

Original Paper

The Role of the Nurse in Hospital Care for Schizophrenia

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Psychiatrists have limited time to spend with patients so that makes the role of nurses on psychiatric wards very important. There are a number of phases a patient will go through when being admitted to hospital and these require different roles on the part of the nurse in the provision of care. The outcome will then be the patient is more ready for discharge sooner.

They need to know you well you have to trust them. They will be non-judgement about the psychoses which is a first step to breaking the ice. That trust will be helped by first sight of the mental health system and knowing they haven't been locked up.

Nurses may well be the first point of contact with the mental health system. This gives them some important roles to play. Eventually talking things through with your nurse will mean you get to know the ropes with the mental health system and what diverse therapies are on offer including how they work. You can pick up on all of this as you go along in the mental health system.

They first need to explain that what they are thinking is a chemical imbalance and then about all the different medications on offer. Can they explain the notion of mental health and why it is necessary to have the drugs through as for it as an illness. You will get socialised into knowing all of this when in the system and this can be helped by the nursing contact.

You will first become familiar with the names of all the different drugs, and which are the newest or best. You will know some have less side effects and the levels of sedation with things like clozapine. With that drug you will learn it is the best one but that it destroys white blood cells. You will know psychiatrists all have their favourites and stuff they won't touch. There are things that will help with depression, sleeping, calming your nerves and withdrawal symptoms coming off the medication, especially the Valium. You need to be aware of all this at the outset and your nurse will be best placed to explain.

You will learn that they can cure about a third of people and that the research is ongoing. This hope is needed at the outset as the nurse will underline many people recover. Then you must learn new drugs are always being developed and breakthroughs made all the time which should inspire some hope on realising you are ill. Much money goes into researching the medication and clozapine was a wonder drug. The hope is for another clozapine being developed.

They also need to outline the social support and how this can help get your life back on track starting with being in hospital. Then how you can have support from secondary care when you get out. Like John Nash they can say there is hope not to give up on your goals and that life gets back to normal but although this takes time and effort it can be done. So, the result is the patient will know schizophrenia is not the end of the world and that the system can do much to help them.

On getting to the hospital having been sectioned the patient is going to be wondering what is happening and they will be struck by how quite the place is, despite expecting bedlam. They will see there are no raving lunatic, but they still need some explanation of things.

It needs explaining why society labels them as mad. It is worth noting here that as the patient can see for themselves there are no strait jackets or padded cells. Then the labelling needs going through as some of it contains insight such as use of the word mental so there is no danger involved.

Nurses must then reassure patients they are not in danger from any unstable and disturbed schizophrenics. They are not like Jekyll and Hyde or are split personality psychopaths and that some patients are there voluntarily. the more it dawns on patients that they are getting medications for the more they will understand about the difficult concept of mental health.

It may also seem that they are socially excluded by stigma. It needs explaining that although schizophrenia is stress induced, they are not to blame for having their own problems by having been too weak not to have been driven mad or driven round the bend. Any one subject to enough pressure will crack up and there is growing evidence attitudes are beginning to change.

The other worry about stigma is that while you are safe from it in hospital what will happen to you when discharged. Again, some explanation is needed that although stigmatised you are not excluded as society provides much support especially through day centres and sheltered housing.

Life will get back to normal as you can meet new friends and do all the things normal people do when out and about like shopping, cinema and travel etc. There are educational opportunities at day centres and possibilities for voluntary work to help others.

This will give the patient something to look forward to when the confines of the hospital begin to feel a bit restrictive. So, they will be better able to put up with being on a ward 24/7 which is a lot of pressure. They can also taste what this is like by going on leave to a day centre.

They must get across the message that they want to help the patient even though the patient might not recognise they have an illness. Here the eye contact is very important so the patient will recognise the truth they have a problem even if there is only so much insight involved.

This insight should be looked for as early as possible since it may take a while to get a cognitive therapist. Then they will realise they have a mental illness despite it all seeming real so this will make the concept of mental illness more understandable. the patient may realise they are having diagnosable symptoms.

It is important before friendly relations with nurses and other patients to use compassion as this allows connectedness with other people. They need not to sit back and observe but have a more family/affiliative

role so using this compassion. Then as it can all provide contact with other people though a more social atmosphere.

Meeting new people can be interesting and the nurse will often be the first such person you meet. Then it can be shown in hospital there is also a diverse bunch of people. So, if the ward can achieve a group feeling instead of sitting in silence this provides an interesting place to be.

They need to know you to have a friendly chat. This is to cheer you up and to talk about something distracting to take your mind off the anxiety. This will help make the time in between episodes more bearable and could have further implications in that it should calm you down enough to concentrate you will be able to do the activities on offer.

Yet being active for a few hours a day is not enough to fill the time in and particularly during a lengthy admission the nurses need to provide social contact to avoid patients staring into space. They need to do something to occupy their minds and the nurse should advise going on leave off the ward to alleviate this. They need to gather as much information as they can in the case that the patient appeals to get off a section. One factor here is that with all the positives discussed with your nurse there will be less of a risk of self-harm so being let off the section will be more likely.

This eventuality is serious when being let out of hospital as the patient will have much experience and direct knowledge of how to help answer the voices. Learning this will also speed up your recovery and get you out of hospital sooner.

During a lengthy admission they will get to know you very well, provided your named nurses doesn't change a lot. You will look forward to the time you spend with them as well as the other staff. Nurses are also intelligent people with good social skills, so it is a privilege to be cared for by them and I found them to be interesting as people.

If the nurses get it right then the hospital stay will feel less confining and there support will work well with the other things going on. sometime can be spent chatting, some doing the activities, some enjoying television and having some time to yourself. Together all this can get you through even a medium length admission.

The problem also becomes you may have still time on your hands and if you are not distracted you may start to worry about the next episode. Also, if things get boring you may feel the confinement more. It should be suggested by the nurse to go out on leave and enjoy some time outside the hospital for shopping, nature and exercise. This may need supervising by your family.

Once they get to know you and you feel liked by your nurse that impression can be used to challenge the critical voices. The nurse can remind you that you are valued for who you are by your friends and family and that thought should help stand up to a critical voice.

Where family contact has been lost through stigma the family/affiliative role of the nurse is very important. They will need to be extra compassionate to heal the emotional pain here then you can start making new friends to resist the voice.

Criticism from the voices can result in a very disturbed emotional state so being cared for emotionally is very important. Again, with friends and family the nurse will need to help with re-establishing that normal state. They can help through being sympathetic and caring and that might help us get to the esteem tier of the Maslow tree.

They also need to explain how the system can make a difference including distraction and confrontation. It should be noted that you are safe from the peaks in terror as they will use Valium as a short-term remedy which will prevent a lot of worry on the part of a new patient.

Eventually you will have to confront these fears when on your own. You will be discharged from hospital and typically a patient will think the neighbours are spying on them. Your nurse can help prepare you for this through supported graded exposure. This will help upwards through the different levels of anxiety states so you will overcome this barrier to being discharged.

The nurse cannot go out of the hospital to confront the anxiety of the people there or go home with you to stop the neighbours spying on you. Yet there are steps that can be taken in the ward environment which can help with getting out and about and going home.

One is that if the nurse has established some trust with patient, through insight, this can be built upon by being around people on the ward and who you might be getting paranoid about. You will see on first contact that they are not talking about you and being friendly with each other.

After that you can start watching television which creates a twofold problem. I often feel that my thoughts are being broadcast to everybody and that particularly with watching the news that I was causing terrible world events. Your nurse can sit through you with this and emphasize it is not your fault. The problem is that this may take some insight.

Another way of doing it is to have the television on as it always is but to sit in the day room and have a chat without looking at the screen. You will still hear the talk on the screen but like a voice you can listen to something else and be distracted again.

The danger is that if you catch sight of the screen out of the corner of your eye that could trigger a relapse, so you have to be very careful about this. Just one glance could trigger an episode which may have you back in your room for a long time.

The feeling with the television is that it is more frightening than being on a ward even with the people you are paranoid about. The whole network maybe broadcasting your thoughts, and this is a common schizophrenic symptom. You will get paranoid about the whole society not just those people around you. Yet as far as the other patients go, they might be reading your mind about 9/11 and passing information back to the CIA. This is just as serious so you have to think about something else then there is nothing they can use as evidence. Your nurse can keep your mind on the chat here.

All the same you cannot stop having these thoughts as they are delusional, and you cannot get them out of your head. When you feel them coming on you have to get out of the room until they go away and before the fear escalates from thinking about 9/11 to people reporting your whereabouts. Again, this

needs some insight as when you are slowly losing touch with reality you can get out of the situation safely before you visibly panic and run.

As far as the television goes you need to be very engrossed in the conversation to stop hearing what it is talking about. Yet there is limited time or opportunity for social contact. Talking a Walkman could help here when there is no social contact but at least it will get you out of your room. You can also try a portable computer games machine at the same time.

In my case being around the informants was more difficult compared to the other forms of my paranoia, as it was not safe even when I was distracted or confronting things. These thoughts about 9/11 were still there so even if I could cope with the fear so there was still a danger.

Being distracted meant the thought was still there and it was only that I was less aware of it. Thinking people could read my mind meant there was no choice to accept the confines of my room until it went away. Then I had to make the most of the in between times when back on the ward.

Being able to access the day room without things like the people or television causing fear is very important because you will need to be in there for many therapeutic reasons. Being on your own with the symptoms would make the illness worse and add to the feelings of confinement.

The nurse can introduce new ways of calming down such as breathing or safe place imagery and these can be supplemented by relaxation classes at day centres. Calming down will be in addition to cheering up and it is important to keep a pleasure diary. Having a wish list to celebrate being able to get through the schizophrenia and then reward yourself with something afterwards was very helpful.

The ward will first need to look after you level one Maslow needs so get you fed and can sleep. Then you can have a rest from the voices, and this will encourage the strength to stand up to them. You will feel very much better for being in the hospital confines at this point.

Then they can practice anxiety management so instead of freezing or panicking you can coexist with the fear. Then some growth on the Maslow tree to the emotional level might be possible if the fear is not so overwhelming. Taking one step at a time with the fear can also stop you flipping out or running away from the people with the fight or slight response.

So, as the patient might be emotionally stronger to stand up to the voices and painful delusions then the therapeutic social contact can begin. The deeper the emotional support you get the stronger you will be against the voice, and family support should be established here where possible.

Then the patients have to learn to hang in there until the fear passes and with the social contact on the ward, they can remind themselves there is something positive to look forward to afterwards. The nurse can sit through your psychotic episodes to keep you focused on this.

They need to remind you that after the symptoms go, they can go back to the town centre or day centre and will have soothing emotional support from friends and family. Things will get back to normal in these respects and they will not be suffering all the time. This will give you something to look forward to in addition to the calming down strategies of breathing and safe place imagery. Together they are a potent combination for handling schizophrenia.

It is up to the nursing staff to provide family care so you can change the atmosphere of the place and stop it feeling like an institution. Then chatting with your nurse once you are calmed down enough to handle conversation means you can then chat to other patients as well. this gives the place group feel to it and stops it feeling confined.

You can share your experiences of the otherness of mental illness and can empathize with each other's suffering. That should motivate people to help each other when the nurses are too busy to provide one to one support. You will feel like you are more in a hotel than a hospital but again this depends on how long you are on for.

Chatting and positive reinforcement against the voices can motivate people more so they might not be too depressed to engage with the activities on the ward. this will also have a role of generating some self-esteem so you can just be yourself again. That is a therapeutic feeling.

Then the nursing staff will accept you for yourself even if the voices criticise you. So, you can relax about who you are and that will help you get to the top of the Maslow tree where you can be more creative. This again providing you can distract yourself from when the attention drawn to threats.

You can talk to your nurse about your life and your family and they will get to know you better than the voices does. Often what the voice says will have some truth to it but that is only part of you and the better you remember your true self the more you can ignore it. Your nurse could use that knowledge to help support you with this based on what they know about you.

Like listening to Walkman these social skills and chatting are very important to provide some distraction from what you are hearing. So, you can listen to the nurse and not the voice and they can use the conversation to talk you round from any distress from the voice.

Being distracted is also important for when you start getting paranoid about the other people on the ward and you need something to take your mind off things. This especially when there is not enough insight into what is happening. You cannot leave the hospital so you must coexist with the fear as you cannot get these thoughts out of your head. Again, a Walkman could help here or having your nurse to calm you down might also make some impact.

Being paranoid about the patients may mean avoiding the day room which will cut you off from the nursing contact, which as we have seen is badly needed. This will also need some supported exposure and the nurse can sit with you through it and again engage in chat for some time.

If anything goes wrong, you can go back to your room and be on your own until the fear wears off and then have another go. Then you can build this up, so the time spent in the day room gets longer and longer until you enjoy the social contact and things return to normal.

Being paranoid about the patients or the television may mean associating the day room with the illness which could also trigger a relapse. So, it very important to change the feel of the place through social contact to replace the negative associations with something more caring.

Staying in your room all the time when paranoid about the other patients will be emotionally isolating and will concentrate the mind on the delusions and voices. Still the patient may feel they have no choice

here so some Valium might be necessary to reintroduce the ward environment again. Then so you can be calm enough to practice some insight.

The nurse will have to point out that too much time in your room will make it feel like a cell and that will concentrate your mind on the symptoms more. So have to ask yourself which is the most frightening the room or the ward. The ward has more help than your room does.

Hiding in your room has another serious consequence for being discharged in that once back home you might be hiding in your house all the time. This will do you no good as it will have the same effects, so you need to practice confronting the symptoms when in hospital.

When out even if you can leave the house, you will still need to be on your own within close confines. So, practicing being in your room in hospital could under certain circumstances be a useful stepping stone. And when back you will feel more like being at home than when in hospital which is an encouraging thought.

Your hospital room is probably the best place to practice this as if things get too much you can ask for help by going back on the ward. This should help you reduce the anxiety until you get more used to it. So, you can practice the isolation step by step too. Eventually you won't become dependent on the nursing to get you through things and you will lose your fears of being discharged.

The nurse can also help this graded exposure by spending some time in your room with you which again is a useful first step. This can then be also done at home as you can have your friends and family round which will ease the passage out of hospital. The nurse should explain this.

If the paranoid ideas mean you cannot be nursed as you are not on the ward it might be useful to consider a community treatment order. Then again home will be a more soothing environment even without the nursing contact and some Valium could be used at the worst times as well.

Another problem with the hospital is that the feelings of confinement are stressful, and schizophrenia is stress induced. You need something to relieve the pressure so getting out of your room and off the ward so going home for a while should be recommended by the nurse.

There is another way that staying in your room could be less stressful if you have electronic media to help take your mind off things. Again, though you could have a more serious episode in there and still associate the room with the illness so that leaves another difficult choice of where to be.

One cause of stress is boredom as you cannot do the activities all the time, so this puts the emphasis on interesting conversation. Where the patients are drugged or withdrawn and the nursing staff to be busy this will be another reason for the nurse to suggest a day centre. These are livelier and have a better choice of courses to do at the same time.

Getting off the ward is also another step to confronting the fear as you may feel too safe with the associations of being in hospital. So going to places you have been ill in before could trigger a serious relapse and may need another admission. That is down to your social worker when out.

If getting out and going back home is going to cause the possibility of relapse this will cause some anxiety as again you will be on your own for long periods. Then the associations of paranoia will set back in and there will be no 24/7 help like being on the ward.

The further support can only be put in place for a couple of hours a week to provide graded exposure but when in hospital the nurses cannot leave the ward to train you for this. That puts the emphasis on family help where they have time available to help prepare.

You need a plan to work out with your nurse about what to do when back in the house. So you can keep busy until the graded exposure becomes more effective. That might include going to day centres and doing courses for a couple of afternoons each week, but this still leaves a lot of time.

The best answer is to live in sheltered which is a half-way house between hospital and home. They can get out and about with you so you can break the association of places you have been ill in. So avoid the possibility of relapse. This too can be explained by the nurse.

Unfortunately, none of this is guaranteed to work and memories and flash backs of the paranoia could trigger a relapse. The worst is that having been through all this before you know hospital can work as back up and the nurses can help with confrontation and discharge again.

Nurses can advise patients to bring their own movies and music to play when alone in their hospital rooms. Having access to the internet can help here too as there may be some social contact that way providing you don't think the CIA are monitoring your emails. Again, this can work to provide distraction and your personal effects can have a soothing effect on the fear.

Then they will have the persona space to reflect on their lives and counsel themselves that they must live with an illness. To weigh this up they will remember the positive in life they will have discussed or so far experienced with the nursing staff. even if the symptoms have only been stabilised there is much that can be done to heal your life.

If they are paranoid about the other patients and you must spend much time in your room these will provide some soothing until the fear wears off. You will then have a backup plan for calming down when this happens again, so you won't be too frightened by the psychological barrier of going back.

Getting out of your hospital room is important when you get paranoid about the other patients. So, you can do more relaxing things like walking or shopping and so you will have a break from spending time in there. Of course, you may still have to go back.

On your own in your hospital room, you feel the emotional force of the isolation and the best help with this to ring your family for support. If you have been out and then had some family contact when back, you will lose the memory of the paranoia and will be more inclined to give the day room another go. Again, breathing and safe place imagery could help calm things down here too.

They can suggest a variety of strategies for getting off the ward such as going to the shops and treating themselves and especially by trying to make new friends at day centres. This become very important where patients have lost social contact through stigma. So, they reassure patients life can begin again.

They can make new friends and even partners which will make you emotionally stronger and also help with low mood.

The emotional support offered on the ward is only a start. The relations built on friendship will be more powerful than anything professional. They can and will provide a deeper feeling of self-worth against the critical voices, particularly where the care is TLC with a new partner. It will replace suffering with meaning whatever else may have lost in life. The nurse can explain all this when you first come into hospital so you will have something to look forward to when you get out.

Overtime you will get more experienced in relying on other people for emotional support and you can chat to your friends in the way you did to your nurse. Again, your friends will come to know you better than your voice and you can have a deeper conversation with them too.

By going to day centres, you will receive 'secondary care' and become part of an established group of people in ways that didn't exist on the ward given where people will come and go all the time. There will be more opportunity for social contact than with your named nurse.

Again, there will be more stability here as when your nurse changes jobs. Then you have to start again getting to know another named nurse who is specifically applied to you. Overtime your social group will get to know you better than your nurse so the chances of staying well are better.

You will come to know them very well and from an emotional point of view that community will grow all the time. The talk will become more meaningful as things develop and will give a basis to challenge any low mood as your friendship deepens and you will meet friends for life.

It will be better than just having a chat to cheer up as the illness requires more emotional support than just trying to distract yourself in this way. It needs proper emotional connection with the talking instead of just taking your mind off things. You need to go in depth with it.

So, your family will have a crucial and deeper role as your designated carer and that love can soothe the emotional pain you are experiencing. Again, this is vital to getting out of hospital and they can talk with your nurse about how they can help to dialogue with the voice and the importance of getting out and about.

As with getting off the ward you need to get out of the house and my family takes me out three times a week, which provides a much-needed change of scenery. Again, the nurse can recommend this to start when in hospital as they are not available to do it themselves. Then the patient will know being discharged is going to work even when at home all the time.

Finally, nurses need to be aware that if the patients are becoming over dependent on their help and institutionalised by being in hospital too long. This can creep up on patients without them noticing. So, when talking about discharged the system can deal with these problems by going to day centres or through the provision of sheltered housing projects. This should remove much anxiety here.

Conclusion

A good nurse will help guide you through the hospital system from first being admitted until you are discharged. As well as explaining how everything works, they have important roles for helping you confront and distract you from the fear. These are ways of supporting your recovery and getting you ready for life outside the ward. They can help you with mood and stress, so you are motivated to keep busy and cope with things this is making the possibility of relapse much less likely. Life can then get back to normal once the right care has been provided by the nurse.