

## Knowledge and Attitudes of Nurses toward Concept of Milieu Therapy

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### Abstract

**Background:** Therapeutic milieu refers to an environment that is structured to provide patients with the opportunity to interact with staff and other clients. Producing a therapeutic milieu is a basic intervention in mental health nursing practice. Consequently sufficient knowledge and positive attitudes are important aspects of providing nursing care for psychiatric patients within the current social climate. This study aimed to assess knowledge and attitudes of nurses toward the concept of milieu therapy. This study was exploratory descriptive, performed on 100 nurses working with psychiatric patients at El-Abbassia Mental Health hospital. Data were collected using three parties, socio-demographic data, and knowledge of nurses about the milieu therapy and the attitudes of nurses toward milieu therapy. The results of this study showed that nurses working with psychiatric patients possess a satisfied level of knowledge about the definition and aim of milieu therapy (75%) meanwhile; they have unsatisfying knowledge about activity therapy (52%). However, the studied nurses showed a high level of sympathetic attitudes toward psychiatric patients (74%), the negative attitudes toward milieu therapy was observed in (90%). Based on the results of this study, it can be concluded that the nurses with satisfactory knowledge were more probable to have a positive attitude towards the milieu therapy. The study recommended that in-service education programs should be provided to nurses working with psychiatric patients regarding knowledge about activity therapy and how to promote patient participation.

**Key words:** Knowledge, Attitude, Nurses, Milieu, Therapy.

### Introduction

Milieu therapy produces a dissimilar type of attitude and behavior in the client because the environment is like a home environment. As an alternative to adopt a sick role, the client makes decisions in the term management and cares for other patients. In other words, he becomes less dependent and passive. The client learns to

adopt a behavior which is suitable in the therapeutic environment like learns to control hostility (*Brunt & Rask, 2017*).

The term milieu is originally French word and means a middle place or middle ground. The idea of a middle ground tends to take pictures of a safe place, and this is

exactly what such a therapeutic context is intended to be. Here the person is viewed as owning the inner strengths to modify their own behavior. Their environments will encourage them to take benefit of these internal strengths and put them into action. The aim of milieu therapy is that every component of the person's environment should be therapeutic in nature (Kimber, Barwick & Fearing, 2012).

The patient experience, or patient satisfaction, is becoming one of the most important steps that healthcare systems look at when they are estimating the efficiency and effectiveness of the services being offered. The cornerstone of psychiatric nursing is the therapeutic use of self and the progress of relationships and structured programming. Patients still expect this as a part of their inpatient treatment and care (Demko, Johnson & Kutscher, 2013).

Modifying the environment with the goal of affecting a patient's behavior and improving his health is the definition and function of the milieu. Milieus are changes in environments, creating surroundings that are therapeutic, and improve the individual plan of care. The patient learns how to exist within, and to interact in a better environment. This facilitates learning and helps to develop the skills to make behavioral changes after his hospital experience, by learning adaptive techniques (Nursing Planet, 2012).

According to Karlin & Duffy (2014), the therapeutic society is a participative, group-based approach to long-term mental illness and personality disorders. This approach has been usually residential, where the clients and therapists lived together, but increasing residential wards had been superseded by day wards. It is depended on the codes of milieu therapy and includes group psychotherapy in addition to the applied procedures.

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### The Significance of the Study:

The inpatient milieu therapy is an important part of treatment modalities, but the often neglected component of psychiatric management as patients with severe mental illness are admitted for long periods of intense treatment so the milieu experiences of clients in inpatient psychiatric departments becoming discouraged during hospitalization. Milieu therapy activities are really essential to speed recovery of clients because besides the medicine, the patients also require the proper milieu both at the mental hospital and in the society (Hollon & Sexton, 2012).

In the therapeutic milieu, nurses are responsible for confirming that patients' physiological needs are met. The patients must be enhanced to perform as independently as possible in achieving activities of daily living. However, the nurse must make ongoing assessments to provide support for those who require it. Measuring physical status is an important nursing concern that must not be neglected in the psychiatric setting that emphasizes overall care.

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### The Aim of the Study:

The overall goal of the study is to assess nurses' knowledge and attitudes toward the concept of milieu therapy utilized with psychiatric patients.

**Research Questions:** This study is based on answering the following question:

- What are the knowledge and attitudes of nurses toward the concept of milieu therapy?

### Subject and Methods

**Research Design:** An exploratory descriptive research design was adopted to meet the purpose of the study and answer the

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research questions. It helps the researchers to describe and document aspects of a situation as it naturally occurs. As well, this design helps to establish a database for future research.

**The Study Setting:** The study was done at El-Abbassia Mental Health Hospital in Cairo. It operates under the supervision of the Ministry of Health and Population (MHP).

**Subject:** - The sampling method was convenience sampling. A convenience sample will include 100 nurses (male & female) providing care for psychiatric mental health patients at the previously mentioned setting.

#### **Data Collection tools**

Data were gathered using the following instruments:

##### **A- Interviewing Questionnaire:**

This tool was designed by the researchers in a simple Arabic language based on the relevant literature review. It was including three parties:-

**Part I:-** Socio-demographic data of nurses such as age, sex, education, marital status, residence and nurses' years of experience.

**Part II:-** Knowledge of Nurses about Milieu Therapy. It was developed by researchers based on literature review. It was utilized to measure knowledge about the concept of milieu therapy regarding definition, aim, principles, characteristics of milieu therapy and activity therapy. It consisted of 50 "true" or "false" statements. They are tallied up as a crude score on the overall correct answers identified. The minimum and maximum value range from 0 to 50. Each correct answer is scored with "1" and "0" for every wrong answer. The questions are divided consequently definition

and aim (1-3), activity therapy (4-8), principles of milieu therapy (9-22), group therapy (23-28) and characteristics of therapeutic milieu (29-50).

**Part III:-** Attitudes of Nurses Regarding Milieu Therapy. It was developed by the researcher depending on the literature review and based on a three-point Likert scale "disagree, maybe, and agree", each item is scored from 0 to 2. It is composed of two sub-scales: Attitudes of nurses toward therapeutic milieu in the hospital (questions 1-13) and toward psychiatric patients (questions 14-25).

The sympathetic items are described as items that denote a therapeutic and positive viewpoint towards patients, while negative attitudes are described as negative viewpoint toward milieu therapy.

##### **Pilot Study:**

The pilot study was held in ten nurses from the hospital. They represent 10% of the total sample to ensure the appropriateness, structure, clarity of the questions applicability of the tools and the time required to complete them. As a result of the pilot study, the needed modifications were done.

##### **Ethical Considerations:**

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The ethical research considerations in this study included the following: Prior to the real work of the research study, ethical approval was received from the scientific research ethics committee of the faculty of nursing, Ain- Shams University. The research approval of each participant to share in the study was considered. The researcher cleared the objective and aim of the study to the subjects. The researcher maintained on anonymity and confidentiality of subjects. The nurses were allowed to choose to participate or not, and they owned the right

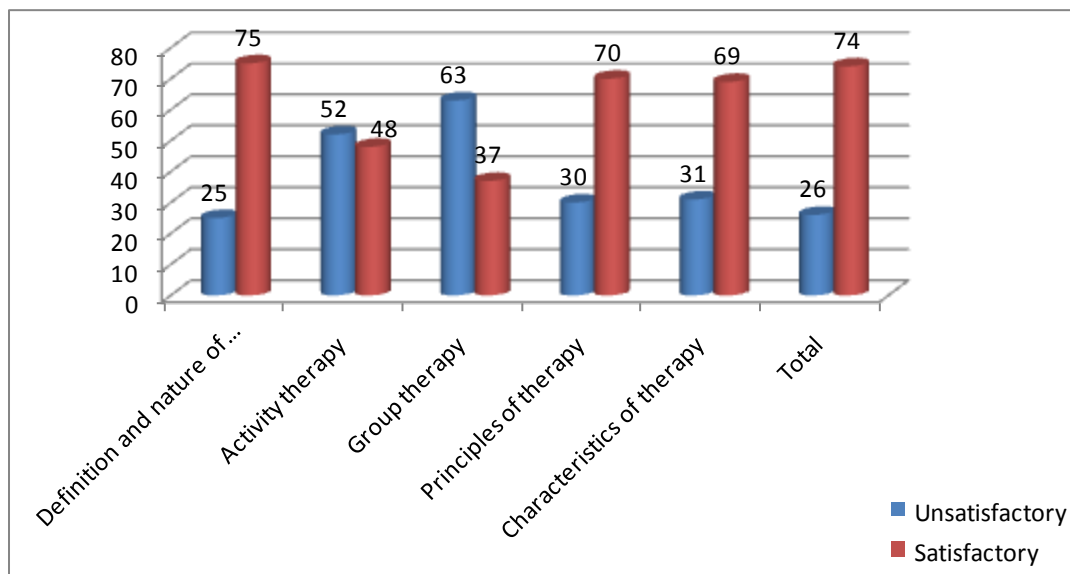
to extract from the study at any time without giving any reason about that.

**Results**

**Table (1): Socio-demographic characteristics of the studied nurses (n=100)**

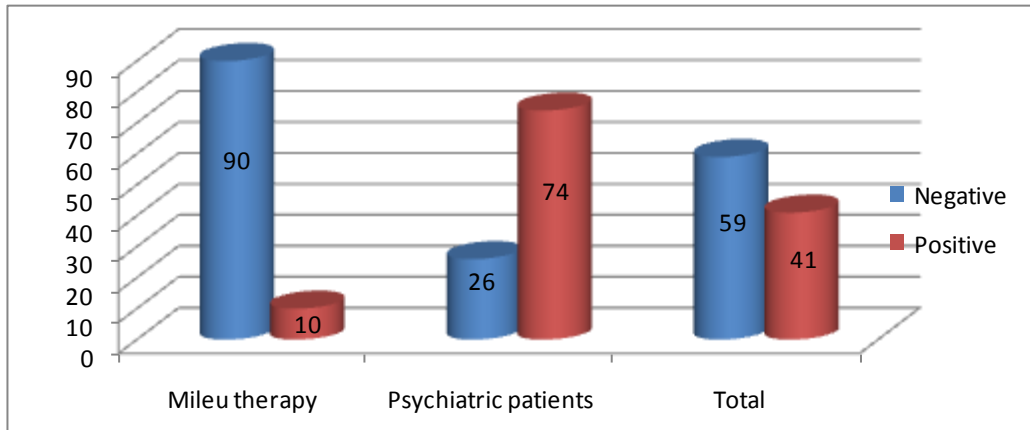
Characteristics		No.	%
Age	≤ 30 years	46	46.0
	>30 years	54	54.0
Sex	Male	50	50.0
	Female	50	50.0
Social Status	Not married	21	21.0
	Married	79	79.0
Residence	Rural	25	25.0
	Urban	75	75.0
Education	Diplom	58	58.0
	Institute	38	38.0
	Bachelor	4	4.0
Experience	<3years	24	24.0
	3-5 years	20	20.0
	>5years	56	56.0

The table (1) shows that 54% of the nurses were older than 30 years, half of the nurses were females, more than half of nurses have graduated from the secondary school of nursing, 75% were living in urban areas, and 56% of them had experienced more than 5 years.



**Figure (1): Distribution of the studied nurses' knowledge regarding the elements of the milieu therapy.**

The figure (1): displays that 75% of the nurses had satisfied with the definition and aim of the milieu therapy, and 70% of them had experienced a satisfaction with the principles of the milieu therapy. As regards the overall elements of the milieu therapy, 74% of nurses have satisfactory in the milieu therapy. On the other hand, they have unsatisfying knowledge about activity therapy (52%).



**Figure (2): Distribution of the studied nurses' attitudes toward therapeutic milieu.**

This figure illustrates that only 10% of the nurses had a positive attitude towards the milieu therapy, and 74% about subjecting patients to the therapy. Totally, 41% of nurses had a positive attitude.

**Table (2): Relationships between nurses' knowledge and their Socio-demographic characteristics.**

Characteristics		Satisfactory knowledge (n=74)	Unsatisfactory knowledge (n=26)	$\chi^2$	P value
Age	≤ 30 years	33 (71.7)	13 (28.3)	26.779	0.402
	>30 years	41 (75.9)	13 (24.1)		
Sex	Male	36 (72.0)	14 (28.0)	0.208	0.410
	Female	38 (76.0)	12 (24.0)		
Social status	Not married	13 (61.9)	8 (38.1)	2.021	0.128
	Married	61 (77.2)	18 (22.8)		
Residence	Rural	17 (68.0)	8 (32.0)	0.624	0.294
	Urban	57 (76.0)	18 (24.0)		
Education	Diploma	45 (77.6)	13 (22.4)	1.757	0.415
	Institute	27 (71.1)	11 (28.9)		
	Bachelor	2 (50.0)	2 (50.0)		
Experience	<3years	19 (79.2)	5 (20.8)	4.694	0.096
	3-5 years	11 (55.0)	9 (45.0)		
	>5years	44 (78.6)	12 (21.4)		
Treating experience	Yes	31 (73.8)	11 (26.2)	0.001	0.574
	No	43 (74.1)	15 (25.9)		

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Characteristics		Satisfactory knowledge (n=74)	Unsatisfactory knowledge (n=26)	$\chi^2$	P value
Participates in meetings regarding patients affairs and treatment modalities	Yes	57 (71.2)	23 (28.8)	1.572	0.167
	No	17 (85.0)	3 (15.0)		
Attending conferences regarding therapeutic milieu	Yes	24 (75.0)	8 (25.0)	0.394	0.541
	No	50 (73.5)	18 (26.5)		

The table (2) shows that none of the studied socio-demographic factors were related to nurses' knowledge, and there were no statistically significant differences between nurses with the satisfying knowledge and nurses with unsatisfactory knowledge regarding any of the studies factors ( $p > 0.05$ ).

**Table (3): The correlation between nurses' attitudes and their socio-demographic features.**

Characteristics		Positive attitude (n=41)	Negative attitude (n=59)	$\chi^2$	P value
Age	≤ 30 years	15 (32.6)	31 (67.4)	41.708	0.085
	>30 years	26 (48.1)	28 (51.9)		
Sex	Male	23 (46.0)	27 (54.0)	1.033	0.208
	Female	18 (36.0)	32 (64.0)		
Social status	Not married	8 (38.1)	13 (61.9)	0.093	0.482
	Married	33 (41.8)	46 (58.2)		
Residence	Rural	9 (36.0)	16 (64.0)	0.344	0.365
	Urban	32 (42.7)	43 (57.3)		
Education	Diploma	26 (44.8)	32 (55.2)	1.209	0.546
	Institute	13 (34.2)	25 (65.8)		
	Bachelor	2 (50.0)	2 (50.0)		
Experience	<3 years	11 (45.8)	13 (54.2)	7.026	0.030*
	3-5 years	3 (15.0)	17 (85.0)		
	>5 years	27 (48.2)	29 (51.8)		
Treating experience	Yes	19 (45.2)	23 (54.8)	0.538	0.299
	No	22 (37.9)	36 (62.1)		
Participates in meetings regarding patients affairs and treatment modalities	Yes	32 (40.0)	48 (60.0)	0.165	0.436
	No	9 (45.0)	11 (55.0)		
Attending conferences regarding therapeutic milieu	Yes	16 (50.0)	16 (50.0)	2.143	0.150
	No	25 (36.8)	43 (63.2)		

\* Significant at  $p < 0.05$ ,

\*\* Highly significant at  $p < 0.01$

The table (3) describes that of the studied socio-demographic factors, only years of experience variable was related to nurses' attitude, and the nurses with long years of experience were more probably to have a positive attitude ( $p < 0.05$ ).

**Table (4): The relationship between knowledge and attitude of the studied nurses regarding therapeutic milieu**

		Attitude		Total	$\chi^2$	P value
		Positive	Negative			
Knowledge	Satisfactory	37 (50.0)	37 (50.0)	74	9.530	0.002*
	Unsatisfactory	4 (15.4)	22 (84.6)	26		
Total		41 (41.0)	59 (59.0)	100		

\* Significant at  $p < 0.05$ ,

\*\* Highly significant at  $p < 0.01$

The table (4) demonstrates that nurses with satisfactory knowledge were more probable to sustain a positive attitude towards the milieu therapy ( $p < 0.05$ ).

## Discussion

The milieu is incorporating and a very powerful tool in acute inpatient units. It is a framework from which other therapies can work within. The milieu is very extensive and powerful yet poorly understood in the current social climate. The basic rules provided with the milieu are essential in the acute inpatient environment, but poorly practiced (*Townsend, 2015*). Creating a therapeutic milieu is a basic intervention in mental health nursing practice, and is inclusive of everything in the immediate inpatient environment. Every thing in the milieu therapy is referred to promote healing and includes the staff, the physical construction of the ward, and the emotional climate of the staff and patients on the ward (*Chan, 2017*).

Accordingly the primary objective of this study was to assess the nurses' knowledge and attitudes toward the concept of milieu therapy. The present study was carried out on one hundred of nurses, which exposed that half of them were males. This may be due to the fact that males are now interested in nursing practice. More than half of the studied nurses were married and that marriage at a young age as a cultural tradition

in Egypt. This finding is not compatible with *Stewart (2013)* who assessed job stress and health among nurses and reported that historical events indicate that women dominated the nursing profession.

Findings in the current study showed that the majority of the studied nurses were above 30 years old and more than half of them were graduated from secondary school of nursing that is because secondary education has a large number of its graduates and they weren't forced to improve their educational levels and they were preferred to work in a psychiatric hospital than working with other patients in other departments. These results were agreed with *Abdelrazak (2014)*, who studied the nurses' perception and practice of utilizing the therapeutic community among hospitalized patients and stated that half of the studied nurses' were in secondary nursing school.

Concerning years of experience of working in psychiatric hospitals, more than half of nurses experienced more than five years as they worked for a long period after their graduation. This is in accordance with *Miller and Lee (2011)* who assessed patients experience of learning and gaining personal knowledge during a stay at a mental hospital

and pointed out that understanding the meaning of the experience of the patients required in order for nursing to function as educators, therapeutic and growing force.

As regards the definition and aim of the therapeutic milieu, the current study results showed that three-quarters of the studied nurses were satisfied with their knowledge. These findings are supported by *Vatne and Hoem(2008)*, explained that the milieu therapy is a relationship-based intervention in which one emphasizes the interpersonal interactions between the nurse and the patient. According to *Geanellos (2014)*, who stated that the milieu therapy in adolescent mental health nursing and outlined that therapeutic relationship between the patient and the nurses based on friendship and mutual respect and self-understanding.

The major number of the participants agreed that the hospital environment is different from home environment. As stated by *Hashem (2011)*, who clarified that the mentally ill patients have a great need to be accepted, supported and understood and the need for privacy should also be satisfied socially in mental health agencies where this is neglected and every patient is unique because nurse follows the organizational policies.

In discussing the relationship between nurses' knowledge and their characteristics in this study, it is found that none of the studied socio-demographic factors were related to nurses' knowledge, and there were no statistically significant differences between nurses with satisfactory knowledge and nurses with unsatisfactory knowledge regarding any of the studies factors ( $p > 0.05$ ).

According to age, the present study results show that age influences knowledge level. This may be due to the fact that nurses with more years of experience have more satisfactory knowledge. This result is in

agreement with *Marranzano et al. (2013)* who studied Milieu management of traumatized youngster and reported that knowledge is positively associated with age.

This result is inconsistent with *Letendre (2011)* who studied the everyday experience of psychiatric hospitalization and revealed that nurses' knowledge is negatively correlated with age. As well, this result is incongruent with *Alwutaib et al. (2012)* who concluded that age is an important determinant of the low level of knowledge.

This contradiction may be related to that new graduate nurses are highly qualified and possess up-to-date knowledge about therapeutic milieu.

Regarding attendance of conferences, this results explained that level of nurses' knowledge increases with attending seminars or conferences that is why they update their information regarding different treatment modalities and how to apply their knowledge in a practical field.

Staff members are viewed that this type of relationship in the treatment setting as needed. The results of the current study displayed therapeutic and it represents the highest percentage of staff opinion. This is supported by *Norton(2012)*, who stated that patient-staff interaction had a significant relation to positive treatment, especially in units with an open and less restrictive interaction between patients and staff.

The type of relationship among staff members is therapeutic (cooperative relationship) like family members and this result reflected inpatient treatment "positive outcomes". This result goes in line with *Lloyd (2012)*, who studied partner relationship with mental health stated that the nurse-patient interactions improve the social skills of patients, as well as nurses, becoming more an open-minded.



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The majority of the studied sample view that the spirit of milieu is comforting and homelike atmosphere so that staff members agree that this spirit has a positive impact on patients' treatment, interpersonal relationships, belonging of health personnel to place, sense of responsibility towards patients' treatment and to this place and felt of rapport among health personnel and team cohesiveness.

Regarding the relations between the characteristic of the nurses and their attitudes regarding the concept of milieu therapy, it was found that a statistically significant difference between years of experience and their attitude about milieu therapy that was due to staff members felt secure in their position, obtained job satisfaction with long years of experiences. These findings were similar to those of the study done by *Taha and Ali (2013)*, who detected significant differences between nurses' years of experience and their attitudes regarding therapeutic milieu.

The current study evaluated that only ten of the nurses had a positive attitude towards the therapy and nearly two-thirds of subjecting patients to the therapy. The results of the current study displayed that more than one-third of nurses had a positive attitude totally. This may be due to unavailability of hospital resources and they, nurses, had no time extracted from the administrative duties. This finding was supported by *Taher and Abdelhai (2011)*, who found that there was a statistical difference between the nurses' knowledge and their attitudes, and reported that attitudes of nurses in hospital significantly related to increasing knowledge. As well as, *Abdelrazak (2014)* showed that there was a strong positive relationship between nurses' knowledge and their attitudes regarding milieu therapy.

### **Conclusion**

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According to the results of this study, it can be determined that: Nurses

working with psychiatric patients have been a satisfied level of knowledge about the definition and aim of therapeutic milieu and little knowledge about activity therapy practiced in environmental treatment, principles of milieu therapy and characteristics of therapeutic community milieu. However, studied nurses expressed high levels of sympathetic attitudes towards psychiatric patients, but negative attitudes were observed to the therapy presented within the psychiatric hospitals. The nurses with satisfactory knowledge were more probable to have a confident attitude towards the milieu therapy. Only years of experience variables were related to nurses' attitude, and nurses with long years of experience were more probable to sustain a positive attitude toward milieu therapy.

### **Recommendations**

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-A periodic educational program for nurses, for the purpose of promoting and updating the knowledge about the basic needs of the psychiatric patients that have many aspects (physical, psychological, spiritual aspects).

-In-service education programs should be provided to nurses about occupational and rehabilitative therapy to be included in the treatment plan.

-For the organization, creating programs/interventions to relief moral distress and negative attitudes of nurses to promote caring behavior.

-Raise organizational awareness to encourage an empathic attitude and caring experience of nurses through a multidisciplinary approach to promote group cohesion and solve intra-staff members' conflicts.

-Encouragement of the psychiatric nurses to attend national and international conferences about the milieu therapy

-The further researches about milieu therapy needed to be constantly monitored, evaluated, and adapted to meet the needs of the individual patients.

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