

Case Report

Nursing experience of a schizophrenia patient using Rogers' theory: A case report

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<https://doi.org/10.32598/JNRC.P.2312.1001>

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Abstract

Martha Rogers's nursing theory (Rogers' system model) views human beings as integral and inseparable with their environment. Rogers' model treats people and the environment as pan-space energy fields that integrate with one another and exchange energies. The non-invasive nursing measures are used to change the conflicts between physical environment and human to balance one's energy field. The author adopts Rogers' system model to care a patient with Schizophrenia to suffer from delusion of psychiatric symptoms and loss of contact with reality. During the nursing process, we investigate the exchange of energy field between the patient and her family. The result of this study indicates that the interaction of the energy field between the patient and her family can be remodeled after using multiple measures to help the family of the patient to achieve harmony and peace.

Keywords: Rogers' System Model, Schizophrenic Disorder, Non-invasive Interventions, Well-Being.

1 | Introduction

When the symptoms of schizophrenia interfere, the patient is easily immersed in the self-world because the patient's thinking and perception are affected by the disease, and the daily life functions such as personal hygiene, sleep quality, health cognition and interpersonal interaction will also be affected [1]. Human being is a single individual. No matter what kind of situation they are in, the internal human field and the external environmental field are constantly exchanged. Whether they are harmonious or not depends on whether the two can develop in a balanced way. In the process of life, the patient's human field and the environmental field appear inharmonious and irreversible. In this situation, I established a therapeutic interpersonal relationship with the patient, and used the principles of integrality, helicy and resonancy in Rogers' nursing theory, to assess the patient's physical and emotional needs, alter the energy field of the patient disturbed by mental symptoms, and help to reorganize the interaction pattern between the patient, the family and the environmental field, so that the energy interaction pattern can reach a satisfactory harmony,

thereby improving the health problems between the patient and the family [2].

Since there is currently no literature on the application of Rogers' nursing theory in the care of schizophrenia in Taiwan, this prompted the authors to try to apply it to clinical nursing practice for the first time. I look forward to more discussions and experience sharing on Rogers' nursing theory and the care of patients with schizophrenia.

2 | Literature Review

2.1 | Schizophrenia

Schizophrenia is a common functional mental illness, and its symptoms include positive symptoms such as delusions, hallucinations, thought disorders, etc., and negative symptoms such as apathy, social withdrawal, and poverty of thought, which affect cognitive content [3]. Some studies have shown that the memory, cognition and social function of people with onset in early adolescence are significantly lower than the level before the onset [4], that is, the earlier the onset time is, the easier it is to affect the

patient's mood, thinking and cognitive ability, communication ability, interpersonal relationship, work and study, and the longer the attack, the more chronic the course of the disease. Among them, delusions and auditory hallucinations most often plague the patients [5].

Schizophrenia is usually treated with medicine. After drug treatments, the positive symptoms of the patient can be relieved. However, for the negative symptoms and cognitive function, these symptoms are difficult to be completely improved with antipsychotic drugs alone. Clinically, schizophrenia often affects the patient's self-care ability, sleep pattern, social interpersonal relationship, ability to adapt to the environment, ability to solve problems and other life functions, and also affects the family and society to increase a caregiver burden [6]. Therefore, non-invasive treatments can be used to slow the functional deterioration of the patient of limited improvement with drug therapy.

2.2 | Rogers' nursing theory

Martha Elizabeth Rogers defined in 1992 that "the environment as a force in itself lies outside the human domain, which is called the environmental field", and "man is integral; man and the environment is one and inseparable", that is to say, she emphasizes the interaction and holistic relationship between human and the environment. Based on these concepts, nursing science is viewed from a holistic point of view. Both human and environment are energy fields. Through open systems, two energies are continuously exchanged with each other in a dynamic pattern. Under the principle of integrality, helicy and resonancy, the energy field remains unchanged. When either the individual or the environmental field changes, the individual energy field will be incompatible. At this time, nursing measures can be used in a timely manner, so that the energy exchange process between the individual and the environmental field can be restored to coordination [7].

Rogers' nursing theory mainly includes four major concepts, three major dynamic principles, and five assumptions. The four major concepts mainly explain characteristics between human and the environmental field: 1) The energy field is the fundamental unit of all life, including life and non-life, while human and the environment are regarded as integral and inseparable. The strength, density and range of the energy field are constantly changing interactively. 2) Openness means that the human and environmental domains are constantly exchanging energy, that is, there are no boundaries or barriers that can prevent the flow of energy between human and the environmental domains. 3) The pattern refers to the characteristics of the energy field, which exists in a single-wave irreversible way. This is an abstract concept. The characteristics of the pattern are continuity, innovation and

relative changes. Each person's energy field pattern is unique and one with the environment, probably manifesting as sickness or happiness. 4) Universal space is a nonlinear domain with no spatial or temporal properties [8].

The three major dynamic principles explain the life process of human beings. At any space and time, there is an open and simultaneous interaction between the human and the environmental field. It describes the continuous growth and change of things, presenting the development of the life process. The process includes three principles: integrality, helicy and resonancy. 1) The principle of integrality: the human and the environment domain form an inseparable whole. In the process of mutual and continuous exchange of energy, the place that changes are called integrality. 2) The principle of helicy (evolution) means that the human life process is a natural one-way progress, which exists along the irreversible space-time continuity, and the human and environmental field patterns are continuous, innovative, unpredictable, and changes that constantly increase diversity. 3) The principle of resonancy (intensity change): refers to the energy of human and environmental fields, which is a rhythmic fluctuation pattern that continuously changes from low frequency to high frequency. Therefore, the change of energy exchange between human and the environment occurs through continuous and innovative resonant waves. When these fields merge with each other, they also become unique energy fields [9].

The five assumptions are to explain the view of the whole person: 1) Each person is a unique and single whole, not just the sum of the parts. In the process of exchanging with the environment, each person has the integrity of the individual, showing the characteristics different from the sum of the parts (energy field integrity). 2) There is a continuous exchange of matter and energy between human and the environment (openness). 3) The process of human life is one-way and exists along the irreversible space-time continuity, which cannot be reversed by time (helicy). 4) Patterns can be used to identify individuals and reflect the integrity (pattern and organization) of their innovations. 5) People express their characteristics (feeling, thinking) by the ability of imagination, thinking, language, perception and emotion. Therefore, Rogers' theory believes that human and the environment are one and inseparable, and the two are constantly developing, changing and advancing together. After the change, the life process of human and the environment cannot return to the previous stage [10].

As per Rogers' theory, the nursing evaluation period is to treat the patient as a whole, collecting the interaction pattern, the rhythm of the life process, the classification of diseases, and pathological data. between the life event energy fields (human

and environment) of the patient. During the nursing intervention period, the nurse can assist the patient to achieve balance by coordinating the rhythm of the energy field in non-invasive ways such as music, meditation and guided imagery. The nursing evaluation period is to check whether the energy field has changed into a new pattern, so that it can coordinate with each other to ensure that the patient can move towards a better health pattern [10].

3 | Case presentation

Patient was 28 years old and suffers from emotional agitation, auditory hallucinations, religious delusions, kneeling to worship, and disturbing behavior at home, so she has been hospitalized in the psychiatric ward of a medical center in southern Taiwan for the second time. The medical diagnosis of this patient was Schizophrenia. The patient has five elder brothers and elder sisters. Both the elder brother and the second eldest sister are mentally ill.

The patient lives with her family. After graduating from senior high school, the patient chooses to work first instead of continuing to go to school. At the age of 24, she was admitted to university. Due to interpersonal problems with friends and classmates, she went to the psychiatric outpatient clinic for medical treatment. At that time, the patient was a freshman at the university. Because she was older than other students, she had difficulty in interacting, and persecutory delusion appeared. She felt that her classmates were going to be unfavorable to her and called her a bad classmate. It was the first time that she was hospitalized for treatment in a psychiatric ward. After being discharged from the hospital, her family members sent her to the hospital and she was hospitalized again for treatment due to irregular medication and a large degree of disturbance in her mental symptoms. Nursing assessment based on Rogers' system model of this patient is presented in Table 1. Also, nursing care plan based on Rogers' system model for this patient is presented in Table 2.

Table 1. Nursing assessment based on Rogers' system model of this patient.

Nursing assessment based on Rogers' system model of this patient		Nursing Diagnosis
Integrity	Chief Complaint of the patient was: "my whole body was covered with artificial skin", "Heavenly Lord Xuan Tian is a doctor to take care of me. I am the managing director of a company". The patient looking worried, murmured to herself, lacked concentration, loosen thinking, her talk was unrealistic and obvious delusional.	Change of thinking process.
Helicy	Before the onset of the disease, the patient had a warm interpersonal relationship with her classmates and got along with them well. After the onset of the disease, the chief complaint of the patient was: "Heavenly Lord Xuan Tian told me not to speak. I would get hurt. My classmates wanted to hurt me. I was afraid of saying the wrong thing, so I had to do this with my hand (The patient's hand made a gesture like a zipper on the mouth) to remind myself not to talk nonsense. Ah, I'm sorry. I was wrong (The patient slapped her own face). I'm sorry. Please don't hate me. God said that he will protect you." The patient was disturbed by delusion, suddenly appeared behind the wardmates and kept making gestures, or kept apologizing to the other party, made a bow with hands folded in front, knelt in worship, and talked loudly to herself, which made the wardmates feel afraid and nervous about the patient's behavior, causing the wardmates to reprimand and not to interact with the patient.	Social interaction disorder.
Resonancy	The patient is currently heading towards one-way, irreversible schizophrenia disease progression. The chief complaint of the patient was: "I know my family is worried about me. I am Heavenly Lord Xuan Tian, but if my family doesn't believe me, no matter what I say, what's the point?" The parents of this case believed that the patient was only too stressed and disturbed by mental symptoms, unable to accept the progress of the patient's disease. They covered the face of the patient with a pillow, or scolded and restrained the patient from speaking or performing mudra of lotus fingers. The parents of the patient were unacceptable to the patient's mental symptoms, making the patient feel that no one wanted to believe her.	The family's coping ability is disordered.

4 | Discussion

As discussed above, energy between the human field and environment field of the patient affects each other and forms an indivisible whole. The patient can reduce the disturbance of delusion by changing either human field or environment field. The said patient with delusions still believes she is deity; nevertheless, she shifted her attention by changing her physical environment to remodel her human field and environment field. The patient learns

to live with her disease to improve interpersonal relationship, for instance, she quits to gesticulate behind other patients or suddenly says sorry to others during her hospitalization. Regarding the family, the appropriate interaction models are provided by her family members to cope with the syndromes and emotion of the patient to enhance the patient, her family and the environment to coordinate with each other.

Table 2. Nursing care plan based on Rogers' system model for this patient.

Planning	Implementation	Evaluation
Integrity		
<ol style="list-style-type: none"> The patient can express the feelings about the content of the delusion and tell the difference between the delusion and the reality. The patient can use behavior control skills to divert attention from delusional thinking processes. 	<ol style="list-style-type: none"> With an empathetic attitude, express concern for the patient and increase the patient's sense of security to the environment. Observe the delusional content of the patient, and encourage the patient to express the feelings of the delusion and the negative impact it brings. Use real things to guide the patient to doubt her delusions, clarify the difference between delusions and facts, and assist realistic judgment. Instruct the practice of muscle relaxation and deep breathing techniques, assist the patient in releasing uneasy emotions in the human field, and increase her motivation to deal with delusions. Collect the music that the patient likes and conduct individual music therapy to relieve the patient's anxiety. Teach the patient to divert attention through ward activities, such as watching TV and reading, when symptoms interfere. When delusions affect emotions, teach appropriate emotional catharsis methods such as exercise, encourage the patient to regularly participate in occupational activities, and copy scriptures to divert her attention. 	<ol style="list-style-type: none"> The patient can say, "I feel that someone is trying to hurt me, which makes me very scared, but the sisters here are all very good. They will help me, and they will not want to hurt me. It is just what I think that someone is trying to hurt me". The patient can express feelings about delusions and distinguish delusions from actual situations. The patient can say that when delusions affect her emotions, she will divert her attention by copying scriptures, participating in activities, or listening to music. The patient said, "I am a god and Buddha, and I am possessed by the gods, but I will listen to music to divert my attention". The patient still has religious delusions, but can use behavior control skills to divert attention from delusions.
Helicy		
<ol style="list-style-type: none"> The patient can apply new coping skills under the guidance. If disturbed by delusions, she can try to cope by using the behavior control skills to divert delusions. The patient can state the impact of the inappropriate behavior on the self. The patient no longer has inappropriate words or touches to the wardmates: such as making gestures or saying "I'm sorry" to the wardmates inexplicably. 	<ol style="list-style-type: none"> Talk with the patient regularly, establish a good and trustworthy therapeutic interpersonal relationship, always accompany the patient, and face the patient in a caring and accepting way, which can protect the patient's self-esteem and avoid the patient's defensive behavior. Actively express the importance, concern and handling of the patient's problems, and provide emotional support and listen, such as: attach importance to the patient's conversations and opinions, accept the patient's emotions, use an empathetic attitude to look at the patient's feelings, understand the reason for the patient's kneeling down to worship others, and face it with an attitude of accepting and respecting the patient without making critical judgments. Encourage the patient to express the feeling of interacting with others, and use the practice of muscle relaxation and deep breathing techniques to reduce the patient's tension out of the interaction with others. Observe the situation of interacting with people and help to identify inappropriate interaction behaviors that cause others to stay away, such as inappropriate verbal expressions and physical touching. Teach the patient how to get along with the wardmates in a positive way, such as telling the patient to respect the other's thoughts when getting along with the wardmates, and inappropriate touching or words will cause the other party to feel uncomfortable. Discuss with the patient that if the patient has inappropriate behaviors, such as kneeling down to worship or saying sorry to others without the consent of others, it will cause discomfort to others and affect their interpersonal interactions. When the patient shows good social interaction behavior, give her verbal praise. Teach the patient that when the delusional disturbance occurs, the patient can use reading to avoid the immediate interfering environment or shout words such as stop and go away to block the delusional input, so as to suppress the delusion and avoid the situation that causes the symptoms. Discuss with the patient the use of techniques for relieving troubles, such as when the patient is in the ward and delusional disturbance occurs, she can go to the activity area to participate in therapeutic activities, such as occupational therapy activities or exercise. Avoid situations that cause delusions, and then learn new coping skills. 	<ol style="list-style-type: none"> The patient can say that when she is disturbed by delusions, and inappropriate words or touches appear, she will use muscle relaxation and deep breathing techniques to change the interaction between the human field and the environmental field, so that the patient can interact with others in a positive way, and then improve interpersonal relationships. The patient can say, "Suddenly saying sorry to others, following behind others and making gestures will make others nervous and angry, and everyone will not talk to me". The patient did not say inappropriate words to the wardmates such as "I'm sorry" or touch such as making gestures behind the wardmates' back arbitrarily.
Resonancy		

Planning	Implementation	Evaluation
<ol style="list-style-type: none"> Family members can express their feelings about getting along with the patient. Family members can understand and use appropriate interaction patterns to deal with the symptoms and emotions of the patient. 	<ol style="list-style-type: none"> Establish a relationship of trust with the family members of the patient and express concern for the patient. Listen to the family members' emotions, help guide the expression of emotions, and understand the family members' feelings towards the patient. Guide the family members to express the conflicts, thoughts and catharsis of negative emotions brought about by the patient's illness. Give and enhance the correct knowledge of the disease and medicine for the patient and family members. Increase visits and companionship, convey concern and appreciation to the patient and family members for their efforts. Encourage family members to participate in the ward group health education symposium every Saturday, so that the family members can have more knowledge about the mental illness of the patient, and share their experience with other family members through the symposium. Financial problems in the family will be referred to the social worker for discussion together, and links to related resources will be provided for family members. 	<ol style="list-style-type: none"> The mother of the patient can say, "Okay, I know that is her symptom, I don't need to be so nervous anymore, and I won't use a pillow to cover her tightly again". After explanation, the mother of the patient can gradually accept the patient's mental symptoms. The father of the patient is still overly concerned about the patient's mental symptoms and daily life. After it is explained again, the father of the patient can only make a verbal promise. The father of the patient did not reprimand or restrain the patient for the mental symptoms of the patient.

3 telephone communication and 1 follow-up visit after discharge reveals that the patient can follow doctor's instruction to take medicine. Both her family life and campus internship are normal without any unusual situations, which will not affect her daily life. Currently she is referred to a community case health management worker for follow-up care.

Rogers' nursing theory is an abstract system concept that focuses on totality, experiences, existence. This theory has been gradually used in clinical practice internationally, such as therapeutic touch, music therapy, meditation, but in Taiwan, most of the literature is application of "Rogers' system model" in nursing care of patient with dementia [11], major depression [12], adolescent with mental illness [13], and pre-school child with post-operative Abdominal [14]. This is little literature on its practical application in schizophrenic disorder care. In Taiwan, it is difficult to apply it clinically for the first time, authors often need to constantly read literature and books to understand their meaning, and then apply Rogers' nursing theory to the nursing process.

4.1 | Clinical implications for nursing managers and policymakers

The authors hope that it will help nurses better understand Rogers' nursing theory in order to better apply them in nursing practice.

4.2 | Recommendations for future research

It is recommended to add "therapeutic touch" in the future, enable the patient's energy field to reach a state of reshaping.

5 | Conclusions

Everyone is a unique person. The human field and the environmental field are constantly exchanging their energy in sickness and in health. There is incongruity single and irreversibility during life process of patients with Schizophrenia since their thinking and perception have been affected by disease. Rogers' nursing theory mainly provides that in very limited circumstances, the interaction of the energy field between the patient and her family can be remodeled after using invasive nursing measures by nursing staff to help the family of the patient to achieve harmony and peace.

Acknowledgements

Not applicable.

Authors' contributions

Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work: XLY, MYY, XFY ; Drafting the work or revising it critically for important intellectual content: XLY, MYY, XFY; Final approval of the version to be published: XLY, MYY, XFY; Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved: XLY, MYY, XFY.

Funding

Self-funded.

Ethics approval and consent to participate

Not applicable.

Competing interests

We do not have potential conflicts of interest with respect to the research, authorship, and publication of this article.

Availability of data and materials

The datasets used during the current study are available from the corresponding author on request.

Using artificial intelligent chatbots

None.

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How to cite this article: Ling Yu X, Yao Yu M, Fang Yu X. Nursing experience of a schizophrenia patient using Rogers' theory: A case report. *J Nurs Rep Clin Pract*. 2024;2(3):180-185.
<https://doi.org/10.32598/JNRCP.2312.1001>.