ABILITY OF NURSING STUDENTS TO DETECT LONELINESS IN THE HOSPITALIZED PATIENT

A THESIS
SUBMITTED TO THE HONORS PROGRAM IN PARTIAL FULFILLMENT OF THE REQUIREMENTS of the HONORS PROGRAM by MARY PATRICIA ULREY ADVISER - MRS. JULIA N. WORBOYS

BALL STATE UNIVERSITY MUNCIE, INDIANA JUNE, 1971
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During the hospital experiences of the writer, it was noted that many patients suffer from feelings of loneliness. Loneliness may be demonstrated in many ways, thus making it difficult to detect. Loneliness may take the form of depression, a difficulty with identity, or problems in living such as alcoholism and drug addiction.\(^1\) According to Sullivan, other signs of loneliness may be time-oriented complaints. A patient may say that the days are "endless." Time may be telescoped; that is, the past and present are fused and seem like one and the same. A lonely patient may seem to feel familiar with people he has never met before but in reality, he may view all other persons as anonymous beings.\(^2\)

Sullivan states that human beings need a certain amount of interpersonal intimacy with other people. When this need is not met, a state of emotional helplessness occurs that is loneliness. Loneliness seems to be such a painful, frightening experience that people try to avoid it.\(^3\)

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Because of this attempt to avoid it, loneliness in patients often goes unrecognized. This is especially true of a patient who is dying. Through modern medicine, man may be able to postpone death, alleviate much of the pain from it, or deny that it can happen to him, but he can't avoid it. Because of this and the fact that man is incapable of imagining what death is like, people generally fear death. As a result of this fear, people tend to shy away from dying patients. In several experiments that were done in hospitals, it was found that those patients who were in danger of dying were placed farthest from the nurses station. When their lights came on, nurses were much slower in answering them than for those patients who were less seriously ill. This was not intentional. Instead, it was an unconscious aversion to death. Although this response was unintentional, it still served to increase the loneliness of these patients. An illustration of this type of reaction with a dying patient and her husband was noted by the writer. A female patient in her early sixties was hospitalized for treatment of metastatic cancer. Her husband did not tell her that she was going to die until after she had been in the hospital for several weeks. When he did tell her, he just said, "You know that you'll never leave here so stop talking about going home. You are going to die." The husband had been drinking prior to his visit. The nurses on the floor expressed their strong disapproval of the husband and ignored

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4Herman Feifel, Ph.D. (ed.), The Meaning of Death, pp. 16-17.

him. The patient was also ignored. When she turned her light on, it was slow to be answered. Members of the nursing staff argued to see who "would have to go see what she wants this time." When anyone entered her room, the patient begged the person not to leave her. When the staff members left the room, the patient pleaded with them to hurry back. She was in a tremendous amount of pain but only asked for pain medication when she could no longer stand it without the drugs. However, the nurses seemed to be slow in getting her medication because they "were always so busy." No one heard the woman's cry for relief of her loneliness and misery. Instead, she was considered a nuisance and a complainer. Her husband's drinking seemed to be his way of trying to cope with his own loneliness. None of the staff ever tried to talk to him. He was rejected and ignored and left alone with his problem.

Another illustration of the loneliness of a dying patient was the case of a man dying of cirrhosis of the liver. He had had two hematemeses. His wife was very unsympathetic and failed to help her husband cope with his feelings of loneliness. His feelings were summed up in a thirteen verse poem found with his will.

It began: When I'm all fixed up for my final ride,

With my silver handles, three on a side,
and scattered around me in heaps pell-mell,

Are fragrant flowers I cannot smell.

When the few to whom I was really dear,
Have stifled a sob that I cannot hear,
I shall not know and I shall not care.
What is happening around me there...

and ended: If one of these can truly say,
As in my coffin still I lay,
'That chap was sure a regular guy
It's sort of hard to say, Goodby.'

Then not in vain I'll reach my end
For I'll at least have made a friend."^6

As shown by the poem above, some try to express their feelings through words. Although the word loneliness is seldom used, its impact is present in drama and poetry. Examples of literary masterpieces concerned with the loneliness of the individual are found in all periods of writing. King Oedipus, the lonely hero from Greek tragedy; Jesus Christ, as the lonely ascetic; Hamlet, the man depicted as a lonely revenger; and Hedda Gabler, the lonely psychopath—all are examples of the portrayal of loneliness in individual human beings. It is a theme that is common to all mankind even though it takes specific aesthetic forms in particular literary periods. Authors find that there are dramatic qualities to the theme of loneliness which are not limited to a particular time and place. In addition, playwrights use the theme as a reflection of present-day American life.^7

In American drama the loneliness of the city, the loneliness of the farm, the loneliness of being without a home, the loneliness of no friends, the loneliness of success, the

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^6 Feifel, op. cit.

^7 Winifred L. Dusenbury, The Theme of Loneliness in Modern American Drama, p. 1.
loneliness of failure, the loneliness of not understanding oneself, the loneliness of not belonging socially, the loneliness of old age, and the loneliness of youth are all explored by playwrights. Many significant plays have been written with the theme of loneliness. In Come Back, Little Sheba, the lack of understanding between Doc and Lola and the isolation that results is bound up with the theme—the loneliness caused by their failure to realize youth's dreams. Steinbeck emphasized the loneliness and suffering of the wandering ranch hands in Of Mice and Men.\(^8\)

Loneliness has also been a significant theme in poetry. The inevitability of the lonely heart is expressed in the following poem.

Sometimes I wonder what will become of me
My heart yearns for permanence which never can be
I do not know a real face any more
And my compassion is misplaced
The spontaneity and joy and continuity are gone
Where is the beginning which remains
Where is the heart which speaks only truth
No where, no more, will I find commitment to meet mine
To live a lie, to die of life, to search in failure
Is this to be my destiny?\(^9\)

The books of the Old Testament provide one of the greatest histories of man's loneliness. The "terrible feeling of abandonment and isolation, the scourge of being forsaken, the loneliness of being destroyed without cause" are portrayed in the book of Job.

\(^8\)Ibid., pp. 4-7.

\(^9\)Clark E. Moustakas, Loneliness, p. 34.
Let the day perish wherein I was born and the night in which it was said,
There is a man child conceived.
Let that day be darkness; let not God regard it from above, neither let the light shine upon it.
Let darkness and the shadow of death stain it; let a cloud dwell upon it; let the blackness of the day terrify it.
As for that night, let darkness seize upon it; let it not be joined unto the days of the year, let it not come into the number of the months.
Lo, let that night be solitary, let no joyful voice come therein. Let them curse it that curse the day, who are ready to raise up their mourning.
Why died I not from the womb? Why did I not give up the ghost when I came out of the belly?
Wherefore is light given to him that is in misery, and life unto the bitter in soul.
Which long for death, but it cometh not; and dig for it meantime for hid treasures;
Which rejoice exceedingly, and are glad, when they can find the grave?
Why is light given to a man whose way is hid, and whom God had hedged in?
For my sighing cometh before I eat, and my roarings are poured out like waters.
Oh that my grief were weighted, and my calamity laid in the balances together!
For now it would be heavier than the sand of the sea: therefore my words are swallowed up.

Job is alienated from his friends, from all intimate contact, cut off from his fields, his animals, his home, and his family. He demonstrates his tremendous loneliness in his appeal to God for sympathy.

Behold, I cry out of wrong, but I am not heard: I cry aloud, but there is no judgment.
He hath stripped me of my glory, and taken the crown from my head.
He hath destroyed me on every side, and I am gone: and mine hope hath he removed like a tree.
My kinsfolk have failed and my familiar friends have forgotten me.
They that dwell in mine house, and my maids, count me for a stranger: I am an alien in their sight.
I called my servant, and he gave me no answer; I entreated him with my mouth.
My breath is strange to my wife, though I entreated for the children's sake of mine own body.
Yea young children despised me: I arose, and they spake against me.
All my inward friends abhorred me: and they whom I loved are turned against me. . .
Have pity upon me, have pity upon me. Ye my friends; for the hand of God hath touched me.

Patients may not always display loneliness to the degree that Job did, but their loneliness still needs to be recognized if these people are to be helped. Since nurses spend more time with the patients than any of the other professionals involved, it is up to the nurses to recognize loneliness in the hospitalized patient.

The nurse has an opportunity to be a significant, positive factor in the life of a patient. To be a therapeutic factor in the patient's environment, the nurse requires knowledge about people, their needs and feelings and their ways of expressing them. She must learn about people by first gaining an understanding of herself and the effect of her behavior on others. While all nursing courses cover the areas of manual and interpersonal tasks, Psychiatric Nursing is concerned with teaching the student how to apply the principles of interpersonal relations. She is educated to recognize, evaluate, and respond appropriately to symptoms and to see the patient as an individual. A basic understanding of the meaning of behavior is one of the nurses' greatest tools. Psychiatric Nursing focuses on teaching students how to recognize their own feelings and how these feelings affect others. In turn, the students learn to recognize the feelings

\[^{10}\text{Ibid.}, \text{ pp. } 45-46.\]
other people express and the meaning of their behavior.\textsuperscript{11} Students learn to admit that nurses are human beings as well as being nurses. Psychiatric Nursing at the Midwestern University where this study was conducted includes ten weeks of a close relationship with the same people. This relationship, along with post conferences, forces students to critically examine their interactions and to make adjustments accordingly. The emphasis is placed on dynamics. Many nurses presently working in hospitals passed state exams prior to 1956 so they either did not have Psychiatric Nursing or had a negative experience and do not apply the principles learned. Because of this factor, the writer is concerned about whether student nurses are more capable of distinguishing loneliness from other emotions after the psychiatric nursing experience than before. This work explores the following questions:

1. Can nurses be educated to pick up the cues of lonely patients?
2. Do nurses presently have the ability to detect loneliness in patients?
3. What experiences are beneficial in helping nurses to see the signs of loneliness?
4. Do nursing students have greater insight into the problem of loneliness after having had psychiatric nursing?
5. Are nursing students able to transfer their knowledge about loneliness of a patient in a general hospital setting?

Based on these questions the problem for this investigation was defined.

The central problem of this paper was to examine baccalaureate nursing students in one university school of nursing regarding the problem of loneliness and their ability to detect this in patients before and after taking psychiatric nursing.

The study was limited to data obtained from junior and senior nursing students in a state university baccalaureate program of nursing. Thirty-two students were selected at random to represent those students who had not had psychiatric nursing and thirty-two students were chosen at random from those who had had their psychiatric nursing experience.

The following hypotheses were subjected to testing:
1. A student who has not had psychiatric nursing is less likely to recognize the signs of loneliness in a patient.
2. A student who has had the psychiatric nursing experience is more likely to recognize loneliness.
II REVIEW OF RELATED LITERATURE

A distinction needs to be made between lonesomeness, aloneness, and loneliness. "Lonesomeness" implies being without the company of others but recognizing a wish to be with others. "Aloneness" also implies being without company. It may be aloneness such as in making a decision. Aloneness does not necessarily result in lonesomeness or loneliness when retreat, seclusion, or protected isolation are recognized and chosen as desirable. "Loneliness" is not a chosen state. The lonely person is often unaware of why he does what he does when he experiences loneliness. "Loneliness" can be defined as "an unnoticed inability to do anything while alone." It is often not felt directly. It may be manifested in feelings of dread, desperation, or restlessness.¹ Binswanger has described loneliness as "naked existence," "mere existence," and "naked horror."²

According to Sullivan, true loneliness begins to develop during the early part of a child's life, even as far back as infancy and the need for contact. Weaning an infant

before he is ready could cause loneliness in the child according to Suttie. He states that this premature weaning from the tenderness connected with feeding time can provide the basis for a later fear of intimacy and could lead to psychological difficulties.\(^3\) The need for intimacy continues from infancy to childhood. In childhood, the components of what will eventually be loneliness are expressed by the need for adult participation in activities. There is a considerable need for the parents to participate in the child's play. If possible, the parents should play a role. When the parents are unable to provide an audience for the child's behavior, he is often lonely.

The child who is lonely tends to have a tremendous fantasy life. He makes up for deficiencies through imaginary characters that influence his behavior. The young child has difficulty distinguishing between reality and fantasy. Therefore, many things which have no "reality" but which are formed in the child's mind from the example of authority figures or from his needs are as real to him as real things.\(^4\) By the end of childhood, the child is expected to sort out the real from the fantasy. During this period of development, the child may make mistakes that cause him to be laughed at or get punished. A lonely child has a fantasy life to make up for the lack of attention from authority figures such as his parents.

\(^3\) Ibid.

\(^4\) Harry Stack Sullivan, M.D., The Interpersonal Theory of Psychiatry, pp. 3-4.
Because of this, he is less able to distinguish real things from fantasy. This brings on punishment and gives him a feeling of risk in life which is a partial arrest of socialization.\(^5\)

During the juvenile period, there is the need for peers. For the child who has had difficulty distinguishing fantasy from reality, this may be a problem. The other children would tend to laugh at him because of his fantasy ideas. The child feels rejected and withdraws from the others. Later in this period is the need for acceptance. The child who has a great deal of difficulty with his fantasies will not be accepted by other children. The child's fantasy life increases his loneliness through present emphasis of the differentiation between subjective and objective reality.\(^6\)

In preadolescence comes the final component of the formation of loneliness and that is the need for intimate exchange with a fellow being.\(^7\) During the developmental progress of the adolescent, he is hindered by a lack of preparation and taboos on some of his freedoms. However, lust and the need for intimacy often drive him toward developing his abilities in interpersonal relations. There is no way to satisfy the need for intimacy alone and to cut off the power of loneliness without someone else.\(^8\)

\(^{5}\text{Ibid.}, \text{p. } 225.\)
\(^{6}\text{Fromm-Reichman, op. cit.}\)
\(^{7}\text{Sullivan, op. cit., p. } 221.\)
\(^{8}\text{Sullivan, pp. } 270-271.\)
Zilboorg believes that failures in guidance for reality testing can cause problems in that the child believes that life is nothing but being loved and admired. The people around him will respond with hostility causing the child to be isolated. Narcissism, megalomania, and hostility are established and cause loneliness.\(^9\) Narcissism as it represents human loneliness is derived from Greek mythology and the story of Echo and Narcissus. Echo was a nymph in the area of the river god Cephissus and his son Narcissus. A curse was placed on Echo by Hra so that Echo's power of speech was limited to repeating only the last words of others. Narcissus rejected Echo because of the speech problem but was punished. He was made to love his own reflection and spent all of his time looking into pools of water at his own reflection. The pool could only reflect his own body. He eventually died along with Echo. It has been hypothesized that Echo was overwhelmed by a flood of sensory stimuli from the outside. Narcissus was a totally inner directed man who died from a restriction on his sensorial input.\(^10\)

Penlau writes that loneliness is the acquired outcome of childhood situations in which efforts to secure adult attention met with indifference, causing the child to feel like a failure. A child seeks an audience so he can see himself in relation to other people to help him to

\(^9\)Fromm-Reichman, op. cit.

exercise his growing ability to communicate what is meaningful to him in an experience. Later this limits the importance which he attaches to his fantasies and to his autistic interpretations. The autistic thinking is a way of gratifying his unfulfilled longings.\textsuperscript{11}

Definitions of loneliness are seldom found; when it is mentioned it usually is described rather than defined. David Riesman in \textit{The Lonely Crowd} says that the American loneliness is a recent phenomenon of a highly industrialized, consumer society, in which each man, lacking self-sufficiency, fears that he will be ridiculed if he is different from the crowd, and because of this, spends his days trying to conform. Karl A. Menninger tries to classify individuals of "lonely personality" according to the causes of their isolation and has found that the leading factor is "a real or fancied defect or unfavorable comparison."\textsuperscript{12} Berblinger lists several factors as causes of loneliness. He says that "loneliness is an unhappy compound of having lost one's points of reference, of suffering the fate of individual and collective discontinuity, and of living through or dying from a crisis of identity to the point of alienation from oneself."\textsuperscript{13} He states that an identity crisis may occur in which the deeper conflict beneath the identity crisis is due to a need for independence but a fear that this can lead to loneliness.

\textsuperscript{11}Peplau, "Loneliness," pp. 1476-1481.

\textsuperscript{12}Winifred L. Dusenbury, \textit{The Theme of Loneliness in Modern American Drama}, p. 2.

\textsuperscript{13}Berblinger, \textit{op. cit.}
Social mobility has also triggered loneliness in people. This produces mechanical and formal contact with people instead of the closed intimacy that is needed. Group membership provides equilibrium under the shocks of life; if a person leaves and doesn't find a new group, he will develop disorders of thought, feeling, and behavior under stress. Other contributing causes to the loneliness of many Americans include a greater use of scientific language and the type of communication in which the imagination is restricted. Technological thinking has been a factor in that there is a reliance on rapid communication, transportation, and specialization with over-organization preventing experimentation in living. Reliance on family and kinship groups has shifted to occupational, recreational, age, or task-oriented group living. Finally, geographic mobility has contributed to the loneliness. Moving to new places puts a person in the situation of trying to join new reference groups.14

Besides sociologists such as Riesman and psychologists such as Menninger, literary men have written on the subject of loneliness. Thomas Wolfe pretends to enjoy his own isolation when he says, "I have known loneliness as well as any man, and will now write of him as if he were my very brother, which he is." It appears that this writer feels that loneliness can create a certain kind of joy. However, when examining Wolfe's epithets for loneliness--"brother" and "comrade"--it is indicated that there is a hidden hunger for companionship of a different nature, probably loneliness

14Ibid.
that was no more pleasurable to him than it would be to any other man.

Walter Prescott Webb, who has studied the effect of frontier and plains life on the American character, has discovered that the word "loneliness" was used to describe a psychological condition. In his book The Great Plains, he included the following description.

Did you ever hear of "loneliness" as a fatal disease? Once, back in the days when father and I were bringing up long-legged sheep from Mexico, we picked up a man near Las Vegas who had lost his way. He was in a terrible state. It wasn't the result of being lost. He had "loneliness." Born on the plains, you get accustomed to them; but on people not born there the plains sometimes have an appalling effect. "He's got loneliness," we would say of such a man.15

Psychologists and psychiatrists say that loneliness seems to be such a painful, frightening experience that people will do practically everything to avoid it. True loneliness like that found in the psychiatric patient is so painful that the patient has to hide it, disguise it, defend himself against it. It is unbearable.16 This severe type of loneliness is nonconstructive and often is destructive. It can ultimately lead to psychoses. It causes emotional helplessness and paralysis. According to Sullivan, it is "the exceedingly unpleasant and driving experience connected with an inadequate discharge of the need for human intimacy, for interpersonal intimacy."17 In the case of the mental  

15Dusenbury, op. cit., p. 3.
patient, self-orientation may become defective. Trauma may cause a person to have panic and withdraw at the idea of object-loss. He avoids human relationships and encounters great difficulty with reference points and self-orientation that could disrupt his self-image and feelings of continuity. In the case of the schizophrenic, he cannot longer mediate with his environment. His symbols, motions, and emotions are private and can't be understood by others. He converses in a language based on early inner experiences, causing him to suffer a type of symbolic isolation. Psychiatric patients who have suffered from true loneliness and emerged from it cannot really talk about it because it is such a painful feeling. One patient who was trying to describe her feelings about loneliness after she had emerged said, "I don't know why people think of hell as a place where there is heat and where fires are burning. That is not hell. Hell is if you are frozen in isolation into a block of ice. That is where I have been." Other patients have tried to express their feelings about loneliness through poems that they have written. Although they do not use the word loneliness, the theme is still there. Eithne Jabor, a schizophrenic patient at St. Elizabeths Hospital wrote:

Panic

And is there anyone at all?
And is
There anyone at all?

I am knocking at the oaken door...  
And will it open  
Never now no more?  
I am calling, calling to you--  
Don't you hear?  
And is there anyone  
Near?  
And does this empty silence have to be?  
And is there no-one there at all  
To answer me?  
I do not know the road--  
I fear to fall.  
And is there anyone  
At all?

Another psychiatric patient wrote the following poems after recovery.

The Disenchanted

The demented hold love  
In the palm of the hand,  
And let it fall  
And grind it in the sand.  
They return by darkest night  
To bury it again,  
And hide it forever  
From the sight of men.

The same patient also wrote the following one.

Empty Lot

No one comes near here  
Morning or night.  
The desolate grasses  
Grow out of sight.  
Only a wild hare  
Strays, then is gone.  
The landlord is silence.  
The tenant is dawn.

Severe loneliness can be tolerated for only a short time without psychoses developing. Three types of non-experimental isolation have been noted. Voluntary isolation such as polar expeditions seem to have no effect if the person

19Fromm-Reichman, op. cit.
has the right temperament. The second type such as solitary seafarers shows that most have some symptoms of mental illness. The third group who are subjected to solitary confinement in prisons and concentration camps frequently become psychotic. After a long period of isolation the inner life becomes so real that it takes time to readjust to life among people.\(^{20}\)

Research done on loneliness includes experiments carried on by a group at McGill University in which the patterning of stimuli was reduced to the lowest level. Subjects were found to have hallucinations of various types. At the National Institute of Mental Health the absolute intensity of physical stimuli was reduced. The subjects were put in a tank of water that was neither hot nor cold. The environment was even and monotonous. Eventually different types of visual hallucinations occurred.\(^{21}\)

It has been shown in this chapter that loneliness is a very painful experience. Whether it occurs in psychiatric patients or in patients in the general hospital, loneliness needs to be recognized and the patient helped to overcome it. Since nurses spend the most time with the patients of the professional staff, it is up to them to be able to see feelings of loneliness that a patient has.

\(^{20}\text{Ibid.}\)

\(^{21}\text{Ibid.}\)
III. METHOD

Since loneliness is a very painful subject, few writers choose to endure writing about it. As a result, there is a dearth of literature available on the subject. The writer found this to be true in researching the topic.

This study concerning the ability of nursing students to distinguish loneliness in the hospitalized patient was limited to a representative number of students who are now enrolled in the clinical nursing courses at one Midwestern university. These students were all juniors and seniors in the nursing major. The study was conducted during the month of May, 1971.

The group surveyed included thirty-two students who had completed the psychiatric nursing experience and thirty-two students who had not had psychiatric nursing experience. Fifty-seven students who had not had psychiatric nursing and thirty-two students who had completed psychiatric nursing filled out the opinionaires for the study. Thirty-two students who had not had psychiatric experience were chosen from the fifty-seven by random sampling by numbering the answer sheets, placing them in a box and discarding the twenty-five drawn. All of the students who had had their
psychiatric experience were chosen.

All of the students involved in the study were Caucasian and all but one were female. The age range was from nineteen years old to forty-one in the non-psychiatric nursing group and from twenty-one to thirty-two years of age in the psychiatric nursing group.

The instrument chosen to identify whether or not nursing students can better identify loneliness in the hospitalized patient after having had psychiatric nursing was a tool designed by the author. The scale was developed with the help of situations of loneliness in the book Loneliness by Clark E. Moustakas.

The tool was established with the help of three experts in the field of psychiatric nursing using the jury method. These experts are instructors in the field of psychiatric nursing at the Midwestern university where this study was conducted. One of the three holds a doctoral degree in psychiatric nursing from Boston University. The remaining two each hold a Masters Degree. The three experts read thirty questions depicting situations of loneliness or other emotions written by the writer and chose those questions that reflected the emotional state desired for the study. Ten questions were chosen. Of these, eight questions demonstrated loneliness in the patient, one question showed fear in the patient, and one question showed anxiety in the patient.
A split-half validity test was done on the results of the study. This test was done to determine if the tool used produced reasonably valid results. The scale validity for this population was established at 0.22 level. All but three items proved acceptable according to the item analysis done. (See Appendix for results of Item-validity for the scale).

An answer distribution analysis of responses was also done for each group. See appendix for the results.

A mean and standard deviation was computed on the total score according to two groups. One group of students had had psychiatric nursing and the other group had not had psychiatric nursing. An analysis of variance was also calculated.

Using a t score with .05 as the level of significance, the formula was:

\[ t = \frac{\text{Mean}_1 - \text{Mean}_2}{\sqrt{\frac{\text{Standard Deviation}_1^2}{\text{Number 1}} + \frac{\text{Standard Deviation}_2^2}{\text{Number 2}}}} \]

The number of degrees of freedom to be consulted in tabled values of t is N-1 whenever N₁=N₂ ¹.

¹James E. Wert, Charles O. Heidt, and J. Stanley Ahmann, Statistical Methods in Educational and Psychological Research, p. 130.
The purpose of these calculations was to help identify differences in the abilities of nursing students to detect loneliness in the hospitalized patient if they had had psychiatric nursing and if they had not had psychiatric nursing.

It was assumed that psychiatric nursing would improve the student's ability to detect loneliness in the hospitalized patient. Psychiatric nursing is concerned with teaching the student how to apply the principles of interpersonal relations. She is educated to recognize, evaluate, and respond appropriately to symptoms and to see the patient as an individual. A basic understanding of the meaning of behavior is one of the nurses greatest tools. Psychiatric Nursing focuses on teaching students how to recognize their own feelings and how to recognize the feelings other people express and the meaning of their behavior. Students learn to admit that nurses are human beings as well as being nurses. Psychiatric Nursing at the Midwestern University where this study was conducted includes ten weeks of a close relationship with the same people. This relationship, along with post conferences, forces students to critically examine their interactions and to make adjustments accordingly. The emphasis is placed on dynamics.

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IV. FINDINGS

The central purpose of this study was to examine a group of nursing students from one university to see if those students who had had psychiatric nursing were able to detect loneliness in the hospitalized patient better than those students who had not had psychiatric nursing. Two hypotheses were identified and tested. They were:

1. A student who has not had psychiatric nursing is less likely to recognize the signs of loneliness in a patient.
2. A student who has had the psychiatric nursing experience is more likely to recognize loneliness.

A ten question opinionnaire designed by the writer with the help of three experts was used to test the two hypotheses. Table 1 shows the mean and standard deviation according to one group who had had psychiatric nursing and the other group who had not had psychiatric nursing.
TABLE I
MEAN AND STANDARD DEVIATION OF THE PSYCHIATRIC NURSING GROUP
AND THE NON-PSYCHIATRIC NURSING GROUP ACCORDING TO THE SCALE USED

<table>
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<th>Subgroup</th>
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<th>Mean</th>
<th>Standard Deviation</th>
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<td>Psychiatric Nursing Group</td>
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<td>1.5103</td>
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<td>Non-Psychiatric Nursing Group</td>
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The Psychiatric Nursing Group had the highest mean score in the direction of being able to detect loneliness in the hospitalized patient. The Non-Psychiatric Nursing Group had a mean score that was slightly lower. Although there was not a significant difference between the two groups, it appeared that there was a trend for the psychiatric group to be more perceptive regarding the loneliness of the hospitalized patient.

An analysis of variance was done in order to examine the null hypothesis: students who have had psychiatric nursing are not able to detect loneliness any better than the students who have not had psychiatric nursing. Table 2 presents the analysis of variance.
**TABLE II**

**ANALYSIS OF VARIANCE OF THE SCALE TOTALS OF THE PSYCHIATRIC NURSING GROUP AND NON-PSYCHIATRIC NURSING GROUP**

<table>
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<tr>
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<th>Sum of Squares</th>
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<td>.9247</td>
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</table>

*The t ratio is significant at the .4 level.

Since the t ratio was significant at only the .4 level, it was not significant at the .05 level required.

The formulas used for finding the sum of squares for the total, between groups, and within groups may be summarized as follows:

\[
\text{Total S.S.}_t = \sum X^2 - \frac{(\Sigma X)^2}{N}
\]

\[
\text{Between Groups S.S.}_g = \frac{(\sum X_1^2)^2 + (\sum X_2^2)^2 + \ldots + (\sum X_m^2)^2}{N} - \frac{(\Sigma X)^2}{N}
\]
Within Groups  \[ S.S.w = [S.S.t - S.S.g] \]
where \( N \) is the total number of subjects; \( k \) is the number of subjects in each group. \( \Sigma X \) means the sum of all scores (total or for each group), and \( \Sigma X^2 \) is the sum of the squares of all scores.\(^1\)

The Mean Square is the sum of the squares divided by the degrees of freedom.

Table 2 illustrates that there was not a significant difference between the groups and within the group. Since the \( t \) ratio was only significant to the level of forty out of every hundred showing no change and five out of every hundred showing no change was the level needed for significance, the null hypothesis was true for this study.

The data for this study was collected during the Spring quarter of the 1970-71 academic year. This made available a greater number of students who had had psychiatric nursing. Most of the students who had psychiatric nursing autumn quarter and all of those who took the course Winter and Spring were available for the study.

The central focus of this chapter was to analyze the differences between those students who had had psychiatric nursing and those who had not had psychiatric nursing in their abilities to detect loneliness in the hospitalized patient. The data presented in Tables 1-2 do not support

the hypothesis that:

1. A student who has not had psychiatric nursing is less likely to recognize the signs of loneliness in a patient.

2. A student who has had the psychiatric nursing experience is more likely to recognize loneliness.
Sullivan states that human beings need a certain amount of interpersonal intimacy with other people. When this need is not met, a state of emotional helplessness occurs that is loneliness. Loneliness seems to be so painful for people that every effort is made to avoid it. Because of this avoidance, loneliness often goes unrecognized in the hospitalized patient. This is especially true with regards to the dying patient. Dying patients are often unintentionally neglected. Because of this neglect, these people suffer a deep feeling of loneliness that often goes unrecognized so they are left alone to cope with these feelings. Based on research and the writer's own experiences working with patients, the writer became concerned about the lack of recognition of feelings of loneliness in patients. The writer also was concerned about whether or not psychiatric nursing improved the ability of nurses to detect these feelings of loneliness.

The purpose of this study was to examine baccalaureate nursing students in one university school of nursing regarding the problem of loneliness and their ability to detect these feelings in patients before and after taking psychiatric nursing. It was hypothesized that:
1. A student who has not had psychiatric nursing is less likely to recognize the signs of loneliness in a patient.

2. A student who has had the psychiatric nursing experience is more likely to recognize loneliness.

In order to test the preceding hypotheses, 89 students from the Ball State University program in nursing were selected for the study. Thirty-two of these students had had psychiatric nursing and fifty-seven students had not. To even the two groups, thirty-two of the non-psychiatric group answer sheets were chosen by random sampling. The fifty-seven were numbered and then placed in a box. Twenty-five were chosen at random and discarded. All of the thirty-two members of the psychiatric nursing group were used.

The students surveyed were white, female (one male respondent) between the ages of 19 and 41. All were currently enrolled in one of the clinical nursing courses.

The data were collected during the month of May. This allowed for a greater number of students who had had psychiatric nursing.
The scale used was a ten question opinionnaire developed by the writer. The items were then submitted to a jury of three experts in the psychiatric nursing field for validation purposes. The three experts each read a total of thirty questions and decided the ones that they felt best illustrated the emotion that was sought. Ten questions were chosen by the jury method.

The scale reliability was found to be .22 level according to a split-half that was computed.

The mean scores and standard deviation of the two groups were computed and compared. An analysis of variance was also done to further compare the two groups.

The means for the two groups was 6.09375 for the psychiatric nursing group and 5.71875 for the non-psychiatric nursing group. The analysis of variance was done to test for significance in the mean differences of the two groups.

Findings showed that the t-ratio of the t value from the analysis of variance was significant at the .4 level for the two groups. Since the level of significance was designated as .05, no significance was noted between the two groups.

Even though the psychiatric nursing group had a higher mean, thus indicating a trend toward greater recognition of loneliness, the level of significance was not high enough to prove the hypotheses. Therefore, it must be concluded from the study that the Ball State University nursing
students surveyed did not show a significant difference between those who had had psychiatric nursing and those who had not had psychiatric nursing in their abilities to detect loneliness. This may have been due to the weak scale and/or the small number of students surveyed.

Generally, the data tended to indicate:

1. A student who has not had psychiatric nursing is just as likely to recognize the signs of loneliness in a patient as the student who has had the psychiatric nursing.

2. Recognition of loneliness by the student who has had the psychiatric nursing experience is not significantly different than a student who has not had psychiatric nursing.
VI. SUGGESTIONS FOR FURTHER RESEARCH

The study of whether nursing students could better detect loneliness in the hospitalized patient after having had psychiatric nursing than before showed no significant differences. This lack of a significant difference may have been due to the weakness of the scale used. The scale needs to be strengthened and changed to make the weaker items more discriminating. Since the tool is crude, it needs to be refined and tested by using larger numbers of subjects. After the scale is more valid, a similar study might produce more significant results.

A longitudinal study might be beneficial. One could test students before having psychiatric nursing and then retest the same group of students after having psychiatric nursing. A study of this type would be valuable in determining how drastic an effect psychiatric nursing had on the students' ability to detect loneliness in the hospitalized patient.

Related studies that could be done would be in regard to the present day feeling of alienation being experienced by the young people of this country. Woodstock was an example
of young people trying to fight their feelings of alienation by gaining a huge group in an attempt to display their feelings of brotherhood and togetherness. Many young people say that the older generation does not care or show concern. A study that compared the attitudes of the young with those of the older generation concerning feelings of alienation could be beneficial.

Comparison studies with a group of students from another four year school of nursing and/or another collegiate program such as secondary education students would indicate whether or not the results of this study are specific only to this nursing program or to students in nursing as opposed to other college students.
BIBLIOGRAPHY


PERIODICALS

Berblinger, Klaus W. "A Psychiatrist Looks At Loneliness." Psychosomatics. 9: 96-102; March-April, 1968.


APPENDIX

A - Opinionaire used for the study.

B - Item analysis of scale.

C - Answer Distribution Analysis for Psychiatric Nursing Group.

D - Answer Distribution Analysis for Non-Psychiatric Nursing Group.
APPENDIX A

Opinionaire Used for the Study

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Please circle the nursing courses completed and check the one you are presently in.

This is a survey of nursing students regarding the emotional problems of patients. Read the following situations and decide what emotion the person in each situation is feeling. Then choose the one best answer from the five given below.

A. Hostility: Response to something that is perceived as a threat and is marked by overt antagonism.

B. Lack of trust: Lack of confidence in the honesty, integrity, reliability, and justice of another person or thing.

C. Fear: A feeling of agitation or uneasiness caused by the presence or nearness of danger, evil, or pain; dread; apprehension.

D. Loneliness: The exceedingly unpleasant and driving experience connected with an inadequate discharge of the need for human intimacy, for interpersonal intimacy.

E. Anxiety: Reaction to a danger, often nonspecific, that causes a person to feel a vague, uneasy sense of dread, nervousness, or apprehension.

1. The old man stood in the doorway of his room. He said, "I don't know what I want any more. I don't know what to do with myself. I wish I could die. If I had the courage, I would kill myself."

2. A woman has been hospitalized with a breast tumor. Following removal of the tumor, her doctor assured her that it was not malignant. However, the woman continues to insist that she must have cancer and talks about what her children would do without her to take care of them.

3. Mary James was admitted to the hospital for treatment. This was her first hospitalization and her husband had gone home. She said that she did not feel like eating and persistantly stared out the window at the cars going by on the street below. She began crying softly.
4. Mr. Jackson was hospitalized for a fractured femur. His injury necessitated traction for at least two months. Since he was from a town seventy miles away, his family could not visit him every day.

5. Following an automobile accident Teresa was hospitalized with a fractured right arm. She was right handed so any writing she had to do was difficult. Her friends could not visit during the day since they were all high school students. She was in a bed in the hall and could not be moved to a regular room until her arm no longer required traction.

6. Mrs. Burns, seventy-three year old widow, came into the hospital for bilateral cataract surgery. Following surgery she had patches over both eyes. Since she had no living family, she had no visitors except her minister.

7. Marsha Peterson was critically injured in a motorcycle wreck. Her injuries required a long hospitalization that spanned the Christmas holidays. Her hometown was several hundred miles away so her family could not spend the holidays with her. What were her feelings Christmas Eve?

8. An elderly man had no family except his wife who was home bedridden. When he had to go to the hospital, the only pay phone on his floor was out of order. He was unable to go to another floor. This was the first long separation he had had from his wife.

9. Billy James received burns in a home accident that resulted in his admission to the hospital. Dressing changes caused him to have a lot of pain so whenever a nurse or doctor came near, he screamed for them to stay away.

10. Mr. Smith came into the emergency room periodically for an assortment of mild ailments. When asked why he didn't go to a physician's office for treatment, he explained that he didn't know any and liked the friendly people at the emergency room.
APPENDIX B

Item validity is the point-biserial correlation between the item and the total test score. Suggested limits would include:

- 0.40 and higher is a superior item.
- 0.20--0.39 is satisfactory.
- 0.00--0.19 is weak.
- 0.00 and downward in a negative direction is a very poor item.

On the scale used by the writer the item validity results are listed in the following table.

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## APPENDIX C

Answer Distribution Analysis for Psychiatric Nursing Group

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**APPENDIX D**

Answer Distribution Analysis for Non-Psychiatric Nursing Group

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