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The Relationship between Self-Esteem, Mental Health and Quality of Life in Patients with Skin Diseases

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ABSTRACT: The quality of life is a very important issue in health psychology which covers a large part of the public health sense. The health is a common issue in many cultures and a key factor to play social roles. It is not only dependent on the physiological state of the individual, but it also depends on many aspects of his/her mental functioning. The aim of the present study is to investigate the relationship between self-esteem and mental health with the quality of life in patients with skin diseases. This study was performed using correlational method. Pearson correlation and multiple regression methods were used to test research hypotheses. The Persian version of Dermatology Life Quality Index (DLQI), General Health Questionnaire (CHQ-28) and Coopersmith Self-Esteem Inventory were used to evaluate variables. The results showed that there are significant relationships between self-esteem, mental health and quality of life. Accordingly, the research hypotheses were approved. Moreover, the mental health and its various aspects had more contribution in predicting the quality of life in patients with skin diseases compared to self-esteem.
Key words: Quality of Life, Mental Health, Self-Esteem, Skin Diseases

ORIGINAL ARTICLE

INTRODUCTIN

The concept of quality of life began after the Second World War following research on patients with diabetes and HIV infection (Giovangnoli et al., 2006). In fact, the quality of life is defined as a conscious cognitive judgment about satisfaction with life. Accordingly, when a person becomes chronically ill, physical symptoms, prognosis, treatment regimen and related issues can have significant effects on the overall perception of life satisfaction (Rejeski et al., 2001). Despite the multiple meanings of quality of life, the World Health Organization (1991) has provided a relatively comprehensive definition of the quality of life. The quality of life is defined as the perception of individuals of their current situation considering their culture and their relationship value system with goals, expectations, standards and concerns and their impact on physical health, mental conditions and independency of social relationships (Haas, 1994). Spilker et al. (1999); Jaschke et al. (1989) divided the quality of life into two categories; health-related quality of life and health-unrelated quality of life. The areas of health-related quality of life include performance situations (the patient's ability to perform housework, using the telephone, or wearing clothes), mental health or emotional well-being (depression, anxiety, positive affect and self-esteem), social obligations (relationships with others, participating in activities), signs and symptoms (pain, fatigue and shortness of breath).

Mental health is a potentially decisive factor in assessing the quality of life in patients with skin diseases. Koo (1995); Wu et al. (1988) emphasized the loss of self-confidence, self-esteem, negative body image and feelings of inferiority in patients with skin diseases and its impact on the quality of life. Papadopoulos et al. (2000); Sampogna et al. (2004); Taborda et al (2010), mentioned the relationship between mental distresses such as anger, anxiety, feelings of shame and depression and reduced quality of life in patients with skin diseases.Falks et al. (2008); Potoka et al. (2009) emphasized the emotional issues and reactions in patients with various types of skin diseases. They believe that a patient with skin disease should first confront his/her emotional reactions, and then face with the reactions of individuals in the family and workplace, because the unpleasant physical side effects prevent people from doing daily activities and will lead to reduced quality of life.

Many studies have also been conducted on the relationship between self-esteem and quality of life. Potoka et al. (2009); Koo et al. (2001) introduced the self-esteem as the predictor of life satisfaction which is effective in determining and evaluating the quality of life. They emphasized the existence of a positive relationship between the aforementioned factors. They also knew the self-esteem as a factor affecting the mental health of individuals and mentioned that if anyone feels that he/she

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is weaker and worthless than others due to illness, he/she will grow negative self-esteem in himself/herself and this leads to feelings of inferiority, increased anxiety, fear, anger and depression.

The mental damages which are created pursuant to skin problems in people are very impressive. These damages include low self-esteem, negative body image such as (avoiding eye contact with other people, covering the face by hairs, or applying cosmetics to hide skin damages, and the lack of participation in sports), social isolation and inability to communicate with others (especially the opposite sex) which will eventually lead to social phobia. Moreover, skin diseases sometimes lead to the disruption of education and employment status such as (dropout or academic failure, absence in the workplace and the loss of job opportunities).According to the results of previous research, the aim of the present study is to examine the contribution of self-esteem and mental health in predicting quality of life in patients suffering from skin diseases.

METHODS AND MATERIALS

This is a fundamental and correlational research in terms of objective and data collection, respectively. The statistical population of the present study consisted of 150 patients suffering from skin diseases (46 patients with a diagnosis of acne, 34 patients with urticaria, 29 patients with alopecia areata and 40 patients suffered from psoriasis) which were selected using the accessible sampling method. Frequency distribution, percentage, tables, graphs, mean and standard deviation were used in the field of descriptive statistics. Pearson's correlation coefficient was used for analyzing the information of hypotheses in the field of inferential statistics. The multivariate regression was used for questions. The Coppersmith Self-Esteem Inventory, Dermatology Life Quality Index (DLQI) and the General Health Questionnaire-28 (GHQ-28) were used for data collection. The Coppersmith Self-Esteem Inventory consisted of 58 questions of which 50 questions examine the self-esteem and 8 questions form the photometer (lie detector) or reliability scale of the test. This questionnaire includes four subscales of social, academic, family, and overall self-esteem. The method of grading the tests is either zero or one. The minimum and maximum score is zero and 50 (excluding the lie detector score), respectively. If the subject attains a score higher than 4 from 8 lay detector tests, it will demonstrate low reliability of the test. Higher scores indicate higher self-esteem. The dermatology life quality index (DLQI) was designed by Finely et al. (1994) over 16 years ago to assess the quality of life in patients with skin diseases. It was translated into Persian by Aghaei et al. (2009) and was standardized to use in Iranian community. The reliability coefficient of the test was obtained equal to 0.77 using Cronbach's alpha internal correlation method and Spearman correlation coefficient. The validity of the questionnaire was examined using convergent validity method. In this test, the maximum score that a patient will earn is 30. Higher scores on this test indicate a lower quality of life. The General Health Questionnaire-28 (GHQ-28) was first designed by Goldberg et al. (1972) to discover mental disorders in medical centers and various situations (Noorbalaet al., 2001). The GHQ-28 has been extracted by Goldberg et al. (1979) based on the factor analysis of a 60-questions form which consisted of four scale of somatic symptoms, anxiety and insomnia, social dysfunction and severe depression. The validity of the questionnaire has been reported equal to 0.95, 0.88 and 0.93 by Goldberg (1988), Chung et al. (1994) (using Cronbach's alpha), and Chan (1985), respectively (Taghavi, 2001).

RESULTS

The results of the population status of patients with skin diseases show that 91 patients (61.1%) were female and 58 patients (38.9%) were male. The mean age of patients was 38.56 years old. The youngest and oldest patients were 12 and 74 years old, respectively. 33.6% of subjects were under GCSE, 36.9% had GCSE, 9.4% were technician, 16.8% were MA and 3.4% were graduate and above in terms of education level. In regard with the kind of skin disease, 19.5% of patients suffered from alopecia, 22.8% suffered from hives, 26.8% had psoriasis and 30.9% were suffering from acne. In terms of disease impact on the quality of life, the disease had no impact on the life quality in 2.7% of the patients, in 32.7% had a poor impact, in 26.7% of patients had an average impact, in 33.3% had a high impact and in 4.7% of patients had a dramatic impact.

The results of life quality scores of men and women revealed that the average life quality score of women and men was 19.47% and 22.58% (p=0.001), respectively. The observed difference was significant. Men have a lower quality of life compared to women. The average self-esteem score of women and men was 21.31% 1and 21.98%, respectively (p=0.238). This indicates that the self-esteem scores differed according to gender and men have a higher self-esteem. The mental health of the subjects was compared based on the gender. The mental health of women and men was 47.08% and 51.55%, respectively (p=0.015). This indicates that the mental health score varies according to the gender and men have a lower mental health.

The relationship between self-esteem and the life quality of patients with skin diseases was examined using Pearson correlation test. The results showed that there is a significant relationship between self-esteem and the life quality of patients (r=0.209, p=0.01) (Table 1). In other words, the life quality of patients with skin diseases increases with increasing the self-esteem. The relationship

between mental health and life quality of patients with skin diseases was examined using Pearson correlation test. The results showed that there is a significant relationship between all aspects of mental health and the life quality of patients (p=0.001) (Table 1). As can be seen, the relationship between the life quality and somatization (r=-0.53), anxiety and sleep disorder (r=-0.51) and depression (r=-0.45) is reversed. It can be concluded that the increase of each of these disorders reduce the quality of life in patients with skin diseases. However, there is a direct relationship between the social dysfunction and life quality of patients with skin diseases (r=0.49).

Table 1. Correlation matrix of study variables

Variables	Life Quality	P
Self-Esteem	0.209	0.01
Somatization	0.549	0.001
Anxiety	0.510	0.001
Social Dysfunction	0.494	0.001
Depression	0.454	0.001

The simultaneous multiple regressions were performed to investigate the predictive role of self-esteem on the quality of life in skin diseases. The correlation coefficient between self-esteem and life quality was R=0.209. The coefficient of determination and corrected coefficient of determination were equal to R2=0.044 and, respectively (Table 2).

According to beta coefficient, the self-esteem coefficient and intercept were equal to 0.209 and 1.073, respectively. The prediction equation is as follows: Quality of Life=1.073+0.209 (Self-Esteem). The determination coefficient (R2) of 0.044 means that 0.04% of the variance of life quality is determined by the predictive variable of self-esteem. The observed beta coefficient (0.209) indicates that the self-esteem is effective in predicting the quality of life. The simultaneous regression was used to examine the predictive role of mental health on the quality of life in skin diseases in order to explain the life quality in terms of mental health. The multiple correlation coefficient was equal to R=0.663. The coefficient of determination and corrected coefficient of determination were equal to R2=0.439 and, respectively. According to beta coefficient, the variable coefficient of the physical impairment, social dysfunction, depression and anxiety and sleep disorders have been found equal to -0.249, 0.329, -0.141 and -0.159, respectively. The intercept was equal to 13.381. The prediction equation is as follows:

Quality of Life = (-0.159) + 0.329 + (-0.141) + (-0.249) + 13.381. It was found that the life quality of patients suffering from skin diseases can be predicted through their mental health level so that the estimated value of R2=0.439 means that 43% of the variance of life quality is determined by the predictive variable of mental health. The beta coefficients show the contribution of various aspects of mental health in predicting the quality of life. Accordingly, the impact of somatization, anxiety and sleep disorders, social dysfunction and depression in predicting the quality of life was equal to 24%, 16%, 32% and 14%, respectively (Table 3).

Table 2. Explanation quality of life by self-esteem

Predictors Variables	R	R^2	Adjusted R^2	F	Sig.	B	Beta	T value	Sig.
Self-Esteem	0.209	0.044	0.037	6.740	0.010	0.382	0.209	2.596	0.010

Table 3. Explanation quality of life by mental health components

Predictors Variables	R	R^2	Adjusted R^2	F	Sig.	B	Beta	T value	Sig.
Somatization	0.663	0.439	0.423	38.357	0.001	-0.333	-0.249	-2.34	0.021
Anxiety						-0.210	-0.159	-1.52	0.130
Social Dysfunction						0.667	-0.329	4.93	0.001
Depression						-0.161	-0.141	-1.97	0.050

DISCUSSION

The aim of the present study was to examine the relationship between self-esteem and mental health with the quality of life in patients with skin diseases. This study was performed on 150 patients with psoriasis, acne, hives and alopecia. The life quality of patients with skin diseases was assessed in terms of self-esteem and mental health. It can be concluded that there is a relationship between the life quality of patients with skin diseases and their self-esteem and mental health. The results showed that the self-esteem has a less contribution in predicting the life quality of patients compared to mental health. The most common disorders in patients suffering from skin diseases were depression and somatization. The high prevalence of depression and anxiety disorders and even suicidal thoughts has been mentioned in similar studies. The comparative investigation of the life quality based on the type of disease indicated that patients suffering from psoriasis have a lower quality of life while those who suffering from acne have a higher quality of life. The comparative examination of mental health based on the

type of disease indicated that type patients who suffering from psoriasis have a lower mental health while those who suffering from alopecia have a higher mental health. In examining this issue why people suffering from psoriasis are in critical conditions in terms of life quality and mental health compared to those suffering from skin diseases included in this study, it can be inferred that psoriasis involves wider areas of the body (elbows, joints (joints arthritis), hips, face, nail, scalp, back, etc.) which not only are itchy and painful, but it will lead to an unbeautiful appearance in patients. All types of mild to severe psoriasis can affect the quality of human life. Living life to end in such a situation can affect patients physically and psychologically. Itching, wounds, skin cracks and bleeding are common in psoriasis. Several studies have shown that patients are often depressed. Some types of psoriasis limit activities and affect all aspects of their lives and makes doing the job responsibilities difficult including the absence in the workplace and subsequently the loss of income, and firing from the work by the employer. According to the National Association of Psoriasis, Fifty-six million hours of work annually waste by patients suffering from psoriasis. Since there is not yet a definite cure for psoriasis and the treatment involves wasting a lot of financial burden, the absence of adequate financial support will lead to numerous mental instabilities in patients.

Eghlileb et al. (2007); Ramsay et al. (1988); Ginsberg et al. (1989) found that the negative effects of psoriasis are not only limited to the patient, but involves all family members. The time dedicated to the therapy, the breaking of the social life of family, impacts on daily activities, not wanting to leave home, and avoiding appearing in public places are of the consequences of psoriasis on the patient and other family members. The comparative study of self-esteem based on the type of disease showed that patients suffering from alopecia had a lower self-esteem while patients suffering from acne had a higher self-esteem. Therefore, the results of the present study are consistent with the results of Van der Dank et al. (1994) and cash (1999).They expressed that hair is an important factor in identity and self-esteem and even a small amount of hair loss leads to psychological problems and negatively affects the quality of life. The comparative study of the life quality, mental health and self-esteem based on the gender showed that the self-esteem of men is higher than women. The findings are consistent with other results. Moreover, the results indicated the higher quality of life and mental health of women compared to men. It can be seen that the results are not consistent with results of previous studies in this regard. Abdel-Hafez et al. (2009) found that there is a significant difference between women and men suffering from acne in all aspects of the quality of life, especially in the field of entertainment so that women have a lower quality of life than men. Camacho et al. (2002) found that women are suffering from more mental problems and stress than men and the prevalence of depression among women is higher than men.

According to the results of the present study, it can be concluded that the inconsistency of the obtained results with other findings is due to cultural differences. The use of dress and veil by women in Iran leads to hiddenness of many skin and hair problems. Therefore, their anxiety of having unbeautiful appearance reduces. On the other hand, since the majority of women are not employed and are away from the problems in the workplace, thus they have higher mental health and quality of life.

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