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The Prediction of Psychological Well-Being Based on Self-Compassion and Self-Esteem in Caregivers of People with Physical, Mental, and Multiple Disabilities in the Welfare Organization

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ABSTRACT

Background: Taking Care of people with physical, mental and multiple disabilities can affect the physical and mental health of caregivers. Therefore, it is necessary to consider the effective variables on the psychological health of these individuals. Accordingly, the purpose of this study was to predict psychological well-being based on self-compassion and self- esteem in caregivers of people with physical, mental, and multiple disabilities in the Welfare Organization of Isfahan province.
Methods: This was a descriptive-analytical study. A census sampling method was used to select 54 subjects in the research community to participate in the study. The instruments for collecting data were Self-Compassion Inventory, Reef Psychological Well-Being Inventory, and Cooper Smith Self-Esteem Inventory. Pearson analysis and Multiple Regression analysis were used to analyze the data using SPSS20 software.
Results: Data analysis showed that the components of self-kindness, mindfulness, social and academic self-esteem can significantly predict the psychological well-being of the disabled's caregivers (P-value < 0.01).
Conclusion: According to the findings of this study, it is imperative that the respected authorities of the Welfare Organization provide the necessary preparations and instructions. Therefore, disabled's caregivers can experience higher levels of psychological well-being by familiarizing themselves through components of self-compassion and self-esteem.

Keywords: Disabled's Caregivers, Psychological Well-Being, Self-Compassion, Self-Esteem

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Introduction

Many patients who are suffering from a variety of mental and physical disorders require a continuous care. Caregivers of these patients have close emotional and physical relationship with the patient, and play a very important role in the patient's condition and recovery.[1] For this reason, the mental and physical health of caregivers themselves, especially those whose illness is chronic and debilitating, is very important.[2] Today, research on psychological well-being, human capabilities, and positive psychology is increasingly growing.[3] Psychological well-being means the ability to discover all talents of a person which derives from the balance between positive and negative emotions and satisfaction with life.[4]

Well-being means the attempt to progress manifested in the fulfillment of the individual's talents and abilities.[5-7] Autonomy, personal growth, environmental mastery, purposeful life, a positive relationship with others, and self-acceptance of the constituent components of Psychological well-being are in the Ryff model.[8] Psychological well-being refers to the experienced quality of life and reflects the desired psychological function and experience. The verbal meaning of well-being is a state of satisfaction resulting from happiness, health and success, which refers to the desired psychological experience and function. Keyes and Waterman (2003) defines psychological well-being as a commitment to the existential challenges one receives.[9] Gürel (2009) sees welfare as an ability to actively participate in work and recreation, to create meaningful relationships with others, to expand the sense of autonomy and the purpose of life, and to experience positive emotions.[10]

On the other hand, psychological well-being includes principles that by influencing on emotional and psychological processes, can improve physiological, communicative, individual, educational and family health, and, by creating positive social relationships, increases individuals' mental health. Individuals with psychological well- being perception experience more positive emotions towards themselves and others.[11] Different components in terms of theoretical and applied basics can be related to psychological well-being. Among these components, self-compassion and self-esteem can be mentioned. Neff (2009) defined his compassion as a three-component structure, including self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus increasing over-identification. The combination of these three components is made for a person who has self-compassion, self-kindness and self–perception instead of judging or criticizing one's shortcomings and incompetencies.[12]

In addition, to protect a person from negative mental states, self-compassion boosts positive emotional states. Although self-compassion is related to positive emotions, this feature is not just a positive thinking method; it is the ability to keep negative emotions in non-judgmental consciousness without repressing or denying the negative aspects of experience.[13] Neff et al. (2007) showed that self-compassion raises emotional tolerance, such that individuals with higher degrees of this personality trait[14] have fewer tendencies to repress their thoughts or ruminating. Compassion is associated with lower levels of depression and anxiety.[15]

On the other hand, self-esteem is a construct which is indicative of the way in which individuals evaluate themselves and measure their emotions compared to their ideal self.[16] Self-esteem has an undeniable effect on personality traits such as accountability, autonomy, tolerance, depression and anxiety. Self-esteem, which is one of the important and influential factors in the development of an advanced personality, is achieved in a particular social and cultural context and has implications for people's lives.[17] Self-esteem is a defense mechanism that helps people protect themselves from depression during challenging periods by

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maintaining their positive self-perception and having a better psychological well-being.[18] Hence, self-esteem can keep individuals from signs of depression during periods of distress and helplessness. Heysari et al. (2017) Stated that having job would increase happiness and self- esteem and bring about a higher level of well-being.[19] Ebru and Savi (2010) in other studies have shown that communication and social support is an important factor for positive and rewarding experiences, which ultimately leads to self-worth and self-esteem.[20] Yarnell and Neff (2013) showed that people with high self-esteem solve their interpersonal conflicts by taking into account their own and others' needs.[21] In the research of Bluth and Blanton (2015), the study of the effect of self-compassion on emotional dimensions of psychological well-being in adolescents aged 11 to 18 years old and their findings showed that there is a direct and an inverse relationship between self-compassion and the negative affection.[22]

Zessin et al. (2015) concluded in their research that self-compassion is of paramount importance to psychological well-being; individuals with higher levels of self-compassion have better psychological well-being.[23] Chen et al. (2016), Dogan et al. (2013) showed strong and significant correlation between self-esteem and psychological well-being.[24, 25]

Nwankwo et al. (2015) studied the relationship between self-esteem perception and psychological well-being among athlete students aged between 18 and 30 years old at the University of Nigeria. The findings showed that students with higher self-esteem perception had higher psychological well-being, while their peers with lower self-esteem perception had less psychological well-being.[26]

Considering the importance of psychological well-being for both the individual and the organization due to the impact on the job performance of individuals and its consequences on productivity and psychological health of the disabled's caregivers, the relationship between psychological well-being, self-esteem, and self-compassion in the present study was investigated.

Methods

The research method was descriptive-analytical. In this research, dimensions of self-compassion (self-kindness, self-judgment, common humanity, isolation, mindfulness and exaggeration) and self-esteem (general self-esteem, social self-esteem, family self-esteem, academic self-esteem) as predictors and psychological well-being variables were considered as the criterion variable. The statistical population of this study included all the caregivers of people with mental, physical-motor, psychological, and multiple disabilities in the welfare organization in Noor-e-Mehr and Nehramaldeh centers in Isfahan in 2014. For this study, sample size was selected with the equal statistical population due to the small statistical population. Regarding the selection of the entire population as a sample size, the sampling method was census and it was available. The participation criteria included continuous attendance of the disabled by caregivers, the absence of chronic mental and physical illnesses, and the full consent about participation in the research and the research excluding criteria were, part-time or non-continuous presence in the process of care giving, and in the care of the disabled, the lack of willingness and satisfaction to participate in the research.

Self-Compassion scale (SCS): This test is a 26-point scale questionnaire developed and validated by Neff in 2003 to measure self-compassion.

This scale has 6 subscales of self-kindness (5 items), self-judgment (5 items), common humanity (4 items), isolation (4 items), mindfulness (4 items) and exaggeration.[4] In a 5-point Likert scale, from almost never to almost always , and the total score in six scales shows the total amount of self-compassion. The test scoring is in a way that in some items and

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sub-scales, the scoring is reversed, and the score is more indicative of self-compassion. The scale psychometric characteristics in foreign studies have been confirmed. The correlation coefficient of the six factors of this scale and self-compassion (total scale) are confirmed at the level of 0.001. The results of the studies carried out by Neff on a sample of 391 students showed a high reliability and validity. The internal consistency of the scale was calculated through Cronbach's alpha coefficient for the total scale was 0.92 and for each of the sub-scales, it was 0.78, 0.77, 0.80, 0.79, 0.75 and 0.81, respectively. Furthermore, two weeks after the test, other test subjects were re-tested and re-test reliability was 0.93. To examine the convergent validity, Rosenberg's (RSES) self-esteem scale was used which was 59%. Moreover, differential validity was calculated through the implementation of Narcissistic personality Inventory (NPI) and there was no significant correlation between scores of these two scales (self-compassion and narcissistic personality), which suggests a high degree of differential validity. Simultaneous validity was also calculated by applying Beck Anxiety Inventory (BAI) and Beck Depression Inventory (BDI), and the results showed a good concurrent validity.[27]

It is worth noting that the Persian questionnaire form, like the Latin short form, has 26 items, which based on the five-choice Likert Page range is graded from 1, almost never to 5, almost always. Items 1, 2, 4, 6, 8, 11, 13, 16, 18, 20, 21, 24, and 25 are reversely scored. This scale has been standardized by Sadeghi et al. (2013) in Iran. The exploratory factor analysis method confirmed the six-factor structure of the inventory and six factors were obtained. The total scale validity was also obtained by Cronbach's alpha 0.86.[28] In Khosravi et al. (2013), the alpha coefficient for the total score of the scale is 0.76.

Furthermore, Cronbach's alpha coefficients for subscales of self-compassion, self-judgment, common humanity, isolation, mindfulness, or over-identification are 0.81, 0.79, 0.84, 0.85, 0 and 0.83 respectively. Validity of the inventory has also been reported as desirable.[29]

Psychological well-being questionnaire: The short version (18 items) of the Reef Psychological Well-being Scale, was designed by Ryff in 1989, and revised in 2002. This version consists of 6 factors. Questions 9, 12 and 18, are independence factor; questions 1, 4 and 6, the environmental mastery factor; questions 7, 15 and 17, personal growth factor; questions 3, 11 and 13, positive communication with others; question 5, 14 and 16, purpose-in-life factor, and questions 2, 8, and 10, measure the factor of self-acceptance. The total score of these six factors is calculated as the total score of psychological well-being.

This test is a kind of self-assessment tool that is answered in a 6-level continuum from "completely agree" to "completely disagree" (one to six) and a higher score indicates better psychological well-being. Among all the questions, 10 questions are answered directly and 8 questions are reverse scored.[30] The correlation between the short version of the psychological well-being scale and the Ryff scale was fluctuating from 0.7 to 0.89.[31]

Cooper Smith self-esteem questionnaire: The self-esteem scale has been prepared to measure feedback in social, family, academic and personal areas, and a lying scale has been added. The term self-esteem refers to the judgment individuals have towards themselves regardless of the circumstances, and in this sense it indicates a person's degree of confidence is in his capacity of success and his own social and personal value, the confidence that manifests the feedback received from everyday life situations (social, educational, and professional life). In this way, the scale is used to provide a reliable and credible measurement for self-esteem.[32]

The Cooper Smith Self-Esteem Inventory is one of the most popular and used tools for the self-esteem measurement. It was made by Cooper Smith in 1967. It contains 58 items that describe feelings, beliefs, or an individual's reactions, and

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the testee must answer the items by checking either one of the four choices (it's similar to me (yes)) or (it is not similar to me (no)). The items in each of the sub-scales are: total self-esteem scale is 26 items, social self-esteem scale , 8 items, family self-esteem scale ,8 items, academic self-esteem scale,8 items, and lie detector scale, 8 items, sub-scales scores and also total score make it possible to determine the context in which people have a positive image of themselves. The scoring method of this test is zero and 1 in the sense that in some questions *yes* answer gets one point and a *no* answer gets zero point.[32]

Studies in Iran and outside of Iran show that this test has an acceptable validity. Herz and Gullone (1999) have reported an alpha coefficient of %88 as the test total score. Also, to assess the validity of the test total score with the subscale of neuroticism in Aysenck's personality test, significant and negative divergent validity, and with the subscale of extraversion, significant and positive convergent validity was obtained.[33] Cooper Smith and others, retest coefficients of this Inventory in two intervals after five weeks were reported to be 0.88 and after three years, 0.70.[19] Through retesting of the validity coefficient of this test in Iran with the interval of four weeks and twelve days was reported to be 0.77 and 0.80, respectively. The internal consistency coefficient varies from 0.89 to 0.83 in various studies. Pour Shafee has reported a coefficient of 0.87 by dividing the coefficient.

The reliability of the inventory in Khaledian's (2017) research was 0.82 through Cronbach's alpha. The validity of this inventory was 0.70; using construct validity.[34] After collecting questionnaires and extracting raw data, analysis of the data was carried out by SPSS version21 using descriptive statistics, Pearson correlation analysis and multiple regression analysis simultaneously.

Results

The results of demographic data indicated that out of 54 people in research sample, 12 (22.2%) were in the men's group and 42 (77.8%) in the women's group. In the men's group, 10 (18.5%) were married and 2 (7.3%) were single. In the women's group, 30 (55.5%) were married and 12 (22.2%) were single. In the study population, the age range was from 20 to 55 years old, among whom the age range of 20 to 30 and 31 to 40 had the most frequency(each of whom were 35% of the sample subjects). Their academic background ranged from junior high school to master's degree, among which diploma holders were the most frequent (54%) (Table 1).

Now, the descriptive findings of the research are being studied. Before the presentation of the regression analysis results, parametric tests assumptions were used. Accordingly, Shapiro Wilk test results indicate that the assumption of the normal distribution of sample data is maintained (P-value < 0.05). The assumption about the homogeneity of variance was also estimated by Levine test. The results were not significant. The assumption on homogeneity of variances has been observed (P-value < 0.05).

To assess the power of prediction for self-compassion components (self-kindness, self-judgment, common humanity, isolation, mindfulness and exaggeration) and self-esteem (social self-esteem, family self-esteem, academic self-esteem and overall self-esteem) for psychological well-being of caregivers of people with physical and mental disabilities, the regression analysis tables are analyzed.

The F value is significant. Therefore, predictive variables (self-compassion and self-esteem components) have been able to provide significant prediction of the psychological well-being variable. The explanation coefficient of the model also shows that predictive variables (self-compassion and self-esteem components) can account for 73% of the variables of psychological well-being (Table 2). Among the predictive variables, variables of self-kindness, mindfulness, social self-esteem and academic self-esteem are significant. Based on the standardized coefficients, all four variables directly predict the psychological well-being of caregivers of people with physical and mental disabilities (Table 3).

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Table 1. Descriptive findings of the research

Component		Mean	SD
Self-compassion dimensions	Self-kindness	18.24	3.47
	Self-judgment	12.22	2.70
	Common humanity	12.44	3.26
	Sequestration	8.96	2.46
	Mindfulness	11.23	3.96
	Exaggeration	7.05	2.10
Self-esteem dimensions	Social self-esteem	4.44	1.91
	Family self-esteem	5.04	1.45
	Academic self-esteem	3.80	1.55
	Overall self-esteem	18.93	4.43
Psychological well-being		62.48	9.42

Table 2. Summary Analysis of variance of regression model for psychological well-being scores on self-esteem and self-compassion components and self-esteem of the physical and mental disabled's caregiver

Component	Source of changes	Total squares	Degree of freedom	Mean squares	F value	Significance level	Multiple correlation coefficient	Explanation Coefficient
Psychological well being	**Regression**	3442.42	10	344.24	11.73	0.0001	0.85	0.73
	Left	1261.06	43	29.32				
	Total	4703.48	53					

Table 3. Regression coefficients scores of the dimensions occupational burnout (emotional exhaustion, personal performance, depersonalization and conflict) on resilience components and stress coping strategies (problem-oriented, emotion oriented and avoidable) of caregivers of people with physical and mental disabilities.

Predictive coefficient	Non-standard coefficient (B)	(Std. Error)	Standard coefficient (β)	T value	P-value
Self-kindness	1.12	0.45	0.41	2.45	0.01
Self-judgment	-0.19	0.41	-0.05	-0.47	0.63
Common humanity	-0.32	0.30	-0.11	-1.04	0.30
isolationism	-0.49	0.32	-0.12	-1.53	0.13
mindfulness	0.05	0.22	0.21	2.24	0.03
exaggeration	-0.57	0.47	0.12	-1.20	0.23
Social self-esteem	1.55	0.45	0.31	3.41	0.001
Family self-esteem	0.71	1.06	0.11	0.67	0.50
Academic self-esteem	1.62	0.55	0.27	2.94	0.005
Overall self-esteem	0.33	0.19	0.16	1.73	0.09

Discussion

The purpose of this study was to predict psychological well-being based on self-compassion and self-esteem in caregivers of people with physical, mental and multiple disabilities in the Welfare Organization of Isfahan. The findings of this study showed that the four variables of self-kindness, mindfulness, social self-esteem

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and academic self-esteem directly predict the psychological well-being of caregivers of people with physical and mental disabilities.

Several studies point to the effect of self-compassion on psychological well-being, because as a result of increased self-compassion, anxiety, depression, negative emotion and psychological symptoms are reduced and self-esteem, optimism and positive emotion are increased.[27] The present findings suggest a direct relationship between self-kindness and psychological well-being. Self-compassion means being patient and kind to others, and to have a non-judgmental understanding of people.[23] Self-compassion is related to self-love and concern and care for others, and the effort is to kindly gain acceptance of our feelings from others. Obviously, when one has compassion towards himself, he will be compassionate towards others. Compassion for others usually involves helping and feeling empathy, which causes the process of self -esteem and mental happiness for the individual. Now, when disabled's caregivers have self-compassion and accordingly to others, they experience higher levels of psychological well-being.

Several studies also show the effect of mindfulness (a self-compassion component) on psychological well-being and, consequently, an increase in life satisfaction. As a result of growing psychological well-being, anxiety, depression, negative affection and negative psychological symptoms decrease and self-esteem, optimism and positive affection increase. The results of this study indicate that increasing the mental awareness of individuals can increase their psychological well-being. This finding is consistent with the research by Morone et al., Howell et al.[35, 36] Having a self-compassion outlook that balances the individual's mindset is thought to be mindfulness.[37, 38] Mindfulness means having a non-judgmental and receptive attitude and this receptiveness of mindfulness to oneself reduces self-judgment.[27] Decreasing self-judgment frees the person from psychological and internalized conflicts and helps the individual to have a more expanded mental operation, which results in higher levels of psychological well-being.

To further explain this finding, one can also say that the mindfulness brings about clarity of experiences and teaches people to experience every moment of their lives, which leads to a decrease in negative psychological symptoms and an increase in psychological well-being.[39] In fact, when mindfulness increases, the ability to stand back and see situations like anxiety increases, as a result, automatic behavioral patterns can be left and through the new understanding, no one is no longer controlled by states like Anxiety and fear; however, the knowledge resulting from these states can be used and be onboard with emotions and thus increase the psychological well-being.[40] Increasing mindfulness is associated with decreasing negative psychological symptoms and emotions as a result increasing satisfaction with life, happiness and optimism and psychological well-being. Finally, it should be noted that the results of the predictive role of self-compassion in psychological well-being are similar to those of Chen et al. (2006), Dogan et al. (2013) Nwankwo et al. (2015) and Neff et al. (2011).[1, 25-27]; since, self-compassion turns negative emotions to oneself like incompetency or failure into positive emotions about oneself, such as kindness and self-understanding, which ensures many of the psychological benefits associated with high self-esteem.[14]

Self-compassion itself also relates to the process of self-evaluation; however, its focus is on self-kindness and ridding oneself of self-judgment, with a tendency towards narcissism and self-centeredness, and it seems to be an endeavor to maintain self-esteem. In addition, the findings of this study indicate the predictive role of social self-esteem and academic self-esteem in psychological well-being of the disabled. Self-esteem results from the evaluation of self-worth; this concept also involves others' evaluation of the individual, meaning how much others like me. It seems that self-esteem is the

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main factor in individuals' emotional and social adjustment. Undoubtedly, having low self-esteem is associated with negative psychological functions such as lack of motivation and depression, high self-esteem is a positive and effective factor in mental health, and those who feel good about themselves usually have a good feeling about life and can confidently confront and overcome problems.[41] People with high self-esteem enthusiastically embrace new challenges and rely confidentially on internal forces involve themselves. These people feel that they can influence others and can do so through their inner capabilities.

Persons with high self-esteem are less likely to experience job stress. Accordingly, a person with high self-esteem is expected to experience a high degree of psychological well-being. The present study faced limitations such as research constraints on caregivers of people with mental, physical and multiple disabilities in Isfahan, lack of other tools except for the questionnaire and lack of research background on the variables components. It is suggested that because of generalization of the results, this study can be carried out in another province besides Isfahan in order to identify the effect of cultural differences.

It is also suggested that the research be carried out in other similar businesses in order to have higher degree of generalization.

Conclusion

Given the predictive role of self-compassion and self-esteem in the psychological well-being of the caregivers of disabled people, it seems necessary for a welfare organization and other similar organizations to give instructions such as familiarity and teaching self-compassion and self-esteem to people who have jobs related to taking care of the disabled and the vulnerable. Therefore, these people do not experience job burnout and show higher productivity.

Conflicts of Interest

In this study, did not report any potential conflicts of interest with the authors.

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Authors' Contribution

Conceptualization, M.A.A. and S.Sh.; Methodology, T.T.; Formal Analysis, M.A.A.; Investigation, L.Sh.; Data Curation, L.Sh. and M.A.A.; Writing – Original Draft, L.Sh. and S.Sh.; Writing – Review and Editing, T.F.; Resources, M.A.A. and L.Sh.; Supervision, S.Sh.

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