

Quality of Life and Resilience among Patients with Schizophrenia

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Abstract: Schizophrenia is a severe and debilitating disorder, which affects general health, functioning, autonomy, subjective well being, and life satisfaction of those who suffer from it. It had impact on the life and coping of schizophrenic patient .Therefore, **this study aimed to assess quality of life and resilience among patients with schizophrenia. A descriptive research design** was selected for this study .**A purposive sample** consisted of one hundred and twenty patients suffering from schizophrenia attended the outpatient clinic of El-Abassia mental health hospital were used .**Three tools of data collection** were used, the first was socio-demographic questionnaire of patients with schizophrenia , the second was the schizophrenia quality of life scale revision four (SQLS-R4) to assess quality of life of patient with schizophrenia ,and the third was the Connor- Davidson resilience scale (CD-RISC) to assess person ability to cope with stress and adversity. **The main results showed that**, there was a highly statistically significant relation between quality of life and socio-demographic characteristics of patients with schizophrenia regarding their sex, educational level and residence. And there was a highly statistically significant relation between resilience and socio- demographic characteristics of patients with schizophrenia regarding their age, sex, educational level and occupation. Also, there was a highly positive significant correlation between quality of life and resilience among patients with schizophrenia .**This study recommended that**, implementing of counseling intervention for promoting resilience among patients with schizophrenia

Key Words: Quality of Life - Resilience - Schizophrenia

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I. Introduction:

Quality of life (QoL) for people with schizophrenia has been a focus of concern in order to improve their standard of life to lead to more satisfaction, happiness and well-being. it is a complex and multidimensional construct included several domains related to health, psychological and social life .The majority of definitions of (QoL) include several broad concepts such as well-being, happiness/satisfaction and achievement of personal goals, social relations and natural capacity (Zahid et al. ,2009) and (Shrama, 2014).

Schizophrenia is an overwhelming mental illness that affects approximately 1% of the world population. Schizophrenia is recognized as a severe mental illness which characterized by positive symptoms (e.g. delusion, hallucination) and negative symptoms (e.g. blunted affect, emotional and social withdrawal). These symptoms may have a negative impact on a person's social, occupational or interpersonal functioning and his quality of life (American Psychiatric Association 2014) and (Alshowkan, 2015).

The impact of schizophrenia on quality of life of patients with schizophrenia indeed demanding and difficult this is so because Schizophrenia fits into the definition of catastrophic stress and individuals with schizophrenia have been found to have impaired quality of life (QoL) as a core feature during the course of their illness (Chin ,2018).

Resilience is a process of growth and adaption, and it has a multi-dimensional structure. It is also a holistic, dynamic, and development that encompass the ability to cope with stress, and, serious situation e.g. patient problems, patient relationships, and serious illnesses. Resilience outcomes are a balance of mind and effective coping. In other words, resilience causes emotional strength, especially psychological strength of patient during interactions with others who have distress, psychological traumas, or emotional uncertainty. Some patients have more resilience, strength, and resistance to stress than others. These patients have good coping ability and can develop strength from the stress and trouble they are facing. In addition, patients who have resilience have the ability to seek meaning, goals, and values during complicated situations (Mizuno et al., 2016).

Resilience is commonly defined as positive adaptation to adverse events or as the ability to maintain or regain mental health after exposure to difficulties. resilience also defined as 'a positive personality characteristic that enhances individual adaptation'. It was becoming an important topic in people with schizophrenia since there is evidence that it increases the probability for long-term recovery. In schizophrenic patients, resilience

seems to affect real-life functioning, reducing the frequency of relapses and improving drugs response (Jung, 2017). Also, it is a person's individual characteristic a psychological variable describing the level of mental toughness of an individual, involving the ability to recover (adapt) from difficult experiences to one's life situation (Izydorczyk, 2019).

Resilience comprises cognitive and behavioral tendencies that reflect dispositional character traits and patterns of behavior that develop through life experience. It was associated with positive mental and physical health outcomes although debate over its function as a predictor and/or outcome of stressful life conditions exists (Galderisi, 2017).

Significance of the study

Quality of life (QoL) for people with schizophrenia has been a focus of concern in order to improve their standard of life to lead to more satisfaction, happiness and well-being. It is important to consider such phenomenon or aspect of one cognitive domain because it can be considered to be part of mental health. And the understanding of such would also result to increase rate or possibility of recovery and better life (Alshowkan, 2015).

Resilience is a dynamic process of adaptation to challenging life conditions that varies with context, time, age, gender, and cultural origin, as well as within an individual subjected to different life circumstances (Jung, 2017). It embodies the personal qualities that enable one to thrive in the face of adversity, and it could be protective against mental disorders. Also it was viewed as measure of successful stress-coping ability. So, it is important to assess quality of life and resilience among patients with schizophrenia.

Aim of the Study: This study aimed at assessing quality of life and resilience among patients with schizophrenia.

This aim was achieved through answering the following research questions:

- What is the quality of life among patients with schizophrenia?
- What are the levels of resilience among patients with schizophrenia?
- Are there a relation between quality of life and resilience among patients with schizophrenia?

II. Research Methodology:

Research design: This study is descriptive study.

Setting: This study was conducted in outpatient clinic of abassia mental health hospital affiliated to ministry of health, Egypt.

Subjects of the Study:

A purposive sample of a total of 120 patients during their follow-up visits to the previously mentioned setting, who were selected under the following inclusion criteria:

- Age : 18 to \leq 60 year
- Male and Female patients
- Not complain from other psychiatric or neurological illness (through checking the patient chart).
- Agree to be included in this study.
- The patients were identified as being clinically stable by a psychiatrist for at least 6 months, that is, they had to be treated as out-patients without any modification of the treatment regimen.

Exclusion criteria

- Patients were excluded if they have a learning disability, or known organic mental disorder or communication difficulties.

Tools of data collection:

1. **A structured interviewing questionnaire:** It was developed by the researchers and covered the following items:

- **Socio demographic questionnaire of patients with schizophrenia** such as: age, sex, marital status, occupation, educational level, duration of illness, frequency of follow -up, numbers of previous hospitalization, and residence .

2. **The Schizophrenia Quality of Life Scale Revision 4 (SQLS-R4) :**

It was developed by (Wilkinson et al., 2000) to assess quality of life of patient with schizophrenia.(SQLS-R4) was a self-rated scale, contains 33 items incorporated in two domains: psychosocial feeling contains (20 items) and vitality contains (13 items) , the scale was coded on a 5-point scale in relation to their frequency

of occurrence during the previous week as the following 0 = never , 1= rarely , 2= sometimes, 3= often and 4 = always. While this score reversed in the subscale of four items number (23) = Able to carry out daily activities, 25 = Feel I can cope, 26 = Sleep well and 29= Feel happy). For all the scale, higher scores indicated a worse QoL. This scale had a satisfactory internal consistency of ($\alpha = 0.80-0.93$).

3. The Connor-Davidson Resilience scale (CD-RISC):

It was developed by (Connor & Davidson, 2003) to assess person ability to cope with stress and adversity. It comprises of 25 items, each rated on a 5-point scale (0-4), as follows: not true at all (0) ,rarely true(1),sometimes true(2),often true(3), and true nearly all of the time(4). The scale is rated based on how the subject has felt over the past month .The total score ranges from 0–100, with higher scores reflecting greater resilience. Internal consistency Cronbach's alpha for the full scale was 0.89.

Operational Design:

1. Preparatory phase:

It included reviewing of literature & theoretical knowledge of the various aspects of this issue in order to develop the data collection tool.

2. Pilot study:

A pilot study was conducted on 10 of patients with schizophrenia to test by the designed assessment tool and its applicability on the sample, and in order to estimate the time needed to fill in the sheets, and to identify obstacles or problems in data collection and accordingly necessary modifications were done. Subjects who shared in the pilot study were excluded from the main study sample.

3. Administrative Design:

Official letters were issued from the faculty of nursing, to the director of Abassia mental health hospital affiliated to ministry of health, explaining the aim of the study and requesting their permission for data collection and participation of patients with schizophrenia in the research process.

Ethical consideration:

The ethical research considerations in this study included the following:

- The research approval obtains before conduct the study
- Subjects are allowed to choose to participate or not participates 'voluntary participation'
- The researcher describes the objective and aim of the study to subjects.
- Maintain confidentiality and privacy for every selected patient with schizophrenia who involved on the study sample.
- Clarifying that all information will be used for scientific research only.

Field work:

Data collection was carried out from beginning of July 2018 to end of September 2018. The interview method was used for data collection; subjects were interviewed by the researcher, after explaining the aim of the study that was conducted through three phases:

Phase I: There was an introductory phase for researcher with schizophrenic patients to explain the aim of study and obtain the oral approval to participate in the study. The researcher inform the subjects that the time for collect the data was through two days weekly on (Monday and Tuesday) in Abassia mental health hospital affiliated to ministry of health, and each patients was interviewed individually by the researcher.

Phase II: There was a working phase for the researcher through which every patient was interviewed to assess his/ her quality of life and resilience through fulfill the sheet of each one. The researcher measures in a time ranged from 25 to 35 minutes.

Phase III: There was a terminating phase for the researcher through which, A total of 120 male and female patients with schizophrenia who agreed to participate in the study were assured that the information collected would be treated confidentially & that it would be used only for the purpose of the study.

Limitation of the study:

Schizophrenic patient were not all motivated and more effort was paid to make them actively participate.

Statistical design

In the present study, a frequency analysis, using SPSS 22.0, was performed to calculate the percentages for the general characteristics of the substance abused patients under study. Mean ,stander deviation, .T- test, p value and Pearson correlation coefficient for the relation between quality of life and resilience among patients with schizophrenia. The observed differences, associations were considered as follows:

$P < 0.05$ Significant (S)*

P < 0.005 High significant (HS) **

III. Results:

Table (1) shows that the highest percentage (91.7%) of patient with schizophrenia understudy were male and (74.2%) of them were lived in urban area .Also, it was found that more than half of them were in age from 18- < 32years with 37.70 ± 8.73 , married, work and previously hospitalized at one time which constitute (54.2%) and (51.7%) respectively.

Regarding psychosocial domain of quality of life among patients with schizophrenia **Table (2)** reveals that, more than two third of patient with schizophrenia were always Feel uncomfortable with people, Difficult to mix with people ,Feel people avoid them, Concerned about social life and Feel lonely which constitute (68%),(67%),(67%), (66%) and (65%) respectively. Meanwhile ,as regards to cognition and vitality domains ,it was found that, more than half of patient with schizophrenia were always had trouble in thinking clearly ,Can't be bothered to do things, did not sleep well, lack energy to do things and always not able to carry out daily activities which constitute (60%),(59%),(52%),(51%) and (51%) respectively.

Table (3) summarized that, the highest proportions (89.2%) of patients with schizophrenia were having a worse quality of life and (10.8%) were having good quality of life.

Table (4) indicated that, there was a highly statistically significant relation detected between the subscales of quality of life of patients with schizophrenia.

Table (5) clarifies that, more than two third of patient with schizophrenia under study were not able to adapt to change, don't prefer to take the lead in problem solving, cannot handle unpleasant feelings, had not close and not secure relationships, did not cope with stress strengthens and did not work to attain his /her goals, which constitute (70%), (66%), (65%), and (60%) respectively. Meanwhile half (50%) of the studied sample were True nearly all of the time that they sometimes fate or God can help them and more than two third (40%) of were True nearly all of the time that they had to act on a hunch. Also, more than one fifth of them (29%) True nearly all of the time that they can handle unpleasant feelings and (21%) make unpopular or difficult decisions.

The Figure(1) illustrated that the highest proportion (81.3%) of patients with schizophrenia were in lower resilience level. Meanwhile, the minority of them (18.7%) were in higher resilience level.

Table(6) explained the relationships between quality of life, resilience and socio- demographic characteristics of patients with schizophrenia and found that, there was a statistically significant relation between quality of life and socio- demographic characteristics of patients with schizophrenia regarding their age and marital status and there was a highly statistically significant relation regarding their sex, educational level and residence. Meanwhile, there was no statistically significant relation regarding their occupation. Meanwhile, regarding relations between resilience and socio- demographic characteristics of patients with schizophrenia it was found that, there was a highly statistically significant relation regarding their age, sex, educational level and occupation. But there was no statistically significant relation regarding their marital status and residence.

Table (7) displayed the correlations between quality of life, resilience of patients with schizophrenia and found that, there was a highly positive significant correlation between quality of life and resilience among patients with schizophrenia

IV. DISCUSSION

Quality of life defines as the individual's awareness of their life in the perspective of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns. It consists of physical health, psychological health, social relations, and environmental domains Improvements in quality of life (**Hosam, 2019**). Quality of life are known to represent relevant predictors for symptomatic remission and functional recovery and have therefore become an increasingly important objective in the treatment of schizophrenia (**Karow, 2014**).

Resilience has received increasing attention in schizophrenia in the past years since there is evidence that it also has a positive impact on the long-term outcome of patients, similar to QoL (**Wartelsteiner, 2016**). Resilience can generally be defined as 'the capacity of a dynamic system to withstand or recover from significant challenges that threaten its stability, viability, or development'. It is seen as a personality trait, whereas others see it as a dynamic, modifiable process. In patients with schizophrenia, resilience can be seen as the capacity to cope with and to gain insight into the illness (**Torgalsboen, 2016**). So, this study aimed at assessing quality of life and resilience among patients with schizophrenia.

Results of the present study shows that, the highest percentage of patient with schizophrenia understudy were male . This result is matching with a study carried out by **Abu Shair and Eljedi ,(2015)** who evaluate the level of physical, emotional, economic and social burden experienced by the caregivers of schizophrenic patients in Gaza strip and found that the highest percent of schizophrenic patients were males . Meanwhile, this results disagrees with **Hasan, (2018)** who studied the determinants of the quality of life (QoL)

among outpatients with schizophrenia in Jordan and found that the majority of patient with schizophrenia understudy were female .

Results of the current study showed that, the majority of studied sample were lived in urban area .and more than half of them were in age from 18- < 32years, married and employed. and more than one third of them at secondary school level of education. This results are supported with **Alshowkan, (2015)** who studied factors affecting the quality of life for people with schizophrenia in Saudi Arabia and found that, more than half of them were in ages ranged from 18-65 years and the majority of the participants completed their secondary school level of education ,were employed and most of the participants were married.

Results of the present study reveals that, more than two third of patient with schizophrenia were always Feel uncomfortable with people, Difficult to mix with people ,Feel people avoid them, Concerned about social life and Feel lonely. This results may be due to sudden exacerbation of positive symptoms of illness, lack of knowledge about managing disturbed behavior, had a lack of communication and problems solving skills, lack of support from their family members and lack of cooperation from others, medical team and stigma of mental illness . This results in accordance with **Galuppi et al. (2010)** who studied schizophrenia and quality of life: how important are symptoms and functioning and found that, the social dimension was the lowest among patients with schizophrenia in a sample of Italian patients. However, these results contradict with results of **Sharir et al. (2007)**. Who studied social support and quality of life among psychiatric patients in residential homes and stated that, patients with schizophrenia were able to sustain relationships with significant others and rely heavily upon social support from friends, which afford them higher QOL

As regards to cognition and vitality domains of quality of life , the present study results were founded that, more than half of patient with schizophrenia were always had trouble in thinking clearly ,Can't be bothered to do things, did not sleep well, lack energy to do things and always not able to carry out daily activities .

Results of the current study summarized that, the highest proportion of patients with schizophrenia were have a worse quality of life. This result may be due to Stigmatizing beliefs about mental illness can be a daily struggle for people with schizophrenia who are at high-risk of suffering from low insight and inadequate medication compliance, which may lead to serious mental health problems and reduced their quality of life. This result agrees with **Chin, (2018)** who studied The impact of cognitive insight, self-stigma, and medication compliance on the quality of life in patients with schizophrenia and found that, most of patients with schizophrenia were have low quality of life.

Results of the present study clarifies that, more than two third of patient with schizophrenia under study were not able to adapt to change, don't prefer to take the lead in problem solving, cannot handle unpleasant feelings, had not close and not secure relationships, did not cope with stress strengthens and did not work to attain his /her goals. This could be due to the negatively impact of schizophrenia on patients social life and on the other hand decrease the coping resources with those patients can alter their life.

Meanwhile half of the studied sample were true nearly all of the time that they sometimes fate or God can help them and they had to act on a hunch. Also, more than one fifth of them were true nearly all of the time that they can handle unpleasant feelings and make unpopular or difficult decisions. This may be due to trust in God mercy and able to cope with signs and symptoms of their illness which affect the patient's acceptance of situation.

Results of the present study illustrated that, the highest proportion of patients with schizophrenia were in lower resilience level. This may be due to the absence of support system that is the responsible one for accepting and understanding the features of the disease which help the patients to tolerate stress and to cope effectively with their illness.

Considering the relationships between quality of life, and socio- demographic characteristics of patients with schizophrenia the current study revealed that, there was a statistically significant relation between quality of life and socio- demographic characteristics of patients with schizophrenia regarding their age and marital status, sex, educational level and residence and there was no statistically significant relation between occupation and quality of life. This is disagrees with the results of **Ruesch et al. (2004)** who found that employment among patients with schizophrenia affects their QOL positively that it enriched social network and social support which in turn improve QOL.

Results of the present study pointed that there was a highly statistically significant relation between resilience and socio- demographic characteristics of patients with schizophrenia regarding their occupation. This result supported the fact that employment plays a key role in the daily life of the individual and occupation not only results in financial gain to the individual, but also promotes individual integration in the community and supports the perception of self-worth and growth .

Results of the current study displayed that, there was a highly positive significant correlation between quality of life and resilience among patients with schizophrenia. This result may be due to high levels of resilience help patient with schizophrenia to take advantage of their positive emotions, to survive their adverse experiences and return to a favorable status in addition to have an extraordinary ability to adapt to significant

change, deeply believes that life is meaningful, which reflected on and affect positively their quality of life .This results agrees with **Karimirad, (2018)** who studied the relationship between the resilience and quality of life in family caregivers of patients with mental disorders found that there was an average positive relationship between quality of life and resilience that is also statistically significant among patient with mental disorders. Meanwhile, this result disagrees with **Feggi, (2017)** who studied schizophrenia and major depression: resilience, coping styles, personality traits, self-esteem and quality of life and found that, there was no positive correlation between resilience and perceived quality of life among patient with schizophrenia.

V. Conclusion

In the light of the current study it can be concluded that, the majority of patient with schizophrenia understudy were male and married, there was a highly statistically significant relation detected between the subscale of quality of life of patients with schizophrenia and between quality of life and socio- demographic characteristics of patients with schizophrenia regarding their sex, educational level and residence. Also there was a highly statistically significant relation between resilience and socio- demographic characteristics of patients with schizophrenia regarding their age, sex, educational level and occupation. Also, there was a highly positive significant correlation between quality of life and resilience among patients with schizophrenia

Recommendation

From the results of the present study, it can be concluded that :

- Implementing of counseling intervention for promoting resilience among patients with schizophrenia.
- The importance of increase the awareness of patients with schizophrenia about their illness management and how to deal with their stressor by health care professionals through workshops because they are really in need .
- Psycho educational intervention program should be designed to reduce the negative implications of schizophrenia and to improve QoL among patients with schizophrenia.
- A rehabilitation program should be established for patients with schizophrenia to enhance their resilience and consequently their coping skills, and hence their quality of life becomes better.

Table (1): Number and Percentage Distribution of patient with schizophrenia according to their socio demographic characteristics

Items	No	%
Patient's age (years):		
▪ 18- < 32y	65	54.2
▪ 32- < 46y	35	29.1
▪ 46 – 60y	20	16.7
Mean ± S D 37.70± 8.73		
Gender:		
▪ Males	110	91.7
▪ Females	10	8.3
Marital status		
▪ Single	40	33.3
▪ Married	62	51.7
▪ Divorced	12	10
▪ Widow	6	5
Level of education:		
▪ Read& write	32	26.7
▪ Primary school	25	20.8
▪ Preparatory	10	8.3
▪ Secondary school	40	33.3
▪ University	13	10.8
▪ Post-graduate	0	0
Occupation:		
▪ Work	62	51.7
▪ Not work	58	48.3
Duration of follow-up:		
▪ 6-< 12 months	49	40.8
▪ 12 months -< 3 years	55	45.8
▪ + 3 years	16	13.3
Previous Hospitalization:		
▪ One Time	62	51.7
▪ 2 Times	38	31.7
▪ 3 Times	20	16.6
Residence:		
▪ Urban	89	74.2

▪ Rural	31	25.8
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Table(2): Percentage Distribution of Patients with Schizophrenia According to their Quality of Life

Item no	Description	Never %	Rarely %	Sometimes %	Often %	Always %
Psychosocial						
1.	Worry about future	3	0	12	30	55
2.	Feel lonely	8	2	4	21	65
3.	Feel hopeless	0	0	5	32	63
4.	Feel panicky	2	1	33	18	46
5.	Take things people say the wrong way	0	1	8	36	55
6.	Difficult to mix with people	0	0	2	31	67
7.	Feel down	0	10	14	22	54
8.	Feel very mixed up	13	8	22	18	39
9.	Feelings go up and down	4	0	8	36	52
10.	Concerned won't get better	12	3	34	14	37
11.	Worry about things	10	8	10	17	55
12.	Feel people avoid me	0	0	12	21	67
13.	Get upset thinking about the past	18	12	14	13	43
14.	Feel cut off from the world	2	0	17	26	55
15.	Feel uncomfortable with people	0	7	10	15	68
16.	Has upsetting thoughts	8	0	19	24	49
17.	Has suicidal thoughts	0	0	43	12	45
18.	Feel depressed	0	4	2	34	60
19.	Feel restless	0	0	7	38	55
20.	Concerned about social life	8	0	5	24	66
Cognition and vitality						
21.	Lack energy to do things	9	8	13	19	51
22.	Can't be bothered to do things	4	0	15	22	59
23.	Able to carry out daily activities	51	34	6	9	0
24.	Find hard to concentrate	11	9	17	26	37
25.	Feel I can cope	46	33	2	8	11
26.	Sleep well	52	16	23	9	0
27.	Trouble remembering things	8	7	12	24	49
28.	Has trouble thinking clearly	6	10	17	7	60
29.	Feel happy	49	32	6	10	3
30.	Feel drowsy	5	6	12	30	47
31.	Feel tired	9	17	8	24	10
32.	Feel physically weak	6	12	23	34	25
33.	Feel like not leading a normal life	13	25	19	31	12

Table (3): Level of Quality of Life of Patients with Schizophrenia

Quality of Life	No.	%
• Good	13	10.8
• Worse	107	89.2

Table (4): Mean and Stander Deviation between Subscales of Quality of Life of Patients with Schizophrenia

Items	Mean ± SD	T- Test	P- Value
• Psychosocial	12.31±1.35	89.705	.005**
• Cognition and vitality	10.41±1.08		

**highly statistical significant relation

Table (5): Percentage Distribution of patient with schizophrenia according to their Resilience

Item no	Description	Not true at all %	Rarely true %	Sometimes true %	Often true %	True nearly all of the time %
1.	Able to adapt to change	70	17	5	3	5
2.	Close and secure relationships	65	14	13	6	2
3.	Sometimes fate or God can help	13	12	23	12	50
4.	Can deal with whatever comes	54	19	17	10	0
5.	Past success gives confidence for new challenge	51	27	14	0	8
6.	See the humorous side of things	47	21	15	11	6
7.	Coping with stress strengthens	65	17	11	17	0
8.	Tend to bounce back after illness or hardship	44	28	13	11	4
9.	Things happen for a reason	39	12	26	13	10
10.	Best effort no matter what	37	17	33	12	1
11.	can achieve my goals	44	27	14	7	8
12.	When things look hopeless, I don't give up	48	31	6	10	3
13.	Know where to turn for help	54	13	11	1	21
14.	Under pressure, focus and think clearly	35	19	21	15	10
15.	Prefer to take the lead in problem solving	66	0	19	9	6
16.	Not easily discouraged by failure	50	22	11	17	20
17.	Think of self as strong person	56	26	13	2	8
18.	Make unpopular or difficult decisions	36	17	17	9	21
19.	Can handle unpleasant feelings	66	0	0	5	29
20.	Have to act on a hunch	25	5	12	18	40
21.	Strong sense of purpose	34	28	15	11	12
22.	In control of my life	48	27	21	0	4
23.	I like challenges	56	19	22	3	0
24.	work to attain my goals	60	25	15	0	0
25.	Pride in my achievements	36	42	4	12	6

Figure(1):Levels of Resilience among Patient with Schizophrenia under study

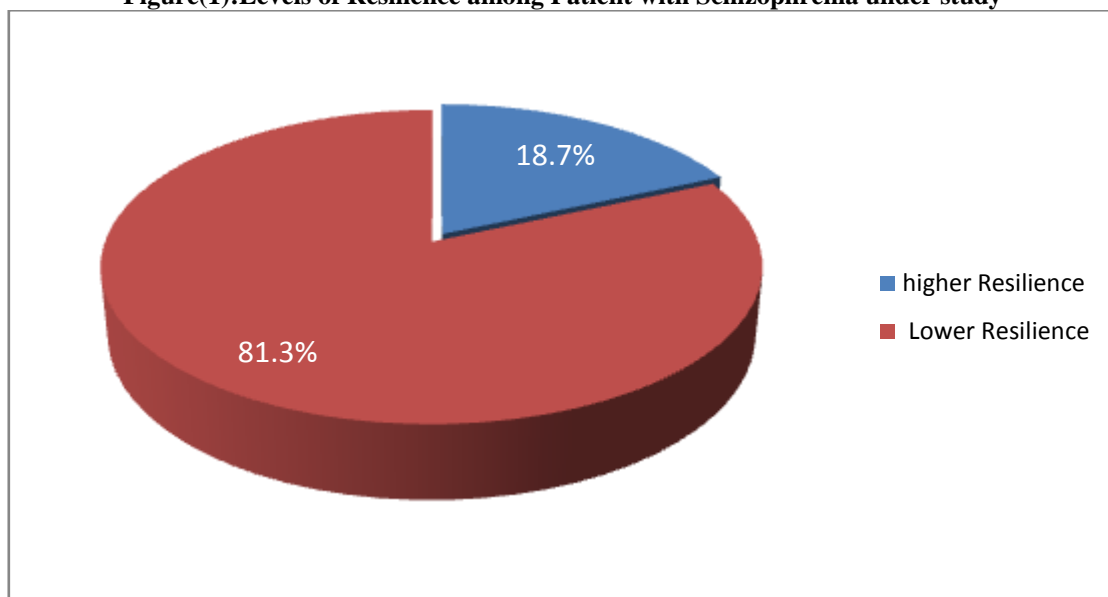


Table (6): Relationships between Quality of Life, Resilience and Socio demographic characteristics of Patients with schizophrenia

Items	Pearson correlation coefficient	
	Quality of Life	Resilience
Socio- demographic	.209*	.291**
• Age	.05	.005
• Sex	.084**	.289**
	.005	.005
• Marital status	.019* .05	.097- .344
• Educational level	.295** .005	.273** .005
• Occupation	-.032- .775	.314** .005
• Residence	.258** .005	.298 .005

* Correlation is significant

** Correlation is highly significant

Table (7): Correlation between Quality of Life and Resilience among Patients with schizophrenia

Items	R- test	P- value
• Quality of Life	0.812	0.000
• Resilience		

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