EFFECTIVENESS OF NURSING CARE ON PATIENTS WITH SCHIZOPHRENIA

By

Ms. LAVEENA. D.M

A Dissertation submitted to
THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY,
CHENNAI.

IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE
DEGREE OF MASTER OF SCIENCE IN NURSING.
MARCH – 2010.

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CERTIFICATE

This is to certify that **EFFECTIVENESS OF NURSING CARE ON PATIENTS WITH SCHIZOPHRENIA** is a bonafide work done by **Ms. LAVEENA.D.M,** Adhiparasakthi College of Nursing, Melmaruvathur – 603 319, in partial fulfillment for the University rules and regulations towards the award of the degree of Master of science Nursing Branch - V, **Psychiatric Nursing**, under our guidance and supervision during the academic year 2008- 2010.

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CHAPTER – I

INTRODUCTION

The glowing field of Mental Health advocates the need for interdisciplinary approach in different activities aiming at promotion of mental health, early diagnosis and treatment of mental disorders.

The WHO recommends that non- professionals, volunteers and local leaders, need to be involved in effective mental health programs, especially in developing countries. In this context all mental health professionals should contribute to the development of innovative programmes in the field of mental health.

The incidence of mental illness is so high that, by the time it is noticed, the behavioral changes in the patients. There may be other reasons for the delay in starting the treatment, such as the prevailing misconception about mental illness, unwillingness to accept the mental illness and lack of knowledge in early treatment.

The stigma is still associated with mental illness and contributes to the delay in seeking psychiatric help or admission to mental hospital in time. Majority of patients seek treatment only when the illness is associated with distressing symptom which interferes with normal daily living and functioning of others in the family.

According to DALY (Disability Adjusted Life Year) Schizophrenia is one of the leading causes of disability among the five major mental disorders.

Schizophrenia is a chronic mental illness arising due to multi-factorial causes. The person affected, has gradual deterioration from the previous level of functioning with disturbance of thought, affect and violation. The patients often lack social functioning skill and exhibit non co-operative tendency, and violent aggressive outbursts. This motivates them for treatment seeking but they are unaware of the health care facilities.

Schizophrenia is a long term chronic mental illness. These patients have great difficulty in returning to their previous level of normal activities. They appear to have lost a sense of personal value and personality flavors. They manifest a decline in their self concept, whereas, patients with long term chronic physical illness and deformities become dependent. But when it comes to patients with major mental illness like schizophrenia, the illness itself is beyond their comprehension and understanding.

These patient require support in terms of informational needs and emotional needs, as lack of knowledge on schizophrenia and lack of understanding of their levels of progress, capabilities and inabilities may lead to difficulty in adherence to the effective management of their treatment plan which leads to relapse of symptoms.

NEED FOR THE STUDY

Schizophrenia is one of the major psychiatric disorder and half of the available mental health beds are occupied by these

patients. It is widely believed that for a long time, there is a lack in adequate amount of trained professionals to handle sick individual. Studies reveals that psychiatric services in developing countries are more and other factors, hinder organization of better mental health services. Schizophrenia accounts for majority, obvious long term psychiatric illness.

According to **Kulhara.P.et.al.,** in 2006, it is expected that 45 million people will be affected with schizophrenia in the next decade with deinstitutionalization the focus of care. As care for chronically mentally ill has shifted from mental hospitals to the community, only 1% require hospitalization and remaining 99% can be cared for within the family setting today. It is estimated that by 2007, 2 million new cases are registered globally and 200,000 cases in United States.

According to **WHO (2007)** , about 10 million Indian Citizens approximately 10-20/1000 population are affected by many serious mental disorders at any point in their life time. 20-30 million people in India need attention , with the above statistics,

one can approximately estimate that there will be approximately 2 million person suffering from schizophrenia at any given time, whereas the bed availability in India is 1/32,000 population. Therefore 90-95% are being uncared.

In 2007, the prevalence of schizophrenia was 1 million in developed country. Schizophrenia is the most serious mental illness affecting approximately 1% of the population in India by 2008.

The onset of Schizophrenia usually occur in late adolescence or early adulthood and onset sometimes occurs after 50. It is equally prevalent in both male and female and is described in all cultures and socio- economic classes. The incidence is higher in the low socio-economic classes.

During 2008, several community surveys show that 3-4/1000 population in community suffer from Schizophrenia. About 15% of new admissions to a mental hospital are suffering from

Schizophrenia. About 2/3 of the cases are in the 15-30 years of age. Most of them are from low socio economic class.

In 2007, recent meta-analysis of 13 epidemiological studies in India, comprising 33,572 individuals, concluded that the prevalence of mental illness is estimated as 58.2 per 1,000 population where Schizophrenia comprises 2.7/1,000 population.

Schizophrenia is estimated to be 1% of the world's population, whereas Schizotypal personality disorder is 2–3%. Approximately 2.7 million people have Schizophrenia in the United States. The incidence of Schizophrenia among parents, children, and siblings of patients with the disease is 15%. The rate of adopted children with schizophrenic parents is also 15%. However, the disease is not caused entirely by genetic factors, as identical twins have only a 30–50% tendency to have the same schizophrenic illness. Schizophrenia occurs equally in males and females. The disease may be seen at any age, but the average age for the initiation of treatment is from 28–34 years. Schizophrenia is associated with low economic status, probably due to a lack of proper health care during development.

Schizophrenia is associated with a wide variety of abnormal behaviors; therefore, assessment findings vary greatly, depending on both the type and phase of the illness. The individual may exhibit a decreased emotional expression, impaired concentration, and decreased social functioning, loss of function. Individuals with these particular symptoms (present in one-third of the schizophrenic population) are associated with poor response to drug treatment and poor outcome.

Most cases of schizophrenia appear in the late teens or early adulthood. For men, the average age of onset is 25. For women, typical onset is around the age of 30. However, schizophrenia can appear for the first time in middle age or even later. In rare cases, schizophrenia can even affect young children and adolescents, although the symptoms are slightly different. In general, the earlier schizophrenia develops, the more severe it is. Schizophrenia also tends to be more severe in men than in women.

The responsibilities of a mental health nurse include monitoring the physiological status after medications, establishing a communication bridge to establish patient's self care, caring based on

intimacy and decision making rather than just following physician's instructions.

Though there are various studies available in relation to schizophrenia, there are very few studies available requiring their quality of nursing care which is almost ignored or less considered by the researchers. So the investigator felt that the effectiveness of nursing care on patient with schizophrenia has to be investigated.

STATEMENT OF THE PROBLEM

EFFECTIVENESS OF NURSING CARE ON PATIENTS WITH SCHIZOPHRENIA.

OBJECTIVES

- to assess the mental health status of the patients with schizophrenia.
- to evaluate the effectiveness of nursing care on patients with schizophrenia.
- to correlate the effectiveness of nursing care on patients with schizophrenia with the demographic variables.

OPERATIONAL DEFINITION

Effectiveness

It refers to evaluating the excellency of nursing care provided to promote the mental health status of patients with Schizophrenia as evaluated by the improvement in the post test score.

Nursing care

It refers to the care provided by the investigator such as improving the altered thought process, eliminating the hallucination, increase the social interaction, preventing violence, improving the communication pattern, meeting self care, altered family process, individual therapy by assisting in activities of daily living, behavioral therapy, group therapy, improving individual and family coping through family therapy, and milieu therapy.

Patients with schizophrenia

It refers to both male and female psychiatric individuals who had been diagnosed as schizophrenia of paranoid type admitted in MAPIMS.

HYPOTHESIS

Effectiveness on nursing care of patients with schizophrenia will be promoted by improvement in the post assessment sample values.

LIMITATIONS

- Period of study was limited to six weeks only.
- Sample size was limited to 30 samples who were admitted in psychiatric ward at MAPIMS.
- The findings of study cannot be generalized.

CONCEPTUAL FRAMEWORK

Dorathea.E.Orem,MsNEd,B.Sc,RN began her nursing education at providence hospital school of nursing in Washington. After graduating in the early 1930, she obtained her Bachelor of science in nursing education in 1939 and her Master of science in nursing education in 1945 from the catholic University of America.

According to Orem,'Nursing has as its special concern One individual need for self-care action and the provision and management of it on a continuous basis in order to sustain life and health, recover from diseases or injury, and cope with their effects. Orem developed her general theory of nursing in three related areas as

1. Self- care
2. Self- care deficit
3. Nursing systems

In this study the scholar applied Orem's self care theory to assess the self care capabilities to meet the self care demand, to prevent the complications for prompt recovery of the client with schizophrenia.

Orem’s self care theory designed theory types of nursing system as….

1. Wholly compensatory system
2. Partially compensatory system
3. Supportive educative system

In wholly compensatory system the patient is either ambulate, manipulate or make reasonable judgement. In the partially compensatory system, both the patient and the nurse perform care measure, while in the supportive educative system, the patient is able to perform and should learn to perform required measurements of therapeutic self care, but can’t do so without assistants. This model emphasis the role of nurse only when the patient is unable to attend their needs especially in activity of self care and support patient as recipient of care.

Wholly compensatory system and partially compensatory system are essential in all situations where patients have need to regained their effectiveness and become effective a self care agents.

The scholar select system of nursing (or) a combination of system which will have optimum effectiveness. Improving the level of independence the role of nurse according to this model was a

combination of wholly compensatory, partially compensatory and supportive educative system of care, the patients role or actions supported by the nurse partially compensating the care for improving the level of independence.

Nursing care interventions were to establish contact with reality, maintain optimal level of functioning, identify strengths and assets, encourage in social interaction, help to communicate effectively with others, establish an adequate balance of rest, sleep and activity, participate in self-care activities, maintain adequate routines for physical well being, cope effectively with illness, be free of physical injuries, not harming others and express feeling in a acceptable manners.

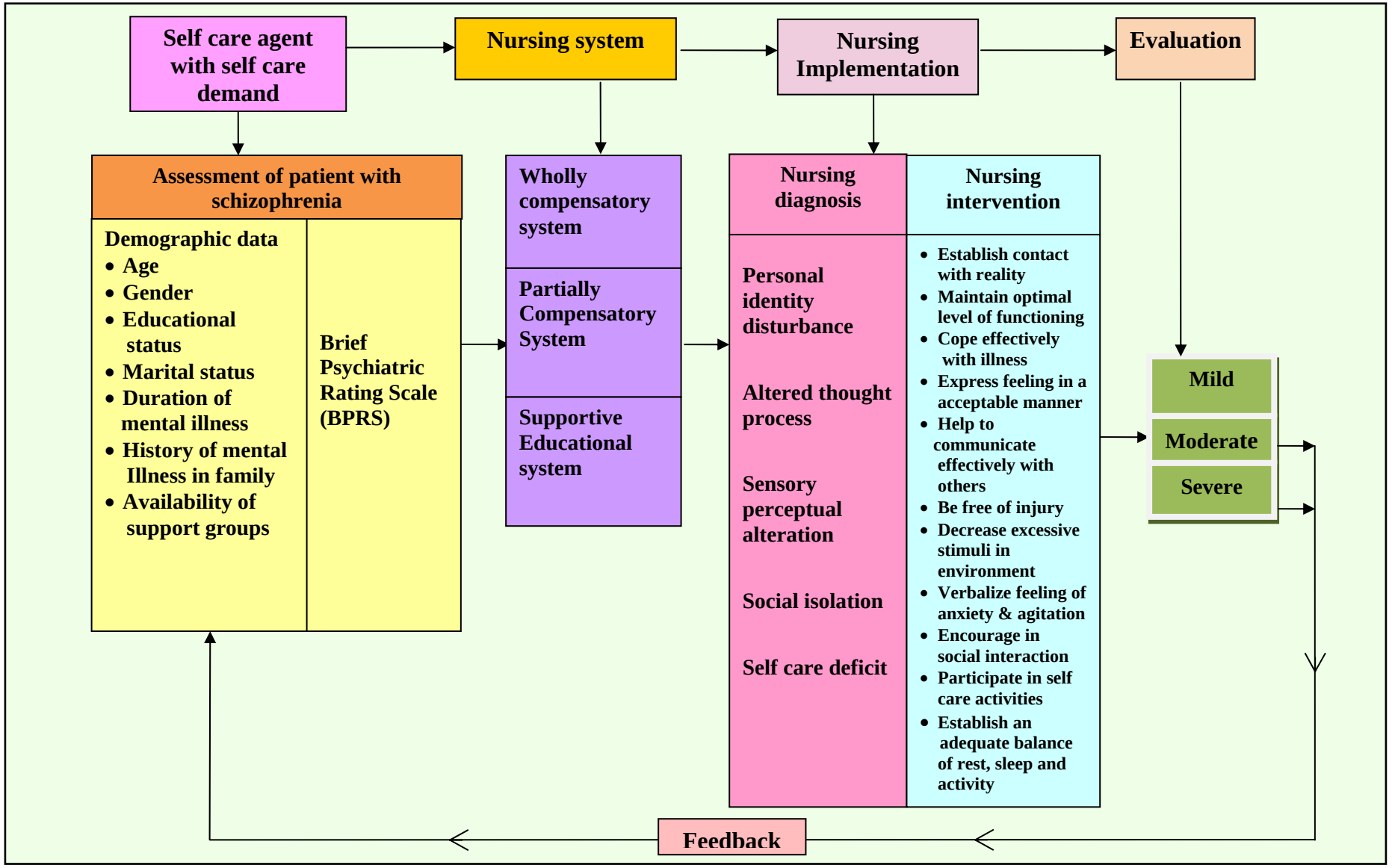


FIGURE 1.1—MODIFIED CONCEPTUAL FRAMEWORK OF OREM'S SELF CARE DEFICIT THEORY (1991)

CHAPTER - II

REVIEW OF LITERATURE

The review of literature is an extensive, systematic selection of potential sources of previous work, facts and findings of the chosen problem. The most literature review has contributed good back ground materials, helpful methodology and relevant insights to this study.

Schizophrenia is a brain disorder that affects the way a person acts, thinks, and sees the world. People with schizophrenia have an altered perception of reality, often a significant loss of contact with reality. They may see or hear things that don't exist, speak in strange or confusing ways, believe that others are trying to harm them, or feel like they're being constantly watched. With such a blurred line between the real and the imaginary, schizophrenia makes it difficult even frightening to negotiate the activities of daily life.

The review of literature pertaining under the following headings.

Part – I **Prevalence and causes of schizophrenia**

Part – II **Manifestations of schizophrenia**

Part – III **Nursing Management related to schizophrenia**

Part – I Prevalence and causes of schizophrenia

John Mc Grath.et. al., (2008) conducted a study on prevalence of schizophrenia. A total of 1,721 prevalence estimates from 188 studies were identified. He concluded that there is a wealth of data about the prevalence of schizophrenia.

Marcelo Galarza, M.D., (2008) conducted a study on incidence and prevalence of schizophrenia, stating the researchers need to be aware that studies based on large samples will leverage greater weight on the pooled value, based on systematic reviews of the incidence and prevalence of schizophrenia.

Humphreys. P. et. al., (2008) determined the existence of geographical hotspots with a high prevalence of schizophrenia in a mental health area in Spain. The study included 774 patients with schizophrenia who were users of the community mental health care service in the area of South Granada. The age-corrected prevalence rate of schizophrenia was 2.86 per 1,000 population in the South Granada area.

Claughorn. W. et. al., (2008) conducted a literature search of schizophrenia-related epidemiological studies. A total of 18 prevalence and 8 incidence studies met eligibility criteria for the review. Health planners need to have local data on schizophrenia rates to improve the accuracy of their interventions, while clinicians and researchers need to continue to investigate the etiology of this variation.

Saha et. al.,(2008) conducted a study to differentiate between traditional prevalence, or “core”, studies and studies in specific sub-groups. Of the 132 core studies, 21 studies reported point prevalence, 34 reported period prevalence, and 24 reported lifetime prevalence.

Humphreys. P. et al., (2007) conducted a study on incidence and prevalence of schizophrenia varies with latitude. Prevalence estimates from sites in the high-latitude band were significantly higher when compared with lower bands for persons, males and females. Incidence rates were positively associated with absolute latitude for males, but neither for females nor persons.

Elizabeth Robinson et al., (2007) conducted a study on the Causes of schizophrenia are not fully known. However, it appears that schizophrenia usually results from a complex interaction between genetic and environmental factors.

- Genetic causes of schizophrenia
- Environmental causes of schizophrenia
- Brain chemical imbalances
- Abnormal brain structure

Robert E. Drake .et.al., (2007) suggest that inherited genes make a person vulnerable to schizophrenia and then environmental factors act on this vulnerability to trigger the disorder. High levels of stress are believed to trigger schizophrenia by increasing the body's production of the hormone cortisol. Research points to several stress-inducing environmental factors that may be involved in schizophrenia, including:

- Prenatal exposure to a viral infection
- Low oxygen levels during birth (from prolonged labor or premature birth)

- Exposure to a virus during infancy
- Early parental loss or separation
- Physical or sexual abuse in childhood

Susan M. Essock .et.al., (2007) in his study proved there is evidence that chemical imbalances in certain neurotransmitters, proteins, and amino acids play a role in causing schizophrenia.

- **Dopamine** — Dopamine is the primary brain chemical implicated in schizophrenia. The dopamine hypothesis suggests that an excess of dopamine in the brain contributes to schizophrenia.
- **Glutamate** — Glutamate is another important neurotransmitter implicated in schizophrenia. Studies show an underactivity of glutamate in schizophrenic patients. This supports the dopamine hypothesis, since dopamine receptors inhibit the release of glutamate.

Gary R. Bond et.al., (2006) in his study stated that the enlarged brain ventricles are seen in some schizophrenics, indicating a deficit in the volume of brain tissue. There is also evidence of

abnormally low activity in the frontal lobe, the area of the brain responsible for planning, reasoning, and decision-making.

Part – II Manifestations of schizophrenia

Robert L. et.al., (2008) stated the negative symptoms of schizophrenia refer to the absence of normal behaviors found in healthy individuals. Important negative symptoms of schizophrenia include:

- **Flattened or blunted affect:** Lack of emotional expression, including a flat voice, lack of eye contact, and blank or restricted facial expressions.
- **Avolition:** Lack of interest or enthusiasm; no ability to pursue goal-driven activities.
- **Catatonia:** Apparent unawareness of the environment, near total absence of motion and speech, aimless body movements and bizarre postures, lack of self-care.
- **Alogia:** Difficulties with speech, inability to carry a conversation, short and sometimes disconnected replies to questions, lessening of fluency.

Sharon K. Holmberg,et.at., (2007) stated that, Schizophrenia is associated with neuropsychological deficits that have been linked to poor functional outcome. Seventy-one patients with schizophrenia were administered measures of clinical and neuro-cognitive status as well as clinician rated measures of insight into clinical and neuro-cognitive symptoms. Patients had significantly less insight into their neuro-cognitive symptoms than their clinical symptoms. On average, patients had good insight into clinical symptoms and partial insight into neuro-cognitive symptoms.

Part – III Nursing Management related to schizophrenia

Catherine Kane,et.al., (2009) states Schizophrenia is one of the main health problems in current days, requiring considerable investment from the health system. Intervention in the first episode offers a unique opportunity in the treatment of schizophrenia and influences the course of the illness. This situation reveals the need for more studies on first episode schizophrenia.

Gary R. Bond .et.al., (2008) conducted a study on cognitive behavioral therapy (CBT) used to target specific symptoms and improve related issues such as self-esteem, social functioning, and

insight. Although the results of early trials were inconclusive as the therapy advanced from its initial applications in the mid 1990s, more recent reviews clearly show CBT is an effective treatment for the psychotic symptoms of schizophrenia.

Susan M. Essock.et.al., (2008) conducted a study on the Family therapy which addresses the whole family system of an individual with a diagnosis of schizophrenia, has been consistently found to be beneficial, at least if the duration of intervention is longer-term. There is also some evidence for benefits from social skills training, although there have also been significant negative findings. Some studies have explored the possible benefits of music therapy and other creative therapies.

Olson Tom.et.al., (2008) conducted a study using Soteria model for inpatient hospital treatment using a minimal medication approach. It is described as a milieu-therapeutic recovery method, characterized by its founder as "the 24 hour a day application of interpersonal phenomenologic interventions by a nonprofessional staff, usually without neuroleptic drug treatment, in the context of a

small, homelike, quiet, supportive, protective, and tolerant social environment.

Janet S.et.al., (2008) states, Socially, schizophrenic persons are unable to establish or maintain relationship with others. Self-esteem is low, and gender identify confusion may exist. Social behaviors are often inappropriate . Many prefer to be alone because of hallucinations or feelings of paranoia. They may also have poor judgment and poor hygiene.

Rose M.et.al., (2008) conducted a study on Glycine Therapy; The clinical trials suggest that the optimal dosage may be in the range of 30 grams to 60 grams a day. The biggest downside to taking glycine seems to be upset stomach and nausea which, researchers tell us, is quite common in people who take 60 grams of glycine a day for a month or two. Approaches used by the researchers to minimize this problem have been to start at lower doses (e.g. 5 to 10 grams split into two doses per day) and then to slowly phase up to higher doses over a period of weeks. Also - taking it after meals may assist in reducing side effects.

Catherine Kane,et.at., (2008) states, Music therapy is a type of psychotherapy in which the patient is encouraged to utilize music to improve interpersonal and communication skills in ways that regular dialogue is limited. Forms of music therapy generally are based around cognitive/behavioral, humanistic or psychoanalytic frameworks or a mixture of approaches.

Barker.et al., (2008) stated, Although psychiatric nursing practice has incorporated many aspects of the medical model and the attention has been on neuroscientific theories and models of serious mental illness, nursing theories and nursing models have been placed in a low profile within psychiatric and mental health nursing.

Petrol. et al., (2008) entwisted the goals of managerial care as improved access to care; enhanced quality of nursing service provided; controlled costs, earliest intervention; decreased fraud and minimized cost shifting on one hand cost must be contained and access to care maintenance on the other hand. There are ethical costs and risks involved in managed care-fleck and squall.

Caldwell. J. et al., (2008), conducted a study to investigate and compare mental health nurses' beliefs about interventions for schizophrenia with those of psychiatrists has shown that the nurses usually agree with psychiatrists about the interventions most likely to be helpful, such as antipsychotic medication for schizophrenia. However, nurses have been shown to believe that certain non-standard interventions such as vitamins, minerals and visiting a naturopath would be helpful as well.

ANA (2008), nursing care is to be provided for all who have need, nurse have an ethical obligation to respect clients and provide (or) obtain health services.

Constance. H. et al., (2008) conducted a study on recognizing and responding to spiritual needs. ANA code of ethics specifies that " the nurse in providing care promotes an environment in which the values, customs and beliefs of individuals are to be respected". When patient are at their lowest physical, mental and spiritual level and when their support systems weaken or fade away it gives us an

opportunity to promote Spiritual health and integrity by being open to and accepting the horizontal aspects of spirituality.

Mayan s. et al., (2008) conclude many nurses lack confidence in the psychosocial aspects of care. Education may focus on the management of elicits with difficult behavior or confusion. It also includes with recognition and primary management of those with common mental health problems, for example, anxiety, depression, schizophrenia and suicidal behaviors.

Elizabeth Robinson et al., (2007) suggested, People from more deprived areas are likely to need longer psychiatric admissions, mostly because of the association between deprivation and having more disabling symptoms and a comorbid psychiatric diagnosis. Interventions to prevent psychiatric hospitalization, reduce duration of stay, and enhance recovery must be tested among those with greater levels of socioeconomic deprivation.

Michelle. K. et al., (2007) An assessment Nursing Care Plans For Schizophrenia states, Schizophrenia is associated with a

wide variety of abnormal behaviors; therefore, assessment findings vary greatly, depending on both the type and phase of the illness. The individual may exhibit a decreased emotional expression, impaired concentration, and decreased social functioning, loss of function, or anhedonia. Individuals with these particular symptoms (present in one-third of the schizophrenic population) are associated with poor response to drug treatment and poor outcome.

Gournay.et.al.,(2007)explained on, psychosocial interventions for the symptoms of schizophrenic disorders contribute to a lower incidence and prevalence of schizophrenia. Nurses will be able to offer better care through the use of nursing models and theories in the care of Schizophrenics. Protocol for assessing standards of care for people with a diagnosis of schizophrenia have major implications for nursing practice The theory-practice gap in psychiatric nurse care of Schizophrenics needs to be addressed as a matter of urgency.

Sarfreit. Et al., (2007) study suggests than the mental health nursing to be principally involved in medication management. A psychiatric mental health nurse must more beyond the traditional

roles as care givers in institutional setting, learn necessary information to be strong advocates and vocational generalist, collaborates with those who are vocational specialist.

Ricie.et al., (2007) study in “participate in work-related activities by mental health nurse personal “. Suggest that mental health service include consultation, crisis intervention, care management, individual, group and family therapy, medication management, community out reach and client consumer participation.

Badger. M. et al., (2007) study found that the professional nurse night teach about the “process of grieving “ which after accompanies serious and persistent mental illness.

Sukanta Saha.et.al., (2007) on Nursing Care of Individuals with a Severe and Persistent Mental Disorder The challenge for the nurse is to recognize that these symptoms or subsets of these symptoms may be present along with all the debilitating positive and negative symptoms present in Schizophrenia or other serious mental

illnesses. More attention needs to be directed towards trauma histories and responses to trauma particularly in clients diagnosed with Borderline Personality Disorder and clients with substance abuse because these disorders are strongly co-related to PTSD.

Claughorn. W. et al., (2007) found, in their study that clients who continued drugs and regular follow up had re-hospitalization significantly less than the control group who did not have contact with the out patient clinic. Also suggested for the provision of regular follow up for all discharged.

CHAPTER - III

METHODOLOGY

This chapter deals with methodology adapted for the study including description of research design, setting, population of the study, sample size, sampling technique, data collection and instrument.

RESEARCH DESIGN

A one group pre-test and post-test research design was adapted to assess the effectiveness of nursing care on patients with schizophrenia.

SETTING

The study was conducted in male and female psychiatric wards at Melmarvathur Adhiparasakthi Institute of Medical science and Research, Melmaruvathur, kancheepuram District.

POPULATION

The population of the study comprised to all individuals both male and females with schizophrenia, who are admitted in psychiatric ward in Melmaruvathur Adhiparasakthi Institute of Medical Science and Research, Melmaruvathur.

SAMPLE SIZE

A sample of 30 patients both Male and Female admitted in psychiatric ward in Melmaruvathur Adhiparasakthi institute of Medical sciences and research, who fulfill the sampling criteria.

SAMPLING TECHIQUE

Convenient sampling technique was adapted for selection of samples.

CRITERIA FOR SAMPLE SELECTION

Inclusion criteria

- Both male and female were selected.
- The patients who were admitted in Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research.

Exclusion Criteria

- Patients with physical illness and other psychiatric disorders.
- Patients with cognitive impairment.

INSTRUMENT

Section - A - Proforma for demographic variables

Section - B - Brief psychiatric Rating Scale (BPRS)

Section - C - Nursing intervention assessment check list.

DATA COLLECTION

The study was conducted at Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research. The data was collected for a period of six weeks by using the standardized BPRS tool.

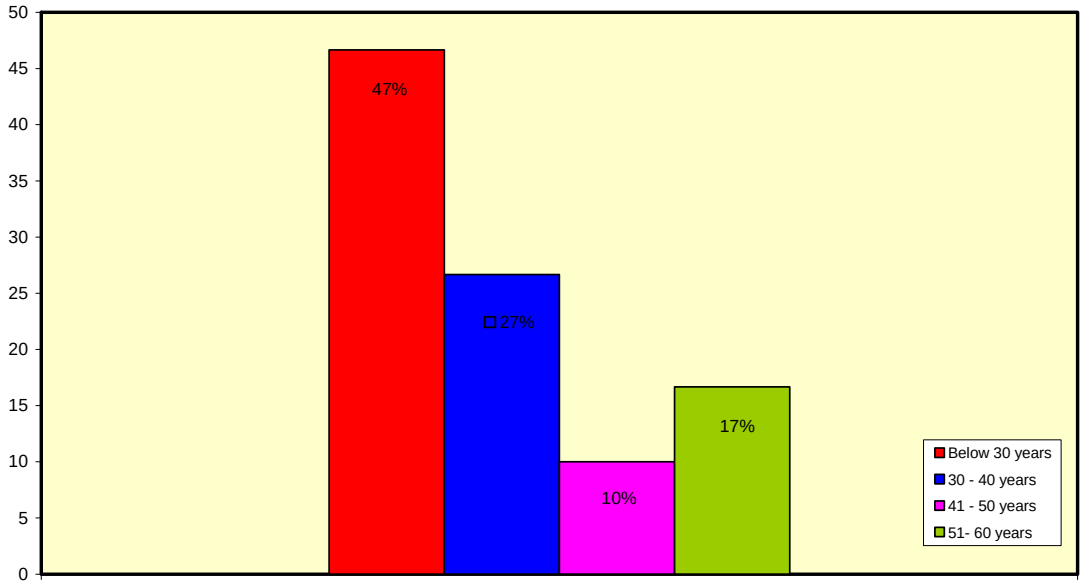


FIG- 4.1 Percentage distribution of patient with Schizophrenia based on age

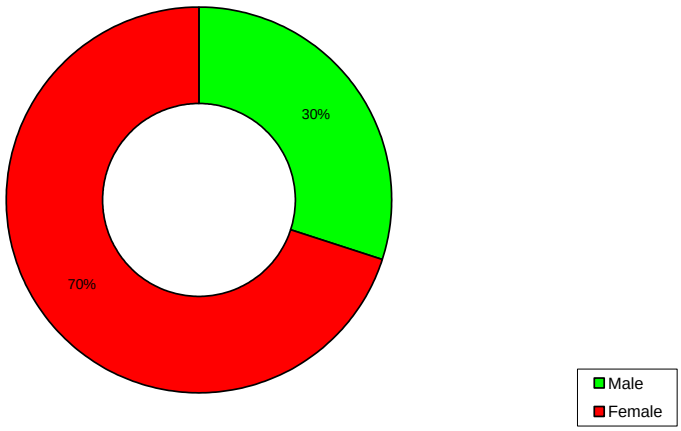
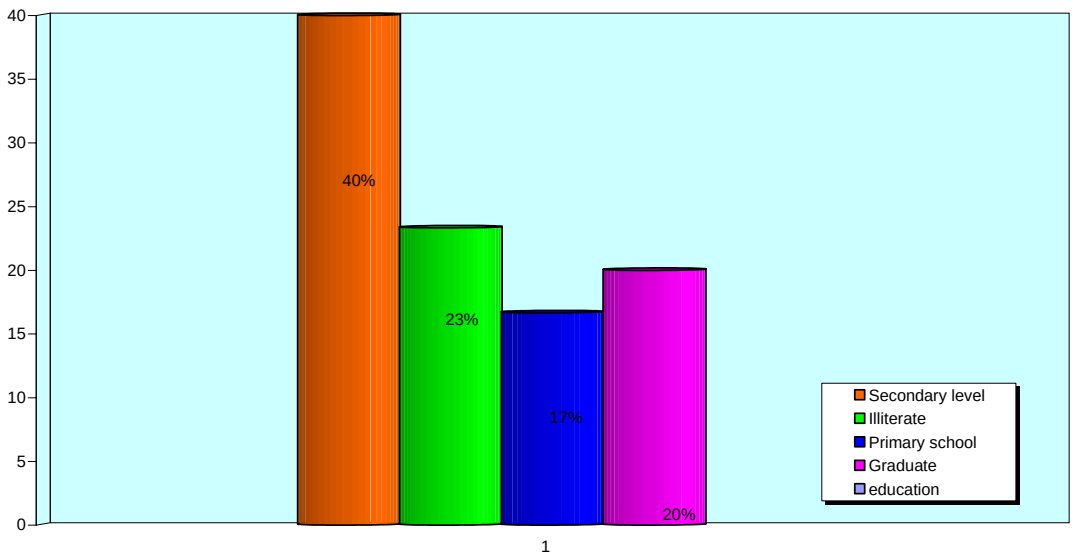


FIG - 4.2 Percentage distribution of patients with schizophrenia based on gender



Educational level

FIG-4.3 Percentage distribution of patient with schizophrenia based on educational level

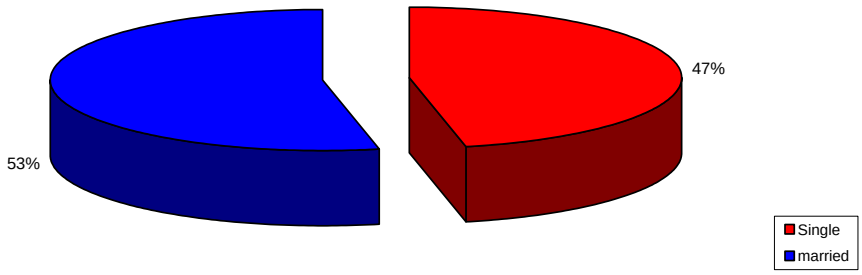


FIG - 4.4 Percentage distribution of patients with schizophrenia based on marital status

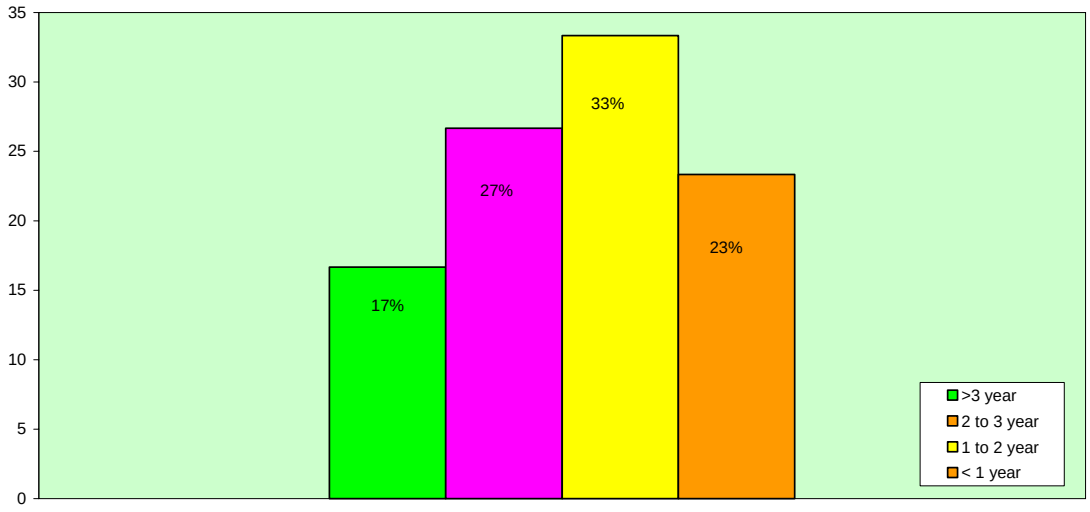


FIG - 4.5 Percentage distribution of patients with schizophrenia based on duration of mental illness

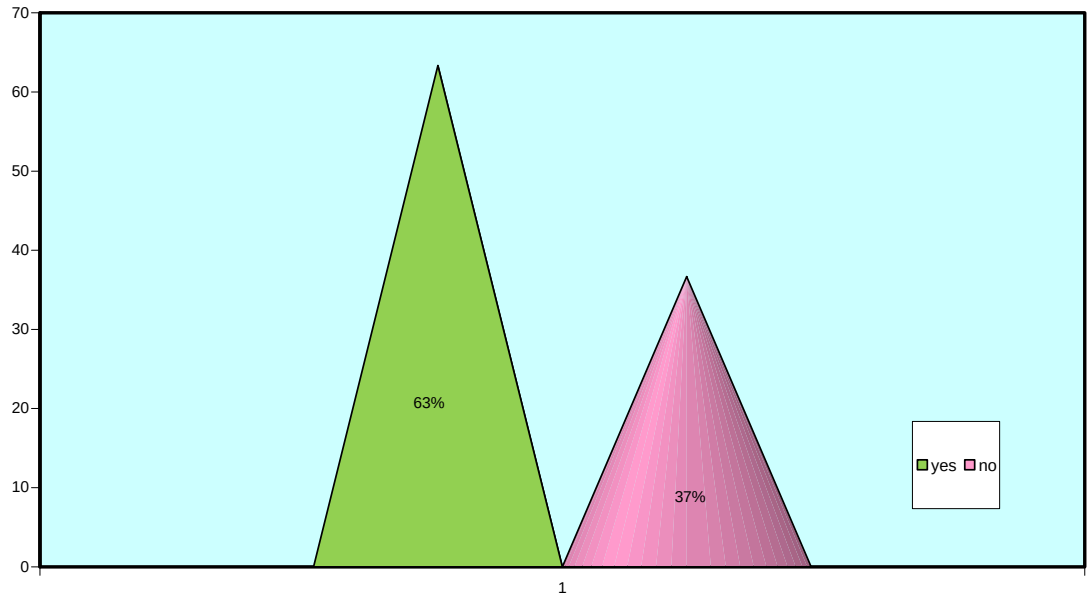
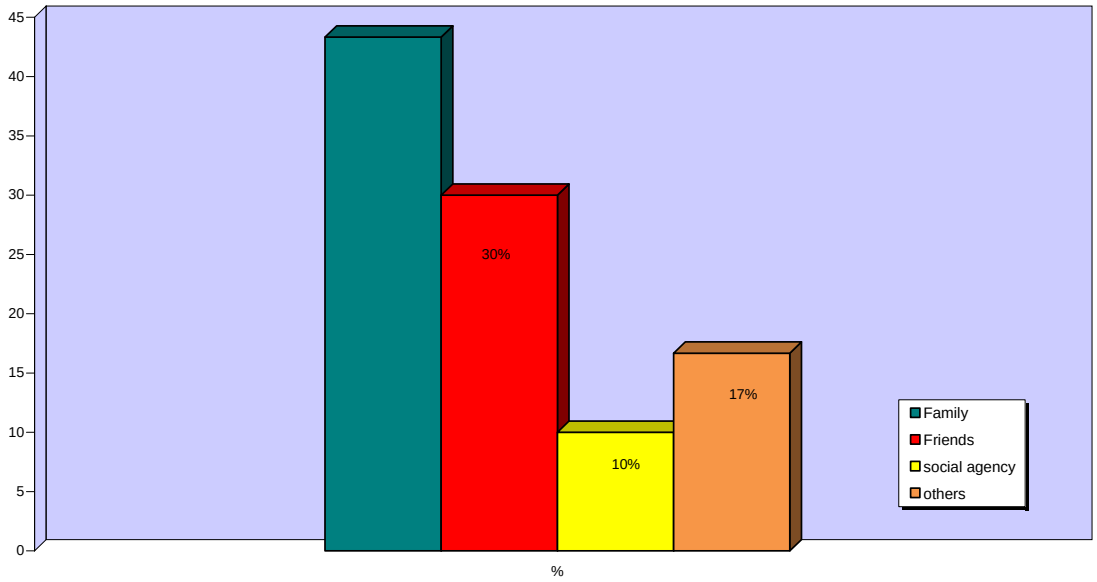


FIG - 4.6 Percentage distribution of patients with schizophrenia based on history of mental illness in family



Avalilblity of support groups

FIG.4.7 Precentage distribution of patient with schizophrenia based on avaliblity of support groups

CHAPTER – IV

DATA ANALYSIS AND INTERPERTATION

This chapter deals with the description of the tool, report of the pilot study, reliability, validity, informed consent, score interpretation, data collection procedure, statistical method.

DESCRIPTION OF THE TOOL AND SCORING

The tools for this study consist of three sections.

Section - A - Proforma for demographic variables

Section - B - Brief psychiatric Rating Scale (BPRS)

Section - C - Nursing intervention assessment check list.

SECTION - A

The demographical variables including age, gender,educational status, marital status, duration of mental illness, history of mentalillness in family, type of family and availability of support system.

SECTION - B

Brief Psychiatric Rating scale (BPRS) was used to monitor the severity of schizophrenia. This section consists of twenty four questions regarding the assessment of schizophrenia. Each

questions carried maximum score of four and minimum score of one, the total number of score is ninty sixty.

SECTION – C

Nursing care to establish contact with reality, maintain optimal level of functioning, identify strengths and assets, encourage in social interaction, help to communicate effectively with others, establish an adequate balance of rest, sleep and activity, participate in self-care activities, maintain adequate routines for physical well being, cope effectively with illness, be free of physical injuries, do not harm others and express feeling in a acceptable manners.

VALIDITY

The standardised tool was used for the study. Based on the objectives the study was conducted. Content validity of this instruments was obtained from nursing committee.

REPORT OF THE PILOT STUDY

Pilot study was conducted to find out the effectiveness of nursing care on patients with schizophrenia at Melmaruvathur Adhiparasakthi Institute of Medical sciences and Research for a period of two weeks; five patients were selected, simple random sampling technique was used. The standardised tools were used by

the investigator for the pilot study to find out the reliability and validity which were evaluated and the modification of tool was done accordingly. Individualized nursing care was provided , to find out the feasibility of the study and to plan for data analysis for the main study. The result of the pilot study shows that there is significant effectiveness on the nursing care of patients with schizophrenia.

RELIABILITY

Investigator adopted standardized tool by Brief Psychiatric Rating Scale (BPRS) and the reliability was checked by inter rater method. The reliability was 0.74. Reliability and practicability of tool was tested through the pilot study and used for main study.

INFORMED CONSENT

The dissertation committee approved the research proposal. The consent was obtained from the patient and relatives regarding the confidentiality of the study.

DATA COLLECTION PROCEDURE

The main study was conducted in male and female psychiatric ward at Melmaruvathur Adhiparasakthi Institute of Medical sciences and Research. Schizophrenic patients who met inclusion criteria were selected by using convenient sampling method.

The data collection was started by collecting the demographic data of the patients. Assessment of the schizophrenia was done with help of BPRS scale. Based on assessment ,the severity of schizophrenia was identified , nursing of intervention for 7^{th} day was carried out during the study period and the care was evaluated.

SCORE INTERPRETATION

Effectiveness of nursing care on patients with schizophrenia was done by using ongoing assessment tool. Each question carried maximum score of 4 and minimum score of 1. The total number of questions were 24.

Based on the scoring the percentage of effectiveness of nursing care was calculated using the formula.

$$\text{Score Interpretation} = \frac{\text{Obtained Score}}{\text{Total Score}} \times 100$$

The scores were interpreted as follows

> 75	- Severe health deterioration
51– 75	- Moderate health deterioration
< 50	- Mild health deterioration

PLAN FOR DATA ANALYSIS

The descriptive statistical analysis method was used to find out the total number of score, percentage of score. The sign test and correlation test were adapted and interpreted with pre and post test score.

STATISTICAL METHOD

S.No	DATA ANALYSIS	METHODS	REMARKS
1.	Descriptive statistics	Number, Percentage,	To describe the demographic variable.
		Mean and standard deviation	To assess the patients with schizophrenia
2.	Inferential statistics	Sign test	To evaluate the pre and post test effectiveness of nursing care on patient with schizophrenia.
		KarlPearson Correlation coefficient	Correlation between the selected demographic variables and the nursing care on patients with schizophrenia.

The analysis of data was presented based on the objectives in the following sections.

SECTION - A

Frequency and percentage distribution of demographic variables of the patients with schizophrenia.

SECTION - B

Frequency and percentage distribution of level of assessment score and evaluation score of the patients with schizophrenia.

SECTION - C

Mean and standard deviation of scores, assessment score and evaluation score of the patients with schizophrenia.

SECTION - D

Effectiveness of nursing care of patient with schizophrenia using sign test.

SECTION - E

Correlation between the selected demographic variables and the effectiveness of nursing care of the patients with schizophrenia.

SECTION - A

TABLE.4.1 FREQUENCY AND PERCENTAGE DISTRIBUTION OF THE DEMOGRAPHIC VARIABLES OF THE PATIENT WITH SCHIZOPHRENIA N=30

S.No	DEMOGRAPHIC VARIABLES	FRE-QUENCY	PER-CENTAGE
1.	Age		
	(a) below 30 years	14	47
	(b) 30-40 years	8	27
	(c) 41-50 years	3	10
	(d) 51-60 years	5	17
2.	Gender		
	(a) Male	9	30
	(b) Female	21	70
3.	Educational status		
	(a) Primary school level	5	17
	(b) Secondary level	12	40
	(c) Graduate	6	20
	(d) Illiterate.	7	23
4.	Marital status		
	(a) Single	14	47
	(b) Married	16	53
	(c) Widow /Widower	0	0
	(d) Separated /Divorced	0	0
5.	Duration of mental illness		
	(a) less than an year	7	23
	(b) for past 2 years	10	33
	(c) for 2 to 3 years	8	27
	(d) more than 3 years	5	17
6.	History of Mental illness in family		
	(a) Yes	19	63
	(b) No	11	37
7.	Type of family		
	(a) Nuclear family	16	53
	(b) Joint family	14	47
8.	Availability of support groups		
	(a) Family members	13	43
	(b) Friends	9	30
	(c) Social agency	3	10
	(d) Others	3	17

Table – 4.1 revealed that, among 30 Schizophrenic patients 14 (47%) were below 30 years, eight (27%) were between 31 - 40 years, three (10%) were between 41 - 50 years and five (17%) were between 51– 60 years. About nine (30%) were male and 21 (70%) were female.

Regarding the educational status five (17%) are at primary school level, 12 (40%) at secondary school level, six (20%) were Graduates and seven (23%) were illiterates. Majority of the patients were married 16 (53%) and 14 (47%) were single.

With respect to duration of illness seven (23%) had the illness of less than an year, 10 (33%) had the illness for past 2 years, eight (27%) had the illness for past 2 - 3 years, five (17%) had the illness for more than 3 years.

With regard to history of mental illness in family, most of the patients 19 (63%) had the history and 11 (37%) don't. Regarding the type of family, 16 (53%) were belong to nuclear family and 14 (47%) were in joint family.

Availability of supportive system reveals that 13 (43%) had family support, nine (30%) had friends support three (10%) had the support from social agencies and three (17%) other.

SECTION – B

TABLE.4.2 FREQUENCY AND PERCENTAGE DISTRIBUTION OF ASSESSMENT SCORE AND EVALUATION SCORE ON PATIENT WITH SCHIZOPHRENIA .

N=30

Health Status of the patient with schizophrenia	Assessment		Evaluation	
	No	%	No	%
Mild health deterioration	3	10	15	50
Moderate health deterioration	20	67	13	43
Severe health deterioration	7	23	2	7

Table.4.2. depicts the effectiveness of nursing care of the patients with Schizophrenia. Among 30 patients, pre-assessment score reveals that seven (23%) had severe health deterioration, 20 (67%) had moderate health deterioration, and three (10%) had mild health deterioration. Post assessment score shows that two (7%) had severe health deterioration, 13 (43%) had moderate health deterioration and 15 (50%) had mild health deterioration.

SECTION - C

TABLE.4.3 MEAN AND STANDARD DEVIATION OF ASSESSMENT AND EVALUATION SCORE ON PATIENT WITH SCHIZOPHRENIA.

N = 30

SCORE	MEAN	STANDARD DEVIATION	CONFIDENCIAL INTERVAL
Assessment score	60.47	11.00	64.57 - 56.36
Evaluation score	48.89	9.33	52.35 - 45.39

Table 4.3 reveals the mean and standard deviation of effectiveness of nursing care among 30 patients with schizophrenia. The overall mean for pre-assessment score is 60.47 with the standard deviation of 11.00. The overall mean for post assessment score is 48.80 with the standard deviation of 9.33.

SECTION – D

TABLE.4.4 EFFECTIVENESS OF NURSING CARE ON PATIENTS WITH SCHIZOPHRENIA USING SIGN TEST.

TOPIC	SIGN (S)	(K)	COMPARISON
IMPROVEMENT SCORE	4	9.13	S < K

Table.4.4. shows the Improvement score of assessment and evaluative and effectiveness of nursing care of the patients with schizophrenia. The total negative sign value is 4 and the 'K' value is 9.13. The comparison of sign and 'K' value represents that S **<** K (4 **<** 9.13). The result shows that there is a significant effectiveness on the nursing care of patients with Schizophrenia.

SECTION – E

TABLE .4.5 CORRELATION BETWEEN DEMOGRAPHIC VARIABLES AND EFFECTIVENESS OF NURSING CARE ON PATIENTS WITH SCHIZOPHRENIA. N=30

S.No	Demographic Variables	Assessment Score						Evaluation Score						r
		Severe >75%		Moderate 51-75%		Mild <50%		Severe >75%		Moderate 51-75%		Mild <50%		
		No	%	No	%	No	%	No	%	No	%	No	%	
1)	**Age**													
	(a).below30yrs	4	13	8	27	2	7	1	3	8	27	5	17	
	(b)31-40years	2	7	6	20	0	0	1	3	2	7	5	17	-0.11
	(c).41-50 years	0	0	3	10	0	0	0	0	1	3	2	7	
	(d).51-60 years	1	3	3	10	1	3	0	0	2	7	3	10	
2)	**Gender**													
	(a).male .	3	10	5	17	1	3	2	7	3	10	4	13	*
	(b).female	4	13	15	50	2	7	0	0	10	33	11	37	-0.335
3)	**Educational status**													
	(a).illiterate	2	7	3	10	0	0	0	0	2	7	3	10	
	(b).Primary education	4	13	6	20	2	7	2	7	6	20	4	13	-0.099
	(c).Higher Secondary	0	0	6	20	0	0	0	0	2	7	4	13	
	(d).Graduates	1	3	5	17	1	3	0	0	3	10	4	13	
4)	**Marital status**													
	(a).single	4	13	9	30	1	3	2	7	4	13	8	27	
	(b).married	3	10	11	37	2	7	0	0	9	30	7	23	
	(c).widow/ widower	0	0	0	0	0	0	0	0	0	0	0	0	-0.065
	(d).separated/ divorced	0	0	0	0	0	0	0	0	0	0	0	0	

5)	**Duration of mental illness**													
	(a) less than year	1	3	6	20	0	0	0	0	4	13	3	10	
	(b) for past 2 years	2	7	8	27	0	0	0	0	5	17	5	17	0.2019
	(c) for 2 to 3 years	1	3	5	17	2	7	0	0	3	10	5	17	
	(d) more than 3 years	3	10	1	3	1	3	2	7	1	3	2	7	
6)	**History of mental illness in family**													*
	(a) Yes	4	13	13	43	2	7	0	0	8	27	11	37	0.4483
	(b) No	3	10	7	23	1	3	2	7	5	17	4	13	
7)	**Type of family**													
	(a) Nuclear family	0	0	8	27	11	37	4	13	11	37	1	3	
	(b) Joint family	2	7	5	17	4	13	3	10	9	30	2	7	0.0646
8)	**Availability of support groups**													
	(a) family members	3	10	7	23	3	10	2	7	2	7	9	30	*
	(b) friend	2	7	7	23	0	0	0	0	5	17	4	13	0.1725
	(c) social agency	1	3	2	7	0	0	0	0	3	10	0	0	
	(d) others	1	3	4	13	0	0	0	0	3	10	2	7	

*Significant $P < 0.05$

Table 4.5; reveals that there was statistical significance between selected demographic variables and effectiveness of nursing care of patients with schizophrenia. A negative correlation between gender and positive correlation between history of mental illness in family and availability of support groups were detected.

CHAPTER - V

RESULTS AND DISCUSSION

The study was conducted to determine the effectiveness of nursing care of the patients with schizophrenia in psychiatric ward at Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research. A total number of 30 samples were selected and the assessment was done by using BPRS scale. Nursing care was given for seven days and the evaluation was done by using the same assessment tool. The results of the study have been discussed according to the objectives of the study. Based on the assessment the nursing care was planned and implemented.

- **THE FIRST OBJECTIVE WAS TO ASSESS THE HEALTH STATUS OF THE PATIENT.**

Table.4.2. depicts the effectiveness of nursing care of the patients with schizophrenia among 30 patients, pre-assessment score of seven (23%) had severe health deterioration, twenty (67%) had moderate health deterioration, and three (10%) had mild health deterioration. Post assessment score of two (7%) had severe health

deterioration, thirteen (43%) had moderate health deterioration and fifteen (50%) had mild health deterioration.

- **THE SECOND OBJECTIVE WAS TO EVALUATE THE EFFECTIVENESS OF NURSING CARE ON PATIENT WITH SCHIZOPHRENIA.**

Table 4.3 reveals the mean and standard deviation of effectiveness of nursing care among 30 patients with schizophrenia. The overall mean for pre-assessment score is 60.47 with the standard deviation of 11.00. The overall mean for post assessment score is 48.80 with the standard deviation of 9.33.

Duckworth K, et. al., (2008) states in his study that psychiatric nurse should effectively function by adopting established strategies for prevention and intervention. Patients with schizophrenia have high rates of potentially reversible medical history. Implementation of practice guidelines for identifying and modifying risk factors could substantially improve the health of patients with schizophrenia.

Ricie.et al., (2007) study in “participate in work-related activities by mental health nurse personal “. Suggest that mental health service include consultation, crisis intervention, care

management, individual, group and family therapy, medication management, community out reach and client consumer participation.

Psychiatric nurse plays a vital role in providing care for the patients. An effective interventions will make a good interpretations on the prognosis and recovery of the patients.

- **THE THIRD OBJECTIVE WAS TO CORRELATE THE RELATIONSHIP BETWEEN THE NURSING CARE ON PATIENTS WITH SCHIZOPHRENIA AND THE SELECTED DEMOGRAPHIC VARIABLES.**

Table 4.5; reveals that there was statistical significant between selected demographic variables and effectiveness of nursing care of patients with schizophrenia such as negative correlation between gender and positive correlation between history of mental illness in family and availability of support groups.

Varghese.S. et. al., (2008) estimated several studies have shown an increased relation between age and sex with psychiatric patients. Every patient had an age- and sex-matched control subject who did not have a psychiatric illness. Both groups of patients

exhibited an increased number of psychiatric illness compared with their control subjects, and this was true for the majority of the 14 different groups classified according to the International Classification of Diseases the authors studied.

Saldasta .L. et. al., (2008) estimated that women are disproportionately affected by schizophrenia usually go unrecognized and untreated, and that the mental health of women can be understood only if their biological, social, cultural, economic and personal context is considered.

So the gender, history of mental illness in the family and availability of support groups are considered to be a predisposing and associating factors between nursing care on patients with schizophrenia.

CHAPTER - VI

SUMMARY AND CONCLUSION

The study was conducted to assess the effectiveness of nursing care on patients with Schizophrenia. The samples of this study were 30, who met the inclusion criteria. Evaluative research design was adopted and the study was conducted at Melmaruvathur Adhiparasakthi Insitute of Medical Sciences and Research. The convenient sampling technique was administered and the sample size was determined as thirty. The duration of data collection was six weeks.

The instruments used for this study were

Section - A - Proforma for demographic variables

Section - B - Brief psychiatric Rating Scale (BPRS)

Section - C - Nursing intervention assessment check list.

FINDINGS OF THE STUDY

1. The pretest mean score was 60.47 with the standard deviation of 11.00. In post test mean score was 48.89 with the standard deviation of 9.33.

2. The calculated value was compared with the tabulated value. The calculated value was greater than the tabulated value. So we accept the alternative hypothesis. Hence the nursing care was effective for the patients with Schizophrenia.
3. The effectiveness of nursing care among the patients with Schizophrenia was correlated with selected demographic variables. It showed that there was significant correlation between variables such as gender, history of mental illness in family and availability of support groups.

NURSING IMPLICATIONS

- The present study can help nurses to enrich their skills and knowledge of nursing care on patients with Schizophrenia.
- The study may help the nurses to provide effective nursing care to the patients with Schizophrenia

Nursing Education

- Efforts should be made to improve and expand nursing curriculum to provide more content in the area of nursing

care for patients with Schizophrenia and train students in assessing and caring such patients.

- Conference, workshops, seminars can be given for nurses to impart education towards the care of patients with Schizophrenia.
- Students should be provided with adequate opportunities in developing skills in handling such patients and how to identify their problems and help them to promote comfort and wellbeing.

Nursing Service

- Nurse working in psychiatric unit should have enough knowledge and special skills to tackle the patients with such Schizophrenic disorders.
- Nurse, as a counsellor should provide counselling and guidance to the patients and family members of the patients with Schizophrenia.

Nursing Administration

- Nurse Administrators can make necessary policies to implement the nursing care services for the Schizophrenic patients.
- Nurse Administrators can organize inservice education programmes and adequate staffing in psychiatric wards for an effective nursing care.
- The nurse administrator should give attention on the proper selection, placement and effective utilization of the nurses in all areas with their interest, creativity, ability in education of care providers to care patients with Schizophrenia.
- The nurse administrator should arrange seminar, conference, workshop related to nursing care of patients with Schizophrenia.

Nursing Research

- The findings of the study help the psychiatric nurses and students to develop the inquiry by providing baseline. The general aspect of the study result can be made by further replications of the study.

- A nurse researcher can provide supportive care measures which may improve psychological well being for the Schizophrenic patients.

RECOMMENDATIONS

Based on the findings of the present study, the following recommendations have been made

- This study can be conducted in other parts of the country with a larger sample.
- The same study can be conducted in different settings i.e. in the community settings.
- A qualitative study can be done to assess the impact of Schizophrenia on the social life of the patients.

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INTERNET RESOURCES

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5. www.medline.com
6. www.ask.com
7. www.clipart.com

APPENDIX – I

DEMOGRAPHIC VARIABLES

1. Age

(a) below 30 years
(b) 31-40 years
(c) 41-50 years
(d) 51-60 years

2. Gender

(a) Male
(b) Female

3. Educational status

(a) Primary school level
(b) Secondary level
(c) Graduate
(d) Illiterate.

4. Marital status

(a) Single
(b) Married
(c) Widow/ Widower
(d) Separated /Divorced

5. Duration of mental illness

(a) less than one year
(b) for 1 to 2 years
(c) for 2 to 3 years
(d) more than 3 years

6. History of Mental illness in family

(a) Yes
(b) No ☐

7. Type of family

(a) Nuclear family
(b) Joint family ☐

8. Availability of support groups

(a) Family members
(b) Friends
(c) Social agency
(d) Others ☐

APPENDIX - II

SCHIZOPHRENIA SCALE : Brief Psychiatric Rating Scale (BPRS)

S.NO	SYMPTOM	MILD	MODE RATE	SEVERE	EXTREMELY SEVERE
1.	Somatic concern				
2.	Anxiety				
3.	Depression				
4.	Suicidality				
5.	Guilty				
6.	Hostility				
7.	Elated Mood				
8.	Grandiosity				
9.	Suspiciousness				
10.	Hallucinations				
11.	Unusual thought Content				
12.	Bizarre behaviour				
13.	Self-neglect				
14.	Disorientation				
15.	Conceptual disorganisation				
16.	Blunted affect				
17.	Emotional Withdrawal				
18.	Motor retardation				
19.	Tension				
20.	Uncooperativeness				
21.	Excitement				
22.	Distractibility				
23.	Motor hyperactivity				
24.	Mannerisms and Posturing				

SEVERITY OF SCHIZOPHRENIA

Mild – 0 - 24
Moderate – 24 - 48
Severe – 48 - 72
Extremely severe – 72 – 96

APPENDIX - III

CHECK LIST FOR NURSING INTERVENTION ASSESSMENT

S.NO	NURSING INTERVENTION	DAYS						
		1	2	3	4	5	6	7
1.	Identify strengths and assets.							
2.	Maintain optimal level of functioning.							
3.	Participates in self-care activities.							
4.	Maintain adequate routines for physical well being.							
5.	Establish an adequate balance of rest, sleep and activity.							
6.	Establish contact with reality.							
7.	Cope effectively with his/her illness.							
8.	Do not harm others.							
9.	Communicates effectively with others.							
10.	Verbalize feeling of anxiety and agitation.							
11.	Express feelings in a acceptable manner.							
12.	Encourage in social interaction.							
13.	Decrease excessive stimuli in the environment							
14.	Be free of injury.							

APPENDIX – IV

S. No	Assessment	Nursing Diagnosis	Goal	Planning	Implementation	Rational	Evaluation
1.	**Subjective data:** The patient complaints of inability to differentiate self from the external environment. **Objective data:** The patient has bizarre, regressive behavior, disoriented, feeling anxious and aggressive behaviour towards others.	Personal identity disturbance related to inability to distinguish between self and others.	The client will maintain optimal level of functioning and cope effectively with illness.	# Help client to establish what is real and unreal. # Reassure the client that the environment is safe. # Protect the client from harming self and others. # Set limits on the clients aggressive behaviours. # Decrease excessive stimuli in the environment.	# Client able to establish what is real and unreal. #Safe environment for the client was reassured. # Client was protected from harming self and others. #Aggressive behaviours of the client was limited. # Environmental stimuli were decreased.	# The unreality of psychosis must not be reinforced. # The client is less likely to feel threatened if known surrounding. # Clients safety is priority. # unacceptable behaviour decrease as more effective behaviour increases. # enables to deal with excess stimuli.	Optimal level of functioning was maintained and cope effectively with illness.

2.	**Subjective data:** The patient complaints of that someone is threatening him. **Objective data:** The patient will eliminate patterns of delusional thinking and demonstrate trust in others.	Alteration in thought process related to inability to trust, panic anxiety as evidenced by delusional thinking, inability to concentrate impaired violation, extreme suspicious ness of others.	The client will have normal thought process.	# Convey acceptance of the patients need for the false belief but that you do not share the belief. # Do not argue or deny the patient belief. # Reinforce and focus on reality # Avoid physical contact in the form of touching.	. # Conveyed the acceptance of the patients need for the false belief # Patient belief ‘s were accepted. # Reality was reinforced and focused by orientation to time, place etc. # Tactile stimulus like therapeutic touch were avoided.	# The patient must understand that you do not view the idea as real. # Arguing or denying serves no useful purpose as delusional ideas. # Discussions that focus on the false idea are purposeless and useless and may even aggrevate the causes # To prevent the patient from feeling threatened	The client has improve-ment in his thought process.

3.	**Subjective data:** The patient complaints of someone is watching and giving instructions to him. **Objective data:** The patient will be able to define and test reality eliminating the occurance of hallucination.	Sensory-perceptual alteration ; Auditory / visual related to panic anxiety withdrawal into self as evidenced by inappropriate responses.	The client will maintain no alteration in sensory perception	# Observe the client for signs of hallucination. # Avoid touching the client without warming. # Help the client understand the connection between anxiety and hallucination. # Try to distract the client away from hallucination.	# Signs of auditory hallucination were observed. # Therapeutic touches were limited. # Helped the client understand the connection between anxiety and hallucination. # Therapeutic interpersonal relationship were maintained.	# Early intervention may prevent aggressive response to command hallucinations. # The client may perceive touch as threating and may respond in an aggressive manner. # If the client can learn to interrupt rising anxiety, hallucination may be prevented.	The clients sensory perception has improved.

4.	**Subjective data:** The patient complaints of not having interest to interact with others. **Objective data:** Patient will voluntary spend time with others patients and staff member in group activities on the unit.	Social isolation related to inability to trust, panic anxiety, delusional thinking, as evidenced by withdrawal sad, dull affect, pre occupation with own thoughts.	The client will not have social isolation.	# Convey an accepting attitude by making brief, frequent contacts. # Offer to be with the client during group activities that he finds frightening or difficulty # Give recoginition and positive reinforcement for the clients voluntary interaction with others.	# Conveyed an accepting attitude by making brief, frequent contacts. # Accompanied the client during group activity. # Praising words, encouragement, motivation were given for voluntary interaction with others.	# This increase feelings of self worth and facilitates trust. # The presence of a trusted individual provides emotional security for the client. # Positive reinforcement enhances self- esteem and acceptance behaviour.	The client is social with others and have a trustful relationship.

5.	**Subjective data:** The patient complaints that don't want to take bath and also do her daily self care activities. **Objective data:** The patient has poor personal hygiene, inability for self care activities.	Self care deficit related to impaired ability to perform or complete feeding, bathing, toileting, dressing and grooming activities.	The client will establish balance of rest, sleep and activity, nutritional pattern and self care activities.	# Assist for the clients physical needs. # Observe the client's pattern of food and fluid intake. # Monitor and record intake, output and daily weight. # Assist the client as needed to maintain daily functions and adequate personal hygiene # Gradually withdraw assistance and supervise self care skills.	# Activities of daily living were assisted like feeding, combing. # Food were served according to likes and dislikes of client. # Monitored and record intake, output and daily weight. # Maintained clients daily functions like hygiene, taking bath everyday and changing clothes. # Encouraged the clients to do self care skills with limited assistance.	# Physical needs must be met to enhance emotional needs. # To provide base line data. # To enhance monitoring. # A sense of wellbeing is enhanced. # Positive reinforcement increases the likelihood of recurrence.	The client maintains adequate routines for physiological well being and demonstrate independent self care activities.

APPENDIX - V

CASE ANALYSIS

Sample: 1

The patient got admitted to the MAPIMS psychiatric ward with complaints of talking to self, auditory hallucination, poor speech, social withdrawal, poor personal hygiene etc. Demographic data was collected and assessment was done by Brief Psychiatric Rating Scale (BPRS). Nursing care was provided for seven days. At the end of 7th day, the care was evaluated again by BPRS scale and the improvement of care such as social interaction, self care ablities, communication, cope effectively with illness were documented and continued the care till the date of discharge.

Sample: 2

The patient got admitted to the MAPIMS psychiatric ward with complaints of poor personal hygiene, harming others, talking to self, social withdrawal, laughing to self, auditory hallucination, poor speech, etc. Demographic data was collected and assessment was done by Brief Psychiatric Rating Scale (BPRS). Nursing care was provided for seven days. At the end of 7th day, the care was evaluated again by BPRS scale and the improvement of care such as social interaction, self care ablities, communication, cope effectively with illness were documented and continued the care till the date of discharge.

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NURSING CARE INTERVENTIONS

Scholar helping to verbalize feeling of anxiety

Scholar promote participation in self-care activities

Scholar helping to cope effectively with his illness

Scholar establishs contact with reality