Patients' views of social services at Northport veterans administration hospital

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PATIENTS' VIEWS OF SOCIAL SERVICES
AT NORTHPORT VETERANS ADMINISTRATION HOSPITAL

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BY
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CHAPTER I

INTRODUCTION

Significance.—Mental hospitals are continuously examining their rehabilitation programs for patients in order to ascertain ways in which the services provided can be most effective. Studies have been made and deductions drawn designed to improve the various services. The following is such a study. Its approach, however, is slightly different in that the interest is primarily in the patients' attitudes toward, ideas on, and understanding of social services.

We know that the services in mental hospitals should be set up in terms of the patients' needs. This is particularly true of social service which is governed by the philosophy of self help. Miss Mary Richmond pointed out that "the client's own hopes, plans, and attitudes toward life are more important than any single item of information." Miss Richmond's concern probably marks the first real recognition given the concept of self-determination as an integral part of social work functioning. This concept, according to Aptekar,

......has become so important in modern casework philosophy that if one were to pick any single conception without which modern casework simply could not exist, it would undoubtedly be the idea that the client must determine what his own life would be like and that the worker should not try to do that for him.

But are patients in mental hospitals given the same consideration as are other clients? Historically, they have not been given the same consideration. From our knowledge of the early treatment of the mentally ill, we know that very little consideration was given to the patients' feelings,

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1 Mary Richmond, Social Diagnosis (New York, 1917), p. 51.
his wishes and his ambitions. The very fact of an emotional "breakdown" or the onset of mental illness was considered evidence of a weakness which forfeited the individual's right not only to liberty but his right to participate in any way in the planning of his future. While attitudes toward mental illness have changed considerably over the years, society has been slow to accept that with the exception of some particular peculiarity, the mentally ill is strikingly like ourselves and that in no instance is the mentally ill patient totally incapacitated in all respects. The social work profession, like many other professions, has found it hard to overcome the years of stereotyping of the mentally ill and to see the patient as he really is rather than as one who conforms to the stereotype commonly applied to mentally ill patients. There is little question but that the same concepts of self-determination should apply in the case of the mentally ill as is applied in the case of the mentally well. To be sure, there are certain limitations, both psychological and legal, which govern the rights of the mentally sick to choices, but as Miss Minna Fields emphasizes it,

.....one should be constantly aware that no matter how serious the illness, nor how poor the prognosis, this fact in and of itself does not rob the patient of his status as a functioning living being with the same rights which he enjoyed while well.

The fact that 'people' have become 'patients' does not alter the fact that they remain 'people.' Each one in addition to his needs, desires, aims, purposes, and aspirations, has likes and dislikes, attitudes, moods and feelings.

One can see then that there are certain rights which must accrue regardless of the circumstances of the patient or his illness. It is particularly important, therefore, that an attitude respecting the patients' rights and dignity be obtained in the social service relationship. Miss Minna Fields, Patients Are People (New York, 1953), p. 134.
Eleanor Cockerill emphasizes that "the caseworker's responsibility is to maintain a consistently client-focused relationship, dedicated to the best interest of his client compatible with socially accepted and/or socially desirable norms."1

It would seem that while some question might be raised over the competency of the mentally ill patient to always appropriately evaluate and appraise his environment objectively, there is, nevertheless, much less question about his ability to feel, to think, to do and to be governed by the world as he sees it. Concomittantly, it would seem that some aspects of services offered should be directed to meet the needs as the patient sees them. What, then, does the patient see as his needs? How does he feel that these needs can be met? Does the hospital meet these needs? Does social service help in meeting these needs? In what way? How does the patient feel that these services can be improved? These are the questions and considerations which have stimulated this project with specific reference to the social service program at Northport Veterans Administration Hospital. It is hoped that this study will be helpful to the department by supplying information about the views of patients which might be of help in program organization.

**Purpose.**—The purposes of this study are (1) to obtain what the patients bring to the hospital in terms of understanding of hospital social services; (2) to obtain patients' evaluation of social services; (3) to obtain and compare social service evaluation of patients' understanding with the understanding reflected in the patients' own responses; (4) to

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obtain and compare the workers' evaluation of the services with the patients' evaluation of services; and (5) to determine both the patients' and workers' views on how the social services offered can be improved.

Method.—Questions from an interview guide were asked of each patient in an interview which was held with him during the interval (usually three days) between his approval for discharge and actual release. This writer interviewed every odd-numbered patient who was known to social service and another writer interviewed every even-numbered patient except when cases discharged would have necessitated a writer to interview her own patient. In such instances, this process of selection was reversed. The patients interviewed were those who were released from the hospital either by an outright discharge with maximum hospital benefits or trial visit from November 15, 1956 through February 15, 1957.

The interview guide was drawn up in a simplified form in order to avoid confusing the patients with social work terminology. The guide used is included in the appendix. The same guide was used to interview the social worker for each patient in order to ascertain what they felt the patients' views of social service were.

Scope and Limitations.—This study included all patients who received social services at Northport Veterans Administration Hospital who were discharged between November 15, 1956 and February 15, 1957.

Some of the limitations of this study are (1) the fact that during the three month period studied there might have been an absence or presence of certain factors which if studied over a longer or different

period of time might have altered the findings; (2) the fact that this study was limited to only patients at one hospital; (3) the study was conducted by social workers; and (4) limitations were posed by the knowledge and experience of the writer.
CHAPTER II

DESCRIPTION OF SETTING

The Veterans Administration Hospital at Northport, Long Island, New York, is one of the largest veterans' hospitals in the United States. Devoted primarily to neuropsychiatric service, it has a bed capacity of 2,488 and is currently operating at its maximum capacity under a staff of 1,395 employees. The hospital is situated on 450 acres just outside the Village of Northport. This institution is comprised of 120 buildings of which 17 are living quarters for the patients.

The hospital was opened in November, 1928, and at the time of this study could be called a complete community within itself as a result of internal growth and expansion. It has its own power and heating plants, water supply, laundry, fire and police departments, and sewer disposal facility. There are over 10 miles of roads traversing the grounds.

Today the hospital is equipped to meet any type of psychiatric, medical, surgical, dental, neurological or tubercular problem. There are thirty full-time physicians on the staff, over half of whom are in psychiatric service. The others occupy administrative and medical posts. Supporting the regular staff is a panel of 27 consultants representing all specialties of medicine and dentistry.

Out-patient care is an important part of the hospital's work, and a clinic is maintained for the purpose of follow up care and treatment to all neuropsychiatric veteran-patients who are on trial visit status and who reside in Nassau and Suffolk Counties.

There is a total integration of all the hospital departments with the view of helping the patient with his internal and external conflicts with which he is confronted.
The hospital is divided into two services, namely, administrative and professional. Included under administrative services are the Manager and departments of Supply, Finance, Engineering, Personnel, Communications and Records, and Registration. The professional services are Chaplaincy, Dietetic Service, Dental Service, General Medical and Surgical Service, Nursing Service, Pharmacy, Physical Medicine and Rehabilitation, Laboratory, Special Services, Neuropsychiatric Service, Psychology and Social Work Service.

Neuropsychiatric service in the hospital is divided further into the Acute Intensive Treatment Service (AITS) and the Continuous Treatment Service (CTS). AITS is for patients with little or no previous history of psychosis whom the doctors feel can respond to intensive treatment and leave the hospital within a short period. CTS handles patients whose illnesses are of longer duration.

All admissions to the hospital are handled by the admission ward of AITS. Within a day or two after admission, new patients are seen briefly by the medical staff who request from social service whatever material (life and family history) they need in order to diagnose the patients' illness and decide upon treatment.

The hospital utilizes the "team approach" in terms of collaboration of the psychiatrist, the psychologist, and the social worker, in addition to any other professional personnel working with the patient. "Specifically, the social worker, with his knowledge and understanding of the patient's social situation, is able to help the medical staff become cognizant of the social factors with which the patient is confronted."1

It is the responsibility of the psychiatrist to help relieve the patient of his internal stress or intra-psychic conflicts, and the social worker is primarily concerned with helping the patient in removing or reducing outside pressures or stresses of the outside environment. In accomplishing the latter, the social worker provides support, encouragement, and realistic reassurance to the patient to help discover those factors in his situation which may be potentially harmful or useful to him.1

"The Social Service Department through casework service helps the patients to deal with their personal and social problems, and also helps them to make effective use of the other hospital facilities."2 This is done by the utilization of the casework methods of environmental modification, psychological support, clarification and interpretation and insight development.

When patients are considered by Medical Staff ready to plan for leaving, Social Service assists them in leaving the hospital and continues to offer assistance to them while they are on Trial Visit.3

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2 Job-Description - Social Worker (Medical or Psychiatric), Social Service Department, Veterans Administration Hospital, Northport, New York, May, 1955 (Unpublished).

3 Ibid.
CHAPTER III

PATIENTS' VIEWS OF SOCIAL SERVICES

During recent years much concern has been given toward public understanding of casework. This concern has been stimulated by criticisms of the social work profession, particularly to those aspects of the profession concerned with adoption and public welfare. As a result, social workers have seen the necessity to intensify efforts in interpretation of its work to the public while simultaneously re-evaluating their own programs.

Our knowledge of human behavior assures us that clients, who are also a part of "the public" of which we speak, come to social service departments with all of their life experiences behind them. From these experiences they have gained certain attitudes and prejudices toward social workers and social service departments. Thus, the patient approaches social service with preconceived ideas about the services. He has already reached some point in his understanding of social service.

One of the basic concepts in social work is that of "beginning where the client is" in his views on his problem, in his attitude, in his feelings and in his understanding of the situation at hand. The importance of knowing the client's feelings in the initial contacts has been given much consideration in social work literature. It would seem important, therefore, to know what does the patient bring with him in terms of understanding of social services? How much need is there for interpretation of the services to him?

Patients' Understanding of Social Services.— We know the patients' understanding is important. In order to ascertain their degree of under-
standing of social service, they were queried about the meaning of social service to them. Those patients so questioned fell into four categories which represented the degrees of understanding. These four categories were high, medium, low, and no degrees of understanding. The patients who were considered to have a high degree of understanding were those whose responses reflected some knowledge of services which might be translated into casework methods of psychological support, environmental modification, clarification and interpretation and insight development. Patients were considered to have a medium degree of understanding if they indicated some awareness of both concrete and non-concrete nature of the services, that is, environmental modification and some aspect of a more abstract method as psychological support or clarification and interpretation. Patients with a low degree of understanding showed only an understanding of social service in terms of the social worker's performing some concrete service for them. Patients who said they knew nothing about social service and/or whose responses indicated no awareness of any of the casework methods were considered to have no understanding of social service. To further illustrate the situations falling into each of the four categories of understanding, the following case presentations are being made.

CASE 1

Mr. A, a middle-aged, married patient who had no previous contact with social service approached the interview with an expression of distaste written on his face. He sat down stiffly, refused a cigarette and requested that the interviewer "get on with it." When told the purpose of the interview, he said he thought it was a silly study. How, he asked, could what patients say be expected to help improve services? Doctors and social workers should know that. That was what they were paid for.

Personally, he knew nothing about the activities of social service. His only experience with one had been when he had tried to write a letter. The patient had carried the letter to his social worker thinking she would type it for him. All the worker had done was help
him compose the letter. According to Mr. A, that was no assistance at all. He could have done that for himself.

Throughout the interview, the patient displayed this type of reaction to questions asked of him.

As he left the interview, the patient shook his head disgustedly and wondered aloud how he could be expected to know how the worker could have helped him more when he did not know what she was there for in the first place.

This patient was considered to have no understanding of social service. Although he indicated an awareness of social service performing some service for him, namely, type a letter, the nature of this service was one which did not fall within the functions of social service. In spite of this patient's hostility, the fact that he could state in a specific way what social service meant to him, showed that his hostility did not inhibit his freedom of expression or affect the content of his expression.

CASE 2

Mr. B, a young married, Jewish patient who had previous contact with social service at another hospital walked confidently into the interview room. His reaction to being told the purpose of the study was that he knew very little about social service but he would be glad to help.

This patient felt that social workers were people who helped patients in hospitals with such things as getting a job. His social worker had also seen that his check had been sent to his wife.

Mr. B related his responses to questions to some specific personal experience he had had with social service.

The case of Mr. B. illustrates a patient's response to the meaning of social service as performing concrete services for patients. Since social services include other methods of helping people with non-concrete problems as well, this certainly represents a limited degree of understanding and was, therefore, classified as a low degree of understanding.

CASE 3

Mr. C, a young, single veteran who was eager to leave the hospital in order to return to college had previous contact with social service outside the hospital setting. This patient indicated a willingness to answer questions and showed interest in the purpose of the study.

He revealed to the interviewer that social workers were people who
were trained to help with problems that were bothering others. Social workers made patients feel more comfortable and at ease. They also, according to this patient, helped patients straighten out things like financial problems and living arrangements.

Mr. C. was reluctant to leave the interview and requested the interviewer to phone his worker so that he could bid her goodbye.

Mr. C. illustrates a patient who related his understanding of social service in terms of psychological support when he said the worker helped him to feel more comfortable and at ease. He showed an awareness of concrete services (indicative of environmental modification) when he mentioned the social worker helping to straighten out financial problems and living arrangements. His response showed no awareness of social service helping him to receive insight into his illness or into some of his behavior. He was, therefore, considered to have a medium degree of understanding of social service.

CASE 4

Mr. D was a young married patient who had contact with social service at Northport Veterans Administration Hospital previously. The patient had previously been on trial visit and supervised by the hospital social service.

The patient walked uncertainly into the room and showed some uneasiness throughout the interview. The interviewer was asked to explain each question fully before the patient answered. His answers were slow, clear and thorough.

This patient felt that social workers were persons who were trained to rehabilitate a patient by showing an interest in him and in his welfare. The worker guided one toward those activities in the hospital which would enable the patient to function better while in the hospital and outside. He also relieved the patient of tension which had been created while in the hospital or outside. In addition to these things, the social worker made the patient aware of many things, such as hidden interests and desires.

This patient certainly related social service in terms of all the casework methods used. His mentioning the social worker as a person who guided him toward activities in the hospital reflected an awareness of environmental modification through the use of hospital resources. Psychological support was indicated in his saying the worker showed an interest in patients and
relieved them of tension. Making the patient aware of hidden interests and desires, depending on the depth, could be clarification, interpretation or insight development. Mr. D. was one of the two patients placed in the range of having a high degree of understanding.

Table 1 shows the degrees of understanding reflected by patients' responses upon admission to Northport Veterans Administration. Two of the patients showed a high degree of understanding; four patients exhibited a medium degree of understanding; six of the patients indicated a low degree of understanding and nine, the highest number, showed no understanding of social service.

Since it was thought that previous contact with hospital social services might influence the patients' understanding, this information was obtained from the patients. Eighteen of the twenty-one patients had previous contact with social services. The responses of the three patients who had no previous contact with social services showed no understanding of the services. In view of the fact, however, that the number of patients
with no previous contact was so small, no outstanding relationship between patients' previous contact with social services and their understanding of social service could be made.

Patients' Evaluation of the Helpfulness of Social Services.— We have pointed up the fact that the patient comes to the hospital with his own individual understanding of, feelings about and attitude toward the situation at hand. What happens to the patient once he is in the hospital? What happens to the patient in terms of social service? Are the needs with which he comes to social service met?

Seventeen of the patients studied felt that social services had been helpful to them while four of the patients felt that they received no help from the services. An attempt was made to ascertain whether the understanding which a patient brought with him of social services had any effect on what he received from the services.

One of the patients who felt that he had received no help from social service also had no understanding of social service. One might assume from this example that patients who do not know what social services is will not be able to use the services in a manner which would ensure their receiving some benefit from the services. This assumption is strengthened further by the fact that two other patients who felt that they received no help from the services had only low degrees of understanding of social services. However, the assumption is contradicted by the fact that the fourth patient who felt that he had received nothing from the services had a high degree of understanding. Therefore, a positive correlation between understanding the services and receiving help from the services cannot be made on the basis of the above data.

The remaining seventeen patients felt that social service had been a
successful in meeting some of their needs.

Patients' Evaluation of Area of Service Most Helpful.— The casework process itself, though continuous, is considered in terms of a beginning, a continuing and a closing or ending. In keeping with this process, the services at Northport are divided into three areas. They are reception contact(s) (the beginning), casework treatment (the continuing) and discharge planning (the ending).

Reception contact(s) covers work with patients during the first few weeks of hospitalization. During this time, his feelings and attitudes are picked up and because of the newness of the situation, any fears and anxieties which the patient has around hospitalization and illness are worked with in an attempt to relieve them. If the worker finds that the needs of the patient cannot be met during reception, further treatment is undertaken. This area, called casework treatment, is one during which the patient is helped to make use of hospital resources. He is helped around relieving himself of fears, and anxieties around his illness and treatment. He may also be helped to understand his illness and causes of it. Discharge planning is initiated when the medical staff feels that the patient is ready to leave the hospital. Patients who have fears around leaving the protective surrounding of the hospital are given support and plans are made with respect to living arrangements, finance, employment and other matters which are likely to affect the patient's post-hospital adjustment. Relatives may be worked with during any or all of these areas.

Considerable literature has been devoted to a discussion of the relative value of the areas of social services to patients. From a standpoint of program planning, it would seem to be of significance to know from the patients themselves which of the areas of services was most helpful to them.
Table 2 shows that two patients felt that reception contact had been most helpful to them. Six of the patients felt that casework treatment had been the area in which their needs were best met. Eight patients emphasized the helpfulness of discharge planning. One felt that social services had been equally helpful at all points during his hospitalization and four patients who were mentioned earlier felt that they had not been helped by social service.

The two patients who felt that reception contact had been most helpful felt so because they had been rehospitalized and had many fears and anxieties around returning to the hospital. In both instances, the social worker had been of assistance in relieving them of these anxieties.

In explaining how casework treatment had been helpful, the patients' responses were as follows: three felt that the social worker had provided direct support to them. One patient felt that the social worker had been most helpful in this area by serving as a connecting link between the ward physician and him. Two patients felt that the worker's contact with
their relatives had been most helpful.

In the area of discharge planning, three patients indicated that the worker had been most helpful by giving them the direct support that they needed. Four had received help with concrete problems during discharge planning and the remaining two felt that the worker's contact with their relatives in planning for their discharge had been most helpful.

It is quite possible that since the goal of the entire hospital treatment program is cure and eventual discharge for the patient, he might have put more emphasis on discharge planning than on any other area of treatment. It is also true that at the time of this study, discharge planning was the most recent area experienced, and might therefore have been clearer in the patients' minds. Two patients pointed out specifically that at admission their illnesses were in such acute stages they were aware of very little of what was happening around them. This might also have been a factor in the patients' putting little importance on the area of reception contact. Also, the time lapse between reception contact and the time of this study certainly must have made it difficult for patients to evaluate what had happened to them in the "beginning." Nevertheless, the fact that the patients not only revealed what area had been most helpful but why they felt as they did certainly indicates the relative meaningfulness of the various areas of social service activity to them.

Patients' Suggestions for Improvement of Services.— Since the patient has passed through the areas of treatment and the goal of getting him discharged has been attained successfully, one might assume that the patients' needs have been met sufficiently. However, more effective ways of meeting the patients' needs are constantly being sought by social service. Since the patient is the one who is receiving treatment, the importance of know-
ing his reactions to the services he has received cannot be over-emphasized. It was for this reason that the patients were asked to give suggestions for improvement of services. Five patients gave eight suggestions for improvement of services. The remaining sixteen patients had no suggestions to offer for improvement of services. Of these sixteen patients, fifteen felt that the services had been helpful to them while the one patient remaining felt that the services had not been helpful to him. This was the patient cited in Case 1, page 10, who showed a negativistic attitude toward the services. The five patients' suggestions for improvement were given on the basis of the patients' own experiences with social services and reflect some need which the patients felt could have been met more effectively.

### TABLE 3

PATIENTS' SUGGESTIONS FOR IMPROVEMENT OF SOCIAL SERVICES

<table>
<thead>
<tr>
<th>Ways to Improve Services</th>
<th>Number of Times Suggested</th>
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<tr>
<td>More Collaboration Between Social Worker and Doctor</td>
<td>1</td>
</tr>
<tr>
<td>Earlier Social Service Contacts with Patients</td>
<td>1</td>
</tr>
<tr>
<td>More Intensive Casework Relationships</td>
<td>4</td>
</tr>
<tr>
<td>Greater Worker Sensitivity To Patients' Needs</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
</tr>
</tbody>
</table>

The patients who felt that services could be improved mentioned the need for more intensive relationships between social workers and patients. The next most frequently mentioned suggestion for improvement of services was
greater worker sensitivity to patients' needs. More collaboration between social workers and doctors and earlier social service contacts with patients were mentioned once each as ways for improving services. The patients who felt that there should be more intensive relationships between workers and patients recognized the lack of time as a factor in circumventing the development of such relationships.

Three of the five patients who offered suggestions for improvement did not feel that social services had been helpful to them during their hospitalization.

Patients' Views of Ward Personnel Most Helpful.— The patients' views of social service have indicated an awareness of the team relationship that exists between social service and other hospital personnel. Since social service does function as a part of a team, the patients' views of the social worker's helpfulness to him in relation to other members of the ward personnel were solicited. Each patient was asked to name the three persons on his ward who were most helpful to him in order of descending degrees of helpfulness.

The table which follows shows that six patients felt that the doctor had been first most helpful to them; five felt that the social worker had been first most helpful; two named the nursing assistant and so on. The second column shows that the doctor was named as second most helpful by six patients; the social worker was listed as second most helpful three times; the nursing assistant was considered to be second most helpful to them by two patients. In the third most helpful column, one patient felt the doctor had been the third most helpful person on the ward; five patients listed the social worker as having been the third most helpful person to them; one patient each named the nursing assistant, nurse, secretary, psycholo-
gist, and vocational counselor. Two patients felt that no one had been helpful; and two felt that everyone had been equally helpful to them. Three patients were undecided about who had been the first most helpful person; four could not say who had been second most helpful and six were undecided about who was third most helpful to them. Totaled, the table shows that the doctor and social worker were mentioned thirteen times as having been among the three persons who had helped them most on the ward.

TABLE 4
WARD PERSONNEL MOST HELPFUL TO PATIENTS

<table>
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<tr>
<th>Ward Personnel</th>
<th>1st Most Helpful</th>
<th>2nd Most Helpful</th>
<th>3rd Most Helpful</th>
<th>Total Times Mentioned</th>
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<tbody>
<tr>
<td>Doctor</td>
<td>6</td>
<td>6</td>
<td>1</td>
<td>13</td>
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<tr>
<td>Social Worker</td>
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<td>Nursing Assistant</td>
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<td>Secretary</td>
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<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Psychologist</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Vocational Counselor</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Everyone</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>No One</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Undecided</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>21</td>
<td>21</td>
<td>21</td>
<td>13</td>
</tr>
</tbody>
</table>

Patients' Understanding at Discharge.—The patient has come into contact with many disciplines in the hospital setting, all of which are there for the purpose of helping him. The social work profession, along with many of the other professions, has based its treatment on a fundamental con-
cept: man has the ability to change and grow. This change varies from a change in his outside environment to a change in his inner feelings, attitudes and understanding.

Since the patients' feelings and ways of handling these feelings are frequently the causes of psychotic breakdowns and subsequent hospitalization, one may safely assume that some change has occurred in the patients' feelings and/or ways of handling them since he is being discharged from the hospital. Can it also be assumed that some change has taken place in the patients' understanding of social service? Table 1 on page 13 shows the patients' degree of understanding at admission. Table 5 which follows shows how this understanding changed during the course of hospitalization.

TABLE 5
PATIENTS' CHANGE IN UNDERSTANDING

<table>
<thead>
<tr>
<th>Change in Understanding</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>From No to Low</td>
<td>1</td>
</tr>
<tr>
<td>From No to Medium</td>
<td>7</td>
</tr>
<tr>
<td>From No to High</td>
<td>1</td>
</tr>
<tr>
<td>From Low to Medium</td>
<td>2</td>
</tr>
<tr>
<td>No Change</td>
<td>9</td>
</tr>
<tr>
<td>From Low to No</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>21</strong></td>
</tr>
</tbody>
</table>

Twelve of the patients studied showed some change in understanding; eleven of these showed an increase in understanding, the greatest number of patients showing an increase in understanding from no to a medium de-
gree of understanding. There were seven patients in this group. Nine pa-
tients showed no change. Of these nine, two patients' understanding re-
mained in the high degree range, three in the medium degree range, two in
the low degree range and one remained at no degree of understanding. Only
one patient revealed a decrease in his understanding of social service.

The patients' views have been presented but since the social worker
is also a very important member involved in treatment, it would seem that
social service evaluations of the patients' understanding would be signifi-
cant and serve as a basis for testing the reality of patients' responses
and for a comparison of patients' views with workers' views. The workers'
views are included in Chapter IV.
CHAPTER IV

SOCIAL SERVICE EVALUATION OF PATIENTS' VIEWS

In casework treatment, there are always at least two persons involved. These two persons are the client who is being treated and the worker who is doing the treating. In order for treatment to be effective, the worker, through a flexible use of self, must be able to meet the client on the client's own level in reference to feelings, attitudes, and understanding. To do this, the worker must make some diagnostic evaluation of what the patients' feelings, attitudes and understandings are.

Workers' Evaluation of Patients' Understanding. — It is especially important that the worker know something of the patient's understanding of social service so that she will know whether there is a necessity for interpretation of services to the patient. In order to obtain the social workers' evaluations of patients' understanding of social service, the worker for each patient was requested to answer the same questions about the patient that the patient answered. For example, the worker was asked what was the meaning of social service to the patient when the patient first came to the hospital. The response that the worker gave was then evaluated by the same criteria used to evaluate patients' answers. They, too, were categorized in terms of high, medium, low and no degrees of understanding. However, the focus remained on the patient with each category reflecting the patient's understanding of social service as the social worker saw it except in the instance when the workers were requested to give their own suggestions for improvement of services.

According to the social workers, two of the patients had a high degree of understanding of social service upon admission; seven had a medium
degree of understanding; eight patients had a low degree of understanding; three had no understanding and one patient's understanding was not known at admission. It is shown that the majority of patients had medium and low degrees of understanding of social service according to the workers' evaluations.

TABLE 6
SOCIAL SERVICES' EVALUATION OF PATIENTS' UNDERSTANDING OF SOCIAL SERVICE UPON PATIENTS' ADMISSION

<table>
<thead>
<tr>
<th>Degree of Understanding</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Degree</td>
<td>2</td>
</tr>
<tr>
<td>Medium Degree</td>
<td>7</td>
</tr>
<tr>
<td>Low Degree</td>
<td>8</td>
</tr>
<tr>
<td>No Understanding</td>
<td>3</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>21</strong></td>
</tr>
</tbody>
</table>

Since it is important in terms of social work concept to begin with the patient's level of understanding, let us see how the workers' evaluations compared with the patients' indicated understanding.

Both Tables 1 on page 13 and Table 6 show two patients with a high degree of understanding. Table 1 also shows four patients with a medium degree of understanding as compared with seven patients with a medium degree of understanding in Table 6. Six patients had a low degree of understanding in Table 1 while eight patients had a low degree of understanding in Table 6. According to Table 1, nine patients reflected no understanding of social services while Table 6 shows that only three patients had no
understanding. While there was a great deal of similarity between the number of patients falling into each category of understanding as indicated in the two tables referred to previously, further study of the data revealed that there was considerable disharmony between the patients' understanding as reflected by their responses and the social workers' evaluation of the same patients' understanding. Some of the patients showing a high degree of understanding from their own responses were classified as having no understanding by social workers while on the other hand, some of the patients who showed no understanding by their own responses were classified by the social workers as having a high degree of understanding. Actually, social service's evaluation of patients' understanding at the time of admission differed from the understanding revealed by patients' own responses fifteen out of twenty times. The most noticeable difference was reflected in the no degree category. There was only one instance of agreement in this category. This means that eight of the nine patients whose responses showed no understanding of social service were evaluated by social service as having a higher degree of understanding.

One factor which might have influenced the marked difference between the workers' evaluations and patients' responses was difficulty in communication between the worker and the patient or between the interviewer and the patient. However, in view of the similarities found between workers' evaluations and patients' responses in other sections of the study, it is felt that this problem was not sufficiently large to negate the value of this type of study.

Workers' Evaluation of the Helpfulness of Social Services. We mentioned in Chapter III that in addition to coming to social service with his own degree of understanding of social service, the patient also seeks
certain gratifications of needs from social service. Our next concern is in the workers' evaluations of services provided to meet these needs. Some consideration will also be given to any relationship found between the workers' evaluation of patients' understanding and lack of satisfaction of patients' needs.

In the instance of nineteen of the twenty-one patients studied, their workers felt that the social services provided had met their needs. The workers felt that the services had not helped the patients in the remaining two cases. The workers' evaluation with respect to the latter two patients' understanding of social service placed one in the no degree range and the other in the low degree range of understanding. It is felt, however, that the two patients are not sufficiently large in number to indicate any relationship between understanding of services and what they received from the services. This in essence was the conclusion reached in Chapter III.

We also found in the preceding chapter that seventeen of the twenty-one patients studied felt that social service had been helpful to them. We find, therefore, only two out of twenty-one instances of disagreement between workers' evaluations and patients' views on whether or not their needs had been met. It should be noted that in the two instances of disagreement, the patients concerned showed a generally negativistic attitude toward the hospital in general and social service in particular. Thus, the patients' attitude might have affected his objectivity in answering questions.

Workers' Evaluation of Area of Service Most Helpful to Patients.--- In the instance of the nineteen patients whose workers felt their needs had been met, the workers indicated that these needs had been met in the areas
of social service activity listed in Table 7.

TABLE 7
SOCIAL SERVICE EVALUATION OF AREA OF SERVICES MOST HELPFUL TO PATIENTS

<table>
<thead>
<tr>
<th>Area of Service</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reception Contact(s)</td>
<td>2</td>
</tr>
<tr>
<td>Casework Treatment</td>
<td>9</td>
</tr>
<tr>
<td>Discharge Planning</td>
<td>8</td>
</tr>
<tr>
<td>All Equally Helpful</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>19</strong></td>
</tr>
</tbody>
</table>

The social workers felt that two patients had received more help from social service during reception contact(s); nine patients' needs had been met during casework treatment; eight patients' needs were met during discharge planning. Workers' evaluations of area of services most helpful to the patients studied ranked in the order of casework treatment first, discharge planning second and reception contact, third.

It can be seen in Table 2 on page 16 that patients felt that the areas of service most helpful had been discharge planning and casework treatment with very little emphasis placed on reception contact(s). This same emphasis on areas of service was also shown in Table 6. The similarity between the two opinions indicates that during treatment, most of the patients were aware of what was actually taking place.

In comparing workers' evaluation of services with the patients' evaluation of services, it must be noted that both workers and patients expressed difficulty in selecting that area of service most helpful to pa-
This difficulty was expected since social service activity is a continuous rather than a divided process. The agreement shown, however, signified that the method used was not ineffective. There were only six instances of differences expressed by patients and their workers.

**Workers' Suggestions for Improvement of Services.**—After the patient has been approved for discharge, it is only natural that the worker reflect back over social service treatment in an effort to discover ways in which the patients' needs could have been met more effectively. This represents one of the most important phases of social service activity. That is, evaluation of services toward the end of improving them.

The workers for all of the twenty-one patients studied were requested to give their opinion of how the services could be improved. Six workers gave one suggestion each for improvement of services. Five of them were that there should be more time for more intensive casework with patients. This suggestion is the one which was also stressed by patients. (See Table 3, page 18). The one remaining suggestion given by workers was that social service could be more effective if there were closer team relationships between social service and other hospital personnel. This same suggestion was mentioned by one patient in terms of more collaboration between social service and the doctor.

**Workers' Evaluation of Change in Patients' Understanding at Discharge.**—After passing through the three areas of social service activity, the worker looks for changes in the patient's feelings, attitudes and understanding. Changes in understanding of social service are hoped for as the patients will resume living in the outside community and once again express their understanding as a member of the "public." The workers' evaluation of the changes in the patients' understanding is presented in Table 8.
TABLE 8

EVALUATION OF PATIENTS' CHANGE IN UNDERSTANDING

<table>
<thead>
<tr>
<th>Change in Understanding</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>From No to Low</td>
<td>1</td>
</tr>
<tr>
<td>From No to High</td>
<td>1</td>
</tr>
<tr>
<td>From Low to Medium</td>
<td>4</td>
</tr>
<tr>
<td>From Low to High</td>
<td>1</td>
</tr>
<tr>
<td>From Medium to High</td>
<td>2</td>
</tr>
<tr>
<td>No Change</td>
<td>10</td>
</tr>
<tr>
<td>From Medium to Low</td>
<td>1</td>
</tr>
<tr>
<td>Undetermined</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>21</td>
</tr>
</tbody>
</table>

Workers' evaluation of patients' change in understanding denoted nine patients' increase in understanding; ten showed no change. Of these ten patients, one patient remained at no degree of understanding; three still had a low degree of understanding; four had a medium degree of understanding; and two patients' understanding of social service remained at a high degree. One patient decreased in his understanding of social services and one's understanding could not be determined. Since there was very little agreement between the patients' reflected responses and workers' evaluation of patients' understanding at admission shown in Tables 1 and 6, pages 13 and 24 respectively, little agreement could be expected between workers' evaluation of change and patients' indicated change in understanding at discharge. Agreement was noted, however, in that Table 8 shows that according to workers' evaluations, nine patients increased in understanding.
while Table 5, page 21 shows eleven patients' understanding increased at discharge. Eleven patients showed no change in understanding according to workers' evaluations while nine patients' responses indicated no change in understanding. Both workers' evaluation of change and patients' responses denoted that one patient decreased in his understanding of social service.
The aim of this study was to ascertain patients' views of social services at the Veterans Administration Hospital, Northport, New York.

The study revealed that the patients' understanding of social service varied from no understanding to a high degree of understanding upon admission to the hospital. No positive correlation could be found between patients' previous contact with social services and their understanding of social services.

There were noticeable changes in the patients' understanding at discharge. The most marked change was an increase in understanding. There was a high degree of agreement between the workers' evaluation of the change and patients' responses indicating the change. In over one-half of the cases studied, the workers' evaluation of the patients' understanding upon admission was higher than the patients' responses revealed. This difference of opinion could not be explained from the results obtained in this study but suggests the need for further study in the area of patients' understanding of social services. Indications are that either the patients' understanding was higher than their responses reflected or the worker assumed the understanding was higher than it really was. In either instance, the problem of communication may have influenced this difference. However, communication between the patient and interviewer or patient and worker was not sufficiently problematic to negate the effectiveness of this type of study. This was indicated by the general agreement found between patients and workers in other parts of the study.

Four-fifths of the twenty-one patients studied and nine-tenths of the
patients' workers felt that social service had been helpful to patients. The remaining one-fifth of the patients were of the opinion that social service had not been helpful to them. Two of the workers for these four patients agreed that social service had not been helpful to two of the patients. No positive correlation could be made between the patients' understanding and evaluation of the helpfulness of social service to them.

Two-thirds of the patients and six-sevenths of the workers felt that social service had been most helpful to patients during casework treatment and discharge planning. Patients' explanations of why the services had been most helpful in these two areas felt so because the workers had provided direct support to them; had contacted the patients' relatives; collaborated with the doctor and given concrete services to patients.

One-third of the patients thought that the services could be improved by more social service collaboration with the doctor, earlier contacts between social service and patients, more intensive casework relationships and greater worker sensitivity to the patients' needs. Two-sevenths of the workers felt that the services could be improved by workers being given more time for more intensive casework relationships and closer team relationships with other hospital personnel. Both patients and workers placed more emphasis on the need for closer relationships between patients and workers.

Patients' views of social service in relation to other team members in terms of helpfulness to the patients showed the social worker and doctor as most helpful to them. The doctor and social worker were both mentioned thirteen times by patients.

Although this study has posed certain difficulties in method and ways of presentation, it is felt by the writer that the results obtained suggest
that more studies of this type can be helpful to the social service department at Northport Veterans Administration Hospital. The study has shown that patients are capable of making valuable contributions to the department in the form of their views and suggestions for improvement of services. Therefore, more consideration may be placed on the patients' feelings, attitudes and understanding not only of his personal problems but of social service. In this way, the services may not only be improved to meet patients' needs but the understanding between the profession of social work and the public may be increased.
BIBLIOGRAPHY

Books


Public Documents


Articles


Unpublished Material


Job-Description - Social Worker, Social Service Department, Veterans Administration Hospital, Northport, New York, May, 1955. (Unpublished).

INTERVIEW GUIDE (For Patients)

Introduction: (Stated purpose of the interview). We are making a study of the social services in this hospital in order to improve our services to those who come after you and those who are remaining here. You can help us determine how we can be most helpful through your opinions on the following questions.

1. What are some of the things you remember happening to you when you first came to the hospital?

2. What did social services mean to you before coming to this hospital?

3. What does social service mean to you now?

4. Was the social worker helpful to you?

5. At what point during your hospitalization was the social worker most helpful? Explain.
   a. Reception Contact (During the first two weeks here.)
   b. Casework Treatment (In-between)
   c. Discharge Planning (During the last two weeks when you were getting ready to leave)
   d. Equally Helpful
   e. Social Service Not Helpful

6. Do you think that the social worker could have been more helpful?
   a. In what way?

7. Who on the ward was helpful to you? (We are interested in patients' first, second, and third choices).

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