An approach to observing effective demographic factors in the quality of life for schizophrenic patients

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Abstract: Aims: Nowadays, paying full attention to the quality of life (QOL) is a highly crucial matter to bear in mind among international societies and researchers, having been the important focus by the World Health Organization, which has been a pioneer in this field in recent years, particularly in the area of assessment development and wellness evaluation, to be able to investigate the effectiveness of physical and mental illnesses on humans' daily activities. (Kushner-2002). **Method**: The descriptive survey method has been applied in this study. Also, to compile the data, the systematic sampling, and to determine the sample's volume and size the Cochran Formula have been made use of. In addition, the current questionnaire of demographic quality of life for neuropsychological patients (Heinrich) was the main tool to gather information. **Findings**: Among the samples being monitored, men accounted for 71.7%. Additionally, the rest of the statistical information went as follows: (1) the age group 30-39, 26.7%. (2) marital status: singles, 46.7%. (3) afflicted subjects in family: 3 to 4 mentally ill cases, 43.3%. (4) education: Those with a high school diploma comprised the highest rate, 48.47%. (5) occupation: The highest rate went to the unemployed, 55.0%. (6) accommodations: The ones living at home made up the highest rate 55.0%. (7) head of household: fathers in charge of financial family support, 45.0%. (8) illness duration: patients with a six-to-ten year background, 30.0%. **Inference**: Although using graphs and tables of distribution clarified the position of neuropsychological patients from the viewpoint of demographic status with the use of ANOVA (analysis of variance) statistical tests and the mean results of patients in each of the sub-sections of demographic factors, it can be certainly stated that these factors, in comparison to other factors studied in the questionnaire of the quality of life for the schizophrenics such as family relationships, belonging to friend groups, social integrity, etc., have been less effective. In other words, the demographic features of neuropsychological patients are not much relevant to their quality of life.

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Introduction:

The background of the conceptual meaning of the quality of life goes back to opposing reactions against economic growth, its main focus on the environment. However, gradually, the attention to this concept was not only on the area of environment, but even further, on social and cultural areas.

Needless to say, it is doubtlessly problematic to form a unified definition for the quality of life and what factors determine it. One of the examples of the conceptual evolution of this issue could be the Jacksonville's development plan in which it is defined as feeling to have a better life, flourishing, and satisfaction with external factors. (Greenwood-2001)

Essential features of the quality of life, which almost all social and human science scholars agree on, are: being multi-dimensional, subjective, and dynamic. These three factors build up the base of the quality of life in relation to physical, psychological, and social health. The quality of life involves all aspects of life including health but not exclusively. (Oliver-1997)

Giovanni and his colleagues have stated that evaluating the quality of life in clinical studies develops a very strong relationship between the sufferer and the care-treatment team. Experiments exhibit that the subject of the quality of life has been growing in popularity among researchers, thus increasing the number of articles with the same title, concerning health, in the years 1985 to 1995 from 21 percent to approximately 76%. (Mosconi-Apolone-1998)

Psychological illnesses dramatically affect almost every individual part of life, especially the mental aspect. This remains stable, whether or not the symptoms are controlled or worsened, and can lead to the progress of the illness. For this reason, the quality of life has turned into an extremely significant element in the estimation of interruption and treatment for the sufferers.

Measuring the patients' quality of life provides us with pertinently invaluable information to program and assess the effectiveness of caring strategies. This, being done in different areas of life, could undoubtedly make the sufferers' problems crystal clear, thus helping to overcome them more easily. (Yildiz-2006)

It could be mentioned that the quality of life means precaution and alleviation of anxiety in body and soul, taking good care of effective and practical functioning between these two, and the appearance of support networks. (Hass-1999)

The experiments on the influence of schizophrenia on the quality of life and vice versa clearly show that the sufferers' quality of life in different stages of the illness, either objective or subjective, decrease and some problems in their daily routine, social relationships, and financial matters make it even worse.

Receiving different pharmaceutical treatments, enhancing behavioral methods, improving interactive skills, boosting self-confidence, developing family relationships and support networks, and vocational and social rehabilitation help reduce the symptoms.

On the other hand, some studies display that there is no transparent relation between the effectiveness of treatments on various aspects of the quality of life and the severity of symptoms. (1999-Bystrisky)

Also, taking the diverse dimensions of the quality of life into account can affect the disease process and cause the physical and mental symptoms to subside. (Viviane-2006)

Considering the research on the quality of life, Fassino believes that, nowadays, this subject matter is counted as one of the most fundamental indices to be studied, and since the quality of life concerns different behavioral dimensions of every individual, it is of considerable importance to be paid full attention to, taking all these aspects into consideration. (Fassino-2001)

Having been brought into primary focus by international foundations like the World Health Organization, mental health is one of the key topics in sociological psychological areas. Also, as an essential issue, it has been paid attention to by a number of psychologists, sociologists, anthropologists, demographers and other experts in other fields, each field rendering measurements and programs, from their own particular point of view, to improve the quality of life in human societies.

Method:

What has been used in this research procedure is the descriptive survey method, and from among the samples determined, the writers' attempt is to study the schizophrenics, who have been using the psychological, supportive, and rehabilitative services provided by Iran Welfare Organization for at least two consecutive years, to be able to rate their quality of life and personal, mental, social and environmental factors affecting it.

In addition, to compile the data, the systematic sampling is used. Furthermore, to determine the sample size, the Cochran Formula is applied.

Procedure:

First, a register of names and case numbers of all subjects (who all had been neuropsychological cases in 2010 in Tehran Welfare Organization) was created. Next, based on the size and volume of the samples, some patients were randomly chosen. Then, a demographic questionnaire was prepared which, according to the research aims and the demographic features of the cases, included: age, gender, marital status, number of sufferers in household, occupation, schooling years, living conditions (accommodations), total psychiatric hospitalization times, and illness duration.

The validity of this questionnaire, was acknowledged by Anjomanian's research in 1383, 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 psycho-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.

Findings:

The cases being monitored consisted of 43 men (71.7%) and 17 women (28.3%).

Table 1. Results of the t-test and independent samples at confidence level of 95 percent

variables		standard deviation	sum of squares	degrees of freedom	F distribution	significance level
Gender		0.40	0.497	58.000		0.621
Age		0.38	9.307	59.000	0.736	0.571
Marital status		0.56	9.30	56	0.369	0.770
Number of sufferers in household		0.42	9.307	59	2.076	0.114
Schooling years		0.34	9.307	55	1.006	0.412
Occupation		0.40	9.181	55	0.189	0.943
Living condition (accommodations)		0.42	8.376	56	2.076	0.114
Head of household		0.46	8.987	54	0.385	0.857
Illness duration (chronicity)		0.31	8.905	55	0.620	0.650

Looking at table 1, it can be realized that the results of the t-test and independent samples at confidence level of 95 percent show that the scores of the quality of life on the differences between men and women are not significant (sig=0.621). In other words, the quality of life for male and female neuropsychological patients is virtually the same. Also, applying ANOVA, it is clear that at confidence level of 95% the difference between mean scores of the quality of life is not significant (sig=0.571), which means there is no significant relation between patients' age and quality of life.

ANOVA results showed that there is no significant difference between calculated F distribution (0.369), with the degree of freedom of 56 at the confidence level of 95%, and the quality of life based on marital status (sig=0.77) – single or married, divorced or widowed, all have nearly similar quality of life.

The results indicate that, according to the number of afflicted family members in household, with confidence level of 95%, the mean score is not significant (sig=0.114), that is, patients living in families with none of the members mentally ill and the ones with one, two, or more sufferers have almost similar quality of life.

Based on the table above, with the confidence level of 95%, there is no significant difference between the quality of life and education for cases who are illiterate compared to the ones who are educated up to elementary school, secondary school, high school, or university (sig=0.412).

Additionally, the same result could be obtained in the occupation row (sig=0.943) with the confidence level of 95%, i.e., no matter the patients were clerks, workers, self-employed, or unemployed, their quality of life was roughly the same. Living conditions, also, make no significant difference in their quality of life (sig=0.114) with confidence level of 95%; those living at home, with family or relatives or other people, have almost the same levels.

The table above shows that no matter who the head of household is – father, mother, the patient themselves, their spouse or children, their quality of life is the same. Finally, with confidence level of 95%, it can be said that patients' illness duration – short or long – remains virtually stable.

Discussion:

Taking the information in the table into account, it could be inferred that:

- The majority of the neuropsychological sufferers in the Welfare Organization were males, which suggests that men in Iran, due to grave daily difficulties, pressures of work, and all the stresses of life, are more in danger of psychological diseases.
- This division involves the age group 30-39 which plainly points out the vulnerability of the young to mental illnesses, especially when leaving home and becoming independent.
- In this context, being single appears to be an important variable since the majority of the samples were single indicating their deteriorating medical conditions, disabilities in employment and independence of the family, and inabilities to communicate with the opposite sex. From the perspective of the World Health Organization, one of the main health-related factors in the quality of life is physical health which includes positives like everyday activities, easy access to medications and medical aids together with enough sleep, and negatives like fatigue, discomfort, and disease. However, there are other effective factors like mental health which is really important in the quality of life. (Farquhar-1994)
- Most of the cases had no afflicted family member in the household which suggests family background and genetic transmission of this particular disease are not counted as the first priority and

probably it is the environmental issues that affect the illness. (Sullivan-1997) Sullivan and his colleagues carried out an experiment evaluating the satisfaction of 101 inpatients and 109 outpatients suffering from schizophrenia, aged between 18 to 55 all having completed Lehman's form of the quality of life. The results presented that there was no significant correlation between patients' performance and satisfaction. Also, the cases were more satisfied with the services provided by comprehensive psychiatric centers than large psychiatric hospitals and health care centers. And obviously, in addition to demographic conditions such as intra-psychic, interpersonal, and intrapersonal skills, satisfaction plays a more important role in their quality of life (Sullivan-1997)

- All the patients had at most their high school diploma although almost the same score goes to the ones with lower education levels. Degrees like B.S. or B.A. are rarely seen in this context. This could be because of difficult school years and university demanding subjects or the progress of the illness at young ages, especially between 30 to 39.
- In the occupational domain, the cases are at the moment unemployed. This can be triggered by some important and underlying reasons such as ethical and behavioral problems of neuropsychological sufferers, restlessness, or frequent recurrences of the illness. The quality of life is defined as feeling to have a better life, flourishing, and satisfaction with external or environmental agents in Jacksonville's development plan (Greenwood-2001).
- Most of the cases were living with home-owner parents. Therefore, from the results obtained, it can be claimed that, even among the ones who are married, it is the father – head of the household – who is the sufferer. The reasons behind this could be inability at work and financial dependence upon the family. Pacion believes that the quality of life is susceptible to environmental conditions in which people live such as air pollution or housing quality, and also to some features of people themselves including health and education, although highlighting the importance of social relationships in the schizophrenics' quality of life more than the previous elements.

Although using graphs and tables of distribution clarified the position of neuropsychological patients from the viewpoint of demographic status, with the use of ANOVA statistical tests and the mean results of the patients in each of the subsections of demographic factors, it can be certainly stated that the sum total of these agents have been less effective in the sufferers' quality of life in comparison to factors in the questionnaire such as family relationships, friend groups, social integrity, etc. In other words, demographic characteristics of neuropsychological patients are not much relevant to their quality of life; the relevance of these features (age, gender, education, marital status, illness duration, etc.) to the quality of life cannot be verified.

Nevertheless, the majority of the Welfare Organization's supportive services rendered to this particular group of patients to enhance their quality of life are merely limited to demographic parameters.

The studies show that not only are the patients of this organization lacking in demographic features, but also it is not logical to demand to see any significant

improvement in their quality of life, even though they are receiving some related services from the mentioned organization.

In the following articles, the main factors affecting neuropsychological patients' quality of life will be explained briefly according to the variables influencing those factors.

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