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A COMPARISON OF NURSES' ATTITUDES CONCERNING
THERAPEUTIC WARD ATMOSPHERE
WITH THOSE OF OTHER MEMBERS OF THE
MULTI-DISCIPLINARY TREATMENT TEAM

by

Barbara Brown

A thesis
submitted in partial fulfillment
of the requirements for the degree of
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Title: A COMPARISON OF NURSES' ATTITUDE CONCERNING THERAPEUTIC
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MULTI-DISCIPLINARY TEAM

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Abstract

The atmosphere of a psychiatric hospital ward has been found to have an influence on patient behavior and on treatment outcome. The ward atmosphere is affected by the patients, the multi-disciplinary team and the nurse who is the team member who spends the greatest amount of time on the ward. A multi-disciplinary team which shares similar attitudes concerning ward atmosphere is more likely to create a therapeutic ward atmosphere.

The multi-disciplinary teams of three adult psychiatric units at a midwestern psychiatric hospital were subject of a research study regarding their attitudes concerning therapeutic ward atmosphere. The scores, of team members of all three units, on Rudolf Moos' Ward Atmosphere Scale indicated moderate to strong importance placed on the sub-scale of Involvement, Support, Spontaneity, Autonomy, Practical Orientation, Personal Problem Orientation, Anger and Aggression, Order and Organization, and Program Clarity while little importance was placed on the sub-scale of Staff Control. Nurse's scores on all sub-scales corresponded with the majority of the scores of other team members. The majority of scores on the first nine sub-scales ranged from five to eight and from three to five on the last sub-scale.

I give permission to the College of Nursing, SDSU, to publish this abstract in a collection of abstracts from master's projects and thesis.

Signature

Date

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This thesis is approved as a creditable and independent investigation by a candidate for the degree, Master of Science, and is acceptable for meeting the thesis requirements for this degree. Acceptance of this thesis does not imply that the conclusions reached by the candidate are necessarily the conclusions of the major department.

Adviser

Date

Head, Graduate Program
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Date

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CHAPTER 1

Introduction

The American health care community has taken great strides in recent decades. New diagnostic techniques and advances in technology and research have assisted health care personnel in attacking problems of clients in ways we could hardly have imagined half a century ago (Stanford and Ferdue, 1983).

Among the advances of the last 50 years is the recognition that the ward atmosphere has an influence on the behavior of psychiatric patients (Caudill, 1952). In 1954, Lucy Ozarian, a psychiatrist, visited 35 psychiatric hospitals researching ward atmosphere and patient behavior. From her research, she concluded that some of the pathological behavior of psychiatric patients was a result of the hospital ward atmosphere.

In his early research, Rudolf Moos (1967), a psychiatrist at Stanford University School of Medicine, found that patients react differently to different ward settings. Moos's research indicated that the ward setting is important in eliciting a therapeutic response from a patient (Moos, 1967).

In a 1968 research project, Moos' found the patient responses to the ward atmosphere resulted from their individual characteristics. In the same study, he noted the staff tended to react more to the setting as a whole (Moos, 1968).

Moos noted, in a 1973 study, psychiatric staff members identified three broad areas. These areas were (1) Relationships,

(2) Personal Development and (3) System Maintenance or Administrative Structure. The staff felt each of these areas impact heavily on the ward atmosphere.

If a psychiatric hospital is to be accredited by the Joint Commission of American Hospitals, a multi-disciplinary team must develop treatment plans for patients. The treatment plans must include consideration of the ward atmosphere. The multi-disciplinary team is made up of representatives of the disciplines considered necessary for treatment of all the psychiatric patients' needs. The team members collect information concerning the patients level of functioning and progress, share the information in a team meeting, and combine the information in order to make therapeutic decisions (Robertson, Mesmer, Hoshino, Steinmeyer, 1982).

Each member of the multi-disciplinary treatment team sees their role differently. Thus, differing team members' views of optimum psychiatric ward environment or atmosphere can be inferred from their impression of attitudes and beliefs as well as behaviors observed in the clinical setting (Wolf, 1978).

An essential member of the treatment team is the ward nurse. Theodore Van Putten (1974), a psychiatrist, called the nurse "the guardian of ward atmosphere." The nurse is the member of the treatment team who spends the greatest amount of time in direct contact with the patients. The nurse listens to the patients' concerns in relation to the ward as well as in relation

to their treatment plans and relays patients' concerns to the multi-disciplinary team. The nurse participates in formulating team decisions, implements the decisions on the ward and in the process, has a direct impact on the ward atmosphere (Robertson, Mesmer, Hoshino, Steinmeyer, 1982).

Researchers in the field of psychiatric care tend to agree on the significance of the psychiatric ward atmosphere in determining the outcome of patient treatment (Wolf, 1978, Garritson, 1983, 1987, Benfer, 1985). Realizing the significance of the environment in psychiatric care, the importance of the nurses' views regarding the structuring of a therapeutic environment, the current focus on short-term hospital care, and the differing backgrounds of the multi-disciplinary team members, this study was designed to assess the multi-disciplinary team members perception of ward atmosphere.

Statement of the Problem

To what degree do nurses in the Acute Unit, the Psychosocial Unit and the Geropsychiatric Unit differ from other members of the psychiatric multi-disciplinary treatment team in their attitudes concerning therapeutic ward atmosphere?

Significance of the Study

This study is significant because the American Nurses Association Standards of Psychiatric and Mental Health Nursing Practice (1982) state that the nurse will maintain a therapeutic ward atmosphere, assess the patients' progress and collaborate with

other health care professionals who make up the multi-disciplinary treatment team. As one member of the multi-disciplinary team, the nurse must function effectively with other team members, who each view their role from their own professional background. It is essential for the nurse to understand each team member's attitude concerning the ward atmosphere so full support can be given to the treatment selected.

Definition of Terms

In this study:

1. Ward Atmosphere - includes the physical environment, the patients living there, the members of the multi-disciplinary treatment team and the interaction between these components (Bulletin of the Meninger Clinic, 1985).
2. Multi-disciplinary treatment team - the team consists of nurses, physicians, psychologists, social workers, occupational therapists, recreation therapists, chaplains, vocational rehabilitation therapists, educators, and addiction counselors. Each team determines the care and treatment of a specified group of patients.
3. Acute Unit multi-disciplinary treatment team - this team admits all adult psychiatric patients, evaluates, diagnoses and formulates the treatment plan for patients, provides short term treatment for selected patients and makes recommendations for long term care.

4. Psychosocial Unit multi-disciplinary treatment team - provides long term care and treatment for adult psychiatric patients and prepares them for return to the community.

5. Geropsychiatric Unit multi-disciplinary treatment team - provides treatment and care for geriatric patients and prepares them for return to the community.

6. Team decision - a decision made by the multi-disciplinary team after (1) information is collected, (2) the information is communicated to all team members and (3) the information is combined or condensed (Robertson, Mesmer, Hoshino, Steinmeyer, 1982).

7. Nurse - an individual who is licensed as a Registered Nurse by a State Board of Nursing.

8. Involvement - measures how active and energetic patients are in the day-to-day social functioning of the ward. Patient attitudes such as pride in the ward, feelings of group spirit, and general enthusiasm are assessed (Moos, 1974).

9. Support - measures how helpful and supportive patients are towards other patients, how well the staff understand patient needs and are willing to help and encourage patients, and how encouraging and considerate doctors are towards patients (Moos, 1972).

10. Spontaneity - measures the extent to which the environment encourages patients to act openly and to freely express their feelings towards other patients and the staff (Moos, 1974).

11. Autonomy - assesses how self-sufficient and independent patients are encouraged to be in their personal affairs and in their relationships with staff; and how much responsibility and self-direction patients are encouraged to exercise (Moos, 1974).

12. Practical orientation - assesses the extent to which the program orients patients towards preparing themselves for release from the hospital and for the future. Such things as training for new kinds of jobs, looking to the future and setting and working toward practical goals are considered (Moos, 1974).

13. Personal problem orientation - measures the extent to which patients are encouraged to be concerned with their feelings and problems, and to seek to understand them through openly talking to other patients and staff about themselves and their past (Moos, 1974).

14. Anger and aggression - measures the extent to which a patient is allowed and encouraged to argue with patients and staff, to become openly angry and to display other expressions of anger (Moos, 1974).

15. Order and organization - measures how important order and organization is on the ward, e.g., do patients follow regular schedules, is the ward well kept, do staff keep appointments, are activities carefully planned (Moos, 1974).

16. Program clarity - measures the extent to which the patient knows what to expect in the day-to-day routine of the ward and how explicit the ward rules and procedures are (Moos, 1974).

17. Staff control - measures the extent to which it is necessary for the staff to restrict patients, i.e., in the strictness of rules and schedules, in the relationships between patient and staff, and in measures taken to keep patients under effective controls (Moos, 1974).

18. Elopement - to leave the hospital without permission.

Research Objectives

The research objectives in this study were designed to provide answers to concerns regarding the three areas which are important in the development of a therapeutic ward atmosphere identified by Moos (1972).

I. Relationships

1. To find how nurses' attitudes concerning ward atmosphere regarding involvement differ from those of other multi-disciplinary team members.

2. To find how nurses' attitudes concerning ward atmosphere regarding support differ from those of other multi-disciplinary team members.

3. To find how nurses' attitudes concerning ward atmosphere regarding spontaneity differ from those of other multi-disciplinary team members.

II. Personal Development

4. To find how nurses' attitudes concerning ward atmosphere regarding autonomy differ from those of other multi-disciplinary team members.

5. To find how nurses' attitudes concerning ward atmosphere regarding practical orientation of staff versus patient differ from those of other multi-disciplinary team members.

6. To find how nurses' attitudes concerning ward atmosphere regarding personal problem orientation differ from those of other multi-disciplinary team members.

7. To find how nurses' attitudes concerning ward atmosphere regarding anger and aggression differ from those of other multi-disciplinary team members.

III. Systems Maintenance of Administrative Structure

8. To find how nurses' attitudes concerning ward atmosphere regarding order and organization differ from those of other multi-disciplinary team members.

9. To find how nurses' attitudes concerning ward atmosphere regarding program clarity differ from those of other multi-disciplinary team members.

10. To find how nurses' attitudes concerning ward atmosphere regarding staff control differ from those of other multi-disciplinary team members.

Organization of the Study

The remainder of this study will be organized as follows:

1. Chapter 2 will be a review of literature.
2. Chapter 3 will present the conceptual framework.
3. Chapter 4 will present the methodology.
4. Chapter 5 will present the analysis of the research data.
5. Chapter 6 will present a summary of the study, implications of the study, limitations of the study, and recommendations for further research.

CHAPTER 2

Review of Literature

This chapter presents a review of the literature pertinent to this study. The historical importance of atmosphere in the care of the psychiatric patient, dimensions of ward atmosphere, the contributions of the care providers, and the contribution of the nurse were considered.

Psychiatric Ward Atmosphere as Part of a Treatment Program

The atmosphere in which the mentally ill live and are cared for has long been considered important. In the eighteenth century, Tuke and Pinel advocated "Moral treatment" which emphasized kindness, firmness and consideration of human worth and was directed toward assisting the patient to help himself. This form of treatment was the basis of care in some of the first facilities which cared for the mentally ill in the United States in the eighteenth century. These standards gradually deteriorated. In time, shackles, filth, overcrowding and other inhumane treatment became the norm (Ozarian, 1954).

Since 1900 the atmosphere in which the mentally ill live has again become an important treatment consideration. Every hospital psychiatric unit constitutes an atmosphere in which it is hoped that the optimal conditions for patient recovery will exist. Murray (1938) spoke of behavior being an interactional effect of the patient's personality and elements of the environment or atmosphere. He called the effect of the atmosphere "environmental

press." By 1950, it had become increasingly clear that ward atmosphere had a profound influence on the behavior of many patients and that the causes of this behavior were not entirely within the patients themselves. Interpersonal events on the ward were shown to effect the adjustment of patients to the ward and the social structure of the ward was shown to influence patient behavior (Caudill, 1952).

In the 1960's, Rudolph Moos, a psychiatrist at Stanford University School of Medicine and affiliated with the Veterans Administration, began his ongoing research on the effect of environment on psychiatric patients. Moos (1967) found that different patients react differently to different ward settings. Patient reactions are apparently determined in large part by the relationship between their response tendencies and the characteristics of particular ward settings. This indicates that ward setting is important in eliciting a therapeutic response. To predict the behavior of a patient, Moos noted, it is essential to know about the patient whose behavior is being predicted as well as about the setting in which the behavior is being predicted. Further study substantiated his conclusions that the interactive effect of person and setting are much greater than the effects of setting alone (Moos 1968 A, 1969). Moos (1968 B) found that while patients' response to setting resulted from their individual characteristics, the staff tended to react more to the setting as a whole.

Moos was also interested in the varied elements of ward atmosphere and how they effected the patient. His early research led him to develop a scale to measure social atmosphere on psychiatric wards. Moos believed ward atmosphere was influenced by the patients and the staff as well as the physical environment. He developed a scale using test items from the observations of trained observers who noted standard patterns of behaviors on psychiatric wards. Through the use of these scales he identified three types of dimensions that characterize psychiatric programs (Moos, 1972). These are relationship dimensions, personal development and administrative structure dimensions. Relationship dimensions include involvement, support and spontaneity. Personal development or treatment program dimensions include autonomy, practical orientation, personal problem orientation, anger and aggression. Administrative structure dimensions include order, organization, program clarity and staff control (Moos, 1974).

Dimensions of Ward Atmosphere

Relationship Dimensions

Relationship dimensions include involvement, support and spontaneity. In a study of patients' perceptions of the admission process to a psychiatric ward, Sebastian (1987) found that after 48 hours on the unit becoming acquainted with other patients ranked third; and becoming acquainted with staff ranked fourth in importance of a list of items concerning their admission. After one week the patients ranked becoming acquainted with staff as

third and becoming acquainted with patients as fourth. Only knowing more about their personal problems and greater awareness of the treatment process were more important than involvement with others.

Sebastian (1987) noted that the assignment of a "senior patient" was helpful to new patients in learning the routine of the ward and in becoming acquainted with other patients. The patients' indication of the importance of patients and staff as part of the admission process may indicate that they find them to be supportive.

The practice of psychiatric nursing should be characterized by those aspects of nursing practice which involve interpersonal relationships with patients in present-oriented, here and now activities. These aspects of nursing are dealt with in and become part of the ward atmosphere. Since nurses spend more time with patients than other health care professionals, they are in a position to assist in developing more effective role relationships and to experiment with more effective styles of communication (Carter, 1986). Involvement in community meetings, ward and group activities can channel patients' talents and energy into socially acceptable behavior (Chitty and Maynard, 1986).

A study on expectations of hospital treatment and conflicting views of patients and staff found that conflicting views about the ward atmosphere resulted in treatment failure. It was felt that treatment negotiated between the patient and the

staff would be more effective (Skodal, Plutchik and Karasu, 1980). Katherine McIndoe (1986), an RN and Instructor in Mental Health Nursing at the University of British Columbia, in her study of elopements of psychiatric patients found that mental health care professionals must encourage patients to verbalize their beliefs concerning their illness and care in order to develop treatment programs which are meaningful to the patients. Treatment programs which are meaningless to the patient do not provide the patient with a reason to continue treatment.

Personal Development/Treatment Programs

Personal development/treatment programs dimensions include autonomy, practical orientation, personal problem orientation and anger and aggressiveness. McIndoe (1986) found that patients who eloped assigned a low value to their treatment plan because they had reservations about their treatment. It was found that decisions were being made for the patients and the patients were unwilling to change their lives and behavior because of decisions made by others. Chitty and Maynard (1986), in their work with manipulative patients, also found it important to encourage the patient to participate in joint goal setting and evaluation setting. They also felt that the patient should be encouraged to make as many decisions about daily activities as possible. Skodal, Plutchik, and Karasu (1980) suggest that a negotiated approach to patient treatment will lead to greater autonomy, growth in self esteem, sense of responsibility, and

increased trust.

Marjorie Baier (1987), studied the role of the case manager, the mental health care professional who follows and assists the patient in the community after discharge from the hospital. She found that patients must be assisted in learning to care for their needs. This includes job training, how to utilize resources in the community in order to deal with problems such as dealing with landlords, and to provide themselves with clothing and food. Patients should begin to develop these skills while in the hospital so that they can function outside the hospital. Thus, patients' interests and skills should be incorporated into the treatment plan in order for the treatment to be more meaningful to the patient (McIndoe, 1986).

In a study of patients' perceptions of the psychiatric hospitalization admission procedure, Sebastian (1987) found that patients reported the item most important to them was learning more about their own problems. This was true at 48 hours and also at one week after admission.

The ward atmosphere and treatment programs are associated with precipitating disruptive, aggressive and violent behaviors. Focus must be placed on structuring the environment and programming to minimize the potential for disruptive behaviors. The behavior of the patient is largely dependent on and sensitive to the social climate of the ward. Staff must be able to identify and be alert for indications of disruptive or violent behavior. The goal is to

dissipate the anger before loss of control, which the patient as well as the staff fear. This may be done by verbal intervention, separation of the patient from the stimulus and encouraging her/him to ventilate feelings. If this is not effective, a team approach may be used. In the team approach, several health care providers from different disciplines approach the patient non-judgmentally in order to assist the patient in regaining control. Chemical and mechanical restraints are last resorts (Sclafani, 1986).

Gallop and Wynn (1986) stated that expectations of behavior should be clearly defined for both patients and staff at the time of admission. This allows the patient to know which behaviors are acceptable and which are not acceptable as well as the consequences of unacceptable behavior. It also allows the staff to respond in a consistent manner.

Administrative Structure

These dimensions include order and organization, program clarity and staff control. Chitty and Maynard (1986) found that in dealing with patients, being consistent facilitates the establishment of trust. This includes following through on commitments made to patients and the method of dealing with their problems and behaviors. Keeping appointments and the ability to structure their day assists the patient to function in the community (Baier, 1987). These skills are learned in hospital units.

The issue of control (of others and self) is central to effective nursing management. The nurse who can be comfortable with the giving up of control in order to allow the client to grow can be most helpful (Chitty and Maynard, 1986). Gallop and Wynn (1986) state that there must be a ward policy to deal with aggression that is clear to both patients and staff as well as individual treatment plans to have consistent, broad based regulations that protect the safety of the environment for patients and staff.

The Multi-disciplinary Team and the Treatment Program

During the 1970's, a number of social, political and economic trends influenced the direction of treatment of psychiatric patients. One of the most significant policy decisions was decentralization of psychiatric patients from state hospitals to the community where they are treated. This move shifted the care of patients and research toward the needs of the community based mental health service (Ransohoff, Zachary, Gaynor and Hargreaves, 1982). Another trend which shifted the focus of research was a new concern for patients' rights and the demand that the patient be cared for in the least restrictive environment. So, within the hospital setting, the Joint Commission of American Hospitals mandated that the care of psychiatric patients be planned, implemented and evaluated by a multi-disciplinary team to assist toward the patient leaving the hospital and returning to the community.

The advantage of the multi-disciplinary team is that a variety of professionals collect information which can be used to make decisions (Holzbert, 1960). Team members of different disciplines see the patient in different settings and at different times of day. They collect information, communicate this information to the team, and then participate in making decisions regarding patient care and treatment (Robertson, Mesmer, Hoshino, and Steinmeyer, 1982). The multi-disciplinary team that works well together and sets appropriate standards of care is therapeutic to the patient, but a team that fails to work together can cause chaos in the institution and is harmful to the patients in its care (Gomez, Ruiz, Langrod, 1980).

Cohen and Struening (1962) stated that the well being of mental patients is to some extent influenced by social context and that mental patients are sensitive to and influenced by the attitudinal atmosphere created by hospital employees. Two attitudes measured were authoritarianism and benevolence. They found substantial difference in the opinions about mental illness as one goes up the occupational-educational ladder. Authoritarianism decreased with education and benevolence was greatest in those with "some" education. They also found that these opinions were consistent in widely separated hospitals. They suggest that some of the friction found between professional groups in hospitals and some of the failures in communication between those who give the orders and those who carry them out is a

manifestation of widely separate views of the nature and progress of mental illness held by different occupational groups. Moos (1970) stated the reason for the extent of staff disagreements about personality change in patients may be due to staff roles and the different settings in which they see the patient. Different disciplines and different measures perceive the patient differently.

Ruthann Karnegieter (1980), an occupational therapist, found that individual differences, behavioral settings, and the interaction between them contribute to the variance in the patients' behavioral responses and ultimately to the treatment outcome. She states that assessment of the ward atmosphere lays a foundation on which occupational therapists may develop treatment plans which enable the patient to be better integrated in the community after discharge.

Toseland, Palmer-Ganelis, and Chapman, psychiatric social workers, (1986) note that the purpose of a multi-disciplinary team is to develop and implement the best possible treatment plans for the patients, to monitor the patient's progress and adjust the plans as needed. Advantages to the team approach include (1) meeting of individual patient needs, (2) development of better treatment plans, and (3) a more stimulating and satisfying environment for professionals. They also suggest that the team process can prevent a fragmented approach to the patient's individual problem because the different views and backgrounds of

team members allows treatment to focus on the patient as a whole.

A study of the multi-disciplinary team decision making process conceptualizes the decision making in terms of three processes: a) information collection, b) information communication and c) information combination. It was found that bias does exist in the decision making process. For this reason it is suggested that careful attention should be paid to team makeup in terms of professions represented and also in terms of the situations in which the patients are observed. Then, more complex issues related to information communication and combination can be addressed (Robertson, Mesmer, Hoshino, Steinmeyer, 1982).

The Nurse and the Treatment Program

Nurses are the members of the multi-disciplinary team who are most closely associated with the actual atmosphere of the ward and who are responsible for implementing team decisions on the ward. They have also been active in research concerning ward atmosphere.

Margaret Wolf (1978) examined the perceptions of nurses concerning ward atmosphere, using their level of education as a basis of comparison using Moos's Ward Atmosphere Scale (WAS, 1974). She reported that as the level of education of nurses increases, they placed higher values on the administrative dimension of the WAS. These include structure and order and less value on the relationship dimensions such as patient autonomy and spontaneity. She found that nurses differ widely in their views on the structure

and the maintenance of ward atmosphere; and that nurses' views differ from other members of the multi-disciplinary team. She suggested that further research and change was needed to enable all team members to work together in order to develop the most therapeutic ward.

Friedman, Jeger and Slotnick (1980) predicted that nursing staff who are directly responsible for day to day ward functioning would perceive the ward environment more favorably than professionals who are not regularly involved in ward activities. Their study included nurses, psychiatrists, psychologists, social workers, and recreational therapists. They utilized Moos's Ward Atmosphere Scale to measure perceptions of the ward. They found that nurses did perceive the ward more favorably than the other professionals and suggested two explanations for why this may occur. As nurses have direct responsibility for ward functioning and have a greater investment in the institutional environment, they may be likely to view the environment more favorably. The other explanation may be that nurses who are involved in the day to day functioning of the ward may have more realistic expectations of both the environment and the patients. In this respect they may rate the environment as more positive than professionals who held greater but perhaps unrealistic expectations.

Despite the volume of literature describing various characteristics of different psychiatric programs, there are a few empirical studies relating program dimensions to treatment

effectiveness. Many different conceptions of atmosphere therapy exist, and most staff attempt to practice at least some of them in their programs. Ellsworth, Maroney, Klett, Gordon and Gunn (1970) examined characteristics of efficient (high turn over) and effective (low return rate) psychiatric units. They found that nursing staff and patients attributed negative characteristics to efficient units as these units tend to restrict patient autonomy. The results of their study suggest that these units tend to be run by professional staff who do not take the time to involve either the patients or the nursing staff in responsible roles, but focus instead on admitting and discharging patients. Effective wards, on the other hand, were characterized as having motivated professional staff and active participative roles for both nursing staff and patients.

Psychiatric nursing literature states the nurses have the essential responsibility for structuring and maintaining a therapeutic milieu (Standards of Psychiatric Mental Health Nursing of American Nurses Association, 1982). Wolf, (1978) investigated how registered nurses, employed in general hospital inpatient psychiatric facilities, differ in their views of an ideal psychiatric ward as a function of educational level, utilizing Moos Ward Atmosphere Scale (1968). She found that nurses' views do differ as a function of their educational level in respect to the desired degree of milieu permissiveness. As the educational level of the nurses increased, their desire for structure, rules, and

program clarity in a psychiatric ward increased. The nurses with a graduate degree viewed the ideal psychiatric ward as one high in the administrative dimension, i.e., structure and order and relatively lower in the relationship dimensions, i.e., autonomy and spontaneity. The decreased views of patient autonomy and practical orientation show evidence of a preference for an efficient (high turn over) rather than an effective (low return rate) ward.

The trend for treatment of psychiatric patients by the least restrictive means in the community has led nurses to investigate the effect of restrictiveness, in the hospital, on ward atmosphere. Least restrictiveness is more than just a set of techniques. It also involves the adoption and incorporation of underlying social and philosophical issues implicit in the term (Garritson, 1982). Garritson (1987) found that unlocked wards were less restrictive in that they also encouraged greater patient autonomy and patient participation in decision making. She also found that staff with greater responsibilities for managing patients, have lower status in hospital hierarchy and were more authoritarian and restrictive. Her findings suggest concrete ways in which nurses can affect ward atmosphere and decrease restrictiveness by limiting the use of restrictive measures such as locking room doors, limiting patients' free time off the ward and by encouraging patient participation in ward decisions. These considerations are reflected in many of the sub-scales of the WAS.

A study on ward atmosphere and psychiatric nurses' job satisfaction by Dorr, Honea and Pozner (1980), found that the perceived degree of practical orientation was strongly related to ward morale. Program clarity, order and organization, support and involvement were also notably related to job satisfaction. System maintenance functions were important to the nurses but so too were therapeutic and communication dimensions reflecting a balanced view of nursing care. In other words, while a smoothly run ward was important, nurses also valued achievement of therapeutic goals for patients, particularly those relating to the ability to readapt to their home communities.

Milne (1986) utilized Moos Ward Atmosphere (1972) to evaluate nurses' and patients' perception of the hospital ward atmosphere. The evaluation served both to define problems and to evaluate the corrective changes that were implemented in a psychiatric day hospital. The result indicated that nurses and patients held similarly unfavorable views of the ward at a baseline assessment, including low level of support, involvement, spontaneity, and program clarity. This finding then served as the basis for systematic changes, including staff training, the regrouping of patients, and revising the therapeutic program. Further evaluation indicated that these changes had significantly improved the ward atmosphere from the perspective of both nurses and patients. The results also indicate that the often elusive but clinically significant viable of 'ward atmosphere' can be defined

and assessed. This study regards the hospital unit as the client instead of focusing attention on the individual nurses and patients and directs, instead, attention to the the "personality" of the ward. It was also concluded that this approach held considerable promise for the implementation of changes in nursing practice.

Summary

Chapter II has addressed the three major elements involved in this study. The literature review indicates that:

1. The atmosphere of a psychiatric ward affects and is affected by the patients' and the staff who make up the multi-disciplinary team.
2. Dimensions of ward atmosphere are areas of current study because the patients' ability to cope with the social environment on the ward is an indication of ability to function in the community.
3. A multi-disciplinary team has been developed to meet the standard of the Joint Commission of American Hospitals who believe that this is an effective method of integrating the assessments and expertise of the various disciplines who work together to provide treatment for the mentally ill. The training and beliefs of the team members and their ability to integrate their assessments have an effect on ward milieu as well as patient care. The team process is most effective when the team members work carefully together to collect information, communicate the information collected, and combine the information shared for the

benefit of the patient and the environment.

4. The nurse is the member of the multi-disciplinary team who is most responsible for structuring and maintaining a therapeutic environment. Because of the time spent in the ward environment and with the patients, the nurse brings to team meetings assessments of the environment and patient progress on the ward, participates in the team process and implements the decisions of the team. The nurse is the link between the patients and ward staff and the multi-disciplinary team.

CHAPTER 3

Conceptual Framework

This chapter presents the conceptual framework of this study. The conceptual framework of this study incorporates three concepts 1) Ward Atmosphere, 2) the Multi-disciplinary team and 3) the Nurse.

The concept of ward atmosphere is taken from Rudolf Moos' (1974) conceptualization of the ward social environment. Moos described ward atmosphere as consisting of three broad, measurable areas of Relationships, Personal Development and Administrative Structure.

The atmosphere of the ward affects and is affected by those individuals who enter the atmosphere in any manner. Therefore, the members of the multi-disciplinary team, their training and beliefs, become a component of the ward atmosphere.

The nurse is the member of the multi-disciplinary team who is most closely associated with the ward itself. The nurse must provide structure and maintain a therapeutic ward atmosphere in collaboration with other health care providers (Standards of Psychiatric and Mental Health Nursing Practice, 1982). Therefore, the nurse is an important component of the ward atmosphere.

CHAPTER 4

Methodology

This chapter presents the methodology of this study and will include the criteria for the sample, the research instrument, and the method of data collection.

Approach

This study utilized a survey approach for the problem under consideration. The instrument used has been designed to study staff perceptions of ward atmosphere.

Selection

This study was conducted in a midwest psychiatric hospital. The criteria for the sample was as follows:

1. The subject must be at least 20 years old.
2. The subject must be employed at the hospital.
3. The subject must be a member of a multi-disciplinary treatment team.
4. The subject must participate in the team meetings and the decision making process.
5. The subject must be licensed or credentialed to practice in his/her discipline.

Instrument

The research instrument used was the Ward Atmosphere Scale (WAS) developed by Rudolf Moos (1974). The WAS measures the attitudes of staff toward the atmosphere of a hospital psychiatric ward. The instrument is divided into ten sub-scales which assess

the three broad areas of ward atmosphere. The three broad areas are: 1) Relationships, 2) Personal Development and 3) Administrative Structures. Moos developed different forms of the WAS for different settings. In this study, Form R was used. Form R is the final form of the Ward Atmosphere Scale. This tool is a questionnaire to which participants respond true or false (Appendix A).

To establish reliability, of the WAS Moos used the Test-Retest method. In assessing one hundred sixty wards in hospitals in 16 different states, Moos found the correlation between initial and retest for staff assessments to range from .91 after one week, to a low of .78 at nine months, to .96 after three years, four months. Internal consistencies of each of the ten sub-scales of the Ward Atmosphere Scale were determined by using Kuder-Richardson Formula 20. Correlation of each of the sub-scales was determined. These ranged from .42 to .54 with a mean of .47.

Estimated Omega squared was used to calculate the average proportion of total subscale variance accounted for by differences among programs. Three different sets of analyses across eight, twenty-eight and thirty-six wards were made. On the average, differences among programs account for 25 to 30 percent of the variance for staff.

Method of Data Collection

The steps in the collection of data were:

1. Permission to do research was obtained from the

Research Committee of a mid-west psychiatric hospital (Appendix B).

2. The investigator visited the November 2, 1988 morning team meetings of the Acute, Psychosocial and Geropsychiatric multi-disciplinary treatment teams to explain the research, to request their participation and to distribute the Ward Atmosphere Scale. Participants completed the Scale at their convenience and returned it in a self-addressed stamped envelope provided by the investigator. This was a sample of convenience. All participants in the study returned the envelopes to the investigator on November 2, 1988. No follow-up was necessary.

Method of Data Analysis

Descriptive statistics were used to analyze the data. The data obtained from each of the three multi-disciplinary teams was analyzed separately.

CHAPTER 5

Analysis of the Research Data

This chapter presents the descriptive analysis of the data related to demographic characteristics of the sample and the attitudes concerning the ward atmosphere of the Acute, Geropsychiatric, and Psychosocial multi-disciplinary treatment teams. On the Ward Atmosphere Scale, the higher the score the more emphasis the respondent places on that aspect of ward atmosphere. Scores are reflections of nominal data obtained from responses of participants to a true or false questionnaire. The range of possible scores is from zero to ten.

Acute TeamDemographic Data

There were 22 members on the acute team. Eighteen (18) members participated in this study. Four were unable to participate due to time constraints. The demographic characteristics of the participants are as follows:

Sex: Eleven (61 percent) of the subjects were female and seven (39 percent) were male.

Age: Three (17 percent) of the subjects were 20-29 years old; two (11 percent) were 30-39 years old; eight (44 percent) were 40-49 years old; two (11 percent) were 50-59 years old; and three (17 percent) were 60 years or older.

Discipline: Four (21 percent) of the subjects were nurses: two (11 percent) were psychiatrists; two (11 percent) were

psychologists; five (27 percent) were social workers; one (6 percent) was an occupational therapist; one (6 percent) was a recreational therapist; one (6 percent) was a vocational counselor; one (6 percent) was a chaplain; and one (6 percent) was an educator.

Educational Level: One subject (6 percent) had a diploma in nursing; eight (46 percent) had a baccalaureate degree; five (27 percent) had a Masters degree; and four (21 percent) had a doctoral degree.

Acute Team Members' Assessment of Ward Atmosphere

I. Relationships

Objective 1. How nurses' attitudes concerning ward atmosphere regarding involvement differ from those of other multi-disciplinary team members.

The nurses' mean score for involvement was 6.5; the chaplain's score was 9.0; the vocational counselor's score was 9.0; the psychologists' mean score was 7.0; the psychiatrists' mean score was 6.5; the occupational therapist's score was 6.0; the educator's score was 6.0; the social workers' mean score was 5.6; and the recreational therapist's score was 5.0. (Table 1).

The nurses ranked fourth highest on the involvement sub-scale.

Objective 2. How nurses' attitudes concerning ward atmosphere regarding support differ from those of other multi-disciplinary team members.

TABLE 1

WAS MEAN SCORES OF THE ACUTE MULTI-DISCIPLINARY TEAM *

	I	S.D.	S	S.D.	SP	S.D.	A	S.D.	PO	S.D.	PPO	S.D.	AA	S.D.	OO	S.D.	PC	S.D.	SC	S.D.
Nurses	6.5	1.35	5.5	1.83	6.5	0.58	5.5	1.73	5.7	2.98	7.5	1.29	6.0	1.83	6.2	2.38	4.7	1.50	2.7	2.06
Social Workers	5.6	2.19	5.6	2.89	5.2	1.64	4.6	1.52	7.0	2.34	6.0	1.58	5.8	2.94	7.4	1.34	6.7	2.68	3.6	2.19
Psychiatrists	6.5	0.71	6.0	1.41	6.0	0.00	4.5	0.71	6.5	0.71	5.0	2.82	5.0	4.24	5.5	3.34	6.0	1.41	3.0	0.00
Psychologists	7.0	1.73	6.5	3.53	5.0	1.41	5.5	2.12	6.0	1.41	6.5	2.35	5.5	0.71	8.0	1.41	6.0	1.41	5.5	0.71
Recreational Therapist **	5.0		8.0		8.0		5.0		10		7.0		4.0		7.0		7.0		3.0	
Occupational Therapist **	6.0		7.0		7.0		5.0		9.0		6.0		4.0		7.0		6.0		1.0	
Educator **	6.0		5.0		5.0		5.0		7.0		6.0		8.0		7.0		6.0		5.0	
Chaplain **	9.0		8.0		7.0		8.0		9.0		8.0		7.0		9.0		10		4.0	
Vocational Therapist **	9.0		8.0		7.0		8.0		9.0		7.0		3.0		10		8.0		2.0	

I = Involvement

S = Support

SP = Spontaneity

A = Autonomy

PA = Practical Orientation

PPO = Personal Problem Orientation

AA = Anger and Aggression

OO = Order and Organization

PC = Program Clarity

SC = Staff Control

* Based on Raw Score Range of 0-10

** One respondent from each discipline

The nurses' mean score for support was 5.5, the recreational therapist's score was 8.0; the chaplain's score was 8.0; the vocational counselor's score was 8.0; the occupational therapist's score was 7.0; the psychologists' mean score was 6.5; the psychiatrists' mean score was 6.0; the social workers' mean score was 5.6; and the educator's score was 5.0. (Table 1).

The nurses ranked seventh highest on the support sub-scale.

Objective 3. How nurses' attitudes concerning ward atmosphere regarding spontaneity differ from those of other multi-disciplinary team members.

The nurses' mean score for spontaneity was 6.5; the recreational therapist's score was 8.0; the occupational therapist's score was 7.0; the chaplain's score was 7.0; the vocational counselor's score was 7.0; the psychiatrists' mean score was 6.0; the social workers' mean score was 5.2; the psychologists' mean score was 5.0; and the educator's score was 5.0. (Table 1).

The nurses ranked fifth highest on the spontaneity sub-scale.

II. Personal Development

Objective 4. How nurses' attitudes concerning ward atmosphere regarding autonomy differ from those of other multi-disciplinary team members.

The nurses' mean score for autonomy was 5.5; the chaplain's score was 8; the vocational counselor's score was 8; the

psychologists' mean score was 5.5; the recreational therapist, the occupational therapist and the educator each scored 5; the social workers' mean score was 4.6; and the psychiatrists' mean score was 4.5. (Table 1).

The nurses ranked third highest on the autonomy sub-scale.

Objective 5. How nurses' attitudes concerning ward atmosphere regarding practical orientation differ from those of other multi-disciplinary team members.

The nurses' mean score for practical orientation was 5.7; the recreational therapist's score was 10.0; the occupational therapist, the chaplain and the vocational counselor each scored 9.0; the mean score for the social workers was 7.0; the educator scored 7.0; the psychiatrists' mean score was 6.5; the psychologists' mean score was 6.0. (Table 1).

The nurses ranked the lowest on the practical orientation sub-scale.

Objective 6. How nurses' attitudes concerning ward atmosphere regarding personal problem orientation differ from those of other multi-disciplinary team members.

The nurses' mean score for personal problem orientation was 7.5; the chaplain's score was 8.0; the recreational therapist and the vocational counselor each scored 7.0; the psychologists' mean score was 6.5; the social workers' mean score was 6.0; the

occupational therapist and the educator each scored 6.0; the psychiatrists' mean score was 5.0. (Table 1).

The nurses ranked second highest on the personal problem orientation sub-scale.

Objective 7. How nurses' attitudes concerning ward atmosphere regarding anger and aggression differ from those of other multi-disciplinary team members.

The nurses' mean score for anger and aggression was 6.0; the educator scored 8.0; the chaplain scored 7.0; the social workers' mean score was 5.8; the psychologists' mean score was 5.5; the psychiatrists' mean score was 5.0; the recreational therapist and the occupational therapist each scored 4.0; and the vocational counselor scored 3.0. (Table 1).

The nurses ranked third highest on the anger and aggression sub-scale.

III. Systems Maintenance or Administrative Structure

Objective 8. How nurses' attitudes concerning ward atmosphere regarding order and organization differ from those of the multi-disciplinary team members.

The nurses' mean score for order and organization was 6.2; the vocational counselor's score was 10.0; the chaplain's score was 9.0; the psychologists' mean score was 8.0; the social workers' mean score was 7.4; the recreational therapist, the occupational therapist, and the educator each scored 7.0; the psychiatrists' mean score was 5.5. (Table 1).

The nurses ranked eighth highest on the order and organization sub-scale.

Objective 9. How nurses' attitudes concerning ward atmosphere regarding program clarity differ from those of other multi-disciplinary team members.

The nurses' mean score for program clarity was 4.7; the chaplain's score was 10.0; the vocational counselor's score was 8.0; the recreational therapist's score was 7.0; the social workers' mean score was 6.2; the psychiatrists' and psychologists' mean scores were each 6.0; and the occupational therapist and the educator each scored 6.0. (Table 1).

The nurses ranked lowest on the program clarity sub-scale.

Objective 10. How nurses' attitudes concerning ward atmosphere regarding staff control differ from those of other multi-disciplinary team members.

The nurses' mean score for staff control was 2.7; the psychologists' mean score was 5.5; the educator's score was 5.0; the chaplain's score was 4.0; the social workers' mean score was 3.6; the psychiatrists' mean score was 3.0; the recreational therapist's score was 3.0; the vocational counselor's score was 2.0; and the occupational therapist's score was 1.0.

The nurses ranked seventh highest on the staff control sub-scale.

On the Acute Unit, the scores for the first nine sub-scales for all disciplines clustered around the scores of 5 to 8. The scores for the last sub-scale were much lower and cluster between the scores of 1 to 4. (Figure 1). Chaplaincy, education, and vocational counselling are not represented on all three teams, therefore, their scores are presented separately. (Figure 2).

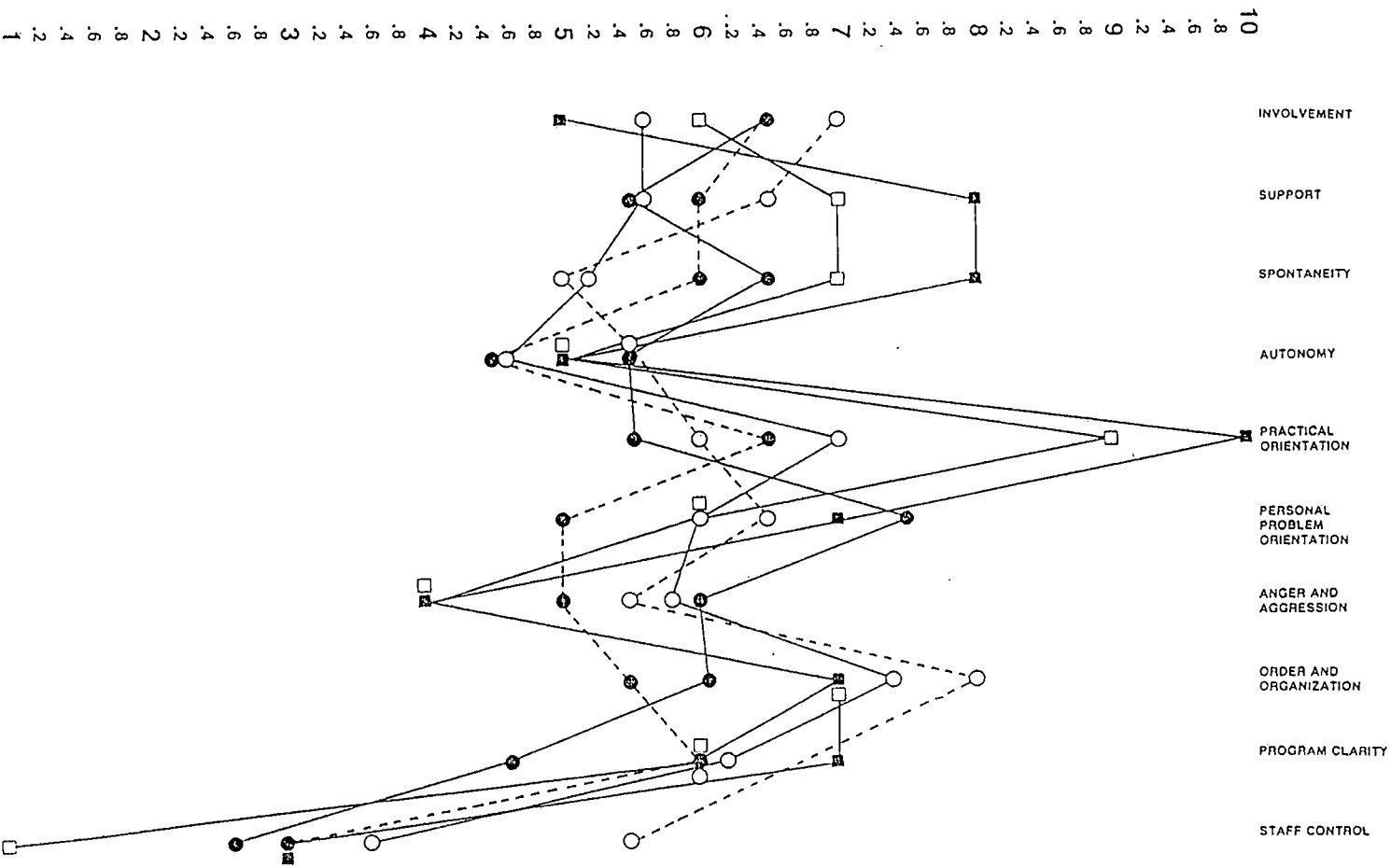
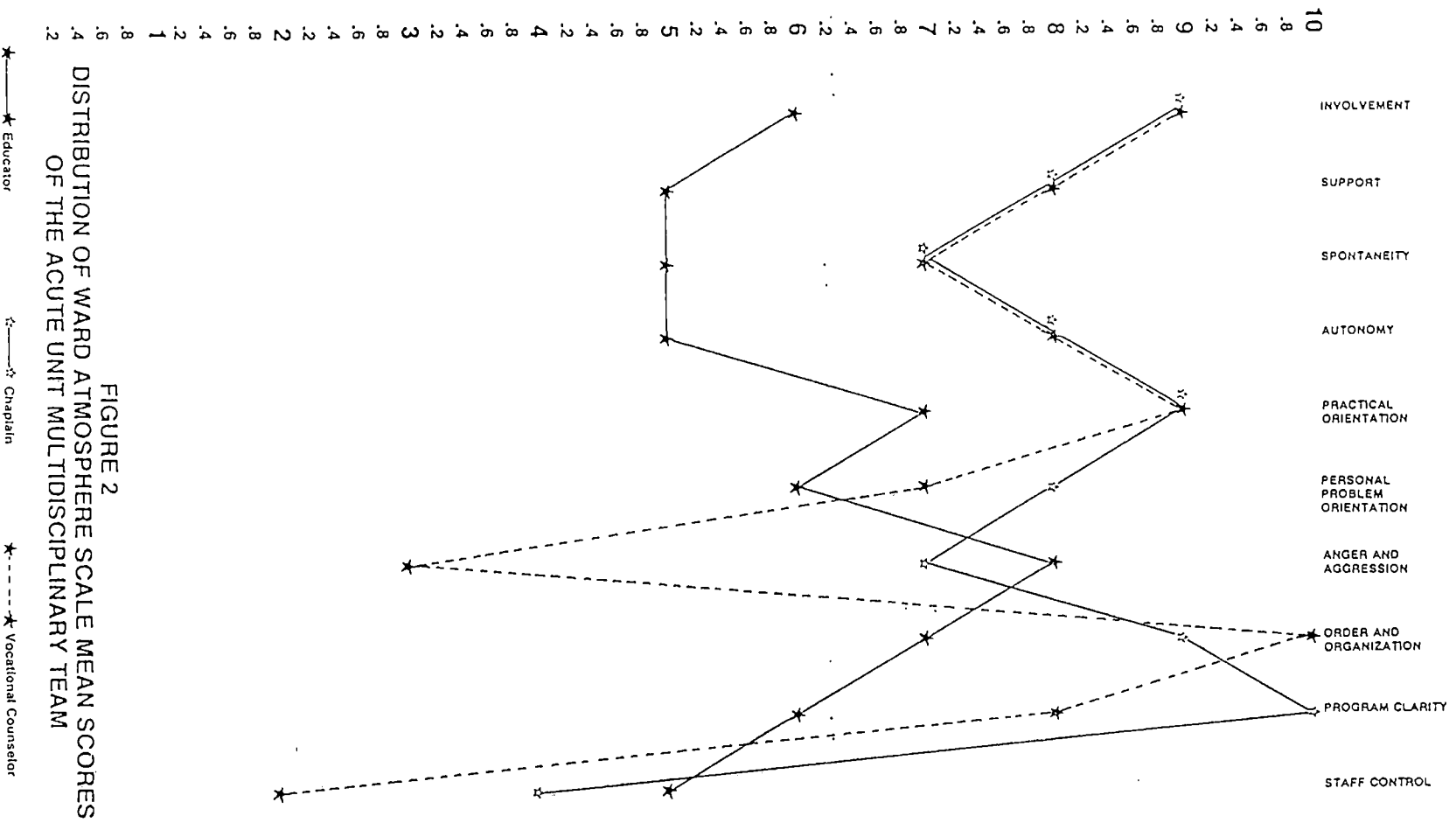


FIGURE 1
DISTRIBUTION OF WARD ATMOSPHERE SCALE MEAN SCORES
OF THE ACUTE UNIT MULTIDISCIPLINARY TEAM

●—● Nurses
○—○ Social Workers
■—■ Recreational Therapist
□—□ Occupational Therapist
●- - -○ Psychologists



Geropsychiatric Team

Demographic Data

There were seventeen members on the geropsychiatric team. Fourteen (14) members participated in this study. Three were unable to participate due to time constraints. The demographic characteristics of the participants are as follows:

Sex: Ten subjects (71 percent) were female and four (29 percent) were male.

Age: Two of the subjects (14 percent) were 20-29 years old; three (22 percent) were 30-39 years old; six (43 percent) were 40-49 years old; two (14 percent) were 50-59 years old; and one (7 percent) was 60 years or older.

Discipline: Five of the subjects (37 percent) were nurses; one (7 percent) was a psychologist; two (14 percent) were social workers; one (7 percent) was an occupational therapist; one (7 percent) was a recreational therapist; one (7 percent) was a chaplain; two (14 percent) were educators; and one (7 percent) was a physician, but not a psychiatrist.

Level of Education: Seven of the subjects (50 percent) had a baccalaureate degree, five (36 percent) had masters degree, and two (14 percent) had a doctoral degree.

Geropsychiatric Team Members' Assessment of Ward Atmosphere

I. Relationships

Objective 1. How nurses' attitudes concerning ward atmosphere regarding involvement differ from those of other multi-disciplinary team members.

The nurses' mean score for involvement was 5.2; the recreational therapist's score was 10.0; the social workers' mean score was 8.0; the physician's score was 8.0; the educators' mean score was 6.0; the psychologist's and the chaplain each scored 5.0; and the occupational therapist's score was 1.0. (Table 2).

The nurses ranked fifth highest on the involvement sub-scale.

Objective 2. How nurses' attitudes concerning ward atmosphere regarding support differ from those of other multi-disciplinary team members.

The nurses' mean score for support was 5.4; the educators' mean score was 9.0; the physician's score was 8.0; the social workers' mean score was 6.5; the recreational therapist's score was 6.0; the chaplain's score was 5.0; the psychologist's score was 4.0; and the occupational therapist's score was 2.0. (Table 2).

The nurses ranked fifth highest on the support sub-scale.

TABLE 2

WAS MEAN SCORES OF THE GEROPSYCHIATRIC MULTI-DISCIPLINARY TEAM *

	I	S	SP	A	PO	PPO	AA	OO	PC	SC										
	S.D.	S.D.	S.D.	S.D.	S.D.	S.D.	S.D.	S.D.	S.D.	S.D.										
Nurses	5.2	3.63	5.4	1.14	7.0	1.22	5.6	3.00	7.2	1.30	5.8	2.04	6.2	1.10	8.0	2.34	6.6	2.30	2.6	1.52
Social Workers	8.0	1.41	6.5	2.12	5.5	0.71	5.0	1.41	5.5	2.12	3.0	2.83	5.0	1.41	10	0.00	5.0	1.41	4.0	1.41
Physician **	8.0		8.0		6.0		7.0		7.0		7.0		6.0		10		8.0		2.0	
Psychologist **	5.0		4.0		1.0		7.0		6.0		2.0		5.0		8.0		4.0		5.0	
Recreational Therapist **	10		6.0		7.0		8.0		7.0		5.0		1.0		8.0		6.0		3.0	
Occupational Therapist **	1.0		2.0		4.0		1.0		4.0		2.0		8.0		8.0		8.0		4.0	
Educators	6.0	5.66	9.0	1.41	6.0	0.00	6.0	1.41	5.0	0.00	6.0	5.29	6.0	1.41	9.0	1.41	6.5	4.95	4.5	3.34
Chaplain **	5.0		5.0		6.0		9.0		9.0		5.0		8.0		9.0		7.0		4.0	

I = Involvement

S = Support

SP = Spontaneity

A = Autonomy

PO = Practical Orientation

PPO = Personal Problem Orientation

AA = Anger and Aggression

OO = Order and Organization

PC = Program Clarity

SC = Staff Control

* Based on Raw Score Range of 0-10

** One respondent from each discipline

Objective 3. How nurses' attitudes concerning ward atmosphere regarding spontaneity differ from those of other multi-disciplinary team members.

The nurses' mean score for spontaneity was 7.0; the recreational therapist's score was 7.0; the educators' mean score was 6.0; the physician and the chaplain each scored 6.0; the social workers' mean score was 5.5; the occupational therapist's score was 4.0; and the psychologist's score was 1.0. (Table 2).

The nurses ranked highest on the spontaneity sub-scale.

II. Personal Development

Objective 4. How nurse's attitudes concerning ward atmosphere regarding autonomy differ from those of other multi-disciplinary team members.

The nurses' mean score for autonomy was 5.6; the chaplain's score was 9.0; the recreational therapist's score was 8.0; the physician and the psychologist each scored 7.0; the educators' mean score was 6.0; the social workers' mean score was 5.0; and the occupational therapist's score was 1.0. (Table 2).

The nurses ranked sixth highest on the autonomy sub-scale.

Objective 5. How nurse's attitudes concerning ward atmosphere regarding practical orientation differ from those of other multi-disciplinary team members.

The nurses' mean score for practical orientation was 7.2; the chaplain's score was 9.0; the physician's score was 7.0; the recreational therapist's score was 7.0; the psychologist's score was 6.0; the social workers' mean score was 5.5; the educators' mean score was 5.0; and the occupational therapist's score was 4.0. (Table 2).

The nurses ranked second highest on the practical orientation sub-scale.

Objective 6. How nurse's attitudes concerning ward atmosphere regarding personal problem orientation differ from those of other multi-disciplinary team members.

The nurses' mean score for personal problem orientation was 5.8; the physician's score was 7.0; the educators' mean score was 6.0; the recreational therapist and the chaplain each scored 5.0; the social workers' mean score was 3.0; and the psychologist and the occupational therapist each scored 2.0. (Table 2).

The nurses ranked third highest on the personal problem orientation sub-scale.

Objective 7. How nurse's attitudes concerning ward atmosphere regarding anger and aggression differ from those of other multi-disciplinary team members.

The nurses' mean score on anger and aggression was 6.2; the occupational therapist and the chaplain each scored 8.0; the physician's score was 6.0; the educators' mean score was 6.0; the

social workers' mean score was 5.0; the psychologist's score was 5.0; and the recreational therapist's score was 1.0. (Table 2).

The nurses ranked third highest on the anger and aggression sub-scale.

III. Systems Maintenance or Administrative Structure

Objective 8. How nurses' attitudes concerning ward atmosphere regarding order and organization differ from those of other multi-disciplinary team members.

The nurses' mean score on order and organization was 8.0; the social workers' mean score was 10.0; the physician's score was 10.0; the educators' mean score was 9.0; the chaplain's score was 9.0; the psychologist, the occupational therapist, and the recreational therapist each scored 8.0. (Table 2).

The nurses ranked fifth highest on the order and organization sub-scale.

Objective 9. How nurse's attitudes concerning ward atmosphere regarding program clarity differ from those of other multi-disciplinary team members.

The nurses' mean score for program clarity was 6.6; the physician and the occupational therapy each scored 8.0; the chaplain scored 7.0; the educators' mean score was 6.5; the recreational therapist's score was 6.0; the social workers' mean score was 5.0; and the psychologist's score was 4.0. (Table 2).

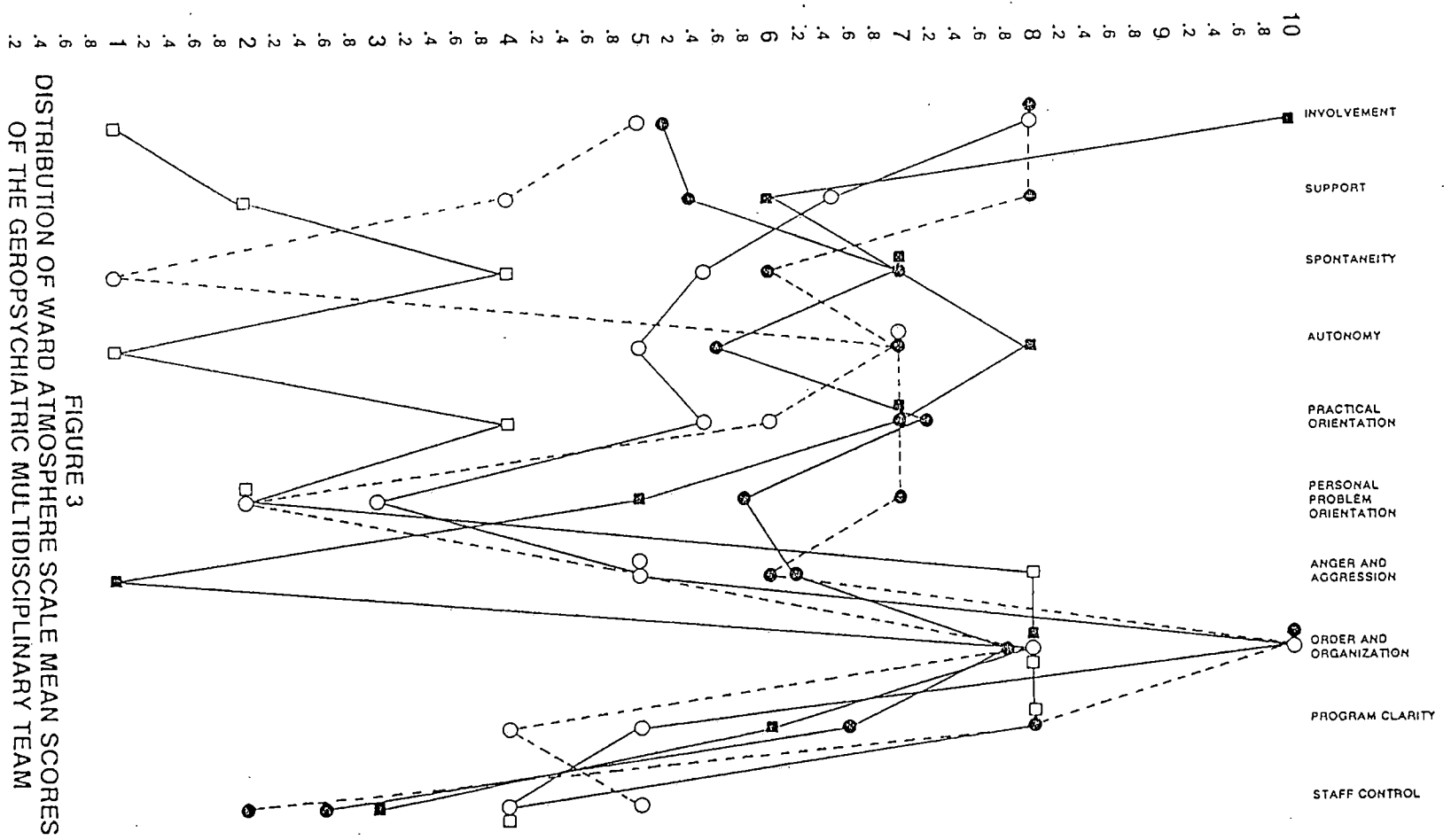
The nurses ranked fourth highest on the program clarity sub-scale.

Objective 10. How nurses' attitudes concerning ward atmosphere regarding staff control differ from those of other multi-disciplinary team members.

The nurses' mean score for staff control was 2.6; the psychologist's score was 5.0; the educators' mean score was 4.5; the social workers' mean score was 4.0; the occupational therapist and the chaplain each scored 4.0; the recreational therapist's score was 3.0; and the physician's score was 2.0. (Table 2).

The nurses ranked seventh highest on the staff control sub-scale.

On the Geropsychiatric Unit the scores for the first nine sub-scales for all disciplines clustered between the scores of 5 to 8. The scores for the last sub-scale were much lower and cluster between the scores of 2 to 5. (Figure 3). Chaplaincy and education are not represented on all of the teams, therefore, their scores are presented separately (Figure 4).



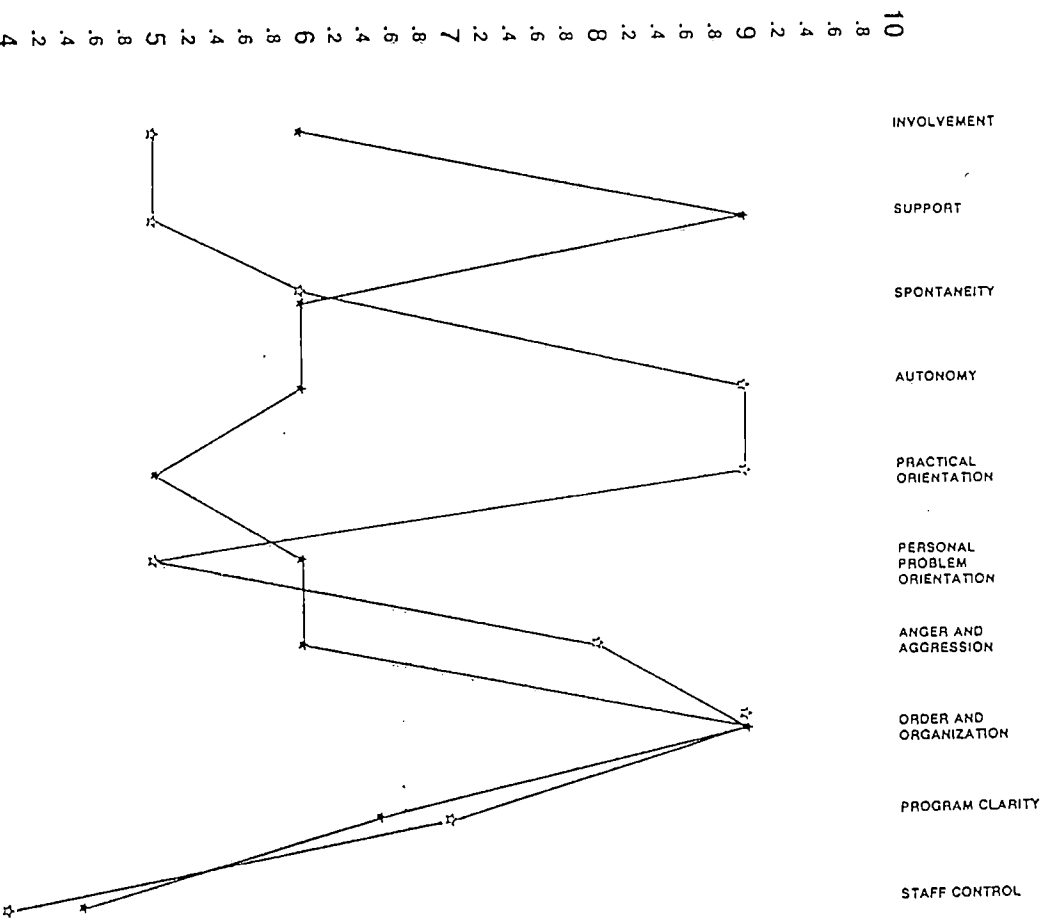


FIGURE 4
 DISTRIBUTION OF WARD ATMOSPHERE SCALE MEAN SCORES
 OF THE GEROPSYCHIATRIC MULTIDISCIPLINARY TEAM

————* Educators - - - - - □ Chaplain

Psychosocial Team

There were twenty -three members on the psychosocial team. Fourteen members were able to participate in this study. Seven were unable to participate due to time constraints. The demographic characteristics of the participants are as follows:

Sex: Ten of the subjects (71 percent) were female and four (29 percent) were male.

Age: Two of the subjects (14 percent) were 20-29 years old; two (14 percent) were 30-39 years old; eight (58 percent) were 40-49 years old; one (7 percent) was 50-59 years old; and one (7 percent) was 60 years or older.

Discipline: Seven of the subjects (50 percent) were nurses; one (7 percent) was a psychiatrist; two (14 percent) were psychologists; one (7 percent) was a social worker; two (14 percent) were occupational therapists; and one (7 percent) was a recreational therapist.

Level of Education: Three of the subjects (22 percent) had diplomas in nursing; seven (50 percent) had a baccalaureate degree; one (7 percent) had a masters degree; two (14 percent) had a doctoral degree; and one (7 percent) had an associate degree.

Psychosocial Team Member's Assessment of Ward Atmosphere

I. Relationships

Objective 1. How nurse's attitudes concerning ward atmosphere regarding involvement differ from those of other multi-disciplinary team members.

The nurses' mean score for involvement was 7.2; the psychiatrist's score was 9.0; the occupational therapists' mean score was 7.0; the psychologists' mean score was 6.5; the social worker's score was 6.0; and the recreational therapist's score was 3.0. (Table 3).

The nurses ranked second highest on the involvement sub-scale.

Objective 2. How nurses' attitudes concerning ward atmosphere regarding support differ from those of other multi-disciplinary team members.

The nurses' mean score for support was 6.2; the psychiatrist's score was 7.0; the occupational therapists' mean score was 6.5; the psychologists' mean score was 5.5; the social worker's score was 5.0; and the recreational therapist's score was 0.0. (Table 3).

The nurses ranked third highest on the support sub-scale.

Objective 3. How nurse's attitudes concerning ward atmosphere regarding spontaneity differ from those of other multi-disciplinary team members.

TABLE 3

WAS MEAN SCORES OF THE PSYCHOSOCIAL MULTI-DISCIPLINARY TEAM *

	I	S.D.	S	S.D.	SP	S.D.	A	S.D.	PO	S.D.	PPO	S.D.	AA	S.D.	OO	S.D.	PC	S.D.	SC	S.D.
Nurses	7.2	1.11	6.2	1.51	6.8	1.07	6.8	1.21	8.1	0.90	6.1	1.57	5.7	1.60	7.2	2.75	6.8	1.95	2.4	1.99
Social Worker **	6.0		5.0		5.0		4.0		9.0		5.0		8.0		4.0		4.0		5.0	
Psychiatrist **	9.0		7.0		6.0		6.0		9.0		5.0		8.0		9.0		8.0		4.0	
Psychologists	6.5	0.71	5.5	0.71	7.5	0.71	7.5	0.71	7.5	2.12	6.5	1.71	5.0	0.00	8.0	1.41	7.2	2.83	2.0	1.41
Recreational Therapist **	3.0		0.0		5.0		3.0		4.0		2.0		7.0		6.0		6.0		6.0	
Occupational Therapists	7.0	4.24	6.5	3.53	5.5	2.12	6.5	0.71	9.0	1.41	4.0	1.41	4.0	1.41	9.0	0.71	9.0	1.41	5.0	1.41

I = Involvement

S = Support

SP = Spontaneity

A = Autonomy

PA = Practical Orientation

PPO = Personal Problem Orientation

AA = Anger and Aggression

OO = Order and Organization

PC = Program Clarity

SC = Staff Control

* Based on Raw Score Range of 0-10

** One respondent from each discipline

The nurses' mean score for spontaneity was 6.8; the psychologists' mean score was 7.5; the psychiatrist's score was 6.0; the occupational therapists' mean score was 5.5; the social worker and the recreational therapist each scored 5.0. (Table 3).

The nurses ranked second highest on the spontaneity sub-scale.

II. Personal Development

Objective 4. How nurses' attitudes concerning ward atmosphere regarding autonomy differ from those of other multi-disciplinary team members.

The nurses' mean score for autonomy was 6.8; the psychologists' mean score was 7.5; the occupational therapists' mean score was 6.5; the psychiatrist's score was 6.0; the social worker's score was 4.0; the recreational therapist's score was 3.0. (Table 3).

The nurses ranked second highest on the autonomy sub-scale.

Objective 5. How nurses' attitudes concerning ward atmosphere regarding practical orientation differ from those of multi-disciplinary team members.

The nurses' mean score for practical orientation was 8.1; the occupational therapists' mean score was 9.0; the psychiatrist and the social worker each scored 9.0; the psychologists' mean score was 7.5; and the recreational therapist's score was 4.0. (Table 3).

The nurses ranked fourth highest on the practical orientation sub-scale.

Objective 6. How nurses' attitudes concerning ward atmosphere regarding personal problem orientation differ from those of other multi-disciplinary team members.

The nurses' mean score was 6.1; the psychologists' mean score was 6.5; the psychiatrist and the social worker each scored 5.0; the occupational therapists' mean score was 4.0; and the recreational therapist's score was 2.0. (Table 3).

The nurses ranked second highest on the personal problem orientation sub-scale.

Objective 7. How nurses' attitudes concerning ward atmosphere regarding anger and aggression differ from those of other multi-disciplinary team members.

The nurses' mean score on anger and aggression was 5.7; the psychiatrist and the social worker each scored 8.0; the recreational therapist scored 7.0; the psychologists' mean score was 5.0; and the occupational therapists' mean score was 4.0. (Table 3).

The nurses ranked fourth highest on the anger and aggression sub-scale.

III. Systems Maintenance or Administrative Structure

Objective 8. How nurses' attitudes concerning ward atmosphere regarding order and organization differ from those of other multi-disciplinary team members.

The nurses' mean score for order and organization was 7.2; the psychiatrist's score was 9.0; the occupational therapists' mean score was 8.5; the psychologists' mean score was 8.0; the recreational therapist's score was 6.0; and the social worker's score was 4.0. (Table 3).

The nurses ranked fourth highest on the order and organization scale.

Objective 9. How nurses' attitudes concerning ward atmosphere regarding program clarity differ from those of other multi-disciplinary team members.

The nurses' mean score for program clarity was 6.8; the occupational therapists' mean score was 9.0; the psychiatrist's score was 8.0; the psychologists' mean score was 7.0; the recreational therapist's score was 6.0; and the social worker's score was 4.0. (Table 3).

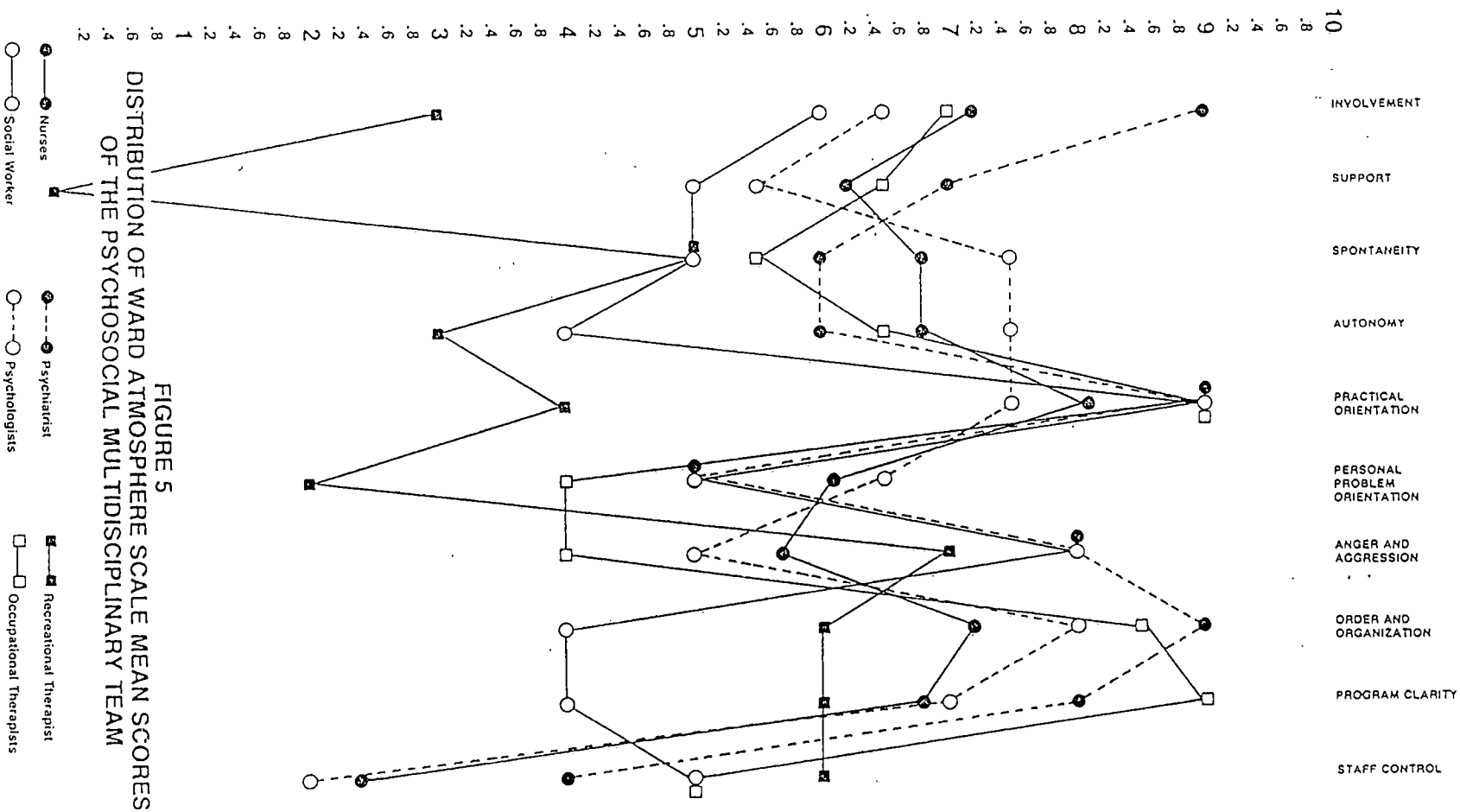
The nurses ranked fourth highest on the program clarity sub-scale.

Objective 10. How nurses' attitudes concerning ward atmosphere regarding staff control differ from those of other multi-disciplinary team members.

The nurses' mean score was 2.4; the recreational therapist's score was 6.0; the occupational therapists' mean score was 5.0; the social worker's score was 5.0; the psychiatrist's score was 4.0; and the psychologists' mean score was 2.0. (Table 3).

The nurses ranked fifth highest on the staff control sub-scale.

On the Psychosocial Unit the scores for the first nine sub-scales clustered around the scores of 5 to 8. The scores for the last sub-scale were lower and clustered around the scores of 2 to 5. (Figure 5).



Summary:

On the Ward Atmosphere Scale the score indicates the amount of emphasis placed on a sub-scale. The higher the score the greater the emphasis the respondent places on that sub-scale.

Acute Multi-disciplinary Team

Objective 1. The nurses ranked fourth highest on the involvement sub-scale. Multi-disciplinary team members ranking higher included the vocational counselor, the chaplain and the psychologists. The social workers ranked lowest on this sub-scale.

Objective 2. The nurses ranked eighth highest on the support sub-scale. Only the educator ranked lower. The recreational therapist, the chaplain, and the vocational counselor ranked highest on this sub-scale.

Objective 3. The nurses ranked fifth highest on the spontaneity sub-scale. The recreational therapist, the occupational therapist, the chaplain, and the vocational therapist ranked higher. The psychologists ranked lowest on this sub-scale.

Objective 4. The nurses ranked third highest on the autonomy sub-scale. The chaplain and the vocational counselor ranked higher and the psychiatrists ranked the lowest.

Objective 5. The nurses ranked the lowest on the practical-orientation sub-scale. The occupational therapist, the chaplain and the vocational counselor ranked highest on this sub-scale.

Objective 6. The nurses ranked second highest on the personal problem orientation sub-scale. The chaplain ranked higher and the psychiatrists ranked lowest.

Objective 7. The nurses ranked third highest on the anger and aggression sub-scale. The educator ranked the highest followed by the chaplain. The vocational counselor ranked lowest on this sub-scale.

Objective 8. The nurses ranked eighth highest on the order and organization sub-scale. The vocational counselor ranked highest followed by the chaplain. Only the psychiatrists ranked lower on this sub-scale.

Objective 9. The nurses ranked the lowest on the program clarity sub-scale. The vocational counselor ranked highest followed by the recreational therapist and the social workers.

Objective 10. The nurses ranked seventh highest on the staff control sub-scale. Only the vocational counselor and the occupational therapist ranked lower. The psychologists ranked the highest on this sub-scale.

Geropsychiatric Multi-disciplinary Team

Objective 1. The nurses ranked fifth highest on the involvement sub-scale. Those team members ranking higher included the recreational therapist, the social workers, the physician and the educators. The occupational therapist ranked lowest on this sub-scale.

Objective 2. The nurses ranked fifth highest on the support sub-scale. Team members ranking higher included the educators, the physician, the social workers and the recreational therapist. The occupational therapist ranked lowest on this sub-scale.

Objective 3. The nurses ranked the highest on the spontaneity sub-scale. They were followed by the recreational therapist, the physician, the educator. The psychologist ranked lowest on this sub-scale.

Objective 4. The nurses ranked sixth highest on the autonomy sub-scale. The chaplain ranked the highest followed by the recreational therapist, the physician, the psychologist, the educators. The occupational therapist reached the lowest on this sub-scale.

Objective 5. The nurses ranked the third highest on the practical orientation sub-scale. The physician ranked the highest followed by the educators. The psychologist and the occupational therapist ranked lowest.

Objective 6. The nurses reached third highest on the personal problem orientation sub-scale. The physician ranked highest followed by the educators. The occupational therapist ranked lowest.

Objective 7. The nurses ranked third highest on the anger and aggression sub-scale. The occupational therapist and the chaplain reached highest. The recreational therapist ranked lowest.

Objective 8. The nurses ranked fifth highest on the order and organizational sub-scale. The social workers and the physician ranked highest followed by the educators and the chaplain. The psychologist, the recreational therapist and the occupational therapist shared the lowest score on this sub-scale.

Objective 9. The nurses ranked fourth highest on the program clarity sub-scale. The physician and the occupational therapist ranked highest followed by the chaplain, the psychologist ranked lowest on this sub-scale.

Objective 10. The nurses ranked seventh highest on the staff control sub-scale. The psychologist ranked highest followed by the educators, the social workers, the occupational therapist, and the chaplain. The physicians ranked lowest on this sub-scale.

Psychosocial Multi-disciplinary Team

Objective 1. The nurses ranked second highest on the involvement sub-scale. The psychiatrist ranked highest and the recreational therapist ranked lowest.

Objective 2. The nurses ranked third highest on the support sub-scale. The psychiatrist ranked highest followed by the occupational therapist. The recreational therapist ranked lowest on this sub-scale.

Objective 3. The nurses ranked second highest on the spontaneity sub-scale. The psychologists ranked and the social workers and recreational therapists ranked lowest on this sub-scale.

Objective 4. The nurses ranked second highest on the autonomy sub-scale. The psychologists ranked highest and the recreational therapist ranked lowest on this sub-scale.

Objective 5. The nurses ranked fourth highest on the practical orientation sub-scale. The social worker, psychiatrist and the occupational therapists ranked highest. The recreational therapist ranked lowest.

Objective 6. The nurses ranked second highest on the personal problem orientation sub-scale. The psychologists ranked highest and the recreation therapist ranked lowest on this sub-scale.

Objective 7. The nurses ranked fourth highest on the anger and aggression sub-scale. The social worker and psychiatrist ranked highest followed by the recreational therapist. The occupational therapists ranked lowest on this sub-scale.

Objective 8. The nurses ranked fourth highest on the order and organization sub-scale. The psychiatrist ranked highest followed by the occupational therapists and the psychologists. The social worker ranked lowest on this sub-scale.

Objective 9. The nurses ranked fourth highest on the program clarity sub-scale. The occupational therapists ranked highest followed by the psychiatrist and the psychologists. The social worker ranked lowest on this sub-scale.

Objective 10. The nurses ranked fifth highest on the staff control sub-scale. The recreational therapist ranked highest

followed by the social worker, the occupational therapists and the psychiatrist. The psychologists ranked lowest on this sub-scale.

CHAPTER 6

Summary, Implications, Limitations and Recommendations

This chapter presents a summary of the research problem and a summary of the major findings and conclusions as related to the objectives of the study. Also, presented are implications of the study which were derived from the research findings, conclusions, the limitations of the study and recommendations for further research.

SummaryResearch Problem

It has long been recognized that ward atmosphere has an influence on the behavior of psychiatric patients (Caudill, 1952). Three dimensions of ward atmosphere were identified by Rudolf Moos (1974). These were relationship dimensions, personal development dimensions, and administrative structure dimensions.

The ward atmosphere is influenced by the patients living there. It is also influenced by the members of the multi-disciplinary treatment team, which assesses, diagnoses, and develops treatments for the patients, and the interaction between the patients and the team.

The nurse is the multi-disciplinary team member who spends the most time on the ward. The American Nurses Association Standards of Psychiatric and Mental Health Nursing Practice (1982) state that the nurse will maintain a

therapeutic ward atmosphere, assess the patient's progress, and collaborate with other health care professionals who make up the multi-disciplinary team. This study compares the assessments of nurses regarding ward atmosphere with those of other multi-disciplinary team members. Three treatment teams were assessed.

The objectives of this study were:

I. Relationships

1. To find how nurses' attitudes concerning ward atmosphere regarding involvement differ from those of other multi-disciplinary team members.

2. To find how nurses' attitudes concerning ward atmosphere regarding support differ from those of other multi-disciplinary team members.

3. To find how nurses' attitudes concerning ward atmosphere regarding spontaneity differ from those of other multi-disciplinary team members.

II. Personal Development

4. To find how nurses' attitudes concerning ward atmosphere regarding autonomy differ from those of other multi-disciplinary team members.

5. To find how nurses' attitudes concerning ward atmosphere regarding practical orientation of staff versus patient differ from those of other multi-disciplinary team members.

6. To find how nurses' attitudes concerning ward atmosphere regarding personal problem orientation differ from those of other multi-disciplinary team members.

7. To find how nurses' attitudes concerning ward atmosphere regarding anger and aggression differ from those of other multi-disciplinary team members.

III. Systems Maintenance of Administrative Structure

8. To find how nurses' attitudes concerning ward atmosphere regarding order and organization differ from those of other multi-disciplinary team members.

9. To find how nurses' attitudes concerning ward atmosphere regarding program clarity differ from those of other multi-disciplinary team members.

10. To find how nurses' attitudes concerning ward atmosphere regarding staff control differ from those of other multi-disciplinary team members.

Major Findings

The major findings of this study as related to the objectives were:

1. The majority of Ward Atmosphere Scale scores of the members of the Acute, Geropsychiatric and Psychosocial teams were above the mid-line of available scores on the first nine sub-scales. Those sub-scales were Involvement, Support, Spontaneity, Autonomy, Practical Orientation, Personal Problem Orientation, Anger and Aggression, Order and Organization, and

Program Clarity. These scores clustered from 5 to 8.

2. The nurses scores on most sub-scales were in the middle of the scores reported.

3. The scores of those team members who spent the least amount of time on the ward tended to be farthest from the mean.

4. The Ward Atmosphere Scale scores of the members of the Acute, Geropsychiatric, and Psychosocial team demonstrated that low interest is placed on the last sub-scale of Staff Control.

Conclusions

Most disciplines indicated a moderate to strong emphasis on the importance of the first nine sub-scales of the Ward Atmosphere Scale. Nurses' scores were most often in the middle range of scores achieved while those team members who spend less time on the ward achieved higher or lower scores. The nurses, because of the increased time they spend on the ward, may report ward atmosphere as more favorable than other disciplines or their assessment may be a more realistic reflection of ward atmosphere. These conclusions on nurses' assessments of ward atmosphere were supported by Friedman, Jeger and Soltnick (1980) in their study comparing the assessment of ward atmosphere of several disciplines.

Some occupational therapists were noted to score higher on the Practical Orientation sub-scale. This may be due to the emphasis on their training which is to prepare patients for better integration into the community after discharge (Kamegeiter, 1980).

All disciplines scored significantly lower on the Staff Center sub-scale. These low scores may indicate the willingness of team members to give up control to allow the patients to grow. A willingness to allow control to patients was proved to be beneficial to their treatment outcome by Chitty and Maynard (1986).

Implications of the Study

The distribution of scores on all sub-scales indicate that the team members' assessments of the ward atmosphere are compatible. This implies the ability to work meaningfully together in order to develop a therapeutic ward atmosphere and positive treatment for patients. The implications of this study are positive as a treatment team which fails to work together can cause chaos in the institution and harm to the patients in its care (Gomez, Ruiz, Langrod, 1980). A treatment team working together can prevent a fragmented approach to patient care and focus on the patient as a whole (Toseland, Palmer-Ganeles, and Chapman, 1986).

Limitations of the Study

1. The subjects were not randomly selected.
2. Questions in the instrument were open to broad interpretation which may have been a factor in the participant's responses.
3. The difference in educational levels between disciplines may have been a factor in their responses.

4. In each team several disciplines were represented by only one participant. This may create self-bias in reporting.

5. When a discipline was represented by one participant, her/his score was compared with those of four to seven nurses.

6. A yes/no tool was used which allowed no variations in attitude.

Recommendations for Further Study

The researcher recommends the following further research:

A study comparing the attitudes concerning ward atmosphere by a multi-disciplinary treatment team with an assessment of ward atmosphere by the patients in their care. Areas of needed change should be identified and corrected. Pre and post tests should be utilized to measure the effectiveness of the changes which were made.

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Appendix A

DATA SHEET

Please check all appropriate answers.

Sex:

1. Male
2. Female

Age:

3. 20-29
4. 30-39
5. 40-49
6. 50-59
7. 60 and above

Team Member:

8. Acute Unit
9. Gero-psychiatric Unit
10. Psycho-social Unit

Discipline:

11. Nurse
12. Psychiatrist
13. Physician (non psychiatrist)
14. Psychologist
15. Social Worker
16. Occupational Therapist
17. Recreational Therapist
18. Vocational Counselor
19. Chaplain
20. Educator
21. Addiction Counselor

Degree:

22. Diploma (nursing)
23. Associate Degree
24. Baccalaureate
25. Masters
26. Doctorate

Appendix B

RESEARCH PROPOSAL

Submitted by: Barbara Brown

A. Need for the Study - I am a graduate student at South Dakota State University. A thesis is one of the requirements for a Masters Degree in Nursing. As a nurse and a member of the Acute Team I am interested in the atmosphere on psychiatric wards. I am requesting permission to collect the data for my thesis at this hospital. The problem statement of my thesis is: To what extent do the nurses of the Acute Unit, the Psychosocial Unit and the Geropsychiatric Unit differ from other multi-disciplinary team members in their assessment of what constitutes a therapeutic ward atmosphere?

B. Method and Procedure - This study will utilize a survey approach. Permission will be requested to visit each team and each team member will be asked to complete a ward atmosphere scale and return it to the investigator. The time required to complete the scale is approximately 20 minutes.

C. Materials - The Ward Atmosphere Scale (Moos, R. 1974). Data sheet.

D. Subjects - The members of the Acute, Psychosocial and Geropsychiatric Teams.

E. Analysis Techniques - The Mann-Whitney Test or Descriptive Analysis will be used.

Dear Team Member:

I am a graduate student at South Dakota State University. My research concerns the perceptions of multi-disciplinary team members from the Acute Unit, Psychosocial Unit and the Geropsychiatric Unit regarding ward atmosphere.

I would appreciate your completing the enclosed Ward Atmosphere Scale (WAS). It will take approximately 20 minutes to complete. Also, please complete the attached data sheet. Do not write your name in place provided on the WAS Answer Sheet. All responses are confidential and your anonymity is assured. The information you contribute will be destroyed following tabulation of the results.

Please return the test booklet and the completed data and WAS answer sheets in the manila envelope provided for you by 11/2/88.

In order to indicate your consent to participate in this research, please sign and date both copies of this letter. Return one copy in the white envelope enclosed and keep the other copy.

Your participation in this research is voluntary. If you have any questions or concerns, please contact me. Thank you for your assistance.

Sincerely,

Barbara Brown
Work (L200) - 3082
Home - 252-7920

Signature

Date

Witness

November 2, 1988

Ms. Barbara Brown

Dear Barbara:

Your request of November 2 to collect data on three treatment units of this hospital for the purpose of studying ward atmosphere is granted. As stated in your request to the Professional Growth and Research Committee confidentiality of information is to be maintained.

Sincerely,

Richard Thysell, Ph.D.
Chairman

RVT/cjg

Appendix C

Consulting Psychologists Press, Inc.
577 College Avenue
Palo Alto, California 93403

Dear Sir:

I am a graduate student at South Dakota State University, Brookings, South Dakota, and I would like to use the Ward Atmosphere Scale (WAS) for my thesis.

As per your instructions during my telephone call to you, I would like to order the following:

WAS 5201 - Manual - \$4.25
5205 - Key - \$1.50
5213 - Test (25 per package) 2 packages @ \$4.75/each - \$9.00
5224 - Answer Sheets (50 per package) - \$3.50
5233 - Profile (50 per package) - \$3.50

I am enclosing a check for \$21.75. If you require further information or if the prices have changed, please notify me.

Thank you for your assistance.

Sincerely,

Barbara L. Brown

Barbara Doherty, Ed.D.
Thesis Advisor

BLB:BD:mr

Enclosure: Check for \$21.75