Jan-Åke Jansson · Mona Eklund

How the inner world is reflected in relation to perceived ward atmosphere among patients with psychosis

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Abstract Background This study focused on how cognitive ability, personality traits, self-rated psychiatric symptoms, and social functioning were related to the way in which patients with psychosis perceived supportive aspects of the ward atmosphere. Methods Patients at a psychiatric rehabilitation unit (PRU) in southern Sweden completed a ward atmosphere questionnaire (COPES), rated their psychiatric symptoms (SCL-90), self-image (SASB), and were tested on cognitive functioning (WAIS-R) and global social functioning (GAF). They were diagnosed according to ICD-10. Data were analysed by means of logistic regression analyses. Results Self-monitoring and restraining (self-control), one cluster in the SASB, was the strongest factor associated with how the patients perceived the ward atmosphere. A perceived high level of self-control indicated high levels of perceived Support, Practical orientation, and Order and organisation of the ward atmosphere. A high level of self-rated paranoid symptoms (SCL-90) increased the risk of perceiving a high level of Anger and aggression and a low level of Program clarity. Regarding cognitive ability (WAIS-R), two factors were important for predicting perceived ward atmosphere. A low level of social competence was associated with a low level of perceived Order and organisation. Furthermore, a low level of abstract thinking was related to a low level of perceived Anger and aggression, while a high level of abstract thinking was associated with a low level of Program clarity. Patients with schizophrenia exhibited a lower level of Self-monitoring and restraining than patients with other psychoses. Conclusion The results from this study indicate that individual factors such as self-control, paranoid symptoms and social competence may be important for how the ward atmosphere is perceived. This is important knowledge when monitoring the ward atmosphere to better fit a unit’s target group.

Keywords ward atmosphere – self-image – cognition – psychosis – schizophrenia

Introduction

An old idea in psychiatric research is that there might be an important relationship between the social atmosphere in a psychiatric treatment unit and the results of the treatment. It has been demonstrated in a number of studies that the ward atmosphere is one important factor among others in the treatment of psychiatric patients (Kellam et al. 1967; Ellsworth et al. 1971; Moos 1974a; Klass et al. 1977; Collins et al. 1984; Friis 1986a; Eklund and Hansson 1996; Melle et al. 1996). Moos (1974a, b) has operationalised the ward atmosphere in ten factors: Involvement, Support, Spontaneity, Autonomy, Practical orientation, Personal problem orientation, Anger and aggression, Order and organisation, Staff control, and Program clarity.

Werbart (1992) presented two different ward atmosphere profiles for patients with psychosis. One was denoted a supportive profile and the other an explorative profile. According to Werbart, a high level of Support, Practical orientation, Order and organisation, and Program clarity and a low level of Anger and aggression characterise the optimal supportive profile.

Previous studies (Eklund and Hansson 2001a; Middelboe et al. 2001) have found that two factors, Support
Thorough and organisation, had the highest predictive value for treatment satisfaction by the patients. It is well supported in the literature (Kellam et al. 1967; Klass et al. 1977; Werbart 1992) that these ward atmosphere factors are among the most valuable for creating a therapeutic environment for psychotic patients. In a previous study by Jansson and Eklund (in press), a group of patients with schizophrenia rated significantly lower on the factors Autonomy and Support than patients with other psychoses. They also found that the ward atmosphere was perceived in a very similar way by both patients and staff.

It has been documented in other studies (Moos 1974a; Friis 1986a; Eklund and Hansson 1996, 2001b) that the perceived ward atmosphere is a stable phenomenon over time unless deliberate changes are made in, for example, treatment programmes and treatment goals.

Since the ward atmosphere is important for the treatment of patients with psychosis, it is of interest to discuss why patients perceive the ward atmosphere of a certain unit in different ways. Inner traits and states may possibly be of importance for how the ward atmosphere is perceived, although no previous studies seem to have addressed this issue. Consequently, we designed a study aimed at investigating in what way the perceived ward atmosphere was related to cognitive ability, self-image, self-rated symptoms, and social functioning.

The study was part of a prospective combined longitudinal and cross-sectional study of patients in a psychiatric rehabilitation unit for patients with psychosis.

### Subjects and methods

#### Subjects

All subjects were recruited from a psychiatric rehabilitation unit (PRU), situated in southern Sweden, responsible for about 70 patients with a psychosis diagnosis. In contrast to traditional psychosis rehabilitation, outpatients, day-care patients, and inpatients were treated at the same unit. Another characteristic feature of the ward was that each member of the nursing staff had the primary responsibility for a number of patients and functioned as their contact person. Their work corresponded to the functions of a case manager (Björkman and Hansson 2000). The unit had about 20 contact persons, mostly women. The unit had a social psychiatric and milieu-therapeutic approach and was based on psychodynamic theory with an emphasis on supportive strategies, based on the patients’ individual needs. The rehabilitation was directed towards adaptation, social training, low-invasive self-control, where self-control is related to the introject aspects reflect the individual’s internalised self-image and focus on different aspects of how the person looks upon him/herself (Benjamin 1974). The questionnaire consists of 36 items. The self-ratings are made on an 11-point scale from 0 (not at all) to 100 (always perfect). The items are summarised in eight clusters, in accordance with Öhman and Armelius (1990): 1) Spontaneous self, 2) Self-accepting and exploring, 3) Self-loving and cherishing, 4) Self-nourishing and enhancing, 5) Self-monitoring and restraining, 6) Self-indicting and oppressing, 7) Self-rejecting and destroying, 8) Daydreaming and neglecting of self. The clusters 2, 3, and 4 can be summarised as self-love and the clusters 6, 7, and 8 as self-hate. Spontaneous self can be viewed as spontaneity and Self-monitoring and restraining as self-control, where self-control is related to the intra-personal sphere rather than to social and psychosocial factors (Jeanneau and Armelius 2000). The test has been used in several studies and has good reliability and validity (Benjamin 1974). The present study was based on a Swedish translation made by B. Lindelöf, and B. Mårtensson (personal communication, 14 April, 1997).

#### Instruments

- **Community-Oriented Programs Environment Scale (COPES)**
  - COPES (Moos 1974a, b) measures the ward atmosphere as perceived by the respondent. The rating scale consists of 100 questions, each of which the respondent rates as true or false. Answers are structured in 10 subscales, consisting of 10 items each. These factors are: Involvement, Support, Spontaneity, Autonomy, Practical orientation, Personal problem orientation, Anger and aggression, Order and organisation, Program clarity, and Staff control. The instrument has acceptable internal consistency, adequate test-retest reliability, and estimated good content and face validity (Moos 1988). The present study was based on a Swedish translation made by Å. Werbart (personal communication, 14 April, 1997). Only the factors Support, Practical orientation, Order and organisation, Program clarity and Anger and aggression, demonstrated to characterise a supportive ward atmosphere profile (Werbart 1992), were included in this study.

#### The Structural Analysis of Social Behavior (SASB)

To measure personality traits, participants completed the SASB questionnaire (Benjamin 1974). Only the items capturing the introject aspect were used. The introject aspects reflect the individual’s internalised self-image and focus on different aspects of how the person looks upon him/herself (Benjamin 1974). The questionnaire consists of 36 items. The self-ratings are made on an 11-point scale from 0 (not at all) to 100 (always perfect). The items are summarised in eight clusters, in accordance with Öhman and Armelius (1990): 1) Spontaneous self, 2) Self-accepting and exploring, 3) Self-loving and cherishing, 4) Self-nourishing and enhancing, 5) Self-monitoring and restraining, 6) Self-indicting and oppressing, 7) Self-rejecting and destroying, 8) Daydreaming and neglecting of self. The clusters 2, 3, and 4 can be summarised as self-love and the clusters 6, 7, and 8 as self-hate. Spontaneous self can be viewed as spontaneity and Self-monitoring and restraining as self-control, where self-control is related to the intra-personal sphere rather than to social and Psychosocial factors (Jeanneau and Armelius 2000). The test has been used in several studies and has good reliability and validity (Benjamin 1974). The present study was based on a Swedish translation made by K. Armelius, L.-S. Lindelöf, and B. Mårtensson (personal communication, 14 April, 1997).

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