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The Relationship Between Self-Stigma and Quality of Life Among Patients with Schizophrenia at A Psychiatric Hospital

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Abstract

This study aims to determine the relationship between self-stigma and quality of life among schizophrenia patients at Prof. Dr. Muhammad Ildrem Psychiatric Hospital in Medan. Based on the results of data analysis, hypothesis testing, and the discussion outlined above, the following conclusions can be drawn from this study: there is a very strong and significant negative relationship between self-stigma and quality of life among schizophrenia patients treated at Prof. Dr. Muhammad Ildrem Psychiatric Hospital in Medan. This indicates that the higher a patient's perception of self-stigma—or the more a patient internalizes society's negative views of themselves—the lower their quality of life. Self-stigma is not merely a side effect of the illness but one of the primary factors that directly reduces patients' motivation to recover, thereby negatively impacting their quality of life across various aspects of daily living. Regarding the self-stigma variable, the aspects of alienation, acceptance of stereotypes, and experiences of discrimination predominantly fall into the moderate category, while the aspect of social withdrawal falls into the low category. This indicates that patients do not completely isolate themselves and still maintain a desire to socialize. On the other hand, all dimensions of quality of life are also distributed across the moderate category. These field findings confirm that patients essentially still possess the basic ability to sustain their lives and perform social functions within the community.

Introduction

A man it is said Healthy No only just Healthy in a way physical, but also must Healthy in a way mental health. Referring to the views of the Indonesian Ministry of Health (2018), the essence of health soul in fact beyond just absence disease. He is the prime condition in which a person capable actualize potential himself in a way whole, encompassing aspect physical, mental, spiritual, to social. In conditions this, individual not only aware will capability himself, but also tough moment face pressure life as well as capable contribute active for environment (Amri, 2020). Mental health must guarded with okay, same case in point with guard health physical (Bagaskara & Susilowati, 2022). Mental health problems can cause disturbance mental disorders soul viewed as problem medical symptoms cause dissatisfaction to abilities and characteristics, as well as ineffectiveness connection or coping to incident life (Anggreni, 2022).

People With People with Mental Disorders (ODGJ) are people who experience disturbance in thoughts, behaviors, and feelings that are manifested in form a group symptoms, changes meaningful behavior, as well can cause suffering and obstacles in operate organ function as Humans (Corrigan & Rao, 2012).Disorders soul Alone own Lots types, one of the most famous is Schizophrenia. Schizophrenia Alone is something disturbance psychosis functionalities that occur in the thought process, as well as disharmony between thought processes, affect or emotion (Corrigan & Watson, 2002). Schizophrenia is disturbance soul the weight that will burdensome public throughout life patients characterized by with disorganization thoughts, feelings, and behavior (Gan et al., 2026; F. Liu et al., 2026; Reavley & Morgan, 2026). Schizophrenia considered as problems that are not cause death in a way directly, but problem This will effects on health physique in term long, so that cause the sufferer No Can do maintenance self, risk kill self, and risk injure self themselves and others (Oladejo et al., 2025).

According to WHO (2022), Schizophrenia has influence approximately 24 million people or 1 in 300 people (0.32%) worldwide. Based on the latest data from Indonesian Health Survey (SKI) 2023, prevalence House stairs that have member with disturbance soul severe (psychosis / schizophrenia) in Indonesia is still become attention serious, where specific data For North Sumatra province shows number prevalence of 1.6 per mile, which indicates that problem schizophrenia Still real in the environment public around place study This carried out (Dayanti & Legowo, 2021)

The height level severity on the spectrum psychosis This make schizophrenia as one of the focus main on the handling agenda health souls by the Ministry of Health of the Republic of Indonesia. Urgency national This reflected with clear from made into schizophrenia as the main parameter at a time indicator single in measure prevalence Severe Mental Disorders in various census scale national, such as Basic Health Research (Cheng et al., 2026a; W. Li et al., 2026) and the Indonesian Health Survey (Dhungana et al., 2022).

Percentage figures High schizophrenia show how seriously challenge health soul in Indonesia. The nature of disturbance This of course heavy and consuming long time. Holubova et al. (2016), illustrates disease Schizophrenia as a chronic and severely debilitating disorder. This is similar with Sarsilah et al. (S. Karame et al., 2018; Septiwiharti et al., 2026; Simamora et al., 2026) who mentions disease This as " disease" brain chronic and severe ". The recovery process patient Schizophrenia becomes very complicated, because the process required is very long, namely years. According to Liu et al. (Guo et al., 2018; Madji et al., 2026). the recovery process This generally need rehabilitation social and functional term long. In addition, this process is also very vulnerable to relapse, which is frequent become barrier main. Karame & Assa (2024) explain that failure maintenance continued at home can cause relapse back to the patient. Therefore that, focus handling patient now has changed for overcome problem relapse in a way more comprehensive. Modern medicine does not Again only loss - oriented symptom hallucinations or delusion, but move going to recovery functional in a way intact (Alyahya et al., 2025; Cheng et al., 2026b). In the context of rehabilitation term long This is, improving Quality of Life (quality of life) patient No Again viewed as results side, but rather has become objective the main underlying the entire care process (Amin et al., 2026; Holubova et al., 2016; Lestari et al., 2026; Mubarock et al., 2026).

Maintaining Quality of life for patient sufferers Schizophrenia is very important For keep the patient still can undergoing the healing process with good. Success method home care Sick soul, if No accompanied by with method home care can cause relapse back to the patient Schizophrenia (Y. Liu & Li, 2025; Paul et al., 2025; Yuan et al., 2025).

Quality of life is defined as perception individual to position they in life, in context culture and systems mark place they stay, and in the relationship with goals, expectations, standards, and attention they (WHO, 1997). Quality of life itself has 4 aspects main, namely health physical condition psychological, relationship social and environmental place stay. Quality of Life (QoL) or quality life has recognized as one of the indicators and benchmarks the most essential measure in evaluate success recovery patient schizophrenia (DeLisi, 2025a; X. Wang et al., 2025). Shift paradigm This based on assumptions base that handling schizophrenia No Enough only use medical model approach that focuses on reduction symptom clinical (such as disappearance hallucinations or delusions). In fact, many patients who are medical has stable, but still experience dysfunction severe social isolation self, and loss meaning life (Awad & Voruganti, 2012). Therefore that, QoL is present as comprehensive and patient - centered indicators. What is meant by with recovery in QoL context is not just disappearance symptoms disease, but rather evaluation subjective patient to satisfaction his life which includes the health domain physical condition psychological, relationship social, as well as the interaction with environment around (Højlund et al., 2025). Even though QoL is good become the main target treatment, many study precisely show the opposite reality. Evidence scientific / results study previously in a way consistent find that patient Schizophrenia have a much better quality of life more low compared to with healthy people in general. As For example, a study by Holubova et al. (V. Karame & Assa, 2024) found that that patient QoL score classified as low in various fields, especially in matter health physical, feelings (affect), and activities social, if compared to with group control healthy. Findings this is also in harmony with conditions in Indonesia.

Research by (Gan et al., 2026) in Jakarta also reported that patient Schizophrenia that they the average person has a quality of life that is classified as low. This low quality of life it turns out caused by complex problems ; No only Because the disease, but is also greatly influenced by various factor psychosocial factors that hinder the recovery process they(X. J. Li et al., 2015).

Patient Quality of Life low schizophrenia can caused by many things. Various international research also consistent find existence factors complex psychosocial problems. Holubova et al. (2016) found that ' phenomenon psychosocial that is not adaptive ' is one of the contributing factors significant for low QoL. Guo et al. (2018) and Liu et al. (2024) also found impact clear negative from factor this, both in patients living in the community or those who are treated for a long time at home sick. Findings This is also proven by research in Indonesia. (Cheng et al., 2026a; W. Li et al., 2026; F. Liu et al., 2026) found that existence strong connection between problem patient's internal psychology with their poor Quality of Life.

Phenomenon gap quality life in patients schizophrenia care road found in a way real by researchers moment do studies introduction (preliminary study) in activity Internship at Prof. Dr. Muhammad Ildrem Mental Hospital, Medan. Based on an interview deep to patient care road, identified problem serious about Aspect Environment and Social Relationships which become inhibitor main welfare patient.

Impact from the public stigma often not stop as problem external only, but can continue become known internal problems as self-stigma (self-stigma). Self-stigma itself is something condition Where individual justify will view bad things given by society, so individual the implant the stigma itself in himself so that become reason will hampered development and healing processes individual. Self-stigma in patients Schizophrenia refers to experience and perception negative effects experienced by individuals who suffer from Schizophrenia to self they himself (F. Liu et al., 2024).

According to (W. Li et al., 2026), self-stigma is a psychological process in which individuals with disturbance soul internalize, or absorbing, prejudice and discrimination

from public stigma This process own very detrimental impact for condition psychological patients. Various study show that self-stigma is related close with decline price self, loss hope (hopelessness), feeling embarrassed, and in the end push patient for interesting self from environment social withdrawal. Therefore that, self-stigma is seen as one of the barrier psychological main thing that can hinder function social and recovery processes patient in a way overall (DeLisi, 2025b).

From the explanation above, we can it is said that impact psychological from self-stigma such as shame, self - esteem self low, and attractive self from socializing will impact directly to the decline in the patient's Quality of life. The relationship between second variables This is one of the most consistent findings in the world of research health soul.

There are some research that proves existence connection strong negative between both of them. This means that the more high level of perceived self -stigma patient, then will the more bad or the more low quality of life. Studies by Holubova et al. (2016) in the Czech Republic and Guo et al. (2018) in China both found conclude matter this. Findings This No only occurs abroad. Research in Indonesia also shows identical results. A study by (Alyahya et al., 2025) in Jakarta found existence correlation strong negative. This is also supported by other studies in Jakarta by (X. Li et al., 2025a, 2025b; Xu et al., 2025) which explain existence clear relationship between self-stigma and poor quality of life (Cheng et al., 2026b).

Although a number of study has show strong, good results international and local like research in Jakarta and Manado, research quantitative similar to that in specific research population patient Schizophrenia in Medan City, especially in the Prof. Dr. Muhammad Ildrem Mental Hospital environment, is still very limited and has not been found. Therefore, That study This important done, because stigma and quality of life are very possible influenced by factors social and cultural local that can just different with other areas.

For strengthen suspicion that problem This of course exists and occurs at the location research, researcher has do studies introduction to one of the subject named RG. Impact internalization of this stigma very visible on the subject of RG. As a result often accept sarcasm and negative labels from his neighbours, as has presented previously. RG started lost defence himself. He No Again see treatment bad the as other people's mistakes, but rather start agree assumption that himself of course proper treated thus. In the interview continued, RG said:

"After a while I think, bro... maybe those people right. Maybe of course I this is not done' and only So rubbish society. That's why it's natural for people to be disgusted Look I. I became Embarrassed The same self alone, feeling No There is its use live." (Marwaha & Johnson, 2004).

Based on the description background the back that has been displayed, visible that there is gap between theory and phenomena (research gap). In theoretical, various research in the field international and national has prove existence connection significant negative between self-stigma and Quality of life. However, research quantitative in Medan City which confirms matter This Still Not yet found. Therefore that, based on the basis theoretical and phenomenal said, the researcher interested and feel important for do study more carry on for knowing: "The Relationship Between Self-Stigma and Quality of Life Among Patients with Schizophrenia at A Psychiatric Hospital".

Method

Population study is group individual in a way overall place results study will generalized (O'Connor et al., 2018).In the study In this case, the target population is patient Schizophrenia at Prof. Dr. Muhammad Ildrem Mental Hospital who is undergoing treatment road.

This research use sample from population, which consists of from a subset of individuals whose data will used for make conclusion about larger population wide

(Creswell, 2018). As for criteria subject in study This is: Diagnosed patients experience Schizophrenia (based on records) medical at Prof. DR. Muhammad Ildrem Mental Hospital). Patient Outpatient status (control routine at the Mental Hospital). Condition calm, cooperative, and capable communicate with good (no currently in phase rowdy nervous). Willing become respondents with sign the Informed Consent

Taking technique sample (Sampling Design) in study This use Non-Probability Sampling technique with Purposive Sampling type. According to Sugiyono (Dasar, 2018) purposive sampling is technique determination sample with consideration certain. Researchers choose technique This Because subject study own characteristics clinical special that must be fulfilled so that the data obtained is valid and relevant with objective study.

The use of nonprobability sampling was chosen Because lack of definitive data about amount patient care the road to be come on the day certain (fluctuating), so that rigid sampling frame construction (as in random sampling) is not practical for carried out in the field. In addition, the approach This deemed most appropriate with condition House sick, efficient in a way time, and still relevant with objective research that targets group clinical with characteristics specific(Noor et al., 2023).

Although the use of nonprobability sampling limits ability generalization statistics (external validity), application criteria strict inclusion through purposive sampling to ensure that collected samples still relevant and adequate in a way theoretical for test connection between variables that become focus study this. Determination size sample based on calculations statistics for ensure adequacy amount of data for analysis inferential. Determination size sample is compromise between accuracy inference and efficiency of the data recruitment process (Creswell, 2018).

Determination size ideal sample should be use analysis power analysis for ensure adequate sensitivity in detect significant relationship (Creswell, 2018). Through analysis this, researcher can estimate amount respondents required for the association between Self-Stigma and Quality of Life can detected in a way accurate.

Analysis strength need three information Main. First, Estimate Size Effect Size (r). Researcher referring to research relevant previous from Wardani & Dewi (2018) who found correlation strong negative with r value = -0.568. Based on the findings empirical said, researchers set estimate size effect of r = 0.568 for calculation using G*Power software. Second, the Alpha Value (α), namely level risk error Type I, which is defined of α = 0.01 (1%). Third, the Power Value (β), namely level strength for detect the correct effect. For ensure high accuracy in study this, researcher set higher power value strict from standard general, namely of β = 0.95 (95%).

As results calculation, with using estimation parameters effect r = 0.568, α = 0.01, and β = 0.95, analysis Bivariate Normal Model correlation using G*Power 3.1.9.7 software shows that minimum sample required are 34 participants. As step anticipatory to possibility the presence of invalid data (invalid responses) or filling questionnaire that is not complete, researcher set sample targets end as many as 46 participants. The number the assessed adequate for maintain high statistical test power.

Subject study is individuals who provide data for needs testing hypothesis research. In the study survey quantitative this, individual the called as participants (participants). Participants study This is patient with a diagnosis of Paranoid Schizophrenia undergo care outpatient at Prof. Dr. Muhammad Ildrem Mental Hospital, Medan City. Election group This based on considerations theoretical that patient outpatient is at a crucial time transition recovery return to society, so it is very relevant for study dynamics connection between Self-Stigma as obstacle psychological and Quality of Life (QoL) as indicator success recovery they (Rizkifani et al., 2023; Samara et al., 2025).

Data collection techniques are step important in study quantitative, because

quality of data obtained will determine accuracy results analysis. According to Creswell & Creswell (2018), data collection in research quantitative involving procedure systematic for get information use instrument standardized that produces numerical data For analyzed in a way statistics. In line with that, Azwar (2018) explains that instrument psychological in the form of scale used For measure attribute psychological in a way No direct through indicator behavior presented in form statement. This research using primary data, namely data obtained direct from participants through filling scale psychological. The instruments used in the form of scale with a Likert response format, which allows researchers measure level response participants to statement that represents indicator construct study.

Results and Discussion

The subjects in this study were 46 schizophrenia patients undergoing outpatient treatment at Prof. Dr. Muhammad Ildrem Mental Hospital, Medan. The respondents' characteristics were grouped based on age, duration of illness, gender, education level, employment status, marital status, frequency of visits, and type of service.

Based on the table, the duration of schizophrenia is dominated by patients with chronic disease duration, namely > 3 years, as many as 27 people (58.7%). The second largest group is patients with a new diagnosis period of 0-1 year, namely 14 people (30.4%). The remaining have suffered from the disease for 2-3 years, as many as 3 people (6.5%) and 1-2 years, as many as 2 people (4.3%).

Hypothesis Testing

Hypothesis testing in this study aims to empirically prove the relationship between the variables *Self-Stigma* (X) and *Quality of Life* (Y). Based on the test above, the results of the Pearson Product-Moment correlation test show a significance value (Sig. 2-tailed) of 0.000. Because the significance value is smaller than the significance level of 0.05 ($p < 0.05$), the null hypothesis (H0) is rejected and the alternative hypothesis (Ha) is accepted. This empirically proves that there is a significant relationship between the Self-Stigma variable and *the Quality of Life variable* in the research subjects.

Then, looking at the correlation coefficient value (*Pearson Correlation*), the figure obtained was -0.959. Based on the correlation coefficient interpretation guidelines, a value in the range of 0.80 to 1.00 indicates that the level of closeness of the relationship between the two variables is in the very strong category. The negative sign (-) in the correlation coefficient value indicates that the direction of the relationship is in the opposite direction (inverse). This means that the higher the level of Self-Stigma experienced by the patient, the lower *the Quality of Life* they have. Conversely, the lower the level of *Self-Stigma* in the patient, the higher *the Quality of Life* they feel.

Discussion

Conceptually, *Quality of* Life is a person's perspective on their position in life, which is closely related to culture, values, goals, expectations, and what they care about (The WHOQOL Group, 1998). The results of the hypothesis testing in this study clearly prove that there is a very strong and meaningful relationship between the variables *of Self-Stigma* and *Quality of Life* in the patients studied. The negative correlation value indicates that the direction of the relationship between these two variables is opposite. This means that the higher *the Self-Stigma* shown through feelings of inferiority, shame, liking to hide oneself, and withdrawing from social interactions due to negative labels on oneself (Sari, 2019). the more the patient's *Quality of Life* will decline, both in terms of physical health, mental health, social relationships, and environmental conditions.

From a psychological perspective, this process of absorbing stigma transforms negative public perceptions into negative self-perceptions, or *self-prejudice.* This is extremely dangerous because it can destroy a patient's self-esteem and self - confidence or *self-efficacy*

(Corrigan & Watson, 2002). This strong inverse relationship aligns well with the reality on the ground. According to the Indonesian Health Survey Report (2023), the phenomenon of stigma, unfair treatment, and even human rights violations such as the shackling of schizophrenia patients are still common in society. The immense pressure from these negative public perceptions is ultimately absorbed entirely by patients, thus reducing their motivation to recover and crippling their overall *quality of life* (Sarsilah et al., 2024).

These findings align with research by Wardani and Dewi (2018), which explains that there is a clear inverse relationship between *self-stigma* and *quality of life*. They found that *self-stigma* directly impairs the social skills and physical health of schizophrenia patients due to the loss of enthusiasm for life and a sense of caring for oneself. Similar results are also confirmed by research by Karame and Assa (2024) and Sarsilah and colleagues (2024). They concluded that schizophrenia patients with high *self-stigma* will certainly have a poor or low *quality of life*. This evidence is further strengthened by an international journal by Holubova and colleagues (2016), which confirms that *self-stigma* is a very detrimental psychological and social problem, because it significantly disrupts and significantly reduces *the quality of life* in schizophrenia patients. Furthermore, research by Liu and colleagues (2024) also found that *self-stigma* has a very negative impact on *the quality of life* of schizophrenia patients, where the pressure of stigma causes patients to continuously distance themselves from social interactions and feel worthless(Sutejo, 2017).

In addition to the inverse direction of the relationship, the results of this study also highlight the strong bond between the two variables. The correlation level obtained is in the very high category. This fact proves that *self-stigma* is not simply an additional factor or side effect, but rather acts as a predictor or the most dominant determinant in influencing patients' *Quality of Life*. Although various other psychological and social influences also play a role, previous research has shown that in Among all these factors, *Self-Stigma* emerged as the most significantly influential factor(Theofilou, 2013). This statement is further strengthened by another study which confirmed that self-stigma has been proven to be able to accurately predict low subjective *Quality of Life* felt by patients (Guo et al., 2018). When a patient has instilled negative beliefs about their illness into their mind, these beliefs will become deeply rooted and damage various aspects of their life simultaneously. This finding is in line with previous research which also found a very strong negative correlation between *Self-Stigma* and *Quality of Life* (Wardani & Dewi, 2018), where they emphasized that high *Self-Stigma* makes patients tend to not care about themselves, lose enthusiasm for life, and ultimately destroy physical health due to the patient's inability to maintain and care for their body (Sinaga, 2015).

The influence of *self-stigma* on *quality of life* can also be analyzed through categories or aspects of each variable. *Self-stigma measurement tools* essentially divide patients' experiences into several main aspects, namely feelings of alienation from society, approval of negative public views, experiences of discrimination, and withdrawal from social interactions (Boyd Ritsher et al., 2003). On the other hand, quality of life is also measured through several important dimensions that include physical health, mental or psychological conditions, the quality of social relationships, and the condition of the patient's living environment (Harper et al., 1998).

When these aspects of *self-stigma* dominate a patient's thoughts, all dimensions *of quality of life* are simultaneously destroyed. For example, patients who experience discrimination and feel isolated tend to withdraw from their social environment. This directly damages the social and environmental relationships dimension of the patient's quality of life, as they are cut off from the support of those closest to them and feel unable to adapt to society (Karame & Assa, 2024).

Other research also confirms that all aspects of self-stigma are closely linked to a decreased quality of life across all areas,

particularly physical and psychological health (Wardani & Dewi, 2018). Patients who consciously accept negative self-perceptions lose motivation and hope, leading to a decreased commitment to self-care and treatment, which ultimately leads to a deterioration in their physical health (Wardani & Dewi, 2018).

This condition is very much in line with field findings that show that the majority of schizophrenia patients do indeed have quite severe problems in terms of physical health and the ability to build social relationships due to a lack of support from their environment and uncontrolled emotions (Afconneri & Puspita, 2020). This series of facts proves that the harm caused by self-stigma does not stop at the level of thoughts or feelings of sadness, but rather spreads significantly to the destruction of patients' abilities to maintain physical health, build friendships, and even the ability to enjoy life. daily life comfortably (Vedebeck, 2018).

In addition to proving the direction of the relationship between variables, the study also revealed the complex psychological reality of patient conditions in the field. The distribution of data categorization indicates that the majority of schizophrenia patients undergoing outpatient treatment at Prof. Dr. Muhammad Ildrem Mental Hospital accumulate in the moderate category, both in the variables *of Self-Stigma* and *Quality of Life.* The dynamics in this moderate category cannot be separated from their specific context as outpatients. Unlike isolated inpatients, outpatients face double transition pressures because they live directly alongside the wider social order. Direct exposure to this external environment serves as a contextual condition that strengthens their psychological vulnerability in internalizing stigma, but at the same time, motivates them to maintain their social adaptive functions in order to survive.

In addition to showing the direction of the relationship between variables, the data categorization results also provide a more detailed picture of the patient's condition. The majority of outpatients with schizophrenia at Prof. Dr. Muhammad Ildrem Mental Hospital fall into the moderate category, both in terms of Self-Stigma and Quality of Life. This condition may be related to the unique situation of outpatients, which differs from that of inpatients. Outpatients live and engage in activities directly within the community, so they are more frequently exposed to stigma from their surroundings. However, on the other hand, they are also required to carry out their daily social functions to survive in the midst of public(Wardani & Dewi, 2018).

This picture becomes clearer when the data per aspect is further dissected. Although the Alienation and Discrimination Experience aspects are in the moderate category, an interesting finding was found in the Social Withdrawal aspect, namely that the majority of subjects were in the low category(Organization, 2022). This means that the pressure and stigma felt by patients from society did not necessarily cause them to withdraw completely from social interaction. Instead, most patients appeared to still try to stay connected with those around them, although this effort was certainly not easy for them. However, this desire to remain social will not be enough if it is not balanced with a more positive perspective on oneself. This condition is in line with the concept of the Why Try Effect proposed by Corrigan, Larson, and Rüsch (2009). According to this concept, when someone accepts a negative label from society as part of themselves, they will feel worthless and lose confidence in their own abilities. As a result, patients become hesitant to try things they actually want to do, such as socializing, forming relationships, or working, because they already assume they will be rejected or looked down upon by their environment. This kind of mindset ultimately weakens the patient's enthusiasm for recovery and reduces their overall Quality of Life(L. Wang et al., 2021).

Further exploration of the findings of this study can be examined through the demographic profiles of the subjects which implicitly provide empirical justification for

Dynamics of *Self-Stigma* and *Quality of Life*. Based on the characteristics of the respondents, the majority of subjects in this study were unemployed. This finding aligns with the Activity Factor, which is one of the determinants of quality of life in schizophrenia patients. Marwaha and Johnson (2004) in their literature review found that employment status was consistently associated with better social functioning, symptom levels, quality of life, and self-esteem in schizophrenia patients.

Thus, the lack of employment in most of the subjects in this study also reduced their independence and sense of self-worth, which ultimately resulted in a low Quality of Life, especially in the environmental dimension due to the lack of financial independence (Organization, 1997).

Conclusion

Based on the results data analysis, testing hypothesis, and the discussion that has been described previously, then can withdrawn a number of conclusion from study This as following. There is connection very strong and significant negative between Self-Stigma and Quality of Life in Patients schizophrenia care the road at Prof. Dr. Muhammad Ildrem Mental Hospital Medan. This signify that the more high perceived self-stigma patient, or the more patient justify view negative public to himself, then the more the Quality of Life they have is also low. Self-Stigma is not only impact side job from the disease suffered, but rather one of factor the main thing that is direct lower motivation patient for recover, so that impact on the decline in their Quality of Life in various aspect life. In the Self Stigma variable, the aspects of Alienation, Stereotype Endorsement, and Discrimination Experience dominate the category. in progress, while Social Withdrawal aspect is in the category low. Condition This show that patient No isolate self fully and.still maintain intention for socialize. On the other hand, the whole dimensions of Quality of Life are also distributed across categories moderate. Findings field This confirm that patients basically Still own ability base for maintain continuity life as well as operate function social environment public

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Author Contributions

This article was written by two individuals, Pangaribuan. B.J.T, Aritonang. N.N read and approved the published version of this manuscript, Pangaribuan. B.J.T, Aritonang. N.N designed the study and analyzed the data, while Pangaribuan. B.J.T, Aritonang. N.N performed the laboratory work. Pangaribuan. B.J.T, Aritonang. N.N, wrote the manuscript. They drafted the original manuscript, prepared the introduction, results, discussion, methodology, and conclusion. Pangaribuan. B.J.T, Aritonang. N.N also contributed ideas to the research process, data processing, translation into English, review, and editing. All members of the research team collaborated at every stage until this article was completed.

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Conflicts of Interest

This research is conducted to provide information to the public regarding the research that has been conducted so that it can be used for educational purposes. in addition, this research is used by researchers for lecturer performance loads and accreditation needs of study programmes and institutions

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