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SOCIAL WITHDRAWAL AMONG ELDERLY PATIENTS  
IN A LONG-STAY PSYCHIATRIC WARD

A thesis presented in partial fulfilment  
of the requirements for the degree of  
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## ABSTRACT

Following a review of theories of aging it is argued that social interaction, as it occurs between nurse and patient, may be modified to decrease the withdrawn and apathetic behaviour commonly observed among the elderly patients of long-stay institutions. This presupposes that quality of patient care is closely related to the nature and extent of nurse-patient interaction.

The study is designed to demonstrate the presence of social withdrawal in long-stay wards for elderly patients and the effect of an activation group, or programmed recreation, on the degree of withdrawal. It is predicted that following exposure to increased opportunity for social interaction in an activation group there will be measurable changes in behaviour for those directly involved.

Measuring instruments have been adapted from an observation schedule described by Moores and Grant (1976), a verbal code developed by Paton and Stirling (1974) and a study by Quilitch (1974). In the study non-participant observation has been used to record the dayroom behaviour and activity of male patients in two long-stay psychiatric wards during three periods of observation. An activation group for 12 selected patients supplemented the ongoing routine of the experimental ward between the first two periods of observation for social withdrawal. Behaviour ratings for group members were obtained using scales presented by Robinson (1974) and Gibson (1967).

It is shown that in two psychiatric wards for long-stay patients (mean ages 65.5 and 71.48 years respectively) the degree of social withdrawal of the patients in a dayroom setting varies over time, and variations in social withdrawal are linked with variations in nurse-patient interaction. The hypothesis that increased opportunity for interaction for a section of the patient population of a ward results in an overall increase of interaction in that ward, is partially supported. Participation in a planned group programme is associated with measurable changes in a variety of behaviours identified on selected rating scales, but the results are not statistically significant.

Various factors relating to the implementation and conduct of an activation group by nurses in a long-stay ward are identified and discussed. A model of nursing care for the elderly is presented which incorporates interaction as a crucial component within a systems model.

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## INTRODUCTION

A current, major challenge in Western style societies is care of the aged. In New Zealand, according to the Special Report Series No. 46 (1976), 8.5% of the population are in the 65 years and over category and this is an aged population in terms of the United Nations Office of Population Studies. The projected figure for 1986 is 9.17% and may under-estimate the actual flow of aging. The same document reports no evidence of a trend away from provision of institutional care and towards community services for the elderly. Therefore many elderly persons are likely to end their days in an institution.

Where an elderly person requires long-stay care and the main presenting features are physical in origin, the individual may be admitted to the geriatric ward of a general hospital, or to a geriatric hospital. Where the presenting features are psycho-social in nature and expressed in behavioural terms then admission may be to a long-stay ward of a psychiatric hospital. It is characteristic of these settings that much of the present nursing care is undertaken by enrolled or student nurses and hospital aides, rather than by registered nurses.

Among elderly patients in institutions signs of social withdrawal frequently usurp characteristics of individuality, resourcefulness and independence. Social withdrawal tends to be accepted as an inevitable consequence of aging and is predictable on the basis of disengagement theory. Yet the process of aging is not responsible for all the deterioration in behaviour which is seen, and there is evidence that functional levels rise with "greater opportunity and increased expectancy for performance" (Filer & O'Connell, 1964, p. 364). It therefore appears that the process of social withdrawal can be arrested, slowed, or reversed by appropriate intervention on the part of those caring for the aged person.

There is now an extensive range of literature which suggests that programmes of rehabilitation, resocialisation, remotivation and such-like lessen the level of social withdrawal among patients in long-stay institutions. Many New Zealand nurses recognise a need for activation of patients, and interest in activating patients for physical and

diversional purposes is increasing. However there are as yet no reports of group programmes for the elderly by nurses, such as those in North America reported by Burnside (1976). Consequently in this study, as well as investigating the effects on patient behaviour of providing an activation programme focusing on social interaction, there is interest in identifying variables which affect the implementation and maintenance of a series of group sessions for elderly patients in a long-stay psychiatric ward.