

# Association between Quality of Life and Self-Efficacy in Mental Health Patients in Vlore, Albania

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**Abstract:** *The aim of the present study was to explore the association between quality of life and self-efficacy in mental health patients in Vlore, Albania. A purposive sample of 200 individuals attending mental health services in Vlora answered questionnaires about socio-demographic status (age, gender, highest level of education completed, family status, self-efficacy and quality of life. Self-efficacy levels were measured using the General Self-Efficacy Scale (GSE), and life quality was measured using the brief version of the World Health Organization Quality of Life (WHOQOL-BREF). Data were evaluated through frequencies, percentages, correlations and regression analysis. The perceived QOL on the WHOQOL-BREF was significantly associated with the perceived self-efficacy. The findings confirmed that self-efficacy has a big impact on quality of life of mental health patients.*

**Keywords:** mental health, quality of life, self-efficacy, mental health patients

## 1. Introduction

According to various studies, there are many determinations regarding the quality of life. The body of researches reaches to a common conclusion regarding the importance that quality of life has in the functioning area of persons in general and mental health patients in particular. Through the years, researches regarding the improving of the mental health patient's quality of life have increased. Taking these in consideration, the use of the quality of life term is currently one of the most used in the mental health field.

There are many predictors of subjective quality of life. Research suggests that self-efficacy is a significant predictor of quality of life. So, the present study aims to investigate the impact of self-efficacy on quality of life in mental health patients in Vlore, Albania.

## 2. Literature survey

According to the Health Department (2011) well-being and the good mental health are two important points through which people can reach their own potential.

In most of the cases, mental health problems starts early in ones person life. They can persist for a long time but also can last through the lifetime (Department of Health, 2011). Mental health problems are common. They can vary from one individual to another due to their nature, severity and duration. Depending on these elements, the mental health problem has its impact on the patient life and in their family life, affecting their quality of life.

Bandura (1986, 1994, 1997) suggests that predictions about potential behavioral outcomes are critically important in influencing goals, efforts, diligence, strategies, and optimism. These predictions are influenced by self-efficacy, which is related to the beliefs about the abilities an individual may have.

Bandura (1994), defines self-efficacy as "people's beliefs about their ability to produce certain levels of outcomes that

are able to influence over events related to their lives". More recently, Bandura and many other researchers have been focused on the role of self-efficacy over human actions, as a factor that influences one's life events.

Self-efficacy in mental health is the belief in one's ability to adapt a particular behavior or to adapt different actions to achieve the desired goals, despite problems with mental health (Arnstein, 2000; Bandura, 1977; Geisser, Robinson, Miller, & Bade, 2003; Nicholas, 2007). In this way, self-efficacy has been one of the mediating factors between disorder and disability (Arnstein, 2000; Costa Lda, Maher, McAuley, Hancock, & Smeets, 2011; Denison, Asenlof, & Lindberg, 2004; Saunders, 2004; Ferreira-Valente, Pais-Ribeiro, & Jensen, 2011).

In order to maintain a high quality of life, patients reported their effort to keep their illness under control and to advocate for themselves. Since self-efficacy is the belief that an individual has in his or her own ability to keep functioning, despite their disorder, individuals with higher self-efficacy may be better able to cope with mental health disorder.

Also, the severity of the problems and the physical and psychological functioning of mental health patients have been shown to be related to symptom coping strategies. Evaluation of coping strategies is a topic that has aroused interest in various measures of cognitive and behavioral coping.

The ability to manage self-control correlate with self-efficacy, that is related to the perception that an individual has for their capacity and abilities in order to achieve a valuable behavioral outcomes (Bandura, 1977).

According to Daltroy (1993), individuals with high perception of self-efficacy, gain an increased confidence in their ability to control the symptoms that are related with their mental health problem. They also tended to demonstrate a longitudinal ability in managing their health problems, improve considerably in this way their quality of life (Han, Lee, Lee, & Park, 2003; Rosenstock, 1985).

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According to Bodenheimer, Lorig, Holman, & Grumbach, (2002); Buck, Poole, & Mendelson (2010); Marks, Allegrante, & Lorig, (2005), self-efficacy may be a depend variable that may influence the physical health, mood disorders, motivation, daily routine and the everyday social roles.

As noted above, self-efficacy refers to individuals trust in their ability to organize and implement the actions that are needed in a given situation. A strong sense of self-efficacy helps individuals to interact with challenging situations without being confused and lost. Self-efficacy helps the individual set more attainable goals, invest effort where possible, be determined to overcome obstacles, recover from obstacles, and adapt emotionally. The effect of self-efficacy on quality of life has been also examined in many researches that studies health-related behaviors. In this point of view, it has been found that self-efficacy and quality of life are positively related to one another, while depression and self-efficacy are negatively related. In addition, through various relationships analyzes, many studies have shown that self-efficacy plays a mediating role in the quality of life. In this way, interventions that attempt to increase self-efficacy may improve quality of life and reduce depression.

As a conclusion, we can say that mental health problems can have a negative impact on individual performance.

### 3. Methods

The study has a quantitative nature. Averages, correlations, and cross tabulations were valued as appropriate to measure the relationships between variables.

The sample comprised 200 mental health patients, 119 male and 81 female, age ranged from 20-65 years ( $M=45.5$ ,  $SD=12.75$ ).

Mental health patients included in this sample lived in the hospital, household family and frequented the mental health community centre.

Self-efficacy was assessed by the General Self-Efficacy Scale (GSE), which is a self-report instrument that aims to measure an individual's perceptions of his or her self-efficacy to cope with various stressful situations or the daily difficulties that he or she encounters. The GES is composed of 10 items for which the four-point Likert scale, from 1 to 4 is used. Subjects are asked to indicate, for each of the statements, whether they are true to them or not, with answers ranging from 1 (not at all true) to 4 (completely true). Response values for GES are collected to obtain its overall score, which can range from 10-40 points. Higher scores indicate higher levels of self-efficacy.

Quality of life was assessed using WHOQOL-Bref. Quality of life domains are: psychological well-being, environment, social relationship and physical health. Subjects are asked to indicate how they have felt about their quality of life in relation to various aspects (ex. health, social relationships and other aspects of their lives) over the past two weeks,

using a five-point Likert scale, from 1 to 5 (1 = Very poor to 5 = Very good). For each domain, high scores indicate a better quality of life, while low scores suggest the opposite.

Participants, with the mental specialist help, filled out the General Self-Efficacy Scale (GSE) and the WHOQOL-BREF instruments. To collect the data, the instruments was distributed on the mental health services and a mental health specialists such as psychologist, social worker, therapist, nurse was assigned to help or in some cases to fill out the instruments.

Statistical Package for Social Sciences (SPSS) version 26 was used for data analysis. Initially, for the accuracy of their registration and for the identification of the missing values data were cleaned and checked.

Subsequently, averages, standard deviations, and points intervals were calculated for both administered instruments and their subscales. In a further step, statistical analyzes were performed to see the relationship between the different variables in the study.

### 4. Result and discussion

There were complete data for 200 mental health patients (119 male and 81 female) that are hospitalized, staying in the household families and frequenting the community mental health centre. The mean age was 45.5 years,  $SD=12.75$ .

Patients included in the study were diagnosed with anxiety disorders, psychotic disorders and behavioral disorders. From the group patients included in the study 108 were hospitalized, 35 lived in household family and 57 lived in their families and attended community mental health center services.

The results showed that there is a significant relationship between age and perceived self-efficacy. The more people got older, the more their perception of self-efficacy decreased.

A significant relationship was also observed between psychiatric diagnosis and perceived self-efficacy. The more severe were patients diagnosis, the more the perception of self-efficacy decreased. Perceptions of low self-efficacy were higher among people diagnosed with psychotic disorders.

Meanwhile, hospitalized patients showed a perception of lower self-efficacy while very few mental health patients included in the study ( $n = 13$ ) had a good perception about their abilities and their self-efficacy.

Health-related quality of life was found to be negatively correlated with age, indicating that the more individuals increased with age, the more they lost satisfaction with their health. The younger they were, the higher their perception of quality of life. On the other hand, a negative correlation was also found in the case of satisfaction from health-related quality of life and psychiatric diagnoses. The correlation showed that the more severe the diagnosis was, the more individuals lost satisfaction with their health performance.

Patients with psychotic disorders show lower perceptions of quality of life values. The more severe the psychotic symptoms were, the lower the quality of life is.

Patients with mood disorders were those who appeared most dissatisfied with the perception of health-related quality of life.

In general terms, mental health patients appeared dissatisfied with their quality of life, especially regarding to psychological, physical well-being and social relationships. In relations to the environment who provided mental health services, but also the environment where they live and function daily, values varied and the patients reported a few satisfaction related to the environment in which they live and received their services. Community patients referred for better quality of life compared to hospital and household family patients.

Comparative analyzes between self-efficacy and quality of life shows that there was a positive, significant correlation between them. The more the perception of self-efficacy increased, the more increased the perception of a better quality of life. Patients with psychotic disorders who reported a lower quality of life than other patient groups were those who had a lower perception of their self-efficacy. Correlations between the variables of self-efficacy and psychological well-being of quality of life had a significantly stronger positive relationship with other of quality of life domains ( $r = .409$ ,  $p < .000$ ). The relationship that psychological well-being had with other areas of quality of physical life ( $r = .706$ ,  $p < .000$ ) and the environment ( $r = .712$ ,  $p < .000$ ) was also strong. There was a strong relationship between psychological well-being and quality of life in general ( $r = .603$ ,  $p < .000$ ).

In this study, it was found that perception of self-efficacy and perception regarding quality of life had a significant relationship between them. Perceptions about psychological well-being had a stronger positive relationship with both self-efficacy and other areas of quality of life.

This means that, if a person with a mental health problem perceives his or her psychological well-being as good, he or she not only has a better quality of life but also has a better perception of his or her self-efficacy.

Mental health users who feel good psychologically tend to feel better also physically. Feeling good psychologically, allows them to better utilize the opportunities of their functioning environment and as well in their social relationships.

The more people stayed in hospital, the more they perceived a low quality of life, making the actual place of residence an important element of quality of life. Community patients show a better quality of life in the psychological field but they felt more insecure about the environment in which they lived.

Such a thing comes as a perception of the fact that patients in the hospital are surrounded by medical staff and have the opportunity to keep the symptoms of their mental problems under control.

The perception of a good relationships with others, affect not only the perceived quality of life but also the perceived self-efficacy, indicating that if mental health patients feel comfortable with others, they are more satisfied with their lives and feel more capable to manage their daily situations.

## 5. Conclusion

Studies have spread light on the concepts of self-efficacy, self-identity, self-stigma and self-esteem as factors that influence many aspects of a person's life. Regardless of the diagnosis or the severity of the disorder, a lack of self-confidence becomes an obstacle for people to do the things they want to do and be the person they want to be.

In many study, participants have reported that if they were able to overcome the obstacles that did not allow them to do the things they wanted, their quality of life would improve. But, on the other hand, the fact that they failed to overcome these obstacles had a negative impact on their self-esteem and in their sense of self-worth.

In support of these findings, some participants study, particularly those with psychosis, have reported fragmented sense of self and identity, where opposite voices and thoughts have challenged themselves.

In people with anxiety disorders, the mismatched sense of self was expressed through the desire to become the person they once were, confident in themselves, proud, important, and worthwhile.

In recent decades, the importance of quality of life in mental health patients has been linked to return to work as well with the psychological well-being. It is generally agreed that mental health problems and chronic disorders have an impact on quality of life.

Mental health problems have negative consequences to the health in general and as well to the psychological well-being in particular.

Quality of life is a very important issue in ones person life and as so, it is often seen as a multi-dimensional composition of many areas (ex. health, physical functioning, psychological state, spiritual well-being, social functioning). So, a better patients' psychological and physical functioning have, a better quality of life they perceived.

## 6. Future scope

In Albania mental health is a topic that still carries to many prejudices. As such the field of mental health is not too much explored and studies on this topic are very limited.

In the future, it would be worthwhile to extend such studies and to explore more correlations in the functioning field of mental health patients.

This kind of studies may help the mental health professionals to get more in touch with the needs of mental health patients. But also may help mental health users to ask more from their self's and more from the services.

So, my future scope is to explore in the mental health field.

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## Author Profile



**Gentiana Xhelili**, graduated in 2005 in clinical psychology at University of Tirana. She received her Master's Degree in 2009, in Special Education. Her PhD research is focused on mental health patients.

Gentiana has an extensive experience in the field of mental health and psychological counseling. During 2005-2007, she has provided

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