Perceived social support and quality of life among patients with psychiatric disorders

Syeda Razia Bukhari

Department of Social Sciences, Shaheed Zulfikar Ali Bhutto Institute of Science and Technology, Islamabad, Pakistan

Objective: To assess the relationship of perceived social support of patients with psychiatric disorders and their quality of life with associated components in Karachi, Pakistan.

Methodology: The sample of study consisted of 100 patients suffering from psychiatric disorders, whose age ranged from 20-60 years. The minimum level of qualification was matriculation. Multidimensional Scale of Perceived Social Support (Urdu version), WHO Quality of Life Scale and a semi-structured form of interview were used to collect data. The data were analyzed through Pearson Product Moment coefficient of correlation.

Results: Perceived social support was significantly positively correlated to overall quality of life (r = .427, n=100, p<0.000). It was also significantly positively correlated with physical health (r = .424, n=100, p<0.000), psychological health (r = .298, n=100, p<0.001), social relationships (r = .337, n=100, p<0.000) and environmental functioning (r = .351, n=100, p<0.000).

Conclusion: There was a significant positive correlation between perceived social support and quality of life including physical health, psychological health, social relationship and environmental functioning. (Rawal Med J 202;45:554-556).

Keywords: Perceived social support, quality of life, psychiatric disorders.

INTRODUCTION

Quality of life (QOL) has been recognized as very important goal of psychiatric health care. A social support is presence of other or their help provided before or during the stressful event someone is passing through. An estimated 450 million people endure the agony of some mental or behavioral disorder. Psychiatric disorders are found to be intimately linked with the occurrence of substantial disruptions in an individual's and his family's standard of life.[1] The QOL is determined in context to culture and value system and by how a person perceives himself in relation to his goals, expectations, ideal standards and concerns.[2]

The QOL of an individual can be assessed subjective and objective QOL. The former is a subjective measure of the level of satisfaction of an individual with his/her existing life circumstances, whereas the latter approach takes an objective insight into a person's physical health, material prosperity and social well-being.[3] Factors influencing QOL are a person's physical health and fitness, psychological satisfaction, level of freedom and discretion, beliefs, quality of interpersonal relationships, and nature of interaction with various features of environment.[4] There is weak to moderate negative correlation of QOL with psychiatric symptoms of disorders including schizophrenia, depression and anxiety.[5]

Social support is defined as the extent to which an individual's basic social needs are satisfied through his/her interaction with his other people.[6] It has a significantly positive influence on an individual while he/she strives to put up with a physical illness,[7] and strengthens his/her chances of recovery.[8] Similar correlates are found in Pakistani population.[8]

Depressive symptoms with social support showed an inverse relationship between the two.[9] This study aimed to assess the relationship of perceived social support of patients with psychiatric disorders and their QOL with associated components in Karachi, Pakistan.

METHODOLOGY

The study was conducted in Karachi from 2 two institutes; a Government and a private and number

of participants is 100. The approval for study was obtained from IBS and ICP and all participants gave Informed consent.

A detailed diagnostic interview was conducted and the necessary information was recorded which further confirmed the diagnosed condition of the participants according to the diagnostic criteria of Diagnostic and Statistical Manual of Mental Disorders.[20] After the administration of semi-structured interview World Health Organization Quality of Life, brief (Urdu version) and Multidimensional Perceived Social Support Scale (MPSSS) were administered. The personal information as well as the clinical details of the participants were recorded on the standard information sheet, which was defined in Diagnostic and Statistical Manual for Mental Disorders DSM-5.[10]

The interview was conducted in accordance with this information sheet emphasized on particular aspects of individual's life that were particularly shaped in order to screen out healthy individuals from those who have some sort of psychiatric illness. The average time taken to conduct the interview was 30 to 40 minutes. The purpose of the MSPSS questionnaire is to measure how an individual perceives social support with reference to his/her family, friends and significant others. For the present study, Urdu translation of the scale was used keeping in view the educational background and preferred language of the participants.[11]

The WHO Quality of Life Scale is designed to assess the QOL over the time span of the preceding 2 weeks, as perceived by him/her from a subjective approach. It is of the nature of a self-report inventory and consists of 4 domains into which the total 24 items are branched. The domains are as follows; physical health, psychological health, social-relations, environment.[12]

Statistical Analysis: Collected data were analyzed using SPSS version 21. Pearson Product-moment coefficient of Correlation was used to assess perceived social support and quality of life. $p<0.05$ was considered as statistically significant.

RESULTS

In total sample of 100 study participants' majority were belonged to middle class and were living in nuclear families (Table 1).

Table 1. Study participant's characteristics.

Variable	Frequency	Percentage
Gender Male	50	50
Female	50	50
Age 20-35	39	39.0
36-50	29	29.0
51-60	32	32.0
Social economic status		
Lower	44	44.0
Middle	56	56.0
Family structure		
Joint	40	40.0
Nuclear	60	60.0
Psychiatric Disorders		
Chronic Depression	31	21.0
Chronic Schizophrenia	29	29.0
Bipolar I/ bipolar II	26	26.0
OCD	14	14.0

Table 2. Pearson Product-moment coefficient of correlation of perceived social support and QOL.

Variable	N	r	Sig.
Overall Quality of Life	100	.427	.000
Physical Health	100	.424	.000
Psychological Health	100	.298	.001
Social Relationships	100	.337	.000
Environmental Functioning	100	.351	.000

Results of the present study suggest that perceived social support was significantly positively correlated to overall QOL (r = .427, n=100, p< .000). It was also significantly positively correlated to physical health (r = .424, n=100, p<0.000), psychological health (r = .298, n=100, p<0.001), social relationships (r = .337, n=100, p<0.000) and environmental functioning (r = .351, n=100, p<O.000) (Table 2).

DISCUSSION

The phenomenon of perceived social support basically involves in a subjective perception of

whether one finds familial and friends' support when one is in need of it.[13] The first and foremost among these social ties are the immediate family members and close friends of an individual whose assistance not only affects the psychological well-being but also physical fitness.[14,15]

In family styles where members tend to show cohesion, the development of personality takes this togetherness.[16] Pakistan ranks among the countries which have collectivistic cultures and treat the interdependent relations as more 'given'.[17]

Modern research has shown that a conscious effort by people to build and strengthen an interpersonal bond with patients of psychiatric disorders can improve the patient's subjective well-being. Apart from the physiological measure of the intensity of a psychiatric illness, the subjective appraisal also determines psychiatric symptoms as experienced by a patient. If one's own positive appraisal of one's condition is enhanced through increased social contact then self-reported psychiatric symptoms reduce by a great degree.[18]

CONCLUSION

There was a significantly positive correlation between perceived social support and quality of life like physical health, psychological health, social relationship and environmental functioning.

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