

Analysis of Factors Associated with The Quality of Life of Clients with Schizophrenia in Outpatient Ward in Nasional Mental Health Hospital

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Abstract

Background: The life quality of schizophrenic clients is influenced by individual factors (age, sex, educational status, employment status, marital status), disease factors (ever treated, history of substance abuse, suicide history, history of violent behavior) and family factors (living with offenders, family support and family burden).

Purpose: To analyze factors related to quality of life of skizofrenia clients in outpatient installation in National Mental Health Hospital. **Method:** The type of this research is descriptive correlative with cross sectional approach with the number of respondents 152 people. The sampling technique used is purposive sampling.

Result: The results showed that there was a significant relationship between employment status, marital status, previous care, living with care giver, family support, and family burden on the life quality of schizophrenic patients ($p < 0.05$). **Conclusion:** There was no significant association between age, sex, educational status, history of substance abuse, suicide history, history of violent behavior with life quality. The most dominant factor in this study was to stay with care giver ((coefficients B = -5.577).

Keywords: Disease factors, Family factors, Individual factors, Schizophrenia, Quality of life

INTRODUCTION

Along with the increasing prevalence of the incidence in society, schizophrenia needs to get more attention as one type of psychiatric disorder. (Keith et al 2005 in Rubbiyana, 2012) explains that people with schizophrenia are increasingly separated from society. They fail to function according to the expected role of students, workers, spouses, families and communities, they become less tolerant of their deviant behavior.

In addition to failing to perform social functions, schizophrenic clients also face problems related to poor interpersonal and social skills and social isolation and have poor quality of life (Bustilloet al., 2009).

Various kinds of physical, psychological, and social problems experienced by sufferers will affect the quality of life schizophrenia.

WHO (2009) defines QOL (quality of life) as a condition based on individual perceptions of life in the context of the value system and the culture in which they live, and in relation to their individual life goals, expectations, living standards, pleasures and their attention.

This is a tier concept, expressed in complex terms including physical health, psychological status, degree of freedom, social relationships and relationships to environmental characteristics. Many factors affect the quality of life of schizophrenic clients, according to a study conducted by Huang (2012) "Factors Associated with Schizophrenian Quality of Life in Taiwan Kaohsiung City", found individual factors, disease factors and family factors. Individual factors (age, sex, education status, employment status, marital status), disease factors (previously treated, history of substance abuse, suicide history, history of violence) and family

factors (living with offenders, family support, Load of offenders).

This study is in line with research conducted by Caron (2008) who found factors related to the quality of life of schizophrenic clients sociodemography, family social support and disease severity. (Marwah et al., 2008) found that age and education affect the quality of life of clients with schizophrenia, the level of secondary or higher education indicates higher quality of life scores compared with low education and marital status also related to quality of life. status marriage in patients need to be considered.

Schizophrenia occurs mostly in unmarried individuals and has a low quality of life associated with clients having no source of coping for the management of distress (Stephans, 2005). Family relationships are considered as one of the main factors affecting quality of life in schizophrenic clients. A study by Halford et al (2009) on quality of life, family relationships, and attitudes toward care found that the negative family relationship predicted that the client would be re-treated and had a lower quality of life than the study concluded that family support is essential in helping Client and improve the quality of his life.

METHOD

This research uses quantitative research method with descriptive correlation design. This research uses crosssectional approach. Sample 152 was taken by means of Purposive Sampling.

RESULT

The results showed characteristics based on unknown median 44, the average age of respondents as a whole was 42.87 years (95% CI 41.11, 44.62). The youngest is 19 years old and the oldest is 62 years old and almost half of the respondents (30.8%) work in private / entrepreneurship. More than half of respondents were male (61.8%), more than half of respondents

worked (55.3%), more than half of respondents were married (52.6%). According to the educational status of more than half the respondents are highly educated (55.3%). Almost all respondents were treated (92.1%).

According to the history of suicide the majority of respondents (77.6%) did not have a history of suicide, according to the history of violence most of the respondents (88.8%) had a history of violence. The median for family support in this study was 43 (95% CI 42.57; 44.51). The lowest family support score was 0 and the highest score was 57. According to data that stay with the offender is almost entirely (92.1%) stayed with the offender.

The correlation between age and quality of life of schizophrenic client found that r value for age characteristic to quality of life is 0.48 moderate relationship strength means that both of these variables have positive correlation where increasing of age will be followed by increasing quality of life. The value of determinant coefficient 0,23 means age can explain the variable of quality of life by 23%, statistically there is no correlation between age characteristic with quality of life (p value 0.556).

Variabel	quality of life				Total		P	OR 95%CI
	Good		Buruk					
	f	%	f	%	f	%		
Individual factors								
Sex								
Male	44	46.8	50	53.2	94	100	0.298	0.667
famale	33	56.9	25	43.1	58	100		
Job status								
Work	69	82.1	15	17.9	84	100	0.000	35.5
Not yet working	8	11.8	60	88.2	68	100		
Marital status								
Married	64	80.0	16	20.0	80	100	0.000	
Single	10	18.9	43	81.1	53	100		
Widow/widower	3	15.8	16	84.2	19	100		
Education								
High	48	64.0	27	36.0	75	100	0.048	0.494
Low	36	46.8	41	53.2	77	100		
Disease factors								
Previously treated								
Ever	5	11.1	40	88.9	45	100	0.000	16.45
Never	72	67.3	35	32.7	107	100		
Substance abuse history								
Have history	9	47.4	10	52.6	19	100	0.951	0.860
Do not have history	68	51.1	65	48.9	133	100		
History of suicide								
Have history	16	47.1	18	52.9	34	100	0.778	0.831
Do not have history	61	51.7	57	48.3	118	100		
History of violence								
Have history	8	47.1	9	52.9	17	100	0.954	1.176
Do not have history	69	51.1	66	48.9	135	100		

The result of the analysis of the relationship between the sex with the quality of life of schizophrenic clients found that more women have good quality of life (56.9%) than male (46.8%) Chi Square test results obtained p value = 0.298 ($p < 0.05$) then It can be concluded that there is no significant relationship between sex and quality of life. Relationship status of work with quality of life, The result of analysis of the relationship between the status of work with the quality of life of schizophrenic clients was found that more who work have good quality of life (82.1%) compared with unemployed (11.8%). Chi Square test results obtained p value = 0.000 ($p < 0.05$), it can be concluded that there is a significant relationship between the status of work with quality of life. The results of the analysis also obtained OR = 35.5, means that clients who do not work schizophrenia have 35.5 times the risk of having poor quality of life compared with he work, relationship status of marriage with the quality of life of schizophrenic clients in the mental service unit A RSJ.HB. Saanin Padang by 2015.

The result of analysis of correlation between marital status with quality of life of schizophrenia client found that more married have good quality of life (80.0%) compared with unmarried, widow / duda. Test Chi Square obtained p value = 0.000 ($p < 0.05$) then It can be concluded that there is a meaningful relationship between marital status with quality of life. Relation of education status with quality of life of schizophrenic client in soul service unit A RSJ.HB. Saanin Padang in 2015. The result of analysis of correlation between educational status with quality of life of schizophrenia client found that more highly educated have good quality of life (64.1%) compared with low educated (46.8%) .The result of Chi Square test obtained p value = 0.048 ($P < 0.05$), it can be concluded that there is a significant relationship between education status and quality of life.

Analysis of Factors ...

The result of analysis of correlation between previously treated with quality of life of schizophrenic client. Chi Square test results obtained p value = 0.000 ($p < 0.05$) it can be concluded that there is a meaningful relationship between ever treated before with quality of life. the result of analysis of correlation between history of substance abuse with quality of life of schizophrenia client is found that more without history of substance abuse have good quality of life (51.1%) compared with history of substance abuse (47.4%). Chi Square test results obtained p value = 0.951 ($p < 0.05$), it can be concluded that there is no significant relationship between history of substance abuse with quality of life, Chi Square test results obtained p value = 0.831 ($p < 0.05$), it can be concluded that There is a significant relationship between the history of suicide and the quality of life. There is no significant relationship between history of violence and quality of life.

The result of analysis of the relationship between family support and quality of life of schizophrenic clients was found that the value of r for quality of life is 0.752, this means that the increased family support will be followed by improvement of quality of life. The value of the coefficient of determination 0.565, this means family support can explain the variable quality of life of 56.5%, the rest is determined by other variables. Statistically there is a relationship between family support with quality of life (p value 0.000). The result of the analysis of the relationship between the burden of the offender and the quality of life shows that the value of r for the quality of life is - 0.605, this means that both of these variables have a negative relationship where the increasing the family burden the quality of life decreases and the lighter the family burden the higher the quality of life.

The coefficient value of determination 0.366 means that the family load can explain the variable of life quality of 36.6%, the rest is determined by other

variables. Statistically there is a relationship between family burden with quality of life (p value 0.000). The level of closeness of the relationship between the burden of the family with the quality of life is high because the value of r 0.605.

DISCUSSION

The result of bivariate analysis found that there was no correlation between age and quality of life of schizophrenic client with p value 0.556. The statistic obtained r value for age characteristic to quality of life is 0.48 moderate relationship strength meaning variable of age with quality of life. This study is in line with research conducted by Eack et al (2010) that said generally certain demographic variables affect the quality of life but there are several studies produce different results with different methodologies such as sampling and tools used. One of the results obtained is the negative correlated age variable with the quality of life of schizophrenic clients. There was no significant correlation between gender and quality of life of schizophrenic clients ($p = 0.144$). The better quality of life is found in women that is as much as 56.9% compared with men 46.8%.

The result of the analysis shows that there is correlation between education and quality of life ($p = 0.048$). Barbareschi et al (2011) said that the level of education is one of the factors that can affect the quality of life, the results showed that higher education has a better quality of life. Chi Square test results obtained p value = 0.000 ($p < 0.05$) it can be concluded that there is a significant relationship between the status of work and quality of life. The results of the analysis also obtained OR = 35.5, it means that the schizophrenia clients who do not work have 35.5 times the risk of having poor quality of life compared with who work. Working clients will feel satisfied with their lives related to the fulfillment of needs that can be fulfilled itself and also the satisfaction in

Analysis of Factors ...

life related in work can interact with others. The result of analysis got the client who work have good quality of life (82.1%), supported by data that there are 76% answer is in have enough money to fulfill requirement, 52% feel satisfied in personal / social relationship.

Rai et al (2014) obtained marital status has a relationship with the quality of life of schizophrenic clients ($p = 0.003$), marital status and have an influence partner improve the quality of life of schizophrenic clients related to the source of coping and nearby offenders who will care for clients otherwise if not married or status Widows / widowers affect the quality of life.

The result of analysis of relationship between marriage status with quality of life of schizophrenia client found that married have more good quality of life (80.0%) compared with unmarried, widow / widower. Chi Square test result obtained value $p = 0.000$ ($p < 0.05$) It can be concluded that there is a meaningful relationship between marital status with quality of life.

The result of analysis of correlation between previously treated with the quality of life of schizophrenic clients found that more never treated had good quality of life (67.3%) compared to those treated (11.1%). The result of Chi Square test obtained p value = 0.000 ($p < 0.05$) it can be concluded that there is a meaningful relationship between never treated before with quality of life. The analysis results also obtained OR = 16.48, which means the client who had previously treated schizophrenia has 16.48 times the risk of having poor quality of life compared with those never treated previously.

Univariate analysis result known that according to history of substance abuse as big of respondent (87.5%) did not have history of substance abuse Univariate analysis result known that according to history of substance abuse as big of respondent (87.5%) did not have history of substance abuse Chi Square test results

obtained $p = 0.951$ ($p < 0.05$) it can be concluded that there is no significant relationship between history of substance abuse with quality of life. Analysis results also obtained $OR = 0.860$, meaning that schizophrenic clients who have a history of substance abuse have a risk of 0.860 times have poor quality of life compared with Which has no history of substance abuse. Research conducted by Morcillo et al (2009) also suggests that substance abuse has an effect on the severity of symptoms and quality of life in people with schizophrenia.

Research conducted by morcillo et al (2009) said that the history of suicide has an influence on the quality of life of schizophrenic clients. Qualitative research conducted by Ponizovsky (2006) states that clients who have a history of suicide affect the psychological realm in the quality of life and also affect the physical, social and environmental aspects. Clients feel not enjoy life and difficult to concentrate in the activity, less able to accept his appearance due to past trauma experienced.

The result of analysis of correlation between suicide history with quality of life of schizophrenia client found that more who did not have history of suicide have good quality of life (51.7%) compared with suicide history (47.1%) Although obtained Chi Square test obtained value $P = 0.831$ ($p < 0.05$) it can be concluded that there is no significant relationship between the history of suicide with the quality of life. Analysis results also obtained $OR = 0.831$, meaning schizophrenic clients who have a history of suicide have a risk of 0.831 times have poor quality of life compared With no history of suicide.

Chi Square test analysis obtained value $p = 0.954$ ($p < 0.05$) it can be concluded that there is no significant relationship between history of violence with quality hidup. Analysis result obtained also $OR = 1.176$, it means that clients who have a history of schizophrenia violence has a risk of 1,176 times have

Poor quality of life compared to those without a history of violence.

The result of univariate analysis stayed with the offender almost entirely (92.1%). It can be concluded that almost all respondents live with the offender. The result of bivariate analysis showed that the relation between living with offender and the quality of life of schizophrenic client found that more people living with the offender had good quality of life (55%) than those who did not stay with the offender (0.0%) Chi Square test obtained Value $p = 0.001$ ($p < 0.05$).

The result of analysis of the relationship between family support and quality of life of schizophrenic clients found that the value of r for quality of life is 0.752 this means that the increased family support will be followed by improvement of quality of life. The value of determination coefficient of 0.565 means family support can explain the variable quality of life by 56.5%, the rest is determined by other variables. Statistically there is a relationship between family support with quality of life (p value 0.000). The level of closeness of the relationship between family support and quality of life is high because the value of r 0.752.

The burden of the offender consists of a load of adjectives including feelings of loss, sadness, anxiety and embarrassment in social situations, stress and frustration and objective burdens including financial difficulties felt by the offender.

The results of this study are consistent with the Saunder (2003) study that identifies the presence of psychological distress in families caring for family members with schizophrenia which is an important factor in the success rate of the family system. An offender caring for a client with schizophrenia will experience an emotional reaction to social disturbance and stigma (Teschinky, 2000).

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CONCLUSION

There was a significant association between employment status, marital status, previous care, living with care giver, family support, and family burden on the quality of life of schizophrenic patients ($p < 0.05$). There was no significant association between age, sex, educational status, history of substance abuse, suicide history, history of violent behavior with quality of life.

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