

Effect of Ward Atmosphere on Everyday Life of Hospitalized Psychiatric Patients: Patients' Perspectives

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ABSTRACT

Ward atmosphere has long been viewed as a potentially important factor underlying the efficacy of psychiatric inpatient facilities to promote recovery through a process of encouraging individual empowerment and respect for the mentally ill patient as a consumer and partner. Aim: this study aimed to explain the effect of ward atmosphere on everyday life of hospitalized psychiatric patients as perceived by patients. Methods: sequential explanatory design was utilized in this study. Structured interview followed by unstructured interview were conducted with a sample of one hundred hospitalized psychiatric patients at Psychiatric Medicine and Addiction Prevention Hospital – El Manial Hospital of Cairo University. Two tools were utilized: socio-demographic data sheet and short version of Ward Atmosphere Scale (WAS-S). Results: three themes were extracted after analysis of the participants' verbatim which are: ward atmosphere has no effect on everyday life, ward atmosphere has bad effect on everyday life and ward atmosphere has good effect on everyday life. The study concluded that, mentally ill patients have positive and negative perspectives of the effect of ward atmosphere on the everyday life.

Keywords: everyday life on psychiatric ward, psychiatric ward atmosphere, patients' perception of ward atmosphere, sequential explanatory research design

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INTRODUCTION

Admission to psychiatric hospital involves being in unfamiliar environment, being together with strangers, social isolation and regression. Preventing such conditions should be one of the main goals of nursing care. This goal can be achieved in a properly constituted therapeutic atmosphere, which should be ideal and dynamic aiming to cure patients, to raise their self-confidence, self-value and to provide return to social life as soon as possible [1].

Ward atmosphere is conceptualized as the social climate of the ward unit. Notions of a 'psychiatric ward atmosphere' involve the physical environment, social structures, and the social interactions contained

therein, in combination. Thus, a milieu or ward atmosphere is important because it includes the interactions between the physical environment and people located in that environment, and also within and between the people [2].

In this respect, many studies reported that locked wards contain many factors such as rules, routines, beds with a belt, and staff handling keys. Furthermore, patients have little space to relax and are not able to protect themselves or to escape. Such factors complicate the care provided to the patients that make them experience a struggle for worthiness; their days are characterized by waiting for food, medication, and meetings with the staff [3, 4].

Treatment environment has for a long time been recognized as an important factor in psychiatric inpatient care as it is associated with patients' satisfaction, motivation, engagement, therapeutic alliance and functional improvement. Thus, ward atmosphere should be therapeutic, dynamic, safe, caring, and responsive to patients' needs and should promote recovery through a process of encouraging hope, individual empowerment and respect for the patient as a consumer and partner and preparing patients to return to the community [5, 6].

In addition, the study by [7] concluded there are some changes in the patients who have been in a well-structured therapeutic atmosphere such as alleviation in disease symptoms, increase in insight, becoming stronger for coping, improvement in problem solving and communication skills, development in self-confidence, provision of realistic personal goals, reduce in the factors impairing social adaptation and causing ability loss.

Regarding everyday life, [8] mentioned that it consists of daily activities that are taken for granted, and it is synonymous with the ordinary, usual habits; monotony; and routine. It contains elements of both comfort and boredom. In this respect, a study entitled mastering everyday life in people with psychiatric illness by [9] concluded that everyday life is perceived by participants as more or less an impossible mission. Participants mentioned it includes experiences of a massive flow of information, constant demands for attention, and decision making.

Moreover, participants added that everyday life is complicated by time pressure and sudden changes. This difficult combination leads to fear of inability to meet the requirements of life in the

community. Fear drains energy, reduces the ability to cope with the requirements of everyday life, and leads to feelings of anxiety, shame, and loneliness. Everyday life is a daily struggle, driven by a desire to be able to function like most other people do in their lives.

According to [10–12], features of everyday life in psychiatric inpatient wards involve being surrounded by disorder in a confusing environment where routines and rules are inconsistent but also offer safety. Patients have described psychiatric inpatient care as being locked in one's own lonely world and striving to gain control over one's situation. Furthermore, everyday life on psychiatric wards helps patients' experience loss of sense of individuality. Moreover, patients perceive inpatient care negatively are more likely to require further admissions, have poorer service engagement and therefore more costly.

Nursing staff working on psychiatric wards are tasked with keeping patients safe, assessing their problems, treating their mental illness, meeting their basic care needs, and providing physical health care. Moreover, nurses apply ward rules and policies to set limits on patients' behavior. The nature of these interventions, and the way they are implemented, are likely to be major factors in patients' experiences of care environment [13]. Furthermore, the day-to-day and therapeutic interactions with patients are integral to the quality of care that patients receive, and the personalized interest, care, and attention from staff is greatly valued. Nurses are generally the only members of the health team who spend time with the patients on a 24 hours basis and it is often they assume responsibility for management of the ward atmosphere to be therapeutic milieu [14].

Significance of the Study

Patients with mental illness need ward atmosphere that help them to improve interpersonal skills and function in everyday life independently. To be able to design such successful interventions, nurses working on psychiatric wards need to recognize the patients' own point of view and experiences of care as the patients' experience of the services being provided –good or bad - is important measure of efficiency and effectiveness of the healthcare environment and essential predictor of future service use.

According to the researcher's clinical experience, majority of patients' complaints regarding ward setting denote lack of therapeutic environment. Moreover, up to the researcher's knowledge, there are scattered researches in Egypt that focused on the ward atmosphere and none of these studies have investigated the patient's own experience regarding the effect of ward atmosphere on their everyday life. The current study would highlight on patients' perception of ward atmosphere and highlight on the effect of ward atmosphere on everyday life from patients own perspectives.

SUBJECTS AND METHODS

Aim of the Study

The aim of this study was to explain the effect of ward atmosphere on everyday life of hospitalized psychiatric patients as perceived by patients.

Research Questions

- (1) What is the perception of hospitalized psychiatric patients of the ward atmosphere?
- (2) What is the effect of ward atmosphere on everyday life as perceived by patients?

Research Design

Mixed methods research design: sequential explanatory design was utilized in this

study. This type of research design is appropriate to the current study as it is characterized by sequential timing collection of quantitative data through (closed-ended) questions followed by collection of qualitative data through (open-ended) questions. Moreover, the two forms of data are integrated in the design analysis through merging or connecting the data [15].

Setting

The study was carried out at the two in-patient unpaid wards of Psychiatric Medicine and Addiction Prevention Hospital – El Manial Hospital of Cairo University. Other two wards are paid and one ward is specialized for addiction.

Sample

A total of 100 patients who remained eligible for the current study were recruited from 165 patients were admitted at the wards of the study during a 4-months period. Inclusion criteria included: both genders, patients aged 18–65 years and patients admitted since one week to avoid the first impression about the ward. The exclusion criteria included: the presence of ongoing medical or neurological conditions that would interfere with patient's ability to communicate, current or history of substance abuse other than nicotine, patients who had been admitted to other psychiatric hospitals during three months prior to the current study to avoid impression formed from previous admissions.

Data Collection Tools

Two tools were utilized in the current study.

Socio-demographic and medical data sheet included: age, gender, level of education, working status, medical diagnosis and length of current hospitalization.

The Ward Atmosphere Scale (WAS) developed by Moos [16]. It consists of 10 subscales divided into three domains (Table 1): relationship domain (subscales 1, 2, 3), personal growth domain (subscales 4, 5, 6, 7), and system maintenance domain (subscales 8, 9, 10). The Real Form (WAS-R) includes 100 brief statements. In the current study; the short form version (WAS-S) was used to avoid patients' fatigue and thus increase potential to complete. It includes the first 40 items (four items per subscale). Participants answer 'true' or 'false' to each statement. When the participant answers

(true) to a true statement on the scoring key, a score (one) was given. When the participant answers (false) to a false statement on the scoring key, a score (one) was given. The (WAS) demonstrates high item-to-item correlations, adequate test-retest reliability, respectable internal consistency ($\alpha = 0.68-0.83$), as well as established content and criterion validity, the WAS-R and WAS-S have been established as exchangeable which means that the statistical value is equally robust [17]. Arabic version of (WAS) used previously by Al-Sagarat [18] was used in the current study.

Table 1. Domains and subscales of (WAS).

Subscale	Definition
1. Support	The extent to which patients help and support each other and how supportive are the staff toward the patients.
2. Spontaneity	The extent to which the program encourages the open expression of feelings by patients and staff.
3. Involvement	How active and energetic patients are in the ward.
4. Autonomy	How self-sufficient and independent are the patients in making their own decisions.
5. Anger and aggression	The extent to which patients argue with other patients and staff, become openly angry and display other aggressive behavior.
6. Practical orientation	The extent to which patients learn practical skills and are prepared for discharge from the ward.
7. Personal problems orientation	The extent to which patients seek to understand their feelings and personal problems.
8. Order and organization	How important are order and organization in the ward.
9. Program clarity	The extent to which patients know what to expect in their day-to-day routine, and the explicitness of Ward rules and procedures.
10. Staff control	The extent to which the staff uses measures to keep patients under necessary controls.

Pilot Study

Pilot study was carried out on a sample of ten patients to estimate the time needed for completion of the Ward Atmosphere scale, time and clarifying questions needed for unstructured interview. These patients were not included in the main sample.

Ethical Considerations

Each participant was informed verbally about the aim and procedures of the study. Confidentiality of the patients' information and freedom to withdraw at any time were ensured to each patient agreed to participate in the study.

Procedure

An official permission was obtained from the director of the hospital. Structured interview was carried out with each participant individually to answer the (WAS-S), followed by unstructured interview to answer questions used to collect the qualitative data. Interview lasted for approximately 45-60 minutes. Questions included:

- Can you tell me about an ordinary day at the ward?
- Describe the effect of the ward atmosphere on your everyday life / everyday activities.
- Compare between your everyday life before (at home) and after admission to this ward.

Statistical Design

Descriptive statistics including number and percentage were used for quantitative data and was done by ‘SPSS 18’ Statistical Package for the Social Sciences.

RESULTS AND DATA ANALYSIS

Results of the study are presented in two parts; the first part is descriptive statistics including socio- demographic data of participants (Table 2), number and percent of participants’ answers of (WAS-S) (Tables 3–5). The titles of subscales inside the tables (3-5) support, spontaneity, involvement, Autonomy, Anger &

aggression, Order & organization, Practical orientation, Personal problems orientation, Program clarity and Staff control needs to be all bolded or not bolded. The second part includes thematic analysis of patients’ answers during unstructured interview.

Quantitative Data

Table 2 reveals that (57%) of the studied sample were males, (45%) were between 18 and 33 years old, (70%) not working, (54%) of participants were schizophrenic, and (70%) admitted for less than 1 month.

Table 2. Socio-demographic and medical data of participants (No =100).

Variable	No	%
Gender		
Male	57	57
Female	43	43
Age in years		
18	45	45
33	40	40
48–65	15	15
Working status		
Working	30	30
Not working	70	70
Diagnosis		
Schizophrenia	54	54
Bipolar I mood disorders	27	27
Bipolar II mood disorders	19	19
Length of current Hospitalization		
1 week > 1 month	70	70
1–2 months	30	30

Table 3 reveals that (59%) of participants perceived that doctors have very little time to encourage patients, (54%) perceived that nurses have very little time to encourage patients, (76%) perceived that patients tend to hide their feelings from one another, (56%) perceived that it is hard

to tell how patients are feeling. Moreover, (65%) of participants perceived that patients do not put a lot of energy into what they do in the ward and (57%) perceived that the program on the ward is not lively.

Table 3. Relationship domain as perceived by participants (N=100).

Subscales	True		False	
	N	%	N	%
Support				
Doctors have very little time to encourage patients	59	59	41	41
*The staffs know what the patients want.	52	52	48	48
*Staff are interested in following up patients when they discharge	50	50	50	50
Nurses have very little time to encourage patients	54	54	48	48
Spontaneity				
Patients tend to hide their feelings from one another	76	76	24	24

*Patients say anything they want to the doctors	50	50	50	50
It is hard to tell how patients are feeling here	56	56	44	44
Patients are careful about what they say when staff are around	53	53	47	47
Involvement				
*Patients put a lot of energy into what they do around here	44	44	65	65
*This is a lively program	42	42	57	57
*The patient is proud of this program	41	41	59	59
There is very little group spirit in this program	52	52	48	48

*Questions that should be answered true.

Table 4 shows that (61%) of participants perceived the staff do not act on patients' suggestions, (56%) perceived that patients in the ward are not encouraged to be independent, (51%) perceived that patients often gripe, meanwhile (53%) perceived that patients in the program rarely urge. Moreover (51%) of participants perceived

that patients' activities are carefully planned, (55%) perceived that the program is very well organized, (51%) perceived that there is little emphasis on teaching patients solutions to practical problems and (54%) perceived that patients are not encouraged to plan for the future.

Table 4. Personal growth domain as perceived by participants (N=100).

Subscales	True		False	
	N	%	N	%
Autonomy				
*The staff acts on patients suggestions	39	39	61	61
Very few patients have any responsibility here	60	60	40	40
*Patients are expected to take leadership here	39	39	61	61
*Patients here are encouraged to be independent	44	44	56	56
Anger and aggression				
Patients often gripe	51	51	49	49
Patients often criticize or joke about the staff	41	41	59	59
Patients in this program rarely urge	53	53	47	47
Staff sometimes urge openly with each other	52	52	48	48
Order and organization				
*Patients activities are carefully planned	51	51	49	49
*This is a very well organized program	55	55	45	45
*The staff makes sure that the unit is always neat	49	49	51	51
The unit sometimes gets very messy	66	66	34	34
Practical orientation				
New treatment approaches are often tried in this program	46	46	55	55
There is little emphasis on teaching patients solutions to practical problems	49	49	51	51
*Patients are strongly encouraged to plan for the future	46	46	54	54
There is little emphasis on what patients will be doing after discharge	57	57	43	43

*Questions that should be answered true.

Table 5 shows that (52%) of participants perceived that patients hardly ever discuss their sex life, (55%) perceived that patients are expected to share their personal

problems with each other, (59%) of the participants perceived that patients do not know when doctors will be on the unit, meanwhile (56%) perceived that the

patients do not clearly understand the program rules, (61%) perceived that the staff rarely punish patients by restricting

them, meanwhile, (67%) perceived that patients who break the rules are punished for it.

Table 5. System maintenance domain as perceived by participants (N=100).

Subscales	True		False	
	N	%	N	%
Personal problems orientation				
Patients hardly ever discuss their sex life	52	52	48	48
*Patients tell each other about their personal problems	46	46	54	54
*Personal problems are openly talked about	44	44	56	56
*Patients are expected to share their personal problems with each other	55	55	45	45
Program clarity				
*The patients know when doctors will be on the unit	41	41	59	59
Doctors do not explain what treatment is about to patients	52	52	48	48
*A nurse or a doctor will always explain why patient medicine is changed	48	48	52	52
*The patients clearly understand the program rules	44	44	56	56
Staff control				
*The staff very rarely punish patients by restricting them	61	61	39	39
*Patients may interrupt when a doctor is talking	44	44	56	56
Patients who break the rules are punished for it	67	67	33	33
Patients who urge with other patients will get into trouble with staff	61	61	39	39

*Questions should be answered true.

Qualitative Data Analysis

The researcher wrote out what the participants said during interview, and then translated it into English. Confirmation of the accuracy of translations was confirmed by a professional Arabic to English translator. Thematic analysis was conducted using an inductive approach (data-driven rather than theoretical) that followed the stages described by [19] which are; familiarization with all the data, generating codes, identifying themes, reviewing themes, defining and naming themes. Three main themes were obtained.

The first theme: ward atmosphere has no effect on everyday life of the patients was reported by (15%) of the participants. They said “there is no difference between the life in the ward and the life at home, the usual routine, no change, and all the days are similar.” Moreover, some patients said “we eat, drink, sleep.....that is all.” Meanwhile some patients said that

“no differenceexcept we don't go out to the street.”

The second theme: ward atmosphere has bad effect on everyday life of the patients was reported by (60%) of patients. They started their answers with words as: “it has bad effect”, “I do not like here... I do not feel comfort.” Some participants said “this ward destroys me psychologically.” Patients gave different causes as: “here I feel locked up,” the ward makes me feel choke,” “nobody cares about us, hereonly medications and nothing else,” “no shared talking between us and the staff,” “I sit here doing nothing.....; no work, no hobbies, no housework, “everybody treat me in a rigid way which makes me..... upset and I want to go home”. Many participants said “violent patients and patients with bad odors annoy me,” “I have no friends I feel lonely”.

The third theme: ward atmosphere has good effect on everyday life of the patients was reported by (25%) of patients. They started their answers with words as; “it affects me in a good way,” “here is better than home...I do not like to go home.” Patients gave different causes as “hereI feel safety,” “hereno problems as in the home.” Many participants said “the nurses do a good job.....; they help us in everything; they measure blood pressure and blood sugar frequently, they give us medications on time,” “nurses listen to us when we want to talk to them; they..... help us to pass suffering,” “hereI have many friends; not sitting alone as in the home, I like the atmosphere of groups,” I prefer here to avoid what happens to me at homeI will not say.” Some participants added “It is good becauseI sleep early and get up early, I decreased drinking tea.” Moreover, some patients said “many things changed in my everyday life to the better” but they did not give examples.

DISCUSSION

The aim of this study was to explain the effect of ward atmosphere on everyday life of hospitalized psychiatric patients as perceived by patients. The results of the current study showed that all of the participants' experiences were on the one hand positive and on the other hand negative. Moreover, unexpectedly the results of the current study were supported by results of many studies carried out in other countries.

Regarding relationship domain, the study revealed that more than half of participants perceived that doctors and nurses have very little time to encourage patients, more than two thirds of participants perceived that patients tend to hide their feelings from one another and more than half of participants do not put a lot of energy into what they do on the ward. This result is supported by the answer of patients who

reported bad effect of ward atmosphere on their everyday life as they complained of no shared talking between them and the staff. These results could be attributed to the demanding duties of staff as patients' dependence on them to meet their care needs which give no time for other matters with patients. Also, it may denote that patients unappreciated nurses' duties that are not obvious to them.

This result is supported by [20], who mentioned that hospitalized patients experience lack of human contact, feel professional caregivers prioritize observations and documentation instead of talking to them which is contradictory to patients' wishes for time for talks, and the ability to have human relations with staff member. Such relationships are characterized by mutual respect, empathy, optimism, trustworthiness.

Furthermore, the study by [21] indicated that participants felt mistrusted and felt that they needed to behave well in order to obtain trust and opportunities from the staff. A lack of trust led the participants to feel that they were wasting their time being on the ward. Also, such a trusting relationship was necessary for the participants to talk about their feelings, and this contributed to a feeling of safety by knowing that the staffs know how the participant feels.

On the other hand, participants who reported good effect of ward atmosphere on their everyday life mentioned that the nurses listen to them when they want to talk; also, nurses help patients to pass suffering. Study conducted by [22] indicated that knowing that nurses are able to attend to patients' basic needs and create a therapeutic relationship help patients to develop a sense of trust, safety and perceive nurse as caring and considerate. Furthermore, there is necessity of direct involvement of patients in nursing

activities to make contribution to the therapeutic work of the ward. This task requires complex professional and interpersonal nursing skills.

In relation to dimension of personal growth, the study revealed slightly more than half of participants perceived they are not encouraged to be independent which may be due to daily routine of the wards of the study imposes no activities on patients to perform to be independent. Moreover, patients who reported bad effect of ward atmosphere on their everyday life mentioned that they sit on the ward doing nothing; no work, no hobbies, no housework.

This result is in the same line with results of [23] who concluded that boredom was the most relevant complaints of the participants and ranged from lack of activities to inadequate number of key staff as occupational therapists and too busy nurses to spend time with patients or organize activities for them. They added that patient advocacy groups internationally recommend that patients should have access to four hours /week of therapeutic activities in inpatient settings in addition to one-to-one staff contact.

Furthermore, half of participants of the current study perceived that patients often gripe but rarely urge which may be due to the threatening attitude of staff which makes the patients may not feel safe to urge with others. In this respect, a study investigated environmental and nursing-staff factors contributing to aggressive and violent behavior of patients by [6] indicated that patients perceived being ignored not listened to and therefore disrespected; this provoked them to agitation. Moreover, nursing staff did not always allow patients to highlight their problems but told them to hurry up, because nurses did not have time or were

in the mood to listen to patients' nonsense stories.

Furthermore, half of participants of the current study perceived little emphasis on teaching them solutions to practical problems which may be due to nurses in psychiatric settings play a passive role in psychosocial rehabilitation of patients as teaching skills of problem solving and decision making. Moreover, slightly more than half of participants said they do not tell each other about their personal problems.

This result is not in the same line with [7] who found that participants described staff as engaged in helping the patients by planning, trying to find solutions together, mutually agreeing on things, and using patients' knowledge and wishes that made everyday life easier. This fostered feelings of being listened to, being involved, having the opportunity to influence care, and having control.

In relation to system maintenance domain, the study revealed half of participants perceived their activities are carefully planned. This result is supported by answers of patients who reported good effect of ward atmosphere on everyday life; they reported that nurses do a good job. On the same line, results of a study by [24] concluded that well arranged and structured ward was associated with patients' outcome inform of satisfaction of care provided and improvement of social functionality. Furthermore, study by [25] concluded that participants gave the highest scores to the domain of system maintenance which was correlated to their satisfaction and reflected their perception of the staff trial to decrease violence in the wards of that study.

Participants of the current study perceived that doctors and nurses do not explain treatment to them and patients do not

understand the program rules which could be attributed to lack of explanation of ward routine on admission. In the same line, [26] concluded that lack of clarity of how the patients are expected to behave may cause sense of disorientation while better communication of rules on admission would certainly help patients to adjust to their surroundings. Moreover, [27] concluded that patient interviews showed that lack of information giving by staff provoked anxiety, fear and confusion in newly admitted patients. Furthermore, patients expressed feelings of distress, alienation and resentment as they perceived that staffs were emotionally inaccessible.

Participants of the current study perceived that patients who break the rules are punished for it, but staff very rarely punishes patients by restricting them. This result is supported by answers of patients who reported good effect of ward atmosphere on everyday life as they mentioned they feel safety of being on the ward and have no problems as what happen at the home.

This result is contradicting the results of study by [28] indicated that participants perceived the staff attempted to maintain control not only by means of rules, routines, but also by coercion, and pressure which made some patents felt humiliated by staff.

CONCLUSION

The current study concluded that mentally ill patients have positive and negative perspectives of the effect of ward atmosphere on their everyday life. Furthermore, hospitalized psychiatric patients need to be encouraged to express their feelings, to be provided with activities to feel useful and they need to learn practical skills to solve problems and make decisions. The current study emphasizes the need for development of

treatment environment that consider patients' participation in care which would improve patients' experiences of everyday life in psychiatric inpatient and thereby contribute to their recovery.

RECOMMENDATIONS

- (1) On admission patients should receive explanation of the ward daily routine, and ward rules.
- (2) During hospitalization, patients should be encouraged to express their needs, feelings and to be independent and self-sufficient.
- (3) Patients should be prepared for discharge by teaching them skills as problem solving and decision making.
- (4) Further study is needed to investigate the differences between patients and staff perception of ward atmosphere.
- (5) Further study is needed to investigate the impact of therapeutic interactions on the patients' experiences of care.
- (6) Development of an intervention to improve everyday life in psychiatric wards is needed.

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