The Schizophrenic Patient

A Study of Family Members' Understanding

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Abstract

THIS study was undertaken to investigate the understanding of the family members about Schizophrenia and the schizophrenic patient and its impact on their involvement in the care of the patients in the hospital.

Schizophrenia is a psychological disorder. Rao documents that, ".2% of the general population is suffering from schizophrenia and 86% of beds are occupied by schizophrenic clients at large". When regarding the services available in India for psychiatric clients, it is found inadequate. Schizophrenia accounts for the majority of psychotic illnesses. However, out of the schizophrenic patients only minority require hospitalisation. So the majority can be cared for within the family setting in the community itself.

According to Coleman, "Introduction of psychotropic drugs have made it possible for a large number of psychiatric patients to remain in the family within the community itself. This has led to an early discharge of patients who require hospitalisation. This had reduced the severity of symptoms which has minimised the need for restraints and locked wards.

Today mental health professionals all round the world are increasingly aware of the role of the family. The family members' involvement in patient care does not stop at the hospital level and they can play a great role in the management of the patient at home. Even though the majority of the relatives are willing to look after the patients in the home, they report feeling incompetent to care for these patiets.

In order to plan for their education, it was important to find out the existing perceptions of the family members about schizophrenia and to observe their involvement in the care of the patients in the hospital.

Methods

The research approach employed to conduct this study was the descriptive survey method. It was undertaken in a large city hospital in south India. A sample of 30 male and female family members of schizophrenic patients were selected according to availability. The tools used for the data collection included a structured interview schedule and an observation guide. The interview schedule measured

(a) the demographic data regarding the patients,

(b) the demographic data of family members,

(c) items related to the family members' understanding of schizophrenia, and

(d) information relating to the family members attitude towards schizophrenic patients. The observation guide measured the relatives' involvement in care of the schizophrenic patients in the hospital.

The content validity of the tools used was tested by getting them assessed by nurse educators, psychiatrists and psychiatric social workers.

A pilot study was conducted on five family members of schizophrenic patients. The technique and tools used were found to be adequate.

When the family members expressed current understanding and attitude it was considered as positive and negative if it was wrong.

Findings of the Study

Table—1

Family Members' Understanding Regarding the Illness Schizophrenia

Items	*Positive* %	*Negative* %	*Uncertain* %
1. Changes occurring in schizophrenia	97	3	
2. Behaviour changes	94	6	
3. Thinking/Speech disturbances	77	22	1
4. Emotional disturbances	91	9	
5. Hallucinations	83	16	1
6. Cause of schizophrenia	47	52	1
7. Treatment Modalities	70	25	5
8. Need for early treatment	93	7	
9. Long term continuous treatment	83	17	
10. Rehabilitation	67	32	
11. Prognosis	27	73	

Data in above Table (1) indicate that in all the areas of understanding of the illness "Schizophrenia" the family members had 67—97% of positive understanding except in the areas of causes and prognosis of the illness (Schizophrenia).

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Table—2

Distribution of Family Members' Attitude Towards Schizophrenic Patients

Items	*Positive* (%)	*Negative* (%)
1. Criticism	46	54
2. Hostility	57	43
3. Supportive	83	17
4. Over-involvement	53	47
5 Rejection	70	30
Total	62%	38%

On an average according to Table (2) family members' attitude towards the schizophrenic patients revealed 62% of positive attitude. However, some amount of negative attitude (38%) was observed. It was also observed that the family members were at times too critical and hostile towards patients or over involved themselves in the care. These negative perceptions will have an effect on their involvement in the care of the patient in the hospital and at home.

Figure 3

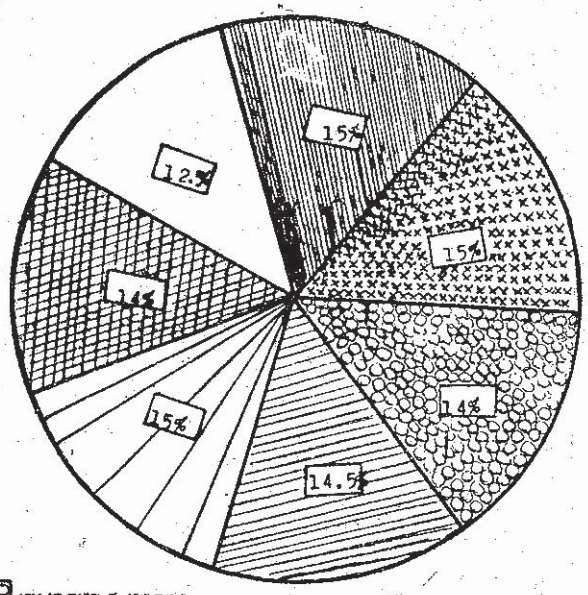

Figure 3 reveals the involvement of family members in meeting total needs of patients in relation to hygiene, nutrition, emotional needs, toilet needs, rest and activities, helping the team in administering drugs and observation and reporting. There is almost an equal involvement noticed throughout except in meeting needs of rest and activity.

Conclusion

This study gave a general view regarding the family members' understanding of schizophrenia and the schizophrenic patients. It shows high level of positive understanding (76.01%) by family members in the majority of the areas specified for the study. The study reveals that neither the educational status, family type nor the duration of the illness have a significant relationship in the involvement. This could be due to their healthy attitude towards the patients. Therefore health education could be carried out in the hospital and in community actively as one of the therapeutic tools to further increase or develop and reinforce their positive attitudes. These positive changes and development in the attitudes of the family members would reduce their stress and improve their involvement in the future care of the patients. If the family members' involvement in the care is enhanced, recovery of the patient can be more rapid with less relapses. Thereby the patient makes a better adjustment to his disability and is able to lead as normal a life as possible.

Recommendations

1. This study could be conducted on a larger sample from different psychiatric hospitals and departments in order to make generalizations.

2. A comparative study may be done with a controlled and experimental group to find out family members' perception and their involvement with teaching and without teaching.

3. Family members' perception and their involvement in other psychotic conditions can be done.

References

1. P. Subba Rao, Schizophrenia—A Classification for Community Psychiatric Practice, *Journal of Community Psychiatry*, Vol. VII (1): January—March, 1983, p. 3.

2. James, C. Coleman, *Abnormal Psychology and Modern Life* 8th Edition, Bombay: D.B. Taraporevala Sons, 1981, P. 49.