

The Relationship between Insight and Quality of Life among Schizophrenic Patients

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Abstract

Background: Schizophrenia is an overwhelming mental illness which characterized by positive and negative symptoms. These symptoms may have a negative impact on a person's social, occupational or interpersonal functioning and his quality of life. Insight in schizophrenia is a complex and controversial phenomenon. Deficit of insight in schizophrenia has been conceptualized in a number of ways and has come to encompass more general unawareness. **Aim of the study:** This study aimed to assess the relationship between insight and quality of life among schizophrenic patients. **Research design:** A descriptive design was utilized. **Setting:** This study was conducted at out-patients clinics at El Abassia psychiatric and mental health hospital. **Subjects and Methods:** A convenient sample of 120 patients with schizophrenia. **Tools of data collection:** A socio-demographic interviewing sheet, The New re-standardized Insight scale, and The Schizophrenia Quality of Life Scale. **Results** of the study showed that, more than half of patient with schizophrenia were female which lived in urban area and always they were worry about their future, feeling lonely, feeling hopeless, taking things people say the wrong way, feeling down and depressed, feeling very mixed up and unsure of person self, feeling go up and down, worry about things and sometimes get upset thinking about the past. **Conclusion:** According to this study, more than one third of the patients with schizophrenia understudy was insight less and more than half of them had a poor quality of life. Also, there was a positive correlation between level of insight and quality of life among patients with schizophrenia. **Recommendation:** Implementing counseling intervention program for promoting quality of life among patients with schizophrenia and Psycho-educational intervention program should be designed to reduce the negative implications of schizophrenia and to improve insight among patients with schizophrenia.

Key words: schizophrenic patients, insight and quality of life.

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Introduction

Schizophrenia is universally regarded as one of the most serious psychiatric disorders because it tends to be chronic, recurrent and disabling for patients and results in substantial burden on families of those affected. It involves disturbances of thought, perception,

affect, and social behavior. It is ranked among the top ten causes of disability worldwide with mortality rates two times as high as in the general population (Rami, 2018).

Furthermore, schizophrenia is a severe mental disorder with median life time prevalence of 3 per 1000 persons in

the world that usually has an onset in early adulthood and then frequently takes a chronic or episodic course. It is a chronic disorder with poor outcomes and considered one of the major psychotic illnesses in Egypt. According to the Egyptian National Institute of Mental Health, schizophrenia is relatively common, affecting 1.1% of the population (**Abdel Aziz, 2016**).

Insight in schizophrenia refers to the awareness of a mental disorder and its consequences, of the need for treatment, of symptoms and the attribution of symptoms to the disorder. Higher levels of insight have been associated with clinically positive variables such as better treatment adherence, social functioning or work performance. At the same time, insight has been linked to depression and suicide hopelessness, self-stigma and impaired quality of life. Hence, while insight can support recovery because it can help people assume control of and manage their illness, it may also impair recovery by stimulating self-stigma and impeding quality of life (**Ahmed, 2017**).

On this line, insight may influence the outcomes of patients with schizophrenia. Individuals with lower levels of insight have a poorer prognosis in terms of quality of life, social relationships, work, or vocational outcomes across different countries. Intuitively this would largely depend on the refusal of treatment that leads to increased likelihood of relapses. However, some patients who deny their illness may nonetheless accept treatment or hospitalization. Conversely, patients with good levels of insight may not adhere to prescriptions for various reasons, including the preference for alternative care (**Belvederi, 2018**).

Quality of life is a subjective experience and has a multidimensional nature. In psychiatric research, quality of life has become an important outcome measure for medical care and interventions whose goal is to enhance patient autonomy. Quality of life refers to meeting an individual's basic needs and social expectations and benefiting from the opportunities offered by society using his/her abilities. It is a person's sense of well-being, health status and satisfaction with life conditions, including access to resources and opportunities (**Gomes, 2015**).

In this respect, patients with schizophrenia suffered from cognitive deficits, have poor daily functioning, including employment, independent living, and quality of life and may show as a failure to precisely perceive meaningful gestures or to recover suitable response. Thus, schizophrenic patients experience difficulty gaining social and relational abilities. Most patients with schizophrenia have marked social skills deficits. These deficits make it difficult for them to establish and maintain social relationships, to fulfill social roles (e.g. work, spouse) or to have needs met (**Mahrous, 2017**).

So, the psychiatric nurse should encourage and assist patients with schizophrenia for daily living activities as the components of every-day activity including self-care, play leisure activities and work and encourage combination of medical with mental social treatment in order to obtain long-term improvement in self-care, behavioral problems, social and vocational skills for helping patients with schizophrenia to deal with daily situations and help patients to return to normal life functions to increase independent functions, face daily living challenges, enhance development and

prevent disability and encourages them to learn living with other people in the community or even at time with family (Chin, 2014).

Significance of the study

Schizophrenia is a clinical disorder characterized by disturbances in thought process, perception, reality testing, attention, affect, behavior and motivation. It usually appears in late adolescence or early adulthood and is considered a chronic disorder with alternating periods of exacerbation and remission (Mary, 2016).

Insight deficits are believed to be associated with worse medication compliance, involuntary hospitalization, worse course of illness, worse treatment outcome, worse prognosis, worse level of work quality, greater frequency and severity of relapse and worse quality of psychosocial functioning (Hjorth, 2017). So these study to assess the relationship between insight and quality of life among patients with schizophrenia.

Aim of the work

Assess the relationship between insight and quality of life among schizophrenic patients.

Subjects and Methods

Research design:

A descriptive study design was utilized for this study.

Research settings:

This study was conducted at outpatient clinics at The El Abbasyia Mental Health Hospital in Cairo.

Subject of the study:

A convenient sample of a total of 120 patients with schizophrenia with the following inclusive criteria:

- Diagnosed a patient with schizophrenia since at least one year.
- Able to communicate coherently .
- Sex (male – female).
- Age (all age group).
- Educational level (all level of education) .

Exclusion criteria of the subjects:

- Any other neurological disability .
- Medical diseases that may affect quality of life .

Tools of data collection :

The tools used in this study were:

Socio-demographic interview sheet :

This questionnaire was designed by the researchers for the purpose of collecting socio-demographic characteristics of patients with schizophrenia (age, sex, level of education, marital status, family income, residence & employment).

Tool I: The New re-standardized Insight scale "An Interview questionnaire" :

This tool was adapted from (Markova, Roberts, Gallagher, Boos,

McKenna & Berrios, 2003) to assess a phenomenon of insight. The scale consists of 33 items.

Scoring system: the insight-less level scored (0), partial insight level scored (1) and insightful scored (2). These scores were summed up and were converted into present score.

- Score from (0 >33) referred to insight-less.

- Score from (33 > 66) referred to partial insight.

- Score from (66 - 99) referred to insightful.

Tool II: The Schizophrenia Quality of Life Scale" An Interview questionnaire" (SQLS):

The tool was adopted from (**Wilkinson et al. 2000**) to assess quality of life among patients with schizophrenia. The scale comprises 30 statements.

Scoring system: the answer "Never" scored (0) to the answer "Always" scored (4) and some questions have reversed scores that the answer "never" scored (4) to the answer "Always" scored (0).

- Score (0 \geq 75) referred to poor level of quality of life.

- Score (75 - 150) referred to good level of quality of life.

Pilot study:

A pilot study was carried out in the first half of April, 2019, before data collection. The pilot study included 10% of the study subject fulfilling the previously mentioned criteria; it was

conducted to evaluate the simplicity, practicability, legibility, understandability, feasibility, validity and reliability of the tool, it was also used to find the possible problems that might face the researcher and interfere with data collection to estimate the time needed to fill in the sheets, this turned to be about 30 minutes. According to the results of the pilot study, no modifications were done in the tools. Those who shared in the pilot study were excluded from the main study sample.

Field work:

The actual field work for the process of the data collection had consumed from 120 patients with schizophrenia. After an official permission was obtained from the director of El Abassia hospital for psychiatric and mental health to precede the study, the researcher embarked on field work. Data collection for this study was carried out within a period 3 months, started at the first of May and was completed by the end of July in the year 2019. Data was collected in 3 days/week on Sunday, Monday and Tuesday from 9:00 am to 12:00 pm. Data were collected by the researcher. The researcher explained the aim and objectives of the study to the samples. Confidentiality of any obtained information was assured. The subjects were informed about their right to participate or not in the study and to withdraw at any time without giving any reason, the participant, were also assured about anonymity, and that data will only be used for the purpose of the study. The patients with schizophrenia who agree to participate were asked to fill the questionnaire through personal interviewing. The time consumed to answering the questionnaire ranged about 20 to 30 minutes. Some patients with schizophrenia refused to participate in the

study, some patients completed the questionnaires by themselves but the majority of them answered questions and the researcher write the answer.

Ethical Considerations:

The ethical research considerations in this study include the following:

The research approval was obtained from Scientific Research Ethical committee in Faculty of Nursing at Ain Shams University before starting the study. The researcher clarified the objective and aim of the study to the patients with schizophrenia included in the study. The researcher assured maintaining anonymity and confidentiality of the subject data. The patients with schizophrenia informed that they are allowed to choose to participate or not in the study and that they have the right to withdraw from the study at any time.

Statistical Design:

The collected data was organized, revised, coded, tabulated and analyzed using appropriate statistical significant tests. The statistical analysis of data was done by computer using Statistical Package of Social Science (SPSS) program, version 21. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables and means and standard deviations for quantitative variables. Spearman's rank correlation coefficient was used to test the correlation between study variables. The validity and reliability tests were confirmed by using the Cronbach Alpha Coefficient test. Degrees of significance of results were considered as following:

▪ P-value>0.05 not significance (NS).

▪ P-value <0.05 significance(S).

▪ P-value<-0.01 high significance (HS).

Proper statistical tests were used to determine whether there was a significant statistical difference between variables of the study. The following statistical tests were used: percentage, the Mean score (X), standard Deviation (+- SD), Chi-Square (X²)

Proportion probability of error (P-Value).

1. Mean =

2. Standard deviation (SD):

3. Chi- square the hypothesis that the row and column variables are independent, without indicating strength or direction of the relationship. Pearson Chi-square and likelihood-ratio chi-square fishers exact test and Yates corrected chi-square are computed for 2X2 tables.

Results

Table (1) shows that more than two third of patients with schizophrenia understudy were in age from 28 to 40 years, and not work which constitute (71.7%) and (67.5%) respectively. More than half (50.8%) of patients with schizophrenia understudy were female and (60%) of them had inadequate income. Also it was found that the most of the patients with schizophrenia understudy (96.7%) were lived in urban area.

Figure (1) show that more than two third (71.7%) of patients with schizophrenia understudy were in ages from 28 to 40 year.

Figure (2) illustrates that more than one third (35.8%) of the patients with schizophrenia understudy was insight less, around one third (32.5%) of them were insightful and (31.7%) of them were have partial insight

Table (2) Shows that more than half (55.8%) of the patients with schizophrenia understudy have poor quality of life and more than two fifth (44.2%) of them were have a good quality of life

Table (3) clarifies that there was a positive correlation between level of insight and quality of life among patients with schizophrenia understudy were at $R=0.9179$.

Discussion

Socio-demographic data of the patients with schizophrenia understudy

The present study showed that the mean age of the patients was (Mean \pm SD 36.5 ± 5.44). This study was reported that more than half of the sample was female, around third of the patients with schizophrenia understudy were read and write, more than third of the sample of patients with schizophrenia was single, the two third of patients with schizophrenia understudy were not working and the most of the sample of patients with schizophrenia was urban.

Levels of insight among the patients with schizophrenia understudy

The result of the present study was shown that more than one third of the sample had insight-less. Patients with schizophrenia under study were thinking that the mind cannot become ill, only the body, feelings towards other

people seem to be different, having difficulties in thinking, did not seem to be able to function normally.

This result might be due to insufficient psycho-education about their illness. This result supported by **Schrank (2014)** who studied insight, positive and negative symptoms, hope, depression and self-stigma: a comprehensive model of mutual influences in schizophrenia spectrum disorders and found that positive symptoms of schizophrenia decreases insight which leads to a decrease of self-stigma together with ability to function and the described clinically positive effects on hope and depression

And also supported with **Xavier (2017)** who studied genetic correlates of insight in schizophrenia evidence and found that increased genetic liability for schizophrenia predicted lower total insight, specifically treatment insight but not illness insight suggesting different etiologies for different insight dimensions.

Quality of life among the patients with schizophrenia understudy.

The result of the present study showed that more than half of the sample had poor quality of life and the illness affected their psycho-social ability. Therefore, the patients with schizophrenia were worried about their future, feel lonely, hopeless, down and depressed, very mixed up and unsure of themselves, worried about things, sometimes get upset thinking about the past. This result could be due to non-adherence and insufficient treatment as well as poor rehabilitation program.

This result supported by **Ertekin (2018)** who studied the effect of music on auditory hallucination and quality of life in schizophrenic patients: a randomised controlled trial and found that symptoms of schizophrenia prevent individuals from fulfilling self-care activities and psychosocial functions and reduce their quality of life and more auditory hallucination scores increased during their hospital stays, the more the scores they obtained from the physical, mental, and social domains of the quality of life decreased.

Adding to that, the result of the present study showed that more than half of the sample had poor quality of life and suffered from symptoms and side effects of schizophrenia. Therefore, the patients with schizophrenia were troubled by a dry mouth, muscles stiff, hardly concentrate, blurred vision, sleep disturbance and most of times muscle twitched. This result could be due to side effects of antipsychotic medications.

This results supported by **Manuela (2018)** who studied quality of life in schizophrenic patients: the influence of socio-demographic and clinical characteristics and satisfaction with social support and found that a large percentage of patients with schizophrenia are not satisfied with the lower scores of quality of their lives, because of the effects of the illness (symptoms, side effects of medication).

The result of the present study showed that more than half of the sample had poor quality of life and suffered from absence of motivation and energy. Therefore, the patients with schizophrenia were bothered to do things, rarely carried out day to day activities and tend to stay at home. This result could be due to non-

adherence and insufficient treatment as well as poor rehabilitation program.

This result supported by **Pinar (2018)** who studied the effect of music on auditory hallucination and quality of life in schizophrenic patients: a randomised controlled trial and found that positive symptoms of schizophrenia affect negatively on quality of life scores obtained at discharge and at the sixth-month follow-up by the patients who did not listen to music because hallucination did not give patients time to perform his self-care or perform daily living activities or maintain his social relationship.

and also, supported with **Ahmed (2017)** who studied the effect of auditory hallucinations management program on quality of life for schizophrenic inpatients, Egypt and found that control group in the study maintained low level of quality of life because of absence of optimal antipsychotic medication that affect negatively on level of quality of life in patients with schizophrenia, and with **Hjorth (2017)** who studied improving quality of life and physical health in patients with schizophrenia: A 30-month program carried out in a real-life setting and found that quality of life was low among patients newly diagnosed with schizophrenia and that quality of life improved to the level found among patients with long-term schizophrenia. **Correlation between insight level and quality of life**

Concerning the correlation between levels of insight and quality of life among patients with schizophrenia understudy, the result of the present study showed that there was a positive correlation between level of insight and quality of life among patients with schizophrenia understudy were at $R=0.9179$, $p<0.000$. An interpretation of this

finding was that high level of insight had been connected to treatment adherence, treatment engagement, recovery, good prognosis, more realistic goals, and promoting positive social and health outcome lead to improve quality of life of patients with schizophrenia.

This result supported by **Cannayo (2016)** who studied insight and recovery in schizophrenic patients and found that recovery after 2 years was the dimension of insight; the analysis indicates that improvement in insight score is associated with decreased negative symptoms, improvement in well-being, global functioning and quality of life of the patients, and with **Schrank (2014)** who studied insight, positive and negative symptoms, hope, depression and self-stigma: a comprehensive model of mutual influences in schizophrenia spectrum disorders and found that fostering insight has long been an important goal of mental health services since good insight is traditionally assumed to increase compliance and improve functional outcome and quality of life in people with schizophrenia spectrum disorders

And also supported with **Klaas (2017)** who studied insight as a social identity process in the evolution of psychosocial functioning in the early phase of psychosis and found that good clinical insight had a positive effect upon social function and quality of life, but that changes in social function did not influence insight in first-episode psychosis.

This result of the present study was disagree with **Margariti (2015)** who studied quality of life in schizophrenia spectrum disorders: association with insight and psychopathology and found that good clinical insight had been found to cause lower self-reported quality of life, with that relationship mediated by depression, suggesting that good insight might trigger depression, which degrades quality of life.

On the contrary of the present study finding, **Dewidar (2018)** who studied insight and its association with self- stigma, and level of hope among patients with schizophrenia and found that insight into schizophrenia negatively affected quality of life by reducing these persons' hope.

Table (1): Socio demographic characteristics of Patients with schizophrenia under study (N=120)

	Items	No.=(120)	%
Age	• 18- >28y	17	14.2
	• 28- >40y	86	71.7
	• + 40y	17	14.2
	Mean ± SD	36.5 ±5.44	
Sex	• Male	59	49.2
	• Female	61	50.8
Educational level	• Illiterate	32	26.7
	• Read /Write	37	30.8
	• Medium	31	25.8
	• University	20	16.7
Marital Status	• Single	47	39.2
	• Married	43	35.8
	• Divorced	21	17.5
	• Widow	9	7.5
Family Income	• Adequate	48	40.0
	• Inadequate	72	60.0
Residence	• Rural	4	3.3
	• Urban	116	96.7
Employment	• Work	39	32.5
	• Not work	81	67.5

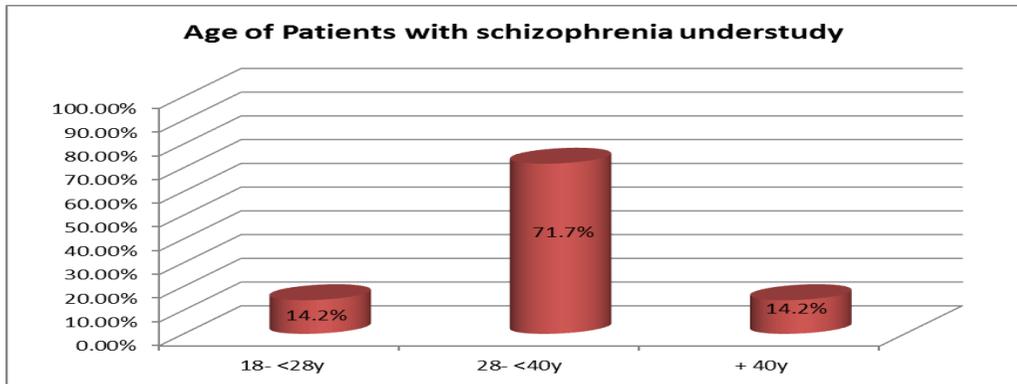


Figure (1): Age of Patients with schizophrenia understudy

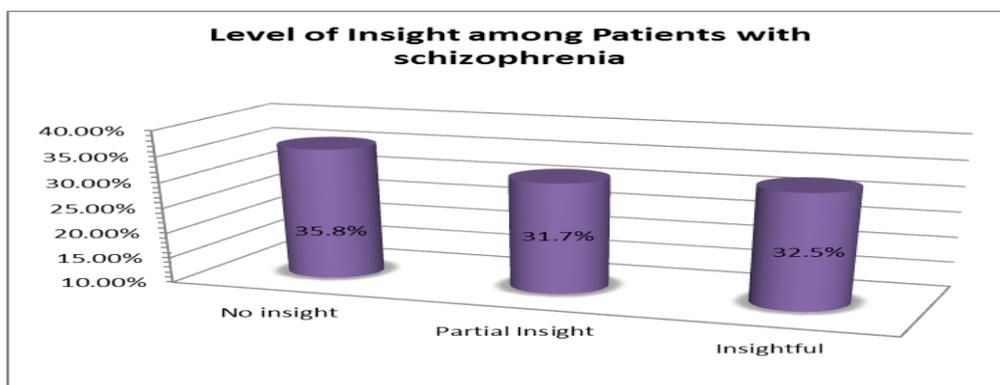


Table (2) Level of Quality of Life among Patients with schizophrenia understudy (N= 120).

Items	No.(120)	%	X ²	P-Value
Level of Quality of Life				
• Poor	67	55.8	120.00	.000 (H.S)
• Good	53	44.2		

H.S=Highly significant.

Table (3): Relationship between level of Insight and level of Quality of Life among Patients with schizophrenia understudy

Variable	R	P- Value
• level of Insight	0.9179	.000
• Quality of Life		(H.S)

H.S= Highly significant

Conclusion

Based on the result of this study, it can be concluded that more than half of patients of schizophrenia were female and majority of them lived in urban area, also it was found that the majority of patients with schizophrenia understudy had insight-less and poor quality of life. Additionally, there was a positive correlation between level of insight and level of quality of life among patients with schizophrenia.

Recommendations

From the results of the present study, the following recommendations were suggested:

- Implementing of counseling intervention for promoting quality of life among patients with schizophrenia.
- Psycho-educational nursing intervention program should be designed to reduce the negative implications of schizophrenia and to improve insight among patients with schizophrenia.

- Awareness program for patients with schizophrenia and their family members about how to deal with schizophrenia.

- Rehabilitation program should be established for patients with schizophrenia to enhance their insight level, and consequently their coping skills, hence their quality of life becomes better.

- Develop a continued training and educational program for nurses regarding schizophrenia among patients with schizophrenia.

- Psychosocial programs for family members and caregivers to teach them how to give emotional and social support to patients with schizophrenia.

- Future studies should be done a large number of patients with schizophrenia about how to enhance their quality of life.

Financial support

No funding was received

Conflicts of Interest Disclosure

The authors declare that there is no conflict of interest.

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