

Author details:

- Fredrik Folke (corresponding author), Psychologist & PhD student, Uppsala University, dept of Neuroscience, Sweden
 - Phone: +46 23491298
 - e-mail: fredrik.folke@ltdalarna.se
 - Address: Center for Clinical Research Dalarna, Nissers väg 3, 79182, Falun, Sweden
- Lisa Ekselius, MD & Professor, Uppsala University, dept of Neuroscience, Sweden
 - Phone: +46 18 6115227
 - e-mail: lisa.ekselius@neuro.uu.se,
 - Address: Uppsala Universitet, Inst. för Neurovetenskap, Psykiatri, Akademiska sjukhuset, 751 85 Uppsala

Title: Mapping Out the “Emotional Geography” of Inpatient Activities and Milieus

Background: Providing engaging and active inpatient treatment is a key priority (1) and still many studies indicate that admission is mostly spent in solitude with limited staff contact (2). These alarming reports mainly come from observational studies that provide important information about what patients do during admission, but little is actually known about the affective aspects of ward activities and events. **Aims & Objectives:** To investigate the emotional correlates of everyday events and activities on wards. Information about how inpatients feel during different everyday ward activities can be used to guide development of inpatient interventions and milieu **improvements**. **Method:** Six to eight assessment days were conducted on the four adult general psychiatric wards of a Swedish catchment area. Eighty-seven inpatients filled out a one-day diary continuously (every hour, 8 a.m. – 6 p.m.) asking them to report their main activity/-ies, distress/reward level (ranging from 1-10) and they also used a pedometer. **Results:** All reported activities were divided into one of ten categories (see table 1). Being awake but inactive in the room was most commonly reported activity and was also the activity category that was most often associated with significantly less reward and more distress than other categories. Staff contact was very limited. Being alone, regardless of activity, was associated with significantly more emotional distress and less reward than being with someone (See table 2), most often a fellow patient. Being more physically active (i.e., number of steps) was associated with less distress and more reward. Being passive was associated with more distress and less reward. **Discussion & Conclusion:** Results support previous studies indicating high-risk for social disengagement and low staff contact (2) but more importantly data indicate what situations and activities should be focus of intervention. It seems important to develop interventions and tailor milieus that support informal social contact as it seemed particularly rewarding. Milieus should also strengthen physical activity, minimize risk of staying in ones room, and provide access to personally meaningful activities. **Limitations:** Data in this study is correlational in nature and we cannot draw any firm conclusions as to whether the behaviours/situations caused the emotions (distress/reward) or vice versa.

References:

1. National Association of Psychiatric Intensive Care and Low Secure Units. National Minimum Standards for Psychiatric Intensive Care in General Adult Services (updated 2014). NAPICU, 2014.
2. Sharac J, McCrone P, Sabes-Figuera R, Csipke E, Wood A, Wykes T (2010) Nurse and patient activities and interaction on psychiatric inpatients wards: a literature review. *Int J Nurs Stud* 47:909–917

Table 1

Activity category	Examples of activities	Number of hours	Reward M (SD)	Distress M (SD)
Awake in room, no specific activity	Ruminating in bed, trying to relax in bed, avoiding others	330	2,8 (2,1)	5.8 (2.4)
Home related activities	Making phone calls, paying bills	12	6,8 (1,9)	4.3 (2.4)
Informal socializing	Talking to patient, visitor	137	7,1 (2,1)	3.7 (2.5)
Meal	Breakfast, coffee	188	4,9 (2,4)	4.8 (2.7)
Miscellaneous	Activity that do not fit in other category	3	8,0 (0,0)	6.0 (0.0)
Being Outside	Walking, shopping	58	6.2 (2.2)	4.1 (2.6)
Non-structured recreational activity	Board games, TV, computer	306	5.8 (2.4)	4.2 (2.4)
Self-care	Shower, hygiene	19	6.3 (2.8)	4.1 (2.7)
Sleep	Daytime Sleeping	47	-	-
Staff-contact	Group, meeting with professional	82	6.4 (2.3)	4.5 (2.6)

Table 2

	Alone	Passive	Reward	Distress	Steps
Alone	1	,744**	-,602**	,221*	-,254*
Passive	,744**	1	-,718**	,447**	-,306**
Reward	-,602**	-,718**	1	-,491**	,364**
Distress	,221*	,447**	-,491**	1	-,264*
Steps	-,254*	-,306**	,364**	-,264*	1

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).