

Self esteem as a predictor of quality of life, depression and anxiety among patients with acne vulgaris

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Abstract *Objective* The major goal of the study is to predict the quality of life, depression and anxiety on the basis of self-esteem among the patients with acne vulgaris.

Methods The study comprised of 200 young adults with acne vulgaris. An equal number of men and women were given representation in the sample. The scales used to assess the variables of the study were WHO–Brief Quality of Life Scale, Depression, Stress, Anxiety Scale (DASS) and Rosenberg Self–Esteem Scale. It was a cross- sectional study. SPSS was used for the statistical analysis of the data.

Results Self-esteem positively predicted quality of life and negatively predicted depression and anxiety.

Conclusion Self-esteem plays significant role in boosting the quality of life and in decreasing the psychopathological symptomatology.

Key words

Acne vulgaris, quality of life, self-esteem, depression and anxiety.

Introduction

In modern times, the number of diseases is increasing along with the increase in medical facilities. Acne vulgaris is one of the most common skin diseases. Young adults are most commonly prone to acne vulgaris. Acne vulgaris can be defined as observable, reddish, papules lacerations in active stage leaving behind residual blotches and pigmentation.¹ It occurs because of the oil secretions from the skin and death of skin cells.² The most common symptoms of acne vulgaris include pimples,

whiteheads, oily skin, scaring and black heads.¹ Previous studies emphasized that psychological impacts of acne vulgaris are scientifically proven.³ The emotional challenges faced by the patients of acne vulgaris are increased level of depression, anxiety and frustration etc. Acne vulgaris can cause low level of quality of life, depression, anxiety and lowering of self- esteem. Quality of life can be simply defined as the standard of living. The standard of living can be characterized by the extent to which expectations, hopes and aspirations are harmonized by the achievement of goals. The quality of life is the common welfare of individuals and societies which describes the positive and negative characteristics of life.⁴ A study suggested that acne vulgaris negatively affect the quality of life of individuals.⁵ Self-

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esteem can be defined as how a person value himself. Belief about oneself is known as self-esteem. Emotional states about oneself can be considered as self-esteem. Self-esteem can be defined as the positive and negative judgments about oneself or how we are feeling about oneself.⁶ Self-esteem also determines the happiness of a person. As the intensity of acne vulgaris increases, the person's self-esteem decreases.⁷ Psychopathology symptomatology refers to the symptoms related to the mental disorders. According to American Psychological Association, psychopathology symptomatology typically includes depression, stress, anxiety, hallucinations, bipolar disorder and psychosis. Depression can be defined as a condition of low mood or having no interest in activities. Depression can be only for one or two days or it can persist for long periods of time.⁸ Anhedonia is the basic symptom of depression. Studies suggested that disturbances in daily life activities and depression are usually observed among the individuals who have complaints of acne vulgaris. Anxiety can be defined as an emotional state accompanied by excessive worry and restlessness. People feeling anxiety in one situation avoid that situation for the next time.⁹ A research demonstrated that individuals with acne vulgaris had high levels of depression and anxiety and individuals without acne vulgaris had low level of depression and anxiety.¹⁰ The objective of the present study is as follow:

To predict quality of life, depression and anxiety on the basis of self- esteem.

On the basis of objectives, the following hypothesis have been framed:

1. Self-esteem will be a significant positive predictor of quality of life.
2. Self- esteem will be a significant negative predictor of depression and anxiety.

Methods

The sample of the study ($N=200$) comprised of young adults selected through purposive sampling (age, 21-26, $M=23.4$, $SD=1.7$). Equal number of men and women were given representation in the sample. All the participants were unmarried and their qualification was at least intermediate.

Research instruments included WHO Brief Quality of Life Scale, Depression, Anxiety, Stress Scale (DASS) and Rosenberg Self Esteem Scale. Personal Information sheet covered required demographics encompassing gender, age, education, residence, presence of acne or not, presence of physical problem symptom or not.

The quality of life scale comprised of 26 items, was by developed by World Health Organization in 1985. This scale was translated in Urdu language by Khan and his colleagues in 2003.¹¹ The response rate ranges from 1 to 5 for each question, with high score depicting high quality of life. The Cronbach's alpha reliability of scale is 0.86. The Depression, Anxiety, Stress Scale is a 21 –item questionnaire that was developed by Lovibond and Lovibond (1995). This scale was translated in Urdu by Aslam.¹² It includes three self-report subscales i.e. depression, anxiety and stress.¹³ In present study, subscales of anxiety and depression were used which consist of 7-items each. It is a 4-point Likert scale ranging from 1=never to 4=almost always. The reliability of the translated version of DASS is $\alpha=0.93$. Rosenberg Self- esteem Scale was developed by Rosenberg in 1965. This scale was translated by Sardar in Urdu and improved by Rizwan.¹⁴ The scale consists of 10 items and response rate ranges from 1=strongly disagree to 4=strongly agree. It has 5 reversed scored items that includes item number 3, 5, 8, 9, 10. The scale has a good internal consistency and

Table 1 Pearson correlation among study variables (N = 200)

| Variables | 2 | 3 | 4 |
|--------------------|---------|---------|---------|
| 1. Quality of life | -.85*** | -.67*** | .87*** |
| 2. Depression | - | .79*** | -.86*** |
| 3. Anxiety | | - | -.80*** |
| 4. Self-esteem | | | - |

Note. ***p<.001

Table 2 Linear regression analysis showing the effect of self - esteem on the Prediction of Quality of Life (N= 200).

| Predictors | Model B | 95% CI | |
|----------------|----------|-----------|-------|
| | | LL | UL |
| (constant) | 16.01*** | 9.11 | 22.90 |
| Self esteem | 2.40*** | 2.16 | 2.65 |
| R ² | | .76 | |
| F | | 379.62*** | |

Note: ***p<0.001.

Table 3 Linear Regression Analysis Showing the Effect of Self - esteem on the Prediction of Depression (N= 200).

| Predictors | Model B | 95% CI | |
|----------------|----------|-----------|-------|
| | | LL | UL |
| (constant) | 24.60*** | 22.58 | 26.63 |
| Self esteem | -.66*** | -.73 | -.59 |
| R ² | | .73 | |
| F | | 331.63*** | |

Note: ***p<0.001.

Cronbach’s alpha reliability is 0.77. The test retests reliability of translated version of Rosenberg Self-esteem Scale is 0.87.

After taking the formal permission from the ethical review board of University of Sargodha, data collection was started. The participants in this study have been personally contacted after ensuring that they have met criteria for participation in the study. Participants were informed about the purpose of the research and have been provided with the detailed guidelines regarding the format of the response and the completion of scales. The informed consent was taken from the participants to fulfill the ethical requirements of the study. The participants were invited to give answer honestly and openly. The confidentiality of their information has been ensured there had no time restriction for the completion of scales to obtain the desired personal information. At the end, participants of the study were appreciated for their cooperation and support to the study. Data collection took almost five months.

Results

Table 1 show correlation among quality of life, depression, anxiety and self- esteem. The quality of life has significant positive relationship with self- esteem ($r=.87, p<.001$) and has significant negative relationship with depression ($r=-.85, p<.001$) and anxiety ($r=-.67, p<.001$). While depression has significant positive relationship with anxiety ($r=.79, p<.001$) and significant negative relationship with self esteem ($r=.86, p<.001$). The anxiety has significant negative relationship with self-esteem ($r=-.80, p<.001$).

Table 2 shows linear regression analysis showing the prediction of self-esteem on quality of life. The 0.76 value of R^2 indicated that self-esteem explained 76% variance on outcome variable with $F(1,198) = 174.30, p<.001$. The findings indicated that self-esteem positively predicted quality of life ($\beta=2.40, p<.001$).

Table 3 demonstrated the linear regression analysis showing the prediction of self-esteem

Table 4 Linear regression analysis showing the effect of self - esteem on the prediction of anxiety (N= 200).

| Predictors | Model B | 95% CI | |
|----------------|-----------|--------|-------|
| | | LL | UL |
| (constant) | 18.04*** | 16.23 | 19.85 |
| Self esteem | -.47*** | -.54 | -.41 |
| R ² | .64 | | |
| F | 212.96*** | | |

Note *** $p < 0.001$.

on depression. The 0.73 value of R^2 showed that self-esteem explained 73% variance on outcome variable with $F(1,198)=331.63$, $p < .001$). The findings indicated that self-esteem have negatively predicted depression ($\beta = -.66$, $p < .001$).

Table 4 demonstrated the linear regression analysis showing the prediction of self - esteem on anxiety. The 0.64 value of R^2 showed that self-esteem explained 64% variance on outcome variable with $F(1,198)=212.96$, $p < .001$). The findings indicated that self-esteem have negatively predicted anxiety ($\beta = -.47$, $p < .001$).

Discussion

Acne vulgaris is one of the most common skin diseases. Before data analysis psychometric properties of all scales were evaluated and results revealed that all scales were having good psychometric properties.

The correlation analysis of the study variables showed that the self-esteem and quality of life has a significant positive correlation with each other. Previously it was said that if the self-esteem of a person is high, the level of quality of life will also be high.¹⁵ Results also revealed that the quality of life has a significant negative correlation with depression and anxiety. Previously researchers showed that depression negatively correlate with quality of life. When depression is increased, the level of quality of life decreases. Similarly, when anxiety increases the level of quality of life decreases.¹⁶

The depression and anxiety are positively

correlated with each other. A study suggested that depression and anxiety both are mental disorders and they have positive relation with each other.¹⁷ The depression and self-esteem have negative correlation with each other. A study suggested that low self-esteem can leads toward depression.¹⁸ The self-esteem and anxiety have negative correlation with each other. A research showed that individuals with low self-esteem have more anxiety as compared to the individuals with high self-esteem.¹⁸

In order to check the predictability of quality of life, depression and anxiety on the basis of self-esteem regression analysis was carried out. Results obtained through regression analysis revealed that self-esteem is the positive predictor of quality of life. A research also demonstrated that self-esteem is the positive predictor of quality of life.¹⁹ Self-esteem is defined as the assessment of oneself and it is the significant positive predictor of quality of life. Individuals with high level of self-esteem have good mental health, strong relationships due to which they have better standard of living and high quality of life as compared to the individuals with low level of self-esteem.⁶

The regression analysis demonstrated that self-esteem negatively predicted depression. A research showed that self-esteem is the significant negative predictor of depression. It is observed that individuals with low self-esteem have not healthy social relationships and are not interested to take part in different activities which can lead towards depression. Individuals scoring lower on self-esteem have more

depression as compared to the individuals scoring high on self-esteem.²⁰

The regression analysis also showed that self-esteem is the negative predictor of anxiety. A research suggested that low self-esteem causes anxiety.²¹

Conclusion

Self-esteem is the significant positive predictor of quality and significant negative predictor of depression and anxiety among the young adults with acne vulgaris.

Limitations and Recommendations

The generalizability is low because study is conducted on small sample. Self-reported measures were used due to which social desirability can affect the results of the study. The study should be conducted on a larger scale to increase the external validity. The qualitative research can also be used instead of quantitative study to get information about the impact of acne vulgaris among young adults. Random sampling technique can also be used to ensure the representation of the population in the sample.

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