Explore the Effects of Social Interactions and Anxiety Symptoms on Quality of Life in Schizophrenia Patients

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Outline

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• Purposes

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• Discussion and Conclusion

• Relevance to clinical practice

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QOL and Mental Illness (1/2)

- The quality of life is the important predictor for the treatment of schizophrenia (Kusel et al, 2007; Priebe, & Fakhoury, 2008).

- It also has impact on the probability of the recurrence (Meijer, Koeter, Sprangers, & Schene, 2009).
Psychiatric symptoms (Kumazaki et al, 2012), social skills deficiency (Wang, Pan, Chung, & Hsiung, 2011), stigma (Rusch et al, 2009), psychological condition (Kumazaki et al, 2012), and self-esteem feelings (Meijer et al, 2009) will affect the quality of life.
Social Interactions and Mental Illness

- **Social interactions are often used to assess the patient’s abilities of adapting to the society** (Forsyth, Lai, & Kielhofner, 1999).
- **Impaired social interactions is also a common problem of schizophrenia patients** (Nasrallah et al, 2008; Priebe, 2007; Siegel et al, 2006).
- **Impaired social interactions lead to anxiety symptoms** (Lysaker, Yanos, Outcalt, & Roe, 2010).
Anxiety Symptoms and Mental Illness

- **Anxiety symptoms are common symptoms of schizophrenia.**

- Anxiety symptoms cause the patient's disease recurrence of symptoms, social dysfunction, increased risk of suicide, and decreased quality of life (Pallanti, Quercioli, & Hollander, 2004).

- **13% to 36% of patients have focal fear of sociability problems** (Lysaker, Yanos, Outcalt, & Roe, 2010).
Knowledge of the gaps

- Previous studies have indicated the relationships among social interactions, anxiety symptoms and QOL.

- In this studies, we explore the effects of social interaction and anxiety symptoms on QOL.
Purposes

- To explore the Effects of social interactions and anxiety symptoms on quality of life in schizophrenia patients.

- The objective of this study were to examine the role of social interaction and anxiety symptoms as a mediating factor on quality of life.
Methods

- Collected data on a convenience sample \((N = 143)\) in northern medical hospital in Taiwan.
- All subjects completed
  - Background data
  - Assessment of Communication and Interaction Skills- Chinese version (ACIS-C)
  - Beck Anxiety Inventory (BAI)
  - WHOQOL-Bref Taiwan version
Measurements(1/2)

- Demographic information was assessed through a written questionnaire that asked for pertinent information.

  - The questions included age, gender, duration of illness (years), number of admission, marital status, have a fixed job, level of educations, religion, smoking habit.
Measurements(2/2)

Anxiety was measured by BAI

Social interaction was measured by ACIS-C

Quality of life were measured by WHOQOL-Bref Taiwan version

Psychometric properties of each tool were reviewed and found to be adequate.
Statistical analysis (1/2)

- The data were analyzed using the Statistical Package for the Social Sciences (SPSS v17.0).

- Descriptive statistics were performed as appropriate to explore the relationship among variables.
Statistical analysis(2/2)

- As for the inference statistics, it included t-test, Mann-Whitney U test, one way Analysis of Variance, Kruskal-Wallis test, Pearson Correlation.

- Multiple regression to examine the important predictable variables of quality of life.
Ethical consideration

- This study was reviewed and approved by the local hospital Institutional Review Board (IRB). (JIRB No. CI-100-40)
Results(1/3)

- **Demographic data**
  - Age: 45.9 ± 9 (Mean ± SD)
  - Duration of illness (years): 20.8 ± 9.7 (Mean ± SD)
  - Gender:
    - Female 60 (42.4%)
    - Male 83 (57.6%)
  - Marital status
    - Married 27 (19.4%)
    - Single, widowed, or divorced 116 (80.6%)

Note: SD: Standard deviation
Results (2/3)

- Correlation analysis
  - Cognitive in anxiety inventory can **negatively affect** the quality of life \((r = .43, p < .05)\).
  - Somatic in anxiety inventory can **negatively affect** the quality of life \((r = .43, p < .01)\).
Results (3/3)

• Somatic in anxiety inventory were important predictable factors for quality of life ($t = -3.146, p < .01$).
Discussion and Conclusion

- Anxiety symptoms and quality of life have **negative correlation**.
- Social interaction and anxiety symptoms have no significant correlation.
- Social interaction and quality of life have **no significant correlation**.
Relevance to clinical practice

- This research suggests nursing staffs should adopt more effective nursing interventions for anxiety symptoms to improve the quality of life.
- We suggest that psychiatric nurses consider the importance of understanding and strategies to reduce the patient's anxiety symptoms to improve quality of life.
Thank you for your listening