

LEVELS OF SELF-DISCLOSURE OF HOSPITALIZED  
PATIENTS' PERCEIVED STRESSORS

by

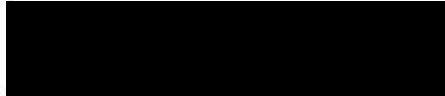
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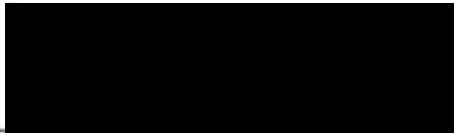
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## CHAPTER I

### INTRODUCTION

Communication is an essential component of nursing practice. Communication is a "process by which information is exchanged between individuals through a common system of symbols, signs, or behavior" (Webster's, 1981). This process may be expressed either non-verbally or verbally. A facet of verbal communication is the concept of self-disclosure. In self-disclosure, one voluntarily reveals personal beliefs, values, feelings, and perceptions to another person. Another aspect of self-disclosure is being known to another in ways that one wants to be known (Johnson, M.N., 1979). The focus of this study is on self-disclosure, that is, the extent to which patients disclose perceived stressors in the hospital milieu.

Past studies regarding self-disclosure between nurses and patients (Johnson, M.N., 1979) have not paired the level of self-disclosure with perceived hospital stressors. Rather, studies have explored reasons for patients not wanting to self-disclose (Skipper, 1965; Tagliacozza, 1965). In addition, much of the research on self-disclosure focused on what the nurse may or may not reveal and to whom, rather than focusing on self-disclosing behavior of the patient (Sosnovec, 1982).

Therefore, it is important that research be conducted regarding patient disclosure of perceived hospital stressors. Such research is expected to contribute to a better understanding of the hospitalization experience as well as to the extent that patients will reveal about hospital experiences.

### Review of the Literature

The review of literature has been divided into two sections. Section one will review the concept of self-disclosure and variables that influence levels of self-disclosure. Section two will focus on the concept of perceived hospital stress.

#### Self-Disclosure

Self-disclosure, a form of verbal communication, has been cited as a basic human need, especially in times of stress (Johnson, D.W., 1972; Johnson, M.N., 1979). Self-disclosure is the voluntary process of revealing personal beliefs, values, feelings, and perceptions to another person; and involves being known to another in a specific way that one wants to be known (Johnson, M.N., 1979). According to D.W. Johnson (1972), a person willing to be self-disclosing would likely be a competent, open, and socially extroverted person who feels a strong desire to interact with others. The individual is also likely to be flexible, adaptive, and perhaps more intelligent than less self-disclosing peers. Another characteristic is that the individual views the world as generally good rather than evil.

Self-disclosure has been measured by various tools, but the most widely used is the Jourard Self-Disclosure Questionnaire (JSDQ) (Jourard & Lasakow, 1958). This instrument measures self-disclosure of six content areas: attitudes and opinions, tastes and interest, work (or studies), money, personality, and body. Participants respond to each item by the extent to which they would reveal personal data to four target persons: mother, father, best-opposite sex friend, and best same-sex friend. Items are scored by the following method:

"0 = Have told the other person nothing about this aspect of me. 1 = Have talked in general terms about this item. The other person has only a general idea about this aspect of me. 2 = Have talked in full and complete detail about this item to the other person. He knows me fully in this respect, and could describe me accurately. X = Have lied or misrepresented myself to the other person so that he has a false picture of me (Jourard, 1971b, p. 216)." The numerical entities are added for a total score (X's are counted as zero). A high score indicates high self-disclosing behavior, whereas a low total shows low self-disclosing behavior.

Jourard (1971b) has written that self-disclosure is a characteristic of one's mental health, and a means of ultimately achieving a healthy personality. He has combined the concept of an unhealthy personality and self-disclosure with Hans Selye's framework that illness is a consequence of stress. In other words, the maladjusted individual who does not make oneself known to another human being is said not to know himself or herself. The individual then actively struggles to avoid becoming known by another. By this effort to avoid becoming known, an individual stresses the self subtly but effectively in producing various patterns of an unhealthy personality and/or physical illness. Also, a curvilinear relationship is said to exist between self-disclosure and optimal psychosocial adjustment. Too much or too little self-disclosure signifies maladaptive interpersonal behavior (Yalom, 1975).

Levels of self-disclosure are also dependent on the type of relationship involved. Coad-Denton (1978) has specified two types of re-

relationships -- social and therapeutic. In social relationships, there exists various levels of self-disclosure between the individuals involved. However, in therapeutic relationships, such as the nurse-patient relationship, the patient is expected to be more self-disclosing than the nurse. In addition, the nurse is expected to be self-disclosing in terms of response to the patient only.

The demographic variables of sex and age have also been shown to influence levels of self-disclosure. According to Jourard (1961), 1020 college students between the ages of 17-55 years old were tested regarding levels of self-disclosure. Both sexes decreased the amount of self-disclosure to their parents and to friends of the same sex, while the level of self-disclosure to the opposite-sex friend or spouse increased until the age of 40. After age 40, decreases were observed. This finding suggests individuals limit their self-disclosure to more intimate associates or find other means of meaningful communication at older ages.

Gender also plays a role in influencing self-disclosure. Jourard and Lasakow (1958) reported that females have higher self-disclosure scores than males. This finding has also been reported by Dimond and Munz (1967), Pederson and Breglio (1968), and Pederson and Higbee (1969). In contrast, other studies have reported no sex differences. Jourard (1971a) and Plog (1965) have suggested that the conflicting sex differences may be the result of samples taken from different geographical areas in which sex role expectations differ.

Levels of self-disclosure also differ in regard to the target person. In communicating, the verbal message is sent from one, the

sender to another, the receiver. The receiver can also be known as the target person. Studies have shown that mothers receive more self-disclosure than fathers (Himelstein & Lubin, 1965; Jourard & Lasakow, 1958). Jourard and Lasakow (1958) have noted that there are no differences in levels of self-disclosure of married and unmarried subjects, however married subjects disclosed less to parents and the same-sex friend than unmarried subjects and disclosed more to spouses than other target persons.

M.N. Johnson (1979) reported that there is a tendency for patients to self-disclose very little to nurses. Study subjects consisted of patients from four different hospital units: surgical, psychiatric, medical, and critical care. The nurses were registered nurses and licensed practical nurses. The Jourard Self-Disclosure Questionnaire (JSDQ) was used to measure self-disclosure.

Another related factor is the topic of discussion individuals self-disclose. Jourard and Lasakow (1958) reported that individuals self-disclosed more about tastes and interests, attitudes and opinions, and work (or studies) than topics regarding money, personality, and body. Fitzgerald (1963) confirmed these findings using 300 college women subjects.

In summary, the research shows that the variables which must influence the level of self-disclosure are age, sex, type of relationship, and the topic of discussion.

#### Perceived Hospital Stress

Perception is defined as an individual's awareness of subjects, conditions, and events about the self. Perceptions of the environment are formed by the sensory system. However, perception is not exclusively

sensory impression. Perception is influenced by 1) the frame of reference when the experiences occur; 2) available cues for recognizing experiences; 3) the interrelationship and interdependence of physical and time components of the experience; 4) previous interpretations of similar experiences; 5) demographic variables such as age, sex, race, occupation, religious affiliation; and 6) the existing physical and psychosocial state of the individual. Therefore, the interpretation of any present experience is selectively perceived (Wu, 1973).

In hospitalization, the patient experiences illness and treatment. The perception of illness, as well as treatment and hospitalization, are subjective notions rather than objective appraisals. Therefore, the patient's concept of his or her illness, treatment, and/or hospitalization and the meanings these experiences have for him or her in terms of what he or she knows, sees, or feels is of vital concern for nursing.

Accordingly, the perception of treatment and hospitalization may exert an even stronger influence on behavior than illness itself. Treatment and hospitalization can be viewed as stressors that the patient may have to deal with in addition to the illness. These factors may become the central focus of concern (Lewis & Levy, 1982; Wu, 1973).

In summary, the literature has shown that illness, treatment, and hospitalization are perceived variously among persons, that is, objective qualities may be similar with each experience, but subjective

appraisal is not.

The Social Readjustment Rating Scale (SRRS), developed by Holmes and Rahe, had subjects rate 43 stressful events. Personal injury or illness was ranked the sixth highest stressor. Volicer (1973, 1974) adapted the SRRS to include stressful events in the hospital environment, and in 1975, Volicer and Bonhannon revised the tool, naming it the Hospital Stress Rating Scale (HSRS). These two researchers tested the HSRS by surveying 261 medical and surgical patients at a community hospital. They were able to get consensus on the ranking of 49 events. The rank score was calculated by the sum of the assigned rank, the sum of scores of the experienced events, or by the sum of the mean rank scores. The higher the score, the higher the stress perceived. This ordinal ranking of events provided a quantitative measurement tool for psychosocial stress experienced by hospital patients.

Two important findings have emerged through the use of the HSRS: 1) the level of hospital stress and patient reports of pain were positively correlated and 2) physical status during hospitalization and improvement after discharge were negatively correlated (Volicer, 1978). These correlations suggest that increased hospital stress is related to discomfort and delayed recovery. An additional study using the HSRS reported that medical patients scored higher on dimensions of stress due to financial problems and lack of information, whereas surgical patients score higher on the dimensions of surroundings, loss of independence, and threat of severe illness (Volicer, Isenberg & Burns, 1977).

A study by M.N. Johnson (1979) postulated as the levels of self-disclosure were increased, anxiety would decrease, and thus improve the



ability to cope with stress. The sample consisted of 70 full-time licensed vocational nurses (LVN) and registered nurses (RN), and 68 patients from four types of hospital units: medical, surgical, psychiatric, and critical care. The independent measures for nurses were: their nursing specialities (hospital unit), age, race, educational program (RN or LVN), and years of nursing experience. For patients, the independent variables were hospital unit, age, sex, race, and level of education. The dependent variable was measured by both nurse and patient scores on the JSDQ. In addition to the JSDQ, the State-Trait Anxiety Inventory (STAI) was used. Data were collected in the form of questionnaires. The findings were as follows: 1) a significant negative correlation was reported between state anxiety and level of self-disclosure to patients by nurses 45 years and older; 2) in white nurses, there was a significant negative correlation between state anxiety and self-disclosure and between trait anxiety and self-disclosure to patients; 3) RNs reported a significant negative correlation between state anxiety and self-disclosure to patients; 4) a significant negative correlation was reported between state anxiety and self-disclosure in surgical patients to nurses; 5) patients aged 35 to 44 reported a significant negative correlation between their trait anxiety and self-disclosure to nurses; 6) patients with some high school education reported a significant negative correlation between trait anxiety and self-disclosure to nurses; 7) non-white patients reported a significant negative correlation between trait anxiety and self-disclosure to nurses.

The present study also examined the concepts of stressors and self-disclosure. However, this study differed from M.N. Johnson's (1979) study in the following respects: 1) the self-disclosure topics focused on perceived hospital stressors rather than the JSDQ topics of attitudes and opinions, tastes and interests, work (or studies), money, personality, and body; and 2) the concept of stress was conceptualized as perceived hospital stressors rather than generalized stress measured by the STAI.

#### Conceptual Framework

Self-disclosing behavior is essential in a healthy personality, and especially in times of stress, such as hospitalizations (Johnson, D.W., 1972; Jourard, 1971b; Wu, 1973). Self-disclosure is postulated to be an effective coping mechanism (Jourard, 1971b). Thus, the higher the levels of self-disclosure, the less threatening stress of hospitalization, and treatment are perceived, thereby increasing one's ability to cope with hospital stressors (see Figure 1). In addition, decreased negative perceptions of stressors are thought to improve patient outcome, such as faster recovery rates (Volicer, 1978) (see Figure 2).

#### LEVEL OF SELF-DISCLOSURE ON PERCEIVED HOSPITAL STRESSORS

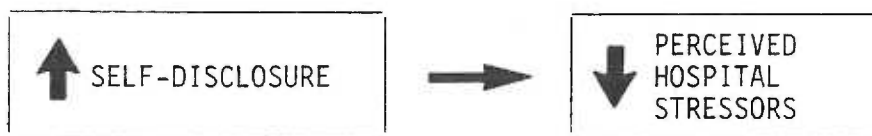


FIGURE 1

As Figure 1 indicates, there is a negative relationship between the level of self-disclosure and the level of perceived stressors.

### LEVEL OF SELF-DISCLOSURE ON PATIENT OUTCOME

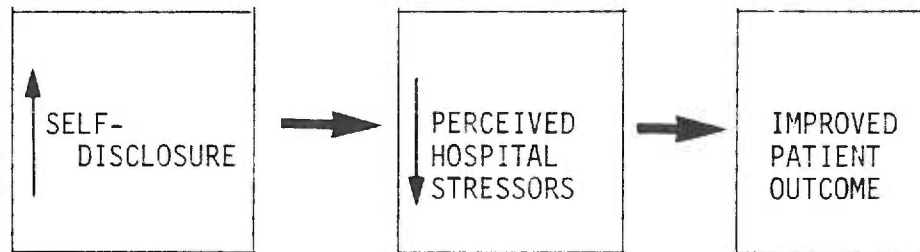


FIGURE 2

As Figure 2 indicates, there is a positive relationship between self-disclosure and patient outcome, whereas there is a negative relationship between self-disclosure and perceived hospital stressors and a negative relationship between perceived hospital stressors and patient outcome.

#### Purpose of the Study

The relationship between patient levels of self-disclosure and perceived hospital stressors has not been studied. Because of the lack of background information, an exploratory approach is indicated. This study therefore examines the levels of self-disclosure of hospitalized patients' perceived stressors as conveyed to target persons -- a significant other and the nurse. Demographic data was collected to describe and to identify the patient sample.

#### Research Questions and Hypotheses

1. At what rates do patients experience perceived hospital stressors categorized as low, moderate, and high in intensity?

Hypothesis 1: Hospitalized patients will experience more stressors in the low intensity category than stressors in either the moderate or high intensity categories.

2. To what extent does the intensity of perceived hospital stressors and the target person affect the level of self-disclosure?

Hypothesis 2: There will be a positive relationship between levels of self-disclosure to the nurse and significant other across each intensity of perceived hospital stressor.

Hypothesis 3: When hospitalized patients perceive stressors in the highest intensity category, they are more likely to self-disclose these stressors to nurses rather than to significant others.

## CHAPTER II

### METHODOLOGY

#### Subjects and Setting

From a listing of approximately 500 patients (approximately 20 surgeries were performed in one day), 57 patients were randomly selected who met the following criteria: 1) status as a post-operative surgical patient between the third and sixth post-operative day, inclusively, during data collection; 2) the surgical procedure was considered major, and not life-threatening, such as cholecystectomy; 3) ranged in age between 18 to 65 years; and 4) were able to comprehend the study tools.

From these 57 subjects, data from 40 subjects were obtained and usable. Seventeen subjects were not included for some of the following reasons: refusal to participate, inability to complete the questionnaire due to pain, and confusion (see Appendix F).

The study sample can be characterized as follows: 1) 70 percent were women, 2) the mean age was 39 years, 3) 86.8 percent identified themselves as Christian, 4) 97.5 percent were white, 5) 32.5 percent were either blue-collared or unemployed (also includes housewives and the disabled), 6) 37.5 percent had attended college, 7) approximately 25 percent had either one or more hospitalizations in the past two years, 8) for 22.5 percent of the subjects the current hospitalization was for orthopedic surgery, 9) 53.6 percent named the spouse as the significant other, and 10) 70 percent responded to the questionnaire on the third post-operative day (see Tables 1, 2).

TABLE 1  
Demographic Data for the Sample

Variable	
Sex	
Female	28 (70.0)
Male	12 (30.0)
Age	
18-40	23 (57.5)
41-65	17 (42.5)
Religion	
Christian	33 (86.8)
Non-Christian	5 (13.2)
Ethnicity	
White	39 (97.5)
Hispanic	1 ( 2.5)
Education	
Completed grade school	1 ( 2.5)
Attended high school	7 (17.5)
Completed high school	12 (30.0)
Attended college	15 (37.5)
Completed college	4 (10.0)
Attended graduate school	0 ( 0.0)
Earned a graduate degree	1 ( 2.5)
Occupation*	
Health-related field	6 (15.0)
Blue-collar	13 (32.5)
White-collar	4 (10.0)
Unemployed (including housewives or disabled)	13 (32.5)
Retired	4 (10.0)

Note: Table entries are numbers of subjects with corresponding percentages in parentheses.

\* Some subjects did not respond to these questions. Therefore, percentages have been adjusted for missing values.

TABLE 2  
Study Characteristics of the Sample

Variable	
Number of hospitalizations including current hospitalization in the past two years*	
First hospitalization	10 (25.6)
Second hospitalization	10 (25.6)
Third hospitalization	9 (23.1)
Fourth or more hospitalization	10 (25.6)
Diagnostic Category	
Cancer-related surgery	5 (12.5)
Orthopedic surgery	9 (22.5)
General surgery	8 (20.0)
Gynecological surgery	8 (20.0)
Urological surgery	3 ( 7.5)
Ear, nose, and throat surgery	1 ( 2.5)
Cardiovascular surgery	2 ( 5.0)
Pulmonary surgery	2 ( 5.0)
Ophthalmological surgery	2 ( 5.0)
Unit Assignment	
Unit 1 (mixed surgical)	12 (30.0)
Unit 2 (plastic and cardiovascular surgical)	7 (17.5)
Unit 3 (mixed surgical)	5 (12.5)
Unit 4 (mixed surgical)	10 (25.0)
Unit 5 (neurological surgical)	6 (15.0)
Post-Operative Day Data was Collected	
Third post-operative day	28 (70.0)
Fourth post-operative day	4 (10.0)
Fifth post-operative day	5 (12.5)
Sixth post-operative day	3 ( 7.5)
Type of Significant Other Designated*	
Spouse	15 (53.6)
Friend	4 (14.3)
Mother	3 (10.7)
Sister	5 (17.9)
Daughter	1 ( 3.6)
Form Received	
1 (response to nurse first)	20 (50.0)
2 (response to significant other first)	20 (50.0)

Note: Table entries are numbers of subjects with corresponding percentages in parentheses.

\* Some subjects did not respond or inappropriately responded to these questions. Therefore, percentages have been adjusted for missing values.

The study setting was a 367 bed, metropolitan, teaching hospital in the Northwest. The five hospital units were medical-surgical units that dealt with the following body systems and focused on patients who met study criteria of major, but not life-threatening surgery: Unit 1 -- orthopedic, rehabilitation, family practice, gynecology-obstetrics; Unit 2 -- plastic surgery, cardiovascular surgery; Unit 3 -- general surgery, urology, ophthalmology, dermatology; Unit 4 -- cardiac surgery, general surgery, oncology; and Unit 5 -- neurology and rehabilitation (see Table 2).

#### Procedure

Using the operating room schedule, the subjects were randomly selected from the five units named above. After this initial screening, a maximum of five patients were selected per schedule daily. The subjects were then further screened by asking the charge nurse if the patient could complete the questionnaire. If patients were judged able to participate, the following process occurred: 1) the general purpose of the study was explained to potential subjects; 2) those who were willing to participate signed a consent form (see Appendix E) prior to participation, and 3) the questionnaire was given to the subject. The principal investigator contacted the subjects personally to elicit participation, administer the questionnaire, answer any questions, and to collect the completed questionnaires. Half of the subjects received questionnaire one (see Appendix B) and the other half received questionnaire two (see Appendix C). The data collection period consisted of 25 days from February 9 to March 5, 1983.



### Instrument

The data regarding patients' responses were obtained through a two-part questionnaire (see Appendix B or C, D). The first part was designed to assess levels of self-disclosure of hospitalized patients' perceived stressors, whereas the second part was designed to obtain background information.

The Hospital Stress Rating Scale (HSRS) was modified for this study (Volicer & Bohannon, 1975). For the purposes of this study: the original items were equally grouped into low, moderate, and high. The original HSRS had 49 items. One item was removed from the low stressors group allowing grouping of 16 items each (see Appendix A). Additionally, to prevent response bias, the 48 items were randomized in the questionnaire.

In addition to indicating all events subjects encountered in their hospital experience, subjects were asked to indicate the level of self-disclosure of each item to a significant other and the nurse (see Appendix B, C). The nurse was defined in this study as a Registered Nurse with whom the patient had the most contact during the current hospitalization. The significant other was defined as a close person with whom the patient would talk the majority of the time about his or her personal life. To prevent response bias, there were two forms of the questionnaire -- the subject would either respond to the significant other first, or to the nurse first (see Appendix B, C).

Each item, then, was answered in the following ways: 1) indication by a yes or no of events that have been or have not been experienced during current hospitalization, and 2) indication of the level of self-disclosure by the following scale: 1 = I would not discuss this

subject with the specified person; 2 = I would discuss this subject only in general terms with the specified person, and 3 = I would discuss this subject fully with the specified person. Each item was scored by using the scale as a point system. The level of self-disclosure was determined by the following equation:

$$\text{Level of self-disclosure} = \frac{\text{Total score of self-disclosure (2)}}{\text{Number of experiences encountered (1)}}$$

The instrument was pretested by a group of nursing students regarding the clarity of the instructions.

#### Protection of Human Subjects

Human subjects were protected according to National Institutes of Health (NIH) Guidelines. This study qualified for NIH exemption under category number three, which states:

Research involving survey or interview procedures, except where all the following conditions exist:

(i) responses are recorded in such a manner that the human subjects can be identified, directly or through identifiers linked to the subjects, (ii) the subject's responses, if they become known outside research, could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subject's financial standing or employability, and (iii) the research deals with sensitive aspects of the subject's sexual behavior, or use of alcohol (Oregon Health Sciences University, 1981, p. 5)

### Design and Statistical Methods

A quasi-experimental approach was utilized for the following reasons: 1) this study lacked the control group component and 2) there was manipulation of the independent variables. The independent variables were manipulated by the different forms used and the randomization of the stressors (items of the questionnaire).

The type of data that were analyzed were: continuous (ordinal) data -- levels of self-disclosure and rate of experiences encountered; ordinal data -- type of stressors (low, moderate, high); and nominal data -- type of relationship and type of stressors. The dependent variables were the levels of self-disclosure and the number experiences encountered in each category of low, moderate, and high.

Descriptive statistics and inferential statistics were used for both research questions. Hypothesis one and three utilized repeated measures analysis of variance and Tukey procedures were utilized whenever the  $F$  value was significant. For the high intensity stressors, paired  $t$ -tests were calculated between target persons and stressor categories. Hypothesis two utilized Pearson's  $r$  correlations. Statistical tests used for other additional findings were Pearson's  $r$  correlations,  $t$ -tests, and one-way analysis of variance. The significant level was set at .05 for each of the statistical tests.

## CHAPTER III

### RESULTS

The results of this study are presented according to each research question and hypothesis. First, two research questions and corresponding hypotheses are presented. Then, findings related to these research questions and hypotheses are examined. Finally, other findings pertinent to this study are also presented in this chapter.

#### Findings Regarding the First Study Question

The first study question was: At what rates do patients experience perceived hospital stressors categorized as low, moderate, and high in intensity? One hypothesis was designed to test this question.

Hypothesis 1. Hospitalized patients will experience more stressors in the low intensity category than stressors in either the moderate or high intensity categories.

Using a repeated measures analysis of variance, subjects reported encountering similar numbers (rates) of low, moderate, and high intensity stressors. That is, no significant  $F$  value was reported (see Table 3,4). Thus, hypothesis 1 was not supported.

TABLE 3

Number of Stressors Encountered Per Intensity Category

Intensity of Stressor	$\bar{X}$	s	$F$
Low	6.18	2.95	2.06, df=2,38
Moderate	5.88	2.68	$p$ .05
High	5.33	3.51	

Note: n=40

TABLE 4

Repeated Measures Analysis of Variance Indicating Number  
of Stressors Encountered Per Intensity Category

Source	<u>ss</u>	<u>df</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Between	14.86	2	7.43	2.06	p > .05
Within	136.80	38	3.60 <sup>a</sup>		
Total	151.66	40			

Note: <sup>a</sup> The  $MS_{\text{error}}$  or  $MS_{\text{within subjects}}$  is calculated by the following formula:  $MS_{\text{error}} = \overline{\text{var}} - \overline{\text{cov}}$ , where  $\overline{\text{var}}$  is the mean of the variances within groups and  $\overline{\text{cov}}$  is the mean of the covariances between the pair of survey responses. Repeated measures ANOVA assumes compound symmetry--this implies that in the population, the variances and the covariances are equal, or have a proportional relationship to each other and that the correlations between all possible groups are equal (Winer, 1971, pp. 261-283).

#### Findings Regarding the Second Study Question

The second study question was: To what extent does the intensity of perceived hospital stressors and the target person affect the level of self-disclosure? Two hypotheses were designed to test this question.

Hypothesis 2. There will be a positive relationship between levels of self-disclosure to the nurse and to the significant other across each intensity of perceived hospital stressors.

To test hypothesis 2, Pearson product-moment correlation coefficients were calculated. These correlations indicated significant positive relationships between intensities of stressors and reported levels of self-disclosure to the nurse and the significant other (see Table 5). Levels of self-disclosure to the nurse were associated with

levels of self-disclosure to the significant other across low, moderate, and high intensities of stressors (low:  $r = .76$ ,  $p < .001$ ; moderate:  $r = .39$ ,  $p < .01$ ; high:  $r = .43$ ,  $p < .01$ ). Therefore, hypothesis 2 was supported.

Hypothesis 3. When hospitalized patients perceive stressors in the highest intensity category, they are more likely to self-disclose these stressors to nurses rather than to significant others.

Prior to testing this hypothesis, one-way repeated measures analyses of variance were used to determine if there was a significant difference between the means of reported levels of self-disclosure to the nurse and to the significant other. Significant  $F$  values were obtained. Reported levels of self-disclosure to significant others varied significantly across low, moderate, and high ( $F = 19.55$ ,  $p < .01$ ). This same pattern of findings was noted regarding reported levels of self-disclosure to nurses. Reported levels of self-disclosure to nurses varied significantly across low, moderate, and high intensities of stressors ( $F = 5.43$ ,  $p < .05$ ) (see Table 6,7). These significant  $F$  values indicated that there exists at least one group mean that is significantly different from one of the other group means. To locate the area of the significant  $F$ , follow-up analysis was conducted. For hypothesis 3, only one pair of group means needed to be tested for significant differences. Therefore, to test this hypothesis, a paired  $t$ -test was conducted. The group means of reported levels of self-disclosure of high intensity stressors to the significant other ( $\bar{x} = 2.68$ ,  $s = .42$ ) and to the nurse ( $\bar{x} = 2.26$ ,  $s = .54$ ) were compared. Although a significant difference was found between the reported levels of self-disclosure of high intensity stressors to the significant other

TABLE 5

Intercorrelations Among Intensity of Stressors and Target  
Persons Regarding Level of Self-Disclosure

Variable	Intensity	1	2	3	4	5	6
Significant Other	Low (1)	-	.64*** (n=38)	.56*** (n=37)	.76*** (n=39)	.27* (n=38)	.27* (n=37)
	Moderate (2)		-	.77*** (n=36)	.33* (n=38)	.39** (n=39)	.37** (n=36)
	High (3)			-	.32* (n=37)	.25 (n=36)	.43** (n=37)
Nurse	Low (4)				-	.51*** (n=38)	.43** (n=37)
	Moderate (5)					-	.80*** (n=36)
	High (6)						-

Note: \* =  $p < .05$

\*\* =  $p < .01$

\*\*\* =  $p < .001$

TABLE 6  
Levels of Self-Disclosure Across Intensity of Stressor Categories and Target Persons

Target Person	Means and Standard Deviations of Intensity of Stressor Categories			F Value	Simple Effects Test <sup>a</sup>
	(1) Low n=39	(2) Moderate n=39	(3) High n=37		
Significant Other	2.31(.60)	2.68(.33)	2.68(.42)	19.55**	2>1** 3>1**
Nurse	2.05(.62)	2.31(.46)	2.26(.54)	5.43*	2>1** 3>1*

Note: The mean is presented as the first number of the pair; the standard deviation is presented in parenthesis.

<sup>a</sup> = Tukey procedures were used to locate the area of the significant F value.

\* =  $p < .05$

\*\* =  $p < .01$



TABLE 7

Repeated Measures Analysis of Variance of Levels of Self-Disclosure  
Across Intensity of Stressor Categories and Target Persons

Target Person	<u>ss</u>	<u>df</u>	<u>MS</u>	<u>F</u>	Simple Effects Test <sup>b</sup>
Significant Other					
Between	3.52	2	1.76	19.55**	2>1** 3>1**
Within	3.42	38	.09 <sup>a</sup>		
Total	6.94	40			
Nurse					
Between	1.52	2	.76	5.43*	2>1** 3>1*
Within	5.32	38	.14 <sup>a</sup>		
Total	6.84	40			

Note: <sup>a</sup> The  $MS_{\text{error}}$  or  $MS_{\text{within subjects}}$  is calculated by the following formula:  $MS_{\text{error}} = \overline{\text{var}} - \overline{\text{cov}}$ , where  $\overline{\text{var}}$  is the mean of the variances within groups and  $\overline{\text{cov}}$  is the mean of the covariances between the pair of survey responses. Repeated measures ANOVA assumes compound symmetry--this implies that in the population, the variances and the covariances are equal, or have a proportional relationship to each other and that the correlations between all possible groups are equal (Winer, 1971, pp. 261-283).

<sup>b</sup> Tukey procedures were used to locate the area of the significant  $F$  value. Stressor categories: 1 = low, 2 = moderate, 3 = high.

\* =  $p < .05$

\*\* =  $p < .01$

and the reported levels of self-disclosure to the nurse ( $t = 1.75$ ,  $p < .05$ , one-tailed test), hypothesis 3 was not supported. On the average, subjects self-disclosed more regarding high intensity stressors to significant others than to nurses, a relationship not in the predicted direction of the hypothesis (see Table 8).

#### Other Findings

While no hypotheses were formulated regarding these findings, these results were of interest, and are reported here.

Reported stressors encountered. Frequencies and percentages of stressors subjects reportedly encountered in the current hospitalization were calculated. Fifty percent or more subjects reported encountering six low intensity stressors and four stressors in both the moderate and high intensity categories. Low intensity stressors were: 1) being awakened during the night by the nurse (75.0%); 2) having to stay in bed or the same room all day (67.5%); 3) thinking your appearance might be changed after your hospitalization (57.5%); 4) having to be assisted with bathing (57.5%); 5) having strangers sleep in the same room with you (56.4%); and 6) having to sleep in a strange bed (55.0%) (see Table 9). The four moderate intensity stressors were: 1) knowing you have to have an operation (87.5%); 2) thinking you might have pain because of surgery or test procedures (74.4%); 3) having to eat cold or tasteless food (52.5%); and 4) not knowing when to expect things will be done to you (50.0%) (see Table 10). The four high intensity stressors were: 1) knowing you have a serious illness (65.0%); 2) missing your spouse (60.5%); 3) having a sudden hospitalization you weren't planning to have (52.5%); and 4) not having enough insurance to pay for hospitalization (50.0%) (see Table 11).

TABLE 8

Mean Comparisons Between Levels of Self-Disclosure Across Each Intensity of Stressor Category and Target Persons Using Paired t-Tests

Intensity of Stressor	Significant Other(S)		Target Persons		Nurse(N)	t-Value	Target Persons
	$\bar{X}$	s	$\bar{X}$	s			
Low	2.31	.60	2.05	.62		1.71 <sup>a</sup>	
Moderate	2.68	.33	2.31	.46		1.92 <sup>a</sup>	
High	2.68	.42	2.26	.54		1.75 <sup>*b</sup>	S > N

Note: <sup>a</sup> For low and moderate intensity stressor categories, no hypotheses were formulated, therefore two-tailed paired t-tests were conducted.

<sup>b</sup> For high intensity stressors, a hypothesis (3) was formulated, therefore a one-tailed paired t-test was conducted.

\* = p < .05 but not in the predicted direction for a one-tailed test.

TABLE 9

## Reported Low Intensity Stressors Encountered

Low Intensity Stressors Ranked from Lowest to Highest	Number of Subjects Encountering Experience	Percentages
1. Having strangers sleep in the same room with you	22 (n=39)	56.4
2. Having to eat at different times than you usually do	12 (n=40)	30.0
3. Having to sleep in a strange bed	22 (n=40)	55.0
4. Having strange machines around	16 (n=40)	40.0
5. Being awakened during the night by the nurse	30 (n=40)	75.0
6. Having to be assisted with bathing	23 (n=40)	57.5
7. Not being able to get newspaper, radio, or TV when you want them	5 (n=40)	12.5
8. Having a roommate who has too many visitors	7 (n=39)	17.9
9. Having to stay in bed or the same room all day	27 (n=40)	67.5
10. Awareness of unusual or unpleasant odors	6 (n=39)	15.4
11. Having a roommate who is seriously ill or cannot talk with you	10 (n=39)	25.6
12. Having to be assisted with a bedpan	18 (n=40)	45.0
13. Having a roommate who is unfriendly	5 (n=40)	12.5
14. Not having friends visit	9 (n=39)	23.1
15. Being in a room that is too cold or too hot	12 (n=39)	30.8
16. Thinking your appearance might be changed after your hospitalization	23 (n=40)	57.5

Note: Number of subjects encountering stressors is presented first in the pair, then the number of subjects answering that question is presented in parentheses.

TABLE 10

## Reported Moderate Intensity Stressors Encountered

Moderate Intensity Stressors Ranked from Lowest to Highest	Number of Subjects Encountering Experience	Percentages
1. Being in the hospital during holidays or special family occasions	10 (n=40)	25.0
2. Thinking you might have pain because of surgery or test procedures	29 (n=39)	74.4
3. Worrying about your spouse being away from you	13 (n=40)	32.5
4. Having to eat cold or tasteless food	21 (n=40)	52.5
5. Not being able to call family or friends on the phone	5 (n=40)	12.5
6. Being cared for by an unfamiliar doctor	19 (n=40)	47.5
7. Being put in the hospital because of an accident	5 (n=40)	12.5
8. Not knowing when to expect things will be done to you	19 (n=38)	50.0
9. Having the staff be in too much of a hurry	8 (n=40)	20.0
10. Thinking about losing income because of your illness	15 (n=40)	37.5
11. Having medications cause you discomfort	15 (n=39)	38.5
12. Having nurses or doctors talk too fast or use words you can't understand	11 (n=40)	27.5
13. Feeling you are getting dependent on medications	7 (n=40)	17.5
14. Not having family visit you	8 (n=40)	20.0
15. Knowing you have to have an operation	35 (n=40)	87.5
16. Being hospitalized far away from home	15 (n=39)	38.5

Note: Number of subjects encountering stressors is presented first in the pair, then the number of subjects answering that question is presented in parentheses.

TABLE 11

## Reported High Intensity Stressors Encountered

High Intensity Stressors Ranked from Lowest to Highest	Number of Subjects Encountering Experience	Percentages
1. Having a sudden hospitalization you weren't planning to have	21 (n=40)	52.5
2. Not having your call light answered	16 (n=40)	40.0
3. Not having enough insurance to pay for hospitalization	20 (n=40)	50.0
4. Not having your questions answered by the staff	7 (n=40)	17.5
5. Missing your spouse	23 (n=38)	60.5
6. Being fed through tubes	18 (n=39)	46.2
7. Not getting relief from pain medication	16 (n=39)	41.0
8. Not knowing the results or reasons for your treatments	13 (n=39)	33.3
9. Not getting pain medication when you need it	10 (n=40)	25.0
10. Not knowing for sure what illness you have	5 (n=40)	12.5
11. Not being told what your diagnosis is	5 (n=39)	12.8
12. Thinking you might lose your hearing	3 (n=40)	7.5
13. Knowing you have a serious illness	26 (n=40)	65.0
14. Thinking you might lose a kidney or some other organ	14 (n=39)	35.9
15. Thinking you might have cancer	11 (n=40)	27.5
16. Thinking you might lose your sight	5 (n=40)	12.5

Note: Number of subjects encountering stressors is presented first in the pair, then the number of subjects answering that question is presented in parentheses.

Correlations among all nine dependent variables. Pearson product-moment correlation coefficients were calculated to test the direction and magnitude of the relationships between the nine dependent variables: 1) number of low intensity stressors encountered; 2) number of moderate intensity stressors encountered; 3) number of high intensity stressors encountered; 4) level of self-disclosure of low intensity stressors to significant others; 5) level of self-disclosure of moderate intensity stressors to significant others; 6) level of self-disclosure of high intensity stressors to significant others; 7) level of self-disclosure of low intensity stressors to nurses; 8) level of self-disclosure of moderate intensity stressors to nurses, and 9) level of self-disclosure of high intensity stressors to nurses.

Positive significant relationships were found between numbers of stressors encountered and types of stressors. These were: 1) the number of low intensity stressors encountered positively correlated with the number of moderate intensity stressors encountered ( $r = .62$ ,  $p < .001$ ); 2) the number of low intensity stressors encountered was positively related to the number of high intensity stressors encountered ( $r = .59$ ,  $p < .001$ ); and 3) the number of moderate intensity stressors encountered was positively associated with the number of high intensity stressors ( $r = .68$ ,  $p < .001$ ). Additional positive relationships were: 1) between the number of high intensity stressors encountered and reported level of self-disclosure of moderate intensity stressor to significant others ( $r = .29$ ,  $p < .05$ ); 2) between the number of moderate intensity stressors encountered and reported level of self-disclosure of high intensity stressors to nurses ( $r = .30$ ,  $p < .05$ ); and 3) number of high intensity stressors encountered and reported level of self-disclosure

TABLE 12

## Intercorrelations Among the Nine Dependent Variables

Variable	1	2	3	4	5	6	7	8	9
1. Number of low stressors encountered	-	.62*** (n=40)	.59*** (n=40)	-.19 (n=39)	-.13 (n=39)	-.05 (n=39)	.04	-.13 (n=37)	.22 (n=37)
2. Number of moderate stressors encountered		-	.68*** (n=40)	-.02 (n=39)	-.10 (n=39)	.16 (n=39)	.05 (n=39)	.14 (n=37)	.30* (n=37)
3. Number of high stressors encountered			-	-.06 (n=39)	-.17 (n=39)	.29* (n=39)	.10 (n=39)	.12 (n=37)	.35* (n=37)
4. Level of self-disclosure of low stressors to significant others				-	.76*** (n=39)	.64*** (n=38)	.27* (n=38)	.56*** (n=37)	.27* (n=37)
5. Level of self-disclosure of low stressors to nurses					-	.33* (n=38)	.51*** (n=38)	.32* (n=37)	.43** (n=37)
6. Level of self-disclosure of moderate stressors to significant others						-	.39** (n=39)	.77*** (n=36)	.37** (n=36)
7. Level of self-disclosure of moderate stressors to nurses							-	.25 (n=36)	.80*** (n=36)
8. Level of self-disclosure of high stressors to significant others								-	.43** (n=37)
9. Level of self-disclosure of high stressors to nurses									-

Note: \* =  $p < .05$ , \*\* =  $p < .01$ , \*\*\* =  $p < .001$ .



of high intensity stressors to the nurse ( $r = .35$ ,  $p < .05$ ) (see Table 12).

The relationship between level of self-disclosure and target persons were all positively significant except for their relationship between reported level of self-disclosure of moderate intensity stressors to the nurse and reported level of self-disclosure of high intensity stressors to the significant other ( $r = .25$ ,  $p > .05$ ).

Intensity of stressor, target person, and level of self-disclosure.

Paired  $t$ -tests were conducted to compare mean levels of self-disclosure of low and moderate intensity stressors across target persons. Subjects reported self-disclosing in similar levels regarding low intensity stressors to significant others and nurses. This same pattern of findings was also reported regarding reported levels of self-disclosure of moderate intensity stressors. Subjects reported self-disclosing in similar levels regarding moderate intensity stressors to significant others and nurses (see Table 8).

Target person, intensity of stressor, and level of self-disclosure.

Although no hypothesis was formulated, the level of self-disclosure to the nurse and the significant other across the three categories of stressors was of interest. Repeated measures ANOVA indicated that significant  $F$  values were obtained. The  $F$  value for the level of self-disclosure to the nurse across the three categories of stressors was 5.43 ( $p < .05$ ). For the level of self-disclosure to the significant other across the three categories of stressors, the  $F$  value was 19.55 ( $p < .01$ ) (see Tables 6,7). To locate the cause of significant  $F$  values, simple effects tests (Tukey procedures) were done. These comparisons are reported below.

When disclosing to significant others, subjects disclosed significantly more about high intensity ( $\bar{x} = 2.68, s = .42$ ) than low intensity stressors ( $\bar{x} = 2.31, s = .60$ ) ( $q = 7.61, p < .01$ ) and disclosed significantly more about moderate intensity stressors ( $\bar{x} = 2.68, s = .33$ ) than low intensity stressors ( $\bar{x} = 2.31, s = .60$ ) ( $q = 7.65, p < .01$ ). This same pattern of findings was noted regarding reported levels of self-disclosure to nurses. Subjects disclosed either more in the high ( $\bar{x} = 2.26, s = .54$ ) and moderate intensity stressor categories ( $\bar{x} = 2.05, s = .62$ ) than in the low (high-low:  $q = 3.61; p < .05$ ; moderate-low:  $q = 4.45, p < .01$ ) (see Tables 6,7).

Age. While no hypotheses were formulated regarding age and level of self-disclosure, these relationships were of interest. Inasmuch as the groups were composed of both small and unequal numbers, the  $t$ -value reported was based on separate rather than pooled variance estimates.

Results indicated that the age group of 18 to 40 reported encountering more moderate intensity stressors ( $\bar{x} = 6.70, s = 2.27$ ) than the 41 to 65 year olds did ( $\bar{x} = 4.76, s = 2.86$ ) ( $t = 2.30, p < .05$ ). In addition, subjects between the age of 18 to 40 ( $\bar{x} = 2.78, s = .24$ ) reported to self-disclose about moderate intensity stressors to significant others more than the 41 to 65 year olds ( $\bar{x} = 2.54, s = .39$ ) ( $t = 2.17, p < .05$ ). However, no significant differences were found between reported levels of self-disclosure of perceived low and high intensity stressors to significant others. Also, no significant differences were found between reported levels of self-disclosure of low, moderate, and high intensity stressors to nurses regarding age. Therefore, only two out of nine  $t$ -values were significant.

Sex. While no hypothesis was formulated regarding sex and level of self-disclosure, this relationship was of interest and tested by two tailed  $t$ -tests. Nine  $t$ -values were computed to determine whether differences in gender affected reported levels of self-disclosure. Again, because of unequal group sizes and small numbers of cases per group, the  $t$ -value based on separate variances was used to test for differences between group means. There were differences according to sex, which occurred only in the low intensity stressor category on levels of self-disclosure to both the nurse ( $t = -2.80, p < .01$ ) and significant other ( $t = -3.17, p < .01$ ). Males, on the average ( $\bar{x} = 2.45, s = .55$ ) reported they self-disclosed more than females ( $\bar{x} = 1.89, s = .59$ ) to nurses in the low intensity stressor category. Females, on the averages ( $\bar{x} = 2.16, s = .60$ ) reported they self-disclosed less than males ( $\bar{x} = 2.70, s = .43$ ) to significant others in the low intensity stressor category. No significant differences were found regarding moderate and high intensity stressors, levels of self-disclosure and target persons comparing males and females.

Number of hospitalizations and stressors encountered. Is there a relationship between numbers of hospitalization and numbers of stressors patients encountered? To answer this question four groups were formed, a posteriori. These groups were subjects who reported their first, second, third, or fourth (or subsequent) hospitalizations. One-way analyses of variance were conducted to compare these means. All  $F$  values were reported to be significant. There were significant differences between numbers of hospitalization and numbers of low, moderate, and high intensity stressors (low:  $F = 3.18, p < .05$ ; moderate:  $F = 5.13, p < .01$ ; high:  $F = 8.50, p < .001$ ). Because of significant  $F$  values,

a posteriori comparisons using Student-Newman Keuls procedure were done to identify groups means that were significantly different. Subjects whose current hospitalization was their fourth ( $\bar{x} = 8.40, s = 3.37$ ), encountered significantly more low intensity stressors than subjects experiencing their first hospitalization ( $\bar{x} = 4.80, s = 3.36$ ). In the moderate intensity stressor category, subjects encountered significantly more stressors during their fourth or subsequent hospitalizations ( $\bar{x} = 8.30, s = 2.36$ ) than subjects during their first ( $\bar{x} = 4.80, s = 1.93$ ), second ( $\bar{x} = 5.80, s = 2.25$ ), or third ( $\bar{x} = 5.11, s = 2.26$ ) hospitalizations. In addition, subjects encountered significantly more high intensity stressors during their fourth hospitalizations ( $\bar{x} = 8.90, s = 3.96$ ) than subjects during their first ( $\bar{x} = 3.50, s = 1.96$ ), second ( $\bar{x} = 5.70, s = 3.13$ ) or third ( $\bar{x} = 3.33, s = 1.00$ ) hospitalizations (see Table 13, 14).

Level of self-disclosure, intensity of stressors, and number of hospitalizations. Another question of interest was whether intensity of stressors, and numbers of hospitalization had influenced the levels of self-disclosure. A one-way analysis of variance revealed no significant F values between these variables (see Table 15,16). That is, the level of self-disclosure of three categories of stressors did not significantly vary across target persons--the nurse and the significant other.

TABLE 13  
Numbers of Stressors Encountered Across Numbers of Hospitalization

Intensity of Stressor	Means and Standard Deviations						F Value	A Posteriori Comparisons <sup>a</sup>
	(1) First Hospitalization (n=10)	(2) Second Hospitalization (n=10)	(3) Third Hospitalization (n=9)	(4) Four or More Hospitalization (n=10)	$\bar{X}$	s		
Low	4.80	6.00	5.89	8.40	3.36	1.76	3.18*	4>1*
Moderate	4.80	5.80	5.11	8.30	1.93	2.26	5.13**	4>1*, 4>2*, 4>3*
High	3.50	5.70	3.33	8.90	1.96	1.00	8.50***	4>1*, 4>2*, 4>3*

Note: a = Student-Newman Keuls procedure

\* = p < .05

\*\* = p < .01

\*\*\* = p < .001

TABLE 14

Analyses of Variances Summaries of Number of Stressors Encountered Across Number of Hospitalizations

Intensity of Stressors	SS	df	MS	F	A Posteriori Comparisons
Low					
Between	69.00	3	23.00	3.18*	4>1*
Within	253.05	35	7.23		
Moderate					
Between	74.79	3	24.93	5.13**	4>1*
Within	170.10	35	4.86		4>2* 4>3*
High					
Between	197.94	3	65.98	8.50***	4>1*
Within	271.60	35	7.76		4>2* 4>3*

Note: 1 = First hospitalization; 2 = second hospitalization; 3 = third hospitalization; 4 = 4 or more hospitalizations.

\* =  $p < .05$   
 \*\* =  $p < .01$   
 \*\*\* =  $p < .001$

TABLE 15

Levels of Self-Disclosure of Each Intensity of Stressor Category to Target Persons Across Number of Hospitalizations

Target Person	Intensity of Stressor	Means and Standard Deviations				F Value	A Posteriori Comparisons
		(1)	(2)	(3)	(4)		
Significant Others	Low	2.22 (.75) (n=9)	2.07 (.60) (n=10)	2.44 (.61) (n=9)	2.46 (.42) (n=10)	.92	NS
	Moderate	2.56 (.32) (n=10)	2.67 (.38) (n=10)	2.75 (.32) (n=9)	2.77 (.30) (n=10)	.82	NS
	High	2.60 (.64) (n=8)	2.72 (.39) (n=9)	2.68 (.37) (n=9)	2.74 (.32) (n=10)	.21	NS
Nurse	Low	2.19 (.70) (n=9)	1.80 (.55) (n=10)	1.92 (.70) (n=9)	2.18 (.51) (n=10)	.96	NS
	Moderate	2.42 (.35) (n=10)	2.33 (.41) (n=10)	2.18 (.57) (n=9)	2.30 (.53) (n=10)	.41	NS
	High	2.26 (.65) (n=8)	2.27 (.48) (n=9)	2.11 (.56) (n=9)	2.42 (.56) (n=10)	.47	NS

Note: The mean is presented as the first number of the pair, the standard deviation is presented in parenthesis. 88

TABLE 16

Analyses of Variances Summaries of Levels of Self-Disclosure of Each Intensity of Stressor Category to Target Persons Across Number of Hospitalizations

Target Person	Intensity of Stressor	SS	df	MS	F	A Posteriori Comparisons
Significant Other	Low					
	Between	.99	3	.33	.92	NS
	Within	12.24	34	.36		
	Moderate					
	Between	.27	3	.09	.82	NS
	Within	3.85	35	.11		
Nurse	High					
	Between	.12	3	.04	.21	NS
	Within	6.08	32	.19		
	Low					
	Between	1.08	3	.36	.95	NS
	Within	12.92	34	.38		
	Moderate					
	Between	.27	3	.09	.41	NS
	Within	7.70	35	.22		
	High					
	Between	.45	3	.15	.47	NS
	Within	10.24	32	.32		



Level of self-disclosure and post-operative day when data were collected. Although no hypothesis was formulated regarding levels of self-disclosure and the post-operative day when data were collected, the relationship was deemed important in view of current short post-operative hospital stays. Two groups were formed regarding post-operative day status at the time of data collection: 1) Subjects sampled on the third post-operative day and 2) subjects sampled on the fourth, fifth, or sixth post-operative day. Two out of nine  $t$ -values were significant. Separate variance estimates were reported due to small and unequal numbers in both groups. In the high intensity stressor category, subjects who completed questionnaires on the third post-operative day reported self-disclosing less to nurses ( $\bar{x} = 2.15$ ,  $s = .56$ ) than subjects who completed questionnaires on the fourth, fifth and sixth post-operative day ( $\bar{x} = 2.53$ ,  $s = .41$ ) ( $t = -2.31$ ,  $p < .05$ ). Further, subjects who completed questionnaires on the third post-operative day ( $\bar{x} = 4.46$ ,  $s = 3.23$ ) also reported significantly fewer ( $t = -2.46$ ,  $p < .05$ ) high intensity stressors than subjects who completed questionnaires after the third post-operative day ( $\bar{x} = 7.33$ ,  $s = 3.45$ ).

Different forms. Different forms of the questionnaire were used to prevent the order of response to the nurse or to the significant other first from causing a response bias. Therefore, two-tailed  $t$ -tests were conducted to examine if response bias occurred. Two out of nine  $t$ -values were found to be significant. These two significant  $t$ -values were calculated using separate variance estimates. Separate estimates were reported due to small and unequal numbers in both groups. In the moderate intensity stressor category, subjects reported disclosing more

to nurses ( $\bar{x} = 2.46, s = .38$ ) than to significant others ( $\bar{x} = 2.15, s = .49$ ) when filling out form 1 (responding to the nurse first -- see Appendix B) ( $t = 2.23, p < .05$ ). This same pattern of finding was noted regarding reported levels of self-disclosure of high intensity stressors to nurses. Subjects reported disclosing more to nurses ( $\bar{x} = 2.47, s = .43$ ) than to significant others ( $\bar{x} = 2.06, s = .57$ ) when completing form 1 (responding to the nurse first -- see Appendix B) ( $t = 2.51, p < .05$ ).

## CHAPTER IV

### DISCUSSION

Relevant findings reported in Chapter III will be examined and discussed in light of prior research.

#### Discussion Regarding the First Study Question

The first study question was: At what rates do patients experience perceived hospital stressors categorized as low, moderate, and high in intensity? One hypothesis was designed to test this question.

Hypothesis 1. Hospitalized patients will experience more stressors in the low intensity category than stressors in either the moderate or high intensity categories.

Although no significant findings were reported to support this hypothesis, the commonality of low intensity stressors would lead one to pose this hypothesis. Low intensity stressors such as having strangers sleep in the same room with you, having to sleep in a strange bed, and so forth would usually occur to most patients being hospitalized. However, the lack of significant differences suggests several explanations. Perhaps by the third post-operative day, patients are familiar with the hospital environment and do not perceive some of the listed low stressors as occurring when questioned. Conversely, it may also be that three hospital days is too short a time to experience many of the events listed. Moreover, the objective nature of events, that is, time in the recovery room, pain medication, and so on, may also have an affect on perception, and thus patients do not perceive these stressors as occurring.

In addition, fourteen stressors were reported as encountered by 50 percent or more of the subjects. These stressors ranged from low to high intensity, but dealt with a common issue -- dependence and powerlessness; stressors such as having to sleep on a strange bed, being awakened during the night by the nurse, thinking your appearance might be changed after hospitalization and so forth. This suggests that patients may perceive dependency and powerlessness as stressors.

One interesting stressor was encountered by 50 percent of the subjects was "not having enough insurance to pay for hospitalization". The high percentage of subjects experiencing this stressor, perhaps is a reflection of the present depressed economic situation. Patients, perhaps, encountered this stressor more frequently than some other stressors because of the widespread unemployment situation among themselves and others.

Study results also indicated a significant positive relationship between the number of stressors encountered and the intensity of stressors (see Table 12). This suggests that stressors do not occur in a vacuum, that is, if one stressor is encountered, another has a high probability of being encountered, no matter if it is a high, moderate, or low intensity stressor.

Usually, as one becomes older, one is more susceptible to certain diseases such as arthritis, cataract, myocardial infarction, diabetes mellitus, and so on (Miller & Keane, 1972). Therefore, perhaps older patients are generally less healthier. Conversely, younger people are not as susceptible to these diseases, and perhaps generally healthier. Perhaps then, older patients are more likely to be more familiar with illness and hospitalizations due to their higher susceptibility to

disease and less healthier states. According to study results, the age group of 18 to 40 reportedly encountered more moderate intensity stressors than the 41 to 65 year olds. Perhaps, due to their familiarity of hospitalization and illness, the 41 to 65 year olds are able to "circumvent" moderate intensity stressors such as being cared for by an unfamiliar doctor and thinking about losing one's income because of illness. These older patients, perhaps being more familiar with the hospital experience, do not perceive these stressors as occurring or have dealt with these issues and therefore, do not see them as significant.

Another view is that older people are less accustomed to the ever-changing health care system. Furthermore, as one becomes older, one is less able to adapt to change (Smith, 1979). In addition, as one becomes older, one is more susceptible to diseases (Miller & Keane, 1971). Taking these factors into account, perhaps older patients perceive the hospital experience differently from older patients. Since it would also appear that older patients may not be as healthy as younger patients, older patients may deal with more threatening illnesses and, perhaps, selectively perceive more high intensity stressors than moderate intensity stressors. Therefore, perhaps this is another explanation for the significant difference -- the younger age group encountered more moderate stressors than the older age group. Unfortunately, due to the selection criteria of this study, patients aged 66 or older and/or patients who had life threatening surgeries were excluded. This exclusion might have skewed the results, and therefore no significant differences were found between the reported number of high intensity stressors encountered by the two age groups.

Significant findings regarding number of hospitalizations and number of stressors encountered (see Table 13,14) suggests that subjects who have more hospitalizations tend to encounter more perceived hospital stressors. Perhaps increasing number of hospitalizations indicate increasing severity of illness and, therefore, patients with more hospitalizations encounter experiences that are more stressful. In addition, the number of encounters increased with increased days of hospitalization. This finding suggests that encounters are cumulative over time.

#### Discussion Regarding the Second Study Question

The second study question was: To what extent does the intensity of perceived hospital stressors and the target person affect the level of self-disclosure? Two hypotheses were designed to test this question.

Hypothesis 2. There will be a positive relationship between levels of self-disclosure to the nurse and significant other across each intensity of perceived hospital stressor.

Jourard and Lasakow (1958) and Fitzgerald (1963) reported that the topic of discussion influences the individual's level of self-disclosure, that is, subjects reported disclosing more about tastes and interests, attitudes and opinions, and work (or studies) than topics regarding money, personality, and body. The current study found that a positive significant relationship exists between levels of self-disclosure and low, moderate, and high intensities of perceived stressors.

Nurses have incorporated Jourard's concept of self-disclosure without synthesizing into nursing theory. In other words, self-disclosure of hospital stressors might be very different from Jourard's

original intent for the use of the concept of self-disclosure. Jourard considers self-disclosure a positive behavior, yet there might be some nursing situations where self-disclosure may hinder treatment outcome or social support. For example, in the therapist-client relationship, the therapist works with the client to resolve inner and situational conflicts. If the client only ruminates on the self-disclosure of his feelings, without working towards resolution, self-disclosure, in this sense, can be maladaptive. Therefore, further conceptualization of the concept is required.

It is important to recall that levels of self-disclosure of perceived hospital stressors has not been extensively researched. Therefore, past studies regarding self-disclosure topics are not easily generalizable to the topic of this study. However, the majority of hospital stressors concern the body: one topic of discussion in the JSDQ. Perhaps, then, the level of self-disclosure of these three intensities of stressors fall within the general category of the body, a topic of the JSDQ, and thus, the levels of self-disclosure of the 48 items would be similar.

Furthermore, the levels of self-disclosure to the nurse and significant other across each intensity of stressor was found to be positively correlated with one exception (see Table 12). These correlations between target persons, perhaps could be explained by Coad-Denton's (1978) discussion regarding levels of self-disclosure in different relationships. Coad-Denton postulated that in social relationships, there exists various levels of self-disclosure between individuals; and that in the nurse-patient relationship, the patient is expected to be self-disclosing. In addition, Jourard (1961) re-

ported a trend where the level of self-disclosure appears to be higher with more intimate friends than casual associates. Perhaps, then, patients may perceive the nurse as someone they should self-disclose to about hospital stressors; and the level of self-disclosure would be similar to the level of self-disclosure to their significant other.

Hypothesis 3. When hospitalized patients perceive stressors in the highest intensity category, they are more likely to self-disclose these stressors to nurses rather than to significant others.

One would assume that patients would feel more comfortable self-disclosing about high intensity stressors to nurses instead to significant others because of the nature of these stressors. That is, nurses are more familiar and experienced with stressors such as tube feedings and threatening aspects of illness (that is, loss of limb or life) rather than significant others who usually do not have medical backgrounds. Therefore, patients may perceive that nurses are more familiar and knowledgeable regarding these high intensity stressors, and that nurses would understand their situation more than their significant others. In addition, there are relatively few or no research studies in the area of levels of self-disclosure of perceived hospital stressors. Hypothesis 3 was based on past nursing experiences of the investigator.

Significant findings were found, but not in the predicted direction, and therefore hypothesis 3 was not supported. Perhaps, in times of stress, such as hospitalizations and illness, patients prefer to self-disclose to "familiar others" in spite of the fact that "knowledgeable others" are available. In addition, the selection criteria excluded patients with life threatening surgeries who perhaps



would experience high intensity stressors; and older patients who perhaps would have multiple health problems, and therefore, experience possibly more high intensity stressors. Perhaps this exclusion might account for no support of this hypothesis.

Study results also indicated that the level of self-disclosure was reported higher in categories of high and moderate intensity stressors than the category of low intensity stressors to significant others and nurses. This suggests that patients would rather discuss hospitalization, treatments, and illness of a more serious nature and would prefer not to discuss less significant or trivial hospital related topics. In addition, for the low intensity stressors, it might be that low intensity stressors may be encountered but be of too little concern to be discussed with others. Also, patients do not have unlimited contact with their significant others and nurses, and may feel they prefer to spend their time with these people discussing more significant matters.

Two significant positive correlations were found that involved intensities of stressors encountered and reported level of self-disclosure. The results indicated that: 1) there was a significant positive correlation between the number of high intensity stressors encountered and reported level of self-disclosure of moderate intensity stressor to significant other ( $r = .29$ ) and 2) there was a positive significant correlation between number of moderate intensity stressor and reported level of self-disclosure of high intensity stressors to nurses ( $r = .30$ ).

These correlations suggest that: 1) although patients experience more high intensity stressors, they perceive that the topic matter of these stressors is too complex or too threatening to be discussed with

significant others and that, 2) although patients experience more moderate intensity stressors, they perhaps perceive these items less worthy for discussion with nurses since some of the events are not illness-related. That is, some of the moderate intensity stressors listed pertain to other health professionals, such as being cared for by an unfamiliar doctor (physicians), loss of income because of illness (social workers), and so on; whereas high intensity stressors emphasizes procedures that are perceived to be within the context of nursing such as tube feeding and pain medication administration.

Another significant positive correlation was the number of high intensity stressors encountered that positively correlated with reported levels of self-disclosure. It appears that the level of self-disclosure may be dependent on the number of stressors encountered in that intensity. However, no other similar significant relationships were noted on low and moderate intensity stressors. This suggests that due to the less significant nature of low intensity stressors, patients may encounter low intensity stressors, but may perceive that self-disclosure of these stressors would be of little or no value in resolving the stressful situation. In addition, moderate intensity stressors emphasize the concept of powerlessness, such as being in the hospital during holidays or special family occasions, not knowing when to expect things to happen and so forth. Perhaps, because of this perceived sense of powerlessness, patients may encounter moderate intensity stressors but feel that they are unable to change or alter these events, and thus feel that self-disclosure of these stressors again, would offer little or no help.

The 18 to 40 year olds reported self-disclosing more moderate intensity stressors to significant others than the other age group, the 41 to 65 year olds. This could be explained that since the 18 to 40 year olds experience more stressors within this category, the self-disclosure levels between these two groups would also be significantly different, because the level of self-disclosure is based on the number of stressors encountered in that intensity category.

These findings do not support the literature regarding age differences. Past studies suggest that self-disclosure levels increases until the age of 40. After 40, decreases in the level of self-disclosure towards less intimate associates is reported (Jourard, 1961). In addition, M.N. Johnson (1979) reported that there were no significant differences regarding age and level of self-disclosure using the JSDQ within a hospital setting. Perhaps, due to the topic of hospital stressors, one cannot generalize findings from other research regarding age and level of self-disclosure. That is, although self-disclosure is the common variable between this and other studies, the topic of discussion varies immensely. The JSDQ deals with topics regarding tastes and interests, attitudes and opinions, work (or studies), money, personality, and Body (Jourard & Lasakow, 1963). Whereas this study deals with hospital stressors, only vaguely related to one of the JSDQ topics -- the body.

The results indicated that males self-disclosed more than females about low intensity stressors to both nurses and significant others. Past studies have reported that females self-disclose more than males (Dimond & Munz, 1967; Jourard & Lasakow, 1958; Pederson & Breglio, 1968;

Pederson & Higbee, 1969) or reported no sexual differences (Jourard, 1971a; Plog, 1965). Perhaps, in times of stress, males prefer to converse more than females; and discussion of low intensity stressors is not as stressful as discussing moderate and high intensity stressors.

Data analysis indicated a positive significant relationship between number of post-operative days when data were collected and level of self-disclosure to nurses regarding perceived high intensity stressors. This suggests that patients prefer to self-disclose about highly stressful experiences after they are more familiar with the nurses and hospitalization, and perhaps are experiencing less pain and are able to discuss more freely.

Unfortunately, there were response biases regarding reported levels of self-disclosure of moderate and high intensity stressors to nurses (see Appendix B). Therefore, this suggests that reading the word "nurse" first influences subjects' level of self-disclosure regarding moderate and high intensity stressors.

#### Limitations of the Study

Due to the sampling procedure of this study, limitations exist. First of all, the composition of the sample was 18 to 65 year olds, white, surgical patients with a status of third to sixth post-operative days who had non-threatening surgeries and were admitted to a moderate sized, urban, teaching hospital in the Northwest. In addition, data collection was conducted during a period where there was a decreased number of varying types of surgeries. Perhaps due to the depressed economical situation in the area, patients were not electing to have surgery but to wait till surgery was absolutely necessary or to use more conservative methods. The subjects in this study could not wait, surgery had to be performed

independently of the economical situation. Thus, the number and variety of surgeries performed during the data collection period were smaller than anticipated.

## CHAPTER V

### SUMMARY, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

#### Summary and Conclusions

This study focused on the relationship between patient levels of self-disclosure and perceived hospital stressors. The conceptual framework served as a basis for examining level of self-disclosure and outcomes. Due to the relatively small body of knowledge, this study examined only levels of self-disclosure of hospitalized patients' perceived stressors to target persons -- a significant other and the nurse.

One of three hypotheses was supported. A significant positive relationship between levels of self-disclosure to the nurse and the significant other across each intensity of perceived hospital stressors was reported. Thus, the subjects of this study disclosed voluntarily to the significant other and the nurse across all intensities.

In addition, one could expect various levels of self-disclosure to nurses and significant others because of the nature of these relationships. In social relationships, there are various levels of self-disclosure between participating individuals, whereas in the nurse-patient relationship, the patient is expected to be more self-disclosing than the nurse. In addition, trend has been reported (Jourard, 1961) where the level of self-disclosure appears to be higher with more intimate friends than casual associates. Perhaps, then, this is the explanation for the positive correlation. Patients may perceive the nurse as someone to whom they should self-disclose and as much as they self-disclose to their significant other about hospital stressors.

Two hypotheses were not supported. No significant differences were reported regarding patients experiencing more low intensity stressors than moderate or high intensity stressors. The lack of significant findings suggests that by the third post-operative day patients are familiar with the hospital setting and do not perceive some of the listed low stressors as occurring when sampled. Conversely, it may also be that three hospital days is too short a time to experience many of the events listed. Moreover, the objective nature of events, that is, time in the recovery room, pain medication, and so on, may also have an affect on perception, and thus patients do not perceive these stressors as occurring.

Significant findings were reported regarding the third hypothesis, "when hospitalized patients perceive stressors in the highest intensity category, they are more likely to self-disclose these stressors to nurses rather than to significant others". However, the significant findings were not found in the predicted direction. Perhaps in times of stress, such as hospitalizations and illness, patients prefer to self-disclose to "familiar others" in spite of the fact that "knowledgeable others" are available. This intriguing finding is worthy of additional study.

#### Implications for Practice

From the results of this study, various implications for nursing practice can be formulated regarding hospital stressors and self-disclosure. The implications for nursing practice are:

1. Patients are willing to self-disclose without encouragement from the nursing staff, assuming that self-disclosure is regarded as a beneficial behavior.
2. From the results of the study, 50 percent or more of the subjects

reported encountering stressors that may be resolvable or made less stressful by nursing interventions. Therefore, because of the resolvable nature of some of these stressors and a high occurrence of stressors being encountered, attempts should be made to reduce the number of stressors encountered by hospitalized patients.

3. Hypothesis 3 was significant in a direction not predicted, that is, patients disclosed more to the significant other instead of the nurse. If self-disclosure is considered useful, and the patient self-discloses more to the significant other as occurred here, then an appropriate nursing intervention would be to provide support to the significant other.

#### Recommendations for Future Study

Because of the relatively limited knowledge in the area of self-disclosure of perceived hospital stressors, the following recommendations for future study are offered:

1. Replication of this study with a larger sample, different types of patients (i. e., ages, marital status, diagnosis, etc.), different settings, and/or different economical situations are recommended.
2. Further testing of questionnaire and continued use of using the two forms of questionnaire is advised.
3. Additional research is recommended regarding self-disclosure levels of patients to significant others regarding perceived hospital stressors.
4. Measurement of levels of self-disclosure based on prior hospitalization to compare if past perceptions versus current perceptions of stressors influence levels of self-disclosure.



5. An exploratory design of research is recommended where: 1) initial measurement of level of self-disclosure to nurses and/or significant others by patients is conducted; 2) notation of patients' recovery rates, and 3) comparison of levels of self-disclosure with rate of recovery.
6. An experimental design of research is recommended where there is a comparison of two groups -- one teaching patients to increase their self-disclosure levels and the other without this instruction. This design would empirically test self-disclosure as being an effective intervention in improving patient outcome. However, further exploratory data needs to be collected before attempting this design.
7. Further conceptualization of the concept of self-disclosure for nursing theory, research, and practice is recommended.

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APPENDICES

APPENDIX A

Assigned Level of Stress for Hospital Perceived Stressors

Assigned Level of Stress for Perceived Hospital Stressors

Low Stress Events

1. Having strangers sleep in the same room with you
2. Having to eat at different times than you usually do
3. Having to sleep in a strange bed
4. Having strange machines around
5. Being awakened during the night by the nurse
6. Having to be assisted with bathing
7. Not being able to get newspaper, radio, or TV when you want them
8. Having a roommate who has too many visitors
9. Having to stay in bed or the same room all day
10. Awareness of unusual or unpleasant odors
11. Having a roommate who is seriously ill or cannot talk with you
12. Having to be assisted with a bedpan
13. Having a roommate who is unfriendly
14. Not having friends visit
15. Being in a room that is too cold or too hot
16. Thinking your appearance might be changed after your hospitalization

Moderate Stress Events

1. Being in the hospital during holidays or special family occasions
2. Thinking you might have pain because of surgery or test procedures
3. Worrying about your spouse being away from you
4. Having to eat cold or tasteless food
5. Not being able to call family or friends on the phone
6. Being cared for by an unfamiliar doctor
7. Being put in the hospital because of an accident

8. Not knowing when to expect things will be done to you
9. Having the staff be in too much of a hurry
10. Thinking about losing income because of your illness
11. Having medications cause you discomfort
12. Having nurses or doctors talk too fast or use words you can't understand
13. Feeling you are getting dependent on medications
14. Not having family visit you
15. Knowing you have to have an operation
16. Being hospitalized far away from home

#### High Stress Events

1. Having a sudden hospitalization you weren't planning to have
2. Not having your call light answered
3. Not having enough insurance to pay for hospitalization
4. Not having your questions answered by the staff
5. Missing your spouse
6. Being fed through tubes
7. Not getting relief from pain medication
8. Not knowing the results or reasons for your treatments
9. Not getting pain medication when you need it
10. Not knowing for sure what illness you have
11. Not being told what your diagnosis is
12. Thinking you might lose your hearing
13. Knowing you have a serious illness
14. Thinking you might lose a kidney or some other organ



15. Thinking you might have cancer
16. Thinking you might lose your sight

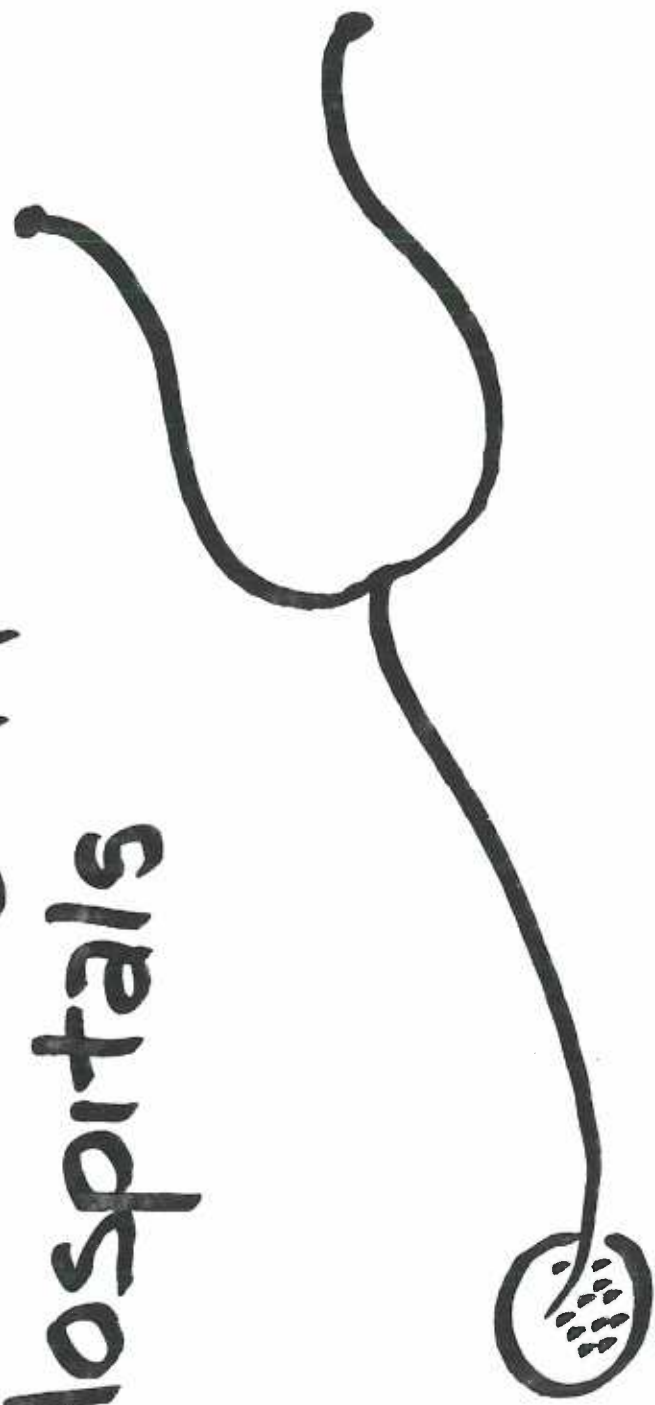
Note: One item from the HSRS was omitted to weigh each item equally in regards to total score of each category. The item omitted was "wearing a hospital gown".

APPENDIX B

Self-Disclosure of Hospital Perceived Stressors

Questionnaire-Form 1

# Possible Experiences Encountered in Hospitals



Possible Experiences Encountered in Hospitals

The following is a list of experiences that one may encounter in the hospital. We would like to know if you have encountered this experience during this hospital stay. We would also like to know if you would discuss that experience with others during this hospital stay.

Directions

1. Read each statement and circle a yes or no if you have encountered that experience during this hospital stay.
2. For each statement which is answered "yes," circle the appropriate number which represents how much you would discuss that experience with the NURSE.
3. For each statement which is answered "yes," circle the appropriate number which represents how much you would discuss that experience with a SIGNIFICANT OTHER.

The nurse is a Registered Nurse whom you have had the most contact during this hospital stay.

A significant other is a very close person, such as your spouse or close friend, whom you would talk with the majority of the time about your personal life.

Please indicate the type of relationship of one significant other that you are thinking of while answering the questionnaire. (Indicate in the space below.)

The rating scale:

- 1 = I would not discuss this subject with the specified person.
- 2 = I would discuss this subject only in general terms with the specified person.
- 3 = I would discuss this subject fully with the specified person.

Example

Experience Encountered	Circle Yes or No
Having to wear a hospital gown	No <input checked="" type="radio"/> Yes

THE NURSE		
Not at all	Only in general terms	Fully
1	<input checked="" type="radio"/> 2	3



SIGNIFICANT OTHER		
Not at all	Only in general terms	Fully
1	2	<input checked="" type="radio"/> 3

Your identity is confidential. The number found in the upper right corner of this questionnaire helps me to keep track of my records.

Read each statement and circle a yes or no indicating whether or not you have encountered that experience during this hospital stay.

For each statement which is answered "yes," circle the appropriate number which represents how much you would discuss that experience with the nurse and with a significant other.

The rating scale:

- 1 = I would not discuss this subject with the specified person.
- 2 = I would discuss this subject only in general terms with the specified person.
- 3 = I would discuss this subject fully with the specified person.

\*How much would you discuss with the NURSE?

\*How much would you discuss with a SIGNIFICANT OTHER?

Not at all	Only in general terms	Fully
1	2	3
1	2	3
1	2	3
1	2	3
1	2	3

Not at all	Only in general terms	Fully
1	2	3
1	2	3
1	2	3
1	2	3
1	2	3

Experience Encountered	Circle Yes or No
1. Thinking your appearance might be changed after your hospitalization	No Yes
2. Not knowing the results or reasons for your treatments	No Yes
3. Having the staff be in too much of a hurry	No Yes
4. Being cared for by an unfamiliar doctor	No Yes
5. Worrying about your spouse being away from you	No Yes

Not at all	Only in general terms	Fully
1	2	3
1	2	3
1	2	3
1	2	3
1	2	3

Not at all	Only in general terms	Fully
1	2	3
1	2	3
1	2	3
1	2	3
1	2	3

Experience Encountered	Circle Yes or No
6. Not knowing when to expect things will be done to you	No Yes
7. Missing your spouse	No Yes
8. Having to eat cold or tasteless food	No Yes
9. Having strange machines around	No Yes
10. Thinking you might have pain because of surgery or test procedure	No Yes

Read each statement and circle a yes or no indicating whether or not you have encountered that experience during this hospital stay.

For each statement which is answered "yes," circle the appropriate number which represents how much you would discuss that experience with the nurse and with a significant other.

The rating scale:

- 1 = I would not discuss this subject with the specified person.
- 2 = I would discuss this subject only in general terms with the specified person.
- 3 = I would discuss this subject fully with the specified person.

\*How much would you discuss with the NURSE?

\*How much would you discuss with a SIGNIFICANT OTHER?

Experience Encountered	Circle Yes or No	
	No	Yes
11. Having a sudden hospitalization you weren't planning to have	No	Yes
12. Having a roommate who has too many visitors	No	Yes
13. Not being able to call family or friends on the phone	No	Yes
14. Having to be assisted with a bedpan	No	Yes
15. Being fed through tubes	No	Yes

Not at all	Only in general terms		Fully
	1	2	
1	2	3	
1	2	3	
1	2	3	
1	2	3	
1	2	3	

Not at all	Only in general terms		Fully
	1 <th>2</th> <th>3</th>	2	
1	2	3	
1	2	3	
1	2	3	
1	2	3	
1	2	3	

Experience Encountered	Circle Yes or No	
	No	Yes
16. Being in the hospital during holidays or special family occasions	No	Yes
17. Not having your questions answered by the staff	No	Yes
18. Not knowing for sure what illness you have	No	Yes
19. Thinking you might have cancer	No	Yes
20. Having a roommate who is unfriendly	No	Yes

Not at all	Only in general terms		Fully
	1	2	
1	2	3	
1	2	3	
1	2	3	
1	2	3	
1	2	3	

Not at all	Only in general terms		Fully
	1	2	
1	2	3	
1	2	3	
1	2	3	
1	2	3	
1	2	3	

Read each statement and circle a yes or no indicating whether or not you have encountered that experience during this hospital stay.

For each statement which is answered "yes," circle the appropriate number which represents how much you would discuss that experience with the nurse and with a significant other.

The rating scale:

- 1 = I would not discuss this subject with the specified person.
- 2 = I would discuss this subject only in general terms with the specified person.
- 3 = I would discuss this subject fully with the specified person.

\*How much would you discuss with the NURSE?

\*How much would you discuss with a SIGNIFICANT OTHER?

Experience Encountered	How much would you discuss with the NURSE?			How much would you discuss with a SIGNIFICANT OTHER?		
	Not at all	Only in general terms	Fully	Not at all	Only in general terms	Fully
21. Not enough insurance to pay for hospitalization	1	2	3	1	2	3
22. Not getting pain medication when you need it	1	2	3	1	2	3
23. Thinking you might lose a kidney or some other organ	1	2	3	1	2	3
24. Thinking about losing income because of your illness	1	2	3	1	2	3
25. Knowing you have a serious illness	1	2	3	1	2	3

Experience Encountered	How much would you discuss with the NURSE?			How much would you discuss with a SIGNIFICANT OTHER?		
	Not at all	Only in general terms	Fully	Not at all	Only in general terms	Fully
26. Having to be assisted with bathing	1	2	3	1	2	3
27. Not having family visit you	1	2	3	1	2	3
28. Thinking you might lose your sight	1	2	3	1	2	3
29. Being in a room that is too cold or too hot	1	2	3	1	2	3
30. Being put in the hospital because of an accident	1	2	3	1	2	3

Experience Encountered	Circle Yes or No	
	No	Yes
21. Not enough insurance to pay for hospitalization	<input type="checkbox"/>	<input type="checkbox"/>
22. Not getting pain medication when you need it	<input type="checkbox"/>	<input type="checkbox"/>
23. Thinking you might lose a kidney or some other organ	<input type="checkbox"/>	<input type="checkbox"/>
24. Thinking about losing income because of your illness	<input type="checkbox"/>	<input type="checkbox"/>
25. Knowing you have a serious illness	<input type="checkbox"/>	<input type="checkbox"/>

Experience Encountered	Circle Yes or No	
	No	Yes
26. Having to be assisted with bathing	<input type="checkbox"/>	<input type="checkbox"/>
27. Not having family visit you	<input type="checkbox"/>	<input type="checkbox"/>
28. Thinking you might lose your sight	<input type="checkbox"/>	<input type="checkbox"/>
29. Being in a room that is too cold or too hot	<input type="checkbox"/>	<input type="checkbox"/>
30. Being put in the hospital because of an accident	<input type="checkbox"/>	<input type="checkbox"/>

Read each statement and circle a yes or no indicating whether or not you have encountered that experience during this hospital stay.

For each statement which is answered "yes," circle the appropriate number which represents how much you would discuss that experience with the nurse and with a significant other.

The rating scale:

1 = I would not discuss this subject with the specified person.

2 = I would discuss this subject only in general terms with the specified person.

3 = I would discuss this subject fully with the specified person.

\*How much would you discuss with the NURSE?

\*How much would you discuss with a SIGNIFICANT OTHER?

	*How much would you discuss with the NURSE?			*How much would you discuss with a SIGNIFICANT OTHER?		
	Not at all	Only in general terms	Fully	Not at all	Only in general terms	Fully
31. Being awakened during the night by the nurse	1	2	3	1	2	3
32. Not being told what your diagnosis is	1	2	3	1	2	3
33. Awareness of unusual or unpleasant odors	1	2	3	1	2	3
34. Not being able to get newspaper, radio or TV when you want them	1	2	3	1	2	3
35. Being hospitalized far away from home	1	2	3	1	2	3

	*How much would you discuss with the NURSE?		
	Not at all	Only in general terms	Fully
31. Being awakened during the night by the nurse	1	2	3
32. Not being told what your diagnosis is	1	2	3
33. Awareness of unusual or unpleasant odors	1	2	3
34. Not being able to get newspaper, radio or TV when you want them	1	2	3
35. Being hospitalized far away from home	1	2	3

Experience Encountered	Circle Yes or No	
	No	Yes
31. Being awakened during the night by the nurse		
32. Not being told what your diagnosis is		
33. Awareness of unusual or unpleasant odors		
34. Not being able to get newspaper, radio or TV when you want them		
35. Being hospitalized far away from home		

	*How much would you discuss with the NURSE?			*How much would you discuss with a SIGNIFICANT OTHER?		
	Not at all	Only in general terms	Fully	Not at all	Only in general terms	Fully
36. Having nurses or doctors talk too fast or use words you can't understand	1	2	3	1	2	3
37. Feeling you are getting dependent on medications	1	2	3	1	2	3
38. Knowing you have to have an operation	1	2	3	1	2	3
39. Having to stay in bed or the same room all day	1	2	3	1	2	3
40. Not getting relief from pain medications	1	2	3	1	2	3

	*How much would you discuss with the NURSE?		
	Not at all	Only in general terms	Fully
36. Having nurses or doctors talk too fast or use words you can't understand	1	2	3
37. Feeling you are getting dependent on medications	1	2	3
38. Knowing you have to have an operation	1	2	3
39. Having to stay in bed or the same room all day	1	2	3
40. Not getting relief from pain medications	1	2	3

Experience Encountered	Circle Yes or No	
	No	Yes
36. Having nurses or doctors talk too fast or use words you can't understand		
37. Feeling you are getting dependent on medications		
38. Knowing you have to have an operation		
39. Having to stay in bed or the same room all day		
40. Not getting relief from pain medications		



Read each statement and circle a yes or no indicating whether or not you have encountered that experience during this hospital stay.

For each statement which is answered "yes," circle the appropriate number which represents how much you would discuss that experience with the nurse and with a significant other.

The rating scale:

1 = I would not discuss this subject with the specified person.

2 = I would discuss this subject only in general terms with the specified person.

3 = I would discuss this subject fully with the specified person.

\*How much would you discuss with the NURSE?

\*How much would you discuss with a SIGNIFICANT OTHER?

	Not at all			Only in general terms			Fully		
	1	2	3	1	2	3	1	2	3
↑									
↑									
↑									
↑									

	Not at all			Only in general terms			Fully		
	1	2	3	1	2	3	1	2	3
↑									
↑									
↑									
↑									

Experience Encountered	Circle Yes or No	
	No	Yes
1. Having strangers sleep in the same room with you		
2. Not having friends visit		
3. Having to eat different times than you usually do		
4. Having a roommate who is seriously ill or cannot talk with you		

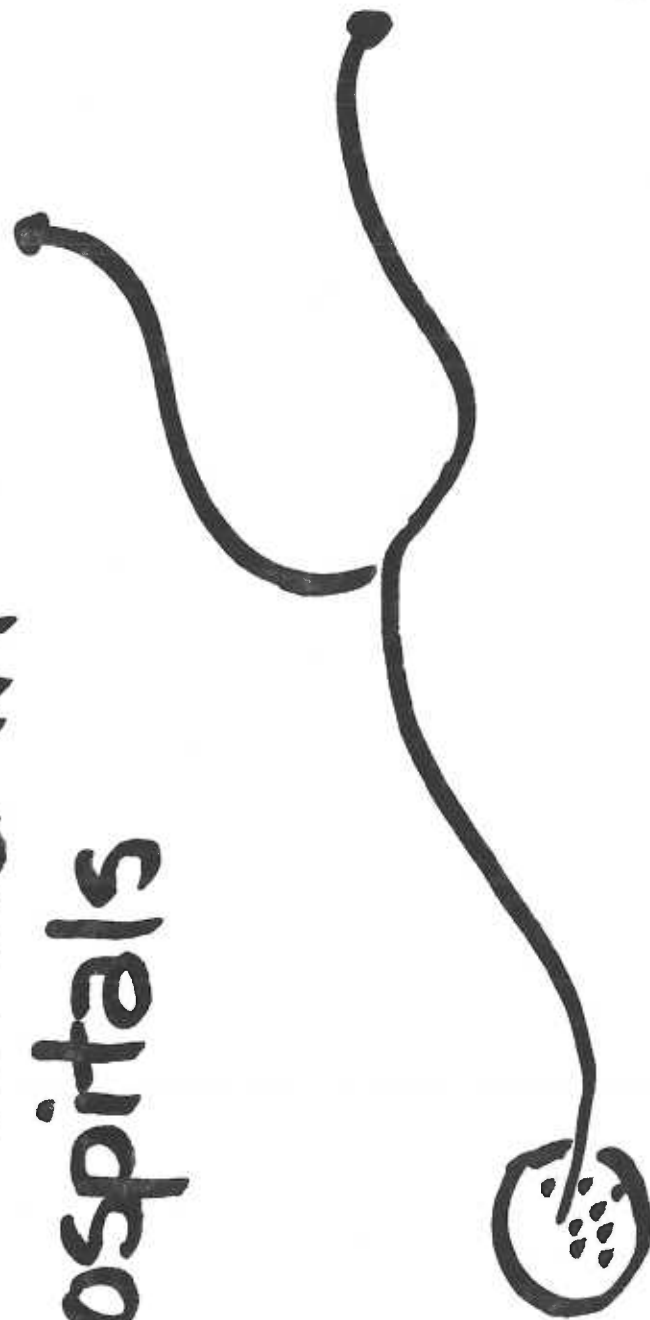
	Not at all			Only in general terms			Fully		
	1	2	3	1	2	3	1	2	3
↑									
↑									
↑									
↑									

	Not at all			Only in general terms			Fully		
	1	2	3	1	2	3	1	2	3
↑									
↑									
↑									
↑									

Experience Encountered	Circle Yes or No	
	No	Yes
5. Having to sleep in a strange bed		
6. Not having your call light answered		
7. Having medications cause you discomfort		
8. Thinking you might lose your hearing		

APPENDIX C  
Self-Disclosure of Hospital Perceived Stressors  
Questionnaire-Form 2

# Possible Experiences Encountered in Hospitals



Possible Experiences Encountered in Hospitals

The following is a list of experiences that one may encounter in the hospital. We would like to know if you have encountered this experience during this hospital stay. We would also like to know if you would discuss that experience with others during this hospital stay.

Directions

1. Read each statement and circle a yes or no if you have encountered that experience during this hospital stay.
2. For each statement which is answered "yes," circle the appropriate number which represents how much you would discuss that experience with a SIGNIFICANT OTHER.

A significant other is a very close person, such as your spouse or best friend, whom you would talk with the majority of the time about your personal life.

Please indicate the type of relationship of one significant other that you are thinking of while answering the questionnaire. (Indicate in the space below.)

3. For each statement which is answered "yes," circle the appropriate number which represents how much you would discuss that experience with the NURSE.

The nurse is a Registered Nurse whom you have had the most contact during this hospital stay.

The rating scale:

- 1 = I would not discuss this subject with the specified person.
- 2 = I would discuss this subject only in general terms with the specified person.
- 3 = I would discuss this subject fully with the specified person.

Example

Experience Encountered	Circle Yes or No	
Having to wear a hospital gown	No	<input checked="" type="radio"/>

SIGNIFICANT OTHER			THE NURSE		
Not at all	Only in general terms	Fully	Not at all	Only in general terms	Fully
1	2	<input checked="" type="radio"/> 3	1	<input checked="" type="radio"/> 2	3

Your identity is confidential. The number found in the upper right corner of this questionnaire helps me to keep track of my records.

Read each statement and circle a yes or no indicating whether or not you have encountered that experience during this hospital stay.

For each statement which is answered "yes," circle the appropriate number which represents how much you would discuss that experience with the nurse and with a significant other.

The rating scale:

1 = I would not discuss this subject with the specified person.

2 = I would discuss this subject only in general terms with the specified person.

3 = I would discuss this subject fully with the specified person.

\*How much would you discuss with the NURSE?

\*How much would you discuss with a SIGNIFICANT OTHER?

Not at all	Only in general terms		Fully
	1	2	
1	2	3	Fully
1	2	3	Fully
1	2	3	Fully
1	2	3	Fully
1	2	3	Fully

Not at all	Only in general terms		Fully
	1	2	
1	2	3	Fully
1	2	3	Fully
1	2	3	Fully
1	2	3	Fully
1	2	3	Fully

Experience Encountered	Circle Yes or No	
	No	Yes
1. Thinking your appearance might be changed	No	Yes
2. Not knowing the results or reasons for your treatments	No	Yes
3. Having the staff be in too much of a hurry	No	Yes
4. Being cared for by an unfamiliar doctor	No	Yes
5. Worrying about your spouse being away from you	No	Yes

Not at all	Only in general terms		Fully
	1	2	
1	2	3	Fully
1	2	3	Fully
1	2	3	Fully
1	2	3	Fully
1	2	3	Fully

Not at all	Only in general terms		Fully
	1	2	
1	2	3	Fully
1	2	3	Fully
1	2	3	Fully
1	2	3	Fully
1	2	3	Fully

Experience Encountered	Circle Yes or No	
	No	Yes
5. Not knowing when to expect things will be done to you	No	Yes
7. Missing your spouse	No	Yes
8. Having to eat cold or tasteless food	No	Yes
9. Having strange machines around	No	Yes
10. Thinking you might have pain because of surgery or test procedure	No	Yes

Read each statement and circle a yes or no indicating whether or not you have encountered that experience during this hospital stay.

For each statement which is answered "yes," circle the appropriate number which represents how much you would discuss that experience with the nurse and with a significant other.

The rating scale:

- 1 = I would not discuss this subject with the specified person.
- 2 = I would discuss this subject only in general terms with the specified person.
- 3 = I would discuss this subject fully with the specified person.

\*How much would you discuss with a SIGNIFICANT OTHER?

\*How much would you discuss with the NURSE?

Experience Encountered	Circle Yes or No		*How much would you discuss with a SIGNIFICANT OTHER?			*How much would you discuss with the NURSE?		
	No	Yes	Not at all	Only in general terms	Fully	Not at all	Only in general terms	Fully
11. Having a sudden hospitalization you weren't planning to have								
12. Having a roommate who has too many visitors								
13. Not being able to call family or friends on the phone								
14. Having to be assisted with a bedpan								
15. Being fed through tubes								

16. Being in the hospital during holidays or special family occasions								
17. Not having your questions answered by the staff								
18. Not knowing for sure what illness you have								
19. Thinking you might have cancer								
20. Having a roommate who is unfriendly								


Read each statement and circle a yes or no indicating whether or not you have encountered that experience during this hospital stay.

For each statement which is answered "yes," circle the appropriate number which represents how much you would discuss that experience with the nurse and with a significant other.

The rating scale:

- 1 = I would not discuss this subject with the specified person.
- 2 = I would discuss this subject only in general terms with the specified person.
- 3 = I would discuss this subject fully with the specified person.

\*How much would you discuss with the NURSE?

\*How much would you discuss with a SIGNIFICANT OTHER?

Not at all	Only in general terms	Fully
1	2	3
1	2	3
1	2	3
1	2	3
1	2	3

Not at all	Only in general terms	Fully
1	2	3
1	2	3
1	2	3
1	2	3
1	2	3

Experience Encountered	Circle Yes or No	
	No	Yes
21. Not enough insurance to pay for hospitalization	No	Yes
22. Not getting pain medication when you need it	No	Yes
23. Thinking you might lose a kidney or some other organ	No	Yes
24. Thinking about losing income because of your illness	No	Yes
25. Knowing you have a serious illness	No	Yes

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	Circle Yes or No	
	No	Yes
26. Having to be assisted with bathing	No	Yes
27. Not having family visit you	No	Yes
28. Thinking you might lose your sight	No	Yes
29. Being in a room that is too cold or too hot	No	Yes
30. Being put in the hospital because of an accident	No	Yes

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↑

Not at all	Only in general terms	Fully
1	2	3
1	2	3
1	2	3
1	2	3
1	2	3

Not at all	Only in general terms	Fully
1	2	3
1	2	3
1	2	3
1	2	3
1	2	3

Read each statement and circle a yes or no indicating whether or not you have encountered that experience during this hospital stay.

For each statement which is answered "yes," circle the appropriate number which represents how much you would discuss that experience with the nurse and with a significant other.

The rating scale:

1 = I would not discuss this subject with the specified person.

2 = I would discuss this subject only in general terms with the specified person.

3 = I would discuss this subject fully with the specified person.

\*How much would you discuss with the NURSE?

\*How much would you discuss with a SIGNIFICANT OTHER?

Not at all	Only in general terms	Fully
1	2	3
1	2	3
1	2	3
1	2	3
1	2	3

Not at all	Only in general terms	Fully
1	2	3
1	2	3
1	2	3
1	2	3
1	2	3

Experience Encountered	Circle Yes or No	
	No	Yes
1. Being awakened during the night by the nurse	No	Yes
2. Not being told what your diagnosis is	No	Yes
3. Awareness of unusual or unpleasant odors	No	Yes
4. Not being able to get newspaper, radio or TV when you want them	No	Yes
5. Being hospitalized far away from home	No	Yes

Not at all	Only in general terms	Fully
1	2	3
1	2	3
1	2	3
1	2	3
1	2	3

Not at all	Only in general terms	Fully
1	2	3
1	2	3
1	2	3
1	2	3
1	2	3

Experience Encountered	Circle Yes or No	
	No	Yes
6. Having nurses or doctors talk too fast or use words you can't understand	No	Yes
7. Feeling you are getting dependent on medications	No	Yes
8. Knowing you have to have an operation	No	Yes
9. Having to stay in bed or the same room all day	No	Yes
10. Not getting relief from pain medications	No	Yes



Read each statement and circle a yes or no indicating whether or not you have encountered that experience during this hospital stay.

For each statement which is answered "yes," circle the appropriate number which represents how much you would discuss that experience with the nurse and with a significant other.

The rating scale:

- 1 = I would not discuss this subject with the specified person.
- 2 = I would discuss this subject only in general terms with the specified person.
- 3 = I would discuss this subject fully with the specified person.

\*How much would you discuss with a SIGNIFICANT OTHER?

\*How much would you discuss with the NURSE?

Experience Encountered	Circle Yes or No	
	No	Yes
11. Having strangers sleep in the same room with you	No	Yes
12. Not having friends visit	No	Yes
13. Having to eat different times than you usually do	No	Yes
14. Having a roommate who is seriously ill or cannot talk with you	No	Yes

Not at all	Only in general terms		Fully
	1	2	
1	2	3	
1	2	3	
1	2	3	
1	2	3	

Not at all	Only in general terms		Fully
	1	2	
1	2	3	
1	2	3	
1	2	3	
1	2	3	

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15. Having to sleep in a strange bed	No	Yes
16. Not having your call light answered	No	Yes
17. Having medications cause you discomfort	No	Yes
18. Thinking you might lose your hearing	No	Yes

Not at all	Only in general terms		Fully
	1	2	
1	2	3	
1	2	3	
1	2	3	
1	2	3	

Not at all	Only in general terms		Fully
	1	2	
1	2	3	
1	2	3	
1	2	3	
1	2	3	

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APPENDIX D  
Demographic Questionnaire

Background Information

1. Your sex. (Circle number of your answer)
  - 1 MALE
  - 2 FEMALE
  
2. Your birthdate: \_\_\_\_\_
  
3. Number of hospitalizations including this hospital stay in the past two years  
(Circle number of your answer)
  - 1 FIRST HOSPITALIZATION
  - 2 SECOND HOSPITALIZATION
  - 3 THIRD HOSPITALIZATION
  - 4 FOURTH OR MORE HOSPITALIZATION
  
4. What is your religious preference? (Circle number)
  - 1 CHRISTIAN
  - 2 NON-CHRISTIAN
  
5. What is your ethnic background? (Circle number)
  - 1 WHITE
  - 2 BLACK
  - 3 ASIAN
  - 4 PACIFIC ISLANDER
  - 5 HISPANIC
  - 6 OTHER (Specify) \_\_\_\_\_

6. Please describe your occupation. (Please fill in the blank)

TITLE \_\_\_\_\_

KIND OF WORK YOU DO \_\_\_\_\_

KIND OF COMPANY OR BUSINESS \_\_\_\_\_

7. Which is the highest level of education that you have completed? (Circle number)

- 1 COMPLETED GRADE SCHOOL
- 2 ATTENDED HIGH SCHOOL
- 3 COMPLETED HIGH SCHOOL
- 4 ATTENDED COLLEGE
- 5 COMPLETED COLLEGE
- 6 ATTENDED GRADUATE SCHOOL
- 7 EARNED GRADUATE DEGREE

Thank you very much for participating. If you would like a copy of the results, please print your name and address below.

I would like a copy of the results of this study.

Name \_\_\_\_\_

Address \_\_\_\_\_

APPENDIX E  
Consent Form

# THE OREGON HEALTH SCIENCES UNIVERSITY

School of Nursing

3181 S.W. Sam Jackson Park Road Portland, Oregon 97201 (503) 225-7793

## Consent Form

I am willing to participate in a study, "Levels of Self-Disclosure of Hospitalized Patients", being conducted by Francine Yee, R.N., B.S.N. The aim of this study is to explore what experiences patients encounter during hospitalization and how much patients would discuss these experiences with nurses and significant others.

I understand that my participation will be confidential. I cannot be identified by name, address, social security to any record system of this institution or outside institution.

My participation in this study entails answering a questionnaire which will not take more than a half hour and giving my approval to the investigator to view my chart for data such as date of admission and diagnosis.

While I may not benefit directly from participation in this study others may be helped by the results of this study. The only risk for participating would be the inconvenience and time required.

"It is not the policy of the Department of Health and Human Services, or any other agency funding the research project in which you are participating to compensate or provide medical treatment for human subjects in the event the research results in physical injury. The Oregon Health Sciences University, as an agency of the State, is covered by the State Liability Fund. If you suffer any injury from the research project, compensation would be available to you only if you establish that injury occurred through the fault of the Center, its officers or employees. If you have further questions, please call Dr. Michael Baird, M.D., at (503) 225-8014".

This research project is under the supervision of Dr. Shirley Murphy, R.N., Ph.D. If there are any questions, please call Francine Yee, in care of Dr. Shirley Murphy at (503) 225-7827.

I understand I may refuse to participate, or withdraw from this study at any time without affecting my relationship with, treatment at, the Oregon Health Sciences University.

I have read the foregoing and agree to participate in this study.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



APPENDIX F  
Characteristics of Deleted Subjects

Characteristics of Deleted Subjects

Subject	Sex	Age	Type of Surgery	Reason(s)
1	F	58	General surgery	I'm tired, I had a student nurse today already
2	F	63	Cardiovascular surgery	No. The student made fun of me.
3	M	28	Orthopedic surgery	According to the charge nurse, this patient was inappropriate for this study because of his psychiatric history.
4	F	43	Urological surgery	No. (No reason was given.)
5	F	42	Gynecological surgery	No. Too tired.
6	M	*	Orthopedic surgery	No. (No reason given.)
7	F	60	ENT surgery (cancer related)	No. (No reason given.)
8	M	55	Orthopedic surgery	No. (No reason given.)
9	F	62	Plastic surgery	No -- too many forms.
10	M	*	Oral surgery	Sorry, I don't have my glasses, I can't read without them



Subject	Sex	Age	Type of Surgery	Reason(s)
11	M	*	General surgery	No. (No reason given.)
12	F	59	General surgery	Too tired. (Too physically ill on 6th day.)
13	F	*	Orthopedic surgery	Protective Isolation
14	F	*	Neurological surgery	Confused
15	F	25	General surgery	Strict Isolation
16	M	57	ENT surgery (cancer related)	Did not complete the questionnaire
17	M	*	Oral surgery	Incorrectly completed the questionnaire

M = Male; F = Female; \* = unavailable

APPENDIX G

Reported Level of Self-Disclosure Per Item Towards Target Persons

## Reported Level of Self-Disclosure Per Item Towards Target Persons

Item	Significant Other	Nurse
Low Stressors		
1	1.7 (n=22)	1.6 (n=22)
2	2.0 (n=12)	1.9 (n=12)
3	1.7 (n=22)	1.5 (n=22)
4	2.8 (n=16)	2.6 (n=16)
5	2.3 (n=29)	2.0 (n=29)
6	2.2 (n=23)	2.0 (n=23)
7	2.0 (n= 5)	1.8 (n= 5)
8	2.7 (n= 7)	2.3 (n= 7)
9	2.3 (n=27)	1.9 (n=27)
10	2.2 (n= 6)	2.0 (n= 6)
11	2.3 (n=10)	2.2 (n=10)
12	2.3 (n=18)	2.3 (n=18)
13	2.2 (n= 5)	2.4 (n= 5)
14	2.3 (n= 9)	1.8 (n= 9)
15	2.5 (n=11)	2.3 (n=12)
16	2.7 (n=23)	2.3 (n=23)
Moderate Stressors		
1	2.9 (n=10)	2.3 (n=10)
2	2.6 (n=29)	2.6 (n=28)
3	2.8 (n=12)	2.1 (n=11)
4	2.5 (n=20)	2.1 (n=21)
5	2.6 (n= 5)	2.2 (n= 5)
6	2.7 (n=18)	1.9 (n=17)
7	2.2 (n= 5)	2.0 (n= 5)
8	2.7 (n=19)	2.3 (n=18)
9	3.0 (n= 8)	2.3 (n= 8)
10	3.0 (n=12)	2.2 (n=11)
11	2.6 (n=15)	2.7 (n=15)
12	2.5 (n=10)	2.3 (n=10)
13	2.6 (n= 7)	2.3 (n= 7)
14	2.3 (n= 7)	1.9 (n= 7)
15	2.9 (n=35)	2.5 (n=35)
16	2.7 (n=15)	2.5 (n=15)
High Stressors		
1	2.7 (n=21)	2.3 (n=21)
2	2.4 (n=16)	2.3 (n=16)
3	2.8 (n=20)	2.1 (n=20)
4	2.7 (n= 7)	2.6 (n= 7)
5	2.8 (n=22)	1.9 (n=21)
6	2.6 (n=17)	2.3 (n=17)
7	2.6 (n=16)	2.7 (n=16)
8	2.8 (n=13)	2.5 (n=13)

9	2.8 (n=10)	2.6 (n=10)
10	2.8 (n= 5)	2.4 (n= 5)
11	2.2 (n= 5)	2.2 (n= 5)
12	2.7 (n= 3)	3.0 (n= 3)
13	2.9 (n=26)	2.7 (n=26)
14	2.7 (n=12)	2.5 (n=13)
15	2.6 (n=11)	2.2 (n=11)
16	2.8 (n= 5)	2.4 (n= 5)

Note: Reported levels of self-disclosure is presented first in the pair, then number of subjects is presented in the parentheses.

AN ABSTRACT OF THE THESIS OF  
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FOR THE MASTERS OF NURSING

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TITLE: LEVELS OF SELF-DISCLOSURE OF HOSPITALIZED PATIENTS'  
PERCEIVED STRESSORS

APPROVED:

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Communication is an essential component of nursing practice. Communication is a "process by which information is exchanged between individuals through a common system of symbols, signs, or behavior" (Webster's, 1981). This process may be expressed either non-verbally or verbally. A facet of verbal communication is the concept of self-disclosure. In self-disclosure, one voluntarily reveals personal beliefs, values, feelings, and perceptions to another person. Another aspect of self-disclosure is being known to another in ways that one wants to be known (Johnson, M.N., 1979).

This study focused on the relationship between patient levels of self-disclosure and perceived hospital stressors. A conceptual framework was developed regarding level of self-disclosure and patient outcomes. Due to the relatively small body of knowledge, this study examined only levels of self-disclosure of hospitalized patients' perceived stressors to target persons -- a significant other and the nurse.

A quasi-experimental approach was utilized using 40 randomly selected hospitalized surgical patients with the status of third to

sixth post-operative days. The dependent variables, the levels of self-disclosure and the numbers of stressors encountered in each category of low, moderate and high intensity were measures using a modified version of the Hospital Stress Rating Scale (Volicer & Bohannon, 1975) and the rating scale for self-disclosure developed by Jourard (1971b).

One of three hypotheses was supported. A significant positive relationship between levels of self-disclosure to the nurse and the significant other across each intensity of perceived hospital stressors was reported. Two hypotheses were not supported. No significant differences were reported regarding patients experiencing more low intensity stressors than moderate or high intensity stressors. No significant findings were reported regarding the third hypothesis: When hospitalized patients perceive stressors in the highest intensity category, they are more likely to self-disclose these stressors to nurses rather than to significant others.

Two implications for nursing practice were inferred from the study results.

The findings of this study can only be generalizable to 18 to 65 year olds, white surgical patients with a status of third to sixth post-operative days who had non-life threatening surgeries admitted to a moderate sized, urban, teaching hospital in the Northwest. The findings indicate that self-disclosure is a topic worthy for further nursing research regarding improvement of patient care and outcome.