**CONFLICTING PERSONAL AND PUBLIC VALUES IN NURSING SCHIZOPHRENIC PREGNANT WOMEN**

        Schizophrenia is one of the most severe mental illnesses that cause impaired interpretation of reality and can lead to disabling daily functionality (Weinberger & Harrison, 2011); pregnancy, on the other hand, is delicate to handle with the possibility of risks and complications. The topic has been chosen putting into account that schizophrenia is a real medical condition that requires lifelong medication to manage the symptoms that range from hallucinations, paranoia to extreme irrational and hostile response to loved ones and even extraordinary absorption into religion and supernaturalism.; schizophrenia during pregnancy is, therefore, delicate, rear and challenging to handle as some caregivers have minimal or complete lack of clinical experience (Simpson & Rayburn, 2015). Personal values that can affect decision making play a significant role in the quality of care given to such patients.

**Risk of relapses**

        Relapse during pregnancy can cause incidents like self-harm (Whittington & Logan, 2013), that can be fatal to both the fetus and the mother hence she should be carefully monitored. My personal view is that a schizophrenic woman might experience chronic delusional phases and therefore should be institutionalised throughout the pregnancy period and monitored for her safety and the safety of the fetus. Institutionalization of the mentally ill, however, is structural discrimination that can contribute to stigma especially in a case where a young woman is used to living with the family members throughout her life but is locked up because of pregnancy.

**Use of Antipsychotics in pregnancy**

        Administering such medications may cause teratogenic risk to the fetus, and therefore, in my opinion, it should be halted during pregnancy. Contrary to my view, there is no conclusive study indicating fetal risks of antipsychotics (Preece & Riley, 2011) and therefore withdrawing medication can cause relapses hence strain relations with family in case of hostility and even psychotic negation of the pregnancy.

**Implications of nurse's value and belief in their practice and care quality**

       Discordance between negative perceptions and professional responsibility can negatively affect professionalism as personal beliefs are acquired over time and emphasised by societal rendered blame and stigma as in HIV/AIDs patients (Pickles et al., 2017). Staunch religious nurses, for instance, are faced with the task of treating patients with different practices like the gays and lesbians and therefore faced with the task of choosing between personal beliefs and professional obligation. Choice of religion, in this case, results in patient neglect which is unethical; nurses are caregivers and should not neglect patients (Paproki, 2014).

        Nurse's personal opinions like in the cases above almost always lead to stereotyping of patients. Patients who feel segregated may be compelled to ignore health care instructions as a result of lack of trust and confidence in their healthcare providers. This may further cause the patients to ignore readily available preventative care and ignoring sickness until it progresses to acuity. Stereotyping, therefore, degrades the quality of care accessible by the patient and may further lead to depression. Strategies that reconcile the disparity between personal beliefs and professional obligations should, therefore, be enhanced and included in the school curriculum.

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