

# Assessment of the Level of Family Functioning and Attitude towards Psychiatric Drugs among Chronic Schizophrenic Patients

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**Abstract:** *The objectives of study were to assess the level of family functioning among the chronic Schizophrenic patient, to assess the attitude towards psychiatric drugs in chronic schizophrenic patients, to associate the level of family functioning with selective demographic variables and to associate the attitude towards psychiatric drugs with selected demographic variables. The study was based on quantitative non-experimental research design. Total 172 samples selected by the non-probability convenient sampling technique. Standard and modified rating scale is used by the researcher with four sections are as demographic data, screening questionnaire, Hogan drug attitude inventory, family assessment device. Result shows that 99.4% patient had moderate family dysfunctioning. About 91.9% patient shows the drug compliant. There is significant family dysfunctioning associated with family income and education while drug attitude is significantly associated with the marital status of patient. This study conclude that there is moderate level of family dysfunctioning that can be resolve by giving the psycho education and counselling the patient and their family.*

**Keywords:** drug attitude, family functioning, chronic schizophrenic patients, drugs, psychiatry

## 1. Introduction

"It is the health that is real wealth and not the pieces of gold and silver."

-Mahatma Gandhi.

Schizophrenia is most common among all psychiatric condition and is prevalent in all culture across the world. 15% of all new admitted cases are belonging to schizophrenia and 50% of all beds accompany. About 3 to 4 in 1000 in all community and 1 in 1000 in general population. The men has peak onset of 15 to 25 years and female it is 25 to 35 yrs. Schizophrenia is a serious and disabling illness. Most schizophrenic spend many years in a residual phase when they may be withdrawn and isolated, suffer from peculiar, unsatisfactory, social skill, living skill and social performance and display minor features of the illness.<sup>[2]</sup>

Patient suffering from physical illness are given specific treatment because the cause is specific and sign and symptom are also specific. In psychiatric setting the treatment may not be specific and most patients are given more than one treatment. These treatment methods vary from patient to patients. Some patients do not want treatment and may not co-operate with doctors and nurses. Some do not realise that they are ill may actively resist all form of treatment.<sup>[3]</sup>

Effectiveness and tolerability of psychiatric medication are not only determined by the drugs pharmacological profile but thought the interaction of the different factors, including patient attitude towards there prescribed medications. Increased knowledge and attitude towards drugs may help prescriber to improve patient co-operation and there by the effectiveness of pharmacological therapies<sup>[4]</sup>.

## 2. Need of the Study

The schizophrenia is most common among all the psychiatric disorder and the prevalence in all culture across the world.

### Estimates

15% of all admitted cases of schizophrenia with 50% bed accompany, about 3 to 4 in 1000 in all community and 1:1000 in general population. The men has peak onset of 15 to 25 yrs and 25 to 35 yrs. The disease was common in lower socio economic group.

### Worldwide

A study conducted in 2009 to 2012 by Charles perrens hospital, university of bordeaux, France with the objective to assess attitude towards psychiatric drug among depression and schizophrenia patients. They have collected 319 samples. Data was collected by structured clinical interview a cluster analysis was performed they have found that there was a subjective negative attitude towards medication the finding also suggest that depression is more frequent in schizophrenia patient with poor adherence in this population<sup>[7]</sup>

In the last decade many research studies has been conducted on the role of family in course of schizophrenia. Though the family as a casual factor of schizophrenia has been disputed, researcher still recognised the important of the family environment as attributing factor to the relapse or rehabilitation of patient. The major concern has been shifted to the post hospital adjustment of discharge patients and the role of family as a rehabilitation agent for schizophrenia in particular concept of expressed emotions which refers to the attitude of family member towards patient i.e. crucial comments, hostility, emotional over-involvement, warmth and positive remarks are found significantly and reliability predicted the relapse of schizophrenics. This concept has

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laid the ground for family interpretation aiming at reducing negative impact of the relatives towards patient further rehabilitation and recovery.<sup>[8]</sup>

Thus the researcher had shown the interest in aspect like the family functioning and the drug attitude of schizophrenic patient to understand the actual problem faced by them in community and how it affect the progress of patient.

### 3. Problem Statement

A descriptive study to assess the level of family functioning & attitude towards psychiatric drugs among chronic schizophrenic patients attending OPD, MIMH, PUNE.

#### Objectives

- 1) To assess the level of family functioning among chronic schizophrenic patients.
- 2) To assess the attitude towards psychiatric drugs in chronic schizophrenic patients.
- 3) To associate the level of family functioning with selective demographic variables.
- 4) To associate the attitude towards psychiatric drugs with selected demographic variables.

#### Assumption

- 1) The study assumes that there may be moderate to severe level of family dysfunction among chronic schizophrenic patients.
- 2) The study assumes that there may be negative attitude towards psychiatric drugs in chronic schizophrenic patients.
- 3) The males may have disturbed family functioning than females.

#### Limitations

The study is limited to the chronic schizophrenic patients attending psychiatric OPD, MIMH, and Pune.

### 4. Review of Literature

#### 1) Review of literature related to family functioning

A study conducted in 2014 by nasrinforuzandeh, et al in department of psychiatric nursing school of nursing and midwifery Shabrekord University of medical science shabrekord IRAN. With the objective of studying family functioning in family members of patients with schizophrenia and mood disorder in shabrekordIran. study was conducted on 186 family members the study highlights poor family functioning among caregivers of patients with psychiatric disorders specially schizophrenia. this may be due to the present of emotional distress and frustration related to taking care of these patients.<sup>[19]</sup>

#### 2) Review of literature related to drug attitude.

A study was conducted by Martin et al ,2014 at department of Psychology, division of the clinical psychology and psychotherapy university of Hamburg 6 Hamburg Germany; no the explain attitude and the adherence to antipsychotic Medication: the department of the process model; in the study the medication adherence derived by health belief model based on the cost benefit consideration. Online study conducted on the 84 participant with self-reported psychotic

disorder and performed path analysis. More the insight into the treatment higher the attribution to the treatment and less endorsement of the psychological casual beliefs were significant predictor of more positive attitude to words the psychiatric medication.<sup>[25]</sup>

### 5. Research Methodology

- 1) Research approach: quantitative approach
- 2) Research design: non-experimental descriptive design
- 3) Setting of the study: the study was conducted in psychiatric OPD, MIMH, Pune.
- 4) Sample: the samples consisted of 172 chronic schizophrenic patients and meet inclusion and exclusion criteria.
- 5) Sampling technique: they were selected by a non-probability convenient sampling method.
- 6) Sampling criteria:

The following criteria were set to select samples:

#### Inclusion criteria

SR. NO	Parameters		Percentage (n=172)
1	Age (Yrs)	≤30	22.7
		31 – 40	37.8
		41 – 50	20.9
		51 – 60	12.8
		61 – 70	5.8
2	Gender	Male	61
		Female	39
3	Religion	Hindu	86
		Muslim	9.9
		Christian	1.2
		Others	2.9
4	Education	Illiterate	14
		Primary	25
		Secondary & Higher sec.	50
		Graduate & above	11
5	Occupation	Unemployed	52.9
		Government	4.7
		Private	25.6
		Self employed	16.9
6	Monthly income of family	<10000	75
		10001–15000	15.7
		15001–20000	5.2
		20001 & above	4.1
7	Marital status	Married	64
		Unmarried	30.8
		Divorced	4.7
		Single parent	0.6
8	Type of family	Nuclear	57.6
		Joint	42.4

- Psychiatric patients who are diagnosed with schizophrenia more than 1 year
- Schizophrenic patients above 18 years age.
- Schizophrenic patient who are willing to participate in the study.

#### Exclusion criteria

- Schizophrenic patient who are having poor prognosis
- Schizophrenic patients who are deaf & dumb.

## 6. Description of the Tool

### Section I: demographic data

Demographic data was developed first to collect the baseline information which consists of age, gender, education, religion, occupation, family monthly income, type of the family, marital status.

### Section II: screening questionnaire

It include the information of the patients diagnosis, duration of illness, regularity of followup, patient's role in the family and drug dropout.

### Section III: Hogan drug attitude scale

The scale has 15 items that will be score as true and 15 items will be scored as false in the case of fully compliant response. a correct answer to these items will be scored as plus 1. An incorrect answer will be scored as minus 1. The total score is the sum of pluses and minuses. A positive total score means a compliant response. A negative total score means a non-compliant response.<sup>[29]</sup>

### Section IV: family assessment device (fad)

Family assessment device was designed to measure family functioning along multiple dimensions. FAD is a 60 item, self-report instrument that evaluated family functioning along six dimensions. Affective involvement, affective responsiveness, behavioural control, communication, problem solving and roles. There are 12 item general functioning scales as well. Each item score on the 4 point likert scale response ranging from 1(strongly agree) to 4(strongly disagree).higher score indicate more severe family dysfunction.The structured tool used whose reliability found to be 0.72-0.92.<sup>[30]</sup>

## 7. Ethical Consideration

- 1) Researcher has obtained approval from appropriate review boards to conduct to the study
- 2) Researcher has taken formal permission from the director of the MIMH to conduct study.
- 3) Researcher duly explains the purpose of the study.
- 4) Only the samples who had signed the consent form are included in the study.
- 5) Confidentiality of the data is maintained strictly.

### Plan for Data Analysis

The data analysis was planned to include descriptive and inferential statistics. The data is analysed using the frequency and percentage distribution. The association of the level of the family functioning and drug attitude is done with the demographic variable is done by man Whitney and Anovas test. .All the findings will be documented in tabulation, graphs and figures.

## 8. Results

**Section I:** Table 1: Frequency and percentage distribution of demographic variables

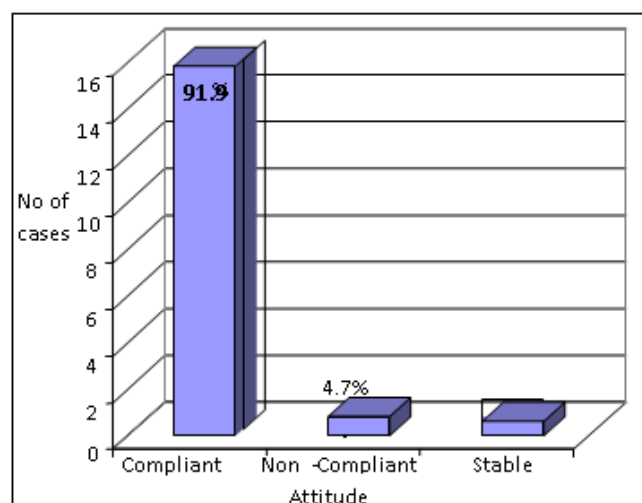
**Section II:** Table 2: Distribution of frequency and percentage of screening questions of chronic schizophrenic patients

SR. NO	Parameters	No of cases	Percentage (n=172)
1	Diagnosis	<ul style="list-style-type: none"> <li>•paranoid schizophrenia</li> <li>•hebephrenic schizophrenia</li> <li>•catatonic schizophrenia</li> <li>•Undifferentiated schizophrenia</li> <li>•post schizophrenic depression</li> <li>•Residual schizophrenia</li> <li>•Simple schizophrenia</li> </ul>	59.3 2.9 1.7 11 1.71.7 21.5
2	Duration of psychiatric illness	1 – 5 6 – 10 11 – 15 16 – 20 21 & above	33.1 29.1 14 16.3 7.6
3	OPD follow up	Regular Irregular	75.6 24.4
4	Role of patient in family	Earning member Dependent	45.3 54.7
5	Drug dropout	Yes No	28.5 71.5

### Section III:

**Table 3:** Distribution of attitude towards psychiatric drugs in chronic schizophrenic patient

Attitude score	No: of cases	%
Complaint	158	91.9
Non-complaint	8	4.7
Stable	6	3.5
Total	172	100



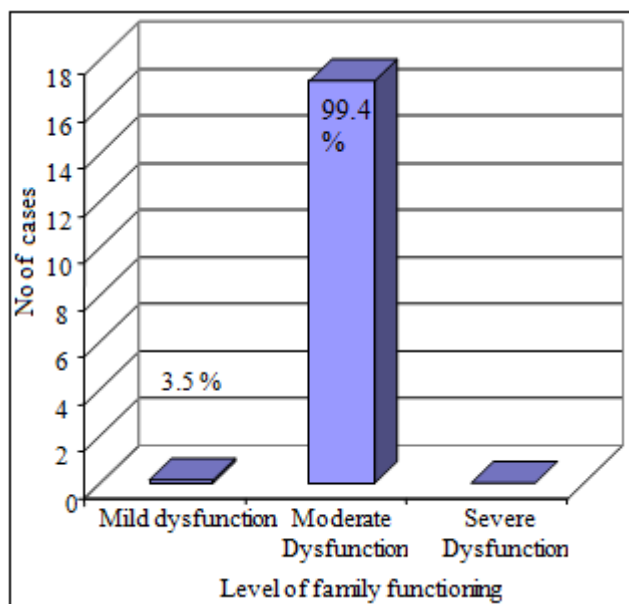
**Figure 1**

**Figure 1:** Distribution of schizophrenic patient as per drug attitude. The above figure shows among 172 sample, 91.9% sample shows drugs compliant 4.7% non-complaint 3.5% with stable attitude.

#### Section IV:

**Table 4:** Distribution of level of family functioning among chronic schizophrenic patients

Level of family functioning	No of cases	Percentage
Mild dysfunction	1	0.6
Moderate dysfunction	171	99.4
Severe dysfunction	0	0
Total	172	100



**Figure 2:** Distribution of schizophrenic patient as per level of family functioning.

**Section v:** Association of level of family functioning of chronic schizophrenic patient with selected demographic variable, shows that demographic variables ,education and income showing significant relationship with level of family functioning. Age, gender, religion, occupation, marital status and type of family these variables are not significant to level of family functioning

**Section VI:** Association of attitude towards psychiatric drugs among chronic schizophrenic patients with demographic variables, shows that only marital status shows significant relationship with drug attitude but other demographic variables such as age, gender, religion, occupation, education, income and type of family were not showing significant relationship with drug attitude.

## 9. Discussion

In present study, the attitude towards psychiatric drug in chronic schizophrenic patients was found to be positive while the family functioning was found to be moderately dysfunction among chronic schizophrenic patients.

### Implication

#### Nursing Practice

Nurses accessing the drug attitude and the family functioning among the chronic schizophrenic patient. It will provide us the great opportunity to give the psycho-education regarding the drug complains and the disease

condition aetiology course treatment modalities and possible outcome.

#### Nursing Education

This research shows moderately impaired level of family functioning compliance attitude toward psychiatric drug among schizophrenic patients. This research will help nursing education to improve level of family functioning and attitude towards psychiatric drugs.

#### Nursing Administration:

While rendering nursing care to the schizophrenic patient of their words, the nursing administrator can interact with the groups of schizophrenic patient and their families for the better family functioning and teaching the importance of psychiatric drug towards prognosis of schizophrenia.

#### Nursing Research

In these researcher shown that the family functioning of schizophrenia patients is impaired also the attitude of families and patients towards psychiatric drug needs improvement through constant education while implementing nursing care.

## 10. Conclusion

The purpose of the present study is to assess the level of the family functioning and attitude towards psychiatric drugs among the chronic schizophrenic patients attending the psychiatric OPD, MIMH, Pune. This study result shows that 99.4% chronic schizophrenic patient were identified with moderate level of family dysfunction .The study also shows that there is Direct significant association between level of family functioning and selective demographic variables such as education and the family monthly income of chronic schizophrenic patients.

In this study the findings shows that there is 91.9% patient having positive attitude .Out of 8 demographic variables only marital status was found to have significant association to drug attitude. In this study the results show that males are more associated with family dysfunction. And age and income are having significant association with family functioning.

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