



## Original Article

# The relationship between perceived family support and happiness level of patients with schizophrenia

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### Abstract

**Objectives:** This study was conducted to determine the relationship between perceived family support and the happiness level of patients with schizophrenia.

**Methods:** The study population included all the patients at the relevant polyclinic who were diagnosed with schizophrenia according to DSM-V diagnosis criteria and those who met the inclusion criteria. This study was completed with 137 patients; no sampling method was applied. Data were collected using a Sociodemographic Information Form, a Perceived Family Support Scale (PFSS) and a Subjective Happiness Scale (SHS).

**Results:** The patients' mean total Perceived Family Support Scale score was  $25.84 \pm 12.94$ . The mean total Subjective Happiness Scale score was  $20.01 \pm 4.18$ . There was no statistically significant relationship, positive or negative, between the patients' mean PFSS and SHS scores ( $p > 0.05$ ).

**Conclusion:** It was determined that family support had a significant effect on happiness, that there was a parallel relationship between family support and the patients' happiness level, and that the happiness levels increased as the family support increased.

**Keywords:** Happiness; nursing; perceived family support; schizophrenia.

### What is known on this subject?

- Happiness, although it affects factors such as quality of life, hope, and adaptation to treatment of schizophrenia patients, there is no study that deals with the concepts of family support and happiness for these patients.

### What is the contribution of this paper?

- Schizophrenia patients living with their families have higher levels of happiness.

### What is its contribution to the practice?

- Results of the study show that living with their family increases schizophrenia patients' happiness. Moreover, this study can be seen as an example for future studies with broader samples on the happiness of schizophrenia patients in Turkey.

Schizophrenia is a serious mental illness that results in impairment of individuals' important functions such as thinking, perception, behavior, functionality, and communication

skills.<sup>[1-3]</sup> Schizophrenia causes more serious outcomes than other mental illnesses in terms of the management and outcomes of the illness because patients with schizophrenia are frequently hospitalized and need constant psychosocial and economic support; they also experience productivity loss, and a longer illness and worse prognosis.<sup>[4-6]</sup> Patients with schizophrenia have to struggle with these issues brought on by the disease, as well as issues that occur in social and family domains. Treatment will be a long and tiring journey, especially for those who have weak psychosocial support. During this process, living with the family means that patients are closer to social support they need; it has been established that social support has a protective effect against mental issues. Societies, health care, and social services providers should maintain their realistic hopes and support the patient during the rehabilitation process for this protective effect to emerge.<sup>[6,7]</sup>

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Many studies state that family attitudes have significant effects on the course of mental disorders and that its symptoms and family involvement should not be ignored during the treatment process.<sup>[6,8,9]</sup> In Turkey, previous studies have shown that perceived family support levels of the patients with schizophrenia are high.<sup>[10-12]</sup> Family support in patients with schizophrenia not only motivates the patients but also positively affects patients' adaptation to the treatment, their social participation, lessens severity of symptoms, improves their quality of life and their level of hope for the future. Additionally, it positively affects patients' relapse, rehabilitation, depression, anxiety, and indirectly, their level of happiness.<sup>[13-15]</sup>

Happiness is defined here as an individual's making the most of their lives.<sup>[16]</sup> Happiness is regarded as a significant factor in mental health of people because it affects levels of quality and satisfaction of life.<sup>[17]</sup> Studies conducted on people with mental disease stated that factors such as lower depression symptoms, perceived high income, positive family interaction and frequency of communication with family, positively affect happiness levels of patients.<sup>[18,19]</sup> Factors that are seen particularly in patients with schizophrenia, such as severity of negative symptoms, depression symptoms, functional impairments, high perceived stress, pessimism, and hopelessness are confirmed to be sources of unhappiness for patients with schizophrenia.<sup>[19,20]</sup> Happiness is regarded as a significant factor because it can increase quality of life of patients with mental disorders, ensure their participation in the treatment, and help them to take responsibility of their lives.<sup>[21,22]</sup>

There are limited studies conducted on happiness in patients with schizophrenia in relevant literature. When studies conducted at an international levels were analyzed, it was confirmed that patients with schizophrenia can be happy.<sup>[23,24]</sup> In Turkey, no studies analyzing happiness levels of the patients with schizophrenia have been published. In light of this information, the present study aimed to analyze the relationship between perceived family support and happiness level of patients with schizophrenia. The data of this study are expected to contribute to existing literature and will also help to analyze the relationship between family support, an important factor for patients with schizophrenia, and happiness, and help to conduct further studies.

## Materials and Method

### Type of the study

This is a descriptive and correlational study.

### Population and Sample of the Study

Because the study did not perform a sample selection, 148 patients who were admitted to Elazığ Psychiatric Hospital Psychiatry Outpatient Clinic and who were diagnosed with schizophrenia based on the DSM V diagnosis criteria were considered for the sample. However, 11 patients did not agree to participate in the study. Therefore, the study was completed

with 137 patients. The inclusion criteria were:

- (I) being diagnosed with schizophrenia for at least two years according to DSM V diagnosis criteria;
- (II) being in the remission period (the period in which the patient's clinical treatment is completed, no active symptoms are observed, their insight is improved);
- (III) having no physical disorder that prevented them from filling out the study forms;
- (IV) being older than 18 years;
- (V) not having any psychiatric diagnosis other than schizophrenia (depression, personality disorder, substance disorder);
- (VI) having no communication problems and receptive to cooperation;
- (VII) and voluntarily accepting participation.

### Data Collection Tools

The Sociodemographic Information Form, a Perceived Family Support Scale (PFSS), and a Subjective Happiness Scale (SHS) were used in data collection.

### Sociodemographic Information Form

Sociodemographic information form comprises 10 questions regarding introductory characteristics of the participating patients such as age, gender, education, marital status, duration of treatment, people they live with, the way they came to the outpatient clinic, and economic status.

### Perceived Family Support Scale

The PFSS was developed by Procidano & Heller,<sup>[25]</sup> its adaptation to Turkish was carried out by Eskin<sup>[26]</sup> and its reliability and validity study was conducted by Yıldırım.<sup>[27]</sup> This study used this scale to determine the level of perceived family support level; it is composed of 20 items. Items of the scale are answered using "yes", "no", and "partially" statements. Total score was obtained by adding the scores obtained from the items. Higher scores on this scale indicate higher social support perceived from the family, and lower scores indicate lower social support perceived from the family. Internal consistency of the PFSS was 0.90. The Cronbach's alpha internal consistency coefficient of the PFSS was 0.96.

### Subjective Happiness Scale

Happiness levels of the patients with schizophrenia were measured using a subjective happiness scale, a 7-point Likert-type measurement instrument with 4 items that was developed by Lyubomirsky & Lepper<sup>[28]</sup> and adapted to Turkish by Akin & Satıcı.<sup>[29]</sup> The first three items of the scale are scored in order and the 4th item is reverse scored. Item 1 is coded as: not a very happy person (1), a very happy person (7); item 2 is coded as less happy (1) more happy (7); items 3 and 4 are coded as not

at all (1) or a great deal (7). Each of the items are scored between 1 and 7 points; the lowest possible score on the scale is 4 and the highest is 28. A high scale score indicates a high subjective happiness level and a low score indicates a low subjective happiness level. After the validity and reliability study, internal consistency coefficient of the scale was 0.86.<sup>[29]</sup> The Cronbach's alpha internal consistency coefficient of the Subjective Happiness Scale was 0.55 in this study.

**Data Collection**

Participating patients were informed about the aim and methods of the study, duration of the study, and the rights of the patients. Interviews were performed in a separate room. It took 20 to 25 minutes for each participant to complete the scale.

**Evaluation of the Data**

Study data were assessed using the SPSS program and the Kolmogorov Smirnov test was used to determine the distribution of the data. After the test, Pearson Correlation analysis, t-test, One-Way ANOVA tests were performed on variables that show normal distribution. Mann-Whitney U and Kruskal-Wallis tests were performed on variables that did not show normal distribution.

**Ethical Principles of the Study**

Approval obtained from Muş Alparslan University Head of Ethics Committee to conduct the study (No:13229). Written permission was obtained from Elazığ Mental Health and Diseases Hospital where the study was conducted (No:86925413/799). Moreover, suitability of the scales used in the study were questioned, and necessary permissions were obtained.

**Results**

Of the patients, 72.3% were 31 years or older, 40.9% were high school graduates, 87.6% of them were male, 62% of them were single, 81% were living with their family, 65% had a moderate income, 52.6% were receiving treatment for longer than 11 years, and 77.4% of them voluntarily admitted to the outpatient clinic. The patients' mean age was 39.59±11.23 and their treatment duration was found 12.83±8.60 (Table 1).

When min-max PFSS and SHS scores of the patients and distribution of their mean scores analyzed, it was found that they received minimum 0 and maximum 40 scores from the PFSS and their mean score was (25.84±12.94), and they received minimum 10 and maximum 28 scores from the SHS and their mean score was (20.01±4.18) (Table 2).

The comparison of patients' mean PFSS scores and introductory characteristics showed patients who were in 18–30 years age group (31.81±9.49), high school graduates (29.53±10.95), male (26.79±12.41), married (31.45±8.97), lived with their fam-

**Table 1. Distribution of introductory characteristics of the patients**

Characteristics	n	%
Age		
18–30 years	38	27.7
31 years and older	99	72.3
Educational Level		
Literate	44	32.1
Primary school	37	27.0
High school	56	40.9
Gender		
Female	17	12.4
Male	120	87.6
Marital status		
Married	37	27.0
Single	85	62.0
Divorced	15	11.0
Place of residence		
Home	111	81.0
Nursing home or retirement home	26	19.0
Perceived income status		
Poor	35	25.5
Moderate	89	65.0
Good	13	9.5
Duration of treatment		
1–10 years	65	47.4
11 years and longer	72	52.6
The way they come to the outpatient clinic		
Voluntarily	106	77.4
Via family/relatives	21	15.3
Other (Legal authorities, Transfer)	10	7.3
		<b>Mean±SD</b>
Age	39.59±11.23	
Duration of treatment	12.83±8.60	

**Table 2. Distribution of minimum-maximum and mean scores of the patients from PFSS and SHS**

Scales	Minimum	Maximum	Mean±SD
PFSS	0	40.00	25.84±12.94
SHS	10	28.00	20.01±4.18

PFSS: Perceived Family Support Scale; SHS: Subjective Happiness Scale; SD: Standard deviation.

ily (29.89±9.19), had a moderate income (29.61±11.08) had higher mean scale scores than other groups, and that difference was statistically significant (p<0.01). There was a statistically negative and significant relationship between mean age and treatment duration of the patients and their mean PFSS scores (p<0.01) (Table 3).

**Table 3. Comparison of mean PFSS and SHS scores according to patients' introductory characteristics**

Introductory characteristics	Mean PFSS Scores		Mean SHS Scores	
	Mean±SD	Test and p values	Mean±SD	Test and p values
Age				
18 to 30 years	31.81±9.49	t=3.47 <sup>a</sup>	20.76±3.81	t=1.29 <sup>a</sup>
31 years and older	23.55±13.39	p=0.001	19.72±4.30	p=0.19
Education				
Literate	22.84±13.50	F=4.08 <sup>b</sup>	19.15±4.57	F=3.81 <sup>b</sup>
Primary school	23.83±13.97	p=0.01	21.56±4.34	p=0.02
High school	29.53±10.95		19.66±3.50	
Gender				
Female	19.17±14.94	MW-U=705.00 <sup>c</sup>	18.41±3.90	MW-U=753.50 <sup>c</sup>
Male	26.79±12.41	p=0.03	20.24±4.19	p=0.08
Marital status				
Married	31.45±8.97	KW=25.55 <sup>d</sup>	20.13±3.90	KW=1.55 <sup>d</sup>
Single	26.25±12.55	p=0.001	20.14±4.27	p=0.45
Divorced	9.66±10.48		19.00±4.47	
Place of residence				
Home	29.89±9.19	MW-U=316.50 <sup>c</sup>	20.36±3.89	MW-U=998.50 <sup>c</sup>
Nursing home/retirement home	8.57±12.50	p=0.0001	18.53±5.08	p=0.01
Perceived income status				
Poor	15.42±12.54	KW=30.57 <sup>d</sup>	19.40±4.53	KW=1.62 <sup>d</sup>
Moderate	29.61±11.08	p=0.0001	20.16±3.95	p=0.44
Good	28.07±11.15		20.61±4.94	
Duration of treatment				
1 to 10 years	22.33±16.93	t=0.52 <sup>a</sup>	16.16±4.40	t=2.06 <sup>a</sup>
11 years and longer	27.16±14.63	p=0.60	20.66±3.01	p=0.06
The way they came to the outpatient clinic				
Voluntarily	27.09±12.68	KW=9.83 <sup>d</sup>	19.94±4.14	KW=1.34 <sup>d</sup>
Via family/relatives	25.23±12.39	p=0.007	20.71±3.88	p=0.51
Other (Legal authorities, Transfer)	13.90±11.58		19.30±5.43	
Age		r=-0.249 <sup>e</sup>		r=-0.116 <sup>e</sup>
		p=0.003		p=0.178
Duration of treatment		r=-0.237 <sup>e</sup>		r=0.066 <sup>e</sup>
		p=0.005		p=0.446

\*p<0.01; <sup>a</sup>: t test; <sup>b</sup>: One-Way ANOVA test; <sup>c</sup>: Mann-Whitney U test; <sup>d</sup>: Kruskal-Wallis test; <sup>e</sup>: Pearson correlation coefficient analysis. PFSS: Perceived Family Support Scale; SHS: Subjective Happiness Scale; SS: Standard deviation.

The comparison of patients' mean SHS scores and introductory characteristics showed that patients who were primary

school graduates (21.56±4.34) and lived with their family had higher mean scale scores; the difference between their mean scores was statistically significant (p<0.01) (Table 3).

There was no, statistically significant relationship—negative or positive—between mean PFSS and mean SHS scores of the patients (p>0.05) (Table 4).

**Table 4. Relationship between mean SFSS and SHS scores of the patients**

Scales	SHS
PFSS	r=0.147 <sup>e</sup> p=0.087

<sup>e</sup>: Pearson Correlation analysis. PFSS: Perceived Family Support Scale; SHS: Subjective Happiness Scale.

## Discussion

This study was conducted to determine the relationship between perceived family support and happiness level of patients with schizophrenia. The study found that perceived

family support of patients with schizophrenia is high in Turkey. Different studies in Turkey show that perceived family support of schizophrenia patients is high.<sup>[9,12,30,31]</sup> International studies on this subject, however, show that perceived family support of the schizophrenia patients is low.<sup>[13,32,33]</sup> Sawant & Jethwanj<sup>[13]</sup> stated in their 2010 study that perceived family support was lower than the perceived friend support. The reason behind differences between study results might be cultural differences between the regions where studies were conducted and also stigmatization in other cultures. Studies stated that family support is higher particularly in cultures in which family ties are traditionally strong, and that increased stigmatization lowers family support in schizophrenia. A study conducted in 2018 by Krupchanka et al.<sup>[34–36]</sup> stated that symptoms seen in patients with schizophrenia are perceived as dangerous, aggressive, cursed, and guilty by society, and that due to this stigmatization, family members prefer to hide and isolate the patient rather than supporting them.<sup>[37]</sup>

The present study found that the happiness level of patients with schizophrenia was moderate. There is no consensus among published studies on schizophrenic diseases. Some stated that happiness levels of the patients with schizophrenia as moderate<sup>[18,19,21,38,39]</sup> and some others stated it was low.<sup>[40]</sup> The 2011 study by Bergsma et al.<sup>[40]</sup> stated that happiness levels of the patients with mental diseases were low. Differences between study results are presumably related to patients' depression levels, social withdrawal, negative symptoms, stress, and social functionality levels.<sup>[24,40]</sup> In fact, studies showed that happiness levels of the patients with schizophrenia were affected by factors such as social withdrawal, resistance, depression level, negative symptoms, hope, optimism, and perceived stress levels.<sup>[24,41]</sup>

The study found that PFSS and SHS total scores were parallel but that there was no significant relationship between them. In their study conducted with patients with psychotic disorder, Jeste et al.<sup>[23]</sup> (2017), stated that patients with schizophrenia can also be happy, and that social support and other positive factors (family, personal skills, and education level, among other factors) form the important key structures for happiness levels of the patients with schizophrenia. In their 2015 compilation conducted on positive psychiatry, Jeste et al.<sup>[42]</sup> stated that family dynamics have significant effects on happiness of psychiatric patients. Their study also stated that social support decreases individuals' depression levels, and that this support positively affects happiness levels. Other relevant literature affirms that there is a parallel relationship between family support and happiness levels, and as family support increases, so does the happiness level.<sup>[43]</sup> In their 2008 study conducted on healthy individuals, North et al. analyzed the effect of family support and income status of 274 married individuals on their happiness levels over a 10-year period, and stated that family support had a significant effect on happiness.<sup>[43]</sup>

Comparison of mean PFSS scores and introductory characteristics of the patients showed that mean scale scores of the

patients, who were male and married, lived with their families, had intermediate income status, were in 18–30 years age group, and were high school graduates were higher than other groups, and that this difference was statistically significant. A study conducted on psychotic patients who did not go to treatment after discharge stated that males and married individuals received more support than women, singles and divorced individuals.<sup>[44]</sup> A 2007 study by Belli et al.<sup>[45]</sup> in Turkey's East and Southeast Anatolia regions, where extended family culture is common, stated that most of the patients with schizophrenia were living with their family and that has positively affected schizophrenia patients during the treatment process and after the treatment process ended. In a 2006 study, Şimşek<sup>[12]</sup> stated that there is a significant positive relationship between economic status and perceived family support for patients with schizophrenia. Belli et al.<sup>[45]</sup> analyzed the relationship between sociodemographic characteristics of patients with schizophrenia and treatment in a 2007 study; they found that patients' low income lead to a low perceived family support. In 2006, Ünal et al.<sup>[44]</sup> analyzed the reasons why patients did not come to the treatment after discharge; they concluded that low education levels caused perceived support of the patients to be low.

Mean PFSS scores of the patients who voluntarily came to the Elazığ Psychiatric Hospital Psychiatry Outpatient Clinic were higher than the patients who were brought to the clinic by their families/relatives or other acquaintances; the difference between mean scores were statistically significant. In their 2006 study, Ünal et al.<sup>[44]</sup> that patients who came to the outpatient clinic along with their families received more family support in comparison with other patients, and as a result, those patients were more adaptable to treatment in terms of routine control and examination. That study also determined that there was a statistically negative and significant relationship between patients' mean ages, treatment duration, and their mean PFSS scores. In a 2010 study, Pernice-Duca<sup>[46]</sup> stated that as patients' ages increase, the social support they receive decreases.

The present study determined that mean SHS scores of the patients who were primary school graduates were higher than literate and high school graduate patients and also that mean SHS scores of the patients who were living with their family were higher than the patients who were living in a nursing home or retirement home. In a 2014 study by Palmer et al.<sup>[18]</sup> and also in a 2013 study by Buckland et al.<sup>[21]</sup> showed that as patients' age and education levels increased, their happiness levels decreased. In their 2018 study, Saperia et al.<sup>[19]</sup> (2018) stated that as patients' ages increased their happiness levels decreased; however, there was no relationship between education level and happiness.

Results of the present study, conducted to analyze the relationship between perceived family support and happiness, cannot be generalized for all patients with schizophrenia because it was performed with a small sample group in a small region.

Moreover, this study did not measure some factors that can be affect happiness such as resistance, hope, optimism, personal skill levels, depression level, negative symptoms, or perceived stress levels.<sup>[41]</sup> These factors were also determined to be the limitations of the study.

## Conclusion

In the present study, it was determined that total PFSS scores of the patients were high and their total SHS scores were at a medium level; there was no significant relationship between the PFSS and SHS. In line with the conclusions obtained from the study, however, these recommendations can be made: further studies on happiness levels in patients with schizophrenia should be conducted, a study should be conducted on family support on a larger sample, services oriented to increase happiness levels of schizophrenia patients should be offered. Moreover, psychological consulting services oriented toward increasing happiness and family support for patients and their families should be offered.

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