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The role of the psychiatric nurse as perceived by nurses, members of the related disciplines within the mental hospital, and nursing students.

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THE ROLE OF THE PSYCHIATRIC NURSE AS PERCEIVED BY NURSES, MEMBERS OF THE RELATED DISCIPLINES WITHIN THE MENTAL HOSPITAL, AND NURSING STUDENTS

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CHAPTER I

THE PROBLEM

Introduction

That mental diseases are the major health problem of the United States is becoming more and more obvious each day. Under the leadership of state and national associations of mental health, facts regarding mental illness have been disseminated widely in the past few years. The extent of the problem is shown by the prediction that one person in ten now living in the United States will suffer mental illness sometime during his life.[1]

Some of the statistics regarding the problem are indeed staggering. More than half the hospital beds are occupied by mental patients. The 1956 average daily census for the mental hospitals was 663,000 compared with 487,500 for the general hospitals of the United States.[2]

With the advent of chemotherapy for the mentally ill patient, new attitudes and brighter prognoses have favorably influenced the mental hospital outlook. Progressive concepts such as "therapeutic community,"[3]

1. National Committee Against Mental Illness, What Are The Facts About Mental Illness?, Washington, 1957, p. 1.

2. "Guide Issue," of Hospitals, Journal of the American Hospital Association, 31: Part II, (August, 1957), p. 404.

3. Maxwell Jones, The Therapeutic Community: A New Treatment Method in Psychiatry, Basic Books, New York, 1953.

"member-employee,"[1] "foster home care,"[2] have helped to make the transition from hospital to community a less traumatizing step for the mental patient.

Radio, television and other means of mass communication have carried a note of optimism about mental illness into the homes of America. People now talk about mental illness. Families and friends of the mentally ill patient are learning to accept mental illness less as a stigma and more as a curable disease. Patients are encouraged to gain help earlier in their illness with less "acting out" in the community.

These progressive concepts in mental health have their implications for nursing. The administration of the mental hospital ward, which is part of the traditional role of the nurse, has become more complex. Sociologists who have viewed the mental hospital ward as a social setting for patient therapy have been impressed by the degree which the organizational structure influences the interpersonal relations of the ward.[3] More and varied disciplines, such as clinical and vocational psychology, the clergy, and others, have been added to the physician-nurse treatment

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1. Peter A. Peffer, Reuben J. Margolin, Bernard A. Stotsky, and Aaron S. Mason, Editors, Member-Employee Program--A New Approach to the Rehabilitation of the Chronic Mental Patient, U.S.V.A. Hospital, Brockton, Mass., 1957.

2. Hester B. Crutcher, Foster Home Care for Mental Patients, Commonwealth Fund, New York, 1944.

3. Esther Lucille Brown in The Nurse and the Mental Patient, by Morris S. Schwartz and Emmy Lanning Shockley, Russell Sage, New York, 1956, p. 11.

team and have thus increased the number of interactions at the ward level.[1]

After this brief glimpse of the changing role of the psychiatric nurse, let us look at the available supply of such nurses. A 1951 survey,[2] with 201 state mental hospitals reporting, showed that there were 1500 vacancies in graduate nurse positions listed out of a total authorized strength of 6,000. Thus, one of every four positions for the graduate nurse in our state hospitals in the United States was unfilled.

The question is importunate: Why is there a scarcity of registered professional nurses in spite of the increased need? The answer is more complex than can be treated in this chapter but speculation would suggest some of the following factors: (a) there are expanding opportunities for nurses in fields of specialty other than psychiatric nursing, (b) educational facilities have not increased the supply of registered nurses in proportion to the increase in population of the nation,[3] (c) the role of the professional nurse in the mental hospital differs from hospital to hospital, and (d) the traditional three month field experience of the nursing student often induces a negative feeling for psychiatric nursing as a career.

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1. Herbert J. Butler, A Comparative Study of a Communicative Process on Two Wards of a Mental Hospital, Unpublished Master's Thesis, Boston University School of Education, 1956.

2. Morton Kramer, "Problems of Research on the Population Dynamics and Therapeutic Effectiveness of Mental Hospitals," in The Patient and the Mental Hospital, Editor, Milton Greenblatt, et. al., Free Press, Glencoe, 1957, p. 146.

3. The American Nurses' Association, 1958 Facts About Nursing, American Nurses' Association, New York, 1958, p. 74.

This study will spotlight the role of the psychiatric nurse in the mental hospital. It seems obvious that any given role is perceived differently by the person in a given position and his associates. It will be the purpose of this study to investigate and examine the various perceptions of the psychiatric nursing role as held by the nurse and her[1] associates in the mental hospital setting.

Psychiatric nursing is a specialty within the broad field of nursing. The increased awareness of the "psyche" and "soma" has led to changing objectives in the preparation of the professional nurse. For example, the integration of psychiatric nursing concepts into the basic preparation of the professional nurse leads to a new awareness of the emotional as well as of the physical needs of the patient.

Therapy with the mentally ill is primarily concerned with the interpersonal relations of the staff with the psychiatric patient. The nurse plays an important role in these interpersonal relationships, since she is the one professional person in frequent and extended contact with the patient.

Psychiatric nursing occurs within a complex societal unit called the mental hospital ward. Stanton and Schwartz[2] have described some of the stresses and strains of this ward in their sociological study of the mental

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1. The feminine pronoun is used throughout this study because of the numerical predominance of women in the field. The material presented applies equally to men in similar positions.

2. Alfred H. Stanton and Morris S. Schwartz, The Mental Hospital, Basic Books, New York, 1954, pp. 119-169, 342-366.

hospital. A better understanding of the roles played by the various persons within the mental hospital ward should lead to a resolution of some of the confusion which now exists.

It is safe to say that the nurse brings her own philosophy of patient care into a given ward setting. She is aware of, and attempts to meet, the needs of the many colleagues with whom she comes in contact daily. There is evidence which has been observed by the writer of many real dilemmas perceived by the nurse as she feels the need to relate to two or more people at one and the same time.

As a supervisor of a psychiatric nursing unit the writer became increasingly aware of the changing role of the psychiatric nurse and the varied pressures exerted upon the nurse by co-workers, patients, supervisors, and authority figures within the hospital. The role that the nurse assumed was dependent upon many factors such as her own value system, the type of patient cared for on the ward or unit, the amount and kind of supervision from nursing service, the nurse-patient ratio, the expectations of the medical and allied professional staff, the experience and sophistication of the auxiliary nursing staff, and the pervasive philosophy of patient care that is part of the institution. Any investigation of the role of the psychiatric nurse must consider these variables.

Many points of confusion and conflict in the current definition of the social role of the professional nurse are pointed out by Benne and

Bennis.[1] This discussion was based on research conducted by the Boston University Human Relations Center on the role of the nurse in the outpatient department of the hospital. The methodological approach of the study was to determine the expectations of certain groups within the institution regarding the nurse. The concluding statement by Benne and Bennis[2] points out the need for further investigation of the role: "Meanwhile, much more empirical research into the organizational and role behavior of nurses and other professional individuals in the health field is required."

Purpose of the Study

The present study is concerned with the role of the psychiatric nurse as perceived by psychiatric nurses, members of the related disciplines within the psychiatric hospital, and nursing students. It will attempt to formulate a perception of the role of the nurse practitioner by investigating the relative importance of a given sample of functions of the nurse as perceived by these three groups. It is a beginning study which could develop useful tools for a more extensive attack on the problem.

An experimental methodology will be developed and tested for its effectiveness in answering problems in the area of role perception. The selection of the Q-sort as the method of data collection enables the

1. Kenneth D. Benne and Warren Bennis, "The Role of the Professional Nurse," The American Journal of Nursing, (February, 1959), pp. 196-198.

2. Kenneth D. Benne and Warren Bennis, "What is Real Nursing?", The American Journal of Nursing, (March, 1959), p. 383.

perception of the ideal psychiatric nurse to be added to the perception of the actual role for a wider perspective.

Selection of the Problem

It is assumed that there are many diversified factors which affect the way that the nurse and members of the related disciplines will view the role of the psychiatric nurse. The investigation of the role would bring forth many problem areas.

These problem areas are indicated by such questions as: Which of the many influencing factors have the greatest effect upon the role of the nurse? Does the nurse conform to the pattern of expectations of the professional staff? Is there agreement on the relative importance attached to certain functions of the psychiatric nurse? Do senior nursing students agree or disagree with the nurse practitioner's perception of the psychiatric nurse role? In an attempt to answer some of these questions, the problem of this dissertation was formulated.

The philosophy of this study is aptly described in the World Health Organization report on Psychiatric Nursing:[1]

> "It is important to distinguish between the way nurses actually carry out their tasks and the way it seems likely they should ideally carry them out. ....While no one is in a position to describe in full detail the best possible way to deal with patients, there is agreement about the general behavior which is helpful to patients. ....It is therefore wise to specify some of the factors other than the patient's needs which significantly influence the role of the nurse."

The design of the study called for a determination of perceptions of the psychiatric nurse's role that were held by the professional personnel

1. Expert Committee on Psychiatric Nursing, Technical Report No. 105, World Health Organization, Geneva, 1956, p. 7.

most intimately concerned with patient care. Because of the importance of the interpersonal relations in the psychiatric setting, the groups of professional personnel most closely associated with psychiatric nursing were chosen as participants in the study.

Statement of the Problem

This is a study of the actual and ideal roles of the psychiatric nurse as perceived by psychiatric nurses, members of the related disciplines within the mental hospital, and nursing students.

The general problem is divided into specific areas:

1. How do psychiatric nurses, members of the related disciplines, and nursing students perceive the role as actually performed by the psychiatric nurse?

2. How do psychiatric nurses, members of the related disciplines, and nursing students perceive the role as ideally performed by the psychiatric nurse?

3. Is there agreement or are there significant differences among the three major groups and their subgroups as to the perceived actual and ideal roles of the psychiatric nurse?

Scope and Delimitations

The populations studied had representation from the federal, state, and private mental hospitals as well as the schools of nursing which were representative of the source of nurse power for these hospitals. The geographical area was limited to eastern Massachusetts with all institutions falling within a 50 mile radius of Boston.

The mental hospital population included psychiatric nurses and members of the related disciplines but did not include ancillary nursing personnel or representation of the patient population. It was felt that limiting the population to professional personnel would present more meaningful results but it was hoped that this methodology would be adaptable to the investigation of other groups within the mental hospital.

The psychiatric unit within the general hospital was omitted from this study because it represented too few of the patient population; moreover, although acceptance of this type of care is increasing, it had not attained numerical significance at the time of the study.

A description of the mental hospital population distribution is reported in Table 1. Mental hospitals under county control were not included in the study group since there were none within the geographical limits of this study.

Table 1. Distribution of Mental Hospital Patient Populations by Type of Control: United States, 1954

Type of Control	Number of hospitals	Median patient population
Private	324	30
County	47	267
State	226	2043
Veterans Administration ...	39	1343

Source: Adapted from Morton Kramer, "Problems of Research on the Population Dynamics and Therapeutic Effectiveness of Mental Hospitals," in The Patient and the Mental Hospital, Editor, Milton Greenblatt, et. al, Free Press, Glencoe, 1957, p. 146.

The design of the present study relied on Q-method as a data collecting procedure. The use of this methodology presented some delimitations: (a) the items selected for the Q-sort had a direct bearing on the results, (b) the forced choice method employed with the Q-sort enabled the results to be reported in a similar form but it also reduced variability, and (c) social desirability of the category of supportive emotional care, which is usually regarded as the mission of the psychiatric hospital, could give this category a spuriously high rating.

Hypotheses

It is assumed that psychiatric nurses and members of the related disciplines within the mental hospital are significant determinants of the psychiatric nurse role. It is further assumed that the role of the psychiatric nurse may be described by ascertaining the relative importance of a representative sampling of the functions of the psychiatric nurse as held by nurses and members of the related disciplines within the mental hospital.

The hypotheses to be tested are interrelated:

1. There will be significant differences in the perception of the <u>actual</u> role of the psychiatric nurse as it is viewed by psychiatric nurses, members of the related disciplines within the mental hospital, and nursing students.

2. There will be significant differences in the perception of the <u>ideal</u> role of the psychiatric nurse as it is viewed by psychiatric nurses, members of the related disciplines within the mental hospital, and nursing students.

3. Each of the major groups will show significant differences in the perception of the actual role as compared with the perception of the ideal role.

Definition of Terms

In the search for clear-cut definitions in the field of psychiatric nursing one meets the ambiguity of description by position versus the criteria of education and experience. Is the general nurse who goes to work in a mental hospital a psychiatric nurse? If not, how long must she be employed in the hospital to become a psychiatric nurse? Or, does the general nurse need a prescribed course of advanced education before she may be known as a psychiatric nurse?

Some of the ambiguities have been avoided in this study by accepting the following definition of the psychiatric nurse: the registered nurse, usually with the designation of head nurse, assistant head nurse, or staff nurse, who has daily contact with the psychiatric patient. There are no qualifications as to length of experience in the mental hospital, nor educational achievement beyond the basic nursing educational program.

The members of the related disciplines comprise the second group of this study. The related discipline group is defined as: the members of the professional staff of the mental hospital, excluding psychiatric nurses as defined above, whose primary functions relate to the treatment program of the hospital either in direct treatment relations with the patients or as line administrators in medical and nursing administration. This group is designated as "others" throughout this study.

The definition of the role of the psychiatric nurse was adapted from

Polansky:[1] the patterning of behaviors and attitudes which the nurse is expected to show in the mental hospital by virtue of her status as a psychiatric nurse. The actual role will describe the "as is" pattern of behavior and attitudes as perceived by psychiatric nurses themselves, and by members of the related disciplines within the mental hospital. The ideal role will describe the ideal psychiatric nurse as perceived by the same groups.

The "Q-methodology" and "Q-sort" used in this study have certain peculiar terms and concepts which are defined as follows:

Psychiatric Nurse Q-sort: A psychological technique developed as part of this study to measure the subject's perception of the role of the psychiatric nurse. It consists of 60 cards (6 x 11 cm.) each imprinted with a nursing care activity. The subject ranked the cards (items) by placing them on a nine point continuum of relative importance. The item was then scored according to its assigned rank.

Nursing care category: A group of nursing activities judged to belong together. The 60 item Q-sort was divided into five categories of psychiatric nursing care: Administration, Supportive Emotional Care, Physical Care, Liaison, and Patient Education. These categories were not apparent to the subject at the time of sorting.

Administration: A category which includes the activities relating to the administrative and supervisory functions of the nurse and factors having to do with the educational and professional growth of the nurse. There are

1. Cf. Norman A. Polansky, et. al., "Determinants of Role-Image of the Patient in a Psychiatric Hospital," in The Patient and the Mental Hospital, Editors, Milton Greenblatt, et. al., Free Press, Glencoe, Illinois, 1957, p. 399.

no nurse-patient interactions in this category.

Supportive Emotional Care:[1] This category refers to the nurse's carrying out some specific activity which is directly related to the patient's psychological needs as opposed to his biological needs. Socialization, or "meeting the emotional needs of patients," would come under this heading. There is nurse-patient interaction.

Physical Care:[2] All nurse-patient interactions which have to do with the nurse's physical care of the patient are included in this category. The activity is primarily concerned with a biological as opposed to a psychological need of the patient.

Liaison:[3] This category refers to the nurse as intermediary between the patient and other persons or services within the hospital. It includes the physician-nurse-patient relationship.

Patient Education:[4] This category includes items wherein the nurse teaches or educates the patient in some way about his illness, his progress, or general health matters.

Significance of the Problem

Order from confusion.-- The nursing profession, under the aegis of its state and national organizations, has taken the responsibility of defining nursing practice through the establishment of functions, standards,

1. Definition adapted from J. Frank Whiting, The Nurse-Patient Relationship and the Healing Process, American Nurses' Foundation, New York, 1958, p. 31.

2. Loc. cit.

3. Loc. cit.

4. Loc. cit.

qualifications for each group of its practitioners. Research and studies for improved nursing practice were supported by financial grants from the American Nurses' Association from 1950 to 1955 and have been supported through the American Nurses' Foundation since that time.

Concerted attempts have been made to assess the role and function of the nurse practitioner. Whiting,[1] under a grant from the American Nurses' Foundation and in cooperation with the Veterans Administration Department of Medicine and Surgery, developed a methodological approach to evaluate the importance attached to various functions of the nurse in the nurse-patient relationship. Martin and Simpson[2] added greatly to the understanding of the important aspects of psychiatric nursing and the basic skills employed by psychiatric nurses. Gorham[3] evaluated attitudes toward psychiatric nursing care. This study will seek answers in a closely related field of the perceptions of the role of the psychiatric nurse.

Former studies have dealt with the existing functions within the field of nursing specialty. Recent studies by Whiting,[4] Gorham,[5] and Benne and Bennis[6] have included the perceived ideals in nursing. The present study will develop a methodology to enable the investigator to

1. J. Frank Whiting, The Nurse-Patient Relationship and the Healing Process, Progress report to the American Nurses' Association, New York, 1957.

2. Harry W. Martin and Ida Harper Simpson, Patterns of Psychiatric Nursing, University of North Carolina, Chapel Hill, 1956.

3. Donald R. Gorham, "An Evaluation of Attitudes Towards Psychiatric Nursing Care," in Nursing Research, (June, 1958), pp. 71-77.

4. Op. cit. p. 19.

5. Op. cit. pp. 71-77.

6. Op. cit. pp. 196-198.

include the perceived ideals as well as the perceived practice.

The Q-sort developed in this study could be used to survey the attitudes of the new employee in psychiatric nursing service. On the basis of this survey the orientation program could be better designed to meet the individual needs of the new employee.

Leaders in nursing service and education are continually searching for improved methods of integrating the psychiatric nursing concepts into the educational curriculum of nurses. This study will provide guidelines for curriculum planning in schools of nursing by pointing out areas in which the nursing student's perception of psychiatric nursing is alike or different from the composite view of the role as perceived by nurse practitioners. Nursing education departments of hospitals could use the information gained from this study as an aid in planning their orientation and inservice educational programs for graduate nurses.

The realization of the gap between the fictions of training and the realities of work has been described by Martin and Simpson[1] as "reality shock". The self-perceived actual role of the psychiatric nurse when compared with a corresponding perception of the nursing student will give an indication of the "reality shock" which the student may experience when she begins employment in the psychiatric setting.

Hospital vs. collegiate schools of nursing.-- The educational preparation of the registered nurse has been the subject of much discussion in professional circles, yet little has been done in research to evaluate the effectiveness of the two, three, or four year programs. The educational

1. op. cit. pp. 52-55.

preparation of the professional nurse was the subject of two 1948 publications by Brown[1] and Ginzburg,[2] and one 1953 treatise by Bridgman.[3] These authors emphasized collegiate or university affiliation as one of the greatest needs of the nurse educational system.

If the social scientists who have studied the needs of nursing are correct in their diagnosis that nursing education needs closer affiliation with institutions of higher learning, then the university programs should play an ever increasing role in the educational systems. More research is needed to evaluate the product of the various programs in terms of leadership, professional attitudes, skills in nursing, expertise in handling the psychological problems of the patient, and the ability to adapt to the various roles expected of the graduate nurse.

An example of this kind of research is the comprehensive study by Jessee[4] who used the State Board Test Pool Examination results of 4700 graduates of 120 fully accredited programs during the year beginning June 30, 1952, to compare six classifications of nurse educational programs. These classifications differentiated between the diploma and degree programs, their accreditation status, and type of control. It was found that

1. Esther Lucille Brown, Nursing for the Future, Russell Sage, New York, 1948.

2. Committee on the Function of Nursing, A Program for the Nursing Profession, MacMillan Co., New York, 1948.

3. Margaret Bridgman, Collegiate Education for Nursing, Russell Sage, New York, 1953.

4. Ruth Winslow Jessee, "A Comparative Study of Fully Accredited Basic Nursing Programs," Nursing Research, (October, 1958), pp. 100-112.

the graduates of fully accredited diploma and degree programs under the auspices of a college or university, ranked higher in all six nursing specialties than the graduates of the hospital diploma schools. Psychiatric nursing test results showed that the accredited university degree and diploma programs ranked highest of the six classifications of programs.

The present study was designed to include a differentiating factor in that two basic collegiate schools of nursing and three hospital schools were to provide the nursing student population.

Summary

The role of the psychiatric nurse is a patterning of behaviors and attitudes expected of the nurse because of her status as a nurse in a psychiatric setting. The very complexity of the psychiatric ward setting provides a dynamic background for the interaction of the nurse with her environment.

For the purposes of this study the psychiatric nurse and members of the related disciplines within the mental hospital, were selected from the many role determinants. It was felt that these professional groups who have therapeutic team relationships would provide the most meaningful observations of the role of the psychiatric nurse. The conceptual framework of this study involved the classification of typical examples of the activities of the nurse in order of their importance. Nursing students were included in the study to determine their concept of the psychiatric nurse role in comparison with the practitioner's. The student group represented the university as well as the hospital schools of nursing.

The population sampled resided within a 50 mile radius of Boston. Three mental hospitals, under private, state and federal control, were sources of the mental hospital population.

Chapter II will review the literature pertinent to the study of the role of the nurse and the psychiatric nurse, and some guiding concepts in relation to Q-methodology. Chapter III will provide the rationale, outline the methodology proposed to investigate the problem outlined in the opening chapter, describe the population to be interrogated, and specify the plan for collecting and processing the data. The results or findings will be presented in Chapter IV following the order of the hypotheses, viz.: actual sorts, ideal sorts, actual-ideal sort comparisons. Chapter V will contain a discussion of the findings and Chapter VI will summarize the study, present conclusions and recommendations for future studies in the area of investigation.

CHAPTER II

REVIEW OF THE LITERATURE

Role of the Psychiatric Nurse

This study is primarily concerned with the role of the psychiatric or mental health nurse. The definition of the role[1] indicates a relationship between the nurse and her environment in terms of expectations. The role definition by Linton[2] presents a broader coverage of the subject:

> "The second term, role, will be used to designate the sum total of the culture patterns associated with a particular status. It thus includes the attitudes, values, and behavior ascribed by the society to any and all persons occupying this status. It can even be extended to include the legitimate expectations of such persons with respect to the behavior toward them of persons in other statuses within the same system."

The role that the nurse assumes in a given psychiatric setting will be dependent upon many complex factors. The expectations of the nurse's peer group and the members of the related disciplines within the hospital have particular importance for this study. The investigational findings and the opinions of selected authors on the role of the psychiatric nurse will point out some of these factors.

The second area of discussion will summarize four pertinent studies in

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1. The role of the psychiatric nurse was defined in Chapter One as "the patterning of behaviors and attitudes which the nurse is expected to show in the mental hospital by virtue of her status as a psychiatric nurse".

2. Ralph Linton, The Cultural Background of Personality, Appleton-Century-Crofts, New York, 1945, p. 77.

related fields of nursing and the final discussion in this chapter will be of Q-methodology as a research technique.

Relationship of nursing role to hospital goal.-- Greenblatt, Levinson, and Williams[1] have reported numerous studies on the socio-psychological factors that influence the recovery of the hospitalized psychiatric patient. This summary of the progress of the multi-disciplinary approach to the problems of the mental hospital helped focus attention on the importance of better understanding of the roles of the hospital workers, the hospital ward as a social setting, and the relationships between organization and therapy.

Levinson[2] describes the factors of the organization of the mental hospital:

> "It is coming increasingly to be recognized that the amount and quality or productive output in any organization, be it a business firm, a government agency or a mental hospital, are highly influenced by the relationships among the various staff groupings. In the case of the mental hospital, 'productive output' refers to therapeutic change in the patients. We are learning that the hospital's effectiveness depends not merely on its technology--its specific treatment techniques--but as well on the qualities of its administration, the ordering of occupational statuses, and the division of work functions".

Role concepts.-- The role of the psychiatric nurse and the relationship with other categories of personnel within the mental hospital are described by Smith[3]

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1. Milton Greenblatt, et. al., Editors, The Patient and the Mental Hospital, The Free Press, Glencoe, Illinois, 1957.

2. Daniel J. Levinson, ibid., p. 9.

3. Harvey L. Smith, ibid., p. 12.

"Nursing relationships within psychiatric contexts often involve stressful problems. These involve the relations between psychiatrists and nurses, and the relations of nurses to other categories of personnel. ....There are other equally critical breakdowns in communication between these two professional groups, among which is the difference in role expectations that each group may have of the other".

Since this study was partly concerned with the perception of student nurses of the role of the psychiatric nurse, it was interesting to find that Hughes[1] reports the varying attitudes toward nursing as viewed by students. The outlook of the freshmen seemed to be humanitarian and personal; the outlook of the seniors more task-centered. The natural interpersonal abilities that the student brings into the school of nursing undoubtedly will be altered by the time she is ready for graduation. The natural interpersonal abilities are aptly described by Wexberg's[2] comments on common sense therapy:

"The most important contribution, [of the nurse] of course, is the kind of supportive psychotherapy which can be given without a great deal of psychiatric training. It may be called the therapy of common sense. There are many ways to encourage a depressed patient, and a warm-hearted nurse does not have to be told how to do it".

Another view of the role of the psychiatric nurse comes from Abrahams.[3] The concepts of administrator, teacher, mother, and manipulator are described:

"What does the nurse do? She is the general overseer and administrator of the ward. In that capacity she does bookkeeping, sees that

1. Everett C. Hughes, et. al., Twenty Thousand Nurses Tell Their Story, Lippincott, Philadelphia, 1958.

2. Leopold Wexberg in Mental Health in Nursing, Theresa Muller, Editor, Catholic University Press, Washington, 1949, p. 74.

3. Joseph Abrahams, ibid., p. 78.

supportive nursing care is given, observes patients with reference to progress, and teaches. The nurse has a sort of 'mothering' relationship to the patients. They generally manage under purely custodial care to set the atmosphere for the ward by their intransigence, resulting in a 'pushing along' relationship with the attendants".

The nurse's role in therapy and the physician-nurse relationship in meeting the emotional needs of the patient are described by Overholser:[1]

"The nurse, if the patient feels her to be friendly and understanding, will find that the patient will talk freely to her, sometimes more so than to the physician. She may, therefore, act as a psychotherapist in her own right as well as an auxiliary to the physician. She should, of course, keep the physician informed as to material of importance which the patient communicates to her and which the physician may in turn find useful in aiding the patient in his therapeutic interviews. The need of a sympathetic and understanding ear is one of the most pressing ones of the mentally disturbed patient. This the nurse can supply, for she is both understanding and professional in her approach".

The psychosomatic implications for nursing in mental health have received renewed interest. Educators in nursing have kept this interdependence of "psyche" and "soma" before the student in nursing. Kalkman[2] tells of physical care and its relationship to meeting the emotional needs of the patient:

"The nursing care of the psychiatric patient has two aspects--one physical and one mental. If one were to choose an aim or goal for psychiatric nursing the old Latin motto Mens sana in corpore sano (sound mind in a sound body) might well be appropriate. To accomplish this end, the psychiatric nurse must be skilled in both general medical and surgical nursing and also in psychological or psychiatric nursing".

Further implications of the interdependence of these aspects of psychiatric and general nursing are pointed out by Kalkman:[3]

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1. Winfred Overholser, ibid., p. 87.

2. Marion E. Kalkman, Introduction to Psychiatric Nursing, McGraw-Hill, New York, 1950, p. 179.

3. Ibid., pp. 179-180.

> "It is true, however, that the physical aspects of psychiatric nursing are important. Everyone is aware that he is able to cope with difficult life situations better when he is feeling well. The psychiatric patient also is better able to deal with his emotional conflicts when he is in good physical health. But physical nursing care is only the groundwork for good psychological nursing. The two aspects of nursing cannot be separated".

A 1951 Cincinnati conference on advanced programs in psychiatric and mental health nursing[1] emphasized liaison, milieu therapy, administrative functions of the psychiatric nurse and placed particular emphasis upon effective interpersonal relationships with the staff in establishing a "favorable environment".

The liaison aspect of the doctor-nurse-patient relationship was discussed by Sabshin[2] under the heading of the permissive-restrictive conflict in psychiatric nursing. The expectations of the role of the nurse included "....tolerate psychotic behavior, a giving mother, a unit manager, intense individual relations, with groups of patients--a leader, administrator, managerial, therapeutic, administering medicines, big-sister, teacher".

Role conflicts.— If one accepts therapeutic change in the psychiatric patient as the goal of the mental hospital, it is imperative that nursing personnel be involved in achieving that goal. Schwartz[3] reports the conflicts involved in the acceptance by nurses of a new role for them:

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1. Conference on Advanced Programs in Psychiatric and Mental Health Nursing held in Cincinnati, 1958. Sponsor, Nat. League of N. Ed.

2. Melvin Sabshin, "Nurse-Doctor-Patient Relationships in Psychiatry", in The American Journal of Nursing, (February, 1957), pp. 188-192.

3. Charlotte Green Schwartz, "Problems for Psychiatric Nurses in Playing a New Role on a Mental Hospital Ward", The Patient and the Mental Hospital, Editors, Milton Greenblatt, et. al., The Free Press, Glencoe, Illinois, 1957, p. 417.

> "We have examined the stresses and strains as the nurses have described their content. The dysfunctions mentioned can be seen to stem from four areas of contradiction and conflict in role requirements: (1) Conflicts with nurses' personal norms, preferences, and capabilities; ....(2) Conflicts with the traditional nursing role; ....(3) Conflicts with institutional requirements; ....and, (4) Contradictions in the role itself...."

The search for homogeneity.-- The friction, anxiety, and tension that exists in the mental hospital are looked upon as hindering patient progress. To what extent is this environment conducive to the therapeutic milieu? Is a sheltered, protective milieu the best for all patients? The search for and attainment of ideal communication and mutual understanding of the role of the nurse may not have the positive effect expected, as witnessed by Schwartz:[1] "Inconsistencies and contradictions may very well be inevitable parts of certain roles or of most roles in complex institutions, i.e., may be required by virtue of the structure into which the role fits".

Related Function Studies

Two recent studies from the University of Chicago furnish methodologies for studying problems in nursing service and education.

Mullane[2] successfully isolated criteria which are indicative of excellence in nursing service administration. For each criterion, certain indices were identified and validated. This study involved 23 hospitals

1. Ibid., p. 423.

2. Mary Kelly Mullane, Identification and Validation of Some Criteria of Excellence in the Administration of Hospital Nursing Service, Doctoral Dissertation, University of Chicago, 1957.

and some 1800 questionnaires. Schlotfeldt[1] viewed the educational leadership and faculty roles in nursing schools using the following instruments: (1) inventories of practices for curriculum development, (2) and educational leadership role inventory, (3) a satisfaction rating scale, and, (4) a personal data questionnaire.

Taylor's[2] functional analysis of the activities of graduate head nurses in psychiatry provided a check list of 387 items which were designated as activities of graduate nurses in psychiatry. The four divisions of nursing care activities were: (1) administration, (2) teaching, (3) direct care of the patient, and (4) cooperating with family, hospital personnel, health and social agencies in interest of the patient.

Yamamura[3] approached the investigation of the role of nursing personnel from a sociological viewpoint. This Hawaiian study sought answers to the following interrelated questions:

1. What are the functions performed by the various classes of personnel in the nursing service department?

2. What are the attitudes of the various classes of personnel toward the performance of these functions?

3. What social and organizational factors in the social system of the hospital are related to the job satisfaction of the nursing service personnel?

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1. Rozella Schlotfeldt, The Educational Leadership Role in Nursing Schools and Satisfaction of Faculty, Doctoral Dissertation, University of Chicago, 1956.

2. Arlene G. Taylor, A Functional Analysis of the Activities of Graduate Head Nurses in Psychiatry, Master's thesis, Catholic University, 1950.

3. Douglas S. Yamamura, Functions and Role Conceptions of Nursing Service Personnel, Nurses' Association of the Territory of Hawaii, 1955, p. 4. Mimeographed.

The Yamamura study showed general agreement among the personnel of the nursing service departments as to appropriate functionaries for the various functions within nursing service. There was a direct relationship between position in the hospital hierarchy, and clarity of appropriate functionaries, with nursing service administrators exhibiting the highest agreement and practical nurses the lowest. Of job satisfaction Yamamura[1] said:

> "The sentiments which an individual may express regarding her job or the functions she performs on that job are probably a compound of (1) the individual's conception of her role and function; (2) her personal aspirations; and (3) the definitions established by her informal work group. All of these factors probably enter in varying degrees in different situations in which the worker expresses her sentiments about her job".

Although the Yamamura study was conducted in a general hospital setting many miles away, there would appear to be some implications from the conclusions:[2]

> "In order to develop a smooth-functioning nursing service, it appears imperative that the policies of the nursing service should involve things which will tend to create an enthusiastic voluntary cooperation among members of the staff. This would involve recognizing the administrative and personnel functions of the nursing personnel, particularly of the professional nurses. ....the need for use of better techniques in supervision, planning, and at least a working knowledge of dynamics of group behavior".

Q-methodology as a Research Technique

Q-technique provides a methodology for studying the role of the psychiatric nurse by ascertaining the expectations of the various disciplines intimately concerned with the role. Q-sort is the method associated with

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1. Ibid., p. 18.

2. Ibid., p. 22.

Q-technique for gathering the data. Although some studies have been reported using other than a forced normal distribution of the Q-sort items, this distribution is commonly accepted as an integral part of the procedure.

The Q-sort procedure is handled in the following manner: A pack of 60 cards[1] is handed the subject and he is asked to sort the cards according to a particular frame of reference and rank them in terms of the relative importance of the items printed on each card. The most important cards are placed in the left hand piles and the least important cards are placed on the right. A definite pattern of card placement is outlined, following a normal distribution, with fewer cards placed in the end piles and most cards placed in the center piles. A distribution of the cards would look like this:

Pile number	1	2	3	4	5	6	7	8	9
Cards in each	1	2	6	13	16	13	6	2	1

The scoring of the Q-sort is accomplished by merely assigning the number of the pile to the item or items which were placed in it.

Although this technique was described by Stephenson[2] and Burt[3] in the 1930's, it was not until Stephenson combined efforts with Carl Rogers

1. The number of cards in a Q-sort may vary. Small sorts have 60-80 items while the large sorts may have 100-200 items.

2. William Stephenson, "Correlating Persons Instead of Tests", Character and Personality, (1935), Vol. 4, pp. 17-24.

3. Sir Cyril Burt, "Correlations Between Persons", British Journal of Psychology, (1937), Vol. 28, pp. 59-96.

at the University of Chicago that the technique gained wide acceptance as a psychological device for measuring perceptions of the client's change during therapy.

When compared with other data-gathering techniques there are certain advantages cited by Cronbach:[1]

> "In the Qsort, we have a variant of the forced-choiced procedure which has so many psychometric advantages. For one thing, this method of interrogation is much more penetrating than the common questionnaire where the person can say "Yes" to all the favorable symptoms and "No" to all the unfavorable ones. The method is free from those idiosyncracies of response which cause some persons to respond "Cannot say" twice as often as others, and so make their scores noncomparable. The forced choice requires every person to put himself on the measuring scale in much the same manner. Since more statements are placed in the middle piles, the subject is freed from many difficult and rather unimportant discriminations he would have to make if he were forced to rank every statement. And the fact that discrimination near the center of the scale is difficult, is reduced in importance by the fact that in product-moment correlations the end cells receive greatest weight".

Q-methodology is versatile. Cattell[2] describes the possibilities of factor analysis using the Q-technique to correlate persons instead of correlating variables. Edwards,[3] Hartley,[4] and Jones[5] have used Q-methodology in the study of personality changes in the psychotic, the neurotic,

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1. Lee J. Cronbach, "Correlations Between Persons as a Research Tool", in Psychotherapy: Theory and Research, edited by O. Hobart Mowrer, Ronald Press, New York, 1953, pp. 378-9.

2. Raymond Cattell, Factor Analysis, Harper, New York, 1952, pp. 88-108.

3. Allen L. Edwards and P. Horst, "Social Desirability as a Variable in Q-technique Studies", Educational Psychological Measurement, (1953), pp. 62-65.

4. Marion Hartley, A Q-technique Study of Changes in Self Concept During Psychotherapy, Doctoral Dissertation, University of Chicago, 1951. Microfilmed.

5. Austin Jones, "The Distribution of Traits in Current Q-sort Methodology", The Journal of Abnormal and Social Psychology, (July, 1956), pp. 90-96.

and the normal populations. Charlotte Green Schwartz[1] used the Q-sort in assaying perceptions of feelings about nurses playing a new role in the mental hospital.

The development of the Q-sort as a psychological tool in nursing research was part of the original work of Whiting[2] in his study of the nurse patient relationship. Bourque[3] developed the Rutland Q-sort to determine the disabled person's perception of his disability in a chronic disease setting.

Q-methodology is not without its critics. When viewed as a psychological test, it is difficult to determine effectively the reliability. The very subjectivity of the method precludes the possibility of using split-half method of determining reliability, and equivalent forms are usually not associated with this methodology. One answer to a determination of a coefficient of stability is found in the test and retest with an intervening period.

Hood[4], in describing reliability of Q-methodology, placed emphasis upon the frame of reference with which the sorter approached the task:

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1. Charlotte Green Schwartz, "The Problems for Psychiatric Nurses Playing a New Role on a Mental Hospital Ward", The Patient and the Mental Hospital, Editors, Milton Greenblatt, et. al., The Free Press, Glencoe, Illinois, 1957, pp. 402-427.

2. J. Frank Whiting, "Q-sort: Technique for Evaluating Perceptions of Interpersonal Relationships", Nursing Research, (October, 1955), pp. 70-73.

3. Ellsworth Bourque, Study by Q-technique of How the Disabled Person Perceives his Disability, Doctoral Dissertation, Boston University, 1958.

4. Paul Douglass Hood, Q-methodology: A Technique for Measuring Frames of Reference, Doctoral Dissertation, Ohio State University, 1953, p. 63.

> "Inconsistency and low test-retest reliability is thus interpreted as evidence of an unstable or poorly defined frame of reference. Such frames would tend to occur when the task is an extremely difficult or meaningless one for the subject or when the subject has little interest or involvement in the sort task".

Hood[1] further indicated that the reliability of the sort did not necessarily increase in proportion to the number of items. The nature of the items and motivation of the subject were more pertinent determinants: "Reliability is probably more a function of the nature of the items, than of the number of the items. A long sort will not guarantee reliability; indeed, it may simply make the sorter's task more difficult and thereby increase the chances of random sortings".

Since the forced choice array is usually accepted as an integral part of Q-methodology, the subject is often placed in a position of saying that one item is not as important as another item which he deems of equal importance. The frustration encountered by the subject in making this number of multiple choices and comparisons may result in a negative attitude toward completion of the Q-sort. Investigators who have used Q-methodology indicate that this frustration tolerance is an important factor in the validity of the findings. Two solutions have been worked out for the problem. Whiting[2] advised that the sorting procedure be done in four steps, thus easing the number of comparisons. Gorham[3] fabricated the sorting board which was a mechanical means of making the individual cards visible.

1. Ibid., p. 64.

2. J. Frank Whiting, The Nurse-Patient Relationship and the Healing Process, American Nurses' Foundation, New York, 1958, pp. 47-48.

3. Donald R. Gorham, "An Evaluation of Attitudes Towards Psychiatric Nursing Care", Nursing Research, (June, 1958), p. 72.

Summary

Psychiatric nursing is usually done within the mental hospital setting. Sociological studies and research carried out in the mental hospital have been reported in ever-increasing numbers during the past five years. Under the aegis of the professional nursing organizations and the National Institutes of Mental Health, psychiatric nursing has been treated extensively in these studies.

Function studies in nursing have been quite numerous. Questionnaires, time studies, and check lists have provided means of determining the various functions attributed to the varying levels of nursing practice. New and improved methodologies in sociological research have opened new avenues of exploration.

Q-technique is one of the newer and more controversial methodologies in socio-psychological research. Because of its adaptation to many studies it has been the subject of many critiques. Reports from the investigators who have used Q-methodology are strong in their praise of the method and equally critical of certain unfavorable features. After careful evaluation of the possible methodologies, it was decided that the Q-sort was most applicable to the kind of data involved in this study.

CHAPTER III

RESEARCH PROCEDURE

Rationale

Professional nursing ideally is patient centered. The psychiatric patient thus maintains the focus of all psychiatric nursing activity. In the process of activating a nursing care plan the nurse is primarily concerned with the nurse-patient relationship. Total care of the patient also involves interaction with many representatives of related disciplines.

The mental hospital ward has been described by sociologists and social scientists Stanton,[1] Schwartz,[2] Brown,[3] and Schwartz,[4] as a complex structure. Because of the complexity of the ward and the many interactions expected of the nurse, she is constantly forced to make decisions as to the most effective use of her time. The choice between two or more activities is often resolved by determining their relative importance. This ranking

1. Alfred H. Stanton and Morris S. Schwartz, The Mental Hospital, Basic Books, New York, 1954.

2. Morris S. Schwartz and Emmy Lanning Shockley, The Nurse and the Mental Patient, Russell Sage, New York, 1956.

3. Milton Greenblatt, Richard H. York, and Esther Lucille Brown, From Custodial to Therapeutic Patient Care in Mental Hospitals, Russell Sage, New York, 1955, Chapters 13, 15, 18, 19, 21.

4. Charlotte Green Schwartz, "The Problems for Psychiatric Nurses Playing a New Role on a Mental Hospital Ward", The Patient and the Mental Hospital, Editor, Milton Greenblatt, et. al., The Free Press, Glencoe, Illinois, 1957, pp. 402-427.

may be explicitly or implicitly, consciously or unconsciously done, but it must be done; else how does she decide what to do? The very subjectivity of this ranking is a good indicator of the role concept subjectively held by each nurse.

Since the nurse's activities and behavior--and correspondingly her role concept--are thus determined by her ranking of the various nursing functions, this study was designed to investigate the ranking of a sample of these functions.

Procedure outline.-- This chapter delineates the research procedure used in this study.

An interview technique, designated the Psychiatric Nurse Q-sort, was developed for the collection and interpretation of data on the ranking of a sample of nursing functions. This Q-sort was designed specifically for determining concepts of psychiatric nursing held by nurses and members of related disciplines.

There was an attempt to obtain content validity of the Q-sort instrument by careful item writing and by the selection of judges who were well qualified to make judgments in the area under consideration.

An indication of the reliability of the Q-sort was the correlation between two administrations of the Q-sort with a two week intervening period. Fifteen subjects were used in the reliability study.

One hundred forty-three subjects were interviewed representing psychiatric nurses and members of the related disciplines in three mental hospitals in eastern Massachusetts. Senior students from five schools of nursing which were potential sources of manpower for the three mental

hospitals comprised the third major group of subjects. Each subject was asked to classify the 60 items of the Q-sort from an actual and an ideal psychiatric nurse frame of reference.

The data thus obtained was processed to determine the likenesses and differences in the perception of the role of the psychiatric nurse according to the three major groups and the eleven subgroups. Analysis and interpretation of the data tested the hypotheses proposed in the statement of the problem.

Development of the Q-sort

Item selection.— The process of item writing, selection of items, and separation according to nursing care categories were basic steps in determining the reliability and validity of the final results of the study.

The item writing followed the form established by Whiting;[1] that is, each statement was a simple declarative statement beginning with "The nurse" as subject of the sentence, followed by a verb denoting some action on the part of the nurse. Each item was a neutral statement in terms of social acceptability. Care was exercised to prevent idealistic or derogatory statements. For example, the statement, "The nurse always helps the patient get well," would allow the subject to become emotionally involved with the statement rather than to judge a neutral activity. In contrast, a statement such as "The nurse avoids the patient who is hard to handle,"

1. J. Frank Whiting, The Nurse-Patient Relationship and the Healing Process, American Nurses' Foundation, New York, 1958, pp. 23-24.

speaks of the nurse in a biased manner and would be unacceptable from a neutral point of social acceptability.

A majority of items were obtained from published and unpublished studies related to psychiatric nursing, and from personal interviews with experienced workers within the mental hospital. Numerous studies of the function of the nurse in a general hospital, added to the function studies of the psychiatric nurse, provided a beginning source of items. The list of items thus obtained was discussed with experts in the field of psychiatric nursing as well as practitioners of the art. Interviews were held with representatives of the following positions: nursing service administration, nursing education from a university and a mental hospital faculty, research associate in nursing, psychiatric nursing service supervision, head nursing, and staff nursing. Other mental health team workers who provided items for the reservoir came from psychiatry, social psychology, clinical psychology, vocational counseling and social service.

The final list of 228 items represented the wide range of activities of the psychiatric nurse. This list was the raw material from which the final instrument was to be fashioned. Each item was similar in that it was a simple declarative statement beginning with the words "The nurse" and followed by an activity of the nurse.

Several different groups of hospital personnel were utilized in developing and evaluating the instrument. The following describes each group and its function.

Test for truth and importance.-- Three psychiatric nurses, each with five or more years of experience, were the judges who determined the truth

and importance of the items. One nurse was an evening supervisor of a psychiatric nursing service, another a head nurse regularly assigned to day duty, and the third was a staff nurse assigned to night duty.

The 228 items were submitted in typewritten form to the three nurse judges who inspected each item to determine if it was a true function of the psychiatric nurse, and if it had importance; that is, it was important to someone that this task be done. Instructions to the judges for this test are given in Appendix II.

The judges decided that all items were true functions of the psychiatric nurse and that it was important to someone within the mental hospital that each activity be performed.

Test for validity of category.— A larger panel of judges was chosen for the test for validity of category. The 15 judges represented three levels of psychiatric hospital personnel. Five were from nursing service administration or nursing education, five were clinical psychologists, and the remaining five were in head nurse positions representing different ward units. This heterogeneous group was chosen since agreement or disagreement among the judges would be more meaningful when considering the educational and occupational interests of the subgroups.

In the development of the conceptual framework of this study it was found desirable to separate the large number of nursing activities into a fewer number of functional categories. Whiting,[1] in his study of the nurse-patient relationship, had defined four areas of nursing care; viz.:

1. Op. cit., p. 31.

physical care, supportive emotional care, patient education, and liaison. Since this study was to include representation of all functions of the psychiatric nurse, an additional category of "administration" was added. The category of "administration" was designed to include all of the activities of the nurse that were related to her position but did not involve patient interaction. Such things as supervision of auxiliary nursing personnel, writing reports, and her own educational growth, were included in this category.

Each of the 228 items was typed on a 3 by 5 card for presentation to the judges. The judges were instructed to read each item and place it in one of the five different categories. If it did not fit in one of the five categories they were instructed to place the item in a sixth pile marked "no category". Definitions of each category are given in Chapter I and the instructions for this test are repeated in Appendix II.

The criteria established for the acceptance of an item were that twelve of the fifteen judges must agree on the placement of the item in the designated category. Although this standard was strict in comparison with similar studies, the investigator felt that the validity of category was one of the most critical phases of the study and the validity of the final instrument would be in direct proportion to the criteria established.

There were 146 of the 228 items that met the criteria for retention. The items were in the following nursing care categories:

Supportive emotional care	44
Physical care	21
Patient education	26
Liaison	21
Administration	34
Total	146

Specificity-generality determination.-- The items remaining from the previous test were typed consecutively with a line provided for marking the general or specific nature of the item. According to instructions given in Appendix II each of the 15 judges described in the section above indicated his opinion of the general or specific nature of the items by placing a checkmark on the continuum from most general to most specific. This line was three inches in length. A ruler was constructed to scale the checkmarks in terms of a numerical rating for each of the quarter inch division of the continuum. The scores were tabulated and the results showed a distribution that was not comparable without normalization.

The scores were transformed to McCall's T-scores using the method shown in Garrett.[1] Using the T-scores, the mean for each item was calculated and the distribution of T-scores had a range of from 39 to 60.

Since the object of this test was to standardize the items for the variable of generality-specificity, it was decided to select the items which fell in the 46-53 T-score range. Forty-nine of the items which showed the greatest deviation from the mean of the distribution of the T-scores were eliminated. An example of two of the items eliminated because of extreme deviations of generality-specificity were "The nurse listens to the patient," and, "The nurse gives the patient in pain prescribed medication". The former item was acceptable for category identification but was rejected for being too general when compared with the other items. The latter item had been categorized in the physical care

1. Henry E. Garrett, Statistics in Psychology and Education, Longman's Green & Co., New York, 1953, p. 30.

category but the judges eliminated this item on the basis of its being too specific.

The purpose of equating the items for generality-specificty was to remove a variable from the final Q-sort instrument. The judgment of importance should be based on the content of the item rather than its general or specific nature.

Ninety-seven items in the following categories remained:

Supportive emotional care	25
Physical care	15
Patient education	22
Liaison	15
Administration	20
Total	97

Final selection of items.-- The purpose of this phase of the study had been to provide the items which: (a) were true functions of the psychiatric nurse, (b) had some degree of importance, (c) fell within one of the five nursing care categories, (d) were equated for generality-specificity, and (e) were representative of the position. The final step in preparation of the Q-sort was the actual selection of the 60 items from the list of 97.

The number of items to be included in the Q-sort was the result of much deliberation and study. The activities of the psychiatric nurse account for a wide variety of tasks. The larger the number of these tasks that were included in the Q-sort, the more accurate would be the description of the position which the nurse occupies. A Q-sort with a large number of items has its disadvantages when considering the motivation of the subject doing the sort. A summary of the current thinking of the ideal number is given by Hood:[1]

1. Op. cit., p. 107.

> "The problem of sample size presents another important consideration in the Q-sort preparation. Sorts have been reported in the literature ranging in size from two dozen to nearly 200 items. The choice of the number of items is usually the result of a compromise between the desire to increase the number of items in order to achieve greater statistical stability and the need to design a sort which respondents can complete without undue difficulty. In our early experiments, we tended to favor using a relatively large number of items (100-120); currently, however, we favor using a relatively smaller number (60-80)."

On the basis of the current thinking of experts in the field and after experimentation with various size sorts, the smaller number of items was selected for this Q-sort.

Five nurses who represented nursing service administration and nursing education of the psychiatric hospital staff met with the project director and selected the 60 items, twelve in each category, which would be the final Q-sort. The items were chosen from the 97 items which had passed the final test of generality-specificity. The criteria of choice of an item for the final instrument were that the items were (a) most representative of the functions of the psychiatric nurse, and (b) free of repetition of content. The final Q-sort is reproduced in Appendix I.

Validity

The purpose of this psychological instrument, called the Q-sort, was to determine the subject's perception of the relative importance of various functions ascribed to the psychiatric nurse. A review of the development of the Q-sort for this study reveals the following methods used to contribute to the validity of the instrument:

1. Careful and consistent item writing. Each item had the same grammatical structure, was neither too idealistic nor unacceptable from a social desirability viewpoint.

2. The three panels of judges were selected because they were considered to be the best qualified to make the judgment in the test being performed.
3. The tests which were performed on the items were designed to assure the Q-sort of items which were true, easily understood, meaningful, and neutral from a social desirability viewpoint. Since the technique was to be used with mental hospital personnel the judges were selected from this population.

Reliability

The Q-sort at this stage consisted of 60 items divided equally into the five nursing care categories. Before it was used in the data gathering phase of the study, it was desirable to determine the consistency with which it measured the subject's perception of the relative importance of the various tasks of the psychiatric nurse.

In accordance with the procedure used by Hood,[1] Whiting,[2] and Bourque,[3] the test-retest method of determining consistency was used. A somewhat homogeneous group with a status similar to that of the eventual population to be tested was desirable for this test. Since it was desired to test the consistency of attitude or perception of the subject rather than the acquisition of new knowledge or insights, it was important that the group of testees be free from psychiatric clinical experience or psychology courses during the period between test and retest.

1. Op. cit., pp. 63, 64.
2. Op. cit., pp. 45, 46.
3. Op. cit., pp. 78-94.

Fifteen senior nursing students from an Eastern Massachusetts hospital school of nursing met the criteria. Since these were senior students, they had completed their psychiatric field experience and courses in psychology. This student population was equivalent to the student population to be tested in the data gathering phase. The homogeneity of this student group was assured since they were of the same school of nursing, had experienced the same instructors, had shared similar experiences, had affiliated at the same mental hospital, and were of the same sex and of similar age.

The instructions for the administration of the Q-sort were those for actual psychiatric nursing as listed in Appendix I. The 15 students, in groups of from two to five, completed the sort and, two weeks later, repeated the procedure following the same directions.

The period between tests was fixed at two weeks. On one hand it is necessary to stretch the time between tests to prevent memory from dictating the placement of items on the second sort. On the other hand, any group of persons tend to change their attitudes and opinions over a given period of time. Nursing students are subject to educational and clinical experiences which may change their concept of psychiatric nursing. The two-week period between tests carried with it a calculated risk that there would be no significant changes in the student's opinion of the relative importance of psychiatric nursing activities.

The determination of reliability, or coefficient of stability, was the calculation of a product-moment coefficient of correlation, using the scores from each test administration. This method assumes that the concepts being measured remain constant and that the correlation coefficient

indicates the amount of error attributable to the test itself. Other variables which were considered at this time were: (a) frame of reference (instructions carefully followed for both tests), (b) motivation of subject at time of sorting (nature and importance of the reliability determination explained to subjects), (c) control of external stimuli at time of test (arrange for proper time allotment without a feeling of pressure), and (d) inference of right or wrong answers (subjects asked not to study or try for "better" answers on the second test).

Hood,[1] Whiting,[2] and Bourque[3] have reported reliability coefficients for Q-sorts ranging from .40 to .80 when the test-retest method was used and the correlation between the first and second tests was computed by the Pearson "r" method. The higher, within this range, that this Q-sort reached, the more satisfying would be the results.

Correlations between the results of the first and second administrations of the Q-sort for each of the fifteen nursing students were calculated using the Pearson "r" method. The individual "r's" were changed to Fisher's "z" and averaged to determine the coefficient of stability.

Statistics of the reliability study.-- Each item of a completed sort received a score from its placement in one of the nine piles. The difference in the score of each item between test one and test two was squared and the sum of these squares for all items was found to give the number in

1. Op. cit., pp. 63, 64.
2. Op. cit., pp. 45, 46.
3. Op. cit., p. 87.

column "Sum D^2" in Table 2.

Table 2. Results of the Reliability Study

Judge	Sum D^2	Col.1/K	r	Fisher's z
Student 1	111	.39	.61	.71
Student 2	102	.36	.64	.76
Student 3	87	.31	.69	.85
Student 4	84	.30	.70	.87
Student 5	82	.29	.71	.89
Student 6	82	.29	.71	.89
Student 7	80	.28	.72	.91
Student 8	78	.27	.73	.93
Student 9	72	.25	.75	.97
Student 10	68	.24	.76	1.00
Student 11	67	.24	.76	1.00
Student 12	66	.23	.77	1.02
Student 13	64	.23	.77	1.02
Student 14	42	.15	.85	1.26
Student 15	40	.14	.86	1.29
				14.37
Mean			.75	.96

Since all Q-arrays have exactly the same distribution, and therefore identical means and standard deviations, a simplified formula for computing the product-moment r by the "method of difference" is given by Cohen:[1]

$$r = 1 - \frac{\text{sum } D^2}{K}$$

where K is a constant representing $2N \cdot s.d.^2$; since both the N, the number of statements, and $s.d.^2$, the variance of the forced distribution of scale values, are constant for all the correlations to be performed.

1. Jacob Cohen, "An Aid to the Computation of Correlations Based on Q-sorts," Psychological Bulletin, (March, 1957), Vol. 54, No. 2, p. 138.

Referring to Table 2 the value of r for each judge is one minus the number in column three. The range of correlations was from .61 to .86. To find the test correlation, the individual r's were transformed to Fisher's z scores and averaged. The resulting test correlation for the Q-sort was .75.

Population Sampled

Mental hospital universe.— The three mental hospitals selected for the study were a 1000 bed Veterans Administration hospital, a 2850 bed state hospital, and a 250 bed private hospital.

Ten psychiatric nurses were selected from each of the three hospitals. A random sampling from lists of nurses who give direct patient care assured representation from positions listed as head nurse, assistant head nurse, or staff nurse. There was representation of all three shifts and of the various services within the hospital.

Twenty members of the related disciplines were selected from each of the three mental hospitals. Four of this group were selected by position; viz.: hospital administrator, director of medical or professional services, director of nursing service, and the director of nursing education. The remaining sixteen subjects were selected by a stratified random sampling from the related disciplines within the hospital. These subjects were designated as "others" and include psychiatrists, counseling and clinical psychologists, supervisors of nursing service, social service personnel, recreational and rehabilitation therapists, chaplains, pharmacists, and, in one of the hospitals, two senior students who were interviewed during their final week of training, since this hospital was the

only one that had a school of nursing. A list of the positions of the related discipline population will be found in Appendix III.

Thirty nurses and sixty "others" made a total of 90 interviews from the three mental hospitals. Although the nurse-"others" ratio varied among the three hospitals, the 30 to 60 ratio approximated the actual ratio for the three mental hospitals.

Schools of nursing.-- Fifty-three students representing two basic collegiate and three diploma programs were interviewed to determine their perception of the psychiatric nurse role. The students were in their final year of the nurse education program and had completed their field experience in psychiatric nursing. Within a few months these nurses would be additions to the nurse manpower in medical and surgical, psychiatric and public health facilities.

Collecting and Processing Data

Collecting the data.— The Psychiatric Nurse Q-sort was used to gain perceptions of the relative importance ascribed to each of the 60 items on a nine point continuum. Instructions[1] for the first sort asked for consideration of the actual performance of the psychiatric nurse, while the second sort was concerned with the ideal psychiatric nurse or psychiatric nursing under optimum conditions. There was no connotation that the Q-sort was a test of knowledge. The subject was asked for his perception of the relative importance of the items with no inference of any right or wrong answers.

1. See Appendix I for detailed instructions.

The time for completion of the Q-sort interview varied from one-half to one and one-half hours with most subjects requiring 45 minutes. Multiple sets of Q-sort items allowed from one to seven subjects being interviewed at one time. All interviews were conducted by the principal investigator following the same instructions.

The sorting was completed on an individual item basis with no inference of an underlying nursing care categorization of items. Because of the nature and goals of the psychiatric hospital it was felt that certain categories, such as supportive emotional care, would be looked upon as being socially desirable and thus a halo effect would cloud the data collection.

Motivation of the subjects varied from one hospital setting to another. Nursing students seemed most eager to take part. All subjects selected for participation, completed the interview. Four subjects in the related discipline group were unable to separate the actual from the ideal psychiatric nurse role. The reason is best summed up by a hospital administrator who said: "I am not close enough to an actual nursing situation to adequately differentiate between the ideal and what is actually going on." Since three of these four subjects were from the hospital administrative group, it was decided to include their interviews.

The actual and ideal sort results were tallied on work sheets and transferred to I.B.M. cards for statistical handling by the Research and Statistics Unit of Boston University.

Processing of data.-- There were three major groups contributing the data; viz.: psychiatric nurses, member of the related disciplines within

mental hospital, and nursing students. These major groups were divided into 11 subgroups, viz.: psychiatric nurses in each of the three mental hospitals, members of the related discipline in the three mental hospitals, and nursing students in each of the five schools of nursing.

The Psychiatric Nurse Q-sort was comprised of 60 nursing functions or items, with twelve items in each of five nursing care categories. The categories were: (a) administration, (b) supportive emotional care, (c) physical care, (d) liaison, and (3) patient education. For a definition of the categories see Chapter I.

The hypotheses to be tested indicated relationships among the perceptions of the actual performance of the psychiatric nurse, and among the perceptions of the performance of the ideal psychiatric nurse.

The completed Q-sort yielded a score for each item which was averaged for mean scores for each major group and subgroup of the sample. Further processing of the data yielded mean scores for each of the nursing care categories according to major groups and subgroups.

The results of the actual sorts indicated the perceived actual performance and the ideal sorts indicated the perceived ideal performance of psychiatric nursing. The data were processed in like manner for the actual and ideal sorts. Analyses of variance for each of the five nursing care categories by major groups and subgroups tested the null hypothesis: There will be no significant differences among the actual sorts for each major group nor among the ideal sorts for each major group.

The .05 level of confidence was used throughout the study as the indication of significance in keeping with current statistical practices.

Analysis of actual and ideal sorts.— Mean scores for each category of nursing care were found for each group and subgroup. Analyses of variance were made for the three major groups for each of the five categories. Analyses of variance were made for the eleven subgroups for each of the five nursing care categories. These data show the significant differences assigned each nursing care category by the major groups and subgroups of the sample.

Wherever a significant difference was found within the group or subgroup, the Duncan Test for Multiple Comparisons[1] was utilized to determine which subgroups had homogeneity and which differed significantly from the other subgroups.

Since the data from the actual and ideal sorts were in similar form, it was possible to report the statistical results in comparable form.

Comparison of actual with ideal sorts.— Hypothesis three indicated certain relationships between the perception of the actual and ideal roles of the psychiatric nurse. To transfer this hypothesis to an operational thesis an index of similarity between the actual and ideal sorts was obtained for each subject by computing the product-moment correlation between item scores for the two sorts. Each correlation was based upon an N of 60, the number of items in the sort.

So that group comparisons could be made, the distribution of correlation coefficients was normalized by Fisher's z transformation. Four analyses of variance similar to those done for the actual and ideal sorts were computed, using the transformed indices as the variables.

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1. David B. Duncan, "Multiple Range and Multiple F Tests," Biometrics, (1955), 11, p. 1.

Summary

A 60 item Psychiatric Nurse Q-sort was devised for determining the role of the psychiatric nurse as perceived by nurses and members of the related disciplines within the mental hospital. Twelve items were validated in each of the five nursing care categories: (a) administration, (b) supportive emotional care, (c) physical care, (d) liaison, and (e) patient education.

A test-retest method of determining reliability was used with a two week intervening period. Fifteen senior nursing students provided the reliability data. Product-moment correlations between tests yielded a range of .61 - .86 and an average of .75.

The Q-sort was administered to 143 subjects representing the following populations: a federal, a state, and a private mental hospital each of which provided a sampling of (a) psychiatric nurses and (b) members of the related disciplines; five schools of nursing which provided (c) senior nursing students who had completed their field experience in psychiatric nursing.

Data were to be reported in the form of mean scores for the individual items according to the major groups and subgroups, and in the form of mean scores and analyses of variance of the five nursing care categories according to the major groups and subgroups.

CHAPTER IV

PRESENTATION OF FINDINGS

The population contributing data to this study had three major divisions and 11 subdivisions. The psychiatric nurses who described their own role in the mental hospitals were one major group; members of the related disciplines in the same mental hospitals were the second major group; the senior nursing students in the schools of nursing selected for this study were the third major group. Since there were three mental hospitals providing nurses and members of the related disciplines, and five schools of nursing, the total number of subgroups was 11.

The sorts for the actual and ideal roles took the same form in the data and will follow similar forms in the presentation of results. In keeping with common statistical interpretive practice in deciding whether the groups significantly differ, the five per cent level of significance was selected as the point at which differences among groups would be recognized.

The first set of results will indicate the subjects' perceptions of the actual role of the psychiatric nurse by a report of the results of the actual sorts. These results will be presented in the following order: (a) mean scores and differences among subgroups with the nursing care categories as the variables, (b) mean scores and differences among the three major groups with the nursing care categories as variables, and

(c) the variability of items according to the rank orders assigned the item by the three major groups.

The second set of results indicates the subjects' perceptions of the role of the ideal psychiatric nurse by a report of the results of the ideal sorts. These results are presented in the same form as the results of the actual sorts described above.

The third set of results shows relationships between the actual and ideal sorts. These results are in the following order: (a) the report of the differences among the major groups and subgroups in terms of the z transformations of the actual-ideal correlations, (b) the comparable mean scores given each nursing care category by the subgroups for the actual and the ideal sorts, and (c) the rank order of the nursing care categories by the 11 subgroups.

Results from the Actual Sorts

The actual role of the psychiatric nurse as perceived by the subject was the array of the cards in his "actual" sorting of the Psychiatric Nurse Q-sort.

Hypothesis one stated that there would be significant differences in the perceptions of the actual role of the psychiatric nurse as viewed by psychiatric nurses, members of the related disciplines within the mental hospital, and nursing students. In testing the hypothesis the first step was to determine the extent of the differences that were found in the data and establish the statistical probability that the differences were due to the population and not to error of measurement, sampling errors, or chance fluctuations. If significant differences were found the next step

was to investigate the nature of these differences.

Mean scores given each nursing care category by the 11 subgroups.--The instructions at time of sorting called for the most important items to be placed in pile number one (see Appendix I) and thus, that item received a score of one. When comparing the mean scores the more important items had a lower score and the less important items had a higher score. The arithmetic mean of the mean scores was found to be 60. To reverse this order so that the more important items would have higher scores, each mean score over 60 was decreased by twice its excess over 60 and each score below 60 was increased by twice the difference between that score and 60. The resulting converted mean score gave a true picture of importance with the higher score representing greater importance. All mean scores reported in this study are the converted scores.

The mean scores and standard deviations assigned each nursing care category by the 11 subgroups are reported in Table 3. Since there were 60 items with an average score of five the sum of scores for each sort was 300, as was the sum of the mean scores for any group or subgroup. Thus, any nursing care category assigned a mean score of 60 by a subgroup or a major group would be of medium importance and the higher the score from 60, the more important would be the category in the opinion of that particular group. Conversely, the lower the score from 60, the less important would be the perceived importance of the category.

Table 3 is the first in a series of tables which report the findings relating to hypothesis one. It is noted that for all categories the differences between mean scores for each of the subgroups are much less when

the subgroups are each part of the same major group than when there is a comparison among major groups. The category of administration ranged from a low of 48.2 to a high of 60.9. This 12.7 spread was second only to the 14.9 spread found in the category of supportive emotional care. All but one of the scores in the category of administration were below 60.0 which indicates the relative unimportance of this category when compared with the others. The category of supportive emotional care received a low score of 59.1 and a high of 74.0. This category was rated highest by all subgroups except V.A. others who rated it fourth in importance.

The physical care category received a low score of 54.9 and a high score of 63.3 which is an indication of the range of scores in relation to the mean of 60.0. Liaison, as a category, was even closer to the mean score with all scores falling within 2.5 points of the mean. The final category of patient education was the only category with all scores below the mean of 60.0. Although this would indicate all subgroups rated it as being unimportant it does not have the low scores that were found in the administration category (48.2, 50.8).

Table 3. Actual Sorts

Mean scores and standard deviations given each nursing care category by the subgroups of nurses, members of the related disciplines, and students.

		Admin.		Sup. Emot. Care		Physical Care		Liaison		Patient Education	
Subgroups	N	Mean	s.d.	Mean	s.d.	Mean	s.d.	Mean	s.d.	Mean	s.d.
Nurses											
V.A. H.	10	52.8	7.4	65.3	5.0	61.7	6.6	60.7	3.6	59.5	6.4
Sta. H.	10	58.9	7.0	63.7	6.1	59.9	6.0	58.7	5.7	58.8	5.0
Pri. H.	10	58.5	5.0	66.9	6.7	58.5	8.6	61.4	5.4	54.7	5.6
Others											
V.A. H.	19	59.8	8.3	59.1	7.6	63.3	6.2	62.5	5.8	55.2	7.4
Sta. H.	18	60.9	7.6	62.9	8.2	61.6	5.7	60.9	6.2	53.6	5.6
Pri. H.	19	59.6	7.2	65.2	5.8	60.5	5.7	60.7	4.0	53.9	5.6
Students											
Col. 1	9	55.9	6.6	70.8	8.2	54.9	4.2	61.1	5.2	57.3	5.2
Col. 2	10	58.8	7.6	67.1	5.1	55.8	5.5	62.3	4.2	56.0	4.7
Dip. 3	13	55.8	9.9	67.6	5.9	58.5	3.8	60.3	4.6	57.8	9.8
Dip. 4	10	48.2	5.2	74.0	6.7	59.5	4.7	59.5	6.6	58.8	7.1
Dip. 5	11	50.8	9.7	72.9	5.8	59.4	7.0	61.9	5.2	54.9	4.7

Differences among the subgroups.-- To determine the significant differences among the major groups' perceptions of the actual role of the nurse, five separate analyses of variance were made for each of the three major groups corresponding to the five nursing care categories. Wherever a significant difference was found within the group, the Duncan Test for Multiple Comparison[1] was utilized to determine which, if any, subgroups were similar and which differed significantly from the other subgroups. Tables 4, 5, and 6 report these analyses of variance.

1. David B. Duncan, "Multiple Range and Multiple F Tests," Biometrics, (1955), 11:1 ff.

The significance of differences among the three nurse subgroups which represented the three mental hospitals are indicated in Table 4. The five F ratios reported in this table are below the five per cent level of confidence and the existing differences are deemed due to chance. This would indicate that the nurse group showed homogeneity in the perceptions of their own role.

The significance of the differences among the three subgroups of other related disciplines[1] is reported in Table 5. Only one of the five F ratios presented was significant at the .05 level. The calculation for "within group" differences for members of the related disciplines in the category of supportive emotional care indicated that the V.A. hospital group differed from the private hospital group at the .05 level.

The differences among the five subgroups of students are indicated in Table 6. These subgroups included approximately ten senior nursing students from each of the two accredited basic collegiate programs and three accredited diploma programs under hospital sponsorship. None of the five F ratios presented was significant at the .05 level.

1. For list of positions included in this sample refer to Appendix III.

Table 4. Actual Sorts

Significance of differences among the three nurse subgroups. Category mean scores are the variables.

Category	Source of Variation	Sums of Squares	d.f.	Mean Square (Variance)	F ratio	p
Administration	Between groups	232.87	2	116.44		
	Within groups	1289.00	27	47.74	2.44	--
	Total	1521.87	29			
Supportive Emotional Care	Between groups	51.20	2	25.60		
	Within groups	1075.10	27	39.82	.64	--
	Total	1126.30	29			
Physical Care	Between groups	51.47	2	25.74		
	Within groups	1541.50	27	57.09	.45	--
	Total	1592.97	29			
Liaison	Between groups	39.27	2	19.64		
	Within groups	748.60	27	27.73	.71	--
	Total	787.87	29			
Patient Education	Between groups	134.47	2	67.24		
	Within groups	968.20	27	35.86	1.88	--
	Total	1102.67	29			

F at 3.35 sig. at .05 level
F at 5.49 sig. at .01 level

Table 5. Actual Sorts

Significance of differences among the three related discipline subgroups. Category mean scores are the variables.

Category	Source of Variation	Sums of Squares	d.f.	Mean Square (Variance)	F ratio	p
Administration	Between groups	18.24	2	9.12		
	Within groups	3329.89	53	62.83	.15	--
	Total	3348.13	55			
Supportive Emotional Care	Between groups	361.66	2	180.83		
	Within groups	2951.89	53	55.70	3.25	.05
	Total	3313.55	55			
Physical Care	Between groups	75.55	2	37.78		
	Within groups	1949.29	53	36.78	1.03	--
	Total	2024.84	55			
Liaison	Between groups	36.19	2	18.10		
	Within groups	1635.36	53	30.86	.59	--
	Total	1671.55	55			
Patient Education	Between groups	27.27	2	13.64	.33	--
	Within groups	2205.23	53	41.61		
	Total	2232.50	55			

F at 3.18 sig. at .05 level
F at 5.06 sig. at .01 level

Table 6. Actual Sorts

Significance of differences among nursing student subgroups. Category mean scores are the variables.

Category	Source of Variation	Sums of Squares	d.f.	Mean Square (Variance)	F ratio	p
Administration	Between groups	750.49	4	187.62		
	Within groups	3552.04	48	74.00	2.54	--
	Total	4302.53	52			
Supportive Emotional Care	Between groups	409.74	4	102.44		
	Within groups	2146.45	48	44.72	2.29	--
	Total	2556.19	52			
Physical Care	Between groups	180.86	4	45.22		
	Within groups	1396.95	48	29.10	1.55	--
	Total	1577.81	52			
Liaison	Between groups	54.83	4	13.71		
	Within groups	1431.17	48	29.82	.46	--
	Total	1486.00	52			
Patient Education	Between groups	100.78	4	25.20		
	Within groups	2472.20	48	51.50	.49	--
	Total	2572.98	52			

F at 2.56 sig. at .05 level
F at 3.74 sig. at .01 level

Differences among the major groups.-- The previous three tables have indicated homogeneity among the subgroups in their perceptions of the actual role of the psychiatric nurse. This would suggest that any differences among the various perceptions of the role are due to chance and not due to the population. Further, this indicates that all nursing subgroups view the role similarly; that is, there are no differences due to influences from the institutions from which the subjects come. The same is true for the related discipline subgroups and the student subgroups. The only exception is in the supportive emotional care category where the V.A. and private hospital subgroups varied significantly.

The following two tables will present data with these subgroups combined and indicate their areas of agreement and disagreement according to major groups of nurses, other related disciplines, and students.

The mean scores and standard deviations given each nursing care category by the three major groups are reported in Table 7. There was general agreement by all three groups that supportive emotional care was most important while administration and patient education were deemed least in importance. The least variability was found in the liaison category while the highest variability was in the category of administration. The differences between the high and low mean scores in each category was another indication of the variability. The category of liaison showed a small (1.1) difference between its high and low mean scores while supportive emotional care received a large (8.0) difference between its high and low mean scores.

Table 7. Actual Sorts

Mean scores and standard deviations given each category by the major groups: nurses, members of the related disciplines, and nursing students.

		Admin.		Sup. Emot. Care		Physical Care		Liaison		Patient Education	
Group	N	Mean	s.d.	Mean	s.d.	Mean	s.d.	Mean	s.d.	Mean	s.d.
Psych. Nurses	30	56.7	7.1	65.3	6.1	60.0	7.3	60.3	5.1	57.7	6.1
Other Disci-plines	56	60.1	7.7	62.4	7.7	61.8	6.0	61.4	5.5	54.2	6.3
Nursing Students	53	53.9	9.0	70.4	6.9	57.8	5.5	61.0	5.3	57.0	7.0

The data providing major support for hypothesis one are presented in Table 8, which is a report of the significance of the differences among the three major groups of nurses, other related disciplines, and students. The categories of administration, supportive emotional care, and physical care contained differences that were significant at not only the .05 level but also at the .01 level. The category of patient education contained a difference which was significant at the .05 level of confidence, and the remaining category of liaison contained no significant difference. Using Duncan's test for the comparison of the means to determine which means significantly differ in the corresponding categories, the following illustrates the findings:

Category	Groups significantly differing	p
Administration	Nurses from Others	.05
	Others from Students	.01
Supportive Emotional Care	Nurses from Students	.05
	Others from Students	.01
Physical Care	Others from Students	.05
Patient Education	Nurses from Others	.05

Significant differences were found in four of the five nursing care categories as reported in Table 8. The remainder of the report of the actual sorts will indicate the nature of these differences by reporting the variability of the individual items of the actual sorts.

Variability of items according to the rank order assigned by the three major groups.— Certain items had the same or similar rank order according to the three major groups. Other items varied considerably from group to group in terms of their relative importance.

The method of determining variability of the rank order of item placement was to find the sum of differences between the median score and the other two ranks in the column opposite the item. Items that had the smallest sums of differences were on the list of little variability, while the items that had the largest sums of differences were listed as having marked variability.

The six items with the least variability in the actual sorts are reported in Table 9. This table provides the item number, the content of the item, and the ranks assigned the item by the three major groups.

Two items (3, 53) were from the ten least important items while another two items (18, 43) were from the ten most important item list.[1] The nursing care category of administration accounted for three of the six items but there were no physical care items on this list of least variable items.

The seven items with the greatest variability are reported in Table 10. The items represent all nursing care categories except physical care. It will be noted that there were no physical care items in Table 9, the items with the least variability. Although Table 10 is a report of the items with marked variability there are two items (22, 38) on which there was close agreement between nurses and others.

1. For a list of the most and the least important items of the actual sorts, see Appendix IV.

Table 8. Actual Sorts

Significance of differences among the three major groups: nurses, members of the related disciplines and nursing students. Category mean scores are the variables.

Category	Source of Variation	Sums of Squares	d.f.	Mean Square (Variance)	F ratio	p
Administration	Between groups	1056.41	2	528.21		
	Within groups	9172.53	136	67.45	7.83	.01
	Total	10228.94	138			
Supportive Emotional Care	Between groups	1742.38	2	871.19		
	Within groups	6996.04	136	51.44	16.94	.01
	Total	8738.42	138			
Physical Care	Between groups	447.30	2	223.65		
	Within groups	5195.62	136	38.20	5.85	.01
	Total	5642.92	138			
Liaison	Between groups	25.57	2	12.79		
	Within groups	3945.42	136	29.01	.44	--
	Total	3970.99	138			
Patient Education	Between groups	305.73	2	152.87		
	Within groups	5908.15	136	43.44	3.52	.05
	Total	6213.88	138			

F at 3.07 sig. at .05 level
F at 4.78 sig. at .01 level

Table 9. Actual Sorts

Items with the least variability in their rank by the three groups: nurses, other related disciplines, and students.

Item Number	Content of item	Nurses Rank	Others Rank	Students Rank
3.	The nurse supervises the ward personnel in cleaning of the ward areas. (Adm.)	60	57	60
9.	The nurse provides for adequate evaluation and counseling of co-workers. (Adm.)	37	38	36
11.	The nurse detects and corrects fire and safety hazards. (Adm.)	35	34.5	37
18.	The nurse reassures the patient by handling an emergency without showing excitement. (Sup. Em. Care)	5	8.5	8
43.	The nurse observes changes in the patient's emotional condition and reports it to the doctor. (Liaison)	2	1	1
53.	The nurse teaches the selection of food and the importance of diet in maintaining health. (Pt. Ed.)	56.5	60	59

Most important item has a rank of one.

Table 10. Actual Sorts

Items with the most variability in their rank according to the three groups: nurses, other related disciplines, and students.

Item Number	Content of item	Nurses Rank	Others Rank	Students Rank
4.	The nurse makes out work assignments for personnel on duty. (Adm.)	55	22	47
7.	The nurse prepares the necessary reports and records to communicate an adequate picture of the ward. (Adm.)	28	37	34
21.	The nurse participates in individual therapy with patients. (Sup. Em. Care)	43	54	16
22.	The nurse discusses with the patient the affairs at home which are worrying him. (Sup. Em. Care)	49.5	46.5	9
38.	The nurse aids the patient who has difficulty at home to get in touch with the social worker. (Liaison)	52	53	23
58.	The nurse teaches the patient about his illness in terms that he can understand. (Pt. Ed.)	17.5	44	26
59.	The nurse corrects the patient's mistaken ideas about his illness. (Pt. Ed.)	31.5	46.5	20

Most important item has a rank of one.

Results from the Ideal Sorts

The role of the ideal psychiatric nurse as perceived by the subject was the array of the cards in his completed Q-sort with the ideal psychiatric nurse as his frame of reference.

The second hypothesis stated that there would be significant differences in the perceptions of the role of the ideal psychiatric nurse as viewed by psychiatric nurses themselves, members of the related disciplines within the mental hospital, and nursing students.

The first step in handling the data from the ideal sorts was to determine the extent of the differences and the statistical probability that the differences were due to the population investigated, and not to experimental error. If significant differences (.05 level) were found the next step was to investigate the nature of these differences.

Mean scores given each nursing care category by the 11 subgroups.--The mean scores reported in this section have been converted as described under the corresponding paragraph of the report of the actual sorts.

The mean scores and standard deviations assigned each nursing care category by the 11 subgroups are reported in Table 11. The differences between mean scores for each of the subgroups in any one category are much less when the subgroups are each part of the same major group than when there is a comparison among all of the subgroups in the category. The category of administration was assigned the greatest spread between the low and high mean scores (44.7 and 59.9). In this respect the ideal sorts differed from the actual sorts since supportive emotional care had received the greatest spread in the actual sorts. The category of administration received the largest variance score (10.9) that was reported

in either the actual or ideal sorts.

Supportive emotional care, according to Table 11, attained highest scores for all subgroups in the ideal sorts. All mean scores were above the grand mean of 60.0 and the five student groups placed it over the 70.0 mean score with one exception.

Physical care, as a category in the ideal sorts, received below average mean scores with the two lowest scores coming from the collegiate students. There was homogeneity of subgroups when divided in the following way: nurses, other related disciplines, collegiate students, and diploma students. The scores assigned the physical care category accounted for the one recognizable differentiation between the diploma and collegiate student groups.

The category of liaison maintained the same relative importance in the ideal as in the actual sorts. This category was looked upon as being neither too important nor too unimportant and the standard deviations indicate less variance in the item placement when compared with other categories such as administration and supportive emotional care.

The final category of patient education, as reported in Table 11, was next to the last in importance with all mean scores falling below 61.5. Most subgroups placed slightly more importance in this category in the shift from actual to ideal.

Differences among the subgroups.-- To determine the significance of the differences among the major groups' and subgroups' perceptions of the ideal role of the psychiatric nurse, five separate analyses of variance were made for each of the three major groups with the nursing care

categories as the variables. Wherever a significant difference was found within the group, the Duncan Test for Multiple Comparison[1] was utilized to determine which subgroups were similar and which differed significantly from the other subgroups. Tables 12, 13, and 14 report the results of these analyses of variance.

The significance of differences among the nurse groups from the three mental hospitals is reported in Table 12. None of the five F ratios was significant at the .05 level.

It must be remembered that the frame of reference for the ideal sorts asked nurses to describe the ideal psychiatric nurse working under ideal nursing conditions. The two concepts of the ideal were included in the instructions to enable the nurse to identify with either the ideal nurse, or herself as the ideal if the working conditions were changed to meet her ideals. The instructions for all subjects were the same; however, the psychiatric nurses who participated in the experimental pre-testing of the Q-sort found it hard to effect a frame of reference with the ideal nurse as a reference point. When the "ideal conditions" concept was added, they found it easier to effect a consistent frame of reference.

The related disciplines' perceptions of the ideal psychiatric nurse are reported in Table 13. One significant difference was reported in the category of administration. A computation for the paired differences which contributed to this difference indicated that the V.A. related discipline group assigned administration a relatively low and significantly

1. David B. Duncan, "Multiple Range and Multiple F Tests," Biometrics, (1955), 11:1, ff.

different score from that of the state and private hospital corresponding groups. There were no other significant differences in the remaining categories in Table 13.

Nursing students, as shown in Table 14, differed significantly at the .05 level or better on three of the five categories.

In the category of administration, only two schools differed significantly; the collegiate number two (54.8) was significantly higher than diploma number four (44.7). The students rated the category of administration much lower than did the other two groups.

The second difference of note in Table 14 was in the category of supportive emotional care. The three diploma schools of nursing provided the significant differences with diploma number three (68.5) differing from the diploma five subgroup at the .05 level.

The third difference was significant at the .01 level and involved the category of physical care. Further statistical investigation revealed significant differences existing between the three diploma school subgroups and collegiate number one. It is interesting to note that the psychiatric field experience provided for diploma schools four and five is in the same state mental hospital. Another combination in the student group is collegiate school of nursing number two and diploma program number one, who use the same clinical field experience in psychiatric nursing.

The remaining two categories were homogeneous, as reported in Table 14.

Table 11. Ideal Sorts

Mean scores and standard deviations given each nursing care category by the subgroups: nurses, members of the related disciplines, and nursing students.

Subgroups	N	Admin. Mean	Admin. s.d.	Sup. Emot. Care Mean	Sup. Emot. Care s.d.	Physical Care Mean	Physical Care s.d.	Liaison Mean	Liaison s.d.	Patient Education Mean	Patient Education s.d.
Nurses											
V.A. H.	10	53.7	7.1	67.5	5.4	58.4	5.8	60.7	4.0	59.7	6.0
Sta. H.	10	59.9	6.1	65.5	8.4	57.6	6.1	56.6	4.1	60.4	3.5
Pri. H.	10	56.6	9.3	67.6	9.2	59.0	6.3	60.5	4.5	56.3	5.1
Others											
V.A. H.	20	53.8	6.8	66.6	6.9	59.6	7.6	63.0	6.6	56.8	6.0
Sta. H.	20	58.8	6.6	65.6	7.0	58.5	4.6	62.6	5.9	54.6	4.9
Pri. H.	20	59.2	8.3	68.1	5.6	57.9	4.7	61.1	4.9	53.6	6.9
Students											
Col. 1	9	52.4	3.7	74.0	4.5	52.4	4.2	62.2	4.3	58.9	4.8
Col. 2	10	54.8	7.7	71.3	6.2	55.8	7.1	61.1	4.2	57.0	5.1
Dip. 3	13	52.2	10.9	68.5	6.3	60.1	4.9	60.0	5.5	59.2	8.3
Dip. 4	10	44.7	4.2	75.0	6.3	60.3	4.7	58.8	4.7	61.2	6.9
Dip. 5	11	46.2	5.7	75.9	5.1	60.8	5.8	59.4	5.3	57.7	4.8

Table 12. Ideal Sorts

Significance of differences among the three nurse subgroups. Category mean scores are the variables.

Nursing Category	Source of Variation	Sums of Squares	d.f.	Mean Square (Variance)	F ratio	p
Administration	Between groups	192.47	2	96.24		
	Within groups	1751.40	27	64.87	1.48	--
	Total	1943.87	29			
Supportive Emotional Care	Between groups	28.07	2	14.04		
	Within groups	1845.40	27	68.35	.21	--
	Total	1873.47	29			
Physical Care	Between groups	9.87	2	4.94		
	Within groups	1102.80	27	40.84	.12	--
	Total	1112.67	29			
Liaison	Between groups	106.87	2	53.44		
	Within groups	529.00	27	19.59	2.73	--
	Total	635.87	29			
Patient Education	Between groups	96.20	2	48.10		
	Within groups	732.60	27	27.13	1.77	--
	Total	828.80	29			

F at 3.35 sig. at .05 level
F at 5.49 sig. at .01 level

Table 13. Ideal Sorts

Significance of differences among the three related discipline subgroups. Category mean scores are the variables.

Nursing Category	Source of Variation	Sums of Squares	d.f.	Mean Square (Variance)	F ratio	p
Administration	Between groups	356.13	2	178.07		
	Within groups	3188.05	57	55.93	3.18	.05
	Total	3544.18	59			
Supportive Emotional Care	Between groups	63.03	2	31.52		
	Within groups	2535.15	57	44.48	.71	--
	Total	2598.18	59			
Physical Care	Between groups	31.63	2	15.82		
	Within groups	2029.35	57	35.60	.44	--
	Total	2060.98	59			
Liaison	Between groups	41.70	2	20.85		
	Within groups	2049.55	57	35.96	.58	--
	Total	2091.25	59			
Patient Education	Between groups	105.30	2	52.65		
	Within groups	2162.70	57	37.94	1.39	--
	Total	2268.00	59			

F at 3.16 sig. at .05 level
F at 5.00 sig. at .01 level

Table 14. Ideal Sorts

Significance of differences among nursing student subgroups. Category mean scores are the variables.

Nursing Category	Source of Variation	Sums of Squares	d.f.	Mean Square (Variance)	F ratio	p
Administration	Between groups	789.83	4	197.46		
	Within groups	2779.87	48	57.91	3.41	.05
	Total	3569.70	52			
Supportive Emotional Care	Between groups	435.41	4	108.85		
	Within groups	1762.14	48	36.71	2.97	.05
	Total	2197.55	52			
Physical Care	Between groups	520.99	4	130.25		
	Within groups	1560.48	48	32.61	4.01	.01
	Total	2081.47	52			
Liaison	Between groups	72.67	4	18.17		
	Within groups	1262.61	48	26.30	.69	--
	Total	1335.28	52			
Patient Education	Between groups	104.36	4	26.09		
	Within groups	2076.36	48	43.26	.60	--
	Total	2180.72	52			

F at 2.56 sig. at .05 level
F at 3.74 sig. at .01 level

Mean scores given each nursing care category by the major groups.— Table 15 is a report of the mean scores and the standard deviations that were given to each nursing care category by the major groups of psychiatric nurses, members of the related disciplines within the mental hospital and the senior nursing students. These mean scores were the basis for the following analyses of variance.

The category of administration received the lowest mean scores for two groups out of three. Nurses and students relegated this to last place with students placing it at a low 50.1. The highest standard deviation for any category was given administration by the student group.

The most important category, according to the three groups, was supportive emotional care with a high score of 72.7. This was the highest mean score given in either the actual or ideal sorts for any category and was given by the student group. That there were varying opinions about this category is shown by the fact that the standard deviations were comparatively high.

Physical care and patient education were next to the least important with liaison next to the most important. As with the actual sorts, liaison showed the smallest standard deviations.

Nurses and students assigned all categories to the same relative rank although there were differences in the comparative mean scores.

Differences among the three major groups.-- The data providing additional support for hypothesis two are presented in Table 16, which is a report of the significance of the differences among the three major groups of nurses, other related disciplines, and students. The liaison category

contained differences among the groups significant at the .05 level and the categories of administration, supportive emotional care and patient education indicated differences that were significant at the .01 level. Physical care was the only category without significant differences in the ideal sorts of the major groups.

The analyses of variance have indicated that one or more of the differences among pairs of means are significant. Using Duncan's Test[1] to determine which means are significantly different in the corresponding categories the following illustrates the results:

Category	Groups significantly differing	p
Administration	Nurses and Others from Students	.01
Supportive Emotional Care	Nurses and Others from Students	.01
Liaison	Nurses from Others	.05
Patient Education	Nurses and Students from Others	.01

Significant differences were found in four of the five nursing care categories as reported in Table 16. The remainder of the report of the ideal sorts will indicate the nature of these differences by reporting the variability of the individual items of the ideal sorts.

Variability of items according to the rank order assigned by the three major groups.-- Certain items had the same or similar rank order according to the three major groups. Other items varied considerably among the three groups in terms of their relative importance.

1. Op. cit.

The method of determining variability of the rank order of item placement was to find the sum of the differences between the median score and the other two ranks in the column opposite the item. Items that had the smallest sums of differences were designated as having little variability, while the items that had the largest sums of differences were listed as having marked variability.

The nine items with the least variability are reported in Table 17. The item numbers provide the order of presentation; the content of the item is listed; and the ranks assigned to the items by the three major groups occupy the three columns on the right. Three items (3, 5, 53) are of the least important items of the ideal sorts, while four items (24, 32, 43, 47) are of the most important items of the ideal sorts.[1] All nursing care categories are represented with the liaison category having the most items of any one category.

The eight items with the most variability are reported in Table 18. The items represent all nursing care categories except physical care. It would seem that the student group contributed most of the variability since of the nine items listed there are five items (1, 6, 10, 16, 22) in which there is close agreement between nurses and others.

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1. For a list of the most and the least important items of the ideal sorts, see Appendix V.

Table 15. Ideal Sorts

Mean scores and standard deviations given each category by the major groups: nurses, members of the related disciplines, and nursing students.

		Admin.		Sup. Emot. Care		Physical Care		Liaison		Patient Education	
Group	N	Mean	s.d.	Mean	s.d.	Mean	s.d.	Mean	s.d.	Mean	s.d.
Psych. Nurses	30	56.7	8.0	66.9	7.9	58.3	6.1	59.3	4.6	58.8	5.3
Other Disciplines	60	57.3	7.7	66.8	6.6	58.7	5.9	62.2	5.9	55.0	6.2
Nursing Students	53	50.1	8.2	72.7	6.4	58.2	6.3	60.2	5.0	58.8	6.4

Table 16. Ideal Sorts

Significance of differences among the three major groups: nurses, members of related disciplines and students. Category mean scores are the variables.

Nursing Category	Source of Variation	Sums of Squares	d.f.	Mean Square (Variance)	F ratio	p
Administration	Between groups	1652.00	2	826.00		
	Within groups	9057.75	140	64.70	12.77	.01
	Total	10709.75	142			
Supportive Emotional Care	Between groups	1148.77	2	574.39		
	Within groups	6669.20	140	47.64	12.06	.01
	Total	7817.97	142			
Physical Care	Between groups	7.71	2	3.86		
	Within groups	5255.12	140	37.54	.10	--
	Total	5262.83	142			
Liaison	Between groups	213.33	2	106.67		
	Within groups	4062.40	140	29.02	3.68	.05
	Total	4275.73	142			
Patient Education	Between groups	501.60	2	250.80		
	Within groups	5277.52	140	37.70	6.65	.01
	Total	5779.12	142			

F at 3.06 sig. at .05 level
F at 4.75 sig. at .01 level

Table 17. Ideal Sorts

Items with the least variability in their rank by the three groups: nurses, other related disciplines, and students.

Item Number	Content of item	Nurses Rank	Others Rank	Students Rank
3.	The nurse supervises the ward personnel in cleaning of the ward areas. (Adm.)	60	60	60
5.	The nurse orients the new worker to location of equipment and other physical facilities. (Adm.)	51	51	54
17.	The nurse reassures the patient who is alarmed over the changes in his treatment program. (Sup. Em. Care)	9	12	9.5
24.	The nurse spends as much time as she can with the patient to make him feel at home. (Sup. Em. Care)	2.5	2	5
32.	The nurse watches the patient for any toxic symptoms following the administration of medicine. (Phys. Care)	4	6.5	4
39.	The nurse accompanies the physician when he sees the patient. (Liaison)	44	45.5	47
43.	The nurse observes changes in the patient's emotional condition and reports it to the doctor. (Liaison)	1	1	1
47.	The nurse interprets the patient's problems to co-workers to seek their cooperation in planning for the patient. (Liaison)	6.5	5	8
53.	The nurse teaches the selection of food and the importance of diet in maintaining health. (Pt. Ed.)	56	59	56

Most important item has a rank of one.

Table 18. Ideal Sorts

Items with the most variability in their rank according to the three groups: nurses, other related disciplines, and students.

Item Number	Content of item	Nurses Rank	Others Rank	Students Rank
1.	The nurse attends classes, seminars, or lectures to aid in her professional growth. (Adm.)	6.5	8.5	39
6.	The nurse instructs personnel assigned to her unit in the latest nursing techniques. (Adm.)	30.5	29.5	58
7.	The nurse prepares the necessary reports and records to communicate an adequate picture of the ward. (Adm.)	40	13	50
10.	The nurse schedules personnel to provide optimum coverage of the nursing unit. (Adm.)	21	24	48
16.	The nurse considers patient's needs as to religious and racial or individual food habits. (Sup. Em. Care)	37	41	14
22.	The nurse discusses with the patient the affairs at home which are worrying him. (Sup. Em. Care)	41	44	11
46.	The nurse reports a patient's complaints to the proper authorities. (Liaison)	25	4	33.5
56.	The nurse teaches the patient how to prevent a relapse of his illness. (Pt. Ed.)	48.5	57	28.5

Most important item has a rank of one.

Relationships between Actual and Ideal Sorts

The first set of results reported in this chapter indicated the existence and the nature of the differences in the perceptions of the actual role of the psychiatric nurse as viewed by the three major groups. The second set of results indicated the existence and nature of the differences in the perceptions of the role of the ideal psychiatric nurse as viewed by the three major groups. Both of these reports indicated differences within the actual or with the ideal sorts. This section of the chapter will present findings of the correlation between the perceived actual and perceived ideal roles of the psychiatric nurse.

Hypothesis three restated: There will be significant differences between the perceived actual and ideal roles of the psychiatric nurse as described by psychiatric nurses, members of the related disciplines, and nursing students.

Translating this hypothesis into a working hypothesis for this study: there will be significant differences in the analysis of variance of the actual-ideal correlations of the three major groups.

The first step in handling the data for this phase of the study was to find the product-moment correlations between item scores for each subject. This was obtained using 60, the number of items in the sort, as N. The distribution of correlation coefficients was normalized by Fisher's z transformation. Four analyses of variance were completed using the transformed indices as the variables.

Analyses of variance between actual and ideal sorts.-- The first analysis of variance reported in Table 19 is for the three nurse groups,

one each at the V.A. hospital, the state hospital, and the private mental hospital. The F ratio of 2.13 is not significant at the .05 level and therefore it must be assumed that the differences in the actual-ideal correlations for the three nurse groups are due to experimental error and not due to real differences in the population.

The second analysis of variance reported in Table 19 is for the members of the related discipline groups, one each at the V.A., state, and private mental hospitals. The F ratio of 1.30 is not significant at the .05 level and therefore it must be assumed that the differences that exist in the actual-ideal correlations for the three related discipline groups are due to experimental error and not due to real differences in the population.

The third analysis of variance reported in Table 19 is of the senior students in the five schools of nursing. The F ratio of 1.25 is not significant at the .05 level and therefore it must be assumed that the differences that exist are due to experimental error and not due to real differences in the population.

The final analysis of variance reported in Table 19 is of the three major groups which have just been reported separately: nurses, members of the related disciplines, and nursing students. The F ratio of 3.01 is not significant at the .05 level and therefore it must be assumed that the differences that exist are due to experimental error and not to real differences in the population. It is noted that the F ratio misses the .05 level of significance by .06.

The third hypothesis was not supported since there were no significant differences in any of the four analyses of variance of the actual-

ideal correlations. Discussion of the results will be reported in the following chapter.

Table 19. Actual-Ideal Correlations

Differences in the z-transformations of the actual-ideal correlations by subgroups and major groups.

Groups	Source of Variation	Sums of Squares	d.f.	Mean Square (Variance)	F ratio	p
Nurses V.A. H. Sta. H. Pri. H.	Between groups Within groups Total	8633.27 54740.20 63373.47	2 27 29	4316.64 2027.41	2.13[1]	--
Others V.A. H. Sta. H. Pri. H.	Between groups Within groups Total	2951.05 60339.50 63290.55	2 53 55	1475.53 1138.48	1.30[2]	--
Students Col. 1 Col. 2 Dip. 3 Dip. 4 Dip. 5	Between groups Within groups Total	6391.56 61286.63 67678.19	4 48 52	1597.89 1276.80	1.25[3]	--
Major Groups Nurses Others Students	Between groups Within groups Total	8609.10 194342.21 202951.31	2 136 138	4304.55 1428.99	3.01[4]	--

1. F at 3.35 sig. at .05 level
2. F at 3.18 sig. at .05 level
3. F at 2.56 sig. at .05 level
4. F at 3.07 sig. at .05 level

Mean scores given each nursing care category by subgroups. Actual and ideal sorts.-- The mean scores for the subgroups of the actual and ideal sorts are presented in Table 20 for easy comparison of the two sorts in terms of mean scores.

The total of the mean scores for any one subgroup is 300 which gives a mean of 60.0 for any one category. The higher the mean score above 60.0 the greater is the importance attached to that nursing care category, conversely, the lower the mean score below 60.0 the less importance is attached to the category.

Inspection of this table reveals the high points of this study. There are wide variations between the high and low scores assigned the categories by the eleven subgroups. An example of this is in the category of administration in the ideal sorts where there is a range of from 44.7 to 59.9. Although not as large as this many of the variations of other categories were considerable, which fact is evidence of a lack of homogeneity in the perception of the role. Contrast this with the small differences between the corresponding mean scores of the actual-ideal sorts. For example, V.A. nurses gave administration a score of 52.8 in the actual and 53.7 in the ideal scores. The one exception to the small actual-ideal sort differences is the V.A. related discipline group in the supportive emotional care category which changed from a mean score of 59.1 in the actual to 66.6 in the ideal sorts.

Rank order given each nursing care category by subgroups. Actual and ideal sorts.-- The relative ranks assigned each nursing care category by the 11 subgroups according to the actual and ideal sorts are reported

in Table 21. This is another way of looking at Table 20 but the relative rank has supplanted the mean scores.

The nursing care category administration was placed in third, fourth, or fifth position by all subgroups in the actual and the ideal sorts. The subjects from the state hospital and the diploma schools of nursing did not change their rank in differentiating the ideal from the actual. In the transition from actual to ideal this category tended to become less important or to remain unimportant.

The supportive emotional care category was most important for all groups in the actual and the ideal with the exception of the V.A. related discipline subgroup. This exception will be discussed in the following chapter.

The category of physical care experienced the widest possible range of ranks. There was some pairing of ranks such as those of the state hospital groups in the actual and ideal sorts, private hospital groups in the actual, and the collegiate students in the actual and ideal sorts. In the transition from the actual to the ideal sorts this category tended to become less important. With the exception of the diploma four group, all student groups gave this category more importance in the transition from the actual to the ideal.

The category of liaison was assigned second place in 15 of the 22 subgroup ranks reported in the two sorts. In the transition from the actual to the ideal there were two instances where this category became more important by the hospital groups and three instances where it became less important according to the ranks of the diploma program students.

The patient education category received a majority of fourth and fifth places. The private hospital groups placed it in fifth place in both the actual and ideal sorts. There were two instances where this category increased in importance by two ranks; that is, the state hospital nurses and the diploma four nurses.

Table 20.
Mean scores assigned each nursing care category by subgroups.

Actual Sorts

Subgroups	N	Admin. Mean	Sup. Emot. Care Mean	Physical Care Mean	Liaison Mean	Patient Education Mean
Nurses						
V.A. H.	10	52.8	65.3	61.7	60.7	59.5
Sta. H.	10	58.9	63.7	59.9	58.7	58.8
Pri. H.	10	58.5	66.9	58.5	61.4	54.7
Others						
V.A. H.	19	59.8	59.1	63.3	62.5	55.2
Sta. H.	18	60.9	62.9	61.6	60.9	53.6
Pri. H.	19	59.6	65.2	60.5	60.7	53.9
Students						
Col. 1	9	55.9	70.7	54.9	61.1	57.3
Col. 2	10	58.8	67.1	55.8	62.3	56.0
Dip. 3	13	55.8	67.6	58.5	60.3	57.8
Dip. 4	10	48.2	74.0	59.5	59.5	58.8
Dip. 5	11	50.8	72.9	59.4	61.9	54.9

Ideal Sorts

Nurses						
V.A. H.	10	53.7	67.5	58.4	60.7	59.7
Sta. H.	10	59.9	65.5	57.6	56.6	60.4
Pri. H.	10	56.6	67.6	59.0	60.5	56.3
Others						
V.A. H.	20	53.8	66.6	59.6	63.0	56.8
Sta. H.	20	58.8	65.6	58.5	62.6	54.6
Pri. H.	20	59.2	68.1	57.9	61.1	53.6
Students						
Col. 1	9	52.4	74.0	52.4	62.2	58.9
Col. 2	10	54.8	71.3	55.8	61.1	57.0
Dip. 3	13	52.2	68.5	60.1	60.0	59.2
Dip. 4	10	44.7	75.0	60.3	58.8	61.2
Dip. 5	11	46.2	75.9	60.8	59.4	57.7

Table 21.

Rank order assigned each nursing care category by the 11 subgroups in the actual and ideal sorts

	Actual						Ideal					
Subgroups	N	Adm.	SEC	P.C.	L.	Pt. Ed.	N	Adm.	SEC	P.C.	L.	Pt. Ed.
Nurses												
V.A. H.	10	5	1	2	3	4	10	5	1	4	2	3
Sta. H.	10	3	1	2	5	4	10	3	1	4	5	2
Pri. H.	10	3	1	3	2	5	10	4	1	3	2	5
Others												
V.A. H.	19	3	4	1	2	5	20	5	1	3	2	4
Sta. H.	18	3	1	2	3	5	20	3	1	4	2	5
Pri. H.	19	4	1	3	2	5	20	3	1	4	2	5
Students												
Col. 1	9	4	1	5	2	3	9	4	1	4	2	3
Col. 2	10	3	1	5	2	4	10	5	1	4	2	3
Dip. 3	13	5	1	3	2	4	13	5	1	2	3	4
Dip. 4	10	5	1	2	2	4	10	5	1	3	4	2
Dip. 5	11	5	1	3	2	4	11	5	1	2	3	4

The most important category has a rank of one.

CHAPTER V

DISCUSSION OF RESULTS

This study was designed to ascertain the likenesses and differences in the perceived actual and the perceived ideal roles of the psychiatric nurse according to a certain population.

The instrument used for collecting data was the Psychiatric Nurse Q-sort. The 60 items of the Q-sort had five nursing care categories with the same number of items in each category. The conceptual framework of the study enabled the results to be discussed in terms of the relative importance of individual items or of the nursing care categories.

Outline of chapter.-- The results reported in Chapter IV will be discussed in this chapter by: (a) recording the writer's interpretation of the relationships existing among the nursing care categories according to the major groups and subgroups in the actual and ideal sorts,[1] and (b) making observations of the relative importance and variability of the individual items according to the actual and ideal sorts.

Feedback conferences.-- The interpretation of the findings of this study was enhanced by the five "feedback" conferences that the investigator held with the professional staff of the three mental hospitals involved in the study. At the V.A. hospital there was a presentation and discussion with the head nurse group, another with the supervisory-educational staff

1. The grand mean score as reported in Table 22 was used to establish the rank order of categories.

in nursing, and a third was with the professional services staff. The meeting at the state hospital included representation from nursing service administration, nursing education, psychology, and social service. The private hospital presentation included representation from nursing service administration, nursing education, psychology service and head nursing.

The presentation included a brief orientation of the methodology employed, a synopsis of the results obtained, and a general discussion of these results by those present. The most pertinent comments will be reported in their proper context in this study.

It should be pointed out that there was no suggestion of the existence of nursing care categories during the data-collecting phase. The statistical report of the importance of categories was based on the scores assigned the items within the category.

The following is a report of the relationships existing among the five nursing care categories and the items included therein.

Administration

Significance of differences within the category.-- The first two hypotheses stated that there would be significant differences in the perception of the actual and ideal roles of the psychiatric nurse. Analysis of the data indicated that certain categories were perceived with significant differences by the groups and subgroups of the population. This chapter will discuss the relevancy of these differences.

The nursing care category of administration was judged "unimportant" by all groups and subgroups with a rank of four in the actual sorts and

five in the ideal sorts. The standard deviations reported in Table 22 and other comparable tables attest the wide variance ascribed to this category. In the transition from the actual to the ideal this category tended to become less important with two of the subgroups dropping it from third to fifth place in importance.

Table 22. The grand mean, standard deviation and relative rank assigned each nursing care category by the entire population.

	Actual Sorts			Ideal Sorts		
Category	Grand mean	s.d.	Rank	Grand mean	s.d.	Rank
Administration	57.0	8.6	4	54.5	8.6	5
Supportive Emotional Care	66.1	7.9	1	69.0	7.4	1
Physical Care	59.9	6.4	3	58.4	6.0	3
Liaison	61.0	5.3	2	60.9	5.5	2
Patient Education	56.0	6.7	5	57.2	6.4	4

The category of administration was composed of activities which were done by the nurse alone or with co-workers with no nurse-patient interaction implied, while the other four categories included nurse-patient interactions. The unimportance attached to this category in the subject's perception of the ideal psychiatric nurse is evidence that nurse-patient relationships are important for the psychiatric nurse in comparison with non-patient contact activities.

The analyses of variance for the three major groups in this category indicated differences which were significant at the .01 level in both the actual and ideal sorts. This category provided some of the highest F ratios of the study thus lending support to the first two hypotheses. The reasons for this variance will be better understood in the discussion of the item content which follows.

Item analysis.-- The first two items of the Q-sort indicated that the nurse should participate in educational endeavors. Nurses and members of the related disciplines rated these items with similar scores but the student groups placed less importance on them. This accounted for wide variations in the relative importance when the three groups are compared. Items four, five and seven contained activities relating to the orientation of personnel and making out records of the ward. These items were viewed in much the same manner by nurses and students but were more important according to the related discipline group.

Since the student population was composed of senior students the educational process appeared less important to them when compared with other activities which had nurse-patient interaction. The completion of records had a certain importance for nurses and students who originated them, but for the members of the related disciplines who depend upon these records for their evaluation of ward activity, the record-keeping activity was much more important.

Item three which had to do with the nurse supervising the ward personnel in the cleaning of the ward was one of the items within the category of administration which was deemed least important by all major groups

in the ideal sorts. The only item which made the list of the ten most important items of the ideal nurse role was item one which had to do with the nurse attending classes and seminars to aid in her professional growth. Although item one did not appear on the ten most important item list of the actual sorts it was number seven in the ideal sorts. It would seem from these results that the ongoing education of the psychiatric nurse should have more importance than it does have in the mental hospitals participating in this study.

Comparison with related studies.-- The unimportance assigned to the category of administration in relation to the other four categories is in keeping with the findings of Benne and Bennis,[1] Gorham,[2] and Yamamura.[3] The reason for the unimportance of the category of administration is described by Benne and Bennis as: "too much administration---too little 'real nursing'."

Supportive Emotional Care

Significance of differences within the category.-- The nursing care category of supportive emotional care was judged by the three major groups to be most important in both the actual and ideal sorts. With the exception of the members of the related discipline group at the V.A. hospital

1. Kenneth D. Benne and Warren Bennis, "What is Real Nursing?", American Journal of Nursing, (March, 1959), 59:380-383.

2. Donald R. Gorham, "An Evaluation of Attitudes Towards Psychiatric Nursing Care," Nursing Research, (June, 1958), 7:71-76.

3. Douglas S. Yamamura, Functions and Role Conceptions of Nursing Service Personnel, Nurses' Association of the Territory of Hawaii, 1955, p. 23. Mimeographed.

the same was true for the 11 subgroups in the actual and the ideal sorts.

The related discipline groups of the V.A. hospital placed supportive emotional care in a next-to-the-last position in the actual sorts with a low mean score of 59.1. Since all other subgroups attached more importance to this category and placed it in first position, the reasons were discussed in the V.A. hospital feedback conferences. The following reasons were suggested by staff members for this finding which was not in keeping with the perceptions of the other subgroups: (a) since it is a comparatively new hospital, the role of the nurse (as well as other disciplines) was not clearly defined, (b) there was continued pressure from the medical and nursing administrative staff to encourage the nurse to "spend more time with patients"--with the implication that meeting the needs of patients deserved more of the time and attention of the nurse, (c) the management of the patient's therapeutic program was vested in the therapeutic team consisting of the psychiatrist, vocational and clinical psychologist, and social service worker--with the implication that many of the emotional care items would be handled by this team rather than by the nurse, and (d) a recent nursing activity study of selected functions of psychiatric nursing personnel had investigated the realignment of nursing activities.

The nursing student subgroups were idealistically high in their perceptions of the supportive emotional care category with all scores being over 68.0 and the high score (75.9) of the entire study occurring in the diploma five nursing group. In the transition from actual to the ideal, all nursing student subgroups increased their mean scores in this category indicating that it should be even more important in the ideal than they

had placed it in the actual sorts. Although important to the nurse and related discipline subgroups this category received scores which were below the lowest assigned by the student subgroups in both the actual and the ideal sorts (see Table 25). One might use the terms "idealistically" high for the student group and "realistically" high for the mental hospital groups.

There was a consistent change with the student group in the transition from the actual to ideal sorts: the category of supportive emotional care was judged more important while the category of administration became less important in every instance. There was no such consistency in the other categories according to the student groups.

Supportive emotional care accounted for two significant differences in the subgroups and two differences significant at the .01 level among the major groups. The F ratio of 16.94 for the analysis of variance among the major groups was the highest recorded for the entire study indicating the wide variance in the importance attached to the items in this category.

Item analysis.-- This category accounted for four of the ten most important items of the ideal sorts, yet only one from this category was on the list of ten least important items. In general the items and the category were judged to be the most important of any of the Q-sort. The one item (21) which was placed on the least important list of the actual sorts was the nurse participating in individual therapy with patients. There is a possibility that individual therapy meant different things to different people. The student population placed this high in importance,

the nurse population in the lower third of the rank order, and the members of the related disciplines gave it a low 54-out-of-60 rank.

Comparison with related studies.-- The high importance of this category is in keeping with the therapeutic goals of the hospital and with the findings of Gorham[1] whose investigation was in the mental hospital setting. Whiting,[2] in the investigation of the tuberculosis setting, found that the supportive emotional care items were not of consistently high relative importance. The investigations of Gorham and Whiting contained categories similar to this category although not necessarily the same items, therefore their results may be compared with a fairly high degree of validity.

Physical Care

Significance of differences within the category.-- The category of physical care was ranked third in importance in both the actual and ideal role perceptions according to the grand mean as reported in Table 22.

This category had a complete range of from first to fifth position in the actual sorts indicating the wide variation of importance ascribed to this category. Nurses and members of the related disciplines tended to view this category with less importance in the transition from actual to ideal psychiatric nursing, while the student groups tended to place more importance on this category. Although the range of the items within the category was wide, the inspection of Table 26 indicates that the items had consistency in that the three major groups tended to place the items

1. Ibid., p. 72.

2. J. Frank Whiting, The Nurse-Patient Relationship and The Healing Process, The American Nurses' Foundation, New York, 1958, pp. 84-96.

in very similar relative ranks.

The conference at the private hospital was the source of the following comment regarding the results of their own sorts: "The care of the patient's physical ills is viewed by many of the professional staff as the responsibility of the medical internist and may account for some of the low importance attached to the physical care category."

Students accounted for one significant difference at the .01 level in this category in the ideal sorts. The only other difference of significance was in the actual sorts of the combined groups which had a .01 significant difference. It is the writer's opinion that the differences in the physical care category was another instance of the student group placing the category "idealistically" low while the mental hospital nurse and related discipline groups placed it "realistically" low. The collegiate student groups placed this category lower in the actual sorts than they placed any other category.

Item analysis.-- The two items (26, 32) in this category which were judged most important in the actual and the ideal sorts had to do with administration of medication and detecting changes in the patient's physical condition. The remaining items were either in the medium or less important thirds in the relative ranks of the major groups.

The decreased importance of the items in the physical care category was attributed to the tranquilizing drugs by one head nurse at the V.A. feedback conference. The head nurse felt that patients are more aware of their surroundings and of their physical appearance. Therefore, some of the activities listed under physical care have become less important

for the nurse to do.

Comparison with related studies.-- Gorham's study[1] included a very similar population to this study. Psychiatric aides were included but nursing students were omitted. The results of this study lend corroborative support to the findings of Gorham in the area of physical care of the psychiatric patient, with corresponding categories obtaining the same relative ranks in the ideal sorts.

Liaison

Significance of differences within the category.-- The category of liaison received a rank of three in both the actual and ideal role perceptions of the psychiatric nurse. The mean scores, which indicate the variance of items within the category, are the lowest for any of the categories. This category displayed the greatest homogeneity of any category, with most of the scores falling within a range of 60.0 plus or minus one and one-half. Thus, all groups viewed this category as being of medium importance and with very little variability.

The one significant difference occurred in the ideal sorts and was among the three nurse groups. Investigation of this difference found nurses differing from members of the related discipline group at the .05 level of significance. The activities in this category usually originated with the nurse and were for the benefit of the members of the related discipline group. The varying responses to the activities are thus understandable since the nurse group may look upon this as a necessary chore

1. Ibid., p. 72.

and the related discipline group as a necessary means of communication.

Item analysis.-- This category included item 43 which was judged most important by all groups and subgroups of the ideal sorts. This item had to do with the doctor-nurse-patient relationship. Another item which was designated as most important was item 47. This item was related to the observation-reporting of information about the patient's problems for better planning for the patient.

The two items which were rated as being unimportant in this category had to do with referring the patient to other hospital services for help in post-hospitalization planning (item 41) and the nurse securing information from the patient which the doctor needs (item 48). Regarding item 41, this may be looked upon as being the responsibility of the doctor or other therapist and thus unimportant for the nurse to do. Item 48 was unimportant, apparently, because those connected with the mental hospital ward felt that the doctor should get his own information from the patient rather than to rely on the nurse for it.

Comparison with related studies.-- The two items (43, 48) were on opposite ends of the continuum of importance. Both items had to do with the nurse-doctor relationship. This phenomenon of having items describing similar relationships at opposite poles of importance is in keeping with the findings of Whiting[1] and described by him: "The all-or-none reaction to these behaviors carried out by the nurse in relation to both the patient and the doctor."

1. Ibid., p. 68.

Patient Education

Significance of differences within the category.-- Reference to Table 22 indicates that the category of patient education is fourth in importance in the ideal sorts but is fifth or last in importance in the actual sorts. It is ranked in the last two positions by most groups in the actual sorts but tended to become more important in the transition from actual to ideal.

There were no significant differences within the subgroups in this category but there were differences significant at the .05 level in both the actual and ideal sorts of the three major groups. Nurses gave this category more importance in the actual and ideal than did the members of the related disciplines. Apparently, nurses accept the education of the patient as a desirable task of their own, whereas the members of the related disciplines tend to discount the nurse's responsibility in this field.

Item analysis.-- Three of the ten least important items fell in this category in the actual and the ideal sorts but none were in the most important ten. One of the unimportant items had to do with the nurse teaching the patient about the importance of diet in maintaining health. Speculation as to why this item was placed low in importance may come from a feeling that this is the responsibility of the dietary personnel, ancillary nursing personnel, or that it may not be necessary in the psychiatric setting. A second item which was on the least important item list indicated that the nurse had a responsibility to teach the patient how to prevent a relapseof his illness. This concept which is an important part

of the rehabilitation of the physically ill, apparently has not reached the same level of importance for the mentally ill. The Whiting[1] study gave this item rank number 19 out of 100 items in the tuberculosis setting.

Comparison with related studies.-- The results obtained by Gorham[2] showed the category of patient education to be in second position although there were small differences in the mean scores assigned the second, third, and fourth categories in the reports of the Gorham study.

General Comments

Support for hypotheses one and two.-- The first two hypotheses, stating that there would be significant differences in the perceptions of the actual and ideal roles, was well supported by the findings. Confusion as to the accepted role of the psychiatric nurse was indicated by the significant differences in the actual and the ideal sorts as well as the varying rank orders of the category according to the nursing groups and subgroups.

In general, the relative ranks indicated more agreement between the nurses and members of the related disciplines in the three mental hospitals than among the three nurse groups or the three related discipline groups. This finding would seem to indicate that the role of the psychiatric nurse is dependent upon local, rather than generalized, factors. The expectations held at the beginning of the study that a common hierarchy of nursing care categories would develop, did not materialize. Other than

1. Ibid., p. 97.
2. Ibid., p. 72.

placing the supportive emotional care category in first place for most groups and subgroups, there was no agreement as to the accepted order for the five nursing care categories.

Hypothesis three not supported.-- The third hypothesis--that there would be significant differences in the actual-ideal correlations, was not supported in this study. The analyses of variance of the subgroups and the major groups resulted in F ratios that did not reach the .05 level of significance. Possible explanations for this negative finding are as follows: (a) the methodology employed was not selective or sensitive enough to measure these differences, (b) there may have been an element of self-incrimination or incrimination of the nurse had the findings been different from what they were, or (c) that nurses are practicing their ideal, or near enough to their ideal, so that there is no significant area of desired change.

The role according to nursing students.-- The psychiatric field experiences for the nursing student population were entirely within the state mental hospital system. Collegiate program number one had an affiliation with a state mental hospital, collegiate program number two and diploma program three used the same psychiatric hospital for their field experience, and the two remaining diploma programs used the same mental hospital for their affiliation. To the extent that the ideal psychiatric nursing role describes the educational concepts held by the senior students, one could expect positive correlation in the perceptions of ideal psychiatric nursing as held by students enjoying the same field experience. Inspection of Table 11 reveals five examples of agreement

according to a common field experience: (a) diploma four and five in administration, (b) collegiate two and diploma three in supportive emotional care, (c) diploma four and five in supportive emotional care, (d) diploma four and five in liaison, and (3) collegiate two and diploma three in liaison.

Reality shock.-- One of the reasons that nursing students were included in the experimental population was to investigate the extent of the gap between the idealistic concepts of psychiatric nursing and the realities of the work situation. The methodology included the psychiatric nurses' perception of her actual role and the students' perception of the ideal psychiatric nurse. An inspection of the mean scores for these two groups and their ranking of the categories (Table 21) would indicate that there is a similarity in the corresponding ranks. The diploma three and five subgroups have exactly the same rank order as nurses in the V.A. hospital and diploma students four have a slight modification from this common pattern. Rather than "reality shock" this finding would seem to indicate that this student population had like concepts of ideal psychiatric nursing which were very similar to the concepts of the nurse population.

CHAPTER VI

SUMMARY, CONCLUSIONS, RECOMMENDATIONS

Summary

The role of the psychiatric nurse, from a sociological viewpoint, is more than a description of what the nurse does; it is a patterning of behavior and attitudes expected of her by virtue of her status as a psychiatric nurse. This study was designed to find out if there is a commonly accepted hierarchy ascribed to various activities of the psychiatric nurse by nurses who are in the position, by members of the related disciplines within the mental hospital, and senior students in five schools of nursing.

By tradition in most mental hospitals, the nurse who is the ward administrator of nursing service has at least two supervisors. One line of authority comes from hospital management through the director of nursing service and supervisors of nursing service to the ward nurse; another authority is the physician-psychiatrist who may have a therapuetic or administrative role in the ward situation, or a combination of both of these roles. As a supervisor of a psychiatric nursing service the writer observed the nurse in the unenviable position of having to choose between one or the other of these two lines of authority. It is hoped that this study may establish a method of communicating the role expectations as a first step towards the solution of the problem.

There were four specific problems outlined for study: (a) how do nursing students, psychiatric nurses, and other professional members of the psychiatric treatment team perceive the actual role of the psychiatric nurse? (b) what is the role of the ideal psychiatric nurse as viewed by nursing students, psychiatric nurses, and other members of the psychiatric team? (c) is there homogeneity in the perceptions of these three groups of the actual and of the ideal roles of the psychiatric nurse? and (d) are there significant differences between the perceived present practice and ideal psychiatric nursing as seen by these three groups?

One approach to the study of role perception is the determination of the relative importance of a selected sampling of the activities usually associated with the role by the person in the role and her co-workers. Q-methodology was the technique selected to ascertain the perceptions of the role of the psychiatric nurse as held by certain nursing and para-nursing groups.

A 60 item Psychiatric Nurse Q-sort was devised for evaluating the attitudes and behavior expected of the psychiatric nurse who has daily contact with the mentally ill patient. Twelve items were validated in each of the five nursing care categories: administration, supportive emotional care, physical care, liaison, and patient education. Reliability studies using test-retest method with a two week intervening period were conducted on a 15 senior nursing student population from a diploma school of nursing. Correlations between tests ranged from .62 to .86 with a mean of .75.

The 143 subjects selected for this study were from Eastern Massachusetts grouped in the following manner:

(a) a random sampling of the psychiatric nurses in three mental hospitals, one each under federal, state, and private administrative control. N-30.

(b) a stratified random sampling of the members of the related disciplines in the same three hospitals. N-60.

(c) approximately ten senior nursing students from each of five schools of nursing. N-53.

All subjects were interviewed by the writer using the Psychiatric Nurse Q-sort in a forced normal distribution pattern as follows:

Pile number	1	2	3	4	5	6	7	8	9
Number of cards	1	2	6	13	16	13	6	2	1

Each subject completed two sorts, one for the actual and one for the ideal psychiatric nurse. The sorts were scored by assigning the number of the pile to all the cards that were placed therein. The resulting scores were transferred to the electronic computing system of the Boston University Research and Statistics Unit for statistical handling.

The findings of the study were reported as to the significance of the differences in the actual and ideal sorts of the three major groups and 11 subgroups with the nursing care categories as the variables.

The analysis of the Q-sorts for the perceived actual role of the psychiatric nurse revealed significant differences in four of the five categories. Liaison was the only nursing care category about which there was agreement among the three groups.

The analysis of the Q-sorts of the perceived ideal psychiatric nurse indicated significant differences among the three major groups in four of

the five categories. Physical care category had no significant differences among the three groups.

The actual-ideal correlations were the basis for the third set of analyses of variance. There were no differences of significance between the perceived actual and ideal roles either within the groups or between the groups.

A commonly accepted rank order of the five nursing care categories did not materialize. There were agreements in the rank order assigned the categories by the personnel at the three hospitals in the ideal sorts. The collegiate students showed greater homogeneity in their assignemnt of categories than did the students from the three diploma schools.

The two categories of supportive emotional care and liaison accounted for seven of the ten most important items of the ideal sorts. The single item which maintained most importance in the actual and the ideal sorts had to do with the doctor-nurse-patient relationship. The single item which had least importance was supervision of the personnel in cleaning of the ward.

As may have been expected, the most important category emerged as supportive emotional care. The least important category, as judged by most groups, was administration.

Conclusions

The findings led to certain conclusions related to the hypotheses and to the role of the psychiatric nurse. Two of the three hypotheses were supported in that significant differences were found in the perceived actual role of the psychiatric nurse held by psychiatric nurses, members

of the related disciplines, and nursing students; and in the perceived role of the ideal psychiatric nurse held by the same groups. The third hypothesis was not supported in that there were no significant differences indicated in the correlation between the actual and ideal roles. The absence of significant differences in the actual-ideal correlations seems to indicate that all three groups (psychiatric nurses, members of the related disciplines and nursing students) see the comparison of the actual with the ideal, in a similar manner. This, however, does not mean that there is agreement among the three groups regarding the actual role, nor is there agreement regarding the ideal role.

The data herein presented indicate the following conclusions.

Q-methodology can be utilized to ascertain the perceived importance of nursing care activities and categories of activities usually associated with the role of the psychiatric nurse.

The Psychiatric Nurse Q-sort, developed during the initial phase of this study, can be used to ascertain the significance of differences in the perceived actual and perceived ideal roles of the psychiatric nurse.

The confusion and conflict in the role perceptions were based on differences <u>among</u> the three major groups of psychiatric nurses, members of the related disciplines, and nursing students, rather than <u>within</u> these major groups.

The liaison relationship of the nurse with the patient and the physician was viewed as most important in the role perceptions by all groups in this study. These liaison activities included observing and reporting the patient's emotional condition to the doctor and interpreting the

patient's problems to co-worlers to seek their cooperation in planning for the patient.

The unimportance attached to the nursing care category of administration is in keeping with the findings of similar studies. The nursing student groups viewed administration as least importance in the actual and the ideal roles.

The "reality shock" between the student's perception of the ideal psychiatric nurse and the incumbent's perception of her own role appeared to be an easy transition rather than involving any abrupt change.

Recommendations

Because of the time and effort that has been expended in the investigation of the role of the psychiatric nurse the writer feels justified in making the following recommendations.

Corroborative studies should be carried out in other geographical areas using the methodology employed in this study for additional information on the role of the nurse in the mental hospital.

Other populations within the mental hospital, specifically the ancillary nursing personnel and the psychiatric patient groups, should be included in future studies of the same mental hospitals.

Other methodologies should be employed to test relationships between the relative importance of nursing care categories as perceived in this study and the relative time spent in each category or the frequency with which the activities are repeated.

The Psychiatric Nurse Q-sort would be helpful to those responsible

for the orientation programs of the psychiatric nurse in the mental hospital to see if repeated Q-sorts indicate change in the perceptions of relative importance in accordance with the expectations of the institution.

A comparable study of the nursing student group of the private mental hospital which participated in this study should be done. This student group is unique in that it has a mental hospital for its home clinical experience.

This study should be broadened to include the multiplicity of work and workers involved in direct care of the patient in the mental hospital; to answer such questions as: Who feels what are the important activities for whom to do?

APPENDIX I

INSTRUCTIONS AND ITEM CONTENT

OF

THE PSYCHIATRIC NURSE Q-SORT

INSTRUCTIONS
for
THE PSYCHIATRIC NURSE Q-SORT

These days, psychiatric nurses are called upon to do many things. All of these activities are worthwhile and important, but all of us have a limit to our time and energy. Our study is one in which an instrument has been constructed to measure what various people--nurses, doctors, and other hospital personnel--feel are more important and less important activities for the nurse to carry out.

Your job will be one of sorting 60 cards with statements written on them about things nurses do. While you are sorting cards, you should keep the following question in mind:

> Which of these activities do you feel are of high importance, of medium importance, of low importance, in the nurse's job in caring for patients on a treatment ward in a psychiatric hospital? Consider the <u>actual</u> performance.

Here are the steps to follow in sorting the cards:

Step I Sort the 60 cards into 3 roughly equal piles of high, medium and low importance. Place the high pile on your left and the low pile on your right, with the medium pile in the middle.

Step II From the high pile in Step I, select the <u>9 most</u> important items (cards) and place the rest in the medium pile. Then, from these 9 items, select the <u>3 most</u> important items. Then, from these 3 items select the <u>1 most</u> important item. The result will be 3 piles of 1, 2, and 6 items each which are placed on pile cards #1, #2, and #3 respectively.

Step III From the low pile in Step I follow the same procedure as above in Step II; <u>i.e.</u>, select the 9 least important items, placing the remainder in the medium pile. Then from these select <u>3</u>, then from these select <u>1 least</u> important. The result will be 3 piles of 1, 2, and 6 items which are placed on pile cards #9, #8, and #7 respectively.

Step IV Separate the medium pile of 42 remaining items into 3 piles of slightly more important, medium importance, and slightly less importance. Place the slightly more important on your left and

the slightly less important on your right. When you are finished sorting, you should have 13 items in the slightly more important pile, 16 items in the medium importance pile, and 13 items in the slightly less important pile to be placed on pile cards #4, #5 and #6 respectively.

You will then have 9 piles of cards in the following distribution:

Number of pile	#1	#2	#3	#4	#5	#6	#7	#8	#9
Number of items	1	2	6	13	16	13	6	2	1

- - - - - - - - - - End of instructions for <u>actual</u> sort. - - - - - - - - - -

Instructions for sorting for the <u>Ideal</u>:

This set of cards is the same as the one you have just sorted.

The second sort will consider the <u>ideal</u> psychiatric nurse operating under ideal psychiatric nursing conditions.

While sorting the cards you should keep the following in mind:

Which of these activities do you feel are of high importance, of medium importance, of low importance when considering the ideal nurse caring for patients under ideal conditions on a treatment ward in a psychiatric hospital?

Follow the 4 steps in original instructions.

- - - - - - - - - - End of instructions of <u>ideal</u> sort. - - - - - - - - -

Material included for administration of the Psychiatric Nurse Q-sort:

1 - chair or stool
1 - table (area equal to ½ playing card table)
1 - set of cards containing Q-sort items (thoroughly shuffled before administration)
1 - set of 9 pile cards which are spread out with #1 1 (most important) on left, then in sequence to #9 on right (least important).

- -

THE PSYCHIATRIC NURSE Q-SORT

Item Number	Statement

Administration

1. The nurse attends classes, seminars, or lectures to aid in her professional growth.
2. The nurse participates in inservice educational programs.
3. The nurse supervises the ward personnel in cleaning of ward areas.
4. The nurse makes out work assignments for personnel on duty.
5. The nurse orients the new worker to location of equipment and other physical facilities.
6. The nurse instructs personnel assigned to her unit in the latest nursing techniques.
7. The nurse prepares the necessary reports and records to communicate an adequate picture of the ward.
8. The nurse acts as a counselor with personnel.
9. The nurse provides for adequate evaluation and counseling of co-workers.
10. The nurse schedules personnel to provide optimum coverage of the nursing unit.
11. The nurse detects and corrects fire and safety hazards.
12. The nurse inspects the environment to protect the patient from being hurt physically or mentally.

Supportive Emotional Care

13.* The nurse helps the patient express his fears about his illness.
14.* The nurse listens to the patient as he airs his feelings about environmental disturbances in his daily hospital life.

Item Number	Statement
15.	The nurse praises the patient for a task well done.
16.	The nurse considers patient's needs as to religious and racial or individual food habits.
17.*	The nurse reassures the patient who is alarmed over the changes in his treatment program.
18.*	The nurse reassures the patient by handling an emergency without showing excitement.
19.	The nurse participates in group therapy with patients.
20.*	The nurse tries to understand why a patient is being uncooperative.
21.	The nurse participates in individual therapy with patients.
22.*	The nurse discusses with the patient the affairs at home which are worrying him.
23.*	The nurse expresses interest in the patient and his family.
24.*	The nurse spends as much time as she can with the new patient to make him feel at home.
	Physical Care
25.*	The nurse safeguards the patient from injury by using equipment properly.
26.*	The nurse promptly detects changes in the patient's physical condition.
27.*	The nurse helps the patient to carry out prescribed physical treatments.
28.*	The nurse carries out diagnostic tests concerning the patient's physical condition.
29.*	The nurse conserves the patient's strength by relieving pain.
30.*	The nurse notices when the patient is tired and arranges for his rest.

Item Number	Statement
31.*	The nurse checks the patient's physical condition before leaving him.
32.*	The nurse watches the patient for any toxic symptoms following the administration of medicine.
33.*	The nurse arranges the patient comfortably after treatment.
34.*	The nurse protects the patient from extremes of heat and cold.
35.*	The nurse recognizes and plans for the patient's physical needs.
36.*	The nurse spends sufficient time with each patient to make sure his physical needs have been attended.
	Liaison
37.	The nurse informs clinics or assignments when the patient is unable to attend.
38.*	The nurse aids the patient who has difficulty at home to get in touch with the social worker.
39.*	The nurse accompanies the physician when he sees the patient.
40.	The nurse informs the personnel of various therapeutic activities about the patient's ward behavior.
41.*	The nurse refers the patient to other hospital services for help with post-hospitalization plans.
42.	The nurse gives information about patient's behavior to co-workers.
43.*	The nurse observes changes in the patient's emotional condition and reports them to the doctor.
44.	The nurse visits all therapeutic activities to discuss the patient's response to treatment.
45.	The nurse makes recommendations regarding privileges for the patient.
46.*	The nurse reports a patient's complaints to the proper authority.

Item Number	Statement
47.*	The nurse interprets the patient's problems to co-workers to seek their cooperation in planning for the patient.
48.*	The nurse asks the patient for information about himself which the doctor needs.

Patient Education

49.*	The nurse explains to the patient why he needs to take his medicine.
50.*	The nurse teaches the patient good health habits.
51.*	The nurse explains to the patient before he leaves the hospital how to take his medicine at home.
52.*	The nurse teaches the patient how to help in his recovery.
53.	The nurse teaches the selection of food and the importance of diet in maintaining health.
54.	The nurse helps the patient to see the value of psychiatric treatment.
55.	The nurse teaches the importance of making and keeping appointments with the doctor after discharge.
56.*	The nurse teaches the patient how to prevent a relapse of his illness.
57.*	The nurse explains to the patient how his nursing care is related to his illness.
58.*	The nurse teaches the patient about his illness in terms that he can understand.
59.*	The nurse corrects the patient's mistaken ideas about his illness.
60.*	The nurse teaches the patient the value of recreation during his recovery.

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APPENDIX II

INSTRUCTIONS FOR VALIDITY TESTS

OF

THE PSYCHIATRIC NURSE Q-SORT

TESTS FOR TRUTH AND IMPORTANCE

Master List of the Functions of the Psychiatric Nurse
4-30-58

Research project: A study of the role of the psychiatric nurse as perceived by nurses, other hospital personnel and nursing students.

Background-----

The final research instrument to be used in collecting the data for this study will be a Q-sort of 50-75 items or functions of the psychiatric nurse which are representative of the role of the nurse.

Your task-----

The first step is to be sure that we have a list of all or most all of the tasks that the nurse performs. On the following pages are 228 functions of the psychiatric nurse. These functions have been compiled from nursing and related studies, interviews with psychiatric nurses, nursing educators, other hospital personnel, and patients.
You are requested to do the following three things:

1. Inspect each item carefully to determine if it is a task or function of the psychiatric nurse in this or any other psychiatric hospital with which you are familiar. If it is a true function encircle the T. (true). If it is not a true function of the nurse, circle the F. (false).

2. Inspect each item the second time to determine if it is a task that is important. By important we mean that someone in the hospital wants this task performed and may expect the nurse to do it. You are not being asked to determine the relative importance of items but a simple determination that the task or function has some degree of importance. If the item does have importance circle the I. (important) but if you believe that it has no importance circle the U. (unimportant).

3. On page 10 you may list any item which you think is a function of the psychiatric nurse which has been omitted from this list. Possibly some of the items marked false would be acceptable with a simple rewording. Your help in this area would be particularly important at this stage of the study.

N.B. The terms item, task, and function have been used synonymously in the above description.

Herbert J. Butler, R.N.

INSTRUCTIONS

FOR THE

VALIDITY OF CATEGORY TEST

A six-slotted box was fabricated from plywood. A brief definition of each of the five categories was placed beside each of the five slots and a sixth slot had a "no category" label beside it. Definitions according to Whiting (p. 42 Semi-annual report) were used for the categories of Supportive Emotional Care, Physical Care, Patient Education and Liaison. The fifth category of Administration was defined as follows:

> Administration: a category which includes the tasks relating to the administrative and supervisory functions of the nurse and includes factors having to do with the education and professional growth of the nurse. There is no patient interaction implied.

The 228 items, each on a 3 by 5 card, were thoroughly shuffled and given to the subject with the instructions:

1. On each card is written a task or function of the psychiatric nurse.
2. In order to arrange these 228 items into meaningful nursing care categories, you are to read each item and place it in the slot opposite the category described on the label.
3. If, in your opinion, the item does not belong in any of the five categories, place it in the "no category" slot.
4. This test is one of the first in elimination of items in preparation for the final Q-sort.

- -

TEST FOR GENERALITY-SPECIFICITY

Master List of the Functions of the Psychiatric Nurse

June, 1958

Research Project: A study of the role of the psychiatric nurse as perceived by nurses, other hospital personnel and nursing students.

Background-----

The final research instrument to be used in gathering data in this study will be a Q-sort of about 60 items or functions of the psychiatric nurse which are representative of the role of the nurse.

Your task-----

On the following pages are listed a number of items which describe the various functions of the psychiatric nurse. Each item is followed by a line. One end of the line stands for general (Gen.) the other stands for specific (Sp.).

In describing the functions, we have a number of different kinds of statements which range from specifying very exactly what the nurse does with the patient to describing in quite general terms what she does. For example, a very specific statement might be, "The nurse takes the patient's temperature orally," while a very general statement might be, "The nurse talks to the patient about various things."

Consider each item separately. Place a check mark somewhere along the line to indicate the extent to which you feel the item is general or specific.

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APPENDIX III

SUBJECTS

FROM

RELATED DISCIPLINE POPULATION

Position description of the subjects from the related disciplines in the three mental hospitals.--

Veterans Administration (federal control) Mental Hospital:

Manager
Director, Professional Services
Psychiatrist-Physician (2)
Clinical Psychologists (2)
Counseling Psychologist
Social Service Workers (2)
Chief, Nursing Service
Asst. Chief, Nursing Education
Instructor in Nursing Education
Nursing Service Supervisors (2)
Chaplain
Pharmacist
Recreation Therapist
Rehabilitation Therapists (3)

State Mental Hospital:

Assistant Superintendent
Medical Administrators (2)
Psychiatrist-Physicians (3)
Nursing Service Administrator
Asst. Nursing Service Administrator
Nursing Service Supervisors (3)
Asst. Director Nursing Education
Nurse Education Instructors (2)
Psychologist
Social Service Workers (2)
Occupational Therapists (2)
Chaplain

Private Mental Hospital:

Associate Psychiatrist-in-Chief
Psychiatrists (3)
Hospital Administrator
Psychologist
Director, Nursing Service and School of Nursing
Asst. Directors, Nursing Service (2)
Asst. Director, School of Nursing
Nursing Service Supervisors (2)
Instructors in the School of Nursing (2)
Social Service Worker
Occupational Therapist
Recreational Therapist
Graduates--School of Nursing (2)
Pharmacist

APPENDIX IV

ACTUAL SORT DATA

1. Relative importance of individual items
2. The ten most important items
3. The ten least important items

ACTUAL SORT DATA

Rank order of importance assigned each item by the three major groups.-- Tables 23-28 report the relative rank assigned the individual item of the Q-sort by each of the three major groups of nurses, members of the related disciplines (Others) and nursing students. The relative rank was secured by ranking the mean scores for the 60 items of the Q-sort. The same relative rank does not mean that the same mean score was assigned to the item by each of the groups. All relative ranks reported in this study are arranged with the most important item receiving a rank of one.

Table 23 indicates the relative rank assigned each item by the three major groups. The divisions of the items into the five categories of nursing care provide the focus for the tables which follow (24-28).

Table 24 lists the first twelve items which comprise the category of administration. This was the least important category according to most groups and contains item number three which was consistently the least in importance for most groups.

Table 25 lists the twelve items which comprise the category of supportive emotional care. This was the most important category according to most groups with most items falling in the more important classification.

Table 26 lists the twelve items which comprise the category of physical care. This category showed signs of strong feeling with some of

the items receiving a rank among the first ten and others being ranked with the least important items.

Table 27 contains the twelve items in the category of liaison. In general this category was judged as less important with the exception of item 43, which was one of the top ranking items of the entire sort.

Table 28 is the final table in this series and includes the twelve items in the category of patient education. Items in this category were considered to be in the medium to least important range.

Table 23. Actual Sorts

Rank order assigned each item by the three major groups.

Item No.	Nurses Rank	Others Rank	Students Rank	Item No.	Nurses Rank	Others Rank	Students Rank
1	22	19	40	37	49.5	28	44
2 A	31.5	31	55	38 L	52	53	23
3 d	60	57	60	39 i	35	39	50.5
4 m	55	22	47	40 a	23.5	28	17
5 i t	46	28	52	41 i	59	56	54
6 n r	38.5	40.5	57	42 s	11	8.5	14
7 i a	28	7	34	43 o	2	1	1
8 s t	28	43	38.5	44 n	41	58	49
9 - i	37	38	36	45	13	10	21.5
10 o	15	12.5	33	46	17.5	4	28
11 n	35	34.5	37	47	9.5	18	11
12	14	16	10	48	58	52	41
13 S	9.5	25	2	49 P	17.5	14	18
14 u	12	6	3	50 a	41	32.5	44
15 p.	17.5	16	6	51 t	47	36.5	32
16	31.5	45	21.5	52 i E	31.5	34.5	30.5
17 E	6.5	12.5	7	53 e d	56.5	60	59
18 m	5	8.5	8	54 n u	8	16	19
19 o.	35	48.5	24.5	55 t c	49.5	55	44
20	4	11	4	56 a	49.5	59	50.5
21 C	43	54	16	57 t	26	48.5	46
22 a	49.5	46.5	9	58 i	17.5	44	26
23 r	25	22	15	59 o	31.5	46.5	20
24 e	6.5	5	12.5	60 n	44.5	51	27
25	20	20	24.5				
26 P	3	2	12.5				
27 h	38.5	22	30.5				
28 y C	53	50	56				
29 s a	41	36.5	42				
30 i r	54	40.5	53				
31 c e	28	30	48				
32 a	1	3	5				
33 l	44.5	32.5	35				
34	56.5	42	58				
35	23.5	24	29				
36	21	26	38.5				

Note: Ranks were based on mean scores. Most important items have rank of one. Content of items listed in the five tables ff.

Table 24. Actual Sorts

Rank order of the individual items according to nurses, members of the related disciplines, and students.

The mean scores for each item were used to determine the relative rank assigned each item by the three major groups.

Administration

Item No.	Content of the Item	Nurses Rank	Others Rank	Students Rank
1.	The nurse attends classes, seminars or lectures to aid in her professional growth	22	19	40
2.	The nurse participates in inservice educational programs	31.5	31	55
3.	The nurse supervises the ward personnel in cleaning of the ward areas	60	57	60
4.	The nurse makes out work assignments for personnel on duty	55	22	47
5.	The nurse orients the new worker to location of equipment and other physical facilities	46	28	52
6.	The nurse instructs personnel assigned to her unit in the latest nursing techniques	38.5	40.5	57
7.	The nurse prepares the necessary reports and records to communicate an adequate picture of the ward	28	7	34
8.	The nurse acts as counselor with personnel	28	43	38.5
9.	The nurse provides for adequate evaluation and counseling of co-workers	37	38	36
10.	The nurse schedules personnel to provide optimum coverage of the nursing unit	15	12.5	33
11.	The nurse detects and corrects fire and safety hazards	35	34.5	37
12.	The nurse inspects the environment to protect the patient from being hurt physically or mentally	14	16	10

The most important item received a rank of one.

Table 25. Actual Sorts

Rank order of the individual items according to nurses, members of the related disciplines, and students.

The mean scores for each item were used to determine the relative rank assigned each item by the three major groups.

Supportive Emotional Care

Item No.	Content of the Item	Nurses Rank	Others Rank	Students Rank
13.	The nurse helps the patient express his fears about his illness	9.5	25	2
14.	The nurse listens to the patient as he airs his feelings about environmental disturbances in his daily hospital life	12	6	3
15.	The nurse praises the patient for a task well done	17.5	16	6
16.	The nurse considers the patient's needs as to religious and racial or individual food habits	31.5	45	21.5
17.	The nurse reassures the patient who is alarmed over the changes in his treatment program	6.5	12.5	7
18.	The nurse reassures the patient by handling an emergency without showing excitement	5	8.5	8
19.	The nurse participates in group therapy with patients	35	48.5	24.5
20.	The nurse tries to understand why a patient is being uncooperative	4	11	4
21.	The nurse participates in individual therapy with patients	43	54	16
22.	The nurse discusses with the patient the affairs at home which are worrying him	49.5	46.5	9
23.	The nurse expresses interest in the patient and his family	25	22	15
24.	The nurse spends as much time as she can with the new patient to make him feel at home	6.5	5	12.5

The most important item received a rank of one.

Table 26. Actual Sorts

Rank order of the individual items according to nurses, members of the related disciplines, and students.

The mean scores for each item were used to determine the relative rank assigned each item by the three major groups.

Physical Care

Item No.	Content of the Item	Nurses Rank	Others Rank	Students Rank
25.	The nurse safeguards the patient from injury by using equipment properly	20	20	24.5
26.	The nurse promptly detects changes in the patient's physical condition	3	2	12.5
27.	The nurse helps the patient to carry out prescribed physical treatments	38.5	22	30.5
28.	The nurse carries out diagnostic tests concerning the patient's physical condition	53	50	56
29.	The nurse conserves the patient's strength by relieving pain	41	36.5	42
30.	The nurse notices when the patient is tired and arranges for his rest	54	40.5	53
31.	The nurse checks the patient's physical condition before leaving him	28	30	48
32.	The nurse watches the patient for any toxic symptoms following the administration of medicine	1	3	5
33.	The nurse arranges the patient comfortably after treatment	44.5	32.5	35
34.	The nurse protects the patient from extremes of heat and cold	56.5	42	58
35.	The nurse recognizes and plans for the patient's physical needs	23.5	24	29
36.	The nurse spends sufficient time with each patient to make sure his physical needs have been attended	21	26	38.5

The most important item received a rank of one.

Table 27. Actual Sorts

Rank order of the individual items according to nurses, members of the related disciplines, and students.

The mean scores for each item were used to determine the relative rank assigned each item by the three major groups.

Liaison

Item No.	Content of the Item	Nurses Rank	Others Rank	Students Rank
37.	The nurse informs clinics or assignments when the patient is unable to attend	49.5	28	44
38.	The nurse aids the patient who has difficulty at home to get in touch with the social worker	52	53	23
39.	The nurse accompanies the physician when he sees the patient	35	39	50.5
40.	The nurse informs the personnel of various therapeutic activities about the patient's ward behavior	23.5	28	17
41.	The nurse refers the patient to other hospital services for help with post-hospitalization plans	59	56	54
42.	The nurse gives information about the patient's behavior to co-workers	11	8.5	14
43.	The nurse observes changes in the patient's emotional condition and reports them to the doctor	2	1	1
44.	The nurse visits all therapeutic activities to discuss the patient's response to treatment	41	58	49
45.	The nurse makes recommendations regarding privileges for the patient	13	10	21.5
46.	The nurse reports a patient's complaints to the proper authority	17.5	4	28
47.	The nurse interprets the patient's problems to co-workers to seek their cooperation in planning for the patient	9.5	18	11
48.	The nurse asks the patient for information about himself which the doctor needs	58	52	41

The most important item received a rank of one.

Table 28. Actual Sorts

Rank order of the individual items according to nurses, members of the related disciplines, and students.

The mean scores for each item were used to determine the relative rank assigned each item by the three major groups.

Patient Education

Item No.	Content of the Item	Nurses Rank	Others Rank	Students Rank
49.	The nurse explains to the patient why he needs to take his medicine	17.5	14	18
50.	The nurse teaches the patient good health habits	41	32.5	44
51.	The nurse explains to the patient before he leaves the hospital how to take his medicine at home	47	36.5	32
52.	The nurse teaches the patient how to help in his recovery	31.5	34.5	30.5
53.	The nurse teaches the selection of food and the importance of diet in maintaining health	56.5	60	59
54.	The nurse helps the patient see the value of psychiatric treatment	8	16	19
55.	The nurse teaches the importance of making and keeping appointments with the doctor after discharge	49.5	55	44
56.	The nurse teaches the patient how to prevent a relaps of his illness	49.5	59	50.5
57.	The nurse explains to the patient how his nursing care is related to his illness	26	48.5	46
58.	The nurse teaches the patient about his illness in terms that he can understand	17.5	44	26
59.	The nurse corrects the patient's mistaken ideas about his illness	31.5	46.5	20
60.	The nurse teaches the patient the value of recreation during his recovery	44.5	51	27

The most important item received a rank of one.

The most and least important items according to the combined mean scores of nurses and members of the related disciplines.-- Psychiatric nurses and members of the related disciplines within the mental hospital were selected from the many role determinants as significant for the purposes of this study. The guiding principal of this study led to the investigation of likenesses and differences in the perceptions of the role of the psychiatric nurse. The most important and least important items according to nurses and others combined thus represent the most significant items of the perceived actual role.

To determine the ten most important items ascribed to the actual role performance by nurses and others in combination, the combined mean score for each item was determined using the following formula:[1]

$$\bar{X} = \frac{N_n \ (\bar{X}n) + N_o \ (\bar{X}_o)}{N_{comb}}$$

where $\bar{X}_n$ is the mean score for the nurse group and $\bar{X}o$ is the mean score for the others group.

The combined mean scores were then arranged in rank order of importance with the highest score receiving a rank of one. The rank order thus obtained was used to determine the most and least important items of the actual sorts.

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1. It would seem that this formula would weight the results in favor of the other related discipline group since there were twice as many subjects in this group as there were in the nurse group, however, by referring to Appendix III it will be seen that professional nurses were included in the related discipline group ranging in number from five in the V.A. hospital to ten in the private hospital.

The ten most important items according to the combined scores of nurses and others are listed in Table 29. The rank is reported in column on the left, the item content next, the nursing care category follows, and then the item number.

The ten least important items according to the combined mean scores of the actual sorts of nurses and others are listed in Table 30. The form is similar to that used in the report of the most important items described in paragraph above. Of the ten items reported, four were in the category of liaison, three in patient education, and one each in the three remaining categories.

Table 29. Actual Sorts

The ten most important activities of the psychiatric nurse according to the combined mean scores of nurses and members of the related disciplines.

Rank	Item
1.	The nurse observes changes in the patient's emotional condition and reports it to the doctor. (Liaison) 43.
2.	The nurse watches the patient for any toxic symptoms following the administration of medicine. (Physical Care) 32.
3.	The nurse promptly detects changes in the patient's physical condition. (Physical Care) 26.
4.	The nurse spends as much time as she can with the new patient to make him feel at home. (Supportive Emotional Care) 24.
5.	The nurse reassures the patient by handling an emergency without showing excitement. (Supportive Emotional Care) 18.
6.	The nurse tries to understand why a patient is being uncooperative. (Supportive Emotional Care) 20.
7.	The nurse listens to the patient as he airs his feelings about environmental disturbances in his daily hospital life. (Supportive Emotional Care) 14.
8.	The nurse reports a patient's complaints to the proper authority. (Liaison) 46.
9.	The nurse gives information about the patient's behavior to co-workers. (Liaison) 42.
10.	The nurse reassures the patient who is alarmed over changes in his treatment program. (Supportive Emotional Care) 17.

Table 30. Actual Sorts

The ten least important activities of the psychiatric nurse according to the combined mean scores of nurses and members of the related disciplines.

Rank	Item
51.	The nurse participates in individual therapy with patients. (Supportive Emotional Care) 21.
52.	The nurse carries out diagnostic tests concerning the patient's physical condition. (Physical Care) 28.
53.	The nurse aids the patient who has difficulty at home to get in touch with the social worker. (Liaison) 38.
54.	The nurse teaches the importance of making and keeping appointments with the doctor after discharge. (Patient Education) 55.
55.	The nurse asks the patient for information about himself which the doctor needs. (Liaison) 48.
56.	The nurse visits all therapeutic activities to discuss the patient's response to treatment. (Liaison) 44.
57.	The nurse refers the patient to other hospital services for help with post-hospitalization plans. (Liaison) 41.
58.	The nurse teaches the patient how to prevent a relapse of his illness. (Patient Education) 56.
59.	The nurse teaches the selection of food and the importance of diet in maintaining health. (Patient Education) 53.
60.	The nurse supervises the ward personnel in cleaning of the ward areas. (Administration) 3.

APPENDIX V

IDEAL SORT DATA

1. Relative importance of individual items
2. The ten most important items
3. The ten least important items

IDEAL SORT DATA

Rank order of importance assigned each item by the three major groups.-- Tables 31-36 report the relative rank assigned the individual item of the Q-sort by each of the three major groups.

Table 31 indicates the relative rank assigned each item by the three major groups. The division of the items into the five categories of nursing provide the focus for the tables which follow (32-36).

Table 32 lists the first twelve items of the Q-sort which comprise the category of administration. Again in the ideal sorts this category was looked upon as being unimportant. Most of the activities such as are described as administrative and supervisory functions of the nurse are rated in least important ranks. The one item that was ranked within the first ten had to do with the professional growth of the nurse; students did not agree on this point.

Table 33 indicates the rank order for the category of supportive emotional care. This was looked upon as a desirable category of functions with most items being most to medium in importance.

Table 34 indicates the rank order for the category of physical care. With the exception of two items (26, 32) most of these items were viewed as being least important.

Table 35 contains the rank order of the items in the category of liaison. There was wide variation in the ranks assigned this category.

Item 43 was judged most important by all groups. Apparently the observational-reporting aspect of the nurse's role is viewed as being the more important function by all counts.

Table 36 reports the rank order of the items in the patient education category. Most items were judged to be low in importance as compared with the other categories.

Table 31. Ideal Sorts

Rank order assigned each item by the three major groups.

Item No.	Nurses Rank	Others Rank	Students Rank	Item No.	Nurses Rank	Others Rank	Students Rank
1	6.5	8.5	39	37	58	43	55
2 A	17	15	42	38 L	51	49.5	28.5
3 d	60	60	60	39 i	44	45.5	47
4 m	57	54	59	40 a	27	19	23
5 i t	51	50	54	41 i	59	56	44.5
6 n r	30.5	29.5	58	42 s	12	8.5	6
7 i a	40	13	50	43 o	1	1	1
8 s t	30.5	36	51	44 n	28	31	36
9 - i	33	23	40	45	22	17.5	32
10 o	21	24	48	46	25	4	33.5
11 n	46	52	44.5	47	6.5	5	8
12	30.5	32	17.5	48	51	49.5	44.5
13 S	11	10	2	49 P	34.5	27.5	26.5
14 u	15.5	3	6	50 a	38.5	41	33.5
15 p.	23	22	7	51 t	38.5	38	44.5
16	37	41	14	52 i E	24	25	19
17 E	9	12	9.5	53 e d	56	59	56
18 m	8	11	13	54 n u	5	21	20
19 o.	20	6	15	55 t c	47	55	41
20	10	4	3	56 a	48.5	57	28.5
21 C	13	26	12	57 t	15.5	34	38
22 a	41	44	11	58 i	19	29.5	22
23 r	14	17.5	9.5	59 o	42	41	21
24 e	2.5	2	5	60 n	36	45.5	24
25	26	34	30.5				
26 P	2.5	6.5	17.5				
27 h	45	37	37				
28 y C	55	58	53				
29 s a	43	39	49				
30 i r	54	47	42				
31 c e	34.5	34	30.5				
32 a	4	6.5	4				
33 l	48.5	48	35				
34	53	53	57				
35	30.5	27.5	25				
36	18	20	26.5				

Note: Ranks are based on mean scores. Most important items have rank of one. Content of items listed in the five tables ff.

Table 32. Ideal Sorts

Rank order of the individual items according to nurses, members of the related disciplines, and students.

The mean scores for each item were used to determine the relative rank assigned each item by the three major groups.

Administration

Item No.	Content of the Item	Nurses Rank	Others Rank	Students Rank
1.	The nurse attends classes, seminars or lectures to aid in her professional growth	6.5	8.5	39
2.	The nurse participates in inservice educational programs	17	15	42
3.	The nurse supervises the ward personnel in cleaning of the ward areas	60	60	60
4.	The nurse makes out work assignments for personnel on duty	57	54	59
5.	The nurse orients the new worker to location of equipment and other physical features	51	51	54
6.	The nurse instructs personnel assigned to her unit in the latest nursing techniques	30.5	29.5	58
7.	The nurse prepares the necessary reports and records to communicate an adequate picture of the ward	40	13	50
8.	The nurse acts as a counselor with personnel	30.5	36	51
9.	The nurse provides for adequate evaluation and counseling of co-workers	33	23	40
10.	The nurse schedules personnel to provide optimum coverage of the nursing unit	21	24	48
11.	The nurse detects and corrects fire and safety hazards	46	52	44.5
12.	The nurse inspects the environment to protect the patient from being hurt physically or mentally	30.5	32	17.5

Table 33. Ideal Sorts

Rank order of the individual items according to nurses, members of the related disciplines, and students.

The mean scores for each item were used to determine the relative rank assigned each item by the three major groups.

Supportive Emotional Care

Item No.	Content of the Item	Nurses Rank	Others Rank	Students Rank
13.	The nurse helps the patient express his fears about his illness	11	10	2
14.	The nurse listens to the patient as he airs his feelings about environmental disturbances in his daily hospital life	15.5	3	6
15.	The nurse praises the patient for a task well done	23	22	7
16.	The nurse considers the patient's needs as to religious and racial or individual food habits	37	41	14
17.	The nurse reassures the patient who is alarmed over the changes in his treatment program	9	12	9.5
18.	The nurse reassures the patient by handling an emergency without showing excitement	8	11	13
19.	The nurse participates in group therapy with patients	20	6	15
20.	The nurse tries to understand why a patient is being uncooperative	10	4	3
21.	The nurse participates in individual therapy with patients	13	26	12
22.	The nurse discusses with the patient the affairs at home which are worrying him	41	44	11
23.	The nurse expresses interest in the patient and the family	14	17.5	9.5
24.	The nurse spends as much time as she can with the new patient to make him feel at home	2.5	2	5

Table 34. Ideal Sorts

Rank order of the individual items according to nurses, members of the related disciplines, and students.

The mean scores for each item were used to determine the relative rank assigned each item by the three major groups.

Physical Care

Item No.	Content of the Item	Nurses Rank	Others Rank	Students Rank
25.	The nurse safeguards the patient from injury by using equipment properly	26	34	30.5
26.	The nurse promptly detects changes in the patient's physical condition	2.5	6.5	17.5
27.	The nurse helps the patient to carry out prescribed physical treatments	45	37	37
28.	The nurse carries out diagnostic tests concerning the patient's physical condition	55	58	53
29.	The nurse conserves the patient's strength by relieving pain	43	39	49
30.	The nurse notices when the patient is tired and arranges for his rest	54	47	42
31.	The nurse checks the patient's physical condition before leaving him	34.5	34	30.5
32.	The nurse watches the patient for any toxic symptoms following the administration of medicine	4	6.5	4
33.	The nurse arranges the patient comfortably after treatment	48.5	48	35
34.	The nurse protects the patient from extremes of heat and cold	53	53	57
35.	The nurse recognizes and plans for the patient's physical needs	30.5	27.5	25
36.	The nurse spends sufficient time with each patient to make sure his physical needs have been attended	18	20	26.5

Table 35. Ideal Sorts

Rank order of the individual items according to nurses, members of the related disciplines, and students.

The mean scores for each item were used to determine the relative rank assigned to each item by the three major groups.

Liaison

Item No.	Content of the Item	Nurses Rank	Others Rank	Students Rank
37.	The nurse informs clinics or assignments when the patient is unable to attend	58	43	55
38.	The nurse aids the patient who has difficulty at home to get in touch with the social worker	51	49.5	28.5
39.	The nurse accompanies the physician when he sees the patient	44	45.5	47
40.	The nurse informs the personnel of various therapeutic activities about the patient's ward behavior	27	19	23
41.	The nurse refers the patient to other hospital services for help with post-hospitalization plans	59	56	44.5
42.	The nurse gives information about the patient's behavior to co-workers	12	8.5	6
43.	The nurse observes changes in the patient's emotional condition and reports them to the doctor	1	1	1
44.	The nurse visits all therapeutic activities to discuss the patient's response to treatment	28	31	36
45.	The nurse makes recommendations regarding privileges for the patient	22	17.5	32
46.	The nurse reports a patient's complaints to the proper authority	25	4	33.5
47.	The nurse interprets the patient's problems to co-workers to seek their cooperation in planning for the patient	6.5	5	8
48.	The nurse asks the patient for information about himself which the doctor needs	51	49.5	44.5

Table 36. Ideal Sorts

Rank order of the individual items according to nurses, members of the related disciplines, and students.

The mean scores for each item were used to determine the relative rank assigned to each item by the three major groups.

Patient Education

Item No.	Content of the Item	Nurses Rank	Others Rank	Students Rank
49.	The nurse explains to the patient why he needs to take his medicine	34.5	27.5	26.5
50.	The nurse teaches the patient good health habits	38.5	41	33.5
51.	The nurse explains to the patient before he leaves the hospital how to take his medicine at home	38.5	38	44.5
52.	The nurse teaches the patient how to help in his recovery	24	25	19
53.	The nurse teaches the selection of food and the importance of diet in maintaining health	56	59	56
54.	The nurse helps the patient see the value of psychiatric treatment	5	21	20
55.	The nurse teaches the importance of making and keeping appointments with the doctor after discharge	47	55	41
56.	The nurse teaches the patient how to prevent a relapse of his illness	48.5	57	28.5
57.	The nurse explains to the patient how his nursing care is related to his illness	15.5	34	38
58.	The nurse teaches the patient about his illness in terms that he can understand	19	29.5	22
59.	The nurse corrects the patient's mistaken ideas about his illness	42	41	21
60.	The nurse teaches the patient the value of recreation during his recovery	36	45.5	24

The most and least important items of the ideal sorts according to nurses and members of the related disciplines' combined mean scores.-- The combined mean scores for the ideal sorts were obtained in a manner like that for the actual sorts (Appendix IV).

The ten more important items according to the combined mean scores of nurses and others are listed in Table 37. The rank is reported in the column on the left, the item content next, then the nursing care category, and finally, the item number. Of the ten items listed as the most important, four were in the category of supportive emotional care, three in liaison, two in physical care, and one in administration. Comparing the the most important items of the actual sorts with those of the ideal sorts gives an indication of the items that became more important in the transition from actual to ideal. Items 47, 1, and 13 with the ranks of 5, 7, and 10 respectively were new additions to the most important item list. Items 14, 17, and 46, which were on the most important item list in the actual sorts, did not appear on the comparable list for the ideal sorts.

The ten least important items for the ideal sorts are listed in Table 38. Of the ten items reported, two were in the category of liaison, three each in administration and patient education, two in physical care, and none in supportive emotional care. A comparison of the ten most important items of the actual sort with the ten in the ideal sorts reveals four new items (37, 5, 34, 4) added to the least important list and four items (21, 38, 48, 44) from the actual sorts that were not repeated in the ideal.

Table 37. Ideal Sorts

The ten most important activities of the psychiatric nurse according to nurses' and related disciplines' combined mean scores.

Rank	Activity as listed in the Q-sort
1.	The nurse observes changes in the patient's emotional condition and reports it to the doctor. (Liaison) 43.
2.	The nurse spends as much time as she can with the new patient to make him feel at home. (Supportive Emotional Care) 24.
3.	The nurse promptly detects changes in the patient's physical condition. (Physical Care) 26.
4.	The nurse watches the patient for any toxic symptoms following the administration of medicine. (Physical Care) 32.
5.	The nurse interprets the patient's problems to co-workers to seek their cooperation in planning for the patient. (Liaison) 47.
6.	The nurse tries to understand why a patient is being uncooperative. (Supportive Emotional Care) 20.
7.	The nurse attends classes, seminars, or lectures to aid in her professional growth. (Administration) 1.
8.	The nurse gives information about the patient's behavior to co-workers. (Liaison) 42.
9.	The nurse reassures the patient by handling an emergency without showing excitement. (Supportive Emotional Care) 18.
10.	The nurse helps the patient express his fears about his illness. (Supportive Emotional Care) 13.

Table 38. Ideal Sorts

The ten least important activities of the psychiatric nurse according to nurses' and related disciplines' combined mean scores.

Rank	Activity as listed in the Q-sort
51.	The nurse informs clinics or assignments when the patient is unable to attend. (Liaison) 37.
52.	The nurse orients the new worker to location of equipment and other physical facilities. (Administration) 5.
53.	The nurse teaches the importance of making and keeping appointments with the doctor after discharge. (Patient Education) 55.
54.	The nurse teaches the patient how to prevent a relapse of his illness. (Patient Education) 56.
55.	The nurse protects the patient from extremes of heat and cold. (Physical Care) 34.
56.	The nurse makes out work assignments for personnel on duty. (Administration) 4.
57.	The nurse carries out diagnostic tests concerning the patient's physical condition. (Physical Care) 28.
58.	The nurse refers the patient to other hospital services for help with post-hospitalization plans. (Liaison) 41.
59.	The nurse teaches the selection of food and the importance of diet in maintaining health. (Patient Education) 53.
60.	The nurse supervises the ward personnel in cleaning of ward areas. (Administration) 3.

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