



Original Article

Comparison of the quality of life and perceived social support of individuals with mental health disorders living in a nursing home and with family*

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Abstract

Objectives: This study aims to compare the perceived social support and quality of life in individuals with mental health disorders living in nursing home and with family.

Methods: This study used relational screening model. The sample consisted of a total of 220 individuals with mental health disorders, including 110 living in eight private nursing homes in Konya, Adana, Antalya, and Yalova and 110 living with their families. Data were collected between October 2015 and April 2017 by using the Interview Form, Multidimensional Scale of Perceived Social Support (MSPSS), Quality of Life Index (QLI) (Wisconsin).

Results: There was no significant difference between the QLI mean scores of mentally impaired patients living in nursing home and with family. However, those living with family had significantly higher mean scores on the QLI subscales of living situation and family relations, whereas those living in nursing home had significantly higher mean scores on the QLI subscales of social life and health. In addition, participants living in nursing home had significantly higher mean scores on the MSPSS subscales of significant person and friends, whereas those living with family had significantly higher mean scores on the MSPSS family subscale. There was a significant positive correlation between the groups' social support and quality of life scale mean scores.

Conclusion: Participants living with family had better family relationships and living conditions and more social support from the family, but fewer social circles. Those living in nursing homes had a better social life, more social support from friends and service providers, but fewer family relationships. The results of this study are considered important in terms of providing foresights to service providers, policy makers and researchers.

Keywords: Mental disorders; nursing home; social support; quality of life.

A mental disorder can change a patient's thoughts and behavioral structure, causing deficiencies in physical health, cognitive functions, family and social relations, and living and working conditions.^[1-4] As a result of these negative effects, it has been revealed that studies examining individuals with mental health disorders only from a medical point of view are limited. Therefore, evaluation of social and environmental conditions are necessary, and the inter-

est in studies on quality of life for these individuals have increased.^[5]

For patients with mental disorders, quality of life is a multidimensional concept showing the levels of satisfaction they have developed for various areas of their lives, physical health, and social functionality.^[6] Approaches that advocate treating individuals with mental health disorders within the framework of community-based rehabilitation services have

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What is known on this subject?

- Mental health disorders make individuals dependent on society, preventing them from reaching a certain standard of living like other individuals in the community.

What is the contribution of this paper?

- Individuals with mental health disorders who live with their families have good family relationships, receive more social support from their families, but have less social circles. Those living in a nursing home have less communication with their families, but more friendships. Increased social support for individuals with mental disorders increases their quality of life.

What is its contribution to the practice?

- Improving living conditions and social support for individuals with mental disorders living with family and in nursing homes will improve their quality of life.

focused on questioning the unknown in many areas such as interpersonal communication, and social and professional functionality to improve their social cohesion.^[7] In addition, the positive and negative symptoms related to mental health disorders and the need to evaluate deficiencies in life skills of these individuals, along with issues such as compliance with treatment have made studies on quality of life in these individuals important.^[8]

Social support is an important factor that increases the quality of life of individuals with mental health disorders. This support increases quality of life by contributing to compliance with treatment, protection of physical health and development of social relationships. Social support enables individuals with mental health disorders to easily cope with disease-related issues^[9] and adapt to social life.^[10] In addition, social support also enables individuals with mental health disorders to be under regular medical care and adapt to medication, allowing for early intervention during periods of exacerbation.^[11,12]

Individuals with mental health disorders have more limited opportunities than healthy individuals in aspects such as education, career, marriage, and having children,^[13,14] making them dependent on family and society. Therefore, individuals with mental health disorders should be provided with necessary benefits from medical facilities to support them psycho-socially and economically to improve their quality of life. For this reason, it is important to assess the living conditions, social support systems and quality of life of people with mental health disorders who reside in nursing homes.^[6,15,16] Because of the recent issuance of private residential nursing home services in Turkey, studies on social support systems and quality of life of mentally impaired individuals who reside in these nursing homes are limited. Relevant studies are important for providing insight into research, mental health professionals, and service providers in determining the medical and psycho-social needs of individuals with mental health disorders.

This study aims to examine the multidimensional perceived social support and quality of life of individuals with mental health disorders living with family and in nursing homes.

Research Questions

This study seeks to answer the following basic research questions:

1. Is there a difference between the perceived social support and quality of life of individuals with mental health disorders living in nursing homes and with family?
2. Is there a difference between the perceived social support and quality of life of individuals with mental health disorders living in nursing homes and with family according to gender, age, education level, and income level?
3. Is there a relationship between the perceived social support and quality of life of individuals with mental health disorders living in nursing homes and with family?

Materials and Method**Research Type**

This study is designed using a quantitative research method utilizing a relational screening model.

Research Place and Time

Data collection of the participants living with family started in October 2015 and was completed in April 2017. However, data collection of participants living in private nursing homes was initiated later due to the lengthy process of obtaining permission from private nursing homes, the Provincial Directorates of Family and Social Policies, and the governorship. Data were collected from the provinces of Konya in November 2016, Antalya in January 2017, Adana in February 2017, and Yalova in March 2017.

Research Population and Sample

The population was composed of individuals with mental health disorders who reside in eight different private nursing homes in Antalya, Konya, Adana and Yalova, and those living with family who are registered to the Community Mental Health Center (CMHC) of Antalya Training and Research Hospital. In the study period, there were 438 individuals with mental health disorders residing in the eight nursing homes, and 678 registered to the CMHC.

The study inclusion criteria for both study groups were as follows: being followed by a psychiatrist for at least two years with a diagnosis of schizophrenia, schizoaffective disorder and psychotic disorder, having a medical board report indicating the type and percentage of disability, living in a nursing home for at least six (6) months (for the first group), living with family (mother, father, sibling, spouse, children, relatives) (for the second group), and being able to answer questions in an interview. Accordingly, the sample consisted of 220 individuals with mental health disorders, including 110 living in a nursing home and 110 living with family. Individuals with acute exacerbation, intellectual disability and dementia were excluded from the study.

Data Collection Tools

Data were collected using an interview form that included questions about participants' socio-demographic information, the Multidimensional Scale of Perceived Social Support, and the Quality of Life Index.

Multidimensional Scale of Perceived Social Support (MSPSS)

This scale was developed by Zimet et al. (1990),^[17] and its Turkish validity and reliability study was conducted by Eker et al. (2011).^[18] The subjective scale evaluates individuals perceived social support from their social circle including family, friends and significant others. There are four questions in each subscale including family, friends and significant other. The scale is a 7-point Likert type scale, scoring from "definitely no" to "definitely yes". Each subscale score is totaled to obtain a subscale score, then the subscale score is totaled to obtain a total scale score. Higher scores on both scale and subscales indicate higher perceived social support. The internal consistency coefficient (Cronbach's alpha) of the scale was found as 0.86 in the original study,^[18] and 0.84 in this study, which was generally higher than the acceptable value of 0.70.^[19]

Quality of Life Index (QLI)

This scale was developed by Greenley and Greenberg (1997)^[15] and its Turkish validity and reliability study was conducted by Şimşek (2001).^[20] The QLI is a psychometric measurement tool used to evaluate both the needs, care processes and treatment outcomes, and the quality of life of mentally ill patients. This 24-item scale consists of 7 subscales including living situation (5 questions), finances (3 questions), leisure (4 questions), family or institutional relations (3 questions), social life (5 questions), health (2 questions), and access to health care (2 questions). A high score indicates a higher quality of life. The internal consistency coefficient (Cronbach's alpha) of the scale was found as 0.93 in the original study^[21] and 0.87 in this study, which was generally higher than the acceptable value of 0.70.^[19]

Data Collection

Data were collected with face-to-face interviews conducted by the researcher.

Ethical Considerations

Participation in the study was on a voluntary basis. The participants living with family, their guardians, those living in nursing home, and nursing home officers were asked to sign the Volunteer Participation Form, which included information about research title, purpose, details and ethical rules. The Clinical Research Ethics Committee of Antalya Training and Research Hospital (decision no: 66/10, dated 22.10.2015) gave approval for the research.

Data Analysis

Data were analyzed using the Statistical Package for Social Sciences (SPSS) Statistics 22.0 software. Data were evaluated using descriptive statistics including number and percentage distribution, where the independent samples t-test; a significance test for differences between two sample means, and the Pearson correlation analysis were used to analyze the difference between categorical variables of two groups. The results were evaluated at 95% confidence interval and $p < 0.05$ significance level.

Results

In this study, 61.8% of the participants living with family were male and 47.2% were female; and 57.2% of those living in nursing home were male and 42.8% were female. The mean age was 41.40 ± 8.89 years for those living with family, and 44.99 ± 10.91 years for those living in a nursing home. In terms

Table 1. Distribution of participants' socio-demographic characteristics and disease diagnosis information

	Those living with family		Those living in nursing home	
	n	%	n	%
Gender				
Male	68	61.8	63	57.2
Female	42	47.2	47	42.8
Age				
18–24 years	3	2.7	2	1.8
25–32 years	15	13.6	13	11.8
33–44 years	50	45.5	38	34.5
45–54 years	33	30.0	34	30.9
55+	9	8.2	23	20.9
Education level				
Illiterate	8	7.3	13	11.8
Literate	3	2.7	8	7.3
Primary school graduate	35	31.8	51	46.4
Secondary school graduate	28	25.5	20	18.2
High school graduate	26	23.6	11	10.0
Associate/Bachelor's degree	10	9.1	7	6.4
Marital status				
Single (never married)	67	60.9	62	56.9
Married	17	15.5	3	2.8
Widow	0	0	4	3.7
Divorced	24	21.8	39	35.8
Separated	2	1.8	1	0.9
Disease diagnosis				
Schizophrenia	99	90.0	70	63.6
Schizoaffective disorder	4	3.6	9	8.2
Psychotic disorder	7	6.4	31	28.2

of education, the highest percentage was from primary school graduates with 39.1%. More than half of the participants in both groups (58.9%) were single. The vast majority (76.8%) were diagnosed with schizophrenia (Table 1).

There was no statistically significant difference between the groups' QLI total mean scores according to their living place ($p>0.05$, Table 2). However, there was a statistically significant difference between their mean scores on QLI subscales of living situation, family relations, social life, health and access to health care according to their living place ($p<0.05$, Table 2). In addition, there was a statistically significant difference between the groups' MSPSS total and subscale (family, friends, and significant other) mean scores according to their living places ($p<0.05$, Table 2).

This study also examined whether there were differences between the groups' QLI and MSPSS mean scores according to independent variables including gender, age, education level, and income level. Accordingly, there was no statistically significant difference between their QLI and MSPSS mean scores according to gender, age, education level and income level ($p>0.05$).

A significant correlation was found between the QLI and

MSPSS mean scores of participants living with family. Accordingly, there was a positive moderate relationship between MSPSS and QLI ($r=0.594$), positive high relationship between MSPSS and QLI social life subscale ($r=0.803$), positive moderate relationship between MSPSS family subscale and QLI family relations subscale ($r=0.803$). $r=0.568$, and positive high relationship between MSPSS friends' subscale and QLI social life subscale ($r=0.891$). In addition, a positive high correlation was found between QLI and its subscales of finances ($r=0.652$), leisure ($r=0.726$) and social life ($r=0.673$) (Table 3).^[22]

A significant correlation was found between the QLI and MSPSS mean scores of participants living in nursing homes. Accordingly, there was a positive high relationship between MSPSS and QLI ($r=0.626$), positive high relationship between MSPSS family subscale and QLI family relations subscale ($r=0.863$), and positive high relationship between MSPSS friends' subscale and QLI social life subscale ($r=0.711$). In addition, a positive high correlation was found both between MSPSS and significant other subscale ($r=0.766$), and between family and friends' subscales ($r=0.688$). Furthermore, there was a positive high correlation between QLI and the subscales of living situation ($r=0.795$), leisure ($r=0.783$) and social life ($r=0.779$) (Table 4).^[22]

Table 2. Katılımcıların yaşadığı yere göre Yaşam Kalitesi Ölçeği ve Alt Boyutlarının ve Çok Boyutlu Algılanan Sosyal Destek Ölçeği ve Alt Boyutlarının incelenmesi (Bağımsız Örneklem t-Testi)

		Number	Mean	SD	t	p
Quality of Life Instrument	Living with family	110	4.89	0.89	-1.26	0.20
	Living in nursing home	110	5.06	1.08		
Living situation	Living with family	110	6.20	0.94	6.41	0.00***
	Living in nursing home	110	5.07	1.59		
Finances	Living with family	110	3.49	2.16	-0.47	0.63
	Living in nursing home	110	3.63	2.24		
Leisure	Living with family	110	5.19	1.31	-1.37	0.17
	Living in nursing home	110	5.44	1.33		
Family relations	Living with family	110	6.10	1.08	6.25	0.00***
	Living in nursing home	110	4.55	2.35		
Social life	Living with family	110	2.89	2.17	-9.66	0.00***
	Living in nursing home	110	5.37	1.58		
Health	Living with family	110	4.41	1.71	-3.94	0.00***
	Living in nursing home	110	5.30	1.59		
Access to health care	Living with family	110	6.75	0.65	3.95	0.00***
	Living in nursing home	110	6.16	1.42		
Multidimensional Scale of Perceived Social Support	Living with family	110	42.22	13.27	-3.60	0.00***
	Living in nursing home	110	50.45	19.95		
Significant other	Living with family	110	6.22	5.82	-5.86	0.00***
	Living in nursing home	110	12.84	10.29		
Family	Living with family	110	25.54	4.32	7.45	0.00***
	Living in nursing home	110	18.08	9.55		
Friends	Living with family	110	10.46	9.37	-7.68	0.00***
	Living in nursing home	110	19.53	8.07		

*: $p<0.05$; **: $p<0.01$; ***: $p<0.001$. SD: Standard deviation

Table 3. Examining the Relationship Between Scales and Subscales of Participants Living with Family (Pearson Correlation Analysis)

Those living with family	QLI	Living situation	Finances	Leisure	Family relations	Social life	Health	Access to health care	MSPSS	Significant other	Family	Friends	
Quality of Life Index	r	1.000	0.550	0.652	0.726	0.494	0.673	0.557	0.056	0.594	0.205	0.361	0.547
Living situation	p		0.000	0.000	0.000	0.000	0.000	0.000	0.560	0.000	0.032	0.000	0.000
	r	1.000	0.242	0.496	0.445	0.041	0.261	0.138	0.138	0.116	-0.056	0.467	-0.017
Finances	p			0.011	0.000	0.000	0.667	0.006	0.151	0.229	0.560	0.000	0.860
	r		1.000	0.347	0.205	0.255	0.322	0.030	0.030	0.191	-0.017	0.087	0.241
Leisure	p			0.000	0.032	0.007	0.001	0.753	0.753	0.046	0.861	0.365	0.011
	r			1.000	0.528	0.229	0.427	0.427	0.102	0.254	0.119	0.389	0.107
Family relations	p				0.000	0.016	0.000	0.291	0.291	0.007	0.214	0.000	0.267
	r				1.000	0.043	0.194	0.053	0.053	0.212	0.089	0.568	-0.017
Social life	p					0.659	0.042	0.583	0.583	0.026	0.353	0.000	0.858
	r					1.000	0.201	-0.195	-0.195	0.803	0.347	0.068	0.891
Health	p						0.035	0.041	0.041	0.000	0.000	0.479	0.000
	r						1.000	0.138	0.138	0.151	0.096	0.108	0.105
Access to health care	p							0.150	0.150	0.115	0.318	0.260	0.277
	r							1.000	1.000	-0.208	-0.179	0.011	-0.189
Multidimensional Scale of Perceived Social Support	p								0.029	0.029	0.062	0.913	0.048
	r								1.000	1.000	0.636	0.354	0.858
Significant other	p									0.000	0.000	0.000	0.000
	r									1.000	1.000	-0.041	0.299
Family	p										0.667	0.002	0.002
	r										1.000	0.066	0.066
Friends	p											0.497	0.497
	r											1.000	1.000

QLI: Quality of Life Index; MSPSS: Multidimensional Scale of Perceived Social Support.

Table 4. Examining the Relationship between Scales and Subscales of Participants Living in a Nursing Home (Pearson Correlation Analysis)

Those living in a nursing home	QLI	Living situation	Finances	Leisure	Family relations	Social life	Health	Access to health care	MSPSS	Significant other	Family	Friends
Quality of Life Index	r	1.000	0.510	0.783	0.434	0.779	0.493	0.424	0.626	0.376	0.359	0.642
	p	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Living situation	r	1.000	0.221	0.689	0.112	0.635	0.258	0.302	0.457	0.394	0.069	0.545
	p		0.020	0.000	0.242	0.000	0.006	0.001	0.000	0.000	0.475	0.000
Finances	r		1.000	0.165	0.325	0.121	0.102	0.091	0.404	0.324	0.351	0.169
	p			0.084	0.001	0.210	0.291	0.342	0.000	0.001	0.000	0.077
Leisure	r			1.000	0.032	0.671	0.500	0.440	0.339	0.238	0.013	0.520
	p				0.737	0.000	0.000	0.000	0.000	0.012	0.895	0.000
Family relations	r				1.000	0.132	0.049	-0.087	0.518	0.082	0.863	0.154
	p					0.170	0.610	0.367	0.000	0.396	0.000	0.108
Social life	r					1.000	0.355	0.281	0.428	0.217	0.060	0.711
	p						0.000	0.003	0.000	0.023	0.533	0.000
Health	r						1.000	0.368	0.225	0.132	0.045	0.334
	p							0.000	0.018	0.169	0.638	0.000
Access to health care	r							1.000	0.110	0.162	-0.133	0.223
	p								0.251	0.090	0.166	0.019
Multidimensional Scale of Perceived Social Support	r								1.000	0.766	0.688	0.681
	p									0.000	0.000	0.000
Significant other	r									1.000	0.238	0.337
	p										0.012	0.000
Family	r										1.000	0.214
	p											0.025
Friends	r											1.000
	p											

QLI: Quality of Life Index; MSPSS: Multidimensional Scale of Perceived Social Support.

Discussion

This descriptive and comparative study was conducted to examine the perceived social support and quality of life of individuals with mental health disorders living in nursing homes and with family. This study found no significant difference between their quality of life, but those living with family had a better living situation, family relations, access to health care, but a worse social life and health than those living in nursing homes. Studies on quality of life in mental disorders have reported that living place and conditions affect quality of life.^[6,8,21,23–25] Ertekin et al. (2015)^[26] have compared the quality of life of schizophrenia patients living in a nursing home and with family, and reported that those living with family had a higher quality of life than those living in nursing homes. Although the result of this study, suggesting no significant difference between the groups' quality of life, does not support previous studies, it suggests that individuals with mental health disorders living with family had better living situations than those living in a nursing home and is compatible with the literature.

One study comparing the quality of life of schizophrenia patients living in protected homes and with family has determined that those living in protected homes were better at interpersonal relationships and daily activities than those living in their own homes. This outcome was considered valid because of the social activities in the protected home where the patients lived.^[27] Ulfseth et al. (2015)^[28] have conducted a study in a psychiatry center in Norway, where individuals with mental disorders undergo outpatient and inpatient treatment; and determined that the daily activities patients attended at the center enabled them to use their social abilities and have opportunities to communicate with other individuals in the center. The result of this present study suggesting that individuals with mental disorders living in nursing home had higher satisfaction with their social life than those living with family may be because they had an opportunity to establish friendships in the home, which supports studies in the literature.

Nursing homes are obliged to be employ healthcare personnel due to legal requirements, and these personnel oversee the treatment of individuals with mental disorders. Medication use is not based on the patients' decisions; therefore medications are regularly administered by healthcare personnel. Carpenter (2002)^[29] has stated that mentally ill patients staying in institutions such as hospitals and nursing homes have to take responsibility such as taking medications, participating in rehabilitation therapies, and collaborating with the treatment team. Therefore, the result of this present study suggesting that individuals with mental disorders living in nursing home had higher satisfaction with their health status than those living with family may be because their treatments are kept under control in the home and they receive regular medication.

This study determined that individuals with mental disorders living with family had a higher perceived social support from their family, but lower perceived social support from significant others and friends than those living in nursing homes. In-

dividuals are shaped by relationships with family, friends and other individuals in a social environment.^[30] Social support is an important factor that enables individuals with mental disorders to cope with disease-related issues.^[10] Sharir et al. (2007)^[31] have evaluated the relationship between quality of life and social support in individuals with mental disorders residing in nursing homes in the USA, and concluded that they had significantly perceived higher social support from friends. In their study, Nelson et al. (1997)^[32] have found that individuals with mental disorders living in nursing homes and boarding houses received more social support than those living in their own homes. The result of this study is compatible with the literature.

This study also determined a significant relationship between perceived social support and quality of life. A number of studies reveal the effects of social support provided to individuals with mental disorders on quality of life.^[33–35] Caron et al. (1998)^[36] have found a high correlation between social support and quality of life. Mahmoud et al. (2017)^[37] have obtained similar results, and found a statistically significant positive correlation between social support and quality of life. The result of this study suggesting a positive significant relationship between quality of life and perceived social support are similar to those studies.

This study found statistically significant relationships between QLI and MSPSS subscales. There was a positive significant relationship between MSPSS family subscale and QLI family relations subscale of both groups. Accordingly, those who perceived more social support from family also had higher satisfaction with family relations. Sullivan et al. (1992)^[38] have reported that mentally ill patients who have good, positive interactions with their families have higher quality of life.

This study also found a positive relationship between MSPSS friend subscale and QLI social life subscale of both groups. Accordingly, those with higher perceived friend support were more satisfied with their social life. Those living in nursing homes can establish more intimate relationships with other individuals residing in the home and increase their quality of life through this social relationship.^[39] Castelein et al. (2015)^[40] have stated that social support from other mentally ill people increases the compliance of individuals with mental health disorders to treatment. Social support is an important factor in overcoming difficulties such as loss of energy and motivation and speech deprivation that prevent them from participating in social activities. Another similar study has reported that mentally ill patients establish friendships with other patients in the nursing home, and that this social relationship constitutes the most important source of interaction in their lives. The study also concluded that the social support received from friends had a strong positive effect on quality of life.^[31]

Conclusion

Individuals with mental health disorders living with family and in nursing homes did not differ significantly in terms of quality

of life, however those living with family had better family relationships and a higher perceived social support from family, but they had lower social circles. In addition, those living in nursing homes had less communication with their families, but they had more friendships and received social support from friends and nursing home personnel rather than family. Healthcare systems that have kept mentally impaired individuals in psychiatric clinics in hospitals for years now strive to provide more quality care services in nursing homes to those not cared for by families, while offering community-based services. However, it is also important to determine the suitability of nursing home care services offered to mentally ill patients in terms of those who benefit from these services. Therefore, it is recommended to conduct further quantitative, qualitative and observational studies in the field.

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