

Study on the Impact of Refined Nursing Intervention on Social Functions and Medication Compliance of Patients with Chronic Schizophrenia

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Abstract: *Objective:* To explore the practical impact of refined nursing intervention on patients' social functions and medication compliance when applied in the care of patients with chronic schizophrenia. *Methods:* 80 patients with chronic schizophrenia admitted to our hospital from January 2024 to December 2025 were selected as the research subjects and divided into two groups with 40 cases in each group using the random number table method. The routine group received routine psychiatric care, and the observation group received refined nursing intervention. *Results:* After the intervention, the social function score of the observation group was better than that of the conventional group, and the patients' medication compliance was higher than that of the conventional group ($p < 0.05$). *Conclusion:* Refined nursing intervention can effectively improve the social functional status of patients with chronic schizophrenia and, at the same time, improve patients' clinical medication compliance, which has clinical promotion value.

Keywords: Refined nursing; chronic schizophrenia; social function; medication compliance

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1. Introduction

Chronic schizophrenia is a very common severe mental illness in clinical psychiatry. Patients have a long-lasting disease course and are prone to recurring attacks. Most patients are accompanied by long-term abnormalities in thinking, emotion, and behavior. The persistent impact of the disease will cause patients to gradually lose their normal social skills and ability to take care of themselves. At the same time, due to various factors such as cognitive deficits in the disease and adverse drug reactions, patients will have non-compliance with medication, such as reducing or discontinuing medication without authorization, which directly affects the clinical treatment effect and the patient's prognosis. At present, clinical treatment of chronic schizophrenia mainly focuses on drug control. The routine nursing model is relatively simple in

content and can only meet the basic inpatient care needs of patients. It cannot specifically improve the core problems of patients' social functional deficits and low medication compliance^[1,2]. With the continuous updating of modern nursing concepts, the refined nursing model has been widely used in the field of mental illness nursing with the advantages of systematic, personalized, and meticulous intervention. This nursing model can develop exclusive intervention plans based on the patient's individual condition and physical and mental status to make up for the one-sided shortcomings of conventional nursing. The purpose of this study is to explore the effect of refined nursing intervention on social function and medication compliance in patients with chronic schizophrenia.

2. Materials and methods

2.1. General information

80 patients with chronic schizophrenia admitted to our hospital from January 2024 to December 2025 were selected and divided into a conventional group and an observation group using the random number table method, with 40 cases in each group. There were 22 male and 18 female patients in the conventional group, respectively, ranging in age from 29 to 64 years old, with an average age of 46.52 ± 5.37 years. There were 21 male and 19 female patients in the observation group, respectively, ranging in age from 28 to 65 years old, with an average age of 47.13 ± 5.29 years. There was no significant difference in the general data of the two groups of patients, $p > 0.05$, indicating comparability between the groups.

2.1.1. Inclusion criteria

- (1) Meet the clinical diagnostic criteria for chronic schizophrenia;
- (2) The disease duration exceeds 2 years, and the condition is in a stable stage;
- (3) Patients and their families are informed and cooperate with this study.

2.1.2. Exclusion criteria

- (1) Those with severe physical and organic diseases;
- (2) Those with severe cognitive impairment who are unable to cooperate with nursing intervention;
- (3) Those who dropped out of the study midway or whose clinical data are missing.

2.2. Method

Patients in the conventional group received routine psychiatric nursing intervention. Nursing staff monitored the patients' vital signs every day, briefly informed the patients and their families of basic health knowledge related to schizophrenia and routine medication precautions, and assisted the patients in completing basic life care.

Patients in the observation group implemented refined nursing interventions on the basis of routine care:

- (1) Refined condition and psychological nursing operations

Observations on condition and emotion were carried out at 9:00 am and 3:00 pm every day. Each observation lasted 15 minutes. The patients' thinking expression, emotional ups and downs, behaviors, sleep, and eating conditions were carefully recorded that day, and a comprehensive condition summary assessment was completed every Monday. Individualized psychological counseling is carried out every day according to the patient's emotional state. A single counseling session lasts 20 to 30 minutes. The therapist listens patiently

to the patient's inner thoughts and corrects misconceptions such as negativity and paranoia. For patients who have lived alone for a long time and are emotionally withdrawn, one-on-one communication intervention is added once a day to actively guide patients to express their feelings and alleviate negative states such as low self-esteem and resistance to treatment caused by illness.

(2) Refined medication management operations

Establish an independent paper medication registration file for each patient, and accurately record the patient's medication type, daily dose, prescribed medication time, and physical reactions after medication. One-to-one bedside supervision is provided throughout the morning, lunch, and evening medication periods every day. The patient's medication dosage is checked one by one to ensure that the patient has swallowed the medication completely before leaving. Behaviors such as missing medication, taking less medication, hiding medication, and refusing to take it are eliminated. 10 minutes are used every day to explain to patients the basic knowledge of standardized medication. For patients who are resistant to medication, a 15-minute medication Q&A session is conducted every day to truthfully inform patients about the controllability and mitigation methods of adverse drug reactions. The patient's medication status for the week is summarized every Sunday, problems are sorted out, and supervision and intervention methods are adjusted.

(3) Refined social function training operations

Divide the basic and advanced training stages into two stages based on the severity of the patient's social function impairment. A 30-minute self-care ability training is carried out at 10 a.m. every day to guide the patient to independently complete daily behaviors such as dressing, washing, folding quilts, and organizing personal bedside tables. 40-minute interpersonal communication and collaboration training is carried out every Tuesday, Thursday, and Saturday at 14:00, and group communication activities of 4 to 6 people are organized to guide patients to actively participate in conversations, share daily routines, and carry out simple group mutual aid tasks. The difficulty of the training is adjusted in real time according to the patient's tolerance level throughout the training to avoid the patient's resistance and fatigue, and gradually restore the patient's social ability and environmental adaptability.

(4) Refined health education operations

Adopt a segmented practical education model, and carry out patient-specific education every Wednesday for 30 minutes, focusing on common triggers of disease recurrence, practical requirements for regular medication, and simple methods of daily self-emotional regulation. Special education for family members is held every Friday, lasting 20 minutes, to inform family members in detail about the specific operations of home care, ways to accompany patients emotionally, and early warning signs of disease recurrence. It also simultaneously answers practical problems encountered by family members during the care process and improves family members' cooperation in home care.

(5) Refined follow-up nursing operations

A standardized follow-up mechanism is established after the patient is discharged from the hospital. Follow-up visits are conducted every 2 weeks in the first month after discharge, and then once a month. Each follow-up visit lasts 15 to 20 minutes. Through phone calls and offline follow-up visits, patients are asked about and record their home medication, daily routine, and social activities. In response to problems such as irregular home medication and social withdrawal, targeted corrective guidance is provided on-site to continuously consolidate the effect of in-hospital nursing intervention.

2.3. Observation indicators

2.3.1. Comparison of the social functions of the two groups of patients

Before and after the intervention, using the Social Function Deficiency Screening Scale (SDSS) for evaluation. The total score of the scale is 0 to 20 points. The lower the score, the lighter the degree of social function deficit of the patient.

2.3.2. Comparison of the medication compliance of the two groups of patients

Complete compliance means that the patient takes the medication regularly throughout the entire process and does not miss or refuse to take it. Partial compliance means that the patient occasionally misses medication. Non-compliance means that the patient frequently misses medication, stops medication, or changes the dose without authorization.

2.4. Statistical methods

Data were analyzed using SPSS22.0. Measurement data were presented as mean plus or minus standard deviation by paired *t*-test, and count data were presented as percentages by paired χ^2 test. $p < 0.05$ represents a significant difference.

3. Results

3.1. Comparison of social function scores between the two groups of patients before and after intervention

The score of the observation group was lower than that of the conventional group ($p < 0.05$). **Table 1.**

Table 1. Comparison of social functions before and after intervention (points)

Group	n	Pre-intervention score	Post-intervention score
Regular group	40	12.36 ± 2.15	9.12 ± 1.86
Observation group	40	12.41 ± 2.09	6.35 ± 1.52
<i>t</i>		0.105	7.293
<i>p</i>		0.916	< 0.001

3.2. Comparison of medication compliance between the two groups of patients

The total medication compliance of patients in the observation group was higher than that in the conventional group ($p < 0.05$), **Table 2.**

Table 2. Comparison of medication compliance between the two groups [n (%)]

Group	Complete compliance	Partial compliance	Noncompliance	Overall compliance rate
Regular group (n = 40)	16 (40.00)	14 (35.00)	10 (25.00)	30 (75.00)
Observation group (n = 40)	25 (62.50)	12 (30.00)	3 (7.50)	37 (92.50)
χ^2				4.501
<i>p</i>				0.034

4. Discussions

Chronic schizophrenia is a severe mental illness with a long course and high relapse rate. Patients require long-term drug intervention and clinical nursing intervention. The patient's final recovery outcome not only depends on the control effect of drugs on mental symptoms, but is also closely related to the standardization and meticulousness of long-term nursing intervention, as well as the patient's own ability to cooperate with medication and the recovery of social functions. The traditional psychiatric routine nursing work model is relatively solid; the intervention content is unified and general, and the actual effect of holistic nursing intervention is limited. Refined nursing intervention abandons the solid model of traditional nursing and focuses on patients' actual recovery needs. It develops a standardized nursing operation process with clear frequency, fixed duration, and implementable procedures. The intervention content covers the entire process of disease monitoring, psychological intervention, medication management, functional training, health education, and out-of-hospital follow-up. The intervention measures are more in line with the rehabilitation characteristics of patients with chronic schizophrenia and can make up for the shortcomings of conventional nursing in many aspects, thereby effectively improving the quality of overall nursing intervention and providing effective support for patients' condition stabilization and functional recovery.

The results of this study show that after the intervention, the SDSS social function scores of patients in the observation group were significantly lower than those in the conventional group, which is enough to show that refined nursing operations can effectively improve the social function deficits of patients with chronic schizophrenia. Patients with chronic schizophrenia are affected by long-term mental symptoms, and their brain cognitive, emotional, and behavioral functions are continuously damaged; they will gradually develop problems such as social avoidance, decline in self-care ability, and slow interpersonal communication. However, routine care does not include systematic and regular functional training content. Patients lack targeted functional exercises during hospitalization. Damaged social functions cannot be effectively repaired, and the natural recovery speed is relatively slow. The refined care after this optimization has set up self-care training with a fixed frequency and duration every day, as well as group social training carried out regularly every week. The continuous step-by-step training can repeatedly stimulate the recovery of the patient's behavior and social functions, and gradually correct the patient's laziness, withdrawal, unwillingness to act, and refusal to socialize. At the same time, daily normalized emotional observation and individualized psychological counseling can promptly intervene in patients' negative emotions, alleviate patients' inferiority, negativity, and resistance to the outside world caused by the disease, allowing patients to gradually let go of their psychological defenses and actively participate in daily self-care activities and collective communication processes. This high-frequency, normalized targeted intervention can continuously repair patients' damaged social functions and gradually reduce the degree of patients' social functional deficits. The final manifestation is that the SDSS scores of patients in the observation group are significantly reduced, and the improvement effect is significantly better than that of patients with routine nursing intervention^[3,4].

The research data also confirmed that the total medication compliance of patients in the observation group was much higher than that of the conventional group. This is because poor medication compliance is a common problem among patients with chronic schizophrenia in clinical practice. This is mainly due to patients' impaired cognitive function, insufficient knowledge of the disease and medications, and fatigue and resistance caused by long-term medication. Some patients will stop taking medication or reduce medication without permission due to minor drug discomfort. Routine nursing only relies on irregular reminders

to urge medication, lacking full and detailed supervision and guidance, and cannot effectively prevent patients' irregular medication behavior. This refined medication management operation has established an all-weather, high-frequency medication supervision system. Through one-on-one bedside checks after three meals a day and strict medication supervision, the patient's behavior of hiding medication, missing medication, and refusing to take medication is eliminated at the root cause. At the same time, daily routine medication popularization, targeted Q&A intervention, and weekly medication summary can continuously correct patients' misunderstandings about medications, allowing patients to clearly understand that irregular medication can directly lead to disease relapse and symptom aggravation, and gradually weaken patients' resistance to medication. Combined with synchronous educational intervention by family members, a dual intervention model of in-hospital supervision and family cooperation was constructed to keep patients in a standardized medication management system and gradually develop good habits of regular medication. This is also the core reason why the medication compliance of patients in the observation group has significantly improved ^[5,6].

In addition, refined care includes out-of-hospital standardized follow-up intervention, which effectively makes up for the interruption of routine care after discharge, forming a complete nursing closed loop of in-hospital systematic intervention and out-of-hospital continuous consolidation. Through intensive follow-up in the early stage after discharge and regular follow-up in the later period, we will continue to monitor the patient's home recovery status, promptly discover and correct various problems in the patient's home care, medication, and social interaction, and continue to strengthen the patient's awareness of recovery and medication consciousness, so that the patient can still maintain good behavioral habits and treatment compliance after discharge, and ensure the continuous improvement of social functions and disease status. This full-course and continuous intervention model is highly adapted to the clinical needs of long-term rehabilitation of patients with chronic schizophrenia, and is also an important factor in why the overall rehabilitation effect of the observation group is better than that of the conventional group.

In summary, the application of refined nursing intervention in the care of patients with chronic schizophrenia can effectively improve the patient's social functional status, significantly improve the patient's medication compliance, and have a positive effect on the patient's recovery and prognosis.

About the author

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Disclosure statement

The author declares no conflict of interest.

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