



**จุฬาลงกรณ์มหาวิทยาลัย**  
**Chulalongkorn University**  
Pillar of the Kingdom

## **Building collaboration in caring: Mutual relationship between psychiatric nurses and primary caregivers**

by  
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# Thailand

- Population is around 67 million



# People with mental illness

## Top 5 of Mental health problems in Thailand

1. Schizophrenia
2. Physical and Mental health problems related alcohol use (alcohol psychosis)
3. Depression
4. Substances induce psychosis
5. Suicide

# Background and significance

- **Schizophrenia is a mental disorder in which patients exhibit abnormal emotions, thoughts and behaviors (Udomrat & Wasignanon, 2009).**
- **Families, in particular primary caregivers, spend a great deal of time looking after schizophrenic patients at home (Jeon, 2004; Madianos et al., 2004).**

## Background and significance

- Primary caregivers need to establish a good relationship with mental health professionals
- To have a good understanding
- Suffering of schizophrenic patients
- Find ways to care for schizophrenic patients at home.



## Background and significance

- They cooperate with psychiatric nurses to learn how to manage physical, mental, social and various other problems arising
- psychiatric community nurses need to relate with primary caregivers to obtain information
- Better planning and care for patients.

## Background and significance

- **In Thailand, only one study (Kertchok, Yunibhand, & Chaiyawat, 2011)**  
“the existence of the relationship between psychiatric nurses and family members of schizophrenic patients”.
- **Other studies (Sasichay, 2001; Luepongluckkana, 1992; Limvipaveanunt, 1991) focused on the perspectives of nurses to their patients and study the behaviors of nurses when they interact with clients**

## Background and significance

- Having an understanding of the mutual relationship will help nurses who work in communities to be aware of the importance of having a good relationship with families.
- Most importantly, there will be a clear and proper form of relationship between such nurses and primary caregivers.
- Cooperative caring for people with schizophrenia



# Objective

- To study the mutual relationship between psychiatric community nurses and primary caregivers of schizophrenic patients.

# Method

- Grounded theory was used as a basis to collect and analyze data and generate substantive knowledge on how psychiatric community nurses work with primary caregivers
- Purposive sampling and Theoretical sampling were used

# Data collection

- Data collection took place in 13 community hospitals in Thailand.
- Participants are;
- 17 Registered nurses who work in the community hospitals with masters' degrees in psychiatric and mental health nursing, or those with at least 2 years' experience working with families of people with schizophrenia
- 17 Primary caregivers who have experience in caring for their patients at least 6 months and living with the patients were sought as participants.

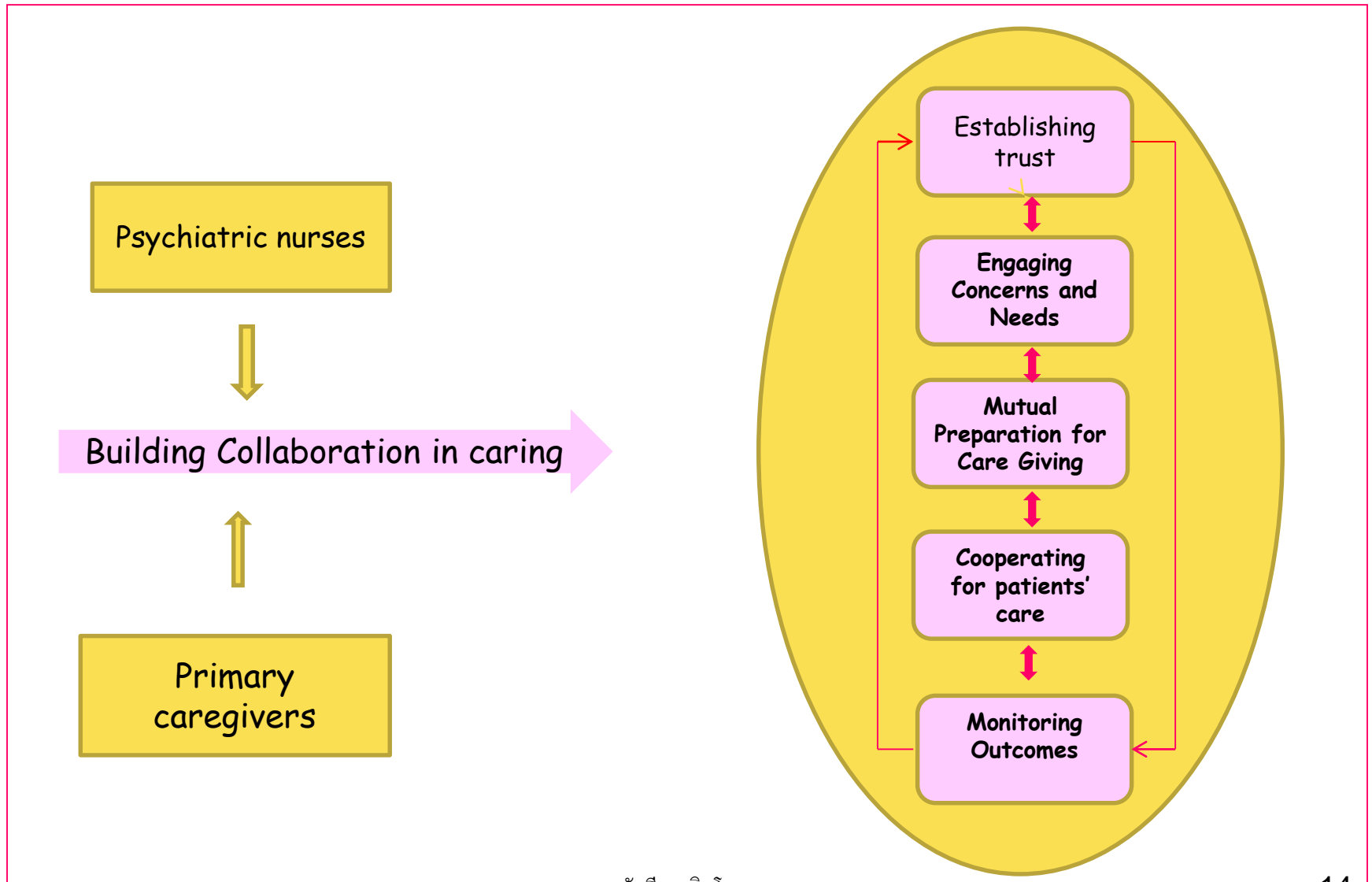
# Data collection

- Data were collected by in-depth interviews in a private place selected by the informants.
- Each interview lasted approximately 45-60 minutes and was recorded by the author with an electronic recorder.

# Data analysis

- Data was analyzed with the **Constant Comparative Method (Glaser & Strauss, 1967; Glaser, 1978)**.

# Findings



# Findings

- Establishing trust
- *Greeting*
- *Mutual Familiarity*
- *Showing interest in each other's perspective*
- *Being Flexible*
- *Having Empathy*

# Example

- *"We have to express our familiarity with relatives or primary caregivers as well as making them feel comfortable. We smile, ask them about things and talk to them in our workplace. When they need help, they should be able to contact us. We also give them our mobile numbers so that they can phone us at any time or when any problem arise."*



# Example

*"When the nurse visits our house, I prepare some welcome drinks. She has been very kind to our family. Sometimes if she/he cannot come or will be late, I will phone to ask her/him whether she/he will come or about the time that she will come. We can contact each other easily. She is friendly to me and I also have to be friendly in response. I would follow whatever she suggests."*

# Findings

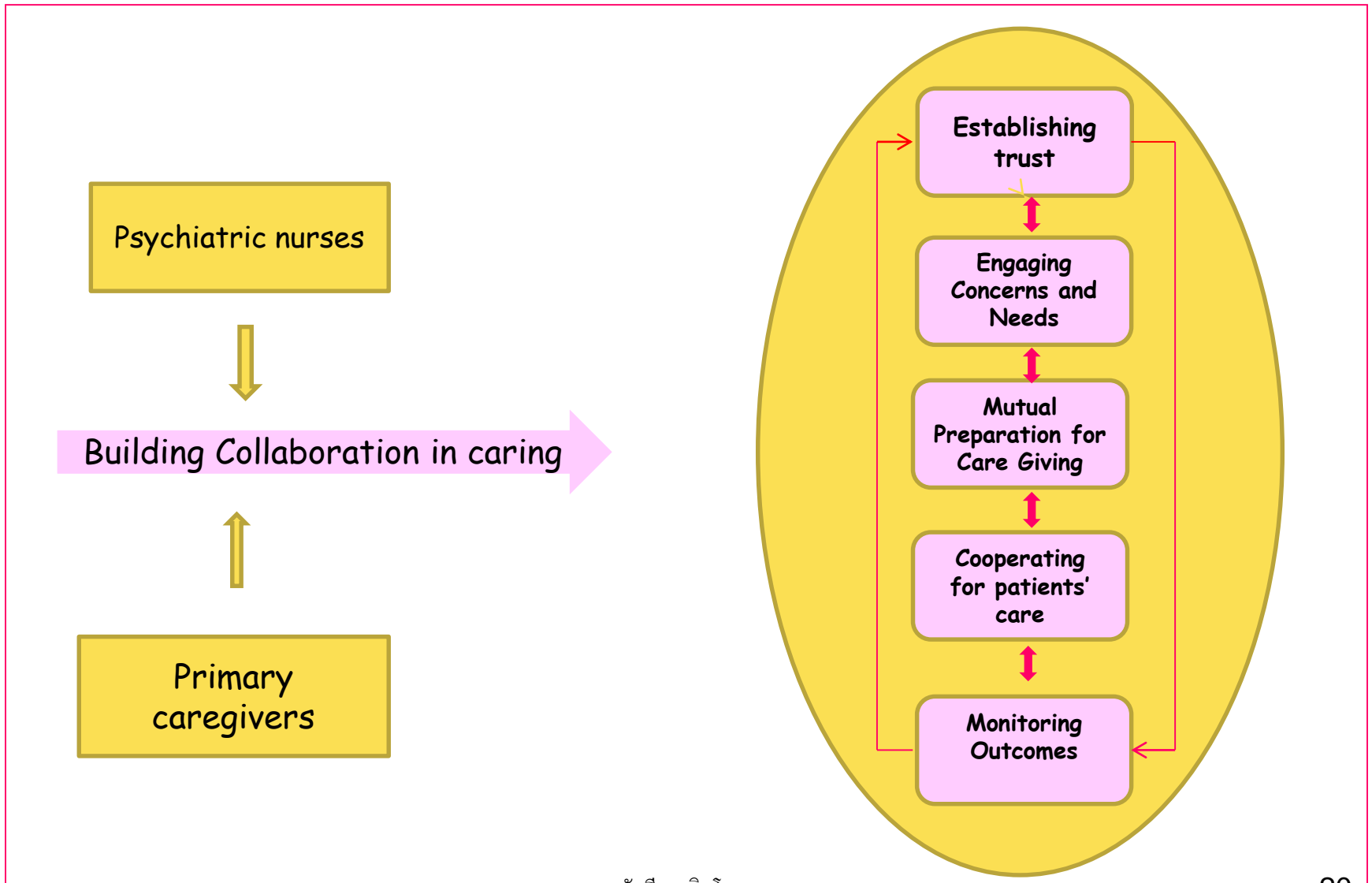
## Engaging concerns and needs

- *Having time*
- *Sharing concerns and needs*
- *Active listening*
- *Mutual identification of concerns and needs*

# Example

- *"There is a sharing of a variety of information, when we work together; I have to understand patients as well as primary caregivers. Previously, I would tell the primary caregivers about present symptoms or problems of patients, what the nurse had to do or care about. I had to tell them. I had to understand their symptoms and I had to ask them what they actually wanted. I really want the caregiver to understand this."*

# Findings



# Findings

- **Mutual preparation for care giving**
- *Establishing understanding and acceptance*
- *Promoting a good attitude*
- *Promoting health*
- *Mutual planning for care giving*

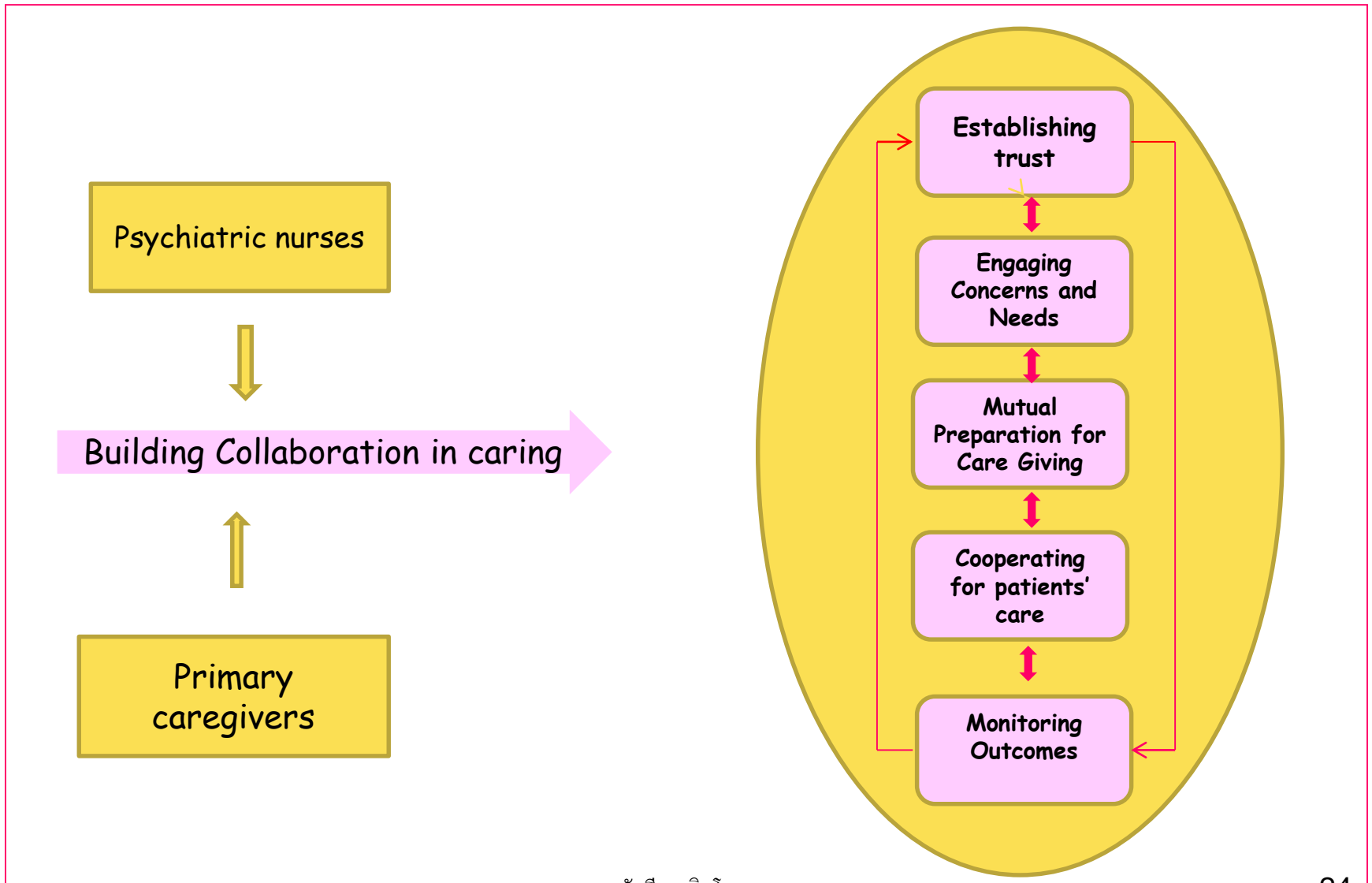
# Example

- *"We think together what kind of work the patient can do and what primary caregiver can do to encourage the patient to work. This can be done through something like asking the patient to buy something or asking the patient to help selling noodles."*

# Example

- *"I have become more relaxed. I phone the nurse whenever a problem arises. I am happy that the nurse does not neglect me and helps me".*
- Another primary caregiver talks about the help of a psychiatric community nurse regarding his health saying
- *"I am happy to have such a nice person helping me, arranging medicine for me like for my hypertension. The nurse also brings some medicines for me along the way."*

# Findings





# Findings

- **Cooperating for patients' care**
- *Helping to stay safe in the acute phase*
- *Giving continuous home health care*
- *Coordinating with a network in the community*
- *Providing general help*

# Example

- *"We, I mean I and primary caregiver, help the patient to be safe first by mental support and care for the patient to take their medicine. As well, we explain what we should do."*
- *I visit her house regularly and sometimes if a relative asks me to see the patient, I will go to see him at the house. I will consider whether there are problems in the house. I will see if the patient can take the medication and help the relative to encourage the patient to perform his routines by himself. Sometimes, it may be better to talk and the patient will get better.*

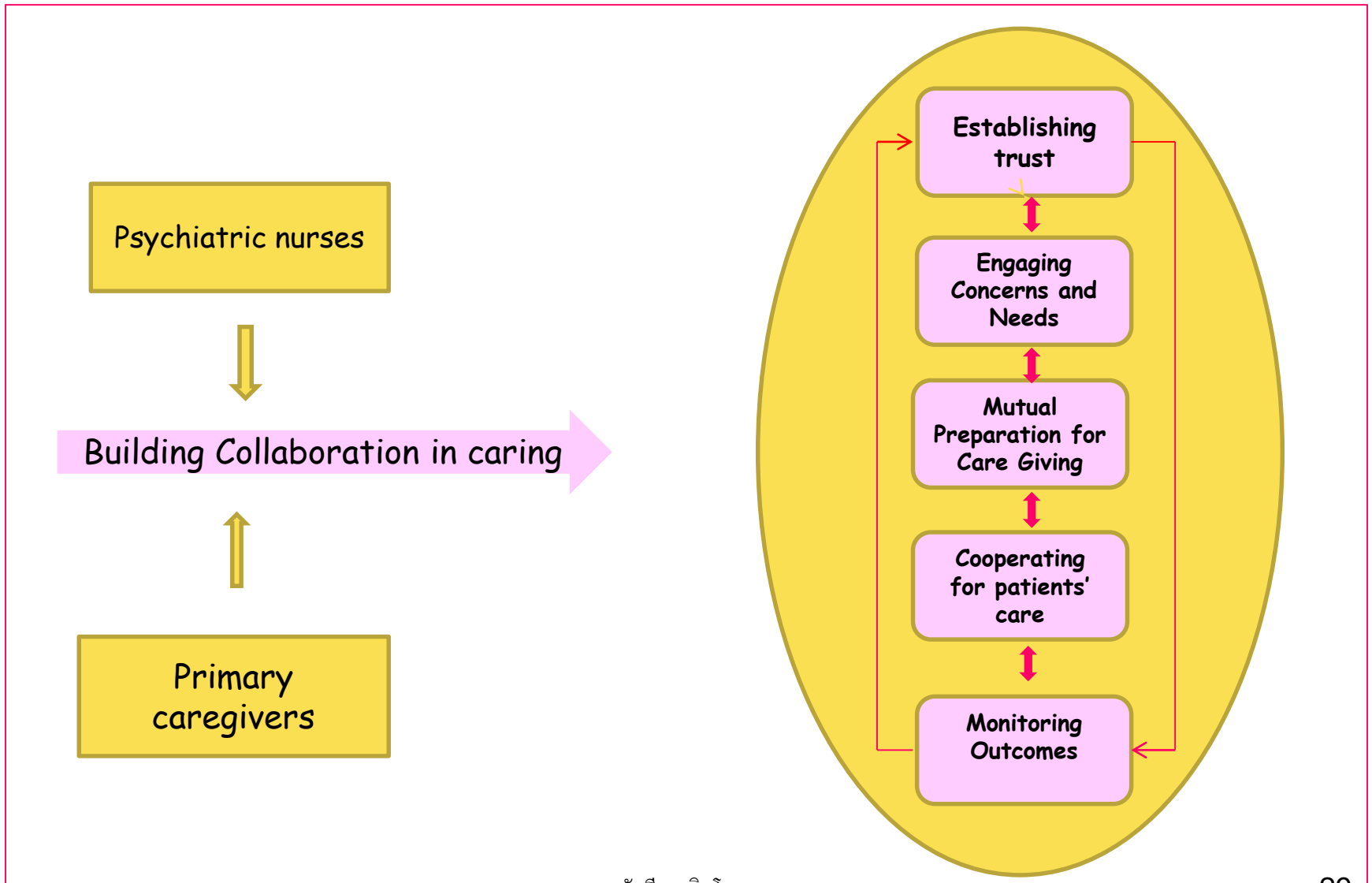
# Findings

- **Monitoring outcomes**
- *Understanding patient assessment*
- *Continued monitoring of care giving outcomes*
- *Discussing the patient's progress*

# Example

- *"I and the caregiver make understanding how the patient is, whether she can take her medication, how she is after the medication is taken and the carer has to observe whether she can arrange to take her own medication. Once we have finished teaching her we need to know whether the patient takes the medication regularly or what side-effects she suffers from them."*

# Findings



## Discussion and recommendation

- Trust is very important factor in a relationship
- Understanding leads to “engagement”
- Cooperating behaviors in caring for schizophrenic patients
- Positive outcomes

## Discussion and recommendation

- “Building collaboration in caring” for schizophrenic patients as the conceptual framework in working with primary caregivers.
- The framework will allow families, especially primary caregivers, to manage mental illnesses of patients as well as facilitating schizophrenic patients to live with their families in the community happily.



**Thank you for  
your attention**