

Original Article

A CORRELATIVE STUDY TO ASSESS THE PSYCHOLOGICAL WELLBEING AND SELF-ESTEEM AMONG ADULT CHILDREN OF MENTALLY ILL PARENT/S IN SELECTED HOSPITAL OF UDUPI DISTRICT

K. Jayakrishnan¹, Shalini² & Savitha³

¹ Student MSc. (N) ^{2,3} Assistant Professors, Department of Psychiatric/ Mental Health Nursing, Manipal College of Nursing Manipal, Manipal University, Manipal - 576 104, Karnataka, India.

Correspondence :

Savitha

Assistant Professor, Department of Psychiatric /Mental Health Nursing, Manipal College of Nursing Manipal, Manipal University, Manipal – 576 104, Karnataka, India.

Mobile : + 91 94817 60372 E-mail : chaitrachandan@yahoo.co.in

Abstract :

Introduction : Caregivers across the world, who are often unrecognised and under supported, are deeply and personally impacted by the care they provide. The recognition of high levels of caregiver morbidity demands a holistic approach and nurses need to be more responsive to the needs of carers and care-recipients rather than focussing on the patient alone. **Aims and Objectives:** to determine the psychological wellbeing of adult children with mentally ill parent/s, to assess the level of self-esteem of adult children of their mentally ill parent/s, and to find the relationship between psychological wellbeing and self-esteem.

Study design : descriptive correlational study design.

Methods and materials : study was conducted among 63 adult children of mentally ill parents by using convenient sampling technique. A survey approach was used for the study. Tools used for the study were Demographic Proforma, Psychological wellbeing scale, and Rosenberg's self-esteem scale.

Results : Majority, 35 (55.6%) of the samples were found to be having high psychological wellbeing. 27 (42.9%) of the samples were intermediate psychological wellbeing and only 1 (1.6%) participant was having low psychological wellbeing. Majority (68.3%) of the samples were found to be having normal self-esteem. (30.2%) of the samples were with low self-esteem and only (1.6%) participant was having high self-esteem. There is no significant correlation was found between psychological wellbeing and self-esteem ($r = 0.044$, $p = 0.730$).

Key words: adult children, psychological wellbeing, self-esteem, mentally ill parent/s

Introduction :

Caring for older frail and chronically ill family members is not without costs; although the caregiving role can be rewarding, it can also be highly stressful. It is now well established that family members who provide care to frail and disabled older adults are at greater risk for experiencing health problems, as well as psychiatric morbidities, such as anxiety and depressive symptomology, than non-caregivers. Through studies it is understood

that a caregiver will go under a lot of psychological demand that influences the psychological wellbeing, self-esteem and perceived stigma of the caregivers¹.

A study conducted by K. S. Shaji, Roy K. George, Martin J. Prince and K. S. Jacob in Kerala on 2007 to observe the behavioural symptoms and caregiver burden in dementia, whose sample consisted of 79.3% women who were living with their families, revealed that symptoms like activity disturbances; aggressiveness and delusions in particular are indeed troublesome to the caregiver and that many factors might positively and negatively influence the experience of caregiver burden and modulate the psychological impact of providing care to the demented relative.²

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In a study conducted by Papastavrou E., et al. at Cyprus on family caregiver burden among volunteer sample of 172 caregiver/care recipient dyads who were all patients suffering from probable Alzheimer's type dementia and were recruited from neurology clinics, suggested that irrespective of the community, caregivers have high level of burden. The findings reveal that 68.02% of caregivers were highly burdened and even, 65% exhibited depressive symptoms and the burden was related to patient psychopathology and caregiver sex, income and level of education. It has been observed that women are more likely to experience social restrictions because of their caring role (Montgomery 1996), and they experience higher levels of burden when compared with men caregivers (Thomson et al. 2004). It was also found that caregivers with higher education and better remuneration had lower levels of burden; it seems that these factors may function as buffers to the stressors of care giving.³

A study conducted by Linju Ann Alias on 2011 to assess the co-dependency and depressive symptoms among caregivers of alcoholics using 140 caregivers from 3 hospitals in Udupi district revealed that 10% caregivers has severe co-dependency and 15% caregivers has severe depressive symptoms and that there is no association between co-dependency and depressive symptoms.⁴

Caregivers across the world, who are often unrecognized and under supported, are deeply and personally impacted by the care they provide. Despite the burdens they shoulder, many caregivers report enormous positive feelings about the care they provide. Health professionals, mental health nurses have an important role to acknowledge the burden of the caregivers. Caregivers need resources and support to sustain this loving and valuable care of those with psychiatric disorders¹.

Materials and methods :

A descriptive correlational study design was adopted and study was conducted among 63 adult children of mentally ill parents. After obtaining the administrative permission, the researcher approached the study subjects, explained the purpose of the study and obtained their consent after

assuring them the confidentiality of the data. Participants were adult children who were above the age of 18 years and had at least one parent, who had been diagnosed with Schizophrenia, Affective disorder or Organic mental disorder, as per the ICD-10 criteria, for more than 6 months. Adult children having any physical illness, past/current psychiatric illness, unwilling to participate in the study and those who were illiterate were excluded from the study. Adult children were selected through purposive sampling technique from the psychiatry OPDs and wards of Kasturba hospital, Manipal.

Data was collected using Demographic Proforma, Psychological wellbeing scale (PWB), by Bhogle and Jaiprakash, 1995 and Rosenberg's self-esteem scale. Psychological wellbeing tool is a 28 item questionnaire in a forced choice (Yes/No) format. In the tool, 10 statements (4, 5, 6, 10, 12, 14, 15, 16, 21 and 24) are negative and rest 18 statements are positive. Scores are classified as (0-9) as low psychological wellbeing, (10-20) as intermediate psychological wellbeing and (21-28) as high psychological wellbeing. Higher the score, higher the psychological wellbeing⁵. Rosenberg self-esteem scale is a structured rating scale to assess self-esteem of general population, developed by Rosenberg (1965). Rosenberg reported that internal consistency reliability of the instrument range from ($r=0.85$ to 0.88). The scale consists of 10 items; each item is scored on a four point scale under the options: strongly agree, agree, disagree, and strongly disagree, five statements were positive and five negative with a total score of 30. Scores are classified as below 15 as low self-esteem, 15-25 scores as normal self-esteem and above 25 are considered as high self-esteem. Higher the scores, higher the self-esteem⁶.

Statistical Methods :

Descriptive (frequency and percentage) and inferential (Spearman' correlational coefficient) statistics were used for the analysis of the study. Non parametric (Spearman correlation coefficient) test was used to find the correlation between psychological wellbeing and Self-esteem.

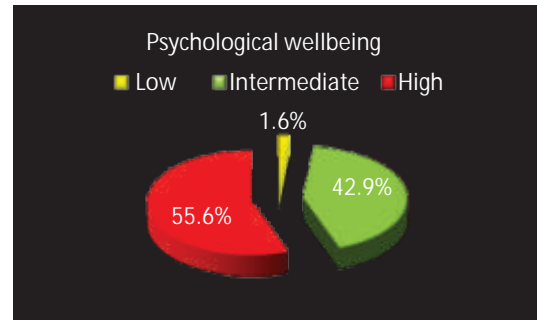
Results :

Table 1: Frequency and percentage distribution of sample characteristics n= 63

Sample characteristics	Frequency (f)	Percentage (%)
Age (in years)		
18 – 27	31	49.2
28 – 37	13	29.6
38 – 47	11	17.5
48- 57	3	4.8
58 and above	5	7.9
Gender		
Male	28	44.4
Female	35	55.6
Religion		
Hindu	54	85.7
Christian	3	4.8
Muslim	6	9.5
Marital status		
Unmarried	31	50
Married	28	40
Widow/widower	4	10
Educational status		
No formal education	5	7.9
Up to 8 th standard	11	17.4
Up to 10 th standard	10	15.8
Pre university	9	14.2
Graduation	22	34.9
Post-graduation and above	6	9.5
Occupation		
Professional	18	28.6
Non professional	25	39.7
Not working	20	31.7
Monthly income (in Rupees)		
1,000- 5000	23	36.5
5001- 10,000	11	17.5
10,001- 15,000	11	17.5
15,001 – 20,000	8	12.7
>20,000	10	15.9
Parent/s' s current diagnosis		
Schizophrenia	18	28.6
Mood disorders	28	44.4
Organic psychiatric disorder	17	27.0
Duration of parent/s illness		
6 months – 1 year	18	28.6
>1year- 2 years	17	27
>2years- 5years	17	27
>5years- 10 years	4	6.3
>10 years	7	11.1
Number of times your parent/s is admitted to any hospital for mental illness		
Never	34	54.0
once	16	25.4
Twice	7	11.1
3 times or more	6	9.5

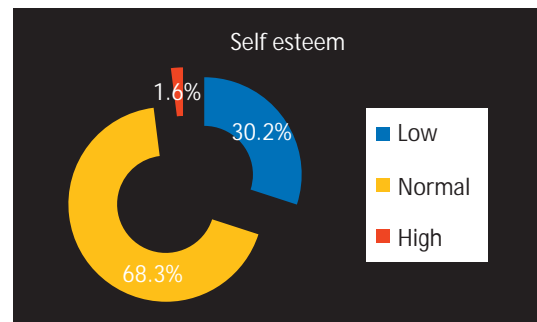
Sample characteristics	Frequency (f)	Percentage (%)
Duration of the current hospitalisation of your parent/s		
No hospitalization	39	61.9
1 day- 6 days	11	17.5
7 – 13 days	9	14.3
14 – 20days	4	6.3

Figure 1: Pie diagram showing the percentage distribution of psychological wellbeing in adult children of mentally ill parent/s.



The data presented in figure 1 shows that out of 63 participants, Majority 35 (55.6%) of the samples were found to be having high psychological wellbeing. 27 (42.9%) of the samples were with intermediate psychological wellbeing and only 1 (1.6%) participant was having low psychological wellbeing.

Figure 2 : Doughnut diagram showing the percentage distribution of self-esteem in adult children of mentally ill parent/s



The data presented in Figure 2 shows that out of 63 participants majority (68.3%) of the samples were found to be having normal self-esteem. 19 (30.2) samples were with low self-esteem and only 1 (1.6%) participant was having high self-esteem.

Table 2: Correlation between the psychological wellbeing and self-esteem n=63

Variables	(r) value	p value
Psychological wellbeing and self-esteem	0.044	0.730

The data in presented in the table 2 shows that there is no significant correction between psychological wellbeing and self-esteem (r = 0.044, p= 0.730).

Discussion :

In the present study, out of 63 participants, majority, 35 (55.6%) of the samples were found to be having high psychological wellbeing. 27 (42.9%) of the samples were with moderate psychological wellbeing. This finding supports the reports of a study conducted by Roy K. George et al. to observe the behavioral symptoms and caregiver burden of dementia patients revealed that many factors might positively and negatively influence the experience of caregiver burden and modulate the psychological impact of providing care to the demented relative.²

The study also found that out of 63 participants, majority, 43 (68.3%) of the samples were found to be having normal self-esteem. 19 (30.2%) of the samples were with low self-esteem and only 1 (1.6%) participant was having high self-esteem. A study by Kathleen, LeClear and O'Connell about the experiences, needs of, and interventions for children of seriously mentally ill mothers was found that there was a severe disruption of self-esteem for adult children of their mentally parents.⁷

In the present study, no correlation was found between psychological wellbeing and self-esteem ($r = 0.044$, $p = 0.730$) among adult children of mentally ill parents. The findings are contradicting to the finding by a study conducted by Noonan AE and Tennstedt SL, in new England

shows that the relationship between meaning in caregiving that is, positive beliefs about the caregiving situation and the self as caregiver and the psychological well-being of 131 caregivers to community residing frail elders. Measures of well-being included depression, self-esteem, mastery, role captivity, and loss of self. Meaning in caregiving explained a significant portion of correlation in wellbeing and self-esteem scores even after demographic and stressor variables had been controlled.⁸

Conclusion :

The present study found that majority, (55.6%) of the samples was found to be having high psychological wellbeing. (42.9%) of the samples with intermediate psychological wellbeing. About (68.3%) of the samples found to be having normal self-esteem. (30.2%) of the samples with low self-esteem and only (1.6%) participant was having high self-esteem. There is no significant relationship was found between psychological wellbeing and self-esteem. Health professionals, mental health nurses have an important role to acknowledge the burden of the caregivers. They are in a position to render support and refer to get further support through social workers and community agencies.

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