

Effect of Psycho-Educational Program on Activity of Daily Living Among Schizophrenic Patients

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Abstract

Background: Activity of daily living are basic self-care routine activities that people tend do every day without needing assistance. Mentally ill people may need long term services to carry out activities of daily living. **Aim:** the study aims to evaluate the effect of psycho-educational program on activity of daily living among schizophrenic patients. **Design:** A quasi-experimental design (pre and post-test) will be used. **Setting:** This study was conducted at in-patient of Psychiatric and Mental Health Hospital in Benha City, Qalubia Governorate, which is affiliated to General Secretariat. **Subjects:** Convenience sample of 40 chronic hospitalized schizophrenic patients. **Tools:** Data were collected using tool one: A semi structured interview sheet that, which include two parts;- Part one: Socio-demographic sheet including personal data of the schizophrenic patients ,Part two: Clinical data about schizophrenic patients, Tool two: Observational checklist about activities of daily living for schizophrenic hospitalized patients, developed by the researcher. **Results:** The present study showed that, more than half of the schizophrenic patients were dependent on others in doing their activities of daily living pre the psycho-educational program implementation which decreased to more than one third post the psycho-educational program implementation, there was a highly statistically significant differences found of the schizophrenic patients' total activities of daily living score between pre and post of psycho-educational program implementation. **Conclusion:** Psycho educational program had a positive effect on activity of daily living among schizophrenic patients. **Recommendations:** Training program for nurses to help and accomplish the expected patient care outcome. Raise nursing staff awareness about the importance of activities of daily living for schizophrenic patients, through mass media, posters, psychiatric patient videos and illustrated booklet.

keywords: Psycho-Educational Program, Activity of Daily Living, Schizophrenic Patient

1. Introduction

Schizophrenia is a chronic, disabling, psychiatric disorder characterized by a diverse array of symptoms affecting thought, perception, emotion, behavior, speech and motor activity. It is estimated that approximately 1% of the population suffers from schizophrenia globally. It affects about 7 per 1,000 of the adult population, most of them between the ages of 15-35 years⁽¹²⁾. In Egypt, schizophrenia is the most common variety of psychosis and represents the major bulk of inpatient in our mental hospital. The symptoms of schizophrenia are conventionally divided into positive and negative: positive characteristics include delusions and hallucinations. Negative characteristics are ones that are lacking such as lack of speech (Alogia), lack of goal-directed behavior (Avolition), lack of feelings (Affective flattening or blunting) and lack of happiness or pleasure (Anhedonia)⁽¹⁶⁾

Also, schizophrenia is a brain disorder that affects how people think, feel, and perceive. It's characterized by profound disruptions in thinking, affecting language, perception, and the sense of self. It often includes psychotic experiences, such as hearing voices or delusions. It can impair functioning through loss of the acquired capability to earn a livelihood, or disruption of studies. Schizophrenia affects more than 21 million people wide world^(19, 38).

In addition to this, people with schizophrenia may have social problems such as difficulty in making and keeping friends. In extreme cases, the person may actively avoid all social interactions. For these reasons it is important to target inactivity early in treatment. Therefore the use of activity of daily living as a part of an ongoing treatment process, can help in reducing considered an important activity in mental health care⁽⁸⁾

Activity of daily living provides benefits that may help schizophrenic patients begin to reactivate a dormant desire to be social. By bonding with others who are attempting to overcome their disease effects especially negative symptoms, the patient is reminded he or she is not alone. As they support one another in learning how to brush their teeth, wash their hair, exercise, solve a puzzle, draw a picture or to create interesting works of art and crafts, the positive reinforcement serves as additional incentive to keep trying on days when things seem especially bleak⁽²⁰⁾

Nurses have to play an important role in implementing activity of daily living with patients, as many benefits can be experienced in creativity group led by psychiatric nurse. There many benefits from engaging in creative group activities which reduce patient's concerns and provides a distraction from negative thoughts which can lead to great improvement in the patient's condition. Therefore, nurses must recognize that these activities should be taking place throughout the daily shift hours⁽⁶⁾

Additionally, activities of daily living generate a positive experience of working with others, one that provides a setting for social interaction and for developing social relationships, reduces pressures, raises morale and promotes recovery. All of this leads to expression of both positive and negative feelings and improvement of symptoms of schizophrenic patients⁽¹¹⁾. Activity of daily living, creative therapies such as occupational therapy, art therapy, physical exercise, self-care training and recreational therapy were identified as the most common type of therapy with justified claims to reduce schizophrenia symptoms. Thus, activities of daily living which include recreation can be considered an important activity in the mental health care⁽²⁹⁾. The researcher's interest to conduct this study is based on the reality that

activity of daily living therapy is limited in Benha mental health hospital. Moreover, the previous studies which studied the effect of psycho-educational program on activity of daily living among schizophrenic patients are limited. Therefore, the aim of this study is to evaluate the effect of psycho-educational program on activity of daily living among schizophrenic patients.

Significance of the study:

Schizophrenia is associated with wide-ranging disability across multiple functional domains. There are several determinants of disability that have been identified to date, including cognitive and social cognitive impairments, impairments in everyday functional skills and social skills, difficulties in self-assessment of abilities and negative symptoms. These impairments are related to different elements of disability and its predictors are not a single global dimension⁽²⁸⁾.

Activity of daily living helps schizophrenic patients return to normal life function in society, increase independent function, used to measure of functional status assessment will help to determine the level of care. Activity of daily living that are basic skills needed to properly care for one-self and meet one's physical needs, while changes in activity of daily living caused by underlying medical condition failing to recognize these unmet needs can also contribute to a cycle of physical and mental health problems such as malnutrition, poor personal hygiene and illness. So, the aim of this study is to evaluate the effect of psycho-educational program on activity of daily living among schizophrenic patient⁽⁹⁾.

Aim of the Study

The aim of the study: Evaluate the effect of psycho-educational program on activity of daily living among schizophrenic patients.

This aim will be achieved through:

- Assessing the patient's symptoms level and activities of daily living among schizophrenic patients.
- Accordingly designing psycho-educational program on activities of daily living among schizophrenic patients.
- Implementing psycho-educational program on activities of daily living among schizophrenic patients.
- Evaluating the effect of psycho-educational program on activities of daily living among schizophrenic patients.

Research hypothesis

Psycho-educational program will have a positive effect on activity of daily living among schizophrenic patients.

Subjects and Methods

Subjects and methods of this study were portrayed under four main topics as follow:

- I- Technical design
- II- Operational design
- III- Administrative design
- IV- Statistical design

I- Technical design:

Technical design includes research design, setting, subjects and tools for data collection

Research design: A quasi-experimental design (pre and post- test) would be used to achieve the aim of the study.

Research Setting:-

This study will be conducted at The Psychiatric Mental Health Hospital in Benha City, Qalubia Governorate,

which is affiliated to General Secretariat. The hospital capacity is 219 beds. It serves psychiatric patients and includes 6 departments (5 for males and 1 for females) and have outpatient clinic for follow up. The hospital provides care for substance abuse patients in the addiction departments. The total number of staff nurses was 225 nurses.

Sample size: Convenience sample of 40 chronic hospitalized schizophrenic patients that will be recruited for this study, the sample will be selected according to the following criteria

Inclusion criteria:-

- Hospitalized chronic schizophrenic patients.
- Both sex males and females.
- Oriented and able to cooperate.

Tools of the Study:-

In order to fulfill the aim of the study, will be designed by the researcher based on review related literatures to measure personal hygiene, eating, mobility and signs and symptoms for schizophrenic patients, the data will be collected using the following tools:

Tool one: A semi structured interview sheet that, which include two parts:-

Part one: Socio-demographic sheet including Personal data of the patients as name, age, sex, marital status, level of education, occupation before hospitalization and income

Part two: Clinical data including onset of disease, number of hospital admissions, symptoms that led to hospitalization, type of treatment and the presence of chronic disease.

Tool two: Observational checklist about activities of daily living for schizophrenic hospitalized patients developed by the researcher including (58) items grouped into eight dispositional characteristics [General appearance(7items), personal hygiene: include showering (3 items), level of dependency during showering(3items), Grooming (4 items), Toileting (4 items) Manner of eating (7 items), Sleeping duration and pattern: Sleeping hours(3 items) Sleeping nature (6items), Cooperation with other (4 items), Interaction with other patient (4 items), Time leisure (2 items), while watching TV (5 items) and Hobbies (6 items)

Scoring system

Scoring system: Observational checklist is ranging from "agree" to "disagree". These are scored respectively from 1 to 3 so that agree indicate to (3), uncertain indicate to (2), disagree indicate to (1). The score of the items was summed-up and the total divided by the number of the items, giving a mean score for the part. These scores were converted into a percent score. The total activities of daily living considered agree if the score of total activities of daily living > 75 % (> 130 score), considered uncertain if it equals 50 – 75 % (87 – 130 score), and disagree if it is < 50 % (< 87 score).

2. Methods

II- Operational design:-**Preparatory Phase**

This included reviewing of relevant literature of different studies related to the topic of research using textbooks, articles, and magazines to get clear pictures of all the aspects related to the research topic to design the program.

Validity:

The study tools translated into Arabic then into English and will be tested for its content validity, by a jury of five experts in the psychiatric field. The developed tool will be reviewed for appropriateness of items and measuring the concepts.

Reliability:

Tools of the study will be tested for its reliability using the appropriate statistical test Cronbachs alpha coefficient test was used to measure the tools reliability. The internal consistency of the activities of daily living was 0.89.

Pilot Study:

Before starting collecting data, a pilot study will be conducted on 10% of subjects excluded from total sample of study before embarking in the field of work to ascertain the clarity and applicability of the study tools, identify the time needed to them, availability of the sample and perform the required modification according to the available resources.

Field work:

The researcher will review the current and past local and international literature in the various aspects related to the field of study to be acquainted with in-depth information about the activities of daily living for schizophrenic patients, in order to design the study tool. The tools of this study were developed by the researcher; it was tested and evaluated for their construct validity and reliability. Will meet 40 patients according to their inclusion criteria and divided into 4 groups each group include ten patients divided into theoretical sessions and practical sessions three times per week and content of sessions knowledge about schizophrenia and activities of daily living, after introducing her-self and the objectives of the study she explained the nature and purpose of the study to gain cooperation

Designing phase:-

The study will be divided into four Phases:

(1) Assessment phase**Development of psychiatric patient program: -**

The educational program was developed by the researcher after a thorough review of the related literatures and after making of the pilot study. The educational program aimed to evaluate the effect of psycho-educational program on activity of daily living among schizophrenic patients. This program has a set of general objectives, and specific objectives for each session. The number of program's sessions was 11 sessions. Based on the results obtained from the assessment tools and review of literature, the program content was developed by the researcher in the form of a booklet, which was revised and approved by the supervisors, after that the final booklet was distributed for psychiatric patients in the first session.

(2) Planning phase:

-Based on the obtained results from the study subjects and review of related literature the researcher will develop the plan to be followed in the training program on activity of daily living among schizophrenic patient.

-This phase aim is to plan for an educational program through setting programs objective, preparing for program, design program, media and will be determine the total number of sessions and duration of each session.

(3) Implementation phase:

-This phase was beginning by data collection then implementation of educational program for schizophrenic patients (study group) who meet previously mentioned criteria.

-Data collection of this study was carried out at psychiatric hospital Benha City, Qalubia Governorate. The data collection was done on study group (pre-test) in first session (acquaintance session) after identify the purpose of the program, describe schedule of the program (number of sessions, time and duration of each session) and outlines the content and steps of the program.

Implementation of the Program:

-Data collection of this study was carried out in the period from the beginning of October 2021 to the end of March 2022.

-Total times of program 11 hours 3 hours are theoretical and 8 hours are practical.

-The researcher collected data, three days / week from 9AM - 12 PM Saturday, Monday and Wednesday.

-Researcher work with 4 groups, 3 days each group composed of 10 patients.

received three session /week which lasted for about 30-60 minute and 10 minute for break.

-The program sessions were conducted for schizophrenic patients in the psychiatric hospital.

-To ensure the patients understand the program contents, each session was started with a summary about what was given through the previous session and the objectives of the new session were mentioned taking into consideration using simple language to suit all patients.

-During the session, the researcher used demonstration and modeling by the researcher and one patient to practice skills in educational program.

-After that, the researcher used Re-demonstration of the skills by each patients to master the skill. After finishing, the researcher thanked the patients for participation and encouraged patients for asking about any unclear points.

-Moreover, the researcher made a summary at the end of the session and told the patients about the time of the next session.

Strategies of program implementation**Methods of teaching:-**

Lecture, group discussion, brain storming, demonstration, real situation, positive reinforcement, modeling, group cooperation, role play.

Media: - Booklet, video tape

Methods of evaluation:-

Feedback through oral questions, Re-demonstration, positive participation, direct observation and role play.

(4) Evaluation Phase (post-test).

-This phase aimed to evaluate the effect of psycho-educational program on activities of daily living among schizophrenic patients.

-After the conduction of the educational program sessions for the study group a post-test was done for study group using the pervious assessment tool for data collection (tool two for data collection) to compare the effect of the program pre- post intervention

III -Administrative design:**Administrative approval:**

An official letter will be addressed from the Dean Faculty of Nursing, Benha University to the Director of Psychiatric Mental Health Hospital in Benha city, Qaluobia Governorate to request their permission and cooperation of data collection. After approval of the Mental Health Secrterait.

Ethical consideration:

An oral consent will be obtained from the participants to assure voluntary participation for every selected patient involved in the study sample and the purpose of the study will be explained to the patient. It will be explained to the participants that they can withdraw from the study any time without any consequences or affection of the treatment received. The confidentiality will be assured.

IV-Statistical Design:

The collected data were organized, computerized, tabulated and analyzed by using the Statistical Package for Social Science (SPSS) version 20.

Data analysis was accomplished by the use of number, percentage distribution, mean, and standard deviation. Paired t-test was used to compare means within group and t-test was used to compare two independent means. A significant level value was considered when $p\text{-value} < 0.05$.

3. Result

Table (1): Shows that, more than one third (37.5%) of the schizophrenic patients aged between 40 to less than 50 years old with Mean \pm SD of 41.325 ± 9.598 , three quarters (75.0%) of them were males, and more than half (57.5%) were married. Regarding their educational level, less than half (45.0%) of them had intermediate education, less than two thirds (62.5%) were working before hospitalization, and more than half (57.5%) of them had insufficient income

Figure (1): Reveals that, half (50.0%) of the schizophrenic patients' caregiver were their wives, while less than one fourth (20.0%) of them their husbands were the caregiver.

Table (2): Describes that, three quarters (75.0%) of them get the disease since more than two years, while less than half (42.5%) of them hospitalized three times or more. Concerning the symptoms that lead to hospitalization and type of treatment, more than one fourth (27.5%) of the

schizophrenic patients hospitalized due to hallucination and one fourth (25.0%) of them get the treatment in a form of drugs. While more than two thirds (70.0%) of the schizophrenic patients had a history of chronic diseases, more than one third (39.3%) of those who had chronic diseases were suffering from hypertension.

Table (3): Indicates that, less than half (42.5%) of the schizophrenic patients were apathy, three quarters (75.0%) had distracted eye contact, and more than one third (40.0%) of them had unusual posture. As for movement, less than half (47.5%) of the schizophrenic patients had inappropriate movement, more than one third (37.5%) of them had pressure of speech, and more than half (52.5%) of them were partially oriented.

Table (3 Continue), denotes that, one fourth (25.0%) of the schizophrenic patients had illogical thinking, slightly more than one third (35.0%) had illusion and all (100.0%) of them depend on others in decision making. Concerning mood, less than half (42.5%) of the schizophrenic patients had inappropriate mood and more than one third (37.5%) of them had an attempt to harm self and others.

Figure (2): This figure denotes that, more than half (52.5%) of the schizophrenic patients were dependent on others in doing their activities of daily living pre the psycho-educational program implementation which decreased to more than one third (37.5%) post the psycho-educational program implementation, one fourth (25.0%) of them were partially dependent on others pre the psycho-educational program implementation which decreased to less than one fifth (17.5%) post the psycho-educational program implementation, while less than one fourth (22.5%) of them were independent on others pre the psycho-educational program implementation which increased to slightly less than half (45.0%) post the psycho-educational program implementation

Table (4): Describes that, there were highly statistically significant positive correlations found between the schizophrenic patients' total activities of daily living score and their age, sex, marital status, educational level, occupation before hospitalization and income between pre and post the psycho-educational program implementation at ($P < 0.01$).

Table (5), reveals that, there were highly statistically significant positive correlations found between the schizophrenic patients' total activities of daily living score and their clinical data between pre and post the psycho-educational program implementation at ($P < 0.01$).

Part I: - Socio-demographic characteristics of schizophrenic patients.

Table (1) Distribution of schizophrenic patients according to their socio-demographic characteristics (N= 40)

Socio-demographic characteristics	No.	%
Age (Years):		
20 - < 30	8	20.0
30 - < 40	10	25.0
40 - < 50	15	37.5
50+	7	17.5
Mean± SD	41.325 ± 9.598	
Sex:		
Male	30	75.0
Female	10	25.0
Marital status:		
Single	5	12.5
Married	23	57.5
Divorced	10	25.0
Widowed	2	5.0
Educational level:		
Illiterate	7	17.5
Read and write	10	25.0
Intermediate education	18	45.0
University education	5	12.5
Occupation before hospitalization:		
Work	25	62.5
Don't work	15	37.5
Income:		
Sufficient	17	42.5
Insufficient	23	57.5
Total	40	100.0

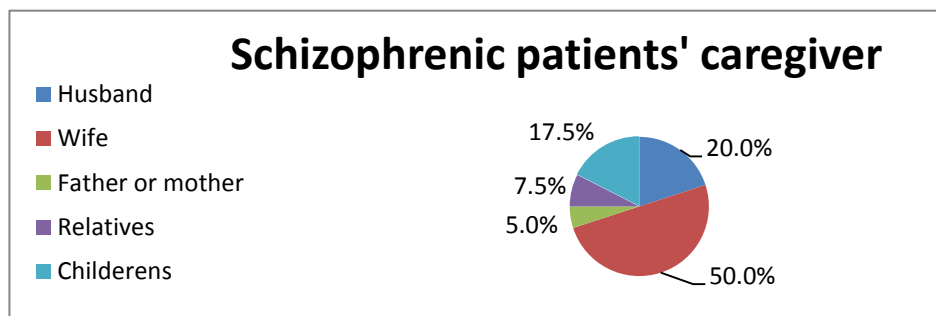


Fig. (1) Socio-demographic characteristics of the client caregiver before hospitalization (N=40)

Part II: Clinical data of schizophrenic patients'.

Table (2) Distribution schizophrenic patients according to their clinical data (N = 40).

Clinical data of schizophrenic patients'	No.	%
Onset of disease		
6 month < one year	2	5.0
One year < two years	8	20.0
≥ two years	30	75.0
Number of hospital admission:		
Once	8	20.0
Twice	15	37.5

Three or more	17	42.5
Symptoms that lead to hospitalization:		
Agitation	7	17.5
Delusions	9	22.5
Aggression	8	20.0
Anxiety	1	2.5
Hallucinations	11	27.5
Isolation	1	2.5
Depression	3	7.5
Type of treatment:		
Drugs	10	25.0
Psycho-behavior therapy	5	12.5
Drugs and psycho-behavior therapy	9	22.5
Electroconvulsive therapy	8	20.0
All of the above	8	20.0
The presence of chronic diseases:		
Yes	28	70.0
No	12	30.0
If yes, what is the type of disease (n=28):		
Hypertension	11	39.3
Diabetes mellitus	5	17.9
Cardiovascular diseases	6	21.4
Renal diseases	4	14.3
Liver diseases	2	7.1
Total	40	100.0

Part III: Observational checklist of patients with schizophrenia.

Table (3) Distribution of schizophrenic patients according to observation checklist of signs and symptoms (N = 40).

Signs and Symptoms of schizophrenic patients	No.	%
1- Facial expression:		
Anxious (appropriate to situation)	2	5.0
Anxious (inappropriate to situation)	11	27.5
Fear	3	7.5
Hostile	7	17.5
Apathy	17	42.5
2- Eye contact:		
Fixed	10	25.0
Distracted eye contact	30	75.0
3- Body posture:		
Maintain body posture	14	35.0
Usual posture	10	25.0
Unusual posture	16	40.0
4- Movement:		
Appropriate	4	10.0
Inappropriate	19	47.5
Hyperactive	17	42.5
5- Speech:		
Appropriate	6	15.0
Pressure of speech	15	37.5
Poverty of speech	9	22.5
Incoherent speech	10	25.0
6- Orientation:		
Oriented to time, place, person	8	20.0

Partially oriented	21	52.5
Disoriented	11	27.5
Total	40	100.0

Table (3 Continue): Distribution of schizophrenic patients according to their signs and symptoms (N = 40).

Signs and Symptoms of schizophrenic patients'	No.	%
7- Thinking:		
Logic	0	0.0
Illogical	10	25.0
Delusion of persecution	2	5.0
Delusion of grandeur	4	10.0
Hypochondria delusion	6	15.0
Delusion of poverty	8	20.0
Delusion of control	3	7.5
Idea of reference	4	10.0
Obsession	3	7.5
8- Perception:		
Auditory hallucination	9	22.5
Visual hallucination	5	12.5
Tactile hallucination	7	17.5
Olfactory hallucination	2	5.0
Gustatory hallucination	3	7.5
Illusion	14	35.0
9- Decision making:		
Independent	0	0.0
Dependent on other	40	100.0
Don't take any decision	0	0.0
Need to be encouraged	0	0.0
10- Mood:		
Appropriate to situation	5	12.5
inappropriate to situation	17	42.5
Happy	8	20.0
Sad	10	25.0
11- Other behaviors:-		
Abnormal eye movement	9	22.5
Nail biting	10	25.0
Tics	6	15.0
Attempt to harm self and others	15	37.5
Total	40	100.0

Part IV:-Schizophrenic patients' activities of daily living

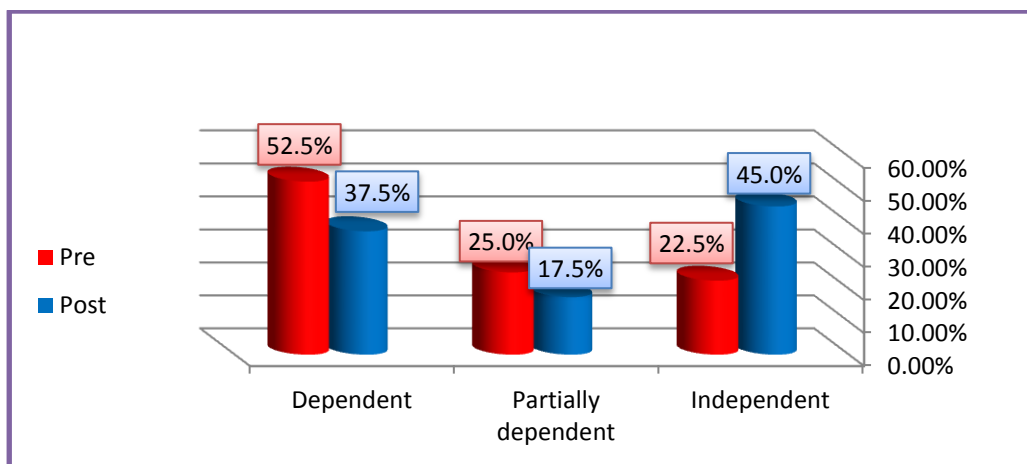


Fig. (2) Comparison between pre and post program implementation total activities of daily living of patient's with schizophrenic (N = 40).

Part VI: Correlations between study variables.

Table (4) Correlation between schizophrenic patients' total activities of daily living score and their socio-demographic characteristics pre and post the psycho-educational program implementation (N = 40)

**Correlation is highly significant at the P<0.01 level

Socio-demographic characteristics	Total activities of daily living score			
	Preprogram implementation	P-value	Post program implementation	P-value
	R		r	
Age	0.840	<0.01**	0.868	<0.01**
Sex	0.453	<0.01**	0.590	<0.01**
Marital status	0.590	<0.01**	0.699	<0.01**
Educational level	0.778	<0.01**	0.852	<0.01**
Occupation before hospitalization	0.792	<0.01**	0.858	<0.01**
Income	0.741	<0.01**	0.909	<0.01**

Table

(5) Correlation between schizophrenic patients' total activities of daily living score and their clinical data pre and post the psycho-educational program implementation (N = 40).

**Correlation is highly significant at the P<0.01 level.

Clinical data	Total activities of daily living score			
	Preprogram implementation	P-value	Post program implementation	P-value
	r		r	
Onset of disease	0.435	<0.01**	0.657	<0.01**
Number of hospital admission	0.370	<0.01**	0.586	<0.01**
Symptoms that lead to hospitalization	0.680	<0.01**	0.834	<0.01**
Type of treatment	0.540	<0.01**	0.782	<0.01**
The presence of chronic diseases	0.499	<0.01**	0.840	<0.01**

4. Discussion

Part 1: Socio-demographic characteristics of schizophrenic patients

The present study revealed that, more than one third of the schizophrenic patients aged between 40 to less than 50 years old with $\bar{X} \pm SD$ of 41.325 ± 9.598 , three quarters of them were males and more than half were married. Regarding their educational level, less than half of them had intermediate education, less than two thirds were working before hospitalization and more

than half of them had insufficient income. Percentage distribution of the schizophrenic patients according to their caregiver before hospitalization reveals that, half of the schizophrenic patients' caregiver were their wives, while less than one fourth of them their husbands were the caregiver.

Concerning aged between 40 to less than 50 years old. This may be due to advancing age is associated with impairment in sensory, cognitive and social

functioning. This result agreement with ⁽¹⁾ who found this aged declines in performance on cognitive tasks that require one to quickly process or transform information to make a decision, including measures of speed of processing, working memory and executive cognitive function

As regard the sex, the present study showed that three quarters of studied patients were males. This may be due to that the female patients show better treatment response than male and also underlying protective effect of women estrogen. This result agreement with ⁽²⁷⁾ who found that the schizophrenia are common in males

Concerning marital status, more than half were married and occupation, less than two thirds were working before hospitalization. From point of view due to during married period is more responsibility and also work increase stress. This result disagreement with ^(10,30) they found mental-ill patient hinder the marriage because of stigma of being a psychiatric patient, inability to work and low income and also this result contrast with a study in India by ⁽³³⁾ who reported that half of the studied patients were single and not worked but this result consistent with ^(32,14) they found the majority of patients with schizophrenia were married and worked.

Regarding educational level, less than half were intermediate education. This may be due to schizophrenia affects many areas of functioning; people with the illness often lead an isolated and marginalized existence in poor housing with a low income, little education, poor vocational and social skills. This result in-line to the study ^(18,25) Which reported that people with schizophrenia those with a low level of education report better quality of life and also different studies reported different results regarding the association between educational status and quality of life, people with schizophrenia who are unable to read and write are more likely to have a poor quality of life .

Concerning monthly income, the present study showed insufficient. This may be due to schizophrenia is known to impact in all aspects of life, the first onset of schizophrenia is typically in early adulthood and after that schizophrenia is often associated with recurrent hospitalizations and monthly income insufficient. This result agreement with ⁽²⁷⁾ found that they had not enough income due to that the study conducted in a governmental hospital where most people admitted to it are low income people.

Regarding caregiver of schizophrenic patients', the present study showed that caregiver were their wives, may be due to stigma towards mental illness which isolates the mentally ill from social life. This result was consistent with ⁽²¹⁾ who found schizophrenic patients who have limit relationships with family, friends could be due to the negative symptoms, which affect the patient's ability to live independently to perform activities of daily living to be socially active and maintain personal

relationships. But this result not consistent with ⁽¹⁵⁾ who found that patients' caregiver were parents.

Part II: Clinical data of schizophrenic patients:

Concerning onset of the disease, the present study showed three quarters of schizophrenic patients get the disease since more than two years. This may be due to negative symptoms influence how patients develop coping strategies to manage their life problems. In this respect, negative symptoms, that involve emotional withdrawal, affective blunting and a volition, can limit patient's motivation to take action, when faced with stressors in daily life and thereby a higher preference for ignoring or putting problems out of mind. In addition, speculated that patients with negative symptoms might not have the abstraction capability to perform a successful and accurate cognitive appraisal of the threat to their well-being, a factor that undermines the patient's ability to muster cognitive resources for dealing with stress. This result agreement with ⁽⁴⁾ who found that duration of illness, less than half of them have had schizophrenia for ten years or more. This result disagreement with, ⁽¹⁷⁾ who found nearly half of the schizophrenic patients in the present study had a duration of illness ranging from 20 to less than or equal to 40 years, which reflects a prevalent high degree of chronicity.

Regarding number of hospital admission, the present study showed less than half hospitalized three times or more. This ratio may be due to lack social support and excessive stressful situation. This result consistent with ⁽²⁶⁾ who found that higher the number of hospitalizations in psychiatric units 2-5 times due to poor life style that schizophrenic patients may face.

Concerning symptoms that led to hospitalization, the present study showed more than one fourth of the schizophrenic patients hospitalized. This may be due to positive symptoms such as hallucination most common are auditory hallucinations (or hearing noises and voices) due to hallucinations are most often associated with schizophrenic patients. This result harmony with ^(31,16,2) who demonstrated that more than half of patients with schizophrenia had auditory hallucination because of medication non adherence can contribute to exacerbation of positive symptoms as hallucination and inability of patients to control hallucination.

Regarding types of treatment, the present study showed one fourth of them get the treatment in a form of drugs. This may be due to antipsychotics drugs are better and fast for treating positive symptoms of schizophrenia, e.g., hallucinations, delusions than other type of treatment. This result parallel with ⁽¹⁾ who found that take psychotropic drugs regularly and all of them (100%) didn't undergo to other therapeutic programs beside medications and also agreement with the study ⁽²³⁾ who found get the treatment in a form of drugs, to control extrapyramidal symptoms due to antipsychotic medication should strive to minimize the side effects of antipsychotic medication.

Concerning schizophrenic patients who had chronic disease were more than one third suffering from hypertension .This may be due to genetic or environmental factors, such as weight gain, smoking and

sedentary lifestyle. Moreover, antipsychotic agents may lead to obesity that is closely related to the development of hypertension. This result disagreement with ⁽²²⁾ who found the incidence of chronic disease is cardiovascular disease.

Part III: Observational checklist of patients with schizophrenia patients:

The result of the present study indicates that, less than half of the schizophrenic patients were apathy, three quarters had distracted eye contact and more than one third of them had unusual posture. As for movement, less than half of the schizophrenic patients had inappropriate movement, more than one third of them had pressure of speech and more than half of them were partially oriented. One fourth the schizophrenic patients had illogical thinking, slightly more than one third had illusion, and all of them depend on others in decision making. Concerning mood, less than half of the schizophrenic patients had inappropriate mood and more than one third of them had an attempt to harm self and others.

According to schizophrenic patient's facial expression, the present study showed that less than half were apathy. This may be due to signs and symptoms of disease. This result disagreement with ⁽³⁴⁾ who found, approximately, third of study sample anxious were inappropriate to situation caused by less information and knowledge about nature of disease and also due to signs and symptoms of disease and lack of social skills.

Concerning body posture and movement of schizophrenic patient, the current study revealed that, more than one third of study sample had unusual body posture and in appropriate movement. This may be due to motor dysfunctions caused by antipsychotic medication. This result agreement with ⁽³⁵⁾ who reported that due to side effect of antipsychotic medication and neurologic side effects known as extrapyramidal symptoms are prominent with antipsychotic medications, unusual postures and in appropriate movement most commonly in the head, face and neck.

Regarding to speech and thinking the current study result revealed that, less than half had pressure of speech and illogical thinking. This may be due to Effective communication can be impaired, and answers to questions may be partially or completely unrelated and meaningless words that can't be understood. This result from the disease and its effect on patients and this result agreement with ⁽¹³⁾ who stated that due to most common of disease and might be due to signs and symptoms of disease of schizophrenia.

According to the orientation, the current study showed that, more than half of study sample had partially oriented. This may be due to sometimes forget their name and inability to concentrate. This finding agreement with ⁽³⁹⁾ who stated that, patients who forget their names because the persons not keep communication relationship with patient and not keep identify name before speaking with the patient and this might be due to signs and symptoms of disease which effect on cognitive function. As regarding to perception, slightly more than one third had illusion in this study may be due to

incorrect perception, or false impression of the object or event from which the stimulation comes and due to inadequate information. This finding not supported by ⁽⁷⁾ who indicated that, the most common sings of schizophrenia is auditory and visual hallucinations.

The present study confirmed that, all schizophrenic patients were dependent on others to make decision. These findings due to the cognitive deficit and the nature of schizophrenic disease which lead to patients not able to make decision. This result agreement with ⁽³⁾ who indicated that, due to cognitive impairment and this might be due to loss of concentration and attention this lead to cognitive impairment that causes inability to make decision and problem solving.

The result of the present study, less than half of the patient had inappropriate mood, this may be due to signs and symptoms of disease which effect on patient mood. This result agreement with ⁽²⁴⁾ who stated that, the disease of schizophrenia play role a significant for mood disorders.

Part IV: Schizophrenic patients' activities of daily living:

According to comparison between the total activities of daily living of schizophrenic patient's pre and post program implementation, the present study showed that, more than half of the schizophrenic patients were dependent on others in doing their activities of daily living pre the psycho-educational program implementation which decreased to more than one third post the psycho-educational program implementation, this may be due to the psycho-educational program improves self-management behaviors and self-care and improve coping abilities. This result agreement with ⁽³⁶⁾ who stated that, the Psycho-education program is a simple form of therapy to cope with illness

Part VI: Correlation between study variables:

Concerning to, schizophrenic patients' total activities of daily living score and their socio-demographic characteristics pre and post the psycho-educational program implementation. The present study describes that, there were highly statistically significant positive correlations found between the schizophrenic patients' total activities of daily living score and their age, sex, marital status, educational level, occupation before hospitalization and income between pre and post the psycho-educational program implementation. This may be due to psycho-educational program implementation develop knowledge and understanding of a mental health condition in order to improve their managing and coping abilities for schizophrenic patients. This result parallel with ⁽³⁷⁾ who found that there is highly statistically significant positive correlations between the schizophrenic patients' total activities of daily living score and socio-demographic characteristics pre and post the psycho-educational program implementation due to psycho-educational program improves quality of life.

Regarding to schizophrenic patients' total activities of daily living score and their clinical data pre and post the psycho-educational program implementation. The present study reveals that, there were highly statistically significant positive correlations found between the

schizophrenic patients' total activities of daily living score and their clinical data between pre and post the psycho-educational program implementation. This may be due to psycho-educational program had successful effect in changing knowledge, practice and declining the number of hospital admission and symptoms of schizophrenia. This result agreement with ⁽⁵⁾ who found highly statistically significant positive correlations between the schizophrenic patients' total activities of daily living score and their clinical data between pre and post the psycho-educational program implementation due to reduces medication non-adherence and encourages positive attitude toward medication, reduces relapse and symptoms of disease.

5. Conclusion

Based on the result of the present study one conclude that:

Psycho educational program had a positive effect on activity of daily living among schizophrenic patients'. There was a highly statistically significant differences related to total activities of daily living score of schizophrenic patients' between pre and post of psycho-educational program implementation. And there were highly statistically significant positive correlations found between the schizophrenic patients' total activities of daily living score and their age, sex, marital status, educational level, occupation before hospitalization and income between pre and post the psycho-educational program implementation.

Recommendation

As a result of this study, the following recommendations were formulated:

Recommendations for education:

-Conducting training program to encourage nursing managers to support nurses to implement group activities among psychiatric patients and provide them with the necessary resources.

-Training program for nurses to help and accomplish the expected patient care outcome

Recommendations for community:

-Training the patients to use activities of daily living to deal with psychiatric illness to live in a normal way in society.

-Programs should be designed by psychiatric hospital through health care provider for increasing awareness of patients about their illness and medication adherence to decrease the relapse rate and frequent hospitalization

Recommendations for research:

-Raise nursing staff awareness about the importance of activities of daily living for schizophrenic patients, through mass media, posters, psychiatric patient videos and illustrated booklets.

-Psychiatric nursing staff should apply psycho-educational program training for patients with schizophrenia and teach them how to use.

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