Quality of Life in Schizophrenic Patients: The Relationship with Personal Characteristics

جودة الحياة في مرضى الفصام: العلاقة مع الخصائص الشخصية

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المستخلص:
الهدف: تهدف الدراسة إلى التعرف على مستوى نوعية الحياة لدى مرضى الفصام، ومعرفة العلاقة بين نوعية الحياة وبعض الخصائص الشخصية لأولئك المرضى الذين يعانون من مرض انفصام الشخصية.
المنهجية: دراسة وصفية تحليلية ارتباطية أجريت باستخدام أسلوب التقييم على عينة من ١٠٠ مريض مصاب بالفصام ، والذين تم اختيارهم بالعينة الغرضية (العينة غير الاحتمالية) للفترة ١٠ / ٣ / ٢٠١٣- ١ / ٢٠١٣/١٢. وقد أجريت الدراسة على مرضى الفصام في العيادات الخارجية الاستشارية في مستشفيات ابن رشد، و مستشفى الرشاد التعليمية للأمراض النفسية ؛ مستشفى بغداد التعليمي ، و مستشفى الكاظمية التعليمي. تم استخدام الاستبيان الذاتي والذي يتكون من جزأين : الأول يتضمن رسالة التغطية والخصائص الشخصية ، والثاني يتكون من مقياس نوعية الحياة لمنظمة الصحة العالمية (النسخة المختصرة). تم تحديد صلاحية الاستبانة من خلال فريق من الخبراء ، وقد تم تحديد ثبات اداة البحث بواسطة الاتساق الداخلي من خلال حساب معامل ارتباط ألفا . تم جمع البيانات من خلال استخدام الاستبيان الذاتي كوسيلة لجمع البيانات عن طريق المقابلات المنظمة. تم العمل على تحليل البيانات من خلال تطبيق الحزمة الإحصائية للعلوم الاجتماعية الإصدار ١٧٫٠.
النتائج: أشارت النتائج إلى أن الغالبية العظمى من العينة هم من الذكور والذين تتراوح أعمارهم بين ٣٠-٤٤ سنة والذين كانوا من غير العاملين وخريجي التعليم الجامعي أو المعهد. كانت أعلى نسبة منهمبفترة مرض تتراوح من ١١ سنة فما فوق ودخول للمستشفى يتراوح من ١-٣ ويشكون من أعراض إيجابية. غالبية مرضى الفصام لديهم مستوى معتدل من نوعية الحياة معتدلة. هناك علاقة إيجابية ذات دلالة إحصائية بين نوعية الحياة والحالة الاجتماعية وعدم وجود علاقة مع غيرها من الخصائص الشخصية.
التوصيات: أوصت الدراسة بتوفير برامج التدريب المهني وإعادة التأهيل لمرضى الفصام لتحسين نوعية حياتهم، وأيضا أهمية تكرار الدراسة بعينة كبيرة.

Abstract
Objectives: The study aims to identify the quality of life level in schizophrenic patients and to find out the relationships between the quality of life and some of personal characteristics for those patients with schizophrenia.
Methodology: A descriptive correlation analytic design was used by using the assessment technique on sample of 100 schizophrenic outpatients, who were selected purposively (non-probability sample) during the period 10/ 3/2013 - 1/ 12 /2013. The study was conducted on the schizophrenic patients in an out patient psychiatric clinics at Ibn-Rushd; and Al-Rashad Psychiatric Teaching Hospital; Baghdad Teaching Hospital, and Al-Kadhimya Teaching Hospital. Self administrative questionnaire was used which includes of two parts: the first includes the covering letter and personal characteristics; the second include the quality of life scale (World Health Organization QoL-BREF). The validity of the instrument was determined by using of face validity through the panel of experts, and the reliability of the instrument was determined by internal consistency through the computation of Alpha Correlation Coefficient (Cronbach's Alpha). The data were collected through the utilization of the self administrated questionnaire as a mean of data collection via structured interviewing. Data analysis was employed by applying the Statistical Package for Social Science version 17.0 (SPSS).
Results: The results indicated that the majority of sample were single males aged from 30-44 years old who were unemployed graduated from institute or college education. The higher percentage of them had 11 years and above duration of illness with 1-3 admission and complaining positive symptom. The majority of schizophrenic patients have moderate quality of life level. There is a significant positive relationship between quality of life and marital status and there is no relationship with other characteristics.
Recommendations: The study recommended of providing vocational and rehabilitative programs for the schizophrenic patients to improve their quality of life, and also the replication of the study with a large sample is important.
Keywords: Schizophrenia, Quality of Life, Personal characteristics.

Introduction:

Schizophrenia is a clinical syndrome that affects an individual's functions of cognition, emotion, perception, and other features of behavior [1].

Schizophrenia is the heartland of psychiatry and the core of its clinical practice because it is a relatively the most common psychiatric condition, which cripples people in adolescent or early life, with out greatly reducing their affecting the mankind [2].

Schizophrenia has been categorized as one of the most serious and disabling mental disorders. The lifetime prevalence of schizophrenia is estimated to be about 1% worldwide. Schizophrenia typically starts in early adulthood or late adolescence [3].

In psychiatric field, the concept of life quality has long been considered an important aspect of mental health in which the interest in studying the quality of life has been increased relatively [4].

Over the past 18 years, the amount of research on the quality of life of individuals with severe psychiatric disorders such as schizophrenia has been increased. In the literature, the quality of life has mainly been used as an outcome indicator for the evaluation of services, programs and, more recently, in clinical trials for new drugs [5].

The quality of life of persons with psychiatric disorders depends upon the illness severity, its consequences on their lives, and on the level of their integration and acceptance in the community [6].

In the past, the first goal of schizophrenia treatment was to reduce psychotic symptoms rather than recovering social functioning. Recently, as a result of an emphasis on patient needs, the concept of quality of life has been brought into the treatment of somatic illness. The goal of treatment has therefore changed from the alleviation of symptoms to improvement of the patient's satisfaction with quality of life and social activities [7].

The researchers are trying to explore the quality of life in schizophrenic patients and to identify how the quality of life correlated with personal characteristics of these patients.

Methodology:

A descriptive correlation analytic design was used in order to achieve the objectives of the present study by using the assessment technique on sample of 100 schizophrenic outpatients, who were selected purposively (non-probability sample) during the period 10/ 3/2013 - 1/ 12 /2013.

The administrative arrangements procedure for conducting the present study has been taken from two main Ministries; the first consent of the questionnaire was issued by Ministry of Planning/Central Statistical Organization; the second permission was obtained from the Ministry of Health / Training & Developing Center, in addition to the consent of Research Ethical Committee in the Iraqi National Council of Mental Health.

The study was conducted on the schizophrenic patients in an out patient psychiatric clinic from Ibn-Rushd Psychiatric Teaching Hospital and Al-Rashad Psychiatric Teaching Hospital which are located in AL-Rusaffa sector of Baghdad/ AL-Rusaffa Health Directorate. Also the data were selected from the out patient psychiatric clinic at Baghdad Teaching Hospital/ Medical City Directorate, which located in AL-Rusaff'a sector also. Further data were accomplished from out patient psychiatric clinic at Al-Kadhimya Teaching Hospital which located in Al- Karkh sector/ Al- Karkh Health Directorate.

Self-administrative questionnaire was used by the investigators for the present study which includes of two parts: the first includes the covering letter and personal characteristics; the second include the quality of life scale (World Health Organization QoL-BREF), modifications have been done on both Arabic and English version after getting the permission from the author[8]. The quality of life scale consisted of four domains: physical, psychological, social, and environmental. The above four domains consists of 26 items which

are distributed according to the following: the items number 3, 4, 10, 15, 16, 17, and 18 represent the first domain; the items number 5, 6, 7, 11, 19, and 26 represent the second domain; the items number 20, 21, and 22 represent the third domain; and the items number 8, 9, 12, 13, 14, 23, 24, and 25 represent the fourth domain. These items were rated to 5 levels of Likert scale and scored as follows: the item number 1 was scored as: very good = 5, good = 4, neither good nor poor = 3, poor = 2, and very poor = 1; the item number 2 was scored as: very satisfied = 5, satisfied = 4, neither satisfied nor dissatisfied = 3, dissatisfied = 2, and very dissatisfied = 1; the items number 3 and 4 were scored as: not at all = 5, a little = 4, a moderate = 3, very much = 2, and an extreme = 1; the items number 5 and 6 were scored as: an extreme = 5), very much = 4), a moderate = 3, a little = 2, and not at all = 1; the items number 7, 8 and 9 were scored as: extremely = 5, very much = 4, a moderate = 3, a little = 2, and not at all = 1; the items number 10, 11, 12, 13, and 14 were scored as: completely = 5, mostly = 4, moderately = 3, a little = 2, and not at all = 1; the item 15 was scored as: very good = 5, good = 4, neither good nor poor = 3, poor = 2, and very poor = 1; the items 16, 17, 18, 19, 20, 21, 22, 23, 24, and 25 were scored as: very satisfied = 5, satisfied = 4, neither satisfied nor dissatisfied = 3, dissatisfied = 2, and very dissatisfied = 1; finally, the item 26 was scored as: never = 5, seldom = 4, quite often = 3, very often = 2, and always = 1. The result of QoL was calculated as total and calculated a level for each sub domain, the total level of QoL was as following: 26-60= low; 61-95= moderate; and 96-130= high.

The validity of the instrument was determined by using of face validity through the panel of experts (16 experts). These experts were 5 faculty members from the College of Nursing, University of Baghdad, 2 faculty member in the College of Medicine, University of Baghdad, and 1 psychiatrist from Baghdad Teaching Hospital, 7 faculty members from the College of Arts\Psychology Department\ Baghdad University, 1 faculty member from college of Education Ibn Rushed /University of Baghdad. The reliability of the instrument was determined by internal consistency through the computation of Alpha Correlation Coefficient (Cronbach's Alpha). The data were collected for the present study through the utilization of the self administrated questionnaire as a mean of data collection except the respondents who can not read and write; the data were collected through the utilization of structured interviewing. The data collection procedures have been done at outpatient psychiatric clinic in hospitals which are mentioned above. The researcher had met the respondents in a side place at outpatient clinics after referent by the psychiatrist after completing psychiatric medical interview and taking medication. The questionnaire was distributed to the participants after taking their agreement to participate in the study, most of the respondents were cooperative with the investigator. Filling the questionnaire takes approximately 15 – 30 minutes.

Data analysis was employed by applying the Statistical Package for Social Science version 17.0 (SPSS).

Results:

Table 1. Patients' Socio-demographic Characteristics (N= 100)

| Patients' Characteristics		F	%
Gender			
	Male	74	74
	Female	26	26
	Total	100	100
Age (years)			
	15 – 29	19	19
	30 – 44	43	43
	45 – 59	31	31
	60 ≤	7	7
	Total	100	100
Marital Status			
	Single	39	39
	Married	36	36
	Divorced	20	20
	Widowed	5	5
	Total	100	100
Level of Education			
	Doesn't read & write	10	10
	Read & write	10	10
	Elementary	27	27
	Secondary	25	25
	Institute or college	28	28
	Total	100	100
Occupation			
	Unemployed	46	46
	Non governmental employee	42	42
	Governmental employee	12	12
	Total	100	100

F: Frequency, %: Percentage

The results indicated that the sample of schizophrenic patients consisted of 100 ones. The majority of them were males (74%), who were single (39%) aged from 30-44 years old (43%). The highly percentage concerning level of education were shown among patients with institute or college education (28%) and it was found that 46% of patients were unemployed.
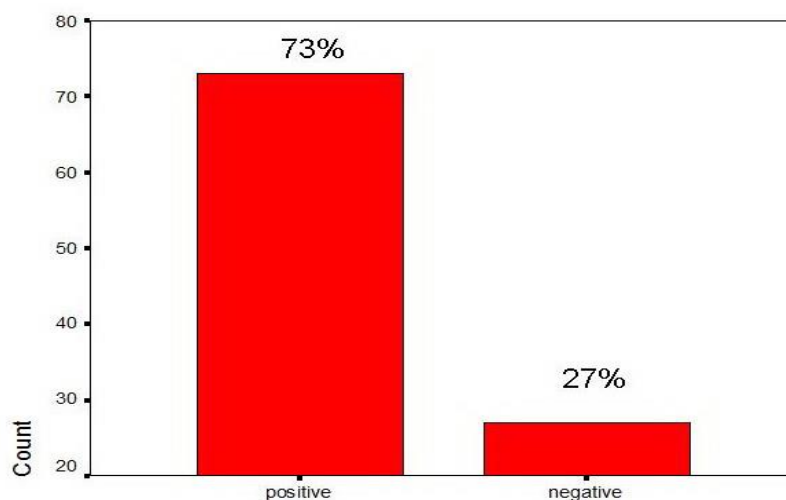
Figure 1. Distribution of the Patients Regarding to Their Duration of Illness (Years)

This figure showed the duration of illness for schizophrenic patients. The higher percentage of them had 11 years and above (36%), 1-5 years (35%) while 29% of them had 6-10 years duration of illness.
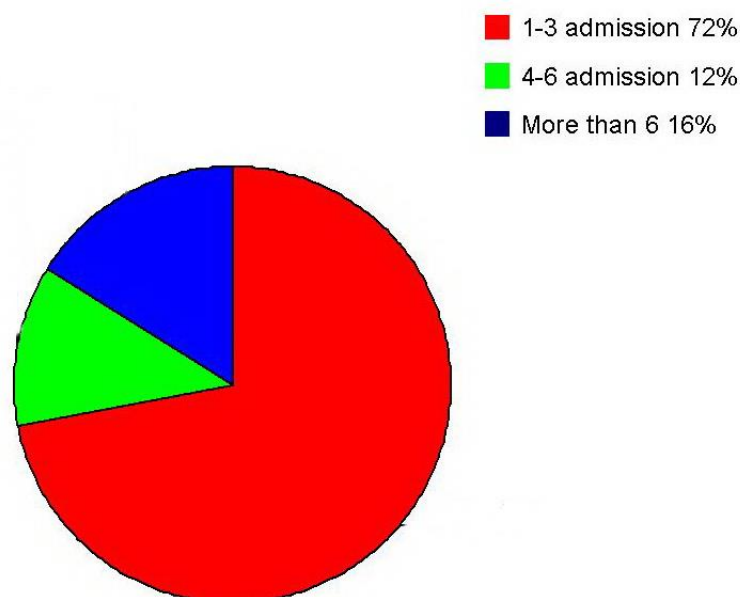
Figure 2. Distribution of the Patients Regarding to Their Number of Admission

This figure showed the distribution of the patients regarding to their numbers of admissions. The finding revealed that the majority of the sample (72%) had 1-3 admission to the psychiatric wards.

Figure 3. Distribution of the Patients Regarding to Their Clinical Symptoms of the Patient

This figure showed the distribution of the patients regarding to their symptoms (positive and negative symptoms). The majority of patients were complain of positive symptoms.

Table 2. Levels of Quality of Life

Level	F	%	M.S	S.D
Low	23	23		
Moderate	60	60	1.94	0.63
High	17	17		
Total	100	100		

F: frequency, %: Percentage, M.S: Mean of Score, S.D: Standard Deviation

The results of this table showed the level of quality of life for schizophrenic patients revealed that the majority of schizophrenic patients have moderate level of quality of life (60%), and only 17% of them have high quality of life level.

Table 3. Correlation among Quality of Life and Patients' Socio-demographic Variables (N= 100)

Correlation	Gender	Age	Marital Status	Level of Education	Occupation	Quality of Life
Gender	1.000					
Age	- 0.048	1.000				
Marital Status	0.069	0.163	1.000			
Level of Education	0.211*	0.138	0.098	1.000		
Occupation	- 0.139	- 0.229*	0.057	0.177	1.000	
Quality of Life	- 0.150	0.078	0.308**	- 0.088	0.104	1.000

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

** Correlation is significant at the 0.01 level (2-tailed).

This table depicted that there is a significant positive relationship between quality of life and marital status (**0.308****) and there is no relationship with remaining variables at p. = 0.05.

Table 4. Correlation Among Total Quality of Life and Patients' Clinical Variables (N= 100)

Correlation	Duration of Illness	No. of Admission	Clinical Symptoms	Quality of Life
Duration of Illness	1.000			
No. of Admission	0.277**	1.000		
Clinical Symptoms	0.207*	0.482**	1.000	
Quality of Life	0.170	- 0.144	- 0.151	1.000

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

** Correlation is significant at the 0.01 level (2-tailed).

The findings of this table revealed that there is no significant relationship between quality of life and patients clinical variables at p≤ 0.05.

Discussion:

It has been known out of such characteristics (table 1) that the majority of the schizophrenic patients in the current study were males (74%). This finding reflects two indicators: the first one is that the prevalence of schizophrenic disorder is higher in males than in females in our community; the second one is that male-female ratio could be explained as female psychiatric patients were less frequently brought to the psychiatric hospitals in our culture due to the shame and public stigma. A study presented supportive evidence to this result that found Al- Saffar and Yaseen [9] who reported that 75% of the patients were males as represented in their study. This result is inconsistent with the National Statistics that reported equal male-female ratio of incidents. This is confirmed by psychiatric morbidity survey produced by the Office of National Statistics [10].

The age distribution of the sample in this study indicated that 43% of them were fall in the age group of 30 -44 years old. This finding may be confirmed that schizophrenic patients got remission after their acute onset of schizophrenic disorder they have been got in twenties or thirties. A study presented supportive evidence to this result that found Neena and Kamal [11] who found that the average age of their patients was (34 ± 12.61) years old. The finding was incongruent the results of Hussein[12] who found that schizophrenic patients were fall in the age group between 20- 29 years old.

The marital status of the present sample (table 1) revealed that 39% of the patients were unmarried (single) and 36% of them were married. A study presented supportive evidence to this result that found Neena and Kamal [11] who found that 42% were single; the finding was also supported by Hussein [12] who found that 56.7% of the patients were singles. The above result may be explained by the early onset of the disease and that patient with schizophrenia tend to have difficulties with maintaining their daily living. In a survey was conducted in Australia as a national prevalence survey, 72.7% of the sample was single, separated, or divorced. Kim et al. [13] stated that it is common in comparing to the general population, that schizophrenic patients are less likely to marry. The researcher's view that difficulties with communication and interpersonal relationship are dominant for schizophrenic patients in which it is not surprising that current study sample was consistent with all other existing results in the literature regarding high proportion of single patients.

The high percentage concerning level of education has been reported as high education, 28% of the sample have institute or college educational level (table 1). This finding may interpret that highly educated patients are more understanding and accepting their illness than other patients due to their knowledge and perception of their own condition. This finding was agree with Siagian et al. [14] who found that most of patients were graduated with Diploma. A study presented disagreement for this result that found Hussein[12] who found that 58.3% of sample have intermediate school level and above; another different result has been reported that 75% of the sample was illiterate[9].

The distribution of occupation in table 1 indicated that 46% of schizophrenic patients were unemployed. Such finding may reflect that patients are unable for maintaining their daily living activities due to the significant impairment of the schizophrenic disorder, moreover the side effect of antipsychotic medication which may hold patients' ability of activities. All of these may prevent the patients from working. In addition to the discrimination against schizophrenic patient in the work as social process of stigmatization. A study presented supportive evidence to this result that found Hussein [12] who reported that two- third (66.7%) of the sample were unemployed. Further support was by Chabungbam and his colleagues [15] who found in their study that a longer period of

unemployment was reported to be reliable predictor of re-hospitalization rate. Therefore, relapse were significantly more likely to become unemployed due to their mental illness hindering the possibility to sustain the demands of a work schedule. The Iraq Mental Health Survey [16] reported different results about employment which are the most of the population (40.8%) were employed and the remaining were either students, retired, or un employed.

The finding in the figure 1 showed the duration of illness for schizophrenic patients which revealed that the higher percentage of them had 11 years and above duration of illness (36%). This finding was consistent with the result of Al-Juboori[17], who reported that the majority of patients' duration of illness was 7-11 years. A study present contradictory evidence to this result that found Al Saffar and Yaseen[9] who found 40% of their sample have 1-5 years duration of illness. The difference in the current result of this study and other studies might be explained by the relations between early onset and age of the schizophrenic disorders among the patient which are aging from 33 – 40 years old as indicated from the results of current study.

The figure (2) showed the distribution of the patients regarding to their number of admissions. 72% of schizophrenic patients had 1-3 admission to the psychiatric wards. Such finding may be confirmed by the theory of stigma and its impact on mental health services which state that people avoiding to seek medical psychiatric treatment to reduce the stigmatization and negative view of others. The finding was supported by Mohammed [18] who reported the same numbers of admission (49%). Additional support has been presented in the study of Corrigan [19] who revealed that the stigma is a major barrier to seek treatment and interfere with mental health services.

The result of patients' distribution regarding their clinical symptoms had been shown in figure 3 that two-third (73%) of schizophrenic patients have positive symptoms. This finding may reflect the impairment of schizophrenic disorder in the patients which represented by positive symptoms. On the other hand the prescribed drug for the patients are utilized inappropriately by the patients in which prognosis get worsen. In addition, to the relapse of the patients that might occur while the patients reintegrated in the community. A study presented supportive evidence to this result that found Al Saffar and Yaseen[9] who found that 60% of the patients under the study have positive symptoms.

The analysis of the quality of life in table 2 revealed that schizophrenic patients have moderate level of quality of life (60%), and only 17% have high quality of life. This finding was consistent with Browne and his associated [20] who found in their study that schizophrenic patients have a poor to moderate quality of life which was inversely related to the negative symptoms severity, illness duration, the cumulative length of previous hospitalization and patient's age. There was also a supportive evidence presented in the study of Caqueo-Urizar and his colleagues [21] who reported that the patients of their study showed moderate quality of life levels. Contradictory evidence has been presented that found Siagian et al.[14] who reported 88.5% of the sample have good quality of life. The finding above could be explained that patients got recovery after first admission and treatment which is good indicator of good prognosis from disease, and also the patients can adapt to their own condition to continue their daily living, and satisfaction which represented by quality of life.

The result in the table (3) revealed that there is a positive relationship between quality of life and marital status, and there is no relationship with remaining variables. Such finding may be explained by the devastating effect of schizophrenia which has direct effect on interpersonal relationship which is one of

the most important variables in terms of satisfaction. A study presented supportive evidence to this result that found Al Saffar and Yaseen[9] who found a significant relationship between marital status and quality of life, but a contradictory evidence has been presented to this result that found Sibitz et al.[22].

The correlation analysis between quality of life and patients' clinical characteristics revealed that there is no significant relationship between them. This finding may be explained by the facilities that provided by Iraq Mental Health Counsel represented by specialized psychiatric units and mental health services. These services may contribute for improving patients' condition. On the other hand, it is important that the participants are outpatients who visit the hospital for treatment, therefore, the quality of life could not effected by the clinical variables. A study presented slightly different evidence to this result that found Hasio, et al [23] who found weak relationship between clinical variables and quality of life. The finding indicated that quality of life was positively correlated with clinical characteristics.

Recommendations:

The present study recommended of the followings:

1. Providing vocational and rehabilitative programs for the schizophrenic patients to improve their quality of life.
2. Replication of the study with a large sample is important.

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