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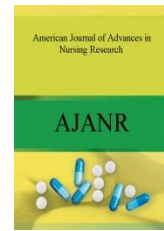
SELF ESTEEM AMONG CAREGIVERS OF CLIENTS ADMITTED WITH MENTAL ILLNESS IN SELECTED SETTINGS, ERNAKULAM DISTRICT

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ABSTRACT

Caring for people with mental illness, particularly severe conditions such as schizophrenia, major depression, and bipolar disorder, is an ongoing and challenging process for the caregivers. The study was undertaken to assess the selfesteem among caregivers of clients with mental illness. The objectives were to assess the selfesteem and to find the association between selfesteem and selected demographic variables. Using convenience sampling, 30 caregivers of clients with mental disorder who admitted in the psychiatric inpatient unit of tertiary care hospital in Ernakulum District were enrolled in the study. Socio demographic Proforma and Rosenberg's selfesteem scale were used to collect the data. Findings of the study showed majority of the caregivers 80.00% had normal selfesteem, 16.67% had high self-esteem, and only 03.33% had low selfesteem. The mean score for selfesteem is 27.33± 3.41. Among the selected socio-demographic variables, marital status of caregivers ($\chi2$= 17.296 p= 0.02) was found to be significantly associated with selfesteem.

INTRODUCTION

Mental health comprises emotional, psychological, and social well-being. Close to 60 to 70 million people in India suffer from common and severe mental disorders. Over 90% of psychiatric patients in India live with their families, causing much stress to the caregivers. [1] Family caregivers are important allies for healthcare providers in facilitating the recovery process among people with mental illness. Caring for people with mental illness, particularly severe conditions such as schizophrenia, major depression, and bipolar disorder, is an ongoing and challenging process for the family

caregivers. [2] Caregivers of patients of psychiatric illness suffer from stigma, which impedes the identification, management and rehabilitation of the patients [3].

Self -esteem is an affective evaluation to one's self-worth. Positive self-esteem is a human need that is necessary for healthy adaption and is capable of being strongly linked to ideal functionality and personal happiness. Caregivers of mentally ill patients exposed to shame, low self-esteem, low perceived devaluation, low social self-efficacy, and social isolation due to perceived stigma. These caregivers need psychosocial interventions to enhance the overall family environment to have a better adaptive state among families [4].

Self -esteem serves as an emotional coping mechanism that is protective of mental and physical health. It is susceptible to social relationships,

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experiences. Moreover, and linked with downstream harm to mental, physical, and biological health outcomes. Caregiving burdens undermine self-esteem over time or a loss of sense of self. However, care may also bolster self-esteem, as providing care for others may provide the caregiver with a sense of purpose and feeling valued [5].

Statement of the problem

A descriptive cross-sectional study to assess the self-esteem among caregivers of clients admitted with mental illness in selected settings, Ernakulam District.

Objectives

1. To assess the selfesteem among caregivers of clients admitted with mental illness.
2. To find the association of selfesteem with selected socio demographic variables.

Operational definitions

- **Selfesteem:** refers to an individual's overall evaluation andperception of their worth, value, and capabilities. It involves how a person views themselves and their abilities to play a significant role in shaping their thoughts, emotions, behaviours and interactions with others as measured by using Rosenberg selfesteem scale.
- **Caregivers:** refers to the family members or significant others who are actively involved in caring the patients with psychotic mental disorders for more than 6 months and accompanies with patient for continuing treatment in the selected setting.
- **Mental illness:** refers to the state of individual who are diagnosed with psychotic mental disorders according to the ICD or DSM diagnostic criteria, by psychiatrist.
- **Psychiatric setting:** refers to thespecialised area of S3, K3 and F&G wards of M.O.S.C Medical College Hospital, that provide treatment and support for an individual to overcome mental illness to maintain personal and social life.

Assumptions

- Selfesteem may vary among caregivers of mentally ill clients according to the duration and severity of illness.

Hypotheses

- **H$_{A1}$)** There is significant association between selfesteem and selected demographic variables among caregivers of mentally ill clients

MATERIALS AND METHODS
Research approach

The approach used in the present study was quantitative non-experimental approach

Research design

The research design used was descriptive cross-sectional design

Variables
Outcome variables: Self esteem
Sociodemographic variables:

Age, type of family, religion, marital status, education, occupation, economic status, type of relation with client, family history of mental illness, and duration of mental illness

Setting of the study

S3, K3, and F&G wards of M.O.S.C. Medical College Hospital, Kolenchery, Ernakulum District

Population
Target population

Caregivers of clients diagnosed with psychotic mental disorders in Ernakulam District

Accessible population

Caregivers of clients admitted with psychotic mental disorders in S3, K3, and F&G wards of M.O.S.C Medical College hospital, Kolenchery in Ernakulam District.

Sample

Caregivers of clients admitted with psychotic mental disorders in S3, K3 and F&G wards of M.O.S.C Medical College hospital, Kolenchery, in Ernakulam District who met the inclusion criteria.

Sampling technique

Nonprobability convenience sampling technique

Sample size

Based on the results of pilot study the sample size was estimated statistically based on estimation of mean using the formula $n = \frac{(Z1-\alpha/2)^2 S^2}{d^2}$

where, σ – Anticipated Standard deviation, d – Absolute precision, Z1-α/2 – Statistical table value. When, $Z1 - \alpha / 2 = 1.96$, d = 1, S= 2.86, n = 21, therefor the sample size is 30caregivers of patients diagnosed with psychotic mental disorders.

Sample selection criteria
Inclusion criteria

a. **Caregivers of clients with mental illness**
- Patients who are diagnosed as psychotic disorders as per the ICD and DSM criteria of

mental illness by psychiatrist

- Care givers of clients who have the duration of mental illness for 6 months and more
- Caregivers who are living with the client for at least 6 months
- Both gender (male and female), those who have no significant psychiatric co-morbid condition

Exclusion Criteria
- Caregivers who had chronic debilitating physical illness & history of past/current psychiatric consultation.
- Caregivers of clients with neurotic conditions

Tools and techniques
Tool 1
Sociodemographic proforma

Socio demographic proforma include sociodemographical characteristics of caregivers of clients with mental illness. The socio demographic proforma consisted of 12 items that includes gender, age, religion, type of family, marital status, education,occupation, economic status, type of relation with the client, family history of mental illness, duration of stay with client and duration of mental illness.

Tool 2
Rosenberg self-esteem scale

It is a standardized scaledeveloped by Morris Rosenberg in 1965. This scale measures global self-worth by measuring both positive and negative feelings about one self. The scale has 10 items. Each item of the scale has 4-point options (1, strongly disagree to 4, strongly agree). The scale ranges from1-40. Score less than 20 are considered as low self-esteem and 20 to 30 considered as normal self-esteem, and above 30 is considered as high self-esteem. The reliability of the tool was established by using Cronbach's Alpha method and the tool was found to be reliable with r = 0.92.

Ethical clearance

The investigator has considered the following ethical principles while proceeding with the project. This study protocol was approved by the Institutional Ethics Committee of M.O.S.C. Medical College Hospital, Kolenchery. Formal administrative permission was obtained from the Administrative Director, M.O.S.C Medical College Hospital and Principal, M.O.S.C College of Nursing. A letter explaining the purpose of the study was handed over to the study subjects and informed written consent was taken from the participants before data collection. Confidentiality and anonymity of the data were ensured using subject coding system.

Data collection procedure

The study was conducted after obtaining ethical clearance from the institutional ethics committee. Formal administrative permission was obtained from the Administrative Director, M.O.S.C Medical College Hospital. Total of 30 subjects who fulfilled the inclusion criteria were selected by convenience sampling technique from the psychiatric setting of M.O.S.C. Medical College Hospital, Kolenchery, Ernakulum district. After a brief self introduction, the subjects were explained regarding the purpose of the study. The subjects were allowed to read the participant information sheet and made provision to clarify the doubts. Following this, informed consent was obtained from the participants. After that, sociodemographic data was collected by using sociodemographic proforma. Following this, self-esteem was assessed using the Rosenberg self-esteem scale confidentiality and anonymity was ensured during and after the study. Data were collected in the month of December 2023. Approximate time taken for data collection from each client was 5 – 10 minutes. The investigator thanked each subject for their cooperation for the study.

Plan for data analysis

The data were analysed by using R software. Socio demographic variables were presented in terms of frequency and percentage. Continues variables were summarized using mean and SD. Chisquare test/Fishers' exact test were performed to determine the association of self-esteem and demographic variables. Data were presented using tables and figures.

Analysis and Interpretation
Description of sample characteristics among caregivers

Most of the caregivers 46.67% belonged to the age group of 40 years and above. Among caregivers, 86.67% were females and most of them 50.00% followed Christian religion. Among the caregivers, 23.33% were S.S.L.C passed and 33.33% of caregivers are private employees. Majority of the caregivers 90.00% were married, and 76.67% belongs to nuclear family. About the relationship of caregivers with the client 46.67% of caregivers were spouses and others belong to parents, children and siblings. Most of them 36.67% have a monthly income of >15,000. With respect to the duration of stay with the clients, majority of the caregivers 40.00% were stay with the client for more than 15 years and the duration of mental illness of the client33.33% in majority of 6 – 12 months. Among the caregivers only 16.67% have family history of mental illness. (Table: 1).

Selfesteem among caregivers

    Self esteem was presented in terms of frequency and percentage distributionMean and standard deviation were computed as the data followed normal distribution. 80.00% had normal selfesteem, while 16.67% had high self-esteem, and 03.33% had low selfesteem. The mean score for selfesteem is 27.33± 3.41 (Figure 1).

    To determine the association of self esteem with selected demographic variables among caregivers

    Chi – square and Fisher's exact test were performed to determine theassociation of self esteem with selecteddemographic variables like gender, age, religion, type of family, marital status, education, occupation, economic status, type of relation with the client, family history of mental illness, duration of stay with client and duration of mental illness.

    The observation showed thatmarital status ($\chi2$= 17.296 p= 0.02) was associated with selfesteem. The null hypothesis was rejected with regard to the variable of marital status. (Table:2).

Table 1: Frequency and percentage distribution of socio demographic variables among caregivers (n=30)

Sl no:	Socio personal variables		Frequency (f)	Percentage (%)
1.	**Gender**	Male	4	13.33
		Female	26	86.67
2.	**Age in years**	Below 20	0	0
		21 - 30	6	20.00
		31 - 40	10	33.33
		40 above	14	46.67
3.	**Religion**	Hindu	12	40.00
		Christian	15	50.00
		Muslim	3	10.00
4.	**Typeof family**	Nuclear Family	23	76.67
		Extended family	7	23.33
		Joint Family		
5.	**Marital status**	Married	27	90.00
		Unmarried	2	06.67
		Divorced/separated		
		Widow / Widower	1	3.33
6.	**Educational status**	No formal education	0	0
		Primary school	3	10.00
		Secondary school	4	13.33
		S.S.L.C	7	23.33
		Plus Two	5	16.67
		Diploma	3	10.00
		Graduate	6	20.00
		Post Graduate and above	2	06.67
7.	**Occupation**	Daily wages	5	16.67
		Self employed	4	13.33
		Private Job	10	33.33
		Government job	2	06.67
		Unemployed	9	30.00
8.	**Economic status**	<5000 / month	5	16.67
		5000 – 10,000 / month	10	33.33
		10,001 – 15,000 / month	4	13.33
		>15,000 / month	11	36.67
9.	**Type of relationship with client**	Spouse	14	46.67
		parents	10	33.33
		children	2	06.67
		Siblings	1	03.33
		Grand parents	2	06.67

		Others	1	03.33
10.	**Family history of mental illness**	Yes	5	16.67
		No	25	83.33
11.	**Duration of stay with client**	6 – 12 months	2	06.66
		1 – 5 years	6	20.00
		6 – 10 years	5	16.67
		10 – 15 years	5	16.67
		>15 years	12	40.00
12.	**Duration of mental illness**	6 – 12 months	10	33.33
		1 – 5 years	6	20.00
		6 – 10 years	5	16.67
		10 – 15 years	4	13.33
		>15 years	5	16.67

Table 2: Association of self esteem with selected socio demographic variables   (n=30)

Sl. no	Sociodemographic variables	Self Esteem			p value
		Low	**Normal**	**High**	
1.	**Gender** Male	0	4 (100%)	0	0.562
	Female	1 (3.8%)	20 (76.9%)	5 (19.2%)	
2.	**Age in years**				.366
	Below 20	0	0	0	
	21 – 30	1 (16.7%)	4 (66.7)	1 (16.7%)	
	31 – 40	0	8 (80%)	2 (20%)	
	40 and above	0	12 (85.7%)	2 (14.3%)	
3.	**Religion**				.794
	Hindu	0	10 (83.3%)	2 (16.7%)	
	Christian	1 (6.7%)	12 (80%)	2 (13.3%)	
	Muslim	0	2 (66.7%)	1 (33.3%)	
4.	**Type of family**				.830
	Nuclear family	1 (4.3%)	18 (78.3%)	4 (17.4%)	
	Extended family	0	6 (85.7%)	1 (14.3%)	
	Joint family	0	0	0	
5.	**Marital status**				.002*
	Married	0	23 (85.2%)	4 (14.8%)	
	Unmarried	1 (50%)	0	1 (50%)	
	Divorced / Separated	0	0	0	
	Widow / Widower	0	1 (100%)	1 (100%)	
6.	**Educational status**				
	No formal education	0	0	0	
	Primary school	0	2 (66.7%)	1 (33.3%)	
	Secondary school	0	4 (100%)	0	
	S.S.L.C	0	7 (100%)	0	
	Plus Two	0	5 (100%)	0	
	Diploma	0	2 (66.7%)	1 (33.3%)	
	Graduate	1 (16.7%)	3 (50%)	2 (33.3%)	
	Post graduate and above	0	1 (50%)	1 (50%)	
7.	**Occupation**				
	Daily wages	0	4 (80%)	1 (20%)	
	Self employed	0	3 (75%)	1 (25%)	
	Private job	0	8 (80%)	2 (20%)	
	Government job	0	1 (50%)	1 (50%)	

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	Unemployed	1 (11.1%)	8 (88.9%)	0	
8.	**Economic status**				
	< 5000/ month	0	5 (100%)	0	
	5001–10,000/ month	0	10 (100%)	0	
	10,001-15,000/month	0	3 (75%)	1 (25%)	
	>15,000/ month	1 (9.1%)	6 (54.5%)	4 (36.4%)	
9.	**Type of relationship with client**				
	Spouse	0	11 (78.6%)	3 (21.4%)	
	Parents	1 (10%)	8 (80%)	1 (10%)	
	Children	0	2 (100%)	0	
	Siblings	0	1 (100%)	0	
	Grand parents	0	1 (50%)	1 (50%)	
	Others	0	1 (100%)	0	
10.	**Family history of mental illness**				.069
	Yes	1 (20%)	3 (60%)	1 (20%)	
	No	0	21 (84%)	4 (16%)	
11.	**Duration of stay with client**				
	6-12 months	0	2 (100%)	0	
	1-5 years	1(16.7%)	4 (66.7%)	1 (16.7%)	
	6-10 years	0	3 (75%)	1 (25%)	
	10-15 years	0	4 (80%)	1 (20%)	
	>15 years	0	11 (91.7%)	1 (8.3%)	
12.	**Duration of illness**				
	6-12 months	0	7 (70%)	3 (30%)	
	1-5 years	0	6 (100%)	0	
	6-10 years	0	4 (80%)	1 (20%)	
	10-15 years	1 (25%)	3 (75%)	0	
	>15 years	0	4 (80%)	1 (20%)	

Significant at p<0.05

Figure 1: Pie diagram depicting the percentage distribution of self-esteem among caregivers (n = 30)
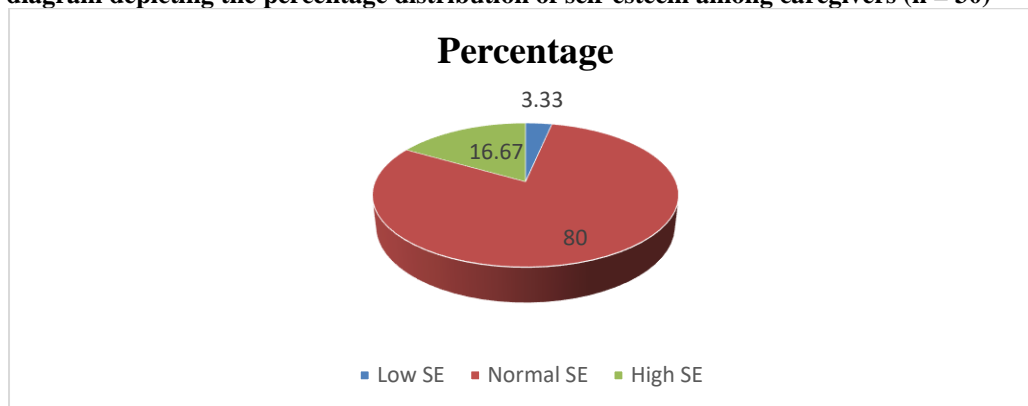
DISCUSSION

The present study revealed scores study subjects 80.00% had experienced normal selfesteem, 16.67% had reported high self-esteem, and only 03.33% had low selfesteem. The mean score for selfesteem is 27.33± 3.41.

The finding is supported by Jayakrishnan K. A. The researcher found that majority (68.3%) of the caregivers having normal self-esteem, 30.2% having low self-esteem and only (1.6%) participant was having high self-esteem.6Another study conducted by Soly JP et alreported that 88.30% of family caregivers have good selfesteem [7]

The present study found that there is significant association between marital status of the care givers (χ2= 17.296 p= 0.02) with selfesteem. The present findings were supported by the findings of Jutten LH et al.

Theresearcher found that socio demographic variables are found to be positively related to self-esteem [8].

Nursing implications

The present study has significant implications in the field of nursing administration, nursing education, nursing practice, and nursing research.

Nursing administration

- Collaborate with governing bodies in formulating policies to employ specially qualified nurses in a psychiatric unit to supervise the teaching program.
- Develop psycho-education protocols for educating the caregivers of patients with psychotic mental disorders for identifying and managing their selfesteem.
- Train the nurses who are working in the psychiatric units to identify selfesteem of caregivers of clients with psychotic mental disorders and to provide them adequate support and education.
- Adapt the screening tools used in the study for screening the selfesteem amongcaregivers of patients with psychotic mental disorders.

Nursing education

- Nurse educators can suggest incorporating the mental health issues among caregivers of patients with psychotic mental disorders regarding early identification, and its management in the nursing curriculum.
- Train the student nurses to identify the factors affecting selfesteem among caregivers of mentally ill clients based on which appropriate nursing interventions can be a plan for both patients and their caregivers.
- Train the nursing students to use the screening tools to gain adequate knowledge in assessing selfesteem among caregivers of patients with psychotic mental disorders and thereby providing training the caregivers regarding how to improve their selfesteem which results in long term positive outcome in the caregivers of patients with mental illness.

Nursing practice

- Identify the areas where the caregivers of patients with mental illness need more help, support and confidence building.
- Identify the hidden factors that make low selfesteem in the caregivers of patients with mental illness and can refer them to an appropriate support system.
- Implement caregiver focused intervention programs to improve selfesteem of the caregivers of mentally ill clients.
- Play their part in primary prevention by facilitating early detection and management of low selfesteem among caregivers.
- Can play a supportive role in caregivers of patients with mental illness for their emotional issues.
- Different psychotherapeutic procedures such as cognitive behavioural therapy, acceptance and commitment therapy, mindfulness-based therapy, problem-solving therapy can provide for caregivers.

Nursing research

Undertake interventional studies to understand the effectiveness of strategies designed for improving selfesteem. The findings of the present study can be considered as a cornerstone for future researches.

Recommendations

- Similar studies can be conducted in different settings.
- A comparative study regarding selfesteem among caregivers of mentally ill clients can be conducted among patients and care givers with major psychiatric illnesses.
- A qualitative study can be conducted to assess selfesteem among care givers of mentally ill clients.
- Interventional studies can beundertaken to assess theeffectiveness of improving the selfesteem of caregivers of clients with mentaldisorders.

CONCLUSION

Study has its importance in the present scenario of increased percentage of mentally ill patients in the population and stress among caregivers and effect on caregivers mental and physical health is also non negligible.

The result of the study showed that Majority of the caregivers of mentally ill client (80.00%) had normal selfesteem. There is significant association between selfesteem with selected demographic variables.

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