

# A Descriptive Study to Assess the Nursing Care Needs of Schizophrenia Patients Attending OPD in Tertiary Care Mental Health Institute

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## ABSTRACT

**Background:** Schizophrenia is a serious and persistent neurobiological brain disease. It is characterized by disturbances in thought, perception, affect, verbal & motor behaviors, and relationship to the external world. According to WHO, schizophrenia has been estimated that approximately 7 individuals per 1000 will develop during their lifetime.

**Objectives:** The study objectives were to assess the socio-demographic profile and clinical profile, to assess the nursing care needs and to find out the association between selected socio-demographic profile and clinical profile with nursing care needs among Schizophrenia patients.

**Materials and Methods:** Quantitative research approach was used, and descriptive design was adopted. 60 OPD patients were selected by using purposive sampling technique. Self-structured checklist to assess Nursing Care Needs, Assessment of Mental Status and Scale for the Assessment of Negative Symptoms (SANS) were used.

**Results:** Out of 60 participants, 32 were male & 28 were female. 33.3% (f=20) were on occasional follow-up, 20.0% (f=12) were on regular, 31.7% (f=19) were on irregular and 15.0% (f=9) were never went for follow-up care & 58.3% (f=35) were not maintaining regular medication compliance. The findings of nursing care needs assessment showed majority i.e., 50% (f=30) participants had Moderate nursing care needs, 20% (f=12) had High nursing care needs and 30% (f=18) had No significant nursing care need with immediate interventions.

**Conclusion:** The result showed that there was significant association between Nursing care needs of Schizophrenia patients who attending OPD with their age, regularity of follow-up and medication compliance.

**Keywords:** Assess, Assessment of Mental illness, Assessment of Mental Status, Nursing care needs, Schizophrenia, SANS

## INTRODUCTION

Mental illnesses are medical conditions that affect a person's thinking, feeling, mood, ability to relate to others, and daily functioning.<sup>[1]</sup>The American Psychiatric Association (APA) defines Mental disorder as "Clinically significant behaviour or psychological syndrome or pattern that occurs in an individual and is

associated with present distress (i.e., negative response to stimuli that are perceived as threatening) or disability (i.e., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering, death, pain, disability, or an important loss of freedom".<sup>[2]</sup>

Schizophrenia is a serious and persistent neurobiological brain disease. It is characterized by disturbances in thought, verbal behaviour, perception, affect, motor behaviour and relationship to the external world. There is decreased functioning in the work, social relations, and self-care, as compared to the earlier levels with Schizophrenic patient.<sup>[3]</sup> Concerning on the lifetime prevalence rate of schizophrenia worldwide, about 1% of the total population is reported and the incidence rate is about 1.5 per 10,000 people. It is time of onset is usually begins from adolescence or young adulthood (20 years in males and 25 years in females), although they may occur in middle or late adult life.<sup>[2]</sup>

According to National Mental Health survey (NMHS) report of Assam, India (2015-16), the lifetime and current prevalence of schizophrenia and other psychotic disorder were found to be 1.53% and 0.50% respectively. Among various age group, 40-49 age group were having higher prevalence of current experience of 1.22% schizophrenia than other psychotic disorders and the prevalence rate for lifetime experience was higher in rural areas i.e., 1.61% and in urban metro was 0.84%.<sup>[4]</sup>

## **MATERIALS AND METHODS**

A descriptive study with a quantitative approach was adopted. A total of 60 patients with family member attending Out-patient department (OPD) of Lokopriya Gopinath Bordoloi Regional Institute of Mental Health Tezpur, Assam were selected by using purposive sampling technique. Patient diagnosed with Schizophrenia aged between 18-60 years were included. Family member with psychiatric illness were excluded from the study.

The sample size was determined based on the census report of the cases attending for the last 6 months and owing to ongoing COVID -19 pandemic, anticipating the decreased footfall of patients it was decided to recruit 60 participants after consulting with the statistician. A self-structured data sheet was used to obtain demographic details of the participants, Self-structured checklist to assess Nursing Care Needs, Assessment of Mental Status and SANS by Nancy C. Andreasen (1985)<sup>[5]</sup> were used to assess the nursing care needs.

### **Data collection**

Subjects were identified from the OPD registration counter based on the inclusion and interviewed the patient with their family members in the waiting hall of the OPD individually. The entire data collection was completed within 3 months. Assurance was given to the subjects about the maintenance of confidentiality and anonymity of their information.

### **Data analysis**

Data were entered into Microsoft excel. The Statistical Package of Social Sciences (SPSS) IBM, java, Malaysia version 20 was used in the study for computing various descriptive and inferential statistics. The percentages, means, and standard deviation of frequency were calculated. Chi-square test was done to find out the association between socio-demographic profile and clinical profile with nursing care needs among Schizophrenia patients. Pearson's correlation test was done and  $P < 0.05$  was considered statistically significant.

### **Ethical approval and informed consent**

Ethical clearance and approval from the Scientific Advisory Committee (SAC NO. 216) of LGBRIMH, Tezpur, was obtained to conduct the study (IEC NO: IEC/2020/08/05). Written informed consent was

taken before data collection.

**Results**

The result showed significant association between age and nursing care interventions practice by the participants and family member were distancing ( $x^2 = 10.317$ ,  $p = 0.006$ ), regularity of follow-up ( $x^2 = 20.556$ , Fisher’s exact test = 0.000) and medication maintenance ( $x^2 = 12.919$ , Fisher’s exact test = 0.003). There was no significant association between duration of illness or numbers of hospitalization and nursing care needs.

**DISCUSSION**

**Section 1: Description of socio-demographic and clinical variables of Schizophrenia patients.**

**Table 1: Range, Mean and Standard deviation of age, total duration of illness and number of hospitalizations of Schizophrenia patients (n=60)**

Variables	Range	Mean ± SD
Age (years)	18-60	33.92±11.665
Total duration of illness (months)	4-96	49.18±28.625
Number of hospitalizations	0-3	0.40±0.541

SD: Standard deviation

In the study, the mean age of participants was found to be 33.92±11.665 years [Table 1]. The consistency of the above finding is also maintained with the study of Hazarika<sup>[6]</sup> in which the mean age group of the participant were 34.88±10.753 year which is very closely similar with the present study. The total duration of illness was 49.18±28.625 months. In contrast to the above finding, the mean duration of illness were 11 years and it ranges from 24 to 216 months in the same study. The number of hospitalizations was 0.40±0.541 times. From the clinical experience, it is found that most of the patient become unmanageable at home due to poor medication compliance and increases care burden to the family members. Therefore, they get admitted in the hospital for further management.

**Table 2: Frequency and percentage distribution of socio-demographic variables of Schizophrenia patients (n=60)**

Variables	Frequency (%)
<b>Gender</b>	
Male	32 (53.3)
Female	28 (46.7)
<b>Marital status</b>	
Married	37 (61.7)
Unmarried	23 (38.3)
<b>Educational status</b>	
Illiterate	3 (5)
Primary school certificate	42 (70)
Higher secondary school certificate	11 (18.3)
Graduate and above	4 (6.7)
<b>Occupational status</b>	
Unemployed	34 (56.7)

Semi-skilled or Unskilled	22 (36.7)
Skilled	4 (6.7)
<b>Monthly family income (Rs)</b>	
≤10,001	25 (41.7)
10,002-19,972	23 (38.3)
29,973-49,961	10 (16.7)
49,962-74,755	2 (3.3)
<b>Type of family</b>	
Nuclear	25 (41.7)
Joint	35 (58.3)
<b>Domicile</b>	
Rural	47 (78.3)
Urban	10 (16.7)
Semi-urban	3 (5)
<b>Regularity of follow-up</b>	
Regular (Every month as per advice)	12 (20)
Occasional (2-3 times in every 6 months)	20 (33.3)
Irregular (2-3 times in a year)	19 (31.7)
Never came	9 (15.0)
<b>Medication maintenance</b>	
Maintained	15 (25)
Not maintained	35 (58.3)
Not applicable	9 (16.7)

Majority of the participants i.e., 53.3% (f=32) were males and 46.7% (f=28) were females [Table 2]. In a similar study finding, NMHS of India, 2015-16 shows that the rate of Schizophrenia among males were slightly higher than those among females.<sup>[4]</sup> Most of the participants i.e. 61.7% (f=37) were married and 38.3% (f=23) were unmarried whereas a study conducted by Deka<sup>[7]</sup>, the majority participants were found unmarried in same setting which is in contrast with the present study. 70% (f=42) were had primary education, 18.3% (f=11) studied upto higher secondary school, 6.7% (f=4) were graduate and above and 5% (f=3) were illiterate.

Majority i.e. 41.7% (f=25) were earning ≤ Rs. 10,001 and 3.3% (f=2) were earning Rs.49,962-74,755 per month. 58.3% (f=35) and 41.7% (f=25) were belonged to nuclear and joint family respectively. Majority of the participants belonged to Rural areas 78.3% (f=47), 16.7% (f=10) were from Urban areas and 5% (f=3) were from Semi-urban areas. In the support of this finding, a study conducted by Devi<sup>[8]</sup> to find out the nursing needs among the patient shows that 67.8% (f=61) were belongs to rural areas.

The findings also shows that 33.3% (f=20) were on occasional, 20% (f=12) were on regular and 30.7% (f=19) were on irregular follow-up care. This may be due to the poor financial condition, lack of adequate knowledge regarding patient's illness and its importance of medication compliance, the patients were never coming follow-up as per advices. Majority of the participants medication maintenance were found very poor i.e., 58.3% (f=35) and this may be due to the inadequate knowledge regarding the importance of medication adherence for the treatment prognosis by the family members and patient.

**Section 2: Description on socio-demographic variables of family members**

**Table 3: Mean and Standard deviation of age of family members (years) and duration of care giving (months) of Schizophrenia patients (n=60)**

Variables	Range	Mean±SD
Age of family members (years)	18-60	39.82±12.735
Duration of care giving (months)	4-96	44.95±26.974

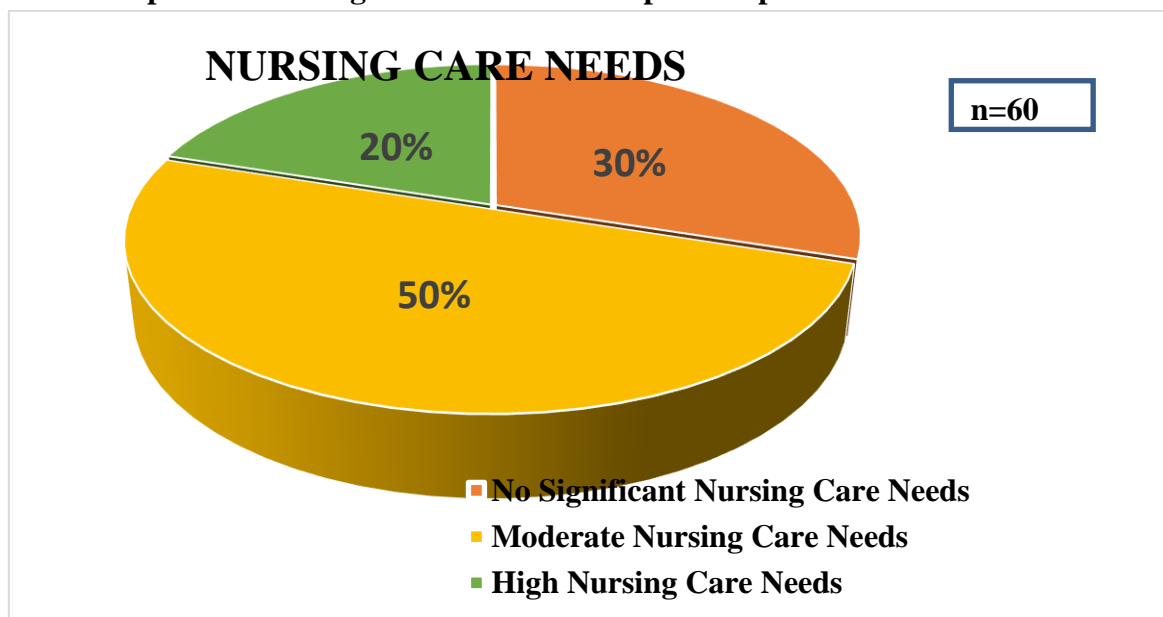
The mean value of age of family members were 39.82±12.735 years and duration of care giving were 44.95±26.974 months [Table 3].

**Table 4: Frequency and percentage distribution of socio-demographic variables of family members i.e. gender & relationship with the patient (n=60)**

Variables	Frequency (%)
<b>Gender</b>	
Male	46 (76.7)
Female	14 (23.3)
<b>Relationship with the patient</b>	
Parent	23 (38.3)
Spouse	13 (21.7)
Siblings	12 (20)
Children	11 (18.3)
Others	1 (1.7)

Majority of the family member of the patient i.e., 76.7%(f=46) were male and 23.3%(f=14) were female. Among that, 38.3%(f=23) were patient’s parents, 21.7%(f=13) were Spouse, 20%(f=12) were siblings, 18.3%(f=11) were their children and 1.7%(f=1) were others [Table 4].

**Section 3: Description of nursing care needs of schizophrenia patients**



**Figure 1: 3-D Pie diagram showing the percentage distribution of nursing care needs of Schizophrenia patients.**

Among the participants, that majority i.e., 50% (f=30) of the participants were having moderate nursing care needs, 20% (f=12) were having high nursing care needs and 30% (f=18) were no significant needs of nursing care [Figure 1].

#### **Section 4: Description of Assessment of Mental Status of Schizophrenia patients.**

In this study, the result of general appearance and behaviors reveals that majority of the participants 68.3%(f=41) were comfortable, 73.3%(f=44) were maintained personal hygiene, 71.7%(f=43) were maintaining normal gait and posture. 33.3%(f=20) participants were cooperative, 31.7%(f=19) have normal psychomotor activity, 36.7%(f=22) were maintaining eye-to-eye contact and 23.3%(f=14) were could established rapport during interview. Majority i.e., 98.3%(f=59) speech was present, 61.7%(f=37) relevant and 93.3%(f=56) coherent and 41.7%(f=25) of the participants were irritable mood.

In thought disturbance, majority i.e., 53.3%(f=32) have persecutory delusion, 25.0%(f=15) have delusion of reference and 20.0%(f=12) have grandiose delusion. Also 15.0%(f=9) of the participants were having suicidal ideas. In perception, 41.7%(f=25) have no hallucination whereas 18.3%(f=11) have both auditory and visual hallucination.

Among the participants majority were oriented to time, place and person, 51.7%(f=31) participants were distractive during interview, 85.0%(f=51), 88.3%(f=53) and 83.3%(f=50) had intact in immediate, recent and remote memories respectively. 98.3%(f=59) had average intelligence, 58.3%(f=35) had concrete abstract thinking, 31.7%(f=19), 36.7%(f=22) & 76.7%(f=46) of the participants had personal, social and test judgement were satisfactory respectively and 56.7%(f=34) participants have insight grade-I.

#### **Section 5: Description of Scale for the Assessment of Negative Symptoms (SANS) of Schizophrenia patients.**

The finding reveals that majority i.e., 31.7%(f=19) participants have mild affective flattening or blunting symptoms, 51.7%(f=31) participants have no alogia symptoms, 28.3%(f=17) participants were questionable or suspecting to have avolition or apathy symptoms, 38.3%(f=23) have mild anhedonia or asociality symptoms and 33.3%(f=20) have moderately poor attention symptoms.

#### **Section 6: Discussion on association between socio-demographic variables and nursing care needs of Schizophrenia patients.**

Result shows that there was significant association between socio-demographic variables i.e., age ( $\chi^2 = 10.317$ ,  $p=0.006$ ) and nursing care needs at 0.05 level of significance.

#### **Section 7: Discussion on association between clinical variables and nursing care needs of Schizophrenia patients.**

There was significant association between clinical variables i.e., regularity of follow-up ( $\chi^2 = 20.556$ ,  $p=0.000$ ) and medication maintenance ( $\chi^2 = 12.919$ ,  $p=0.003$ ) and nursing care needs at 0.05 level of significance.

#### **Limitations**

Study sample size was relatively small and generalization of the findings become limited. Recruitment for participants became difficult due to COVID-19 pandemic because the footfall of patients significantly declined due to lockdowns and COVID travel restrictions. However, the influence of culture and

accommodating nature of families towards patient with mental illness can be the factors that may influence the study findings. Moreover, the study is cross-sectional in nature and a longitudinal study may provide a better input into the family members and the care interventions with time.

### **Implications**

The study findings have several implications in the fields of nursing practice, nursing education nursing administration and nursing research. Nurses posted in various OPD as well as IPD settings can implement the findings of the research study by formulating need-based priority nursing care plans and implement them.

### **Recommendation**

An experimental study can be done to determine the effectiveness of planned nursing intervention among Schizophrenia patients. The study can be replicated in similar and in different settings.

### **Conclusion**

Assessing nursing care needs of patients with severe mental illnesses like Schizophrenia, the health-care perceived from their family and care providers are identified by screening them thoroughly. The essential nursing care needs includes self-care activities like oral care, hand hygiene, bathing, clothing, feeding, elimination, sleep hygiene, medication adherence, regular follow-up care, etc. The finding of this research study will help to enhance knowledge various regarding sign and symptoms, recognizing their challenges and the important roles of a family members though out the treatment. As a psychiatric nurse, it is important to have adequate knowledge regarding how to assess nursing care needs, insight of the patients by addressing such issues to plan cost-effective nursing interventions on need based.

### **Conflicts of Interest**

There are no conflicts of interest.

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