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## Original Article

# The influence of marital status on the social dysfunction of schizophrenia patients in community



Xue-jie Li <sup>a,\*</sup>, Jing-hua Wu <sup>b</sup>, Jun-biao Liu <sup>b</sup>, Kai-ping Li <sup>b</sup>, Fang Wang <sup>a</sup>,  
Xiao-hui Sun <sup>a</sup>, Shi-hong Ma <sup>c</sup>

<sup>a</sup> Guangdong Medical College, Guangdong, Dongguan, People's Republic of China

<sup>b</sup> Dongguan Xinyong Hospital, Guangdong, Dongguan, People's Republic of China

<sup>c</sup> The University of Texas at Dallas, Dallas, TX, USA

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## ABSTRACT

**Objective:** Estimate predictive associations of marital status with social dysfunction in schizophrenia patients.

**Methods:** 817 schizophrenia patients lived in the community of Dongguan, Guangdong province, China, were investigated with the Social Disability Screening Schedule (SDSS) during a three-month period (1.2010–3.2010). The demographic data were harvested. The  $\chi^2$  test, t test, and fisher's exact were used for comparisons between groups, as appropriate. Multinomial logistic regression (MLR) was used to analyze the predictive associations of demographic variables to the grading of social dysfunctions.

**Results:** The study group consisted of male and female patients aged 16–59 years, 407 females, and 410 males with the mean age ( $40.7 \pm 9.5$ ) years. Analysis of the data revealed significant differences in course of disease and marital status among patients (with and without dysfunction). The married patient made a significant difference with divorced/widowed patient in mildly–moderately social dysfunction. There was a significant difference in married and never-married patient with mildly and profoundly social dysfunction. Significant differences were noticed in the self care and occupational roles of the married patient with that of the never-married.

**Conclusion:** This study confirmed that bad marital status is associated with higher odds of social dysfunction among patients with schizophrenia living in the community. These effects should be included in considerations of public health investments in preventing and treating mental disorders.

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\* Corresponding author.

E-mail address: [50731632@qq.com](mailto:50731632@qq.com) (X.-j. Li).

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## 1. Introduction

Schizophrenia is a chronic, progressive, and potentially debilitating mental illness that affects about 1% of the general population. Schizophrenia patients often experience disruptions at work, family, social activities, and in the overall quality of life. Most of the disruptions are of social nature, including the ability of individuals to meet societal defined roles such as homemaker, worker, student, spouse, family member or friend. Individuals' satisfaction with the ability to meet these roles, ability to care for themselves, and the extent of their leisure and recreational activities were often subsumed under the topic of social functioning [1]. Social dysfunctions are often seen as an economic burden and a challenge to the patient, family, health system, and society.

Studies from different populations confirm a high prevalence of social dysfunction in 50%–93.8% of community-dwelling schizophrenic patients. Many factors such as negative symptoms, marital status, history of hospitalization, course of the disease, and educational status contribute to social dysfunction [2,3]. Among them, the marital status have been identified as the most common influence factors associated with psychiatric illness, such as schizophrenia, mood disorder [4]. Marital status differences in patients with schizophrenia have frequently been reported with respect to different domains of social dysfunctions in-hospital. Patient with good marital status still had shorter stay in-hospital and better prognosis. While there is still a lack of study and insight into community-dwelling schizophrenic patients.

The current study sought to achieve two goals: investigate the current status of social functioning in community-dwelling schizophrenic patients, who live among the general population; and estimate the psychosocial influences of marital status on social functioning. Our study is not only useful to evaluate prognosis of schizophrenia but may also accelerate the recovery of schizophrenia patients through occupational and family therapists' effort.

## 2. Methods

### 2.1. Subjects

This study encompassed the medical files of 817 schizophrenia patients living in the Dongguan community, Guangdong Province, China. The participants received the treatment in public out-patient clinics during a three-month period (Jan 2010–March 2010).

The inclusion criteria were as follows: (a) a diagnosis of schizophrenia according to a structured interview based on the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders [5]; (b) age between 15 and 59 years; and (c) ability to understand and speak Chinese.

### 2.2. Measures

The Social Disability Screening Schedule (SDSS) used in this study was a Chinese simplified version of the World Health Organization's Disability Assessment Schedule. SDSS is a

reliable measure for assessing the disturbances in social adjustment and behavior in persons with mental and physical disorders by assessing 10 different aspects of social functioning (WHO 1988) [6]. Each item has a series of rating ranging from 0 to 2 points; the greater the score, the higher level of dysfunction and worse outcome. The total score is 20 points. The grading of social dysfunction is based on scoring of 10 items, be divided into four grades. Grade-1 (profound): "2" is scored for three or more items out of 10. Grade-2 (severe): "2" is scored for two items out of 10. Grade-3 (moderate): "2" is scored only for one item out of 10. Grade-4 (mild): "1" is scored for two or more items out of 10.

### 2.3. Statistical analysis

Statistical analysis was performed using the Statistical Package for the Social Sciences (SPSS, version 19.0 (SPSS Inc., Chicago, IL, USA)). The  $\chi^2$  test, Student's t test, and Fisher's exact test were used to compare the groups. The *p* value of <0.05 was considered significant. The multinomial logistic regression was used for model nominal outcome variables on grading of social dysfunction.

## 3. Results

### 3.1. Patient demographics

The illiteracy rate among the participants was 4.41% (36/817). The majority of the participants had secondary school education (45.17%; 369/817), with 36.96% (302/817) of the participants with primary school, 1.59% (13/817) with junior high school, 10.40% (85/817) with high schools, 0.98% (8/817) with junior college, and 0.49% (4/817) with undergraduate degrees. Females represented 49.82% (407/817), and men 50.18% (410/817) of the participants. The mean age  $\pm$  standard deviation was 40.7  $\pm$  9.5 yr. The marital status of participants includes married 59.12% (483/817), divorced 6.85% (56/817), widowed 0.37% (3/817) and never-married 33.66% (275/817).

Social dysfunctions were reported in 82.50% (674/817) of these patients. Of 674 patients the level of social dysfunction was Grade-1 for 45.25% (305/674), Grade-2 for 13.80% (93/674), Grade-3 for 15.58% (105/674), and Grade-4 for 25.37% (171/674).

The most common social dysfunction was inability to perform jobs (80.29%). This was followed by inability to perform social activities (78.21%), lack of responsibility (77.97%), social withdrawal (76.87%), interest and concern to the outside world (71.36%), inability to perform household chores (67.80%), family functioning (65.60%), poor personal health maintenance (51.77%), marital role (41.04%), and parental role (34.16%).

### 3.2. Influencing factors

#### 3.2.1. Social functioning

Characteristics of the study population related to social functioning are described in Table 1. The  $\chi^2$  test and one-way analysis of variance to study the associated variables in social functioning, revealed no significant differences in age, history of hospitalization, gender, illiteracy, undergraduate,

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