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RESEARCH ARTICLE

EFFECT OF FAMILY ENVIRONMENT ON MENTAL HEALTH OF NURSING STUDENTS.

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Abstract

Positive family environment is one of the pre-requisites for healthy growth and development of its members. The present study was conducted to investigate the effect of family environment on mental health of nursing students. Family environment was assessed by the Indian adaptation of Family Environment Scale (Joshi and Vyas, 1987), initially developed by Moos and Moos. In consonance with the declaration of the WHO (2004), wherein mental health has been defined as a state of well-being, Ryff's Psychological Well-being Scale (Ryff, 1989) was used to measure mental health. A total of 417 female nursing students from 11 colleges of Punjab State comprised the study sample. The findings of the study presented a mixed picture of relationships between various dimensions of family environment with different levels of mental health. A significant relationship was established between underlying sets of family relationship and personal growth dimensions with mental health. However, such a relationship was not established with underlying set of system maintenance dimensions. Findings of the study may help the teachers and counsellors to develop an insight while handling problems related to interpersonal relations and academic performance of the students.

Introduction:

Family is the primary unit of the society which takes care of the material, physical and emotional needs of its members. Family environment is crucial for the mental health of the family members. Goleman (1997) has considered family to be the first school for emotional learning. Positive family environment is one of the pre-requisites for healthy growth and development of members of a family. Good family relationships promote pro-social aspects of temperament, self-confidence, competence, autonomy and comfort in gaining independence (Moos and Moos, 2002).

Shek (1997) concluded that family factors play an important role in influencing the psychosocial adjustment, particularly the positive mental health. Perceptions of parenting styles, family functioning and parent-adolescent conflict were found to be significantly related to mental health. Family environment has been seen as a vital link for understanding mental and physical health across the life span. Repetti, Taylor and Seeman (2002) have indicated that risky families having conflict and aggression, combined with their cold, unsupportive and neglectful relationships accumulate risks for mental disorders. Moos and Moos (2002) found that those children who were living in supportive and organised families were more likely to have increased self-confidence and social competence.

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Prevatt (2003) found that protection factors in family like cohesion, social support, and moral-religious orientation along with positive parenting, leads to adaptive behaviours among children. Doyle and Markiewicz (2005) found that psychologically controlling parents could create more conflicting and less cohesive environment for the family members.

Greenfield and Marks (2006) observed that single parents reporting more problems indicated less positive affect than a comparable group of married parents, but married parents reporting more problems indicated poorer parent-child relationship quality. Family structure and family change like separation of parent's impacted the well-being of children. Fergusson, Lynskey and Horwood (1994) have reported adverse impact on cognitive capacity. Mental and emotional health loss due to adverse changes in family have also been observed by Chase-Lansdale et al. (1995).

Roman, Mwaba and Lens (2009) in a study of pre-adolescents established that self-esteem was predictable by psychological control, cohesive & conflicting family environments whereas satisfaction with life could be predicted by psychological control and cohesive family environment.

Ross, Marrinan, Schattner and Gullone (2011) established a link between adolescents' self-reported levels of wellbeing and their perceptions of family environment. In particular, family environments described as being high in control and conflict but low in cohesion have been related with low self-esteem and high depression. Chauhan (2012) observed significant differences between lower and middle as well as between lower and upper economic group with respect to various areas of family environment such as cohesion, expressiveness, conflict, independence, organization and control. However, close similarities were observed between middle and upper economic groups with respect to various areas of family environment such as expressiveness, conflict, achievement orientation, intellectual cultural orientation and moral religious emphasis.

Jogsan (2012) concluded in a study on adolescents that the drug users exhibit more depression than non-drug users on all the 10 factors related to family environment. Choudhary (2013) in his study of on school-going adolescents found a significant relationship between mental health and family environment. He also founds girls to be mentally healthier than boys in the same group.

Material and Methods:

Aim:

To explore the relationship of dimensions of family environment and levels of mental health of nursing students.

Hypothesis:

There will be no significant relationship between three underlying sets of dimensions of family environment (i.e. family relationship, personal growth and system maintenance dimensions) and different levels of mental health.

Sample:

Multistage cluster sampling technique was employed for the study in selecting 417 final year female nursing students of B.Sc. (N) from 11 nursing college of Punjab state.

Research Design:

Correlational research design was used to find out the relationship between the variables under study i.e. Family Environment and Mental Health.

Research Tools:

The following two standardised Psychological Tests were used to quantify the variables under study:

Ryff's Psychological Well-being Scale (1989):

In consonance with the declaration of the WHO (2004), wherein mental health has been defined as a state of well-being, Ryff's Psychological Well-being Scale (Ryff, 1989) was used to measure mental health. The Scale covers six areas of a person's life which include: Autonomy, Environmental Mastery, Personal Growth, Positive Relations with Others, Purpose in Life and Self-acceptance.

Family Environment Scale (Moos and Moos) - Indian adaptation – Joshi and Vyas (1987):
There are three underlying sets of dimensions, namely, (i) Family Relationship Dimension which includes Cohesion, Expressiveness and Conflict Sub-scales; (ii) Personal Growth Dimension which includes Independence, Achievement Orientation, Intellectual Cultural Orientation, Active Recreational Orientation and Moral Religious Emphasis and (iii) System Maintenance Dimension which includes Organisation and Control Sub-scales.

Statistical Procedure*:*
The sample of the study was divided into three groups, namely Poor, Average and Good Mental Health based on the means of the performance on Ryff's Psychological Well-being Scale. Significant mean differences (one-way ANOVA) and t-test were employed to test the hypothesis formulated.

Results:-

The subjects were categorised into three groups based on composite scores obtained by them on Ryff's Psychological Well-being Scale. Criteria for making three groups having Poor, Average and Good levels of Mental Health was Mean Score ±1S.D. Table 1 depicts the means and SDs of the three Groups.

Table 1: Means and Standard Deviations of Mental Health Scores for three Groups

Group	N	Mean	SD
A (Poor Mental Health)	72	299.91	9.87
B (Average Mental Health)	285	343.66	18.28
C (Good Mental Health)	60	397.63	17.08

SD=Standard Deviation

It was hypothesised that there will be no significant relationship between three underlying sets of dimensions of family environment viz., family relationship, personal growth and system maintenance dimensions, among three Groups of subjects with different levels of mental health. ANOVA was applied on scores on each underlying sets of dimensions. In addition, t-test was used to locate the difference on these dimensions among three Groups, wherever necessary.

Results are presented below:

(i) Underlying Set of Family Relationship Dimensions

Table 2:- Means and Standard Deviations of scores on Underlying Set of Family Relationship dimensions for three Groups of Nursing Students

Group	N	Mean	SD
A (Poor Mental Health)	72	54.86	6.94
B (Average Mental Health)	285	56.26	5.53
C (Good Mental Health)	60	57.23	4.88

Table 3: ANOVA for Underlying Set of Family Relationship Dimensions for Three Groups of Nursing Students

Source of Variation	SS	df	MS	F	p
Among the Groups	341.42	2	170.71	5.23	< .01
Within Groups	13506.13	414	32.62		
Total	13847.55	416			
t-values:					
Group A vs. Group B = 1.59		NS		SED = 0.88	
Group A vs. Group C = 2.29		(p < .05)		SED = 1.03	
Group B vs. Group C = 1.46		NS		SED = 0.66	

NS=Not significant

Table 2 presents the mean scores and SDs of the three Groups on underlying set of Family Relationship Dimensions. The mean scores clearly show that Group C nursing students with Good Mental Health scored significantly higher as compared to Group A with Poor Mental Health. Also, progression of mean scores is observed among these Groups. It shows that higher the level of mental health, greater is the score on underlying set of family relationship dimensions. Three Groups differed from each other on mean scores significantly on this set of underlying dimensions (Table 3, $F = 5.23$, $p < .01$). Application of t-test suggested that mean difference between Group A and Group C (the extreme Groups) were also significant. No significant differences, however, were found between other two sets of Groups.

(ii) Underlying Set of Personal Growth Dimensions

Table 4: Means and Standard Deviations of scores on Underlying Set of Personal Growth dimensions for three Groups of Nursing Students

Group	N	Mean	SD
A (Poor Mental Health)	72	93.61	12.91
B (Average Mental Health)	285	99.60	11.14
C (Good Mental Health)	60	101.57	9.22

Table 5: ANOVA for Underlying Set of Personal Growth Dimensions for Three Groups of Nursing Students

Source of Variation	SS	df	MS	F	p
Among the Groups	2580.74	2	1290.37	10.25	< .01
Within Groups	52106.04	414	125.86		
Total	54686.78	416			
t-values:					
Group A vs. Group B = 3.61		($p < .01$)		SED = 1.66	
Group A vs. Group C = 4.12		($p < .01$)		SED = 1.93	
Group B vs. Group C = 1.45		NS		SED = 1.36	

Table 4 presents the mean scores and SDs of the three Groups on underlying set of personal growth dimensions. Means scores are showing progression, meaning thereby that higher the level of mental health, greater is the score on underlying set of personal growth dimensions. Further, the three Groups showed significant mean differences on this set of underlying dimensions (Table 5, $F = 10.25$, $p < .01$). Also, t-test suggested that Groups A and B as well as Groups A and C (extreme Groups) differed from each other on mean scores significantly. However, no significant mean differences between Group B and Group C were found. Since significant mean difference between the extreme Groups have been found, it can be inferred that mental health and the underlying set of personal growth dimensions have a linear relationship.

(iii) Underlying Set of System Maintenance Dimensions

Table 6: Means and Standard Deviations of scores on Underlying Set of System Maintenance dimensions for three Groups of Nursing Students

Group	N	Mean	SD
A (Poor Mental Health)	72	33.57	5.47
B (Average Mental Health)	285	35.97	5.91
C (Good Mental Health)	60	34.32	5.73

Table 7: ANOVA for Underlying Set of System Maintenance Dimensions for Three Groups of Nursing Students

Source of Variation	SS	df	MS	F	p
Among the Groups	403.48	2	201.74	5.97	< .01
Within Groups	14001.46	414	33.82		
Total	14404.94	416			
t-values:					

Group A vs. Group B = 3.27	(p < .01)	SED = 0.74
Group A vs. Group C = 0.76	NS	SED = 0.98
Group B vs. Group C = 2.01	(p < .05)	SED = 0.82

Mean scores and SDs of the three Groups on underlying set of system maintenance dimensionson family environment are presented in Table 6. The mean score of Group B nursing students with Average Mental Health is the highest and there does not seem to be any progression. The differences in the mean scores of three groups have been found significant on this underlying set of dimensions (Table 7, F = 5.97, p < .01). Also, differences between mean scores of Group A and B & Groups B and C are found significant, but unexpectedly, the difference between Group A and Groups C are not found to be significant.

Discussion:-

The present research aimed at investigating the effect of family environment on mental health of nursing students. It can be inferred from the results presented above that underlying set of Family Relationship Dimensions and underlying set of Personal Growth Dimensions have a linear relationship with mental health. Underlying set of System Maintenance Dimensions, however, does not have any linear relationship with mental health. The findings of this study are in consonance with Moos and Moos (2002) which suggested that positive family environment promoted pro-social aspects of temperament, self-confidence, competence, autonomy and comfort in gaining independence from family. The study also supports Repetti, Taylor and Seeman (2002) who indicated that risky families having conflict and aggression, combined with their cold, unsupportive and neglectful relationships accumulate risks for mental disorders. Nakao et al. (2000) found that extraversion was negatively associated with overprotection/interference suggesting thereby that lack of independence will have negative impact on mental health. This finding is in consonance with the finding of the present study relating to independence dimension. Cohesion having positive relationship and conflict negative relationship with mental health is duly supported by the study of Doyle & Markiewicz (2005) who found that psychologically controlling parents could create more conflicting and less cohesive environment for the family members.

Conclusion:-

There exists a significant relationship between underlying sets of family relationship dimensions and underlying set of personal growth dimensions with mental health. However, such a relationship is not found between underlying set of system maintenance dimensions and mental health. Findings of the study may help the teachers and counsellors to develop an insight while handling problems related to the behavioural and academic issues of the students.

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