

The NP Hospital Patient and Organized Recreation*

A study conducted by Milton B. Jensen, chief, Clinical Psychology Service, and Russell G. Ramage, chief, Recreation Service, Veterans Administration Hospital, Salisbury, N. C.—as reviewed by Elliott M. Cohen, NRA Consulting Service on recreation for the ill and handicapped.

As we become aware of the ever-increasing potential of recreation activities in the medical and psychiatric setting, we have a growing concern regarding how they are used. The staff of the Veterans Administration Hospital in Salisbury, North Carolina, has done more than just become concerned. The hospital recreation service, under the direction of the psychology service, has conducted an eighteen-week study on the subject.

This study is indeed a milestone in the practice of recreation in the medical setting. It shows that it is beginning to take a critical look at itself, and to make an honest attempt to develop recreation as a functioning discipline within the psychiatric setting. Some of the findings are applicable to personnel not only employed in hospitals, but also in agencies or institutions where there is concern for professional leadership in recreation.

Members of the recreation staff feel that the study throws considerable light on this program's strong and weak features. It provides a guide for developing a *therapeutic recreation program*. The following questions were developed in light of the study and may very well be applicable to other hospitals.

What do we hope to accomplish through recreation in a neuropsychiatric hospital? Is entertainment, though desirable, enough? Will we settle for just patient custody? Do we subscribe to the idea that the NP hospital patient is largely "a holding operation," or do we believe that he generally will be rehabilitated when we know enough? To what extent can the patients' behaviors

and attitudes be altered or modified? Can they learn normal reactions to conventional entertainments and interpersonal associations? Can they develop recreation skills and habits to serve them in time of emotional stress? How capable are they of participation in recreation activities?

Some specific questions raised by staff members are relative to the fact that they are employees of the Veterans Administration. Some of these are:

What are the opportunities in the VA recreation field? Can personnel in recreation try new approaches? Will they jeopardize their jobs and their inter-service and public relations if they break with tradition? Do they dare attempt rehabilitation and will they be able to fit into a new role?

It is recommended that there be fewer activities, with greater emphasis on the acquisition of skills; assignment of recreation staff on the basis of individual differences, interests, skills, and other personal factors. Diversified assignments should be given to staff personnel rather than assignment to only one activity. Job satisfaction is essential.

Patients should be considered as far as possible in planning the recreation program and staff should involve them in the planning process. The facts to be considered by the recreation staff when choosing activities are sex, age, physical needs, and mental status.

Groups should be kept to a feasible size in keeping with the desired goals. "We think that few technicians can effectively deal with more than ten patients at one time in many activities. Although we do not discount the need for mass activities, the more socially minded the patients, the less their need for large group participation."

Activities should be planned with an eye towards the carry-over value for the patient when he leaves the hospital. Since the average age of the patients in this hospital at the time of study was thirty-six years for males and forty-two years for females, these patients will not be able to play basketball and baseball

many years hence; and most of them will not have access to golf courses after they leave the hospital. Thus a more realistic activity program is needed.

The staff must remember that psychological changes can only be produced when a situation is favorable for such a change. It does not occur just because the leader tries to change the patient; the leader should do less for the patient and have him do more for himself and others. Skills should be developed at the expense of entertainment, if need be. Recreation should relieve tensions, not intensify them. Often the patient who is eager to participate becomes excited, while the patient who will profit most from participation avoids it and is never involved.

There should be a periodic evaluation of goals and accomplishments. Rigorous examination of the philosophies that set the pattern and determine the course of recreation service in the NP hospital is urgent.

A guide book for recreation specialists in the psychiatric setting should be developed, involving the recreation staff in its preparation. This guide should be developed over a long period of time. Staff must remember, though, that plans are subject to change as need arises, and should not use the guide book as anything more than just that.

One striking fact emerging from the study is that participation is more closely related to the athletic interests and skills of the staff than to any other one factor. Recreation includes many activity areas; in fact, one could concede that recreation is as broad as an individual. Therefore, it is the responsibility of the recreation staff to develop a program based, not on their own interests, or what they believe to be good, positive, or preferential recreation activity, but rather on the basis of what is right for the individual.

Many recreation personnel have within their own hospital the facilities and staff for conducting a research program. There should be more of it, not only for the development of the profession of recreation, but for the provision of effective patient care. We cannot know how effective, until we try to evaluate it and conduct definite research. ■

* A few copies of this study are available and may be secured by writing to the Manager, Veterans Administration Hospital, Salisbury, North Carolina.