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Research Paper

Assessment of Self-Care in Various Components among Young Adults

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ABSTRACT

Self-care strategies have gained prominence as an as an approach to physical and emotional wellbeing that improves quality of life, wellbeing and cope with burnout. Young adults have been experiencing multiple health concerns that require self-care practices. The current study aims to investigate the levels of self-care in various components of physical self-care, cognitive self-care, psychological self-care, emotional self-care, interpersonal self-care, existential self-care and professional self-care among young adults. The Self-Care Scale questionnaire developed by Ferrao and D'souza for the study was used. Stratified random sampling was used and the sample consisted of 389 young adults in the age group of 25 years to 35 years. Statistical analysis involved Chi-square test and results revealed that most young adults reported medium levels of self-care practices in all domains. Possible reasons for medium levels of self-care and its implications in developing self-care training have been delineated.

Keywords: *Self-care, Young adults, Physical self-care, cognitive self-care, psychological self-care, emotional self-care, interpersonal self-care, existential self-care, professional self-care*

As per Erikson's psychosocial stages of development, young adulthood comes after adolescence with the main psychological task being resolving the conflict of intimacy and isolation. Developmental psychology also stresses the tasks of this period to be forming relationships, building a career and economic stability and taking charge of household duties. According to Levinson, the early young adult development has give stages: transition to early adulthood (17-22), introduction into life structure for early adulthood (22-28), the transition of age 30 (28-33), ending the life structure of early adulthood (33-40), and mid-age transition (40-45). The second stages deal with the individual taking first steps into making choices of career and personal life as an adult and the third stage focuses on re-evaluations of these goals, focuses becoming more centric towards their place in society and their personal values (Aktu & Ilhan, 2017).

In the Indian context taking into consideration the productivity of individuals, the prime working age as per the 2020 statistics is considered between 25 to 54 years which is about 41.56 percent of the population (India Age Structure - Demographics., 2021). Employed

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young adults in the age range of 25 -35 years are on the rise in the current Indian context. With the changing landscape of work life, family structure and individual needs and goals, the employed young adult population faces unique challenges in both their personal and work fronts. Studies have shown that young adults are facing emotional exhaustion **(**Saputra & Rozyanti, 2022**)** (Van Veen et al., 2023), elevated levels of loneliness (Franssen et al., 2020) which was negatively associated with wellbeing (Goodfellow et al., 2022) with increased mental health risks due to loneliness (Groarke et al., 2020).

In the 1990s, WHO defined self-care as "what people do for themselves to establish and maintain health, prevent and deal with illness". Current approaches look at self-care as an approach to physical and emotional wellbeing (Myers et al., 2012) It is not limited to healthy behaviours but also includes actively working towards building systems and environments that promote self-care practice. (Denyes et al., 2001) while helping lessen the stress and other psychological concerns of the individual (Williams et al., 2010). Over the years the significance of self-care in both preventing illness as well improving the quality of life for the individual has been researched in increasing number of groups.

Studies have shown that low self-care has been associated with higher burnout (Butler et al., 2017; Sharifian, 2019) and stress (Mayorga et al., 2015). Self-care has shown to be effective as a preventive measure for perceived stress among students aged 18 and above (Feng et al., 2019) and an effective strategy to improve personal wellbeing and career sustainability. Self-care behaviours have shown to be positively correlated to greater wellbeing (Colman et al., 2016) and quality of life (Goncher et al., 2013). When analysed, among the different self-care practices, physical self-care was found to be the most used by graduate students followed by emotional self-care (Zelhofer, 2020).

Individuals who practice lesser self-care practices have a higher chance of developing depressive and clinical symptoms (Stallman et al., 2020). increase in perceived stress, fear of negative evaluation, anxiety, and anger, and diminishes optimism and self-esteem found (Cacioppo et al., 2006). Mental health disorders in young adults are found to be common with at least 40 percent receiving a diagnosis at some point in their life. And these conditions were found to negatively impact education and employment among them. (Suvisaari et al., 2008). However, despite this few young adults seeking mental health care (Vanheusden et al., 2008). Young adults are seen to prefer managing their mental health concerns independently through their own resources. (Martorell-Poveda et al., 2015).

While self-care has gained prominence, it has yet to gain a conceptualized and operational definition. One of the agreed upon view is self-care occurs in multiple domains of individual. Butler et al. (2019) and her colleagues attempted developed comprehensive dimensions for self-care which include physical self-care, professional self-care, relational self-care, emotional self-care, psychological self-care, spiritual self-care. There has been a growing demand to including self-care training to improve personal and professional resources and training for psychologists (Dorociak et al., 2017), youth workers (Hallam et al., 2020).

Most mental health concerns and disorders are seen to have an onset in adolescent and young adulthood. Anxiety, depression and psychotic symptoms in the very elderly seem to be linked to a lifetime psychological vulnerability (Forsell, 2000). However, studies show that despite the onset happening within the first three decade in life, attempts for effective treatment is not done for a number of years. There is also evidence that an earlier

intervention may help reduce the severity and/or the persistence of the initial or primary disorder, and prevent secondary disorders. Thus, research is needed on effective interventions in early-stage of psychological concerns that will focus not just on symptom management but also help promote positive health behaviours and wellbeing (De Girolamo et al., 2022). The current study aims to self-care behaviour patterns among young adults.

METHOD

The sample for the study consisted of 389 young adults in the age group of 25 years to 35 years with 128 (32.9%) males and 261 (67.09%) females. Of the participants 315 (81%) were from the urban sector and 74 (19%) participants were from the rural sector. Stratified random sampling with paper pen test were used to study levels of self-care in the various components among young adults.

Tools Used

Self-Care Scale: The Self-Care Scale was developed by Ferrao and D'Souza (2024) for the current study. The self-care scale has a total of 110 Likert Scale items, with 7 subscales. The subscale areas are – physical, cognitive, psychological, emotional, interpersonal, existential and professional. The physical subscale has 15 items and the cognitive subscale has 16 items, the psychological subscale has 10 items, the emotional subscale has 17 items, the interpersonal subscale has 20 items, the existential subscale has 18 items and the professional subscale has 14 items.

The items consist of statements which describe a behaviour and five options of rarely, occasionally, sometimes, often, always. The participants need to choose an option that accurately describes the frequency of carrying out the item in their daily life. The questionnaire contains both positive and reverse coded items. Scoring for positive items was rarely=1, occasionally=2, sometimes=3, often=4, always=5. For reverse coded items the scoring was given as rarely=5, occasionally=4, sometimes=3, often=2, always=1. Each item is scored and the scores are added up to give a total sub-scale score. The scores of all the sub-scale are added to given a final total score of self-care.

The scores are divided into low, medium and high category for all the sub-scales and the total self-care score. Interpretation of score as low indicates low self-care behaviour in the individual, medium category indicates medium self-care behaviour and high indicates high self-care behaviour in the individual.

The reliability coefficients obtained through Cronbach's Alpha were found to be more than 0.7 for 5 out of the 7 subscales in the self-care subscale. The reliability coefficient obtained for the total emotional exhaustion scores was 0.948 and highly significant. The individual scales such as physical component has a reliability coefficient of 0.630, in the cognitive component the obtained Cronbach alpha was .816 and for the psychological component it was 0.613. The reliability coefficient for the emotional component was 0.710 and for the interpersonal component it was .757. The existential component scores have a reliability coefficient of .764 and lastly the professional component had a Cronbach alpha of 0.695. They were found to be reliable at 0.001 significance.

Procedure

The test was administered to young adults in the age group of 25 years to 35 years from Mangalore. The young adults were approached through various schools, HR firms, hospitals and automotive centre settings. The participants were briefed on the study and informed

consent. The socio-demographic details of the participants were collected. Instructions to fill the questionnaire were given and they were asked to indicate their responses in the respective sheets given to them. The response sheets were screened for completeness, scored and fed to computer. The data was analyzed using Chi-square test to find out the difference in self-care scores with young adults having low, medium and high self-care behaviours.

RESULTS

Table 1: Results of Chi-Square Test for self-care in the various components in the low, medium and high categories of young adults

Scale Components	Category	Frequency	Percentage	Chi Square Value
Physical	Low	43	11.1	169.085***
	Medium	246	63.2	
	High	100	25.7	
	Total	389	100.0	
Cognitive	Low	13	3.3	226.694***
	Medium	255	65.6	
	High	121	31.1	
	Total	389	100.0	
Psychological	Low	18	4.6	427.440***
	Medium	321	82.5	
	High	50	12.9	
	Total	389	100.0	
Emotional	Low	13	3.3	337.362***
	Medium	296	76.1	
	High	80	20.6	
	Total	389	100.0	
Interpersonal	Low	4	1.0	252.961***
	Medium	260	66.8	
	High	125	32.1	
	Total	389	100.0	
Existential	Low	7	1.8	334.540***
	Medium	293	75.3	
	High	89	22.9	
	Total	389	100.0	
Professional	Low	16	4.1	467.080***
	Medium	330	84.8	
	High	43	11.1	
	Total	389	100.0	
Total Self-Care	Low	2	0.5	380.303***
	Medium	305	78.4	
	High	82	21.1	
	Total	389	100.0	

*Note: *** - sig at .001 level*

Of the 389 participants in the total self-care scorest, a majority of 305 participants (78.4 %) reported medium self-care, 82 participants (21.1 %) reported high self-care and only 2 participants (.5%) reported low self-care. Chi-square test revealed a significant difference in the frequencies of low, medium and high in the total self-care categories with the chi-square

value of 380.303 and significance level of .001, further confirming that majority of the young adults reported medium levels of self-care.

Majority of the young adults reported medium levels of self-care in all the components which included physical (63.2 %), cognitive (65.6%), psychological (82.5%), emotional (76.1%), interpersonal (66.8%), existential (75.3%) and professional self-care (84.8%). Chi-square test revealed a significant difference in the frequencies of low, medium, and high in all the components of the self-care scale with the chi-square values of 169.085 for physical self-care, 226.694 for cognitive self-care, 427.440 for psychological self-care, 337.362 for emotional self-care, 252.961 for interpersonal self-care, 334.540 for existential self-care and 467.080 for professional self-care at significance level of .001, further confirming that majority of the young adults reported medium levels of self-care.

The components of interpersonal self-care (32.1%), cognitive self-care (31.1%) and physical self-care (25.7%) had the highest reported percentage of high self-care behaviours among young adults. The components of interpersonal self-care (1.0%), existential self-care (1.8%), emotional self-care (3.3%) and cognitive self-care (3.3) also had the least report percentage of low self-behaviours among young adults.

DISCUSSION

Major findings of the study:

Majority of the young adults reports medium levels of total self-care and medium levels of self-care in all the individual components which include: physical, cognitive, psychological, emotional, interpersonal, existential and professional component.

The components of interpersonal, cognitive and physical self-care had the highest reported percentage of high self-care behaviours. The components of interpersonal, existential, emotional, and cognitive self-care had the least reported percentage of low self-care behaviours.

Self-care is an active, dynamic process that requires individuals to adapt healthy behaviours and empowers the individual to seek out resources, support and environments that promote their wellbeing (Denyes et al., 2001). Studies have shown that self-care is an active process. It requires a commitment from the individual and support from the environments to facilitate the practice of self-care behaviours. Self-care is often a rigorous regimen of taking the initiative to practice behaviours that are healthy, adaptive and which lead to positive outcomes. It thus requires physical energy and psychological readiness to commit to the process.

The current study findings reveal that majority of young adults report a medium level of self-care behaviours in all the components. Despite self-care being emphasized as an essential component of wellbeing, there is not a high level of self-care behaviour being practiced. Increase in a sedentary lifestyle and technology dependent lifestyle is reducing physical activity and self-care (Telama et al., 2005). There increased pace of life, leaves young adults with little time to engage and practice these self-care practices. Poor work life balance has been associated with poor physical and mental health. (Borowiec & Drygas, 2022).

Cognitive self-care requires the individual to engage in cognitively stimulating activities, pursue intellectual interests, develop new skills and keep learning. These activities are

dynamic activities that require one to be actively using one's cognitive skills. Several social and cultural components such as a gender stereotypes that imply, higher intellectual pursuits belong to males, class systems where the higher socio-economic classes have a better access and environment to pursue intellectual interest (Elwood et al., 1999) might be preventing the awareness on cognitive self-care and it's practice.

Emotional and psychological self-care are centered around self-reflection, gaining a better understanding of one's own needs, biases, insecurities and learning to cope with negative circumstances and negative emotions in a better way. Hence it is difficult to practice emotional and self-care require an individual to have a certain extent of internal equilibrium. Stress, living with constant worries and fears impacts the individual (Cupit-Link et al., 2018) and would make it difficult to engage in self-reflection activities.

Interpersonal self-care has been impacted by increased social isolation among young adults and use of technology to build social relationships. Technology and social media while it has increased the convenience of building social relationships, it has also decreased the genuine and bonding in the social networks created (Parigi & State, 2014). Professional self-care involves upskilling, building healthy relationships and boundaries and working towards individual and organizational goals. Increased workplace stress, lack of clarity towards one's professional goals and difficulty managing interpersonal relationships at the workplace can all contribute to poor wellbeing at the workplace which can make the practice of self-care difficult. (Pino & Rossini, 2012)

There could be several barriers to the practice of self-care behaviours such as resistance for behaviour change due to habit formation, influence of cultural norms and beliefs in starting self-care practices, involvement of significant others such as family, peers, workplace and interference of chronic conditions and mental illness (Riegel et al., 2021) all which could effect the implementation and practice of self-care. However, the practice of self-care is influenced by several factors such as one's own self-awareness in the role of self-care (Richards et al., 2010), accommodations at workplace that facilitate self-care practices (Gómez-Borges et al., 2022) and positive family environments (Soto et al., 2022).

Results also showed that components of interpersonal, cognitive and physical self-care had the highest reported percentage of high self-care behaviours. However there studies that show that increased physical activity is not directly related to lowered stress but rather the stressor (Folkins & Sime, 1981) and personality traits (Salmon, 2001), with some studies also showing a positive relationship between exercise and experience of stress (McKinzie, 2006). These results could indicate that physical self-care is taken as a coping mechanism to manage under times of increased stress. Physical self-care has been shown to be one of the most common forms of self-care practiced (Bloomquist et al., 2016) which could be a factor leading to these results. Young adults lead a hyperconnected life, which can lead to a vast social network causing exhaustion and drain. These very factors could contribute to the young adults being cautious when navigating interpersonal relationships. They are practicing more active methods of ensuring they are engaging in healthy, happy and safe relationships (Murray et al., 2020) through setting boundaries, seeking explicit consent etc. Further as these are the generation that has grown up with technology, they have learnt to build effective relationships through the use of technology. Cognitive self-care may be an ongoing process for young adults as they would need to actively work on their multiple demands in personal and professional domains and work through their stressors. Young adults have an increased tendency to worry which leads to an increased use of coping strategies. The

increased coping strategies can serve as a practice for improved cognitive skills and cognitive self-care. (Hunt et al., 2003)

The current study shows that self-care behaviours in the young adult population needs to be addressed further to analyse the barriers and implement better self-care policies and support structures to increase self-care behaviours in young adults and improve quality of life. The consideration for self-care and wellbeing is needed while planning policies for the workforce, welfare and healthcare, increasing accessibility and agency for the practice of self-care behaviours.

CONCLUSION

Self-care has been studied to be show positive effects with multiple health related concerns and improved well-being. While the benefits of the different self-care practices have been studied, there has been a lack of study done in understanding the levels of self-care behaviours in the young adult population. In the current study self-care is reported to be at medium levels in all components of physical, cognitive, emotional, psychological, interpersonal, existential and professional self-care in the young adult population. These findings help improve on the understanding of self-care practice and develop better policies and treatment modules for well-being.

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