



A dual change model of life satisfaction and functioning for individuals with schizophrenia

Melissa Edmondson ^{a,*}, Rohini Pahwa ^a, Karen Kyeunghae Lee ^b, Maanse Hoe ^c, John S. Brekke ^a

^a University of Southern California, School of Social Work, 669 W. 34th St., Los Angeles, CA 90089-0411, United States

^b University of Kansas, School of Social Welfare, 1545 Lilac Lane, Lawrence, KS 66045-3129, United States

^c Keimyung University, College of Social Science, Department of Social Welfare, 2800 Dalgubeoldaero, Dalseo-Gu, Daegu 704-701, South Korea

ARTICLE INFO

Article history:

Received 9 November 2011

Received in revised form 18 April 2012

Accepted 20 April 2012

Available online 14 May 2012

Keywords:

Severe mental illness

Schizophrenia

Functioning

Life satisfaction

ABSTRACT

Despite the notion that increases in functioning should be associated with increases in life satisfaction in schizophrenia, research has often found no association between the two. Dual change models of global and domain-specific life satisfaction and functioning were examined in 145 individuals with schizophrenia receiving community-based services over 12 months. Functioning and satisfaction were measured using the Role Functioning Scale and Satisfaction with Life Scale. Data were analyzed using latent growth curve modeling. Improvement in global life satisfaction was associated with improvement in overall functioning over time. Satisfaction with living situation also improved as independent functioning improved. Work satisfaction did not improve as work functioning improved. Although social functioning improved, satisfaction with social relationships did not. The link between overall functioning and global life satisfaction provides support for a recovery-based orientation to community based psychosocial rehabilitation services. When examining sub-domains, the link between outcomes and subjective experience suggests a more complex picture than previously found. These findings are crucial to interventions and programs aimed at improving functioning and the subjective experiences of consumers recovering from mental illness. Interventions that show improvements in functional outcomes can assume that they will show concurrent improvements in global life satisfaction as well and in satisfaction with independent living. Interventions geared toward improving social functioning will need to consider the complexity of social relationships and how they affect satisfaction associated with personal relationships. Interventions geared towards improving work functioning will need to consider how the quality and level of work affect satisfaction with employment.

© 2012 Elsevier B.V. All rights reserved.

1. Introduction

Psychosocial functioning and satisfaction with life are widely recognized as important treatment goals and components of recovery in people with severe mental illness (SMI) (Lasalvia et al., 2005; Xie et al., 2005; Bellack, 2006; Yanos and Moos, 2007). While alleviating psychiatric symptoms remains a primary treatment outcome, broadening treatment goals to encompass psychosocial functioning and life satisfaction incorporates multiple stakeholder perspectives on mental health recovery (Resnick et al., 2004; Lasalvia et al., 2005).

Further, it has been argued that psychosocial functioning is a more accurate benchmark to measure treatment outcomes and recovery than clinical outcomes for individuals with SMI (Lieberman et al., 2002) and has been widely used to measure outcomes in SMIs like schizophrenia (Brekke et al., 2002; Peer et al., 2007).

Numerous studies have underlined the importance of subjective quality of life as a treatment outcome for individuals with schizophrenia (Bobes and García-Portilla, 2006). As an indicator of subjective quality of life, studies assessing changes in life satisfaction in treatment have reported mixed findings. While some studies reported a significant improvement in life satisfaction levels (Stein and Test, 1982; Rosenheck et al., 1998), other studies reported marginal to no improvement (Tempier et al., 1997; Brekke et al., 1999). Part of this discrepancy may be due to various demographic and clinical factors that affect life satisfaction including age, gender, illness insight, depression, and psychotic symptoms (Karow and Pajonk, 2006; Zissi and Barry, 2006). Another explanation for these divergent findings concerns treating life satisfaction as a global construct. Most measures assessing life satisfaction use global scores or include multiple domains of life satisfaction (i.e., social/family relationships, work, independent living) but use a composite score for analysis. However, improvements in one domain may not necessarily relate to improvements in other domains, as has been found for functional outcomes (Brekke and Long, 2000). Life satisfaction in different domains may change at different rates or times. Consequently, treating life satisfaction as a

* Corresponding author. Tel.: +1 646 250 6840.

E-mail addresses: medmonds@usc.edu (M. Edmondson), pahwa@usc.edu (R. Pahwa), klee@ku.edu (K.K. Lee), Maanse@kmu.ac.kr (M. Hoe), brekke@usc.edu (J.S. Brekke).

unidimensional construct measured by global or composite scores may result in the failure to capture important changes in levels of life satisfaction.

Concerning life satisfaction and functioning, there is an underlying assumption that psychosocial interventions improving consumer functioning will also improve life satisfaction. Some studies have found a positive relationship between life satisfaction and social or work functioning (Kemmler et al., 1997; Mueser et al., 1997; Bradshaw and Brekke, 1999). However, the relationship between objective indicators of functioning and subjective indicators of life satisfaction is complex. Perceptions of satisfaction with life may be affected by an appraisal process that includes re-evaluating expectations and aspirations as functioning changes (Zissi and Barry, 2006) thus accounting for studies that find no relationships between the two (Arns and Linney, 1995; Narvaez et al., 2008). Additionally, most studies examining the association between functioning and life satisfaction are cross sectional and may not fully capture the dynamic covarying changes occurring between functioning and life satisfaction over time.

One longitudinal study examined the relationship between specific objective indicators of functioning and specific subjective quality of life domains (Heider et al., 2007). A relationship was found between daily activities, family relations, social relations over a two-year period and corresponding subjective quality of life domains. However, the extent to which specific functioning domains and specific quality of life domains changed together over time was not examined. To address this gap, we sought to build upon the Heider et al. (2007) study in three ways. First, we examined concurrent changes in overall functioning and global life satisfaction for individuals with schizophrenia receiving psychosocial rehabilitation services that target functional improvement. Second, we examined concurrent changes in specific domains of functioning and corresponding life satisfaction domains using distinct measures of functioning and life satisfaction. Finally, we used latent curve modeling which allowed us to analyze covarying change between these variables over time. From previous analyses on this sample we knew that global and domain-specific functioning would improve over time (Brekke et al., 2007), and we expected that there would be improvement in global satisfaction and specific satisfaction domains over time. Specifically, we hypothesized that (1) overall functioning and global life satisfaction would improve together over time, and (2) domain-specific functioning and corresponding domain-specific life satisfaction would improve together over time.

2. Methods

2.1. Participants

Participants were 145 individuals recruited upon admission from four community-based psychosocial rehabilitation programs in Los Angeles, California. In previous studies, the program sites have yielded significant improvements in functional outcomes for individuals with SMI (Bae et al., 2004; Brekke et al., 2007). Participants enrolled in the study met the following criteria for study admission: 1) 18–60 years old and a resident of Los Angeles for at least 3 months prior to study admission, 2) diagnosis of schizophrenia or schizoaffective disorder, and 3) no diagnosis of organic brain disorder, mental retardation, nor a primary diagnosis of substance dependence. Diagnoses were obtained from a DSM-IV checklist, clinical case records and collateral reports from program clinicians and on-site psychiatrists (Brekke et al., 2005; Nakagami et al., 2008). Previous studies conducting structured diagnostic interviews at the program sites have demonstrated very low rates of inaccurate diagnosis for schizophrenia spectrum diagnoses (Bae et al., 2004). In this prospective follow-along design, data were collected from participants at baseline, 6 and 12 months after study admission. Study procedures

were conducted with the approval of University of Southern California Institutional Review Board.

2.2. Measures

2.2.1. Satisfaction with Life Scale

The Satisfaction with Life Scale (SWL; Stein and Test, 1980) is an 18-item self-report survey that measures life satisfaction globally and in four domains: living situation, work, social life, and self/present life. Each item is rated on a 5-point Likert-scale from 'not at all satisfied' to 'satisfied a great deal'. The 18-item version of the SWL has excellent construct validity (Test et al., 2005) and is supported in literature as an appropriate measure to assess changes over time in satisfaction with life for individuals with schizophrenia (Lee et al., 2010).

2.2.2. Role Functioning Scale

Our functional outcome measure is the Role Functioning Scale (RFS) (McPheeters, 1984; Goodman et al., 1993; Green and Jerrell, 1994; Wieduwilt and Jerrell, 1998). Its usefulness as a measure of functional change for this population has been detailed (Wieduwilt and Jerrell, 1998). Interviewer ratings of work, independent living, and social functioning from the RFS were used for this study in accordance with procedures reported previously (Brekke et al., 1993; Nakagami et al., 2008). In our protocols the RFS showed high inter-rater reliability with intraclass correlation coefficients ranging from 0.75 to 0.98 (mean of 0.89) for the three RFS domains. Similar to other functional measures, it captures both the quantity and quality of community-based functioning in each domain by providing anchored ratings. The ratings (from 1 to 7) indicate increasing levels of productive activity and independence, with 1 indicating severe dysfunction, and 7 indicating optimal community functioning. For example, in the work domain a rating of 1 indicates an inability to work or no attempts to work; a rating of 4 indicates marginal productivity such as sheltered work or minimal independent work; and a rating of 7 indicates optimal work performance. For this study, individual items as well as a global score (i.e. the sum of the three items) were used. While this scale rates multiple domains, it does so with a single item in each domain, which increases its efficiency. Other functional scales in SMI use multiple items for each domain which can increase their comprehensiveness but reduce their efficiency.

2.3. Analysis

Data analysis was conducted using latent growth curve modeling (Kline, 2005; Bollen and Curran, 2006). First, a latent growth curve model was used to analyze changes in functioning, whereby, three repeated measured functioning scores are represented by two latent growth factors: the intercept (representing initial level of functioning) and the slope (representing change in functioning) (Kline, 2005). A significant slope indicates significant change in functioning over time. Similarly, a latent growth curve model was used to analyze changes in life satisfaction.

Second, a bivariate latent growth curve model was used to conduct a dynamic latent covariate analysis of functioning and life satisfaction. This allows each construct to have a separate trajectory, but enables testing of covariance of those changes over time (Curran and Willoughby, 2003). In this model, we allowed the change slope of functioning to covary with the change slope of life satisfaction. We called this a dual change model of functioning and life satisfaction (Fig. 1). Dual change models were used to test for covarying changes in (1) overall functioning and global life satisfaction (2) functioning in social relationships and satisfaction with social life (3) functioning in independent living and satisfaction with living situation and (4) work functioning and satisfaction with work.

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات