

Effectiveness of Self Worth Therapy on Self Esteem Among Elderly in Selected Old Age Homes, Kancheepuram Districts

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ABSTRACT

Statement of the problem: "A study to assess the effectiveness of self worth therapy on self esteem among elderly in selected old age homes, Kancheepuram District". Introduction: Self esteem, self acceptance and a sense of self-worth are vital to feeling happy. When we lose the sense that we are worthy or loveable, it is easy to become depressed in turn leads to low self esteem. Through self worth Therapy, people who have issues around their self-worth can learn to view themselves more realistically. They can learn how to recognize, appreciate, and value their assets and strengths, and thereby affirm and strengthen their self-perceived value as worthwhile human beings. Objectives: 1. To determine the effectiveness of self worth therapy on self esteem among elderly in study group. 2. To associate the post test level of self esteem among elderly in study and control group with their selected demographic variables. Methods: The quantitative approach and quasi experimental-Pre test-post test control group design was used for this study. The study was conducted with 62 samples of elderly with inadequate self esteem using purposive sampling technique. The study was conducted at selected old age homes, Kancheepuram District. The data was analyzed and interpreted based on the objectives using descriptive and inferential statistics. Results: Self worth therapy was found to be effective in increasing the level of self esteem. There is no association between post-test level of depression among elderly with their demographic, personal and clinical variables in study and control group. Conclusion: self worth therapy was highly effective in improving self esteem of elderly persons those who were in selected old age homes, Kancheepuram District.

Keywords: self esteem, depression, self worth therapy.

INTRODUCTION

There is no one who would like to grow old. Every human being on the earth follows a cycle which is determined by nature that takes through the phases of childhood, adolescence, adulthood and maturity. Each stage has its own responsibilities and its particular problems. With the advancement of age, the entire scenario undergoes drastic changes. Responsibilities are passed on to the next generation and slowly fade out giving rise to complicated set of problems¹.

The care of the elderly is drawing more and more attention of the Government and public. It is already a major social health problem in affluent countries. The diminishing joint family system in India and the various other social factors created a boom in emergence of old age homes especially in cities. Various surveys done in India and abroad have confirmed that most of the elderly people consider homes as a place where they can derive greatest emotional satisfaction².

Self esteem is influenced by the amount of control that people they have over life goals and successes. A person with high self esteem tends to attribute success to personal qualities and effort. When successful, an individual with low self esteem tends to attribute this to luck or others help rather than personal ability. Failure in work, failure in relationship and chronic illness may affect the self esteem³.

Richard (2003) conducted a study on a comprehensive picture of age differences in self-esteem from age 9 to 90 years using cross-sectional data collected from 326,641 individuals over the Internet. The study reveals that self-esteem levels were high in childhood, dropped during adolescence, rose gradually throughout adulthood, and declined sharply in old age⁴.

Nurses play a vital role in health promotion of elderly with the nursing interventions focusing on primary prevention (health promotion) which consists of education, nutritional assessment and guidance, appropriate exercise prescription, avoidance of tobacco and limiting exposure to known carcinogens. Psychotherapy is an efficient and effective therapy for individuals who want to achieve greater personal happiness through rebuilding self confidence and self esteem, adjusting to challenges in work environments, alleviating depression, managing uncertainty and change, reducing anxiety. The roles of the nurse in the tertiary prevention (restoration and rehabilitation) are multidisciplinary rehabilitation and appropriate services which aids to increase independence⁵. Self-worth is the quality of being worthy of esteem or respect. Self-worth is integrally related to self-image and sense of self-esteem. Self-worth relates to issues of control. The greater the sense of self-worth, the greater the confidence, that you can take and keep control over your

Table 1: Frequency and percentage distribution of demographic, personal and clinical variables with respect to elderly in study and control group.

Sl no	Variables	N= 62				Chi Square test	
		Study Group (n=31)		Control Group (n=31)			
		no	%	no	%		
Demographic variables							
1	Age	60-65 years	7	22.6	7	22.6	X2=0.087 Df=2 P=0.95 NS
		66-70 years	14	45.2	15	48.4	
		71-75 years	10	32.3	9	29.0	
2	Sex	Male	11	35.5	11	35.5	----
		Female	20	64.5	20	64.5	
		No formal education	2	6.5	1	3.2	
3	Education	Primary certificate school	4	12.9	3	9.7	X2=0.995 Df=4 P=0.91 NS
		Middle certificate school	14	45.2	16	51.6	
		High certificate school	9	29.0	10	32.3	
		Graduate and above	2	6.5	1	3.2	
		Marrried	12	38.7	10	32.3	
4	Marital status	Single	3	9.7	4	12.9	X2=0.416 Df=5 P=0.41 NS
		Separated	4	12.9	4	12.9	
		Divorced	1	3.2	1	3.2	
		Widow	5	16.1	6	19.4	
		Widower	6	19.4	6	19.4	
		Pension	4	12.9	5	16.1	
5	Source of income	Current incentives Grants and aids from daughters and sons	6	19.4	4	12.9	X2=0.53 Df=2 P=0.76 NS
		Less than 1520	2	6.5	1	3.2	
		1521 - 4555 inr	17	54.8	21	67.7	
		4556-7593 inr	11	35.5	9	29.0	
6	Income	7594-11361 inr	1	3.2	0	0	P=0.58 NS
		Unemployed	3	9.7	2	6.5	
		Coolly	21	67.7	26	83.9	
		Government employee	1	3.2	0	0	
		Private employee	4	12.9	2	6.5	
7	Previous employment	Self employee	2	6.5	1	3.2	X2=2.3 Df=3 P=0.49 NS
		No children	3	9.7	4	12.9	
		1	4	12.9	6	19.4	
		2	22	71.0	21	67.7	
		3	2	6.5	0	0	
8	Number of children	1	4	12.9	6	19.4	X2=2.56 Df=3 P=0.46 NS
		2	22	71.0	21	67.7	
		3	2	6.5	0	0	
Personal variables							
9	Duration of the stay at old age home	Below one year	15	48.4	11	35.5	X2=1.4 Df=2 P=0.49 NS
		1-3 years	14	45.2	16	51.6	
		4-5 years	2	6.5	4	12.9	
10	Reason for joining	No one to look after	6	19.4	5	16.1	X2=1.42 Df=3
		Forced by children	5	16.1	4	12.9	
		Neglected at home	19	61.3	22	71.0	

	Voluntary	1	3.2	0	0	P=0.7 NS	
Clinical variables							
11	Presence of medical condition	Yes	31	100.0	31	100.0	----
		No	0	0	0	0	
12	Specify the illness	No illness	0	0	0	0	
		Arthritis	7	22.6	4	12.9	X ² =1.84
		Hypertension	16	51.6	16	51.6	Df=3
		Diabetes mellitus	8	25.8	11	35.5	P=0.59 NS

Table 2: Frequency and percentage distribution of pre and post test level of Self esteem among elderly in study and control group. N=62

	Study Group[n=31]						Control Group[n=31]					
	Adequate self esteem		Moderately adequate self esteem		Inadequate self esteem		Adequate self esteem		Moderately adequate self esteem		Inadequate self esteem	
	no	%	no	%	no	%	no	%	no	%	no	%
Pre Test	0	0	0	0	31	100	0	0	0	0	31	100
Post Test	0	0	31	100	0	0	0	0	0	0	31	100

Table 3: Comparison of mean and standard deviation of pre and posttest level of self esteem among elderly in study and control group N= 62

Study Group	Statistical Measures	pre-test	post-test	t-test
Study Group	Mean	8.35	15.06	t=19.1,
	Standard deviation	1.08	1.63	p<0.0001**
Control Group	Mean	7.94	7.90	t=0.12, p=0.9NS
	Standard deviation	1.39	1.16	
t-test		t = 1.29, p=0.19NS	t = 19.9, p<0.0001**	

NS : Not significant ** : significant

Table 4: Association of post test level of self esteem among elderly with their demographic, personal and clinical variables in study and control group. N=62

Variables	Self esteem		Chi square Test	P Value
	In adequate self esteem	Moderately adequate self esteem		
Demographic Variables				
Age	60-65 years	7	7	0.87
	66-70 years	15	14	df=2
	71-75 years	9	10	NS
Gender	Male	11	11	
	Female	20	20	
Education	No formal education	1	2	0.99
	Primary school certificate	3	4	df=4
	Middle school certificate	16	14	0.91
	High school certificate	10	9	NS
Marital status	Graduate and above	1	2	
	Married	10	12	
	Single	4	3	
	Separated	4	4	0.41
	Divorced	1	1	df=5
	Widow	6	5	0.99
	Widower	6	6	NS

Source of income	Pension	5	4		
	Current incentives	4	6	0.53	0.76
	Grants and aids from daughters and sons	22	21	df=2	NS
	Income				
	Less than 1520inr	1	2		
	1521 - 4555 inr	21	17	1.95	0.58
	4556-7593 inr	9	11	df=3	NS
	7594-11361 inr	0	1		
Personal Variables					
Occupation	Unemployed	2	3		
	Cooly	26	21		
	Government employee	0	1	2.73	0.6
	Private employee	2	4	df=4	NS
	Self employee	1	2		
No. of children	No children	4	3		
	1	6	4	2.56	0.46
	2	21	22	df=3	NS
	3	0	2		
Duration of stay in old age home	Below one year	11	15	1.41	
	1-3 years	16	14	df=2	0.493 NS
	4-5 years	4	2		
Reason for joining	No one to look after	5	6		
	Forced by children	4	5	1.422	0.7
	Neglected at home	22	19	df=3	NS
	Voluntary	0	1		
Previous exposure to therapy	No	31	31	-	
Clinical Variables					
Medical condition	Yes	31	31	-	
Yes specify	0	0	1		
	Asthma	4	6	1.87	0.59
	Hypertension	16	16	df=3	NS
	Diabetes mellitus	11	8		

df - degree of freedom NS: Not significant

life. Often, people with low self-worth are those who set impossible, rigid, or inflexible standards for themselves. But through self worth Therapy, people who have issues around their self-worth can learn to view themselves more realistically. They can learn how to recognize, appreciate, and value their assets and strengths, and thereby affirm and strengthen their self-perceived value as worthwhile human beings⁶.

Nurses roles are to establish a therapeutic relationship (understanding participant's physical and emotional needs), explore support systems, spiritual needs and relationships (exploring the most important people, impact of religion and current personal relationships in participants lives), seek meaning and purpose in life (exploring participants roles in the family and society, their hopes and goals in life), appreciate or affirm the persons value (exploring the proudest moment or event in their life)⁷.

MATERIALS AND METHODS

The study was conducted in Sivananda Saraswathi Sevashram, Kattankuthur and Little Drop Old Age Home .

The sample size is 62 elderly and Purposive sampling technique was adopted to select the study samples. The investigator collected the data within the stipulated time; a brief explanation was given explaining the purpose of the study with their consent so as to gain their co operation during the process of data collection. Using the structured questionnaire, [section-A demographic data of the elderly were collected and using section-B the Rosenberg self-esteem scale was used to assess self esteem respectively. Study group was divided into four groups for the investigator's convenience. Each group had 8 members. The study groups were given 45 minutes session of self worth therapy on alternative days and got feedback from them regarding their emotional experiences after self worth therapy over the period of 4 weeks. Totally 5 sessions within the 3weeks were conducted for the study groups. Meanwhile, the participants of the control group were allowed to follow the routine practices. The post assessment was done after 7 days of the intervention for the study group and control group.

Activity in each session is as follows

5 minutes-Established rapport with elderly.

30 minutes- Self worth therapy for self esteem.

10 minutes- Feedback and Conclusion

The same activity was given to each group on the alternative days for the period of 4 weeks.

The data indicates that, the age of elderly person in study group majority of them 14 [45.2%] were 66-70 years considering the control group majority of them 15 [48.4%] were 66-70 years. With respect to gender of elderly person, in study group the majority of them 20 [64.5%] were female. Considering the control group majority of them 20 [64.5%] was female. With respect to educational status of elderly person, in study group majority of them 14 [45.2%] were middle school certificate. Considering the control group majority of them 16 [51.6%] was middle school certificate. Considering the marital status of elderly person most of them 12[38.27%] were married. Considering the control group most of them 10[32.3%] were married. Considering the source of income of elderly person most of them 21[67.7%] were getting grants and aids from daughters /son. Considering the control group most of them 22[71.0%] were getting grants and aids from daughters /son. Regarding the income of elderly person, majority of them 17[54.8%] was getting income of [1521 - 4555]. Considering the control group majority of them 21[67.7%] were getting income of [1521 - 4555]. Regarding Previous employment of elderly person, majority of them 21[67.7%] were coolly. Considering the control group majority of them 26[83.9%] were coolly. Considering the number of children of elderly person, majority of them 22[71.0%] had two children. Considering the control group majority of them 21[67.7%] had two children. Regarding the duration of stay in old age home of elderly person, majority of them 15[48.4%] was staying below one year. Considering the control group majority of them 16[51.6%] were staying for 1-3yrs. Considering the reason for joining in old age home of elderly person, majority of them 19[61.3%] were neglected at home. Considering the control group majority of them 22[71.0%] was neglected at home. Regarding the medical condition of elderly person, majority of them 16 [51.6%] were diagnosed as hypertension. Considering the control group majority of them 16[51.6%] had diagnosed as Hypertension.

The analysis depicted that 31[100%] have inadequate self esteem after the pre test in the study group and none of them have moderate and adequate self esteem in study group. Whereas in control group 31[100%] have inadequate self esteem after the pre test in the study group and none of them have moderate and adequate self esteem. The analysis depicted that 31[100%] were moderately adequate self esteem after the post-test in the study group and none of them have inadequate self esteem. Whereas in control group 31[100%] had inadequate self esteem after

the post test and none of them had moderate and adequate self esteem.

Analysis revealed that the mean value was 8.35 with standard deviation 1.08 of pre test level of self esteem in study group and the mean value was 15.06 with standard deviation 1.63 of post test level of self esteem in study group. Whereas in control group the mean value was 7.94 with standard deviation 1.39 of pre test level of self esteem and post test mean value was 7.90 and standard deviation was 1.16. There is a statistical significant difference between the Pre and Post- test level of self esteem among elderly in the study group at $P=0.0001$. There is no statistical significant difference between the Pre and Post- test level of self esteem among elderly in the control group. The analysis reveals that there is no significant association between post test level of self esteem among elderly with respect to demographic, personal and clinical variables in study and control group.

CONCLUSION

The present study assessed the effectiveness of self worth therapy on self esteem among elderly residing in selected old age homes, Kancheepuram District. The result of the study concluded that self worth therapy has increased self esteem among elderly.

This shows that the imperative need to understand the purpose of administration of self worth therapy in increasing self esteem among elderly in old age home and it will enhances an overall sense of well being.

REFERENCE

1. Old age solution. Portal on technology solution for elderly an initiation of ministry of science and technology government of India brought to you by all India Institutes of medical sciences. 2009. Available from <http://www.aims.org.ac.com>.
2. <http://www.helpageindia.org/our-work/eldercare/old-age-homes-day-care-centres-elder-residential-complexes.html>
3. Potter and Perry. "Fundamentals of Nursing". 6th ed. Elsevier publications. 2003; P. 477-479.
4. Richard W. Robins. Stability of self-esteem across the lifespan. Journal of personality and social psychology .2003; Vol. 84, No. 1, 205–220.
5. Patricia A. Tabloski. Gerontological Nursing. 6th ed. Elsevier publications. 2006. P. 27-28.
6. Karl Perera. "Self esteem secret easy steps, to success". Available from <http://www.more-selfesteem.com/test.htm>.
7. Yun-fang Tsai, Thomas K.S Wong, hsiu-hsintsai. "Self-worth therapy for depressive symptoms in older nursing homes residence". Jan. Blackwell. July 2008; p.240-246.