

The relative influences of proactive coping skills, emotional distress and self-esteem on functioning and quality of life of schizophrenic patients

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Fundação para a Ciência e a Tecnologia

MEMBRO DA CIÊNCIA, TECNOLOGIA E INOVAÇÃO SUPERIOR
Supported by a FACC Grant

XIV World Congress of Psychiatry Prague, Czech Republic, September 2008

Purpose

Persons with schizophrenia tend to fail using effective coping skills in order to adaptively face daily life stressors. There is evidence linking the use of active problem-solving coping skills to better functional outcomes. However, few studies attempted to analyze the impact of proactive coping skills in functioning and quality of life. The aim of this study was to examine the relative associations between proactive coping skills, emotional distress, self-esteem, functioning and quality of life (QOL) among people diagnosed with schizophrenia.

Methods

▪ **Participants:** 23 Portuguese persons diagnosed with Schizophrenia (Age Md = 43.6, SD = 8.84; 61% males).

▪ **Instruments:**

Life Skills Profile (Portuguese version by Rocha et al., 2006) was used to determine psychosocial functioning. This scale was completed by psychologists and occupational therapists who follow their patients over the years and have ample opportunity to observe and assess patient functioning in different community settings. The Life Skills Profile comprises 39 items, which can measure five key dimensions: self-care (grooming, hygiene, budgeting, food preparation, etc.); nonturbulence (degree of offensiveness, violence, intrusiveness, anger control, etc.); social contact (friendships, interpersonal interests and activities, etc.); communication (conversational skills, inappropriate gesturing, etc.); and responsibility (cooperativeness, responsibility regarding personal property and medication, etc.).

World Health Organization Quality of Life Brief (Portuguese version by Vaz-Serra et al., 2006) was administered to assess the participant's quality of life. The WHOQOL is a generic quality of life instrument that was designed to be applicable to people living under different circumstances, conditions and cultures, providing measurement on four domains: physical, psychological, social relationship and environment. The physical domain has questions related to daily activities, treatment compliance, pain and discomfort, sleep and rest, energy and fatigue. In the psychological domain, there are questions of positive and negative feelings, self-esteem, body image and physical appearance, personal beliefs and attention. The social relationship domain is related to personal relationships, social support and sexual activity. The environmental domain investigates safety, financial resources, health and social care, opportunities for acquiring new information, and participation in and opportunities for recreation and transportation.

Proactive Coping Inventory (Greenglass, Schwarzer, Jakubiec, Fiksenbaum & Taubert, 1999) consists of seven scales and a total of 55 items which assess, on a cognitive and behavioral level, a way of coping based on resourcefulness, responsibility and vision. In this sense, proactive coping is distinguished from other coping forms in that it incorporates and utilizes social and non-social resources; it employs visions of success; it uses positive emotional strategies; and it includes goal setting and tenacious goal pursuit. The seven scales of the Proactive Coping inventory are: the Proactive Coping Scale, the Reflective Coping Scale, Strategic Planning, Preventive Coping, Instrumental Support Seeking, Emotional Support Seeking and Avoidance Coping.

Depression Anxiety Stress Scales (Portuguese version by Pais-Ribeiro, Honrado & Leal, 2004) was used to obtain self-reported information of three related negative emotional states (emotional distress) of depression, anxiety and tension/stress. The version adopted for this study was the short-form version of Lovibond and Lovibond's (1995) 42-item self-report measure. In this assessment, participants rated the extent to which they have experienced each symptom over the past week, on a 4-point severity/frequency scale.

Rosenberg Self-Esteem Scale (Portuguese version by Santos & Maia, 1999) was used as a unidimensional self-report measure of global self-esteem. It consists of 10 statements related to overall feelings of self-worth or self-acceptance. The items are answered on a four-point scale ranging from strongly agree to strongly disagree.

▪ **Data Analysis:** Spearman correlational analysis were computed in the SPSS 15.0 in order to determine the relationships between variables.

Results and Conclusions

Table 1. Spearman correlations between coping and psychosocial functioning

Coping Dimensions (PCI)	Psychosocial Functioning Dimensions (LSP)						
	SC	NT	CS	COM	RESP	TOT	
	M(DP)	33.09(3.5)	43.26(3.1)	14.52(3.6)	19.96(2.5)	18.26(1.4)	129.09(8.0)
Proactive Coping	37.52(8.5)	0.447*	0.046	0.395	0.484*	0.000	0.526**
Reflective coping	32.52(7.8)	0.541**	0.185	0.344	0.211	0.207	0.574**
Strategic Planning	10.78(2.9)	0.444*	-0.102	0.371	0.245	-0.038	0.380
Preventive Coping	28.43(6.9)	0.523**	0.047	0.174	0.610**	0.133	0.541**
Instrumental Support Seeking	22.91(6.3)	-0.028	0.189	0.175	0.190	0.120	0.139
Emotional Support Seeking	14.13(3.3)	0.123	0.190	0.241	0.426*	0.246	0.339
Avoidance Coping	8.43(2.0)	0.006	-0.022	0.242	-0.180	-0.110	0.053

SC - Self-care; NT - Nonturbulence; SC - Social Contact; COM - Communication; RESP - Responsibility; TOT: LSP total score
*p < 0.05 ** p < 0.01

Table 2. Spearman correlations between emotional distress, self-esteem and psychosocial functioning

	Psychosocial Functioning Dimensions (LSP)						
	SC	SC	SC	SC	SC		
	M(DP)	33.09(3.5)	43.26(3.1)	14.52(3.6)	19.96(2.5)	18.26(1.4)	129.09(8.0)
Stress	6.96(5.0)	-0.191	-0.265	-0.182	-0.257	-0.145	-0.351
Anxiety	5.35(4.6)	-0.139	-0.345	-0.060	-0.013	-0.267	-0.222
Depression	7.30(4.6)	-0.269	-0.067	-0.251	-0.423*	-0.152	-0.369
Self-esteem	26.78(5.4)	0.292	0.064	0.079	0.404*	0.080	0.317

SC - Self-care; NT - Nonturbulence; SC - Social Contact; COM - Communication; RESP - Responsibility; TOT: LSP total score
*p < 0.05 ** p < 0.01

Table 3. Spearman correlations between coping and quality of life

Coping Dimensions (PCI)	Quality of life WHOQOL-Bref				
	DomPH	DomPS	DomSR	DomE	
	M(DP)	54.50(19.5)	53.44(18.0)	45.65(21.0)	50.27(14.7)
Proactive Coping	37.52(8.5)	0.268	0.570**	0.416*	0.251
Reflective coping	32.52(7.8)	0.201	0.485**	0.271	0.122
Strategic Planning	10.78(2.9)	0.426*	0.518**	0.415*	0.200
Preventive Coping	28.43(6.9)	0.109	0.283	0.211	-0.004
Instrumental Support Seeking	22.91(6.3)	0.119	0.122	0.162	-0.139
Emotional Support Seeking	14.13(3.3)	0.202	0.178	0.115	-0.017
Avoidance Coping	8.43(2.0)	0.132	0.231	-0.113	-0.006

DomPH - Physical domain; DomPS - Psychological domain; DomSR - Social relationship domain; DomE - Environmental domain
*p < 0.05 ** p < 0.01

Table 4. Spearman correlations between emotional distress, self-esteem and quality of life

	Quality of life WHOQOL-Bref				
	DomPH	DomPH	DomPH	DomPH	
	M(DP)	54.50(19.5)	53.44(18.0)	45.65(21.0)	50.27(14.7)
Stress	6.96(5.0)	-0.357	-0.513*	-0.138	-0.282
Anxiety	5.35(4.6)	-0.352	-0.409*	-0.233	-0.287
Depression	7.30(4.6)	-0.363	-0.360	-0.539**	-0.283
Self-esteem	26.78(5.4)	0.395	0.478**	0.731**	0.309

DomPH - Physical domain; DomPS - Psychological domain; DomSR - Social relationship domain; DomE - Environmental domain
*p < 0.05 ** p < 0.01

Proactive coping, reflective coping, strategic planning and preventive coping correlated positively with different dimensions of functioning and QOL. Avoidance coping wasn't correlated with any functional outcome. We also didn't found significant correlations between distress symptoms and functioning and QOL, excepting depressive symptoms, which were correlated with communication skills and social relationships. Stress symptoms significantly correlated with physical domain of QOL. Self-esteem was positively associated with several quality of life domains.

We conclude that schizophrenic patients can positively influence their functional outcomes, QOL and well-being, if using proactive coping strategies and goal striving. These skills should be emphasized in psychosocial rehabilitation programs.

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