Subjective well-being and self-esteem of people undergoing hemodialysis

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Abstract

Chronic Kidney Disease is progressive and permanent, causing functional losses and psychological interference that culminate under personal exhaustion and imply a change in daily life. The objective of the study was to assess the levels of subjective well-being and self-esteem of people undergoing hemodialysis, and to identify the relationship between these constructs. This was a cross-sectional quantitative study, involving 152 people, in a Nephrology Center. Data were collected using a sociodemographic survey and the Subjective Well-Being and Self-Esteem Scales, respectively. Pearson's Correlation Coefficient was applied to study the association of subjective well-being with self-esteem; for association with sociodemographic variables, the following statistical tests were applied: Student's T test; Analysis of Variance, Spearman's Correlation Coefficient. There was a predominance of males (65.1%), average age 55.3 years old (± 13.6), married (36.2%) with a family income of 1 to 5 minimum wages, and complete high school education (36.9%). In relation to subjective well-being, there was a satisfactory level of positive feelings, and low expression of negative feelings, and a higher level of satisfaction with life. The average self-esteem score was 29.63, indicating satisfactory indices and significant correlations. A strong, significant, and proportional positive correlation was found. The greater the person's subjective well-being, the greater their self-esteem was, and an association with sex, age, marital status, family income, and education level was identified. Family income was related to all dimensions of the constructs.

Keywords: Well-being. Self-image. Chronic Kidney Disease. Hemodialysis. Quality of life.

INTRODUCTION

Chronic kidney disease (CKD) is defined as kidney damage characterized by structural or functional changes in the kidneys[1]. Its worldwide prevalence varies between 12-14% demonstrating that it as a serious public health problem since it expands to structural contexts, with impacts including economic and social aspects[2]. CKD is progressive and permanent, causing functional losses and psychological interference that culminate in personal stress and involve changes in daily life.

Hemodialysis is the most indicated modality for the terminal stage, and is characterized as kidney replacement therapy, whose purpose is to remove toxic nitrogenous substances from the blood circulation and excess water[3]. Hemodialysis as a treatment, therefore, can

generate negative impacts that change the physical order related to the arteriovenous fistula, as well as the psychological order[4-5]. The patient's condition of life in this sense is important for the therapy session, because if the patient has a stable life, without major complications because of the disease, the sessions occur without interruptions[6].

Amid the changes faced by the person undergoing hemodialysis, psychological hindrances are evident, as they may influence their behavior and attitudes towards their individuality and interpersonal dynamics[7], such as subjective well-being (SWB), which includes emotional issues of the very experience and perception of life. Moreover, it is part of the cognitive assessment that encompasses the feelings related to the way life is judged, even in situations of stress or abnormality[4]. While self-esteem (SE) corresponds to an assessment or judgment of value that a person makes of themselves, from the level of development and dynamics during life. It is associated with the behavior that the person has toward themselves in relation to the environment in which they live[4].

Subjective well-being and self-esteem are important constructs for health, as they generate an attitude and make the person feel, think, and behave satisfactorily in the face of a health issue. Thus, this study aimed to shed light on the gaps between hemodialysis clinical procedures and the singular forms of existential perception of people with chronic kidney disease. In this sense, self-esteem and subjective well-being can become indicators of self-care established by these patients[25], and this information is applicable in the clinical evaluation of the multidisciplinary team that assists them, as it measures whether the patient is reacting to treatment in a healthy and satisfactory way.

Since CKD tends to generate a state of tension in which the emotional balance can be affected, it is up to health professionals who care for people with chronic renal disease to ensure a legitimate space in psychological intervention strategies to promote the management of personal resources, favor the strengthening and structuring of the psychological system, as CKD is irreversible and initiates a new point of view toward the perceived health condition[8].

Both Subjective Well-Being and Self-Esteem work as a reflection of the quality of the individual's adjustment to different stressful circumstances. Therefore, they are elements of general health facet, which, in a broader view, describe how the quality of life perceived is at a given moment in the individual's history, in which they can feel fulfilled and happy, although they are in a condition of illness or stress. A high level of SWB and high self-esteem reflects a satisfactory adjustment to contextual demands (good performance, motivation, satisfaction, etc.), which tends to reflect the ability to obtain pleasure, and feel productive, in their daily activities.

In this same context, hemodialysis treatment requires coping strategies to adapt to new life conditions; therefore, in some respects it can become a negative experience, physiologically and psychically, as it does not allow the person to forget the chronic health condition, reminding them that their life depends on a machine[9]. There is no way to diminish the importance of the contribution that technological advances have brought to the daily lives of patients with kidney failure for maintaining health, and based on this advance, we must also increasingly give importance to the human, psychological, and cultural dimension of the disease.

However, the influence of these constructs in coping with chronic conditions and the relationship between them is still not well established. Prerogative found when searching for scientific productions on the interrelationship between constructs,

resulting in insufficient studies. Thus, it is believed that it has been little studied. The identified gap associated with the progressive increase in the population with CKD motivated the interest and justification for the development of this study.

Self-esteem and subjective well-being generate certain attitudes, which are a form of disposition that makes the person feel, think, and behave positively or negatively in relation to a problem. Given this understanding, the question that supported this study was: What is the level of subjective well-being and self-esteem of people with chronic kidney disease undergoing hemodialysis? The aim of this study was to assess the levels of subjective well-being and self-esteem of people undergoing hemodialysis, as well as to identify the relationship between these constructs.

MATERIAL AND METHODS

This was a cross-sectional quantitative study. The target population were people undergoing hemodialysis at the Nephrology Center of the Dr. Alberto Lima Hospital, in the city of Macapá, AP.

The inclusion criteria established were: being on hemodialysis at that center for at least one year, who were on the agenda to perform hemodialysis in the morning or afternoon shift and were over 18 years old. The exclusion criteria were: those who had a clinical diagnosis of a mental disorder (confirmed by ICD-11), or hearing and cognitive difficulties reported by the team at the nephrology center and verified by the researcher. Thus, the exclusion was based on the possibility of misunderstanding the items, as well as on the previously affected mental health condition.

From 250 people who were undergoing hemodialysis at that unit at the time, a convenience and accessibility type of non-probabilistic sample of 152 people was collected in 2019 In this case, the option for the type of sample took into account the ease of access, the availability to participate, the turnover of patients, the change of times for the hemodialysis session, and also the physical indisposition arising from adverse reactions to hemodialysis that they sometimes presented and did not accept to participate.

Data collection was carried out between the months of June and July 2019, at the time of the morning and afternoon sessions as scheduled, through (1) a questionnaire characterizing the sample, consisting of closed questions related to the variables of sex, age, race/color, marital status, family income, education. The questionnaire was prepared by the researchers. Then, (2) the Subjective Well-Being Scale (SWBS) to used to assess how people broadly assess their life, associating their perception related to the greater experience of positive feelings than of negative feelings, associated with satisfaction with life[10]. Finally, (3) Rosenberg's Self-Esteem scale was used to assess people's self-perception, validated and adapted for the Brazilian version[11].

The Subjective Well-Being Scale (SWBS) - composed of 62 items divided into two subscales: Feelings (negative and positive) and Satisfaction with Life10. The Feelings subscale includes 21 positive feelings and 26 negative feelings. Each item had a 5-point Likert scale answer: 1.0 "not a little", 2.0 "a little", 3.0 "moderately", 4.0 "a lot" and 5.0 "extremely". The analysis of the score of this subscale is performed by the average of the averages obtained for the positive and negative feelings. The satisfaction with life

subscale includes 15 statements. Each item had a 5-point Likert scale response: 1.0 (strongly disagree) to 5.0 (strongly agree). The analysis of the score of this subscale was performed by the average of the averages obtained for the statements. Separate scores were calculated for each SWBS dimension. In the subscale for feelings, the higher the average between the positive aspects, the better their Subjective Well-Being is, and the reverse occurs between the negative aspects, that is, the higher the average, the worse their Subjective Well-Being is. In the subscale for satisfaction with life, the higher the mean in the statements indicates the greater the satisfaction.

Rosenberg's Self-Esteem Scale (RSES) is composed of 10 items with a 4-point Likert scale response. Each positive statement received a score from 1.0 (strongly disagree), 2.0 (disagree), 3.0 (agree), to 4.0 (strongly agree), while negative statements are scored in reverse, that is, 4.0 (strongly disagree), 3.0 (disagree), 2.0 (agree), and 1.0 (strongly agree). The score was obtained by adding the scores of the 10 items on the scale varying from 10 to 40 points: the higher the score, the higher the self-esteem.

The SWB and Self-Esteem scales mentioned above were applied by a single researcher in the rooms where hemodialysis sessions take place at the nephrology center. During the two months of data collection, the researcher was present at the center three days of the week in the morning and two days in the afternoon, as planned and agreed upon with the service and patients.

For the analysis of data on the association between variables, statistical treatment was performed using the Statistical Package for Social Science (SPSS) program, version 22.5. Qualitative variables were described by absolute and relative frequencies (as %). For quantitative variables, the minimum, maximum, mean, and standard deviation descriptive measures were used. The study of the reliability of the SWB and RSE scales was used the Cronbach's Alpha (α), and the minimum acceptable value of 0.70 was considered[12].

Asymmetry (skewness) and kurtosis coefficients were applied to study the normality of the data. The values found in each group were less than 1, in absolute value, indicating that there are no deviations from normality that would discourage the use of parametric tests. The homogeneity of the variances was also tested with the Levene test, which led to not rejecting the null hypothesis of the test ($p > 0.05$). Thus, we decided to use parametric tests to answer the research questions[13].

For the study of the association of subjective well-being (SWB) with self-esteem (RSE), Pearson's Correlation Coefficient was applied; and for the study of the association with the sociodemographic variables, the following statistical tests were applied: Student's T Test - comparison of the scale scores between two independent groups (sex); Analysis of Variance (ANOVA) - comparison of the scale scores between three or more independent groups (marital status); Pearson's Correlation Coefficient - correlation of scale scores with quantitative variables (age); Spearman's Correlation Coefficient - correlation of scale scores with ordinal variables (family income and education).

For the conclusions of the results of the statistical tests, a significance level of 5% was considered, that is, the associations were considered statistically significant when the significance value was less than 0.05 ($p < 0.05$). It was also highlighted that the p-value was close to this level of significance, that is, when $0.05 < p < 0.10$.

The study was approved by the Ethics and Research Committee of the Federal University of Amapá (UNIFAP), under opinion number 3.308.026.

RESULTS

Characterization of the Sample

There were predominantly males age between 40 and 69 years old. Regarding marital status, married and single people predominated, respectively. Most had a family income of 1 to 5 minimum wages. Regarding education, there were similar results among those who had completed high school and had not completed elementary school (Table 1).

Reliability of the scale and characterization of subjective well-being

The SWB subscales demonstrated very good to excellent reliability of Cronbach's Alpha values of 0.897 - Positive Feelings subscale, 0.925 - Negative Feelings subscale, and 0.825 – Satisfaction with Life subscale. The scores corresponding to the SWB subscales are shown in Table 2.

Positive feelings had a mean score close to the mean of the scale (score 3). The distribution by intervals of the scale shows that the minority had very high and very low positive feelings. Regarding negative feelings, the average score was 2.01, indicating a considerable presence of low negative feelings, and only 7.9% had a score above the average of the scale. On the scale of satisfaction with life, most had an above average score, revealing satisfaction with life and the minority of patients said they were very dissatisfied or simply dissatisfied with life.

Reliability of the scale and characterization of Self-esteem

Cronbach's Alpha of RSE was 0.747, indicating a good level of reliability. The range of values for low self-esteem, average self-esteem, high self-esteem followed Hutz's10 indications (Table 3). The average score of self-esteem in this study was 29.63, ranging from 22 to 39. The distribution of scores by intervals shows a significant amount of the sample with unsatisfactory self-esteem and more than half had a satisfactory self-esteem.

Factors Associated with Subjective Well-Being and Self-Esteem

The results of the association of Subjective Well-Being (dimensions of SWBS) and self-esteem (RSE) with sociodemographic variables are shown in Table 4.

Positive feelings are significantly associated with family income and education level. The correlations with these variables are positive, suggesting that the higher the family income and education level, the stronger the positive feelings are. Associations close to the statistical significance of positive affects with sex and marital status. In the case of sex, the mean scores of the subscale of positive feelings were higher in men than in women. Regarding marital status, the average score was higher for married people and lower for divorced people.

As for negative feelings, there were significant associations with sex, age, and family income. As for sex, women had a higher mean score on the negative feelings subscale than men. With regards to age and family income, the negative correlations suggest that the older the age and the higher the family income, the lower the negative feelings were.

Regarding satisfaction with life, the association was statistically significant with age, marital status, and family income. The positive correlations with age and family income suggest that satisfaction with life increases with increasing age and with increasing family income. Regarding marital status, married participants and widowers were those with the highest levels of satisfaction. Conversely, divorcees and single people had lower average scores.

The results of the association of self-esteem

(RSE) with sociodemographic variables show that sex, family income, and education are the only factors with a statistically significant association with self-esteem. As for sex, self-esteem is higher in men than in women. The positive correlations with family income and education suggest that levels of self-esteem increase with increasing family income and with increasing level of education. Concerning the nearly statistically significant association of self-esteem with marital status, married people were those with the highest level of self-esteem.

Association between Subjective Well-Being and Self-Esteem

The results show a strong and significant positive correlation of self-esteem with positive feelings (R=0.621; p<0.001) and with satisfaction with life (R=0.561; p<0.001), indicating that high levels of self-esteem are strongly associated with high levels of satisfaction with life and positive feelings. The correlation between negative feelings and self-esteem is moderately and significantly negative (R=-0.255; p=0.002), indicating that high levels of negative feelings are associated with low levels of self-esteem (Figure 1).

Table 1– Characterization of sociodemographic variables. Macapá, AP, 2019, (n=152).

Variables		n	%
Sex	Male	99	65.1%
	Female	53	34.9%
Age	20-29 years	9	5.9%
	30-39 years	10	6.6%
	40-49 years	27	17.8%
	50-59 years	47	30.9%
	60-69 years	38	25.0%
	70-79 years	16	10.5%
	80 or more years	5	3.3%
Marital Status	Married	55	36.2%
	Widowed	6	3.9%
	Divorced	14	9.2%
	Stable union	22	14.5%
	Single	55	36.2%
Family Income	<1 minimum wage	18	11.8%
	1 to 5 minimum wages	102	67.1%
	6 to 10 minimum wages	17	11.2%
	> 10 minimum wages	15	9.9%
	None	12	7.9%
Education	Incomplete elementary school	40	26.3%
	Complete primary education	18	11.8%
	Incomplete high school	10	6.6%
	Complete high school	51	33.6%
	Incomplete higher education	5	3.3%
	Complete Higher Education	10	6.6%
	Postgraduate studies	6	3.9%

Table 2– Distribution of the dimensions of the Subjective Well-Being Scale. Macapá, AP, 2019, (n=152).

SWBS dimensions	Minimum	Maximum	Average	SD	Distribution by interval of SWBS scores			
					[1-2]	[2-3]	[3-4]	[4-5]
Positive Feelings	1.67	4.33	2.98	0.65	7.9%	41.4%	46.1%	4.6%
Negative Feelings	1.00	4.19	2.01	0.66	55.9%	36.2%	6.6%	1.3%
Satisfaction with Life	1.60	4.73	3.37	0.58	2.0%	22.4%	65.1%	10.5%

Table 3– Characterization of Self-Esteem Macapá, AP, 2019, (n=152).

	Minimum	Maximum	Average	SD	Distribution by interval of RSE scores		
					[10-20]	[21-30]	[31-40]
RSE score	22	39	**29.63**	3.56	0.0%	49.3%	50.7%

Table 4– Association of the dimensions of the Subjective Well-being Scale and Rosemberg Self-Esteem Scale with the sociodemographic variables. Macapá, AP, 2019, (n=152).

Variables	Positive Feelings	Negative Feelings	Satisfação com a vida	Autoestima (EAR)
Sex				
Male - M (SD)	3.05 (0.65)	1.92 (0.61)	3.41 (0.56)	30.02 (3.87)
Female - M (SD)	2.86 (0.65)	2.18 (0.73)	3.30 (0.60)	28.91 (2.78)
	p = 0.082*	**p = 0.024***	p = 0.274*	**p = 0.043***
Age				
	R = -0.072	**R = -0.289**	**R = 0.256**	R = 0.057
	(p = 0.379) **	(p < 0.001) **	(p = 0.001) **	(p = 0.487) **
Marital Status				
Married - M (SD)	3.18 (0.66)	2.04 (0.66)	3.59 (0.50)	30.75 (3.80)
Widower - M (SD)	3.02 (0.64)	1.55 (0.46)	3.58 (0.35)	29.67 (1.63)
Divorced - M (SD)	2.76 (0.67)	1.93 (0.58)	3.17 (0.45)	28.79 (1.97)
Stable Union - M (SD)	2.87 (0.65)	2.10 (0.70)	3.28 (0.65)	28.82 (3.80)
Single - M (SD)	2.88 (0.61)	2.01 (0.69)	3.21 (0.59)	29.05 (3.49)
	p = 0.064***	p = 0.471***	**p = 0.004***	p = 0.065***
Family income				
	R = 0.291	R = -0.202	R = 0.199	R = 0.322
	(p < 0.001)****	(p = 0.013)****	(p = 0.014)****	(p < 0.001)****
Education				
	R = 0.358	R = 0.015	R = 0.145	R = 0.459
	(p < 0.001)****	(p = 0.859)****	(p = 0.076)****	(p < 0.001)****

*Student's t test; **Pearson's Correlation Coefficient; ***ANOVA; ****Spearman's Correlation Coefficient.
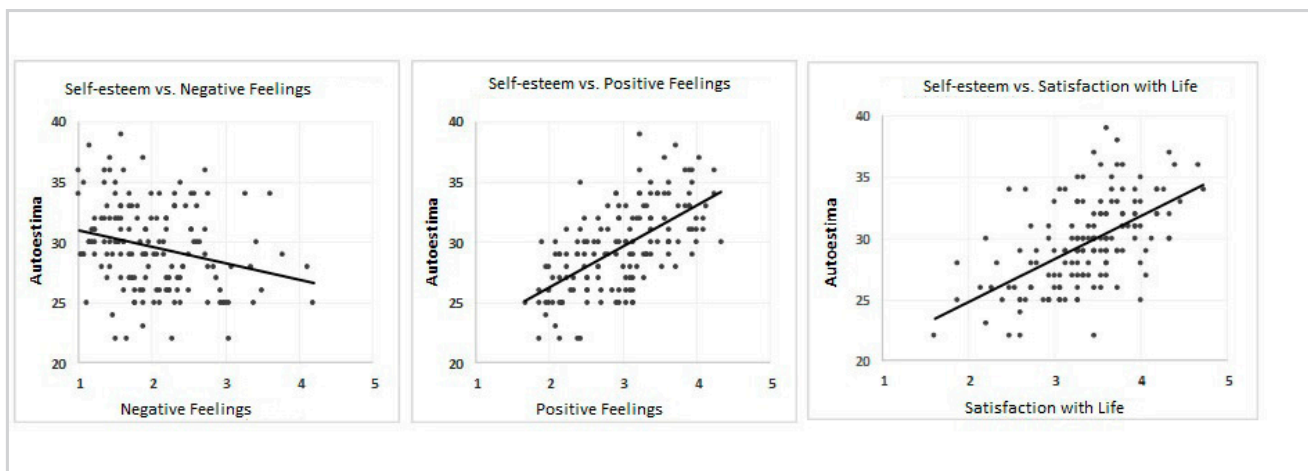
Figure 1– Scatter plots of the association between positive feelings, negative feelings, satisfaction with life, and self-esteem (n=152).

DISCUSSION

The results indicate a greater predominance of positive feelings, satisfaction with life, and measured high self-esteem, according to the categorization of the SWB and RSE Scales, corroborating the literature. A study carried out in Minas Gerais[6] revealed moderate well-being and high self-esteem scores, a result similar to the present study.

Positive feelings and satisfaction with life are expressed in a manner compatible with the theory of socio-emotional selectivity, since it understands that subjective well-being increases as exposure to experiences occurs that promote a constant adaptation of life. This positive effect has been guaranteed by the decrease in the incompatibility between personal expectations and achievements[14]. Moreover, emotional states would be related to the way people who already have their health affected face their difficulties[15].

Satisfactory self-esteem reveals a feeling of capacity and sufficiency, which indicates the manifestation of a feeling of sufficiency and power in dealing with life, which can change the concepts, values, and perspectives of people with CKD, favorably influencing their treatment, health status. and well-being. Therefore, it is valid to point out that

this portion of the participants requires a reinforcement of their coping and adherence arrangements[16].

Subjective well-being and self-esteem, despite being connected to the intrinsic factor (a person's personality), it is necessary to consider extrinsic factors arising from their experience such as illness, educational level, marital status, socioeconomic conditions, social support, etc.[17]. Therefore, the values acquired by applying the scale in the present study can trace predicting factors in the reality of people with CKD.

The study of associations showed that the variable family income is statistically related to the other dimensions of the scales. The possible association between dimensions and the economic factor may account for the common thought that higher income would be directly related to the increase in well-being and self-esteem[15]. However, the family income informed by the participants of this study is considered inadequate to meet the needs of people with CKD. It is known that better access to socioeconomic conditions of a population can provide greater satisfaction of human needs, and consequently a greater feeling of Subjective Well-Being and Self-

Esteem[18,19].

Sex and age group have been associated with variations in satisfaction with life and positive and negative feelings[19]. In this study, the female gender was associated with negative feelings and a lower measure of self-esteem, a result that corroborates with a study which also found higher levels of satisfaction with life and self-fulfillment among males[20]. The female sex compared to the male sex in terms of satisfaction with life and self-esteem varies according to age: before the age of 18 women are less satisfied with life than men, after 18 years until the age of fifty they are more satisfied, and, after the age of 50, they become less satisfied again[21].

Education was another variable that was statistically associated with positive feelings and self-esteem. Authors have reported that higher levels of self-esteem are related to good school results and satisfaction with life[7-22].

The implication of the conjugal experience and the loving relationships expressed a certain influence on the creation and a better evaluation of their Subjective Well-Being[23-24]. Studies have pointed out that married people have a higher measure of well-being than those who have never been married; and when compared to single people, married people have better psychological health[15], corroborating the study herein.

In the studied sample, the dispersion model of associations showed a proportional movement between negative feelings, positive feelings, and satisfaction with life in self-esteem, making it possible to verify that the person undergoing hemodialysis who has the highest positive feeling indicator, has a possible tendency towards positive self-esteem; moreover, a greater indicator of negative feeling tends to express negative self-esteem. These results, in theory, will serve to guide psychosocial and physical practices for people with CKD related to the development of positive well-being, as this construct makes it possible to assess people's social and psychological adaptations, and may also make it possible to manage self-esteem. This may promote the quality of life of these individuals since both constructs tend to assess themselves in terms of their own satisfaction and that with their lives[4].

CONCLUSION

The study brought as a research question the variation from medium to high levels of subjective well-being and self-esteem. In addition, in the association study, a strong, significant, and proportional positive correlation was found; the higher the person's SWB, the higher the RSE.

The associations between SWB, RSE and sociodemographic variables, identified an association with sex, age, marital status, family income, and education level. Family income was related to all dimensions of the constructs. These results collaborate with professional practice and research in the field of chronic kidney disease. Concerning professional practice, it can stimulate the conversation among health professionals how it is important to study the two constructs, for the planning and implementation of strategies that promote coping with chronic illness and hemodialysis in the care process. In the field of research, it collaborates to review that the sociodemographic variables cannot be separated from the analysis of health, well-being, and self-esteem.

As this is a cross-sectional study, these results are subject to limitations for studying the relationship between two subjective constructs, which makes it difficult to extract causal inferences concerning the associations between the constructs. Moreover, there is a scarcity in the literature of studies that evaluate the association between the Subjective Well-Being and Self-Esteem, which would facilitate a better assessment of the constructs, when

comparing the results. Although these limitations make it difficult to generalize the results, the study in question leaves results for new studies to seek to assess the relationship between Subjective Well-Being and Self-esteem in people with chronic conditions such as CKD.

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