

The Role of Self-Esteem in Predicting Family Independence in Long-Term Elderly Care

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ABSTRACT

As the number of elderly people in Indonesia increases, so does the need for long-term care. In this case, the family acts as the main caregiver who not only provides physical, but also emotional and social support. Family independence is key to successful care, while family members' self-esteem is believed to influence their readiness to carry out this role. The purpose of this study was to determine the relationship between the level of self-esteem of family members and family independence in caring for the elderly. This quantitative study with a cross-sectional design involved 59 respondents in Malang City who were actively involved in caring for the elderly at home who were selected by accidental sampling. Data were collected through the Rosenberg Self-Esteem Scale (RSES) and family independence questionnaire, then analyzed with the Spearman Rank test. The majority of respondents demonstrated high self-esteem (35.6%) and high family independence (KM 4). However, the Spearman Rank test revealed no significant correlation between self-esteem and family independence ($p = 0.342$; $r = -0.126$). Other factors such as age, family structure, occupation, and cultural values are thought to be more influential. Self-esteem contributes psychologically, but improving family self-reliance requires a comprehensive approach that includes social, economic, and cultural aspects. Psychosocial and culture-based approaches are important in building an independent, sustainable, and empathetic elder care system.

Keywords: Caregiving, Elderly, Family Independence, Self-esteem

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INTRODUCTION

The global increase in the number of elderly people, including in Indonesia, poses new challenges for the care system, particularly in relation to family independence in providing long-term support. As they age, elderly people tend to experience a significant decline in physical and mental function, which limits their ability to carry out daily activities independently (5). In such circumstances, the role of the family becomes crucial as the primary provider of long-term care that not only meets basic needs but also supports the emotional and social aspects of the elderly (1). The use of 2020 BPS data,

which shows that 40.54% of older adults live in multigenerational families, provides a local (Indonesian) context. This indicates that this topic is not merely a theoretical issue but a social reality in Indonesia (3).

However, the presence of older adults in the household does not necessarily guarantee optimal care. Effective elder care requires active family involvement and a high level of family independence, which includes readiness to understand and manage the needs of older adults holistically, encompassing physical, emotional, and social aspects (17). In this context, family independence

involves the ability to make appropriate care-related decisions, mastery of basic caregiving skills, effective stress management, and the management of resources such as time and financial capacity (2). Families with a high level of independence tend to be better able to provide continuous and meaningful care for older adults, even under conditions of limited access to health services (11).

One internal psychological aspect that is believed to have a significant influence on family independence in caring for the elderly is self-esteem (23). Self-esteem refers to how individuals assess themselves, feel valued and accepted by others, and the extent to which they feel valued and capable of playing an important role in life (15).

When family members have high self-esteem, they tend to be more confident in making caregiving decisions and performing care-related tasks independently. Conversely, low self-esteem may hinder family independence in providing optimal care for older adults (20). Self-esteem is influenced by positive and negative experiences in life, and generally peaks at around 60-70 years of age, then gradually declines with age (14).

Recent empirical research shows that the internal psychological factors of caregivers, such as self-acceptance and the ability to manage emotions, play a significant role in shaping the psychological well-being of caregivers who care for the elderly. This indicates that an individual's perception of themselves, including aspects related to self-esteem, contributes significantly to the psychological resilience of caregivers and their overall mental health (13).

Furthermore, studies examining caregivers of elderly people with frailty

have found that caregivers' self-esteem levels are closely related to the emergence of symptoms of anxiety and depression, thus confirming the relevance of self-esteem in the context of long-term care elderly. These findings are reinforced by qualitative evidence from institutions of elderly care in Indonesia, which describe the emotional pressure, role burden, and professional and personal demands faced by caregivers, requiring a continuous process of emotional and psychological adjustment in daily care practices (21).

On the other hand, empirical evidence demonstrates that family involvement and support are significantly associated with self-esteem among older adults, highlighting the interrelationship between self-esteem, family dynamics, and the quality of the caregiving process in elder care (1).

The relationship between self-esteem and family independence in elderly care can be understood through the influence of self-esteem on the family's ability to carry out daily care functions (20). Low self-esteem is often associated with limited social support, emotional pressure, and a heavy burden of responsibility. The combination of these factors can lead to stress, emotional exhaustion, and even a lack of confidence in carrying out elderly care tasks (10).

As a result, the family's ability to provide optimal care declines, which can affect physical and mental well-being. When care is not provided comprehensively, the elderly are at risk of experiencing a significant decline in their quality of life (8). Therefore, based on this background, this study aims to analyze the relationship between family members' self-esteem and the level of family independence in providing long-term care for the elderly at home.

METHODS

This study uses a quantitative approach with a cross-sectional study design to analyze the relationship between family members' self-esteem and the level of independence in long-term elderly care. The study was conducted from September 2024 to May 2025 in Malang City, involving families living with elderly people and actively involved as caregivers. The population in this study consisted of families living with elderly individuals and actively involved in the process of long-term elderly care in a household environment.

The sample was determined using accidental sampling, namely, respondents who met the inclusion criteria and encountered were the during the process of data this technique was chosen because there was no clear sampling frame for elderly caregiver families in the community, and to facilitate direct access to families who actually performed the caregiving role.

This approach was relevant for the initial exploratory objectives in community nursing, although it had the potential to cause selection bias and homogeneity of characteristics of respondents, which were considered in the interpretation of the research results. The respondents included were family members aged ≥ 17 years, living with the elderly, directly involved in caring for the elderly at home, and willing to participate through informed consent. The sample size in this study was 59 respondents.

The instrument used in this study to measure self-esteem was the Rosenberg Self Esteem Scale (RSES) questionnaire, which consisted of 10 positive and negative questions about oneself, using a 1-4 Likert scale (1 = strongly disagree to 4 = strongly agree), with scoring criteria consisting of 10-25 = low self-esteem;

26-29 moderate to normal self-esteem; and 30-40 high self-esteem (24). The total score indicates the respondent's level of self-esteem, with a high score indicating more positive self-esteem. Meanwhile, to measure the level of family independence in caring for family members, especially the elderly, the Level Kemandirian Keluarga questionnaire is used, which consists of four main levels: decision-making ability regarding care, basic care skills, resource management (time and finances), and emotional resilience.

Each item in this questionnaire is assessed using a 1-4 scale, where family independence level 1: Accepting health workers, family independence level 2: Maintaining reciprocal relationships, family independence level 3: Maintaining the health of family members, and family independence level 4: Maintaining life balance. Before data collection, validity and reliability tests were conducted on both instruments (12).

This study obtained ethical approval from the Health Research Ethics Committee of Muhammadiyah University Malang (No. E.5.a/011/KEPK-UMM/I/2024), and all respondents participated voluntarily after signing a written consent form (informed consent).

The collected data were analyzed using Spearman's rank correlation coefficient because the data used were ordinal and not normally distributed. Data processing and analysis were performed using Statistical Package for the Social Sciences (SPSS) version 25.0.

RESULTS AND DISCUSSION

Table 1 shows the distribution of demographic characteristics of the 59 respondents involved in the study. The

majority of caregivers were aged 56-65 years (n= 17, 29%), indicating the dominance of middle-aged to elderly people in caregiving roles. Most respondents were female (n=53, 90%), reflecting the traditional role of women as primary caregivers in the local culture. Based on family type, the majority came from large families (n=42, 71%), which allowed for the collective sharing of caregiving responsibilities.

From an economic perspective, (n=41, 70%) of respondents had an income above the minimum wage, indicating adequate financial capacity to support the needs of elderly care. In terms of education, the majority were high school graduates (42%), indicating a sufficient level of literacy to understand basic care information. In terms of ethnicity and religion, almost all respondents were Javanese (99%) and Muslim (96%), indicating cultural homogeneity and

Table 1. Demographic Data of Respondents

Respondent Characteristics	Frequency	Percentage (%)
Caregiver age		
17 – 25	2	3
26 – 35	6	10
36 – 45	11	19
46 – 55	16	27
56 – 65	17	29
>65	7	12
Gender		
Male	6	10
Female	53	90
Family Type		
Nuclear family	13	22
Extended family	42	71
Single parent	4	7
Income		
Below minimum wage	3	5
Minimum wage	15	25
Above minimum wage	41	70
Highest level of education		
No schooling	2	3
Elementary	11	19
Junior High School	10	17
High School	25	42
College	11	19
Ethnic		
Javanese	58	99
Madura	1	1
Religion		
Islam	57	96
Catholic	1	2
Protestant	1	2
Work		
Working	26	44
Not working	33	56

dominant spiritual values in the study area.

Meanwhile, most respondents were unemployed (56%), indicating that elderly care was mostly carried out by individuals with more free time, such as housewives. Culturally, there is strong potential for active involvement in long-term care for the elderly.

Table 1 shows that the frequency of respondent characteristics based on the age of their children indicates that the majority are 14 years old (46.7%), while the characteristics of respondents based on gender show that there are equal numbers of males and females (50.0%). The characteristics of respondents based on class show that the majority are in class IX, with 12 respondents (40.0%), and the table above shows that most children are firstborns (50.0%).

Table 2 presents the distribution of respondents' self-esteem and family independence levels. It was found that the majority of respondents had high self-esteem ($n=21$, 35.6%) and most were at the highest level of family independence (KM 4), namely 16 people. The results of the Spearman Rank correlation test showed that there was no statistically significant relationship between self-esteem and family independence ($p = 0.342$; $r = -0.126$). However, descriptively, the data distribution pattern showed a tendency for respondents with higher self-esteem to demonstrate better levels of independence.

Within the theoretical framework, self-esteem is often cited as a psychological determinant that has the potential to shape beliefs and the role of the family in caring for the elderly. However, the results of this study show that this relationship is not always identified directly in statistical testing. The insignificant relationship between self-esteem and the level of family independence indicates that the influence of self-esteem tends to be situational and works through indirect mechanisms, particularly through family and social factors such as family resilience and social support perceived.

Several recent studies confirm that these factors function as mediators or moderators in the relationship between the psychological characteristics of caregivers and care outcomes, so that the direct influence of self-esteem is often not apparent in simple correlational analyses (20,22).

Additionally, the use of accidental sampling contributed to the homogeneity of respondent characteristics, as most families had achieved KM IV independence and exhibited relatively high self-esteem. This condition limited data variation and statistically reduced the ability of correlation tests to detect meaningful relationships, although conceptual associations between variables remained possible (4).

Furthermore, the cross-sectional design used limits the study's ability to capture

Table 2. Level of Self-Esteem and Family Independence

Factor	KM 1	KM 2	KM 3	KM 4	Sig.	R
Self Esteem						
Low	0	3	1	4	0.342	0.126
Moderate	1	2	3	16		
High	7	2	3	16		

changes in self-esteem and family independence dynamically, given that these psychological influences have the potential to develop over time and are more appropriately explored through longitudinal designs or mediation analysis approaches. Therefore, these non-significant findings cannot be interpreted as the irrelevance of self-esteem in elderly care, but rather reflect the complexity of relationships influenced by the interaction of psychological and other factors and the methodological characteristics of the study.

When viewed from a demographic perspective, most respondents were middle-aged (46–65 years old) and female. At this stage of life, individuals generally have emotional stability, life experience, and greater adaptability in managing family responsibilities, including caring for the elderly. These conditions allow the caregiving role to continue to be carried out independently, even though the level of self-esteem varies among respondents.

In addition, in the Indonesian cultural context, women often occupy the primary role as family caregivers, driven by social norms, moral responsibilities, and religious values, not solely by individual psychological readiness. These findings are in line with the qualitative study by Shrestha et al. (2024), which shows that the caregiving role for women is mostly interpreted as an obligation, social and moral within the family system (19).

Additionally, there is an influence from the extended family structure, which naturally allows for the division of caregiving roles among family members. The presence of other family members involved in caring for the elderly creates a stronger and more collaborative internal support system. In this structure,

the burden of care can be distributed proportionally, thereby supporting the formation of family independence that does not solely depend on one individual but arises from a shared awareness. This is consistent with the findings of Gemes & Rosal (2024) in Spain, which confirm that elderly care is understood as part of the moral responsibility between generations inherent in the family structure, even when resources are limited (18).

From a socioeconomic perspective, the majority of respondents in this study had incomes above the minimum wage and a secondary education level. This reflects a relatively good level of economic literacy and basic understanding of health, which in turn enables families to provide elder care more effectively and independently. These findings are in line with the research by Savela et al. (2023), which shows that low levels of education and economic limitations correlate with an increase in frailty and cognitive impairment in elderly caregivers. This confirms that socioeconomic factors not only affect the well-being of caregivers but also form a crucial foundation for supporting the success of sustainable elderly care (16).

Various family nursing studies emphasize that family independence in elderly care is the result of a systemic adaptation process and is not solely determined by the psychological characteristics of individual caregivers (9). In this study, work characteristics appear to contribute to the achievement of family independence, where respondents who are not working have greater time flexibility to engage continuously in caregiving activities. This condition allows families to carry out elderly care consistently and in an organized manner, thereby supporting the achievement of family independence at the highest level of (KM IV).

When viewed through Roy's framework Adaptation Model, family independence at the KM IV level can be understood as a form of successful adaptation of the family system in responding to the demands of long-term elderly care. The availability of time, socioeconomic conditions, and education level serve as contextual stimuli that strengthen family coping mechanisms, so that caregiving functions do not depend on a single individual regulator, such as self-esteem, but are the result of the integration of various family resources (6).

In line with this, Friedman's Family Systems Theory views the family as an interdependent system, in which family autonomy in caring for the elderly is formed through interaction, division of roles, and mutual support among family members. Thus, family independence in the KM IV category reflects the collective adaptation of the family system as a whole, which explains why the direct relationship between individual self-esteem and family independence does not always appear significant in statistical analysis (7).

Thus, the insignificant findings of the relationship between individual self-esteem and family independence in this study can be understood as a logical consequence of the systemic process of family adaptation, in which care capacity is shaped by the collective contributions of all family members, not by a single individual psychological factor.

In the context of Indonesian socio-cultural which, these findings confirm that family independence in caring for the elderly cannot be characterized by collectivist values be explained by a single individual psychological variable alone. Values, Family, moral responsibility, social norms, and structural support within the family

extended play an important role in shaping the family's caregiving capacity.

Therefore, efforts to increase family independence need to be carried out through a multidimensional approach that integrates the strengthening of psychosocial aspects, the improvement of caregiving skills, and the development of community-based and local cultural support.

LIMITATIONS

This study has limitations in terms of the small sample size and homogeneous cultural background, so the results cannot be generalized broadly. In addition, the use of accidental sampling contributed to the formation of relatively homogeneous respondent characteristics, with a predominance of families at the independence level KM IV and high self-esteem. The limited focus on two main variables also did not cover other factors such as social support, caregiving stress, or self-efficacy.

RESEARCH ETHICS

This research has obtained ethical approval with ethical number.E.5.a/011/KEPK-UMM/I/2024

CONFLICT OF INTEREST

There are no conflicts of interest in this study.

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CONCLUSION

Self-esteem does not show a significant relationship with family independence in caring for the elderly. Although respondents with high self-esteem tend to be more independent, these results show that independence is more influenced by age, family structure, economic status, and cultural values. A multidimensional approach is needed to enhance the role of families in elderly care. Therefore, improving family independence should be done through a comprehensive approach that covers psychosocial, economic, and cultural aspects, so that it is more in line with the context of family life in the community.

Further research is recommended to involve a more diverse range of respondents, use a longitudinal design, and include additional psychosocial variables for a more comprehensive understanding. Practically, these findings contribute to community nursing, particularly in strengthening the role of nurses as facilitators of family empowerment. A psychosocial and culturally-based approach is considered important in building an independent, sustainable, and empathetic elderly care system

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