

Core-Self Evaluations and Psychological Health among Caregivers of Psychiatric Patients in Southwestern Nigeria

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Abstract

There is ample research evidence supporting the view that although caring for the mentally- ill can compromise the psychological health of family caregivers, there are significant individual differences. Empirical research is, however, scanty on the issue, especially in Nigeria. This cross-sectional study investigated the psychological health of 127 conveniently selected family caregivers and 114 controls (non- caregivers) conveniently selected from Abeokuta, Southwestern Nigeria. Data was collected using a structured questionnaire consisting of widely used measures of personality (core self-evaluations scale), psychological health (General Health Questionnaire) and a section for demographic variables. Results indicated that caregivers reported significantly poorer psychological health than control participants $t(2,239) = -5.05; p < .01$. Female caregivers and relatively older ones reported significantly better on psychological health compared to females and older ones. Furthermore, marital status, educational qualification and employment status had differential influence on psychological health between the two samples. These findings were discussed and the need for more empirical research on the issue as well as the need to consider these caregivers as clients in need of psychological intervention highlighted.

Introduction

The introduction of community-focused psychiatric care has placed increasing responsibility on families for the care of people with mental illness. This was occasioned by the large and growing number of people suffering from psychiatric disorders. According to the World Health Organization (WHO), as of 1990, five of the 10 leading causes of disability worldwide-measured in years lived with a disability-were psychiatric conditions: unipolar depression, schizophrenia, bipolar disorders, alcohol dependence and obsessive-compulsive disorder (Murray and Lopez, 1996). It is expected that by 2020, major depression, which is already ranked fourth among the ten, will jump to second place (Brundtland, 2001). More than 450 million people worldwide suffer from mental and brain disorders. This includes 121 million people with depression, 24 million with schizophrenia and 37 million with dementia (WHO, 2001). Substance use disorders are a major challenge as well, with 140 million people dependent on or abusing alcohol (Brundtland, 2001) and an estimated 5 million people injecting illegal drugs.

In response to the large and growing number of people suffering from psychiatric disorders and the impact on family members, research on people with a psychiatric disability began to include their families. A number of literature reviews have concluded that mental illness produces significant burden and distress in family members (Fadden, Bebbington and Kuipers, 1987; Maurin and Boyd, 1990). It was reported by Vaddadi, Soosai, Gilleard and Adlard (1997) that 79% of caregivers of the mentally ill had scores indicating a significant level of emotional/psychiatric disorder.

Barrowclough and Parle (1997) found 57% of caregivers with significant levels of psychological distress at the time of the patient's hospital admission and that in 30% of caregivers this distress remained when the patient was discharged back home. In a review of the literature by Cummins (2001) on caregivers of people with a range of severe disabilities, all of the 17 studies analysed reported higher than normal levels of distress in caregivers. A key theme in these studies was higher than normal levels of anxiety and depression.

The emotional impact of caring for people with mental illness has also been reported descriptively. In a qualitative study conducted in Iceland, Sveinbjarnardottir and Dierckx de Casterle (1997) found that family members expressed a wide range of emotionally painful and disturbing feelings such as anger, disappointment, fatigue, distress, anxiety and sadness, all of which they found overwhelming at times. Lefley (1987) adds bewilderment, fear, denial, rage, self-blame, pain, sorrow, empathic suffering and grieving to this list. Moreover, the introduction of mental illness into the family has been described as a traumatic and catastrophic event which primarily gives rise to a powerful grieving process (Baxter and Diehl, 1998; Collings and Seminuik, 1998; Fadden et al., 1987; Lefley, 1987; Winefield, 1998). There are a variety of elements associated with caregiving that may be a source of this burden and distress.

A huge amount of time is taken up by the caring role, thereby limiting available time for the pursuit of social, leisure and employment activities. Also, caregivers must cope with the relapsing and remitting nature of mental illness and difficult behaviour of the mentally-ill. The unpredictability of the episodic characteristics of mental illness are reported to be the most difficult aspect of living with someone with such a condition (Sveinbjarnardottir and Dierckx de Casterle, 1997), as the carer is required to constantly readjust the caring role in response to this unpredictability (Collings and Seminuik, 1998). Overall, it can be seen that the caregiving role may compromise carers' psychological health, but this is not uniform across individuals. Interestingly, and even under objectively similar conditions, some people are able to adjust better to the caregiving role while others become easily emotionally devastated. One important factor that can make a huge difference in peoples' psychological health under adverse conditions, but which is often overlooked, is personality of the individual. Personality refers to a pattern of enduring, distinctive thoughts, emotions and behaviours that characterize the way an individual adapts to the world (Santrock, 2003). A personality dimension that has been implicated in this direction is core self-evaluation (Judge, Locke and Durham, 1997).

Core evaluations are fundamental evaluations that individuals hold about themselves, the world and others (Judge et al 1997). Several studies have reported that core self-evaluations are strongly related to important health and work-related outcomes. Core self-evaluations, composed of some of psychology's most studied traits – neuroticism, self-esteem, locus of control and generalized self-efficacy – represents specific ability or skills. For example, people with high core self-evaluations, relative to their counterparts that are low in that regard, may be more effective in overcoming obstacles by using better problem-solving strategies (Bono and Judge, 2003). Abikoye and Adekoya (2007), for example, found a strong correlation between core self-evaluations and burnout among HIV counsellors, with counsellors high on core self-evaluations scoring significantly lower on emotional exhaustion and depersonalisation than persons low on the core self-evaluations traits. Furthermore, people with high core self-evaluations may be more effective in situations requiring positive interpersonal relations or stress tolerance. Indeed, Judge, Thoresen, Pucik, and Welbourne, (1999) found that people who scored high on the core self-evaluations traits were able to cope better with uncertainties and exigencies than those who scored low on core self-evaluations.

Despite the problems associated with caregiving to the mentally-ill and the large number of people involved, empirical research on the issue is rather scanty in Nigeria (Abikoye, 2007; Kabir, Iliyasu, Abubakar, and Aliyu, 2004; Omonzejele, 2004). There is a growing concern that the ranks of people needing or undergoing treatment for psychiatric problems is swelling at an unprecedented rate in Nigeria, yet not much has been done in the aspect of understanding the psychosocial issues involved. This portends great danger not only to the caregivers but to the society at large because the repercussions of neglecting this vulnerable population could be devastating. The present study investigated the influence of core self-evaluations and demographic variables on psychological health of family caregivers of mentally-ill persons in South-western Nigeria. We hypothesised that caregivers of mentally-ill persons would be significantly poorer on psychological health than people in the control group, and that core self-evaluations and certain demographic variables (age, gender, marital status, employment status and education) would play significant roles in psychological health among caregivers of mentally-ill persons.

Method

Setting/Participants

The setting was the Neuropsychiatric Hospital, Aro, Abeokuta in Ogun state. The Hospital is a World Health Organisation (WHO) collaborating centre located in Abeokuta, South-western Nigeria. Participants consisted of 127 informal caregivers of outpatient attendees of the psychiatric hospital and 114 comparison participants drawn from the same locality. Out of the 127 caregivers, 40 (31.5%) were males while 86 (68.5%) were females. Among the control participants, 41 (36.0%) were males while 73 (64.0%) were females. Caregivers' mean age was 46.3 while the mean age of the control group was 49.1. Patients being attended to by participants include schizophrenics, depressed patients, patients with bipolar disorder, patients with drug-related problems, patients with personality disorders and other psychiatric conditions.

Instrument

A questionnaire consisting of three sections was used to collect relevant data in the study. Demographic variables (sex, age, marital status, employment status and education) were measured in the first section of the questionnaire through individual items.

Core Self-evaluations were assessed in the second section of the questionnaire with the Core Self-evaluations Scale (CSES) developed by Judge, Erez, Bono, and Thoresen, (2003). CSES is a direct and relatively brief measure of the core self-evaluations traits (high self-esteem, high generalized self-efficacy, emotional stability and internal locus of control). The 12-item scale is in Likert – format, with options ranging from Strongly Disagree (1) to Strongly Agree (5) and with high scores denoting high core self-evaluations and vice-versa. Six items on the scale are reverse scored (items 2, 4, 6, 8, 10 and 12). Robust psychometric properties have been reported for the scale (Judge et al, 2003) including an average reliability of .84, test re-test reliability of .81; item-total correlations ranging from .48 to .55 as well as high and positively correlated inter-item matrices (when the negatively worded items had been reverse scored). The coefficient alpha for the scale in the present study was .89.

Psychological health was assessed with the General Health Questionnaire-Short Form (GHQ 12: Goldberg, McDowell and Newell, 1996). The GHQ-12 is a widely used and psychometrically robust measure of an individual's level of psychological functioning along four dimensions: anxiety, depression, somatic and social functioning. Participants indicated their experiences in the past two weeks by responding to the 12 items using a four-point scale ranging from "Not at all" (0), "No more than usual" (1), "A little while" (2), to "A lot more than usual" (3). Six of the 12 items on the scale are negatively worded and were therefore, inversely scored. A coefficient alpha of .72 was obtained for the scale in this study.

Procedure

Questionnaire was personally administered to respondents. Consent to participate in the study was implied by the voluntary completion of the questionnaire. The carer sample received their questionnaires when they came with their relation to the hospital (from the researcher, or a staff member of the hospital). The comparison sample received their questionnaires personally and returned them directly to the researcher or one of the two research assistants.

Results

The hypothesis that caregivers of people with mental illness will have poorer psychological health than people who do not care for someone with a disability was tested using the independent t-test as shown in Table 1. Results indicated that, as hypothesised, caregivers of people with mental illness reported significantly lower mean score on psychological health than non caregivers, {t (2,239)= -5.05; p <.05}.

Table 1: Summary independent t-test showing differences between caregivers of mentally-ill persons and control participants on psychological health.

Source	N	Mean	SD	Df	t	P
Caregivers	127	19.74	7.11	239	-5.05	<.05
Control	114	24.51	9.07			

The influence of core self-evaluations on psychological health was tested using the independent t-test as shown in Table III. Participants were categorised as either having high CSE or low CSE based on their composite score on the CSES, using the mean score as the dividing point. Results indicated that high CSE caregivers reported significantly higher on psychological health than low CSE caregivers, {t (2,125) = 4.93; p <.05}. Similarly, high CSE controls reported significantly higher on psychological health than low CSE controls, {t (2,122) = 4.02; p <.05}. Results (Table 2) indicated that male caregivers reported significantly lower on psychological health than female caregivers, {t (125) = 8.98; p<.01} whereas male and female participants in the comparison group did not differ significantly, {t (112) = 0.26; p ns}.

Table 2: Summary independent t-test showing personality differences in psychological health among caregivers of mentally-ill persons and controls.

Source	N	Mean	SD	df	T	P
Caregivers						
High CSE	58	22.13	6.04	125	4.93	<.05
Low CSE	69	17.19	6.15			
Comparison						
High CSE	41	26.35	4.19	112	4.02	<.05
Low CSE	73	22.49	5.11			

Analysis of variance was employed to determine the influence of age, marital status, employment status and educational status on psychological health among those who provide care for mentally-ill persons and non-caregivers. Furthermore, post-hoc tests (using the Fisher's Least Significant Difference test) were conducted so as to determine the direction of significance of the results. Results indicated that age had a significant influence on subjective quality of life among caregivers {F (4, 122) = 5.91; p<.05} as against the comparison group {F (4, 109) = 2.17; p ns}. Results of the post-hoc test showed that caregivers in the 20-29 years bracket scored significantly lower on psychological health than caregivers in other age brackets. Of all the categories, people falling within the 50-59 age brackets scored highest on psychological health.

Table 3: Summary independent t-test showing the influence of sex on psychological health among caregivers of mentally-ill persons and controls

Source	N	Mean	SD	df	t	p
Caregivers						
Female	87	24.18	5.60	125	8.98	<.01
Male	40	15.12	7.21			
Comparison						
Female	41	24.28	4.82	112	0.26	ns
Male	73	24.75	4.01			

Marital status had a significant influence on psychological health among the caregivers {F (4, 122) = 4.18; p<.05} as well as on the comparison group {F (4,109) = 3.91; p<.05}. Results of the post-hoc test showed that married participants (across the two groups) scored significantly higher on psychological health than single, divorced, widowed or separated participants. Additionally, whereas there was no significant difference in psychological health among the single, widowed, divorced and separated in the caregivers' group, single participants in the control group scored significantly lower than widowed, divorced and separated participants.

Results also indicated that, educational status had a significant influence on psychological health among both caregivers {F (2, 124) = 4.61; p <.05} and the control participants {F (2, 111) = 4.32; p <.05}. Across the two groups, participants with tertiary education scored highest on psychological health relative to their counterparts with primary and secondary education. Finally, employment status had a significant influence on psychological health among caregivers {F (2, 124) = 5.09; p <.05} and the control group {F (2, 111) = 4.11 p <.05}. Participants in paid employment (across the two groups) reported significantly higher on psychological health than self-employed and unemployed participants.

Discussion and Conclusions

The results provided clear support for the hypothesis that caregivers of people with mental illness would have poorer psychological health than people who are not involved in such caregiving, a finding that is consistent with those of Vaddadi, et al; (1997), Sveinbjarnardottir and Dierckx de Casterle (1997), Maurin and Boyd (1990) among others. Results of the present study also highlighted the role of personality (core self-evaluations) on psychological health. This appeared to be in tandem with the position of many psychologists that in most health-related and work-related outcomes, the disposition of the individual plays a crucial role (Judge et al; 1997; 1999; 2003). Furthermore, since high core self-evaluations individuals have been shown to radiate optimism and other positive traits (Bono and judge, 2003), it is plausible to posit that such people would be more effective in overcoming obstacles, by using better problem-solving strategies and by dwelling more on what they have rather than what they lack. Such high core self-evaluations individuals may perceive caregiving to a mentally ill loved one as a challenge rather than a noxious impediment, consequently feeling better performing the role.

On the hypothesised role of demographic factors on psychological health, it was found that male caregivers reported significantly lower on psychological health than their female counterparts. This finding could be attributed to gender-role stereotype which views the female as the caring, soft person and the male as the strong, adventurous person. When a man now finds himself saddled with the responsibility of caring for a mentally-ill person, it is likely to be more emotionally devastating due to a perceived deviation from what a “man should be doing”. Young caregivers were also found to report significantly lower on psychological health than old caregivers, a finding which can be due to a feeling by young caregivers that the role they are playing is age-inappropriate. Young persons will naturally feel that they should be engaged in productive endeavours rather than being saddled with the responsibility of caring for someone with a disability. Other demographic factors- marital status, educational status and employment status- did not make differential impact on psychological health among caregivers and control group. Although these demographic factors significantly influenced psychological health, they did so in both the caregivers group and the control group, so their impact could not be ascribed to caregiving but to life in general.

The present study was limited by some factors, such as the somewhat small sample, the ex post facto nature of the study which makes conclusions less compelling since causal inferences could not be drawn, and non-inclusion of other potentially salient psychological variables as predictors of psychological health in the study. Also, the patients being taken care of by participants were heterogeneous, a factor that was not looked into but which may influence psychological health among caregivers since each psychiatric condition has its peculiarities and care-related demands. Additionally, the duration of caring was not factored into the study. It is strongly recommended, therefore, that future research should address these and other related issues. It is also recommended that intervention programmes be organised for caregivers of the mentally-ill persons. In other words, this group of people should be considered as a highly vulnerable population needing psychological intervention. Males and young people involved in this endeavour should be particularly targeted for intervention aimed at ameliorating psychological health.

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