

Evaluation of Participation and Quality of Life in Clients Diagnosed with Schizophrenia

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Abstract:- Schizophrenia is a serious mental disorder in which people interpret reality abnormally. It is a serious mental illness that affects how a person thinks, feels, and behaves. A cross-sectional study design was chosen to assess the participation and quality of life among clients with schizophrenia. A convenient sampling was used for the study, where 30 Adults diagnosed with schizophrenia were included in this study whose average age is 31 years.

The result shows that majority of clients have poor quality life and participation.

Keywords:- Schizophrenia, Adults, WHOQOL, Participation Scale.

I. INTRODUCTION

Schizophrenia “is a chronic mental illness with positive symptoms, negative symptoms, and cognitive impairment discoveries”. (Tahir Rahman, 2016). It is a serious mental illness that affects how a person thinks, feels, and behaves. People with schizophrenia may seem like they have lost touch with reality, which can be distressing for them and for their family and friends. The symptoms of schizophrenia can make it difficult to participate in usual, everyday activities, but effective treatments are available. Many people who receive treatment can engage in school or work, achieve independence, and enjoy personal relationships.

People with schizophrenia are usually diagnosed between the ages of 16 and 30, after the first episode of psychosis. Schizophrenia is rare in younger children. Schizophrenia symptoms can differ from person to person, but they generally fall into three main categories: psychotic, negative, and cognitive. Sain fort et al in his study using-Wisconsin quality of life questionnaire explained about the impairment of quality of life and participation in clients diagnosed with schizophrenia.

A. Participation and Schizophrenia

Participation is defined as “a person’s involvement in activities that provide interaction with others in society or the community” (Levasseur, Richard, Gauvin, & Ramond, 2010). It is influenced by numerous factors: individual, structural, local, and global. Participation is regarded as a key determinant of successful and healthy aging. Participation in activities is important for health and well-being and can be difficult for people with schizophrenia. In past research it is concluded that people with schizophrenia report spending less time with others and starts feeling lonely.

B. Schizophrenia and QOL

Quality of life refers to the overall well-being and satisfaction of an individual, regarding both positive and negative elements in their life. It is a multifaceted concept that takes into account physical, psychological, social, and economic factors that contribute to one's happiness and contentment. In schizophrenia there are various negative and positive symptoms which effects the quality of life in clients. Quality of life is now seen as a key outcome variable in schizophrenia. Schizophrenia have negative symptoms which includes severity of symptoms, antipsychotic –induced side effects, sociodemographic variables, and clients subjective response to medication which effects quality of life of the clients diagnosed with schizophrenia.

II. AIMS AND OBJECTIVE

➤ AIM:

To evaluate participation and the quality of life of clients diagnosed with schizophrenia.

➤ Objective

- Evaluation of participation in clients with schizophrenia using Participation scale.
- Evaluation of quality of life in clients with schizophrenia using WHO quality of life scale.
- Comparison between participation and quality of life in clients diagnosed with schizophrenia.

➤ Hypothesis

- **Alternative hypothesis:** Participation and quality of life of clients diagnosed with schizophrenia will be significantly impaired.
- **Null hypothesis:** Participation and the quality of life of clients diagnosed with schizophrenia will not be impaired.

III. REVIEW OF LITERATURE

(Ewelina Dziwota 1, 2018) conducted a study on “Participation and the quality of life of patients diagnosed with schizophrenia. It is a presentation of the most important problems related with participation and quality of life of clients diagnosed with schizophrenia, based on scientific studies conducted in Poland and worldwide. It was conducted among 60 subjects worldwide. Findings show that psychotherapy, any psychosocial impact as well as rehabilitation, neutralizes the causes for patients' withdrawal

from participation in life, and effectively increases the quality of life.

Participation restrictions in patients with schizophrenia is a study done by (C Belio 1, 2014) amongst clients with schizophrenia. 16 clients with schizophrenia participated in this study. The scores indicated that clients diagnosed with schizophrenia faced comparable limitations in areas such as self-care, domestic life, leisure, and community involvement. Findings show that the participation level is restricted in clients diagnosed with schizophrenia as compared to healthy population.

(Mary Lavelle 1 P. G., 2014) Participation during first social encounters in schizophrenia a study on clients diagnosed with schizophrenia. 49 clients participated in this study. The aim of this study was to investigate how patients participate in first encounters with unfamiliar healthy participants. Findings show that client's participation depends on the rapport of the other person with them.

(Maria Yilmaz 1, 2008) did a study on Participation, by doing: social interaction in everyday activities among persons with schizophrenia a study on clients diagnosed with schizophrenia. 4 persons repeatedly were evaluated in this study. The aim of this study was to describe how persons with schizophrenia interact with others while performing everyday activities in different contexts. Findings shows that the facilitating participation while performing everyday activities together with others, there is a possibility to improve social interaction skills and participation.

(Li Lu 1, 2018) did a study on Quality of life in Chinese patients with schizophrenia, systematically compared QOL between patients with schizophrenia and healthy controls in China. WHOQOL checklist was tool used for the evaluation of the process. It was carried out among 102 clients with schizophrenia. Findings show that in comparison with healthy controls, clients diagnosed with schizophrenia had significantly poorer overall QOL as well as in the physical, psychological, social and environmental QOL domains.

Quality of life and its influencing factors in patients with schizophrenia a evaluation done by (Chunying Lin 1, 2023). 20 clients were included in this study. Findings show that people with schizophrenia have a lower quality of life than the general population or people with other chronic diseases. quality of life.

IV. METHODOLOGY

- **RESEARCH DESIGN:** A cross-sectional study.
- **STUDY SETTING:** This study was conducted in Central Institute of Psychiatry, Ranchi, Jharkhand.
- **SAMPLING TECHNIQUE:** Convenience sampling was used for the study.
- **SAMPLE SIZE:** Sample size (n) is equal to 30.

• VARIABLES

- ✓ **Dependent variable** - Participation and quality of life.
- ✓ **Independent variable**- Clients with schizophrenia

• INCLUSION CRITERIA:

- ✓ Patients diagnosed with schizophrenia
- ✓ Clients who are diagnosed before 5 years.
- ✓ Male and female were included in this study.

• EXCLUSION CRITERIA

- ✓ Clients with psychotic symptoms
- ✓ Clients with any chronic physical illness, organic brain disorder.

V. TOOLS USED

A. Participation Scale (P-Scale):

Description of the tool: The Participation Scale is a new 18-item interview-based instrument designed to assess perceived problems in major life domains. The scale will allow people affected by leprosy, disability, or other stigmatized conditions to quantify their participation restrictions. The Participation Scale addresses eight of the nine major life domains defined in the World Health Organization's International Classification of Functioning, Disability, and Health (ICF), which was published in 2001. The Participation Scale can be administered in less than 20 minutes on average. The majority of questions ask the respondent to compare themselves to an actual or hypothetical 'peer', someone who is similar to them in every way except the disease or disability. The respondent is asked if they believe their level of participation is equal to or lower than that of their peer (s). If a potential problem is indicated, the respondent is asked how big a problem it is to them ('no problem (1)', 'small problem (2)', 'medium problem (3)', 'large problem (4)').

- **Reliability:** The results of this psychometric testing have been excellent. The scale has been validated for use with people affected by leprosy, people with spinal cord injuries, polio and other disabilities.

B. WHO Quality of Life Scale (WHOQOL):

The WHOQOL is a quality of life assessment developed by the WHOQOL Group with fifteen international field centers, simultaneously, in an attempt to develop a quality of life assessment that would be applicable cross-culturally.

Adaptations have been developed for people with HIV (WHOQOL-HIV) and an additional 32 item instrument has been developed to assess aspects of Spirituality, Religiousness and Personal Beliefs (WHOQOL-SRPB).

The project to develop and disseminate the WHOQOL is not an ongoing WHO project. WHO is no longer in a position to provide technical support

- **Reliability:** In a comprehensive study with WHOQOL-Brief data from 23 countries, results indicated that the 5 items—cognitive ability, body image, information, personal relationships and access to health services—had marginally skewed distributions with few responses (< 10%) at the lower ends of the scale.

VI. RESULTS

The aim of the study is to evaluate the quality of life and participation of clients diagnosed with schizophrenia. The results of the study are presented in the following sections.

Table 1: Socio-Demographic Profile

Variables		Mean/Frequency
Age		31.06 (Mean)
Gender	Male	19
	Female	11
Education	Primary	4
	High School	18
	Intermediate	6
	Graduation	2
Marital Status	Single	4
	Married	25
	Others	1

Table 1. shows the finding of socio-demographic frequencies/mean average. Mean age of the study group is 31.06 (SD=4.85). In socio-demographic profile male participants (n=19, 63.3%) are more than female (n=11, 36.7%), which is demonstrated through the figure 1. In education variable high school (n=18, 60%) are preferably

high in participants, while graduation (n=2, 6.7%) is in less number following primary (n=4, 13.3%) and intermediate (n=6, 20%) respectively (Figure 2). In marital status, married (n=25, 83.3%) are in higher numbers than rest of single (n=4, 13.3%) and others (n=1, 3.4%) (Figure 3).

Table 2: Shows, the Average of Quality of Life (QOL) and Participation. In Quality-of-Life High Value Indicate Good Quality and Low Value Indicates Worse Quality, Under Different Areas in QOL and Participation

Variables		Score of Quality of life	Score of Participation
Gender	Male	19.5	28
	Female	20	37.4
Education	Primary	15.5	33
	High school	17.5	32
	Intermediate	19.82	32.33
	Graduation	27.5	38
Marital Status	Single	19.25	36.25
	Married	19.2	39.2
	Others	14	18

Table 3. Comparison of Participation with Quality-of-Life Shows, the Relationship between QOL, and Participation. There is a Significant Positive Relation Found Between Physical Health and Participation

Variables		Participation	
Quality of Life	Physical Health	Pearson Correlation (r)	Sig. (P)
	Psychological Health	0.318	0.087
	Social Relationships	-0.094	0.621
	Environment	-0.134	0.480

VII. CONCLUSION

The study aimed to evaluate the quality of life and participation among clients diagnosed with schizophrenia. The result in this study shows that, quality of life and

participation among the clients diagnosed with schizophrenia is affected and is significantly

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