A Comparison of Staff and Patient Perceptions of a Child and Adolescent Psychosomatic Unit and a Pediatric Unit

Katharine E. Terry, RN, BSN, Judy Sobieski, RN, Karen Dunne, RN, and Hans Steiner, MD

ABSTRACT: Social planning is frequently considered to be a vital part of designing psychiatric treatment programs. The authors were interested in the differential effects of social planning on a child psychosomatic unit and a pediatric unit. It was postulated that according to the staff and patients the psychosomatic and the pediatric units would be perceived to have very different characteristics. It was also postulated that the perceptions of the psychosomatic unit's staff and patients would have significantly greater cohesiveness than on the pediatric unit. The Ward Atmosphere Scale was revised for use with children and administered to staff and patients. The perceptions of the two wards were found to have important quantitative and qualitative differences, primarily in the area of psychiatric treatment (support, personal problem orientation, and anger and aggression). The psychosomatic unit's staff and patients showed the greatest disparity in perceptions due presumably to the patients' young age, relative lack of experience with a psychiatric treatment milieu, and degree of psychopathology. The psychosomatic staff showed substantially greater cohesiveness in their perceptions of the ward than the pediatric staff, possibly due, in the authors' opinion, to the environmental press created by the explicit ongoing social planning of the psychosomatic unit.

Treatment environments have long been considered to be of crucial importance to staff members and the patients whom they treat. 1-3 Moos 4 concludes that the immediate psychosocial environment in which patients are treated has a substantial influence on treatment outcome and that the type of social environment is a critical factor in changing the way patients behave and feel about themselves.

Our interest in perception of treatment environment arose out of our use of social planning in designing the milieu of the Child and...
Adolescent Psychosomatic Unit at Children's Hospital at Stanford.\textsuperscript{5,6} We postulated that the perceptions by staff and patients of this intensive psychiatric treatment milieu are strongly shaped by the unit's social structure. In order to single out the effects of our explicit ongoing social planning, we decided to compare the psychosomatic unit with a less consciously directed treatment milieu, such as a pediatric unit, while controlling for size, staffing pattern, and physical environment. We postulated that the perceptions by staff and patients would differ on sociometric measures.

**Social Planning**

By social planning we refer to all social processes that occur on the unit which serve a system maintenance function. Incorporated into the daily social structure is the ongoing opportunity for ritualized contact between all members of the psychosomatic unit, staff, and patients. Information about individuals and groups of individuals that is essential to the functioning of the group as a whole is disseminated during these contacts, which include rounds, Community Meeting, team meetings, etc. Equally important, each meeting can function as a forum for exposing and airing conflicts which develop among subgroups on the unit.

A number of priorities are considered vital to the operation of the psychosomatic unit. First, the method of problem solving used on the unit involves considering the input of each member to be important. Unilateral decisions are rarely made. After information is collected, decisions are made by those best qualified to make them. For example, patient care plans are finalized by the patient’s therapist and primary nurses or counselors. Another priority is a clear system of authority where administrators’ responsibilities are well defined and the rules and regulations of the unit are well-understood. There is a high degree of structure in the operation of the unit and in the care of patients. This is exemplified by the patient advocate system in which each child is cared for by his therapist and at least two specifically designated nurses or counselors. Thus each patient has his own special caregivers who are responsible for meeting his needs, and the other staff, when concerned about a particular patient, can turn to those who are accountable for his care.

The deliberate, explicit social planning of a psychiatric unit is in sharp distinction to the kind of social structure found on a pediatric