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Stigma and Quality of Life among Family Caregivers of Patients with Schizophrenia

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Abstract

Background: Background: Stigma associated with mental illness, especially schizophrenia, affects not only patients but also their family caregivers, leading to emotional and psychological burdens. Aim: This study aimed to assess stigma and quality of life among family caregivers of patients with schizophrenia. **Design:** A descriptive research design was used. **Setting**: The study was conducted at the outpatient clinics of El-Abbassia hospital for mental health and addiction in Cairo. **Subjects:** A convenient sample of 92 family caregivers of patients diagnosed with schizophrenia. **Tools:** Data were collected using three tools: **(I)** Socio-demographic and medical history sheet, **(II)** Stigma Scale for Caregivers of People with Schizophrenia, and **(III)** Quality of Life Scale. Results: The findings revealed that 79.3% of caregivers were not stigmatized, while 20.7% experienced stigma. Regarding quality of life, 50% of caregivers reported low levels, 45.7% moderate, and only 4.3% high levels. **Conclusion:** There was a statistically significant difference between total stigma and quality of life scores ($p < 0.005$). A strong positive correlation was found between stigma and quality of life scores. Half of the caregivers experienced low quality of life, and about one-fifth were stigmatized. These results emphasize the burden caregivers face in maintaining well-being while caring for individuals with schizophrenia. **Recommendations:** Further research with larger, more diverse samples across different regions in Egypt is recommended to generalize the findings and develop targeted interventions to reduce stigma and improve caregivers' quality of life.

Key words: Family Caregivers, Quality of Life, Schizophrenia, Stigma.

Introduction

Schizophrenia is a chronic and severe neurodevelopmental disorder characterized by a disruption in thought processes, perceptions, emotional responsiveness, and social interactions **(World Health Organization, 2022)**. Key symptoms include hallucination, delusion, social withdrawal, and cognitive difficulties, which often lead to impaired daily functioning and reduced quality of life **(American Psychiatric Association, 2022).** The disorder usually manifests in late adolescence or early adulthood, with men typically experiencing onset earlier than women. **(NIMH, 2024)**.

Stigma is a major cause of discrimination and exclusion: it affects people's self-esteem, disrupts family relationships, and limits opportunities in education, employment, and housing. ***(*World Health Organization, *2021).*** Mental health stigma involves negative beliefs and discriminatory behavior toward individuals with mental health conditions, which can lead to exclusion from work, healthcare, and social relationships ***(*Centers for Disease Control and Prevention, *2021).***Stigma is when someone sees you in a negative way because of your mental illness. It also involves feelings of shame that others or yourself may have about your condition ***(NAMI, 2024).***

Quality of life is a broad concept that encompasses both objective and subjective dimensions of well-being, including health, education, work-life balance, material living conditions, personal security, and environmental quality ***(Eurostat, 2024).***Quality of life is the degree to which an individual is healthy, comfortable, and able to participate in or enjoy life events **(*Encyclopaedia Britannica, 2025).***

This stigma can lead to feelings of shame, social withdrawal, and emotional stress, reducing caregivers' psychological well-being and limiting their access to support systems, As a result, higher perceived stigma is strongly linked to lower life satisfaction and greater caregiver burden **(Hajebi et al., 2023) .**Family caregivers of patients with schizophrenia often experience associative stigma, which negatively affects their quality of life **(chan et al., 2024)**.

A family caregiver is an informal caregivers who assumes responsibility for providing ongoing care and assistance to a person with a physical or mental health condition, often without formal training ***(WHO, 2022).*** An individual-usually a family member-who assists with tasks ranging from basic daily needs to complex medical coordination, especially when the care recipient has limited capacity, such as in schizophrenia ***(Zhou et al, 2023).***

They are often the first point of contact in mental health settings and are well-positioned to challenge public **.**and self-stigma by promoting open dialogue and community inclusion **(Molina-Mula & Gallo-Estrada, 2022)** Nurses play a vital role in supporting family caregivers of individuals with schizophrenia by addressing stigma and enhancing their quality of life. Through psychoeducation, counseling, and family-centered care, nurses help caregivers understand the illness, reduce feelings of shame, and build resilience **(Lee & Chien, 2023)**.

Significance of the study: -

Globally, one in every eight individuals lives with a mental disorder. schizophrenia affects approximately 24 million people worldwide, accounting for around 0.32% of the global population **(WHO, *2025).*** up to 64.5% of individuals diagnosed with schizophrenia experience stigma, ranging from social discrimination to internalized shame ,which creates significant obstacles to treatment and recovery worldwide **(Psychiatric Times, 2025).** This stigma not only delays seeking medical help but also worsens the prognosis for patients.

In Egypt, the Institute for Health Metrics and Evaluation, the age-standardized prevalence of schizophrenia in Egypt was approximately 0.25% (247.6 cases per 100,000 people) **(Mental Disorders Collaborators, 2022).** A 2023 study in Tunisia showed that 78% of caregivers experienced moderate to high levels of caregiver burden and stigma **(Zgueb et al., 2023)**. In Upper Egypt, more than half of caregivers agreed with stigma-related statements regarding mental illness **(Ahmed et al., 2022).**

From the researcher point of view, the caregivers of patient with any mental illness, that represent stigma in most Arabic countries, are emotionally, physically, economically and socially affected in addition exposing to rejection and discrimination from the society. These negative experiences often lead to increased caregiver burden, reduced quality of life and limited social support.

Subjects and Methods

Aim of the study:

The aim of this study was to assess stigma and quality of life among family caregivers of patients with schizophrenia.

This aim will be achieved through:-

1-Assess domains of stigma among family caregivers of patients with schizophrenia.

2-Assess levels of quality of life among family caregivers of patients with schizophrenia.

3-Assess the relationship between stigma and quality of life among family caregivers of patients with schizophrenia.

Research questions: -

1. What are domains of stigma among family caregivers of patients with schizophrenia.?
2. What are levels of quality of life among family caregivers of patients with schizophrenia.?
3. Is there a the relationship between stigma and quality of life among family caregivers of patients with schizophrenia.?

The subject and methods for this study have been portrayed under the four main items as follows:

I- Technical item.

II- Operational item.

III- Administrative item.

IV- Statistical item.

I- Technical item:

The technical design included research design, setting, subjects and tools of data collection.

Research Design:

A descriptive research design was utilized to achieve the aim of this study.

Research Setting:

This study was carried out in outpatient clinics of El-Abbassia hospital for mental health and addiction in Cairo. The capacity of this hospital is (1504) beds. The hospital has 46 departments and has psychiatric outpatient clinics for elderly, adolescent, pediatric and addiction. The outpatient clinics operate all days of the week.

Study Subjects:

A convenience sample was utilized in this study Sample was included 92 persons of family caregivers of patients with schizophrenia from the pre mentioned setting who Aged from 18 to >65, Both gender and Caregivers who free from (chronic or mental illness).

Tools for data collection

Data was collected by using three tools:

Tool (I): A Structural Interviewing questionnaire:

(A) Socio-demographic characteristic sheet The socio-demographic characteristic sheet included caregivers' data as (age, gender, occupation, religion, marital status, educational level, residence, and relationship with patient) and (patient' data as age, gender, occupation, religion, marital status, educational level, residence, and source of patient income).

(B) Medical history sheet Medical history sheet included type of schizophrenia, duration of schizophrenia, duration of follow up in outpatient unit, number of admission to hospital, treatment, aggressive behavior injuring or threatening others, relapse and cause of relapse.

Tool (II) Stigma scale for caregiver of people with schizophrenia (Mak &Cheung, 2008)

Stigma scale for caregiver of people with schizophrenia was used to evaluate caregivers affiliate stigma. This scale contained 22 items, rated on a 4-point Likert scale from 1= strongly disagree to 4= strongly agree, The 22 items were organized into three domains assessing different components of affiliate stigma, that is, cognitive (7 items), affective (7 items) and behavioral components (8 items).If score was less than 62 it considered non-stigmatized, If score was from 62 to 88 it considered stigmatized.

Scoring system

Responses of participants were measured on a 3-points Likert scale ranged from 1=rarely, 2=sometimes, 3=always. These scores were summed and were converted into a percent score.

Tool (III): Quality Of Life scale (QOL scale) (Ohaeri and Awadalla, 2009)

Quality of life scale is a short version of the World Health Organization-QOL-100 scale; it is used to evaluate the quality of life among family caregivers of patient with schizophrenia. This scale contains 26 items. These domains are physical health (7 items), psychological health (6 items), social relations (3 items) and environment (8 items). This scale is rated on a 4-point Likert scale ranging from 1(very dissatisfied /very poor) to 5 (very satisfied /very good), If score is less than 78 it will considered low quality of life, If score is from 78 to 97 it will considered moderate quality of life, and if score is from 97 to 139 it will considered high quality of life..

Scoring system:

Low quality of life	**Score <60% (<78)**
Moderate quality of life	**Score 60%-<75% (78-97)**
High quality of life	**Score 75%-100% (<97-130)**

Content Validity and Reliability:

The used study tools were revised for clarity, relevance, comprehensiveness, understanding, and applicability by a panel of 3 nursing experts from the Faculty of Nursing, Helwan University, to assess the content validity of the study tools. Internal consistency and reliability were measured by using Cronbach's alpha- coefficient test.

II-Operational item:

Pilot Study: -

A pilot study was carried out with 10% (9) of family caregivers of patients with schizophrenia. It carried out before data collection to evaluate the feasibility, time, cost, adverse events, and improve upon the study design before the performance of a full-scale research study. The necessary modifications were accordingly done. Participants in the pilot study were excluded from the sample.

Field Work: -

Data was collected after obtaining an official agreement from general secretariat mental health and addiction treatment. Data collection extended over a period of six months from at the beginning of November until the end of April. The investigator was available in the morning, twice every Monday and Thursday of the week from 10:00 am to 12:00 pm for data collection. The investigator started by introducing herself to participant, explaining purpose and nature of the study and the researcher inform the participant that all information is confidential and used only for purpose of the study. An written approval obtained from each participant after explaining the aim of the study. Each participant took about 25-35 minutes to answer the questionnaires after explaining by investigator. Finally, the filled questionnaires were handed back to investigator to check for its completeness.

III- Administrative item:

An official letter was issued from Dean of faculty of Nursing, Helwan University to the appropriate authorities in the selected setting to take permission for carrying out the study. Written consent to conduct were obtained from hospitals mangers of the previously mentioned setting. To conduct the study, aim of study was discussed and time of data collection determined to gain approval and cooperation.

Ethical Considerations :

An official permission to conduct the proposed study was obtained from the scientific research ethics committee of faculty of nursing Helwan University. Participation in the study is voluntary and subject was given complete full information about the study and role before taking the consent.

The ethical consideration were included explaining the purpose and nature of the study, starting the possibility to withdraw at any time, confidentiality of the information. An approval was obtained from General Secretariat in Abbasiya with date November of 2024. The investigator assured that anonymity and confidentiality would be guaranteed and the right to withdraw from the study at any time. Ethics, values, culture and believes was respected.

Statistical Design:

Recordedwere analyzed using ,the statistical package for social sciences, version 22.0SPSS Inc., Chicago Illinois, USA). Quantitative data were expressed as mean+ standard deviation (SD). Qualitative data were the following tests were done: **Chi-square (x?)** test of significance was ,expressed as frequency and percentage used in order o compare proportions between qualitative parameters, **Pearson's correlation coefficient (r)** test was used to assess the degree of association between two sets of variables,the confidence interval was set to 95% and the margin of error accepted was set to 5%. So, the p-value was considered significant considered significant as the following

Probability (P-value)

-P-value <0.05 was considered significant

-P-value <0.001 was considered as highly significant

P-value >0.05 was considered insignificant**.**

Results: -

Table (1): Illustrates that 53.3% of the caregivers studied are aged > 41 years with **Mean± SD 2.32± .811**. While 50.0% are married. However, 14.1% of the study samples don’t read or write, and 41.3% have a university education. While 35.9% do not have enough monthly income. In addition, 30.4% of the samples studied are working while 69.6% are not working, and 84.8% of the studied sample are from urban areas while 15.2% are from rural areas.

Table (2) shows that 30.4% of patients with schizophrenia are aged > 41 years with **Mean± SD 2.66± .114**. While **37.2**% are unmarried. However, 16.0% of the study samples don’t read or write, and **35.1**% have a university education. While **68.1**% do not have enough monthly income. In addition, 42.6% of the samples studied are working while 57.4% are not working, and 77.7% of the samples studied are from urban areas.

Table (3) Illustrates that 65.2% of the patients with schizophrenia studied have paranoid schizophrenia diseases while 17.4% have disorganized schizophrenia. Moreover, 44.6% have More than three years duration of schizophrenia disease. Also, 71.7% have 1-2 Relapse times. Additionally, 59.5% have a previous Family history of schizophrenia and 48.9% do clinical follow-ups for their disease once every month. Plus, 40.2% of patients are Admitted to the hospital twice times In addition, 33.7% of patients have Pharmacological – ECT and 38.0% of them have Pharmacological -CBT Treatment modalities type schizophrenia.

Table (4): Indicates that there are no statistically significant differences between the levels of total stigma scale, and socio-demographic characteristics such as age, gender, educational level, occupation, monthly income, and residence by the studied caregivers of patients with schizophrenia.

Table (5): shows that there are no statistically significant differences between the levels of total quality of life scale, and socio-demographic characteristics such as age, gender, educational level, occupation, monthly income, and residence by the studied caregivers of patients with schizophrenia.

Table (6): The Chi-square analysis revealed a statistically significant association between perceived stigma and levels of total quality of life among the participants ($\chi^2 = 12.138$, $p = .002$). The data indicate that non-stigmatized individuals are more likely to report moderate to high QoL, with 90.5% of the moderate QoL group and 100.0% of the high QoL group falling into the non-stigmatized category. In contrast, individuals classified as stigmatized were predominantly found in the low QoL group (32.6%), with no representation in the high QoL category**.**

Table (7): The correlation analysis revealed a statistically significant negative relationship between stigma and total quality of life among the participants (r = -0.293, p = 0.005, N = 92). This indicates that as perceived stigma increases, the overall quality of life tends to decrease. Although the correlation is of moderate strength, it is meaningful and suggests that stigma may play a detrimental role in the well-being of individuals. The significance level (p < 0.01) underscores the robustness of this finding. These results highlight the importance of developing interventions aimed at reducing stigma to improve quality-of-life outcomes.

Figure (1): Denotes that regarding the total stigma scale, 79.3% are non-stigmatized by the studied caregivers of patients with schizophrenia, while, 20.7% of them are stigmatized to their patients with schizophrenia.

Figure (2): illustrates that regarding the total levels on the quality-of-life scale, 50% have a low level of quality of life among studied caregivers of patients with schizophrenia. While 45.7% have a moderate level of quality of life and only 4.3% have a high level of quality of life.

Table (1): Distribution of the caregiver according to their socio-demographic characteristics (n=92).

Items	No.	%
Gender:		
Male	47	51.1
Female	45	48.9
Age:		
20 – 30 years	20	21.7
31 - 41years	23	25.0
>41years	**49**	**53.3**
Mean± SD 2.32± .811		
Social status		
Married	**46**	**50.0**
Unmarried	20	21.7
Divorced	11	12.0
Widow	10	10.9
Single	5	5.4
Education level		
Doesn't read or write	**13**	**14.1**
Primary education stage	4	4.3
Secondary school	33	35.9
University level	38	**41.3**
Postgraduate	4	4.3
Place of Residence		
Urban	**78**	**84.8**
Rural	14	15.2
Income		
Enough	28	30.4
not enough	**33**	**35.9**
enough and more	31	33.7
Occupation		
have job	**28**	**30.4**
Unemployment	**64**	**69.6**

Relative degree		
The first relative degree of patient	54	58.7
the second relative degree of patient	32	34.8
Others	6	6.5

Table (2): Distribution of the patients with schizophrenia according to their socio-demographic characteristics (n=92).

Items	**No.**	**%**
Gender:		
Male	76	82.6
Female	16	17.4
Age:		
< 20 years	16	17.4
20-30 years	27	29.3
31-41 years	21	22.8
>41 years	28	**30.4**
Mean± SD 2.66± .114		
Social status		
married	19	20.2
unmarried	35	**37.2**
divorced	20	21.3
widow	10	10.6
single	10	10.6
Education level		
Doesn't read or write	15	**16.0**
Primary education stage	13	13.8
Secondary school	27	28.7
University level	**33**	**35.1**
Postgraduate	6	6.4
Place of Residence		
urban	73	77.7
rural	21	22.3
Income		
enough	26	27.7
not enough	**64**	**68.1**
enough and more	2	2.1
Occupation		
have job	40	42.6
unemployment	**54**	**57.4**

Table (3): Distribution of the patients with schizophrenia according to their medical history (n=92).

Patient's medical history	**No.**	**%**
Type schizophrenia diagnosis		
paranoid schizophrenia	**60**	**65.2**
Disorganized schizophrenia	**16**	**17.4**
catatonic schizophrenia	9	9.8
others	7	7.6
Duration of schizophrenia disease		
less than one year	15	16.3
2-3 year	36	39.1

More than three years	**41**	**44.6**
Relapse times		
1-2 times	**66**	**71.7**
3-4 times	20	21.7
more than 4 times	6	6.5
Family history of schizophrenia		
Yes		**59.8**
No	37	40.2
Clinical follow-up		
Every two weeks	18	19.6
Every month	**45**	**48.9**
Every three months	24	26.1
Annually	5	5.4
Admission times to the hospital		
once time	22	23.9
twice	**37**	**40.2**
three times	26	28.3
more than three times	7	7.6
Treatment modalities type of schizophrenia		
Pharmacological - ECT- CBT treatment	22	23.9
Pharmacological - ECT treatment	**31**	**33.7**
Pharmacological-ECT-family therapy	4	4.3
Pharmacological -CBT treatment	**35**	**38.0**

Table (4): Relation between the levels of total stigma scale and their socio-demographic data among the caregivers of patients with schizophrenia (n=92)

Socio-demographic data	**Level of sigma among caregivers**				**Chi-square test**	
	non-stigmatized 22-62		**Stigmatized** 63-88			
	No.	**%**	**No.**	**%**	**r ^{2}**	**p-value**
Age (years)						
20-30 years	17	85.0	3	15.0	3.752^{a}	.153
31-41 years	15	65.2	8	34.8		
>41years	41	83.7	8	16.3		
Gender:						
Male	36	49.3	11	57.9	.444^{a}	.683
Female	37	50.7	8	42.1		
relative degree						
First relative degree	45	61.6	9	47.4	1.481^{a}	.477
second relative degree	24	32.9	8	42.1		
others	4	5.5	2	10.5		
Educational level:						
Doesn’t read or write	11	15.1	2	10.5	1.571^{a}	.814
Primary education	4	5.5	0	0.0		
Secondary education	25	34.2	8	42.1		
University education	30	4131	8	41.1		
Postgraduate	3	4.1	1	5.3		
Occupation						
Work	25	34.2	3	15.8		

Unemployed	48	65.8	16	84.2	2.426[a]	.119
Monthly income						
Enough	21	28.8	7	36.8	2.291[a]	.318
Not enough	29	39.7	4	21.1		
enough and more	23	31.5	8	42.1		
Residence						
Rural area	60	76.9	18	23.1	1.839[a]	.175
Urban area	13	92.9	1	7.1		

Table (5): Relation between the levels of total quality of life scale and socio-demographic data among the caregivers of patients with schizophrenia (n=92)

Socio-demographic data	Level of quality of life among caregivers						Chi-square test	
	Low 26-77		Moderate 78-96		High 97-130			
	No.	%	No.	%	No.	%	r^2	p-value
Age (years)								
20-30 years	4	8.7	15	35.7	1	25.0	10.859[a]	.028
31-41 years	14	30.4	9	21.4	0	0.0		
>41years	28	60.9	18	42.9	3	75.0		
Relative degree								
First relative degree	27	58.7	25	59.5	2	50.0	1.189[a]	.880
second relative degree	15	32.6	15	35.7	2	50.0		
others	4	8.7	2	4.8	0	0.0		
Educational level:								
Doesn't read or write	1	2.2	3	7.1	0	0.0	8.811[a]	.358
Primary education	9	19.6	4	9.5	0	0.0		
Secondary education	18	39.1	14	33.3	1	25.0		
University education	17	37.0	19	45.2	2	50.0		
Postgraduate	1	2.2	2	4.8	1	25.0		
Occupation								
Work	10	21.7	16	38.1	2	50.0	3.530[a]	.171
Unemployed	36	78.3	26	61.9	2	50.0		
Monthly income								
Enough	13	28.3	15	35.7	0	0.0	3.787[a]	.436
Not enough	17	37.0	13	31.0	3	75.0		
Enough and more	16	34.8	14	33.3	1	25.0		
Residence								
Urban area	38	82.6	36	85.7	4	100.0	.915a	.633
Rural area	8	17.4	6	14.3	0	0.0		

Table (6):Correlation between the total score on the levels of the Stigma scale & the total levels score on the quality-of-life scale among the caregivers of patients with schizophrenia (n= 92)

			Total QoL			Total	Chi-square	
			low QoL 26-77	moderate QoL 78-96	high QoL 97-130		r	p-value
Total Stigma	non-stigmatized 22-62	No	31	38	4	73	12.138^{a}	.002**
		%	67.4%	90.5%	100.0%	79.3%		
	Stigmatized 63-88	No	15	4	0	19		
		%	32.6%	9.5%	0.0%	20.7%		
Total		No	46	42	4	92		
		%	100.0%	100.0%	100.0%	100.0%		

Table (7):Correlation between the total score of the Stigma scale & the total score on the quality-of-life scale among the caregivers of patients with schizophrenia (n= 92)

		Total quality-of-life
The total score of Stigma	r	**-.293********
	p-value	**0.005****
	N	92

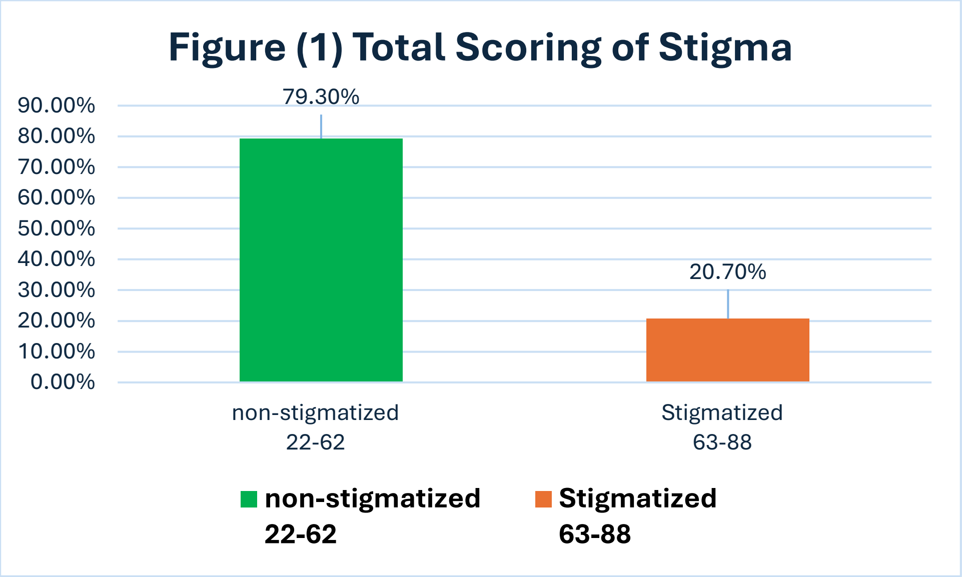

Figure (1): Total scoring of stigma

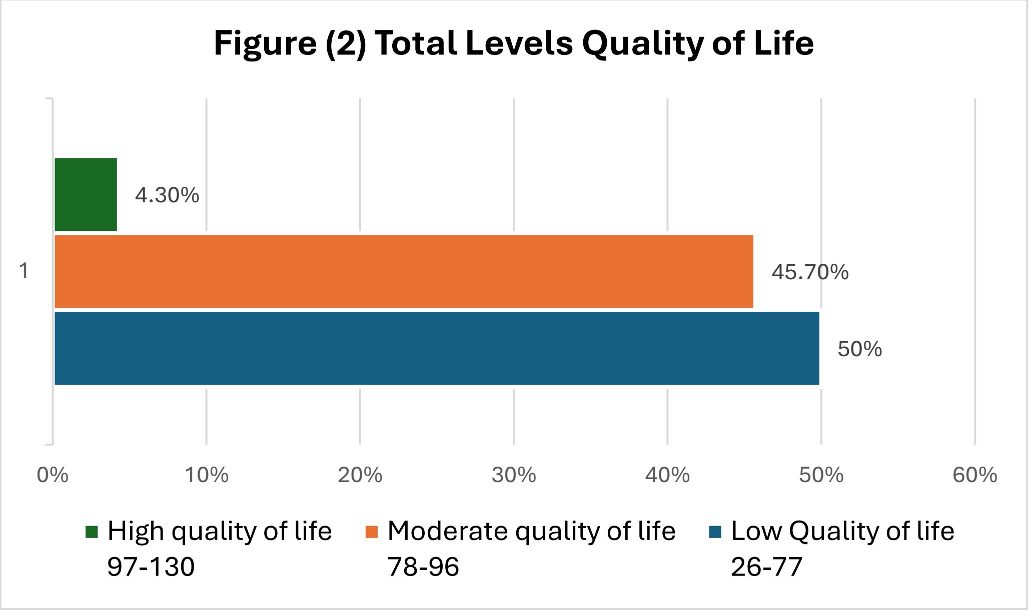

Figure (2): Total levels Quality of life

Discussion: -

Schizophrenia is a chronic and severe mental disorder characterized by distorted thinking, hallucinations, and impaired social and occupational functioning. It not only affects individuals diagnosed with the condition but also imposes a significant emotional, psychological, and social burden on their family caregivers. These caregivers often face a dual challenge: the societal stigma associated with mental illness and a diminished quality of life due to the continuous demands of caregiving **(Voineskos et al., 2023).**

Regarding socio-demographic characteristics of the studied caregivers of patients with schizophrenia the current study results revealed that slightly more than half of studied caregivers of patients with schizophrenia were in age group > 41 years and half of caregivers are married and nearly two -fifths of studied caregivers had a university education and slightly more than one-third of studied caregivers did not have enough monthly income and slightly more than two-third of studied caregivers were not working and most of caregivers of patients with schizophrenia were from urban areas.
This finding may reflect cultural norms where older, often married family members especially women assume caregiving roles. Despite relatively high education levels, unemployment and financial hardship remain common, possibly due to caregiving demands. The urban predominance may be linked to better access to psychiatric services. These patterns highlight the need for targeted economic and social support for caregivers.

The point of view of researcher it may related to cultural norms where older, often married family members especially women assume caregiver roles. Despite relatively high education levels, unemployment and financial hardship remain common, possibly due to caregiver demands. In Egypt predominance may be linked to little access to psychiatric services. These patterns highlight the need for targeted economic and social support for caregivers.

This result is supported by the finding of **(Karaçar and Bademli ,. 2022)**, who studied “The Relationship Between Caregiving Burden and Resilience in Family Members of Individuals with Schizophrenia” conducted in Turkey, and found that nearly two-thirds of the caregivers were aged above 40 years, more than two-thirds were unemployed, and nearly half had only primary education, with most of them living in urban settings.

Moreover, the current study finding was different from the finding of **(Rahmani et al,. 2022)** who studied “Predictors of Caregiver Burden Families of Patients with Schizophrenia” which was carried out in Iran and found that about two-thirds of caregivers had at least secondary education, slightly more than half were employed, and slightly less than one-third experienced financial hardship.

Sociodemographic characteristics of the patients with schizophreniathe current study results revealed that less than one-third of the patients were aged above 41 years, and a little more than one-third were unmarried. Additionally, a little more than one-tenth of the patients were illiterate, while more than one-third had university-level education. Moreover, more than two-thirds reported not having enough monthly income. In terms of employment, less than half were working, while more than half were not working. Furthermore, most of the patients were from urban areas.

The point of view of researcher it may related to several interrelated social, cultural, and economic factors. The relatively low proportion of patients above 41 years may be explained by the early onset of schizophrenia, which typically begins in late adolescence or early adulthood. Additionally, the high percentage of unemployment and inadequate income among patients, despite having university-level education, could be due to persistent stigma and labor market discrimination against individuals with psychiatric conditions.

This result is supported by the finding of **(Karaçar and Bademli ,.2022),** who studied "The Relationship Between Caregiving Burden and Resilience in Family Members of Individuals with Schizophrenia" conducted in Turkey, and found that nearly one-third of the patients were aged above 40 years, with high rates of unemployment and limited income. However, the current study result was different from the finding of **(Rahmani et al,. 2022)**, who studied "Predictors of Caregiver Burden Families of Patients with Schizophrenia" which was carried out in Iran and found that nearly one-fifths of patients were unemployed, and a majority had secondary or higher education.

The medical history of the patients with schizophreniathe current study results showed that two-thirds of the patients with schizophrenia studied had paranoid schizophrenia diseases, and slightly less than one-half had more than three years duration of schizophrenia disease, while three-quarters had 1-2 relapse times. Additionally, nearly two-third had a previous family history of schizophrenia and two-fifths of patients were admitted to the hospital twice. In addition, nearly one-third of patients had pharmacological – ECT, and more than one-third of patients had pharmacological - CBT treatment.

The point of view of researcher it may related to both biological predispositions and contextual healthcare factors. The predominance of paranoid schizophrenia among patients aligns with Egyptian clinical trends, as this subtype tends to present with clearer delusions and hallucinations, making it more likely to be diagnosed. The chronic nature of the illness, as indicated by the duration of more than three years and frequent relapses, reflects the long-term course of schizophrenia, especially in Egypt where continuous and comprehensive care may be limited. The high proportion of patients with a family history suggests a genetic vulnerability, reinforcing the importance of early screening in at-risk populations. Repeated hospital admissions might indicate either the severity of symptoms or poor treatment adherence, which often leads to recurrent episodes .

This result is supported by the study of **(Zhang et al,. 2023)** who studied "Clinical Characteristics and Treatment Patterns in Schizophrenia Patients" which was carried out in China and found that the majority of patients had paranoid schizophrenia, with a significant portion experiencing multiple relapses. Furthermore, a substantial number of patients had a family history of schizophrenia, and pharmacological treatments, including ECT and CBT, were commonly utilized.

However, this result contrasts with the findings of **(Lee et al,. 2023)**, who studied 'Treatment Approaches and Family History in Schizophrenia Patients ' which was carried out in South Korea and revealed that around one-third of patients had paranoid schizophrenia, and approximately one-quarter of patients experienced relapse. Additionally, the use of ECT and CBT as treatments was less common, with more than half receiving pharmacological interventions. This discrepancy could be attributed to differences in healthcare systems, cultural factors, and treatment protocols between the regions studied.

Distribution of the caregivers of people with schizophrenia according to their total Stigma the current study results revealed that most of caregivers were non-stigmatized toward their family members with schizophrenia and revealed that nearly one-fifths of caregivers exhibit stigmatized attitudes/behaviors. The current study result was as the finding of

(Muhammed et al., 2021) who studied “Level of Perceived Stigma among Caregivers of Persons with Severe Mental Illness” which was carried out in Ethiopia and found that approximately one-fifth of caregivers believed they were treated differently because of their relative’s mental illness.

The point of view of researcher it may related to increasing mental health awareness and gradual shifts in societal attitudes, especially in urban communities where caregivers may have greater exposure to psychiatric services and education. The low percentage of stigmatized caregivers could also reflect emotional closeness and acceptance within families, which reduce feelings of shame or blame. However, the presence of one-fifth who still hold stigmatizing views suggests that stigma has not been fully eliminated and may be influenced by cultural misconceptions or lack of support.

Also, the current study result was as the finding of (Minichil et al., 2021) who studied “Prevalence of Perceived Stigma and Associated Factors Among Primary Caregivers of Children and Adolescents with Mental Illness” which was carried out in Ethiopia and found that slightly more than one-third of caregivers scored above the stigma threshold—implying approximately five-eighths of caregivers were non-stigmatized, closer to the current non-stigmatized rate than most reports.

Additionally, the current study result was in conflict with **(Ran et al., 2022)** who studied “Effectiveness of Enhancing Contact Model on Reducing Stigma of Mental Illness among Family Caregivers of Persons with Schizophrenia” which was carried in China, and reported baseline affiliate-stigma rates slightly more than three-fourths before intervention.

Distribution of the caregivers of patients with schizophrenia according to their Quality-of-life The current study results revealed that nearly two third of caregivers had moderate level of satisfaction regarding their quality-of-life and more than half regarding their health and more than two-third regarding their daily activities performance and more than half regarding their work capacity and half regarding their access to healthcare.

The point of view of researcher it may related to the psychological, physical, and social challenges faced by caregivers of individuals with schizophrenia. The high burden of care giving combined with emotional stress, limited support, and financial strain can significantly reduce quality of life. Although some caregivers reported moderate well-being, the low proportion with high quality of life suggests that caregiving demands often outweigh available coping resources. This emphasizes the need for structured interventions to support caregivers both emotionally and practically.

This result is supported by the finding of **(Baite et al. 2024)** who studied "Quality of Life and Its Associated Factors Among Caregivers of Patients with Schizophrenia" which was carried out in India and found that slightly more than half of the participants reported low to moderate quality of life, especially in physical and psychological domains. The researchers highlighted care giving burden, lack of support, and stigma as key contributors to the diminished quality of life among caregivers

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On the other hand, this result contradicts the findings of **(Hsiao et al,. 2020)** who studied "Factors influencing quality of life among family caregivers of individuals with schizophrenia" which was carried out in Taiwan. Their study revealed that most portion of caregivers reported moderate to high levels of quality of life, largely attributed to the availability of community support services and effective coping strategies.

Regarding the Relation between the levels of total stigma scale and their socio-demographic data among the caregivers of patients with schizophrenia the current study results revealed that there are no statistically significant differences between the levels of total stigma scale, and socio-demographic characteristics such as age, gender, educational level, occupation, monthly income, and residence by the studied caregivers of patients with schizophrenia.

The point of view of researcher it may related to perceived stigma among caregivers of patients with schizophrenia is a widespread experience that transcends socio-demographic boundaries. Regardless of age, gender, education, or income, caregivers may internalize similar societal attitudes toward mental illness. This highlights that stigma is more likely shaped by cultural beliefs and psychological burden than by demographic background underscoring the need for inclusive, community-wide anti-stigma programs that reach all caregiver groups.

This result is supported by the finding of **(Guan et al,. 2020)** who studied "Internalized stigma and its correlates among family caregivers of patients diagnosed with schizophrenia" which was carried out in China and found that internalized stigma among family caregivers was not significantly associated with sociolect-demographic variables such as age, gender, education, or occupation. The findings suggest that stigma levels were consistent across different caregiver demographics.

Additionally, the current study result was in conflict with **(wang et al., 2023)** who studied "Affiliate stigma and caregiving burden among family caregivers of persons with schizophrenia" which was carried out in rural China and found that middle-aged and unemployed caregivers reported higher levels of affiliate stigma.

Relation between the levels of total quality of life scale and socio-demographic data among the caregivers of patients with schizophrenia the current study results clarified that here were no statistically significant differences between the levels of total quality of life scale, and socio-demographic characteristics such as age, gender, educational level, occupation, monthly income, and residence by the studied caregivers of patients with schizophrenia.

The point of view of researcher it may related to the quality of life among caregivers of individuals with schizophrenia is influenced more by care giving demands, emotional strain, and illness-related stressors than by socio-demographic factors. The absence of significant differences suggests that all caregivers regardless of age, gender, education, or income may face similar challenges. This highlights the importance of providing universal support interventions that address the care giving experience itself rather than targeting specific demographic groups.

This result is supported by the finding of **(Baite et al,. 2024)** who studied "Quality of life associated factors among caregivers of patient with schizophrenia" which was carried out in India and found that significant associations between quality of life domains and caregivers age, education, and relationship with the patient. However, no significant differences were found between quality of life and socio-demographic factors such as gender, occupation, and residence.

Additionally, the current study result was in conflict with **(Tabassum et al., 2023)** who studied "Care giving burden and associated factors among family caregivers of individuals with schizophrenia" which was carried out in Bangladesh and found that female caregivers, housewives, and those with lower monthly family income experienced higher burden scores. Additionally, caregivers of patients with stage 1 illness and those with an illness duration of less than 5 years experienced higher burden scores.

Correlation between the total score on the levels of the Stigma scale and the total levels score on the quality of life scale among the caregivers of patients with schizophrenia the current study results showed that higher levels of perceived stigma are significantly associated with lower quality of life, reinforcing the negative psycho social impact of stigma. The absence of stigmatized individuals in the high quality-of-life group further underscores the potential of stigma as a barrier to well-being. This highlights the critical need for stigma-reduction interventions to improve quality of life, particularly in vulnerable populations.

The point of view of researcher it may related to the deeply rooted emotional and social impact of stigma, which can diminish self-esteem, increase psychological distress, and reduce caregivers’ engagement in supportive activities. The clear link between high perceived stigma and poor quality of life suggests that stigma not only affects attitudes but also has tangible effects on caregivers’ well-being. Therefore, reducing stigma through education, community awareness, and caregiver support programs is essential to enhance their quality of life, especially among vulnerable groups.

This result is supported by the finding of **(Iqbal et al,. 2021)** who studied "Perceived stigma, family support and quality of life among caregivers of female patients with schizophrenia disorder" which was carried out in Pakistan and found that significant negative relationship between perceived stigma and quality of life sub scales (physical, psychological and environmental) among caregivers.

Additionally, the current study result was in conflict with **(Eghbal Manesh et al., 2023)** who studied "The experience of stigma in family caregivers of people with schizophrenia spectrum disorder" which was carried out in Iran and found that stigma experienced by family caregivers impacts their lives in various ways. While it does not directly measure quality of life, the reported emotional challenges imply a negative impact on well-being of caregivers.

Conclusion

Based on the result of the study concluded the following regarding the quality-of-life levels the current study results revealed that half of the studied caregivers of patients with schizophrenia had a low level of quality of life, while slightly more than two-fifths had a moderate level, and only fraction of the total fifths enjoy a high level of quality of life.Regarding the stigma most of caregivers were non-stigmatized toward their family members with schizophrenia and revealed that nearly one-fifths of caregivers exhibit stigmatized attitudes/behaviors.

In addition to, The current study results showed that statistically significant association between perceived stigma and levels of total quality of life among the participants. The data indicate that non-stigmatized individuals are more likely to report moderate to high quality of life, In contrast, individuals classified as stigmatized were predominantly found in the low quality of lifegroup with no representation in the high quality of life category.The correlation analysis revealed a statistically significant negative relationship between stigma and total quality of life among the participants . This indicates that as perceived stigma increases, the overall quality of life tends to decrease. Although the correlation is of moderate strength, it is meaningful and suggests that stigma may play a detrimental role in the well-being of individuals.

Recommendation

Based on the previous findings, the following recommendations are suggested :

- Assess the level of knowledge of family caregivers about schizophrenia and how to deal with stigma of patient with schizophrenia.
- Implement awareness programs for family caregivers of patients with schizophrenia to reduce stigma and promote positive attitudes toward schizophrenia among family caregivers
- Establish counseling clinics in hospital to enhance caregivers coping strategies and improve their quality of life.
- further research with a large number of family caregivers of patients with schizophrenia across different regions in Egypt to better generalize the findings

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