Nurse-Patient Relationship Therapy in Socializing Chronic Schizophrenic Patients

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This article on Nurse-patient Relationship Therapy by a nursing leader covers an important aspect of the nurse-patient relationship. By this therapy the patients are provided with better interpersonal relationship in which nurses spend more time with them in an affectionate and understanding manner. It is abridged from a research report published in the Indian Journal of Psychiatry (1974), 16, 34-41. The authors sought permission from the I.J.P. for reprinting in the Nursing Journal of India for the benefit of our readers.—Ed.

Nurse-patient relationship refers to everything that goes on between the nurse and the patient by way of perception, evaluation, understanding and mode of reaction. Nurse-patient relationship therapy provides experience which enable patients to form less anxiety-provoking, more acceptable relationships, making possible less threatening relationships with others.

The role of the nurse in the nurse-patient relationship therapy has been recognized using three overlapping areas of approach : the one-to-one relationship, the group relationship and the milieu. It is an accepted fact that the patient has become ill as a result of the experiences he has had in living. His illness then can be influenced, interrupted or altered by what other people do, to and with him. Behind a patient's rejecting behaviour there is potential for warmth and responsive behaviour. This potential can be reached through persistence in offering the patient a responsive and respectful relationship.

The aim of this pilot attempt is to study the role of Nurse-patient Relationship Therapy in influencing, interrupting and altering the course of mental illness and helping the patient to form useful relationship with others.

Sample and Method

The sample consisted of seven female chronic Schizophrenic patients from the Mental Hospital, Bangalore. All of them were long-stay patients in the age group of 27 to 56 years with duration of illness ranging from 8 to 27 years. They presented problems of varying degrees of deteriorated habits in dress, personal hygiene and social manners. Some of them were solitary, hostile, had violent mannerisms and were completely indifferent to the approach of staff and visitors. Communication was difficult most of the time, being bizarre and disturbed in nature. Very little interest was taken by these patients in activities of the ward and the hospital. Only 2 or 3 attended social functions but apparently without any interest in these. Some of them had never been out of the locked gate of the pavilion. All these patients had undergone almost all types of physical treatments like insulin therapy, ECT and tranquilizers. Two of them had also attended occupational therapy occasionally and did some work when they felt like it. Any attempt at socializing and rehabiliation were considered impossible.

Nurse-Patient Relationship Therapy

The patients were under study for a period of 5½ months in 1971-72. They were given special nursing care by two DPN students. Only routine treatment and care was carried out by the ward nurse with the help of two ward attendants. The DPN students persuaded these patients to attend to their personal hygiene and bath. They were supplied with tooth powder or tooth paste. During the first few days, almost all the patients needed coaxing for bath but once the toilet (scented) soap was introduced they were willing to bathe daily even in cold water. Hair oil and toilet powder were also supplied to each one after a wash or bath. Combs were provided and they were encouraged to comb and dress their hair and also help those who could not do so properly. Ribbons and pins were supplied with brassiers and coloured blouses donated by students of the Ladies Hostel and clean sarees from the Hospital. The younger patients were dressed occasionally in Punjabi dress donated by the students of the Ladies Hostel. The patients were also given art jewelleries like necklace, ear rings and bangles. Nail-polish, eyetex and lipstick were used occasianally when they were taken out on a picnic outside the Hospital. They were encouraged to use small mirrors while dressing. It made them feel confident about their looks. Every morning the patients were taken for a walk followed by games for about 45 minutes. Opportunities were created for talking and holding each others hands in these games and walks. After the games two patients went in turn to the nearby vendor and bought sweets, roasted grams, groundnuts, *pan* etc. They were encouraged to do money transactions as well. One of the patients in turn distributed the eatables to every other patient as well as nurses. An occupational therapy session followed in

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which the patients were encouraged to do work which they liked. Some of them taught the other patients and also the nurses as to how to do certain type of needle work and basket weaving. The nursing team sat with the patients, talked to them in turn and also encouraged them to talk to the nurses and to each other. Some of them enjoyed singing and were also willing to teach others. Once in two weeks they were taken in the van to different places of interest like Lalbagh, Cubbon Park, Ulsoor Lake, aerodrome and picnic spots. During these trips the patients were dressed in their best coloured sarees with matching blouses as well as art jewelleries. They were most well-behaved and enjoyed themselves very much on such occasions. They were also invited twice for lunch and once for tea outside the hospital. During the period of study most of them were on tranquilizers, Three patients were put on insulin diet due to run down physical condition. All the patients had psychological assessment before and after the Nurse—patient Relationship therapy.

Results

Out of seven patients, six showed improvement. The general pattern of improvement that could be noticed was in the area of primary mental functions. Three patients gave better performance in memory functioning than their pre-therapy testing. Three other patients willingly took the memory test after the therapy though they had refused it in the pre-therapy situation. Their intellectual efficiency was observed to have improved after therapy. On the Rorschach Test they were found to have reduced pathological responses. In their interpersonal relationships they were found to be better in their communication after the therapy as compared with their behaviour before therapy. The improved behaviour was particularly noticeable in their social functioning, personal appearance and in their personal as well as social habits. A sense of responsibility and awareness was marked in some of the patients especially during the outings. All of them started attending occupational therapy regularly. One patient took considerable pride in teaching the art of making plastic wire bags to other patients as well as nurses.

Discussion

From this study it could be noticed that Nurse-patient Relationship Therapy appears to be one of the important factors in the treatment of patients in addition to the other treatments. By this therapy the patients are provided with better inter-personal relationship in which nurses spend more time with them in an understanding and affectionate manner. If they are provided with materials as any other normal person would like to have, like the use of toilet soap, hair oil, *kumkum*, coloured clothes and other essential things it would make them feel happy. Further, it could be noticed that the use of carbolic soap and uniform type of clothes may give them the feeling of being institutionalised. Taking them out in small groups and giving them personal attention with more staff members appears to have better effect on them, which may give them opportunity to have better interaction.

From the psychological assessment it could be noticed that after this therapy the patients have shown improvement in the area of primary mental functions.

To help with the rehabilitation of these patients, it is important that the family and community take adequate responsibility. Without their co-operation this therapy may not have its full effect because, if patients are not discharged as they improve there is likelihood of relapses.

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