

THE KNOWLEDGE OF PATIENT RIGHTS IN PROFESSIONAL STAFF
MEMBERS, PSYCHIATRIC AIDES AND PSYCHIATRIC PATIENTS
IN A STATE INSTITUTION

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by
Ronald F. Crawford, Jr.
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Del. H. Cass

Approved for the Major Department

Harold E. Durost

Approved for the Graduate Council

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Chapter 1

INTRODUCTION

THEORETICAL FORMULATION

A current and frequently debated issue is that of patient rights in mental institutions. Many of the issues that have arisen center around mental patients being deprived of their rights--partially or totally. In many instances these issues have resulted in law suits involving patients against doctors, and sometimes hospitals.

In 1970 a class action law suit was filed in the Federal District Court of Alabama. G. W. Dean, Jr., an attorney, and eight thousand plaintiffs sued the Alabama Mental Health Association over the right of patients to receive treatment. Originally the suit implicated Bryce Hospital, but was later expanded to include two other Alabama institutions. A decision regarding the suit is still pending in the Alabama District Court.¹

The court decision of Souder vs Brennan will have a great impact on the patient work force in our mental hospitals. According to the decision, the Federal laws

¹Carol Offir, "Civil Rights and the Mentally Ill: Revolution in Bedlam", Psychology Today, October, 1974, p. 62.

that now govern minimum wage are now applicable to psychiatric patients who are involved in jobs that economically benefit the hospital. For such jobs as cutting grass, washing dishes, and working in the laundry, the government states that patients who are performing these tasks are to be paid the same as any regular employee performing these same tasks.²

Court action of this nature has produced an uneasy concern over the issue of patient rights. Since more law suits are expected the problem is not one that will disappear over night.

THE PROBLEM

The knowledge of patient rights can prove to be of benefit to the mental health profession, for it will help to avoid court actions. It is generally assumed that everyone who works with mental patients is knowledgeable in the area of patient rights, but is this true?

Statement of the Problem

Is there a significant difference in the knowledge of patient rights among professional staff, psychiatric aides, and psychiatric patients in a state institution?

²Patrice Horn, "Court Rules Patient-Workers Must Be Paid", Psychology Today, April, 1974, p. 93.

Statement of the Hypothesis

There is no significant difference in the knowledge of patient rights among professional staff, psychiatric aides, and psychiatric patients in a state mental hospital.

Purpose of the Study

It was the purpose of this investigation to determine if there was a significant difference in the amount of knowledge of patient rights among professional staff members, psychiatric aides, and psychiatric patients in a state mental hospital.

Significance of the Study

The study served as a means of evaluation for the state institution. The results provide a more concise understanding of how knowledgeable both the employees and the patients were in the area of patient rights. This study will aide in the development and modification of the current program in educating both new employees and new patients in the area of what mental patients are entitled to by law.

DEFINITION OF TERMS

The meanings of the descriptive terminology relevant to this study are listed below.

Knowledge of Patient Rights

The awareness of the civil rights accorded to Kansas mental patients as established by the Social and Rehabilitation Services of Topeka, Kansas.

Professional Staff

Members of the hospital staff who have earned credentials as psychiatrists, psychologists, medical doctors, social workers, or nurses.

Psychiatric Aide

Those individuals employed by the hospital to help care for the patients on the ward. In performing their duties they are under the supervision of nurses and physicians.

Psychiatric Patient

One who has been admitted to a psychiatric hospital on a voluntary or an involuntary basis to receive care, treatment, or aid in rehabilitation.

LIMITATIONS OF THE STUDY

This study dealt only with the knowledge of patient rights. No attempt was made to expand the study to include any of the philosophical issues associated with a topic of this nature.

In selecting respondents for this study no attempt was made to control such things as length of stay in the

hospital, specific diagnostic category, place of administration, sex, age or marital status of the respondents.

The patient group was randomly selected throughout the hospital. In an effort to make the group more reliable, patients were excluded on the basis of organic impairment, psychosis, or if the prospective respondent had an inability to read.

Chapter 2

REVIEW OF RELATED LITERATURE

In preparation for this study, a review of the literature related to the field of patient rights was made. Primary sources reviewed were Psychological Abstracts from 1926 to 1974, and Dissertation Abstracts International from 1969 to 1974. One of the problems encountered in this review was the small number of studies in the area of mental patients' civil rights. The lack of any significant number of studies stems from the fact, at least in part, that the area of patient rights and the research interest in it is so recent.

Three major areas were considered in reviewing the literature. These areas dealt with; (1) background material relating to the treatment of mental patients, (2) court cases where patients brought suits as a result of being denied their rights, and (3) studies pertaining to the knowledge of patient rights in the mental health profession.

TREATMENT OF MENTAL PATIENTS

The mental patient has traditionally served as everything from society's scapegoat to the family whipping

g. The abuse of mental patients has been flagrant throughout the years.

During the middle ages, deviant or bizarre behavior was considered to be miraculous or a sign of the supernatural, consequently these individuals were held up in awe of everyone. The priest emerged as the psychologist of the time and monasteries became the mental hospitals for the disabled. At first the mentally ill were treated humanely, however, this soon changed with the belief that the mentally ill were either possessed by demons or were witches. These beliefs would evolve in the thirteenth and fourteenth centuries and reach their peak in the fifteenth century.¹

When the mass hysteria over witchcraft reached its peak in the fifteenth century, a book entitled The Witch's Hammer was written by two German monks, Sprenger and Kraemer, in 1488. The book offered specific instructions for the detection and exorcism of the witches. With one technique, the failure of a response to pain indicated the individual in question was a witch. The most widely used practice of the day was to burn the individual at the stake.²

¹L. P. Ullman and L. Krasner, A Psychological Approach to Abnormal Behavior (New Jersey: Prentice-Hall, Inc., 1969), pp. 114-115.

²Ibid., pp. 116-117.

Later in the sixteenth century mental asylums started to gain momentum. However, treatment in these asylums was cruel and more analogous to that of a prison than a hospital. Selling gives a typical account of the treatment for the mentally ill in LaBicêtre Hospital in Paris.

The patients were ordinarily shackled to the walls of their dark, unlighted cells by iron collars which held them flat against the wall and permitted little movement. Oftentimes there was also an iron hoop around the waist of the patient and both his hands and feet were chained. Although these chains usually permitted enough movement so that the patient could feed himself out of a bowl, they did not permit him to lie down at night. Since little was known about dietetics and the patients were presumed to be animals anyway, little attention was paid to whether the patient was adequately fed or to whether the food was good or bad. The cells were only with straw and were never swept or cleaned; the patient was permitted to remain in the midst of all the accumulated ordure. No one visited him except at feeding time, no provision was made to keep him warm, and even the most elementary gestures of humanity were lacking.³

The eighteenth and nineteenth centuries heralded a new age of treatment for the mentally ill, known as moral treatment. The forerunners of this new treatment in Europe were Pinel and Tuke. "Moral treatment was never clearly defined, possibly because its meaning was self-evident during the era in which it was used. It meant compassionate and understanding treatment for innocent sufferers."⁴ Moral treatment attempted to bring the

³L. S. Selling, Men Against Madness (New York: Garden City Books, 1943), pp. 54-55.

⁴Ullman and Krasner, op. cit., p. 126.

complete therapeutic environment into being, physical and psychological as well as social.⁵

In the mid eighteenth century, Dorothea Dix carried a self-appointed crusade to abolish patient abuse in this country. With her powerful political influence, she was able to have a voice in the selection of doctors and superintendents of the mental hospitals. Through her efforts money was raised to build large hospitals for the care of the mentally ill. Although her intentions were admirable, her efforts signaled the decline of moral treatment and patient abuse would again become the rule rather than the exception.⁶

The abuse of the mental patient is still, however, with us. Offir points out that "mistreatment sometimes takes the form of brutality, but it is often more subtle."⁷

For example, in the Dole case, an elderly patient in a New York mental institution was described in the following:

Mrs. Dole had to bathe and clean up after aged patients who soiled their linen, work long hours in the dining room and laundry, polish floors, and clean offices. Although she had been a hotel auditor before her admission and had an IQ of 134, she was assigned

⁵Ibid.

⁶Ibid., p. 128.

⁷Carol Offir, "Civil Rights and the Mentally Ill: Revolution in Bedlam", Psychology Today, October, 1974, p. 61.

to only these menial tasks. The work was supposed to be part of her therapy.⁸

In a recent probe into an Alabama mental hospital, Offir noted one patient had been in a straight jacket for nine years because she sucked her fingers and hands. Another patient, in the same institution, had been locked in solitary confinement for six years. Psychiatric aides previously employed by the institution reported cases where staff members had brutally beaten patients with broom handles and their fists. Reports from other aides indicate patients were also choked until they were unconscious.⁹

COURT CASES

In the case of Welsch vs Linkins 1974, the U. S. District Court for Minnesota, ruled that behavior controlling techniques employed by the state hospital were cruel and inhumane. The techniques in question involved locking up hyperactive or aggressive patients for long periods of time, a technique known as seclusion. Other methods practiced by the hospital that fell under judicial scrutiny were the uses of fully enclosed cribs, straight jackets, mittens, and tying patients to beds, wheelchairs, toilets and tables. The court also indicated that the institution's use of tranquilizing medication constituted

⁸Carol Offir, op. cit., p. 61.

⁹Ibid., p. 62.

cruel and unusual punishment. The hospital failed to have any monitoring system where medications were concerned.¹⁰

In 1973, a law suit was filed against two doctors, Mark and Erwin, a physician and a psychiatrist respectively, for an amygdalotomy (brain surgery) performed on a patient for the treatment of a violent rage. The mother stated that she was inadequately informed about the operation when her consent was given, and that the results of the operation severely disabled her son. The outcome of the court action was not reported.¹¹

In another instance, a Wisconsin woman was picked up in 1971 by the police because it was believed she was trying to commit suicide. Although she was hanging from a window approximately one foot above a snowmobile, she was considered suicidal and confined against her will for observation. Some three weeks later she obtained a hearing and was committed to a state mental hospital. She was able to retain a lawyer and sued all parties involved. The court ruled in her favor, then the case was sent to the Supreme Court, but was sent back to the lower court for some

¹⁰"State Mental Hospital's Practices are Found to be Cruel and Unusual", The United States Law Week, October 15, 1974, p. 2151.

¹¹Carol Offir, "Psychosurgery and the Law: The Movement to Pull Out the Electrodes", Psychology Today, May, 1974, p. 70.

technical reasons, and nothing has been done since.¹²

The Alabama court case, Wyatt vs Stickney, was referred to the Introduction of Chapter 1, p. 1.

PATIENT RIGHTS STUDIES

Laves and Cohen (1973) analyzed the responses of groups of psychiatrists, psychologists, social workers, nurses, and attendants to questionnaires pertaining to knowledge of attitudes toward, and commitment to the civil rights of mental patients.

To obtain the necessary data for the study, three questionnaires were developed, each dealing with one of the aforementioned areas. The patient rights questionnaire contained thirty-five questions as did the attitude questionnaire. The commitment questionnaire served as a validity measure for the attitude questionnaire and was comprised of nine questions.

The study consisted of two samples, a sample obtained through the mail and a hospital sample. The sample obtained through the mail was made up of psychiatrists, psychologists, and social workers. The three hundred individuals selected for the sample were obtained from rolls of the American Psychiatric Association, The New Jersey Psychological Association, and the National

¹²Carol Offir, "Civil Rights and the Mentally Ill: Revolution in Bedlam", Psychology Today, October, 1974, pp. 66-69.

Association of Social Workers, New Jersey Division. Once the selection process was completed the questionnaires were mailed out to the selected individuals.

The hospital sample of one hundred and seventy-six subjects was made up of psychiatrists, psychologists, social workers, nurses, and attendants. The questionnaires were distributed to the respondents at the various psychiatric hospitals and clinics throughout New Jersey.

The completed questionnaires were analyzed statistically using the analysis of variance. The t-test was also employed to determinè if any significant relationships existed between the means of the various groups. First, the sample obtained through the mail was analyzed separately, then the hospital was analyzed, then both samples were combined and analyzed.

The results obtained on the attitude and commitment questionnaires were generally favorable with no significant differences reported.

On the patient rights questionnaire, however, several significant differences emerged. In the sample obtained through the mail, the psychiatrists were significantly more knowledgeable in the area of patient rights when compared to the psychologists or the social workers ($P < .01$). The hospital sample itself produced no significant results, although the nurses did obtain the highest score of any group. When the two samples were combined, significant differences were obtained where the

combined score of the psychologists was compared to the combined score of the psychiatrists and the nurses score ($P < .01$). The last significant difference was obtained where the combined score of the social workers was compared to the combined score of the psychiatrists and nurses ($P < .05$).¹³

¹³Rona Laves and Alan Cohen, "A Preliminary Investigation into the Knowledge of and Attitudes Toward the Legal Rights of Mental Patients", Journal of Psychiatry and Law, Fall, 1973, pp. 49-79.

Chapter 3

METHODS AND PROCEDURE

The procedure followed in administration of the patient rights questionnaire to the three randomly selected groups will be discussed in this chapter. This chapter will include: population and sampling, materials and instrumentation, design of the study, data collection, and data analysis.

POPULATION AND SAMPLING

The subjects that were selected for the study were classified into three separate groups: professional staff members, psychiatric aides, and psychiatric patients. The only criteria the professional staff and the psychiatric aides had to meet was that they be assigned to the chronic patient unit, the alcoholic unit or the adolescent unit. These three units were selected because they not only contained the majority of the psychiatric patient population as a whole. It was felt that since patient selection was to be made from these three units, consistency should be maintained with regard to professional staff and psychiatric aides who work with these patients.

In selecting the professional staff sample, lists

names of those who comprised the professional staff were obtained from the clinical director, nursing service, and the social service director. All the names of the psychologists, psychiatrists, doctors, nurses, and social workers that worked on these wards were placed in a container. Names were drawn out randomly until the sample size of thirty professional staff members was obtained. After the random selection had been made the questionnaires were distributed to the selected respondents for completion.

In the psychiatric aide sample, a list of the names of aides assigned to the three major sections was obtained from the nursing service office. The same selection process used in the selection of the professional staff, as previously described was utilized. The names of the aides were selected randomly until a sample size of thirty was reached.

The subjects that comprised the psychiatric patient sample were selected from the chronic section, the adolescent section, and the alcoholic section. Each section is comprised of a number of wards. All ward numbers for each section were placed into a container and a ward was selected at random. Once the ward selection process was completed the selection of patients was initiated. A list of patient names was obtained from the aide station of each ward. The names of the patients were placed in a container and selected randomly until

A sample size of ten patients per ward unit was obtained. The lists were shown to the aides and anyone who was identified as being incapable of filling out the questionnaire on the basis of organic impairment, loss of reality contact or an inability to read was excluded. Once these individuals were excluded, alternates were selected to replace them. The list of alternates was again scrutinized by the aides and any alternate who failed to meet the criteria was excluded and a suitable replacement was drawn. In this manner the samples for each ward were selected which made a total patient sample size of thirty. The number of alternates varied from ward to ward with the largest number of alternates required on the chronic ward which ran sixty percent.

Complete anonymity for all participants of this study was absolutely guaranteed. Disclosure of any of the names or other personal data was non-essential to the basic purpose of this study.

MATERIALS AND INSTRUMENTATION

A questionnaire was developed by the researcher for the purpose of obtaining the data for this study. The questionnaire has two forms; one that was administered to the professional staff and psychiatric aides, the other was administered to the patients. Both forms have identical questions, but in the questionnaire administered to the professional staff and psychiatric aides the word

"patient" appears as the subject of each sentence. In the questionnaire administered to the patient, the word "patient" was deleted and the word "you" was substituted for it.

The questions comprising the questionnaire were derived from the "Patients Bill of Rights and Responsibilities" that were established by the Social and Rehabilitation Service of Topeka, Kansas. The questions were simplified by the experimenter to aid the patients in their comprehension of the question. The questionnaires were comprised of thirty-five questions that were answered with a "yes" or a "no" response. Twenty-six questions had a "yes" correct response (Items 1, 2, 3, 5, 6, 8, 9, 10, 11, 13, 15, 16, 17, 18, 21, 22, 23, 25, 26, 27, 28, 29, 30, 31, 33, 34), while nine questions were purposely inserted for a "no" correct response (Items 4, 7, 12, 14, 19, 20, 24, 32, 35). This was done to force reading each of the questions and to avoid any acquiescence on the part of the respondent. (See questionnaire, appendices A, B, page 60)

DESIGN OF THE STUDY

A questionnaire was developed by the experimenter to conduct this descriptive research study. Control over the variables identified in the study was basically established through the process of randomization in selecting respondents for each of the three groups relative to the independent variable.

The questionnaires were administered to each individual in the three groups when he or she was available to complete the questionnaire. In some instances, particularly with the patients, the questionnaire was administered to five or six respondents at the same time. This proved to be particularly helpful in minimizing variations in the basic instructions and explanation of terms and items that arose during the administration of the questionnaire.

DATA COLLECTION

The questionnaires were administered to all the subjects in the three categories. The subjects were told:

This is a questionnaire about patient rights. I want to see how much you know about these rights. Please read the following statements and answer them either yes or no. If you think the statement is a patient's right as it is currently stated then answer yes. If you do not think it is a patient's right as it is currently stated, then answer no. If you do not understand what any of the statements mean, please ask and I will explain them to you. Are there any questions? Okay go ahead.

The time required to complete the questionnaire varied with the individuals to whom it was administered. In some cases the professional staff members required only five minutes to complete the form, while some of the patients took as long as thirty minutes to complete the form.

Once the subject had completed the questionnaire, the questionnaires were collected and marked with a sample

identification code. In the sample obtained from the professional staff the letters PRO were marked at the top of the page. In the psychiatric aide sample, AIDE was marked at the top of the page; and in the psychiatric patient sample, PAT appeared at the top of the page.

The study was conducted from Wednesday, October 30 through Friday, November 1, 1974.

DATA ANALYSIS

A chi-square analysis of the data was made. The chi-square test was used to determine if there was a significant relationship between the three groups (independent variable) and the manner in which they responded (dependent variable) to the individual items on the questionnaire. The value of chi-square is found by:¹

$$\chi^2 = \sum \frac{(O_f - E_f)^2}{E_f}$$

where O_f = observed frequencies

E_f = expected frequencies

The chi-square frequencies are determined by the number of observed frequencies with respect to the independent variable and the manner in which the participants responded to the item. For example, the

¹Henry E. Garrett, Statistics in Psychology And Education (New York: David McKay Company, 1971), p. 253.

Following table illustrates the typical chi-square table, generated from hypothetical data:

Groups	Yes	No	Total
Professional Staff	12 (13.13)*	13 (11.88)	25
Psychiatric Aides	10 (13.13)	15 (11.88)	25
Psychiatric Patients	20 (15.75)	10 (14.25)	30
Total	42	38	N=80

*Expected frequencies in parenthesis

The expected frequencies for each cell are determined by multiplying the row sum by the column sum and dividing this product by the total sample size (N). As in the first cell of the above table the expected frequency of 13.13 was calculated by taking 25 (row sum) and multiplying it by 42 (column sum) and dividing that product by 80(N).

In addition the contingency coefficient was found to determine the degree of difference of this relationship.

This C value is not directly comparable to r , rho, tau, or any other correlation coefficient. Nor should C's computed from unlike tables be directly compared. Although C is no sign, if direction is important in any relationship, its sign can be determined by an inspection of the data. However, as a measure of the relationship between two sets of attitudes, C is easy to compute, requires that

no assumption be made about the popular distribution, and can be applied to data that are normal or skewed, continuous or discrete, and nominal or ordinal.²

The quickest way to test the significance of C is to test the significance of chi-square. If the latter is significant, so is C.³

Degrees of freedom were found by taking the number of rows minus one times the number of columns minus one.

The formula was as follows:

$$df = (r-1)(c-1)$$

One row and one column in a diagram or analysis table are dictated by the number of responses. They are not free to vary but are fixed by the total. If there were four rows and three columns, the numbers that are free to vary could be shown; $df = (4-1)(3-1) = (3)(2) = 6$.

²N. W. Downie, and R. W. Heath, Basic Statistical Methods (New York: Harper and Row, 1974), p. 203.

³Ibid., p. 203

Chapter 4

ANALYSIS OF DATA

This chapter includes a discussion of response analysis, and how the responses were analyzed. The statistical tools used for analysis of the data and chi-square tables are presented, followed by a discussion of the data and chi-square values.

RESPONSE TO ANALYSIS

To obtain the data necessary for this study, ninety questionnaires were administered to three randomly selected groups of the state mental institution. The questionnaires, appendices A and B, were formulated in an effort to determine the knowledgeability of all participants in the area of patient rights.

Upon tabulation of these questionnaires it was found that all ninety were collected, or one hundred percent (100%) of the original sample.

STATISTICAL ANALYSIS

In this section the responses of the subjects have all been analyzed statistically. The chi-square test was selected to determine if deviations between the responses

of the professional staff, psychiatric aides, and psychiatric patients (the independent variable) were significantly different from those expected. The formula and computation of chi-square have been discussed in the Data Analysis section of Chapter 3 (p.20). A chi-square table was used to obtain the critical region at both the .05 and .01 levels of significance, with respect to the number of degrees of freedom.

In this section, the chi-square values were calculated to test the null hypothesis. The null hypothesis was that there was no significant relationship in the knowledge of patient rights between professional staff members, psychiatric aides, and the psychiatric patients. In addition the contingency coefficient, a correlation value, was found to determine the degree of this relationship.

The data for the study was divided into two sections. The following items and chi-square tables are for those in which significant results were found. The chi-square values for all items on the patient rights questionnaire are found in Table 19.

Item 6

"Do patients have a right to see a doctor or a lawyer at any reasonable time of the day or night?"

All thirty professional staff members and thirty psychiatric aides responded "yes" to this item. Of the

patients, however, twenty-four responded "yes" while six gave a "no" response. The chi-square table of these responses follows:

Table 1
Chi-Square Values of Three Separate
Groups to Item 6 on the Patient
Rights Questionnaire

Groups	Yes	No	Total
Professional Staff	30 (28)*	0 (2.0)	30
Psychiatric Aides	30 (28)	0 (2.0)	30
Psychiatric Patients	24 (28)	6 (2.0)	30
Total	84	6	90

*Expected frequencies in parenthesis

**Significant at .01 level

$$\chi^2 = 12.857^{**}$$

$$df = 2$$

$$C = 0.35$$

A chi-square value greater than or equal to 9.21 was needed to reject the null hypothesis at the .01 level of significance. Since the chi-square value of 12.857 was greater than 9.21, rejection of the null hypothesis was warranted. It would be concluded, with respect to Item 6, that there was a significant difference between the patients' knowledge of this item, when compared to the other two categories. The degree of this relationship, as determined by the contingency coefficient (C), was found to

0.35.

Item 8

"Do patients have the right to send or receive unopened letters to a doctor or a lawyer?"

All thirty of the professional staff responded "yes" to this statement. In the psychiatric aide category, twenty-nine responded "yes" and one participant responded "no". In the patient group twenty-three responded with a "yes" response while seven patients responded "no". The chi-square table of these responses follows:

Table 2

Chi-Square Values of Three Separate Groups to Item 8 on the Patient Rights Questionnaire

Groups	Yes	No	Total
Professional Staff	30 (27.33)*	0 (2.66)	30
Psychiatric Aides	29 (27.33)	1 (2.66)	30
Psychiatric Patients	23 (27.33)	7 (2.66)	30
Total	82	8	90

*Expected frequencies in parenthesis

**Significant at .01 level.

$\chi^2 = 11.825^{**}$
 df = 2
 C = 0.34

A chi-square value greater than or equal to the value 9.21 was needed to reject the null hypothesis at the .01 level of significance. The chi-square value of 11.825 was greater than 9.21, the null hypothesis was rejected. It would be concluded, with respect to Item 8, that there was a significant difference between the patients' knowledge of Item 8, when compared with the other two groups. The degree of this relationship, as determined by the contingency coefficient (C), was found to be 0.34.

Item 10

"Do patients have the right to receive an unopened letter from a doctor or a lawyer?"

To this item all thirty of the professionals and thirty aides responded "yes". Twenty-seven of the individuals in the patient category responded with a "yes" response, while three responded in a negative manner. The chi-square table of these responses follows:

Table 3

Chi-Square Values of Three Separate
Groups to Item 10 on the Patient
Rights Questionnaire

Groups	Yes	No	Total
Professional Staff	30 (29)*	0 (1.0)	30
Psychiatric Aides	30 (29)	0 (1.0)	30
Psychiatric Patients	27 (29)	3 (1.0)	30
Total	87	3	90

*Expected frequencies in parenthesis

**Significant at .05 level

$\chi^2 = 6.206^{**}$

df = 2

C = 0.25

A chi-square value greater than or equal to 5.99 was required to reject the null hypothesis at the .05 level of significance. Since the chi-square value of 6.206 was greater than 5.99, the null hypothesis was rejected. It would be concluded, with reference to Item 10, there was a significant difference between the patient's knowledge of Item 10, when compared with the other two groups. The degree of this difference, as determined by the contingency coefficient, was found to be 0.25.

Item 13

"Do patients have the right to know the names of the doctors and the staff who care for them?"

To this item, all professional staff and all the psychiatric aides responded "yes". In the patient sample, twenty-seven responded "yes", while three responded with a "no" response. The chi-square table of these responses follows:

Table 4

Chi-Square Values of the Three Separate Groups to Item 13 on the Patient Rights Questionnaire

Groups	Yes	No	Total
Professional Staff	30 (29)*	0 (1.0)	30
Psychiatric Aides	30 (29)	0 (1.0)	30
Psychiatric Patients	27 (29)	3 (1.0)	30
Total	87	3	90

*Expected frequencies in parenthesis

**Significant at .05 level

$\chi^2 = 6.206^{**}$

df = 2

C = 0.25

A chi-square value equal to or greater than 5.99 was needed to reject the null hypothesis at the .05 level of significance. The chi-square value of 6.206 was greater

than 5.99, the null hypothesis was rejected. It was concluded, with respect to Item 13, that there was a significant difference between the patients' knowledge of Item 13 as compared to the other two groups. The degree of this difference was calculated using the contingency coefficient, and found to be 0.25.

Item 14

"Do patients have a right to review their hospital records?"

Twenty-four of the professional staff members responded "no", while six indicated a "yes" response. In the psychiatric aide classification, twenty-five responded "no" while five responded with a "yes" response. The patient category was evenly divided, with fifteen responding "yes" and fifteen responding "no". The chi-square table of these responses follows:

Table 5

Chi-Square Value of the Three Separate
Groups to Item 14 on the Patient
Rights Questionnaire

Groups	Yes	No	Total
Professional Staff	6 (8.66)*	24 (21.33)	30
Psychiatric Aides	5 (8.66)	25 (21.33)	30
Psychiatric Patients	15 (8.66)	15 (21.33)	30
Total	26	64	90

*Expected frequencies in parenthesis

**Significant at .01 level

$\chi^2 = 9.849^{**}$

df = 2

C = 0.31

A chi-square value equal to or greater than 9.21 was required to reject the null hypothesis at the .01 level of significance. Since the value of 9.849 was greater than 9.21, the null hypothesis was rejected. It would be concluded, with respect to Item 14, that there was a significant difference between the patients' knowledge of Item 14 as compared to the other two groups. The degree of this difference was calculated using the contingency coefficient, and found to be 0.31.

Item 15

"Do patients have the right to good food?"

All thirty professionals and thirty aides responded "yes" to this item. Of the patients, however, twenty-six responded "yes", while four responded with a "no" response. The chi-square table for these responses follows:

Table 6

Chi-Square Values of the Three Separate Groups to Item 15 on the Patient Rights Questionnaire

Groups	Yes	No	Total
Professional Staff	30 (28.66)*	0 (1.33)	30
Psychiatric Aides	30 (28.66)	0 (1.33)	30
Psychiatric Patients	26 (28.66)	4 (1.33)	30
Total	86	4	90

*Expected frequencies in parenthesis

**Significant at .05 level

$\chi^2 = 8.392^{**}$

df = 2

C = 0.29

The chi-square value greater than or equal to 5.99 was necessary to reject the null hypothesis at the .05 level of significance. Since the chi-square value of 8.392 was greater than 5.99, the null hypothesis was rejected. It would be concluded, with reference to Item 15,

that there was a significant difference between the patients' knowledge of the item when compared to the other two groups. The degree of this difference was calculated using the contingency coefficient, and found to be 0.29.

Item 16

"Do patients have the right to ask a court to get them out of a hospital?"

All the professionals and aides responded "yes" to this item. Twenty-seven patients responded "yes" while three of their number responded with a "no" response. The Chi-square table for these responses follows:

Table 7

Chi-Square Values of the Three Separate Groups to Item 16 on the Patient Rights Questionnaire

Groups	Yes	No	Total
Professional Staff	30 (29)*	0 (1.0)	30
Psychiatric Aides	30 (29)	0 (1.0)	30
Psychiatric Patients	27 (29)	3 (1.0)	30
Total	87	3	90

*Expected frequencies in parenthesis

**Significant at .05 level

$\chi^2 = 6.2068^{**}$

df = 2

C = 0.25

A chi-square value greater than or equal to 5.99 was needed to reject the null hypothesis at the .05 level of significance. The chi-square value of 6.2068 is greater than 5.99, the null hypothesis was, therefore, rejected. It would be concluded, with respect to Item 16, that there was a significant difference between the patient's knowledge of the item when compared to the other two classifications. The degree of this difference, as calculated by the contingency coefficient, was found to be 0.25.

Item 18

"Do patients have the right to proper medicine?"

All thirty professional staff members and thirty aides responded "yes" to this item. Of the patient group, twenty-seven responded with a "yes" response while three responded with a "no" response. The chi-square table of these responses follows:

Table 8

Chi-Square Values of the Three Separate
Groups to Item 18 on the Patient
Rights Questionnaire

Groups	Yes	No	Total
Professional Staff	30 (29)*	0 (1.0)	30
Psychiatric Aides	30 (29)	0 (1.0)	30
Psychiatric Patients	27 (29)	3 (1.0)	30
Total	87	3	90

*Expected frequencies in parenthesis

**Significant at .05 level

$\chi^2 = 6.2068^{**}$
df = 2
C = 0.25

A chi-square value equal to or greater than 5.99 was necessary to reject the null hypothesis at the .05 level of significance. Since the chi-square value of 6.2068 was greater than 5.99, the null hypothesis was discarded. It would be concluded, with respect to Item 18, that there was a significant difference between the patient's knowledge of the item as compared to the other two groups. The degree of this difference, was calculated using the contingency coefficient and found to be 0.25.

Item 21

"Do patients have the right to refuse involuntary labor and to be paid for work performed?"

Both the professional staff members and psychiatric aides responded "yes" to this item. Of the thirty patients, twenty responded with a "yes" response, and ten of their number responded with a "no" response. The chi-square table of these responses follows:

Table 9

Chi-Square Values for the Three Separate Groups to Item 21 on the Patient Rights Questionnaire

Groups	Yes	No	Total
Professional Staff	30 (26.66)*	0 (3.33)	30
Psychiatric Aides	30 (26.66)	0 (3.33)	30
Psychiatric Patients	20 (26.66)	10 (3.33)	30
Total	80	10	90

*Expected frequencies in parenthesis

**Significant at .01 level

$\chi^2 = 22.520^{**}$

df = 2

C = 0.45

The chi-square value equal to or greater than 9.21 was needed to reject the null hypothesis at the .01 level of significance. Since the chi-square value of 22.520 was

greater than 9.21, the null hypothesis was rejected. It would be concluded, with reference to Item 21, that there was a significant difference between the patient's knowledge of the item as compared to the other two classifications. The degree of this difference was determined using the contingency coefficient and found to be 0.45.

Item 23

"Do patients have the right to see any information about what their rights and responsibilities are?"

All thirty professional staff members and all the psychiatric aides responded "yes" to this item. In the patient group, however, twenty-seven responded "yes", while three responded "no". The chi-square table of these responses follows:

Table 10

Chi-Square Values for the Three Separate
Groups to Item 23 on the Patient
Rights Questionnaire

Groups	Yes	No	Total
Professional Staff	30 (29.0)*	0 (1.0)	30
Psychiatric Aides	30 (29.0)	0 (1.0)	30
Psychiatric Patients	27 (29.0)	3 (1.0)	30
Total	87	3	90

*Expected frequencies in parenthesis
**Significant at .05 level

$\chi^2 = 6.2068^{**}$
df = 2
C = 0.25

A chi-square value greater than or equal to 5.99 was necessary to reject the null hypothesis at the .05 level of significance. Since the chi-square value of 6.2068 was greater than the value of 5.99, the rejection of the null hypothesis was warranted. It would be concluded, with respect to Item 23, that there was a significant difference between the patient's knowledge of the item as compared to the other two groups. The degree of this difference, as determined by the contingency coefficient, was found to be 0.25.

Item 24

"Do patients have the right to see someone else's file?"

All the professional staff members and all the psychiatric aides responded with a "no" response. Twenty-seven of the patients responded "no", while three of their number responded with a "yes" response. The chi-square table of these responses follows:

Table 11

Chi-Square Values for the Three Separate Groups to Item 24 on the Patient Rights Questionnaire

Groups	Yes	No	Total
Professional Staff	0 (1.0)*	30 (29)	30
Psychiatric Aides	0 (1.0)	30 (29)	30
Psychiatric Patients	3 (1.0)	27 (29)	30
Total	3	87	90

*Expected frequencies in parenthesis

**Significant at .05 level

$\chi^2 = 6.2068$
 $df = 2$
 $C = 0.25$

The chi-square value equal to or greater than 5.99 was needed to discard the null hypothesis at the .05 level of significance. Since the chi-square value of 6.2068 was

greater than the value of 5.99, the null hypothesis was rejected. It would be concluded, with reference to Item 24, that there was a significant difference between the patient's knowledge of the item when compared to the other two groups. The degree of this relationship, as determined by the contingency coefficient, was found to be 0.25.

Item 25

"Do patients have the right to talk to the staff when they are planning and making decisions about their treatment?"

All thirty professionals and thirty aides responded "yes" to this item. In the patient category, twenty-six responded with a "yes", while four responded "no". The chi-square table of these responses follows:

Table 12

Chi-Square Values of the Three Separate
Groups to Item 25 on the Patient
Rights Questionnaire

Groups	Yes	No	Total
Professional Staff	30 (28.66)*	0 (1.33)	30
Psychiatric Aides	30 (28.66)	0 (1.33)	30
Psychiatric Patients	26 (28.66)	4 (1.33)	30
Total	87	4	90

*Expected frequencies in parenthesis

**Significant at .05 level

$\chi^2 = 8.392^{**}$

df = 2

C = 0.29

A chi-square value equal to or greater than 5.99 was necessary to reject the null hypothesis at the .05 level of significance. Since the chi-square value of 8.392 is greater than 5.99, the rejection of the null hypothesis was warranted. It was concluded, with respect to Item 25, that there was a significant difference between the patient's knowledge of the item as compared to the other two groups. The degree of this difference, as calculated with the contingency coefficient, was found to be 0.29.

Item 28

"Do patients have the right to ask a court to get them out of a hospital?"

All the professional staff members and psychiatric aides responded with a "yes" response to this item. Of the patients, twenty-seven responded "yes", while three patients indicated a "no" response. The chi-square table of these responses follows:

Table 13

Chi-Square Values of the Three Separate Groups to Item 28 on the Patient Rights Questionnaire

Groups	Yes	No	Total
Professional Staff	30 (29)*	0 (1.0)	30
Psychiatric Aides	30 (29)	0 (1.0)	30
Psychiatric Patients	27 (29)	3 (1.0)	30
Total	87	3	90

*Expected frequencies in parenthesis

**Significant at .01 level

$\chi^2 = 6.2068^{**}$

df = 2

C = 0.25

A chi-square value equal to or greater than 5.99 was necessary to reject the null hypothesis at the .01 level of significance. Since the chi-square value of 6.2068 was

greater than 5.99, the null hypothesis was rejected. It would be concluded that, with reference to Item 28, there was a significant difference in the patient's knowledge of this item as compared to the other two classifications. To determine the degree of the difference, the contingency coefficient was calculated and found to be 0.25.

Item 29

"If patients feel that their rights are being taken away from them, do they or their family have the right to do anything about it?"

The thirty professional staff members and thirty psychiatric aides responded "yes" to this item. The patient sample contained twenty-four "yes" responses and six "no" responses. The chi-square table of these responses follows:

Table 14

Chi-Square Values of the Three Separate
Groups to Item 29 on the Patient
Rights Questionnaire

Groups	Yes	No	Total
Professional Staff	30 (28)*	0 (2.0)	30
Psychiatric Aides	30 (28)	0 (2.0)	30
Psychiatric Patients	24 (28)	6 (2.0)	30
Total	84	6	90

*Expected frequencies in parenthesis

**Significant at .01 level

$\chi^2 = 12.857^{**}$

df = 2

C = 0.35

A chi-square value equal to or greater than 9.21 was necessary to reject the null hypothesis at the .01 level of significance. The chi-square value of 12.857 was greater than 9.21, hence the null hypothesis was rejected. It would be concluded, with respect to Item 29, that there was a significant difference between the patient's knowledge of the item as compared to the other two categories. To determine the degree of difference, the contingency coefficient was calculated and found to be 0.35.

Item 30

"Do patients have the right to refuse an operation unless they are going to die, be injured for life, or give their okay?"

Twenty-eight of the professional staff members responded with a "yes" response, while two indicated a "no" response. In the psychiatric aide category, twenty-nine individuals responded "yes" while one responded "no". Of the psychiatric patients, twenty-one responded with a "yes", while nine of their number responded with a "no" response. The chi-square table of these responses follows:

Table 15

Chi-Square Values of the Three Separate
Groups to Item 30 on the Patient
Rights Questionnaire

Groups	Yes	No	Total
Professional Staff	28 (26.0)*	2 (4.0)	30
Psychiatric Aides	29 (26.0)	1 (4.0)	30
Psychiatric Patients	21 (26.0)	9 (4.0)	30
Total	78	12	90

*Expected frequencies in parenthesis

**Significant at .01 level

$\chi^2 = 10.961^{**}$

df = 2

C = 0.33

A chi-square value equal to or greater than 9.21 was necessary to reject the null hypothesis at the .01 level of significance. The chi-square value of 10.961 was greater than the value 9.21, hence the null hypothesis was rejected. It would be concluded, with reference to Item 30, that there was a significant difference between the patient's knowledge of this item when compared to the other two groups. The degree of this difference, as determined by the contingency coefficient, was found to be 0.33.

Item 31

"Do patients have the right to send or receive unopened mail from the head of the hospital?"

All the professional staff and the psychiatric aides responded "yes" to this item. Of the patients, however, twenty-one responded "yes", while nine responded with a "no" response. The chi-square table of these responses follows:

Table 16

Chi-Square Values of the Three Separate
Groups to Item 31 on the Patient
Rights Questionnaire

Groups	Yes	No	Total
Professional Staff	30 (27)*	0 (3.0)	30
Psychiatric Aides	30 (27)	0 (3.0)	30
Psychiatric Patients	21 (27)	9 (3.0)	30
Total	81	9	90

*Expected frequencies in parenthesis

**Significant at .01 level

$\chi^2 = 19.999^{**}$

df = 2

C = 0.43

A chi-square value greater than or equal to 9.21 was needed to reject the null hypothesis at the .01 level of significance. Since the chi-square value of 19.999 was greater than 9.21, rejection of the null hypothesis was warranted. It would be concluded, with reference to Item 31, that there was a significant difference between the patient's knowledge of this item when compared to the other two groups. The degree of this difference was calculated using the contingency coefficient and found to be 0.43.

Item 33

"Do patients have the right to be free from a dangerous new treatment unless they give their consent?"

All the professional staff and the psychiatric aides responded "yes" to this item. Of the thirty patients, twenty-five responded with a "yes" response, while five responded with a "no" response. The chi-square table of these responses follows:

Table 17

Chi-Square Values of Three Separate Groups to Item 33 on the Patient Rights Questionnaire

Groups	Yes	No	Total
Professional Staff	30 (28.33)*	0 (1.66)	30
Psychiatric Aides	30 (28.33)	0 (1.66)	30
Psychiatric Patients	25 (28.33)	5 (1.66)	30
Total	85	5	90

*Expected frequencies in parenthesis

**Significant at .01 level

$\chi^2 = 10.628^{**}$

df = 2

C = 0.32

A chi-square value greater than or equal to 9.21 was necessary to reject the null hypothesis at the .01 level of significance. Since the chi-square value of

10.628 was greater than 9.21, the null hypothesis was rejected. It would be concluded, with reference to Item 33, that there was a significant difference in the patient's knowledge of the item when compared to the other two classifications. To determine the degree of this difference, the contingency coefficient was calculated and found to be 0.32.

Item 34

"Do patients have the right to send or receive an unopened letter from the Secretary of Social and Rehabilitation Services?"

All of the professional staff members and all of the psychiatric aides responded to this item with a "yes" response. In the patient sample, twenty-three responded with a "yes" response, while seven responded with a "no" response. The chi-square table of these responses follows:

Table 18

Chi-Square Values of the Three Separate
Groups to Item 34 on the Patient
Rights Questionnaire

Groups	Yes	No	Total
Professional Staff	30 (27.66)*	0 (2.33)	30
Psychiatric Aides	30 (27.66)*	0 (2.33)	30
Psychiatric Patients	23 (27.66)	7 (2.33)	30
Total	83	7	90

*Expected frequencies in parenthesis

**Significant at .01 level

$\chi^2 = 15.201^{**}$
df = 2
C = 0.38

A chi-square value greater than or equal to 9.21 was needed to reject the null hypothesis at the .01 level of significance. Since the chi-square value 15.201 was greater than 9.21, rejection of the null hypothesis was necessary. It would be concluded, with respect to Item 34, that there was a significant difference between the patient's knowledge of this item, when compared to the other two classifications. To determine the degree of this relationship, the contingency coefficient was calculated and found to be 0.38.

To clarify the overall results of the numerous

statistical tests, the chi-square values for all the items on the questionnaire are given. The chi-square values follow in Table 19.

Table 19

Chi-Square Values for all Items
On the Patient Rights
Questionnaire

Item	Chi-Square Value	df	Outcome*	L	C
1	4.286	2	NS		0.21
2	2.043	2	NS		0.15
3	3.214	2	NS		0.19
4	5.182	2	NS		0.23
5	3.672	2	NS		0.20
6	12.857	2	S	.01	0.35
7	3.731	2	NS		0.20
8	11.825	2	S	.01	0.34
9	4.131	2	NS		0.21
10	6.206	2	S	.05	0.25
11	2.042	2	NS		0.15
12	3.671	2	NS		0.20
13	6.206	2	S	.05	0.25
14	9.849	2	S	.01	0.31
15	8.392	2	S	.05	0.29
16	6.206	2	S	.05	0.25
17	0.00	2	NS		0.00
18	6.207	2	S	.05	0.25
19	1.407	2	NS		0.12
20	.515	2	NS		0.08
21	22.520	2	S	.01	0.45
22	4.131	2	NS		0.21
23	6.207	2	S	.05	0.25
24	6.207	2	S	.05	0.25
25	8.392	2	S	.05	0.29
26	4.132	2	NS		0.21
27	4.821	2	NS		0.23
28	6.206	2	S	.05	0.25
29	12.857	2	S	.01	0.35
30	10.961	2	S	.01	0.33
31	19.999	2	S	.01	0.43
32	1.033	2	NS		0.11
33	10.628	2	S	.01	0.32
34	15.201	2	S	.01	0.38
35	2.069	2	NS		0.15

*NS--nonsignificant

**S--significant

Chapter 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

In this chapter, the organization and findings of the present study are discussed. The conclusions drawn from the findings are presented to place the study in perspective. Some of the recommendations listed are intended for the state institutions of the type in which the study was conducted and others for suggested further research.

SUMMARY

With the increasing tide of law suits arising from the abrogation of patient rights, the knowledge of patient rights can be of prime importance to the mental health profession. The knowledge of patient rights provides the tools for both patient and mental health workers alike, to identify problems that occur in the hospital environment and correct them before court action ensues.

This study was designed to see how knowledgeable the professional staff, psychiatric aides, and psychiatric patients in a state hospital were in the area of patient rights. In order to determine the knowledgeability of each group in the area of patient rights, a questionnaire was

developed to obtain the information. The questionnaires contained thirty-five questions which were selected in part from the Patients' Bill of Rights and Responsibilities as established by the Social and Rehabilitation Services of Topeka, Kansas. The questionnaires were administered to the three randomly selected groups, with a sample size of thirty in each group. The responses on the completed questionnaires were analyzed to determine if there were any significant differences.

The statistical tool utilized to analyze the data was the chi-square test. Chi-square was used primarily to determine if there were any significant relationships between the three groups (independent variable) and the way in which they responded to the items on the questionnaire (dependent variable). In addition, the contingency coefficient was found to determine the degree of this relationship.

CONCLUSIONS

Of the thirty-five questions that comprise the questionnaire, eighteen cases were noted as significant at either the .01 or the .05 level of significance. There were three general areas identified by this researcher into which the significant relationships would fall.

The first area is that of communication with officials (Items 6, 8, 10, 16, 23, 28, 29, 31, 34). This

refers to the right to uncensored communication with doctors, lawyers, courts of law, the head of the hospital, and the Secretary of Social and Rehabilitation Services. Although this is a right guaranteed by law, the patients appeared to be unaware that they had this right.

The second category is that of biological needs (Item 15). Biological needs refer to the right to such things as food, water, and sleep. Although biological needs are very basic and patients are guaranteed them by law, they appeared to be unaware they were entitled to them.

This last category is that of treatment orientation (Items 13, 14, 18, 21, 24, 25, 30, 33). Treatment orientation refers to items in the hospital setting that are either directly or tangentially related to treatment. A good example of this would be the right to proper medicine. As stated in previous cases, patients were apparently unaware that they were entitled to these rights by law.

In all these categories, the professional staff members and the psychiatric aides appeared to be equally knowledgeable in the area of patient rights, as indicated by the mean numbers of correct responses for each group. The mean number of correct responses for the professional staff was 27.17, while the mean for the psychiatric aides was 27.28. It is interesting to note that the professional staff and psychiatric aides made correct responses on the questionnaire seventy-seven percent of the time. It is

generally assumed that hospital staff, particularly the doctors, are unaware of what the patients' rights are, but such was not the case.

The psychiatric patient category was less knowledgeable in the area of patient rights than the other two groups. The mean number of correct responses for the patient classification was 24.08. This translates into correct responses by the patients some sixty-seven percent of the time.

The lack of knowledge in the area of patient rights can be attributed to several factors. Upon admission to a psychiatric hospital, most individuals are unfamiliar with their surroundings and are apprehensive about what they are being subjected to. When informed of their rights, they probably retain very little information about them because of their psychological state and radical environmental change.

Another factor that can inhibit the acquisition of the knowledge of patient rights is the descriptive terminology utilized in the Patients' Bill of Rights and Responsibilities. Much of the terminology is difficult for a "normal" person to understand. When given the set of circumstances of entering a psychiatric hospital and coping with the new environment, this makes learning almost impossible.

Many of the rights that patients lacked knowledge of was unfortunate to say the least. There seemed to be a

mixture of apathy and fear on the part of the patients in not expressing opposition to the denial of their rights. Many patients know all too well that one does not voice opposition to anything on the ward, for they are labeled as a trouble maker. Any opposition on the ward is usually dealt with in one of two ways. The first is seclusion, and the second is an increase in tranquilizing medication. Even if the complaint voiced is legitimate, the staff will view it as an attempt at creating another disturbance and deal with it in the most expedient manner possible.

RECOMMENDATIONS

It is recommended to state hospitals in general that a re-evaluation of their educational program in the area of patient rights be undertaken.

It is further recommended to state hospitals in general that a more efficient system be developed for the education of new employees and new patients in the area of patient rights. This might involve simplification of the terminology utilized in the Patients' Bill of Rights to facilitate ease in learning the rights. The patients and staff should then be periodically reformed about the rights of mental patients.

It is also recommended that a study of this nature be replicated every six months to monitor both the patients and staff in their knowledge of patient rights.

BIBLIOGRAPHY

BOOKS

- Downie, N. W. and R. W. Heath. Basic Statistical Methods.
New York: Harper and Row, 1974.
- Garrett, H. E. Statistics in Psychology And Education.
New York: David McKay Company, 1971.
- Selling, L. S. Men Against Madness. New York: Garden
City Books, 1943.
- Ullman, L. P. and L. Krasner. A Psychological Approach to
Abnormal Behavior. New Jersey: Prentice-Hall, Inc.,
1969.

PERIODICALS

- Horn, P. "Court Rules Patient-Workers Must Be Paid",
Psychology Today, April, 1974, p. 93.
- Laves, R. and A. Cohen. "A Preliminary Investigation into
the Knowledge of and Attitudes Toward the Legal Rights
of Mental Patients", Journal of Psychiatry and Law,
Spring, 1973, pp. 49-78.
- Offir, C. W. "Psychosurgery and the Law: The Movement to
Pull Out the Electrodes", Psychology Today, May, 1974,
pp. 69-70.
- Offir, C. W. "Civil Rights of the Mentally Ill: Revolution
in Bedlam", Psychology Today, October, 1974, pp. 61-72.
- "State Mental Hospital's Practices are Found to be Cruel
and Unusual", The United States Law Week, October 15,
1974, p. 2151.

APPENDIX A

PATIENT RIGHTS QUESTIONNAIRE

Circle the correct answer.

- | | | | |
|-----|--|-----|----|
| 1. | Do patients have the right to full citizenship (voting, owning land, etc.)? | Yes | No |
| 2. | Do patients have the right to see a lawyer? | Yes | No |
| 3. | Do patients have a right to an admission assessment within 24 hours after they come into the hospital? | Yes | No |
| 4. | Do patients have a right to have matches? | Yes | No |
| 5. | Do patients have a right to know what their condition is? | Yes | No |
| 6. | Do patients have a right to see a doctor or a lawyer at any reasonable time of the day or night? | Yes | No |
| 7. | Do patients have the right to refuse any prescribed treatment or medication? | Yes | No |
| 8. | Do patients have the right to send unopened letters to a doctor or a lawyer? | Yes | No |
| 9. | Do patients have the right to know who is legally responsible for their care? | Yes | No |
| 10. | Do patients have the right to receive an unopened letter from a doctor or a lawyer? | Yes | No |
| 11. | Do patients have a right to live in a clean place at the hospital? | Yes | No |
| 12. | Do patients have the right to take hospital property home when they are discharged? | Yes | No |
| 13. | Do patients have the right to know the names of the doctors and staff who care for them? | Yes | No |

- | | | | |
|-----|---|-----|----|
| 14. | Do patients have the right to review their hospital records? | Yes | No |
| 15. | Do patients have the right to good food? | Yes | No |
| 16. | Do patients have the right to ask a court to get them out of the hospital? | Yes | No |
| 17. | Do patients have the right to be taken care of by people who are trained to help them? | Yes | No |
| 18. | Do patients have the right to proper medicine? | Yes | No |
| 19. | Do patients have the right to conjugal visits? | Yes | No |
| 20. | Do patients have the right to leave the hospital without authorization? | Yes | No |
| 21. | Do patients have the right to refuse involuntary labor and to be paid for work performed? | Yes | No |
| 22. | Do patients have the right when they get sick to get quick medical attention? | Yes | No |
| 23. | Do patients have the right to see any information about what their rights and responsibilities are? | Yes | No |
| 24. | Do patients have the right to see someone else's file? | Yes | No |
| 25. | Do patients have the right to talk to the staff when they are planning and making decisions about their treatment? | Yes | No |
| 26. | Do patients have the right to a treatment plan made just for them? | Yes | No |
| 27. | Do patients have the right to apply for a writ of Habeas Corpus (a court order demanding the hospital bring them before the court to see if they are being legally held by the hospital)? | Yes | No |
| 28. | Do patients have the right to ask a court to get them out of the hospital? | Yes | No |

29. If patients feel that their rights are being taken away from them, do they or their family have the right to do anything about it? Yes No
30. Do patients have the right to refuse an operation unless they are going to die, be injured for life, or they give their o.k.? Yes No
31. Do patients have the right to send or receive unopened mail from the head of the hospital? Yes No
32. Do patients have the right to harm other patients? Yes No
33. Do patients have the right to be free from dangerous new treatment unless they give their consent? Yes No
34. Do patients have the right to send or receive unopened letters from the Secretary of Social and Rehabilitation Services? Yes No
35. Do patients have the right to know the nature of all medications and treatments prescribed, the reason for the prescription and the known side effects? Yes No

APPENDIX B

PATIENT RIGHTS QUESTIONNAIRE

Circle the correct answer.

- | | | |
|---|-----|----|
| 1. Do you have the right to full citizenship (voting, owning land, etc.)? | Yes | No |
| 2. Do you have the right to see a lawyer? | Yes | No |
| 3. Do you have a right to an admission assessment within 24 hours after you come into the hospital? | Yes | No |
| 4. Do you have a right to have matches? | Yes | No |
| 5. Do you have a right to know what your condition is? | Yes | No |
| 6. Do you have a right to see a doctor or a lawyer at any reasonable time of the day or night? | Yes | No |
| 7. Do you have the right to refuse any prescribed treatment or medication? | Yes | No |
| 8. Do you have the right to send unopened letters to a doctor or a lawyer? | Yes | No |
| 9. Do you have the right to know who is legally responsible for your care? | Yes | No |
| 10. Do you have the right to receive an unopened letter from a doctor or a lawyer? | Yes | No |
| 11. Do you have a right to live in a clean place at the hospital? | Yes | No |
| 12. Do you have the right to take hospital property home when you are discharged? | Yes | No |
| 13. Do you have the right to know the names of the doctors and staff who care for you? | Yes | No |
| 14. Do you have the right to review your hospital records? | Yes | No |

- | | | | |
|-----|--|-----|----|
| 15. | Do you have the right to good food? | Yes | No |
| 16. | Do you have the right to ask a court to get you out of the hospital? | Yes | No |
| 17. | Do you have the right to be taken care of by people who are trained to help you? | Yes | No |
| 18. | Do you have the right to proper medicine? | Yes | No |
| 19. | Do you have the right to conjugal visits? | Yes | No |
| 20. | Do you have the right to leave the hospital without authorization? | Yes | No |
| 21. | Do you have the right to refuse involuntary labor and to be paid for work performed? | Yes | No |
| 22. | Do you have the right when you get sick to get quick medical attention? | Yes | No |
| 23. | Do you have the right to see any information about what your rights and responsibilities are? | Yes | No |
| 24. | Do you have the right to see someone else's file? | Yes | No |
| 25. | Do you have the right to talk to the staff when they are planning and making decisions about your treatment? | Yes | No |
| 26. | Do you have the right to a treatment plan made just for you? | Yes | No |
| 27. | Do you have the right to apply for a writ of Habeas Corpus (a court order demanding the hospital bring you before the court to see if you are being legally held by the hospital)? | Yes | No |
| 28. | Do you have the right to ask a court to get you out of the hospital? | Yes | No |
| 29. | If you feel that your rights are being taken away from you, do you or your family have the right to do anything about it? | Yes | No |

30. Do you have the right to refuse an operation unless you are going to die, be injured for life, or you give your o.k.?
- Yes No
31. Do you have the right to send or receive unopened mail from the head of the hospital?
- Yes No
32. Do you have the right to harm other patients?
- Yes No
33. Do you have the right to be free from dangerous new treatment unless you give your consent?
- Yes No
34. Do you have the right to send or receive unopened letters from the Secretary of Social and Rehabilitation Services?
- Yes No
35. Do you have the right to know the nature of all medications and treatments prescribed, the reason for the prescription and the known side effects?
- Yes No