

Assessment of Insight Among Patients with Schizophrenia



Basma Mahmoud Salama ¹, Nesma Ahmed kamel ², Rania Rabie Eletreby ³, Mona El-Bilsha ⁴

¹Demonstrator of Psychiatric and mental Health Nursing Department, Faculty of Nursing, Mansoura University Egypt.

² lecturer of Psychiatric and mental Health Nursing Department, Faculty of Nursing, Mansoura University Egypt.

³ Assistant Professor of Psychiatric and mental Health Nursing Department, Faculty of Nursing, Mansoura University Egypt.

⁴ Professor of Psychiatric and mental Health Nursing Department, Faculty of Nursing, Mansoura University Egypt.

1.ABSTRACT

Background: A serious mental disorder that affects a patient's ability to operate in social and professional functioning is schizophrenia. Impaired insight is very common in schizophrenia and has serious consequences on prognosis and treatment process. **Aim:** To assess insight among patients with schizophrenia. **Method:** a descriptive research design was utilized in the current study on a purposive sample of 60 patients with Schizophrenia and schizoaffective disorder which take place at Mansoura University Hospitals' inpatient psychiatric department. **Results:** Result of this study showed that 40% of subject aged 30 to 45 years, 65% of the research subjects were single, 61.7%weren't working and 100% of the studied patients had no insight. **Conclusion:** The researchers came to the conclusion that insight is crucial for both the prognosis and course of treatment for schizophrenia because poor or lack insight is a major obstacle for seeking treatment. **Recommendations:** The present study recommends that mental health services can provide program for enhancing clinical insight in schizophrenic patients because of its significance in treatment process.

Keywords: *Impaired Insight, Poor Insight, Schizophrenia*

2.Introduction

Schizophrenia ranks among the top 10 causes of long-term impairment worldwide, Affecting nearly 1.0% of the population. It's a serious illness that impacts each aspect of the patient's life (Tareke, Tesfaye, Amare, Belete & Abate, 2018). It results in major decline of social function such as inability to maintain personal hygiene and independent lifestyle skills, quitting hobbies, lack of enjoying leisure time, not achieving the socially defined positions such as spouse, family member, friend, employee or student, reduced academic performance, dropping out, having difficulty in maintaining relationships with friends and relatives or not performing at workplace, a major drop in employment rates, and difficulties in obtaining and maintaining secure housing (Ustun& Kucuk, 2020).

According to estimates, 0.5–1.5 million people in Egypt suffer from schizophrenia with the current population-growth rate (Kamal, El-Samahy, Abdelfattah& Khalaf, 2022).If Schizophrenia is not treated successfully, limitations are seen in many areas such as social functions, medication adherence, daily activities, vocational functioning, and hence, quality of life (Cho & Lee., 2018).

Impaired insight is a prevalent hallmark of schizophrenia, with 50–80% of patients thinking they are not mentally ill. Considering that insight impairment is linked to worse clinical outcomes, increased symptom severity, and inadequate treatment adherence, it is clinically significant (Phahladira et al., 2019). Insight is a multidimensional construt that consists of awareness of disorder, the capacity to re-label psychotic experiences as abnormal, and adherence to therapy, which varies along a continuum (Lysaker, Weiden, Sun, O'Sullivan& McEvoy., 2022).

Garcia-Cabeza, Victor & de Portugal. (2018) demonstrated that insight affects adherence in patients with schizophrenia and, as a result, improves the patient's perception of the demand for antipsychotic medication. Against that, it has been noted that a lack of insight is typically associated with poorer medication adherence, a reduced therapeutic alliance with the therapist, and an increased risk for relapse; which all result in a poorer illness evolution and outcome

Also impaired insight has adverse relationships with several relevant outcomes of schizophrenia such as self-esteem, mood and quality of life, making insight a crucial goal for therapy (Pijnenborg et al., 2019). Furthermore,

one of the biggest obstacles to treating people with schizophrenia is impaired or no insight. However, increasing patients awareness of their condition will result in stability and improvement. (Fereidooni, Jahromi & Fateh., 2023).

Antipsychotic medication therapies for schizophrenic patients are useful in lowering positive symptoms, but they have no apparent effect on gaining insight. Therefore, in order to improve clinical insight and medication adherence, other treatments should be employed in conjunction with medication in individuals diagnosed with schizophrenia (Yilmaz & Budak, 2019).

Aim of the Study

To evaluate the level of insight in schizophrenia patients

3. Method

3.1 Design:

To carry out the current study, the researchers employed a Cross-section study design with analytical component.

3.2 Setting:

This study was conducted at Mansoura University Hospitals' inpatient psychiatric department. This hospital belong to El- Mansoura city which is the capital of Dakahlia governorate in the Delta region.

3.3 Sample size:

A convenience sample recruited 60 patients with schizophrenia and schizoaffective disorder according to the following criteria:

3.4 Inclusion criteria

1. All patients diagnosed with schizophrenia and Schizoaffective disorders.
2. Age from (18-<60)years.
3. Both sexes.
4. Capable of communicating.
5. Accept to participate in this study.

3.5 Criteria for exclusions

1. Psychotic illness resulting from another medical issue..
2. psychosis induced by Substance.
3. Intellectual developmental disorder.

3.6 Data collection tools

Data was collected by two tools, which include:

Tool I: Patient Assessment Sheet (Socio-Demographic Characteristics and Clinical Data):

The researcher designed this tool after reviewing recent related literature. The researcher started to fill-out the questionnaire from the participants through one - by - one interviews until reached the total number This tool include information about:

- A. **Socio-demographic characteristics:** which include the following: the patient's age, sex, education, marital status, place of residence, etc.
- B. **Clinical data:** include patient diagnosis, onset of disease, and duration of illness, previous admission to psychiatric hospital, Family histories, and history of smoking.

Tool II: The Birchwood Insight Scale (BIS)

The eight-item self-report tool was created by Birchwood et al., 1994, and it evaluates three aspects of insight into mental illness: re-labeling of symptoms (2 items), illness awareness (2 items), and need for treatment (4 items). There are three possible responses to each statement in an item: agree, unsure, or disagree. Each response is assigned a score based on the level of awareness it represents. Intuitively sound responses (agree/disagree) receive a score of 2, unsure responses receive a score of 1, and poorly informed responses receive a score of 0.

System of scores: - The mean score for each subdomain ranges from 0 to 4. The overall score (from 0 to 12), where a higher score denotes more insight. A score of 9 or higher denotes good insight.

Reliability of the Arabic version was (.823).

2.5 Ethical consideration

The researcher gained the ethical approval from Mansoura University's college of nursing's research ethics committee and picked up informed consent from the participants. The researcher assured participants about their voluntary participation in the study. They were instructed how their personal data will be processed. anonymously, privately and solely for the study's objectives

The Birchwood Insight Scale's (BIS) reliability and validity

- Five experts in fieldwork of mental health and psychiatric nursing evaluated the face and content validity of the arabic translation of this tool and the researcher carried out the required modifications.

- Then carried out the pilot study on (10%) of patient with schizophrenia (N=6) who had been excluded from the studied sample. The pilot study was done to investigate the clarity, reliability, and applicability of the study tools for identifying the possible barriers that might obstruct the collection of data.
- Reliability for tool II (BIS) was conducted by Cronbach α coefficient in SPSS program version 22, The Cronbach's alpha value (internal consistency) of (BIS) was .823, Where scores higher than (0.70) were considered acceptable.

2.6 Data collection

- The researcher met with the participants, introduced herself, and explained the aim of the study to obtain their consent to participate in the study, gain their cooperation and confidence.
- The researcher started to fill-out the questionnaire from the participants through one - by - one interviews until reached the total number. The researcher read and explained each item to the participants and recorded their responses to each item. This interview lasted for averagely 25 to 30 minutes.
- Data collection was conducted during the period from February 2023 to April 2023. Data was collected from inpatient of Psychiatric Department at Mansoura University Hospitals.

Statistical analysis

Statistical Package for Social Sciences (SPSS) version 22.0 was used to analyze data.

The researcher coded the data, identified under categories, subcategories, and organized together under common themes.

number and percent were used for Quantitative variables. While the continuous variables were described using the arithmetic mean and standard deviation. All tests were performed at a level of significance (P-value) equal or less than 0.05 was considered statistically significant.

Results

Table (1) revealed that the patients under study ranged in age from 18 to 60 years old, with a mean \pm SD of (35.62 \pm 10.296). The age range of 30 to 45 years old comprised (40%) of the subjects, (83.3%) of the sample were men (83.3%). Based on the level of their education, 48.3% of the participants in the study were either literate or could write and read. (65%) of the patients under study were single. According to working status, (61.7%) of studied sample weren't working. According to the residence (66.7%) of the studied subject were from rural area. Concerning income (73.3%) of the studied subject had sufficient income.

Table (2) showed that (78.3%) had schizophrenia while (21.7%) had schizoaffective. (70%) didn't have family history of psychiatric disorder. The first episode of schizophrenia in (53.3%) of the subjects started between the ages of 20 and 30. According to hospital admission (66.7%) of the studied sample were admitted by involuntary way.

When referring to the illness duration , (41.7%) of the study group reported having the problem for ten years or more. In terms of treatment duration (40.0%) of the participants in the study took medicine for longer than four years. According to the medication adherence, (58.3%) of the studied subject didn't adhere to medication. According to smoking (65%) of studied sample were smokers.

Table (3) showed that (25 %) of studied subject had anorexia or refuse eating while 68.3% were eating alone. (66.6%) of the studied subject were sleeping less than 6 hour per day. Also (68.3%) of the studied subject reported insomnia. According to personal hygiene, (71.7%) of the studied subject were neglect personal hygiene or need help to make it.

Table (4) showed that 100% of the study sample had no insight according to birchwood insight scale .

Table (5) revealed that the correlation between insight and gender, educational level, age, illness duration, and age of onset was not statistically significant. However, there was a strong and statistically significant relationship between admission mood and insight ($r=.464^{**}$ with $p=.000$).

Table (1) the frequency Distribution of the Sample Under Study Based on Socio Demographic Variables.

<i>Socio-demographic characteristics</i>	N (60)	%(100)
Age 18 <30 years 30 < 45 years 45 to less than 60 years Mean \pm SD = 35.62 \pm 10.296	22 24 14	36.7% 40% 23.3%
Sex Male Female	50 10	83.3% 16.7%
Educational level Illiterate Basic education Secondary and Technical school Bachelor's degree.	8 21 24 7	13.3% 35% 40% 11.7%
Marital status Single Married Divorced & Widow	39 9 12	65% 15% 20%
Working status Not working Working	37 23	61.7% 38.3%
Residence Area City Village	20 40	33.3% 66.7%
Income Insufficient Sufficient	16 44	26.7% 73.3%
Total	60	100%

Table (2) Frequency Distribution of the Studied Sample According to Clinical Data.

<i>Clinical data</i>	n(60)	100%
Diagnosis Schizophrenia Schizoaffective	47 13	78.3% 21.7%
History of mental illness in the family No Yes	42 18	70% 30%
The illness's duration Less than 1 year :<5years 5:<10 years 10 years and more	23 12 25	38.3% 20% 41.7%
Age of onset Less than 20years From 20 : 30 years More than 30 years	14 32 14	23.3% 53.3% 23.3%
Mode of Admission Involuntary Voluntary	40 20	66.7% 33.3%
Duration of treatment Less than 2 years 2: <4 years 4 and more	20 16 24	33.3% 26.7% 40%
Adherence to medication No Yes regularly Yes interrupted	35 8 17	58.3% 13.4% 28.4%
Smoking No Yes	21 39	35% 65%
Total	60	100%

Table (3) Frequency Distribution of the Examined Sample Based on Physical Characteristics

Physical characteristics	N (60)	100%
Eating habit		
Refuse eating	8	13.3%
Anorexia	7	11.7%
Overeating	2	3.3%
Eat alone	41	68.3%
Eat with encouragement	2	3.3%
Duration of Sleep		
Less than 4 hours	32	53.3%
4:6 hour	8	13.3%
More than 6 hour	20	33.3%
Insomnia		
No	19	31.7%
Yes	41	68.3%
Personal Hygiene		
Neglect it	30	50%
Need help	13	21.7%
Make personal hygiene alone	17	28.3%
Total	60	100%

Table (4) Study Sample's frequency Distribution According to Insight level

<i>Scoring System of insight according to Birchwood Insight Scale(BIS)</i>	N	%
• No insight (0->9)	60	100%
• Good insight (9-12)	0	0.0%
Total	60	100%

Table (5) Correlation Between Birchwood Insight scale and Socio-Demographic & Clinical Characteristics :

Variable	Clinical and Socio Demographic Traits	Pearson Correlation(r)	Sig.(p)
Total Insight Scale	Age	.020	.880
	gender	.013	.923
	Educational level	.147	.262
	Duration of illness	-.063	.634
	Age of onset	-.014	.916
	Mode of admission	.464**	.000

**At the 2-tailed 0.01 significance level, the correlation is significant.

r= The correlation coefficient of Pearson

Discussion

The purpose of the current study was to evaluate the insight level of patients with schizophrenia. According to the characteristics of the sample under study, less than half of the sample as a whole was within the ages of 30 to 45 year-old. In similar lines, **Ageeb, Koth, Saber, and Zaki (2022)** showed that nearly a third of the study group was between the ages of 31 and 43.

According to educational level, more than one third of the studied sample had secondary education and diploma certificate and less than half of the studied subjects had low education. This may be explained that two thirds of the sample were from rural areas; which give little attention to higher education. Additionally, the early onset of schizophrenia regarded as a barrier for continuing education due to its negative impact on cognitive function and also academic achievement. This is in the same context with an Egyptian study by **Dewedar, Harfush, & Gemeay (2018)** who pointed out that less than half of patients completed secondary education and minority of them were illiterate.

According to the study's findings, two thirds of the patients were from rural areas. This conclusion was in line with an Egyptian study conducted by **El-Monshed & Amr(2020)**, which found that over half of the survey participants were from rural areas. Furthermore, this result was consistent with that of **Dutesco et al. (2018)**, who

discovered that the majority of schizophrenia patients resided in villages. **Elsherif, Badawy, and Gado (2022)** in Egypt, in contrast, noted that almost two thirds (70%) of individuals with schizophrenia lived in cities.

Concerning income nearly three quarter of the studied subject had sufficient income. this may be explained as they are supported financially by families. While **Galal Osman, AbdEl-fattah & Ibrahim (2023)** illustrated that above half of the subject had not enough income

According to our findings, almost two thirds did not have a family history of mental illness. This result contradicted the findings of **Kiwan et al. (2020)**, who found that over two thirds of patients had a family history of mental illness. It also aligned with a study by **Ebrahim, El-Bilsha & Elhadidy (2021)**, which found that the majority of the sample had a negative family history of mental illness, while a minority had a positive family history.

Concerning illness duration, greater a third of the study group had the disorder for ten years and more. This result was in agreement with **Ahmed. and Mohamed. (2019)** who found that duration of illness in less than half of the studied patients had schizophrenia was for ten years or more. This result disagree with, **Eweida and Maximos.(2017)** who found about half of the schizophrenic patients under investigation had a duration of illness between 20 to less than or equal to 40 years, which indicates a prevalent high degree of chronicity.

In terms of when schizophrenia first manifested itself, this study found that over half of the subjects were between the ages of 20 and 30. This outcome is explained by the epidemiology of schizophrenia, which the World Health Organization (WHO) 2019 clarified can begin anywhere between the ages of 16 and 30.

Furthermore, this outcome agrees with **El-Bilsha, Saber, and Abd-Eraof's (2023)** finding that over half of the patients were in the 18–30 age category.

As regard individual hygiene, our findings revealed that half of the sample neglected personal hygiene. This may be due to negative manifestation and avolition to perform daily activities as personal cleanliness. This findings was in line with **El Bilsha's (2019)** findings that over half of people with schizophrenia disregard their personal hygiene. In addition to the previously indicated outcome, a study conducted by **Ebrahim, El-Bilsha& Elhadidy (2021)** showed that more than one-third of the sample either disregarded or practiced personal hygiene with encouragement.

Our results revealed that all subject had no insight. This is in agreement with **Kalkan, E., & Kavak Budak, F. (2020)** who explained that insight of the patients was found to be low. Also **Hassan, Elnabawy, Eldeeb & Essa (2019)** reported that majority of the studied patients indicating poor insight. This outcome might be the result of people and their families going through an occasion of denial and nonacceptance after a professional diagnoses them with schizophrenia. They may have delayed seeing a psychiatrist out of fear of social stigma.

Against us was **Beainy, Haddad, Fekih-Romdhane, Hallit& Haddad, (2023)**. Who demonstrated a low percentage (19.5%) of patients with impaired insight, which could be attributed to the fact that all patients get psychoeducation

sessions on a regular basis and stay in the hospital for a prolonged time .

According to our findings, insight did not significantly correlate with age, sex, degree of education, period of illness, or age of onset. The results mentioned previously are in line with a study by **Hassan et al. (2019)**, which found that the correlation between patients' insight and their ages, duration of illness and frequency of hospitalization was not statistically significant (p-values of 0.69, 0.61, and 0.07, respectively).

Conclusion and Recommendations

The current study's results led to the conclusion that none of the subjects had insight.

The researchers suggested that, in light of the findings and conclusions of the current study:

1. Programs that educate patients with schizophrenia about the disorder.
2. Educating caregivers and nurses on how to provide interventions that improve insight, particularly during a patient's initial psychotic episode
3. Further studies are required to direct research to therapies that focus on insight improvement in schizophrenia
4. Further research has to be carried on a larger sample size and investigate more variables and study other insight related factors

Funding

No funding to make an official announcement.

Conflicts of interest

The authors declare that they have no conflict of interest.

References

- Ageeb, M. S., Kotb, F. N., Saber, E. H., & Zaki, S. M. (2022).** Relationship between emotional intelligence and suicidal ideation among schizophrenic patients. *Minia Scientific Nursing Journal*, 12(1), 114-124.
- Ahmed. and Mohamed. (2019):** Factors affecting re-hospitalization of schizophrenic patients at Benha mental health hospital. *Egyptian journal of health care. EJHC*. Vol.6 No.4. PP: 76-94 .
- Beainy, C., Haddad, C., Fekih-Romdhane, F., Hallit, S., & Haddad, G. (2023).** Decreased insight, but not self-stigma or belief about medicine, is associated with greater severity of delusions in a sample of long-stay patients with schizophrenia: a cross-sectional study. *BMC psychiatry*, 23(1), 222.
- Cho J. M., Lee K. (2018).** Effects of motivation interviewing using a group art therapy program on negative symptoms of schizophrenia. *Archives of Psychiatric Nursing*, 32(6), 878-884.
- Dewedar, A. E. S., Harfush, S. A., & Gemeay, E. M. (2018).** Relationship between insight, self- stigma and level of hope among patients with schizophrenia. *IOSR Journal of Nursing Health Science, (IOSR - JNHS)*, 7(5), 15-24.
- Ebrahim, A. S., El-Bilsha, M., & Elhadidy, M. (2021).** Social support among patients with schizophrenia. *Mansoura Nursing Journal*, 8(2), 13-25.
- El-Bilsha, M. (2019).** Effectiveness of a Psycho-Social Intervention on Negative Symptoms of Patients with Schizophrenia in Conjunction with Anti-Psychotic Drugs. *International Journal of Novel Research in Healthcare and Nursing*, Vol. 6, Issue 1, pp: (735-747).
- El-Bilsha, M., Saber, H., M., Abdel-raoof, A., I. (2023).** Quality of life among Schizophrenic Patients. Unpublished Master Thesis Mansoura University.
- El-Monshed, A., Amr, M. (2020).** Association between Perceived Social Support and Recovery among Patients with Schizophrenia, *International Journal of Africa Nursing Sciences*, Retrieved from <https://doi.org/10.1016/j.ijans.2020.100236>.
- Elsherif, Z. A. E., Badawy, A. A. E., & Gado, E. M. (2022).** Relation between self empowerment and social functioning among patients with schizophrenia. *Tanta Scientific Nursing Journal*, 26(3), 102-130.
- Eweida and Maximos.(2017):** The relation between coping strategies and social support among patients with schizophrenia. MH department of psychiatric nursing and mental health, Alexandria university, Egypt. *JOJ Nursing and Health care*. Research article. Volume 5 Issue 4. PP: 111-117.
- Fereidooni, S., Jahromi, L. R., & Fateh, N. (2023).** Effectiveness of Group Cognitive Behavioral Therapy in Insight and Treatment Adherence in Schizophrenic Patients: A Randomized Controlled Trial. *Jundishapur Journal of Chronic Disease Care*, 12(3).

- Galal Osman, H., AbdEl-fattah, S., & Ibrahim, F. (2023).** Effect of Psycho-Educational Program on Activity of Daily Living Among Schizophrenic Patients. *Benha Journal of Applied Sciences*, 8(4), 273-284.
- Garcia-Cabeza, I., Victor, F., & de Portugal, E. (2018).** Relationship between insight, adherence and disability in the diagnose of paranoid schizophrenia. *Journal of Mental Health & Clinical Psychology*, 2(6).
- Kamal, S. A., El-Samahy, S. A. A. M., Abdelfattah, W., & Khalaf, O. O. (2022).** CRP and its relation to cognitive performance in schizophrenia patients: a cross-sectional study. *Egyptian Journal of Psychiatry*, 43(2), 87.
- Kiwan, N., Mahfoud, Z., Ghuloum, S., Chamali, R., Yehya, A., Hammoudeh, S., ... & Al-Amin, H. (2020).** Self-reported sleep and exercise patterns in patients with schizophrenia: A cross-sectional comparative study. *International journal of behavioral medicine*, 27(4), 366-377.
- Lysaker, P. H., Weiden, P. J., Sun, X., O'Sullivan, A. K., & McEvoy, J. P. (2022).** Impaired insight in schizophrenia: impact on patient-reported and physician-reported outcome measures in a randomized controlled trial. *BMC psychiatry*, 22(1), 1-12.
- Phahladira, L., Asmal, L., Kilian, S., Chiliza, B., Scheffler, F., Luckhoff, H. K., ... & Emsley, R. (2019).** Changes in insight over the first 24 months of treatment in schizophrenia spectrum disorders. *Schizophrenia research*, 206, 394-399.
- Pijnenborg, G. H. M., de Vos, A. E., Timmerman, M., Van der Gaag, M., Sportel, B. E., Arends, J., ... & Aleman, A. (2019).** Social cognitive group treatment for impaired insight in psychosis: A multicenter randomized controlled trial. *Schizophrenia research*, 206, 362-369.
- Tareke, M., Tesfaye, S., Amare, D., Belete, T., & Abate, A. (2018).** Antipsychotic medication non-adherence among schizophrenia patients in Central Ethiopia. *South African Journal of Psychiatry*, 24.
- Ustun, G., & Kucuk, L. (2020).** The effect of assertiveness training in schizophrenic patients on functional remission and assertiveness level. *Perspectives in Psychiatric Care*, 56 (4)297-307.