

IDENTIFICATION AND CATEGORIZATION OF VERBALLY
COMMUNICATED NEEDS OF HOSPITALIZED PATIENTS

by

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ABSTRACT

This study was an attempt to determine the kinds of needs verbally communicated by hospitalized patients and the categorization of these needs into the four levels of needs as suggested by Abraham H. Maslow.

Data were gathered using a verbal communication survey form from one hundred forty hospitalized patient contacts made by fifty Sophomore nursing students. The data were analyzed as to kinds of needs by the investigator and then categorized using the tool developed by the investigator as a guide.

The results of the study indicated that patients verbally communicated more comfort needs than any other kinds of needs and more needs on the physiological level than other levels. Patients did not communicate verbally all the different kinds of needs nor needs in all categories. Female patients verbally communicated more needs than did male patients.

CHAPTER I

REVIEW OF LITERATURE AND ORIGIN OF PROBLEM

Technical advances and social movements of modern society have had a profound influence on man and his environment. Yet it has not changed the basic human nature of man in that he is still striving to meet certain fundamental needs. Every human being has needs. Needs are a part of living. When a person is unable to meet his needs himself, he may require the services of some one else. If sick, he may have to have help in meeting the responsibilities placed upon him by his condition.¹ He may have to be hospitalized thereby placing himself under the care of the health team.

Automation has changed many aspects of the routine management of hospitals resulting in fragmentation of patient care and depersonalization of the patient.² When a patient is admitted to the hospital, he is "stripped" of his independence. He loses his self-identity, his right to make decisions for himself, along with being deprived of privacy, his work, his family and friends.³ He is in a strange environment and is dependent upon others for fulfillment of such fundamental needs as food, shelter,

¹Ernestine Wiedenbach, Clinical Nursing - A Helping Art (New York: Springer Publishing Company, Inc., 1964), pp. 4-5.

²American Nurses' Association, ANA Clinical Sessions, San Francisco, 1966 (New York: Appleton-Century-Crofts, 1967), pp. 232-233.

³Virginia Henderson, The Nature of Nursing (New York: The MacMillan Company, 1966), pp. 11-12.

communication and companionship.

Along with the changes in society resulting from technological advances, the role of the patient is changing. The Committee on Perspectives of the National League for Nursing predicted "..... that the patient's role in his own therapy and in planning for his health services will increase markedly in the future."⁴ The patient will be expected to make decisions about his health care. He will become a more active participant in determining his needs and planning therapeutic measures to be taken.

Increased patient participation in planning care demands that nurses be more sensitive to the "real" needs of patients as communicated by the patient. The joint responsibility of patient and nurse planning the care, means that the nurse's function of doing "for" the patient will decrease and she will be working more "with" the patient toward satisfying his needs.

Henderson stated:

The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible.⁵

⁴National League for Nursing, Perspectives for Nursing, Report of the Committee on Perspectives. (New York: National League for Nursing, Inc. 1965), p.9.

⁵Henderson, op. cit., p. 15.

To assist the patient in performing those activities contributing to his health, the nurse does so in a manner which helps the patient to feel that he is a person of worth and dignity. The nurse is there to help him by acting as a substitute for the strength and will he lacks to perform the activities of his daily living. The nurse is there to supply him knowledge and to help him carry out the treatment prescribed by the physician. The nurse functions in this therapeutic role with the objective of making the patient as "whole" and "independent" as possible.⁶

The patient's role-change places upon the nurse the responsibility of helping the patient to communicate his needs. Jourard stated:

Nurses cannot nurse patients in any meaningful way unless they have permitted the patients to disclose their needs, wants, worries, anxieties and doubts, and so forth.⁷

Tryon and Leonard concluded that if the patient is encourage to express his feelings and needs, and does so, he then assumes a more active role and contributes to the effectiveness of his therapy.⁸

The identification of needs occurs when the nurse has permitted the patient to communicate his needs to her. The nurse's function,

⁵Henderson, op. cit., p. 15..

⁶Henderson, op. cit., p. 16.

⁷Sidney M. Jourard, The Transparent Self (Princeton: D. Van Nostrand Company, Inc., 1964), p. 48.

⁸Phyllis A. Tyron and Robert C. Leonard, "Giving the Patient an Active Role", in James K. Skipper, Jr. and Robert C. Leonard (ed.), Social Interaction and Patient Care. (Philadelphia: J. B. Lippincott Company, 1965), p. 126-127.

then, is to encourage each patient in such a manner that he will be enabled to identify and communicate needs which are specific to himself and his situation.

Jourard has stated that we only get to know the person's self when he discloses it to us and that we can only guess as to what a man is experiencing. The only way to obtain accurate information is to ask him.⁹

In an effort to study the progress of patients, Roberts and Hudson developed a method utilizing five areas of care need by patients (nursing, medical, prevention, social and self-care activities). Nurses identified the areas of care that they observed as patient needs and indicated the levels of care required.¹⁰ A study done by WCHEN approached the problem of identification of patient needs through the use of a patient survey form and the application of categories of nursing needs to analyze the data. The data was collected by the WCHEN staff members in participating schools of nursing.¹¹

⁹ Jourard, op. cit., p. 9.

¹⁰ Doris E. Roberts and Helen H. Hudson, How to Study Patient Progress, United States Department of Health Education and Welfare, Public Health Services, Division of Nursing, Public Health Service Publication No. 1169 (Washington: Government Printing Office, 1964). pp. 1-5.

¹¹ Western Interstate Commission for Higher Education, One Approach to the Identification of Essential Content in Baccalaureate Programs in Nursing. (Boulder, Colorado: Western Interstate Commission for Higher Education, 1967) pp. 9-12.

Statement of Problem

Patients, today, must be encouraged to take a more active role in planning to fulfill their own individual needs. If the nurse can identify from verbal interaction with the patient, what categories of needs are emergent and are not being met, then she can plan with the patient to more effectively meet these needs.

Purpose

The purposes of this study were:

1. to identify the kinds of needs for care expressed verbally by patients hospitalized in a general hospital.
2. to categorize these needs for use by the nurse in planning care to more effectively meet the needs as expressed by patients.

Assumptions

1. All patients have needs.
2. Sophomore nursing students were capable of receiving verbal communications from patients.
3. Patients who were able to speak can communicate their needs verbally.

Methodology

The descriptive survey method of research was used.

The population included in this study was selected from a two hundred fifty bed general hospital in Montana. The data were collected during the period from April 12, 1967 through June 2, 1967. Fifty

sophomore nursing students participated in the data collection.

The patients for the sample were selected from all areas of the general hospital. The criteria for selection was that the patient be capable of communicating verbally. One hundred sixty-six verbal communication forms were returned out of a possible four hundred. Twenty-six of the patients contacted had no requests. One hundred forty verbal communication survey forms were acceptable for this study.

Limitations

1. Individual patient differences in age, education, and cultural background might affect a patient's ability to communicate verbally.
2. The tools used for data collection and data analysis were limited in that they were developed within the unique frame of reference of the investigator.
3. The study was limited by the fact that the student selected the patient on whom to record the verbal interaction.
4. The sophomore nursing students may not have perfected their technical skills sufficiently to enable them to concentrate on verbal interaction with the patient.
5. The study was limited in that it was representative of only one geographic area.
6. A limitation of the study was the possible variations in transmission and understanding of instructions for use of the data collection tool.

Definition of Terms

1. Need: anything the individual requires to maintain or sustain himself comfortably or capably, in his situation.¹²

2. Verbal communication: vocal interchange of words and their meanings between two or more people.

The remainder of this study has been arranged into three chapters: Chapter II presents the Methodology, Chapter III presents the Analysis and Interpretation of the Data and Chapter IV contains the Summary, Conclusions and Recommendations for further study.

¹²Wiedenbach, op. cit., p. 117.

CHAPTER II

METHODOLOGY

The descriptive survey method was used in the study to collect the data on the needs expressed by patients in verbal interaction with the student nurses in a general hospital.

In setting up the criteria for selection of the patient sample to investigate, it was decided that all patients who could communicate verbally their needs were appropriate for the study. Since all patients have needs, the age, sex or condition for which the patient was hospitalized, were not important factors in the selection of the sample. Patients were selected from all areas of the hospital. The population for the sample was selected from a two hundred fifty bed general hospital in Montana. The survey was conducted for an eight week period, from April 12, 1967 to June 2, 1967. The patients included in this study were further selected from within the group of patients assigned to the sophomore nursing students by Clinical Instructors during the period of the study. Each student selected one patient each week on whom to record verbal interaction. The same patient could be selected for as many consecutive weeks as desired by the student nurse. The data was collected by fifty sophomore nursing students.

One hundred sixty-six verbal communication forms were returned out of a possible four hundred. Twenty-six of the patients contacted had no requests. One hundred forty patient contacts were acceptable for this study.

The survey form was developed by the investigator from knowledge gained in the review of nursing studies, discussions with nursing personnel and workshops attended. Part I of the form listed the specific items of information to be recorded by the student nurse. In addition to identifying information of data and name of patient, the information to be obtained was age, sex, admission date, diagnosis, whether the patient had a roommate and whether this was the patient's first hospitalization, and if not, whether the last hospitalization was recent (under five years) or over five years ago. These items of information were included on the form because they might provide assistance in the identification of kinds of needs. Space for recording the patient's communication was provided on the left side of the form and on the opposite side, space for recording the response of the nurse to the patient's communication was provided. (See Appendix A).

The Clinical Instructors and student nurses were informed as to the general purpose and plan of the study. The investigator explained that the study was one approach in an attempt to improve nursing care by attempting to identify what the patient really wanted the nurse to do.

The student nurses were instructed to use a conversational approach in an endeavor to elicit needs of the patient through verbal interaction. This was to be done while the student nurse was giving physical care to the patient according to a prepared nursing care plan. Student nurses were to select one patient each week on whom to record verbal communication. They were also instructed to respond to the expressed need in

an appropriate manner and to record this response on the survey form. The survey forms were to be completed after leaving the patient's room. All completed forms were to be given to the Clinical Instructors each week. The investigator collected the forms from the Clinical Instructors.

A tool for use as a guide in the analysis of the data collected was developed by the investigator, based on the work of Abraham H. Maslow's Motivation and Personality and that of David Krech and Richard S. Crutchfield's Elements of Psychology. The tool listed the principal human needs under each of the four levels of needs suggested by Maslow. These were needs which might be communicated verbally by patients. The four levels of Maslow's hierarchy of needs used were: physiological needs, safety and environmental needs, belongingness and love needs, and esteem needs. The tool was applied by the investigator to classify the data collected into four categories. (See Appendix B).

The following chapter presents the analysis and interpretation of the data collected in the study.

CHAPTER III

ANALYSIS AND INTERPRETATION OF DATA

The data collected by verbal communication survey forms from one hundred forty patient contacts who comprised the sample in the study was analyzed by application of the tool developed by the investigator. The kinds of needs verbally communicated by patients were identified and then categorized according to Maslow's four levels of needs.

In the identification of the kinds of needs, it was the intent of this study to adhere to the meaning of words in the actual sense or the strict and natural meaning. There was no attempt to interpret the psychological meaning or to determine whether the verbal behavior clearly or adequately communicated the patients' needs.

It was necessary to clarify what should be included in the content of items listed under the four major categories, particularly for those items which might be ambiguous. The items were defined as follows:

1. Nutrition: any mention of food, appetite, diet.
2. Fluids: any mention of liquids.
3. Elimination: any communication pertaining to bladder or bowel activity.
4. Personal hygiene: any need concerning the care of the hair, skin, teeth, mouth, cleansing of the body, grooming and improvement in personal appearance.
5. Sleep and rest: any mention of slumber, repose, inactivity or change in activity for refreshment or relaxation of mind and body.
6. Activity: communication concerning exercise, movement or

restriction of movement. Not to include positioning.

7. Sexual pleasure: communication pertaining to satisfaction derived from being male or female including anatomical and physiological differences.

8. Comfort: any person, thing, activity which was source of bodily or mental ease. Includes positioning.

9. Medication: any mention of medicine or treatment.

10. Protection from danger or threat: any mention of things, persons, activities, measures pertaining to prevention of falls, of being injured, of being left without physical support or of being left alone. Requests for crutches, canes, side rails. Assistance in walking and with getting out of bed or chair.

11. Organization of environment: any change of the physical environment relating to ventilation, regulation of temperature, lighting, noise, placement of furniture or making the room neat and clean.

12. Consistency: pertaining to harmony or compatibility of person in relation to other persons or things.

13. Freedom from fear: being without apprehension or alarm when confronted with a painful emotional experience.

14. Routine: pertaining to customary patterns, schedules or habits.

15. Financial security: any mention of job tenure, insurance, savings, pensions.

16. Stability: pertaining to firmness and continuity.

17. Predictability: pertaining to provision for the future through calculation from experience.
18. Positive identification with individual or group: constructive association or feeling toward person or persons.
19. Giving and receiving love: pertaining to a strong liking or affection for another person.
20. Friendship: pertaining to the attachment by warm feeling or regard for another person.
21. Acceptance by others: pertaining to approval by people.
22. Companionship: pertaining to association with a person or persons for social interaction.
23. Family affiliation: pertaining to a close relationship with a person or persons related by blood or through own choice.
24. Communication: transmission of messages.
25. Group membership: association with people with common interest or goal.
26. Self-respect: pertaining to worth and value of oneself.
27. Competence: pertaining to adequacy of oneself.
28. Status: pertaining to rank or position of individual in a group.
29. Recognition: pertaining to appreciation by others.
30. Attention: pertaining to behavior in seeking notice by others.
31. Power: pertaining to control or command over others.
32. Knowledge: any request for information, explanation or

clarification.

33. Self-confidence: faith in oneself.
34. Achievement: pertaining to accomplishments of the person.
35. Independence: pertaining to ability to think and act for oneself.
36. Mastery: pertaining to expert skill or knowledge acquired by a person.
37. Prestige: pertaining to influence or reputation gained from successful endeavors.

The guide for analysis listed thirty-seven kinds of needs. Analysis of the data on the verbal communication survey forms showed that three hundred forty-nine needs met the definition established for sixteen kinds of needs. The needs identified were: eight (2.29%) nutrition needs, thirty-six (10.31%) needs for fluids, eleven (3.15%) elimination needs, fifty-nine (16.90%) personal hygiene needs, two (.57%) sleep or rest needs, eight (2.29%) activity needs, one hundred fifteen (32.95%) comfort needs, eighteen (5.16%) medication needs, fourteen (4.01%) needs for protection from danger or threat, twenty-five (7.16%) needs for organization of the environment, one (.29%) financial security need, one (.29%) communication need, four (1.15%) companionship needs, two (.57%) family affiliation needs, forty-one (11.75%) knowledge needs, and four (1.15%) independence needs. This means that there were twenty-one kinds of needs which were not demonstrated. These needs were: sexual pleasure, consistency,

freedom from fear, routine, stability, predictability, positive identification with individual or group, giving and receiving love, friendship, acceptance of others, group membership, self-respect, competence, status, recognition, attention, power, self-confidence, achievement, mastery and prestige. Table I, page 16, shows the number and percentage of the kinds of needs identified.

A total of two hundred fifty-seven physiological needs were identified. Of these, one hundred fifteen (44.75%) were comfort needs, fifty-nine (22.97%) were personal hygiene needs, thirty-six (14.00%) were needs concerning fluids, eighteen (7.00%) were medication needs, eleven (4.28%) were needs concerning elimination, eight (3.11%) were nutrition needs, eight (3.11%) were activities needs, and two (.78%) were sleep and rest needs. There were no needs identified for sexual pleasure.

A total of forty safety and environmental needs were identified. Twenty-five (62.5%) were concerning organization of the environment, fourteen (35.0%) were concerning protection from danger or threat and one (2.5%) was concerning financial security. No needs were identified for consistency, freedom from fear, routine, stability or predictability.

Seven needs were identified on the belongingness and love level. Four (57.14%) were needs concerning companionship, two (28.57%) were needs regarding family affiliation and one (14.28%) was a communication need. No needs were identified for positive identification with an individual or group, giving and receiving love, friendship, acceptance by others, or group membership.

TABLE I

NUMBER AND KINDS OF NEEDS IDENTIFIED FROM VERBAL
COMMUNICATION WITH PATIENTS

Kinds of Needs	Number of Needs	Percentage of Total Needs
Comfort	115	32.95
Personal hygiene	59	16.90
Knowledge	41	11.75
Fluids	36	10.31
Organization of environment	25	7.16
Medication	18	5.16
Protection from danger or threat	14	4.01
Elimination	11	3.15
Nutrition	8	2.29
Activity	8	2.29
Independence	4	1.15
Companionship	4	1.15
Family affiliation	2	.57
Sleep and rest	2	.57
Financial security	1	.29
Communication	1	.29
	349	99.99

Needs identified on the esteem level totalled forty-five. Forty-one (91.11%) were needs for knowledge and four (8.88%) were needs for independence. There were no needs identified for self-respect, competence, status, recognition, attention, power, self-confidence, achievement, mastery or prestige.

Of the total needs two-hundred fifty-seven (73.62%) were physiological, forty (11.46%) were safety and environmental needs, seven (2.01%) were belongingness and love needs and forty-five (12.90%) were esteem needs. See table below.

PERCENTAGE OF NEEDS BY CATEGORY WITHIN
MASLOW'S FOUR LEVELS OF NEEDS

<u>Category of Needs</u>	<u>Number of Needs</u>	<u>Percentages of Needs in Category</u>
Physiological	257	73.62
Safety and Environmental	40	11.46
Belongingness and Love	7	2.01
Esteem	45	12.90
	<u>349</u>	<u>99.99</u>

There was no difference in the kinds of needs verbally communicated because of age, sex, diagnosis, roommate, whether it was the patient's first hospitalization or if the previous hospitalization had been recent (under five years) or over five years.

Analysis of data showed that female patients communicated 2.64 needs per patient and male patients communicated 2.22 needs per patient.

There was a total of one hundred forty patient contacts. Eighty-eight (62.9%) patients verbally communicated another need or several needs after the first need was responded to and fifty-two (37.1%) communicated only one need.

During the time of the survey, the primary focus of the area of study for the nursing students was the application of nursing measures to meet the physiological and protective needs of the patient. Selection of the needs recorded on the verbal communication form might have been influenced by the student nurse's own needs.

Chapter IV includes the summary, conclusions and recommendations of this study.

CHAPTER IV

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

It is a recognized fact that in order to plan for effective nursing care an assessment of the needs of the patient must be made. The nurse must know what the patient is experiencing in order to be able to provide the help that the patient needs. One approach to the assessment of patient needs is through the encouragement of verbal communication of his needs by the patient.

The purposes of this study were to identify the kinds of needs for care expressed through verbal communication by patients in a general hospital and to categorize these needs by application of Maslow's hierarchy of needs. These categories of needs might then be utilized by the nurse in planning patient care.

The problem of this study was an attempt to identify from verbal interaction with the patient the categories of needs that were emergent and not being met so that the nurse could plan with the patient to more effectively meet these needs.

The assumptions were: (1) all patients have needs, (2) sophomore nursing students were capable of receiving verbal communications from patients, and (3) patients who were able to speak could communicate their needs verbally.

The descriptive survey method was used. The population was comprised of patients in a general hospital. Data were collected on verbal

communication survey forms by sophomore nursing students. The investigator identified the different kinds of needs by classification according to the established definition. The kinds of needs were then categorized by application of a tool for analysis developed from the four levels of needs suggested by Maslow.

Conclusions and Implications for Nursing

Patients are more able to communicate verbally their comfort needs than needs of any other kind. The nurse needs to plan to make the patient physically comfortable after which the patient might be able to communicate other kinds of needs and should be encouraged to do so.

Patients communicate more needs on the physiological level than any other. Patients may perceive the nurse as one whose primary function is to meet physiological needs. The nurse needs to plan to spend time in verbal interaction with patients to encourage the expression of other kinds of needs. Patients may need to develop a sense of trust in the nurse before communicating needs of levels higher than the physiological.

Patients do not communicate verbally all the different kinds of needs nor in all categories. When planning care the nurse needs to anticipate those uncommunicated needs of patients.

Male patients did not communicate as many needs per patient as did female patients. The nurse needs to be more sensitive to and

anticipate the needs of the male patient.

Recommendations

Suggestions for further study are:

1. a study to determine whether there is a relationship between the length and number of nurse-patient verbal contacts and establishment of trust.
2. a study to determine the relationship between the length of nurse-patient verbal interaction and the ability of the patient to communicate needs other than those on the physiological level.
3. a study to determine whether the length of the hospital stay of a patient influences the kinds of needs communicated.
4. a study on the difference or similarity in kinds of needs communicated by the male and female patient.
5. a study of what changes in needs patients have due to the change in environment from intensive care unit to general floor care.
6. a follow-up to this one having senior nursing students collect the data to determine if results would be similar.
7. a more definitive study designed to control the many variables in this study to determine the kinds of needs verbally communicated by patients. This might be accomplished by having the investigator collect data or by providing a training period for the people who collect the data. Selection of patients in the study by the investigator herself might decrease the variables.

APPENDIX

APPENDIX A

VERBAL COMMUNICATION SURVEY FORM

Part I

Date _____

Name of Patient: _____ Roommate: Yes _____ No _____

Age: _____ Sex: _____

Admission Date: _____

Diagnosis: _____

Is this patient's first hospitalization: Yes _____ No _____

If answer is No, was last hospitalization: Recently _____ Over 5 years ago _____Part II

As soon as possible after leaving patient, please record request and response, in order you received the request.

Patient's RequestNurse's Response

APPENDIX B

CATEGORIES OF NEEDS USED AS GUIDE FOR ANALYSIS OF DATA¹³PHYSIOLOGICAL NEEDS

1. Nutrition
2. Fluids
3. Elimination
4. Personal hygiene
5. Sleep and rest
6. Activity
7. Sexual pleasure
8. Comfort
9. Medications

SAFETY AND ENVIRONMENTAL NEEDS

1. Protection from danger or threat
2. Organization of environment
3. Consistency
4. Freedom from fear
5. Routine
6. Financial security
7. Stability
8. Predictability

BELONGINGNESS AND LOVE NEEDS

1. Positive identification with individual or group
2. Giving and receiving love
3. Friendship
4. Acceptance by others
5. Companionship
6. Family affiliation
7. Communication
8. Group membership

APPENDIX B (Continued)

ESTEEM NEEDS

1. Self-respect
2. Competence
3. Status
4. Recognition
5. Attention
6. Power
7. Knowledge
8. Self-confidence
9. Achievement
10. Independence
11. Mastery
12. Prestige

¹³ Abraham H. Maslow, Motivation and Personality, (New York: Harpers and Brothers, 1954), pp. 80-108; David Krech and Richard S. Crutchfield, Elements of Psychology, (New York: Alfred A. Knopf, Inc., 1961), p. 279.

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