

Original Research Article

Quality of Life of Patients with Schizophrenia: A Community Based Cross Sectional Study

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Abstract: Schizophrenia is the most common serious mental disorder and patients usually experience the changes in life quality. This study aims to determine the factors related to the life quality of patients with schizophrenia in Pidie Regency Health Center. The study was conducted from July to August, 2020 among 95 patients with schizophrenia living in the community. Data processing was carry the results from 95 respondents showed quality of life of schizophrenia respondents has a mean 48.56(SD=7.401), that 36.8% were early and late adulthood, 54.7% were male, 68.4% were single, 51.6% had secondary education, 71.6% were unemployed, 96.8% had low income, 75.8% had low insight, 44.2% received moderate social support and 87.4% were disobedient to taking medication.

Keywords: Schizophrenia, Quality of Life, Community Mental Health.

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INTRODUCTION

Mental health care is an interpersonal process for enhancing and maintaining patient behavior which contributes to integrative function. The patients include individuals, families, groups, organizations and communities (Stuart, 2016). Mental health is a healthy emotional, psychosocial, psychological and social condition from satisfying interpersonal relationships, effective behavior and managing, positive self-concept and emotional stability (Vide beck, 2011). Schizophrenia is a long-term disease that affects the life quality of patients (Kao, Liu, Chou, & Cheng, 2011). The experience of discrimination and rejection is more common in people with schizophrenia than other mental disorders which worsens the life quality (Lundberg, Hansson, Wentz, & Björkman, 2012).

Some of the factors related to the life quality of a patient with schizophrenia are self-insight, depressive symptoms, lack of social support, duration of treatment, negative symptoms, anxiety, sociodemographic, psychopathology, self-stigmatization, and cultural influence (Margariti *et al.*, 2015). The main objective of schizophrenia treatment is to improve life quality which includes a safe situation, finance, work, education, and ability to carry out daily

activities, relate with family and social environment and achieve sustainable services (Gomes *et al.*, 2014).

METHOD

This study was conducted from July 20 to August 24, 2020 and data were collected by filling Google form assisted by a CMHN nurse. Measurement of quality of life used a score ranging from 0 to 100. The population consisted of 395 mentally disorder patients living in the work area of Pidie Regency Health Center. The inclusion criteria for sampling included patients that are ready to participate, patients in a calm state, non-nervous and independent (minimal care), patients diagnosed with schizophrenia over 6 months as well as patients aged between 18 and 50 years. Meanwhile, the sample consisted of 95 mentally disorder patients diagnosed with schizophrenia. The Research Ethics Committee of Syiah Kuala University Nursing Faculty approved this study.

STATISTIC ANALYSIS

Descriptive statistics for socio-demographic variables include age, gender, marital status, education, occupation, income, perceptions, social support,

medication compliance and quality of life. Data analysis was performed using PSPP Software.

RESULT

Among the 95 patients that completed filling out the online questionnaire, it was observed that 36.8% of respondents were early and late adulthood, 54.7% were male, 68.4% were single, 51.6% had secondary education, 71.6% were unemployed, 96.8% had low income, 75.8% had low insight, 44.2% had moderate social support, 87.4% were disobedient to taking

medication and had quality of life mean 48,56 (SD=7,401).

Quality of life of schizophrenia respondents has a mean of 48.56 (SD = 7.401). The minimum score for the quality of life for schizophrenia patients is 32 and the maximum value is 75. The results of the study on the quality of life of schizophrenic patients were classified as low, including general quality of life, physical health, psychological, social relationships, and the environment.

Summary of Respondent Characteristics

Table-1: Summary of Patient Characteristics and Conditions (n=95)

No	Respondent Characteristics Data	Frequency	Percentage (%)
1	Age		
	Late adolescence (17-25 years)	8	8.4
	Early adulthood (26-35 years)	35	36.8
	Late adulthood (36-45 years)	35	36.8
	Early elderly (46-55 years)	17	17.9
2	Gender		
	Male	52	54.7
	Female	43	45.3
3	Marital Status		
	Single	65	68.4
	Married	16	16.8
	Divorced	14	14.7
4	Education level		
	Primary	45	47.4
	Secondary	49	51.6
	Tertiary	1	1.1
5	Occupation		
	Unemployment	68	71.6
	Fishermen	1	1.1
	Traders	2	2.1
	Farmers	6	6.3
	Others	18	16.8
6	Income		
	Low	92	96.8
	High	3	3.2
7	Insight		
	Low	72	75.8
	High	23	24.2
8	Social Support		
	Low	20	21.1
	Moderate	42	44.2
	High	33	34.7
9	Respondent obedience		
	Disobedient	83	87.4
	Obedient	12	12.6
No	Respondent Characteristics Data	Mean	SD
10	Quality of life	48,56	7,401

DISCUSSION

This study describes the life quality of schizophrenia patients in the Pidie Regency Health Center, Aceh. Most of the respondents fell into the category of early adulthood from 26 to 35 years

(36.8%) and late adulthood from 36 to 45 years (36.8%). Meanwhile, this study strengthens Farizah *et al.*, (2019) which stated that the majority of schizophrenia patients are adults between the ages of 26 to 46 years (55.3%). The patients with schizophrenia usually in late adolescence or young adulthood, where

almost 90 percent of patients undergoing treatment are between 15 to 55 years while patients below 10 years or above 60 years are very rare (Kaplan, Sadock, & Ruiz, 2015). In a previous study by Sefrina & Latipun, (2016), Hurlock stated that early adulthood includes a period of transition in physical, intellectual and social roles. The transition period is more prone to the emergence of mental disorders such as schizophrenia.

The results showed that majority of respondents were male (54.7%). This is in accordance with Fibriana & Wahyudi (2016) which stated that male (74.2%) has a schizophrenia risk of 6.038 times compared to female (25.8%). This is in accordance with Park, Bennett, Couture, & Blanchard, (2013) which stated that 71.4% of schizophrenia patients in America were male. Furthermore, the results showed that most of the respondents were single (68.4%). This is in accordance with Dwi Ananda & Adhi Pradana, (2016) which stated that 63% of schizophrenia patients are single, 31% are married and 6% are divorced. Hence schizophrenia patients tend to have difficulty in establishing or maintaining relationships.

Majority of respondents had secondary education (51.6%). This is also accordance with Lv, Wolf, & Wang, (2013) which stated that 65% of schizophrenia patients are dominated by secondary education. In addition, most of the patients were unemployed (71.6%). This was supported by Üçok, Karadayi, Emiroğlu & Sartorius, (2013) which stated that the percentage of schizophrenia patients was dominated by unemployment (62.7%). This is in accordance with Erlina, Soewadi & Pramono (2010) which stated that the majority of schizophrenia patients are unemployed (85.3%), therefore the unemployed have higher risk of 6.2 times compared to the employed. Meanwhile, most of patients also had low income (96.5%).

The majority of respondents had a high stigma (54%). This confirmed a previous study by Hill & Startup (2013) which stated that the average value of high self-stigma in Australia is 74.15 (SD = 14.27). Furthermore, most of the schizophrenia respondents had low self-insight (77.88%). The lack of self-insight in patients is significantly associated with disobedience to taking medication, frequent relapses and poor prognosis. However, individuals with better insight experience better health and have access to new information which shows a higher life quality (Cooke *et al.*, 2010).

Out of the schizophrenia respondents, 42 people (44.2%) predominantly had moderate social support. Meanwhile, social support is considered very important in helping people with mental disorders to manage stress in live (Huang, 2008). This differs from Hsiung *et al.*, (2010) which stated that schizophrenia patients with high level of social support also have high

level of life quality. The majority of respondents were disobedient to taking medication (96.8%). Almost 50% of schizophrenia patients feel depressed due to the side effects of drug and therefore stop taking medication. Hence disobedient to taking, medication is an important determinant of life quality in schizophrenia patients (Adelufosi, Adebowale, Abayomi, & Mosanya, 2012).

The finding on the quality of life of schizophrenic respondents (mean= 48.56 (SD = 7.401) is in this study is lower than that reported earlier in Nigeria where they found the average quality of life of schizophrenic patients was 96.19 (SD = 10.34) (Adelufosi, Adebowale, Abayomi, & Mosanya, 2012). The main goal of treating schizophrenic patients is to improve the quality of life which includes a safe situation, finances, work, ability to carry out daily activities, ability to relate to family and social environment, get comprehensive health services (Gomes *et al.*, 2014).

CONCLUSION

The results showed quality of life of schizophrenic respondents has a mean or average value of 48.56 (SD = 7.401), that 36.8% of respondents were early and late adulthood, 54.7% were male, 68.4% were single, 51.6% had secondary education, 71.6% were unemployed, 96.8% had low income, 75.8% had low insight, 44.2% received moderate social support and 87.4% disobedient to taking medication. Quality of life of schizophrenia respondents has a mean (48.56) and a standard deviation (7.401).

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