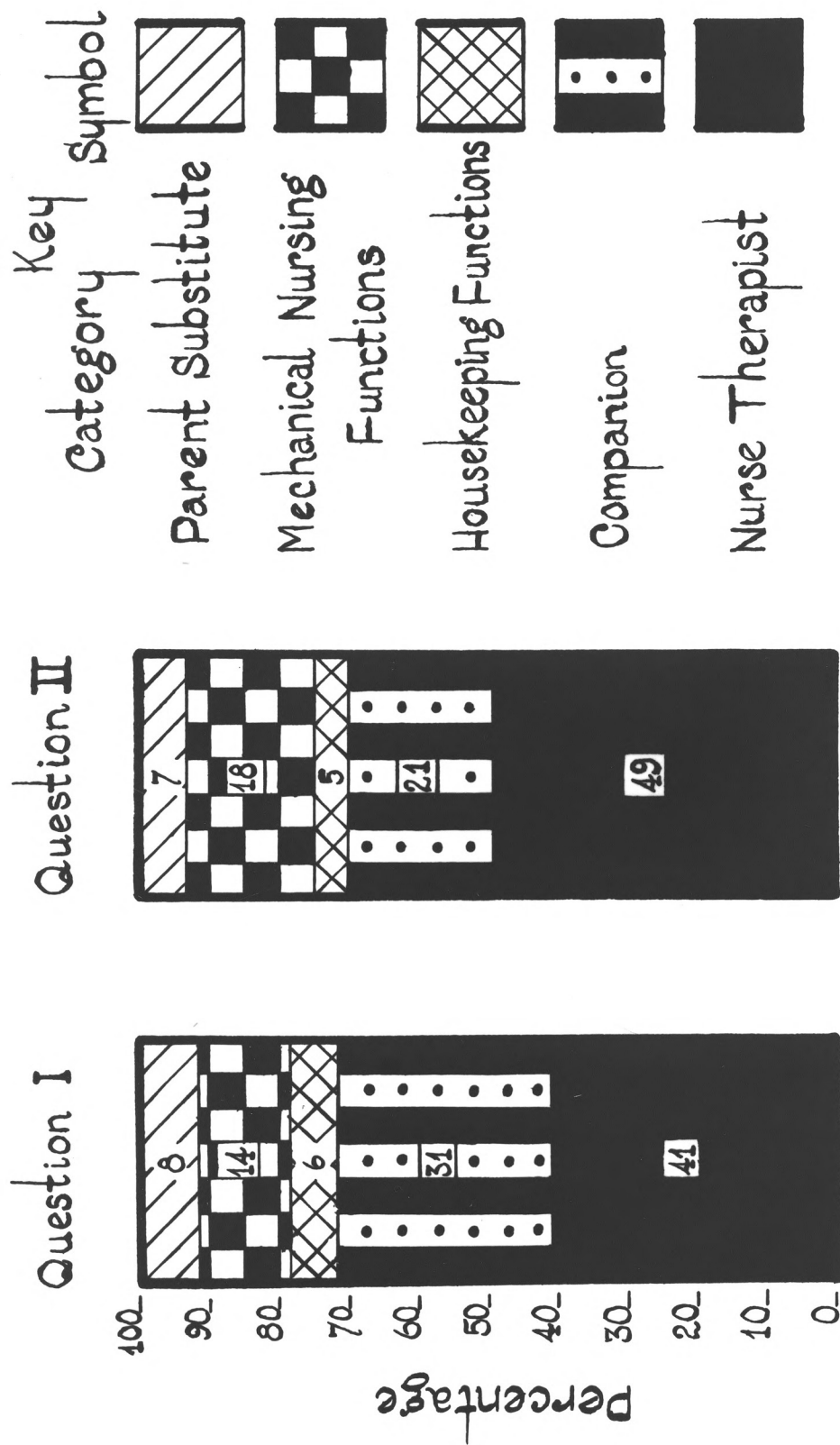


Figure 1: Percentage distribution of categories indicating responses to Questions I and II.

The Responses to Category A, Parent Substitute

Category A, Parent Substitute, represented the second lowest category indicated from the total per cent of response. Responses falling in this category in Question I were: act like mother, watch you (once each); and give me something (three times). Responses to Question II indicating this category were: be like mother, compliment patient on things done right, remind patient of mealtime, bring patient something of her own, let patient sleep or stay up when he desires, and check on you (once each).

Table II presents a graphic illustration of the responses to Category A. It is illustrated on page 38.

The Responses to Category B, Mechanical Nursing Functions

Category B, Mechanical Nursing Functions, represented the third highest category indicated from the total per cent of response. Responses to Question I under this category were: make out charts and watch you (once each); and administer medicine (seven times). Under Question II the responses were: show patient around the hospital, be someone the patient can trust, tell the patient why things are being done, be in close contact with the doctor, remind the patient of mealtime, not call the doctor for every order, be a bodyguard, check on you, give the patient nourishment, do what the doctor says (once each); and administer medicine (five times).

Table III, page 39, presents a graphic illustration of the responses falling in Category B.

TABLE II
CATEGORY A, INDICATING PARENT SUBSTITUTE

Question I	Number	Question II	Number
Give me something	3	Be like Mother	1
Act like Mother	1	Compliment patient on things done right	1
Watch you	1	Remind patient of mealtime	1
		Bring patient something of your own	1
		Let patient sleep or stay up when he desires	1
		Check on you	1
	-		-
Totals	5		6

TABLE III
CATEGORY B, INDICATING MECHANICAL NURSING FUNCTIONS

Question I	Number	Question II	Number
Administer medicine	7	Administer medicine	5
Make out charts	1	Show patient around hospital	1
Watch you	1	Someone patient can trust	1
		Tell patient why things are being done	1
		Be in close contact with the doctor	1
		Remind patient of mealtime	1
		Not call doctor for every order	1
		Bodyguard	1
		Check on you	1
		Give nourishment	1
		Do what doctor says	<u>1</u>
Totals	9		15

The Responses to Category C, Housekeeping Functions

Category C, Housekeeping Functions, represented the lowest category indicated from the total per cent of response. Responses to Question I under this category were: make out charts (once), and give me something (three times). Under Question II the responses were: make my bed, show the patient around the hospital, remind the patient of mealtime, and give the patient nourishment (once each).

Table IV, page 41, presents a graphic illustration of the responses falling in Category C.

The Responses to Category D, Companion

Category D, Companion, represented the second highest ranking category indicated from the total per cent of response. Responses to Question I under this category were: talk occasionally (once); give their opinion, and go for walks (twice each); give me something (three times); and play games and help me with my problems (six times each). Under Question II the responses were: be around often, help the patient learn to get along better with others--parents, show the patient around the hospital, help the patient in relating with other patients (once each); be a friend (five times); and play cards or get the patient pictures to draw (eight times).

Table V, page 42, presents a graphic illustration of the responses falling in Category D.

The Responses to Category E, Nurse Therapist

Category E represented the largest category indicated from the total per cent of response. Responses to Question I were:

TABLE IV
CATEGORY C, INDICATING HOUSEKEEPING FUNCTIONS

Question I	Number	Question II	Number
Give me something	3	Make my bed	1
Make out charts	1	Show patient around the hospital	1
		Remind patient of mealtime	1
		Give nourishment	1
	-		-
Totals	4		4

TABLE V
CATEGORY D, INDICATING COMPANION

Question I	Number	Question II	Number
Play games	6	Play cards--get pictures to draw	8
Go for walks	2	Be a friend	5
Give me something	3	Be around often	1
Talk occasionally	1	Help patient learn to get along better with others--parents	1
Help me with my problems	6	Show patient around hospital	1
Give opinion	2	Help patient in relating with other patients	1
	-		-
Totals	20		17

help rechannel bad thoughts, counsel, give self-assurance, stay with me during a nervous breakdown, talk occasionally, give me some things to do on my own, and act differently from a general hospital nurse--sit, talk, help me solve my problems (once each); give their opinion (twice); help me with my problems (six times); and talk with me understandingly (eleven times).

Responses to Question II indicating Nurse Therapist were: have patient-personnel meetings, compliment patients on things done right, help patients learn to get along better with others--parents, be understanding, choose correct times to come talk with patients, help patients in relating with other patients, give patients hope and faith, be resolved of their own problems, respect patients, help patients get out of embarrassing situations, be in close contact with the doctor, and do what the doctor says (once each); help patients control their tempers, keep conversations confidential, give opinions (twice each); treat patients with kindness, trust the patient (three times each); help me with personal problems (four times); and talk with patients understandingly (ten times).

Table VI, pages 44 and 45, presents a graphic illustration of the responses falling in Category E.

The Responses to Category F, Professional Qualifications; G, Desirable Qualifications; and H, Undesirable Qualifications

Although Categories F, G, and H, (refer to Methodology, page 30) were not assigned to the nursing role, and the responses falling under these categories were not related to the interview questions, the

TABLE VI
CATEGORY E, INDICATING NURSE THERAPIST

Question I	Number	Question II	Number
Help rechannel bad thoughts	1	Have patient-- personnel meetings	1
Counsel	1	Trust me	3
Give self assurance	1	Compliment patient on things done right	1
Stay with me during nervous breakdown	1	Help with personal problems	4
Talk occasionally	1	Talk with patient, being understanding	10
Give me some things to do on my own	1	Help patient learn to get along better with others--parents	1
Help me with my problems	6	Be understanding	1
Talk with me, being understanding	11	Choose correct time to come talk with patient	1
Give opinion	2	Help patient control temper	2
Act different from general hospital nurse-- sit, talk, help me solve problems	1	Keep conversation confidential	2
		Be consistent	3
		Someone patient can trust	1
		Treat patient with kindness	1

TABLE VI (continued)

Question I	Number	Question II	Number
		Give patient hope and faith	1
		Be resolved of own problems	1
		Respect patient	1
		Help patient out of embarrassing situation	1
		Be in close contact with doctor	1
		Give opinion	2
		Do what doctor says	1
			—
Totals	26		40

number of responses in each category will be mentioned. This will be done so that a complete picture of all the data will be presented.

These extra responses totaled six for Question I and twenty-one for Question II. These are not included in the total responses in Categories A through E. Category F, Professional Qualifications, was indicated in one response out of six total responses to Question I. In Question II, two responses out of twenty-one responses indicated Category F. Category G, Desirable Qualifications, was not indicated in any response under Question I, but was indicated in eleven responses out of the twenty-one total responses under Question II. Category H, Undesirable Qualifications, was indicated in five responses out of six total responses under Question I. Eight responses out of twenty-one total responses indicated Category H under Question II.

The Summary

Data were obtained and analyzed in defined categories to determine the adolescent psychiatric patients' perceptions of the nurse's role in their care. Data fell into natural categories, and the per cent of response which indicated each category was determined. It was revealed that the per cent of total response for the categories was similar in Questions I and II.

Category E, Nurse Therapist, represented the highest response. In Question I, 41 per cent of the responses indicated this category. In Question II, 49 per cent of the responses indicated this category.

Category D, Companion, was second highest in response. Thirty-one per cent of the responses indicated this category in Question I, while 21 per cent of the responses indicated this category in Question II.

Third highest in per cent of response was Category B, Mechanical Nursing Functions. Fourteen per cent of the total responses were indicated in Question I, while 18 per cent of the total responses were indicated in Question II.

Fourth highest in per cent of total responses was Category A, Parent Substitute. Of the total, 8 per cent indicated Category A in Question I, while 7 per cent indicated this category in Question II.

The lowest in total per cent of response was Category C, Housekeeping Functions. Six per cent indicated this category in Question I, while 5 per cent indicated this category in Question II.

In addition to the previous categories, three other categories appeared. These were established to classify data which indicated the opinions of the patients concerning nurses' qualifications. This was done in order to present all data collected, since these opinions did not provide answers to the interview questions. Categories F, G, and H were representative of this type of information. Six responses to Question I and twenty-one responses to Question II concerned qualifications. These responses were not included in the sixty-four responses to Question I and the eighty-two responses to Question II which provided direct information to the questions asked.

Summary, Conclusions and Recommendations of the study follow in
Chapter V.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary of the Study

The problem of this study was to ascertain the adolescent psychiatric patients' perceptions of the nurse's role in their care. The purposes of the study were to arrive at some conclusions which might be beneficial in setting up in-service educational units for professional and non-professional personnel, in setting up a unit of study on the adolescent psychiatric patient for the professional nursing student, and in providing information about the nurse's role with the adolescent psychiatric patient which might be used to provide better care for the patients.

Normative survey was the method chosen for studying this problem, and the open-ended interview was selected as the technique for collecting data. Review of literature in nursing and psychological journals provided little assistance in establishing an interview schedule. However, literature provided a justification for the study. It also offered some viewpoints on current adolescent care, the adult's perception of the adolescent, the adolescent's perception of the adult, and the adolescent as a psychiatric patient.

A pilot study was done to determine the effectiveness of the interview schedule, using two adolescent psychiatric patients. After completing this, the interview questions were revised in order to obtain more information. The sources of data were adolescent boys

and girls from three psychiatric hospitals; one was a state hospital, one a city and county hospital, and one a private hospital. Twenty adolescent psychiatric patients provided data during personal interviews.

During the interviews with the patients, the investigator asked them two questions. One question was, "Can you tell me what things the nurse has done for you since you have been here in the hospital?" The second question was, "If you had an ideal situation and could have the nurse do the things you would like for her to do, what things would these be?"

Data obtained from the interviews were analyzed according to established categories. Two judges classified the data to determine if all responses could be placed under these categories. Six categories were established which signified the nursing role, and even though they had no direct application to the problem, three additional categories were established to represent qualifications which appeared in the responses offered by the patients.

Percentagewise, the responses indicated the following categories: (1) Forty-one per cent of the responses to Question I indicated Nurse Therapist, Category E, while 49 per cent indicated this category in Question II; (2) Thirty-one per cent of the response indicated Category D, Companion, in Question I, while 21 per cent indicated this category in Question II; (3) Fourteen per cent of the response to Question I indicated Mechanical Nursing Functions, Category B, while 18 per cent indicated this category in Question II;

(4) Eight per cent of the responses to Question I indicated Category A, Parent Substitute, while 7 per cent indicated this category in Question II; and (5) Six per cent of the responses to Question I indicated Category C, Housekeeping Functions, while 5 per cent indicated this category in Question II.

Conclusions of the Study

Data from the study lead the investigator to make the following conclusions:

1. Adolescent psychiatric patients were willing and able to be involved in a research study.
2. Adolescent psychiatric patients were able to evaluate the existing nursing role in the institution where they were hospitalized and also suggest what they would like for it to be.
3. There was a similarity in the response to the real situation, indicated in Question I, and the ideal situation, indicated in Question II.
4. Adolescent psychiatric patients perceived the nurse most frequently in the existing situation as Nurse Therapist. In the ideal situation they placed even more importance on this role. Forty-one per cent indicated this response in Question I, the existing situation. Forty-nine indicated the per cent of response which answered the second question, the ideal

situation. The most frequent response to the question given by the patients in both the existing and ideal situation was "talk with me, being understanding."

5. The nurse was perceived as a companion, a person who carried out mechanical nursing functions, a parent substitute, or a person who carried out housekeeping functions in that order of response.

Recommendations of the Study

Data obtained in the study led the investigator to make the following recommendations for the hospitals in which the study took place:

1. The nurse's role with adolescent patients should be reconsidered. In nursing text books, little was indicated about the nurse as a therapist. This was the area which the patients indicated most frequently as being the role of the nurse. The patients also indicated that they would ideally like the nurse to function in this role. (For a review of current adolescent care, consult page 12 in Review of the Literature.)
2. Data from the study indicated that the nurse was perceived as a companion, second to nurse therapist. This opinion of adolescents could be recognized in setting up a plan of in-service education for both non-professional and professional nursing personnel.

3. The finding of the study indicated that adolescents were cooperative and were able to provide material which might be utilized. Further research could be conducted with adolescent psychiatric patients.
4. A similar study in a different group of hospitals might help check the validity of the finding of this study. It could be found whether or not these same opinions of adolescents might exist in other hospital settings.
5. Adolescents could be included in research being done in other areas of nursing such as the medical-surgical area to determine whether adolescents should be hospitalized with other adolescents or with adults.

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APPENDIX

2492 South Humboldt St.
Denver, Colorado
May 20, 1959

Dr. _____
Director, _____ Hospital

Dear Dr. _____:

A study which I plan to do is of particular interest to me. The nurses' role in the care of adolescent patients is the subject of the study. I should like to interview adolescent psychiatric patients to determine their perception of the nurses' role.

Purposes for this study are to determine what is the psychiatric nurses' role in adolescent care, to receive patients' opinions of this care and to arrive at some conclusions which might be beneficial in setting up a plan of care for the adolescent patient who is hospitalized in the psychiatric setting.

May I be permitted to use adolescent psychiatric patients in _____ Hospital between May 27 and August 21, 1959. I should like permission to do a trial run with a tape recorder using two patients to test the feasibility of the use of the tape recorder and the interview questions. May I have a brief interview with you to discuss this project? I shall contact your secretary regarding this appointment.

When the results of this study are obtained I should be happy to discuss them with you and the hospital staff.

Yours sincerely,

Jere Powell, Graduate Student
University of Colorado

Miss Jere Powell is a graduate student in Psychiatric Nursing. Any help you might give her would be appreciated.

Mrs. Opal White
Psychiatric Nursing Coordinator

2492 South Humboldt St.
Denver, Colorado
May 20, 1959

Dr. _____
Director, _____ Hospital

Dear Dr. _____:

A study which I plan to do is of particular interest to me. The nurses' role in the care of adolescent patients is the subject of the study. I should like to interview adolescent psychiatric patients to determine their perception of the nurses' role.

Purposes for this study are to determine what is the psychiatric nurses' role in adolescent care, to receive patients' opinions of this care and to arrive at some conclusions which might be beneficial in setting up a plan of care for the adolescent patient who is hospitalized in the psychiatric setting.

May I be permitted to use adolescent psychiatric patients in _____ Hospital between May 27 and August 21, 1959. May I have a brief interview with you to discuss this project? I shall contact your secretary regarding this appointment.

When the results of this study are obtained I should be happy to discuss them with you and the hospital staff.

Yours sincerely,

Jere Powell, Graduate Student
University of Colorado

Miss Jere Powell is a graduate student in Psychiatric Nursing. Any help you might give her would be appreciated.

Mrs. Opal White
Psychiatric Nursing Coordinator