"Social Cognition And Work Behaviour In Schizophrenic Patients"

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ARTICLE INFO	ABSTRACT
	The aim of the present study was to understand the social cognitions and work behavior patterns of schizophrenic patients. A total sample of 30 participants, 15 male and 15 female patients with schizophrenia, was recruited from Ahmadabad, Gujarat. Schizophrenic participants were screened using PANSS. The Edinburg Social Cognition Test is used to measure social cognition, and the Work Behaviour Inventory is used to measure work behaviour. For analysis, descriptive statistics, the t test, and correlation were used. The result found no significant difference in social cognition as well as in work behavior, but the present study found positive relationships between social cognitions and work behavior. ***Keywords**: Social Cognition, Work Behavior, Schizophrenia*

INTRODUCTION:

Schizophrenia is a chronic mental disorder characterized by disruptions in thought processes, perceptions, emotional responsiveness, and social interactions. Symptoms include hallucination, delusion, disorganization speech and thinking, inappropriate behavior etc. Additionally, People with schizophrenia may seem like they have lost touch with reality, which can be distressing for them and for their family and relatives.

Social cognitive theory says that people learn behaviors through their interactions and observations of others, as well as their direct experience. Schizophrenia patients can experience impairments in theory of mind, social perception, emotion processing, and other aspects of social cognition. The ability to make predictions concerning the mental states of others is referred to as the theory of mind. Understanding the social symptoms and conventions that regulate social interactions is known as social perception. The ability to perceive emotional cues is recognized as emotion processing. In addition to being important for effective interpersonal interaction, social cognition may also predict work functioning and be correlated with social competence. Social cognition skills have been recognized as a vital component in the rehabilitation process for schizophrenic persons, its strong contributors in social function among individual suffering from schizophrenia.

Schizophrenia in the workplace can be challenging for patients. Schizophrenic patients mostly avoid trying to work due to their mental condition. In some cases, people with schizophrenia can manage their conditions and hold their current job. People who experience symptoms of disordered thinking can find it difficult to concentrate on tasks that require prolonged mental focus, and on the other side, their social cognitions are impaired, so they have difficulties communicating with others and also face problems understanding others' emotions during work.

METHODS:

Aims and Objectivities:
The present study aims to assess social cognition and the work behavior of gender- and education-wise schizophrenic patients. Also, measure the relationship between social cognition and the work behaviors of schizophrenic patients.

Hypotheses:
Ho1: There will be no significant differences in social cognition between male and female schizophrenic patients.

H02: There will be no significant differences in social cognition between below-10th-grade and above-10th-grade schizophrenic patients.

H03: There will be no significant differences in work behavior between male and female schizophrenic patients.

H04: There will be no significant differences in work behavior between below-10th-grade and above-10th-grade schizophrenic patients.

H05: There will be no significant relationship between social cognition and work behavior in schizophrenic patients.

Sample:

A total sample of 30 (N = 30) subjects will be selected using the purposive sampling design. There will be two groups: one group of male schizophrenic patients (N = 15), and a second group of female schizophrenic patients (N = 15) will be selected from the Inpatient Department (IPD) in Ahmadabad, Gujarat.

Inclusion Criteria:
Is an age 18 to 55 years, patient of both genders, minimum level of education: 5th standard, minimum one year of clinical diagnosis of schizophrenia patients. To be diagnosed by a psychiatrist (according to ICD 10 or DSM-V), patients from the inpatient ward in Gujarat must not have undergone the ECT minimum for six months.

Exclusion Criteria:
This study's exclusion criteria are those that do not fulfill my inclusion criteria.

Tools:

Positive And Negative Syndrome Scale (PANSS):
The PANSS scale is formalized psychiatric interview that measures severity of symptoms in schizophrenia patients. It was developed by Stanley Kay, Lewis Opler and Abraham Fiszbein in 1987. Their symptoms are classified at three levels, Positive Scale (P1 to P7), Negative Scale (N1 to N7) and the General Psychopathology Scale (G1 to 16). The total 30 items are rated from 1 (absent) to 7 (extreme) based on their severity.

Edinburg Social Cognition Test (ESCoT):
The ESCoT measures four social cognitive abilities: cognitive Theory of Mind; affective Theory of Mind; interpersonal understanding of social norms and intrapersonal understanding of social norms. It consists of 11 dynamic, cartoon-style social interactions (each approximately 30 seconds long): 1 practice interaction, 5 interactions involve a social norm violation and 5 portray everyday interactions that do not involve social norm violations. Each animation has a different context and specific questions relating to that context.

Work Behaviour Inventory (WBI):
The WBI was developed by Gary Bryson et al., in 1997. The WBI is a vocational situational assessment used to assess work function for people with severe mental illness. The inventory conducts on observation and a brief interview with the person's immediate supervisor. The WBI has 36 items: five sub-scales with seven items each and one global score rating the general vocational functioning. The five subscale sum scores add up to a WBI total score. The five sub scales (example items in parentheses) are A: Social skills, B: Cooperativeness, C: Work quality, D: Work habits and E: Personal presentation.

Procedure of the Study:

After receiving timely official permissions from the concerned authorities in the hospitals for data collection, an effort was made to identify patients who could be potential subjects for the study. This was done by contacting psychiatrists, clinical psychologists, nursing staff, and other people working in the IPD and asking them to refer patients who were willing to be part of the study. Based on the inclusion criteria and willingness to participate, the patients were informed about the nature of the study, the confidentiality of the information provided was assured, and written informed consent was obtained. Following that, administration tools were implemented one by one on the subjects.

Data Analysis:

To conduct the analysis, the tests used in the study, the Edinburg Social Cognition Test and the Work Behaviour Inventory were used to score according to scoring procedures to obtain raw scores for each test. SPSS 21.00 was used. Pearson correlation and the t test were used for statistical analysis.

RESULT:

Table: 1 Mean, SD and t value of different on ESCoT.

Factors	N	Mean	SD	't' Value	Level of Sig.
Gender					
Male	15	62.47	29.20	0.4293	NS
Female	15	58.40	22.21		
Educations					
Below 10th grade	15	55.07	27.03	1.1560	NS
Above 10th grade	15	65.80	23.72		

Table 1 depicts the mean, SD, t value, and significance level of gender and education of schizophrenic patients on ESCoT. There was no significant difference found between male and female schizophrenic patients, as well as between those below 10th grade and those above 10th grade in terms of education. This indicates that our hypotheses are accepted.

Table: 2 Mean, SD and t value of different on WBI.

Factors	N	Mean	SD	't' Value	Level of Sig.
Gender					
Male	15	80.93	13.95	0.4806	NS
Female	15	83.13	10.94		
Educations					
Below 10th Standard	15	80.00	10.97	0.8973	NS
Above 10th Standard	15	84.07	13.70		

Table 2 depicts the mean, SD, t value, and significance level of gender and education of schizophrenic patients on WBI. There was no significant difference found between male and female schizophrenic patients, as well as between those below 10th grade and those above 10th grade in terms of education. This indicates that our hypotheses are accepted.

Table: 3 Mean, r value and correlation between the psychological test of ESCoT and WBI.

Name of Tests	N	Mean	'r' Value	Level of Sig.
ESCoT	30	82.033	0.5082	Positive Correlation
WBI	30	60.433		

Table 3 depicts the mean, r value, and correlation between the psychological test of ESCoT and WBI. In the above table, there is a moderate level of positive correlation between the psychological test of ESCoT and WBI. This indicates that our hypotheses are rejected.

DISCUSSION:

The results of this study indicate that social cognition has no significant difference between male and female schizophrenic patients. In the present study, the null hypothesis is accepted because it means gender is not responsible for the impairment of social cognitions, which means schizophrenic patients' emotional parts are impaired. Similar results were found in this study, which indicate that social cognition has no significant difference between below-10th-grade and above-10th-grade schizophrenic patients, and another null hypothesis is accepted because it indicates education is not accountable for the impairment of social cognition. The results of this study indicate that work behavior has no significant difference between male and female schizophrenic patients. In the present study, the null hypothesis is accepted because it means gender is not responsible for the impairment of work behavior, which means schizophrenic symptoms affect individuals' activities of daily living. Similar results were found in this study, which indicate that work behavior has no significant difference between below-10th grade and above-10th grade schizophrenic patients, and another null hypothesis is accepted because it indicates education is not accountable for the impairment of work behavior but may be other factors are responsible, such as stressful life events, genetics, or brain chemistry.
In the present study, a moderately positive relationship between social cognition and work behavior was found. The null hypothesis is rejected because it means social cognition and work behavior are positively correlated with each other in schizophrenic patients.

CONCLUSION:

In the present study, no significant differences were found in social cognition and work behavior between gender and education in schizophrenic patients, but on the other side, the study found a moderate level of positive relationship between social cognition and work behavior in schizophrenic patients.

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