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Impact Of Self-Stigma and Self-Esteem on The Quality of Life of Mentally Ill Out-Patients of Obafemi Awolowo Teaching Hospital, In Ile Ife, Osun State, Nigeria

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Abstract

Quality of life (QoL) is a broad concept that encompasses various aspects of an individual's well-being, including physical health, psychological state, level of independence, social relationships, personal beliefs, and their relationship to salient features of their environment. The quality of life (QoL) of mentally ill out-patients in Nigeria faces several unique challenges. For this purpose, this research examines how self-stigma and self-esteem influence the quality of life of mentally ill out-patients of Obafemi Awolowo Teaching Hospital, in Ile Ife, Osun State, Nigeria. Using a cross-sectional survey a total of 387 participants (234 male and 153 female) were purposively selected for the study. The participants responded to the Internalized Stigma of Mental Illness (ISMI), The Rosenberg Self-Esteem Scale (RSES), and the World Health Organization Quality of Life (WHOQOL) scale. The results of the analysis revealed that self-esteem (β= .09, t = 1.84, p < .05) significantly and independently predicted the quality of life of mentally ill out-patients of Obafemi Awolowo Teaching Hospital, in Ile Ife, Osun State, Nigeria. However, self-stigma (β= .03, t = .54, p > .05) did not significantly and independently predict the quality of life among mentally ill out-patients in Osun state. Further results showed that self-esteem and self-stigma [F (2,384) = 2.87, p >.05] did not reliably predict the quality of life among mentally ill out-patients in Osun state. Still, the combination of these two variables (self-esteem and self-stigma) accounted for an 18% variance in the dependent variable (R^2 = .18). Based on the findings of this study, therapeutic interventions, support groups, and self-help strategies are valuable and recommended.

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Introduction

Quality of life is "individuals' perception of their position in life in the
context of the culture and value systems in which they live and about
their goals, expectations, standards, and concerns," according to
Schalock and Verdugo (2012). This all-encompassing notion is
intricately impacted by an individual's bodily and mental well-being,
beliefs, social connections, and interactions with prominent elements
of their surroundings (Oort, 2005). In light of the effects of their mental
illness, the quality of life (QoL) of mentally ill out-patients is defined as
their general state of well-being and contentment with life (Berghöfer,
et al., 2020). It includes several dimensions, such as physical health
(the impact of the mental illness on the individual's energy levels, pain
levels, and overall physical functioning); psychological well-being
(including emotional stability, self-esteem, and the presence of
positive emotions versus negative emotions like anxiety or depression);
social relationships (the quality of the individual's interactions with
family, friends, and the larger community, including social support and
the ability to maintain meaningful relationships); level of
independence (the capacity to carry out daily tasks, maintain
employment, and live independently without being unduly
dependent on others); environment (living conditions, access to
healthcare, safety, and recreational and leisure opportunities); and
personal beliefs and spirituality (how individual values, beliefs, and
spiritual practices contribute to their sense of purpose and overall life
satisfaction) (Lehman, 1988).

Various distinct obstacles affect the quality of life (QoL) of mentally ill
individuals in Nigeria (Alemu, et al., 2023). In Nigeria, stigma around
mental illness frequently results in societal marginalization and
discrimination. People may be discouraged from getting support and
assistance because of this stigma, which could worsen their quality of
life (Alemu et al., 2023). A lower quality of life is more likely for mentally
ill individuals due to factors including self-stigma and self-esteem,
according to studies (World Health Organization (WHO, 2023). The
quality of life (QoL) of mentally ill individuals can be greatly impacted
by self-stigma, which is the internalization of unfavourable stereotypes

and prejudices about one's mental disease (Del Rosal, et al., 2020). Reluctance to ask for assistance or follow treatment plans can result from self-stigma (Cheng et al., 2018). Due to emotions of hopelessness or guilt, out-patients may stop going to treatment sessions or taking their medicine (Bannatyne, 2023). Reduced self-worth and self-esteem are common outcomes of self-stigma. According to Vogel et al. (2023), out-patients may experience a decrease in their general sense of well-being due to feelings of shame or self-blame for their condition.

Mentally ill individuals' quality of life (QoL) can be greatly impacted by low self-esteem in several ways (Ji, et al., 2024). Individuals with poor self-esteem may avoid social situations out of insecurities or fear of being judged (Mann, et al., 2022). The absence of social support and loneliness that might result from social isolation are critical factors in the recovery of mental health. A person's motivation and capacity to carry out everyday chores can be negatively impacted by low self-esteem, which can lower their degree of independence and general functioning (Sowislo & Orth, 2013).

There is a lack of comprehensive research that specifically focuses on the quality of life among mentally ill out-patients of Obafemi Awolowo Teaching Hospital, in Ile Ife, Osun State, Nigeria, even though many studies have examined the relationship between self-stigma, self-esteem, and quality of life independently. To close this knowledge gap, this study assesses the joint effects of self-stigma and self-esteem on quality of life. Through a review of the literature and data analysis, the study aims to give hospital administrators and policy-makers advice on handling this critical issue.

Materials And Method

Adopting the multistage sampling technique, 387 mentally ill out-patients of Obafemi Awolowo Teaching Hospital, in Ile Ife, Osun State, Nigeria, who are 22 years and above participated in the study. The three copies of the battery of instrument that were used to collect data from the sampled respondents includes:

The Internalized Stigma of Mental Illness (ISMI) developed by Ritsher, et al. (2003). This scale is designed to assess the subjective experience of stigma among individuals with mental illness. The Internalized Stigma of Mental Illness (ISMI) scale consists of 29 items. These items are divided into five subscales: Alienation, Stereotype Endorsement, Perceived Discrimination, Social Withdrawal, and Stigma Resistance.
Here are a few example items from the ISMI scale:

Alienation: "I feel out of place in the world because I have a mental illness."

Stereotype Endorsement: "Mentally ill people tend to be violent."

Perceived Discrimination: "People discriminate against me because I have a mental illness."

Social Withdrawal: "I avoid getting close to people who don't have a mental illness to avoid rejection."

Stigma Resistance: "People with mental illness make important contributions to society."

These items are rated on a 4-point Likert scale ranging from "Strongly Disagree" to "Strongly Agree".

Internal Consistency: The ISMI scale has demonstrated high internal consistency, with Cronbach's alpha coefficients typically ranging from 0.91 for the overall scale to between 0.57 and 0.81 for individual subscales.

Test-Retest Reliability: The scale has shown good test-retest reliability, with correlation coefficients around 0.85 over a retest period.

Construct Validity: The ISMI scale has been validated through confirmatory factor analysis (CFA), supporting its construct validity. However, the Stigma Resistance subscale has shown weaker psychometric properties compared to other subscales.

Convergent and Divergent Validity: The ISMI scale has demonstrated excellent convergent validity, with high correlations with measures of hope, anxiety, depression, self-esteem, and empowerment. It also shows acceptable divergent validity with lower correlations with physical functioning and general health.

Measurement Invariance: The ISMI scale has shown measurement invariance across time, indicating that individuals interpret the items consistently over different time points.

These properties make the ISMI scale a reliable and valid tool for assessing internalized stigma among individuals with mental illness.

The Rosenberg Self-Esteem Scale (RSES), developed by Rosenberg in 1965, is a widely used measure of global self-esteem. It consists of 10

items that assess an individual's overall sense of self-worth and self-acceptance.

Example Items

Here are a few example items from the RSES:

"I feel that I am a person of worth, at least on an equal plane with others."
"I feel that I have a number of good qualities."
"I feel I do not have much to be proud of." (reverse scored)

Psychometric Properties

The RSES has demonstrated strong psychometric properties:

Internal Consistency: The scale shows high internal consistency, with Cronbach's alpha coefficients typically around 0.77 to 0.88.
Test-Retest Reliability: The RSES has high test-retest reliability, with coefficients of 0.82 over a one-week period and 0.50 over a one-year period.

Construct Validity: The scale correlates positively with measures of self-confidence, self-perceptions of academic ability, and physical appearance, and negatively with anxiety, depression, and anomie.

Convergent and Divergent Validity: The RSES correlates significantly with other measures of self-esteem and with others' impressions of an individual's self-esteem.

These properties make the RSES a reliable and valid tool for assessing self-esteem in both adolescents and adults

The World Health Organization Quality of Life (WHOQOL) scale is a comprehensive tool designed to assess individuals' perceptions of their position in life within the context of their culture and value systems. There are two main versions of this scale: the WHOQOL-100 and the WHOQOL-BREF.

WHOQOL-100

The WHOQOL-100 consists of 100 items and covers six broad domains: Physical Health, Psychological Health, Level of Independence, Social Relationships, Environment, Spirituality/Religion/Personal Beliefs
WHOQOL-BREF

The WHOQOL-BREF is a shorter version with 26 items, derived from the WHOQOL-100, and it covers four domains: Physical Health, Psychological Health, Social Relationships, Environment
Psychometric Properties

Both versions of the WHOQOL scale have demonstrated strong psychometric properties:

Internal Consistency: The WHOQOL-BREF has shown high internal consistency, with Cronbach's alpha coefficients ranging from 0.70 to 0.90 across different domains.

Test-Retest Reliability: The WHOQOL-BREF has good test-retest reliability, with correlation coefficients typically above 0.70.

Construct Validity: Confirmatory factor analysis supports the construct validity of the WHOQOL-BREF, indicating that the items effectively measure the intended quality of life domains.

Convergent and Discriminant Validity: The WHOQOL-BREF has demonstrated good convergent validity with other quality of life measures and discriminant validity, distinguishing between different populations (e.g., healthy vs. ill individuals).

These properties make the WHOQOL scales reliable and valid tools for assessing quality of life across diverse cultural and clinical settings.

Results

Table 1: *Summary Table of Regression Analysis Showing the Prediction Of Quality Of Life By Self-Stigma And Self Esteem*

Variables	(β)	T	Sig.	R	R^2	F	P
Self-esteem	.09	1.84	<.05				
				.02	.18	2.87	>.05
Self-stigma	.03	.54	>.05				

A regression analysis was conducted to test the hypothesis that self-esteem and self-stigma will significantly and independently predict the quality of life among the mentally ill out-patients in Osun state. The results of the analysis presented in Table 1 revealed that self-esteem (β= .09, t = 1.84, p < .05) significantly and independently predicted quality of life of mentally ill out-patients of Obafemi Awolowo Teaching Hospital, in Ile Ife, Osun State, Nigeria. This implies that an increase in self-esteem will cause a significant increase in quality of life of the mentally ill out-patients. However, self-stigma (β= .03, t = .54, p > .05) did not significantly and independently predict quality of life

among the mentally ill out-patients in Osun state. Further results in Table 1 showed that self-esteem and self-stigma [$F_{(2,384)}$ = 2.87, p >.05] did not reliably predict quality of life among the mentally ill out-patients in Osun state but the combination of these two variables (self-esteem and self-stigma) accounted for 18% variance in the dependent variable (R^2 = .18). This result confirmed the formulated hypothesis and thus was accepted.

Discussion

The study aimed to examine the influence of self-esteem and self-stigma on the quality of life of mentally ill out-patients in Obafemi Awolowo University Teaching Hospitals Complex, Ile Ife. The result of the hypothesis showed that self-esteem significantly and independently predicted the quality of life of mentally ill out-patients of Obafemi Awolowo Teaching Hospital, in Ile Ife, Osun State, Nigeria. This result validates the body of current research. Moksnes and Reidunsdatter (2019) have found that sadness, anxiety, and other mental health symptoms are frequently more pronounced in people with low self-esteem. Higher self-esteem, on the other hand, can act as a buffer against these symptoms, improving mental health and quality of life. Furthermore, a study by Pazzaglia et al. (2020) found that self-esteem is a powerful predictor of quality of life, offering a thorough summary of the significant and independent relationship between self-esteem and quality of life in people with mental diseases. Moreover, a study by Barbalat et al. (2022) demonstrated that psychological resilience—the capacity to withstand stress and adversity—is correlated with high self-esteem. This resilience can lessen the negative effects that mental health symptoms have on day-to-day activities and general well-being.

It was also revealed that self-stigma did not significantly and independently predict the quality of life among mentally ill out-patients in Osun state. This could be because everyone experiences self-stigma differently. While some people may be more resilient, others may internalize stigma more strongly. This fluctuation may result in contradictory conclusions on its influence on life quality (Degnan et al., 2021). Additional findings demonstrated that among mentally ill out-patients in Osun state, self-esteem and self-stigma did not jointly and significantly influence quality of life. This could be because self-report measures underestimate the complex effects of self-esteem and self-stigma on people since they may not fully capture these effects (Liu et al., 2024). However, the combination of these two variables (self-esteem and self-stigma) accounted for an 18% variance in the dependent variable indicating that these two factors

explain 18% of the differences observed in the quality of life among the study participants. These factors highlight the complexity of the relationship between self-esteem, self-stigma, and quality of life, suggesting that a multifaceted approach is needed to understand and address these issues effectively.

Conclusion and Recommendations

Based on the findings of this study, it is concluded that self-esteem is a strong predictor of quality of life among mentally ill out-patients in Osun state. People who have a high sense of self-worth are more inclined to take part in healthy habits, take care of their physical well-being, and seek expert assistance when necessary. One's quality of life is enhanced by these actions. Therefore, enhancing one's sense of self-worth via therapy interventions, support groups, and self-help techniques is beneficial and advised as part of mental health treatment regimens.

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