

ORIGINAL ARTICLE

The Psychological Well-being of Patients with Schizophrenia on Follow Up Clinics in Three Psychiatric Hospitals in Malaysia

Zamuna Mat Nor, Idayu Badilla Idris, Faiz Daud, Natrah Abd Rani

Department of Community Health, Faculty of Medicine, UKM Medical Centre, Jalan Yaacob Latif, 56000 Bandar Tun Razak Cheras, Malaysia

ABSTRACT

Introduction: The daily life problems of patients with schizophrenia as well as their symptoms are challenging situations that may interfere with their psychological well-being. The purpose of this study is to investigate the factors affecting the psychological well-being of patients with schizophrenia and factors affecting it. **Methods:** A cross sectional study was conducted to examine the socio-demographic factors, health level, social support and self-esteem of patients with schizophrenia. A total of 255 respondents consisting of patients on follow-up from specialist clinics at three Psychiatric Hospitals in this country were selected to answer the questionnaire. The questionnaires used were the Affect Balance Scale, the Multidimensional Scale of Perceived Social Support Scale and the Rosenberg Self-Esteem Scale for the measurement of the psychological well-being, social support and self-esteem respectively. The data was analysed using Chi-Square and Mann-Whitney U test. **Results:** A total of 62% of the respondents had positive psychological wellbeing. Socio demographic factors, namely occupation ($p=0.007$), overall social support ($p=0.023$), family support ($p=0.040$), significant others' support ($p=0.046$), and self-esteem ($p < 0.001$), were associated with positive psychological well-being. **Conclusion:** This study has proven that patients with schizophrenia who regularly received treatment can achieve positive psychological well-being when they have high self-esteem, strong support from their family members as well as people around them and are stable occupation.

Keywords: Psychological well-being, Social support, Self-esteem, Patients with schizophrenia

Corresponding Author:

Faiz Daud, MPH

Email: faizdaud@ppukm.ukm.edu.my

Tel: +603 -9145 5903

INTRODUCTION

Individuals with positive psychological well-being experience a combination of feeling of happiness and able to function well in society (1). Psychological well-being is also linked to emotional well-being which is associated with high self-esteem and positive relationships with others (2). Therefore individuals who enjoy strong relationships with others, can function at the highest level and are capable to contribute to the society economically, socially, morally, spiritually, and psychologically (3).

There are times when individual may possibly face problems in normal daily lives. During this period, he or she will use other resources available to seek positive psychological well-being (4). Normal individuals may sometimes find it difficult to balance life in order to achieve psychological well-being. However, patients with schizophrenia will face greater difficulties in achieving positive psychological well-being. This is

because patients with schizophrenia have psychiatric disorders that alter their perceptions which may affect their thinking (5). It is known that patients with schizophrenia have a combination of positive and negative symptoms. Positive symptoms are odd behaviours such as clear like delusions, hallucinations and aggressive behaviour. Negative symptoms are a sign of delusions that cannot be clearly described and can manifest as silence, self-segregation, and non-socialism (6).

Life as a patient with schizophrenia is burdensome because the patient may need to take medications regularly and seek follow-up treatment to prevent recurrence illness. Patients who consume medications regularly are able to function in society (7). Unfortunately, many patients with schizophrenia do not seek treatment or are non-compliance and may end up in relapse. According to the National Mental Health Registry (NMHR) and Mental Report from 2003 to 2005, there were 7351 schizophrenic patients whom had been hospitalised (8). This amount increases with every 2,000 new cases of schizophrenia being reported yearly (9).

Patients with schizophrenia have high experiences with discrimination and violation in terms of their rights,

inside and outside institutions. They often face problems in education, employment, and access to housing. Patients with schizophrenia have high levels of vicious activities and they are also exposed to neglect (10). They also tend to suffer from other diseases such as depression and drug abuse. The suicide rate among patients with schizophrenia is 5% higher than among ordinary people (11). Patients with schizophrenia are more likely to be homeless, unemployed or living in poverty (12).

Previous studies have found that the psychological well-being of patients with schizophrenia is low compared to normal groups (13, 14). The psychological well-being of patients with schizophrenia will be reduced if they experience recurrent illness, hence increasing the negative symptoms. Patients with positive well-being are less likely to have psychotic symptoms and good cognitive functions. In addition, patients who have long been diagnosed with schizophrenia are still able to achieve a good level of life satisfaction, and thus have better psychological well-being (14, 15).

Positive psychological well-being among patients with schizophrenia is related to high self-esteem so that they can lead a positive life. Self-concept is composed of a combination of self-assessment or self-esteem, other people's judgments and judgments about others' perceptions about themselves (16). A person's self-perception also develops when interacting with his/her social network. In other words, these individuals will become mature, stable and confident (17). Additionally, patients need social support from individuals around them to cope with life's challenges and consequently achieve positive psychological well-being. Social support usually represents at three levels of foundations i.e. the community, social networking and intimate relationships (18). In other words, social support refers to various forms of help and support provided by family, friends, neighbours and others (19).

Therefore, the importance of achieving psychological well-being relies on several factors such as sociodemographic, health, social support and self-esteem. The objective of this study is thus to investigate the factors affecting the psychological well-being of patients with schizophrenia and how this is determined by sociodemographic factors such as age and occupation, total number of years diagnosed of having this disease, total number of ward admissions, social support and the patient's self-esteem.

MATERIALS AND METHODS

Design and participants

This study is a cross sectional study conducted in 3 hospitals; Hospital Kuala Lumpur, Hospital Bahagia Ulu Kinta and Hospital Permai Johor Bahru. Respondents were patients receiving treatment at the Specialist Clinics, selected based on a non-probability random

sampling method. Informed consent was obtained from all respondents.

The researcher received cooperation from trained nurses and medical officers in order to choose suitable respondents to answer the questions and to meet the acceptance criteria. The acceptance criteria were inclusive of respondents who were diagnosed with schizophrenia, over the age of 18 and were able to speak Malay or English. The exclusion criteria include respondents with traumatic brain injury and patients who were diagnosed with anxiety and those who were on medication that may affect their cognitive ability (other than schizophrenic medicine).

The study has been approved by the Medical Research Ethics Committee, the Medical Faculty of University Kebangsaan Malaysia and the Medical Research and Ethics Committee of Ministry of Health Malaysia.

Instrument

Patients responded to a questionnaire in either Malay or English. A pilot study was initially conducted among patients with schizophrenia who received Specialist Clinics treatment at Canselor Tuanku Muhriz Hospital and Permai Hospital. The reliability of the questionnaire in Malay was tested, as the original scale used was in English.

The questionnaire consisted of 5 parts. Part A includes a sociodemographic profile of age, gender, race, marital status, education and employment status. Part B includes the health factor consisting of duration of diagnosis with schizophrenia and the frequency of hospital admission due to schizophrenic disorders.

Part C is the measurement of the respondents' social support level. The scale used is the Multidimensional Scale of Perceived Social Support (20). This scale has 12 items and it views the patients' perceptions of the social support that they receive. This scale is divided into 3 parts; significant other's support, family support as well as friend's support. The reliability of the social support scale was 0.86. On the other hand, the reliability of the sub-scale of social support including family, friends and significant others are 0.81, 0.89 and 0.89 respectively.

Part D is a measurement of respondents' self-esteem level. The scale used was Rosenberg Self Esteem Scale (21). This scale has a reliability of 0.70. Part E is a measurement of the psychological well-being and the questionnaire used was the Bradburn Scale of Psychological Well-being or better known as the Affect Balance Scale (22). This questionnaire looks at the balance of positive factors and negative factors. This scale has two components which are the positive effects and negative effects. The reliability of the positive component is 0.67 while the reliability of the negative component is 0.74. The reliability of both the positive

component and negative component are 0.71.

Data analysis

Analysis has been carried out using the Statistical Package for Social Science's version 22. Descriptive analysis was carried out to explain the main features of the group when used to summarise the data. Bivariate analysis was performed by using the Chi-Square and Mann-Whitney U methods of analysis.

RESULTS

A total of 266 respondents answered the questionnaire, but 11 respondents did not meet the acceptance criteria. Thus, the number of respondents with valid answers was 255 people. The sociodemographic distribution and respondents' health are summarised in Table I. The median age of respondents was 37 years old. Around 61% of respondents were male. The Malays

Table I: Socio-demographic distribution and respondents' health factor (n = 255)

Variable	Total (No. of respondents)	Percentage (%)	Median
Socio demographic			
Age	255		37
Sex			
Male	156	61.2	
Female	99	38.8	
Race			
Malay	168	65.9	
Chinese	53	20.8	
Indian	32	12.5	
Others	2	0.8	
Marital status			
Single	166	65.1	
Married	53	20.8	
Widow /Widower	36	14.1	
Educational level			
No schooling	4	1.6	
Primary school	19	7.5	
Secondary school	175	68.6	
College/University	57	22.3	
Job			
Unemployed	144	56.5	
Private	76	29.8	
Government	14	5.5	
Own	21	8.2	
Health status			
Total number of years diagnosed	255		9
Total number of ward admission	255		2

were 65.9%. Only one fifth of the respondents were married (20.8%). As many as 68.6% had an educational level until secondary school. However, most of them (56.5%), were unemployed. The median number of years diagnosed as schizophrenia was 9 years.

Table II shows that 62% of patients had positively better psychological well-being, compared to 38% of patients who had negative psychological well-being. The social support level received by the respondents was high, that is 70.2% as compared from significant others, 84.3% from family and 63.9% from friends. Overall respondents' social support level was high i.e. 80.4%. The patients' self-esteem level was also high, that is 70.2%.

Table II: Score of social psychological well-being level for social support and self-esteem of respondents (n= 255)

Variable	Total	Percentage
Self-esteem		
Negative	97	38.0
Positive	158	62.0
Social support		
significant others		
Low	76	29.8
High	179	70.2
Family		
Low	40	15.7
High	215	84.3
Friend		
Low	92	36.1
High	163	63.9
Overall social support		
Low	50	19.6
High	205	80.4
Self-esteem		
Low	76	29.8
High	179	70.2

Table III shows no significant difference between sociodemographic factors, that is, the age ($p = 0.320$), the disease factor, that is, the total number of years diagnosed ($p = 0.079$) and the total number of ward admission due to schizophrenia ($p = 0.531$) with psychological well-being.

Based on Table IV for sociodemographic factors, only occupations have a significant relationship ($p = 0.007$). The overall social support factor has a significant relationship ($p = 0.023$) with psychological well-being. The significant other support sub scale ($p = 0.046$) and family support ($p = 0.040$) have significant relationships with psychological well-being. Self-esteem factors (p

Table III: Differences between sociodemographic factors and disease factors with psychological wellbeing (n = 255)

Variable	N	Min level	U	Z	P
Age					
Negative	158	122.14	7094.5	-0.995	0.320
Positive	97	131.60			
Total number of years diagnosed					
Negative	158	117.64	6658.5	-1.759	0.079
Positive	97	134.36			
Total number of ward admission					
Negative	158	124.36	7310	-0.627	0.531
Positive	97	130.23			

Significance Level *p<0.05
Mann-Whitney U Test

<0.001) have significant relationships with psychological well-being.

DISCUSSION

A majority of respondents (62%) had positive well-being while 38% of respondents have negative well-being. The positive level of well-being was high because the respondents who answered the questionnaire were in stable condition with medication. Patients not only received medical treatment but they also received support services from other departments such as the Department of Medical Social Work, Department of Occupational therapy, Department of Psychology counselling and other related departments (23).

From the sociodemographic factors investigated, only employment had a significant relationship with this psychological well-being, that is the job stability, which is a sign of stability for the schizophrenic disease, and thus patients can obtain higher psychological well-being. Patients with schizophrenia can participate in various types of work that is suitable to their level of health (24, 25). The percentage of patients with schizophrenia who have jobs are low because of their frequent change of work and thus this result in unemployment. The total employment rate of the participants was 21.5%, but it varies between countries with 12.9% in the United Kingdom, 11.5% in France and 30.3% in Germany. This is low compared to the general occupation rate of 71.0% in the United Kingdom, 62.2% in France and 65.4% in Germany (26). However, if they have a good and stable job, patients with schizophrenia are guaranteed a more comfortable life, and thus this may increase their level of psychological well-being, as found by the result of this study.

The results of this study also indicated that there was a significant relationship between social support and psychological well-being. Stable patients can strengthened their social skills and thus achieve positive psychological well-being. Social skills are the individual's technique of socialising with people around

Table IV: Relationship between self-esteem factors (N = 255)

Variable	Negative N (%)	Positive N (%)	χ ²	P
Sociodemographic factors				
Gender				
Male	64(41.0)	92 (59.0)	1.520	0.218
Female	33 (33.3)	66 (66.7)		
Race				
Malay	62 (36.9)	106 (63.1)	2.009	0.571
Chinese	24 (45.3)	29 (54.7)		
Indian	10 (31.2)	22 (68.8)		
Others	1 (50.0)	1 (50.0)		
MaritalStatus				
Single	63 (38.0)	103 (62.0)	0.114	0.945
Married	21 (39.6)	32 (60.4)		
Widow / widower	13 (36.1)	23 (63.9)		
Educational level				
No schooling	1 (25.0)	3 (75.0)	3.252	0.354
Primary school	8 (42.1)	11 (57.9)		
Secondary school	61 (34.9)	114 (65.1)		
College/University	27(47.4)	30 (52.6)		
Job				
Unemployed	51 (35.4)	93 (64.6)	12.049	0.007*
Private	30 (39.5)	46 (60.5)		
Government	11 (78.6)	3 (21.4)		
Own	5 (23.8)	16 (76.2)		
Social support factors				
Low	26 (52.0)	24 (48.0)	5.143	0.023*
High	71 (34.6)	134 (65.4)		
Significant others support				
Low	36(47.4)	40 (52.6)	3.998	0.046*
High	61 (34.1)	118 (65.9)		
Friend support				
Low	41 (44.6)	51 (55.4)	2.601	0.107
High	56 (34.4)	107 (65.6)		
Family support				
Low	21 (52.5)	19 (47.5)	4.209	0.040*
High	76 (35.3)	139 (64.7)		
Self-esteem factors				
Low	47 (61.8)	29 (38.2)	26.026	<0.001*
High	50 (27.9)	129 (72.1)		

Chi-Square Test; Significance Level * p<0.05 and*p<0.001

him/her. This is achieved by using social skills such as communication skills, assertive skills, problem solving skills and others (27). A correlation study can further confirm the association between social support and psychological well-being.

In this study too, patients with high social support had a positive psychological well-being compared to patients with low social support. Stable patients can strengthen their social role to attain positive psychological well-being. Social support resources come from the closest members of the patients. Therefore, a home-based patient will have a closer relationship with family members (28-31) and thus they will be able to achieve positive psychological well-being.

The result shows that the higher the patient's positive self-esteem, the better the patient's psychological well-being. High self-esteem is associated with more positive psychological well-being compared to low self-esteem (32). Self-esteem is about trusting oneself and self-confidence, that can result in positive and negative individual expectations. If self-esteem is healthy then confidence will also be positive. Subsequently, life difficulties will be managed well and thus improve the overall psychological well-being (33-35).

One of the limitations of the study was the respondents' current condition. The respondents who answered the questions were going through treatment in the Specialist Clinics. Patients have been taking regular treatment, and taking medicines at stages causes patients to remain in stable condition. This situation results in a high percentage of psychological well-being. The percentage of psychological well-being may be low if the study was conducted on patients who were not receiving treatment or in patients undergoing treatment in the ward. Furthermore, each respondent was interviewed and answered the questions within a short period of time. Therefore, the answers given are based on the understanding and honesty of the respondents at that time.

In order to assess the pattern or trajectory of the psychological well-being in patients with schizophrenia, a longitudinal design is more suitable for seeing the stability of psychological well-being as such study will then involve longer periods for the same sampling group. A comparative study between patients receiving treatment services at the specialist clinic at the Hospital with patients receiving community services can also be conducted. Conceptually, both treatment methods will then involve patients receiving treatment and have been stabilised. Thus, it will be an interesting comparison to see the level of psychological well-being among the various categories of patients with schizophrenia. A correlation study (Pearson or Spearman, which one is suitable) should be studied between social support and psychological well-being. Future study should also incorporate probability sampling.

CONCLUSION

In conclusion, the respondents who received treatment at the specialist clinics have a positive psychological

well-being level. Employment, social support, significant others' as well as family support and self-esteem are factors that may affect the psychological well-being of patients with schizophrenia who received treatment at specialist clinic. This study suggests the importance of patients with schizophrenia to be compliant with their clinic appointments and medications as this will lead them to have positive psychological well-being. At the same time, several factors have been identified that may increase their psychological well-being. These patients who are stable, should be supported in terms of getting a job. Families and significant others should also be educated in terms of showing their full support to them to enhance these patients' social well-being, thus able to attain better quality of life.

ACKNOWLEDGMENT

We express our gratitude to all the Specialist Clinic patients, Psychiatric Department's Staff, Kuala Lumpur Hospital, Hospital Bahagia Ulu Kinta and Hospital Permai Johor Bahru who provided continuous and invaluable support for this study. This study receives funding from UKM through GUP-2019-080.

REFERENCES

1. Huppert FA. Psychological well-being: evidence regarding its causes and consequences. *Applied Psychology: Health And Well-Being*. 2009;1:137–164.
2. White LB. The psychological well-being and academic achievement of children raised by single parents. 2004. [cited 2017 March 19] Available from: <http://www.uwstout.edu/lib/thesis/2004/4004whitel.pdf>.
3. Burns G. Happiness and psychological well-being: building human capital to benefit individuals and society. *The Solutions Journal*. 2012; 3(3): 80-82.
4. Dodge R, Daly AP, Huyton J Sanders LD. The challenge of defining wellbeing. *Journal of Wellbeing*. 2012; 2(3): 222-235.
5. Kementerian Kesihatan Malaysia. Clinical practice guidelines: management of schizophrenia in adults. Putrajaya: Kementerian Kesihatan Malaysia;2009.
6. Andreasen NC, Olsen S. Negative vs positive schizophrenia: definition and validation. *Archives of General Psychiatry*. 1982; 39(7): 789-794.
7. Strauss GP, Sandt AR, Catalano LT, Allen DN. Negative symptoms and depression predict lower psychological well-being in individuals with schizophrenia. *Comprehensive Psychiatry*. 2012; 53:1137–1144.
8. Kementerian Kesihatan Malaysia. National mental health registry schizophrenia report 2003 – 2005. Kuala Lumpur: National Mental Health Registry;2006.
9. Bernama 2016. Sakit mental penyakit kedua tertinggi di Malaysia. [10 Jun 2017]. [cited 2017 June

- 10] Available from: <http://www.freemalaysiatoday.com/category/bahasa/2016/07/01/sakit-mental-penyakit-kedua-tertinggi-di-malaysia/>.
10. Fazel S, Gulati G, Linsell L, Geddes, JR, Grann, M. Schizophrenia and violence: systematic review and meta-analysis. *Plos Medicine*.2009; 6(8).
 11. HorK, Taylor M. Suicide and schizophrenia: a systematic review of rates and risk factors. *Journal of Psychopharmacol*.2010; 24(4):81-90.
 12. Eriksson, Romelsjo, Stenbacka, Tengstrom. Early risk factors for criminal offending in schizophrenia: a 35-year longitudinal cohort study. *Psychiatric Epidemiology*. 2011; 46(9):925-32.
 13. Johnson DP, Penn DL, Fredrickson BL, Kring AM, Meyer, PS, Catalino LI, et al. A pilot study of loving-kindness meditation for the negative symptoms of schizophrenia. *Schizophrenia Research*. 2011;129(2-3): 137-140.
 14. Fervaha G, Agid O, Takeuchi H, Foussians G, Lee J, Remington G. Clinical and functional outcomes in people with schizophrenia with a high sense of well being. *Journal of Nervous and Mental Disease*. 2015; 203(3): 187-193.
 15. Weintrau MJ, Mamani AW. Effects of sub-clinical psychosis and cognitive insight on psychological well-being: a structural equation model. *Psychiatry Research*. 2015; 226(1): 149-155.
 16. Ford JG. Rogers's theory of personality: review and perspectives. *Journal of Social Behavior & Personality*. 1991; 6(5):19.
 17. Rosenberg MS. 1965. Society and the adolescent self- image. Princeton, NJ : Princeton University Press;1965.
 18. Lin N, Dean A, Ensel WM. Social support, life events and depression. Florida: Academic Press Inc ;1986.
 19. Barrera M, Sandler IN, Ramsay T B. Preliminary development of a scale of social support : studies on college students. *American Journal Community Psychology*. 1981; 9(4): 435-447.
 20. Zimet GD, Dahlem NW, Zimet SG, Farley GK. The multidimensional scale of perceived social support. *Journal of Personality Assessment*.1998; 52: 30-41.
 21. Rosenberg MS. Society and the adolescent self-image. Princeton, NJ : Princeton University Press; 1965.
 22. Bradburn NM. The Structure of Psychological Well Being. Chicago: Aldine; 1969.
 23. Novick D, Haro JM, Suarez D, Vieta E, Naber D. Recovery in the outpatient setting: 36-month results from the schizophrenia outpatients health outcomes (SOHO) study. *Schizophrenia Research*. 2009;108(1): 223-230.
 24. Shields MA, Price SW. Exploring the economic and social determinants of psychological well-being and perceived social support in England. *Journal of the Royal Statistical Society. Series A (Statistics In Society)*. 2005; 168(3): 513-537.
 25. Khumalo I P, Temane QM, Wissing MP. Socio-demographic variables, general psychological well-being and the mental health continuum in an African. *Context Social Indicators Research Journal*. 2012; 105:419-442.
 26. Marwaha S, Johnson S, Bebbington P, Stafford M, Angermeyer MC, Brugha T, et al. Rates and correlates of employment in people with schizophrenia in the UK, France and Germany. *The British Journal of Psychiatry*.2007; 191(1): 30-37.
 27. Segrin C, Taylor M. Positive interpersonal relationships mediate the association between social skills and psychological well-being. *Personality and Individual Differences*. 2007; 43(4): 637-646.
 28. Smith M, Matthew J, Greenberg JS. The effect of the quality of sibling relationships on the life satisfaction of adults with schizophrenia. *Psychiatric Services*:2007; 589: 1222-12224.
 29. Young KW. Social support and life satisfaction. *International Journal of Psychosocial Rehabilitation*. 10(2): 155-164 ; 2006.
 30. Oh J, Ko YH, Paik JW, Lee MS, Han C, Jeong HG, et al. Variables influencing subjective well-being in patients with schizophrenia. *Korean Journal of Schizophrenia Research*. 2014; 17(2): 93-99.
 31. Thurkadevi M, Marhani M, Tutilryani MD, Riana AR, Abdul Kadir AB, NikRuzyanei NR, et al. Association of social support and quality of life among people with schizophrenia receiving community psychiatric service: a cross-sectional study. *Comprehensive Psychiatry* 2017;75 : 94-102.
 32. Paradise AW, Kernis MH. Self-esteem and psychological well-being: implications of fragile self-esteem. *Journal of Social and Clinical Psychology*. 2002; 21(4): 345-361.
 33. Beth M. How to increase your self esteem. United Kingdom: Mind ; 2013.
 34. Paradise AW, Kernis MH. Self-esteem and psychological well-being: implications of fragile self-esteem. *Journal of Social and Clinical Psychology*. 2002; 21(4): 345-361.
 35. Schrank B, Riches S, Bird V, Murray J, Tylee A, Slade, M. A conceptual framework for improving well-being in people with a diagnosis of psychosis. *Epidemiology and Psychiatric Sciences*. 2014; 23(4): 377-87.