

Assessing the Nurses' Perception of patients' Needs: A comparison of Critical Care Units and Psychiatric Settings

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Abstract:

Background: Research studies have been done suggesting that, nurses are not very accurate in estimating their patients' needs and there has been only scarce research on how patients experience problem and symptoms derived from an existing illness, therefore deeper human needs and desires have been neglected.

Aim: This study was conducted to assess nurses' perception of patients' needs in both, critical care units and psychiatric care settings.

Design: A descriptive and comparative design was utilized in this study.

Sample: A Sample of convenience of 100 participants, 50 nurses were recruited from El-Abbassia Mental Health Hospital and 50 nurses from critical care units at El-Manial University Hospital.

Setting: The study was conducted at two settings, first setting was Al- Abbassia Mental Health Hospital (AMHH) in Cairo, and the second setting was Critical Care Units (CCU) at El- Manial University Hospital (MUH).

Tools: Three tools were used to measure the current study variables, socio-demographic data sheet for nurses, assessment of patients' needs questionnaire from nurses' point of view, and nurses' personality characteristics questionnaire.

Results: Results of the current study revealed that, there was a statistically significant relationship between critical care nurses' and psychiatric care nurses' socio-demographic data and their perception of patients' needs. As well, there was a highly statistically significant difference between psychiatric and critical care nurses in perception of patients' needs and in personality characteristic. In addition, there was a negative statistically significant relationship between psychiatric nurses' personality characteristics and their perception of patients' needs.

Conclusion: There was a variation in the perception of needs that may be related to patient's status and nurse's specialty. Further assessment of personality characteristics and perception of needs is needed.

Key words: Nurses' perception, needs, psychiatric settings, critical care units.

1. Introduction

Human needs are an important part of human nature. Values; beliefs; and customs differ from country to country and group to group, but all people have similar needs (Clark, 2003). Individuals are composed of

mind, body, and spirit; it is not possible to care for one part without considering how the other parts are affected. Thus in nursing, the physiological, psychological, sociological and spiritual influences on individual behaviors become integrated

into a plan of care. (Linton & Maebius, 2003).

Nurses are more likely to overestimate critical patients' needs compared to their psychiatric colleagues. This suggests that critical and psychiatric nurses perceive patients differently. In the critical setting, much time is taken up with physical tasks done for or on behalf of patients, whereas in acute psychiatric settings 'talking' with patients is given high priority. It may be that the psychiatric nurses' greater opportunity to talk with their patients provides them with a better insight into their views (Taha, 2004).

A narrow and unbalanced view of nursing may prevent the patient getting the best out of the nurse and may provide a cue to the nurse to emphasize certain parts of the nursing role in order to provide the best possible care to the patient. In particular, if the perceptions of the nursing role differ substantially between nurses and patients then the effect this must have on nurse-patient interactions is likely to be negative. A better understanding by nurses of how their role is perceived by patients could enhance nurse-patient interactions (Watson, 2003).

Nurses' perceptions lead to actions that affect patient safety, which are critical to all hospitals and healthcare providers. Nurses' actions also affect service quality, reduce mortality and morbidity, enhance care effectiveness, control costs, medical and legal complications, nurses are a vital resource that any hospital or healthcare provider has to ensure patient safety (Aiken, 2002; Berney & Needleman, 2006). Given their critical position in healthcare provision, it is important to understand nurses' patient

safety perceptions and to comprehend what factors influence their views (Affonso, 2003).

Critical care units:

Critically ill patients are defined as those patients who are at high risk for actual or potential life-threatening health problems. The more critically ill the patient is, the more likely he or she is to be highly vulnerable, unstable and complex, thereby requiring intense and vigilant nursing care (American Association of Critical-Care Nurses, 2004).

Nordgren & Fridlund, (2001). Pointed out patients' many negative views of their care environment which included, they were not respected, their views of their conditions were not listened to, they were not well informed, and the staffs were pressed for time. Also, they felt that, they were not part of the decisions made concerning their care and treatment. The patients reported that, they wished the staff to be more receptive to their needs including their need for information.

Nurses' role in patient care is a holistic one. It is often a nurse who is the key provider of information to patients, relatives and other members of the interdisciplinary team (Julia & Bernadette, 2000). Protecting critically ill patients from harm by constant monitoring and prompt intervention is a primary responsibility of nurses in the intensive care unit (ICU). This concept goes back to Florence Nightingale, credited as the first to use an "ICU" by placing the sickest patients nearest the nursing station for closer monitoring (Grenvik, 2009). Today, the ICU is considered the safest place with the highest level of monitoring for critically ill patients (Mackintosh, 2006).

Psychiatric care settings:

People with mental health problems expect nurses to relate to them as both friend and professional. They need nurses to anticipate their ever-changing needs and to react accordingly. Nurses are expected to share their lives with clients while still being able to provide professional advice (Jackson & Stevenson, 2000).

Psychiatric-mental health nursing is undergoing significant difficulty in recruiting and retaining nurses in the profession due to many obstacles created by current conditions in acute care units in psychiatric hospitals. Many nurses entering the specialty have limited experience and educational background in psychiatric nursing, creating a lack of confidence in their ability to form one-to-one therapeutic relationships with patients. Other factors that contribute to the lack of nurses' comfort with the therapeutic relationship is the increase in violence and aggression of patients, increased paperwork requirements leading to less time for direct patient contact, and inadequate preparation by schools of nursing in specialty skills required for psychiatric nurses. This is creating a crisis in psychiatric nursing and mental health care because of the lack of adequately educated nurses to provide care to an increasingly complex and seriously ill patient population (Cleary & Happell, 2005).

Not only is the nurse responsible for the safety and wellbeing of each individual patient that is assigned to their care but communication, both written and oral as well as receptively and expressively are fundamental. The nurse must coordinate the care of the patient by effectively and continuously evaluating the patient's response to treatment, under time constraints and often under

highly stressful circumstances (Strachota, 2003).

2. Material and Methods:

A descriptive comparative design was utilized for the current study. A sample of convenience of 100 participants (fifty nurses from psychiatric settings) and they were working at Al-Abbassia Mental Health Hospital (AMHH) in-patient departments, and (fifty nurses from critical care units) who working at El-Manial University Hospital (MUH). Data collection time period continued for 5 months, starting at the beginning of February 2010, till the end of June 2010. Data were collected by using a socio-demographic data sheet; assessment of patients' needs questionnaire from nurses' point of view. A 40 items that covered the patients' needs including, physical needs consists of 10 items, psychological needs consists of 10 items, social needs consists of 10 items emotional, and spiritual needs consists of 10 items. This tool was consisted of two questions (a and b), If the participants answers the question (a) by yes the score was (2) and the participant would answer the question (b), but if he / she answers the question (a) by no the score was (1) and the participant would not answer the question (b). And personality characteristics questionnaire for nurses, consists of (10) characteristics, each one included 10 items. Responses were measured on a 3- point Likert scale, where (1) indicates that response was negative, (2) indicates that response was sometimes, and (3) indicates that response was positive. Questionnaire assesses nurses' control of self, emotional state, social state. Self body insight, moral conduct, family relations, sexual behavior, professional conduct, self character and coping with surrounding world , and self

character and coping with psychiatric symptoms.

3. Results:

Socio-Demographic and Clinical Characteristics of the Studied Sample:

Data from figures (1, 2, and 3) indicate that, the studied sample consisted of 100 nurses participants. Regarding critical nurses' socio-demographic data, this table revealed that, 42 % of critical nurses' age ranged from 21 to 30 years old and 48% ranged from 31 to 40 years old. 24% of critical nurses had technical nursing education. However, 46 % of them have experience from 10 to 20 years.

In relation to psychiatric nurses' socio-demographic data, these figures revealed that, 78.0% of the studied sample was aged from 21 to 30 years old. 68.0% of them had diploma in nursing only. 62.0% of nurses had experience from 3 to 9 years.

Figures from (1 to 3) Frequency distribution of psychiatric patients according to their socio-demographic characteristics

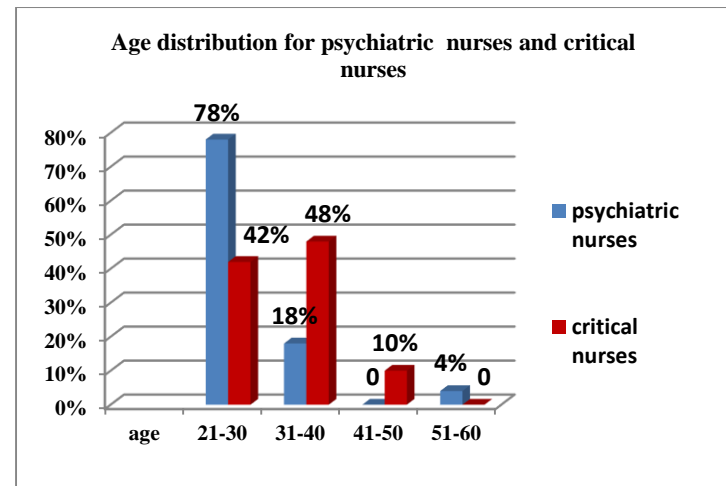


Figure (1): Age frequency distribution of psychiatric and critical nurses

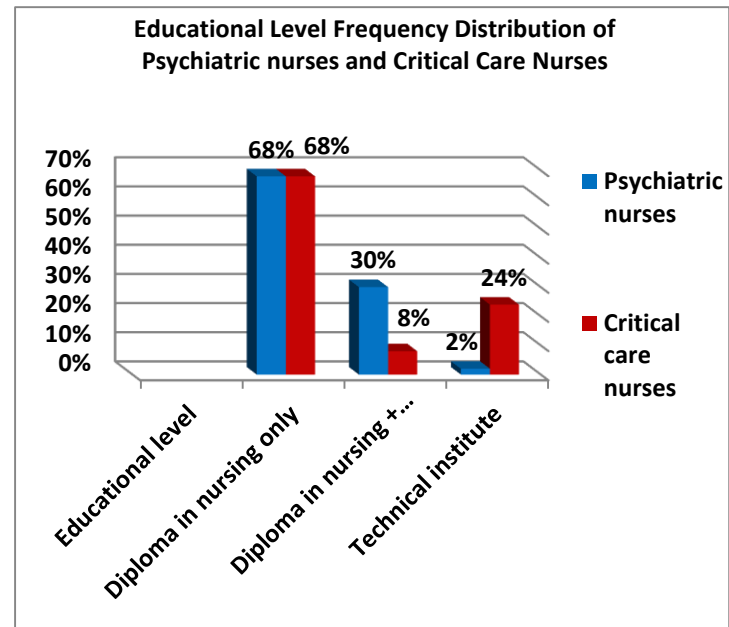


Figure (2): Educational level frequency distribution of psychiatric and critical nurses

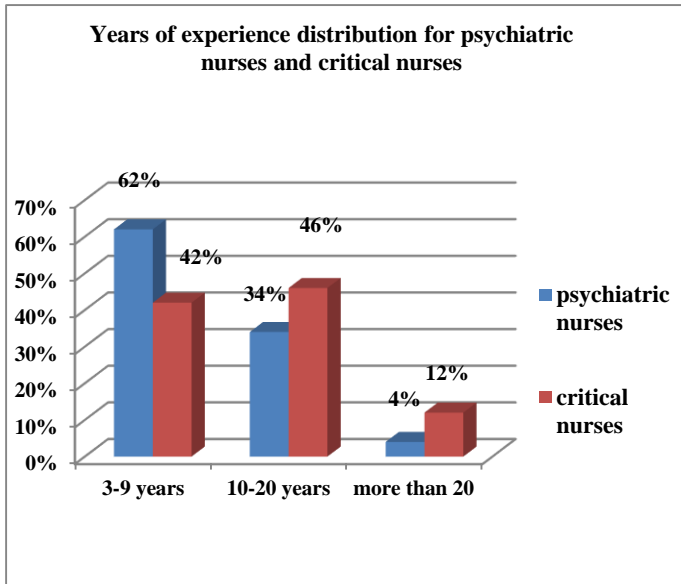


Figure (3): Frequency distribution of psychiatric and critical nurses according to years of experience

Assessment of Patients' Needs from Nurses' Point of View:

Regarding nurses' perception of patients' physical needs, data from table (1) showed that, 82 % of psychiatric nurses believed that their patients were in need for increasing the amount of food & fluids intake, while 58 % of critical nurses only reported about that need, and 24 % of them stated that their patients were not satisfied. Meanwhile, 94 % of psychiatric nurses and 100 % of critical nurses believed that their patients needed for someone provides a pure water, adequate ventilation and light ...etc. to the section, while 76 % of critical nurses reported that their patients were satisfied.

In relation to nurses' perception of patients' psychological needs, data from table (2) revealed that, 94 % of critical nurses and 92 % of psychiatric nurses believed that their patients were in need for help to relieve their anxiety during hospitalization, while 26 % of

critical nurses reported that their patients were not satisfied. As well, 96 % of the psychiatric nurses believed that their patients in need for receiving nursing care by the same sex, while 78 % of critical nurses reported that needs also, but 32 % of critical nurses reported that their patients were not satisfied. Finally, 90 % of psychiatric nurses and 84 % of critical nurses believed that their patients were in need for modifying & re-organizing the environment surrounding them to limit stressors cause their diseases, while 30 % of psychiatric nurses reported that their patients were not satisfied.

Concerning nurses' perception of patients' social needs, data from table (3) revealed that, 96 % of psychiatric nurses believed that, their patients needed to spend enough time with their relatives during visit, while 76 % of critical nurses reported that needs for their patients, but 42 % of them reported that their patients were not satisfied. Additionally, 94 % of psychiatric nurses believed that, their patients were in need to financial support through social services centers in society, while, 68 % of the critical nurses reported that needs for their patients also, however 30 % of psychiatric nurses reported that their patients were not satisfied.

Regarding the perception of emotional and spiritual needs, data from table (4) showed that, 92 % of psychiatric nurses and 84 % of critical nurses believed that their patients were in need for saving time and place for the exercise of religious beliefs, while 30 % of critical nurses reported that their patients were not satisfied. Also, 96 % of psychiatric nurses and 88 % of critical nurses believed that their patients needed for identifying positive

things to help them, while 30 % of psychiatric nurses reported that their patients were not satisfied. Finally, 92 % of psychiatric nurses and 90 % of the critical nurses believed that their patients needed for help of religious & spiritual health of the team, but 32 % of critical nurses reported that their patients were not satisfied.

Nurses' Personality Characteristics:

Regarding the *first* nurses' characteristic (control of oneself), results revealed that, 70 % of critical nurses were thinking well before doing anything, while 60 % of psychiatric nurses only were doing that. As well, 90 % of critical nurses were not taking drugs and things may have serious effects on their health, while 74 % of psychiatric nurses were not taking drugs also. The *second* characteristic (emotional state), results revealed that, 62 % of psychiatric nurses are not bored in the ordinary cases, while 38 % of critical nurses are. 92 % of critical nurses and 82 % of psychiatric nurses are not enjoying hurting others. 86 % of psychiatric nurses feel remorse for committing the sin, while 74 % only of critical nurses feel that. For the *third* characteristic (body self insight), results showed that, 52 % of critical nurses are suffering from lack of need to sleep, while 30 % of psychiatric nurses are not. 94 % of critical nurses and 86 % of psychiatric nurses are interested in hygienic care and follow the good customs. Finally, 92 % of critical nurses feel that they are not look ugly or unappealing, while 70 % of psychiatric nurses feel that they are. Regarding the *forth* characteristic (social state), findings revealed that, 48 % of critical nurses are not finding that is difficult to make friends, while 32 % of psychiatric nurses are finding that. 74 % of critical nurses are

feeling happy when they are with people, while 58 % of psychiatric nurses are feeling that. In relation to the *fifth* characteristic (moral conduct), results showed that, 90 % of critical nurses are ready to acknowledge error and apology, while 70 % of psychiatric nurses only are ready to acknowledge that. 70 % of critical nurses don't accept the praise on something they know that someone else has done, while 58 % only of psychiatric nurses don't accept that. Finally, 82 % of critical nurses are not greedy in some situations and they don't take more than their right, while 64 % only of psychiatric nurses also don't make the same. About the *sixth* characteristic (Professional conduct) results showed that, 54 % of psychiatric nurses are proud of their future career, while 36 % of critical nurses are not. As well, 58 % of critical nurses are feeling that they are commanders of their colleagues and they can learn something from them, while 38 % only of psychiatric nurses are feeling that. Additionally, 98 % of critical nurses and 80 % of psychiatric nurses are not trying to get financial or moral gains even if they caused harm to their colleagues. According to the *seventh* personality characteristic of nurses (sexual behavior), results of the current study revealed that, , 82 % of critical nurses reported that, they are not boring persons as seen by the opposite sex, while 64 % of psychiatric nurses reported the same. While, 30 % of psychiatric nurses feel sometimes that they are boring persons as seen by the opposite sex. On the other hand, 70 % of psychiatric nurses and 62 % of critical nurses reported that, it is not important to have a friend of the opposite sex. Regarding the *eighth* characteristic of (family relations), results revealed that, 82 % of critical nurses do not neglect caring of their children, while 57 % only of psychiatric

nurses don't do that also. 82 % of critical nurses are friends of their children and they follow their behavior, while 65 % only of psychiatric nurses are.

In relation to the *nineth* characteristic of nurses' personality, results revealed that, 74 % of critical nurses can learn something by insisting, while 38 % only of psychiatric nurses can do that. As well, 70 % of critical nurses feel that they are capable of making and implementing decisions, while 56 % only of psychiatric nurses feel that. 88 % of critical nurses re-arrange things and make sure of being right, while 64 % only of psychiatric nurses do that. Finally 84 % of critical nurse are looking for a suitable solution when a problem occurs, while 64 % only of psychiatric nurses are looking for that. Regarding the *last* characteristic (No. 10), results showed that, 70 % of psychiatric nurses reported that, they don't hear any strange sound when they are among people, while 58 % only of critical nurses reported that.

Discussion

This study is concerned with the nurses' perception of patients' needs in both, critical care units and psychiatric settings. The results of this study revealed many important issues each of which has the same value to be analyzed.

Relationship between critical and psychiatric nurses' socio-demographic characteristics and perception of needs:

Findings of the current study reported that, the mean of psychiatric nurses' age was 29 years old, and revealed that, there was no significant relationship between nurses' age and perception of needs in general. However, the results of Ling (2008)

who studied factors related to perceived needs of primary caregivers of patients with schizophrenia was incongruent with the current study and concluded that, young nurses who are less than thirty years old, have a greater likelihood full-time employment and an active social life, they perceive patients' needs, and have limited available time; therefore, they are more likely to provide a general psychological or practical support for their patients. On the contrary of Cetinkaya & Osbasaran (2004), who mentioned that, psychiatric nurses aged 30 years or older have the highest levels of job satisfaction and this enables them to perceive their patients' needs and provide care for them effectively. Regarding to nurses' education and years of experience, there was a statistically significant relationship between nurses' education and years of experience, there was a significant relationship between years of experience and perception of physical needs. Finally, there was a negative significant relationship between income and perception of social needs. About two thirds had diploma in nursing only. The mean of experience years of psychiatric nurses was 10 years in nursing. Conversely, Engin (2006) who assessed the correlation between psychiatric nurses' anger and job motivation that, the nurses who have not received education specific to psychiatric nursing may be the reason why they expend so much energy doing their jobs, why they are sometimes unable to cope with patients' attitudes and behaviors, and why they are neither perceive patients' needs nor maintain therapeutic relationships with them. This process may also have a negative effect on the length of patients' treatment. Because most patients have chronic mental and psychiatric

problems, they may stay at psychiatric hospital for a long time.

Ling (2008) who studied factors related to perceived needs of primary caregivers of patients with schizophrenia was incongruent with the current study mentioned that, nurses' with higher levels of education had a propensity towards the perception of patients' needs for sheltered work facilities, while their less-educated counterparts were more concerned with advice on intimate relationships for the patient. In regarding to years of experience, there was a significant relationship between years of experience of critical nurses and their perception of patients' physical needs. Finally, there was a negative significant relationship between their income and their perception of patients' spiritual needs. While, the results of the current study revealed that, the mean age of critical nurses was 32 years old. More than two thirds have got high educational level; their mean of experience years was 12 years. Finding of the current study revealed that, there was a significant relationship between age of critical nurses and their perception of patients' physical needs. Also, there was a significant relationship between educational level and perception of spiritual needs. Moreover, there was a significant relationship between years of experience and perception of physical need. In the same context, the results of this study revealed that, there was a significant relationship between critical nurses' age and their perception of patients' physical needs. Also there was a significant relationship between critical nurses' sex and their perception of patients' physical and spiritual needs. Whereas there was a significant relationship between marital status and perception of physical and spiritual

needs. Furthermore, there was a significant relationship between educational level and perception of spiritual needs. In consistent with this result, Taha (2004) stated in her study that, there was a negative correlation between nurses' perception of patients' physical need and both nurses' age and years of experience. While, there was a positive correlation between nurses' perception of patients' psychological, cognitive and socio-cultural needs. This finding could be a result of increasing in age means increasing in experience, so that, senior nurses who had experience were a way from direct patient's physical care. So, they had time to interact with patient and built a trustful interpersonal relationship to meet patient's psychological, cognitive and socio-cultural needs.

Relationship between nurses' personality characteristics and their perception of patients' needs:

Finding of the current study revealed that, there was a significant relationship between psychiatric and critical nurses' personality characteristics and their perception of patients' needs. Based on the researcher's observation, psychiatric nurses deal with their patients in aggressive way, either by verbal or by physical aggression. This aggression may be related to their nurturing or as a displacement due to job dissatisfaction. In consistent with Rafii (2004) who studied factors involved in nurses' responses to burnout found that, special personal characteristics and personality traits have involved in the nurses' emotional, attitudinal, behavioral and organizational responses to burnout. Personal characteristics such as conscience, religious beliefs, personal philosophy, commitment, a sense of responsibility, and altruism facilitated caring behaviors. Nurses with these

characteristics were more patient and empathetic. They were more cooperative and rarely justified their faults by fatigue, workload or staff shortage. Nurses, who had been known as good nurses, were very calm and intimate with their patients and focused on the patients' needs. Meltzer & Huckabay (2004) in their study of the relationship between critical nurses' perceptions of futile care and its effect on burnout, concluded that, feeling of emotional exhaustion in these nurses was highly influenced by the frequency with which nurses were involved in life-sustaining interventions that conflicted with the nurses' values and standards in term of what the nurses thought are ethically appropriate and could result in improvement in patient's condition and outcome.

Conclusion

Chronic illness - either psychiatric or critical illness- has a significant impact on the life of patients and affect physical, psychological, social and emotional and spiritual well-being. Identifying and addressing these needs by nurses at both settings is essential, but there is a general need to develop better strategies for meeting these multidimensional needs of patients with chronic disease. When these needs are identified, health care providers and patient's relatives have the chance to react and support the patients in their struggle with psychiatric or critical diseases. On the other hand, there are many factors that affect nurses' perception of patients' needs as, sociodemographic factors, social relations and personality characteristics. The powerfull effect of nurses' positive personal characteristics and its sensitivity to long standing and intense organizational pressures suggests approaches to excuting stress reduction programs and refreshing the

nurses' moral by giving more importance to ethical aspects of caring. Moreover, regarding palliative effect of social support and its importance for the nurses' wellbeing, nurse executives are responsible for promoting a work environment that supports nurses and motivates them. The study concluded that, the actual needs of patients as nurses perceived in psychiatric setting differ from those in critical care units. Psychiatric nurses reported that, psychiatric patients need to social support and need to feel that they are humans. they need for new clothes, money for buying cigarettes, biscuits, tea, candies, etc. On the other hand, nurses in critical care units reported that, critical patients need for psychological support, financial support, as they lose their job and their income, so that they need to feel secure and assurance for their family. Critical patients need for compliance to treatment and getting medication free, especially cardiac patients who need for cardiac catheterization in sometimes and for open heart in other times.

Recommendations

Based on the findings of the present study, the following recommendations are suggested:

- National survey to assess patient' needs at all settings (critical, general and psychiatric).
- Further research studies with larger sample size to generalize the findings
- In-service training program for both critical and psychiatric nurses to be able to deal with critical and psychiatric patients and teach them how to assess the psychological, emotional and spiritual needs.

- Early intervention and prevention of severe problems due to dissatisfaction of patients' needs
- Develop nursing curricula for nurses that focus on teaching therapeutic nurse-patient relationship in each academic year.
- Educational programs for nurses addressing patients' ethical and legal rights should be utilized.
- Application of punishment and reinforcement system in both, psychiatric setting and critical care units for health team members for attainment of their roles and responsibilities.
- Application of every shift patient rounds to assess and anticipate patients' needs. During hourly rounds, nursing staff can question patients about the need for pain medication, position change, toileting and personal items.

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Table (5) Difference between psychiatric and critical care nurses in perception of patients' needs

Perception of needs	Psychiatric nurses							
	Physical needs		Psychological needs		Social needs		Emotional or spiritual needs	
Critical care nurses	X2	p	X2	p	X2	p	X2	p
Physical needs	.985	.003*						
Psychological needs			386.758	.000*				
Social needs					398.450	.000*		
Emotional or spiritual needs							490.972	.000*

Table (6) Difference between psychiatric and critical care nurses in personality characteristics

Personality characteristics	Psychiatric nurses									
	Control of self		Emotional state		Body self insight		Social state		Moral Conduct	
	X2	p	X2	p	X2	p	X2	p	X2	p
Control of self	414.020	.000*								
Emotional state			398.884	.000*						
Body self insight					308.324	.000*				
Social state							430.954	.000*		
Moral conduct									276.906	.000*
Professional conduct	305.406	.000*								
Sexual behavior			328.301	.000*						
Family relations					453.617	.000*				
self character and coping with surrounding world							359.125	.000*		
self character and coping with psychiatric symptoms									411.210	.000*

