

A study on the effectiveness of personal traits and participating in social activities on schizophrenics' quality of life

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Abstract: Aim: This study is conducted based on how effective each individual's behavior and taking part in social activities are on the quality of life of the schizophrenia sufferers. **Method:** This research study is carried out employing descriptive survey method, in which 60 schizophrenia sufferers at Iran Welfare Organization were randomly chosen. And during a semi-structured interview, Heinrich's WHO questionnaire of the quality of life was made use of. **Findings:** ANOVA single-factor statistical test, the mean score, and standard deviation of the respondents indicate the importance of the psychological state on the schizophrenics' quality of life. It is also made clear that, based on the tests done, the role of the functional scale – taking opportunity into account, efficiency, satisfaction with job and efficiency, and the levels of using public property and personal belongings and social activities are the crucial ingredients of personal traits. **Discussion:** Heinrich's standardized questionnaire involves four crucial dimensions among which only the effectiveness of psychological state on the quality of life is being studied which shows that among the above-mentioned factors only the interaction with the interviewer appears to be ineffective.

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Introduction:

The quality of life consists of cognitive, emotional, objective, and subjective aspects. Therefore, it could be a multi-dimensional concept covering physical, psychological, economic, interpersonal, familial, and social efficiency. One of the most comprehensive definitions about the quality of life is given by Professor Hornquist (1985). He believes that this concept is a basic need together with a practical satisfaction with some of the many main dimensions of life by focusing on having a good feeling. For him, using the five following dimensions, it becomes possible to measure the quality of life:

- 1) Physical realm: physical well-being and the pressure caused by a specific disease
- 2) Emotional-mental realm: satisfaction with life, feeling good, efficiency in intellect, thoughts, and creeds.
- 3) Social realm: social interactions and suitable levels of having contact with others, the general public, wife or husband, especially family.
- 4) Behavioral-functional realm: the capacity of taking care of one's self and the responsibility to do your job, activity, etc.

5) Material realm: financial and economic state of each individual, in general, a total understanding of life satisfaction (Hornquist-1996).

The effectiveness of mental wellness on overall health is proved (Argyle-1996). Married people, especially the ones with their first marriage, and mostly women in comparison to men psychologically felt happier. Educated people and the ones financially better off, were also more satisfied than others (Philips-2006). A great number of writers and compilers believe that happiness and satisfaction with life are the same, however, some others look at them as two completely separate concepts. For instance, George holds the view that happiness is an emotional assessment of the quality of life, whereas satisfaction with life is a general evaluation of life which is achieved by comparing one's goals and their real achievements (George-1981). The benchmarks designed for measuring the quality of life are used to evaluate the patients' problems, various needs of different societies, and research aims. Nevertheless, there are still controversies over the quality of life and a relevant structure (Guggenmoos-1995).

The difference between objective and subjective quality of life could be found in the difference between behavior and cognition, and between quantity and quality (Mukherjee-1989). Colman

believes that, in the evaluation of the quality of life, the gap between one's expectations and experiences through a specific period of time should be highlighted (Colman-1986).

According to Fahiyeh's studies, nowadays, there are three main approaches recognized to the quality of life:

- The first one states that the quality of life is closely yoked with each individual's conditions (community-based approach).

- The second one defines the quality of life as a multi-dimensional concept. This approach concerns multiple areas of the quality of life and their mutual effects on one another.

- The third one stresses that there are two indices to measure the quality of life – objectivity and subjectivity. Subjective aspects help find a satisfying definition of identity, ideal goals, and the way one aims to live life in. This is possible when it is combined with the objective conditions (Shucksmith-2006).

In clinical use, researchers have focused mostly on the effectiveness of illnesses and their treatments on the quality of life, sometimes even studying the indirect consequences like financial problems or difficulties in finding a decent job. In cases which the quality of life involves medicine and clinical research, it is called "health-related quality of life".

Recently, studies on the quality of life have been considered as important indices to survey schizophrenia sufferers' health and efficiency. They also provide researchers with an opportunity to study individual well-being including various aspects (Drick-2002). Grant and colleagues (2005) believe that as soon as a mental illness breaks out, patients' social efficiency decreases in amount. In addition, in comparison to other mental diseases such as psychosis and bipolar disorder (manic depression), schizophrenia sufferers might have more cognitive defects and less social skills. And interruptions like teaching those skills may be effective in the process of treatment. Schizophrenia leads to patients' isolation, so the educational programs should mainly highlight interpersonal skills (Mtolva-2005).

Methodology:

The descriptive survey method has been applied in this study, and from among the samples determined, our attempt is to study the schizophrenics, who from 2010 have been using the psychological, supportive, and rehabilitative services provided by specialized psychiatric hospitals in Iran for at least two consecutive years, to be able to rate their quality of life and the factors affecting their interpersonal communication.

Also, the theory of "a small community" is applied, considering the low number of the samples and limited variance, with the help of some experts. Therefore, 1/3 of the cases being monitored (60 people) was chosen as the sample volume.

First, a register of names and case numbers of all the patients (who all had been neuropsychological cases in Tehran Welfare Organization in 1389) was created. Next, based on the size and volume of the sample, some patients were randomly chosen. Then Heinrich's questionnaire of the quality of life of the schizophrenics was used, consisting of 21 questions in 4 fundamental aspects:

- 1) interpersonal communication (questions 1-8)
- 2) individual functions (questions 9-12)
- 3) psychological state (questions 13-17 and 20-21)
- 4) general issues and activities (questions 18-19)

Due to the vastness of subjects on this questionnaire and also limits of materials, in this article only the personal traits, participation on social activities, and the effects of them on schizophrenics' quality of life are being studied including: the role of the functional scale – taking opportunity into account, efficiency, satisfaction with job and efficiency, and the levels of using public property and personal belongings and social activities.

The validity of this questionnaire, was acknowledged by Anjomanian's research in 2003, determining the effect of applying the Continuous Care Model on the quality of life for schizophrenic patients discharged from Sina Education and Medical Center, Hamadan, Iran.

Having been translated, the questionnaire was sent to 10 university professors in fields of mental nursing, psychiatry, and psychology, and was accepted after some alterations were made to it. The reliability of this questionnaire is calculated by pilot implementations.

After drafting the final acceptable questionnaires, 20 were filled out. And, the final assessment was fulfilled through estimations of reliability of internal consistency, using a questionnaire validity test and the Cronbach Coefficient test. The average of Cronbach's alpha coefficients for the variables of the questionnaire was 0.89 which is significant at the alpha 0.7 level.

Finally, in order to analyze the information collected by the questionnaires, the computer program SPSS (Statistical Package for the Social Sciences) is used. Since the questionnaire is derived from another so-called Heinrich's neuropsychological patients' quality of life form, it involves various demographic variables, turning it

into a multi-variable analysis which needs multi-variable evaluation.

ANOVA statistical experiments, the mean scores, standard deviation, t-test, together with post-hoc test (LSD) and Tamhan are used to explain the results and information exploitation.

Results:

According to the information gathered:

- in terms of the role of the functional scale, the majority of the patients are the ones with no function and role (56.7%) and the minority are functional full-time (like a healthy person, they play roles of a parent, child, employee, etc.) (3.3%).
- considering efficiency and performance, the majority are reluctant to try to do an activity or have poorly low levels of efficiency threatened by the low amount of durability (52.5%) and the minority have truly satisfactory levels with making excellent progresses in several different areas (1%).
- as far as job and efficiency satisfaction are concerned, the majority are the ones with low levels of enjoyment from time to time, and

- their satisfaction level is extremely low (58.3%). The minority are relatively satisfied with the conditions in spite of probable minor problems (8.3%).

- in terms of the ability to use public property and personal belongings, the majority (28.3%) have some defect at average level when using personal belongings (bags, keys, watches, bankbooks and insurance policies, ID cards, driver's license, clocks, combs and cosmetics, personal beds, tooth brushes, books, and calendars). And the minority are normally able to use these (6.7%).

- Also considering the level of social and public activities, the majority have average level of being able to do them (38.3%). The activities include: buying newspapers, spending money, walking, reading, having leisure activities, shopping with others, eating out, attending libraries, participating in public circles paying attention to a sport event, and going on trips – especially in groups. And the minority are the ones lacking in all the above-mentioned activities (5%).

| Variables | Standard deviation | Sum of squares (SS) | degrees of freedom | F distribution | significance level |
|---|--------------------|---------------------|--------------------|----------------|--------------------|
| functional scale | 0.25 | 6.41 | 56 | 8.45 | 0.000 |
| efficiency | 0.26 | 7.49 | 56 | 6.575 | 0.003 |
| job satisfaction | 0.42 | 8.114 | 56 | 2.745 | 0.051 |
| using public property and personal belongings | 0.23 | 7.676 | 56 | 3.965 | 0.012 |
| social and public activities | 0.27 | 6.412 | 55 | 8.28 | 0.000 |

According to the table, with the use of ANOVA single-factor test and statistical results, it is indicated that the mean score of the quality of life of neuropsychological patients who have no time, less than half an hour, half an hour or more, and full time to function and play their supposed roles is significant with confidence level of 95% (sig=0.000). The LSD post-hoc test shows that the patients spending more time to be functionally fruitful have higher quality of life.

The results show that, in terms of efficiency, the mean score of these patients with confidence level of 95% is significant (sig=0.003). This means the quality of life mean score of sufferers who do not appear to be willing to try to do an activity and that of the ones who are usually sufficiently efficient are different. In other words, efficient patients have higher quality of life than others.

On the other hand, the mean score of the patients in the domain of job and efficiency satisfaction is not significant (sig=0.051), that is, there is no significant correlation between the quality

of life and this subsection and it cannot bring any decrease or increase in the level of the quality of life.

ANOVA single-factor test shows that the mean score of the patients' quality of life and their ability to use public property and personal belongings, with confidence level of 95%, is significant (sig=0.012). The statistical Tamhan test shows that the mean score of sufferers who have low or no defect in using them is higher than other groups.

Finally, the mean score of the patients in terms of public and social activities, with confidence level of 95%, is significant (sig=0.000). The LSD post-hoc test spells that with an increase in the level of such activities, the mean score would go higher.

Conclusion:

The results obtained could be summed in the following way:

- functional state: In this subsection, the neuropsychological patients' condition is extremely bad; they lack in lack in functions and making use of available opportunities in society, while this domain

is one of the crucial factors affecting the level of individual functions and in general their quality of life. Grant and colleagues (2005) believe that as soon as a mental illness breaks out, patients' social efficiency decreases in amount. In addition, in comparison to other mental diseases such as psychosis and bipolar disorder (manic depression), schizophrenia sufferers might have more cognitive defects and less social skills. And interruptions like teaching those skills may be effective in the process of treatment. Schizophrenia leads to patients' isolation, so the educational programs should mainly highlight interpersonal skills (Mtolva-2005).

- **efficiency:** This subtest questions whether the level of one's functions in social groups and activities is practical and sufficient. Most of the respondents in this part have very low scores (non-efficient). This is while, based on studies and statistical analyses, this subsection is one of the main elements affecting personal functions and consequently the quality of life.

- **satisfaction with job and efficiency:** Having been studied, the neuropsychological patients again have extremely low scores. The majority of them are reluctant to do any activities or their functions are totally inconsistent. Also, overlooking the patients' state, it should be added that any changes in the level of satisfaction will not lead to any decrease or increase in personal functions and the quality of life. As a result, it could be certainly stated that this subtest is omitted from among other factors affecting the quality of life, although Donald in his study has introduced satisfaction with function as an important element. For him, the health-related quality of life includes feeling good, and physical, functional, social, mental, and emotional wellness (Donald-2009).

- **using public property and personal belongings:** The patients are at average level when using those items. The results of statistical analyses clearly show that this subsection directly affects the level of patients' activities and general issues. Needless to say, there is a correlation between this factor and neuropsychological patients' quality of life.

- **social and public activities:** The samples' score in this section vividly indicates that they have a mediocre state with a downward trend – in activities

such as shopping, going on trips in groups, feeling happy when with others, etc. While this is an element directly and significantly affecting the quality of life of patients at Welfare Organization; Ullis and Akdede found that schizophrenia affects the quality of life and is closely related to the severity of the symptoms such as social isolation, chronicity, and depression (Ullis & Akdede-2008).

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