

## Original Research Article

# The effect of social skill training among schizophrenic patients on social skill development in selected psychiatric ward of different hospitals in Odisha

Sephali Moharana<sup>1\*</sup>, Shaswati Jena<sup>1</sup>, Suchismita Pahantasingh<sup>1</sup>, Sushruta Mohapatra<sup>2</sup>

<sup>1</sup>Department of Psychiatric Nursing, Sum Nursing College, Bhubaneswar, Odisha, India

<sup>2</sup>Department of Obstetric and Gynecological Nursing, Sum Nursing College, Bhubaneswar, Odisha, India

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### \*Correspondence:

Sephali Moharana,

E-mail: [sephalimoharana94@gmail.com](mailto:sephalimoharana94@gmail.com)

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## ABSTRACT

**Background:** Schizophrenia as a severe mental disorder characterized by profound deficits in thinking, perception, affect and social behaviour (World Health Organization [WHO], 2014). Schizophrenia is treatable. Treatment with medicines and psychosocial support is effective.

**Methods:** Quantitative approach with true experimental research design was adopted. Total 60 schizophrenic patients were selected for the study using purposive sampling technique. Subjects were randomly assigned into the experimental (n=30) and control group (n=30). Social skill training was given to experimental group. The training includes discussion, questioning, group activity, role play. The tools used to collect the data were as follows: (1) Demographic questionnaire (2) Standardized tool social adaptive functioning evaluation. Baseline assessment was done on the 1<sup>st</sup> day, then pre-test was done and the social skill training was implemented in experimental group on the same day. The training includes six sessions of discussion, questioning, group activity, role play etc. given for seven days followed by post-test was done in both the experimental as well as control group. The data analysed using descriptive and inferential statistics with SPSS 21 version.

**Results:** The mean post-test social skill score in experimental group ( $38.90 \pm 11.813$ ) and in control group is ( $30.97 \pm 11.556$ ) which shows the significant difference in social skill score between the groups ( $t=2.629$ ,  $P=0.005472^*$ ). There was a significant association found between the education (chi square= 15.890,  $P=0.043$ ), social skill training programme (chi square= 6.058,  $P=0.048$ ).

**Conclusions:** Thus, the training regarding social skill was effective in improving level of social skill among schizophrenic patient.

**Keywords:** Level of social skill, Schizophrenic patients, Social skill training

## INTRODUCTION

Schizophrenia is a mental disorder that usually appears in late adolescence or early adulthood. It most commonly strikes between the ages of 16 and 30, and males tend to show symptoms at a slightly younger age than females. Schizophrenia affects approximately 1% of all adult globally.<sup>1</sup>

Schizophrenia affects 20 million people worldwide but is not as common as many other mental disorders. It is associated with considerable disability and may affect educational and occupational performance. More than 69% of people with schizophrenia are not receiving appropriate care. Ninety percent of people with untreated schizophrenia live in low- and middle- income countries. People with schizophrenia are less likely to seek care than the general population.<sup>2</sup>

Koujalgi et al, 2014 patients with schizophrenia often have social skill deficits. Effectiveness of social skill training improves communication, which achieves patient's goals in social situation. Social skill training (SST) is a structured learning oriented approach for patient with schizophrenia. Social disabilities are pervasive and persistent in this disorder and generally result in skill deficits.<sup>3</sup>

Kopelowicz et al (1995) conducted a study on sixty-three patients with schizophrenia who showed social skills deficits and poor community functioning were assigned randomly to either social skills training (SST) or a discussion group condition. In both treatments, patients met in small groups for 36 sessions of therapy over 4 months, followed by booster sessions of decreasing frequency during the following six months. Social skills, community functioning, quality of life, and positive and negative psychiatric symptoms were assessed at pre- and post-treatment and at 6-month follow-up. Relapse was assessed during the treatment and follow-up phases. Patients who completed either treatment showed improvements on quality of life and reduced psychopathology.<sup>4</sup>

Smith TE et al (2006) conducted a study on social skills training consistently effectuates the acquisition of social skills, cognitive remediation leads to short-term improvements in cognitive functioning, family interventions decrease relapse and hospitalization rates, and cognitive behavioral therapy results in a reduction of positive symptoms. These benefits seem to be accompanied by slight improvements in social functioning.<sup>5</sup>

Eric Granholm and Philip D. Harvey (2009) conducted a study on social skill training for negative symptoms of schizophrenia. The result concluded that reduction in negative symptoms is improved engagement in vocational, independent living, social and recreational activities. Meta-analysis of 27 clinical trials by Turner and colleagues demonstrate significant medium effects on negative symptoms for social skill training relative to both standard care and active controls. To increasing motivation through regular reinforcing experiences is the first step towards achievement of broader functional goals.<sup>6,7</sup> The main objective of the study was to assess the effect of social skill training on social skill development among schizophrenic patients.

## METHODS

Quantitative approach with true experimental research design was adopted to test the effect of social skill training on level of social skill among schizophrenic patient. The present study was carried out in the psychiatric department IPD of IMS and SUM Hospital and Kalinga Institution of Medical Sciences Hospital, Bhubaneswar, Odisha.

## Inclusion criteria

Schizophrenic patient, admitted in psychiatric ward, those have negative symptoms of schizophrenia, are willing to participate were included in the study.

## Exclusion criteria

Patients are not willing to participate, not available during data collection were excluded from the study.

Total 60 schizophrenic patients were selected for the study by using purposive sampling technique. Subjects were randomly assigned to the experimental (n=30) and control group (n=30). Before conducting study, ethical permission was taken from the Institutional Ethical Committee (IEC) and administrative permission was taken from IMS and SUM Hospital. The tools used to collect the data were as follows: (1) Demographic questionnaire (2) Standardized tool social adaptive functioning evaluation scale.<sup>8,9</sup> The reliability value of social adaptive functioning evaluation scale is  $r = 0.70$ . Baseline assessment was done on the 1<sup>st</sup> day, then pre-test was done and the social skill training was implemented in experimental group on the same day. The training includes six sessions of discussion, questioning, group activity, role play etc. given for seven days followed by post-test was done in both the experimental as well as control group.

The data analysed using descriptive and inferential statistics with SPSS 21 version. The study period was from March 2019 to November 2020.

## RESULTS

The above Table 1 revealed that in experimental group 33% of patients belonging from 41-50 yrs. In control group 30% of patients were from 31-40%. Both experimental and control group 53% of patients and 63% of patients were male. Both experimental and control group 47% of patients and 73% of patients follow Hinduism. Most of the participants had qualification up to post graduation, 27% in experimental group and 27% participants had qualification up to not study in control group.

The above Table 2 revealed that from experimental group 33% of patients had self-employee and from control group 55.8% of patients had private employee. More of the patients income was between 11,000-20,000 in experimental group i.e. 33% and less than 10,000 in control group i.e. 37%. From experimental group 57% patients and 67% patients from control group were belongs from urban area. Duration of illness 1-2 yrs from experimental group had 30% of patients and from control group 33% of patients were having duration of illness less than 1 yrs. From experimental group 47% of patients had no addiction of any substance and from control group 33% patients had addiction with alcohol. Majority 90%

patients from experimental group and 92% patients from control group were did not take any social skill training.

**Table 1: Demographic data in terms of age, gender, religion, education.**

Characteristics	Experimental group		Control group	
	F	%	F	%
<b>Age in years</b>				
20-30	8	27	5	17
31-40	7	23	9	30
41-50	10	33	7	23
51-60	5	17	9	30
<b>Gender</b>				
Male	16	53	19	63
Female	14	47	11	37
Transgender	Nil	-	Nil	-
<b>Religion</b>				
Hindu	14	47	22	73
Muslim	10	33	5	17
Christianity	6	20	3	10
Others	Nil	-	Nil	-
<b>Education</b>				
Schooling	7	23	3	10
Higher secondary	7	23	5	17
Graduation	5	17	7	23
Post graduation	8	27	7	23
Not study	3	10	8	27

Table 3 shows the comparison of level of social skill in experimental group and control group. In pretest, 13 (43%) of schizophrenic patients from experimental group and 15 (50%) from control group had severe impairment. Whereas, in post test 14 (47%) of the schizophrenic patients from experimental group had moderate impairment and 12 (40%) from control group had severe impairment. This shows the social skill training was effective in experimental group.

Table 4 shows the comparison of mean level of social skill score within experimental and control group. The mean post-test level of social skill score in experimental

group has significantly increased as compared to pre-test score (t= 4.963, P= 0.00014).

**Table 2: Demographic data in terms of occupation, monthly income, residence, duration of illness, substance addiction and social skill training programme.**

Characteristics	Experimental group		Control group	
	F	%	F	%
<b>Occupation</b>				
Govt employee	6	20	8	27
Private employee	7	23	9	30
Self employee	10	33	6	20
Daily wages	3	10	1	3
Unemployed	4	13	6	20
<b>Monthly income</b>				
<10,00	6	20	11	37
10,000-20,000	10	33	8	27
20,000-30,000	8	27	7	23
30,000 more	6	10	4	13
<b>Residence</b>				
Urban	17	57	20	67
Rural	8	27	10	63
Slum	5	17	Nil	-
<b>Duration of illness</b>				
<1 year	6	20	10	33
1-2 year	9	30	6	20
2-3 year	7	23	6	20
>3 year	8	27	8	27
<b>Substance addiction (yes/no). If yes</b>				
Alcohol	10	33	10	33
Cannabis	2	7	7	23
Nicotine	2	7	4	13
Cannabis +nicotine	2	7	2	7
No addiction	14	47	7	23
<b>Social skill training programme</b>				
Yes	3	10	2	7
No	27	90	28	93

**Table 3: Level of social skill among schizophrenic patients in control and experimental group.**

Level of social skill	Pre-test score				Post-test score			
	Experimental group		Control group		Experimental group		Control group	
	F	%	F	%	F	%	F	%
<b>0-17 (Mild impairment)</b>	1	3	Nil	-	4	13	1	3
<b>18-34 (Moderate impairment)</b>	6	20	2	7	14	47	10	33
<b>35-51 (Severe impairment)</b>	13	43	15	50	10	33	12	40
<b>52-68 (Extreme impairment)</b>	10	33	13	43	2	7	7	23

**Table 4: Comparison of mean level of social skill within experimental and control group.**

Criteria	Mean±SD pretest	posttest	t test	df	P value
Level of social skill in experimental group	44.73±12.216	30.97±11.556	4.963	29	0.00014*
Level of social skill in control group	47.73±10.369	38.90±11.813	3.157	29	0.0018*

p≤0.05 statistically significant.

**Table 5: Comparison of mean post-test level of social skill score between experimental group and control group.**

Criteria	Mean±SD	SEM	t test	df	P value
Level of social skill in experimental group	38.90±11.813	3.017	2.629	58	0.005472*
Level of social skill in control group	30.97±11.556				

p≤0.05 level statistically significant.

Table 5 shows the comparison of mean social skill score between experimental and control group. The mean post-test social skill score in experimental group is higher as compared to mean post-test level of social skill in control group (t= 2.629, P= 0.005472\*).

Chi square test was computed to find the association between the level of social skill and selected socio demographic variables. There was a significant association found between the education (chi square= 15.890, P= 0.043), social skill training programme (chi square= 6.058, P= 0.048).

## DISCUSSION

In present study, highest percentage of schizophrenic patient from experimental group (33%) were having age group 41-50 yrs and from control group (30%) of schizophrenic patients were having age group 31-40yrs. Barzegar et al also stated in his study that majority of the schizophrenic patient (40%) were in the age group of 41-50 yrs.<sup>10</sup>

In the present study, most of the schizophrenic patient (27%) from experimental group were completed post graduation and (27%) from control group were not having formal education. Ahadi et al found in his study that (16%) had schizophrenic patient were post graduation.<sup>11</sup>

Koujalgi et al conducted a study on the effectiveness of social skills training on reducing negative symptoms of chronic schizophrenia. The pre and post score of the control group did not significant differences (p= 0.053). There was a significance difference between the pre and post intervention in the experimental group were noted (p<0.002).<sup>10</sup>

Primary analysis showed no significant differences concerning demographic, diagnostic, and medication data between the TAU and the SST group. Moreover, treatment groups were comparable as well regarding cognitive deficit and symptomatology, with no significant differences between groups in pre-treatment scores of dependent variables. The mean number of session attended of the SST group was M = 14.77 (SD = 1.09).

For the TAU condition, attendance rate was controlled by every professional.<sup>12</sup>

Davidson et al conducted a study on social skills training for people with schizophrenia. This study gives characteristics and incidence of schizophrenia and the patient faced various deficits in social skills and social activities in this disorder. The p value is 0.001 and 0.001. There was significant association between age and education qualification on schizophrenic patients with level of social skill.<sup>6</sup>

The limitation of the study was, it includes small sample size and the time period of data collection was limited.

## CONCLUSION

The study revealed that the social skill training was effective in improving the level of social skill of the schizophrenic patients. Social skill training which is a behavioural therapy intervention it can be effectively utilized to help schizophrenic patients to achieve a greater degree of social skills.

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