Influence of Demographic and clinical Backgrounds on Life Satisfaction Among Patients with Schizophrenia

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Abstract

Background: Background: Schizophrenia significantly influences an individual's life satisfaction and overall well-being, often leading to a complex interplay between symptoms and perceived quality of life. Demographic and clinical variables of schizophrenic patients also affect patient's life satisfaction. **Aim of the study:** was to assess the influence of demographic and clinical backgrounds on life satisfaction among patients with schizophrenia. **Subjects and Methods: Research design:** Cross-sectional descriptive research design was used **.Setting:** The study was conducted at the outpatient clinics of psychiatric and mental health hospital at Benha City, Qalyubia governorate, Egypt. **Subjects:** A purposive sample of 120 schizophrenic patients. **Tools of data collection:** two tools were used. **Tool I**: Structured Interview Questionnaire, which composed of demographic and clinical data. **Tool II**: Satisfaction with Life Scale. **Results:** The study findings demonstrated that 80.0% of studied patients had low life satisfaction level. Also, there was highly statistically significant relation between patients' life satisfaction and their occupation and duration of disease. Additionally, there was statistically significant relation between patients' life satisfaction and their age and marital status. **Conclusion**: The Study results proven that majority of schizophrenic patients had low life satisfaction level. More decrease in life satisfaction among patients occurs when being single, not working, aged between thirty and less than forty and with longer disease duration. **Recommendations:** Implement Supported Employment Programs, Use evidence-based models like *Individual Placement and Support (IPS)*, which focus on rapid job placement in competitive employment settings with ongoing support. IPS has been shown to improve both employment rates and quality of life, and Facilitate access to peer support groups, community centers, or structured group therapy to help build meaningful relationships and reduce loneliness.

Keywords: *Backgrounds, Clinical, Demographic, Life satisfaction, Patients, Schizophrenia*

Introduction

Schizophrenia is a heritable, complex, multi-dimensional syndrome with varying degrees of psychotic, negative, cognitive, mood, and motor manifestations **(Tandon et al., 2024).**Although, it is a psychiatric disorder, it stems from a physiologic malfunctioning of the brain and described as a type of psychosis which means the person may not always be able to distinguish their own thoughts and ideas from reality and to experience reality in inter-subjective terms **(sass,2020).**

Schizophrenia plays an important role in shaping an individual's life satisfaction and well-being and extensively affects individual perception of satisfaction with life **(Seo and Lim, 2019).** Life satisfaction has newly been recognized as a significant goal of psychiatric and mental health care and has been increasingly used to evaluate health care outcomes in persons with mental disorders such as schizophrenics. **(Sabra and Mohamed,2019)**

Studying life satisfaction is a totally new phenomenon that has attracted professional attentiveness only within the past two decade. This attentiveness has been motivated by the deinstitutionalization of psychiatric patients as well as a parallel concern in understanding the scope of their daily lives. Life satisfaction can be defined as an individual's evaluation of their life, considering various aspects beyond economic conditions. It reflects overall contentment and well-being, influenced by factors such as self-reported health and leisure satisfaction (**López and Chimal 2024).**

Numerous studies evident 60 -70 % of schizophrenic patients have low life satisfaction and experience a lower life satisfaction than general population. Demographic variables of schizophrenic patients affect patient's life satisfaction. Gender, men and women significantly differ in their levels of life satisfaction and in particular that women report lower levels of life satisfaction than men as females are twice as likely as males to experience depression and depressive symptoms **(Aggarwal, Grover and Chakrabarti, 2020).**

Age and life satisfaction have a "U-shape," with life satisfaction declining towards middle age, and then rising as people get older **(Helliwell *et al*.2024).**Educational status as illiteracy cause lower level of satisfaction with life as the higher educational achievement correlated with better social functioning and greater satisfaction with life. Also, marital status affect life satisfaction as majority of schizophrenic patients are divorced or single and that decrease marital adjustment and lower sexual satisfaction which affect life satisfaction **(Lengel, 2020).**

Unemployment among patients with schizophrenia considered a factor causing lower level of life satisfaction as the majority of schizophrenic are un-employed due to their hospitalization or due to their cognitive impairment in addition to, social stigma from other people in the society. Unemployment result in lowering self-esteem among schizophrenic patients, decrease happiness and life satisfaction as compared with other employed (**Na and Lim, 2020).**

Psychiatric comorbidities, severity of psychiatric symptoms and the duration of a disorder have an inverse relationship with life satisfaction. In addition to the recurrent illness reduce psychological well-being of patients with schizophrenia, **(Desalegn , Girma and Abdeta, 2020).** Therefore, maximum level of life satisfaction attainable to patients with chronic mental illness is becoming the main treatment outcome and a fundamental zone to research in psychiatric nursing because its implication for wellbeing of individual with mental disorders **(Sabra and Mohamed, 2019).**

Significance of this study:

Schizophrenia is one of the leading cause of disability worldwide. By the end of 2019 the number of schizophrenic patient in Egypt is estimated to be about (1 million) people **(Ramy, 2019).** In patients with schizophrenia the majority of patients have lower levels of life satisfaction than healthy controls due to stress and decreased optimism. Studies found that socio-demographic factors like marital status and occupation, along with clinical indicators, significantly influence the

health-related quality of life among patients with schizophrenia **(Rao et al., 2022)**. Therefore, the present study will be conducted to assess the influence of demographic and clinical backgrounds on life satisfaction among patients with schizophrenia.

Aim of the study:

The aim of the study was to assess the influence of demographic and clinical backgrounds on life satisfaction among patients with schizophrenia.

Research Questions:

- What are the levels of life satisfaction among patients with schizophrenia?
- Is there a relationship between life satisfaction in patients with schizophrenia and their demographic and disease characters?

Subjects and Methods:

Research design:

A descriptive cross-sectional design was used to conduct this study.

Study setting:

This study was conducted at the outpatient clinics of psychiatric and mental health hospital at Benha City, Qalyubia governorate, which is affiliated to the General Secretariat of Mental Health in Egypt.

Study Subjects:

A purposive sample of 120 psychiatric patients with schizophrenia was randomly selected from the above-mentioned setting based on the following inclusion criteria;

- Psychiatric patients who diagnosed with schizophrenia
- Both male and female patients aged 18 to 60 years old
- All educational levels.
- Free from medical or neurobiological condition that would interfere with the patient's ability to communicate.

Tools of data collection:

Two tools were utilized to gather the required data:

Tool I: Structured Interview questionnaire: - consisted of two parts:

Part (I): Demographic data: To elicit data about patients characteristics such as (age, sex, occupation, educational level and marital status).

Part (II): Clinical data*:* which includes (family history of disease, Onset of disease, Total disease duration, frequency of hospitalization & frequency of visits to out patient clinics).

Tool II: Satisfaction with Life Scale(SWLS):

The scale was originally developed by **El Desouki, (1998).** The scale designed to measure one's life satisfaction, the extent of the individual's enthusiasm for life and the true desire to live it. The scale consisted of 29-items divided into 6 subscales which includes: Happiness (7 items), Sociality (4 items), Reassurance (6 items), Psychological stability (3 items), Social recognition (6 items) and Conviction (3 items).

Scoring system:

The scale was measured on 3-point Likert scale. The response options ranged from (0) strongly disagree, (1) slightly agree and (2) strongly agree. The level of life satisfaction was categorized as follows:

Low life satisfaction= <50%
Moderate life satisfaction= 50-70%
High life satisfaction=>70%

Content Validity and Reliability:

In order to verify their original validity, Tools were translated into Arabic, utilizing translation and back translation techniques to ensure their original validity. Content validity was checked before the pilot study and the actual data collection. The tools were revised by five-person panels of experts through the distribution of the four tools with a covering letter and explanation sheet that explained the purpose of the study. Five –person panels of experts included: a professor from Zagazig University's psychiatric medicine department; and four assistant professor from the department of psychiatric and mental healh nursing at zagazig University. They revised the tools for clarity, relevance, applicability, comprehensiveness, and recommendations were taken into consideration.The Cronbach's alpha test was used to evaluate the tools' reliability. They exhibit a high level of reliability.

Field work:

Following the receipt of the necessary approval to carry out this study, the researcher met with the hospital's manager and head nurses to obtain their consent, and get their cooperation to start gathering data. After that, the researcher conducted interviews with the selected patients, gave a brief introduction, and explained the goals of the study. She then got the selected patients' written consent to take part in the study.

Prior to beginning data collection, the researcher established a trusting relationship with the selected sample. The researcher conducted one-on-one interviews with each patient, carefully explaining each question on the data collection forms to him before selecting the response that best fit his needs. In order to get their participation in completing out the study's instruments, a thorough explanation was provided.

Patients took approximately 50 to 60 minutes for answering the queries, depending on the patient's level of understanding and ability to answer each question. The researcher went to outpatient clinics of psychiatric and mental health hospital at Benha City twice a week, from 9 a.m. to 1 p.m., to collect data. The assessment phase was executed in three months, starting in first August 2024, and was completed by last-October 2024.

Pilot study:

A pilot study was conducted on a sample of 12 patients with schizophrenia, approximately 10% of the calculated total sample size. The aim was to test the clarity and feasibility of the tools, the comprehension of items, and to estimate the exact time required for filling out the data collection forms. According to the pilot study results, the time needed to fill out the tools was about 30-40 minutes. The patients who participated in the pilot study were included in the study sample, as no modification was needed in the data collection form.

Administration and Ethical consideration:

First, the study proposal was accepted by the Zagazig University Faculty of Nursing's Post Graduate Committee and Research Ethics Committee (REC) with the code of M.DZU.NUR/210/12/5/2024.

Before starting any step in the study, An official permission to conduct this study was obtained by submitting an official letter issued by the Dean of the Faculty of Nursing at Zagazig University to the director of the General Secretariat of Mental Health and Addiction Treatment in Cairo City. Accordingly, approvals to conduct the study were obtained from the director of the General Secretariat of Mental Health and Addiction Treatment following the application of all required procedures and documentation, which took about one month. Then, approvals were obtained from the hospital director and the nursing director of Benha Hospital for Mental Health. patients' voluntary participation was confirmed. Clear instructions on how to complete the scales were given. The research instruments used in the study did not cause any harm, distress, or raise any religious or cultural concerns among the sampled patients.

A written consent for participation in the study was obtained from the patients after fully explaining the aim of the study. The studied patients were given the opportunity to refuse participation and were notified that they could withdraw at any stage of filling out the tools. Also, the studied patients were assured that the information would be confidential and used only for research purposes. Additionally, the confidentiality and anonymity of the participants were assured through the coding of all data.

Statistical analysis:

The collected data organized, tabulated and statistically analyzed using Statistical Package for Social Science (SPSS) version 25 for windows, running on IBM compatible computer. Descriptive statistics were applied (e.g. frequency, percentages, mean and standard deviation). Qualitative variables were compared using chi square test (X^2), P-value to test association between two variables. Correlation coefficient test (r) was used to test the correlation between studied variables. Multiple linear regression was utilized to determine the prediction of the studied variables. Reliability of the study tools was done using Cronbach's Alpha. A significant level value was considered when $p < 0.05$ and a highly significant level value was considered when $p < 0.01$. No statistical significance difference was considered when $p \geq 0.05$.

Results:

Table (1) It shows that, more than one third (37.5%) of the studied patient their age ranged from 30-<40 years, the mean SD age was 37.9±9.37 years. As regard to gender, less than three quarters (71.7%) of them were male. Also, about half (49.2%) of them were married. Regarding educational level, it was found that, less than half (45.8%) of them had secondary education. Also, less than two thirds (65.8%) of the studied patients didn't work.

Table (2) it shows that, three fifths (60.0%) of the studied patients didn't have family history of schizophrenia. Also, more than half (55.0%) of them their age at onset of disease was 20-<30 years. Moreover, less than half (47.5%) of them their duration of disease was ≥ 10 years. Also, less than three quarters (70.0%) of them didn't have history from hospitalization. Also, more than three quarters (79.2%) of them visited outpatient clinics once a month.

Figure (1) Percentage distribution of the studied patients according to their total life satisfaction **(n=120)** showed that, the majority (80.0%) of the studied patients had low level of total life satisfaction. Also, less than one fifth (15.0%) of them had moderate level. While, the minority of them (5.0%) had high level of total life satisfaction.

Table (3) reveals that, there was highly statistically significant relation between total patients' life satisfaction and their demographic data as, occupation at (P= < 0.01). Also, there was statistically significant relation with their age and marital status at (P= < 0.05). While, there was no statistically significant relation with their gender and education level at (P= > 0.05).

Table (4) presents that, there was highly statistically significant relation between total patients' life satisfaction and their clinical data as, duration of disease at (P= < 0.01). While, there was no statistically significant relation with their family history of disease, age at onset of disease, frequency of hospitalization and frequency of visits to outpatient clinics at (P= > 0.05).

Table (5): Best fitting multiple linear regression model to predict life satisfaction among the patients with schizophrenia displayed that Marital Status, Age at onset of disease and Duration of disease were a statistically significant positive predictor for the life satisfaction score. While, Age of the studied patients and Occupation were a statistically Negative predictor for the life satisfaction score.

Discussion:

Schizophrenia is a severe mental disorder and it is associated with significant social and occupational dysfunctions. As referred to in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5), when individuals who are socially active withdraw from social

activities, this is often the first sign of the disease. Depending on the age at the onset of illness, individuals with schizophrenia may not be able to learn certain social skills. Even when these skills have been acquired, they may be lost due to the symptomatology. For this reason, these patients often have marked social deficits, which may include difficulty in social relationships or in playing social roles (husband/wife, employee), for example. Consequently, many of these patients do not marry or have limited social contacts outside their family environment **(Pinho *et al.,*2018)**. Hence, targeting positive mental health and positive psychology mainly life satisfaction that focus on well-being, happiness, and meaning or purpose in life are very important for schizophrenic patients (**messias *et al* .,2020).**Therefore, the present study aimed to assess the influence of demographic and clinical backgrounds on life satisfaction among patients with schizophrenia.

Regarding *personal characteristics* of the studied patients, the current study revealed that, more than one third of the studied patient their age ranged between 30 and 40 years. As regard to gender, less than three quarters of them were male. Also, about half of them were married. Regarding educational level, it was found that, less than half of them have secondary education. Also, less than two thirds of the studied patients didn't work. This might be interpreted by number of factors such as men are 1.5 times more commonly than women in the incidence of the disease, and Marriage can introduce additional stressors which exacerbate symptoms in individuals with schizophrenia. also, schizophrenia is responsible for the profound dysfunction in all aspects of daily life and occupation and affect person's ability to work and educate.

These results come in line with a study done at The Psychiatric and Mental Health Hospital in Banha city, **by Ahmed *et al.* (2022)** who studied Suicidal Thoughts and Positive Symptoms in schizophrenia, his study, clarified that, nearly three quarters of the studied schizophrenic patients were males. Similarly this result is in harmony with that of **Alam *et al.,* (2022)** study about stress and coping strategies among patients with schizophrenia which showed that, about half of patients were married. also, this study finding was in congruent with the study of **Limbu, Nepal and Mishra. (2025)** who showed that, less than half of the studied patients had secondary education. moreover, This result was in accordance with the study carried out by **Manea *et al.,* (2020)**, who studied Insight and Quality of Life in persons with schizophrenia, his study found that, more than two thirds were unemployed

Regarding *the clinical characteristics* of the studied patients, the present study results revealed that more than half of the studied patients didn't have family history of schizophrenia. Also, more than half of them their age at onset of disease was from 20 to less than 30 years. Moreover, less than half of them their duration of disease was more than 10 years. Also, more than two thirds didn't have history of hospitalization. Also, majority of them visited outpatient clinics once a month. This might be interpreted by number of factors, as regards to family history the facts that Most cases of schizophrenia occur without a family history because. Many people develop schizophrenia due to a combination of genetic mutations and environmental triggers rather than inherited traits. Regarding age at onset of the disease and visits outpatients, may be explained by the nature of the illness in its prevalence between late adolescences and early adulthood and continuous follow up to outpatient is important for management of disease and relapse prevention. Also, concerning duration of the disease the fact that schizophrenia is chronic psychiatric illness and progressive and disabling condition.

This result was in accordance with the study conducted by **Mokhtar, Zaki and Barakat.(2021)** about resilience and life satisfaction among schizophrenic patients , which clarified in regards to family history that, most of patients had no family history with mental illness. Also, this study clarified in regards to Age at onset of disease that**,** more than half of patients their age at the onset of disease were between 20 to less than30 years. Similarly, in Bulgaria **Panov & Presyana, (2023)** in their study about "Obsessive-compulsive symptoms in patient with

schizophrenia, reported that, most of the studied patients visited outpatient clinics once a month. In the opposite, a study by **Mohammed *et al.,* (2022)** about positive, negative symptoms and quality of life in persons with schizophrenia, reported that, more than half of the studied patients their age at the onset of disease were more than 30 years. And a study by **Abd-Elhamid *et al.,* (2022)** about Emotional Recognition among Patients with Schizophrenia, clarified that about two thirds of the studied patients admitted to the hospital more than 3 times.

According *levels of life satisfaction* among the studied patients**,** the result of the present study revealed that, majority of the studied patients had low level of the total life satisfaction. This may be explained by factors such as social isolation, stigma, emotional distress, and cognitive difficulties that affect their ability to engage in meaningful relationships and self-care. This result supported by **Bilge et al., (2020)** in two public universities, medical faculty hospitals mental health and psychiatric clinics ,who studied life satisfaction level of individuals with mental disorder, his study stated that, inability to deal with stressors decreases patient's happiness and life satisfaction. Meanwhile, decreased self-esteem caused by negative symptoms of schizophrenia lower life satisfaction.

Also, This result was in agreement with a study done by **Seo & Lim., (2019)** who studied optimism and life satisfaction in persons with schizophrenia, his study showed that the majority of patients have lower levels of life satisfaction than healthy controls due to stress and decreased optimism. Similar result in a study done by **Fervaha et al (2016)** about Life satisfaction and happiness among young adults with schizophrenia, reported that low level of life satisfaction among patients with schizophrenia due to the effect of experiencing persistent symptoms and impairments in community functioning.

The present study results revealed that, there was highly statistically significant relation between total patients' life satisfaction and their *occupation*. Also, there was statistically significant relation with their *age* and *marital status*. this can be explained through several interrelated factors as Work enhances self-esteem and reduces feelings of dependency or stigma, also age reflects both developmental stage and illness trajectory, which can shape how patients perceive their quality of life. moreover, Being married or in a stable relationship often provides emotional support and companionship, which buffer against stress and loneliness. This result was in accordance with the study conducted by **Mokhtar, Zaki and Barakat.(2021)** at Psychiatric and Mental Health Hospital in Benha City, about resilience and life satisfaction among schizophrenic patients, which found that there was statistically significant relation between total patients' life satisfaction and their age and marital status.

The present study results presented that, there was highly statistically significant relation between total patients' life satisfaction and their *duration of disease*. This may be owing to as the illness progresses, patients may lose social connections, employment, or family support, all of which are key to life satisfaction. This result goes in line with the study conducted by **Yildirim, Akkus and Asilar(2023)** in Turkiye about life satisfaction in patients with serious mental disorders displayed that there was statistically significant relation between total patients' life satisfaction and duration of disease. Also, this result was in harmony with the study done by **Chan, Yip and Tsui(2023)** in China, revealed that, there was highly statistically significant relation between total patients' life satisfaction and their clinical data as duration of disease.

The present study results showed that Marital Status, Age at onset of disease, and Duration of disease were a statistically significant positive predictor for the life satisfaction score. While, Age of the studied patients and Occupation were a statistically Negative predictor for the life satisfaction score.This result was supported by **Pinho et al.(2018)** study about metacognition and self-compassion on predicting meaning in life among individuals with schizophrenia who stated that, social integration and interpersonal relationships are crucial for enhancing life satisfaction. So,

marital status were a statistically significant positive predictor for the life satisfaction score. Also, a study **by Gómez et al.(2017)** founded that, Earlier onset and longer duration of the disease can lead to better adaptation and coping mechanisms, potentially increasing life satisfaction and older age is associated with a decline in life satisfaction, possibly due to increased physical and cognitive decline, and reduced social interactions.

Conclusion:

Based on the findings of the current study, it can be concluded that majority of schizophrenic patients had low life satisfaction level. Finding indicated that, more decrease in life satisfaction among patients occurs when being single, not working, aged between thirty and less than forty and with longer disease duration.

Recommendations:

Based on the results of this research, the following recommendations are suggested:

- Implement Supported Employment Programs, Use evidence-based models like *Individual Placement and Support (IPS)*, which focus on rapid job placement in competitive employment settings with ongoing support. IPS has been shown to improve both employment rates and life satisfaction.
- Use Motivational Interviewing, This technique helps patients explore their own goals and ambivalence about work. It increases intrinsic motivation and commitment to employment-related activities.
- Participation in psychoeducational programs that focus on building resilience, stress management, and emotional regulation in individuals with schizophrenia
- Facilitate access to peer support groups, community centers, or structured group therapy to help build meaningful relationships and reduce loneliness
- Encouraging participation in community activities, supported employment programs, or day centers can help patients feel more connected and valued. Even if they’re not working, having a role in the community boosts self-worth.
- Further research: It is recommended to repeat the current study using a larger, representative probability sample size in various Egyptian governorates in order to increase the generalizability of the findings.

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Author’s contributions

The research methodology was designed and developed by all researchers. Doctor HM was suggested the research concept, and was a major contributor in data collection and writing the manuscript. Professor HS analyzed and interpreted the patient data. Professor RF performed editing the manuscript and revising the data analysis. Each contributor read the final manuscript and approved it.

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Table (1): Frequency distribution of the studied patients according to their demographic data **(n=120).**

Items	No.	%
Age (years)		
<20	2	1.7
20-< 30	22	18.3
30-<40	**45**	**37.5**
40-<50	35	29.2
50 – 60	16	13.3
Range	**18 – 60**	
Mean ± SD	**37.9±9.37**	
Gender		
Male	**86**	**71.7**
Female	34	28.3
Marital Status		
Single	50	41.7
Married	**59**	**49.2**
Divorced	9	7.5
Widowed	2	1.7
Educational level		
Illiterate	18	15.0
Read and write	7	5.8
Primary education	7	5.8
Preparatory education	16	13.3
Secondary education	**55**	**45.8**
High education / Post graduate studies	17	14.2
Occupation		
Student	3	2.5
Employee	38	31.7
Not working	**79**	**65.8**

Table (2): Frequency distribution of the studied patients according to their clinical data **(n=120).**

Items	No.	%
Family history of disease		
Present	48	40.0
Not present	**72**	**60.0**
Age at onset of disease		
< 20 years	15	12.5
20-<30 years	**66**	**55.0**
30-<40 years	34	28.3
≥ 40 years	5	4.2
Duration of disease		
< 1 years	4	3.3
1-<5 years	31	25.9
5-<10 years	28	23.3
≥ 10 years	**57**	**47.5**
Frequency of hospitalization		
Never	**84**	**70.0**
1-3 times	24	20.0
4-6 times	12	10.0
Frequency of visits to outpatient clinics		
Once a month	**95**	**79.2**
Twice a month	22	18.3
3 times a month or more	3	2.5

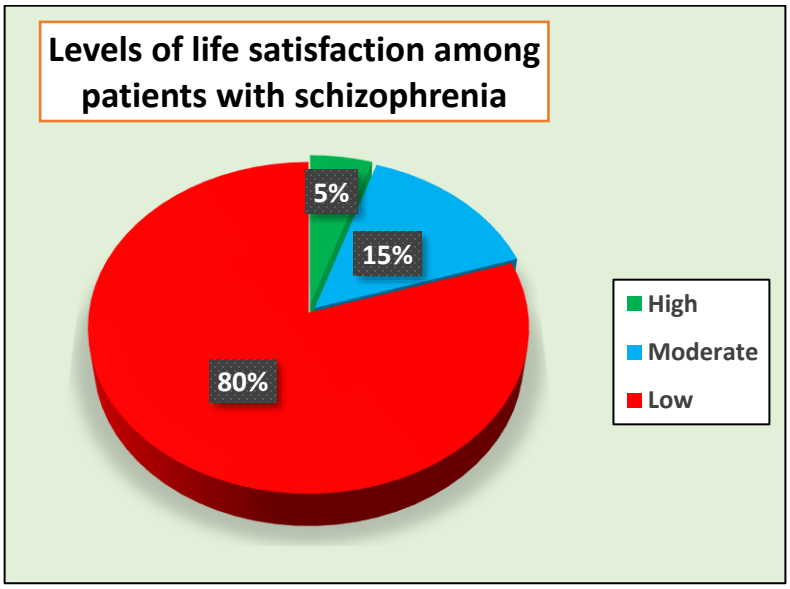

Figure (1): Percentage distribution of the studied patients according to their total life satisfaction **(n=120).**

Table (3): Relations between demographic data of the studied patients and their total life satisfaction **(n=120).**

Socio-demographic data		Levels of total life satisfaction						X^2	P-Value
		High (n=6)		Moderate (n=18)		Low (n=96)			
		No.	%	No.	%	No.	%		
Age (years)	<20	0	0.0	0	0.0	2	2.1	15.82	0.045*
	20-< 30	4	66.7	4	22.2	14	14.6		
	30-<40	2	33.3	9	50.0	34	**35.4**		
	40-<50	0	0.0	5	27.8	30	31.3		
	50 - 60	0	0.0	0	0.0	16	16.7		
Gender	Male	4	66.7	17	94.4	65	67.7	5.414	0.067
	Female	2	33.3	1	5.6	31	32.3		
Marital Status	Single	2	33.3	1	5.6	47	**49.0**	15.66	0.016*
	Married	4	66.7	16	88.8	39	40.6		
	Divorced	0	0.0	1	5.6	8	8.3		
	Widowed	0	0.0	0	0.0	2	2.1		
Education level	Illiterate	0	0.0	0	0.0	18	18.8	16.68	0.082
	Read and write	0	0.0	0	0.0	7	7.3		
	Primary education	0	0.0	1	5.6	6	6.3		
	Preparatory education	0	0.0	2	11.1	14	14.6		
	Secondary education	3	50.0	13	72.2	39	40.6		
	High education / Post graduate studies	3	50.0	2	11.1	12	12.5		
Occupation	Student	1	16.7	0	0.0	2	2.1	40.21	0.000**
	Employee	3	50.0	16	88.9	19	19.8		
	Not working	2	33.3	2	11.1	75	**78.1**		

Table (4): Relations between clinical data of the studied patients and their total life satisfaction **(n=120).**

Clinical data		Levels of total life satisfaction						X^2	P-Value
		High (n=6)		Moderate (n=18)		Low (n=96)			
		No.	%	No.	%	No.	%		
Family history of disease	Present	2	33.3	4	22.2	42	43.8	3.044	0.218
	Not present	4	66.7	14	77.8	54	56.2		
Age at onset of disease	< 20 years	1	16.7	1	5.5	13	13.5	10.64	0.100
	20-<30 years	5	83.3	7	38.9	54	56.3		
	30-<40 years	0	0.0	10	55.6	24	25.0		
	≥ 40 years	0	0.0	0	0.0	5	5.2		
Duration of disease	< 1 years	0	0.0	0	0.0	4	4.2	18.73	0.005**
	1-<5 years	4	66.7	5	27.8	22	22.9		
	5-<10 years	2	33.3	9	50.0	17	17.7		
	≥ 10 years	0	0.0	4	22.2	53	**55.2**		
Frequency of hospitalization	Never	6	100.0	16	88.9	62	64.6	7.411	0.116
	1-3 times	0	0.0	2	11.1	22	22.9		
	4-6 times	0	0.0	0	0.0	12	12.5		
Frequency of visits to outpatient clinics	Once a month	6	100.0	16	88.9	73	76.0	3.352	0.501
	Twice a month	0	0.0	2	11.1	20	20.9		
	3 times a month or more	0	0.0	0	0.0	3	3.1		

Table (5): Multiple linear regression model to predict life satisfaction among the patients with schizophrenia (**n=120).**

Items	Unstandardized Coefficients		Standardized Coefficients	t	P. value
	B	Std. Error	Beta		
Constant	-8.008-	5.843		-1.371-	0.173
Age	-0.329-	0.103	-0.265-	-3.196-	0.002**
Marital Status	2.215	0.894	0.130	2.476	0.015*
Occupation	-2.371-	1.177	-0.108-	-2.014-	0.046*
Age at onset of disease	2.414	0.953	0.149	2.532	0.013*
Duration of disease	2.328	0.959	0.184	2.429	0.017*
Model Summary					
Model	R	R^2	Adjusted R^2	Std. Error of the Estimate	
1	0.890	0.792	0.775	5.5386	
ANOVA					
Model	Df.		F	P. value	
Regression	9		46.45	0.000**	

a. Dependent Variable: Total life satisfaction score**.**

Variables entered and excluded: Frequency of hospitalization and frequency of visits to outpatient clinics**.**

F= One Way ANOVA Test**.** **t:** Independent t-test. No significant at $p > 0.05$**.** * $p < 0.05$. ** $p < 0.01$.

R= Pearson correlation coefficient test**,** $\mathbf{R^2}$ = Coefficient of multiple determination, **Adjusted** $\mathbf{R^2}$ **=** Fraction of explained variance (%) adjusted for the number of predictors, **Df**. = degree of freedom.

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