RELATIONSHIP BETWEEN SELF-ESTEEM AND PERSONALITY TRAITS AMONG SCHIZOPHRENIC PATIENTS
Rasha Mohamed Elsaied¹, Abeer Elsaied Beerma², Huda Gaber hamza³

Psychiatric Nursing and Mental Health, Faculty of Nursing, Port Said University, Port Said, Egypt¹,²,³

ABSTRACT

Background: Schizophrenic patients have abnormalities on basic dimensions of personality. Self-esteem might be a driver or resource for development of personality traits. Aim: This study aimed to evaluate the association between self-esteem and personality traits among schizophrenic patients. Subject and Method: A descriptive correlational research design was utilized. The study subjects consisted of 104 schizophrenic patients from inpatient unit at Port Said Psychiatric Health Hospital. Three tools were used to collect data which were the Rosenberg Self-Esteem scale, Big Five Inventory, in addition to personal and Clinical questionnaires. Results: Most of the studied patients had a high score of self-esteem. About half of the studied patients had a low score of extraversion personality. Conclusion: Study concluded that there are highly positive statistically significant relationships between self-esteem and extraversion, agreeableness, conscientiousness and openness personalities and there is no statistically significant correlation between self-esteem level and neuroticism personality. Recommendation: The study recommended an educational session to the schizophrenic patients about specific self-esteem enhancement interventions. An educational session is recommended to psychiatric nurses about preferred approaches to enhance patient's self-esteem and improve their personality from being disordered.

Key words: Schizophrenia, Self-esteem, Personality Traits.
INTRODUCTION

Mental disease is often defined by a combination of behavior, feeling, perception, or thinking of an individual (WHO, 2014). Schizophrenia is an illness characterized by an abnormality in social behavior and an inability to understand reality (WHO, 2015). Commonly reported symptoms are false beliefs, unclear thinking, hearing non-existing voices, poor social engagement and emotional expression, and a reduced motivation (National Institute of Mental Health, 2017).

Self-esteem is a significant concept of psychological health (Taylor, Peplau, & Sears, 2000). It is defined as a positive or negative attitude of a person towards him/herself. It has also been described as a person’s self-rating and an assessment of self-concept (Proios, & Balasas, 2007). Over the last 10 years, self-esteem has emerged as an essential component associated with the etiology, understanding, and management of persons having severe mental disorders (Markowitz, 2001). Studies have reported associations between self-esteem and social engagement (Roe, 2003).

Personality has an important effect on life. It is significantly linked to life satisfaction. With such a big effect on life, it’s essential to reliably measure personality (Boyce, Wood, & Powdthavee, 2013). Personality is considered to be a significant factor for schizophrenia pathogenesis as it might affect symptoms, cognitive function and social functioning of the patient (Gurrera, McCarley, & Salisbury, 2014; Compton et al., 2015). Moreover, it predicts an illness’s onset and course (Van Os and Jones, 2001; Gleeson, Rawlings, Jackson, & McGorry, 2005; Lonnqvist et al., 2009).

Studies on personality among schizophrenic patients reported high neuroticism, low extraversion and low conscientiousness in comparison with normative levels or healthy persons, and such differences seem to persist through active and residual stages of schizophrenia. Furthermore, the research found that healthy persons having increased neuroticism and reduced extraversion were more likely to be diagnosed with schizophrenia later, signifying that such personality differences could occur before schizophrenia onset (Smeland, et al., 2017). Such a phenomenological approach considers personality pathology to be crucial to the psychopathology of schizophrenia. (Simonsen, & Newton-Howes, 2018).
The research examined the association between self-esteem and personality (Robins, Tracy, Trzesniewski, Potter, & Gosling, 2001). However, the other studies had convincingly shown that self-esteem as significantly rooted in main personality traits, such as the “Big Five” (Erdle, Gosling & Potter, 2009; Amirazodi, & Amirazodi, 2011). These Big Five personality dimensions include openness, conscientiousness, extraversion, agreeableness and neuroticism (Power, & Pluess, 2015).

Understanding the association between self-esteem and personality traits is essential for many reasons such as embedding self-esteem within the Big Five framework will link it to other psychological constructs and outcomes associated with the Big Five. Self-esteem and personality share common developmental roots, and examining the personality correlates of self-esteem throughout life might offer insights into self-esteem's nature and development. Self-esteem is also moderately heritable, with approximately 30% of the variance because of genetic variations. Thus, self-esteem and personality might directly affect each other (Robins, et al., 2001).

Highlighting and understanding the correlation between self-esteem, personality traits among schizophrenic patients can help psychiatric nurses to focus on health promotion through identifying people who have traits, promoting community awareness about predisposing factors of low self-esteem, participating in continuing educational programs and planning effective treatment measures. Moreover, mental health nurses require developing awareness of their own, as well as their clients. Understanding this relationship is critical in developing a therapeutic relationship and motivating patients to learn and understand their disorders and participate in their management. (Kobau, et al., 2011).

SIGNIFICANCE OF THE STUDY

Schizophrenia is characterized by tremendous heterogeneity in manifestations, course, as well as prognosis (Wijers, Verhoeven & Tuinier, 2005). This heterogeneity brings to the fore an interest in the role of personality and self-esteem in the adaptation process to schizophrenia. Taking into consideration research attesting to the fragile and unstable nature of the self in schizophrenia (Lysaker & Lysaker, 2001; Shahar & Davidson, 2003)
Understanding the association between self-esteem and personality is significant for many reasons. First, embedding self-esteem within the Big Five framework will link it to all other psychological constructs and outcomes associated with the Big Five. Second, self-esteem and personality share common developmental roots, and assessing the personality correlates of self-esteem throughout life can offer insights into its nature and development. Third, self-esteem and personality might directly affect each other. For instance, personality affects how a person perceives and evaluates himself/herself. On the contrary, self-esteem might have an essential role in personality determination. Conversely, self-esteem may play a critical role in shaping personality processes. Individuals’ beliefs about themselves influence how they act in particular situations, the goals they pursue in life, how they feel about life events and relationship partners, and the ways in which they cope with and adapt to new environments. Finally, the link between personality and self-esteem has implications for personality measurement. These connections among social desirability, self-esteem, and personality raise the question of whether any of the relations between self-esteem and the Big Five dimensions can be accounted for by individual differences in social desirability. (Robins, et al., 2001).

AIM OF THE STUDY

This study was carried out to examine the relationship between self-esteem and personality traits among schizophrenic patients.

Research Objectives:

1- Measure self-esteem levels among schizophrenic patients.
2- Identify personality traits among schizophrenic patients.
3- Finds out the association between self-esteem and personality traits among schizophrenic patients.

SUBJECTS AND METHOD

Subjects and methods will be discussed within the following:

I: Technical design.
II: Operational design.
III: Administrative design.
IV: Statistical design.
I. Technical Design:

It included a description of the research design, setting; individuals and tools of data collection.

Research design:

A descriptive correlational research design was used.

Research Setting:

This study was conducted in psychiatric inpatient units at Port Said Psychiatric Health Hospital. This hospital is affiliated with the General Secretariat of Mental Health and Addiction Treatment (GSMHAT), Ministry of Health. It offers care to psychiatric patients and abusers. Its capacity is 110 beds; serves Port Said, El-Ismailia, and El-Suez Governorates. The hospital composes five inpatient psychiatric units including one men's department for substance abuse (10 beds), two units for males and 2 units for females. The male units are free and health insurance ward “A” (30 beds) and private ward (25 beds). The female units are one free and health insurance ward (30 beds) and one private ward (15 beds). Additionally, one clinic for children, and finally psychiatric out patients clinics which is accessible all days of the week from 10 a.m. to 2 p.m. It consists of three rooms specialized for treatment, the first room comprised two psychiatrists, the second room for consultants specialized in psychiatric treatment and the third room comprised two nurses who are assisting in treatment.

Research Subjects:

A convenient sample of schizophrenic patients who were able to communicate effectively, were recruited from inpatient units of the previously mentioned setting within six months. Their total number amounted to 104 patients.

Tools of data collection:

For data collection, the following tools were utilized:

Tool I: Personal and Clinical questionnaire:

The interview questionnaire was developed by the researcher to elicit data regarding the patient's personal characteristics including gender, age, marital status, educational levels, birth order, family income, employment status, residence, number of family members, and persons share the home. Also include patient's clinical characteristics such as duration of illness, mode of admission, number of previous psychiatric hospitalization,
and duration of current hospitalization. As well, include the presence of a family history of mental illness, presence of support system, source of support, type of support, and type of psychiatric treatment.

**Tool II: Rosenberg Self-Esteem scale (RSS):**

It was developed by Rosenberg (1979) in an English language. The researcher used an Arabic version of (RSS) translated by Abusaad (2011). It was a 10 items scale that measures global self-worth through measuring positive and negative feelings about the patient's self. All items were answered utilizing a 4-point scale that ranged from strongly agree (1) to strongly disagree (4). Items 2, 5, 6, 8, and 9 are reverse scored. Higher scores indicate higher self-esteem. The scale has an adequate internal consistency with a Cronbach's alpha coefficient between $\alpha$ 0.85 to 0.88.

**Tool III: Big Five Inventory (BFI):**

It was developed by John, & Srivastava, 1999; John, Robins, & Pervin, (2008) in an English language and translated by Elfaoumy (2011). It identify Openness, Extraversion, Agreeableness, Neuroticism and Conscientiousness. It is relatively brief for a multidimensional personality inventory (44 items).


Participants' answers using a five-point scale where 5 indicates strongly agree to 1 indicates strongly disagree. Personality traits will represent the highest score of any one of the five dimensions. Cronbach's $\alpha$, computed for dichotomous scores was used. It is frequently claimed that an elevated KR-20 coefficient (> 0.90) indicates a homogeneous test. The scores for KR-20 range from 0 to 1, where 0 is non reliable and 1 is perfectly reliable.

**II. Operational Design:**

It included the preparatory phase, pilot study and field work.

**Preparatory phase:**

It includes reviewing related literature, various studies about different aspects of the problems utilizing books, research articles, the internet, periodicals and magazines.
The pilot study:

A pilot study was performed on 10% (10 patients) of hospitalized schizophrenic patients before the actual study. It was carried out for establishing the applicability of study tools, for estimating the appropriate time needed for answering the questionnaire. No modifications were done to the tools.

Field work:

1- The researcher started data collection by explaining the purpose of the study.
2- Data was collected in 6 months from March to August 2019.
3- The researcher attended the setting two days/ a week on Monday and Thursday at 9.00 a.m. 1.00 p.m.
4- Data was collected from patients in the in-patient units.

III. Administrative Design:

Before the study beginning, an official letter from the Dean of the Faculty of Nursing was sent to the Director of Port Said Psychiatric Health Hospital to obtain permission for conducting the present research following an explanation of the study aim.

Ethical considerations:

a) The protocol obtained approval from the Ethical Committee of the GSMHAT.

b) The purpose of this study was explained to the Director of the hospital to obtain permission.

c) Informed consent was taken from every patient after explaining the purpose of this study.

d) The patients had the right to withdraw from the study at any time.

e) Ensuring the confidentiality of the information collected and anonymity is guaranteed.

f) The process of data collection was disturbing the harmony of the work of the above mentioned setting.

IV. Statistical Design:

Collected data were coded, arranged, tabulated and analyzed by SPSS version 18. Data presentation was done using suitable tables and graphs.
RESULT

Self-esteem level among studied patients clarifies in Figure 1; a majority of studied schizophrenic patients (76%) had high levels of self-esteem, while the rest of patients (24%) had low levels of self-esteem.

Figure (2): represents that; considering to personality traits among studied patients representing that about half of the studied patients (51.9%) had a low score of extraversion personality that means having of introversion personality. While most of the studied patients (86.5%) had agreeableness personality, 74% of studied patients have a conscientiousness personality, 70.2% of studied patients had a neuroticism personality, while around one third of the studied patients (29.8%) had emotional stability. More than half of studied patients (57.7%) had a closeness to experience personality.

Table (1): represents the correlation between personality traits and self-esteem among studied patients; which indicates a highly positive statistically significant correlation between the total score of self-esteem and extraversion personality, agreeableness personality, conscientiousness personality and openness personality as (p=0.000)(p=0.000) (p=0.004) & (p=0.005) respectively.

On another hand the relation reveals negatively statistically significant between total score of self-esteem and neuroticism personality as (p=0003).

Table (2): displays the best fitting enter regression analysis model of the score of self-esteem level (dependent variable) and personality traits (independent variables) among studied patients. It was founded that the best predictor factor of self-esteem is extraversion, agreeableness, conscientiousness, neuroticism and openness personalities.
**Figure (1):** Self-esteem levels among the studied patients (n=104)

**Figure (2):** Personality Traits of the studied patients (n=104)
**Table (1):** Correlation between Personality Traits and Self-esteem among studied patients

<table>
<thead>
<tr>
<th>Items</th>
<th>Total score of self-esteem</th>
<th>R</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extraversion versus introversion</td>
<td>0.361</td>
<td>0.000**</td>
<td></td>
</tr>
<tr>
<td>Agreeableness versus antagonism</td>
<td>0.503</td>
<td>0.000**</td>
<td></td>
</tr>
<tr>
<td>Conscientiousness versus lack of direction</td>
<td>0.283</td>
<td>0.004**</td>
<td></td>
</tr>
<tr>
<td>Neuroticism versus emotional stability</td>
<td>-0.022</td>
<td>0.003**</td>
<td></td>
</tr>
<tr>
<td>Openness versus closeness to experience</td>
<td>0.254</td>
<td>0.009**</td>
<td></td>
</tr>
</tbody>
</table>

*r* = Pearson correlation **significant at P≤0.0

**Table (2):** Regression analysis for the score of self-esteem levels (dependent variable) and Personality Traits (independent variables) among studied patients.

<table>
<thead>
<tr>
<th>Big Five Personality Traits</th>
<th>Total self-esteem level</th>
<th>Beta coefficient</th>
<th>Standard error</th>
<th>t-test</th>
<th>P- value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extraversion vs. introversion</td>
<td></td>
<td>0.173</td>
<td>0.082</td>
<td>1.799</td>
<td>0.075*</td>
</tr>
<tr>
<td>Agreeableness vs. antagonism</td>
<td></td>
<td>0.406</td>
<td>0.112</td>
<td>4.528</td>
<td>0.000*</td>
</tr>
<tr>
<td>Conscientiousness vs. lack of direction</td>
<td></td>
<td>0.137</td>
<td>0.088</td>
<td>1.510</td>
<td>0.034*</td>
</tr>
<tr>
<td>Neuroticism vs. emotional stability</td>
<td></td>
<td>-0.021</td>
<td>-0.082</td>
<td>-0.234</td>
<td>0.016*</td>
</tr>
<tr>
<td>Openness vs. closeness to experience</td>
<td></td>
<td>0.078</td>
<td>0.185</td>
<td>0.801</td>
<td>0.025*</td>
</tr>
</tbody>
</table>

*Significant at P≤0.05

R-square 0.34.

Model ANOVA: F=9.48 P≤0.01
DISCUSSION

Schizophrenia is among the main 10 causes of disability globally and adversely influences the quality of life (Herran, Sierra-Biddle, Cuesta, Sandoya, & Vazquez-Barquero, 2006). Personality is a significant factor in schizophrenia pathogenesis as it influences a patient’s symptoms, cognitive function, as well as social functioning. Schizophrenic patients have abnormalities on main traits of personality which might be a manifestation of liability to schizophrenia (Gurrera, Nestor, & O’donnell, 2000). Schizophrenia is associated with differences in personality dimensions (Smeland, et al., 2017). Schizophrenic studies reported associations between self-esteem and social functioning (Roe, 2003). Personality variables are significantly associated with self-esteem (Fannon, Green, & Wykes, 2003; Haug, et al., 2016). So the current work was carried out to examine the relation between self-esteem and personality traits among schizophrenic patients.

In our study, considering the assessment of self-esteem level among studied patients denoted that most of the studied patients had a high score of self-esteem. The interpretation might be that some schizophrenic patients might avoid devaluing experiences and maintain a rigid sense of self-worth by perceptual distortions of reality; Bentall et al. (2008) supported these interpretations stated that schizophrenic patients attempted to avoid feelings of reduced self-esteem through attributing adverse experiences externally. Thus, they result in perceptions of persecution (Kumar & Mohanty, 2016). In Canada, Baumeister, Campbell, Krueger and Vohs (2003) have shown that increased self-esteem was associated with persistence when facing adversities. In Canada also Silverstone, & Salsali, (2003) reported that schizophrenic patients showed intermediate self-esteem levels.

Some automatically assume that people with severe mental illness experience low self-esteem. A possible explanation is that this moderate self-esteem may be a result of comparing oneself with those who also have a severe mental illness. By avoiding comparison of oneself with those who are not mentally ill, one can protect his or her self-esteem because a negative difference is not seen (Bhar, Ghahramanlou-Holloway, Brown, & Beck, 2008; Bentall et al., 2008). In Pakistan, Grbic (2013) found that schizophrenic patients had significantly reduced self-esteem as compared with other psychiatric illnesses. Also other studies (Link, Struening, Neese-Todd, Asmussen, & Phelan, 2001; Gureje, Harvey, & Herrman, 2004) revealed that around 24%-43% of the studied persons had reduced self-esteem.
Concerning personality traits among studied patients, it was reported that about half of studied patients had a low score of extraversion personality and that means having of introversion personality. This may be related to the fact that schizophrenic patients have pervasive impairments of psychosocial adjustment (American Psychiatric Association, 2013); they have less chance than normal controls to be engaged in emotional acceptance (O'Driscoll, Laing, & Mason, 2014).

Similar to the foregoing current study results, In Californiia, Le Hellard, et al., (2017) and In India, Camisa, et al., 2005 illustrated that schizophrenic patients consistently find decreased extraversion compared to normative levels, and such differences seem to be persistent in active and residual stages of schizophrenia. Also several studies found that premorbid personality traits of decreased extraversion were linked to a risk of schizophrenia development (Van Os & Jones, 2001; Krabbendam et al., 2002; Goodwin, Pope, Mort, & Smith, 2003; Lonnqvist et al., 2009). On the same line meta-analyses demonstrated low diagnostic specificity, with a general personality profile of low extraversion for schizophrenia compared to healthy controls (Malouff, Thorsteinsson, & Schutte, 2005; Kotov, Gamez, Schmidt, & Watson, 2010; Ohi et al., 2016).

In the current study, most of the studied patients had agreeableness, conscientiousness, and neurotic personality, and more than half of them had a closeness to experience personality. The interpretation might be that personality trait of schizophrenic patients seem to be linked to greater levels of positive symptoms, patient’s experiences, social impairment, and dysfunctional coping (Lysaker, Bryson, Marks, Greig, & Bell, 2004; Couture, Desrosiers & Leclerc, 2007; Boyette, et al., 2014; Ridgewell, Blackford, Mchugo, Heckers, 2016), also may be due to an interaction of a neural integrative defect with social learning (Camisa, et al., 2005).

In harmony with the current study, Shimada, et al., (2016) showed that greater neuroticism levels, and reduced openness, agreeableness, extraversion, and conscientiousness. Also similar to our result, Shi, et al., (2018) emphasized that schizophrenic persons showed greater neuroticism levels.

Additionally, Le Hellard, et al., (2017) illustrated that schizophrenic patients consistently found high neuroticism, reduced extraversion, and reduced conscientiousness, and such differences seem to persist through active and residual stages of schizophrenia.
According to the findings of the present work, the total score level of self-esteem was statistically significantly higher among patients with extraversion personalities. This can be attributed to the patients who extraverts speak more rapidly, utilizing higher pitch, and give more feedback than an introvert. Likewise they were more likely to take the role of the interviewer in dyadic circumstances also they tend to communicate with numerous persons and they speak out their problems with friends and family as they seek out stimulation from their external environment that in return will increase their self-esteem level.

This interpretation is supported by Vaughan-Johnston, MacGregor, Fabrigar, Evraire, & Wasyliw, (2021) who reported that self-esteem regulation processes might propose three explanations. First, increased self-esteem persons might have more activity in social behavior, for instance, since they are more self-assured being will be accepted by other people. Second, high extraversion might be linked to better self-enhancement motivation. Third, extraverts may be more motivated or proficient in implementing some self-esteem enhancing strategies. Similarly, Swickert et al. (2004) found a significant influence of extraversion on self-esteem via positive affect.

The findings of the present study revealed that, highly positively statistically significant correlation between total score level of self-esteem and agreeableness personality. A possible explanation for this finding may be that those patients who had agreeable personalities tend to have straightforward, helpful and more trusting traits so they were cooperative and gets involved with altruistic activities and had a positive view of human nature that in return will increase their self-esteem level. Interpretation supported by Gleeson, Rawlings, Jackson & McGorry, (2005) who illustrated that cases that remained stable were more sympathetic to other people, were more prepared to offer help, and believed that other people were more likely to reciprocate.

In the present study, there is a highly positively statistically significant relationship between the total score level of self-esteem and conscientiousness personality. This may be due to that patient who are high on conscientiousness always stand strong for their own point of view and decisions and stick to their decisions until they can be. Besides that, high self-esteem persons are those who believe in themselves that they are capable and worthy. This finding is confirmed in Australia by Jo, et al. (2020) who reported that cases having high conscientiousness levels might believe that their problems could be handled with no help from others or medical advice. Additionally, psychotic exacerbation in conscientious
cases might lead them to not look for help when they have to. In congruence with this, a study in Turkey reported that conscientiousness was positively related to self-esteem (Mutlu, Balbag, & Cemrek, 2010).

The present study had shown a highly positively statistically significant correlation between the level of self-esteem and openness personality. The interpretation might be that patients who had an increased level of openness to experience be likely to have traits like creativity, aesthetic sensitivity, the capability of rapid learning, clever and insight that in return will increase their self-esteem level (Caspi, Roberts, & Shiner, 2005). The personality type openness is characterized by core traits including imaginatively, creativity, aesthetic sensitivity, rapid learning, cleverness and insightfulness.

This interpretation is supported by Amirazodi & Amirazodi, (2011) who clarified that the power, the responsibility in the public domain, receipt of support, high autonomy are as the high self-esteem’s characteristics. Also they demonstrated that having high level of openness to experience tends to possess traits such as creativity, aesthetic sensitivity, the ability to learn quickly, cleverly and insightfully. Individuals who are high on openness tend to move out of their comfort zone and constantly acquire a wide range of interests to have new experiences. Hence, the positive effect of openness on self-esteem is conformed.

On the same line, a study in India by Kumari and Sharma (2016), found that extraversion and openness to experience are crucial determinants of mental well-being and those who scored high on these personality traits tend to have high scores on mental well-being as well.

On the other hand the current work illustrates that there is a negative statistically significant relationship between self-esteem level and neuroticism personality. The interpretation might be that patients who had neurotic traits tend to be overly anxious, more prone to stress, constantly lack confidence, experience a lot of mood swings, easily get frustrated and often feels insecure in their relationship. Therefore, the negative association of neuroticism with self-esteem is supportable. This interpretation is congruent with Mu, et al., (2019) who considered that neuroticism is a core characteristic that is generally consistent patterns of thoughts, feelings as well as actions over time and situations. Also our result is in agreement with the study by Barlett and Anderson (2012) in the United States of America which demonstrated that there is a strong negative association between neuroticism and self-esteem.
On the other hand, self-esteem is considered a surface characteristic, or characteristics which may emerge much later, continue to evolve across the life span, and are less stable or more environmentally malleable compared with core characteristics (based on such point of view, it is thought that self-esteem is the by-product of interaction between core characteristics, like neuroticism and environmental stimuli (McAdams & Pals, 2006).

**CONCLUSION AND RECOMMENDATIONS**

**Based on the results of the current work, it is concluded that:**

Schizophrenic patients showed abnormalities in basic traits of personality. Self-esteem might be a driver or resource for personality trait development. This work reported that more than half of patients had introversion personalities; the most of studied patients had agreeableness, openness, neuroticism and closeness to experience personalities. Also, the most of studied patients had high self-esteem. Finally, the highly positive statistically significant correlation between levels of self-esteem and extraversion, agreeableness, conscientiousness, and openness personalities was found, but there was a negative statistically significant association between self-esteem level and neuroticism personality.

**Based on the results of the current work, the following recommendations are suggested:**

1. An educational session is recommended to the schizophrenic patients about specific self-esteem enhancement interventions.

2. An educational program for teaching psychiatric nurses about using high self-esteem in schizophrenic patients positively and encourage them to make new friends.

3. An educational session is recommended to psychiatric nurses about preferred approaches to enhance patient’s self-esteem and improve their personality from being disordered.

**Recommendations for Future Research:**

- Future research is proposed to assess the effectiveness of educational programs about assertiveness training among schizophrenic patients to modify personality styles.
REFERENCES


العلاقة بين تقدير الذات والسمات الشخصية بين مرضى الفصام

الخلاصة

الخلفية: مرضى الفصام يظهرون شذوذ في الأبعاد الأساسية للشخصية. قد يكون تقدير الذات دافعًا أو مورداً لتنمية سمات الشخصية. الهدف: هدفت هذه الدراسة إلى تحديد العلاقة بين تقدير الذات وسمات الشخصية بين مرضى الفصام. الموضوعات والطريقة: تم استخدام تصميم بحث وصفي ارتبطي، وتكوين موضوعات الدراسة من 104 مريض انفصام في وحدة المرضى مستشفى بورسعيد للصحة النفسية. تم استخدام ثلاث أدوات لجمع البيانات وهي مقياس روزنبرغ لتقدير الذات، والمخزون الخمسة الكبار، بالإضافة إلى الاستبيان الشخصي والسريري. النتائج: كان لدى معظم المرضى الخاضعين للدراسة درجة عالية من تقدير الذات. حوالي نصف المرضى الخاضعين للدراسة كان لديهم درجة منخفضة من شخصية الانسجام. الاستنتاجات: خلصت الدراسة إلى أن هناك علاقة ذات دلالة إحصائية إيجابية للغاية بين تقدير الذات والانسجام، والتوافق، والضمان والالتفاف، ولا توجد علاقة ذات دلالة إحصائية بين مستوى تقدير الذات والشخصية العصابية. التوصيات: أوصت الدراسة بجلسة تثقيفية لمريض الفصام حول تدخلات محددة لتعزيز تقدير الذات، ووصى بجولة تثقيفية للممرضات النفسية حول الأساليب المفضلة لتعزيز تقدر المريض لذاته وتحسين شخصيته من الاضطرابات في الشخصية.

الكلمات المرشدة: الفصام، تقدر الذات، سمات الشخصية.