

A STUDY OF THE INTERACTIONS BETWEEN NURSING STAFF AND PROFOUNDLY MENTALLY RETARDED CHILDREN

E. C. WRIGHT, K. A. ABBAS and C. MEREDITH

Queen Mary's Hospital for Children, Carshalton, Surrey, England

Introduction

There has recently been increasing interest in the effect of the institution on its patients. Goffman (1958) described the features of "total institutions" where the staff and inmates had fundamentally different aims, and where the objective of the staff appears to be to run the hospital for the sake of the institution rather than the patients. King and Raynes (1968) have described some differences in the social abilities of three groups of severely subnormal children "which may have resulted from the differences in the regimes they experienced," and they considered these differences were a reflection of an incorrect orientation of nurse training for the care of mentally retarded children. It has been shown by Thormahlen (1965) that ward nurses ("psychiatric technicians") may spend very little of their time interacting with their patients in a manner that promoted independent behaviour, more time in promoting dependent behaviour, and most time in interacting with the children in a manner that promotes neither independent nor dependent behaviour.

It seemed possible, however, that there might exist another class of staff-patient behaviour which required identification in order to bring theoretical speculations down to the level of practical reality. This is zero class, when no interaction at all is occurring between the staff on duty and the children for whom they are caring.

Method

Sixteen ambulant children—four in each of three wards and two in each of two further wards—were observed. The children were chronologically aged between nine and eighteen years, and their mental age was 18—24 months or less. All had been in this hospital for several years. It was thought that observing each child throughout one single day might provide biased results as the particular day chosen might not be truly representative. A Latin Square design of experiment was therefore used. This meant that each child's activities were covered for four consecutive hours of his day, but the observations were spread over a whole week so that on one day he was observed from 10.15—10.45 a.m., and on another day from 10.50—11.20 a.m., and so on, so that the interactions of each of the children throughout the hours of 10.15 a.m.—3.50 p.m. were recorded. On each day shift, three nursing staff members cared for each ward of 20 children.

The observations of staff/patient interaction were divided into the following three categories:

(i) Positive:—

Those promoting independent behaviour in patients, for example, when a nurse stood over a child after toileting saying, "Pull your trousers up," rather than doing it for him.

(ii) Negative:—

Those promoting dependent behaviour, for example, feeding a dawdling child who had spoonfed himself the first course but was clearly delaying clearing away by playing with his second course.

(iii) Neutral:—

Those promoting neither independent nor dependent behaviour, for example, holding or cuddling a child or talking to him.

Any of these three types of interaction could be initiated either by any member of the staff, or by the observed subject himself.

The observations were carried out by C.M., who read Thormahlen's (1965) monograph and familiarised herself with his concept of independent/dependent behaviour. Some observations were made together with a second person (K.A.A.) and both observers were in broad agreement in classifying the nature of interactions.

When introducing the observer to the sister or charge nurse, the purpose of the observations was explained as being a study of some selected children's behaviour, rather than that of the staff. The nurses were asked to try to ignore the observer as much as possible, and it was stressed that it was important to carry on absolutely as usual, because the idea was to observe how the child behaved in his normal routine.

Results

TABLE I
Length of Interactions Initiated by Ward Staff
(Total Observation Time per Child=240 minutes)

Ward	Subject	Total Interaction	Therefore No Interaction	Percent of Total Time No Interaction	Ward Average
Z	1	6m.56secs.	233m. 4secs.	97%	95%
	2	16m. 6secs.	223m.54secs.	93%	
Y	1	7m.40secs.	232m.20secs.	97%	94%
	2	24m. 8secs.	215m.52secs.	90%	
	3	14m.32secs.	225m.28secs.	95%	
	4	16m.26secs.	223m.34secs.	93%	
X	1	14m.37secs.	225m.23secs.	95%	92%
	2	8m.31secs.	231m.29secs.	96%	
	3	19m.36secs.	220m.24secs.	92%	
	4	36m. 0secs.	204m. 0secs.	85%	
W	1	2m.56secs.	237m. 4secs.	99%	97%
	2	11m. 6secs.	228m.54secs.	95%	
	3	10m.52secs.	229m.18secs.	95%	
	4	1m.58secs.	238m. 2secs.	99%	
V	1	7m. 4secs.	232m.56secs.	97%	94%
	2	19m.35secs.	220m.25secs.	92%	

It can be seen from Table I that at the best 15% of the observed time was used by the staff in initiating interactions, and at the worst only 1%, so that the average was 6%. There was no significant difference between one child and another, nor between one ward and another.

TABLE II
Types of Interaction
(Irrespective of Initiator)

	Time for Whole Group	Proportion of Total Observed Time
Positive interactions	54 seconds	<0.001%
Negative interactions	13m.26 seconds	<0.01%
Neutral interactions	247m.26 seconds	6.4%

Table II shows that of the small amount of time during which any interactions occurred, a negligible proportion was used to promote positive independence-promoting interactions, and although approximately fifteen times as long was devoted to negative, dependency-promoting interactions, this was still only a tiny fraction of the total observed time.

TABLE III
Length of Interactions Initiated by Ward Staff and Patients
(in minutes and seconds)

Type of Interaction	Ward Z	Ward Y	Ward X	Ward W	Ward V	Total
(a) Initiated by Staff:—						
Positive	0m.00s.	0m.38s.	0m.00s.	0m.05s.	0m.00s.	0m.43s.
Negative	0m.16s.	0m.58s.	3m.14s.	0m.48s.	0m.00s.	5m.16s.
Neutral	22m.46s.	61m.09s.	75m.30s.	25m.59s.	26m.39s.	212m.03s.
	23m.02s.	62m.45s.	78m.44s.	26m.52s.	26m.39s.	218m.02s.
(b) Initiated by Patients:—						
Positive	0m.11s.	0m.00s.	0m.00s.	0m.00s.	0m.00s.	0m.11s.
Negative	0m.07s.	2m.06s.	5m.23s.	0m.27s.	0m.00s.	8m.03s.
Neutral	11m.32s.	8m.49s.	2m.56s.	11m.56s.	0m.10s.	35m.23s.
	11m.50s.	10m.55s.	8m.19s.	12m.23s.	0m.10s.	43m.37s.
Total minutes observed	480m.	960m.	960m.	960m.	480m.	3,840m.
Staff interaction time	4.8%	6.4%	8.5%	2.8%	5.5%	5.7%
Patients' interaction time	2.5%	1.2%	0.9%	1.3%	0%	1.1%

Table III gives an inter-ward comparison and shows that on three of the five observed wards no positive interactions initiated by the staff were observed, and these occupied five seconds and just over half-a-minute on the other two. On four

wards no positive interactions initiated by the children were observed, and in every ward the proportion of the time used by the children to initiate any sort of interaction was extremely small. There was no obvious direct or inverse relationship among the different wards in considering whether the wards with more staff-initiated interaction also had more or less child-initiated interactions. The poverty of the staff's interactions was only outstripped by the even smaller proportion of children's initiated interactions, which at 2% of the total observed time is very different from the behaviour of a normal 12—18 months old child.

Discussion

Two points emerge from this study. The first is the extreme poverty of interpersonal exchange between these children and the staff. However, it is possible that the staff may interact more with children of a somewhat higher mental age who can respond to "nursery school" play situations, or alternatively with even lower grade severely physically and mentally handicapped patients requiring continuous total nursing care.

The second point is the even more apparent dearth of the children's attempts to relate to the staff. Although the known presence of an observer may to some extent have influenced a nurse's interaction with a child, it is highly improbable that the children's spontaneous interactions were inhibited in this way.

The sixteen children observed had all been for several years in the subnormality wards of a comprehensive children's hospital, with 320 mentally subnormal and 380 mentally normal but physically ill children. A major problem in this hospital, as in many others, is the high staff turnover rate. In 1967/68 the turnover of pre-registration student nurses was 34%.

Our findings appear to support suggestions that there is a need:—

- (a) To revise the training of nurses who care for the mentally retarded child in favour of the child care or "nursery nurse" approach, and to remove their multiple housekeeping responsibilities.
- (b) To consider the employment of staff with other types of training.
- (c) To consider other forms of long term care, e.g., small residential hostels.
- (d) To consider the numerical adequacy of staffing of wards for severely retarded children.

Acknowledgment

We thank the South-West Metropolitan Regional Hospital Board for their research grant which enabled us to secure the help of Mrs. Margaret Edlin.

References

- Goffman, E. (1958). "The characteristics of total institutions." *Symposium on Preventive and Social Psychiatry, Washington*. Walter Reid Army Institute of Research.
- King, R. D. and Raynes, N. V. (1968). "Patterns of institution care for the severely subnormal." *American Journal of Mental Deficiency* 72, 5, 700-709.
- Thormahlen, P. W. (1965). "A Study of On-the-Ward Training of Trainable Mentally Retarded Children in a State Institution." *California Mental Health Research Monograph No. 4*.