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Original Article

Quality of Life for Patients with Schizophrenia

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ABSTRACT

Background: Schizophrenia is a chronic illness that affects a patient's quality of life. Patients with schizophrenia often report a reduced quality of life, which is a significant element in the prognosis of the illness. **The aim**: this study is aimed to assess the quality of life for schizophrenia patients. **Subjects and Method**: A convenience sample technique of 60 patients with a diagnosis of schizophrenia from the inpatient and outpatient psychiatric departments of Mansoura University Hospital was included in the study. Study design: a descriptive qualitative study was utilized in this study. The two tools used were sociodemographic and schizophrenia quality of life scale. **Results:** Result in this study revealed that nearly half of subjects were among age group of 30 to 45 years, male, illiterate or read and write, single and not working. Most of the studied subjects (88.3%) had low quality of life. **Conclusion:** the majority of the studied subjects had a low Quality of life. **Recommendation:** Improving quality of life is advised when providing care for individuals with schizophrenia since it has a significant impact on the prognosis and recovery of the condition. More research on the intervention to improve quality of life is required.

Key Words: Quality of life, Schizophrenia.

Introduction:

Schizophrenia is a severe and chronic mental disorder characterized by a group of symptoms that include distortions of thinking and perception, cognition and psychomotor abnormalities, avolition, and apathy as well as emotional and communication and emotional difficulties. It affects general health, functioning, autonomy, and subjective well-being and alters individuals' perception of reality (Desalegn, Girma, Tessema, Yeshigeta & Kebeta, 2020).

Approximately 24 million people, or 1 in 300 persons (0.32%), worldwide suffer from schizophrenia. Among adults, this prevalence is 1 in 222 (0.45%). Compared to many other mental disorders, it is less prevalent. The most common times for onset are late adolescence and the twenties, and men often experience onset sooner than women (WHO, 2022).

Persistent psychotic disorders like schizophrenia have the highest disability level, causing issues like joblessness, social exclusion, loneliness, and irregular housing(Korman et al., 2023).Symptoms include avolition, apathy, cognitive and psychomotor irregularities, emotional and communication problems, and distortions in thinking and perception. Schizophrenia impacts functioning, autonomy, general health, and subjective well-being (Desalegn, Girma, Tessema, Yeshigeta & Kebeta, 2020).

According to Pitkänen (2010), having a high quality of life includes "having favorable psychological perspective and emotional well-being, good physical and mental health, and the physical capabilities to do the things they desire to do, having good relationships with family and friends, engaging in social activities and recreation, living in a safe neighborhood with excellent resources and facilities, having sufficient income, and being independent." the World Health Organization (WHO) focused on subjective aspect and defines the quality of life as "individuals' perception of their position in life in the context of the culture and value systems with their goals, expectations, standards and concerns"(WHO, 2014).

Both subjective and objective methods have been used to evaluate the quality of life (QoL) of people with schizophrenia:

A) Subjective measures of quality of life (QoL) encompass a variety of life domains, such as overall indices of life satisfaction and contentment with one's employment, family, social relationships, money, and housing status.

B) The socio-demographic data, a person's position in society, and external life situations are often included in the objective assessments of quality of life (Desalegn, Girma & Abdeta, 2020).

Schizophrenia significantly impacts on the quality of life (QOL) and chronic impairment, leading to severe disability and stigma. It severely impairs cognitive, interpersonal, and social functioning, limiting social interaction and employment opportunities. QOL is a key metric for evaluating schizophrenia treatment (Puspitosari, Wardaningsih, & Nanwani, 2019).

Aim of the study:

This study aims to assess quality of life among schizophrenic patients.

Subjects and method:

Study design:

A descriptive qualitative 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 convenient Sampling technique of 60 patients fulfilled the following criteria

Inclusion criteria

1. All patients with schizophrenia or schizoaffective disorder 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-less than 60 years old.
4. Both sexes.
5. Able to communicate.

Exclusion criteria

1. Psychotic disorder due to another medical condition.
2. Intellectual developmental disorder.

Tools: Two tools were utilized to collect data in this study based on reviewing recent related literature:

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

The researchers developed this tool to assess socio- demographic characteristics and clinical data.

A. Socio-demographic characteristics, as patient's name, age, sex, education level, marital status, place of residence, etc.

B. Clinical data, such as the diagnosis, the onset and length of the illness, the past hospital admissions, family history for mental illness, suicide and smoking habits.

Tool (2): Schizophrenia–Quality of Life questionnaire (S-QoL-18):

The S-QoL18, a simplified version of a French questionnaire, evaluates schizophrenia patients' perceptions of their present quality of life (Boyer et al. 2010). It consists of 18 items describing eight dimensions: psychological well-being, self-esteem, family relationships, resilience, physical well-being, autonomy, and sentimental life. The overall score ranges from 18 to 90, with acceptable psychometric qualities and adequate reliability in European countries ranging from.72 to.84 (Caqueo-Urízar, Boyer, Boucekine & Auquier, 2014) and adequate reliability (Cronbach's alpha translated into Arabic being.82)(El-Bilsha, Saber ,and Abd-Eraof ,2023).

Procedure

Phase I: Preparatory phase.

Ethical considerations:

The researcher obtained approval from Research Ethics Committee, Faculty of Nursing, consequently obtained oral consents from the head of the Mansoura University Hospital's psychiatric department, after explaining the aim of the study and assured them that their data be treated anonymously, confidentially and used for research purpose only. In addition to each participant had the right to ask any question related to the study as well, withdraw at any time without given any reason.

Phase II: operational phase.

Literature review: review of the national and international literatures on schizophrenia especially their effect on quality of life.

Developing the study tools: The tools I was developed by the researcher after reviewing the relevant literature. The tool II was adopted from Boyer scale.

The validity of the study tools:

- A jury of five experts in psychiatric and mental health nursing tested the content validity that evaluates how well the designed tools covers all relevant parts of the construct it aims to measure. Face validity that is about whether a test appears to measure what it's supposed to measure. It is concerned with whether a measure seems clearly relevant and appropriate for what it's assessing and adequate for its purpose. These tests were used to evaluate the clarity, applicability, and reliability of the study tools and to estimate the approximate time required for data collection. Also, it helped to determine the obstacles and problems that may arise during the actual collection of data. No modification was done
- **Pilot study**. The researcher conducted the pilot study on 10% (6) of the study participants and excluded from the study. Pilot study uses the results to guide the methodology of the large-scale investigation and determine the feasibility of the study.

Phase IIII: Implementation stage.

Data collection

1. Data collection was conducted during the period from February 2023 to August 2023. Data was collected sequentially from inpatient and outpatient clinics of Psychiatric Department at Mansoura University Hospitals.
2. The researcher started to fill-out the questionnaire from the participants through individual interviewing. The researcher read and explained each item to the participants and recorded their responses to each item. This interview took about 15 to 20 minutes.
3. Then, the researcher collected the questionnaire and make sure that questionnaires were being filled fully.

Statistical analysis:

Data was analyzed using SPSS (Statistical Package for Social Sciences) version 22.Data were presented by using descriptive statistics in the form of frequencies and percentages, qualitative variables were described by the mean and standard deviation (SD).All tests were performed at a level of significance (P-value) equal or less than 0.05 was considered statistically significant.

Results:

Table (1) shows that the age of the studied patients ranged from 18- 60 years with a mean ± SD of (34.38 ± 9.3**8**). Nearly half of subject (46.7%) was among age group of 30 to 45 years. more than half of the study subjects were male (55%). According to level of education nearly half of the studied subject (45%) were illiterate or only read and write. Regarding marital status about half of them (53.3%) were single. More than half of studied sample (56.7%) weren't working. According to the residence more than two thirds lived in rural (71.7%). Concerning satisfactory of income nearly two thirds of the studied subject (63.3%) had insufficient income.

Table (2) shows that majority of studied subjects (86.7%) were diagnosed with schizophrenia. Nearly one third (36.7%) had positive family history. According to duration of disorder, (38.3%) of studied subject had disorder for 2 to5 years. According to admission of hospital nearly two thirds of the studied sample (63.3%) were admitted by involuntary way. Most of studied subject (91.7%) had previous psychiatric treatment. According to the medication adherence, (20.0%) of the studied subjects didn't adhere to medication while more than half (56.7%) were adhered interruptedly. Nearly two thirds (63.3%) had previous suicidal attempts. According to smoking (43.3%) were smokers and only (11.7%) were drug addictive.

Table (3) illustrates that more than half of the studied subject (53.3%) reported that family members were ranged from 4to 6 members. According to birth order more than half (56.7%) of patients were in the middle birth order. Half (50.0%) of the patients lived with their parents while (12%) were living alone. Most of studied subject (93.3%) did not initiate social interaction, while two thirds of the studied subject (66.7) didn't maintain the relationship with others.

Table (4) shows that nearly two thirds of the studied subject (61.7%) had anorexia. Nearly half of the studied subjects (46.7%) were sleeping from 4 to 6 hour / day. Also three quarters of the studied subjects (75%) reported sleeping disturbance, (36.7%, 20%, 18.3%) early insomnia, interrupted sleep and late insomnia, respectively. According to personal hygiene, (21.7%) of the studied subjects were neglecting personal hygiene. Regarding physical illness, (18.3%) of the studied subject complained from physical illness.

Table (5) show the percentage of low quality of life was (88.3%) while, the percentage of high quality of life was (11.7%) among the schizophrenic patients.

Table (6) shows the correlation between socio-demographic & clinical characteristics of the schizophrenic patients and Quality of life. There is a highly significant positive correlation between, marital status and quality of life (r=.556with significance .000) and between occupational status and quality of life(r=.396with significance .001). There is a significant negative correlation between non-adherence to medication and quality of life (r=.009with significance .047).

Table (1) Socio-demographic characteristics of the studied Patients (N 60)

Socio-demographic characteristics	N (60)	%(100)
Age		
1. 18 < 30 years	21	35.0%
2. < 45 years	28	46.7%
3. 45 to less than 60 years	11	18.3%
Mean ± SD = 34.38 ± 9.38		
Gender		
1. Male	33	55.0%
2. Female	27	45.0%
Level of Educational		
1. Illiterate	7	11.7%
2. Read &Write /Primary/Preparatory School	20	33.3%
3. Secondary and Technical school	32	53.3%
4. University / Post graduate	1	1.7 %
Marital status		
1. Single	32	53.3%
2. Married	16	26.7%
3. Divorced & Separated	12	20.0 %
Occupation		
1. Not working	34	56.7%
2. Working	26	43.3%
Place of residence		
1. Urban	17	28.3%
2. Rural	43	71.7%
Income		
1. Insufficient	38	63.3%
2. Sufficient	22	36.7%
Total	60	100%

Table (2): Frequency distribution of the studied sample according to clinical data (N 60)

Clinical data	**N(60)**	**100%**
Diagnosis		
1. Schizophrenia	52	86.7%
2. Schizoaffective	8	13.3%
Family history for mental illness		
1. Negative	38	63.3%
2. Positive	22	36.7%
Duration of the disease	4	6.7%
1. > 2 years	23	38.3%
2. years -less than5 years	21	35.0%
3. 5 years- less than 10 years	12	20.0%
4. 10 years or more		

Mode of Admission 1. Involuntary 2. Voluntary	 38 22	 63.3% 36.7%
Previous Psychiatric treatment 1. No 2. Yes	 5 55	 8.3% 91.7%
Adherence to medication 1. No 2. Regularly 3. interrupted	 12 14 34	 20.0% 23.3% 56.7%
Smoking 1. No 2. consumed Less than one box 3. consumed from 1to less 3 boxes 4. consumed more than 3 boxes	 34 5 19 2	 56.7% 8.3% 31.7% 3.3%
Drug addiction 1. No 2. Yes	 53 7	 88.3% 11.7%
Total	**60**	**100%**

Table (3): Social condition of the studied patients (N 60)

Social condition	**N (60)**	**100 %**
Numbers of Family members 1. Less than 4 members 2. 4-6 members 3. More than 6 members	 3 32 25	 5.0% 53.3% 41.7%
Birth order 1. The Younger 2. The Middle 3. The Older	 17 34 9	 28.3% 56.7% 15.0%
Living with whom (Cohabitation) 1. Alone 2. Parents 3. Wife/ Husband and Children 4. Brothers/sisters	 12 30 17 1	 20.0% 50.0% 28.3% 1.7%
Social Interaction Social Initiation interaction 1. No 2. Yes Maintenance interaction 1. No 2. Yes	 56 4 40 20	 93.3% 6.7% 66.7% 33.3%
Total	60	100%

Table (4): Physical condition of the studied patients (N 60)

Physical Condition	**N (60)**	**100%**
Eating habit 1. Anorexia 2. Overeating 3. Eat alone 4. Eat with help	37 0 22 1	61.7% 0.0% 36.7% 1.7%
Sleeping hour 1. Less than 4 hours 2. 4:6 hours 3. More than 6 hours	 5 28 27	 8.3% 46.7% 45.0%

Insomnia		
1. No	15	25.0%
2. Yes	45	75.0%
If yes:		
1. Early Insomnia	22	36.7%
2. Interrupted Sleep	12	20%
3. Late Insomnia	11	18.3%
Personal Hygiene		
1. Neglect it	13	21.7%
2. Need help	19	31.7%
3. Make personal hygiene alone	28	46.7%
Physical illness		
1. No	49	81.7%
2. Yes	11	18.3%
Total	60	100%

Table (5) Distribution of the studied subjects according to their quality of Life scores.

Scoring system of SQOL-18	N(60)	100%
Low quality of life (less than 45)	53	88.3%
High quality of life (more than 45)	7	11.7%
Total	**60**	**100%**

Table (6) Correlation between socio-demographic & clinical characteristics of the Schizophrenic patients and Quality of life

	Socio-demographic & clinical characteristics	Pearson correlation(r)	Sig.(p)
Quality of Life	Education	.149	.129
	Marital status	.556**	.000
	Occupation	.396**	.001
	Non adherence	-.009-*	.047
	Duration of illness	.164	.106
	Eating disturbance	-.209-	.109
	Sleep disturbance	-.040-	.762
	Social interaction	.244	.060

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

r= Pearson's Correlation Coefficient

Discussion:

Schizophrenia is a persistent mental health problem worldwide, and long-term care and management are crucial throughout life. Patients with schizophrenia experience various psychiatric problems, including positive symptoms, such as delusions or hallucinations, and negative symptoms, such as apathy, isolation, or decreased social functioning (Kim, Lee, & Kang, 2023). It was ranked as one of the top ten illnesses contributing to the global burden of disease. The course of schizophrenia appears to be favorable in about 20% of people with schizophrenia, and a small number of individuals are reported to recover completely (Desalegn, Girma, S., & Abdeta, 2020).

The purpose of the current study was to evaluate the quality of life for patients with schizophrenia.

This study shows that about half of the subjects in this study their age between the 30- to 45-year-old age, according to the patient characteristics examined. This result was consistent with Forma, Green, Kim, and Teigland (2020) as well as a report by El-Bilsha, Saber ,and Abd-Eraof (2023) that revealed over half of the patients were between the ages of 30 and 45.

The study found that nearly half of the subjects were illiterate or only read and write. This disparity may be due to the effect of mental illnesses on cognitive functioning. Previous studies have found similar results (Dewedar, Harfush, &

Gemeay, 2018; Abd Elmonem, El-Bilsha, & Elhadidy, 2021).

The study found that nearly three-quarters of the subjects were not married, with 53.3% being single and 20% having divorced. Factors like younger age, symptomatology, socio-occupational impairment, and poor premorbid adjustment may contribute to lower marriage rates, contradicting previous studies of Shin, Fei, Yi, Ruslan, and Sharkawi (2020) but supported by (Favord et al., 2019; Aggarwal, Grover, &Chakrabarti, 2020) studies.

The study found over half of the subjects were unemployed, attributed to stigma, social isolation, and discrimination. This is consistent with previous studies in Egypt by Soliman, Mahdy, and Fouad (2018), and a different study conducted in 2022 by Gao et al. revealed that over half of patients with schizophrenia were unemployed.

Over one-third of the participants had a verified family history of mental illness, according to the current study. Genetic and inherited factors have an impact on this result and are often associated with an increased risk of mental illness. This result was consistent with the findings of Kiwanetal (2020).

More than one-third of the studied subjects had a duration of 5 to 10 years, which can be attributed to the chronic nature of schizophrenia. Additionally, less than one quarter of the studied sample did not adhere to their medication regimen, and more than half of the studied subjects took their medication intermittently, consistent with El-Bilsha's (2019) findings.

According to the current study, over two-thirds of subjects were compelled to check themselves into mental health facilities. This can be the result of worry brought on by the stigma, ignorance of the illness, and lack of insight. This result aligned with a study conducted in Egypt by Ibrahim, Callaghan, Mahgoub, El-Bilsha, and Michail (2015), which discovered that over two-thirds of patients suffering from mental illness were admitted against their will.

The current study observed that patients with schizophrenia had a poor quality of life. It may be related to the negative and depressive symptoms of schizophrenia, as well as the inability to live a normal life and frequent hospitalizations. This finding is supported by Karow, Wittmann, Schöttle, Schäfer, and Lambert (2022).

Conclusion:

The majority of the subjects in this study have a low quality of life, according to the study's findings.

Recommendations:

The present findings offer the following recommendations: programs that provide psychoeducation to patients with schizophrenia regarding the nature of their illness, Programs that educate caregivers and nursing personnel about their supportive role in enhancing the quality of life for people with schizophrenia.

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