

CHAPTER V

DISCUSSION

This chapter includes the summary and conclusion of the study results. The strengths and limitations of the study are discussed. Finally, study implications for the nursing profession and future research are presented.

Summary

The purpose of this study was to identify the caregiving process from the perspectives of Thai family caregivers for person with schizophrenia (PWS). The caregiving experiences of family caregivers for a PWS were explored within their natural contexts.

The grounded theory was employed in this study. There were 17 family caregivers of a PWS willing to share their experiences. The family caregivers consisted of 9 women, 8 men and the age ranged from 26 to 72 years old. Most participants were middle to older age, Buddhist, married, had a primary educational level, lived with the PWS, and worked at home as equal as being unemployed. These working statuses provided the opportunity for family caregivers to be with the PWS almost 24 hours a day. The duration of care varied from 7 months to 15 years.

According to study findings, a process of caregiving for a PWS was emerged as the core category of this study. It consisted of 8 categories: being a caregiver, willingness/unwillingness to care, finding information, providing routine care, avoiding

psychotic episodes, finding alternative treatments, preparing for the future, and being well.

The caregiving process was begun after a PWS was discharged to recover at home and one of family members became a caregiver. In this study, the family caregivers were related to a PWS by blood lineage such as father, mother, daughter, son, sister and some were related by a marriage relationship and were husband and wife. The relationships between a family caregiver and a PWS as stated earlier were similarly found by other studies (Doornbos, 2001; Ackerson, 2003; Vanaleesin et al, 2003; Reine et al, 2004). Surprisingly, a daughter in-law and a brother in-law were also the family caregiver of a PWS in this study. Those did not come by blood lineage or marriage relationship but they wished to relieve caregiving burden from other family members.

Family caregivers in this study divided into two groups. Eleven family caregivers stated that they were willing to care for the PWS without any conditions while six family caregivers were unwilling to care and thought that the PWS were their responsibility and commitment. Both groups of family caregivers took care of their PWS in the same way in order to enhance their PWS' well being. It was an evidence of this study that the PWS could stay at their home and was not readmitted in the hospital for more than 6 months after being discharged from the hospital. Since being caregivers was a new experience, family caregivers were faced with difficulties in dealing with psychiatric symptoms because of lack of knowledge and understanding of schizophrenia. Both groups of family caregivers needed information about schizophrenia and how to care for the PWS (Doornbos, 2001; Chien and Norman, 2003; Hauenstein, 2003; Sethabouppha and Kane,

2005). After getting information about schizophrenia, family caregivers gained more knowledge and felt confident to care for a PWS.

Caregiving for the PWS were responsibilities that family caregivers took on after the PWS had been discharged from the hospital and returned to their home. Most family caregivers received the initial information about mental illness, care and treatment, prognosis, medication, and their role as family caregivers from a psychiatrist, psychiatric nurses or other resources such as a television, radio, or brochure outlining the care of the PWS. Several family caregivers had learned how to take care of the PWS by using their own experiences and matching their care based on the needs of the PWS which developed from feelings toward the PWS, time spent together, blood lineage, and their close relationship.

When caring for the PWS, family caregivers would take care of them in 4 categories included: providing routine care, finding alternative treatments, avoiding psychotic episodes, and preparing for the future. These four categories were not a linear but like a circle of caring in order to promote the well being of the PWS. Family caregivers in this study were a representative of a group of family members who were most psychologically distressed, as living with the PWS who was hostile, heard voices, caused them to lose the ability to concentrate or the energy to do activity of daily living (Saunders and Byrne, 2002; Brady and McCain, 2005). Family caregivers felt as though they were successful and effective in their caregiving process when the PWS demonstrated the stability along several dimensions including medication compliance, independence, productivity, symptom control, communication with social network, and happiness (Doornbos, 2001).

Avoiding psychotic episodes was comprised of two methods: tactful monitoring; and strategies for calming down. Tactful monitoring was initiated during the caregiving of the PWS after being discharged from the hospital, and strategies for calming down were methods of managing care to deal with psychotic behaviors of the PWS. Several strategies of monitoring the PWS and calming them down were similarly found from other studies. The strategies which most family caregivers used to care for the PWS in this study were using the corner of the eye, watching him/her, checking medication, using verbal communication, asking about symptoms, reminding to take medication, and warning about drinking strength beverages. According to other studies, Tungpunkom (2000) found that reminding to take medication in her findings was important for family caregivers' skill when the PWS seemed to accept the medication, but lacked motivation to take it independently. While The National Alliance for the Mentally Ill (NAMI, 1999) reported that careful monitoring and watching him/her could help family caregivers to ensure that the PWS took medications as prescribed, and could help to identify early signs of relapse so that preventive steps could be taken. These findings found that if the PWS failed to take medications, this caused a relapse of schizophrenia which is stated in the journal and studies of schizophrenia (NAMI, 1999; Modesto-Lowe and Kranzler, 1999; Saunders and Byrne, 2002; Kongsakon et al, 2005).

Traditional treatments that combined spiritual and medical practices were commonly used by Thai people, especially in rural areas (Tungpunkom, 2000; Vanaleesin et al, 2003). In this study, it was called "alternative treatments." Most family caregivers sought traditional treatments including: using holy water, practicing Khan-5 worship, and getting traditional medication. These traditional treatments had been

utilized since ancient times for Thai people (Vanaleesin et al, 2003). Some family caregivers decided to take both antipsychotic medication and alternative treatments to make sure that the PWS received the best care for their illness.

Family caregivers were worried about the PWS' future both self-care and finance. Thus, they planned the future for the PWS, especially family caregivers who were their parents when they realized that this illness could not be cured (Czuchta and McCay, 2001; Vanaleesin et al, 2003). In this study, family caregivers tried to find someone to be a substitute caregiver for a PWS. Some family caregivers tried to train or teach many things a normal person would do for the PWS to make sure that if in the future family caregivers pass away or they cannot take care of the PWS, the PWS can take care of themselves and do many things the same as family caregivers did for them.

Being well was the expectation for family caregivers because the PWS displayed no physical problems. Thus, family caregivers expected the PWS to recovery early. Normally, when the PWS did not have acute psychotic episodes, the PWS needed his/her own space. Thus, family caregivers should not be overprotective a PWS but let him/her to do things by him/herself.

Strengths of the study

Using the grounded theory method provided the researcher with the opportunity to have a comprehensible knowledge of the participants' ideas, thoughts, actions, feelings, emotions, and intentions. This study was conducted by methodology as shown by the process of caregiving for the PWS derived from the family caregivers' experience, which took place under natural context of actual taking care of the PWS. Therefore, the

strengths of the study resulted from the total amount and depth of information/data made available to the researcher. The findings of this study lead to close the gap in existing theories and indicate directions in future research and health care professionals, which is the biggest strength of this study.

The grounded theory method also allowed the researcher to directly obtain experiences of the study subjects by gathering valuable and meaningful data as the researcher and the participants spent more time together. First, the participants were Thai family caregivers who have actual experience taking care of a PWS. Second, the researcher used data triangulation to increase the credibility of this study such as collecting data from many sites, including the participants' home, work place, and the outpatient department. It also included the data collection technique of triangulation using interviews, observations, field notes, and memos. Third, in doing the research process, the findings will be broader, providing a more holistic description of the phenomenon under study and also enabling these findings to be more complete and reliable.

One of the strengths of this study was the use of the semi-structured interview protocol. It allowed the researcher to ask each family caregiver a core set of questions while giving the researcher the flexibility to navigate down different paths in pursuit of confirmation, new insight, and more illustrative information. A strictly unstructured format does not always allow for qualitative comparisons to be made or themes to emerge, especially with only 17 participants. On the other hand, a strictly structured format prevents the researcher from investigating the broader set of issues people bring with them.

Another strength of this study was the experiences of being a mental health professional which allowed the researcher to fully understand the system within which family caregivers were trying to work. This experience increased self-confidence in the researcher to ask the right questions and to be able to probe more deeply into the answers the participants.

Limitations of the study

There were some limitations of this study. The first limitation was that some family caregivers were interviewed once because they could not go to the hospital to be studied. Thus, the researcher was not able to contact them for further information. Some details needed to clarify were lost with lost participants. In addition, another limitation that existed was that the researcher was a novice with qualitative methodology. Thus, it was possible that experts in qualitative research would see study findings in different patterns. Erickson (1986) stated that "... the object of interpretive research is action ... (and)...because actions are grounded in choices of meaning interpretation, they are always open to reinterpretation and change..." (p. 127).

Study Implications

Findings from this study have several implications for health care professionals understanding how family caregivers manage care for a PWS within their natural context. Family caregiving process suggests that various types of nursing interventions tailored to meet the client's needs within different phases and process must be developed. In order to provide the best care for a PWS and their family caregivers, there are some suggestions

derived from empirical data in this study for psychiatric nurses or health care professionals to help family caregivers manage their care for the PWS at home, including provisions for caregiver education, development of support groups, and development of respite care system.

According to study findings, it was discovered that family caregivers require information on how to take good care of a PWS at the beginning of the caregiving period. Later, family caregivers need information how to deal with psychotic episodes that may occur during the caregiving time. Thus, providing information about schizophrenia should be given step by step. Family caregivers would like to learn how to care first, and then during caregiving time, they need to learn the importance of medication, follow up meetings, and management of psychotic episodes. Providing information should not be employed only in the hospital but also in the public sector including TV programs, radio, newspapers, and health magazines.

Providing a caregiver support group is another suggestion to assist a family caregiver learn additional information about the caregiving experience from other family caregivers. As found the findings of avoiding psychotic episodes in this study, it is indicated that family caregivers use those strategies from learning by doing. Some strategies are successful and some are a failure. Thus, if the new family caregivers have a chance to exchange caregiving experience from former family caregivers, they will gain knowledge and have self-confidence to deal with a PWS, especially, during psychotic episodes. Psychiatric nurses should create "caregiver support groups" for family caregivers to help other family caregivers. Friends helping friends is a good method for family caregivers to learn how to manage care for a PWS.

This study explicated some beliefs of family caregivers in Thailand, especially in the rural area. Family caregivers that dealt with psychiatric illness the first time of care took the PWS by practicing Khan-5 worshipping and using holy water. They thought these alternative treatments would help the PWS to get better or be cured. Psychiatric nurse and health care providers should realize that in Thailand culture beliefs of families appeared to influence Thai caregiving and should be sensitive to cultural beliefs in working with traditional Thai families, Thai immigrants, and the diverse groups around each part of Thailand. They should be aware that these cultural beliefs and practices deserve particular appreciation as they form the basis for caregiving in these families. Therefore, Psychiatric nurse and health care provider need an appreciation of cultural practices in caregiving to design appropriate interventions for Thai family caregivers.

Most family caregivers explained that the important strategies for taking care of the PWS, as trying to warn a PWS to stop drinking strength beverages such as Kratingdang, Lipo, M150, Look-Toog, and coffee. During time the PWS took antipsychotic medication, family caregivers had to monitor these strength beverages, because they all tend to have a relapsing course (Modesto-Lowe and Kranzler, 1999) when the PWS took them between times of treatment. Because taking care of the PWS came from family caregivers' experience, most of them were faced with this problem. Thus, psychiatric nurses and health care providers plan should educate and information the other family caregivers of the dangers of stimulant beverages.

Implication for Health Care Policy

This study identifies the major factors that emphasize how Thai family caregivers manage to care for persons with schizophrenia, which occurs in a large share of Thai society. The results of this data have useful implications for mental health care providers in dealing with family caregivers at home, because the incidence rate of schizophrenia is increasing whereas the mental health care services are limited. The results of this data will also be needed to successfully develop nursing systems for family caregivers who take care of persons with schizophrenia at home. Findings show that caregivers lack the basic understanding of schizophrenia, therefore they are faced with many problems that derive from misunderstanding the illness and not knowing the proper way to respond. The follow up at the clinic is a place where family caregivers that share the same responsibilities can gather together. Family caregivers can share their experiences, make new friends, and learn many things about taking care of the PWS by themselves. Health care professional can use this opportunity to provide more information and knowledge for all family members including parents, children, siblings, grandparents, and other relatives in regards to learning how to manage the care for PWS at home. Thus, follow up clinics should be separated from the other part of the mental health care service and should be offered in the Regional Hospital and Medical Centers.

Suggestions for Further Research

Study findings have revealed that family caregiving process was started when the PWS was discharged from the hospital. This process continued during time that the PWS stayed at home. Thus, it is possible to affect the personal life of the family caregiver.

Like other studies it was found that family caregivers face caregiver burden, caregiver reactions, and caregiver strain (Brady, 2005; Hunt, 2003; Jones, 1996; Given et al., 1992; Maurin & Boyd, 1990). How family caregivers cope with their emotions after managing care for the PWS needs to be explored further.

Second suggestion is to explore finding traditional treatments that help a PWS to get better. Traditional treatments found in this study are using holy water, practicing Kun-5 worship, and using traditional medication. These treatments come from caregivers' belief resulting from culture. Thus, the exploration of finding traditional treatments may help health care professionals to gain more understanding of caregiving for a PWS at home.

The last suggestion is to examine the relationship between family caregivers and mental health professionals with the mental health professionals' perspective as the major focus of research. An investigation into the perspectives of the relationship between mental health professionals and family caregivers would yield insights into how mental health professionals approach their work and how they attempt or do not attempt to accommodate family caregivers in the treatment process.

Conclusions

The results of this study were presented according to the participants' perspectives and therefore were grounded in the data. This study also found that family caregivers used family caregiving process to manage their treatment and their care for PWS. The family caregiving process involves providing routine care, avoiding psychotic episodes,

finding alternative treatments, planning for future (which developed from their feelings toward the PWS), time spent together, blood lineage, and closeness of relation. The data also indicated that caregiving for PWS as an activity that family caregivers performed each day from the early morning until time to sleep. Family caregivers must use specific strategies and adapt the caregiving process depending on the psychiatric symptoms of the PWS. Some family caregivers managed the PWS' treatments and care by stimulation, motivation, or observation which took the combined experiences of more than a year to develop.

As mention earlier, their Buddhist beliefs influenced one's character and the caregiving process by stating that taking care of a parent with schizophrenia was a way to pay back the parent for taking care of them when they were children. The beliefs founded in this study were congruence with the finding of Subgranon and Lund (2000), as describing the Boon-Kun system as an important factor in maintaining care of elderly Thai relatives that experienced a stroke. This reason was the importance of family caregivers to sustain care for the PWS for their lifetime.