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A Study of Twenty Non-Specific Nurse-Patient Contacts in a Selected Psychiatric Hospital

Gordon Howard Sawatzky

University of Colorado Boulder

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A STUDY OF TWENTY NON-SPECIFIC NURSE-PATIENT CONTACTS

IN A SELECTED PSYCHIATRIC HOSPITAL

by

Gordon Howard Sawatzky

A.B., Bethel College, 1950

M.N., Yale University, 1955

A Thesis submitted to the Faculty of the Graduate
School of the University of Colorado in partial
fulfillment of the requirements for the Degree
Master of Science
Department of Nursing

1960
This Thesis for the M.S. degree by
Gordon Howard Sawatzky
has been approved for the
Department of
Nursing
by

[Signatures]

Date November 13, 1959
Sawatzky, Gordon Howard (M. S., Nursing)

A Study of Twenty Non-Specific Nurse-Patient Contacts in a Selected Psychiatric Hospital

Thesis directed by Assistant Professor Jean M. Boyd

The problem of this thesis was to identify psychiatric patients’ understanding of why nurses contact them even though no specific nursing function prompted the contact.

The purposes of this study were to examine non-specific nurse-patient contacts in a psychiatric hospital, to identify if nurses indicate to patients why contacts were made and to obtain indications of patient understanding of why nurses contact them.

The method of the study was the descriptive survey, using the technique of interviewing psychiatric patients to gather the data. Twenty psychiatric patients were interviewed in a selected psychiatric hospital. The patients for interview were selected through the observation of nurse-patient contacts by the investigator, and were interviewed following an observed non-specific contact which was initiated by the nurse.

In the interview the patients were asked to tell if the nurse gave a reason for making the contact, as well as to give their opinion as to why the contact was made.

The data were analysed through a tabulation and a classification of the responses. This analysis revealed that two out of the twenty nurses gave the patients some verbal indication of why they were initiating a non-specific contact. The classification of the opinion
responses revealed that twelve of the twenty patients did not know why the nurse contacted them and fourteen of the twenty saw the contacts as an expression of interest by the nurse. One patient felt his behavior was being observed, and one felt the contact was made to meet the nurse's own need.

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

Signed

Instructor in charge of thesis
ACKNOWLEDGMENTS

The writer wishes to acknowledge the assistance given by Assistant Professor Jean M. Boyd, Assistant Professor Opal H. White, and Assistant Professor Dorothy M. Eloch, in the planning and execution of this study. The encouragement given was greatly appreciated.
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CHAPTER I

THE PROBLEM AND DEFINITIONS OF TERMS USED

During recent years the field of psychiatric hospital treatment has been undergoing change because of an increasing awareness of the need to promote the kind of patient care that will be of maximum benefit to the mentally ill patient in his struggle toward health. ¹ Psychiatric nursing, as an important part of psychiatric hospital treatment, has been influenced by this change in emphasis, and has sought to examine the psychiatric nurse's role in better implementing a therapeutic quality of psychiatric patient care.

This examination of the psychiatric nurse's role has resulted in an on-going evaluation of the basic concepts, qualities, and skills needed by the psychiatric nurse to carry out the desired quality of nursing care. This evaluation must continue to progress because more needs to be learned about psychiatric nursing in terms of what psychiatric nursing is, how it is carried out, and how it can be taught and learned.

One important aspect of psychiatric nursing lies in the area of communication between nurse and patient. ² The quality and amount

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of this communication is dependent upon various factors, some of which are: the kind of interpersonal relationship existing between nurse and patient, the need or ability of the patient and nurse to communicate in any given situation, and the role-expectation which the nurse may have of the patient or which the patient may have of the nurse.

In considering the factor of role-expectation, the question arises as to how the patient's understanding or perception of the nurse's role affects his ability to respond to the communication of the nurse. Further, does the psychiatric patient perceive the nurse's role to be one in which only specific nursing duties are carried out? If this is the extent of his concept, how does he perceive what the nurse is attempting to do when she spends time with him without having a specific nursing function as a motive for contacting him?

I. THE PROBLEM

Statement of the Problem. This study was undertaken to examine twenty non-specific nurse-patient contacts in a selected psychiatric hospital in order to identify psychiatric patients' understanding of why nurses contact them even though no specific nursing function prompted the contact.

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**Purpose of the Study.** The purposes of this study were: (1) to determine how the psychiatric patient may perceive the role of the nurse in twenty non-specific nurse-patient contacts, (2) to determine from patient responses if the nurse identifies or explains the reasons for non-specific contacts, and (3) to assess the findings for ways in which better patient understanding of the role of the nurse may be promoted by nurses.

**Importance of the Study.** From discussions with instructors of psychiatric nursing, from the experience of working with psychiatric patients, and from statements in the nursing literature, it appears that nurses may encounter difficulties in their contacts with patients which can adversely affect the establishment of an interpersonal relationship between nurse and patient.

If the patient, for various reasons, rebuffs the contacts of the nurse, the nurse may react by withdrawing or becoming indifferent to the patient and his behavior. As Gregg stated:

*These patterns of behavior alert us to the nurse's need to acquire techniques for handling interpersonal problems with the patient before changes in patterns of withdrawal, hostility, or indifference can be expected. If we find ways to decrease the 'detail work' of nursing to give the nurse more time with her patients, and yet fail to teach her the skills she needs, the anxiety that is created because she does not know what to do only increases her need to use a variety of unprofitable defenses.5*

It is important that psychiatric nurses acquire techniques and skills for handling interpersonal problems with the psychiatric patient.

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since "it is through her success in making every encounter a beneficial experience for the patient, stemming from a sound basis of information and purposeful evaluation, that the nurse is effective as a psychotherapeutic agent."6

There is a need for more detailed studies of the skills the psychiatric nurse needs, and how to help her develop these skills. One such needed skill is the nurse's ability to help the patient understand her role more fully so that the patient can more readily accept and use the interpersonal relationship with the nurse for greater benefit. Thus it would seem important for nurses to learn what explanations or understandings the patient might need regarding her role, since, as Peplau stated:

Nurses have this paramount task: to become aware of how they experience the participation of patients in ward situations and to find out how patients experience their participation.7

Scope and Limitations. The data collected for this study were limited to the results of interviews with twenty psychiatric patients in one selected psychiatric hospital after the investigator had observed a nurse-patient contact and determined if the contact was a non-specific one. The data were limited by a time factor to twenty interviews due to the necessity of selecting the patients for interview through observation of non-specific nurse-patient contacts.


A considerable amount of time was spent by the investigator waiting for these contacts to take place, which in turn, limited the number of interviews to the contacts observed during the period of study.

There were no limitations as to the type of psychiatric patient interviewed, the only qualification being that the patient was capable of responding with his opinions at the time of the interview.

Basic Assumption. It was assumed that psychiatric patients are capable of answering interview questions in most instances.

II. DEFINITION OF TERMS USED

Contact. Any interaction between patient and nurse which may be initiated by either the patient or the nurse.

Specific contact. Any nurse-patient interaction that is initiated by a hospital order, nursing routine, or procedure.

Non-specific contact. Any nurse-patient interaction that is not initiated by a hospital order, nursing routine or procedure. Essentially, non-specific contacts would be those initiated by a nurse in response to some psychological need of the patient perceived by the nurse.

Nurse. For this study the term nurse was used to designate all nursing personnel on the psychiatric ward including Graduate Nurses, Student Nurses, Practical Nurses, and Psychiatric Aides.

Role expectation. The anticipation of a certain kind of behavior from an individual because of his belonging to some formal or informal group. The group may, in part, set standards of behavior
for the individuals who are a part of it, which in turn allows others to anticipate a certain set of behaviors from the group members.

III. PLAN FOR THE REMAINDER OF THE THESIS

The remainder of the thesis is divided into four chapters. A brief description of what each chapter will contain is presented below:

Chapter II will present a review of the literature which was found to be related to this study.

Chapter III will present the method of studying the problem, as well as the steps taken in the collection of data for this study.

Chapter IV will present the analysis and interpretation of the data obtained in this study.

Chapter V will present the summary, conclusions, and recommendations of this study.
CHAPTER II

REVIEW OF THE LITERATURE

A survey of recent nursing and psychiatric literature was made to find material which would be related to and provide a background for this study. Little information was found which was specifically related to psychiatric patients' concepts of the psychiatric nursing role. However, much material was found regarding the role of the psychiatric nurse from the professional and nursing viewpoint. For this reason the review of literature will include a discussion of the changing concepts of the role of the psychiatric nurse as well as how these concepts are related to the psychiatric patient.

This survey of literature includes the nursing journals, The American Journal of Nursing, Nursing Outlook, and Nursing Research, from 1950 to August 1959. Psychiatric nursing texts published since 1950 were surveyed. In addition, psychiatric journals and texts as well as sociological studies were reviewed for related material.

I. THE CHANGING CONCEPTS OF THE PSYCHIATRIC NURSE'S ROLE

In psychiatric hospital treatment during the past fifteen years, there has developed an increasing awareness of the need to progress from the historical custodial type of patient care to therapeutic patient care.¹ This kind of emphasis has prompted a great deal of

¹Greenblatt, York, and Brown, op. cit., pp. 1-11.
research, study, and effort, on the part of many professional people, to promote a kind of therapeutic community in mental hospitals. This kind of therapeutic community is one in which all aspects of the psychiatric patient's life in the hospital are geared toward the promotion of health.²

Psychiatric nursing, as an integral part of psychiatric hospital treatment, has of necessity been influenced by this change in emphasis. As Will stated:

The total field of psychiatry and the concepts relating to mental hospital care of patients has been undergoing a marked and rapid change. With this, much attention has been focused on the essential importance of the day to day interpersonal experiences of patients in the hospital with those with whom he lives and works. The psychiatric nurse is inevitably concerned, as her role must alter to meet the changes occurring in the field.³

For this reason, psychiatric nursing has sought to improve the kind and quality of patient care to better implement a therapeutic environment for the hospitalized mentally ill patient.

This has required a broadening of the concept of the nurse's role since:

Traditionally the services of the nurse in the psychiatric setting have been confined to limits within which any well-intentioned nurse can function ... This has consisted of paying attention to the patients physical comfort and safety,

²Ibid., pp. 11-18.

coordinating activities of the hospital day and assuming attitudes of kindliness and forbearance toward the patients behavior.\(^4\)

The traditional concept of the nurse's role would appear to be inadequate, since limiting the nurse's role to the giving of good custodial nursing care was not taking into consideration the therapeutic potential of nursing personnel in other areas, such as the area of interpersonal relationships. As Karnosh and Mereness stated:

Today, in addition to her traditional role, the nurse is expected to be a teacher of positive health, to participate in activities that prevent illness, to understand emotional aspects of health and disease, to recognize emotional needs, to give understanding, support, and guidance to people in trouble. Helping the patient to assume his role as an independent, self-directing, functioning individual is also part of the nurse's responsibility.\(^5\)

This concept of the psychiatric nursing role implies that the psychiatric nurse must be skilled, not only in the technical aspects of nursing, but also in the use of her own personality in the forming of meaningful relationships with patients. Thus she must acquire skills of listening to, talking with, and being with the patient in planned contacts, and in recognizing and meeting the patient's needs as they emerge.

\(^4\)Kathleen Black, *op. cit.*., p. 718.

II. INTERPERSONAL RELATIONSHIPS: THE CENTRAL CONCEPT OF PSYCHIATRIC NURSING

Psychiatric nursing involves prolonged daily contact with patients. Upon nursing falls the responsibility of "round the clock" care of the patient since other professional groups (i.e., psychiatrists, social workers, psychologists, occupational therapists, etc.), spend relatively short periods of time with the patient each day. This increases both the opportunity and the responsibility of psychiatric nursing to promote the kind of environment for the patient which will be of maximum benefit to the patient's progress toward health.

The most essential element of present day psychiatric nursing would seem to be the establishment and use of interpersonal relationships therapeutically in these prolonged daily contacts with patients. As Hall stated:

As our concepts of mental illness and personality functioning have broadened . . . the importance of interpersonal relations in the patient's recovery has been underscored. 'The mentally ill get well through people' is a popular phrase that expresses a concept of treatment that has evolved in psychiatry. Not a single treatment method has thus far been introduced into psychiatry that substitutes for help through interpersonal experience.\textsuperscript{6}

More specifically, in relation to psychiatric nursing, Schwartz and Schockley have stated that they "... believe interpersonal relations

between patients and nurses to be crucial in bringing about patient improvement. These relationships would seem to be so crucial because:

Treatment is given by a person to a person, and the personal attributes and attitudes of the one giving it play a very important role in its effectiveness. Each patient is responsible to the personalities of those who are caring for him. The recovery of patients who are extremely responsive may depend more on 'how' something is done than on what is done.

Having established the importance of interpersonal relationships in the modern concept of psychiatric nursing, it would then seem imperative that psychiatric nurses be helped to acquire the necessary skills in the establishment and use of therapeutic interpersonal relations with patients.

In general, basic nurses training does not adequately prepare the nurse with the skills she needs in this area. For example, Schwartz and Schockley stated the following about one of the facets of an interpersonal relationship—the skill of listening:

The nurses training ordinarily does not teach her how to listen attentively to the patient's words; it teaches her instead how to 'do things' for patients and gives her a conception of nursing as a 'doing' profession. In listening, the nurse holds in abeyance the necessity for actively doing something and accepts the idea that listening itself is 'doing something' for the patient.

It is therefore essential that further training be made available to psychiatric nurses if they are to contribute to the treatment of

7 Schartz and Schockley, op. cit., p. 16.


9 Schartz and Schockley, op. cit., p. 232.
mentally ill patients with the skills which their changing role demands of them. Psychiatric nursing leaders have been greatly concerned with the educational responsibilities these new concepts bring. A great deal of progress has been made and research is constantly in progress to further identify what the psychiatric nursing role is, what skills are essential to the implementation of this role, and how these skills can effectively be acquired by the nurse. As Hall stated:

Much more is now expected from those who care for the mentally ill than ever was before, and adequate provision for the future will be determined by what we do now. Our cooperative efforts should result in better planning for the education and use of all nursing personnel in psychiatry allowing the attendant and nurse of tomorrow to give service of the highest quality.

With the shift in emphasis in psychiatric nursing from custodial to therapeutic care, various questions arise as to how the patient perceives the new role of the nurse, and how his understanding of this role affects his reactions to the nurse. If the patient is fully aware of the change in nursing role, does this help him to take fuller advantage of the help available from nurses, or on the other hand, does his lack of awareness cause him to reject or misinterpret the help which he might obtain through a closer relationship with a nurse?

In the literature there were no studies found that were concerned specifically with answering the above questions. Fatka interviewed patients to find from the patient's point of view the kinds of


behavior effective nursing personnel used. This study demonstrated some of the areas in which patients felt that nursing personnel were effective, especially in the area of demonstrating depth in nurse-patient relationships.\textsuperscript{12} This study implied that many patients have an adequate understanding of the nurse's role, although this area was not specifically explored in the study.

The patient on admission to a mental hospital is cast in a role of dependence upon the hospital and particularly upon his doctor. As Loeb stated:

On admission, a patient is taught his role. The psychiatrist tells him, in effect, 'You are sick; you are in a hospital; I am a doctor; we are going to try to make you well.' In other words, the patient is given a very subordinate and dependent role.\textsuperscript{13}

If dependency upon the doctor is thus fostered from the beginning of hospitalization, what effect does this have on the patient's concept of the nursing role and upon his ability to interact with nursing personnel? Does this cause the patient to feel that the doctor is the only one to really be talked to, whereas nursing personnel are there to care for his physical needs?


The whole area of patient-nurse interaction is one in which further research is needed. As yet little is known as to how patient concepts of the nursing role play a part in his reactions to nursing. As Schwartz and Schockley stated:

Whatever a nurse is doing with a patient—bathing him, feeding him, giving him medication, playing games with him or sitting and talking with him—she is maintaining a relationship with him. We need to know more about these nurse-patient interactions and to understand their effects on patients.

The patient needs to understand what he can expect from nursing care. "A relationship that is useful to the patient is one in which what is expected of him is made clear and adhered to consistently." However, it is also essential to consider what previous concepts the patient has about nursing and how these concepts affect his expectations of nursing.

As Burton stated:

... if we fail to consider his pre-conceived ideas and the way in which they are operating in his illness, we are not taking care of the whole patient.

III. SUMMARY

This survey of literature has included a discussion of the changing concept of the role of the psychiatric nurse from custodial

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15Schwartz and Schockley, loc. cit., p. 16.

16Hildegard E. Peplau, op. cit., pp. 110-111.

to therapeutic nursing care. The importance of interpersonal relationships in psychiatric nursing was found to be essential to this modern concept of psychiatric nursing as well as the need for the education of nurses so that they may acquire the necessary skills in promoting these interpersonal relationships. Psychiatric patients' concepts of the nurse's role and how these concepts affect their ability to relate to nurses were investigated with the finding that more study and research is needed in this area.
CHAPTER III

METHODOLOGY

I. DEVELOPMENT OF METHODOLOGY

In attempting to study a set of existing conditions, the study-maker must use a method of research that presents facts concerning the nature and status of these conditions. This method of research is generally known as a descriptive study.  

The two basic purposes of this study were to determine how the psychiatric patient perceives the role of the psychiatric nurse in non-specific contacts, and if the nurse explains the reasons for these contacts. Therefore it was felt that this study was concerned with the present nature or status of patients' perceptions regarding the nurse's role and as such the method of research used to obtain the data should be that of a descriptive study. Hillway defines the descriptive study as "a process for learning pertinent and precise information about an existing situation . . . and entails the selection of a sample, or cross-section of the whole, for purposes of direct, minute, observation." Further, if this method provides pertinent information regarding existing patient concepts of the psychiatric


nursing role, it was felt that the data obtained should provide information from which inferences could be made regarding the importance of this data to nurses. As Brown states, "Descriptive research is fact finding with adequate interpretation. . . . The ultimate concern is not usually with status per se, but with the adequacy of status, once this has been ascertained."\(^3\)

After the problem of this study was defined, there were two questions that needed to be answered by the data of the study. These questions were: (1) Do nurses explain to patients the reasons for a non-specific contact when such a contact takes place? and (2) How do patients perceive the role of nurses in non-specific contacts?

In order to obtain information regarding these questions, it was assumed that a sample of patient opinion would be a most direct and useful means of obtaining the needed data. For this reason the technique of interviewing patients was decided upon as the instrument for gathering the data. The interview was used rather than the questionnaire since it was felt that the interview would provide a more permissive atmosphere for the patient to express his opinions. This would also avoid some of the disadvantages of the questionnaire, such as failure to gain the cooperation of the respondent so that a certain percentage of the questionnaires are not returned.

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II. THE INTERVIEW AS A RESEARCH TECHNIQUE

Interviewing as a technique of inquiry is used extensively in the social sciences.\textsuperscript{4} Through the use of the interview or questionnaire, direct information regarding a person's perceptions, beliefs, feelings, motivations or private behavior may be obtained.\textsuperscript{5} This is in contrast to a technique such as observation since by this technique only the observable behavior can be studied.

**Interview Advantages.** There are certain advantages inherent in the interview technique. In the interview there is flexibility in that questions can be rephrased to make sure they are understood, or further questions can be asked to clarify the meaning of the subject's answer.\textsuperscript{6} A skilled interviewer may also create a more permissive atmosphere in the interview situation so that the subject can feel more free to express his feelings or opinions. Even though the interview relies on the validity of verbal reports, which may not always be entirely valid, there is opportunity during the interview to observe the subject and appraise not only what he says but the way in which he says it, which can give the researcher an inkling to the genuineness of the verbal response.\textsuperscript{7}


\textsuperscript{6}Brown, *op. cit.*, p. 189.

\textsuperscript{7}Good and Scates, *op. cit.*, p. 637.
For the purposes of this study, a two-question interview was constructed. The first question was one in which a simple yes or no response was elicited. The second question was an open-ended question. In regard to the open-ended question, Jahoda, Deutsch, and Cook state:

The open-end interview ... is designed to permit a free response from the subject rather than one limited to stated alternatives. The distinguishing characteristic of the questions used in open-end interviews is that they merely raise an issue but do not provide or suggest any structure for the respondents reply. Thus the respondent is given the opportunity to answer in his own terms and in his own frame of reference.8

It was felt that the open-ended question was especially suitable in interviewing psychiatric patients since it would seem essential that they be allowed to answer the question on their own terms and in their own frame of reference.

**Interview Disadvantages.** The interview places a great reliance on the verbal reports of the subjects studied and therefore the information obtained is limited to that which a subject is willing and able to report.9 There is also the possibility of some variation in the interviews with different respondents because of varying interpersonal reactions between the investigator and the respondents. Therefore, the interviews may not be uniform for each respondent. In this study the investigator was aware of the problems in interviewing and attempts were made to avoid them.

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III. OBTAINING PERMISSION TO INTERVIEW

In order to interview patients for this study, it was necessary to obtain permission from the officials of the selected hospital. Appointments were made with the director of the hospital and the acting director of nurses in the hospital for the purpose of informing them of the study as well as obtain verbal permission to do the study in the hospital. Verbal permission was obtained, following which a letter of confirmation (see Appendix) was sent to the director of the hospital and the acting director of nurses.

The hospital director asked that the investigator present the plan of study at the daily meeting of hospital physicians and supervisory nursing personnel. This was done in order to orient the group to the purpose of the investigator's presence on the hospital wards.

IV. ARRANGING FOR THE INTERVIEWS

Because of the nature of the information desired for this study it was necessary that patients be interviewed following the conclusion of an observed nurse-patient contact which was initiated by a nurse on the hospital staff. For this reason no definite interviewing schedule was arranged. It was necessary for the investigator to spend time on the wards observing nurse-patient contacts. Following an observed contact the investigator would approach the patient with the request for the interview. The first question asked was, "Did the nurse tell you why she came to talk to you?" This question was used for a two-fold purpose, that is, to ascertain if the nurse
gave the patient a reason for the contact, and also to determine if the contact were a non-specific one. If the patient answered affirmatively to this question, a second part of the question was asked, namely, "What was the reason she gave?" If the patient gave a specific reason for the contact, such as, "She told me it was time for O.T.", or "She wanted to tell me about my diet," the interview was terminated and the datum not used since this indicated that the contact was specifically related to nursing routines or hospital procedures. If, however, the patient gave a no answer to the first question or gave a yes answer with a non-specific reason for the contact such as, "She said I looked lonely and she wanted to help if she could," then the contact appeared to be a non-specific one and the second question was asked. The second question was, "Why do you think she came?" This question was asked to obtain information regarding the patients' opinions or perceptions of the reasons that nurses contact them in non-specific situations.

V. PRETEST

A pretest was conducted on the psychiatric ward of a city and county hospital in which four patients were interviewed to determine if the interview questions were clear and effective, and would obtain the kind of information desired to meet the purposes of the study.

A second reason for doing the pretest was to ascertain if the method of selecting interviewees through observation of nurse-patient contacts was essential, or if the same information could be obtained
by selecting any patient, posing a hypothetical situation regarding a non-specific contact by the nurse, and following this with the same interview questions.

Findings of Pretest. In this study the pretest indicated that the interview questions were capable of soliciting the desired information from psychiatric patients. The patients seemed eager to participate when they were told that the study was done to obtain information of how nurses could be more helpful.

In the pretest two patients were interviewed following observed non-specific contacts by nurses, and two patients were interviewed after the investigator had posed a hypothetical situation. The hypothetical situation posed was as follows: "When a nurse comes to spend some time with you, and just wants to talk without giving you a medication or message or something similar, does she tell you why she came to talk to you?" From the difference in responses to the two kinds of interview, it was apparent that the most reliable and specific information would be obtained in interviews immediately following a non-specific nurse-patient contact. The information received in the hypothetically posed situation was of a very general nature which would allow for conclusions based on insufficient specific facts. For this reason, the decision was made to select the patients for interview through the observation of nurse-patient contacts by the investigator.

The sample of information obtained in the pretest showed that sufficient information could be obtained by the use of this interview to meet the purposes of this study.
VI. SAMPLING

In this study all of the people interviewed were psychiatric patients hospitalized in a mental hospital at the time of the interview. Such factors as the patients' age, sex, diagnosis, race, or educational level did not influence their ability to answer interview questions and were not considered important to this study.

A second necessary factor was that the patient be able to communicate fairly adequately. Since the investigator observed nurse-patient contacts prior to interviewing a patient, he was able to assess the patient's ability to communicate before beginning the interview.

Patients residing on all of the wards of the selected hospital were observed and interviewed. Theoretically, each of the patients in the hospital during the interview period would have had some opportunity for being selected as part of the sample.

Hillway states that "the more homogeneous a group is, the smaller will be the sample required." Since all of the interviewees were patients in the same hospital and all were able to communicate fairly adequately, the sample obtained was considered homogeneous and therefore adequate. On this basis twenty patients were interviewed out of a total population of approximately eighty patients in the hospital. The twenty patients interviewed were representative of the population of the hospital that met the criteria.

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10Hillway, op. cit., p. 187.
VII. COLLECTION OF DATA

Having obtained permission to interview patients in one selected psychiatric hospital, and using the information gained from the results of the pretest, the interviews were begun. The investigator spent all possible time on the wards of the hospital observing nurse-patient contacts. After an observed contact which was initiated by the nurse, the investigator would introduce himself to the patient, explain who he was, what he was doing and enlist the patient's cooperation. The patient was told that all information would remain anonymous and it was necessary to emphasize that the opinions he expressed would have no deleterious effect on the standing or job of the nurse, nor would it be used in any way against him as a patient. Permission was obtained from the patient, prior to the interview, to record what he said as he said it, for use in the study. The investigator tried to record what the patient said as accurately as possible, writing each interview on a separate sheet of paper, prepared beforehand, with the questions of the interview typed on it. The number of the interview was also placed on each interview report.

The patient was then asked the interview questions and the answers were recorded. The patients seemed able to readily comprehend what was asked of them and were able to give direct answers fairly quickly. If they did not understand the question they indicated this by their answer and opportunity was given to rephrase the question. Following the answering of the interview questions, the patient was
asked if he had any further questions, and then the interview was terminated by thanking the patient for his cooperation.

Due to the necessity of selecting the patients for interview through observation of non-specific nurse-patient contacts, a considerable amount of time was spent by the investigator in waiting for these contacts to take place. The nursing personnel had been informed that the investigator was present for the purpose of doing a study, but they were not told the specific details of the study so as to keep from influencing the number or kind of contacts they might have with patients.

All totalled, eighty-five hours were spent by the investigator in obtaining the interviews. During this time, forty-three contacts were observed. Twenty of the contacts were not appropriate for the purposes of this study in that they were specific contacts in which the nurse was prompted to contact the patient because of hospital or nursing routines. Three patients were contacted non-specifically by staff, but for various reasons were unable to respond or unwilling to be interviewed.

In the original planning of this study, it was assumed that observable non-specific contacts between nurse and patient would take place with sufficient frequency that it would be possible to obtain forty to fifty interviews within the period of the study. However, in the process of observing for non-specific contacts, it was found that these contacts did not happen as frequently as was assumed they might in this hospital situation. Therefore, a total of twenty
interviews were obtained for this study. This was felt to be an adequate sample according to the criteria of the study.

Out of the contacts observed and followed with interviews, fifteen were made by staff registered nurses, three were made by psychiatric aides, and two were made by student nurses. The interviewed patients were almost equally divided as to sex, in that eleven patients were women and nine patients were men.

VIII. PLAN FOR ANALYSIS OF THE DATA

The purpose of analysis is to "order the completed observations in such a manner that they yield answers to the research questions."\(^\text{11}\) For this purpose the data will be analysed in terms of the two questions asked in the interview.

The plan for analysis is influenced by the limited amount of data obtained. Question number one will be analysed through tabulation of the yes and no answers. Question number two will be analysed through classification and tabulation of the responses, as well as a listing and interpretation of each response in terms of what the investigator felt the patient was indicating in his response.

With the limitations of the amount of data, it should be made clear that the investigator is not attempting to analyse the data for results from which generalizations for prediction could be

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\(^{11}\)Jahoda, Deutsch, and Cook, \textit{op. cit.}, p. 282.
possible. The analysis of data will be used only in terms of the purposes of this study which were to determine if nurses identify for patients the reasons for a non-specific contact and to identify patient understanding of the reasons for non-specific contact.
The data for this study were collected through interviewing twenty psychiatric patients in a selected psychiatric hospital, after a non-specific contact was observed. This chapter contains the presentation and analysis of the data obtained.

I. ANALYSIS OF QUESTION NUMBER I

The first question of the interview was asked to ascertain if the nurse gave the patient a reason for contacting him, and if so, what reason was given. The question asked was, "Did the nurse tell you why she came to talk to you?"

When the twenty answers to this question were tabulated, the data showed that eighteen out of the twenty nurses did not give the patients a reason for the contact.

The two nurses that told the patient why the contact was made gave the following reasons:

(1) The nurse told the patient that she was assigned to work with him and would like to talk to him.

(2) The nurse told the patient that she wanted to find out how he felt about being hospitalized.

Table I on page 29 presents an analysis of the twenty contacts in terms of whether the nurse identified a reason for the contact.
<table>
<thead>
<tr>
<th>Identification or Omission</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes (reason for contact given)</td>
<td>2</td>
</tr>
<tr>
<td>No (reason for contact not given)</td>
<td>18</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
</tr>
</tbody>
</table>
II. ANALYSIS OF QUESTION NUMBER II

The second question of the interview was asked to obtain information regarding the patient's opinions and perceptions of the reasons for non-specific contacts by the nurse. The question asked was, "Why do you think she came?" In response to this question there were a variety of answers. Twelve patients stated that they did not know why the nurse contacted them. Ten of these twelve patients qualified their "I don't know" answers by giving opinions as to the reason they thought the nurse might have had in contacting them. Fourteen patients indicated that they felt the contact was prompted by an expression of interest on the part of the nurse. Included in this classification of expression of interest are the patients' indications of the nurse desiring to be friendly, to be helpful, to cheer them up, to provide companionship, and to find out feelings about hospitalization. One patient indicated that the nurse contacted him to observe his behavior, and one patient felt that the nurse contacted him because of her own need to talk to someone.

The responses obtained to this question are listed and described below according to each interview.

Response Number 1.

"She had a reason. She just sat down to observe me. She came to see what was going on I guess."

In this response the patient indicated that, in his opinion, the nurse had a reason for making the contact, and surmised that the reason was to observe the patient's behavior.
Response Number 2.

"I was kind of depressed. She came to cheer me up. She just said 'I'd like to talk to you'. I think if she told me why she came to talk to me I would be suspicious of her real motives. I'd rather she'd just come and talk."

In this response the patient indicated some of his own feelings and that his perception of the reason for the nurse's contact was to 'cheer up' or help with this feeling. He also spontaneously expressed an opinion as to whether reasons for nurse-patient contacts should be given by the nurse.

Response Number 3.

"I don't know. I'm sure it wasn't to snoop or pry into my personal life. She just came because she wanted to keep me company. She just let me talk about what I wanted to."

Here the patient indicated that he did not know the reason for the contact, but surmised that the nurse was showing interest in him by spending time with him.

Response Number 4.

"I don't know."

In this response the patient indicated that he did not know the reason for the contact nor did he have any indication or opinion as to why the contact took place.

Response Number 5.

"I don't know. She was just being friendly I guess."

In this response the patient indicated that he did not know the reason for the contact but felt that the nurse might be showing interest by being friendly.

Response Number 6.

"She came because she was interested in me I guess. I like it when a nurse does come to talk to me because it can help you to feel better."
Here the patient indicated that he perceived the contact as being an expression of interest by the nurse. He also indicated that this showing of interest by talking with the patient is helpful.

Response Number 7.

"She came because she was interested in my case and wanted to help me if she could."

In this response the patient indicated that he perceived the response as an expression of interest as well as a desire to help if possible.

Response Number 8.

"I don't know. Just to cheer me up I guess."

Here the patient indicated that he did not know the reason for the contact, but felt the nurse might be showing interest by wanting to 'cheer up' or help in changing his mood.

Response Number 9.

"I don't know. She looked kind of lost. She just wanted to talk to someone."

In this response the patient indicated that he did not know the reason for the contact by the nurse, but felt that the nurse made the contact because of her own need.

Response Number 10.

"I don't know."

In this response the patient indicated that he did not know the reason for the contact, nor did he have any indication or opinion as to why the contact took place.

Response Number 11.

"I don't know. I think the most important thing is that nurses take the time to talk to patients, since this can be helpful."
In this response the patient indicated that he did not know the reason for the contact nor did he give an opinion regarding this particular contact. He gave a general opinion regarding his feeling that nurse contacts are important since they can be helpful.

Response Number 12.

"I don't know. She was interested in me I guess."

In this response the patient indicated that he did not know the reason for the contact by the nurse but felt that the nurse may have been showing an expression of interest.

Response Number 13.

"Because she wanted to help me. She knows that spending time with me helps me because I get so nervous when I don't have anything to do."

In this response the patient indicated that he perceived the contact by the nurse as an indication of a desire to help. The patient also indicated that the contact was helpful.

Response Number 14.

"I don't know. I think it would be helpful if we knew sometimes since if we knew we would feel more free to tell the nurses how we feel."

In this response the patient indicated that he did not know the reason for the contact by the nurse or that he had an opinion regarding the reason. He did state a general opinion that knowing the reasons for the nurses contacts might facilitate communication between nurse and patient.

Response Number 15.

"I don't know for sure. I think she was interested in me and wanted to help in whatever way she could."

In this response the patient indicated that he perceived the contact as being an expression of interest by the nurse as well as a desire to be helpful.
Response Number 16.

"I don't have the slightest idea. But I will say this; it helps to talk to a nurse like that. At least you get to speak your mind."

In this response the patient indicated that he did not know the reason for the contact by the nurse. However, this patient expressed the opinion that the contact was helpful in that it gave him an opportunity to express his thinking and feelings.

Response Number 17.

"I don't know. I guess she was just interested in talking to me to see how I felt."

In this response the patient indicated that he did not know the reason for the contact, but felt that the nurse might be showing interest in him and how he felt.

Response Number 18.

"She wanted to see how things were going I guess. She seemed interested in me and it's nice when someone is interested in you."

In this response the patient indicated that he perceived the reason for the contact as an expression of interest by the nurse.

Response Number 19.

"She said she wanted to find out my feelings about being hospitalized and I think that was the reason. She told me what she wanted and I felt free to tell her. I think it's better if someone tells me what they want because then I feel free to tell them. If I don't know, I don't talk."

In this response the patient indicated that the nurse had given a reason for the contact and that he felt this was the reason. He also indicated that in general he felt it would facilitate communication between nurse and patient to be told the reason for a contact.
Response Number 20.

"I think she came to cheer me up."

In this response the patient indicated that he perceived the contact as an expression of interest by the nurse by a desire to 'cheer up' the patient.

Table II on page 36 presents patient responses expressed as to why they thought nurses contacted them in twenty non-specific nurse-patient contacts.

III. SUMMARY OF ANALYSIS

The data obtained in this study shows that in the twenty interviews of psychiatric patients regarding the reasons for non-specific contacts by nurses, only two nurses stated a reason for contacting the patient.

In regard to patient understanding or perception of why these contacts took place, the data from these interviews show that even though twelve of the patients did not know why the nurse contacted them, there were fourteen opinions expressed that indicated they felt the nurse's contact was prompted by an expression of interest toward them.

It is interesting to note that, in the twenty nurse-patient contacts, even though only two nurses told the patient why the contact was being made, there were fourteen patients who perceived the contacts as being an expression of interest on the part of the nurse.
<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not know why contact was made</td>
<td>12</td>
</tr>
<tr>
<td>Contact was made to observe patient behavior</td>
<td>1</td>
</tr>
<tr>
<td>Contact was made because of nurse's own need</td>
<td>1</td>
</tr>
<tr>
<td>Contact was made in order to be friendly</td>
<td>1</td>
</tr>
<tr>
<td>Contact was made in order to be helpful</td>
<td>2</td>
</tr>
<tr>
<td>Contact was made in order to provide companionship</td>
<td>1</td>
</tr>
<tr>
<td>Contact was made in order to cheer up patient</td>
<td>3</td>
</tr>
<tr>
<td>Contact was made to find out patient's feelings about hospitalization</td>
<td>1</td>
</tr>
<tr>
<td>Contact was made as an expression of interest</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>28</strong></td>
</tr>
</tbody>
</table>
CHAPTER V

SUMMARY, CONCLUSIONS, RECOMMENDATIONS

I. SUMMARY

The purposes of this study were to examine non-specific nurse-patient contacts in a psychiatric hospital, to identify if nurses indicate to the patient why the contact was made, and to obtain indications of patient understanding of why nurses contact them even though no specific nursing function prompted the contact.

The data were gathered through the use of the interview technique. This technique allowed the investigator to gather, from psychiatric patients capable of answering the interview questions, data which could be analysed to determine if nurses tell patients why contacts are made, and what the patients' understanding was of why nurses contact them non-specifically.

A pretest was done by interviewing four psychiatric patients to determine if the interview schedule was efficient. Following this, twenty psychiatric patients were interviewed in a selected psychiatric hospital. The patients for interview were selected through the observations of nurse-patient contacts by the investigator and were interviewed following an observed non-specific contact which was initiated by the nurse.

In the interview the patients were asked to tell if the nurse gave a reason for making the contact, as well as to give their opinion
as to why the contact was made even though the nurse had or had not given a reason for the contact.

The data were analysed through a tabulation of the yes and no responses to the first question, and a description and classification of the opinion responses to the second question.

This analysis revealed that only two out of the twenty nurses gave the patients some verbal indication of why they were initiating a non-specific contact. Twelve of the patients indicated that they did not know why the nurse contacted them, but ten of these qualified their "I don't know" answer with some expressed opinion as to why the nurse contacted them. All together there were fourteen opinions which indicated that the patients felt the nurse had contacted them because she was expressing some interest in them. Other opinions expressed were that the nurses had made the contacts to more closely observe the patients, and also to meet the nurses' own needs.

The literature was reviewed in order to find material that was related to and would provide a background for this study. It was found that the current emphasis in psychiatric nursing literature was upon the changing concept of the nurse's role in that psychiatric nursing personnel need to have skills and ability in developing and continuing therapeutic relationships with patients. The psychiatric patient's concept of the nurse's role and how his concepts affect his ability to relate to the nurse was investigated with the finding that more study and research is needed in this area.
II. CONCLUSIONS

Within the limits of the data obtained for this study, it is evident that nurses do not generally give the psychiatric patient an explanation as to the reasons for making a non-specific contact. This conclusion was based upon the findings that eighteen out of twenty nurses did not give an explanation to the patient as to why the contact was made.

Another conclusion from the findings was that even though many of the patients did not know why the nurse had contacted them non-specifically, they still perceived the contact as being an expression of interest by the nurse. This conclusion was based upon the findings that fourteen out of twenty-eight categorized responses indicated that the patient felt the contacts were made because the nurses were interested in them. However, this conclusion is based upon what patients said they perceived as the reason, even though in actual fact, the motivation of the nurse in making the contact may have been different.

An incidental finding of the study arises out of the fact that observable non-specific contacts between patient and nurse did not take place with the frequency that it was assumed they might in this hospital situation. During the eighty-five hours spent by the investigator in observing on the hospital wards, only forty-three nurse-patient contacts were observed. Out of these forty-three contacts only twenty were applicable for the purposes of this study. This not only limited the number of interviews obtained for this study, but
would also seem to indicate that in this situation nurses did not contact patients as frequently as might be desirable. The reasons for the infrequency of these contacts were not studied, but as Gregg suggested, perhaps it might be that:

... If we find ways to decrease the 'detail work' of nursing to give the nurse more time with her patients, and yet fail to teach her the skills she needs, the anxiety that is created because she does not know what to do only increases her need to use a variety of unprofitable defenses.¹

From the findings of this study it would seem apparent that, in this situation, nurses need to explain their role to patients especially in regard to why non-specific contacts are made. It would seem that this is essential in order to help the patient understand what psychiatric nursing has to offer, since with this understanding the patient would be better able to accept and respond to a relationship with the nurse as being useful and helpful. This is illustrated in the experience of a student nurse which she related to this investigator. The student had contacted a female patient for the purpose of establishing a relationship with the patient. This was a part of the student's assigned clinical practice in psychiatric nursing. The patient's response was one of reluctance to talk to the student, although she did state that she would like to have the student spend some time with her. This reluctance to talk with the student was evident during the first two periods that were spent together. Following a weekend, the student noticed from the nursing

¹Gregg, loc. cit., p. 850.
notes that a staff nurse had spent some time with the patient and during the course of this visit had had the opportunity to explain the role of the psychiatric nurse to the patient. The student was gratified to observe a change in the responsiveness of the patient in the time spent together thereafter. The patient began to talk with the student regarding the problems and feelings which the student was able to deal with. In this way a relationship between nurse and patient was begun. It seemed as though the patient were saying, "Now that I know you are here to help me, it is easier to talk to you."

III. RECOMMENDATIONS

As a result of the findings of this study, there are several implications for further study.

First, it is recommended that a study similar to this particular one be done in another psychiatric hospital with the addition of a question in the interview regarding the helpfulness of the non-specific contact. In the present study no attempt was made to ascertain if the patients perceived the non-specific contacts as being helpful or non-helpful. This study did not mean to imply that only non-specific contacts are equated with being positive or helpful contacts, since all interactions between a psychiatric patient and a nurse, be they specific or non-specific, can be a part of establishing and maintaining a therapeutic relationship. By the same token, each contact made, specifically or non-specifically, may be helpful or non-helpful to the promotion of a therapeutic relationship. However, by definition,
a non-specific contact implies that the nurse attempt to interact with the patient, because of some patient need perceived by the nurse, over and above the specific contacts which are necessitated by the routine nursing administration of the psychiatric ward. Thus it would seem that the non-specific contact is an important means that the nurse can use to increase her opportunities for therapeutic effectiveness. For this reason it would be useful to discover how helpful or non-helpful the psychiatric patient perceives non-specific contacts to be.

Secondly, it is recommended that a comparison study be made of what the patient perceives as the reason for a non-specific contact by the nurse, and what prompted or motivated the nurse to make the contact. This would necessitate interviewing both the patient and the nurse following a non-specific contact. It would be useful in that a direct comparison of the nurse's motivation and the patient's perception of the reason for the contact could be made even though the nurse had not openly communicated the reason for the contact. This kind of study would also be useful in determining if a verbal explanation of why contacts are made is always necessary, or if this can be adequately communicated in a non-verbal way. The findings of the present study would seem to indicate that non-verbal communication regarding the reasons for nursing contacts were perceived by the patient, but no conclusions can be made as to the adequacy or inadequacy of this communication.
A third recommendation is that a study be made of the effect that a structured relationship has upon the responsiveness of the patient to the establishment of a relationship with the nurse.

In many basic and graduate programs in psychiatric nursing one of the learning experiences provided is that the nurse work intensively with one patient in the beginning clinical practice. The goal of this learning experience is to help the student establish a helpful, therapeutic relationship with the patient. One of the first steps that must be taken by the student in the beginning of the relationship is a process called structuring. In this process the student approaches a patient she has selected to work with, tells the patient who she is, what she wants to do, what her role is, how much time she will be spending with the patient, how long the relationship will last, and enlist the patient's cooperation in spending the time with the student. This process of structuring sets the limits of the relationship, provides information for the patient, gives the patient an opportunity to question the nurse about her reasons for wanting to spend time with him, as well as other information that could be exchanged in structuring the relationship.

This kind of structuring of the relationship would seem to be of value by helping the patient to obtain the kind of information which would allow him to have a better understanding of the role of the nurse as well as be more willing to participate in a relationship with the nurse. Thus a comparison study of patient responses
to nurses in structured and unstructured relationships would be useful in determining the value and applications of the structuring process.

A last recommendation is that more nursing studies be done using psychiatric patients as subjects, because they generally seem willing and capable of participating and their opinions seem valuable.
BIBLIOGRAPHY

A. BOOKS


B. PERIODICALS


C. UNPUBLISHED MATERIALS


APPENDIX

LETTER CONFIRMING PERMISSION TO INTERVIEW
Dear Dr. __________:

This is to confirm our conversation of June 4, 1959, during which I requested permission to use __________ Hospital to collect data for my thesis. I am grateful for your permission to do this study at __________ Hospital.

I will be interviewing a number of patients at the hospital starting June 15 and continuing through July. The purpose of these interviews will be to try to find out if patients understand the reasons why nursing personnel contact them even though no specific nursing function determined the nurse-patient contact. I will select the patients for interview through my own observation of nursing staff-patient contacts, and interview the patient immediately following such a contact.

Upon completion of the study an abstract of the results will be sent to the nursing service office at __________ Hospital.

Thank you.

Sincerely yours,

Gordon Sawatzky, R.N.
Graduate Student in Psychiatric Nursing
University of Colorado

c.c. Acting Associate Director
Nursing Service