Moving the Self-Esteem of People with Epilepsy by Supportive Group: A Clinical Trial

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ARTICLE INFO	ABSTRACT
	Introduction: People with epilepsy (PWE) face physical and mental illness, and social stigma, which affect their self-esteem and quality of life. The aim of this study was to examine the effects of a support group on the self-esteem of PWE. ***Methods:*** A quasi-experimental study was performed on 120 PWE in the epilepsy clinic at Srinagarind hospital. The experimental group (n=60) attended the support group before receiving regular health care services. The control group (n=60) received only regular healthcare services. Data was collected by using the Rosenberg self-esteem scale scoring before and after the experiment. The scores were analyzed by using t-test. ***Results:*** The study showed that before the experiment, the self–esteem score of the control group was significantly higher than the experimental group. After the experiment, the scores of the control group and the experimental group showed a significant statistical difference. The score in the control group was significantly lower than the experimental group, while the score in the experimental group was significantly higher than before the experiment. Changes of self-esteem (before to after) in two groups showed significant statistical difference. ***Conclusion:*** The support group improves the self-esteem of PWE. Medical personnel should set up a support group for PWE to enhance their self-esteem.

Introduction

Epilepsy is one of the most common neurological disease and serious public health problem. It has an impact on daily living of people with epilepsy (PWE)[1,2]; especially psychosocial issue makes PWE feel they are a burden to their family and society. Consequently, PWE suffer from stigmatization in society and low self-esteem whiles their lack social opportunities. Studies show that over 60% of PWE are depressed and anxious[3,4], and 56.6% are ashamed and have low self-esteem.[5] These impacts lower the quality of life of PWE.[6]

The Epilepsy clinic at Srinagarind hospital providing care for PWE by multidisciplinary team including physicians, pharmacists, and nurses. Physicians role were provide caring of

PWE based on standard of treatment. Pharmacists role were collect data and survey problems related to the use of antiepileptic drugs (AEDs), solve the problems, and educate PWE how to correctly take AEDs. Nurses are closest to PWE and therefore have major roles to provide caring of PWE by support and encouragement them to learn from group participants through the support group.

The support group enables PWE to sharing common issue or problem and their experience of illness. Including; exchange information and advice members to learning about conditions and their management. In the support group, PWE will do not feel discriminated because they have a relationship with members, listening to and accepting others' experiences, share similar problems, providing sympathetic understanding. It raises self-esteem and self-

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confidence in PWE. Having expressed their feelings makes them happier, understand themselves and their lives better, coping with problems and make them emotional stability. With the support group, PWE will learn about management to improve self-care. With a means to solve their own problems, the patients have better quality of life.[7-10] Generally, the support group as a brief group therapy should be practice 4 to 60 times. In practice, outpatients department (OPD), PWE is usually visit physicians every 1-3 months, so PWE that joined the support group only once. Even though, joined in the support group 1 time has shown improvements in social relationship so it affect to self-esteem.[11] However, a psychodynamic problem solution requires long-term therapy.

Thus, the researchers wanted to study the effects of the support group on the self-esteem of people with epilepsy.

Research Objectives were as: to compare self-esteem of PWE before and after joining the support group and to compare the self-esteem of PWE who joined the support group and PWE who did not join the support group.

Hypothesis in this study set as: PWE joining the support group have better self-esteem than before joining the group and PWE joining the support group have better self-esteem than PWE not joining the support group.

Materials and methods

This research was developed from routine to research (R2R) to evaluate a nursing activity. The quasi-experimental method was applied based on the randomized controlled trial (RCT) to compare the results of the support group called the exchange group. The research method followed the following framework. In control group, subjects evaluated for self-esteem then participants received regular health care services, followed by evaluation of self-esteem score once again.

In experimental group, subjects evaluated for self-esteem then participants joined the support group 1 time and followed by receiving regular health care services. Then they evaluated for self-esteem once again.

We conducted surveys at Epilepsy clinic, Srinagarind hospital, which opens every Monday from 8.00– 12.00 a.m. Providing care for PWE by multidisciplinary team including physicians, pharmacists, and nurses. The participants of the study must arrived Epilepsy clinic before meeting their physician. The nurse will informed PWE about the support group during the week the group was set up. For participants in the control group, that come to follow up in the day support group set up were able to join the group without being evaluated in self-esteem.

Sampling conducted based on inclusion criteria considering as: I- PWE who are voluntarily and would like to join with support group and II- PWE did not fatigue and poor recognition, and exclusion criteria as: I- PWE who are fatigued with poor recognition skills. Vital signs and mental status are evaluated via examination by a psychiatric nurse; if poor attention, memory, perception, or concentration is discovered an individual will be excluded.

Sample size was calculated by considering α = .05, β =0.10 and 59 cases for each group detected. Sixty subjects were entered.

It was selected first week for experimental and next week for control group until completed by number of sample size. There was run 4 months to complete collecting data.

The experimental group was informed consent and evaluated in self-esteem before joining the support group. Then, they will received regular health care services by met the physician, pharmacist, and nurse, in that order. They were evaluated for self-esteem once more before returning home. The experimental group was evaluated in

Diagram of study

Control group:
Pre test → Waiting time → Meet nurse → Doctor → Pharmacist → Meet nurse → Post test

Experimental group:
Pre test → Support group → Meet nurse → Doctor → Pharmacist → Meet nurse → Post test

self-esteem during the first week, whereas the control group was evaluated during the following week. The support group was scheduled in alternate weeks.

The control group was evaluated in self-esteem during the week when no support group was set up. Then, they will received regular health care services by met the physician, pharmacist, and nurse, in that order. They were evaluated for self-esteem once more before returning home (Diagram of study).

The self-esteem form used was the Thai version of Rosenburg modified by Srimorakot.[11] It consisted of 10 questions, 5 positive questions. 5 negative questions. Questions were in value-estimated ratio. Each question had 4 choices. Positive question ranged from 4 to 1(strongly agree to strongly disagree). Negative questions' which are reversed scores.

The score range from 0- 40. Score of 15 to 25 are within normal range; scores below 15 suggest low self-esteem. The evaluation form has undergone validity by 5 experts and 10 PWEs for reliability test in Thailand, with the reliability by cronbach's alpha coefficient level of 0.97 One of outpatient nurse ask PWE volunteer to complete this form before and after the process. There were 3- 4 hours from pre test to post test.

The intervention was performing the support group for the members to sharing, exchange experiences of illness, self-care, learning about conditions and their management.

The members provide each other and asked information and problems of the others related to epilepsy. Members could also communication their illnesses to the medical team through the group leader.

The group leader was a lecturer in psychiatry and a mental health nurse who had over 10 years of experience working with support groups. The second group leader was a nurse from the Epilepsy clinic who had experience in attending to PWE.

The support group was set up every Monday from 08.00 – 09.30 a.m. PWE were invited to enter the support group voluntarily. The group consisted of 5 to 10 members and was carried out from January to December, 2012.

Before the process of support group will be done, the group leader asked permission to record the information obtained from the members for benefits in care for PWE. Some information was taken to consideration with multidisciplinary team. The group leader informed the members after the support group if there was any information they did not want disclosed.

The support group activities were divided into 3 stages:

Stage 1. Relationships building, objectives informing, and introduction of members.

Stage 2. Sharing of experiences, members listening to and accepting other's experience, asking questions about conditions and their management, leader encouragement members to exchanges of information and giving support.

Stage 3. Ending relationship, members conclude what was learned, usefulness, and providing sympathetic understanding and establishing social networks.

The personal information was analyzed by descriptive statistics. Chi-square and t-test were used in analysis of comparison the personal information and self-esteem scores between two groups. The test was applied at the reliability level of 95%.

This research has been reviewed and approved by the Khon Kaen university ethics committee for human research (reference No. HE 541379). Consent was obtained from all participants (both in control and experimental group) who were assured of confidentiality and anonymity. The participants were able to withdraw from the study at any time without any consequence.

Results

The control group and experimental group consisted of more females (58.3%) than males (41.7%). The control group range for age was 16-60 with average of 32.78 years and the experimental group range for age was 13-79 with average of 37.73 years. Duration of illness in the control group was 1-34 with average of 8.36 years and the experimental group was 1 - 37 with average of 8.98 years. It can be seen that the age and sex of both groups did not differ significantly, whereas the duration of illness differed significantly (as shown in Table 1).

Table 1. Personal information of the control and experimental groups

Information*	Control group N=60	Experimental group N=60	P
Age	32.78	37.73	P = 0.47
Sex			
Males	25(41.7)	25 (41.7)	P = 0.51
Females	35 (58.3)	35(58.3)	
Duration of illness	8.36	8.98	P=0.00

*Age and duration of illness reported as mean, sex reported as N (%).

Table 2: Comparison of self-esteem scores before to after joining the support group of PWE in control group and experiment group

Time	Control group naeM (DS)	95% CI for dif.	Statistical Indicators	Experimental group naeM (DS)	95% CI for dif.	Statistical Indicators
Before	35.01(4.95)	3.49,5.24	t=9.97 P=0.000	32.80 (5.59)	-2.89,-0.13	t= - 2.19 P=0.032
After	30.65 (4.33)			34.32 (2.38)		

In Table 2, the control group and experimental group showed significantly different self-esteem scores both before and after experiment. The control group's self-esteem score decreased significantly prior to receiving regular health care services. In contrast, the experimental group's self-esteem scores increased significantly . ehT 95% confidence of interval for changes (before to after) showed in Table2.

Table 3. Comparison of self-esteem scores between control to experimental groups before and after joining the support group

Time	Control group Mean (SD)	Experimental group Mean (SD)	Statistical Indicators
Before	35.01(4.95)	32.80 (5.59)	T=2.38, P=0.02
After	30.65 (4.33)	34.32 (2.38)	T= -6.61, P=0.00

In Table 3, the self-esteem scores of the control and experimental groups before the

intervention were significantly different. The average score of the experimental group was

lower than the control group. After the experiment, the scores of the control and experimental groups were different. The average score of the control group decreased while the means of the experimental group was higher. It could be interpreted that PWE in the support group trusted the group and felt comfortable to exchange experiences in the group. They saw that others were in the same situation and understood each other. They were able to communicate their thoughts, feelings, and experiences. PWE reported that they obtained benefits from the group. They learned how to take care of themselves through group consultation. Their attitudes towards treatment and care were good. Although sometimes they were not satisfied with treatment and services, after sharing of feelings they understood their symptoms could cause easy confusion and annoyance. Hence, when they come to the support group they able to acceptance their situations. The relationship between PWE and the healthcare team was improved. The group provided privacy for the members because socio-psychiatric conditions were personal matters that required privacy and understanding.

Discussion

The study found similarity between the control and experimental groups in terms of personal information such as age and sex, while the duration of illness they had had epilepsy differed significantly. The duration of illness affected their self-esteem, whereas age did not correlate to PWE's self-esteem.[12] Chronic illness would result in better self-esteem provided the patients were able to adjust themselves and manage their lives. If they were not able to adjust themselves or

manage their lives, then the self-esteem would be decreased.[12] Self-esteem correlated positively with knowledge of the disease and correlated negatively with seizure frequency. [13]

Worawutputtapong[14] defines a total self-esteem score higher than 20 show positive attitudes towards oneself or high self-esteem. These research showed that the scores of both the control and experimental groups were high, i.e., an average of 35 and 32, respectively. Because of the two groups were regular follow up and receive service care from healthcare team. They have good knowledge in terms of self-care to management their conditions and regular take medication.

Before the experiment, the control group had self-esteem score higher than the experimental group. It could be concluded that they must have been proud that it was not necessary for them to receive more treatment, and think that regular appointment with their physicians was enough. They were happy with this since most of them hurried back to work. The experimental group who entered the support group at the beginning felt they wasted their time. However, when they acquired knowledge and benefits, feelings were better. They even suggested everyone should join the support group because of it's helpful for PWE.

The findings out come after the support group showed the self-esteem scores of the control group lowered significantly. PWE which is chronic illness, when they are not receiving social support due to lower in self-esteem scored. The study showed that self-esteem correlated negatively with the length of time received AEDs and seizures. On the contrary, the experimental group's self-esteem scores were significantly higher. It could be concluded that when they were socially supported by the group, their self-esteem became high and could management their conditions to overcome their illness

became simpler even though they still received AEDs and had seizures.[12]

Due to the support group's efficiency, PWE became more hopeful and felt better towards themselves. They knew that they were not alone to overcome the disease. The members in the support group shared the hard time, understanding in life, gave and received moral support to each other.[15] The process of the support group helped PWE to accept the physical and psychological impact of the disease. They were encouraged to do their duty to the society, perceived that oneself useful to the other and continue living, and thus accepted the treatment with confidence. The control group did not receive any support and so the self-esteem decreased, especially when they had to continue taking medicine and living with seizures. The study indicated that PWE adjusted themselves to the symptoms and had significantly lower self-esteem than diabetic patients.[16] Families with epileptic children have many stressful events than other families. Thus, useful of the support group can help patients to adjust themselves and leads to higher self-esteem.[17] So, PWE join the support group are affect to self-esteem which able to adjust themselves to the illness and stress management, and can continue their social roles. Nursing role therefore should set up the support group and encourage PWE to join with the group so that their self-esteem will be high and they will be able to live more happily.[18]

There were some limitations in this study that should be recognized. Nurses who provide group support ideally should be free from performing other jobs, because effective leader group requires a longer period of time. During support group nurse as a leader may face a patient need to have individual counseling. The self-esteem is a dynamic; it is possible to change when people contact each other as the form of relationship. So, it was evaluated in the same day after meeting process. In addition evaluations were conducted in the same day; therefore, changes could not be anticipated even though the participants showed moving of self- esteem. Besides that, continued research should be done to follow up on PWE after go back home and then face with family in order to see discover whether or not levels of self esteem have increased.

Conclusion

This study showed that changes of self-esteem scores (before to after) in two groups were statistically significant. Therefore, nurses should regularly hold the support group for PWE to increase their self-esteem and enable them to adjust themselves to epilepsy. The nurses should understand the group process and understand PWE well enough through regular training. The support group should also be a policy of the OPD.

The study researchers recommend that a comparative study should be conducted in which the period of illness is controlled in order to study the clear effects of the support group. In this study, PWE in the control and experimental group had different illness periods.

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Ethical issues

None to be declared.

Conflict of interest

The authors declare no conflict of interest.

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