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A Survey of Interdisciplinary Differences in Attitudes and Morale within a Psychiatric Hospital*

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It is clear from a number of research studies that staff attitudes and morale in psychiatric hospitals are influenced by diverse factors.^{10,13,23} Such factors include political decisions;^{1,7,10,15} budgetary considerations; administrative bureaucracy;^{12,19,24} the presence of active treatment and rehabilitation programs;^{9,16} the number, training and qualifications of staff;^{2,4,16} and the number of patients and their diagnoses, chronicities, and lengths of stay.^{9,13,23}

Although staff morale has been studied in several health and human service organizations, there have been few systematic studies of the professional staff in a psychiatric hospital. In particular, little attention has been paid to the effect staff members' disciplinary affiliations have on their morale and attitudes.^{3,5,18} The effects of staff members' dual allegiances (to their discipline and to their interdisciplinary unit) have also not been examined.⁶

Conflict may develop in psychiatric hospitals because members of different disciplines are required to work closely together. Competition may develop along interdisciplinary lines, having serious ramifications on patient care.^{13,20,21}

In an effort to examine this problem, we decided to explore the differences in attitudes and experiences among members of different disciplines working in the same psychiatric hospital. A study was designed to investigate how various disciplines which make up a treatment team perceive current working conditions, their degree of involvement in decision making, their satisfaction with the work of other staff members, the quality of supervision, and their contact with other members of their profession. A comparison of these interdisciplinary attitudes may illuminate factors that could create tension in the multidisciplinary setting of the psychiatric hospital.

SUBJECTS

Survey subjects were 157 staff members at a university-based psychiatric hospital. They represented a variety of professions, including psychiatrists (N=20), registered nurses (RNs: N=56), registered nursing assistants (RNAs: N=11), psychiatric assistants (male nursing

assistants: N=9), psychologists (N=15), psychometrists (N=9), psychological researchers (N=2), occupational therapists (N=7), child care workers (N=13), and social workers (N=15).

In all professional categories except nursing, every staff member was asked to participate in the study. Because of the relatively large number of RNs at the hospital, a sampling of nurses was used. One-half of the total number of nurses were randomly selected to participate in the study.

The total number of questionnaires distributed was 185; 157 were returned, for an acceptable return rate of 85%.

MATERIALS AND PROCEDURE

In a memo accompanying the questionnaire on job satisfaction, the research project was described to the staff members as a study to examine certain aspects of working conditions and job satisfaction at the hospital. It was stressed that although we had the administration's permission to conduct the study, the study was an independent research project which was not being conducted by the administration. Subjects were assured that their answers would be completely confidential and would have no bearing on their jobs and, in particular, that no one working at the hospital would have access to any personal information on the questionnaire.

The questionnaire itself consisted of 39 questions designed to tap various aspects of work conditions and job satisfaction. Responses to questions were in most instances made on seven point scales which were appropriately labelled. For example, subjects were asked to rate how efficiently their time was used on a seven point scale with labels ranging from "Extremely efficiently" to "Not at all efficiently."

One set of questions explored the staff members' perceptions of their current work conditions in their units** and their satisfaction with those conditions. For example, subjects were asked to rate how efficiently their time was used, their degree of involvement in decision making on the unit, how closely the work they typically did fell within the role usually assigned to a member of their discipline, how well they worked

*The data for this study were collected while V. Hans was in the department of psychology, University of Toronto.

**Staff members are divided into various work units, such as "outpatients," "forensic," etc.

with others, how satisfied others appeared to be with the staff member's work, how effective they felt in their jobs, and how much they would recommend their unit to others as a place to work. They were also asked a series of questions about job security and job advancement, and how satisfied they were with the amount of professional training and the level of professional standards at the hospital.

A second set of questions involved supervision in the hospital. Most of the staff members have a unit supervisor (although psychiatrists are a notable exception). A number of questions probed the amount of contact staff members had with their supervisors; and the adequacy and satisfaction of the supervisory relationship from the staff members' viewpoint.

The third set of questions investigated the staff members' contact with other members of their profession or discipline. Several questions explored the staff's relationship with discipline chiefs (e.g., chief of psychiatry, chief of nursing). These questions included how much contact they had with their discipline chiefs and the adequacy and satisfaction of that relationship. Subjects were also asked to estimate the amount, adequacy, and satisfaction of contact with other members of their own discipline. Finally, they were asked to estimate to what extent they personally identified with their discipline and to rate how powerful their discipline was within the hospital.

RESULTS

Perceptions of and satisfaction with current work conditions

There were few significant differences among professions in regard to perceptions of current work conditions. Staff members generally felt that their work fell within the role usually assigned to members of their disciplines ($M=4.89$ on a 7-point scale where 5=quite closely). They thought that their time was used quite efficiently ($M=5.17$); they understood very clearly to whom they were responsible ($M=5.79$); they thought others were quite satisfied with their work ($M=5.30$); they thought they worked well with others in their unit ($M=5.70$); and they described their relationships with others in their unit as quite positive ($M=5.45$). Furthermore, staff members reported that they would recommend their unit quite highly ($M=5.46$) as a place to work. There was a significant difference in staff members of different professions' perceptions of their involvement in the decision-making process of their units. As shown in Table 1, psychiatrists, not too surprisingly, report the greatest involvement in the decision-making process. Social workers, however, are not far behind in their reported level of involvement in decisions.

Table 1
Involvement in Unit Decision-Making Process by Profession¹

| Profession | Number of subjects | Mean Response ² |
|------------------------|--------------------|----------------------------|
| Psychiatrist | 20 | 6.25 |
| RN | 56 | 5.18 |
| RNA | 11 | 4.91 |
| Psych. assistant | 9 | 4.44 |
| Psychologist | 14 | 5.00 |
| Psychometrist | 9 | 5.56 |
| Psych. Researcher | 2 | 3.00 |
| Occupational therapist | 7 | 5.86 |
| Child care worker | 13 | 5.46 |
| Social worker | 15 | 6.07 |
| Totals | 156 | 5.37 |

¹ $F(9,146)=2.255, p<.022$

² The scale ranged from 1 (Not at all involved) to 7 (Extremely involved); thus, the higher the number, the more involved.

Table 2
Satisfaction with Reporting Arrangement with Unit Supervisor, by Profession¹

| Profession | Number of subjects | Mean Response ² |
|------------------------|--------------------|----------------------------|
| Psychiatrist | 6 | 5.33 |
| RN | 44 | 4.07 |
| RNA | 10 | 4.50 |
| Psych. assistant | 9 | 4.56 |
| Psychologist | 7 | 3.00 |
| Psychometrist | 7 | 5.43 |
| Psych. Researcher | 2 | 6.00 |
| Occupational therapist | 4 | 5.00 |
| Child care worker | 11 | 4.64 |
| Social worker | 10 | 5.90 |
| Totals ³ | 110 | 4.53 |

¹ $F(9,100)=1.976, p<.05$

² 1 = Not at all satisfied; 7 = extremely satisfied

³ The total number of subjects on these and other questions relating to supervision is substantially reduced because a number of staff members have no supervisor.

Beyond working conditions, a number of differences among the professions emerge. Psychiatrists, psychologists, occupational therapists, and social workers feel the most secure in their jobs while (in order of decreasing security) registered nurses, registered nursing assistants, psychometrists, and psychiatric assistants feel more insecure in their jobs [$F(9,146)=4.306, p<.001$]. Among professions, there is also a difference in the extent to which employees are likely to ask to be transferred to other units,

Table 3
Adequacy of Supervision by Discipline Chief, by Profession¹

| Profession | Number of subjects | Mean Response ² |
|------------------------|--------------------|----------------------------|
| Psychiatrist | 17 | 4.94 |
| RN | 51 | 4.18 |
| RNA | 11 | 4.46 |
| Psych. assistant | 8 | 4.38 |
| Psychologist | 14 | 4.50 |
| Psychometrist | 8 | 5.25 |
| Psych. Researcher | 1 | 5.00 |
| Occupational therapist | 7 | 3.29 |
| Child care worker | 13 | 2.54 |
| Social worker | 14 | 5.14 |
| Totals | 144 | 4.30 |

¹ $F(9,134) = 3.138, p < .002$

² 1 = Not at all adequate; 7 = Extremely adequate

Table 4
Self-Description as Member of Occupation, by Profession¹

| Profession | Number of subjects | Mean Response ² |
|------------------------|--------------------|----------------------------|
| Psychiatrist | 19 | 1.16 |
| RN | 50 | 1.42 |
| RNA | 11 | 2.18 |
| Psych. assistant | 8 | 2.75 |
| Psychologist | 13 | 1.08 |
| Psychometrist | 9 | 1.11 |
| Psych. Researcher | 2 | 1.50 |
| Occupational therapist | 6 | 1.17 |
| Child care worker | 10 | 1.10 |
| Social worker | 15 | 1.47 |
| Totals | 143 | 1.44 |

¹ $F(9,133) = 6.808, p < .001$

² Subjects were asked how they would rank order their occupation, church, preference, home province, etc., if asked to describe themselves. The lower the rank or number, the earlier subjects would provide the information, and hence, we infer, the stronger the personal identification with discipline.

with psychiatric assistants and occupational therapists the most likely to ask [$F(9,145) = 1.922, p < .053$]. Satisfaction with their chances for advancement at the hospital also varies by profession. Psychiatrists, psychometrists, social workers, and RNs report the most satisfaction with their chances for advancement, while occupational therapists, child care workers, and psychiatric assistants report the least satisfaction [$F(9,138) = 3.306, p < .001$].

Table 5
Perceived Power of Discipline, by Profession¹

| Profession | Number of subjects | Mean Response ² |
|------------------------|--------------------|----------------------------|
| Psychiatrist | 20 | 5.80 |
| RN | 55 | 3.58 |
| RNA | 10 | 3.40 |
| Psych. assistant | 9 | 2.00 |
| Psychologist | 14 | 3.79 |
| Psychometrist | 9 | 3.78 |
| Psych. Researcher | 2 | 2.50 |
| Occupational therapist | 7 | 2.14 |
| Child care worker | 13 | 1.85 |
| Social worker | 14 | 3.79 |
| Totals | 153 | 3.59 |

¹ $F(9,143) = 8.396, p < .001$.

² 1 = Not at all powerful; 7 = Extremely powerful

Supervision on the unit

While in general staff members are fairly satisfied with the reporting relationships they have with their unit supervisors ($M = 4.53$, a mean response of "fairly good"), significant differences between the professions emerged on this question, as shown in Table 2. Psychologists in particular seem dissatisfied. A comparable pattern emerges in psychologists' and other professionals' responses regarding their satisfaction with their relationship with their unit supervisor, [$F(9,101) = 2.259, p < .024$]. Although similar trends appeared in response to other questions regarding unit supervision, none reached a traditional level of statistical significance.

Supervision by discipline chiefs

Most staff members reported that their relationship with their discipline chief was good ($M = 4.74$). However, reports of the adequacy of supervision by their discipline chiefs varied by profession. As Table 3 shows, members of some disciplines, notably occupational therapists and child care workers, felt supervision by their discipline chiefs was less than adequate.

Relations within and perceptions of the discipline

Questions regarding interactions among members of a discipline and perceptions of disciplines yielded interesting results. Staff members report a good deal of contact with other members of their discipline ($M = 4.85$) and satisfaction ($M = 4.89$) with this contact. In addition, they view these within-discipline interactions quite positively ($M = 5.11$).

The extent to which staff members identify with their discipline, however, differs with

profession, as demonstrated by responses to the question, "To what extent do you identify with your discipline?" [$F(9,145) = 2.245, p < .022$]. Psychiatrists and psychometrists head the list, followed in order by social workers, psychiatric assistants, occupational therapists, and psychological researchers. Table 4 shows the extent to which members of different professions use their occupation as a self-descriptor. Here again, there are significant differences between professions. RNAs and psychiatric assistants are least likely to identify themselves as members of their occupations.

Finally, members of different disciplines vary significantly in rating their disciplines' power in the hospital, as shown in Table 5. Psychiatrists surpass the other groups with a mean rating of 5.80 on a 7-point scale. A response of 6 is "very powerful."

DISCUSSION

The survey indicated that while respondents in all disciplines were generally satisfied with their working conditions and morale was high, there were significant differences among the various professional groups on some job-related attitudes. Professional groups differed in their level of involvement in the clinical decision-making process, identification with their disciplines, the perceived power of their disciplines, their feelings about job security, and their chances for advancement. Differences between disciplines also emerged regarding the adequacy or quality of supervision by discipline chiefs and unit supervisors.

These differences among disciplines are potential sources of conflict. As discussed in the introductory section, patient care is adversely affected by low staff morale, staff conflicts, and poor interdisciplinary communication between staff members.²⁰ Because of this danger, variations in perspectives, conceptualizations, priorities, and other job-related attitudes among members of different disciplines should be expected, acknowledged, and discussed.⁵ The varied perspectives of different professional groups can be useful in clinical decision making if they do not create maladaptive anxiety and interdisciplinary conflicts.¹⁸

The role of accountability and leadership must be considered separately as it relates to staff morale. In this study it was apparent that members of some disciplines had problems in relating to their supervisors. We suspect that these problems may be the result of differing goals and an understandable product of the matrix structure of this interdisciplinary organization. If an institution has not clearly and effectively communicated its overarching organizational mission and purpose, and if competing expectations from the discipline and from the

unit are placed on the individual staff member, the front-line worker may experience task or role confusion. This may be exacerbated by a lack of accountability and feedback or murky leadership and direction — as suggested by the data. Organizational goals and priorities and supervisory structures which are clearly defined will enhance staff morale because the staff will know to whom they are accountable and will receive feedback when their attitudes and skills are meeting the organizational goals.

Differences between disciplines must be studied and taken into account in any program design. Ideally, mechanisms should be developed for identifying and airing differences and problems as well as for increasing the likelihood of their solution.^{4,9,11,20,22,25} This can be accomplished via increased training in management skills for discipline and program or unit chiefs.^{8,14}

SUMMARY

This survey has examined a number of job-related attitudes. Staff members in a traditional, hierarchically organized psychiatric hospital were the respondents. Differences between disciplines may be greater in this type of organization. It would be of interest to compare our sample with samples from hospitals structured along less traditional lines, such as in hospitals experimenting with program rather than discipline budgeting. These organizations, while creating unique problems of their own, might eliminate some of the differences found between disciplines in our survey.

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