THE WORKSHOP IN A GENERAL HOSPITAL

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Our purpose this afternoon is to discuss occupational therapy in general hospitals, and our immediate purpose is to consider the workshop in such a hospital. By the term "general hospital" we mean an institution usually located in a large community to which all types of patients known or suspected to be truly sick are admitted for diagnosis or treatment. A large number of the patients are working people, many of them wholly free or part-pay cases. Chronic cases do not remain after the period of diagnosis or after all palliative measures have been taken. This means, then, that the average stay of all the patients in general hospitals is in the neighborhood of fourteen days, and superintendents of such hospitals are constantly working to lower this average. Patients who are in only for observation may spend a portion of each day in the workshop; medical cases who have been acutely ill, may spend the last few days of their convalescence in the shop; certain types of surgical cases may have weeks or even months during which they should be occupied. The types of patients and the length of stay are determining factors in establishing a workshop.

Another item which must be considered in establishing a workshop is the amount of space the hospital can afford for the shop. Because of their location and the nature of the communities they serve, the floor-space of general hospitals is apt to be taxed to its capacity. At a recent meeting of the American Hospital Association, in the session devoted to hospital construction, the greater part of the discussion had to do with the dietary department, but the social service department came in for consideration and it is not too much to expect that in a modern, up-to-date hospital, provision will be made for an occupational therapy

1 Read at sixth annual meeting of the American Occupational Therapy Association, held at Atlantic City, September 25 to 29, 1922.
Meanwhile, in one of our large cities, there is a general hospital which has a beautiful sun parlor that stands as a monument of neatness to the untiring efforts of the housekeeper while the occupational therapist has no shop. In another large general hospital, the workshop is so situated that patients in wheel chairs can never enter it because it must be approached by steps which lead down to it and not by an incline or a straight corridor. The ideal shop should first of all be easy of access. It should be airy, well-ventilated, well-heated. The radiators could be low and covered to afford seating space. The walls should be a cheerful color, and the floor of some harmonizing material that could stand scraping and scrubbing if paint or stain should be spilled. It would be safe to say that in a general hospital of 400 beds, the average number of patients in the shop each day would be 20. Of this number two-thirds at least would come in wheel chairs. This means that all materials must be brought to the patients who are in chairs, and it means that the shop should be large enough to do this without too much crowding and inconvenience. In determining the amount of floor space needed, not only the number of patients but the kinds of work to be done must be considered. Obviously, in most general hospitals where space is at a premium, china painting would be impracticable. On the other hand, basketry, which demands little in the way of equipment, and which can be done anywhere, would be ideal. The shop, then, should be accessible, properly heated, lighted, and ventilated, and the floor space should be adequate for the number of patients who are to work and the kinds of work they are to do.

The equipment for the workshop will be immediately dependent on the kinds of work to be done, and the kinds of work to be done depend on the needs of the patients. In other words, the adage, "the patient is our reason for being here," applies in occupational therapy as it does everywhere in the hospital. A very great many of the patients in a general hospital are from the working classes. Many are industrial cases, often sent by insurance companies. Some of them need to be taught something that will mean an income when they leave the hospital. Some
need the encouragement that comes from earning money while they are in the hospital. Some of them are patients who have never done any work with their hands; some are in the hospital because they have done too much hard work with their hands, and some because they have done too much hard work with their minds. Some are not interested in anything except themselves. Some are interested only in what no one else would be interested in, and in what no one else could do. To appeal to so many classes of individuals it would seem that quite a wide range of activities would be needed. But another item must be considered—the cost of materials. Ordinarily, all materials should be paid for, either in cash, or in an equivalent in work, or by making another article which can be sold. Very seldom does the social service department recommend the gift of material. Above all, the finished article must be good for something. It must be something of which the maker can be proud, something which can justify its existence by its intrinsic value. This statement is not intended to dispute the fact that sometimes a very crude product may be the very commendable result of the finest type of occupational therapy, nor does it mean to imply that the finished article should be the primary consideration. It does mean, however, that occupational therapy and killing time are not synonymous terms. Those things we call "donations" are often the best weapons with which to kill time. I mean the donations which would have been consigned to the ash heap if the donors had been courageous enough. Some donations are invaluable, as we all know, but to carry on a vigorous department it is absolutely necessary to spend some money for new materials.

It is evident, therefore, that at least three things must be taken into consideration in establishing a workshop in a general hospital: first, the types of patients and the needs of those patients; second, the space available for the shop, and third, the cost of the materials to be used.

Those who are familiar with craft work in general hospitals, will agree, I think, that basketry, wood working, needle work, leather work, pottery, and weaving meet these requirements.
Basketry is the best entering wedge because not only does it have great therapeutic value, but it appeals to men, women, and children. The cost is nominal, the equipment is not expensive, the space needed for basketry is within the possibilities of most general hospitals, the returns on money invested in materials are almost immediate, and once learned, basketry or reed work may become an economic asset. Simple woodworking naturally follows basketry because the woodworking equipment enlarges the scope of the basketry and makes it possible to build stands for reed lamps and to construct footstools which may be seated with the flat reed used in basketry. Needle work requires no special equipment except a sewing machine. Pottery and leather work require a few inexpensive tools. Weaving, of course, requires looms and it may be added when the other crafts are well established. Extensive equipment for any of these crafts is not necessary; the rule should be to buy only such tools as are needed, and then to buy the best.

After the location of the shop has been decided, a program of suitable crafts planned, and adequate equipment has been provided, a working policy for the shop must be shaped. In other words, the occupational therapy department must be fitted into the life of the hospital. In a hospital but one person has the authority to prescribe treatment for the patients, and that person is the attending physician. Hence, to have an occupational therapy department in the strict sense of the word, this treatment also must be prescribed. It is much better to start in with this arrangement than it is to try to carry it out after a haphazard method of allowing patients to work has obtained. A definite relationship with the school for nurses should also be established; nurses should elect work in this department just as they do in the social service department or in any other department, and they should be given carefully planned work, with credit at the end of the course.

One of the most important things about a workshop is what we might call, for want of a better word, its personality. Personality is said to be the sum of all our reactions, and the personality of a workshop might be put into words as the
sum of all the reactions the patients get from the shop. These reactions come from the intangible things that might at first seem not worth considering, but that in the long run mean a great deal in the way of stimulation for the morale of the patients. If on entering the shop a patient hears the victrola grinding out the hits of 1915; if on September 26 he finds on the reading table the Literary Digest for March 13 or the Outlook for the last week in June; if the shop is untidy and the paint brushes dirty and the tools dull; if the flower boxes need pruning and the windows need washing, his reaction is apt to be, "Oh, well; what's the use. I don't want to do anything today. Maybe tomorrow." Subconsciously he thinks that everything feels as tired as he does, and that it takes too much effort to get under way. We all know the antithesis of this picture. An up-to-date record for the victrola and a best seller for the reading table are sometimes a better investment than anything that could be bought for the same amount of money, and a day of good old fashioned housecleaning, with the liberal application of paint and varnish is sometimes, in the long run, the best way to spend our hours on duty.

The workshop is the one place in the hospital where discipline does not seem necessary, and the result is that here if anywhere the patient is himself without restraint. The contact he makes through work with the aides who help him is apt to open up channels of feelings that may be pent up otherwise, and he is inclined to air his pet grievances if he has any. He talks freely of the nurse who he thinks has not been fair to him, or the fact that his tea was cold on such a day. These things are trivial in themselves, but to the abnormal mind of the patient they loom up as mountains and culminate in an irritable mental attitude that does not speed up recovery. They vanish into thin air when the patient gets them out of his system and sees them as unimportant details in a big scheme which he must admit makes for his comfort and well-being. The workshop has many opportunities to render the little special service which may do so much to make the patient feel that the hospital has a personal interest in his welfare. A woman wishes she could press a dress,
or a man needs a button on his coat; a patient about to go home needs the tonic of a shoeshine which he fears he will not have time to get at the railroad station; string and paper are needed to wrap up the extras that have accumulated during the patient's stay at the hospital; all these needs are the opportunities of the workshop. In the strict sense of the word, they may not be occupational therapy, but they are most important. In business, the best advertisement is a pleased customer; in hospital work, the best publicity is a satisfied patient, going home well. The successful workshop will have no small part in bringing about this important result.