An examination of a staff group at a supra-regional deaf unit

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We undertook a study on the staff group of an in-patient unit for deaf patients which is run on therapeutic community principles. The study addressed attendance patterns and attitudes of staff to the group, using a questionnaire with open and closed questions. About half of the staff found the group useful and attended with some regularity, while a minority expressed negative opinions and did not attend. There were conflicting views about the boundaries of the group and its purpose. The implications for setting up and running a staff group are discussed.

In spite of the proliferation of staff groups of various kinds in general psychiatric, psychotherapeutic and general medical settings, there is a conspicuous absence of efforts to evaluate such groups. Staff groups are regarded as especially important in therapeutic communities where they may provide a means of understanding conflicts in the broader community and enhance staff members' interpersonal problem-solving ability (Kennard & Roberts, 1983). Although there is often a demand for a group from staff, confusion about its purpose and structure exists. In this study we examined a staff group at a psychiatric unit for deaf sign language users, looking at general issues and issues specific to working with a deaf client group with deaf and hearing staff.

The study

The deaf unit is a modified therapeutic community, which provides both acute care and rehabilitation for a heterogeneous group of adult deaf psychiatric patients. There is also a child psychiatric team, which was not studied. As the unit places a high value on 'deaf culture' most communication takes place in British Sign Language (BSL), staff are expected to sign fluently and about one-third of the staff are themselves deaf. The staff group takes place once a week at lunch time and is conducted by an external group analyst, assisted by the unit's BSL interpreter.

We asked day staff (n=39) to complete an anonymous self-report questionnaire. The questions asked included: Why is there a staff group? Who should attend? Should it be compulsory? How helpful is the group? In addition there were questions concerning deaf issues such as: Should there be an interpreter? Should the interpreter be external? Is the respondent deaf, hearing or partially deaf? Finally comments were invited on any aspect of the group, including reasons for attending and not attending.

Findings

Out of 39 questionnaires, 33 were returned, giving a response rate of 85%. Of the responders, 17 (51%) attended the group almost always or frequently, while 7 (21%) had attended once or twice, or never. One responder did not know of the group's existence. On the subject of who should attend the group, 30 (91%) said that it was for trained nursing staff and permanent medical staff and 33 (100%) that it was for other qualified staff such as psychologists, occupational therapists, social workers and the speech and language therapist. Twenty-four (73%) believed it was open to secretarial staff, 21 (64%) for temporary medical staff, 12 (36%) for student nurses and two (6%) for agency nurses and visitors. Eleven (33%) responders believed that group atendance should be compulsory.

Fifteen (45%) found the group very or quite helpful, while six (18%) found it not very helpful, or useless. Similarly 14 (42%) approved of the conductor and four (12%) did not. Twenty-seven staff members (81%) wanted the group to continue, either in its present form or with some changes.

When asked about the purpose of the group, 22 (67%) believed it was meant to help staff with their work on the unit, while 11 (33%) thought it was there for staff to discuss

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personal problems. Other comments included the following functions: "to create problems"; "to criticise others"; "discredit and humiliate certain members of staff"; "I don't know, I get very contradictory messages"; "to check out my approach with others and to find out what is going on, to ventilate feelings and sort out problems".

General comments on the group were also invited. Common themes included impatience with the group for poor attendance, not starting on time and the reticence and defensiveness of other members. A number of responders felt that the group was a good idea which was not working, or expressed confusion about the point of the group. Of those who did not attend the group, the commonest reason given was that the group did not seem safe and supportive, or seemed overtly unpleasant. For example, "I feel a group like this would actually hinder my work relationship with the staff. I would not feel safe and I would feel frustrated. As far as I can see it would be a very negative experience for me to go". There were also very positive statements, for example, "I have attended the group for two and a half years and I find it a very useful reflection of what is happening on the unit at any time. For me it is a space which allows events, personal problems, and work issues relating to the unit to be voiced".

Ten responders (30%) were deaf or partially hearing. There were few concerns stated around the use of BSL or the activity of the sign language interpreter. Twenty-six (79%) felt there should be an interpreter, and 16 (48%) thought that the interpreter should not be a member of staff.

Comment

We had expected that deafness and signing would emerge as major issues in a staff group in this setting. However, the concerns responders expressed were of a more general nature and may be applicable to staff groups in other settings. It is clear from the high response rate and the abundant and often emotional comments received, that the group arouses passionate feelings in staff. There is a perceived need for the group in that the majority want it to continue (interestingly, even some who do not attend feel this way).

Of more importance are some of the shortcomings of the group which are highlighted by the results. Only around a half attended regularly and found it helpful and a significant minority, around a fifth, did not attend and expressed critical sentiments. Comments were offered which suggested that this minority had perceived the group as frightening, traumatic or even abusive. This schism in the staff would not be apparent in the process of the group itself, as the group is composed of those who value and attend it.

There was confusion about the boundaries of the group with regard to which members of staff could or should not attend. While there was consensus about permanent medical staff, nurses and other professionals attending, there were mixed feelings about temporary medical staff, secretaries and domestics. This may reflect the position of staff members in the clinical and management hierarchy and points to another silent minority on the ward. It is notable that the domestic was the only person who did not know of the group's existence. We suggest the group should be open to all permanent staff.

It is likely that there will continue to be a widespread demand for staff groups in the psychiatric workplace. Such groups probably serve a useful function as an opportunity for staff to reflect upon their work together and, perhaps by their mere existence as a statement that staff too are listened to and cared for. But if the subjective experience of staff group membership is to be valued, then the group has certain requirements such as clear boundaries, the inclusion of as many staff as possible, a statement of its nature and purpose and a group culture which does not threaten individuals or undermine their professional functioning.

Reference

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