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ABSTRACT

William Menninger (1948) reported research results indicating a significant relationship in a former patient's ability to stay well and his participation in recreation. J. Bates (1963) indicated one reason patients return to psychiatric facilities was the lack of skills that center around recreation. This study was conducted to investigate the relationship between leisure activity involvement of psychiatric patients and recidivism. Adult inpatients (N=100) in a short-term psychiatric unit completed the Recreation is Where You Find It questionnaire which assessed leisure involvement and yielded subscores in the areas of social interaction, creative expression, physical expression, spectator appreciation, intellectual stimulation, solitary relaxation, and a total combined score. The relationship of the six subscores and the total score to hospital readmission were analyzed. The results revealed significant negative relationships between hospital readmission and social interaction, creative expression, physical expression, spectator appreciation, intellectual stimulation, solitary relaxation, and the total of all subscores. The findings suggest that individuals who are readmitted to psychiatric facilities have poor leisure time involvement. If the goal of a short-term psychiatric unit is to offer therapy that will decrease readmission rates, leisure education should be a part of each patient's hospital stay. (NB)

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LEISURE ACTIVITY AND HOSPITAL READMISSION
OF SHORT-TERM PSYCHIATRIC PATIENTS

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INTRODUCTION

The therapeutic benefits of leisure time involvement was acknowledged in ancient time when morbid moods were changed by the use of rituals and songs (O'Morrow, 1976). The moral therapists in the nineteenth century developed the theory that psychiatric institutions should retrain patients to live more fruitful lives. They included staff and the children in planned recreation activities (Bockover, 1956; Zilboor, 1941). In the 1930s, Friends' Asylum in Frankford, Pennsylvania, played ball, flew kites, and went fishing as part of the patient's routine (Dain, 1964).

In a landmark statement from the Menninger Clinic, Dr. William C. Menninger (1948) reported a study in his clinic that indicated there was a significant relationship in a former patient's ability to stay well and his participation in recreation. Bates (1963) indicated one of the reasons patients return to psychiatric facilities is the lack of skills that center around recreation. In 1970, the readmission rate to a state hospital in California was 52 percent (Babow, Semken, 1971). Is it possible to reduce readmission through leisure activity involvement after a patient is discharged from a short term psychiatric facility?

Lewko and Crandall (1980) stated that "Present data suggest the area of leisure research and special populations is a newly emerging concern" (p. 77). The lack of information on leisure and its effect on emotionally handicapped makes it difficult to obtain communication that would lead to an interdisciplinary thrust.

Purpose

The purpose of this study was to investigate the relationship between leisure activity involvement of psychiatric patients and recidivism.

Hypotheses

Six null hypotheses were designed to investigate the correlations of the six subscores on the Recreation Is Where You Find It questionnaire to readmission in a hospital short term psychiatric unit. In addition, a seventh hypothesis was designed to examine the relationship of total leisure activity involvement and hospital readmission.

Hypothesis One: There will be no significant relationship between social interaction and hospital readmission.

Hypothesis Two: There will be no significant relationship between creative expression and hospital readmission.

Hypothesis Three: There will be no significant relationship between physical expression and hospital readmission.

Hypothesis Four: There will be no significant relationship between spectator appreciation and hospital readmission.

Hypothesis Five: There will be no significant relationship between intellectual stimulation and hospital readmission.

Hypothesis Six: There will be no significant relationship between solitary relaxation and hospital readmission.

Hypothesis Seven: There will be no significant relationship between the total of all six recreation subscores and hospital readmission.

Limitations

The computation of readmission does not take into consideration the number of years the individual answering the questionnaire has been diagnosed as a psychiatric patient.

Definition of Terms

The following operational definitions are presented for the readers' consideration.

Leisure - "A means of self-development and fulfillment through freely chosen and meaningful activities" (Newlinger and Crandall, 1976, p. 181).

Short-term psychiatric facility - A mental health recovery unit located in a general hospital where the expected length of stay is 14-21 days.

Readmission - A patient's return to a psychiatric care facility; also referred to as recidivism.

Social interaction - Activity that involves a patient's need to rely on other humans as a source of acknowledgment.

Creative expression - Activity that allows an individual to present an observable product as a source of acknowledgment.

Physical expression - Activity that demands gross motor movement.

Spectator appreciation - Activity that can be viewed and does not include active involvement.

Intellectual stimulation - Activity that increases an individual's mental involvement.

Solitary relaxation - Activity that allows individuals time alone with decreased external stimulation.

Total score - A combination of six subscores from the questionnaire, Recreation Is Where You Find It.

Assumption

Leisure activity of psychiatric patients is related to readmission to a short term psychiatric facility.

METHODOLOGY

Included in this chapter is a detailed description of (1) Selection of Subjects; (2) Experimental Design; (3) Instrument/Materials; and (4) Statistical Analysis.

Selection of Subjects

The subjects in this study were inpatients in a short term psychiatric unit. The 100 subjects ranged in age from 17 - 86 and were male and female gender. The subjects were randomly selected from those retrieved from leisure education classes after the patient's treatment planning was completed.

Experimental Design

A correlational design was utilized to investigate the relationship between the seven independent variables (questionnaire score) and the dependent variable (hospital readmission).

Instrument/Materials

The title of the instrument was Recreation Is Where You Find It and consisted of six subscores that were combined to generate a total score. The instrument was researcher designed to allow patients an opportunity to evaluate their leisure activity involvement. The instrument included areas of recreation indigenous to the region of patient habitat. It was originally designed to be used as a portion of a patient leisure education class.

The instrument was subjected to split-half reliability testing. Each of the six subscores and the total instrument reliability was obtained by this method.

Statistical Analysis

The relationships of the seven independent variables to hospital readmission were analyzed utilizing Pearson's correlation (r). The significance of all hypotheses was determined at the .05 level.

PRESENTATION OF DATA

This chapter will include statistical results and corresponding tables concerning each hypothesis. The chapter will be subdivided pertaining to each hypothesis.

Hypothesis One

There will be no significant relationship between the social interaction score and hospital readmission. Pearson's correlation revealed a negative relationship between social interaction and hospital readmission ($r = -.560$, $p < .001$). The mean (M) of the social interaction subscore was 18.99 ($N = 100$), with the standard deviation (SD) of 4.78.

Table 1

Correlation of Social Interaction and Hospital Readmission

Variable	N	<u>M</u>	<u>SD</u>	r
Social Interaction	100	18.99	4.78	-.560*

* $p < .001$.

Hypothesis Two

There will be no significant relationship between the creative expression score and hospital readmission. Pearson's correlation revealed a negative relationship between creative expression and hospital readmission ($r = -.513$, $p < .001$). The mean (M) of the creative expression subscore was 17.16 ($N = 100$) with a standard deviation (SD) of 4.95.

Table 2

Correlation of Creative Expression and Hospital Readmission

Variable	N	<u>M</u>	<u>SD</u>	r
Creative Expression	100	17.16	4.95	-.513*

* $p < .001$.Hypothesis Three

There will be no significant relationship between the physical expression score and hospital readmission. Pearson's correlation revealed a negative relationship between physical expression and hospital readmission ($r = -.546$, $p < .001$). The mean (M) of physical expression subscore was 18.78 ($N=100$) with the standard deviation (SD) of 3.97.

Table 3

Correlation of Physical Expression and Hospital Readmission

Variable	N	<u>M</u>	<u>SD</u>	r
Physical Expression	100	18.78	3.97	-.546*

* $p < .001$.

Hypothesis Four

There will be no significant relationship between the spectator appreciation score and hospital readmission. Pearson's correlation revealed a negative relationship between spectator appreciation and hospital readmission ($r = -.457$, $p < .001$). The mean (M) of spectator appreciation subscore was 19.43 ($N=100$) with the standard deviation (SD) of 4.27.

Table 4

Correlation of Spectator Appreciation and Hospital Readmission

Variable	N	<u>M</u>	<u>SD</u>	r
Spectator Appreciation	100	19.43	4.27	-.457*

* $p < .001$.

Hypothesis Five

There will be no significant relationship between the Intellectual stimulation score and hospital readmission. Pearson's correlation revealed a negative relationship between Intellectual stimulation and hospital readmission ($r = -.476$, $p < .001$). The mean (M) of the Intellectual subscore was 18.21 ($N=100$) with a standard deviation of 5.16.

Table 5

Correlation of Intellectual Stimulation and Hospital Readmission

Variable	N	<u>M</u>	<u>SD</u>	r
Intellectual Stimulation	100	18.21	5.16	-.476*

*p<.001.Hypothesis Six

There will be no significant relationship between the solitary relaxation score and hospital readmission. Pearson's correlation revealed a negative relationship between solitary relaxation and hospital readmission ($r = -.366$, p<.001). The mean (M) of the solitary relaxation subscore was 19.82 ($N=100$) with a standard deviation (SD) of 3.59.

Table 6

Correlation of Solitary Relaxation and Hospital Readmission

Variable	N	<u>M</u>	<u>SD</u>	r
Solitary Relaxation	100	19.82	3.59	-.366*

*p<.001.

Hypothesis Seven

There will be no significant relationship between the total of all subscores and hospital readmission. Pearson's correlation revealed a negative relationship between the total of all subscores and hospital readmission ($r = -.534$, $p < .001$).

Table 7

Correlation of Total Leisure Recreation and Hospital Readmission

Variable	N	<u>M</u>	<u>SD</u>	r
Total Leisure Recreation	100	112.39	22.84	-.534*

* $p < .001$.

To determine the credibility of the Recreation Is Where You Find It Instrument and the results obtained from the Instrument, a split-half reliability analysis was computed. Each subscore of the Instrument and the total leisure activity score was analyzed by this method. The results of these computations are presented in Table 8.

Table 8

Split-Half Reliability Coefficients for the Six Subscales and the Total Score of the Recreation Is Where You Find It Questionnaire

Variable	N	<u>M</u>	<u>SD</u>	r
Social Scale	100	18.99	4.78	.848*
Creative Scale	100	17.16	4.95	.859*
Physical Scale	100	18.78	3.97	.729*
Spectator Scale	100	19.43	4.27	.808*
Intellectual Scale	100	18.21	5.16	.872*
Solitary Scale	100	19.82	3.59	.648*
Total Scale	100	112.39	22.84	.922*

* $p < .001$.

SUMMARY AND RECOMMENDATIONS

Summary

This study revealed, just as Menninger concluded in 1948, that individuals that are readmitted to psychiatric facilities have poor leisure activity involvement. The six subscores on the questionnaire do not by any means include everyone's leisure time activity. They do, however, encompass psychological needs.

We live in a society that forces us to be social. To act in a socially acceptable manner includes being able to interact in many different situations. Writing letters, making phone calls, visiting friends and even arguing are indicators of an individual's ability to interact.

Individuals have a constructive or creative drive. There is need to set and accomplish goals. There is a need to feel significant, to experience new adventure, to create. Painting, writing, and performing are often means of creative expression.

"Lack of physical stimulation can cause chemical imbalances, weakness in the muscle fibers and a host of other physiological problems" (O'Morrow, 1971, p. 100). Physical expression can be aggressive and competitive as in active sports or self-fulfilling.

Spectator appreciation allows an individual the opportunity to have fun and enjoy the activity of others. Television, movies and sporting events are the medium of spectator appreciation. Watching others allows one the experience of evaluating one's own existence.

It is important to allow the mind time to absorb extra stimulation through lectures, reading and responding to little children. Intellectual stimulation provides the opportunity for development of new or revival of previous interest.

Solitary relaxation is the drive that caters to the passive desires in each of us. Listening to the rain fall, humming or whistling a tune and day dreaming allows quiet time to relax and forget the stress of the world. It draws on the inner calmness.

A review of the statistical results of each hypothesis reveals significant negative correlations at the $p < .001$ level with readmission rates of psychiatric patients to a psychiatric care facility. Patients who were low in leisure time involvement are readmitted to the facility at much higher rates. In a more positive approach, it can be said that patients who participate in leisure recreation are readmitted to the facility at much lower rates.

Recommendations

To further determine the reliability of the questionnaire Recreation Is Where You Find It, another study could be conducted in a different locale. A multiple regression study of subscores and dependent variables would give a profile of leisure activity involvement. A discriminate analysis study would determine the upper and lower groups according to readmission and years diagnosed.

If the goal of a short term psychiatric unit is to offer therapy that will decrease recidivism rates, leisure education should be a part of each patient's hospital stay. Being able to learn or relearn skills necessary to improve leisure time activity involvement will add to the patient's repertoire of coping mechanisms. The more coping skills an individual can call upon during a crisis, the less the chance of hospital readmission for emotional problems.

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APPENDIX A

Recreation Is Where You Find It

RECREATION IS WHERE YOU FIND IT

A do it yourself test to evaluate your leisure and recreational status.

There are six ingredients of a persons well balanced recreational program. These areas are: Social Interaction, Creative Expression, Physical Exercise, Spectator Appreciation, Intellectual Stimulation, and Solitary Relaxation. Everyone needs all of these to some degree. Here is a test that may give you some idea as to your weak and strong points in your personal recreation program. Place a check in the appropriate column. Add each column and total the figure. This will show whether you are weak or strong in each individual ingredient. Then at the end of all six sections, add up the ingredient totals for an overall picture

Score as follows

frequently-----3 points-----more than 5 times a year
 occasionally---2 points-----1 to 5 times a year
 never-----1 point-----not at least in the past year

<u>SOCIAL INTERACTION</u>	<u>frequently</u>	<u>occasionally</u>	<u>never</u>
I invite friends to visit my home			
I seek new friends			
I write letters			
I attend parties			
I play cards			
I visit neighbors			
I attend club meetings			
I go to parades			
I argue			
I make social telephone calls			

SOCIAL INTERACTION TOTAL _____

CREATIVE EXPRESSION

frequently

occasionally

never

I cook fancy dishes			
I plan parties			
I mix and match clothes			
I dabble in handicrafts			
I write poetry or stories			
I design,alter or make clothes			
I paint or draw pictures			
I plan home decorations			
I participate in any form of the performing arts(dance,drama,music)			
I doodle			

CREATIVE EXPRESSION TOTAL _____

PHYSICAL EXPRESSION

frequently

occasionally

never

I work in the yard or garden			
I take walks			
I go shopping without buying			
I take part in an active sport (golf,tennis,swimming)			
I dance			
I ride a bicycle			
I refinish furniture			
I fish, hunt, or camp			
I pick wild flowers			
I wash the car			

PHYSICAL EXERCISE TOTAL _____

SPECTATOR APPRECIATIONfrequentlyoccasionallynever

<u>SPECTATOR APPRECIATION</u>	<u>frequently</u>	<u>occasionally</u>	<u>never</u>
I watch television			
I attend movies			
I watch children play			
I bird watch			
I go to sporting events			
I go sight-seeing or travel			
I go downtown and watch people or sit in the mall and watch people			
I see stage plays			
I attend concerts			
I notice changes in my surroundings			

SPECTATOR APPRECIATION TOTAL _____

INTELLECTUAL STIMULATIONfrequentlyoccasionallynever

<u>INTELLECTUAL STIMULATION</u>	<u>frequently</u>	<u>occasionally</u>	<u>never</u>
I attend lectures			
I visit art exhibits			
I discuss controversial issues			
I go to the library			
I participate in service to others			
I collect something			
I enjoy reading			
I keep up on current events			
I see travelogs			
I take time to answer questions from little children			

INTELLECTUAL STIMULATION TOTAL _____

SOLITARY RELAXATION

frequently

occasionally

never

I read

I work crossword puzzles

I hum or whistle

I listen to the radio

I keep a scrap book

I window shop

I listen to the rain fall

I loaf

I day dream

I take naps

SOLITARY RELAXATION TOTAL _____