

A CRITICAL STUDY TO DETERMINE WHAT THE NURSING  
STAFF DOES TO HELP THE RELATIVES OF  
HOSPITALIZED PSYCHIATRIC PATIENTS

by

Margaret A. Sammick

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This Thesis for the M.S. degree by

Margaret A. Sammick

has been approved for the

Department of

Nursing

by

Opal V. White

Hannah E. Erickson

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Sammick, Margaret A. (M. S., Nursing)

A Critical Study to Determine What the Nursing Staff Does to Help  
the Relatives of Hospitalized Psychiatric Patients  
Thesis directed by Assistant Professor Opal White

The purpose of this study was to identify the nursing staff behaviors that were judged effective in helping the relatives.

The critical incident technique was the research method chosen for this study. Twenty-nine relatives of hospitalized patients were interviewed in a state psychiatric hospital. A total of fifty-four incidents were derived describing the behaviors of the nursing staff. These behavioral incidents were tabulated to form a list of critical requirements of the nursing staff.

The categorization of data revealed that the behavioral incidents fell into four major areas.

Category I

- A. Therapeutic Role
- B. Giving of Information

Category II

- A. Therapeutic Results
- B. Informative Results

Category I describes what the nursing staff did that was effective. These behaviors were divided as follows: thirty-three were in therapeutic role and twenty-one were in the giving of information. Category II pertained to the relative's interpretation of how a particular behavior was of help to them. The behaviors were divided as follows: forty-four were in therapeutic results and ten were in informative results. The results of this study indicate that the nursing staff does help the relatives of the hospitalized patient. This role of the nursing staff is important in increasing the relatives' understanding of the patient.

This abstract of about 200 words is approved as to form and content.

I recommend its publication.

Signed

Opal H. White



## TABLE OF CONTENTS

CHAPTER	PAGE
I. INTRODUCTION . . . . .	1
The Problem . . . . .	1
Statement of the problem . . . . .	1
Importance of the study . . . . .	1
Limitations of the Study . . . . .	2
Definition of Terms Used . . . . .	3
Nursing staff . . . . .	3
Relatives . . . . .	3
Organization of Remainder of the Thesis . . . . .	3
II. REVIEW OF THE LITERATURE . . . . .	4
Literature on Past Studies and Trends . . . . .	4
Literature on Present Day Studies and Trends . . . . .	8
III. METHODOLOGY . . . . .	11
Normative Survey . . . . .	11
Critical Incident Technique . . . . .	11
The Oral Interview . . . . .	14
The Written Questionnaire . . . . .	14
Description of Oral and Written Questionnaire . . . . .	15
The interview schedule . . . . .	15
The interview question . . . . .	15
The Pre-Test . . . . .	17

CHAPTER	PAGE
Collecting the Data . . . . .	18
IV. PRESENTATION AND ANALYSIS OF DATA . . . . .	20
Initial Analysis . . . . .	20
Content Analysis . . . . .	22
Final Interpretation and Analysis . . . . .	22
Defining Major Areas and Subareas . . . . .	23
Category I . . . . .	23
Category II . . . . .	27
Statistical Analysis . . . . .	29
V. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS . . . . .	33
Summary . . . . .	33
Conclusions . . . . .	35
Recommendations . . . . .	35
BIBLIOGRAPHY . . . . .	37
APPENDIX A. Interview Schedule . . . . .	40
APPENDIX B. Letter Asking for Permission to Conduct Study	
at First Hospital . . . . .	42
APPENDIX C. Letter Asking for Permission to Conduct Study	
at Second Hospital . . . . .	44
APPENDIX D. Form Letter Sent to Relatives Introducing	
the Study . . . . .	46
APPENDIX E. Cover Letter, Instruction Sheet, and	
Questionnaire Mailed to Relatives . . . . .	48

## LIST OF TABLES

TABLE	PAGE
I. Frequencies of Nursing Staff's Behaviors Contained in Major and Subareas in Category I . . . . .	31
II. Frequencies of Results of Relatives' Reactions to Nursing Staff's Behaviors in Major and Subareas of Category II . . . . .	32

## CHAPTER I

### INTRODUCTION

In the treatment of the mentally ill patient, the family of the patient has increasingly assumed an important role in the improvement and well being of the patient.

Psychiatrists are well aware of the importance of the patient family relationship, and how they affect one another. More than ever, families of patients are seen by psychiatrists and other disciplines in collaborative treatment of the patient, as part of the total treatment program. The importance of the family role in treatment is a challenging one, and even more important are the persons involved in sharing the responsibility to help the family of the hospitalized patient.

#### I. THE PROBLEM

Statement of the problem. It was the purpose of this study to determine what the nursing staff does to help the relatives of hospitalized psychiatric patients.

Importance of the study. The trend toward using the relative in the care of psychiatric patients is the outgrowth of a theory which

considers the family, not the individual as the unit in which the illness occurs.<sup>1</sup>

This matter has been closely defined in relation to the treatment of children. It is the belief of many that the adult, as well as the child, can be treated intelligently only if the total family constellation is considered.<sup>2</sup>

Henry B. Richardson in Patients Have Families states: "Patients have families, hospitals have patients, therefore the hospital has something to do with families."<sup>3</sup> The nursing staff, because of their unique position of being consistently present on the ward, have the opportunity to meet, observe, and interrelate with the relatives of the patient more than any other discipline.

Some studies have been written describing the visitor's effect upon the hospitalized patient, but very little has been written concerning what the actual contribution of the nursing staff to the relatives has been.

## II. LIMITATIONS OF THE STUDY

A limitation of this study would be the confusion that surrounds the role of the psychiatric nurse and other members of the

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<sup>1</sup>C. F. Midelfort, The Family in Psychiatry (New York, Toronto, London: McGraw Hill, 1957), Preface V.

<sup>2</sup>Arthur Kaplan and Lois Wolfe, "The Role of the Family in Relation to the Institutionalized Mental Patient," Mental Hygiene, 38:635, August, 1954.

<sup>3</sup>Henry B. Richardson, Patients Have Families (New York: Oxford University Press, 1945), p. 3.

nursing staff. These roles, particularly that of the psychiatric nurse, have not been clearly defined. Another limitation would be the smallness of the sample in the population being tested.

### III. DEFINITION OF TERMS USED

Nursing Staff. For purposes of this study, nursing staff refers to the graduate nurse, technician (aide and attendant), in a psychiatric hospital.

Relatives. The relative refers to the immediate family of the patient, or one who is in the position of being responsible for the patient.

### IV. ORGANIZATION OF REMAINDER OF THE THESIS

The organization of the remainder of the thesis will be as follows: (1) review of literature; (2) methodology; (3) presentation and analysis of data; and (4) summary and conclusions.

## CHAPTER II

### REVIEW OF THE LITERATURE

The review of related literature was done for the purpose of surveying the field to determine what studies have been done, and to seek information pertaining to present day trends in relation to this study. The type of literature reviewed was as follows: (1) nursing and psychiatric journals; (2) hospital and mental health periodicals; (3) books pertaining to mental illness, psychiatric nursing, psychotherapy, and social psychological aspects of family illness.

#### I. LITERATURE ON PAST STUDIES AND TRENDS

In 1863 the American psychiatrist, Isaac Ray, wrote:

It is well settled principle, that to treat the insane with the highest degree of success, the surroundings of the patient should be entirely changed so that he shall see no face nor other object familiar to him in the previous stage of his disease.<sup>1</sup>

From the above statement it can be said that the early American psychiatrist saw no therapeutic role for the relatives of mentally ill patients. Apparently conflicts and strains in family-patient relationships were ignored and left untouched.<sup>2</sup>

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<sup>1</sup>Milton Greenblatt, Richard York, and Esther Lucille Brown, From Custodial to Therapeutic Patient Care in Mental Hospitals (New York: Russell Sage Foundation, 1955), p. 232.

<sup>2</sup>Ibid.

Fortunately today this viewpoint is not essentially shared by most psychiatric hospitals, and many strides have been made in the understanding of the role the family plays in the life of the hospitalized patient.

The emphasis of the modern approach is the "working through" of conflicts rather than their avoidance. This process requires in particular the understanding of relationships between patients and relatives, and reeducation of their attitudes toward each other.<sup>3</sup>

In the modern hospital of today where visitors are encouraged, it is feasible that the staff present have an excellent opportunity to observe the interactions between patients and visitors, and to accept the challenge of the problems they present. "In accepting responsibility for the treatment of the mentally ill patients, we have, in effect, accepted responsibility for the education of the family members."<sup>4</sup>

What role does the family play in the therapeutic process, in terms of the institutionalized patient? This matter has been more clearly defined in relation to the treatment of children.<sup>5</sup>

Simultaneous therapeutic work with the child and his parents has its advantages. The therapy may shorten the time involved in the

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<sup>3</sup>Ibid., p. 234.

<sup>4</sup>Ibid.

<sup>5</sup>Arthur Kaplan and Lois Wolfe, "The Role of the Family in Relation to the Institutionalized Mental Patient," Mental Hygiene, 38:635, October, 1954.



progress of the patient, plus the fact it can be a valuable training experience for the therapist.<sup>6</sup>

It is the belief of many that the adult, as well as the child, can be treated intelligently only if the total social constellation is considered.<sup>7</sup>

The hospital environment is in a sense abnormal, and the patient tends to lose his identity. When the family visits, the patient tends to resume his individuality, with his own unique background and love relationships. It has been found that there is a direct relationship between the patient's acceptance of or resistance to loss of identity, and his reaction to his family. The patient who accepts this loss tends to resist his family. It is especially important in these cases that the staff explain this to the family and do everything possible to prevent loss of interest on their part.<sup>8</sup>

The family must be encouraged to continue their visits despite lack of response from the patient. The patient needs reassurance and motivation to differentiate his environment. The efforts of the staff can be extremely helpful in imparting understanding of the patient to the family.<sup>9</sup>

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<sup>6</sup>S. A. Szurek and I. N. Berlin, "Elements of Psychotherapeutics With the Schizophrenic Child and His Parents," Psychiatry Journal for the Study of Interpersonal Processes, 19:2, February, 1956.

<sup>7</sup>Kaplan and Wolfe, loc. cit.

<sup>8</sup>Kaplan and Wolfe, op. cit., p. 637.

<sup>9</sup>Kaplan and Wolfe, op. cit., p. 638.

It is surprising that more efforts have not been made to round out the treatment of patients by concurrent treatment of the family, especially since group psychotherapy has been in use. Very little has been reported on the ventilative treatment of families of adult patients while the patients are being treated.<sup>10</sup>

The Boston Psychopathic Hospital began to give more attention to relatives after the second world war. The executive social worker organized discussion groups for the relatives. The group method was found to have distinct advantages both in reaching a large number of relatives, and in promoting greater understanding.<sup>11</sup>

Although the family is becoming a slowly increasing part of the therapy of the patient, some authorities feel that hospital family relationships have been sadly neglected for the most part. In hospitals personnel have been wrapped up in the care of the patient, and have given little attention to the relatives of the patients in the hospital.<sup>12</sup> In some instances relatives have been regarded as a necessary evil to be avoided.<sup>13</sup> We are far from the day when the patient-family unit will be generally accepted as the fundamental unit of treatment, (as in child psychiatry), although some progressive hospitals have made steps in that direction.<sup>14</sup>

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<sup>10</sup>W. D. Ross, "Group Psychotherapy with Patient's Relatives," American Journal of Psychiatry, 104:624, October, 1954.

<sup>11</sup>Greenblatt, York, Brown, op. cit., p. 227.

<sup>12</sup>Milton Greenblatt, Daniel Levinson, and Richard Williams, (eds.), The Patient and the Mental Hospital, (Illinois: The Free Press, 1957), p. 535.

<sup>13</sup>Ibid., p. 536.

<sup>14</sup>Ibid., p. 535.

## II. LITERATURE ON PRESENT DAY STUDIES AND TRENDS

"Patients have families; hospitals have patients: therefore the hospital has something to do with the family."<sup>15</sup>

Visiting hours are the times when the hospital admits that the patient has a family. The doctors do not go quite so far as this admission would imply; they think not so much of families as of relatives of patients and how they affect the sick. A tour of the hospital during visiting hours thus shows us relatives of patients, rather than families. Little could be expected, however, of a search for the family in person, for the obvious reason that the stay in the hospital is an interruption of the family life.<sup>16</sup>

The relatives visiting on the ward are ill at ease because they do not know what is expected of them, or how to act in relation to the patient. These feelings are quite obvious and may interfere with how the patient relates to the relative.

The role of the nursing personnel is of prime importance in this matter, but so far little attention has been paid to this aspect of nursing.<sup>17</sup> What can the nursing personnel do to make the relative's visit as beneficial as possible? A study done at Boston Psychopathic Hospital by a psychiatric social worker, revealed the

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<sup>15</sup>Henry B. Richardson, Patients Have Families, (New York: Oxford University Press, 1945), p. 3.

<sup>16</sup>Ibid.

<sup>17</sup>Georgina Hotchkiss, "The Psychiatric Patient's Visitors," Nursing Outlook, 4:343, June, 1956.

type of visitors and visiting situations which could either help or hinder the patient-visitor unit. This study was done by observation of the visitors and patients. The results were only descriptive, and their reliability has not been tested.<sup>18</sup>

The study pointed out that intervention by the nursing staff made the difference between a successful or non-successful visit. A casual word from the nurse or attendant may have relieved a mounting tension. Interference from other patients may need staff intervention. The relatives may be intrigued by the action of some of the other patients and pay little attention to the patient they are visiting.<sup>19</sup>

As a result of Hotchkiss' study at Boston Psychopathic Hospital, several suggestions were given. Of importance was the role of nursing personnel in relation to the visiting situation, the role of nursing personnel in maximizing the visitor's ability to accept and understand the patient, and the role of the nurse in handling the situation in which she finds herself.<sup>20</sup>

A unique research project has been carried out at the National Institute of Health Clinical Center, Bethesda, Maryland. This project involves the entire family, in which the family rather than its schizophrenic member lives on the unit.

This arrangement facilitates the study of relationships between the schizophrenic member and the rest of the family, and provides a

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<sup>18</sup>Ibid.

<sup>19</sup>Ibid., p. 345.

<sup>20</sup>Ibid., p. 343.

group process by which the family members bring out details in their lives as well as the details in the early life of the schizophrenic member.<sup>21</sup>

The entire nursing team consisting of the ward clerk, staff nurses, nursing assistants, team leaders, and the head nurse work with the families consistently. All of these are referred to as members of the nursing team because the differences in their duties are minimal.<sup>22</sup>

In reviewing recent public health journals, it has been noted that public health nurses have increasingly expressed interest in learning psychiatric nursing principles in the care of the patient and their families. Public health nurses and psychiatric nurses have been taking a long look at each other to see how they can help one another in dealing with the patient and his family. At the present time there is a beginning trend to treat psychiatric patients at home; therefore, the public health nurse has need for psychiatric skills in the treatment of the patient and his family.<sup>23</sup>

It is quite probable that research pertaining to the importance of the patient-family constellation in mental illness may produce some of the most significant advances in the treatment of mental illness during the next decade.<sup>24</sup>

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<sup>21</sup>Marjorie J. Kvarnes, "The Patient is the Family," Nursing Outlook, 3:142, March, 1959.

<sup>22</sup>Ibid.

<sup>23</sup>Jane A. Schmahl, "Partners in Psychiatric Nursing," Nursing Outlook, 5:458, August, 1957.

<sup>24</sup>Milton Greenblatt, Daniel Levinson, and Richard Williams, The Patient and the Mental Hospital, (Illinois: The Free Press, 1957), p. 535.

## CHAPTER III

### METHODOLOGY

#### I. NORMATIVE SURVEY

The method used in this study was the descriptive normative survey.

Descriptive survey status research is directed toward ascertaining the prevailing condition (the facts that prevail in a group of cases chosen for the study) and this method is essentially a technique of quantitative description of the general characteristics of the group. This approach to problem solving seeks to answer questions as to the real facts relating to existing conditions.<sup>1</sup>

Much of the significance of descriptive survey lies in the possibility of investigating conditions at any given time and repeating the survey at a later date, thus providing comparisons at different times.<sup>2</sup>

The family of the hospitalized patient was chosen as a group to participate in this study for the purpose of observing the behavior and characteristics of the nursing staff for the real facts as they existed.

#### II. CRITICAL INCIDENT TECHNIQUE

The technique or tool used in collecting the data for this study was the critical incident. This technique was an outgrowth of

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<sup>1</sup>Carter V. Good, and Douglas E. Scates, Methods of Research, (Illinois: Appleton Century Crafts, Inc., 1954), p. 551.

<sup>2</sup>Ibid., p. 550.

studies in the Aviation Psychology Program of the United States Army Air Forces in World War II. This program was established in the summer of 1941 to develop procedures for the selection and classification of air crews. From this outgrowth the American Institute for Research was established.

The aim of this organization was the systematic study of human behavior through a coordinated program of scientific research.<sup>3</sup>

This technique which has been used in a variety of other activities, consists of collecting a comprehensive list of observed behaviors from individuals who are most competent to make judgments about the worker investigated. This technique is defined as a set of procedures for collecting direct observations of human behavior in such a way as to facilitate their potential usefulness in solving practical problems and developing broad psychological principles. From these observations of the individuals, a list of "critical requirements" is developed.

A critical requirement is one that is crucial in the sense that it has been responsible for outstandingly effective or definitely unsatisfactory performance of an important part of the job or activity in question.<sup>4</sup>

The critical incident technique outlines procedures for collecting observed incidents having special significance and meeting

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<sup>3</sup>John C. Flanagan, "The Critical Incident Technique," Psychological Bulletin, 51:328, July, 1954.

<sup>4</sup>June Teig Bailey, "The Critical Incident Technique in Identifying Behavioural Criteria of Professional Nursing Effectiveness," Nursing Research, 5:55, October, 1956.

systematically defined criteria. By an incident is meant any observable human activity that is sufficiently complete in itself to permit inferences and predictions to be made about the person performing the act. To be critical, an incident must occur in a situation where the purpose of intent of the act seems fairly clear to the observer and where its consequences are sufficiently definite to leave little doubt concerning the effect.<sup>5</sup>

This technique obtains a record of specific behaviors from those in the best position to make the necessary observations and evaluations, rather than collecting hunches and opinions. The collection and tabulations of these observations make it possible to formulate the critical requirements of the activity. A list of critical behaviors provides a sound basis for making inferences as to requirements in terms of aptitudes, training, and other characteristics.<sup>6</sup>

For the purpose of determining what the nursing staff actually do to help the relatives of the hospitalized patient, the critical incident technique would seem to best serve the purpose of pointing this out in an objective manner. Since there is no available technique at the present time to study human behavior with marked precision, the critical incident technique seems to hold promise by replacing hunches and opinions of the experts with relatively objective data.<sup>7</sup>

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<sup>5</sup>Flanagan, op. cit., p. 327.

<sup>6</sup>Ibid., p. 355.

<sup>7</sup>Bailey, op. cit., p. 56.



### III. THE ORAL INTERVIEW

For the purpose of collecting the data for this study, the oral interview was used. One of the outstanding advantages of this type of interview is the face-to-face contact with the participant. Certain types of information can be secured only by direct contact with people, and the informality of the situation tends to put the participant at ease.

Certain disadvantages are recognized in the oral interview situation, such as, the interviewee may recoil from the thought of revealing information asked for in a too direct manner; and the interviewer needs skill to gain the proper results.<sup>8</sup>

Because of the type of questions that were asked in the interview situation in this study, the oral interview seemed most likely to obtain the desired results. In the face-to-face situation, any problem that arose could be handled more effectively.

### IV. THE WRITTEN QUESTIONNAIRE

The written questionnaire was used for the completion of collecting the data for this study, as a matter of necessity. This type of questionnaire has the advantage of securing information from people that live at a distance from the interviewer, and it is less time consuming from the viewpoint of the interviewer. Certain disadvantages are recognized, such as, failure to answer the questions

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<sup>8</sup>Carter V. Good and Douglas E. Scates, Methods of Research (Illinois: Appleton-Century-Crofts, Inc., 1954), p. 637.

correctly, or leaving some of the answers incomplete, and a lower percentage of returns.<sup>9</sup>

## V. DESCRIPTION OF ORAL AND WRITTEN QUESTIONNAIRE

The information given to the relatives as participants in the interview situation was devised to encourage them to cooperate to the best of their ability to answer the questions necessary for the study.

The interview schedule. The questionnaire that is used in the interview method of collecting primary data is called the "interview schedule."<sup>10</sup> The interview schedule contained the following information. (See Appendix A.)

The writer introduced herself as a member of the graduate school of nursing and explained that permission had been granted from the director of the hospital to conduct the study. An explanation of the purpose and general content of the study was given. The importance of the relative's participation was stressed by pointing out that they were in the best position to give the writer the information desired. The anonymity of the data was emphasized by explaining that names would not be used nor persons or the hospital identified in any way.

The interview question. The following questions asked in the

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<sup>9</sup>Ibid., pp. 626-627.

<sup>10</sup>Gwendolyn H. Berry, "Constructing a Questionnaire," American Journal of Nursing, 57:998, August, 1957.

interview were hopefully designed to fit the thinking of the respondent and not that of the questioner, for best results of the questionnaire.<sup>11</sup>

1. Would you recall a recent incident when you were visiting on the ward that a member of the nursing staff was of particular help or assistance to you?

The first question was designed to give the participant a proper frame of reference to formulate his answer. If further clarification was necessary, it was given. For example, the respondent might ask, "How do you mean help or assistance?" The interviewer would respond, "Was the staff member's behavior as such that you would like to praise her or see her again?"

a. What led up to the incident?

This question was asked for the purpose of giving meaning to the incident and place it in its proper perspective.

b. What did the nursing personnel say or do?

This question was asked primarily to clarify in the respondent's mind the particular behavior of the member of the nursing staff. This question in some instances had to be asked several times, as the respondents had a tendency to be vague in their answers and prone to give a general comment.

c. In what way do you feel this was of help or assistance to you?

This last question was asked for the purpose of finding out in the

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<sup>11</sup>Ibid.

judgment of the respondent why the nursing staff's behavior was effective.

2. Would you recall a recent incident when you were visiting on the ward that a member of the nursing personnel was not as helpful to you as she might have been?

The design of this question was for the same purpose as explained in Question 1. Since this question asked for a non-effective incident, the respondent may ask for further clarification of what is meant by the nursing personnel not being helpful. The interviewer might ask the respondent, "Is the staff's behavior as such that you would not wish to see her again?"

a. What led up to the incident?

b. What did the nursing personnel do or say?

c. In what way do you feel that this was not of help or assistance to you?

The design of these two questions was for the same purpose as b and c, in Question 1.

In general, very little clarification of the questions was necessary.

## VI. THE PRE-TEST

For purposes of this study, the intention was to interview thirty responsible relatives of hospitalized patients in a private psychiatric hospital. The director of the hospital was contacted for permission to conduct the study. (See Appendix B.)

The pre-test was done by interviewing eight relatives for the purpose of determining if the incidents reported met the criteria of a usable incident. The results from this pre-test were not satisfactory. The majority of the eight relatives said they had little or no contact with the nursing staff, and therefore were unable to answer the questions properly.

Because of the paucity of the material, the superintendent of a hospital in another state was contacted for permission to do the study. (See Appendix C.) A pre-test given to five patients in this hospital proved satisfactory, and the interviews were continued.

## VII. COLLECTING THE DATA

The data was collected from a hundred bed psychiatric hospital that was a teaching and research center. It consisted of four adult wards, a neurological ward, a children's ward, and a day hospital ward. The data was collected from relatives of patients from the four adult wards.

A letter of introduction had been sent by the chief of the adult inpatient services to approximately fifty relatives of patients in the hospital. The letter notified them of the writer's intention of doing this study and asked for their cooperation. (See Appendix D.) This introduction of the writer to the relatives by mail made the first contact with them much more meaningful.

One week was spent contacting the relatives for the oral interviews. The relatives were contacted when they came on the wards

to visit the patients and when they had appointments with the social worker or doctor of the patient.

During the one week period it was possible only to contact seventeen relatives. One of the reasons for this was the closeness of the Christmas holidays when more patients were on pass, and hence there were fewer relatives visiting. Two of the relatives refused to be interviewed; one woman said she did not have the time, and the other stated that she did not wish to be interviewed.

Oral interviews from the fifteen relatives interviewed netted a total of twenty-five incidents. Although this writer had asked each relative for one effective and one non-effective incident, a number of the relatives offered additional incidents. The incidents were extracted from the information given by the relatives and written on small cards and marked with the number of the relative interviewed and the relationship of the relative to the patient.

Because of the inability of the writer to collect the data from the thirty relatives as previously planned during the week's stay in the city, it was decided to contact the remainder of the relatives by mail. A cover letter explaining the nature of the study and the interview schedule containing the questionnaire was sent to thirty relatives that had not been previously contacted. (See Appendix E.) The organization and nature of the mailed questionnaire was essentially the same as stated in the oral interview.

The presentation and analysis of the data will be presented in the following chapter.

## CHAPTER IV

### PRESENTATION AND ANALYSIS OF DATA

The purpose of this study was to determine what the nursing staff does to help the relatives of hospitalized psychiatric patients.

There were forty-five relatives contacted for interviews, fifteen by oral interviews, and thirty by mailed questionnaire. The results from the oral interviews were all usable. There were eighteen returns from the thirty mailed questionnaires, but four of these did not have sufficient data. From these results there were twenty-nine relatives contacted in interview that gave usable incidents. There were twenty-five behaviors derived from the fifteen oral interviews, and twenty-nine from the fourteen mailed questionnaires, netting a total of fifty-four behaviors.

#### I. INITIAL ANALYSIS

The results obtained from the total interviews with the relatives were first reviewed to judge whether they met the criteria of a critical incident. An incident is critical if it makes a "significant" contribution, either positively or negatively, to the general aim of the activity.<sup>1</sup> Those incidents that did not meet this criteria

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<sup>1</sup>John C. Flanagan, "The Critical Incident Technique," Psychological Bulletin, 51:338, July, 1954.

were discarded. The behaviors of the nursing personnel were extracted from the incidents and written separately on small cards and marked with the number of the behavior. The relationship of the relative to the patient was not used as it would not be significant in this study.

There were thirteen non-effective or negative incidents derived from the oral and written interviews. These were interpreted as effective or positive incidents. According to Flanagan, critical requirements should be stated in positive terms.<sup>2</sup> For example, "The nurse brought a glass of fruit juice to my son while he was playing cards. He had a cold and had been told to drink fluids. My son took a sip and sat the glass down." The nurse stood there tapping her foot and said in a harsh tone, "Come on, hurry up and get it down." For an effective behavior it would be assumed that the nurse would be understanding and let the patient take his time drinking the juice.

These behaviors were carefully studied and placed in tentative large areas, striving to encompass all behaviors. Following this, subareas were tentatively made from the behaviors and grouped under the large areas. In order to facilitate an objective type of classification that would include all the behaviors, a technique called content analysis was used.

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<sup>2</sup>Ibid., p. 345.



## II. CONTENT ANALYSIS

According to definition content analysis is a research technique for the objective, systematic and quantitative description of the manifest content in communication.<sup>3</sup>

In order to make use of this description, use is made of the recording unit, which is the smallest body of content that may be examined in characterizing a recording unit. The smallest unit generally applied in content analysis is the word, another unit is the theme, which may be a simple sentence or assertion about a subject matter.<sup>4</sup> Therefore, in categorizing the behaviors, similar words and themes were placed in the same subareas. Using this technique, the behaviors were further studies until all were placed in the appropriate major and subareas.

## III. FINAL INTERPRETATION AND ANALYSIS

Two separate sets of categories were elicited from this analysis.

### CATEGORY I

- A. The Therapeutic Role
- B. The Giving of Information

### CATEGORY II

- A. The Therapeutic Results
- B. The Informative Results

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<sup>3</sup>Gardner Lindzey (ed.), Critical Analysis, Handbook of Social Psychology (Cambridge, Mass: Addison Wesley Publishing Co., 1954), p. 489.

<sup>4</sup>Ibid., p. 507.

The first analysis of behavior in Category I dealt with the behavior as a result of that portion of the questionnaire that asked the following question: What did the nursing personnel say or do?

Example: The nurse held my daughter's hand and kept a cheerful conversation going.

The second analysis of behavior in Category II was concerned with the results of the behavior of the nursing personnel as interpreted by the relative, in answer to the following question: In what way do you feel the nursing behavior was of help and assistance to you? Example: I was able to understand my son's disinterest in my visit.

#### IV. DEFINING MAJOR AREAS AND SUBAREAS

Definitions of major and subareas were developed from the material in the analysis to clarify the descriptive titles and to summarize the content of the incidents in each particular subarea. The major and subareas as defined by the data found in this study are as follows:

##### Category I.

##### I. Therapeutic Role

The term, therapeutic, may be defined in many ways but for purposes of this analysis the term applies to the behavior of the nursing personnel in bringing about positive changes in the recipient. This behavior encompasses responsibility, understanding, intervention, and even management of the recipient.

Role pertains to the function played by an individual in a group, the individual characteristic kind of contribution to a group, and

the behavior that is characteristic and expected of the occupant of a defined position in the group.

A. Understanding of family's needs

This area concerns the understanding of the relatives' anxieties as a result of the impact of having a member of the family as a patient in a psychiatric hospital. The nursing staff recognizes and understands the relatives' need of:

1. knowing that the patient will be able to return home as soon as he is capable of doing so.
2. knowing that they are loved and needed by the patient.
3. understanding the patient's unusual behavior.
4. helping the relative accept the patient's illness.
5. helping support the relative in visits to difficult patients.

B. Understanding of patient's needs

This area pertains to the patient's ever changing degree of needs as a result of his illness. The nursing staff recognizes and understands the patient's need of:

1. love and understanding
2. patience and tolerance
3. effective relationships with others
4. limitations
5. knowing his illness can be helped
6. knowing that staff will help him and spend time with him
7. understanding his behavior and feelings
8. having a sounding board

### C. Supportive measures

This area pertains to giving emotional support to the relatives by showing friendly interest, encouragement, comfort, and courtesy. The nursing staff gives support by:

1. being cheerful and optimistic
2. greeting relatives as if she is glad to see them
3. showing interest in the entire family
4. locating patient for visit when he is off the ward
5. giving family a comfortable place to visit that is quiet and private
6. giving words of encouragement to the family
7. locating patient's doctor for the family when they wish to see him
8. relaying messages to the patient and doctor from the relative
9. accepting suggestion from the family to have a better decorated ward

## II. Giving of Information

This term applies to the process of communicating to others to impart knowledge and ideas, and in return the reception of knowledge and ideas. This area pertains to the nursing personnel giving facts and interpretations concerning the patients and the hospital.

### A. Meaningful explanation of patient's behavior

This area pertains to the staff's willingness to inform the relatives of the patient's behavior, since the relatives' visits to the hospital are somewhat limited, plus interpreting to some degree why the patient behaves in such a manner, particularly when such behavior is not expected by the relative. Staff gives information by:

1. Offering information about the patient without the relative asking
2. explaining why patient's behavior was so disappointing to the relative during the visit.
3. relating little things about the patient that are important to that particular relative
4. explaining the reason for the patient's outbursts of anger and frequent mood swings.

B. Meaningful explanation relating to patient's progress

This area pertains to the staff's comments about changes for the better in the patient's behavior and the latest steps in the patient's progress.

1. telling relative the patient was looking forward to the outing, and this was a good sign of progress
2. telling relative the patient was better and wished to see the relative
3. telling relative frankly it was too soon to note any progress in the patient's behavior
4. keeping relative informed of recent progress in patient's behavior

C. Helpful suggestions

This area concerns the staff making suggestions concerning the good of the patient and relative

1. staff told the relative to accept the doctor's decision as being best for the patient
2. staff said the patient could have one drink before dinner
3. staff suggested that relative contact the patient's doctor, as he could do no more

D. Helpful explanations

This area pertains to the ward administration

1. staff explained the pass restrictions
2. nurse explained she would send x-rays to patient's doctor

## Category II.

### I. Therapeutic Results

The emphasis in this area concerns the reaction of the relative as a result of the behavior of the nursing staff. A therapeutic result would be the process of bringing about positive changes in the relative's behavior and feelings.

#### A. Emotional support

This area pertains to the relative showing indications of encouragement, confidence, and lessening of anxiety as a result of the behavior of the nursing staff.

1. Relative was reassured by the knowledge that the patient's unhappiness was caused by a realistic reason and not a symptom of illness
2. Relative was given confidence as a result of knowing the patient was given the best of care, and this was encouraging to the whole family
3. Relative's anxiety was lessened by the staff's attitude of personal interest in both patient and relative
4. Relative given feeling of confidence by knowing patient was being cared for by capable people
5. Relative was given encouragement by staff's words of encouragement

#### B. Subjective feeling

This area pertains to the feeling, tone, or mood of the relative as a result of the staff's behavior.

1. Relative felt grateful as a result of staff's help
2. Relative felt important as a result of staff's interest

3. Relative felt pleased as a result of the information
4. Relative felt welcome when visiting on ward
5. Relative felt happy upon receiving encouragement from staff
6. Relative felt good from mothering of staff

C. Understanding of staff

This area pertains to the results of staff's behavior in promoting better situations and relationships between patient and relative due to the understanding and intervention of staff.

1. Staff's words made relative think about the problem
2. Staff's intervention helped the relative work through a difficult situation with the patient
3. Staff's gentle hints gave relative a better understanding of patient's feeling toward them
4. Staff's sensitiveness created a better situation between relative, patient, and staff
5. Staff's truthfulness made relative realize the seriousness of the situation
6. Staff's consideration and thoughtfulness made relative's visit more pleasant
7. Staff listened when relatives needed someone to talk to

II. Informative results

This area pertains to reaction of the relative as a result of the staff giving knowledge and ideas pertaining to the patient and hospital.

A. Increased understanding of patient's condition and behavior

1. Relatives were more interested and closer to the patient as a result of the staff's information

2. Relatives felt they were getting all the necessary information
  3. Relatives received more information than they asked for
  4. Relatives received a clearer picture of the patient's condition
- B. Kept up to date concerning patient activity and ward regulations
1. Relatives informed of changes in patient's restrictions

## V. STATISTICAL ANALYSIS

The number of incidents obtained from the relatives showed moderate differences in the distribution of the behaviors. In Category I the largest number of behaviors were found in the major area of the therapeutic role. A total of thirty-three behaviors from a total of fifty-four were reported. The highest number contained in the subarea was under the heading of supportive measures. A total of seventeen behaviors were reported. Next in number of frequencies were ten behaviors under the area of understanding patient needs. In the area of understanding patient needs, six behaviors were classified.

The second major area, the giving of information in Category I, contained a total of twenty-one behaviors. The subareas were divided according to frequency in the following manner: ten behaviors were contained in the subarea of meaningful explanation of the patient's behavior, six behaviors in the area of meaningful explanation relating



to patient's progress, three behaviors in the area of helpful suggestions, and lastly, two behaviors in the area of helpful explanations.

In Category II, the largest number of behaviors was found in the major area of therapeutic results. A total of forty-four behaviors from the total of fifty-four behaviors was reported. The subareas under therapeutic results contained the following distribution of frequencies: seventeen behaviors were contained in the area of emotional support, sixteen behaviors contained in the area of understanding of staff, and eleven behaviors were contained in the subjective area. The second major area, the informative results contained a total of ten behaviors out of the total of forty-four. The subareas were divided according to frequency in the following manner: eight behaviors were included in the area of increased information concerning the condition and behavior of the patient, and two behaviors in the area of being kept up to date concerning patient activities and ward regulations.

The distribution of the critical behaviors among the major and subareas are shown in Tables I and II on Pages 31 and 32.

TABLE I

FREQUENCIES OF NURSING STAFF'S BEHAVIORS CONTAINED  
IN MAJOR AND SUBAREAS IN CATEGORY I

Behaviors of Nursing Staff	Number of Frequencies
I. THE THERAPEUTIC ROLE	
A. Understanding of family's needs . . . . .	6
B. Understanding of patient's needs . . . . .	10
C. Supportive measures . . . . .	17
1. Friendly interest and acceptance . . . . .	5
2. Encouragement and comfort . . . . .	4
3. Courtesy . . . . .	8
TOTAL . . . . .	33
II. GIVING OF INFORMATION	
A. Meaningful explanation of patient's behavior . . . . .	10
B. Meaningful explanation relating to patient's progress . . . . .	6
C. Helpful suggestions . . . . .	3
D. Helpful explanations . . . . .	2
1. Rules . . . . .	2
TOTAL . . . . .	<u>21</u>
TOTAL OF I AND II . . . . .	54

TABLE II

FREQUENCIES OF RESULTS OF RELATIVES' REACTIONS  
TO NURSING STAFF'S BEHAVIORS IN MAJOR  
AND SUBAREAS OF CATEGORY II

Reaction of Relative	Number of Frequencies
I. THERAPEUTIC RESULTS . . . . .	
A. Emotional support . . . . .	17
1. Reassurance . . . . .	5
2. Lessening of anxiety . . . . .	8
3. Confidence . . . . .	4
B. Subjective (feeling tone) . . . . .	11
1. Good, happy, welcome . . . . .	4
2. Important . . . . .	3
3. Pleased . . . . .	2
4. Grateful . . . . .	2
C. Understanding of staff . . . . .	16
1. Created a better situation . . . . .	8
2. Created a better understanding between family and patient . . . . .	6
3. Staff listened . . . . .	2
TOTAL . . . . .	44
II. INFORMATIVE RESULTS . . . . .	
A. Increased understanding of patient's condition and behavior . . . . .	8
B. Kept up to date concerning patient's activities and ward regulations . . . . .	2
TOTAL . . . . .	<u>10</u>
TOTAL OF I AND II . . . . .	54

## CHAPTER V

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### I. SUMMARY

This study was concerned with identifying effective behaviors of the nursing staff in helping the relatives of hospitalized psychiatric patients. A review of the current literature pointed out the increasing importance of the relationship of the patient and family as part of the total treatment plan of the patient. Families of children are seen in collaborative treatment, but the adult patient and his family are far behind in this method of treatment. Very little has been written concerning what the nursing staff does in her contact with the relatives. This writer has assumed the staff has ample opportunity to observe and communicate with the relatives when they are visiting on the wards.

Since this writer wished to objectively determine what the nursing staff does to effectively help the relative, the relatives of the patients were interviewed using a technique called the critical incident. The interviews took place in a state psychiatric hospital that was a teaching and research center.

The relatives were asked in a structured interview situation to describe a recent incident in which they observed a member of the nursing staff do something that was particularly effective or non-effective. Because the writer was unable to contact all of the

relatives by using the oral interview, the remaining relatives in the sample were interviewed by a mailed questionnaire.

From the total of twenty-nine relatives interviewed by both oral and mailed questionnaire, fifty-four behavioral incidents were obtained. An analysis of the incidents using the process of content analysis indicated the major areas in which the nursing staff effectively helped the relatives of the patients. The major areas were as follows:

Category I

- A. Therapeutic Role
- B. Giving of Information

Category II

- A. Therapeutic Results
- B. Informative Results

Category I pertains to what the nursing staff did that was effective, and Category II pertains to why the relatives judged this particular behavior to be helpful to them.

There were moderate differences in the frequency distribution of the behaviors. The highest number of behaviors was found in the major areas of therapeutic role and therapeutic results. There were thirty-three incidents out of fifty-four that occurred in therapeutic role, and forty-four out of fifty-four incidents occurred in therapeutic results. The highest number of incidents in the subareas of therapeutic role and therapeutic results occurred in supportive measures and emotional support. There were seventeen incidents tallied in each of these subareas, indicating this area was of most concern and most effective to the relatives.

## II. CONCLUSIONS

The following conclusions are presented as a result of the findings in this study.

1. This study has pointed out and supports the hypothesis that the nursing staff helps the relatives of the hospitalized psychiatric patient.
2. As a result of this study a list of critical requirements of the nursing staff's effectiveness in helping the relatives was obtained.
3. The area in which the nursing staff was most effective was concerned with understanding of interpersonal relationships and maturity of judgments.
4. The relatives have pointed out that the nursing staff is in a unique position to help them with problems pertaining to the patient and the ward.
5. The relatives were a valuable resource group. They were eager and willing to give information, particularly if it would help in their understanding of mental illness and the progress of the loved member of the family.

## III. RECOMMENDATIONS

The following recommendations are presented as a result of the findings of this study.

1. A study of this kind should be repeated using a larger sample to determine if the same results are achieved.

2. As a result of this study, more therapeutic use should be made of the nursing staff's contribution to the patient-family group. This contribution would aid members of the psychiatric team in promoting better mental health in the family constellation.

3. Patients and relatives profit from the nursing personnel's assistance; therefore, more emphasis should be placed on the patient-family relationship.

4. The importance of the nursing staff's role in helping the relative should be emphasized in the education of basic students and members of inservice education.

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## BIBLIOGRAPHY

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APPENDIX A

INTERVIEW SCHEDULE

## INTERVIEW SCHEDULE

1. Introduction of the interviewer.
2. Sponsorship of the study.
3. Purpose and brief explanation of the study.
4. Importance of the group being interviewed.
5. Anonymity of the data.
6. The question.
  - A. One behavior of the nursing staff observed and judged by the participant to be effective.
  - B. One behavior of the nursing staff observed and judged by the participant to be non-effective.

APPENDIX B

LETTER ASKING FOR PERMISSION TO CONDUCT STUDY AT  
FIRST HOSPITAL

November 13, 1957

Doctor \_\_\_\_\_

\_\_\_\_\_  
Denver, Colorado

Dear Dr. \_\_\_\_\_:

I am a student in the graduate school of the University of Colorado in psychiatric nursing. I spent some time at \_\_\_\_\_ Hospital working with individual and groups of patients. You may remember that I worked with one of your patients.

I am asking permission to collect data at \_\_\_\_\_ Hospital for my thesis. My thesis problem is to find out what psychiatric nurses do to help the relatives of the patients in the hospital. I wish to interview approximately thirty relatives. This data would be completely anonymous as no names would be used, nor incidents identified.

Please let me know if you wish any further information concerning this request.

Sincerely yours,

Margaret A. Sammick

Any assistance you can give Miss Sammick would be appreciated, as I have approved her plan of study.

Opal White  
Acting Coordinator of  
Psychiatric Nursing

APPENDIX C

LETTER ASKING FOR PERMISSION TO CONDUCT STUDY AT SECOND  
HOSPITAL

1544 Marion Street  
Denver, Colorado  
December 7, 1957

Superintendent and Medical Director  
Institute  
San Francisco, California

Dear

I am writing you to ask permission to obtain data for my thesis at the \_\_\_\_\_ Institute. The source of the data would be completely anonymous, and individuals would not be identified.

My thesis is concerned with identifying those behaviors on the part of the nursing personnel which the patient's relatives consider to be helpful to them. I plan to interview the relatives and ask them to relate one incident in which a member of the nursing personnel was of help to them, and one incident in which a member of the nursing personnel was not of help to them.

I am unable to collect my data in the Denver area. I had started collecting my data at a private psychiatric hospital, but it proved to be unsatisfactory, because of the rapid turnover of patients, and the little contact between personnel and relatives.

Because of my familiarity with \_\_\_\_\_ Institute, and the contact between nursing personnel and relatives, I would like to interview the relatives of the patients from the four adult wards.

I would be able to be in San Francisco from December 14th through the 22nd, but am wondering because of the closeness of the holidays, whether I would be able to contact the number of relatives I would need for my study.

Sincerely yours,

Margaret A. Sammick  
Master Student in Psychiatric Nursing  
University of Colorado



APPENDIX D

FORM LETTER SENT TO RELATIVES INTRODUCING THE STUDY

Dear

We are writing this form letter to you and to other relatives of patients who are hospitalized at \_\_\_\_\_ Institute instead of talking with you personally because of the necessity of acting quickly.

Miss Margaret A. Sammick has asked our cooperation in a research project she is doing. Miss Sammick is a former psychiatric nurse here and is now a master student in psychiatric nursing at another university center. She is studying ways in which nurses may be helpful to relatives of patients in mental hospitals. She would like to interview a number of relatives of patients at \_\_\_\_\_ Institute. The material she obtains in these interviews will be kept entirely confidential as to the identity of the relatives participating--even from the staff of the Institute.

We would not want you to feel under any obligation to participate in this study. But we would like you to know that we think it is a very worthwhile effort and that those who do help in it may be contributing to the advance of knowledge in an important area of this field. So that if Miss Sammick should contact you, we feel her request justifies your careful consideration.

Sincerely yours,

Chief, Adult Inpatient Service

APPENDIX E

COVER LETTER, INSTRUCTION SHEET, AND QUESTIONNAIRE

MAILED TO RELATIVES

1544 Marion Street  
Denver, Colorado  
January 13, 1958

Doctor \_\_\_\_\_ of \_\_\_\_\_ Institute wrote to you concerning a study I am doing. I am sorry I was unable to see you personally when I was in San Francisco. I am writing to you in hopes that you will be willing to answer a few questions that I had intended to ask you personally.

This study is in regard to how the nursing personnel can be of more help and assistance to the relatives of patients in a psychiatric hospital. I feel that you can help in the study by giving me your opinion concerning the way you feel the nursing staff is of assistance to you. Your contribution is very important, because nursing personnel is constantly attempting to improve their knowledge and ability to help patients and to be of assistance to their families.

As Doctor \_\_\_\_\_ pointed out in his letter, this material will be held in strictest confidence, and I will be very appreciative of your consideration.

I am enclosing the instruction sheet and the questionnaire, and also a self-addressed envelope for your convenience.

I wish to thank you for your attention, and I hope you will be able to cooperate in this study.

Sincerely yours,

Margaret A. Sammick  
Master Student in Psychiatric  
Nursing  
University of Colorado

## INSTRUCTIONS FOR QUESTIONNAIRE

If you would recall two experiences you have had with a member of the nursing staff (nurse or technician).

- a. Which occurred most recently within the last six months.
- b. One which you felt was of help or assistance to you, and another which you felt was not of any particular benefit to you.
- c. You need not sign your name.

An example to assist you in filling out the questionnaire.

- a. What led up to the incident?

I had come to the hospital to take my sister home for the weekend. It was her first visit home since she had been hospitalized.

- b. What did the nurse or technician do or say?

The nurse while talking to me said that my sister had told her that she hoped her family would not treat her as a guest when she was home for the weekend.

- c. In what way do you feel this was of help or assistance to you?

It made me think twice about my sister's feelings when she came home. My sister told the family she had enjoyed the weekend very much, so I feel we succeeded in not treating her as a guest.

## QUESTIONNAIRE

Would you recall a recent incident when you were visiting on the ward that a member of the nursing personnel was of help or of assistance to you.

1. What led up to the incident?

2. What did the nurse or technician say or do?

3. In what way do you feel this was of help or assistance to you?

## QUESTIONNAIRE

I am sure there have been times when you have been in contact with the nursing personnel when they have not been helpful, or not as helpful as they could have been. Would you recall an incident when you were visiting on the ward that a member of the nursing personnel was not as helpful to you as he or she could have been.

1. What led up to the incident?

2. What did the nurse say or do?

3. In what way do you feel this was not of help or assistance to you?