STAFF OPINION DIFFERENCES BETWEEN GERIATRIC AND NON-GERIATRIC TREATMENT WARDS AT A STATE MENTAL HOSPITAL

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The present study is concerned with differences in the attitudes of psychiatric aides toward the patients they work with, what these differences may be related to and the implications they may have in terms of treatment. The Staff Opinion Scale (SOS) and a brief questionnaire were completed by twenty-seven geriatric ward aides (Geriatric Ss), thirty chronic and acute ward aides (Non-Geriatric Ss), and twelve aides who had completed training but who had not yet been assigned to wards (Training Ss).

Geriatric Ss differ from Non-Geriatric Ss at the .05 level or better on three SOS factors: Geriatric Ss tend to believe in stricter control and management of patients and in greater restriction of patients' personal possessions (Factors I and VI), while Non-Geriatric Ss express greater concern for keeping patients active and motivated (Factor V). Geriatric Ss also tend more than Non-Geriatric Ss to believe that their patients were hospitalized due to physical disease or disability rather than psychological problems. These attitudinal differences are discussed in terms of differences both in treatment programs and patient

characteristics. The attitudes of Training Ss differ from those of Geriatric and Non-Geriatric Ss, although they more closely resemble those of the latter, and further, longitudinal research is suggested to explore the influence of actual work experience on the development of these attitudes.

The tendency to emphasize the role of physical over psychological factors leading to psychiatric hospitalization is found to be related to attitudes favoring a generally dominant, custodial orientation toward patients. There is also a relatively large positive correlation between the amount of experience an aide has and the attitude that patients should be managed so as to avoid their causing trouble, especially for the staff, suggesting that as psychiatric aides gain experience they may develop attitudes not consistent with current treatment philosphies.

It is concluded that at least three factors of the Staff Opinion Scale are useful in distinguishing between aides working on essentially custodial wards and those working on wards involved in more active treatment programs. It also appears that the degree of importance aides attribute to physical rather than psychological factors leading to psychiatric hospitalization is at least partly a function of patient age, and this attitude may contribute to the development of non-therapeutic, custodial modes of patient-staff interaction.

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THESIS

Presented to the Graduate Council of the
North Texas State University in Partial
Fulfillment of the Requirements

For the Degree of

MASTER OF SCIENCE

By

Gerald R. Curtis, B.S
Denton, Texas
December, 1970

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CHAPTER I

INTRODUCTION

A growing proportion of the patients in many state mental hospitals consists of geriatric patients, those over the age of 65. Geriatric patients are frequently seen as "terminal" patients, with the apparent belief that their behavioral deterioration is largely due to irreversible physical decline. The treatment of these patients has often been confined to custodial care until they die or, less frequently, display spontaneous remission of symptoms.

There is a growing body of evidence and opinion, however, suggesting that many, if not most, geriatric patients suffer primarily from psychological problems and that physical illness, while present, is not a major factor. One study (Blau, Kettell, Arth, Smith, & Oppenheim, 1966) sought to determine the relative importance of social, economic, physical, and psychological factors leading to the psychiatric hospitalization of forty randomly selected admissions to a state geriatric hospital. The patients were interviewed and given a broad battery of psychological tests, and information was gathered from collateral sources such as relatives, referring physicians, and social agencies. The findings of this study indicated that financial

deprivation, negative feelings of relatives, and physical illness were not major factors in admission, and that "the primary reason for hospitalization was behavior symptomatic of psychological problems (Blau et. al., 1966, p. 208)." In addition, Davis (1968), a psychologist specializing in geriatrics, states that "conditions which pose as senility may actually conceal depression, anxiety, inadequacy feelings, and unmet dependency and affectional needs (p. 803)," and feels that many geriatric patients ". . . play the 'illness game' in order to secure the affection, care, and display of concern from those nearby which they might otherwise be denied (p. 802)."

Previous research has also indicated a close interaction between patient behavior and staff attitudes and behavior. Kellem, Durell, and Shader (1966) explored the relationship between changes in the staff's attitudes and feelings toward a patient and changes in that patient's behavior. Their research was carried out on an open psychiatric research ward over a period of ten months and included thirty-two patients who spent all or part of this period on the ward. Each day, four of the ward's staff members rated each patient on a single global scale of psychosis, consisting of six levels of illness ranging from "extreme" to "no evidence of psychosis," and from these individual ratings a consensus rating was derived. Nursing staff attitudes were assessed daily by having each nursing

staff member rate herself along each of twelve descriptive statements of attitudes or feelings toward each patient. A scale from zero to five was used, zero indicating no feeling, five indicating the most intense feeling. Of the thirty-two patients in the study, six were chosen because their behavior included one or more relatively abrupt changes in psychotic symptomatology, and these changes were compared with changes in nursing staff attitudes toward the same patients. The results of this comparison indicated that, when a patient became more psychotic, the nursing staff expressed negative feelings toward him, including anger, dislike, and a feeling of distance between themselves and the patient. As the patient improved, these feelings were replaced by strong positive feelings in the opposite direction. It was also noted that the staff appeared to react to a patient's increased illness, when this occurred, with overt depression, feelings of job dissatisfaction, and a loss of self-esteem. From this, the authors received the impression that there was a marked "dependency" of the ward staff on the patients' increasing health.

The interaction between staff attitudes and patient behavior may play an important role in changing or maintaining patients' behavior, as their behavior is probably influenced to at least some degree by the expectations of others. For example, one might expect that patients

residing on a ward run by a custodially oriented staff would indeed behave in a manner requiring custodial care, thereby reinforcing the staff's custodial attitudes and producing a closed circle of patient-staff interaction. Such a situation may be more likely to occur on geriatric treatment wards than on wards treating younger mental patients for at least two possible reasons: the concept that elderly mental patients are "terminal" patients suffering primarily from irreversible physical deterioration may foster the development of custodial attitudes on the part of the staff; and the readiness of many elderly patients to play the "illness game" may reinforce these attitudes.

A number of investigators and mental health workers feel that nursing attendants, because of their greater day-to-day contact with patients, are of major importance in effecting treatment programs both in mental hospitals (Harshbarger, 1967) and in institutions for the mentally retarded (Cleland & Peck, 1967). One way in which patients may be affected is through the assimilation of staff attitudes. Dietze (1967), for example, collected 173 behavior items considered by psychiatric patients and staff members as indications of improvement in mental health. The importance of each item was then evaluated by 53 staff members and 81 patients with varying amounts and kinds of experience

in psychiatric wards, and the ratings were correlated among various patient and staff groups. Dietze found that the attitudes of aides were more similar to those of patients who had been hospitalized for longer periods of time, suggesting that the group of patients ". . . which continues to agree substantially with aides and fails to acquire the conceptions characteristic of the professional staff does not get early discharges (p. 44)." It appears likely, then, that the attitudes of aides toward patients will be of significance in influencing patient behavior, including that leading to improvement and discharge from the hospital.

Consistent differences in attitudes between professional and non-professional staff members within the same hospital have been measured using a variety of instruments. Gilbert and Levinson (1956) led the way by developing the Custodial Mental Illness Ideology Scale (CMI) to measure mental hospital staff attitudes along a proposed custodialism-humanism continuum. They conceived of "custodialism" as being primarily concerned with the detention and safekeeping of patients, attributing mental illness mainly to poor heredity or organic causes, and as being ". . . saturated with pessimism, impersonalness, and watchful mistrust (p. 264)." They defined "humanism," on the other hand, as ". . . concern with the individuality and the human needs of both patients and personnel (p. 264)," and felt that persons with a humanistic orientation would view patients in

psychological rather than moral terms and would emphasize patient self-determination and patient-staff communication. The CMI consists of 20 statements, each of which has 7 possible responses ranging from "strongly agree" to "strongly disagree," and was initially developed on a sample of 335 staff members (aides, student nurses, nurses, and psychiatrists) in 3 Massachusetts mental hospitals. Gilbert and Levinson found that aides in all 3 hospitals scored highest on the CMI (indicating a more custodial orientation), followed in order by student nurses, nurses, and psychiatrists. Cohen and Struening (1962), believing that mental hospital staff attitudes might be too complex to be profitably measured on a single continuum, developed the Opinions About Mental Illness Scale (OMI). The OMI consists of 70 Likert-type opinion items and was administered to 1,194 staff members at 2 Veterans Administration neuropsychiatric hospitals, one in the Northeast and one in the Midwest. The factor analysis of item intercorrelations identified 5 opinion-attitude dimensions which were named Authoritarianism, Benevolence, Mental Hygiene Ideology, Social Restrictiveness, and Interpersonal Etiology. Cohen and Struening found differences among mental hospital occupational groups similar to those found by Gilbert and Levinson, particularly with respect to OMI scores on the Authoritarianism factor. That is, aides at both VA hospitals obtained the highest scores (with the exception of kitchen

workers) on this factor, indicating a more authoritarian attitude, with psychologists and psychiatrists scoring lowest and the other occupational groups scoring in between.

These intra-hospital attitude differences among occupational levels are not restricted to mental hospitals. Fuhrer, Ware, and Scott (1968) compared the attitudes of seventeen nurses with those of fifty-eight nursing attendants at a medical rehabilitation facility, using a questionnaire made up of thirty-nine Likert-type items. They found that nursing attendants, in comparison with nurses, ". . . appeared more likely to harbor a negative stereotype of the disabled, to be more custodial in their concepts of patient care, and to entertain a more authoritarian viewpoint (p. 346)." In addition, such intra-institutional attitude differences are maintained in spite of wide inter-institutional differences at the same occupational level (Cohen & Struening, 1962; Gilbert & Levinson, 1956). To date, however, there have apparently been no studies of intra-hospital attitude differences within the same occupational level.

The primary purposes of the present study were (1) to see in which way, if any, the measured attitudes of psychiatric aides employed on geriatric wards differed from those of aides employed on non-geriatric wards at the same hospital; and (2) to explore the relationships between measured attitudes and other variables such as age, education, amount of

experience as an aide, amount of experience on either geriatric or non-geriatric wards, and the number of patients per aide on each ward.

The Staff Opinion Scale (SOS) was developed to measure ". . . staff opinions about concrete work-a-day problems in caring for and managing hospital patients (Rice, Berger, Klett, & Sewall, 1966, p. 428)." The SOS was initially administered to a sample of 1,866 individuals working in 5 mental hospitals and representing 6 occupational groupings: physicians, social workers, registered nurses, nursing aides, psychologists, and rehabilitation workers. Factor analysis of item intercorrelations revealed 6 main factors: (I) Patient Control, a high score on which indicates the person believes in the strict control of patient behavior, and that hospital routines should be organized to maximize patient management; (II) Provision of a Humane Environment, a high score reflecting the belief that the hospital environment should be made as pleasant as possible, and that patients should be given a certain amount of freedom and treated with dignity; (III) Protective Isolation, a high score indicating the belief that patients should be managed to prevent their causing trouble, that they should be dealt with essentially as one might handle children; (IV) Patient-Staff Communication, which emphasizes the importance of patient-staff social interaction and that patients have something worthwhile to say; (V) Reduction of Patient Dependency,

concerning the idea that patients should be kept active and motivated; and (VI) Restriction of Personal Possessions, a high score indicating the belief that patients' possession of personal articles should be restricted.

In line with the major purposes of the present study, it is hypothesized that aides working on geriatric wards will obtain higher average scores on the Patient Control (I), Protective Isolation (III), and Restriction of Personal Possessions (VI) factors, and that aides working on non-geriatric wards will score higher on the Provision of a Humane Environment (II), Patient-Staff Communication (IV), and Reduction of Patient Dependency (V) factors. It is also hypothesized that geriatric ward aides will tend to believe their patients suffer primarily from physical disease or decline rather than from psychological difficulties, and that the reverse will be true for non-geriatric ward aides. In addition, it is felt that the attitudes of individuals who have been trained as psychiatric aides, but who have not yet obtained work experience on either geriatric or non-geriatric wards, might provide a reference point from which to evaluate the possible effects of such experience on the development of these attitudes.

CHAPTER II

METHOD

Subjects

The twenty-seven Geriatric Ss consisted of all psychiatric aides employed on the five geriatric wards of a midwestern state mental hospital. These wards housed an average of sixty-three patients each, all over the age of sixty-five, and four of these wards were "closed" or locked, with only a few patients on each permitted to leave the ward unescorted by a staff member. Only the patients on the single, "open" ward were involved in psychotherapy--patients on the other wards spent most of their time confined to large, bare dayrooms with all meals served on the ward. Although each ward was scheduled for an average of five to six hours of activities and recreation therapy per day, less than thirty per cent of the patients participated in such programs.

The thirty Non-Geriatric Ss included all psychiatric aides employed on nine inpatient wards at the same midwestern state mental hospital. Four of these wards housed primarily chronic, or long-term, mental patients with an average of forty-two patients per ward, and four of the wards housed primarily acute, or short-term, mental patients with an average of twenty-five patients per ward. The ninth ward, a

"token community," treated nineteen chronic patients through behavior modification programs based on learning theory and using tokens as reinforcement. Each of the nine wards was scheduled for about six hours of activities and recreational therapy per day: approximately forty per cent of the chronic patients and eighty per cent of the acute patients participated in these programs. At least some of the patients on each chronic ward received some form of psychotherapy, and all patients on the acute wards were involved in regular group psychotherapy sessions. All nine wards were "open" wards and, with some individual exceptions, the patients were permitted to leave the wards unescorted.

A third, "Training" group of Ss consisted of twelve newly employed psychiatric aides who had just completed a twelve-week training course but who had not yet been assigned to wards. As a part of their training, each aide worked part-time on six different wards, two weeks on each, with the result that all the Training Ss had at least some exposure to geriatric, chronic, and acute wards.

Psychiatric aides at the hospital where the present study was conducted were, after completion of training, permanently assigned to wards by a central nursing office on the basis of existing vacancies. The personal preferences of the aides as to which type of patient or which area of the hospital they would like to be assigned to were not considered in their placement. In addition, aides were rarely

transferred from one unit of the hospital to another (e.g., from geriatric to chronic or from chronic to acute), although there were occasional transfers between wards within the same unit. Therefore, it was felt that the aides' attitudes prior to obtaining work experience would have only a random effect on their attitudes after obtaining experience.

Instruments

The Staff Opinion Scale (SOS) was used to measure the attitudes of all Ss (see Appendix). The SOS consists of 61 statements which are answered according to a Likert-type format: each statement is provided with 6 response options, ranging from "strongly agree" (with a value of +1) to "strongly disagree" (with a value of +6). An additional Likert-type item was included with the SOS in which each aide was asked to select the one of 7 statements which she felt was the main reason that the patients she was currently working with were hospitalized. The choices ranged from "physical (medical) disability or disease, including brain damage" (with a value of +1) to "psychological (emotional) problems" (with a value of +7). A brief questionnaire was used to obtain data such as age, sex, amount of education, amount of experience on their current ward, and amount of experience as a psychiatric aide.

Procedure

All Geriatric and Non-Geriatric Ss on each of three consecutive working shifts completed the SOS and questionnaire anonymously during part of their shift. Data from the Training Ss were collected on the afternoon of their last day of training, before they received their permanent ward assignments. Each of the six SOS factor scores was averaged for each group, and the means were compared using a two-tail t test. For the Geriatric and Non-Geriatric groups, the following values were also averaged and the means compared with a t test: age (in years), education (in years), "etiology" score (score on the seven-point "physical disease versus psychological problems" opinion item), "aide" score (experience as a psychiatric aide, in months), "unit" score (experience on their current unit of the hospital, in months), and patient-to-staff ratio (number of patients per each aide). As the Training Ss had no regular ward experience, only their averages on the six SOS factors, age, education, and etiology score were compared with those of the other two groups. In addition, the Non-Geriatric Ss were divided into two groups, Acute (aides working on the four acute wards, plus the token community) and Chronic (aides working on the four chronic wards), and their average SOS factor scores, etiology scores, and patient-to-staff ratios were compared. Finally, the SOS factor scores of all Geriatric and Non-Geriatric Ss were

correlated with age, education, etiology score, aide score, unit score, and patient-to-staff ratio, using the Pearson product-moment correlation coefficient and Fisher's test for statistical significance.

CHAPTER III

RESULTS

As can be seen in Table I, although the Geriatric Ss' SOS factor scores differed from those of the Non-Geriatric Ss in the predicted direction on all factors except one (Factor IV, Patient-Staff Communication), the differences were statistically significant for only three factors: Patient Control (I), Reduction of Patient Dependency (V), and Restriction of Personal Possessions (VI). That is, Geriatric Ss tended to believe in stricter control and management of patients and in greater restriction of patients' possessions, and Non-Geriatric Ss expressed greater interest in the idea that patients should be kept active and motivated. In addition, Non-Geriatric aides were slightly but significantly older than Geriatric aides, had fewer patients per aide to care for, and felt to a significantly greater degree that their patients were hospitalized owing to psychological or emotional problems rather than to physical disease or disability.

Based on SOS factor scores, Training Ss were generally more like Non-Geriatric Ss than Geriatric Ss (Table 2). As with the Non-Geriatric Ss, Training Ss scored significantly lower than Geriatric Ss on Factors I and VI. They also

TABLE I

Comparison of Means Between Geriatric and Non-Geriatric Ss

Factor	Geriatric[a] $\bar{X}$ S.D.	Non-Geriatric[b] $\bar{X}$ S.D.	t (df=55)	p
I	59.2 6.2	51.1 10.9	3.38	.01
II	51.7 9.5	56.0 8.6	1.81	
III	21.9 5.9	19.0 7.4	1.62	
IV	27.4 4.5	27.3 4.4	.03	
V	18.6 4.8	21.7 5.6	2.19	.05
VI	13.5 3.1	8.5 3.2	5.92	.001
Age	41.7 13.6	45.8 11.1	12.51	.001
Education	10.5 1.7	10.1 1.9	.79	
Etiology	3.3 2.0	5.5 1.2	5.24	.001
Aide	93.1 80.2	122.8 96.0	1.26	
Unit	37.4 37.5	32.3 20.9	.64	
P:S Ratio	35.4 7.4	29.7 12.6	2.08	.05

[a]N=27 [b]N=30

TABLE II

Comparison of Means Between Training and Geriatric Ss, and Between Training and Non-Geriatric Ss

Factor	Geriatric[a] $\bar{X}$ S.D.	t (df=37)	Training[b] $\bar{X}$ S.D.	t (df=40)	Non-Geriatric[c] $\bar{X}$ S.D.
I	59.2 6.2	5.20**	48.3 5.6	.83	51.1 10.9
II	51.7 9.5	2.31*	59.3 9.6	1.10	56.0 8.6
III	21.9 5.9	1.86	18.4 3.9	.26	19.0 7.4
IV	27.4 4.5	.03	27.4 3.5	.06	27.3 4.4
V	18.6 4.8	.31	18.2 3.1	2.04*	21.7 5.6
VI	13.5 3.1	3.32**	9.8 3.3	1.20	8.5 3.2
Age	41.7 13.6	1.20	36.3 11.0	2.51	45.8 11.1
Education	10.5 1.7	1.85	11.6 1.6	2.28	10.1 1.9
Etiology	3.3 2.0	2.50*	5.0 1.9	1.10	5.5 1.2

[a] N=27 [b] N=12 [c] N=30

*$p < .05$ **$p < .01$

scored significantly higher than Geriatric Ss on Factor II (Provision of a Humane Environment). Training Ss differed significantly from Non-Geriatric Ss on only one SOS factor, Reduction of Patient Dependency (II). Generally, then, psychiatric aide trainees tended to believe in less strict control and management of patients, less restriction of personal possessions, and more freedom and dignity for patients than did aides working on geriatric wards, and were less concerned with keeping patients active and motivated than aides working on non-geriatric psychiatric wards. In addition to the SOS factor differences, Training Ss were younger and more educated than both Geriatric and Non-Geriatric Ss, and believed that mental patients were hospitalized owing primarily to psychological problems rather than physical disease or disability.

When the Non-Geriatric Ss were divided into Acute and Chronic groups and their means on the six SOS factors, etiology score, and patient-to-staff ratio were compared (Table 3), the only significant difference found was patient-to-staff ratio. That is, although aides working on chronic wards were responsible for twice as many patients each (more than aides working on geriatric wards were responsible for), their opinions were not significantly different from those of aides working on primarily acute wards.

TABLE III

Comparison of Means Between Acute and Chronic Ss

Factor	Acute[a] $\bar{X}$ S.D.	Chronic[b] $\bar{X}$ S.D.	t (df=28)
I	49.3 11.8	53.8 9.3	1.12
II	56.2 8.3	55.7 9.3	.17
III	20.4 7.3	16.8 7.3	1.33
IV	27.1 4.8	27.7 4.0	.33
V	22.4 5.7	20.6 5.6	.86
VI	8.4 2.9	8.6 3.8	.11
Etiology	5.6 1.1	5.3 1.1	.69
P:S Ratio	21.1 5.7	42.5 7.3	9.03*

[a]N=18 [b]N=12 *$p < .001$

The majority of correlations between SOS factor scores and variables such as age, education, etiology score, length of experience as an aide (Aide), length of experience on geriatric or non-geriatric wards (Unit), and number of

TABLE IV

Correlations Between SOS Factor Scores and Other Variables (N=57)

Variable	SOS FACTOR SCORE					
	I	II	III	IV	V	VI
Age	.26	.00	.41**	.20	.20	.06
Education	-.02	-.16	-.35**	-.11	-.25	-.08
Etiology	-.31*	.17	-.38**	.12	.18	-.46**
Aide	.16	.15	.70**	.11	.25	.09
Unit	.11	-.02	.20	.06	.10	.08
P:S Ratio	.20	.02	-.14	.06	-.23	.13

*$p < .05$ **$p < .01$

patients per aide (P:S Ratio), were low and not statistically significant (Table 4). However, four of the variables did correlate significantly with SOS Factor III, Protective Isolation, a high score on which reflected the opinion that patients should be managed to prevent their causing trouble, including segregating the sexes and maintaining a minimum of male-female patient social interaction. Both age and experience as an aide correlated positively with this factor (+.41 and +.70, respectively), while amount of education and etiology score were negatively correlated with it (-.35 and -.38, respectively). In other

words, older aides with more aide experience tended to be more socially restrictive toward patients, while more educated aides who emphasized the importance of psychological problems over physical disease or disability in their patients tended to be less restrictive. Moderate but statistically significant negative correlations were also obtained between etiology score and Factors I (-.31) and VI (-.46), indicating that aides who felt their patients suffered more from psychological problems than physical problems tended to be less concerned with strict patient control and management and less restrictive towards patients' possession of personal articles.

CHAPTER IV

DISCUSSION

There are marked differences between the treatment provided for geriatric and non-geriatric psychiatric patients at the state mental hospital where the present study was conducted, and these differences are at least partially reflected in the attitudes, as measured by the Staff Opinion Scale, of psychiatric aides involved with the different treatment programs. Geriatric patients receive essentially custodial care, and the attitudes of geriatric ward aides emphasize strict patient control and management and the restriction of patients' personal possessions (SOS Factors I and VI). Non-geriatric patients are involved, to varying degrees, in more intensive psychiatric treatment, and the attitudes of aides working with these patients emphasize keeping patients active and motivated (SOS Factor V). These differences in attitudes do not appear to be directly related to the aide characteristics of age, education, amount of experience as an aide, amount of experience with geriatric or non-geriatric patients, or with the number of patients each aide is responsible for.

It also seems unlikely that these differences are due to individual differences in attitudes existing prior to

obtaining work experience as an aide, for two possible reasons. First, the hospital policy concerning the assignment and transfer of aides is based on existing vacancies rather than on individual preference, thereby essentially randomizing the assignment of new aides throughout the hospital. Second, the attitudes of psychiatric aide trainees differ significantly from those of Geriatric Ss on three factors (I, II, and VI) and from those of Non-Geriatric Ss on one factor (V). Although there is no reason to believe that the attitudes of trainees included in the present study are identical to those of the Geriatric and Non-Geriatric Ss when they were trainees, these differences do suggest that the attitudes of Geriatric and Non-Geriatric Ss were at least partly influenced by actual work experiences with a particular type of patient or treatment program. A longitudinal study of the Training Ss' attitudes may indicate which attitudes are influenced, and to what degree, by specific kinds of work experiences.

It appears that the differences in attitudes reflected in SOS Factors I, V, and VI are related to differences in patient age (older versus younger psychiatric patients) or to characteristics associated with differences in patient age; no such differences in attitudes were found between aides working with chronic versus acute psychiatric patients. One characteristic associated with patient age may be the degree to which aides working with older patients feel that

their patients suffer more from physical disease or deterioration than from emotional problems, thereby relegating the treatment and "cure" of such patients to professional medical staff and placing the aides in a primarily custodial role. Geriatric Ss did, in fact, place a significantly greater emphasis than Non-Geriatric Ss on physical disease and disability rather than on emotional problems as the main reason for the psychiatric hospitalization of the patients they have worked with. In addition, the combined etiology scores of both Geriatric and Non-Geriatric Ss correlated negatively with Factors I and VI, suggesting that, for aides in general, attitudes emphasizing patients' physical disease or disability are accompanied by attitudes favoring strict control and management of patient behavior and the restriction of patients' personal possessions. If many geriatric patients do play the "illness game," as Davis (1968) suggests, it would serve to focus aides' attention on the medical aspects of the patients' condition and may further the development of custodial and restrictive attitudes toward patient care.

The finding that aides working with geriatric patients obtained lower scores on Factor V, reflecting relatively less emphasis on keeping patients active and motivated, may be of particular importance in the successful treatment of geriatric patients. Manson (1961) studied 275 male admissions to the geriatric-psychiatric service of a Veterans

Administration hospital during a 39 month period, to determine which patient characteristics, if any, differentiated between those who were discharged from the hospital (N=80) and those who remained (N=195). The 10 patient characteristics studied were race, age, marital status, major occupation, number of diagnoses, kinds of diagnoses, death rate, time in hospital, number of discharges, and kinds of discharges. No significant differences were found in race, age, marital status, or number of diagnoses and, ". . . although some differences between the remaining and discharged groups were found, no single characteristic or combination of characteristics could be recognized which made it possible to predict which patients would remain in or would leave the hospital (Manson, 1961, p. 617)." After discussing the results of his study with the staff members of the hospital at which the study was conducted, Manson concluded, ". . . it well may be that the motivation of staff members to move patients is the most significant factor in their discharge from geriatric-psychiatric settings (p. 618)."

There were no significant differences between Geriatric and Non-Geriatric Ss on Factor III, a high score on which reflected the attitude that patients should be managed so as to avoid their causing trouble, especially for the staff. Factor III scores did, however, correlate significantly with age, education, length of experience as an aide, and

etiology score, with the correlation between Factor III and length of experience being the highest ($r = +.70$) of all correlations between aide variables and SOS factor scores. Generally, the more work experience an aide had the more likely she was to favor segregation of the patients by sex and to make sure the patients did not bother the doctor or nursing staff too much. Such an attitude appears to reflect a rather authoritarian and dominant orientation toward patients.

One researcher (Lawton, 1968) attempted to determine whether or not certain personality characteristics, attitudes toward mental health, and social-background factors of psychiatric aides were significantly related to adequacy of job performance. Seventy-two aides were rated as to job performance by their supervising physicians on nine job-related characteristics, each characteristic having four response options ranging from "very strongly present" to "absent." These ratings were then correlated with aides' scores on Cohen and Struening's Opinions About Mental Illness Scale, the Leary Interpersonal Checklist, the Edwards Personal Preference Schedule, and social variables such as age, education, and years of service. Relatively few significant relationships between tests and the criteria were found, but there were enough significant and predicted relationships to suggest that aides considered more adequate are less authoritarian, more benevolent, and less dominant. If high scores on SOS Factor III do reflect an essentially dominant,

authoritarian attitude toward patients, and if such an attitude reduces the adequacy or effectiveness of psychiatric aides, it would appear that, at least in this respect, older and more experienced aides may be less adequate than newer ones. One type of work experience which may contribute to the development of such attitudes could be exposure to rigid role conceptions among medical and nursing staff, emphasizing traditional authority relationships. In any case, the possibility that psychiatric aides may develop attitudes not consistent with current treatment philosophies as a function of experience in a mental hospital deserves further research.

The results of the present investigation indicate that scores on Factors I, IV, and VI of the Staff Opinion Scale discriminate between psychiatric aides working on essentially custodial wards and aides working on wards engaged in more active treatment programs, and that these differences in measured attitudes may be related to differences in patient age or to characteristics associated with such differences, such as the perceived importance of physical reasons for the psychiatric hospitalization of the aged. In addition, scores on Factor III were found to be primarily related to length of experience as an aide, with more experienced aides tending to be more dominant and less considerate toward patients. Although inter-hospital differences in SOS scores within the same occupational level are expected, it is felt

that intra-hospital differences similar to those reported here will occur to the degree that similar differences in patient treatment exist.

CHAPTER V

SUMMARY

The present study was concerned with differences in the attitudes of psychiatric aides toward the patients they work with, what these differences may be related to and the implications they may have in terms of treatment. The Staff Opinion Scale (SOS) and a brief questionnaire were completed by twenty-seven geriatric ward aides (Geriatric Ss), thirty chronic and acute ward aides (Non-Geriatric Ss), and twelve aides who had completed training but who had not yet been assigned to wards (Training Ss).

Differences significant at the .05 level or better were found between Geriatric and Non-Geriatric Ss on three SOS factors: Geriatric Ss tended to believe in stricter control and management of patients, and in greater restriction of patients' personal possessions (SOS Factors I and VI), while Non-Geriatric Ss expressed greater concern for keeping patients active and motivated (SOS Factor V). Geriatric Ss also tended more than Non-Geriatric Ss to believe that their patients were hospitalized due to physical disease or disability rather than psychological problems. These attitudinal differences were discussed in terms of differences both in treatment programs and patient characteristics. The attitudes

of Training Ss differed from those of both Geriatric and Non-Geriatric Ss, although they more closely resembled those of the latter, and further, longitudinal research was suggested to explore the influence of actual work experience on the development of these attitudes.

The tendency to emphasize the role of physical over psychological factors leading to psychiatric hospitalization is found to be related to attitudes favoring a generally dominant, custodial orientation toward patients. There is also a relatively large positive correlation between the amount of experience an aide has and the attitude that patients should be managed so as to avoid their causing trouble, expecially for the staff, suggesting that as psychiatric aides gain experience they may develop attitudes not consistent with current treatment philosophies.

It is concluded that at least three factors of the Staff Opinion Scale are useful in distinguishing between aides working on essentially custodial wards and those working on wards involved in more active treatment programs. It also appears that the degree of importance aides attribute to physical over psychological factors leading to psychiatric hospitalization is at least partly a function of patient age, and this attitude may contribute to the development of non-therapeutic, custodial modes of patient-staff interaction.

APPENDIX

STAFF OPINION SCALE

1. Age _____

2. Sex _____

3. What is the highest grade you completed in school?_____

4. How long have you been employed as a Psychiatric Aide?_____

5. How long have you worked on this unit of the hospital?_____

6. Which Unit, if any, did you work on before you came to this one?_____

7. Which shift do you usually work?_____

8. Generally speaking, which of the following do you feel is the main reason that the patients you now work with are hospitalized (check one)?

   1. _____Physical (medical) disability or disease, including brain damage.

   2. _____Primarily physical (medical) disability or disease, with some psychological (emotional) problems.

   3. _____Primarily physical (medical) disability or disease, with considerable psychological (emotional) problems.

   4. _____Both physical (medical) and psychological (emotional) problems, about equally.

   5. _____Primarily psychological (emotional) problems, with considerable physical (medical) disability or disease.

   6. _____Primarily psychological (emotional) problems, with some physical (medical) disability or disease.

   7. _____Psychological (emotional) problems.

(DO NOT WRITE BELOW THIS LINE)

I. IV.

II. V.

III. VI.

STAFF OPINION SCALE

The statements that follow are opinions or ideas about the care of mental patients. Different people will feel differently about these statements. Some will agree with them while others will disagree with them. We would like to know how you feel about each statement. Each statement has six choices after it. Please check the choice which most nearly describes how you feel about the statement. The six choices are:

(1) ____ strongly agree
(2) ____ agree
(3) ____ not sure but probably agree
(4) ____ not sure but probably disagree
(5) ____ disagree
(6) ____ strongly disagree

It is important that you do not omit any questions, so do your best to answer each one. There are no right or wrong answers. Please do not sign your name.

* * * * * * * * * * * * * * * * *

1. Patients know better than anyone else if their medicine is helping them.

(1) ____ strongly agree
(2) ____ agree
(3) ____ not sure but probably agree
(4) ____ not sure but probably disagree
(5) ____ disagree
(6) ____ strongly disagree

2. If a mental patient is allowed to keep such things as his watch and jewelry, it creates more trouble than it is worth.

(1) ____ strongly agree
(2) ____ agree
(3) ____ not sure but probably agree
(4) ____ not sure but probably disagree
(5) ____ disagree
(6) ____ strongly disagree

3. Nursing attendants should try to make friends with their patients.

(1) ____ strongly agree
(2) ____ agree
(3) ____ not sure but probably agree
(4) ____ not sure but probably disagree
(5) ____ disagree
(6) ____ strongly disagree

4. If a mental patient does not like his work assignment, he should be allowed to change it.

(1) ____ strongly agree
(2) ____ agree
(3) ____ not sure but probably agree
(4) ____ not sure but probably disagree
(5) ____ disagree
(6) ____ strongly disagree

5. It really makes very little difference whether or not a mental patient is kept busy during the day.

(1) ____ strongly agree
(2) ____ agree
(3) ____ not sure but probably agree
(4) ____ not sure but probably disagree
(5) ____ disagree
(6) ____ strongly disagree

6. Except for regular appointments, it is bad policy to let the patient see his doctor unless he explains what he wants.

(1) ____ strongly agree
(2) ____ agree
(3) ____ not sure but probably agree
(4) ____ not sure but probably disagree
(5) ____ disagree
(6) ____ strongly disagree

7. The staff of a mental hospital should not eat with the patients.

(1) ____ strongly agree
(2) ____ agree
(3) ____ not sure but probably agree
(4) ____ not sure but probably disagree
(5) ____ disagree
(6) ____ strongly disagree

8. Patients who need new clothes should be allowed to buy their own if they have the money.

(1) ____ strongly agree
(2) ____ agree
(3) ____ not sure but probably agree
(4) ____ not sure but probably disagree
(5) ____ disagree
(6) ____ strongly disagree

9. You can't help most of the patient's families because they won't accept help for themselves.

(1) ____ strongly agree
(2) ____ agree
(3) ____ not sure but probably agree
(4) ____ not sure but probably disagree
(5) ____ disagree
(6) ____ strongly disagree

10. Even though it means more work for the staff, patients should be allowed to decide for themselves when they want to eat, sleep, and bathe.

(1) ____ strongly agree
(2) ____ agree
(3) ____ not sure but probably agree
(4) ____ not sure but probably disagree
(5) ____ disagree
(6) ____ strongly disagree

11. Mental hospitals should not admit patients over 60 years of age.

(1) ____ strongly agree
(2) ____ agree
(3) ____ not sure but probably agree
(4) ____ not sure but probably disagree
(5) ____ disagree
(6) ____ strongly disagree

12. Social affairs for patients should mostly be limited to one sex.

(1) ____ strongly agree
(2) ____ agree
(3) ____ not sure but probably agree
(4) ____ not sure but probably disagree
(5) ____ disagree
(6) ____ strongly disagree

13. The mental patient is usually able to tell when he is well enough to leave the institution.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

14. A patient should be placed on a ward where most other patients are like him in age, education, and type of illness.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

15. Patients feel more comfortable if they are on a locked ward.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

16. All newly admitted patients should be placed on an admission ward before being assigned to a regular ward.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

17. Nursing personnel should have more time to devote to patients.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

18. The best treatment for most mental patients is to talk over their problems with their doctor.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

19. It is good practice to have patients take their medicine at the time they're given it to be sure they don't throw it away.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

20. Mental patients should be allowed their own books and magazines.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

21. Mental Hospitals should have strictly enforced visiting hours.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

22. Wards should be searched regularly for forbidden items.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

23. The patients on a ward should plan their own social affairs.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

24. Patients often understand other patients better than the staff does.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

25. Each mental patient should be given his own place where he can keep his ward belongings locked up.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

26. Mental patients come to the nursing staff with too many unimportant problems.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

27. Outgoing mail of patients should be read over by a staff member.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

28. It is not a good idea for the mental patient to stay on one ward as long as he is in the institution.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

29. Most mental patients who complain about physical problems are really looking for attention.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

30. Each day a patient spends in the institution makes it more difficult for him to get along in the community.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

31. Mental patients should not be used for research studies.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

32. Mixing of man and woman patients should be discouraged.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

33. A mental patient should have the same doctor as far as possible during his entire stay in the hospital.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

34. Patients should never be locked up alone in an isolation room.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

35. Most patients should be required to make their own beds.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) ____ not sure but probably disagree
(5) ____ disagree
(6) ____ strongly disagree

36. It is usually unwise to discharge a mental patient who has been in the institution less than a month.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) ____ not sure but probably disagree
(5) ____ disagree
(6) ____ strongly disagree

37. More mental patients should be committed by the courts so that the institution is really in charge.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) ____ not sure but probably disagree
(5) ____ disagree
(6) ____ strongly disagree

38. Patients should have a choice of food at each meal.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) ____ not sure but probably disagree
(5) ____ disagree
(6) ____ strongly disagree

39. Mental patients would improve faster if some payment for room and board were required.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) ____ not sure but probably disagree
(5) ____ disagree
(6) ____ strongly disagree

40. Mental patients would get along better if they were allowed more privacy.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) ____ not sure but probably disagree
(5) ____ disagree
(6) ____ strongly disagree

41. Mental patients should be allowed to have pocket money.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) ____ not sure but probably disagree
(5) ____ disagree
(6) ____ strongly disagree

42. Mental patients who cause the least trouble in the institution are likely to get along well after discharge.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

43. Many more patients in mental hospitals could be released from the institution if a place to live could be found for them.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

44. Patients should be given more chance to visit the community.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

45. Difficult patients often improve in their behavior if placed on an open ward.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

46. The nursing staff should try to see that the patients do not take up too much of the doctor's time.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

47. Nursing personnel should try to get the patients to talk with them about their problems.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

48. Most patients returning from a leave should be searched for forbidden items.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

49. Patients should be paid for any work they do in the institution.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

50. A large number of patients would be helped more if they remained in the community and came to the institution only for periodic evaluations.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

51. There should be a patient on each ward who is responsible for helping new patients feel at home.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

52. A mental hospital should keep a patient until the behavior which brought him to the institution is gone.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

53. Mental patients should do most of the housework on the wards.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

54. Mental patients will get well faster if they are placed in a home-like ward.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

55. Patients who may be dangerous to themselves should be on a locked ward.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

56. Mental patients with special physical problems should be on the same wards.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

57. Most activities during the day should take place off the ward.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

58. A mental hospital should do its best to keep patients from escaping.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

59. The staff should be as friendly with patients as they are with one another.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

60. It is important to explain to mental patients the reasons why various things are being done.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

61. Mental patients should be allowed to make phone calls only if the staff approves

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

62. Mental patients should not be allowed to have their own matches.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

63. Mental hospitals should not admit patients who are known to be alcoholics.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

64. It is important that each patient know that the staff believes that he will get well.

(1) _____ strongly agree
(2) _____ agree
(3) _____ not sure but probably agree
(4) _____ not sure but probably disagree
(5) _____ disagree
(6) _____ strongly disagree

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