

Table 5 – Studies on Ward Climate

Study	Setting: Country	Design	Total sample size (N)	Sample characteristics	Variables measured; outcomes measures; outcome tool	Primary finding (s)	Quality assessment score (%) and categorisation
Dickens et al. (2020)	Eight adult mental health inpatient units from one large metropolitan local health district in Sydney, Australia.	Repeated measures within-subject design: pre and post. No control group.	N = 8 (wards)	Not provided	VPC-14	Violence prevention climate ratings did not change.	81% High
Hottinen et al. (2019)	Six adolescent psychiatric inpatient wards in the Helsinki and Uusimaa Hospital district of Finland.	Repeated measures within-subject design: pre and post. No control group.	N = 330 (service-users)	Adolescents (service-users) defined as between 13-17 years of age. No data provided on age ranges of participants, including staff.	EssenCES (Finnish translation). Base data was taken over two months, with follow up data recorded in the same two months, one year later.	Baseline measures indicated that staff ratings of 'patient cohesion' and 'therapeutic hold' significantly higher than patients. Inpatients experience of safety was rated significantly higher than that of staff. At follow up (post intervention) there were no statistically significant differences in staff ratings of patient cohesion or therapeutic hold. Staff experience of safety improved following Safewards implementation, $p = <.05$. Patient ratings in patient cohesion and therapeutic hold were significant higher compared to baseline, $p = <.05$ and $p = <.01$ respectively.	67% Moderate
Fletcher et al. (2019a)	Inpatient mental health wards (adult, adolescent/youth, aged acute an	Cross-sectional post intervention survey design. No control group.	N= 10 (wards)	Majority consumers were representative of adult inpatient wards, mean age	Bespoke online survey including demographic data followed by both quantitative and qualitative questions	Quantitative results demonstrated that consumers felt Safewards had a positive impact. Service user responses also indicated feeling safer in the ward, more	63% Moderate

	secure extended care units) in Victoria, Australia.			= 40 years (range 18-78). 52% female. Average length of stay ranged from 1-4 weeks.	regarding the acceptability, applicability and impact of Safewards.	positive about being in the ward and more connected with staff. Thematic analysis of qualitative data indicated key themes of improvement, increased hope, improved sense of community and improved sense of safety and calm. It also demonstrated some consumers felt language associated with the interventions were patronising or not suitable for all service-users.	
Fletcher et al. (2019b)	Inpatient mental health wards (adult, adolescent/youth, aged acute and secure extended care); Victoria, Australia.	Cross-sectional postintervention survey design. No control group.	N= 103 (staff responses)	Majority female staff (68.4%), mean age of 43 years with each type of service represented. 55% of participants were in nursing in some capacity.	A bespoke online survey with both quantitative and qualitative questions designed to assess staff perceptions of acceptability, applicability and impact, analysed using thematic approach.	Staff 'usually' or 'always' felt safer and more positive on the wards. The number of responses meant no statistical analysis of significant could be conducted. Conversely, themes indicated positive views on the interventions themselves and positive impacts on ward culture.	54% Moderate
Maguire et al. (2018)	Male forensic medium-long term mental health ward in Victoria, Australia.	Mixed methods; repeated measures within subjects (pre and post). Retrospective comparison to TAU.	N = 28 (unique service users)	Mean age of 44.3 years. 100% were male. Primary diagnoses were schizophrenia and schizoaffective disorder. Average length of stay was 8.3 years. Mean age of staff was 47.8 years.	Incident data was retrieved from the Victorian Health Incident Management system (VHIMS) and compared with incident data from the year prior. Ward climate was assessed using the EssenCES. Content analysis used to evaluate free-text answers in the fidelity checklist to elicit patient and staff views of Safewards.	Results from the EssenCES ward climate measure saw a significant improvement in patient cohesion post-intervention. There was a significant increase in staff perceptions of patient cohesion and experienced safety. Qualitative data indicated that participants were of the view that Safewards improved ward safety and relationships between staff and patients.	54% Moderate

Cabral & Carthy (2017)	Six forensic inpatient wards in West London.	Mixed quantitative and qualitative design. Repeated measure within-subjects design (pre and post). Focus group. No control group.	N=125 (pre and post measures) N= 9 (focus group)	Not provided	EssenCES. Thematic analysis was used to ascertain main themes emerging from the focus group.	EssenCES mean score improved at follow up across all three sub-scales. Thematic analysis demonstrated overall positive views of Safewards alongside themes of resistance or barrier to change and deficit in Safewards knowledge and skills. Participants were of the view that it led to a psychologically containing ward milieu and structure; and a safer less traumatic and restrictive ward environment.	29% Low
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EssenCES = Essen Climate Evaluation Schema Questionnaire (Schalast, Redies, Collins, Stacey, & Howells, 2008); VPC-14 = Violence Prevention Climate-14 (Hallett et al., 2018).