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Nurse's care over a patient ill on schizophrenia

For several years I have been working in the Environmental Psychiatry Team. I meet with mentally ill people, who left the twenty-four-hour department and use the offer of the daily therapeutic department. Both patients and their families need advice as well as support.

Often, the family can not reconcile with the diagnosis that it is schizophrenia and the patient does not have the feeling of disease, which makes the co-operation very difficult. It is important for us not to leave the patient without support. Because then, an intervention from outside is necessary, meaning, a visit from an environmental nurse who gives support, tells about the necessity of meeting with a doctor, or will direct to a suitable institution.

Also opposite situations occur, when then family cares very much about one's close one and he does not feel ashamed of his disease and reports regularly to the clinic. This favors the optimum improvement of the psychical state.

The analysis of Hildegard Peplau's theory of care

The psychodynamic model of care by Hildegard Peplau underlines the essence of interpersonal relations, so important in the psychiatric care. It shows the roles fulfilled by a nurse in the process of care.

1. The role of a stranger is connected with the first meeting, with the phase of identification.
2. The role of a well-oriented person, being able to give answers to nagging questions and explain aims as well as applied therapeutic-caring procedures.
3. The role of a teacher and instructor passing on information and skills related to the patient's behavior. Then, as a "manager ", is suppose to direct, in a democratic way, the patient's workings in the range of self-care.
4. The role of a "deputy ". The person being under charge perceives in the nurse substitutionary person in relation to the people well-known to him, mostly in the circle of the family. It is an important role, but very difficult and gentle as the nurse's behavior may cause experiences in the patients, which by resembling other relations might negatively influence their mental state or tie them emotionally to the nurse.

5. The role of the adviser.

Accepting roles by the nurse happens in a four - phase cooperation process with the patient. They are the phases of: mutual orientation, identification, exploitation, and solution¹.

In phase of orientation the nurse should to be oriented in this, what for the patient is unclear, inexplicable, what upsets his feeling of security, what determines his problem and requires an explanation. The nurse has to arouse confidence in him, listen attentively to what the patient says, what he asks for, and encourage him to ask questions, express his feelings and, simultaneously, she observes his behavior. Diagnosing and solving problems is undertaken together with the patient and his family.

In phase of identification - the nurse accepts the patient such as he is when he experiences unpleasant feelings connected with the illness and expresses them in a different way. Together with the patient she undertakes different tasks and helps him in solving problems. Her behavior and optimism should calm down and convince the patient that the state of his health is transitory. This in turn influences the recovery of strengths and shapes the feeling of independence. This phase portrays how important the help of a competent person is in the formation of a therapeutic relation.

The phase of exploitation - is the phase, in which the patient achieves the ability to benefit from help and also the possibility of controlling different situations. The nurse conducts explaining conversations in order to know what problems are bothering the patient, but avoids judging him. She takes care of maintaining good relations, mutual acceptance, interest, confidence, and warmth. Then, the patient shows larger interests in expanding care, and this indicates the increase of the feeling of responsibility for one's own actions.

The phase of solution - the patient has satisfied health needs, feels independent and prepared for formulating new aims. In turn, the nurse has hope that the patient got prepared for defeating different difficulties and is able to cope by himself. However, the full solution of relations follows, at the time, when both sides have reached the psychical feeling that everything is in order².

The nurse's role, captured this way, in the process of care is an overall, holistic approach to care towards the person being under charge, his family, and his environment³. The nurse's behavior towards the patient should be characterized by patience and understanding. It has an essential influence on the patient's adapting period to new conditions.

¹ K. Klimak, R. Mamona, Problemy pielęgnacyjne chorych z zespołem paranoidalnym, „Pielęgniarka i Położna” 2002 nr 11.

Here, an essential² meaning has the expressive role fulfilled by the nurse based on emotional elements. In the nurse's behavior, a positive attitude towards the patient is indispensable. A negative attitude makes the understanding of the patient's distinct behaviors difficult. One should help the ill keep mental balance and undertake actions, which would enable him the acceptance of the new situation in which he found himself (undertake a proper attitude towards his illness).

Information, related to the illness and its treatment, is an important factor that has influence on the ill's situation. Informing patients increases their participation in the treatment as well as its effects. The delivered information should be clear and comprehensible. One should avoid using professional medical terms, because they can be misinterpreted. Frequent conversations with the patient are advisable.

The mentally ill can show intensified verbal expressions, consisting of expressing numerous words and sentences deprived often of logical meaning. He can also accept a withdrawing attitude, avoiding verbal communication. He's defined then as an autistic patient. In the case of the patient's psycho - motoric arousal, it is indicated that the nurse shows maximum patience and listening skills. Sometimes, the ill has problems with expressing his own thoughts, then the skills of reading gestures, facial expressions, voice modulation simplifies communication. If the patient avoids verbal contact, one should not exert pressure on him to speak. The nurse undertakes an attitude accepting his silence, which can, in a considerable degree, reduce tension which the ill experiences not talking. The nurse's contact with the ill should take into account his current state. If difficulties in establishing verbal contact appear, one should make him feel one's presence by him. It creates the feeling of safety, which the mentally ill truly needs.

Health and sometimes even the patient's life with psychological disorders largely depend on the nurse. In result of delusions and hallucinations, the ill can be dangerous for himself and the surrounding. Symptoms are independent from the ill's will. The patient possesses a disturbed reality of relationships with people. Often, his behavior shapes the form of aggressive behavior.

The mentally ill is very sensitive to the nurse's relation towards him. He is able to quickly detect insincerity and impatience; then, he closes up inside and loses confidence to the treating staff. The ill, in whom schizophrenia has a chronic character, is characterized by a

² S.Poznańska, Hildegard Peplau. Model relacji międzyludzkich w pielęgniarstwie, [w:] S. Poznańska, L. Płażewska- Żywko, Wybrane modele pielęgniarstwa, Kraków, 2001, s.63-67.

negligent appearance and lack of hygiene. One should interest the ill with his own appearance and help him in executing actions which cause difficulties.

Interpersonal relations in a treating team have large influence on the patient. Misunderstandings and conflicts are the cause of his distrust, simply a hostile attitude towards the staff.

Schizophrenia causes the patient to withdraw from an active social life, close himself in a circle of his own problems caused by the disease. In this moment, an essential role plays the ill's family. One should underline that it is the main source of support. In case of a mental disorder, the acceptance from the side of the family is especially advisable. The ill, who have sufficient support from the side of the closest surrounding, cope with their own problems considerably better than those who lack support. A person who is mentally ill also deserves the right to a normal life. The family should not to give up on the ill's participation in house chores and carrying out by him his hitherto existing duties. Even then, when performing them takes the ill more time and is not precise. The participation in planning the ill's future should to be well-thought-out and careful. It is important that these plans take into account the ill's predispositions and not aim at the realization of the family's expectations.

The nurse's main task, in dealing with the mentally ill, is preventing social disability and activating through the inclusion to the process of therapy³.

On the nurse, as a worker spending the most time with the patient, rests the duty of relieving the ill's pain and suffering, carrying help in difficult situations, as well as solving problems that are bothering him. Through her knowledge, skills and professional experience, the nurse creates a therapeutic community with the patient and the rest of the team and enables the patient's emotional integration⁴.

The nurse observes: the influence of the family environment in which the patient lives, on his mood and state of health, the level of communication and mutual relations in the family, and also the influence of the social environment, the work environment, and the local community on the mood and state of the patient's health.

The nurse co-operates with the patient and his family in creating a therapeutic environment, helps in solving the patient's and his family's critical problems, and strengthens therapeutic communication in the family. She strengthens behaviors that promote health. And therefore, the nurse's work plan should include:

1. Regularly giving medicine in injection.

³ J. Sawicka, Problemy pielęgnacyjne pacjenta ze schizofrenią," Pielęgniarka i ,,1995 nr 7, s.63-67.

⁴ K. Klimak, R. Mamona, Problemy... op.cit.

2. The patient's and family's education referring to the necessity of accepting medicine and the solid medical and environmental care.
3. Motivating the patient to avoid using alcohol and to soften phobias as well as tension through psycho-educational conversation.
4. Prohealth education connected with excessive usage of nicotine through the delivery of educational materials, conversations related to health, and improvement of condition in the moment of limiting smoking.
5. Convincing the patient through conversations and the delivery of educational materials to apply oneself and participate in daily therapy.
6. Training of personal hygiene related to everyday needs, taking care of cleanness and neat appearance.
7. Training of social skills, which the patient can use in domestic surroundings: help in maintaining neatness in his own room, e.g., arranging his things, making the bed, emptying the ash-tray, etc.
8. Training of social skills enabling the satisfaction of the needs of movement, staying outdoors, engaging in contact with people, which you can meet, e.g., on the way to classes to the daily department, in the clinic, etc.
9. Arousing and developing interests and skills of the patient in using free time through education and proposed classes in the department, where he will be able to learn different forms and techniques of work on workshop therapy.
10. Motivating the patient through a conversation to make a decision relating the stay in the House of Social Help. Indicating the advantages and positive sides resulting from the stay in the above-mentioned institution, in the situation of staying in the future without a close person.

Psycho-education of the ill's family

It is important, along with the patient's treatment, to introduce the therapy of his family. Investigations have shown that families, which get very emotionally involved, concentrate on the patient and protect him excessively; they inflict that the recurrences of the disease happen more often. Also, excessive criticism towards the ill, expressed in the tone of voice, reluctance, disapproval or anger, causes high risk of recurrence of the disease.

Training of communication skills in the family allows to objectively and effectively cope with problems. It also helps the family in freeing them from guilt, from helplessness and excessive responsibility for the patient.

Psycho-education can contribute to this, that the family and the ill will start talking freely about the symptoms of the disease, about experiencing it by the ill, about the limitations which result from it for all persons in the family. The family receives hints relating the strategy of avoiding conflicts in the time when the symptoms of the disease intensify.

The aim of the psycho-educational approach is:

- to help the family accept the chronic disease along with mood, thinking, activity and behavior disorders,
- the identification of specific symptoms of the disease, as well as ways of coping with them,
- to help the family in realizing changes, which occurred in the way of noticing the patient, as well as in demonstrating attitudes towards him provoked by his disease,
- the explanation of causes, symptoms, and consequence of the disease,
- the realization of the meaning of the long - term observation, systematic medical control, as well as the suitably early beginning of treatment in the phase of the intensification of the disease⁵⁶.

Ending

Everyone, irrespective of age, sex, and education can fall ill on schizophrenia. It is an often met disease. The treatment requires co-operation from the patient, his family, as well as members of the therapeutic team.

The family, in which the problem of a mental disorder has occurred, should be embraced with support consisting of therapy and the ill's education therapy in course of the clinical image, as well as diagnosing the early symptoms.

There exists a necessity of creating protected flats. They would create proper life conditions for the patients and for their close ones the thought that they will not become homeless people.

⁵ Ugniewska C., Pielęgniarstwo psychiatryczne i neurologiczne. Podręcznik dla szkół medycznych, Warszawa 1996.

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