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Social Support among Patients with Schizophrenia

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Abstract

Background: *Schizophrenia is a chronic disorder that influences social functions and social relationship of the patients. Schizophrenic patients frequently complain of diminished social support which is acting as a critical factor in the prognosis of schizophrenia. Aim:This study aimed atassessin gsocial support among patients withschizo phrenia.* ***Method:*** *The study was carried out using a descriptivere search design on a convenience sample of 200 patients diagnosed with Schizophrenia disorder at the Inpatient and Out-patient Psychiatric Department of Mansoura University Hospital. Data were collected by socio-demographic and clinical characteristics sheet and Multidimensional scale of Perceived Social Support.* ***Results:*** *Results in this study revealed that majority of the studied subjects (89.5%) had low and moderate social support. There was a statistically significant positive correlation between social support and social relationship.* ***Conclusion:*** *Social support plays an important role in the prognosis and recovery of schizophrenia; so it is recommended to enhance social support while caring for patients with schizophrenia. Further studies are needed about the effective and vital role of social support.*

Key Words: *Schizophrenia, Social Support, Social relationship.*

Introduction

Schizophrenia is a severe, disabling disorder and is regularly associated with psychosocial disturbances including impairments in interpersonal relationships, independent living, and working ability (Hoertnaglet al., 2020).

Many factors may increase or decrease the probability of developing schizophrenia. These factors embrace an individual's perception of social support, which really affects readiness for treatment (Gross, Vancampfort, Stubbs, Gorczynski & Soundy, 2016).

Social support usually refers to assistance and support of both a mental and physical nature that is provided by several groups of society, including parents, relatives, and friends (Zhang, Zhang, Yang& Li, 2017).

Social support can also be described as perceived support, including the perceived convenience and availability of empathetic relationships, in addition to enacted support, which comprising of the supportive performances (Morin, Dhir, Mitchell& Jones, 2017)The World Health Organization has recognized social support as an important contributor to physical and mental health (WHO, 2016).

Social support was found to beimportant in helping persons with mental illness to cope with life and illness-related stresses. Social support and better social relationships are considered as a basic element in psychosocial treatment (Huang, Sousa, Tsai& Hwang, 2008;Priebe, Omer, Giacco& Slade, 2014).

There is a growing body of research that has documented many of the positive effects that high levels of social support has on mortality and morbidity, social functioning, and treatment adherence among people with schizophrenia (Norman, Manchanda, Northcott, Harricharan& Windellet, 2012).

The lack of support from family or friends is broadly acknowledged as a risk factor for drug addiction, and lowers quality of life (Lu, Wen, Deng& Tang, 2017). Lack of social support issignificantly connected with reduced social activity and decreased interest in establishing close relationships. For instance, an individual may be isolated as a result of poor social skills or persecutory delusions (Ahmed et al., 2019).

Aim of the study:

This study aims at assessing social supportamong patients with schizophrenia.

Subjects and method:

Study design:

A descriptive research design was used in this study.

Setting:

The study was conducted at in-patient and out-patient clinics of Psychiatric Department at Mansoura University Hospitals.

Study sample:

A convenience Sample of 200 patients was fulfilling the following criteria Inclusion criteria

1. All patients with schizophrenia according to criteria of the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, according to patient's records.
2. Patients who are at least in the 2nd episodes.
3. Age from 18-55 years old.
4. Both sexes.
5. Able to communicate.

Exclusion criteria

1. Schizo-affective disorders.
2. Psychotic disorder due to another medical condition.
3. Intellectual developmental disorder.

Tools: Two tools were utilized to collect data in this study:

Tool(1):Socio-demographic and clinical characteristics sheet:

This sheet was developed by the researchers based on reviewing recent related literature to cover socio-demographic characteristics and clinical data including the following:

- Socio-demographic data include: patients age, sex, marital status, educational level, occupation, residenceandlive with whom.
- Clinical data include:age at onset of schizophrenia, family history, and duration of illness, hallucination, delusion, emotional support, social relationship, hygiene, eating pattern and sleep disturbance (El- Bilsha, 2019).

Tool (2): Multidimensional Scale of Perceived Social Support (MSPSS):

This scale was developed by Zimet, Dahlem, Zimet& Farley (1988). The MSPSS is a brief 12-item, self-administered measurement tool with three subscales: Family, Friends and Significant Others. Every item uses a seven-point Likert scale ranging from 1(very strongly disagree) to 7(very strongly agree). The scale was translated into Arabic and validated by Merhi& Kazarian (2012).The internal consistencies of the family, Friends and significant other sources of social support for total sample were high (α = 0.82, α = 0.86 and α = 0.85 respectively).

Ethical considerations:

An ethical approval was taken from the Research Ethical Committee of the Faculty of Nursing – Mansoura University. An official permission for carrying out the study was gained from the Head of Psychiatric Department of Mansoura University Hospital. Patients were notified about the aim, risks, benefits and procedure of the research. They were also informed that participation in the study is voluntary. An informed consent was taken from those who agreed to take part in the study. Participants were assured that their personal data will be kept confidential. They were also informed that they can leave the study whenever they want without penalty.

Statistical analysis:

Data was analyzed using SPSS (Statistical Package for Social Sciences) version 21. Qualitative variables were presented as number and percent.Pearson coefficient was used to correlate between two normally quantitative variables. P value of ($\leq$ 0.05) was considered statistically significant.

Results:

Table (1) shows that age of the study sample range from 18- 55year with mean ± SD of 33.76 ± 9.210.More than half of sample (62.5%) were among age group of 30-55 years. The majority of the study was male (82.5%). According to level of education more than one third (42.0%) had secondary, diplome and technical education although (14%) of patients were illiterate. Regarding to marital status (60.5%) was single. Nearly (44.5%) were not work. According to the residence the majority of the study was from rural (80.0%).More than two thirds (69%) of the patients were living with their father and mother and only 6% living alone.

Table (1) Socio-demographic characteristics of schizophrenic patients (N= 200)

Socio-demographic Characteristics	N (200)	100%
Age (year)		
< 20	5	2.5%
20-< 30	70	35%
30-55	125	62.5%
Mean±SD	33.76±9.210	
Sex		
Male	165	82.5%
Female	35	17.5%
Education		
Illiterate	28	14.0%
Read and write, primary, preparatory	63	31.5%
Secondary, diplome, technical	84	42.0%
Academic, higher education	25	12.0%
Maritalstatus		
Single	121	60.5%
Married	36	18.0%
Divorced/Widow/Separated	43	21.5%
Occupation		
Not work	89	44.5%
Housewife	33	16.5%
Manual worker	73	36.5%
Governmental employee	5	2.5%
Residence		
Urban	40	20.0%
Rural	160	80.0%
Live with whom		
Alone	12	6.0%
Mother or father	138	69.0%
Wife or husband	33	16.5%
Brothers or sisters	17	8.5%
Total	200	100%

Table (2) shows that more than half of the sample (58%) the age onset of schizophrenia was 20 to 30 years and more than one quarter of the sample (26.5%) was less than 20 years.Majority of the sample (83.5%) reported no family history of psychiatric illness while 16.5% of the sample had family history of psychiatric illness.According to duration of illness, More than one third of the studied patients (39.5%) had the illness since 1-5 years and, 38% had the illness for more than 10 years. Nearly half of the patients (46%) had auditory hallucination. More than two thirds (69.5%) of the patients reported no delusions on the other hand, nearly one quarter (24%) of the patients had delusion of persecution.

Table (2) Clinical Data of Schizophrenic Patients (N= 200)

Clinical data (Patient history)	N (200)	100%
Age onset of schizophrenia		
Less than 20 years	53	26.5%
20-30 years	116	58.0%
More than 30 years	31	15.5%
Duration of illness		
Less than one year	2	1.0%
1-5year	79	39.5%
5-10 year	43	21.5%
More than 10 years	76	38.0%
Family history of Psychiatric illness		
No	167	83.5%
Yes	33	16.5%
Hallucinations		
No	86	43.0%
Yes	114	57%
If yes:		
Auditory	92	46.0%
Visual	12	6.0%
Auditory and visual	10	5.0%
Delusions		
No	139	69.5%
Yes	61	30.5%
If yes:		
Persecution	48	24.0%
Grandeur/Somatic/Erotic	13	6.5%
Total	200	100%

Table (3) shows that more than one third of the patients37% need assistance and neglect personal hygiene. Majority of the studied sample (87.5%) reported that they eat by themselves while 4.5% refuse to eat and 5.5% of patients have anorexia. Majority of sample (76%) reported no sleep disturbance however nearly one quarter (22.5%) suffer from difficulty in the beginning of sleeping. More than half of the patients (53%) have emotional support from their fathers and mothers. Concerning social relationship, 50.5% of the studied patients neither initiate nor maintain relationship with others.

Table (3) Clinical Data of schizophrenic Patients (N= 200)

Clinical data (physical and social characteristics)	N (200)	100 %
Personal hygiene		
Neglected	14	7.0%
With assistance	60	30.0%
Alone	126	63.0%
Eating pattern of patient		
Refuse to eat	9	4.5%
Anorexia	11	5.5%
Eat with assistance	2	1.0%
Eat by himself	175	87.5%
Eat and ask for more	3	1.5%
Sleep disturbance		
No sleep disturbance	152	76.0%
Difficulty in the beginning of sleep	45	22.5%
Difficulty in continuity of sleep	2	1.0%
Wake up early and can't continue sleep	1	.5%
Emotional support		
None	25	12.5%
Mother or father	106	53.0%
Wife or husband	14	7.0%
Sisters or brothers	38	19.0%
Son or daughter	17	8.5%
Social relationship		
Neither initiate nor maintain relation with others	101	50.5%
Not initiate but maintainrelation with others	52	26.0%
Initiate but not maintainrelation with others	2	1.0%
Initiate and maintainrelation with others	45	22.5%
Total	200	100%

Table (4) shows that 28.5% of the studied subjects had low total social support and more than half (61%) of them had moderate total social support. Regarding social support subdomains, Majority of the sample (78%) had low social support from significant others. Followed by more than half of the sample (54.5%) had low social support from friends. On the other hand, (71%) of the subjects had high social support from family.

Table(4) Frequency distribution of Social support among schizophrenic patients according to multidimensional scale of perceived social support (MSPSS) scale and subscale

Social support (MSPSS) scale and subscale	Frequency	%
Total social support		
Low	57	28.5
Moderate	122	61.0
High	21	10.5
Social support subdomains		
Social support by significant others		
Low	156	78.0
Moderate	11	5.5
High	33	16.5
Social support by family		
Low	28	14.0
Moderate	30	15.0
High	142	71.0
Social support by Friend		
Low	109	54.5
Moderate	60	30.0
High	31	15.5
Total	200	100%

Table(5) shows a positive significant correlation between schizophrenic patients' social support and social relationship (r= .150, p= .034). However, there was no significant correlation between the other socio-demographic & clinical variables and social support.

Table (5) Correlation between socio-demographic & clinical characteristics of the schizophrenic patients and social support

	Socio-demographic & clinical characteristics	Pearson correlation(r)	Sig.(p)
Social support	Sex	-.115	.105
	Marital status	-.118	.096
	Occupation	.044	.535
	Age at onset of disorder	.059	.407
	Personal hygiene	.094	.186
	Eating pattern	.074	.295
	Social relationship	.150*	.034
	Sleep disturbance	-.116	.102

*Correlation is significant at the 0.05 level (2-tailed).

Discussion:

The current study was conducted to assess social support among patients withschizophrenia.In the present study the characteristics of studied patients revealed that more than half of the total sample was at the age group between 30-55 years. This result may be due to the long term and chronicity of schizophrenia disorder. This result was

congruent with Hamed, El-Bilsha, El-Atroni& El Gilany (2014) reported that more than half of patients aged between 30-50 years.

As regard the marital status, the current study revealed that more than half of the subjects were single. This result is ascribed to be a mental- ill patient hinder the marriage because of stigma of being a psychiatric patient, inability to work and low income. This result was congruent with a study in India by Srinivasan&Khakha (2018) who reported that half of the studied patients were single. Results also were consistent with Altamura,Buoli&Pozzoliet(2014) who showed that majority of schizophrenic patients were not married. In contrast Shin, Fei, Yi, Ruslan&Sharkawi (2020) in Malaysia contradicted that majority of patients with schizophrenia were married.

Results in the present study showed that majority of the patients were from rural area. This result may be interpreted that rural area usually associated with greater impairment and poor quality of life. This result was congruent with a study in Egypt by El-Monshed& Amr (2020) who found that more than half of schizophrenic patients were from rural area. In addition, this result was associated with Dutesco, et al. (2018) who mentioned that majority of patients with schizophrenia was from rural area. In contrast to this result, Desalegn, Girma& Abdeta (2020) in Southwest Ethiopia contradicted that more than half of schizophrenic patients were from urban.

More than half of the studied sample was living with their family, mother and father, while only 6% of subjects were living alone. This may be attributed to that more than half of patients were single and more than one third of them didn't have work, moreover, more than half of patients reported insufficient income. This result was congruent with Guedes de Pinho, Pereira & Chaves (2018) who reported that more than half of patients were living with their family. Moreover, this result was agreed with the Egyptian study by Mohammed &Ghaith (2019). In addition, this result was consistent with Henry & Jombo (2015) who reported that majority of the sample were residing with their family members.

Regarding Hallucination, this study revealed that more than half of the sample had hallucination commonly auditory hallucination. This result may be because of medication non adherence can contribute to exacerbation of positive symptoms as hallucination and inability of patients to control hallucination. This result was in harmony with the Egyptian studies by Sayied& Ahmed (2017). In addition to El Ashry& Abdel Al (2015) who demonstrated that more than half of patients with schizophrenia had auditory hallucination.

According to personal hygiene, this study demonstrated that more than one third of the sample neglected personal hygiene or performed it with assistance. This result may be because of schizophrenic patients has negative symptoms and reduction in ability to perform activities of daily living as lack of personal hygiene. This result was consistent with the Egyptian study by El-Bilsha (2019) who reported that more than half of schizophrenic patients neglect personal hygiene. Adding to this result, a study by Al-Maghraby, El-Bilsha& El-Hadidy (2020) who revealed that nearly one third of patients neglect personal hygiene.

Regarding eating pattern, the current study revealed that 11% of the

patients had eating problems such as food refusal, anorexia and eating with assistance. This result may be due to nearly one quarter of the sample had delusion of persecution and may refuse to eat because of the false belief that food is poisoned, or may as a result of loss of pleasure in eating and avolition. This result was in harmony with El-Bilsha (2019). In addition to Al-Maghraby, et al. (2020) who revealed that more than one third of the schizophrenic patients refused eating.

As regard social relationship, this study indicated that majority of studied sample had impairment in social relationship، half of them neither initiate nor maintain social relation with others. This result can be interpreted that schizophrenic patients always preoccupied with hallucinations, persecutory delusions in addition to poverty of speech result in hindering interaction with others. This result was congruent with a study by Koenders,de Mooij, Dekker &Kikkert(2017) who reported that patients with serious mental illness have less satisfaction with interpersonal relationship.

The current study showed that more than half of the studied sample had moderate total social support whereas 28.5% of patients had low total social support.This result may be attributed to that schizophrenic patients usually feel unloved and not helped due to hallucination and delusion. In addition to emotional and behavioral withdrawal and stigma from others that can contribute lack of social support.

This result is consistent with a study conducted in Ethiopia by Mekonnen, Boru, Yohannis, Abebaw& Birhanu(2019) who reported that more than half of the patients had medium perceived social support and 21.5% of the patients had low perceived social support. In addition, this result was agreeing with a study performed by Chronister, Chou & Liao (2013) who showed that the total social support was low. Besides, a study in Egypt by Eweida, Maximos &Sharaf (2017) found that only half of the schizophrenic patients received social support.

In contrast to this result, a study in Malaysia by Shin,et al. (2020) who revealed that the mean score of level of perceived social support was high.The interpretation of this difference between results could be due to study setting, sample size, instrument, socio-cultural and analytical differences.

This study revealed that majority of the studied sample had low social support from significant others also, more than half of patients had low social support from friends. This result may be interpreted that relatives and friends of schizophrenic patients perceive patients as a source of burden so they avoid frequent contact and support to patients. Moreover, patients with schizophrenia were unable to sustain relationship with significant others and friends as patients rely heavily upon social and emotional support from family especially father and mother.

This result was congruent with the Egyptian study byHarfush &Gemeay (2017). Furthermore, this result was consisted with a study in Malaysia by Munikanan, et al. (2017) who stated that about 72% of the respondents had poor perceived social support with support from significant others being the lowest, followed by friends and family. This result was also consistent with Hasan &Tumah (2019).

On the other hand, a study in Jordan by Hamaideh, Al-Magaireh, ABU –Farsakh& Al-Omari(2014)was

ontraindicated with results in the present study and opposed that the highest source of social support perceived by Jordanian patients with schizophrenia was from significant others followed by support from family members then, support from friends.

The present study demonstrated that more than two thirds of the studied sample had high social support from family. This result may be attributed to that in developing countries, like Egypt, most people with mental illness live with their families which explains the higher level of social support received from family. This result was in harmony with Caqueo-Urízar, et al. (2015) who reported that patients with schizophrenia had high social support from family. Likewise, the prevalence of family social support was high in comparison to friends and significant others social support El-Monshed &Amr (2020).

The present study illustrated that there was a positive significant correlation between social relationship and social support. This result can be interpreted that schizophrenia disorder has negative impact on personality of patients also frequent hospitalization inhibit social engagement and participation with relatives and friends which in turn weaken social support. This result was associated with Millier, et al. (2014) who proclaimed that there was a positive significant correlation between social relationship and social support.

Conclusion:

Based on the findings in the current study, it can be concluded that majority of the studied subjects have low and moderate social support.

Recommendations:

Based on the current results the following recommendations are suggested; Psycho education programs for schizophrenic patients about the nature of their disorder, Training programs for care givers and nursing staff about their supportive role in providing care for schizophrenic patients, Further studies are needed about the effective and vital role of social support in treatment of schizophrenia.

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