WARD WORK IN A GENERAL HOSPITAL

ELSIE HASSENSTEIN
Cook County Hospital, Chicago

Successful ward work, to my mind, means not only bringing work and cheer to a certain number of individuals in the ward, but bringing, in general, a spirit of friendliness to all. One who has not been confined to the four plain walls of a charity hospital ward for months at a time does not realize how much a few cheery words may mean to a patient. Therefore, in planning our ward work, there are several factors to be considered which make the work successful or not. First of all, we must consider carefully the personality of the therapist who goes into the ward; next, we must have the cooperation of the doctor and supervising nurse, and then we must stimulate the interest of the patient.

All occupational therapists who have done an extensive piece of ward work realize that the personality of the worker plays an important part in holding the interest of the doctor and nurse, and in keeping the patient cheerful and happy. In selecting such a person we try to choose one who radiates good health, cheer and sympathy, for it is she who brings to her patient higher ideals, changes the trend of thought and breaks the monotony of the endless day. We feel that the kindly spirit shown to the patient is as important as the craft she teaches. Through the kindness of one of our friends, we are able to keep up a little fund which makes it possible for us to buy fruits and candy for patients who are friendless and penniless. This little act of kindness has done more to bring happiness into the lives of the patients who have thought that the world was a cold, heartless place than all of the craft we could possibly teach them. We have two very thoughtful aides, who do the ward work in our

\cite{Read at sixth annual meeting of the American Occupational Therapy Association, held at Atlantic City, September 25 to 29, 1922.} 115
hospital (taking care of about 65 patients) and we are convinced that, because of their attitude, our ward work is growing so fast that we are put to it to meet the demands on our time.

The occupational therapist should be careful in the choice of work given to bed patients, both for the sake of the patient and also because of the untidy appearance of the ward. The worker finds it a good plan to provide a bag or basket, which will make it easy for the patient to keep his work clean and in order. We have found that the way to gain cooperation in the ward is not only to keep the patient busy at some work congenial to him, but combine this in making articles that are artistic and worth while. It has been our experience, that the doctors do not like to see a man doing work which he thinks a woman should do. A thing which often proves an incentive to the irritable patient is the ready sale which we have for our articles.

Our department is distinctive, perhaps, in that through our sales, we are able to provide all of the materials used in our work, in spite of the fact that we pay our patients all money above the cost of the material, outside of a small overhead charge.

In a large public hospital such as Cook County, the hardest problem we have to face is the continued interest of the doctor. As we all know they believe in occupational therapy, especially in the treatment of long time cases, but they are so busy learning the many things necessary to their profession that they are apt to forget that our department exists for the sole purpose of helping them carry on their work. It has, therefore, been a great satisfaction to us and a benefit to the patients to have the doctors ask us to make rounds with them in the wards when they see new patients who are asking for bedside work. It may be interesting to you to know that our department works only with adult cases, inasmuch as the young children in the hospital are taken care of by a kindergarten teacher, and all children of school age are sent to the school room if it is possible to do so. If not, the teacher spends two hours each day teaching the children their regular grade work at the bedside. Usually, the senior interne in the ward makes out a card, stating the nature of the disability, and suggesting the kind of work. However,
if we have a very long difficult case, we see the staff doctor, and together we are able to work out our problem. In the case of our leprosy patients, we feel that the staff doctor should be responsible for the patient and for the worker who goes into the ward. We have found that our work goes on very much more successfully in having the doctor suggest the type of occupation, as the occupational therapist cannot judge the work capacity of the very sick heart patient, for instance, who is so tired of folding his hands day after day.

When we first started our department, we had an experience which made us realize that all work should be under doctors' supervision and a file kept in our office. We had an ambulatory heart case who did not appear to be very sick and asked to weave rugs. We let him do so, asking him from time to time if he found the work too hard. He became interested in his problem, did not realize that he was taxing his strength too much, and worked along part of the afternoon: next day, to our terror, he was very sick and was kept in bed three days; should he have died, we, as therapists, would have been held responsible, thereby jeopardizing the future of our department.

As I suggested earlier in this paper, through the ready sale of our articles, we are able to supply, as nearly as possible, any materials the patient in the ward may ask for as we try to make it a point to find out the real interest of each individual. As soon as a man or woman learns that the work is given for his benefit alone, he is delighted to learn a new craft or put into practice something he already knows, but has never had the time to do well before. In this way we found a man who loved to paint, but had never been able to do so as much as he wished. He proved to have considerable talent, not only in water color, but in oils as well, and turned out some charming pictures which were profitable to him. He also made many posters advertising an Easter sale for our department. Another man who was a hod carrier learned to make beautiful jewelry. Another man learned to make oriental rugs. A blind man learned to weave, a woman acquired the use of her hands, and so on down the line,
giving those who wanted it, an opportunity to show what they were able to do.

In our hospital, where we deal with charity cases only, we feel that ward work is especially important, inasmuch as through ignorance, and the feeling that they must give support at home as long as possible, our patients will let an illness develop to such an extent that their convalescent period is very trying. If they did not have something to take their minds from their own worries they would be very much harder to deal with. As we all know a patient can do a great deal to help his own condition by his attitude of mind, therefore, if we as occupational therapists can help toward this end, we feel that we are doing something that is really worth while.