

Perceived Social Support among Psychiatric Outpatients: A Cross-Sectional Study in Indonesia

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ABSTRACT

OBJECTIVE: This study aimed to determine the social support among psychiatric outpatients.

METHODOLOGY: This cross-sectional study was conducted among 120 psychiatric outpatients who visited a psychiatric hospital in Banda Aceh, Indonesia. The inclusion criteria consist of a diagnosed schizophrenia by the psychiatrist, aged between 18 and 60 years old, scoring on the Brief Psychiatric Rating Scale (BPRS) less than 41, good communication, and willingness to participate in this study. Data collection includes the socio-demographic information of the respondents, a Brief Psychiatric Rating Scale, and a Multidimensional Scale of Social Support (MSPSS). Frequency and percentage were used to report the demographic data and social support levels. The Stata 13 statistical software was used to analyze the data.

RESULTS: It was found that more than half of psychiatric outpatients have moderate social support (60%).

CONCLUSION: It means that they have sufficient social help from family, friends, and significant others. However, social support from friends should be improved, as it was found to be among the lowest supports the patients obtained.

KEYWORDS: Family Support, Significant others support, Friend support, Psychiatric Outpatient

INTRODUCTION

Psychiatric outpatients usually experience difficulty carrying out their activities, daily living, and treatment when returning home or society. The rejection from society often triggers them to relapse. The relapse rate among psychiatric patients is increasing worldwide¹. Before experiencing a relapse, early warning symptoms appear in the time range between one week to four weeks². The prevalence of degeneration among psychiatric outpatients was 24.6%, and those living with family had a relapse 72% lower than those living alone³. Family can help them fulfil their daily activities, adhere to their medication, and participate in society activities. Therefore, they need family support since they are at home.

Besides family support, support from friends also has a vital role in helping psychiatric outpatients⁴; according to a study by Magura S 2012⁵, lower friends' support for psychiatric outpatients correlated with their lower medication adherence. Friends can motivate them to follow treatment based on instructions from psychiatrists, nurses, and psychologists. Psychiatric outpatients are willing to continue their medication as prescribed to maintain their psychosis symptoms so they can participate in

some activities with their friends that make them comfortable and happy. Moreover, the frequency of friend interaction can predict clinical recovery during two years⁶. The more often patients interact with their friends, the better their mental health status.

Another support is from significant others. Significant other refers to individuals who have a close relationship, stay around, and spend time with the person, such as boyfriend or girlfriend, husband or wife. Significant others can significantly influence a person's life⁷. Support from significant others has an incredibly positive correlation to the quality of life of psychiatric outpatients⁸. Quality of life refers to individuals' perception of well-being related to health status. Psychiatric outpatients who have the highest Quality of Life showed the least symptomology. It means significant others' support influences psychiatric outpatient on continuing treatment to reduce severe symptoms so that it can increase the quality of life.

Support from family, friends, and significant others is part of social support. Social support is a mechanism to face life's stressors and promote health and well-being⁹. The patients often feel stressed because of problems in their lives, so social support is needed for psychiatric outpatients. Therefore, the current study aimed to identify perceived social support among psychiatric outpatients.

METHODOLOGY

Study Design

This cross-sectional study was conducted among 120

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patients who visited the outpatient clinic of Aceh Psychiatric Hospital. The inclusion criteria consist of a diagnosed schizophrenia by the psychiatrist, aged between 18 and 60 years old, scoring on the Brief Psychiatric Rating Scale (BPRS) less than 41, good communication, and willingness to participate in this study. Furthermore, the respondents were excluded if they experienced severe symptoms of schizophrenia, had a diagnosis of more than one mental disease, and did not have a spouse, friend or family member. The data was collected by administering a questionnaire to eligible respondents at the polyclinic. The respondents filled out the questionnaire and returned it to the enumerators.

Instrument

Three instruments were used in this study, including the Brief Psychiatric Rating Scale (BPRS), the Demographic Data Questionnaire (DDQ), and the Multidimensional Scale of Social Support (MSPSS). The BPRS was a screening to assess psychiatric symptoms. The BPRS was developed by Overall and Gorham and had 18 items of psychiatric symptoms with a Likert scale from 1 (absent) to 7 (extremely severe)¹⁰. The DDQ was developed to measure demographic data of gender, age, education, marital status, occupation, length of illness, family member, and hospitalization. Furthermore, MSPSS assessed perceived support from significant others, family, and friends. MSPSS was developed by Zimet et al.¹¹ and has 12 items with a 7 Likert scale from very strongly disagree to agree very strongly.

Data Analysis

Frequency and percentage were used to report the demographic data and social support levels. The Stata 13 statistical software was used to analyze the data.

Ethical Statement

The ethics committee of the Faculty of Nursing, Universitas Syiah Kuala, approved the study (reference number: 113005130623). The respondents signed the written informed consent and participated in the study voluntarily.

RESULTS

Characteristics of Respondent

The result showed that the majority of respondents were male (60%), aged in the adult category (56.6%), attended senior high school and university (61.7%), and unmarried (57.5%). Moreover, most had experienced schizophrenia during 1 – 15 years (65.8%) and were hospitalized from 1 to 5 times (51.7%). Furthermore, all respondents have family members, and more than half had 1 to 5 family members (69.2%). **Table I**

Perceived Social Support of Respondents

The result stated that most respondents had a moderate social support level (60%). According to sub-variables of social support, only family support had more respondents in the high category (52.5%).

Moreover, most respondents had moderate levels of significant other support (51.7%) and friend support (66.7%). **Table II**

Table I: Characteristic Respondents

Characteristics	f	%
Gender		
Female	48	40.00
Male	72	60.00
Age (Years) (23)		
18-25 (Late Teenage)	6	5.00
26-35 (Early Adult)	34	28.33
36-45 (Late Adult)	34	28.33
46-55 (Early Elder)	34	28.33
56-70 (Late Elder)	12	10.00
Education		
No formal education	4	3.30
Elementary school	17	14.20
Junior high school	25	20.80
Senior high school	51	42.50
University	23	19.20
Marital Status		
Single	69	57.50
Married	40	33.30
Widow/widower	11	9.20
Occupation		
Yes	60	50
No	60	50
Length of illness		
1 - 15 years	79	65.8
16 - 30 years	32	26.7
31 - 45 years	9	7.5
Family member		
1 - 5 members	83	69.2
6 - 10 members	37	30.8
Hospitalization		
Never	44	36.7
1 - 5	62	51.7
6 - 10	10	8.3
15	1	0.8
30	2	1.7
42	1	0.8

Table II: Social Support

Social Support	Low		Moderate		High	
Sub Variable	f	%	f	%	f	%
Significant Other	16	13.3	62	51.7	42	35.0
Family	4	3.3	53	44.2	63	52.5
Friend	23	19.2	80	66.7	17	14.2
Social Support	9	7.5	72	60.0	39	32.5

DISCUSSION

The role of social support is significant for psychiatric outpatient to deal with their stressor in life. It can prevent the symptoms from worsening because of stress or other problems in life. In this current study, the perceived social support experienced by the psychiatric outpatients was moderate (60%). A previous study by Elmonem ASEA 2021¹² also showed that more than half of their respondents experienced moderate social support, while 28.5% had low social support. Individuals can receive social support, which makes them feel calm and loved, gain self-confidence and become competent¹³. The social necessity of the individual will be filled by social support, which makes patients gain moral support, connection, and self-esteem¹⁴.

Feeling satisfied with the social support among psychiatric outpatients might influence their re-hospitalization. The previous hospitalization was significantly affected by the social support level¹⁵. Psychiatric outpatients who feel unsatisfied with the social support they received are 1.45 times more at risk of experiencing relapse compared to those who are satisfied with the social support they received¹⁶. Another study discovered that psychiatric outpatients who have high social support only need to be hospitalized in a shorter time¹⁷. Mekonnen M 2019¹⁸ found that psychiatric outpatients who were admitted to the hospitals more than three times experienced low social support. In this current study, most psychiatric outpatients had a rate of hospitalization with a range of 1 to 5 times (51%), followed by never hospitalization (36.7%), while they had a moderate level of social support.

Generally, psychiatric patients are admitted to psychiatric hospitals because they experience worse psychiatric symptoms. It can occur due to non-adherence with the medication. There was a significant correlation between social support and medication adherence¹⁹. Increasing social support will help patients reach financial stability, leading to medication adherence. Patients can buy their medication, follow the treatment, and get involved in the follow-up process, which reminds patients to take their medication²⁰. A study mentioned that social support would make patients feel accepted in the community and not different from those around them²¹. Receiving social support will lead to a better quality of life²².

Social support level also significantly affects occupational status among psychiatric outpatients¹⁵. Low social support escalates the risk of relapse due to delay, low motivation, less activity, and social withdrawal²³. Those conditions make it difficult for them to do their job. It supports the result in this current study, while the majority of psychiatric outpatients had social support at a moderate level, and half of them had occupations (50%).

Social support in this current study consists of support

from significant others, family, and friends. Support from substantial others among psychiatric outpatients was at a moderate level. This could be because most were single (57.5%), and only some were married (33.3%). Only psychiatric outpatients who were married have support from their spouse as significant others. Unmarried people reported to have lower social support than those who married and received marital support²⁴.

Besides that, gender might have contributed to the result that significant other support was moderate in this current study. The majority of psychiatric outpatients were dominated by males (60%). It means their wife will be a significant other who supports them. Previous studies described that females perceived higher social support than males^{25,26}. Females give more support to males as their spouses than males for females²⁷ because females provide more emotional support²⁸, empathy and expression²⁹ than males. Therefore, males receive more spousal support than females³⁰.

This study showed that family support was high (52.5%). Previous studies showed similar results where the psychiatric outpatients had high support from family (51.3%)¹⁵. A study by Jameel HT et al.¹⁷ stated that spending more than 35 hours a week with family will make patients rarely readmitted to the hospital. Patients depend emotionally and socially on their family members, especially parents, instead of relying on friends and significant others. The reason might be those friends and significant others think that interacting with schizophrenic patients is burdensome, and it makes them avoid the patients¹². The existence of support from family, such as involving patients in discussion and helping them to make decisions, makes patients feel more positive¹⁷. Social support from family influences patients in gaining autonomy, emotional, activity, and social skills³¹. Anggreny Y 2018³² conducted a study and found that family members accept a patient's condition, show empathy towards the patient's difficulty, and help the patient stick to medication. The most significant support from the family given to patients is instrumental support because the family provides not only medication costs but also the patient's living costs³³.

Further, support from a friend who experienced psychiatric outpatients in this current study was at a moderate level. Friends can better affect conditions with positive and negative symptoms than those without friends³⁴. The support from friends that can be given to them includes emotional, informational, companionship, instrumental, and universal supports³⁵. Receiving various support from a friend will make them happy in living their daily lives. A previous study mentioned that closeness to friends was associated with higher happiness³⁶.

CONCLUSION

Social support is the leading role in psychiatric outpatients' lives. It can help them to fight the

stressors of life. In this current study, psychiatric outpatients had moderate social support. This social support includes support from significant others, family and friends. However, only family support in the high category was experienced in the majority of psychiatric outpatients. It is recommended to increase social support by spending more time with patients and reducing stigma about psychiatric patients. For future studies, it is recommended that factors related to social support be found and interventions to increase social support should be conducted.

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Data Sharing Statement: The corresponding author can provide the data proving the findings of this study on request. Privacy or ethical restrictions bound us from sharing the data publically.

AUTHOR CONTRIBUTION

Novitayani S: Contributed to writing the introduction, methodology, and results

Marthoenis M: Responsible for data analysis and Turnitin

Martina M: Data collection

Dineva RF: In-charge of writing the discussion part

Alfiandi R: Data collection

Aiyub A: Contributed to writing the abstract.

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