SOME REACTIONS OF PATIENTS TO THEIR STAY IN HOSPITAL

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SINCE 1962 all patients admitted to a large general hospital in Northern Ireland have been invited to write comments about their stay in hospital. For this purpose a blank letter card is enclosed in the hospital handbook which is distributed to all in-patients. Some hundreds of these cards have been returned and studied but although many of the comments were found to be useful, it was thought that a systematic survey carried out in the patients' homes by a trained social worker might give a more complete and reliable picture of the patients' reactions to their stay in hospital. It was also thought that such a study, by gathering information from patients about their opinions on the present structure and amenities of the hospital, might be useful to those concerned with future hospital planning. In recent years increasing attention has been paid to communications within the hospital as an aspect of the patients' well-being and the Ministry of Health has drawn attention to the need of research in this field in the report on "Communication between Doctors, Nurses and Patients" (1963). For this reason an attempt was made to obtain some information on this aspect also.

METHODS

The information was obtained by interviewing 148 patients at home, not longer than 10 days after discharge from hospital. A pilot survey of 20 patients was completed in which their reactions to their stay in hospital were discussed in a general manner and subsequently a questionnaire was devised to elicit information about the following main aspects of the patients' stay in hospital: physical conditions, methods of admission and discharge, and communications with the staff. It should be emphasised that all the data were obtained from replies to questions and therefore the results are subject to the usual limitations of opinion surveys.

DERIVATION OF SAMPLE

The sample of patients interviewed was obtained from all 3,701 patients who were discharged from the hospital during an eleven week period (see table 1). This included all types of surgical and medical illness usually admitted to a general hospital. Maternity cases were not included.

Certain omissions were made as follows: 344 patients under the age of 18 and the 400 patients transferred to other hospitals were excluded in order to confine the study to adult patients and to avoid any possible confusion with impressions gained at other hospitals. Patients staying in hospital less than seven days were also excluded as it was considered that they would not be able to assess conditions as efficiently as those admitted for a longer period. As only a comparatively small proportion of patients stay in this hospital for longer than 14 days it was decided

Table I—Derivation of Sample	*Male*	*Female*	*Total*
Total number of patients discharged	1,678	2,023	3,701
Exclusions:			
1. Under 18 years of age	171	173	344
2. Discharged to other hospitals	221	179	400
3. Less than 7 days in hospital	426	702	1,128
4. 15-17 days in hospital	263	292	555
5. Thought to be in terminal stage	31	34	65
6. Neurological or neurosurgical	45	40	85
Total Exclusions	1,157	1,420	2,577
Patients available for study:			
1. 7-14 days admission	461	525	986
2. 28+ days admission	60	78	138
Total available for study	521	603	1,124

to study the patients who were discharged after an admission lasting 7-14 days but in order to get the opinions of the longer-stay patients all those in hospital for more than 27 days were also included.

In order to avoid any possible distress it was decided not to visit patients whose diagnosis suggested that a terminal stage of illness had been reached and because of possible communication difficulties, those patients treated in the neurosurgical and neurological wards were excluded. This left 1,124 patients in the selected sample and of these every eighth patient was selected to form the sample visited. This consisted of 150 patients (66 male and 84 female).

Comparisons of the sample interviewed with the sample not interviewed by sex, age and length of admission were made and the results showed that the two groups did not differ significantly in respect of any of these factors.

Results

An attempt was made to complete the questionnaire for all those in the sample by personal interviews in the patient's home but it was not possible to visit two patients who were convalescing away from home at unknown addresses. In all, 148 patients (65 male and 83 female) were successfully visited and the following results relate to the interviews with these patients (table II).

Table II—Results of the 1 in 8 Sample Visited	*Male*	*Female*	*Total*
1 : 8 sample	66	84	150
Visited successfully	65	83	148
Unsuccessful	1	1	2

Size of wards

Of the 148 patients interviewed, 24 patients were from small wards containing 2-10 beds and 124 were from the large wards consisting of 20 or more beds. Of the former, all patients were satisfied with the size of the ward except one who would have preferred a bigger ward with more companionship. Of the 124 patients in the large wards 80 (64%) were satisfied with their present size. Of the 44 patients who were dissatisfied with the large wards, although all wished for smaller units, only two patients desired single rooms and even this desire was qualified by their expressed preference for glass sided cubicles. Six patients who had experienced single rooms in past admissions all volunteered remarks to illustrate that they caused a depressing feeling of isolation.

Bathrooms and W.Cs.

There were no complaints about these from the 24 patients discharged from the new wards of the hospital but all 124 patients from the older wards thought the facilities inadequate. Apart from the lack of sufficient accommodation the chief complaint was lack of privacy in the bathrooms. The others are listed below:

Inconvenient position of W.C.
Lack of shaving mirrors
Inadequate flushing of W.Cs.
Use of bathrooms for other purposes
e.g. cloakrooms and laundry rooms
Lack of shelves, hooks and bathroom stools
Need for hand rail in W.C.
Lack of ventilation in W.C.
Low standard of cleanliness
Bathroom too small for wheeled chair
W.C. chain too high

Heating and ventilation

Nearly half of the patients had some complaint about the temperature of the wards. Fifty-six (38%) patients complained of being too hot, 13 too cold and four of severe variation in the temperature.

Noise

Most patients thought that some noise in a hospital was inevitable but only 18 patients made any specific complaint. In six of the wards there were no complaints at all and many of the patients expressed their gratitude for the peace and quietness that was achieved, but in contrast, patients in some other wards described the noise at night very graphically, take-in night particularly being singled out.

Particular noises complained of were: curtain runners, electric light switches, cisterns, rattling bedpans, banging swing doors and sound from the ward kitchen. One patient suggested that soft slippers should be issued to patients to prevent them clattering down the ward at night in heavy shoes. On the whole the thoughtfulness of the nursing staff was highly commended. One patient said "After lights out nurses crept about their duties with tremendous care and consideration so that no one should be disturbed". This praise was qualified however as she continued "but this was lost because of the noise male members of staff made in the corridors – clattering footsteps, loud whistling and noisy conversations".

Admission, discharge and transfer

Admissions

Many patients had less than 48 hours notice but as they had been warned at out-patient departments that they would have to be admitted, this was felt to be reasonable and there were few complaints. When it had been inconvenient most patients had 'phoned the sister of the ward and had been impressed by her instant co-operation.

Some women with young children would have liked longer notice and most mothers thought that afternoon or evening admission times would be a great deal more convenient than mornings.

Notice of discharge

Most patients, even if they have enjoyed their stay in hospital, are delighted to hear that they can go home and this may account for the few complaints about the discharge methods. In fact, the majority of patients only had a few hours notice of discharge but this only caused inconvenience or dismay for 11 patients.

The shortage of beds caused most of the distress as illustrated by the comments of two patients: "I only had a few hours' notice. My bed was wanted and I had to sit in a chair for four hours. I felt tired and miserable by the time my clothes arrived". "I only had an hour's notice and I had to wait four hours before my relatives came. Not only was my bed immediately occupied but three patients in pyjamas were hanging around the bathroom waiting to get into beds still in occupation".

Some felt that they were sent home before they were completely cured: "I felt I was shoved out, although I felt no better. I had been in bed for seven days without putting a foot to the floor and before I had a chance to regain strength, I was sent home".

Other patients felt confused by events. "I was greatly confused. I was told one day I would be in for another fortnight and the next that I could go home. Of course I was delighted in a way but I was also anxious because I wasn't altogether certain I hadn't been discharged by mistake". Another patient said: "My discharge was very unexpected because I understood I was to have another X-ray but I was sent home with practically no notice instead".

Many patients said that if their clothes had been available in hospital, discharge would have been easier.

Transfer to other wards

This occurred in 23 (15 per cent.) cases and was universally disliked. One patient explained the reason as she saw it. "You make the initial effort to get to know other patients in the first ward but to repeat this a second time is just too much – I just couldn't seem to conjure up the necessary energy to do it and as a result I felt miserably isolated".

Communications

The Reception of the Patient

It is to be expected that patients should feel apprehensive and nervous at the thought of coming into hospital and many described the feelings of panic which beset them. It is possible for these to be relieved, and in some wards this was almost completely successful. In others there were varying degrees of success only

and about one-third of the patients took a considerable length of time to settle down and find their bearings.

Some patients stated that when they were received in the ward they had not been introduced to the patients in the neighbouring beds and that no one had taken the time to explain the geography of the ward.

Other patients expressed their feelings of uncertainty about what they should or should not do. A typical example was the patient who said that in addition to not knowing where the bathroom and wash hand basins were, no one explained the rules. She wasn't certain whether she was allowed out of bed and certainly did not realize that she could walk out of the ward.

Advice to patients on discharge

During a period in hospital most patients feel secure because they are confident that their condition is being observed constantly and that all treatments are being supervised. This continues up to the moment of discharge. It is little wonder therefore that 20 patients found the first few days away from the security of the hospital somewhat alarming. This anxiety can be increased if patients are worried by doubts as to the management of their case at home, as is illustrated by the following examples:

> "I had been taking tablets for months before I came into hospital and I got different ones all the time when I was in, so I didn't know whether I should go back to the old ones or not. My own doctor has not called and I don't feel strong enough to walk to his surgery."
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> "I was told to take things easy, but what does that mean? I got new pills from my own doctor that were ordered from the hospital and they make me feel sick. When I went back to my doctor he couldn't help me because he hadn't got a full report yet."
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> "They didn't give me any advice and as I was discharged so hurriedly I didn't get a letter to my own doctor. I don't feel at all well, I can't sleep and I know I should be feeling better by now."

Relief from anxieties

The five (3 per cent) patients who said they had an interview with the medical social workers were fully satisfied with the service and most grateful for the care they had received. Most of the patients understood to a certain degree the functions of the medical social worker but four stated that they felt the service was not sufficiently advertised.

Four mothers with young children (all waiting list patients) could have been helped by discussing their problems with a social worker before admission. One patient would have liked to discuss a personal problem but felt there was not sufficient privacy on the ward. Three patients had considerable anxiety about troubles at home which might have been relieved but they were not referred to the social work department.

Need for more information and reassurance about the patient's illness and about tests and treatment

Complaints about a lack of information and reassurance were made by 51 (34 per cent.) patients but 19 patients commented favourably about this aspect of their care and six patients said they preferred not to be told anything about their illness. The other 72 patients were either reasonably satisfied by the information provided or thought, owing to the simple nature of their illness, that no explanation or reassurance was necessary.

Each patient was asked the following three questions and the answers may serve to illustrate the points of view of patients on these subjects.

1. Did you get any explanation of the nature of your illness ?
2. Did you understand the reason for any tests or treatment you had ?
3. Did you feel reassured that you were making progress ?

Question 1—Did you get any explanation of the nature of your illness ?

(a) *Favourable answers*

"It was wonderful – the doctors are just as free as the nurses and both sisters were exceptionally approachable."

"Both doctors and nurses explain things to patients now. I remember when they wouldn't have told you a thing."

"Sister told me all about everything – I thought she was so kind because although the the doctor had talked to me I hadn't been able to understand all the medical terms."

(b) *Unfavourable answers*

"No, and it's no good asking any questions because you never get any satisfaction."

"They don't explain very much, I think they should tell people a little more – after all it is your own body and you are entitled to know. If you do ask questions you get your head bitten off."

"I didn't understand and the doctors are inclined to be gruff."

Question 2—Did you understand the reason for any tests or treatment you had ?

(a) *Favourable answers*

"Yes, everything is explained. You're not treated nowadays as though it's not your own body that's in hospital."

"Both nurses and doctors went out of their way to explain things."

(b) *Unfavourable answers*

"No, the doctors were very good and kind but if you asked a question they just did not answer. Consultants never speak to a patient, only to the sister. I was given various pills but I was never told what they were for or why I was getting them."

"No reasons were ever given for the X-rays. I thought I was going home and I was going round saying 'good-bye' when I was suddenly hustled off for another X-ray."

"No – all I know is that I have to take tablets for a month but what they are supposed to do – I haven't got a clue."

"When the head doctor came into the ward there was a deathly hush, everyone was terrified of him and no one dared to ask any questions."

"No, you're treated as though you've no intelligence. I asked questions but was always side-tracked. When students are always collecting round your bed you begin to wonder whether you're a person or just an object lesson. I think young doctors would need to learn more psychology so that they could speak to patients properly. As for tests, sometimes a wheeled chair just arrives and you're carted off like a load of old rubbish."

Question 3—Did you feel reassured about your progress ?

(a) *Favourable answers*

"Yes. You're treated as a person now, not like the old days at all."

"All my worries and anxieties seemed to disappear after the facts of my case were discussed with me so frankly and openly."

"My mind was made free because they explained things so well. What an improvement."

(b) *Unfavourable answers*

"No, and it's a great lack. Doctors are only interested in the body and the disease not in the man himself. I was wondering all the time what was going on, and you can't speak to a doctor. He never comes on his own and when he comes he stands at the bottom of the bed and you have to shout."

"No, it is a pity, if only they'd give as much care to the patient's mind as they do to their bodies it would make such a difference."

"I thought I was in for a hysterectomy and I expected to have it a few days after my

first operation. Nothing happened though, and I was discharged. I still don't know whether I am to have it in the future or not."

"The doctors always stood at the bottom of the bed and shouted and everyone else in the ward could hear all that was said. I heard him say to all the other patients that there was no need to worry as there was no sign of cancer. He never said this to me and although I had never imagained I had cancer before, I began to worry that perhaps I had got it."

"No one ever told me whether the X-ray of my arm was satisfactory or not."

Discussion

In this study 64 per cent of the patients in the large wards expressed no desire for smaller ones. This figure is slightly lower than that found by Cartright (1964). The reasons given by patients may not be completely objective as some may never have experienced smaller wards and others may have come to accept the large wards as a changeless and familiar symbol of hospital life. A higher proportion of patients treated in the smaller wards were fully satisfied with the size than those from the larger wards and it could be that large day rooms and small sleeping wards would be the means of pleasing the majority of patients. The high temperature of the wards caused discomfort to a good many patients as did the inconvenience of inadequate bathroom accommodation.

There were comparatively few complaints about noise but often the noise that irritated patients was caused by careless and thoughtless actions that could easily be rectified.

Difficulties caused by short notice of admission were few although more special consideration might have been given to mothers with young children. Sudden and unexpected discharge does cause some hardship and it is recommended that some changes should be considered.

One-sixth of the patients were transferred to another ward during their stay in hospital and this was often a cause of distress. This is largely due to the excessive daily demand for beds, until more accommodation is available the need for beds for emergency and seriously ill patients must be given priority and such transfers will continue.

Nearly one-third of the patients had difficulty in settling down to the hospital routine. Much of this may be due to the differing personalities of patients but there seems to be a need to stress the benefit that patients would receive by the universal adoption of the following admission procedure. As far as possible patients should be introduced to their neighbours, the geography of the ward, should be explained and an explanation of ward routine should be provided.

This procedure would be of value to many patients but for others still more is needed. Fear is not just confined to anxiety about behaviour, there is also the basic underlying fear of illness itself. This was expressed by one patient who said that there is a need to relieve the fear that practically all surgical patients suffer prior to their operations. This fear, which is the fear of death, is, he suggested, uppermost in the mind even before a simple operation. More reassurance from the registrar or consultant would help many patients facing an operation and the chaplains and experienced medical social workers could be used more often for this work.

The patients themselves often provide a considerable degree of support to each

other and this should be fostered and encouraged. Some sisters are in the habit of getting suitable convalescent patients to talk to newcomers and many of those interviewed expressed warm appreciation for the help they had thus received.

It can be argued that the patient's general practitioner is the person to reassure the patient when he returns home but there seems little doubt that some anxieties could be relieved by a few words from the doctor or sister on the ward prior to discharge. Often this was done and only comparatively few patients needed more help but where this had been neglected the patient was suffering considerable anxiety as a result.

Thirty-four per cent of the patients were not satisfied with the information and reassurance given in hospital. Although this is a lower proportion than that found in other studies of a similar nature (61 per cent reported by Cartright (1964), 40 per cent by Hugh-Jones (1964) and 65 per cent by McGhee (1961)) it suggests that some failure of communication between the hospital staff and the patient quite often existed.

In conclusion, it should be stressed that the great majority of the patients in spite of some adverse comments about certain aspects of their stay in hospital were most appreciative of the care and attention that they had received.

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A report of this study has been considered in detail by the Belfast Hospital Management Committee and the hospital administrative staff and as a result a good many of the causes for complaint have now been rectified.

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