شبكة المعلومات الجامعية

بسم الله الرحمن الرحيم

شبكة المعلومات الجامعية

التوثيق الالكتروني والميكروفيلم

شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات

يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار

شبكة المعلومات الجامعية

بعض الوثائق الأصلية تالفة

بالرسالة صفحات لم ترد بالأصل

"Nursing Role in the Outcome of Schizophrenia"

The effects of a nursing care programme
on the patients and their relatives

Thesis

Submitted to Faculty of Nursing, Assiut University

In Partial Fulfillment of the Requirement
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Dedicated to

My beloved parents,

My beloved Children,

They offered me inspiration and Emotional support, and silently suffered during the conduction of this work ...

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Candidate

Azza...

INTRODUCTION AND AIM OF THE STUDY

Introduction and aim of the study

Schizophrenia is a major public health problem. It often means a lifetime disability for the sufferer and represents a major drain on the resources of a family (Hammond and Deans, 1995).

Schizophrenia is a heterogeneous condition that has a varying course and outcome. It is often chronic and disabling. It has devastating effects on many aspects of the patient's life, and carries a high risk of suicide and injury (Bellack and Mueser, 1993 and Liberman et al., 1995).

Schizophrenia usually appears early in life and can often be chronic. The costs of the disorder are substantial. Schizophrenia in the USA accounted for 2.5%of total direct health care expenditures, or about 16 – 19 Billion Dollars in 1990. Indirect costs from such factors as loss of productivity and family burden are estimated to be 46 Billion Dollars. Unemployment rates can reach 70 % - 80 % in severe cases and 10 % of the totally and permanently disabled schizophrenics (Rupp and Keith, 1993).

The care of most patients with this disorder involves multiple efforts and a multidisciplinary team approach to reduce the frequency, duration, and severity of episodes, to reduce the overall morbidity and mortality of the disorder, and to improve psychosocial functioning, independence, and quality of life (American Psychiatric Association, 1994). Many patients require comprehensive and continuous care over the course of their lives with no limits as to duration of treatment. However, early and high quality bio-psychosocial intervention can minimize morbidity and permit one-half or more of these patients to function at more normal levels in society with much less intensive treatment later in life (Harding, 1988). Family members and other individuals who are actively involved in the patient's life should be engaged in a collaborative treatment effort (Lehman et al., 1995).

In Assiut psychiatric department, increase rate of relapse and hospital readmission of psychiatric patients has been observed. The patients are readmitted to the hospital after very short discharge. Thus, providing nursing care programme for these patients and their relatives may reduce relapse and readmission rates.

Aim of the study

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The aim of this study is:

To measure the effect of a designed nursing care programme for chronic schizophrenic patients and their relatives on the outcome of patients' conditions.

The present study is hypothesized that the designed program will:

1- Reduce relapse rates.

2- Greater independence of patients.

3- Enhance social functioning.

Review of literature

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Definition and history of Schizophrenia:

The term schizophrenia was introduced in 1911 by the Swiss psychiatrist Bleuler. He observed that the disease was sometimes progressive, at times intermittent, and could stop or recede at any stage with a tendency toward deterioration. He believed that the schizophrenic illnesses were multidimensional and organic in nature. He also believed that schizophrenic illnesses were strongly influenced and could be shaped by psychological factors (Moller and Murphy, 1995). The history of psychiatrists and neurologists who have written and theorized about schizophrenia parallels the history of psychiatry itself. The magnitude of the clinical problem has consistently attracted the attention of major figures throughout the history of the discipline. Emil Kraepelin (1856 – 1926) and Eugen Bleuler (1857 – 1939) are the key figures in the history of schizophrenia (Bendik, 1996).

Other scientists described schizophrenia and its aetiology. Morel (1809-1873) a French psychiatrist, used the term praecox for deteriorated patients whose illnesses had begun in adolescence; Kahlbaum (1928 – 1899) described the symptoms of catatonia; and Hecher (1943 – 1909) wrote about bizarre behavior of hebephrenia. Schneider described first-rank symptoms as various delusional and hallucinatory experiences, and second-rank, less decisive symptoms such as perceptual disturbances, confusion, mood changes, and emotional impoverishment. Sullivan (1953) a social learning theorist, emphasized the importance of interpersonal relationship and believed that social isolation was the key in schizophrenia (Kaplan and Sadock, 1996).

The word schizophrenia is a combination of two Greck words, schizein, to "split", and phren, "mind". Bleuler's reference was not to a "split personality",

which refers to having separate identities, but to his belief that a split occurred between the cognitive and emotional aspects of the same personality. Confusion about the meaning of the term schizophrenia continues to exist today (Moller and Murphy, 1995). Schizophrenia is an illness that results in psychotic behavior. It is actually one of a group of related disorders that are heterogeneous in pathophysiology, predisposing factors, precipitating stressors, and related behaviors (North, 1989; Andreasen and Black, 1991; and Andreasen and Carpenter, 1993). This understanding of schizophrenia is useful in guiding research and practice. It has the potential to integrate findings from biological and environmental domains and is sufficiently flexible to offer an understanding of the experiences of people with varying symptoms and difficulties, and can use a broad, practical and individualized approach to assessment, support, treatment and service delivery. Both clients and carers find vulnerability models meaningful and helpfui because they present schizophrenia as an episodic disorder. By placing an emphasis on response to stress, they offer a basis for optimism and a sense of control, and provide a shared understanding on which practitioners, clients and carers can build a positive working relationship (Nursing times, 1996). Life time prevalence of schizophrenia varies, but the results of most studies collectively average out to a rate of slightly less than one case per 100 persons in the population (Wyatt et al., 1988). The disorder appears to be uniformly distributed worldwide, although pockets of high or low prevalence may exist in all cultures, and in all socioeconomic groups (Bendik, 1996).

The incidence of schizophrenia or the frequency of newly diagnosed cases in a specified population during a certain time period is between 0.3% and 0.6% per 1000 persons per year in the United States. Lifetime prevalence or the total number of cases in the U.S. populations, is about 1.5% (Sharma and Murray, 1993). The prevalence and prognosis of the disease vary according to