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Two Intensive Treatment Programmes: Nursing Attitudes and Evaluations*

By HUGH G. LAFAVE, and JOAN L. BURKE

There has recently been an emphasis on creating a therapeutic milieu in mental hospitals. Numerous publications reflect this trend (1, 2, 5, 6, 7, 8, 9, 11, 14, 15). In addition, studies on attitudes of nurses and patients and on some of the factors which seem important in creating a favourable ward atmosphere have become commonplace (3, 4, 10, 12, 13, 16, 17).

There has been little mention, however, of criteria nurses use to evaluate programmes or of the degree to which their orientation is related to the success of a programme. Recent changes in the admission wards at the Saskatchewan Hospital, Weyburn, offered an opportunity for such a study.

Background

Under the new programme, all patients under age 65 were admitted to one of two intensive treatment units. These were integrated units of men and women and allocation of patients was determined by their geographical residence. Any difference in types of patients served was therefore random. Each unit was directed by a chief of service who was given free rein to structure his unit, provided its goals were to adequately prepare patients for community living.

Staffing on the units was approximately proportionate.

This study was designed to analyse how nursing personnel on the units looked at their programme. It determined attitudes of nurses and the way in which these were related to success on the units as measured by discharge and re-admission rates.

The units' physical make-up seems relevant. 8A unit was compact, with a centralized nursing office and recreation area. This facilitated staff and patient interaction. The nurses worked under one supervisor and were not assigned specifically to the men's or the women's section. In contrast, 1A–3A unit had two wings. A large recreation and dining area separated the men's and women's wing and there was a nursing office on each. There were two supervisors of nursing staff: one for the men's and one for the women's section. Patients could move freely from one wing to another, but owing to the physical structure and the presence of two supervisors more effort was required to get patients to interact.

Observations of the two programmes, discussion with the psychiatrists in charge, and examination of attendance at meetings revealed obvious differences in the administration of the units. On the 1A–3A complex, a more hierarchical type of organization existed, with much communication and numerous conferences among the higher levels of personnel, but with a distinct schism between supervisory personnel and ward nurses. At the time this study was undertaken, the ward nurses on this unit expressed concern and uncertainty about their role on the treatment team.

Similar observations on 8A indicated a more democratically organized unit. There was emphasis on communication among all personnel, the lines of the hierarchy were less formally defined, and an effort was made to include all personnel in meetings. At the time of the study, the sociologist's reports indicated that the unit was functioning smoothly.

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Method

The sociologist administered an open-ended interview to all nursing personnel. The respondents were asked to describe the programme, its effectiveness, and its biggest problems. For the most part answers fell into one of two categories: (1) "patient-oriented"—where questions were answered according to what was being done for patients; (2) "nurse-oriented"—where questions were answered according to the role and function of the nurse.

Results

Results of interviews were analysed according to the respondent's sex, position in the nursing hierarchy, and unit.

Analysis showed no differences in response according to position within the nursing hierarchy. Similarly, there was no significant difference according to the respondent's sex.

There were readily apparent differences on the basis of the ward on which the respondent worked. Analysis of this is therefore given in detail. 8A, the more integrated unit, is considered separately from 3A, the men's section, and 1A, the women's section of the less integrated unit.

In describing their programme, on 8A, 19 respondents were "patient-oriented", 8 were "nurse-oriented". On 3A, 12 were "patient-oriented", 7 were "nurse-oriented". On 1A, 6 respondents were "patient-oriented" and 12 were "nurse-oriented". This means that, while on 8A and 3A the ratio was 2 to 1 with a focus on patients over nurses, on 1A the ratio was the reverse with a 2 to 1 emphasis on nurses over patients. The difference between 1A and the other two wards was significant at the ·05 level of confidence using χ^2.

How nursing staff judged the effectiveness of the programme can be categorized as follows: (1) they evaluated the programme by the discharge rate and patient improvement; or (2) they evaluated the programme by their impression of staff morale and ward atmosphere.

On 8A, 23 respondents judged the programme by discharge rate and changes in patients, while 6 judged it by level of staff morale and ward atmosphere. The ratio was similar for 3A, where 16 focused on discharge rate and patient improvement and 4 on staff morale. The ratio was reversed for 1A. Nine respondents focused on discharge rate and patient improvement, 11 focused on staff morale and ward atmosphere. Again the difference between 1A and the other areas was significant at the ·05 level of confidence using χ^2. Staff on 1A, then, tended to judge the programme on its effectiveness in promoting staff morale and a "good" ward atmosphere, while 8A and 3A staff tended to judge it by the rate of discharge and changes in patients.

In that the psychiatrists and majority of nurses interviewed stated the programme's aims were to prepare patients for discharge to the community, this is the criteria used to judge the effectiveness of the programmes.

In the four and a half months of operation, 8A discharged 61 per cent. of its patients, 3A discharged 54 per cent. and 1A discharged 69 per cent. When 3A and 1A are considered together their discharge rate was 61 per cent. which is identical with that of 8A. Since women patients had a higher discharge rate than men on both units, it is felt that the higher discharge rate on 1A is accounted for by the fact that it was an all-women's ward.

Although it is currently impossible to draw conclusions regarding the long-term results of these discharges, re-admission rates give some indication of differences between the wards in keeping patients out during this time. 8A and 3A both had a 6·7 per cent. return thus far, while 1A had a 5 per cent. return. This points out that as measured by discharge and re-admission rates, there is little difference in the results in 1A–3A compared to 8A.

Discussion

For the most part 8A and 3A personnel were "patient-oriented", and judged the programme on its ability to change and discharge patients while 1A personnel were "nurse-oriented" and judged the programme by its effect on staff morale.

A number of possible reasons for these differences will be examined here:

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1. Ward 1A differs from the other two in that it is the only ward composed entirely of women, both staff and patients. Analysis showed no difference in orientation according to sex of the staff either on wards taken separately or for all units as a whole. The fact that all the patients on 1A were women might account for some of the difference in orientation and discharge rates.

2. The great differences in organizational pattern between 8A and 1A–3A had seemed important. However, 1A's orientation differed from 3A's though their organizational patterns were identical. On the other hand 3A's orientation resembled 8A's though their organizational patterns were very different. These facts would tend to negate organizational pattern as an important factor in this instance.

3. The differences could be accounted for by the personalities and orientations of nursing personnel on the wards at and below the level of supervisor. That there were differences in 1A and 3A though they have the same organizational structure and personnel above the level of supervisor would favour this as a possible factor.

It is of interest that in spite of marked differences in organization between the two major units (8A and 1A–3A), and in attitude and orientation between 8A and 3A compared to 1A, the results as measured by discharge and re-admission rates were not significantly different.

This would appear to be a fruitful area for further research, especially in terms of the long-range effects of such differences on programme results.

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Hugh G. Lafave, M.D.

Joan L. Burke, M.A.

Saskatchewan Hospital, Weyburn, Saskatchewan, Canada

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