



Caregiving in Schizophrenia: The Role of Self-Efficacy in Shaping Resilience Among Family Caregivers

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ABSTRACT

Background: Caring for patients with schizophrenia is a significant challenge for caregivers. The responsibility of caring for patients with schizophrenia creates its own pressures and burdens for caregivers, requiring resilience to adapt to these challenges. In addition, self-efficacy is essential for caregivers to maintain confidence and a positive outlook regarding their ability to provide care. **Purpose:** This study aims to analyze the relationship between self-efficacy and resilience among caregivers of patients with schizophrenia in the Sumbersari District of Jember. **Methods:** This research uses a cross-sectional correlational design. The population includes 177 caregivers of schizophrenia patients in the Sumbersari District, Jember. A non-probability purposive sampling technique was used, resulting in a total of 123 respondents. The research instruments used were the General Self-Efficacy Scale (GSES) and the Connor-Davidson Resilience Scale (CD-RISC), and data were analyzed using Kendall's Tau-C test. **Results:** Most caregivers had low self-efficacy (64, 52%) and moderate resilience (116, 94.3%). The analysis revealed a significant positive relationship between self-efficacy and resilience, with a weak strength ($p = 0.001$; $r = 0.202$). This indicates that higher self-efficacy is associated with greater resilience. **Conclusions:** Caregivers with high self-efficacy tend to be more confident, optimistic, and capable of handling stress while caring for patients with schizophrenia, thus demonstrating stronger resilience in fulfilling their roles. In contrast, caregivers with low self-efficacy may feel less capable of managing caregiving responsibilities, making them more susceptible to psychological stress. It is recommended that interventions prioritize enhancing caregivers' self-efficacy, as this may improve resilience.

KEYWORDS

Caregivers, Resilience, Schizophrenia, Self-efficacy

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1. BACKGROUND

Schizophrenia is a chronic mental disorder that affects a person's thinking, behavior, and ability to interact socially,

requiring intensive assistance from close relatives, especially family members (Issac et al., 2023). In this case, the family serves as the primary caregiver, responsible for

meeting the patient's psychological, social, and physical needs (Arunima & Sanjeevani, 2022). Caregiving involves various aspects, such as assistance with daily activities, medication administration, and regular health monitoring (Vigo et al., 2016). Additionally, caregivers are expected to manage household responsibilities while balancing domestic duties with the patient's intensive care. These conditions make the role of caregiving for schizophrenia patients a major challenge that drains both physical and psychological resources (Süçüllüoğlu Dikici et al., 2019).

The high demands and caregiving burden often result in stress, emotional exhaustion, and mental health problems among caregivers. In such situations, caregivers need resilience the ability to recover, adapt, and endure under ongoing pressure. According to a study by Mohamed Abdelaal et al. (2021), most caregivers surveyed had low resilience, with 152 respondents (76%) exhibiting low levels. This finding is consistent with Elewa's (2019) results, which showed that 59 respondents (53.6%) also had low resilience. Furthermore, the study by Iklima et al. (2021) found that 55 respondents (48.2%) had low resilience levels. These studies have shown that the majority of caregivers for schizophrenia

patients tend to have low resilience levels. This lack of resilience is associated with increased risk of stress, anxiety, and psychological fatigue, ultimately affecting the quality of care provided to the patient (Silalahi et al., 2024).

One factor influencing resilience is self-efficacy, an individual's belief in their ability to manage various challenges. High self-efficacy helps caregivers remain optimistic, confident, and motivated in carrying out their responsibilities. Conversely, caregivers with low self-efficacy tend to doubt their capabilities, feel discouraged, and struggle to handle caregiving-related pressures (Nihayati et al., 2020). According to Albert Bandura's social cognitive theory, self-efficacy and resilience are interrelated and jointly influence human behavior, particularly in managing stress and life burdens, such as caring for patients with schizophrenia.

According to the study by Mohamed-El-Saeed Ebrahim (2024), 45 caregivers (20.5%) had low self-efficacy, while 115 caregivers (52.3%) had moderate self-efficacy. In addition, another study conducted in Padang found that

65 caregivers (67%) had low self-efficacy (Gusdiansyah & Welly, 2023). This is in line with the findings of Pardede et al.

(2021), who reported that 27 caregivers (67.5%) had low self-efficacy. These findings suggest that many caregivers of individuals with schizophrenia still tend to doubt their own abilities when facing challenging situations. These previous studies support the finding that many schizophrenia caregivers exhibit low levels of self-efficacy. They often lack confidence in handling difficult situations, which impacts the effectiveness of the care they provide. This situation highlights the need for interventions that enhance caregivers' self-efficacy in order to build stronger resilience. Effective coping strategies, such as problem-focused and emotion-focused coping, have also been shown to reinforce self-efficacy and help caregivers cope with intense pressure (Duggleby et al., 2021). Although much evidence exists regarding caregivers' self-efficacy among families of people with schizophrenia, evidence on how self-efficacy contributes to psychological resilience among family caregivers living in rural areas of Indonesia remains limited. This gap is particularly important because caregivers in rural areas often experience unique challenges related to socioeconomic conditions and access to mental health services that may influence the development of psychological resilience.

Sumbersari District has a high number of schizophrenia cases, with 177 patients recorded in 2024, despite having good access to mental health services. This indicates that caregiver-related factors, such as psychological readiness and socioeconomic pressures, significantly affect care. Given these challenges, self-efficacy and resilience are crucial for effective caregiving. Thus, this study aims to examine the relationship between self-efficacy and resilience among caregivers in Summersari District, Jember Regency.

2. METHODS

This study employed a quantitative descriptive research design with a cross-sectional approach. The study population consisted of 177 family caregivers of individuals with schizophrenia residing in the Summersari District. The required sample size was calculated using the Slovin formula, resulting in a minimum of 123 respondents. Participants were recruited using a purposive sampling technique based on specific inclusion and exclusion criteria. Eligible participants were required to be at least 18 years of age, co-reside with the patient, be a family member, and have provided care for at least 1 month. Caregivers who declined participation, had

physical limitations, or were responsible for multiple dependents with special care needs were excluded from the study.

The variables in this study were self-efficacy (independent) and resilience (dependent). Data collection instruments consisted of three parts. The first part gathered respondent characteristics, including age, gender, occupation, education level, income, duration of care, and relationship with the patient. The second part utilized the General Self-Efficacy Scale (GSES), which has been adapted into Indonesian. This instrument comprises 10 items rated on a 5-point Likert scale and has demonstrated validity and reliability, with a Cronbach's Alpha of 0.76-0.90. Self-efficacy scores were categorized as low (10–30) or high (31–50). The third part employed the Connor-Davidson Resilience Scale (CD-RISC) to measure resilience. This questionnaire consists of 25 items with a 5-point scale and has been validated with a Cronbach's Alpha of 0.87. Resilience scores were classified into three categories: low (25–58), moderate (59–92), and high (93–125).

Data collection commenced after obtaining administrative and ethical

approvals from the Faculty of Nursing, LP2M, BAKESBANGPOL, and the Jember District Health Office, as well as permission from the Summersari and Gladakpakem Community Health Centers. Researchers coordinated with health workers and mental health coordinators to identify eligible respondents. Data were gathered through door-to-door visits, beginning with an explanation of the study objectives and obtaining informed consent, followed by assistance with completing the questionnaires. Data collection concluded once the target of 123 respondents was reached, followed by data verification. Data analysis was performed using Kendall's tau-c to assess the strength and direction of the relationship between the two ordinal variables. The relationship was considered statistically significant if the p-value was ≤ 0.05 , while a p-value ≥ 0.05 indicated no significant relationship.

Ethical clearance for this research was granted by the Health Research Ethics Committee of the Faculty of Nursing, University of Jember (Approval No. 238/UN25.1.14/KEPK/2025).

3. RESULTS

Table 1. Distribution of Respondent Characteristics (n=123)

Respondent Characteristics	Frequency	Percentage (%)
Age		
18 – 27 Years	6	4.9
28 – 37 Years	24	19.5
38 – 47 Years	36	29.3
48 – 57 Years	41	33.3
> 57 Years	16	13.0
Gender		
Male	53	43.1
Female	70	56.9
Education		
No school	1	0.8
Elementary School	7	5.7
Junior High School	24	19.5
Senior High School	60	48.8
Higher Education	31	25.2
Occupation		
Farmer	24	19.5
Employees	22	17.9
Self Employed	26	21.1
Civil Servant	5	4.1
Not Working	46	37.4
Relations		
Father	32	26.0
Mother	48	39.0
Child/Adult Child	28	22.8
Others	15	12.2
Duration of Treatment		
< 1 year	22	17.9
> 1 years	101	82.1

Table 1 presents the demographic characteristics of the 123 family caregivers included in the study. The majority of respondents were aged 48-57 years (33.3%), followed by those aged 38–47 years (29.3%). In terms of gender, female caregivers predominated, comprising 56.9% (n=70) of the sample. Regarding educational background, the largest proportion of respondents had completed senior high

school (48.8%). Occupational data indicated that the highest percentage of caregivers were not working (37.4%), followed by those who were self-employed (21.1%). In terms of the patient's relationship, mothers constituted the largest group (39%), followed by fathers (26%) and adult children (22.8%). Additionally, the majority of patients had been undergoing treatment for more than one year (82.1%).

Table 2. Distribution of Self-Efficacy among Caregivers of Schizophrenia Patients (n=123)

Self-Efficacy	Frequency (f)	Percentage (%)
Low	64	52.0
High	59	48.0

The distribution of self-efficacy levels among caregivers is detailed in Table 2. The results indicate that slightly more than half

of the respondents (52.0%, n=64) fell into the low self-efficacy category, while 48.0% (n=59) demonstrated high self-efficacy.

Table 3. Distribution of Resilience among Caregivers of Schizophrenia Patients (n=123)

Resilience	Frequency (f)	Percentage (%)
Low	2	1.6
Moderate	116	94.3
High	5	4.1

Table 3 illustrates the distribution of resilience levels. The data reveal that the overwhelming majority of caregivers (94.3%, n=116) possessed a moderate level of

resilience. Only a small fraction of respondents exhibited high resilience (4.1%, n=5) or low resilience (1.6%, n=2).

Table 4. Cross-tabulation of Self-Efficacy and Resilience in Caregivers (n=123)

Self-Efficacy	Resilience: Low	Resilience: Moderate	Resilience: High	Total
Low	2 (1.6%)	60 (48.8%)	2 (1.6%)	64
High	0 (0%)	57 (45.5%)	3 (2.4%)	59
Total	2	116	5	123

Table 4 presents the cross-tabulation of self-efficacy and resilience variables. Among the 64 caregivers with low self-efficacy, the majority (n=60, 48.8%) reported

moderate resilience. Similarly, among the 59 caregivers with high self-efficacy, most (n=57, 45.5%) also fell into the moderate resilience category.

Table 5. Kendall's Tau-c Correlation Test between Self-Efficacy and Resilience (n=123)

Variables	P-Value	Correlation Coefficient (r)
Self-Efficacy - Resilience	0.001	0.202

To determine the statistical significance of the relationship between these variables, a Kendall's Tau-c correlation test was conducted, as shown in Table 5. The analysis yielded a p-value of 0.001 ($p < 0.05$), indicating a statistically significant relationship between self-efficacy and

resilience among caregivers of patients with schizophrenia. The correlation coefficient (r) was 0.202, suggesting a weak positive correlation. This finding suggests that higher levels of caregivers' self-efficacy are associated with greater resilience, though the magnitude of this association is modest.

4. DISCUSSION

Based on the research findings, from 123 caregivers of schizophrenia patients in Summersari Subdistrict, slightly more than half had low self-efficacy (64 people; 52.03%), while the other 59 caregivers (47.97%) had high self-efficacy. This finding is in line with a study conducted in Padang, which revealed that the majority of caregivers of schizophrenia patients had poor self-efficacy, with 65 individuals (67%) (Gusdiansyah & Welly, 2023). Low self-efficacy can affect the psychological condition of caregivers; the lower their self-efficacy, the higher the levels of anxiety and stress they tend to experience (Solehah, 2021). However, in this study, the number of caregivers with low and high self-efficacy did not differ significantly, indicating that the internal capabilities of the caregivers are relatively balanced.

The results indicate a statistically significant positive relationship between self-efficacy and resilience among caregivers ($p = 0.001$), although the strength of the association is weak (Kendall's Tau-c = 0.202). This suggests that higher self-efficacy is associated with higher caregiver resilience. These results are consistent with previous studies that self-efficacy has a significant relationship with caregiver resilience

(Nihayati et al., 2020). However, the weak strength of this relationship also suggests that there are other factors that may have a greater influence on resilience, such as family support, expectations, communication, and knowledge about the disease (Chen et al., 2024).

Based on the findings, most caregivers of schizophrenia patients in Summersari District demonstrated a moderate level of resilience, at 94.3%. This indicates that most caregivers have sufficient ability to deal with caregiving-related pressures, although they have not yet reached an optimal level of resilience (Pesik et al., 2020). Therefore, it can be concluded that nearly all caregivers have an adequate ability to cope with the stress and challenges of their role, even though their resilience has not reached its maximum potential.

The high proportion of moderate-level resilience in this study does not necessarily indicate limited resilience, but rather the respondents' tendency to demonstrate adaptive functioning while continuing to deal with the challenges of caring for patients with schizophrenia. Furthermore, in rural settings, moderate resilience may represent an adequate level of psychological adaptation, enabling caregivers to continue performing their caregiving responsibilities

despite limited access to mental health services, financial constraints, and social burdens. Previous research has shown that caregivers in resource-limited communities often develop functional resilience through family support, religious beliefs, community networks, and experience-based coping strategies (Chen et al., 2025; Effendy, 2023; Nkomo & Kekana, 2025). Thus, moderate resilience among caregivers in Summersari Subdistrict may reflect an adequate capacity to manage caregiving challenges, rather than psychological vulnerability.

The distribution shows that among caregivers with low self-efficacy ($n = 64$), nearly half (48.8%) showed moderate resilience, with only a small proportion showing high or low resilience (1.6%). Similarly, among those with high self-efficacy ($n = 59$), nearly half (45.5%) also exhibited moderate resilience, while a slightly higher proportion exhibited high resilience (2.4%) and none exhibited low resilience. This pattern suggests that although resilience was generally at a moderate level across the groups, higher self-efficacy was associated with a greater likelihood of having high resilience.

This study found that 2 caregivers (1.6%) had low self-efficacy with low resilience. Self-efficacy is an important

foundation in building resilience. Without the belief that one can overcome challenges, individuals are more likely to struggle with psychological adaptation to stress. Low self-efficacy among caregivers makes them feel unable to effectively handle the challenges of caring for schizophrenia patients, thereby impairing their ability to recover from stress or crises, which contributes to low resilience (Laily & Wahyuni, 2018). This is consistent with a study conducted in Spain, which reported that caregivers with low self-efficacy and low resilience are at increased risk of emotional exhaustion, chronic stress, and psychological disorders, including depression (Vázquez et al., 2024).

An interesting finding in this study is that two caregivers (1.6%) had low self-efficacy but high resilience. This makes sense, as resilience can develop through life experiences in coping with various stressors and does not always depend on self-confidence (Stanley & Balakrishnan, 2023). Data from the study indicate that both caregivers have been caring for patients for over a year, with one having done so for five years and the other for ten years. Other factors play a significant role in shaping the resilience of caregivers of schizophrenia patients, including family functioning, hope, and effective communication (Chen et al.,

2024). Furthermore, psychosocial interventions provided to caregivers of schizophrenia patients are considered effective in enhancing caregiver resilience (Tahamata & Kaloeti, 2020). These interventions can be administered by community health centers to assist in developing resilience among caregivers of schizophrenia patients.

The findings of this study support the theory that self-efficacy plays a role in strengthening resilience (Rajendran et al., 2022). Researchers believe that caregivers with high self-efficacy are more confident, optimistic, and better at coping when caring for individuals with schizophrenia, which strengthens their resilience. Conversely, caregivers with low self-efficacy often feel unable to handle caregiving demands, making them more vulnerable to stress. Therefore, interventions such as skill training, psychoeducation, and social support are needed to enhance self-efficacy and foster lasting resilience.

5. CONCLUSION

The findings of this study indicate a significant positive relationship between self-efficacy and resilience among caregivers of schizophrenia patients, although strength of the correlation was weak (p -value = 0.001;

$r = 0.202$). These findings suggest that self-efficacy may be one of the factors associated with resilience among caregivers in community settings. Therefore, enhancing self-efficacy could be a potential target for mental health and community nursing programs aimed at supporting caregivers' well-being. Community health centers may consider incorporating caregiver-focused interventions, such as counseling, psychological education, stress management training, and peer support activities, to strengthen caregivers' coping resources. Further longitudinal research and interventions are needed to determine whether increased self-efficacy contributes to enhanced resilience among caregivers of individuals with schizophrenia.

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AUTHOR CONTRIBUTION

MSHA, and YF: Conception, Design, Screening and selection, Quality checks, analysis, interpretation, drafting and revise

of manuscript. FD, EID, and EHK: Interpretation, and review of the manuscript.

CONFLICT OF INTEREST

The author declares no conflicts of interest regarding the publication.

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