Kocaeli Üniversitesi Sağlık Bilimleri Dergisi

Özgün Araştırma / Original Article

EVALUATION OF SELF-SUFFICIENCY, PERCEIVED SOCIAL SUPPORT, AND MEANING IN LIFE IN INDIVIDUALS DIAGNOSED WITH SERIOUS MENTAL ILLNESSES

CİDDİ RUHSAL HASTALIK TANISI KONMUŞ OLAN BİREYLERDE ÖZ YETERLİLİK, ALGILANAN SOSYAL DESTEK VE YAŞAMDA ANLAMIN DEĞERLENDİRİLMESİ

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Abstract

Objective: It was aimed to determine the levels of self-sufficiency, perceived social support, and meaning in life of individuals diagnosed with serious mental illnesses and to evaluate the relationships between these parameters.

Methods: The sample of this descriptive study consisted of 168 individuals who were diagnosed with serious mental illnesses and volunteered to participate in the study, who applied to the Psychiatry Outpatient Clinic in July-October 2021. The data were collected with the Introductory Information Form, the Multidimensional Perceived Social Support (MDPSS), the General Self-Sufficiency (GSS), and the Meaning in Life Scales (MLS). The data were evaluated with Mann-Whitney U, Kruskall Wallis tests, Spearman Correlation, and Regression analysis, and the confidence interval was accepted as 95 and significance as $p<0.05$ in all analyzes.

Results: The participants' levels of meaning in life, social support, and self-sufficiency were found to be moderate. When the ML and MDPSS scores were examined, a significant positive strong ($p<0.05$) relationship was found between all sub-dimensions of the scales. When the ML and GSS scores were examined, no relationship was found between the sub-dimension of seeking meaning in life and the sub-dimension of persistence, while a strong positive relationship was found between all other sub-dimensions ($p<0.005$). When the MDPSS and GSS scores were examined, a strong positive ($p<0.05$) relationship was found between all sub-dimensions of the scales. When the mediating role of Social Support was examined, it was concluded that social support was a partial mediator between self-sufficiency and feelings of meaning in life.

Conclusion: It was seen that the concepts examined in the study affected each other in a positive way and social support played a mediating role. The treatment processes of individuals should be supported within the scope of these relationships, and the relationships between meaning in life and self-sufficiency levels of individuals diagnosed with serious mental illnesses should be examined in detail.

Keywords: *Serious mental illness, social support, self-sufficiency, meaning in life.*

Öz

Amaç: Ciddi ruhsal hastalık tanısı konmuş bireylerin özyeterlilik, algılanan sosyal destek ve yaşamda anlam düzeyleri belirlenerek, bu parametrelerin birbirleri arasındaki ilişkilerinin değerlendirilmesi amaçlanmıştır.

Yöntem: Tanımlayıcı bir çalışma olan bu araştırmanın, örneklemini ciddi ruhsal hastalık tanısı konmuş ve 2021 yılının Temmuz- Ekim aylarında Psikiyatri Polikliniğine ayaktan başvuran araştırmaya katılmaya gönüllü olan 168 birey oluşturdu. Veriler; Tanıtıcı Bilgi Formu, Çok Boyutlu Algılanan Sosyal Destek (ÇBASDÖ), Genel Öz Yeterlilik (GÖYÖ) ve Yaşamda Anlam Ölçekleri (YAÖ) ile toplandı. Veriler Mann-Whitney U, Kruskall Wallis testleri, Spearman Korelasyon ve Regresyon analizi ile değerlendirilmiş, tüm analizlerde güven aralığı 95 ve anlamlılık p<0.05 olarak değerlendirildi.

Bulgular: Katılımcıların yaşamda anlam, sosyal destek ve öz yeterlilik düzeyleri orta derecede değerlendirildi. YAÖ ve ÇBASDÖ puanlarına bakıldığında ölçeklerin tüm alt boyutları arasında anlamlı pozitif yönde güçlü *(p<0,05)* bir ilişki olduğu saptandı. YAÖ ve GÖYÖ puanları incelendiğinde yaşamda anlam arayışı alt boyutu ve ısrar alt boyutu arasında ilişki olmadığı ancak diğer tüm alt boyutlar arasında pozitif yönde güçlü bir ilişki olduğu *(p<0,005),* ÇBASDÖ ve GÖYÖ puanları incelendiğinde ise ölçeklerin tüm alt boyutları arasında anlamı pozitif yönde güçlü *(p<0,05)* bir ilişki olduğu saptandı. Sosyal Desteğin aracı rolü incelendiğinde öz yeterlilik ve yaşamda anlam duyguları arasında sosyal desteğin kısmi aracı olduğu sonucuna varılmıştır.

Sonuç: Çalışmada incelenen kavramların birbirini pozitif yönde güçlü bir şekilde etkilediği ve sosyal desteğin bir aracılık rolü üstlendiği görüldü. Bireylerin tedavi süreçleri bu ilişkiler kapsamında desteklenmeli ve ciddi ruhsal hastalık tanısı almış bireylerin yaşamda anlam ve öz yeterlilik düzeylerinin ilişkileri detaylı şekilde incelenmelidir.

Anahtar Kelimeler: *Ciddi ruhsal hastalık, sosyal destek, öz yeterlilik, yaşamda anlam.*

Introduction

Individuals who are diagnosed with severe mental illnesses (SMI) struggle in many areas such as performing social life activities, communicating, maintaining their self-care, managing their spare time, and coping with stress. These difficulties can lead to a decrease in the level of individuals' functionality in many areas. There are a variety of personal and social barriers that contribute to reduced social support. These barriers include social skills deficits, psychiatric symptoms individuals experience, reduced social roles, and stigmatization. When these situations, which can expose individuals to bad living conditions and various stigmatizations from time to time, are examined, it is seen that the concepts of self-sufficiency and social support are effective on functionality levels.[4] Decreased self-sufficiency beliefs make it difficult for individuals to adapt to life when they experience poor living conditions and inability to cope with stress.[11] Moreover, the negative effect of not getting enough love and support from the environment on social support levels causes individuals to experience internalized stigmatization, pushes them to believe that they have no place in society, and makes it difficult for them to adopt life and distract them from the search for meaning.[17] Meaning in life is a fundamental concept for human existence. Meaning in life is defined as being able to set a goal that will connect one to life and provide motivation. Life is more meaningful when individuals have goals. Studies indicate that individuals with life goals have higher life satisfaction and assume more responsibilities.[13] Studies show that there is a direct relationship between meaning in life and mental health.[6] Frankl stated that love, communication, responsibility, and pain are required for an individual to find meaning in life. A person can realize himself when he leaves the world of abstract thought and focuses real-world, when he chats with real individuals, and when he puts forth a product.[23] When an individual sets a life goal, acts in line with this goal, and gets support in this way, this promotes the individual's psychological well-being and increases his life satisfaction.[6] Individuals with mental health problems may have difficulties in making sense of life and setting realistic goals and achieving them due to their illnesses and social difficulties, and may need support in many ways.[26] Subjective healing basically means creating a meaningful life based on hope and a positive sense of identity. One of the most important factors affecting recovery is social support. Perceived social support is a general belief that individuals form at various stages of their lives, showing that they are valued, cared for, and that people from whom these individuals will receive help when they feel the need are satisfied with the relationships they have. the concept of self-sufficiency is reported to be related to concepts such as patient compliance, rehabilitation, and the number of hospitalizations.[15] In the light of all these data, in this study, it was aimed to determine the level of self-sufficiency, perceived social support, and meaning in life of individuals diagnosed with serious mental illnesses, to evaluate the relationships between these parameters, and to determine how effective the mediating role of self-sufficiency and perceived social support in life is. With the results obtained in line with the relationships examined, it is aimed to plan interventions that support treatment processes of individuals, to carry out studies that increase participation of individuals in social life by optimizing their psychological well-being, and to contribute to the literature.

Research Questions
- What are the self-sufficiency, social support, and meaning in life scale scores in individuals diagnosed with serious mental illnesses?
- Are patients' self-sufficiency, perceived social support, meaning in life scale scores related to each other?
- Does perceived social support have a mediating role in terms of individuals' self-sufficiency?

Methods

Type of Study
The study was carried out in descriptive and relationship-seeking type.

Study Population and Sample
The population of the study consisted of individuals diagnosed with serious mental illnesses who applied to the Psychiatry Outpatient Clinic of a university hospital between July 2021 and October 2021. For the sample, the G-power program was used with the method of calculating the sample size by power analysis and the sample number was determined as 168. The power of the study was 0.95.

Data Collection Forms
In the study, a sociodemographic form prepared by the researcher, Multidimensional Perceived Social Support[10], General Self-Sufficiency Scale[27] and Meaning in Life Scale[7] were applied to the participants.

Sociodemographic Form
This form, prepared in line with the literature, consists of 14 questions to obtain information such as demographic characteristics and employment status of individuals.

General Self-Sufficiency Scale
The original form of the General Self-Sufficiency Scale (GSSS) was developed by Sherer et al. The scale was designed to measure the attitude of the person when faced with various problems that he may encounter in life, the amount of effort he will spend in the face of a problem, and the perception of general self-sufficiency. The first adaptation of the scale into Turkish was made by Gözüm and Aksayan. The Turkish adaptation of the revised version of the scale was carried out by Yıldırım and İlhan 2010.[27] The scale consisting of 17 items includes 1-"does not describe me at all", 2-"describes me a little", 3- "I am undecided", 4-"describes me well", 5-"describes me very well" options for each item and one of these options is expected to be ticked for each item. The scale has 3 sub-dimensions called "Initiation", "Not giving up" and "Continuing Effort-Persistence". The items 2, 4, 5, 6, 7, 10, 11, 12, 14, 16, 17 in the scale are scored in the opposite direction. Scores for 59 items other than these are evaluated. As a result of this evaluation, a minimum of 17 and a maximum of 85 points can be obtained from the scale. The internal consistency coefficient (Cronbach's alpha) of the whole scale was found to be 0.80, and the test-retest reliability coefficient obtained from the data obtained from a total of 236 individuals who were contacted for the second time was found to be 0.69.[27] In the study, the scale's Cronbach's alpha (α) internal consistency coefficient was determined as 0.75.

Multidimensional perceived social support scale
Multidimensional Social Support Scale (MDSSS) was developed by Zimet et al. to determine the social support

principles perceived by individuals and its validity and reliability was performed by Eker et al. in 2001. It is a 7-point Likert-type scale, which is "Absolutely no 1, 2, 3, 4, 5, 6, 7 Absolutely yes" [10]. The scale, which consists of 12 items in total, has three sub-dimensions. It includes three different supports: the friend subscale (items 1, 2, 5 and 10), the family subscale (items 6, 7, 9 and 12), and the special person subscale (items 1, 2, 5 and 10). While minimum 4 and maximum 28 points can be obtained from each subscale, the minimum score that can be obtained from the whole scale is 12 and the maximum score is 84. The higher the score obtained, the higher the perceived social support. Eker [27] et al. found the Cronbach Alpha reliability coefficient of the scale to be 0.89. In this study, the cronbach alpha internal consistency coefficient of the scale was determined to be 0.92.

Meaning in Life Scale
The Meaning in Life Scale (MLS), developed by Steger et al., was adapted into Turkish by Demirdağ et al.[7] The factor loads of the MLS range from .65 to .83. While the scale consists of ten items, the sub-dimension items are five each. While the first sub-dimension is "the existence of meaning in life", the second sub-dimension is "searching for meaning in life". The scale is 7-point Likert type and the answers given to the questions are ordered from "definitely not true" to "definitely true". A minimum of 5 and a maximum of 35 points can be obtained for each dimension. High scores obtained from the dimensions of the scale indicate that the characteristics represented by that dimension are high in individuals. While scoring the scale, the ninth item is calculated by reverse coding. As the score obtained from the sub-dimensions of the scale increases, the qualities represented by that sub-dimension are at a high level in the individual. The Cronbach's Alpha reliability coefficient of the MLS is stated as α=0.88 for the Existence of Meaning in Life sub-dimension and α=0.93 for the Searching for Meaning in Life sub-dimension. In the study, the scale's Cronbach's alpha coefficient was found to be 0.84.

Conducting the Study
The study was conducted with the individuals who applied to the polyclinic on the specified dates and agreed to participate in the study voluntarily, in a suitable room in the Psychiatry Outpatient Clinic of a University Hospital, by observing the privacy of the patients, and by interviewing the patients one-on-one, and data were collected using the questionnaire method.

Statistical Analysis
The data of the study were analyzed and evaluated in computer environment with SPSS 25.0 package program. To evaluate the data, percentages and means were used. Mann-Whitney U test and Kruskall Wallis test were used for comparisons between groups, and the relations between the scales were evaluated with Spearman Correlation analysis. Regression analyzes were applied to examine the 14ediatör role of perceived social support in the relationship between self-sufficiency and meaning in life. Analysis results were considered statistically significant in the presence of *p <0.05.*

Results

When the sociodemographic characteristics of the participants were examined, it was found that 43.5% (n=73)

were female, 56.5% (n=95) were male, all of them were at least primary school graduates, 29.8% (n=50) worked anywhere, 51.2% (n=86) could not continue their work., 86.9% (n=146) used regular medication, 80.4% (n=135) did not participate in any practice other than the treatment. 39.3% (n= 66) of the participants were married and 33.9% (n=57) had children. When the residences of the individuals were evaluated, it was seen that 6.5% (n=11) lived alone and the other participants lived with their spouses, children, mothers, fathers, or relatives. When asked about the problems caused by the pandemic, 69.6% of the participants (n=117) stated that they did not encounter a problem affecting the disease and treatment processes during the pandemic. When the diagnosis distribution of the participants was examined, it was observed that 60.7% (n=102) were followed with the diagnosis of schizophrenia, 19.0% (n=32) with the diagnosis of bipolar syndrome, 16.1% (n=27) with the diagnosis of major depressive disorder, and 4.2% (n=7) with the diagnosis of schizoaffective disorder (Table 1 and Table 2).

Table 1. Results related to sociodemographic characteristics

Sociodemographic Characteristics	N	%
Gender		
Female	73	43.5
Male	95	56.5
Education Level		
Primary education	53	31.5
High School	69	41.1
University	44	26.2
Do you have a job?		
Yes	50	29.8
No	118	70.1
Ensuring Continuity in Business		
Yes	82	48.8
No	86	70.1
Marial Status		
Married	66	39.3
Single	102	51.2
Having Children		
Yes	57	33.9
No	111	66.1
Number of Children		
0	111	66.1
1	18	10.7
2	16	9.5
3	19	11.3
4	3	1.8
6	1	0.6
Who do you live with		
Mother,Father, Sister	98	58.3
Spouse-Child	58	34.5
Relative	1	0.6
Alone	11	6.5
Regular drug use		
Yes	146	86.9
No	22	13.1
Non-treatment practices		
Association	19	11.3
Commnity mental health center (CMHC)	8	4.8
Association and CMHC	6	3.6
None	135	80.4
Distress Due to Pandemic		
Yes	51	30.4
No	117	69.6

The distribution of the scores of the Meaning in Life Scale (MLS), General Self-Sufficiency (GSSS), and Multidimensional Perceived Social Support Scale (MDPSSS) is presented. The scores of the participants from the MLS range

from 10 to 70, with a mean score of 37.02±14.88. When the sub-dimensions of the MLS are examined, the existence of meaning sub-dimension scores range from 5 to 35, with the mean score of 18.44±7.76; the meaning-seeking sub-dimension scores range from 5 to 35, with the mean score of 18.55±7.90. The scores of the participants from the GSSS

range from 22 to 81, with a mean score of 50.64±13.45. When the sub-dimensions of the GSSS are examined, initiation sub-dimension scores range from 7 to 50, with a mean score of 20.93±6.67; not giving up sub-dimension scores range from 6 to 30, with a mean score of 17.58±6.36; and continuing effort-persistence sub-dimension scores range from 4 to19, with a mean score of 12.13 ± 2.58. The scores of the participants from the MDPSSS range from 18 to 24, with a mean score of 48.13 ± 15.74. When the sub-dimensions of the MDPSSS are examined, family sub-dimension scores range from 4 to 28, with a mean score of 15.38 ± 7.02; friend sub-dimension scores range from 4 to 28, with a mean score of 12.58 ± 7.32; special person sub-dimension scores range from 4 to 28, with a mean score of 12.58 ± 7.32 (Table 3).

Table 2. Results related to diagnosis

Diagnosis	N	%
Schizophrenia	102	60.7
Bipolar	32	19.0
Major Depressive Disorder	27	16.1
Schizoaffective Disorder	7	4.2

Table 3. MLS, GSSS, MDPSSS distribution of scores

Features	Min	Max	Median	Mean±Sd
Meaning in life scale				
MLS	10.00	70,00	36.00	37.02 ± 14.88
Existence of meaning	5	35	18.00	18.44 ± 7.76
Meaning seeking	5	35	19.00	18.55 ± 7.90
General Self-Efficacy Scale				
GSS	22,00	81.00	52.00	50.64±13.45
Initation	7	50	21.00	20.93 ±6.67
Not giving up	6	30	18.00	17.58±6.36
Continuing effort-persistence	4	19	12.00	12.13±2.58
Multimensional scale of perceived social support				
MDPSS	12.00	84.00	49.00	48.13±15.74
Family	4	28	16.00	15,38±7.02
Friends	4	28	11,00	12.58±7.32
Special person	4	28	11.00	12.58±7.32

Table 4. MLS, MDPSSS ve GSSS relationships between scores

	Existence of Meaning in Life	Meaning Seeking in Life	Initation	Not giving up	Continuing effort-persistence
	r	r	r	r	r
Friends	0.000	0.000	0.000	0.000	0.015
Family	0.000	0.000	0.000	0.000	0.000
Special person	0.000	0.000	0.000	0.000	0.015
Existence of Meaning in Life			0.000	0.000	0.001
Meaning Seeking in Life			0.000	0.000	0.063

When the participants' MLS and MDPSSS scores were examined, it was seen that there was a significant positive and strong relationship between all sub-dimensions of the scales (p <0.05). When the participants' MLS and GSSS scores were examined, it was seen that there was no relationship between the sub-dimension of seeking meaning in life and the sub-dimension of persistence, but there was a strong positive correlation between all other sub-dimensions (p <0.05). When the participants' MDPSSS and GSSS scores were examined, it was seen that there was a strong positive correlation between all sub-dimensions of the scales (p <0.05) (Table 4).

A three-stage regression analysis was conducted to evaluate the findings of the hypothesis "Perceived social support has a mediating role in individuals' self-sufficiency and life." According to this method;
• First stage; Self-sufficiency should have a positive effect on meaning in life.
• Second stage; self-sufficiency should have a positive effect on perceived social support.

• Third stage; When the social support mediator variable is included in the analysis, it is stated that if the regression coefficient between the variables decreases, it can be considered as partial mediation, and if the effect of the variables on each other disappears, it can be considered as a full mediation effect. In the meantime, the mediator variable should have a significant effect on the dependent variable. When the social support and self-sufficiency scales were examined, a strong positive relationship was observed between the concepts.

Social support has a mediating role between individuals' sense of self-sufficiency and meaning in life. Acceptance of all three stages is known as a prerequisite for us to conduct an intermediary role analysis. In order to examine whether there is a mediating role, there should be a significant relationship between all three factors. According to the results of the analysis, all three stages were considered significant. According to the results, the self-sufficiency tool directly predicts the meaning of life (c=0.228, p<0.05) without a variable. Therefore, it was observed that social support has a

partial mediator role between self-sufficiency and the meaning of life in this model (Figure 5, Figure 6).
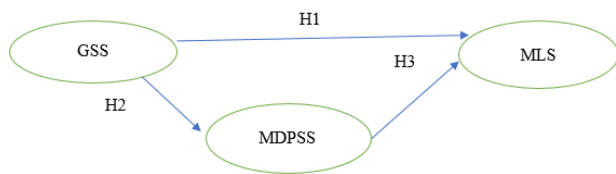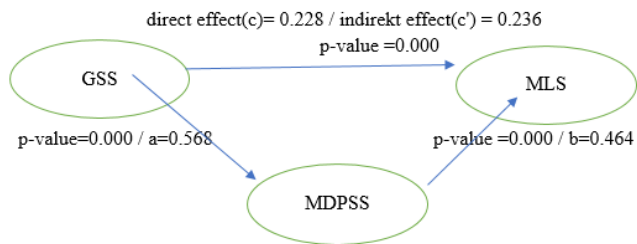
Figure 5. Concept model

Figure 6. Mediating role analysis

Discussion

In the study, it was determined that the levels of meaning in life, self-sufficiency, and social support were moderate. In the study, it was observed that there was a significant relationship between those who used drugs regularly, those who had continuity in their jobs, and those who received psychosocial support practices. In a study, it was pointed out that having routine work and habits is meaningful and important for people with psychiatric disorders, and that such pursuits contribute to the meaning of life.[20] In another study, it was stated that the fact that individuals with serious mental illnesses contribute to society, productivity, and success, are among the society, establish relationships with others, and are socially accepted by others are positive experiences for meaning in their lives. It was stated that rediscovering the sense that one's life has meaning is an essential element in the healing process of serious mental illnesses. In that ıt stated that there is a positive relationship between meaning in life and psychological well-being.[1] It can be said that understanding the situations, priorities, and choices that individuals with mental illnesses perceive as meaning in their lives is important in the recovery process.

In the study, it was found that the scales of meaning in life, social support, and self-sufficiency were directly and positively related to each other. Sapancı and Bahtiyar [22] stated in their study that there is a strong relationship between social support and meaning in life. In their study, JinHee et al [14] stated that when the meaning of life ratios and social support of elderly hemodialysis patients increased, they moved away from suicidal thoughts and adopted the concept of happy aging and that these concepts were related. Küçük[19] evaluated the relationship of individuals using psychoactive substances with their living spaces and the people they live with and stated that the perception of social support and the level of meaning in life are related. Similarly, it was found that there is a positive relationship between meaning in life and social support, and the lack of social support reduces the sense of meaning in life.[18] Steger and Fraier [24] stated that religion affects individuals' perception of social support positively and that increased perception of social support also increases the level of meaning in life.

In our study, it was observed that there was a significant positive and strong relationship between all sub-dimensions of social support and self-sufficiency. The results of the relevant literature and studies support this study. In a study conducted with university students, a positive relationship was found between social support and self-sufficiency.[21] In a study conducted with patients diagnosed with depression, it was stated that social support and self-sufficiency are interrelated concepts, social support and self-sufficiency support the health of individuals and gain health habits.[5] Gökbayrak [12] stated that there is a significant positive relationship between self-sufficiency and social support and mental health in her study examining the relationships between mental health and healthy behavior in adults. Several studies reported that social support and self-sufficiency levels in individuals with schizophrenia affect psychosocial functionality and coping and self-stigmatization.[26,16] It was emphasized that self-sufficiency in individuals receiving mental health services is positively related to the use of health care services and social support, especially with peer support.[25] In a study conducted with individuals with chronic mental health problems, it was stated that the level of social support affects the self-sufficiency levels according to gender, and the self-sufficiency levels of men are affected more according to their perceived social support.[3]

In the findings of the study, a significant and strong positive relationship was found between the sub-dimensions of meaning in life and the sub-dimensions of self-sufficiency. In several other studies, it was reported that there is a significant relationship between the meaning of life and self-sufficiency.[8,9] Having self-sufficiency encourages setting goals and striving to achieve these goals.[2] It can be said that individuals with high self-sufficiency will make an effort to establish a meaningful life. Due to social distance and discrimination, stigmatization and self-stigmatization, patients may be unaware of their abilities and think that they cannot demonstrate their ability to participate in community life. Therefore, it can be said that direct attempts to increase self-sufficiency should be a part of the treatment. Social support has a partial mediating role between individuals' sense of self-sufficiency and meaning in life. The fact that social support has a partial mediator role, not a full effect, between meaning and self-sufficiency in life shows that there may be other mediating effects that affect concepts. For this reason, there is a need for studies that examines the mediating role of different concepts.

Conclusion

When the scales of meaning in life, social support, and self-sufficiency in individuals diagnosed with severe mental illnesses (SMI) were examined, it was determined that there was a strong relationship between the concepts. Psychiatric nurses should organize and follow psychoeducational programs aimed at determining goals and objectives with individuals diagnosed with SMI. In this context, work-occupation therapies, and studies for obtaining a profession should also gain importance. Self-sufficiency is a concept that is strengthened by the belief and support of the individual in their own abilities and power to succeed. Psychiatric nurses should plan self-compassion awareness trainings so that individuals can support themselves, realize their abilities and skills, cope with difficulties and reduce self-stigmatization. It was determined that social support has a partial mediating role on the concepts of self-sufficiency and meaning in life. This reveals the importance of social support and interpersonal relationships in the treatment processes of

individuals. Psychiatric nurses should evaluate the patients they follow individually, make sense of the desires and feelings of individuals to avoid social relations and communication, and conduct case management studies in this regard. There is a lack of studies in the literature examining the self-sufficiency beliefs and meaning levels of individuals diagnosed with SMI. For comprehensive nursing interventions to be planned in this regard, the number of studies should be increased and individuals should be examined comprehensively.

Limitations
Since the study was conducted in a single center, the findings are limited to the sample group and cannot be generalized.

Conflict of Interest
The authors have no interest-based relationship.

Compliance with Ethical Statement
The ethics committee approval of the study was obtained from the Non-Interventional Clinical Research Ethics Committee of Kocaeli University (decision no: GOKAEK-2021/13.24). The participants were informed about the purpose and method of the study and their consent was obtained.

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Author Contributions
Study design/Hypothesis: İK, YCÖ; Data preparation: İK; Data analysis: İK; Literature review: İK, YCÖ; Manuscript writing: İK, YCÖ; Critical review: YCÖ

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