Effects of Social Support for Chronic Mental Inpatients on Self-Care Capacity

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Abstract

Backgrounds: This research was undertaken to determine the effect of social support for chronic mental patients on their self-care capacity and to provide basic data for the development of health promotion programs for them. **Methods/ Statistical Analysis:** The subjects of this research were 302 chronic mental patients who were hospitalised in a national hospital in Seoul and they signed on the informed agreement document. The tools used were Multi-dimensional Scale of Perceived Social Support Scale(MSPSS) of Gregory and others, revised by Yang[8] and Mental Health Self-Care Capacity Tool (MH-SCA) of West and Isenberg[9] revised by Her[10]. Real number, percentage, t-test, ANOVA, Pearson's Correlation, and hierarchical multiple regression analysis was analysed using SPSS program. **Results:** A significant correlation was found among self-care capacity and social support (family members ($r =.345$, $p<.001$), friends ($r =.382$, $p<.001$), and medical staff ($r =.426$, $p<.001$)) for chronic mental patients. Previous researches showed that supports from family, friends, and medical staff had positive influence on self-care capacity and also this study shows similar results (Adj $R^2 =.229$, $F = 30.842$, $p<.001$). It was found that the higher social support for chronic mental patients increased, the higher self-care capacity increased. Since chronic mental patients are separated from their families during hospitalisation, enhancing support of medical staff and friends as well as family members can be one of the methods to increase self-care capacity. **Conclusion:** To enhance the self-care capacity of chronic mental patients, various social supporting systems should be established to help them live an independent life along with the support from family members and medical staff.

Keywords: Inpatients, Mental Illness, Self-Care, Social Support

1. Introduction

Social structure has become more complicated due to the advent of the scientific civilisation and competition for survival has become fiercer due to economic instability. Unfortunately, these changes are matched by an increasing trend in mental disorders as people fail to cope with stress. Chronic mental inpatients have a work disability or substantial limitation due to a mental or substance disorder, that is, substance dependence with serious role impairment[1,2]. Adult chronic mental inpatients face greater physical health problems and financial challenges[3], and because chronic mental patients tend to be hospitalised frequently due to high recurrence rates most need continuous medication and experience difficulties returning to society due to functional limitations[4]. Therefore, in order to prevent the chronicalisation of mental diseases and to promote rehabilitation, self-care capacity should be boosted in chronic mental patients to enable them to care for themselves[5].

Self-care capacity refers to an individual's ability to perform self-care activities and is an integrated learned

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capacity to control life processes and to maintain and promote structural and functional integration. When self-care capacity is lacking, it leads to deficiencies and requires the assistance of professional nurses[6]. Accordingly, self-care capacity must be enhanced in order to increase an individual's ability to care for him or herself. Self-care capacity is influenced by physical, psychological, social and economic aspects, and thus, providing social support in various forms during hospitalisation is needed to encourage patients with a chronic mental disorder to perform basic self-care activities and to prevent relapse and re-hospitalisation after discharge. However, few studies have been performed on the effect of social support on self-care capacity in patients with a chronic mental disorder while hospitalised, and thus, we undertook this study to determine the effect of social support on the self-care capacity of chronic mental patients and to provide basic data for the development of health promotion programs to enhance self-care capacity.

2. Materials and Methods

2.1 Study Design
This research was a descriptive survey study to identify the relationship between the social support and self-care capacity in patients of chronic mental disorder and also to understand the degree of the influence of social support on the self-care capacity.

2.2 Subjects and Procedures
The subjects of this research were 302 chronic male or female mental inpatients hospitalised in a national university in Seoul that provided informed consent, and that met the following criteria.
- Age between 20 and 60 years.
- Individuals with a mental disorder (schizophrenia, mood disorder, anxiety disorder) who had been hospitalised in a psychiatric ward for at least 2 years.
- Individuals without a congenital mental disorder, a neurological disorder, mental retardation, a brain disorder or alcohol or drug addiction.
- Individuals capable of understanding the survey contents and of linguistic communication.

The questionnaire used in this study was distributed and collected between March 12, 2012 and March 31, 2012. This study was conducted after obtaining approval from our university's IRB.

3.3 Materials and Data Analysis
The tool used for this study was a structured questionnaire that contained 53 questions, that is, 9 questions on general characteristics, 12 questions on social support, and 32 questions related to self-care capacity.

The tool for measuring social support was the MSPSS scale developed by Zimet[7] and later revised by Yang[8]. This tool was comprised of 4 questions on 3 factors (family support, friend support, medical personnel support), wherein a higher score signifies a higher degree of social support. Items were scored using 6-point Likert scale. The reliability of this tool was Cronbach's α = 0.9 at the time of its development and 0.99 in the present study.

The tool used for measuring self-care capacity was the MH-SCA devised by West[9] and revised by Her[10]. The questionnaire was comprised of; emotional capability (6 questions), cognitive capability (6 questions), active capability (12 questions), perceptual capability (4 questions) and valuation capability (4 questions), and a higher score signifies a higher degree of self-care capacity. Items were scored using a 5-point Likert scale. The reliability of this tool was Cronbach's α = .94 at the time of its development and 0.89 in the present study.

Real number, percentage, t-test, ANOVA, Pearson's Correlation, and hierarchical multiple regression analysis was analysed using SPSS(PASW) program version 18.0.

3. Results

3.1 General Characteristics
There were 61.6% males (186 subjects) and 38.4% females (116 subjects) of overall average age 43.46 years. Most (53.3%, 161 subjects) were at least high school graduates, 68.2% (206 subjects) had a religion and 90.4% (273 subjects) did not have a spouse.

Average age at first diagnosis was 23.63 years, average disease duration was 19.83 years, and subjects had been hospitalised on average 7.59 times. In terms of diagnosed disorders, schizophrenia accounted for 82.1% (248 subjects) and other disorders (e.g., mood disorders, depression) accounted for 17.9% (54 subjects) (Table 1).

3.2 Social Support and Self-Care Capacity
Mean scores for social support were 16.69 ($\pm$4.83) for family support, 15.06 ($\pm$5.04) for friend support, and 16.50($\pm$4.85) for health care staff, and the mean score for self-care capacity was 103.19($\pm$16.50) (Table 2).

Table 1. General patient characteristics

Variables		n	%	Mean (SD)
Sex	Male	186	61.6	
	Female	116	38.4	
Age (yr)	20-29	23	7.6	43.46 (8.96)
	30-39	76	25.2	
	40-49	118	39.1	
	≥50	85	28.1	
Level of education	Elementary school	12	4.0	
	Middle school	43	14.2	
	High school	161	53.3	
	Over college	86	28.5	
Religion	Yes	206	68.2	
	No	96	31.8	
Presence of spouse	Yes	29	9.6	
	No	273	90.4	
Age at the initial diagnosis (yr)	<20	89	29.5	23.63 (6.79)
	20-29	161	53.3	
	30-39	42	13.9	
	≥40	10	3.3	
Period of disease (yr)	<10	36	11.9	19.83 (8.80)
	10-19	104	34.4	
	20-29	121	40.1	
	≥30	41	13.6	
Rate of admission to hospital	<5	125	41.4	7.59 (5.01)
	6-10	110	36.4	
	≥11	67	22.2	
Diagnosis name	Schizphrenia	248	82.1	
	Mood disorder	54	17.9	

Table 2. Scores for social support and self-care capacity

		Score range	Mean(±SD)
Social support	Family	4-24	16.69(±4.83)
	Friend	4-24	15.06(±5.04)
	Health care staff	4-24	16.50(±4.85)
Self-care capacity		32-160	103.19(±16.50)

3.3 Correlation Between Social Support and Self-care

A significant correlation was found between family support and self-care capacity (r = .345, $p<.001$), between friend support and self-care capacity (r = .382, $p<.001$), and between health care staff support and self-care capacity (r = .426, $p<.001$) (Table 3).

Table 3. Correlations between types of social support and self-care capacity

	Social support		
	Family (p)	Friend (p)	Medical staff (p)
Family	1		
Friend	.571 $(p<.001)$	1	
Medical staff	.650 $(p<.001)$	.644 $(p<.001)$	1
Self-care capacity	.345 $(p<.001)$	.382 $(p<.001)$	.426 $(p<.001)$

3.4 General the Effect of Social Support on Self-care Capacity

The results of hierarchical multiple regression on the effects of social support on self-care capacity are as shown in Table 4. Based on a previous study[11], which reported that age at receipt of first diagnosis, education level, and diagnosed disorder affect self-care capacity, these were used as controlled variables in the present study.

With respect to the effects of social support, age at time of diagnosis, level of education, and type of disease explained 5.3% (F = 9.492, $p<.001$) of self-care capacity. The explanatory power of the regression model increased to 15.8% (F = 29.149, $p<.001$) when family support was added, to 19.9% (F = 25.954, $p<.001$) when friend support was added, and to 22.9% (F = 30.842, $p<.001$) when medical staff support was added.

4. Discussion

In this study, we examined the effect of the effect of social support on the self-care capacity of chronic mental patients and sought to provide basic data for the development of health promotion programs to enhance self-care capacity. Our sub analysis shows that family support had greatest effect (4.17 points), which concurs with a previous study by Yang[8], who used the same tool on patients with a chronic mental disorder in a university hospital setting. Furthermore, previous studies have also concluded chronic mental patients were best supported by their families[12], and that mothers were the strongest supporters among family members[13].

Family support is important for patients with a

Table 4. The effect of social support on the self-care capacity of chronic mental patients

	Step 1			Step 2			Step 3			Step 4		
	β	t	p	β	t	p	B	t	p	β	t	p
Diagnosis age	.119	2.123	.035	.074	1.397	.164	.085	1.641	.102	.086	1.700	.090
Education level	.058	1.020	.962	.076	1.438	.151	.076	1.477	.141	.055	1.079	.082
Diagnosis name	-.213	-3.804	<.001	-.201	-3.977	<.001	-.193	-3.736	<.001	-.190	-3.735	<.001
Family support				.343	6.483	<.001	.197	3.131	.002	.084	1.223	.222
Friend support							.256	4.066	<.001	.170	2.568	.011
Medical staff support										.309	4.670	<.001
R^2	.060			.163			.207			.237		
Adj R^2	.053			.158			.199			.229		
F	9.492			29.149			25.954			30.842		
p	<.001			<.001			<.001			<.001		

chronic mental disorder since depression, anxiety, impulsiveness, psychiatric symptoms, and difficulties with social functions are reduced when there is a amiable sense of connectedness and when patients are able to cope appropriately with crises or stressful situations within a family[14]. Patients with a chronic mental disorder are reluctant to reveal their condition due to social prejudices and stigmatisation and as such tend to live isolated lifestyles. In particular, during their stays in psychiatric wards, they rely heavily on family support. Accordingly, consideration of and education for family members are considered important components of nursing intervention programs for patients with a chronic mental disorder.

The present study shows a statistically significant positive correlative relationship exists between social support and self-care capacity, and that self-care capacity increases as support from families, friends, and medical personnel increases. In a similar study by Kim[15] on mentally disabled subjects, independence of lifestyle was found to increase as support from friends and neighbors increased. Such results are congruent with the self-care theory proposed by Orem[6].

Social support is important because it influences the function and well-being of patients affected by chronic illness[16]. Therefore, it is considered that a supportive nursing intervention approach is important since social support from nurses, friends, families, and others is needed by patients with a chronic mental disorder, who need long-term treatment and are prone to disconnect from society.

The present study shows sub-categories of social support, that is, from families, friends and medical personnel, have a positive impact on self-care capacity. Park[17] mentioned the importance of social support during the treatment and rehabilitation of the mentally ill, and reported that support from friends is significantly and positively correlated with psychological well-being (β = .339, p<.001, and r = .533, p<.01, respectively), which implies psychological well-being increases as social support increases.

In addition, the study shows that social support and self-care capacity are significantly correlated, which suggests that significant improvements in support from family members, friends, and medical staff improve self-care capacity[18]. In particular, patients spend most of their time with medical staff, especially with nurses, and feel that staff are genuinely trying to help. Thus, it can be said that the formation of rapport between patients and nurses is an important component of support from medical staff, since nurses are the first staff members patients talk to when physical or mental problems arise.

Since chronic mental patients are separated from their families during hospitalisation, the enhancement of support by medical staff, friends, and family members could provide a means of increasing self-care capacity. In order to promote self-care capacity, nursing intervention is needed to help patients acquire the skills needed from independent daily life. In addition, social and national aids are required to determine qualitatively and quantitatively the effects of various support systems.

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