

# CHAPTER

## IX

### Self-Care

Bentick et al (1970)<sup>1</sup> in the study of "Social Adequacy of State Mental Hospital Patients" in Texas (U.S.A.) found that a greater percentage of patients was rated as socially adequate in the areas of self-care habits. According to him mental hospital patients perform more adequately in self-care activities than in the activities involving meaningful association with others.

Similarly, in this study, also we find the same trend, i.e. more patients (70%) follow the self-care routine without reminder (Table 9.C1).

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**TABLE 9.01**

Showing the Patients' Pattern of Following  
Routine for Self-care

Patterns	No. of Patients	Percentage
1. Without reminder	77	70.00
2. With reminder	17	15.45
3. With coaxing	8	7.27
4. With physical help	6	5.45
5. No response	2	1.81
<b>Total:</b>	<b>110</b>	<b>99.98%</b>

Patients who require coaxing and physical help are 7.27% and 5.45%, respectively. Therefore, from this angle, it is these 12.72% who require nursing care. A detailed enquiry (Table 9.02 and Table 9.03) reveals that 76.36% patients (Table 9.02) do not require any nursing help in the routine self-care activities. Similarly, 80% patients (Table 9.03) do not need any nursing care at meals' time. Patients who require nursing care in routine are 23.62% (Table 9.02) and those who require spoon-feeding and instructions at meals' time by nurses are 2.72% and 16.36%, respectively (Table 9.03).

**TABLE 9.02**

Showing Areas where Nursing Care is Required

Area	No. of Patients	Percentage
1. Going to latrine	-	-
2. Cleaning teeth	9	8.18
3. Bath	3	2.72
4. Changing clothes	3	2.72
5. In all these areas	11	10.00
6. In none of these areas	84	76.36
Total: 110		99.98%

**TABLE 9.03**

Showing Patients' Requirement of Nursing Care in Eating

Type of nursing care	No. of Patients	Percentage
1. Feeding by hand	3	2.72
2. Giving frequent instructions	18	16.36
3. No help at all	85	80.00
4. No response	1	.00
Total: 110		99.98%

These findings seem to suggest that less than one-third of the long-stay patients (given all the benefits of subjectivity) require nursing care and supervision. And thus one

say from the self-care aspect that more than two-third patients can be released to the care of their guardians. Das (1979)<sup>2</sup> also found only 26.8% of long-stay patients of Bihar State Mental Hospital in need of help in matters of personal hygiene.

Then, from these, one can infer that prolonged hospitalisation does not seem to affect the routine self-care (as described in the Tables 9.02 & 9.03) as adversely as it does other behaviours. Possibly, the reason lies in the strength of these habits which have been learnt and reinforced all through the patients' life. Also, because these are the basic habits almost essential to live in human society, and are also perhaps strengthened in the hospital.

The effect of hospitalisation becomes evident in the area of personal habits (Table 9.04).

TABLE 9.04

Showing the Number of Patients who Try to be  
Neat and Clean in Personal Habits

Category	No. of Patients	Percentage
1. Yes	59	53.63
2. No	49	44.54
3. No response	2	1.81
Total:	110	99.98%

Here, we see only 53.63% patients trying to be neat and tidy in their appearance (habits), and 44.54% are reported to be shabby and untidy in their appearance. Das (1979)<sup>2</sup> in his study of long-stay patients of Bihar mental hospital, has observed that 68% need some sort of supervision in their personal appearance. This difference between these two findings (44.54% and 68%) can be explained on the basis of environment of the two hospitals, which has a significant role in causation and amelioration of social impairment (Ruesch et al, 1968)<sup>3</sup>. In a study of female long-stay schizophrenics in this very (S.I.P., Ranchi) hospital, Mishra (1976)<sup>4</sup> found 44% as untidy in their personal habits and 56% were observed to be neat and clean in their habits and appearance. These studies at least suggest one thing, i.e. the ward staff (like patients) do not attach due importance to personal appearance because to them it does not in any way affect the physical or mental condition of the patients. Also, poor patient and attendant ratio and the attitude of ward staff towards mental patients (Brown and Singh, 1962)<sup>5</sup> appear to contribute significantly towards the deterioration of personal habits of the hospitalised patients.

Table 9.05 speaks further on this topic of discussion.

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TABLE 9.05

Showing How Patients React to Lack of Amenities:

N = 110

Reaction	No. of Patients	Percentage
Ask for things	70	63.63
Do not ask for things	39	35.45
Complain for things not given	27	24.54
Do not complain for things not given	79	71.81
Get irritated	14	12.72
Do not get irritated	90	81.81

Interestingly, 63.63% ask for things like bed-sheets, comb, etc., but only 24.54% complain when their demands are not met, and only 12.72% show irritation on it. Thus, we see that more than one-third of these patients do not ask for any thing, more than two-third do not like to report the matter to the higher authorities and only some show their resentment on being inconvenienced.

Goffman (1958)<sup>6</sup> explains it in terms of the institutional characteristics (which appear to be very much true in the case of the present work also) on the following lines:-

1. all aspects of patients' living is conducted in the same place and under the same authority;

- (2) all activities of these patients are carried out in the immediate company of a large number of patients;
- (3) all activities of the patients are tightly scheduled, e.g. when to go to latrine, bath and when to eat, etc. This is imposed through clear-out rulings to the extent that any deviance is not tolerated by the ward staff. (The investigator during his experience of 15 years in the present hospital has faced very tough time to convince the staff that a particular patient (or patients) will take his tea at 8 A.M. and not at 6 A.M., and that his meals may be kept in the pantry till 9 P.M., as he cannot take his dinner at 6 P.M., etc. It could be arranged only after a lot of resistance from the ward staff who tried to stall this move).

Staff feels superior and righteous; inmates are given to feel that they are wrong, and cannot have their ways. This starts from the day of entrance when <sup>the patient</sup> is immediately stripped of his possessions, and is asked to follow the instructions of ward staff. The ward staff re-establishes its superiority and increased dependency of the inmates by favouring them through some special food-items or services. The supervisory staff, too, reinforces these modes of

adaption through directing the patients to the care of the ward staff or supporting the staff against the patient. All this eventually leads to an adaptive model of "conversion", whereby he tries to be a "perfect inmate." So with such a state of affair it is quite natural that most of the patients do not complain but succumb to the whims of the ward staff for the fear of losing the privileges and harassment at their hands.

The patients who complain are either those who can stand the wrath of those staff, or, those who have greater sense of security because of their status and family's intervention and interest in their problems of living. (Many a times, patient's family complains to the authorities about the misbehaviour or lack of facilities for which invariably enquiries are held and the guilty are punished. Dhawan (1972)<sup>7</sup> found 90.7% long-stay female patients not complaining as against 71.8% found in this work. This difference appears to be so wide possibly because of the socio-cultural factors. Women in our society are more passive, more tolerant, less complaining, more shy and timid in general, and more inclined to accept their lot (as it is) as compared to men.

Personality factors do play, usually a role in such behaviours, but here the facts do not seem to signify any important role for the personality factors. The reason is

that only 63.63% ask for things, the rest 35.45% do not do so even after years of hospitalisation. This is quite unnatural even for sick persons. Secondly, the normal course is to complain to the supervisory staff when their basic requirements are not met even after their asking. Reporting against inconveniences is encouraged in ward meetings and Welfare Committee meetings also, but only 24.54% complain about it. Thus, we find a strong support from these findings for sociogenic views of social breakdown syndrome.

Table 9.C6 tells about the ability of patients to keep their accounts after years of hospitalisation and suffering from schizophrenia.

TABLE 9.C6

Showing Patients' Capacity to Maintain Personal Account

Category	No. of Patients	Percentage
1. Yes	39	35.45
2. No	71	64.54
Total:	110	99.99%

There are 35.45% patients who are reported to be capable of maintaining their account. The rest perhaps cannot maintain their personal account.

The inmates of the hospital draw money from their private account maintained by the hospital every week. Sometimes, guardians give money directly to their patients. There are, however, quite a number of patients who come from families poor enough to spare any money for the private expenses of their patients. The figure 64.54% includes such patients also. Ability to maintain account is mainly an intellectual activity. The cognitive impairment and poor judgment (Spitzer et al, 1976)<sup>8</sup>, intellectual deterioration and regression (Davis, 1971)<sup>9</sup> are always present in Schizophrenia. However, the hospital staff attitude towards the patients, i.e. that the patients are "bitter, secretive and untrustworthy" (Goffman, 1958)<sup>6</sup> does not allow such opportunities to the patients. And this lack of opportunity leads to more rapid deterioration in their ability to maintain and operate their accounts in absence of any use of this faculty. Bentinck et al (1970)<sup>1</sup> also observes a trend for patients to handle money poorly.

The patients (35.45%) who are able to maintain their account (which involved simple calculations) are either (1) the paranoid schizophrenics whose overall deterioration is much less as compared to all other groups of schizophrenia (Spitzer et al, 1978)<sup>8</sup>, or (2) the patients are with better educational background and of higher intelligence (Davis, 1971)<sup>9</sup>.

In Table 9.07 we will see the overall assessment of the subjects in matters of self-care.

TABLE 9.07

Showing Patients' Efficiency in Self-care

Category	No. of Patients	Percentage
Poor (5-8)	14	12.72
Fair (9-12)	41	37.27
Good (13-16)	55	50.00
Total:	110	99.99%

We see from Table 9.07 that 50% are quite efficient in looking after their personal-care needs and 37.27% can do it fairly well. Thus, 87.27% do not seem to be in need of any supervision or nursing care for their self-care routines. These findings simply confirm the trend found in Tables 9.01, 9.02 and 9.03 and are in agreement with the study-reports of Montinckx et al (1970)<sup>1</sup> and Das (1979)<sup>2</sup>. So from nursing requirement point of view, according to the rating scale, one can say that it is only 12.72% (half of one-fourth) long-stay patients who perhaps cannot be discharged to their guardians (especially in urban areas). Then, such patients either require hospitalisation or custodial care and the rest of patients can be discharged

from the hospital to the care of their family provided their family is willing to take them back.

In brief, about one-tenth of the respondents need some sort of help to carry out their routine personal activities. One-third have gone so apathetic that they accept whatever is given to them and do not ask for anything and more than 60% are unable to maintain their personal account. In total, only half of the patients carry out their self-care routine adequately.

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