

A Retrospective Study: Assess the Impact of Schizophrenia on Quality of Life, Including Social and Occupational FunctioningAshutosh Singh¹, Gautam Saha²¹Senior Resident, Department of Psychiatry, R.D.J.M. Medical College and Hospital, Turki, Muzaffarpur, Bihar, India²Professor, Department of Psychiatry R.D.J.M. Medical College and Hospital, Turki, Muzaffarpur, Bihar, India

Received: 01-02-2026 / Revised: 15-03-2026 / Accepted: 21-04-2026

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Conflict of interest: Nil

Abstract

Background: Schizophrenia is a chronic psychiatric disorder characterized by disturbances in perception, thought, emotion and behavior, leading to significant impairment in social and occupational functioning. The disease impacts on quality of life (QoL) and significant cause of disability, unemployment, social isolation and emotional distress among affected individuals. Although schizophrenia is a growing burden, few regional studies in Bihar have evaluated the effects of schizophrenia on psychosocial functioning and QoL.

Methods: This study was a retrospective observational study conducted in the department of Psychiatry at R.D.J.M. Medical College & Hospital from August 2025 to February 2026. A total of 92 diagnosed schizophrenia patients were included. Demographic profiles, WHOQOL-BREF scale, Social Functioning Scale (SFS), and occupational functioning assessment tools were used to collect the data from the hospital records. Descriptive and inferential statistics were used with p value <0.05 was taken as significant.

Results: Among 92 patients, 58.7% were male and 40.2% were in the age group 31–40 years. There was moderate social impairment seen in 46.7% of patients, and severe social dysfunction in 31.6% of patients. 55.4% had been without employment. The lowest average scores in the QoL scale were in the social relationship domain (39.8) and psychological domain (42.3). There was a significant relationship between the duration of illness and decreased QoL (p=0.003) and impaired social functioning (p=0.011).

Conclusion: Schizophrenia has a profound impact on life functioning and QoL, and adversely affects and occupational functioning. To achieve optimal long-term patient outcomes and social reintegration, early psychiatric intervention, psychosocial rehabilitation, occupational therapy and family support are essential.

Keywords: Schizophrenia, Quality of life, Social functioning, Occupational functioning, Retrospective study.

DOI: 10.25258/ijcpr.18.5.96

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Introduction

Schizophrenia is a chronic and severe mental disorder that impacts a person's thinking, behavior, emotions, and perception [1]. It has been described by disturbances in thought process and a distortion of reality that greatly disrupts the person's ability to function normally or interact with others. Usually signs of the disorder occur in late adolescence or early adulthood; often the symptoms often recur over the long term [2,3].

Schizophrenia affects millions of people around the world and it is one of the top causes of psychiatric disability [4]. Schizophrenia is a significant mental health problem in India as there is still a lack of awareness, social stigma and limited access to specialized psychiatric services especially in rural and economically disadvantaged communities [5].

Schizophrenia's clinical characteristics are typically divided into positive symptoms, negative symptoms, and cognitive symptoms [6]. Negative symptoms are characterized by emotional withdrawal, diminished speech, lack of motivation, and lack of social engagement, while positive symptoms are characterized by hallucinations, delusions, disorganized speech, and abnormal behavior [7]. Cognitive impairments like memory loss, decreased attention span and impaired decision making also increase functional disability and decrease independence of affected persons [8].

Schizophrenia has a significant impact on individuals, their caregivers, health services and communities. People with schizophrenia often experience emotional distressed, anxious,

depressed and have poor self-esteem due to the chronic nature of the illness and to the social rejection of psychiatric disorders [9]. Social isolation is common consequence, with patients often experiencing stigma, discrimination, and interpersonal relationship challenges. Cognitive dysfunction and related persistent symptoms can also have significant impacts on work efficiency, and this is another significant concern as it can restrict employment opportunities and occupational impairment. Many patients become financially dependent on family members, which can lead to the caregiver's financial burden and to a decrease in QoL [10]. The disease also causes a significant disability in the areas of self-care, communication, and independent living.

Overall well-being and functioning are important indicators of QoL, which are used to evaluate the functioning of individuals with a chronic illness like schizophrenia [11]. Schizophrenia can have a negative impact on several life domains, such as physical health, psychological and mental well-being, social functioning and occupation [12]. Patients might suffer from poor physical health because of the side effects of the medicines they are taking and unhealthy lifestyle they have, while psychological disorder like hopelessness and emotional instability, further reduce life satisfaction. Other frequent symptoms include social dysfunction, decreased involvement in community activities, unemployment, and decreased ability to perform well at work. Even though schizophrenia has a tremendous impact on functional outcomes, there is inadequate regional data from Bihar and other parts of India to cover this area in detail. The aim of the present retrospective study, therefore, is to evaluate the effect of schizophrenia on the quality of life with reference to social and occupational functioning of the patients attending tertiary care hospital setup.

Objectives

- To assess QoL of patients with schizophrenia.
- To assess social functioning impairment.
- To determine the levels of occupational functioning impairment.
- To determine the factors related to poor QoL.

Materials and Methods

Study Design: The present study was a retrospective observational study and was used to evaluate the effect of schizophrenia on the QoL (social and occupational functioning) of the diagnosed patients. The retrospective method allowed the assessment of pre-study clinical as well as psychosocial data that had been recorded during the study period.

Study Setting: The study was conducted at the Department of Psychiatry, R.D.J.M. Medical

College & Hospital. The institution acts as a tertiary care facility offering psychiatric consultation, treatment and rehabilitation facilities to the patients of urban and rural areas of Bihar and adjacent areas.

Study Duration: This study was carried out for seven months, August 2025 to February 2026. In this period, the patient records were examined and the necessary information was retrieved from the Out Patient Department (OPD) and In Patient Department (IPD) of the psychiatry ward.

Study Population: The study population included patients receiving treatment at the psychiatry OPD and/or admitted to IPD during the study period, who were diagnosed with schizophrenia. Schizophrenia diagnoses were confirmed using routine psychiatric diagnostic criteria from hospital records.

Sample Size: The number of patients who were diagnosed with schizophrenia was 92. Both male and female patients with the eligibility criteria were included.

Inclusion Criteria: The study included patients with schizophrenia, full and easily available medical records, aged 18 and older. Records were considered for analysis only if they included sufficient clinical and/or psychosocial data.

Exclusion Criteria: To minimize potential confounding factors and ensure data reliability, patients with severe neurological disorders, comorbid substance dependence and incomplete medical records were excluded from the study.

Sampling Technique: Eligible patient records were identified using a convenient retrospective sampling technique from the database at the psychiatry department.

Data Collection Tools: Structured demographic profile sheet and standardized assessment tools such as the WHOQOL-BREF scale for QoL assessment and the SFS for assessing social functioning were used to collect data.

Occupational functioning was evaluated by employment status, performance in occupation and maintaining the responsibility in the occupation.

Variables Collected: The variables that were collected consisted of age, gender, marital status, and years of illness, employment status, social functioning scores and QoL scores.

Statistical Analysis: The data collected were entered and analysed by the SPSS software. Demographic and clinical variables were summarized using descriptive statistics including the mean, percentage and the standard deviation. Chi-square test, independent t-test and correlation analysis were used for inferential statistical testing

to identify associations between variables. The p value of < 0.05 was used as the criterion for statistical significance.

Ethical Considerations: Ethical approval from the institutions was obtained before the study was undertaken. The confidentiality of patient information was carefully observed throughout this research and no personal identifiers were released in the study findings.

Results: In the present retrospective study, a total of 92 patients with the diagnosis of schizophrenia were included.

The data of demographic analysis revealed that most patients were in the age range of 31-40 years and there were slightly more males than females.

The majority of participants were not married, and had a lower level of education than graduate school. The demographic profile of the study population is shown in Table 1.

Table 1: Demographic Characteristics

Variable	Frequency (n=92)	Percentage (%)
Male	54	58.7
Female	38	41.3
Age 18–30 years	28	30.4
Age 31–40 years	37	40.2
Age >40 years	27	29.4
Unmarried	49	53.3
Married	43	46.7

The clinical features showed that there was a large number of patients with chronic illness (more than 5 years of illness) in the study population.

Table 2: Clinical Characteristics

Duration of Illness	Number of Patients
<2 years	21
2–5 years	34
>5 years	37

QoL assessment revealed lower mean scores in all domains with a greater impairment in psychological and social domains.

Table 3: QoL Scores

Domain	Mean Score
Physical Health	48.6
Psychological Health	42.3
Social Relationships	39.8
Environmental Domain	45.1

Most patients had moderate to severe impairments in interpersonal relations and community participation in social functioning assessment.

Table 4: Social Functioning Assessment

Impairment Level	Percentage (%)
Mild Impairment	21.7
Moderate Impairment	46.7
Severe Impairment	31.6

Schizophrenia patients had poor employment outcomes, with significant disability associated with schizophrenia that led to a majority of patients unemployed due to illness-related disability.

Table 5: Occupational Functioning

Employment Status	Frequency
Employed	29
Unemployed	51
Partially Employed	12

Association analysis showed that there were statistically significant relationships between the duration of illness and the decreased QoL and dysfunction in social functioning.

Table 6: Association Analysis

Variable	p-value
Duration of illness vs QoL score	0.003
Duration of illness vs social functioning	0.011
Occupational status vs QoL	0.018

Based on the results of this study indicate that schizophrenia negatively impacts QoL, social functioning and work functioning. Patients had more social withdrawal, less function at work, and more dependency when they had a longer duration of illness. Stigma and diminished interpersonal communication were frequently seen among people with severe functional impairment.

Discussion

This retrospective study examined the effect of schizophrenia on the wellness, social functioning and occupational functioning of patients who had been admitted to a tertiary care hospital. The results revealed a significant decline in QoL in terms of physical, psychological, social and environmental aspects. Patients with schizophrenia experienced the greatest emotional distress, withdrawal and interpersonal difficulties in the psychological and social domains, reflecting the continued emotional and social problems. There were also significant social dysfunction and a majority of participants had moderate to severe impairment in social functioning with regard to maintaining relationships and engaging in community activities. Another important finding was occupational dysfunction, where the patients were mostly not working because of sickness-related disability and work dysfunction. These findings indicate that schizophrenia has a mental health impact but also interferes significantly with overall functioning and independent living.

Comparison with Previous Studies: The findings of this study are similar to a number of studies conducted in India as well as abroad to measure functional impairment in patients with schizophrenia. In psychiatric populations, scores of QoL have been found to be significantly lower in schizophrenia patients, especially in the social and occupational areas [13]. In studies conducted in various parts of India, chronic schizophrenia was found to be related to lesser social participation, unemployment and dependence of the carers [14]. Negative and cognitive symptoms have also been found to be significant factors in low QoL and poor psychosocial function [15]. It was shown in developed countries that effective drug treatment does not always result in a fully integrated social network or a stable work for patients with schizophrenia. The present results confirm the previous evidence showing that a strong correlation exists between the longer the illness duration and

the greater the impairment of QoL and functional disability.

Clinical Implications: The results of this study highlight the need for holistic psychiatric management beyond symptom control. It is essential to consider implementing psychosocial rehabilitation programs for schizophrenia patients to improve their social skills, self-confidence and social reintegration. Early diagnosis and prompt psychiatric treatment can limit the course of the disease and/or avoid prolonged disability. For patients with concerns about their ability to have a meaningful career, an occupational therapy and/or vocational rehabilitation program can assist in the restoration of work-related skills and the enhancement of financial independence. Family counselling and psychoeducation are also vital to decrease stigma, improve treatment adherence and build social support systems.

Strengths of the Study: A strength of this study is the use of real-life data from a tertiary care psychiatric setting. The study also offers valuable regional information on Bihar where few studies have been conducted on QoL and functional outcome of patients with schizophrenia.

Limitations: The study has some limitations, but it made for significant findings. There were limitations due to the retrospective study design, including limited longitudinal information and the lack of causal interpretation. The study population is relatively small and only performed at a single center, which could restrict the generalizability of the results to the broader population.

Conclusion

Based on the findings of the present study, it can be determined that schizophrenia has a significant impact on the QoL and negatively affects social and occupational functioning. Emotional distress, social isolation, loss of employment and diminished independence in functioning are common among patients with chronic schizophrenia. The duration of illness was correlated with functional impairment and the psychosocial outcomes. Longer duration of illness was associated with greater functional impairment and poorer psychosocial outcomes. Social and occupational rehabilitation, social and family support, and early psychiatric intervention are important to the patient's recovery and QoL. Educating the community and decreasing the social stigma are also critical to ensuring social inclusion

and improved mental health care outcomes for schizophrenia patients.

Recommendations: Assessment of psychosocial functioning should be a routine aspect of the treatment of schizophrenia. The vocational rehabilitation and occupational therapy programmes must be enhanced for better employment opportunities. The promotion of family counseling and community mental health awareness programs are suggested in order to minimize the stigma and strengthen the support network. Further multicentric studies should be performed for generalization of results.

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