

THE IMPACT OF CLOSURE OF
HASTINGS (MN) STATE HOSPITAL

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INTRODUCTION

In keeping with the national trend of the past two decades, Minnesota has witnessed a progressive decline of its state hospitalized mentally ill. The initial impact of that decline in the 1950's was to allow heretofore unheard of commodious housing for those still hospitalized. Patients were removed from unsuitable areas, walkways between beds were widened to permit wardrobe closets and other bedside furniture, and overcrowding was gradually relegated to history. A further decline in census permitted many hospitals to consolidate beds and vacate entire buildings, some of which were then occupied by mentally retarded residents transferred in from the still overcrowded state schools.

Even so the psychiatric census continued to fall below rated bed capacities and Minnesota began to look to the moot experiences of several other states that had phased out some state hospitals. A growing legislative foment to close one or more Minnesota state hospitals resulted in several bills to that end being introduced into the legislature during the 1970's, but until 1977 they had died in debate.

In May 1977, however, Chapter 453 became law and Hastings State Hospital was ordered to close no later than May 1, 1978. A further provision of that statute created an interim committee to study alternative uses for the physical facility. (In view of later developments it proved important that the alternative

subsequent use of the facility as a state veteran's home was not finally determined until mid-March, 1978, some six weeks before actual closure as a psychiatric hospital.)

Also in mid-March, 1978, the Department of Public Welfare (DPW) commissioned this study to determine the impact of hospital closure on the patients and employees. This made time an extremely critical factor as both patients and staff were leaving and it was essential to the purposes of the study to gather baseline data from both.

An urgent meeting was held on March 17, 1978 with the Hastings State Hospital Administrator, Chief of Psychology and Director of Nursing which found excellent cooperation and acceptance of the general study plan; data collection began a few days later. The research design, methodology and measuring instruments were approved on March 28, 1978 in a meeting with DPW staff.

PART I

IMPACT OF CLOSURE ON EMPLOYEES

Procedures

It had been the original intent of the study to interview individually each employee during that final month of operation in order to assess the vocational, social, personal and familial effects hospital closure would have on each. However, it proved untenable at that late date to mobilize the required interviewers and so an improvised group questionnaire (Appendix A) and a group discussion period were substituted. Provision was made in both the questionnaire and discussion period for open-ended comments with assurances of anonymity. These procedures were voluntary and it was stressed that the investigator was present as an objective evaluator only and was serving no covert purpose to - either DPW or the hospital administration.

The personnel offices of DPW and Hastings State Hospital provided rosters of employees for July, 1977 and November, 1977 complete with current addresses. The employees were informed that they would be contacted by mail the following year and this was done using essentially the same questionnaire as before (Appendix B) and self-addressed, stamped return envelopes. As before, narrative comments were invited and the opportunity was extended for personal interview at the Hastings location.

Results

Attrition.

In July, 1977 there were 197 employees of Hastings State Hospital but, with closure certain and less than one year away, attrition had reduced the payroll to 187 by November and to 167 at closure April, 1978. Attrition figures and reasons are shown below in Table I.

TABLE I
ATTRITION

	July '77 to Nov. '77	to April '78	Total
Transfer	1	11	12
Resignation	-	7	12
Retirement	2	2	4
Death	0	1	1
Termination	0	1	1
PAYROLL	197	187	167

Employee Placement.

There was clear legislative and gubernatorial intent to offer every former hospital employee a position in the state service. However, some conflict and confusion arose in the interpretation as to whether the obligation extended beyond DPW to other state departments and if so, to what extent. Employees

5.

who wished to take them were given special advisory examinations to determine qualifications for classifications other than their own - tests which required only a passing grade to gain placement at the top of the employment list.

Effort was made within DPW to hire ex-hospital staff over-complement but there was little extension of this policy to other state departments. In essence, the legislative-executive intent was fulfilled by offering everyone a position somewhere in the state in the same classification or one for which they were test-qualified. If placement required a demotion in class this was not accompanied by a decrease in salary, although some demotion would place a restriction on future raises. Those opting for layoff rather than an unacceptable job offer were given severance pay in the amount of (5% annual salary X years of service) not to exceed \$3000. Relocation expenses were also provided.

When it was finally determined that the facility would continue operation as a state home for veterans it became possible for many ex-hospital staff to continue employment in the same location. Selection for those positions was based on seniority • in those classifications appropriate to the new operation.

The placement outcome as of closing day is shown in Table II. These figures include the turnover between November, 1977 to May, 1978 in order to embrace those who left a few months before actual closure.

TABLE II
PLACEMENT

	<u>Nov. '77 to May '78</u>
Veterans Home	50
Other State	48
Non State	16
Retirement	19
Lay off (unemployed)	47
Resignation	5
Death	1
Termination (fired)	1
	187

Employee Questionnaire

As stated above, attendance at the small group sessions and completion of the brief questionnaire were voluntary. Of the 167 employed at that time, 115 (69%) came to the groups and answered the questions while another nine mailed in their responses, giving a total of 124 respondents or 74%. Oral participation varied from the vociferous to the silent, with the

most often voiced concerns reflecting anxiety and indecision caused largely by incomplete information about employment choices and the consequences. Most were critical of the manner in which

closure was affected, particularly the lateness of the decisions and the inconsistency of the Information they received.

One of the questionnaires was not scored and the validity of several others in doubt by virtue of the fact that some respondents were unsure of their immediate vocational futures and guessed wrongly, i.e. they may have assumed they were going on lay-off but later received acceptable offers. Thus the data reflect anticipated status at the time of interview three to eight days before closure.

Continued employment vs. length of service.

Table III shows a matrix of the relationship between continued employment (state and private) and prior length of service. Chi square analysis of the table with extreme categories combined reveals a significant relationship ($p .02-.05$) with senior employees more likely than junior to continue in employment.

TABLE III
 Anticipated Employment and Length of Service
 {N = 115 respondents)*

Anticipated Employment Status	Years Length of Service					Total
	<1	1 - 5	5 - 10	10 - 20	>20	
Job Certain	1	11	12	18	14	56
Job Probable	0	3	3	3	0	9
Job Possible	0	7	1	4	1	13
No Prospects	2	11	12	9	3	37
Total	3	32	28	34	18	115

*Less Eight Retirees

Objective Responses.

The questionnaire provides for two alternate sets of responses. The first was answered by those for whom employment was either a certainty or a strong probability and the second by those whose vocational future indicated unemployment. Responses to both sets are shown in Tables IV and V.

TABLE IV
Responses of those Anticipating **Job** Placement
(N = 65)

Item	More	Same	Lees	
Anticipated Salary	2	60	3	
Anticipated Travel (distance from home)	14	43	8	
	<u>Yes</u>	<u>In Doubt</u>	<u>No</u>	
Change Residence	9	3	53	
	<u>YES</u>	<u>No</u>	<u>Don't Know</u>	
Require Retraining	17	46	2	
At Personal Cost	6	51	8	
	<u>Happy</u>	<u>So-So</u>	<u>Unhappy</u>	<u>Angry</u>
Reaction to Change	34	23	3	4

Examples of the negative reactions summarized in Table V include: stress, regret, concern, worry, disappointment and discouragement. The mixed reactions were those that indicated the family would be pleased to have the employee home but that the income would be missed.

TABLE V Responses of Those
Not Anticipating Job Placement
 (N = 50)

Item	Yes	No
Have Made Applications	27	22
Rejected State Offer	40	10

	<u>Yes</u>	<u>Important</u>	<u>Not Really</u>	<u>No</u>
Work Necessary	23	17	6	2

	<u>Savings</u>	<u>Spouse</u>	<u>Unemployment</u>	<u>Welfare</u>
Planned Resources*	9	27	33	1

*Some multiple responses

	<u>Positive</u>	<u>Negative</u>	<u>None/mixed</u>
Family Reaction	4	39	27

Narrative comments. Definite clusters of responses were obvious and for the most part they were consistent with the mood of the oral statements, that is, anger, worry and indecision, No attempt was made to prioritize the comments in terms of importance; those comments were selected which seemed to best articulate the majority opinions expressed. Certainly some were more laudatory than those quoted but the more contented faction

was definitely in the verbal minority.

Also, it should be emphasized that the comments reflect the subjective feelings of the employees from their perspectives during this period of stress, and inclusion here does not attest their validity but only mirrors the aura of the period.

a) re legislature. Frequent criticism was levied against the legislature for not deciding earlier whether to consign the complex to the Department of Veterans Affairs (DVA). Although it was known that the hospital would close May 1, 1976 it was not known whether it would be replaced by another source of employment until mid-March 1978. The preceding ten month period of indecision was the source of considerable anxiety, for planners and employees alike, which lacked a firm information base into the eleventh hour. Some typical comments:

"The legislature could have acted on the Veteran's Home bill at the beginning of the session so that employees would have known whether or not employment at the Veteran's Home was a possibility. As it was, commitments regarding employment were often required before knowledge of all employment possibilities was available." "The legislature was at fault for indecision as time of closure, bring in Vets, withholding of funds, etc." "I think the legislature is about the most unthought-of people to keep us dangling for so long."

"The legislature should have made their decision about the Vets in 1977."

b) re DPW. Strong resentment for lack of planning, insouciance and self service characterized the critique of DPW's role in the closure operations. Many recognized that DPW was hamstrung by factors beyond their control but felt that there should have been more initiative to meet the challenge. Some typical comments include:

"DPW has been recommending for many years that HSH be closed yet when they finally succeeded they were totally unprepared."

"Top level DPW staff very un-amenable to feedback/suggestions/criticism for improved procedures/planning unless very directly threatened with public exposure."

"DPW staff was more interested in jockeying for position within the department than affecting the orderly closure of the hospital." "Political and personal interests (ambitions) were primary considerations to DPW Central Office staff."

c) re Administration, Hastings State Hospital. Some reproach was directed at the local administration for lack of leadership and for abetting a credibility gap, but most strongly for retaining staff beyond need. Typical comments:

"The Administration of HSH could have done more (it actually did very little) to represent, the employees and patients or protect them from being pushed around by DPW bureaucrats."

"Administration could have been much more candid when informing employees of particulars of the closure."

"He (Administrator) never kept us informed as to what was going on -- we had to guess and listen to rumors."

"Administrator made decisions he had no right to. I was ready to leave five months ago on a promotion and he refused to let me go until May 1 -- thus I lost out on a promotion."

"No one here really knew what they were doing. It's been one big mess."

"We have been told often what we wanted to hear from Administration, the last two weeks are very undignified -- pushed out -- like sitting at a two week wake -- once the patients were gone, could have been given vacation pay and treated with appreciation."

d) re personnel practices. More dissatisfaction was expressed toward the personnel function than toward any other aspect of the closure operations. Censure focused on the lack of clarity and consistency of personnel policies, a lack which seemed to persist even into the final closing days. Specific

culpability, although not always clear, was generously dispensed to the state Department of Personnel, to DPW and its personnel officer and to the hospital administration for the interpretations made. Some quotes:

"Personnel people should have had more definite information. As it was we had seemingly different answers to different questions each day."

"No one knew the answers to our questions. I felt you couldn't trust any of the answers I did get because they changed from day to day."

"Don't offer token jobs that aren't real. Just because we are state employees doesn't mean we are simple minded." "It is now the last days and the chiefs still don't know answers to our questions."

"Job offers could have started earlier and release dates given earlier for many people. Many times it felt like they were playing ping-pong with your life." "Many of the employees who transferred within the department did so without, sometimes in spite of, assistance from DPW, the union and the Department of Personnel." "We were told continually we would be found another job within commuting distance. Everyone said, 'No problem.' We took several advisory tests and for what? Nothing came of it. It was a disgusting waste of time."

e) re other management practices. Poor planning and lack of foresight were often mentioned as were poor communication and coordination among and within the departments of Personnel, Welfare and Veterans Affairs. More than a few stated that an outside manager should have been appointee to deal with nothing other than the details of closing, that he should have had decision making authority and should have been located at the hospital site.

Less tangible, but of considerable significance in that sensitive period, was the oft-held impression that those in authority carried out their duties in a perfunctory, often unfriendly and sometimes demeaning manner. A very common feeling was that no one really cared enough about their plight to become responsibly involved.

Not unnoticed were severe, graphic opinions, e.g.: the man that lamented "there could have been a little more studding and management"; the person that felt the legislature must have concurrently enacted Murphy's law, and the young woman who, in colorful pathos, avowed that DPW did not have its feces assembled,

One Year Follow Up.

Employment Status.

Responses to the letter of inquiry and the state employment records were the source documents that permitted determination of employment status one year later for 143 (76.5%) of the

Not anticipated and striking was the shift in group emotional reaction to the closure. In spite of the anxiety, confusion and hostility rampant during the phase-down, more people expressed "happiness" about closure during that period than one year after the fact (Tables IV and VI). This surprising development, judging from the narrative comments, appears to reflect the discontents that developed among those remaining at the Hastings location under the DVA. That group represents a large portion of the respondents at both times and it is apparent that the original optimism surrounding the assurance of continued employment gave way to dissatisfaction in their new roles. Their disgruntlement, added to that of those vocationally displaced left only ten persons who later described themselves as "happy" about the closure.

The most prominent feature emanating from the employees' narrative comments was the shift from a critical-aggressive posture to later concern and disappointment, the latter as much oriented toward patients as themselves. The patient concerns appeared in equal amount earlier but stood out in more relief later as the intensity of their anger about administrative matters subsided. At the risk of belaboring the point, it is evident that the staff remained dedicated to the service role and loyal to the hospital function.

It is perhaps unnecessary to caution against over-interpretations based on voluntary samples. What are mirrored in these results are the facts about, and statements from, a large majority

but not the totality. Also lost are the tales of individual hardship and success that resulted from the closure, and candor requires the observation that few of the latter came to our attention.

SUMMARY OF PART I, IMPACT OF CLOSURE ON EMPLOYEES

One hundred sixty-seven employees on hand at the time of closure of Hastings State Hospital were invited to complete a short questionnaire and to discuss their reactions to the closure; 74: responded. Their comments, both oral and written, expressed bitterness and anxiety related to legislative delay, closure mismanagement and confusion in personnel practices. Yet, it is noteworthy that no grievances were filed during this hectic period.

A one year follow up survey located 76% and found 93% of those in the eligible work force to be employed, three fourths of them by the state. Comments in general indicated less job satisfaction than before, but there was far less severe criticism of the closing process. While the plurality appears to have coped in varying degrees with the changes brought about by closure, the over-all net economic and emotional effects on the employees tends to have been negative, much of which might have been avoided by better planning, communication and coordination.

APPENDIX A

EMPLOYEE QUESTIONNAIRE

NAME

CLASS

DEPARTMENT

Total years worked at HSH: (1) Less than 1 (4) 10-19.99
(2) 1-4.99 (5) 20 or more
(3) 5 - 9.99

Do you have another job: 1) Yes (2) Probable (3) Possible (4) No prospect

If (1) or (2):

Will you be making (1) more (2) about the same (3) less money

Will you be traveling (1) more (2) about same (3) less miles to work

Will you have to move (1) yes (2) questionable (3) no

Will the new job require retraining (1) yes (2) no

Will retraining cost you in any way (1) yes (2) no

Are you (1) happy (2) so-so (3) unhappy (4) angry about the job change

If (3) or (4), have you made applications: (1) yes (2) no

Have you turned down an offer from the state: (1) yes (2) no

Was your employment financially necessary: (1) yes (2) important
(3) Not really (4) no

What funds will you be living on: (1) Savings (5) Welfare
(2) Spouse income (6) Other
(3) Retirement
(4) Unemployment

What is the family reaction to job loss? ___

How do you think the closure could have been handled differently from
your point of view? _____

