



# Psychiatric Case Workers' Perception of Psychosocial Management of Schizophrenic Disorders Among Nigeria Women: Implications For Counselling

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## ABSTRACT

The study investigated psychiatric case workers' perception of psychosocial management of schizophrenic disorders among Nigerian Women: Implication for Counselling. The population of the study consisted 85 (eighty five) psychiatric case workers in Port Harcourt, Rivers State. Purposive sampling technique was used. The design was survey method. "The Psychiatric Case Workers' Perception of Management of Mentally ill Questionnaire" (PCWPMQ) was used for collection of data for the study. t-test was used to test the null hypotheses at 0.05 significance level. A reliability coefficient of 0.82 was obtained. Three research questions, and three null hypotheses were formulated for the study. Results of the study revealed that: There was a significant difference between male and female psychiatric case workers' perception of personal hygiene of patients. There was a significant difference between male and female psychiatric case workers' perception of the importance of medical treatment of patients. There was a significant difference between male and female psychiatric case workers' perception of acceptable social interaction with patients. A total of three (3) recommendations were made, with implications for counselling.

**Keywords:** Schizophrenia, psychiatric case workers', Mental health, psychosocial management

## INTRODUCTION

Mental health is the individual's ability to respond to several experiences encountered in daily life events with rational flexibility and goal oriented. Ultimately, it is the state of balance and harmony between one's self and environmental interventions, reaching or innacting reality of the individual self and others. Then, what is mental disorder? And, who is a psychiatric case worker?

In the Diagnostic Statistical Manual (DSM-IV 2000), mental disorder is defined as:

*Clinical significant behavioural or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g, a painful symptom) or disability (i.e., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. In addition, this syndrome or pattern must not be merely an expectable and culturally sanctioned response of a loved one (APA, 2000, P.XXXI).*

In Maisel (2003) the new definition of mental disorders as stated in DSM-5 is defined as:

*A mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Social deviant behaviour (e.g. political religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict result from a dysfunction in the individual, as disorder above.*

Some prominent categories of mental disorders in the DSM-IV are as follows: Panic disorder, phobic disorder, obsessive compulsive disorder, post-Traumatic stress disorder, dissociative disorder, mood disorders, and schizophrenic disorders. Schizophrenia is the area this paper is poised to investigate. What is schizophrenia? Schizophrenia is a acute distorted thoughts and perceptions, including inappropriate emotion, abnormal motor behaviour, and social withdrawal, leading to isolation (Santrock, 2000). Psychiatric case workers are trained individuals involved in the care of patients in the psychiatric centres, excluding physicians. In Nigeria, this include psychiatric nurses, and ward maids who have daily contacts with the psychiatric patients.

#### **Types of Schizophrenia (DSMIV 2000– Criteria)**

There are different types of schizophrenia: Disorganized Schizophrenia, Catatonic Schizophrenia, Paranoid Schizophrenia, and undifferentiated schizophrenia. It is worthwhile to explain each type for clarification.

- 1) Disorganized schizophrenia is characterized with delusions and hallucinations, and may withdraw from human contact. Also, may regress to silly and childlike gestures and behaviour.
- 2) Catatonic schizophrenia is characterized with bizarre motor behaviour – that is, completely, immobile stupor, but he or she is conscious of what is happening around them.
- 3) Paranoid schizophrenia – is characterized by delusions of reference, grandeur, and persecution.
- 4) Undifferentiated schizophrenia is characterized by disorganized behaviour, hallucinations, delusions, and incoherence.

Nevertheless, DSM-5, 2013 edition has removed all subtypes of schizophrenia, such as listed in DSM-IV (Disorganized, Catatonic, Paranoid, undifferentiated, and residual). This was observed in Maisel (2013).

#### **Causes of Schizophrenia**

Gottesman and Shields (1982) indicated that as with mood disorders, likely causes of schizophrenia are found in biological and psychosocial factors. Biological factors that explain schizophrenia are heredity and neurobiological factors (Pritchard, 1996). Psychosocial factors: - stress is mostly considered as contributory cause in understanding schizophrenia in most cultures.

Mental illness among Nigerian woman has been studied intensively among researchers in psychiatry, clinical psychology, clinical mental health workers, and various counselling fields. Mental health in women with Post-partum psychiatric conditions has been reported (Adewunmi, and Gureje, 1991; Abiodun, 1993; Ifabumuji and Akindele, 1985).

Omoaregba, (2011) investigated pattern of mental illness among women attending an infertility clinic in Southern Nigeria reported that female infertility is highly co-morbid with mental illness. Depression was reported as the most common mental illness in the study. Oyedeji, Oye, and Rahmanaan (2004) reported

in their investigation on psychiatric conditions in Nigeria concluded that incidence and manifestations of schizophrenia was considered having better prognosis. The investigation identified schizophrenia and depression as the most common mental illness in Nigeria.

Young (2015) indicated that mental health issues are more common among women. Americans struggles with a mental illness but notably, the rate is much higher in women, all over the world. Young, further indicated the following reasons why prevalence rate is higher among women:

- ❖ They are twice as likely to develop PTSD.
- ❖ Hormonal issues and genetic differences.
- ❖ Women are simply more “emotional” than men.
- ❖ Trauma is common among women, with half of all women experiencing some trauma during life time.
- ❖ Serotonin deficiency has been implicated in a host of mental health issues, most notably depression and anxiety.
- ❖ As many as 41% of women suffer from some form of postpartum depression, suggesting that physiological shifts likely play a significant role in mental illness.
- ❖ Cultural factors are also to play. Women are overwhelmed by the demands of parenting.

### **Treatment Approaches**

The medical model treatment and psychological approaches to treatment are as follows:

- 1) Drug Therapy was introduced during the 1950s. Antipsychotic drugs were used to treat and alleviate severe symptoms of mental disorders leading to loss of touch with reality, agitation, and over activity as in schizophrenia categories.
- 2) Psychological treatment: Some selected counselling theories are considered applicable in treatment intervention. They as follows: Psychoanalytic therapy, Reality therapy, Behaviour therapy, and Rational emotive behaviour therapy
  - 1) Psychoanalytic therapy goal is to assist clients/patients to make the unconscious conscious by reconstructing the basic personality. This is done by helping client/patient in reliving earlier past experiences and be able to work through repressed conflicts (Corley, 1991).
  - 2) Reality therapy has several goals of intervention. Reality therapy counsellors help clients/patients become more aware in productive manner in meeting their needs. Counsellors challenge clients/patients to unlearn self defeating behaviours. That is, clients/patients are taught to evaluate what they are doing and to assess how their present behaviour is working for their advantage: (Glasser, 1985).
  - 3) Behaviour therapy goal is to eliminate maladaptive behaviours and learn more effective developmental behaviours. The focus of this therapy is to change self defeating behaviours of the client/patient. That is, normal behaviour is learned through reinforcement and imitation, while abnormal behaviour is the result of faulty learning (Corey, 1991).
  - 4) Rational emotive behaviour therapy counsellors believe that neurosis is irrational thinking and behaving. Emotional disturbance are direct product of irrational thinking. That is, a person's belief systems is the cause of emotional problems (Ellis, 1962)

### **Statement of the Problem**

Schizophrenia is a severe mental psychological disorder characterized by acute distorted thoughts and perception with delusion and hallucinations. In most cases, patients may not be capable to manage their personal hygiene and supervise their medications. The medical doctor prescribes drugs for treatment. Then, who will be responsible for monitoring their personal social needs? Therefore, it is incumbent upon researchers to know and understand psychiatric, case workers perception of management of patient's personal social need.

### **Purpose of the Study**

Specially, the study sought to investigate psychiatric case workers' perception of management of resident patients suffering from schizophrenic disorders.

### **Research Questions**

The study sought to answer the following questions:

1. To what extent male and female psychiatric case workers perceived personal hygiene need of patients?
2. To what extent male and female psychiatric case workers perceived the importance of medical treatment to patients?
3. To what extent male and female psychiatric case workers perceived acceptable social interaction with patients?

### **Hypotheses**

For the purpose of this investigation, the following null hypotheses were tested at 0.05 level of significance.

- HO<sub>1</sub>: There is no significant difference between male and female psychiatric case workers' perception of personal hygiene need of patients
- HO<sub>2</sub>: There is no significant difference between male and female psychiatric case workers' perception of the importance of medical treatment to patients.
- HO<sub>3</sub>: There is no significant difference between male and female psychiatric case workers' perception of acceptable social interaction with patients.

## **METHODOLOGY**

### **Research Design**

This study used the descriptive method. The t-test statistics was used at 0.05 level to test the three null hypotheses; while mean was used to answer the three research questions.

### **Population of the Study**

The entire population of the study included all the psychiatric case workers in psychiatric hospital in Port Harcourt, and a Teaching Hospital in Rivers State. A total of 85 (eighty five) psychiatric case workers were used for the study. Since the population was small, purposive sampling techniques was used.

### **Instrumentation**

The instrument used for the investigation was a four point Likert type Interval Scale – strongly Agree, Agree, Disagree, and Strongly Disagreed. Responses of the psychiatric case workers were assigned numerical values ranging from 4 points to 1 point. The scale is called “Psychiatric Case Workers’ Perception of Management of Mentally ill Questionnaire” (PCWPMQ). The questionnaire has three parts:

- 1) Management of Personal Hygiene
- 2) Management of drug supervision, and
- 3) Management of Social Interaction, totaling fourteen (14) items. A weighted average (mean) of 2.5 was accepted.

### **Validation of the Instrument**

The questionnaire was validated by measurement and evaluation experts in the Faculty of Education, on face and content validity.

The reliability of the entire questionnaire was determined by utilizing the test-re-test method, using spearman Brown Prophecy Formula to determine the reliability of the full length of the test. A reliability coefficient of 0.82 was obtained.

**RESULTS**

**Research Question 1:** *To what extent male and female psychiatric case workers' perception of personal hygiene need of patients?*

**Table 1: Mean analysis of male and female psychiatric case workers' perception of personal hygiene need of patients**

	<b>Questionnaire Items</b>	<b>Male (23)</b>	<b>Female 62</b>
•	I accept my patients unconditionally, inspite of their messy nature	3.1	3.4
•	I ensure patients cloths and personal effects are kept clean at all times	2.4	3.2
•	I ensure patients live in a clean environment	2.8	3.1
•	Adequate personal up keep at all times	2.0	3.4
•	Clothing are changed regularly when messed up	2.5	2.8

In table 1, female case workers demonstrated higher mean scores in the management of personal hygiene needs of patients than men case workers

**Research question 2:** *To what extent male and female psychiatric case workers' perception of the importance of medical treatment to patients?*

**Table 2: Mean analysis of male and female psychiatric case workers' perception of medical treatment of patients**

	<b>Questionnaire Items</b>	<b>Male (23)</b>	<b>Female 62</b>
•	Drugs are administered to patients promptly	3.5	3.8
•	Medical treatment of patient is adequate	2.8	3.2
•	I ensure patients take their mediation	2.2	3.5
•	I dispense drugs adequately as prescribed by doctors	3.2	3.3
•	I provide tangible and intangible services for patient's benefits	3.1	3.4

In table 2, female case workers demonstrated higher knowledge of mean score in the management of drug supervision to patients than men case workers.

**Research question 3:** *To what extent male and female psychiatric case workers perceived acceptable social interaction with patients?*

**Table 3: Mean analysis of male and female psychiatric case workers' perception of acceptable social interaction with patients.**

	<b>Questionnaire Items</b>	<b>Male (23)</b>	<b>Female 62</b>
•	I make my patients feels loved and supported	2.2	3.5
•	I value and think well of my patients and related well	2.6	3.3
•	I interact and relate professionally with patients freely and regularly.	2.6	2.7
•	I give patients unconditional support where necessary.	3.1	3.3

In the management of social interaction with patients, female case workers demonstrated higher acceptable mean social interaction with patients than men case workers.

Hypothesis 1: There is no significant difference between male and female psychiatric case workers' perception of personal hygiene need of patients

**Table 4: The t-test Analysis of the mean and standard deviation of male and female psychiatric case workers' perception of personal hygiene need of patients.**

Variables	Respondent	Mean	N	STD	DF	P	t.cal	t-crit	Dec.
Personal hygiene of patients	Male	13.8	23	0.81	83	0.05	2.87	1.96	Rejected
	Female	15.9	62	0.90					

The data in table 4 showed that the calculated t-value of t-test on male and female psychiatric case workers' perception of personal hygiene of patients was 2.87; while, the critical table value was 1.96, at a degree of freedom of 83 at 0.05 confidence level. Mean of female 15.9 is greater than mean of male 13.8. Therefore, the null hypothesis is rejected; indicating that; there was significant difference between male and female psychiatric case workers, regarding personal hygiene of the patients. Hypothesis 2: There is no significant difference between male and female psychiatric case workers' perception of importance of medical treatment to patients.

**Table 5: The t-test Analysis of the mean and standard deviation of male and female psychiatric case workers' perception of the importance of medical treatment to patients.**

Variables	Respondent	Mean	N	STD	DF	P	t.cal	t-crit	Dec.
Medical treatment of patients	Male	14.8	23	0.79	83	0.05	2.80	1.96	Rejected
	Female	16.8	62	0.82					

The data in table 5 showed that the calculated t-value of t-test on male and female psychiatric case workers' perception of importance of medical treatment to patients was 2.80; while, the critical table value was 1.96, at a degree of freedom of 83, at 0.05 confidence level. Mean of female 16.8 is greater than mean of male 14.8. Therefore, the null hypothesis is rejected; indicating that there was a significant difference between male and female psychiatric case workers' perception regarding medical treatment of patients.

Hypothesis 3: There is no significant difference between male and female psychiatric case workers' perception of acceptable social interaction with patients

**Table 6: The t-test Analysis of the mean and standard deviation of male and female psychiatric case workers' perception of acceptable social interaction with patients.**

Variables	Respondent	Mean	N	STD	DF	P	t.cal	t-crit	Dec.
Social interaction with patients	Male	10.5	23	0.76	83	0.05	2.82	1.96	Rejected
	Female	12.8	63	0.75					

The data in table 6 showed that the calculated t-value of t-test on male and female psychiatric case workers' perception of acceptable social interaction with patients was 2.82; while, the critical table value was 1.96, at a degree of freedom of 83, at 0.05 confidence level. Mean of female 12.8 is greater than mean of male 10.5. Therefore, the null hypothesis is rejected; indicating that there was a significant difference between male and female psychiatric case workers' perception regarding acceptable social interaction with patients.

## DISCUSSION

The findings in this investigation revealed that  $H_{01}$ , through  $H_{03}$  supported that female psychiatric case workers perceived personal hygiene need of patients than male psychiatric case workers. Also, female psychiatric case workers perceived importance of medical treatment to patients than male workers. In addition, female psychiatric case workers perceived social interaction as an important part of service

delivery than male case workers. These differences in perception of male and female care givers were demonstrated statistically using mean scores in table 1 through table 3.

Bridges (1988) study of sex difference performance expectation was in line with the finding of this study. That is, women are more suited for care giver oriented occupations, such as nursing related.

## CONCLUSION

Based on the findings of this study, the researchers made the following conclusions. They are as follows:

1. There was a significant difference between male and female psychiatric case workers' perception of personal hygiene of patients.
2. There was a significant difference between male and female psychiatric case workers' perception of medical treatment of patients.
3. There was a significant difference between male and female psychiatric case workers' perception of social interaction with patients.

## IMPLICATIONS FOR COUNSELLING

Counsellors should be able to assist psychiatric case workers in applying person-centered therapy to include genuineness, warmth, accurate empathy, respect, and permissiveness, and the communication of this attitudes to patients, while rendering services. Counsellors should further assist case workers to clarify their beliefs system of mentally ill patients. That is, changing their irrational beliefs about the mentally ill, as to be able to discharge their duties as case workers.

Counsellors should further teach case workers to eliminate maladaptive behaviours and learn more effective behaviours in managing the psychosocial need of the patients. Also, counsellors should assist case workers to identify some defense mechanism that could be presenting distorting feelings on performing their duties as case workers.

## RECOMMENDATIONS

Based on the findings of this study, the following recommendations are presented for implementation:

1. Psychiatric case workers (male) should be sent to case management sensitivity awareness training.
2. Female case works should be encourage in the psychiatric helping profession.
3. Certification and licensure should be encouraged by Government for common body of knowledge among psychiatric case workers.

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