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The Social Support Perceived by Patients with Schizophrenia at Ali-Kamal Center in Sulaimani City, Kurdistan of Iraq

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ABSTRACT

Background: Schizophrenia is a major mental disorder marked by a diverse range of symptoms. Patients' perception of social support affects the progress of schizophrenia. **Aim:** This study aimed mainly to assess social support perceived by patients with schizophrenia. **Methods:** The present study quantitative- descriptive study on a convenience sample of 100 patients experiencing schizophrenia recruited from the outpatient psychiatric clinic of Ali-kamal Center in Sulaiamani City/Iarq. A valid and reliable questionnaire was used which includes sociodemographic and clinical characteristics and a multidimensional of perceived social support scale. The interview method was employed to collect the data. **Results:** Low social support was perceived by patients with schizophrenia. Gender $P = 0.05$; economic status,$P = 0.04$; and educational level $P = 0.01$ were statistically significantly associated with low social support among the sample. **Conclusion and Recommendation:** The role of social support emphasized by schizophrenic patients and the essential need for treatment that includes psychological treatment is also addressed to improve prognosis; moreover, additional studies are needed about the effect of social support on schizophrenic patients.

Index Terms: Schizophrenia, Perception, Social Support.

1. INTRODUCTION

Schizophrenia is one of the major mental disorders, characterized by a various range of symptoms, such as hallucinations, delusion, disorganized speech, disorganized behavior, and negative symptoms characterized by the shortages of social functioning [1]-[3]. Twenty million people are affected by schizophrenia worldwide [4]. Many factors may increase or decrease the likelihood of developing schizophrenia, and patients' perception of social support greatly affects the progress of schizophrenia [5]. Social support can be defined as the particular assumptions and perceptions of individuals regarding how much feel adored, esteemed, and admired by others and feel belong to a circle of communication and collective accountability [6].

Much evidence proves the greater link between social support and enhancing personal well-being which can also be a greater assistance also from reducing uncertainty and increasing awareness for controlling one's life and and strengthening mental health [7]. In addition, social support is one of the best strategies to help individuals with schizophrenia cope with upsetting life circumstances and to alleviate the severity of psychotic symptoms in most of the patients [8]. Regarding individuals diagnosed with schizophrenia social support can be one of the foundational factors and has a crucial role in helping patients in psychological treatment [9], [10]. However, the provision of such support hinges upon the recognition and inclusion of individuals

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within a community that demonstrates care, value, and respect toward them and may imply recovery the absence of psychiatric. In addition, information exchange, sharing perceptions, emotional support, and assistance at some point are the four primary parts of social support these forms of support can have a positive impact on individuals maintaining mental health.

Moreover, the schizophrenic patient has a greater degree of loneliness in this matter social support is a physical and emotional support given to those patients by their families and is an influence in decreasing loneliness degrees. By examining these aspects, we focus on the diverse and dynamic nature of schizophrenia within this certain context. In addition, several factors may increase or decrease the chance of developing schizophrenia. These factors include an individual's perception of social support, which greatly affects readiness for treatment [11]. Social support helps schizophrenic patients fulfill the social needs individuals possess and fosters self-esteem and correlation and provides significant support. On the other hand, a lack of social support can indirectly affect the patient and make it difficult for them to access medication which leads to medication nonadherence and this is considered a high risk of return in those patients [12].

This study aims to explore the sociodemographic landscape and clinical manifestations and assess social support perceived by community patients diagnosed with schizophrenia at the Ali-Kamal Health Center in Sulaimani City. By deeper understanding of challenges and resources, it is important to make more targets in the effectiveness of social support in individuals with schizophrenia [13].

2. MATERIALS AND METHODS

2.1. Research Design

A quantitative research design, a descriptive study, was undertaken to comprehensively explore social support among patients suffering from chronic schizophrenia.

2.2. Administrative Arrangement and Ethical Consideration

The ethical committee at the College of Medicine and College of Nursing at the University of Sulaimani approved this study. Approval was granted by the Sulaimani General Director. Permission was also taken by the Ali-Kamal Hospital director and the psychiatric clinic was informed. Patients who met the criteria were included as participants in this study. Providing information to each patient was granted and the right to withdraw at any time, the confidentiality of data, and obtaining verbal informed consent.

2.3. Setting of the Study

This study was conducted at the Ali-kamal consultation center in an outpatient psychiatric clinic. The clinic requires mental health treatment services for patients with different mental disorders.

2.4. The Sample Size Estimation

The sample size was 100 patients to improve the power of the study result. Using the G-power correlation model at least 90 patients were needed with medium effect sized 0.5–0.8 power and a level of significance of 0.05.

2.5. The Sample

A non-probability convenience sampling was utilized to select the study sample. A total of 100 outpatients previously diagnosed with schizophrenia were recruited to be a sample of this study under the following criteria.

2.6. Inclusion Criteria for Sample Selection

Patients aged 18 years old or above from both sexes and diagnosed with schizophrenia previously by a psychiatrist for more than 2 years and are currently in remission, adhere to medication can communicate and attend the outpatient psychiatric center with relatives, patients with neurocognitive impairment, and in a cute phase are excluded which was based on the psychiatrist.

2.7. Study Instruments

The data were collected using a questionnaire format constructed by the researcher of the present study mainly to assess social support perceived by the studied patients. The questionnaire is composed of three parts. Part one consists of patients' socio-demographic data, including age, gender, marital status, economic status, educational level, residential area, and occupation.

Part two includes clinical characteristics which include duration of illness and onset age. The third part was the multidimensional scale of perceived social support (MSPSS). This is a standardized 12-item, tool designed to measure an individual's perception of support from three sources family (items no. 3, 4, 8, and 11), friend (items no 6, 7, 9, and 12), and significant other (item 1, 2, 5, and 10).

The response was rated on a seven-point Likert scale ranging from very strongly agree (7) to very strongly disagree (1). The higher score indicates higher perceived social support. The

scoring was 1–2.99 for low-level social support, 3–4.99 for medium social support, and above <5 high perceived social support. This MSPSS scale is a standard scale that was used in previous studies with schizophrenic patients [13].

2.8. Validity

The validity of this study was done by five experts in the field of psychiatry. The scale was processed based on the expert's feedback, ensuring its suitability as a valid instrument for this study.

2.9. Pilot study

A pilot study was conducted on a sample of 10 outpatients with schizophrenia attending the psychiatric clinic at Ali-Kamal consultation center for the period from November 5 to November 16, 2023. The purpose was to determine the reliability and clearance of the questionnaire.

2.10. Reliability

The reliability of the questionnaire was determined through the use of the test-retest method. A sample of ten patients with chronic schizophrenia was selected from the setting of the original study. Pearson coefficient correlation test was 0.84 and such a result was statistically adequate for the questionnaire to be dependable to the objectives of the current study.

The questionnaire was filled out for each participant through an interview method used by the researcher of this study.

2.11. Statistical Analysis

Statistical Package for the Social Sciences (SPSS) software version 22, was employed for the data analysis. The predetermined significance level was set at the significance level, for example, 0.05.

3. RESULTS

The predominant age within the studied sample comprises individuals in the 18–39 years' age group, constituting (65%) of the total. Gender distribution demonstrates (64%) identified as male and (36%) as female. Marital status analysis reveals that nearly half of the sample is married (49%), while single individuals constitute (34%). The economic landscape is characterized by a diverse distribution, with (48%) indicating an insufficient economic status.

Educational attainment predominantly reflects the completion of school education, with (82%) of the sample falling into this category. A notable proportion of individuals reside in urban areas, accounting for (68%) of the total. In terms of occupation, a significant segment, totaling (55%), is currently not engaged in employment.

Table 1 presents the sociodemographic characteristics of the studied patients, where the majority of participants were between 18-39 years (65%), with a predominance of males (64%) and married individuals (49%).

Table 2 show that majority of patients (60%) have an illness duration of <5 years, followed by (30%) with a duration of

Table 1: Sociodemographics characteristics of the studied sample

Age group	Frequency	Percentages
18–39	65	65
40–59	29	29
>60	6	6
Gender		
Male	64	64
Female	36	36
Marital status		
Married	49	49
Single	34	34
Divorced	14	14
Widowed	3	3
Economical status		
Sufficient	20	20
Insufficient	48	48
Barely sufficient	32	32
Educational level		
Primary	82	82
Institution level	12	12
University	6	6
Residential area		
Urban	68	68
Suburban	29	29
Rural	3	3
Occupation		
Not work	55	55
Homemaker	24	24
Manual worker	11	11
Governmental employee	10	10
Total	100	100

Table 2: Clinical characteristics of the sample

Item	Frequency	Percent
Duration of illness		
<5	60	60
6–10	30	30
≥10	10	10
Total	100	100
Onset age of illness		
>17 years	35	35
18–45 years	62	62
≥45 years	3	3
Total	100	100

6–10 years, and a minimal percentage (10%) experiencing an illness duration of ≥10 years. The majority of patients (62%) experienced the onset of their condition within the age range of 18–45 years. A small percentage of patients had an onset age beyond 45 years.

Table 3 shows that the majority of patients have the highest frequency of social support related to item 1 "There is a special person who is around when I am in need" rated 63% strongly agree with, and the lowest percentage to item 4 "I get the emotional help and support I need from my family" was rated 1% with very strongly disagree.

Table 4 reveals that statistically nonsignificant difference in the factor age group, marital status, residential area, and occupation regarding social support ($P > 0.05$). However, there was a statistically significant difference in the mean score of social support related to the factors of educational level (total mean 1.27 ± 5941 $P < 0.01$) economic status (total mean 2.0 ± 0.775 $P < 0.04$), and gender (total mean 1.53 ± 0.516 $P < 0.05$). Moreover, the results show that low mean social support is about such factors.

Table 5 shows that low mean of social support of family, friends, and significant others about the duration of illness and onset age; however, the mean score of social support regarding friends was high (1.57 ± 0.452) compared to family and significant others (1.57 ± 0.501 and 1.55 ± 506); also, the mean score of significant others was high compared to family (1.54 ± 508) and friends (1.52 ± 0.511). Can sequentially

Table 3: Social support responses of the studied patients

Questions	Very strongly disagree	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree	Very strongly agree
There is a special person who is around when I am in need							
Frequency	4	2	2	1	21	63	7
Percent	4	2	2	1	21	63	7
There is a special person with whom I can share joys and sorrows							
Frequency	8	5	13	9	33	29	3
Percent	8	5	13	9	33	29	3
My family tries to help me.							
Frequency	3	2	4	3	16	52	20
Percent	3	2	4	3	16	52	20
I got the emotional help and support I needed from my family							
Frequency	1	2	9	6	27	39	16
Percent	1	2	9	6	27	39	16
I have a special person who is a real source of comfort to me							
Frequency	3	5	8	9	34	31	10
Percent	3	5	8	9	34	31	10
My friends try to help me							
Frequency	46	15	4	6	13	14	2
Percent	46	15	4	6	13	14	2
I can count on my friends when things go wrong							
Frequency	42	20	9	3	11	12	3
Percent	42	20	9	3	11	12	3
I can talk about my problems with my family							
Frequency	14	15	10	5	16	37	3
Percent	14	15	10	5	16	37	3
I have friends with whom I can share my joys and sorrows							
Frequency	48	11	9	3	9	18	2
Percent	48	11	9	3	9	18	2
There is a special person in my life who cares about my feelings							
Frequency	10	5	11	3	17	38	16
Percent	10	5	11	3	17	38	16
My family is willing to help me make a decision							
Frequency	9	6	7	4	17	47	10
Percent	9	6	7	4	17	47	10
I can talk about my problems with my friends							
Frequency	54	7	7	3	15	12	2
Percent	54	7	7	3	15	12	2

Table 4: The sociodemographics and social support of studied patients

Questions	Social support domains								
	Family		Grandeur friend		Sig others		Total		*P*-value
	Mean	Standard deviation	Mean	Standard deviation	Mean	Standard deviation	Mean	Standard deviation	
Age group	2.4318	0.69542	2.3333	0.65134	2.3103	0.60376	2.4	0.63246	0.80
Gender	1.36	0.487	1.08	0.289	1.38	0.494	1.53	0.516	0.05
Marital status	1.66	0.68	1.25	0.452	1.86	1.026	1.93	0.884	0.90
Economical status	2.27	0.66	2	0.853	2.1	0.673	1.82	0.775	0.04
Educational level	1.23	0.565	1	0	1.34	0.614	1.27	0.594	0.01
Residential area	1.34	0.526	1.25	0.622	1.38	0.494	1.4	0.632	0.90
Occupation	1.95	1.099	1.33	0.888	1.72	1.032	1.6	0.632	0.20

Table 5: The duration of the illness and onset age of social support

Items	Social support								*P*-value
	Family		Friend		Sig others		Total		
	Mean	Standard deviation	Mean	Standard deviation	Mean	Standard deviation	Mean	Standard deviation	
Duration of illness	1.57	0.501	1.75	0.425	1.55	0.506	1.6	0.509	0.09
Onset age	1.54	0.508	1.52	0.511	1.62	0.494	1.68	0.477	0.30

there were no statistically significant differences with the factors of duration of illness and onset of age about social support $P > 0.05$.

4. DISCUSSION

The findings of this study illuminate several critical aspects of the sociodemographic and clinical characteristics of patients with schizophrenia, as well as their social support systems. The result revealed a predominant age demographic of 18–39 years, which is consistent with the literature indicating that schizophrenia commonly manifests in early adulthood [14]. The gender distribution in the sample, with a slight male predominance, aligns with previous research, suggesting a marginally higher incidence of schizophrenia among males [15].

The results show that patients had low perceived social support, this finding is consistent with the study conducted by other studies who reported moderate to high levels of perceived social support from family friends, and significant others [12]. The current study findings may be related to the levels of recovery for patients [5].

The study findings revealed that all sociodemographic and psychiatric history factors had no -statistically significant association with the levels of social support except gender, economic status, and education level of the patients.

In this study, gender is a statistically significant determinant factor and low social support. In addition, the result indicates that the male patients were more likely to have low social support related to their friends. This result is consistent with Hussein (2012) [16] and reported that low social support has been implicated as a factor leading to relapse.

In addition, economic status appeared to be significantly associated with social support, this could be attributed to the potential effects of economic status on stress, which is implanted to low social support among patients [17], [18].

Furthermore, the results significant association between educational level and perceived social support that lower educational attainment may be a factor in a low level of social support possibly due to limited access to mental information and resources [19]. The duration of illness and onset age findings further contribute to the understanding of schizophrenia's progression, emphasizing the need for early intervention strategies to mitigate long-term disability [7].

Our findings indicate a strong perception of support low level of among patients, particularly about family individuals being available in times of need. This highlights the critical role of personal relationships in providing emotional support and coping mechanisms for individuals with schizophrenia [20].

However, the variance in levels of perceived social support across different items suggests that the quality and type of support may significantly impact patients' experiences and outcomes.

This study has several implications for clinical practice and policy. First, the significant associations between some sociodemographic factors and perceived social support underscore the importance of comprehensive treatment approaches that address not only the clinical symptoms of schizophrenia but also personal factors affecting patients. Second, the high value placed on social support by patients suggests that interventions aimed at strengthening social networks could be beneficial in managing schizophrenia.

5. LIMITATION

This study's limitations include its sample selection from one setting, which precludes causal inferences and the potential for selection bias given the specific population studied. Future research should employ longitudinal designs to explore the causal relationships between sociodemographic factors, clinical characteristics, social support, and schizophrenia outcomes.

6. CONCLUSION

The study provides valuable insights into the sociodemographic and clinical profiles of individuals with schizophrenia, highlighting the significant association of gender economic status, and educational level with low levels of social support. The pivotal role of social support as perceived by patients emphasizes the need for holistic treatment approaches that incorporate psychosocial interventions alongside pharmacological treatment to improve the outcomes for individuals with schizophrenia.

7. ETHICAL CONSIDERATIONS

This study obtained approval from the ethical committee at the College of Medicine and the council at the College of Nursing at Sulaimani University. Approval was also granted by the Sulaimani General Director. The director of the Ali Kamal Consultation Center and the psychiatric clinic were informed about this study, and permission was obtained to facilitate the research. Patients who met the criteria were included as participants in this study. Ethical clearance involved providing information to each patient about the study, the right to withdraw at any time, the confidentiality of data, and obtaining verbal informed consent.

8. CONFLICTS OF INTERESTS

The author affirms that they have no conflicts of interest.

9. FUNDING

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