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A cross-sectional study of resilience, self-esteem and self-efficacy in the care givers of schizophrenia patients visiting a tertiary care hospital

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Abstract
Background: Care givers have an important role in patients care. The stigma associated with illness has made caregiving a challenging job. Very few studies had been done focusing on the self -esteem and self - efficacy and resilience of the care givers. Hence the study was undertaken.
Aim: To study the resilience, perceived social support, self -esteem and self- efficacy in care givers of schizophrenia patients.
Materials and Methods: Study was done in 275 care givers of schizophrenia attending a tertiary hospital in Warangal after fulfilling inclusion criteria. A semi - structured performance was administered to collect socio demographic details followed by Conner-Davison Resilience 25 item scale, Rosenberg self-esteem scale, General self-efficacy scale and Multidimensional scale of Perceived Social Support. Data was analysed using SPSS 28.0.
Result: Care gives had moderate resilience. They had highest perceived social support from the family and lowest support from friends. The self-efficacy of the care givers were significant less compared to average international population. Care giver duration had significant negative correlation with resilience, perceived social support self-esteem and self-efficacy. All the four variables had significant positive correlation with each other.
Conclusion: Care givers has poor support from friends, which implies more community level intervention is required. Care takers has moderate resilience and perceived social support from family. Care taking duration has significant negative correlation with resilience, perceived social support, self-esteem and self-efficacy. The implies in chronic illness like schizophrenic the psychological well-being of the care givers should be given importance as it has direct impact on the patient's mental health.

Keywords: Care takers, resilience, perceived social support, self-esteem self-efficacy

Introduction
Schizophrenia is a severe and disabling mental disorder characterised by distortion in thinking and perception. The illness leads to functional impairment in the patient which cause dependence in care givers for their activities of daily living. Care givers have gained importance as the main stray of treatment changed from institutions to community level. Deinstitutionalisation has tremendously increased the role of care givers in the treatment of schizophrenia. Care givers are defined as a nonprofessional person in the community who is most involved with the everyday care of the patient and would be very likely to respond to any request for special assistance at any time [1]. According to Magliano *et al*. quality of care given by the family members is directly related to patient's functioning [2]. Care givers are responsible for psychological, financial and social requirements of the patient. This impart huge challenges to the care givers. In developing countries like India care takers would be the only bread winner in most of the family. So care giving would be an additional burden psychologically and financially.
Resilience is defined as the ability to withstand a threatening and challenging situation. According to Wright *et al*. resilience is defined as a process of effectively negotiating, adapting and managing significant life stressors [3]. The long duration of illness, poor insight of the patient and many other factors have made schizophrenia a major challenge to the care givers. Since human being are social animals social support is necessary to lead a quality

life. Social interactions form the back bone of the society. Thoits *et al*. defined social support as information leading the subject to believe that he or she is loved, esteemed and belongs to a network of mutual obligation [4]. The types of social support include emotional support, tangible support, information support and perceived support. Reduced social support can be a significant psychosocial stressor for patient and well as care giver. Miklowitz *et al*. found that insufficient social support contribute to an incomplete recovery from the illness and long duration of hospital stay which in turn add more burden to the care givers [5].

Rosenberg *et al*. defined self-esteem as an affective evaluation to one's self-worth [6] According to Noonan *et al*. low self-esteem has been described as an inability to find meaning in the care giving [7]. Albert Bandura defined self-efficacy as perception and confidence of one's competency beliefs [8]. A study done by Kate *et al*. showed significant association between self-esteem and positive aspect of care giving. Meruzzi *et al*. showed that self-efficacy is negatively to stress and burden in the care givers of mentally ill patients [9]. This implicate that self-efficacy play an important role in well-being of the care takers and well as in the quality of care giving.

There are very few Indian studies on social support and resilience in care givers of schizophrenia patients whereas assessment of self-efficacy and self-esteem in the care givers of schizophrenia is a grey area and requires extensive research. Therefore this study intend to evaluate the social support, resilience, self-esteem and self-efficacy in care givers of the schizophrenia patients.

Materials and Method

Ethical approval was obtained from the institution prior to the study. This is a cross sectional study Convenience sampling method was used for sample collection. We approached 300 care givers of schizophrenia patients who were diagnosed according to the ICD 10 criteria.

290 care givers gave informed consent for the study out of which 15 didn't complete the study questionnaire. Hence the study was done in 275 caregivers. The study period was from December 1 to April 30. Socio-demographic variables were collected using a semi-structured Performa. The study was reported according to STROBE guidelines.

Inclusion criteria

1. Age of the participants between 18 to 65.
2. Male and female genders.
3. Care givers of schizophrenic patients who meets ICD 10 criteria.
4. Care givers involved in this service for at least a period of past 6 months.
5. Subjects willing to give informed consent.

Exclusion criteria

1. Care givers with primary mental illness.
2. Caregivers involved in the care giving of another patient other than patient.
3. Care givers with psychoactive substance dependence.
4. Care givers not willing to give informed consent for the study.

Scales

Resilience: Resilience was measured with the Connor-Davidson Resilience 25 item scale. This is a self-report scale that consists of 25 items. Respondents rate the item on a scale of 0 to 4.The higher score reflect higher resilience. In the present study the score was calculated as follows: less than 50% indicates mild level of resilience, score of 50-75 indicates moderate levels of resilience and score greater than 75% indicates high resilience.

Self esteem

Self-esteem was measured using Self Esteem Scale (Rosenberg) 2015. It consist of 10 items and response range from 1 (strongly dis agree) to 4 (strongly agree).The score range from 0 to 40.A score less than 15 suggest problematic low self-esteem. The scale has high reliability (Cronbach's alpha 0.86).

General Self-efficacy scale

The self-efficacy was measured using general self-efficacy scale. There are 10 items in the scale and he rated from 1(not at all true) to 4 (strongly true. The score ranges from 10 to 40 higher the score, higher the self-efficacy. The scale has good internal reliability (Cronbach's alpha. 76 to. 80) [10, 11].

Multidimensional Scale of Perceived Social Support

The scale was developed by Zimet *et al*. in1988. The scale consist of a total of 12 items. Each items are rated in a 7 point Likert -type scale (1-7 points) ranging from absolutely no to absolutely yes. The scale has three sub scale to determine the support of family, friends and special person. The lowest and highest scores obtained from the sub scales are 4 and 28 respectively. Total score is ranging from 12 to 84.Scale was tested for internal consistency. Cronbach's alpha values were 0.85,0.88,0.92 for the family sub scale, friend sub scale and other significant person sub scale respectively [12].

Data analysis

Data analysis was done using SPSS 28.0. Independent t test and one way ANOVA were used to see the association between variable (significance level<0.05 and confidence interval of 95%) and Pearson correlation was used for the correlation between variables. (Significance level < 0.001).

Results

Table 1 shows the socio demographic parameters.275 caretakers of schizophrenia patients participated in the study.52.5% of care takers are females. Majority of the care takers (39.5%) completed middle school and majority are married. Most of the caregivers belongs to upper lower socio-economic class according to modified Kuppuswamy classification. Most of the care taker are either unskilled (26.1%) or semiskilled workers (44%).

Resilience

Table 5 shows resilience in the care takers. 44.6%of the care givers has moderate resilience, 26.7% has mild resilience where as2 8.7% has high resilience. There is no significant association between resilience and any of the socio demographic parameters.

Perceived social support.

Table 4 shows mean perceived social support scores. Mean family support has the highest score (21.22+/-4.5) followed by private person (16.24+/-7.3). Support from friends has

the lowest score. (7.11+/-3.4). There is significant association between education and total perceived social support (F=4.18, P=0.04) and between socio economic status and total perceived social support (F=2.28, P=0.02).

Self-esteem and self-efficacy

Table 6 shows mean self-esteem score is 20.22+/-3.4.Self-esteem score showed significant positive association with gender (F=2.6, P=0.009) marital status, (F=2.7, P=0.002) education (F=4.5, P=0.001), employment (F=2.4, P=0.02) and socio economic status (F=4.92, P=0.01). The mean self-efficacy score is 19.34+/-2.3.Self efficacy had significant association with education (F=2.28, P=0.02) and employment (F=4.5, P=0.001).

Mean care taker duration was found to be 10.23+/-3.4.Table 3 shows care giver duration has weakly negative correlation with resilience and self-efficacy whereas moderately negative correlation with perceived social support and self-esteem. Table 2 shows perceived social support has strong positive correlation with resilience and self-esteem where moderate positive correlation with self-efficacy. Resilience has moderately positive correlation with self-esteem as well as self-efficacy and self-esteem and self-efficacy has strong positive correlation.

Table 1: Sociodemographic variables

Frequency%(n)	
Gender	
Male	47.1 (130)
Female	52.5(145)
Education	
Uneducated	10.9(30)
Primary school	9.5(26)
Middle school	39.5(119)
High school	9.8(27)
Intermediate	16.5(50)
Graduate	2.9 (8)
Marital status	
Married	72.7(183)
Single	9.8(27)
Divorced	11.1(30)
Widow	6.4(17.6)
Domicile	
Rural	48.1(130)
Urban	52.4(145)
Religion	
Hindu	76.8(212)
Muslim	18.5(51)
Christian	4.3(12)
Socioeconomic status	
Lower	9.1(25)
Upper lower	49.3(136)
Lower middle	18.8(52)
Upper middle	18.5(51)
Upper	4(11)
Employment	
Unemployed	15.9(45)
Unskilled	26.1(73)
Semiskilled	44(125)
Skilled	11(31)

Table 2: Association between resilience and other variables

	Resilience (r)	**Perceived social Support (r)**	**Self-Efficacy (r)**	**Self-Esteem (r)**
Total Perceived Social support	0.856.**		0.657.**	0.823**
Resilience		0.856**.	0.532.**	0.632**
Self-efficacy	0.532.**	0.657.**		0.823**
Self esteem	0.632**	0.823**	0.823**	

Pearson correlation r < 0.001 -significant***

Table 3: Association between care giver duration and other variables

	Resilience	**Perceived social support**	**Self-Efficacy**	**Self-Esteem**
Care giver duration	-0.234.**	-0.724**	- 0.321**	-0.658**

Pearson coefficient (r)

**p < 0.001(statistically significant)

Table 4: Perceived social support scores

Scales	**Subscales**	**Mean+/-SD**
Perceived social support	Family support	21.22+/-4.5
	Friend support	7.11+/-3.4
	Other significant support	16.24+/-7.3
	Total social support	47.34+/-12.33

Table 5: Resilience score

Scale		Mean +/- SD	Frequency (n)
Resilience score	Low resilience	44+/-13.6	73
	Moderate resilience	61+/-14.6	124
	High resilience	76+/-13.5	78

Table 6: self-efficacy and self-esteem score.

Scale	Mean+/-SD
Mean self-efficacy score	19.34+/-2.3
Mean self-esteem score	20.22+/-3.4

Discussion

The present study focuses on the resilience. Perceived social support self-esteem and self-efficacy in the care takers of schizophrenia patients. Our study shows that 44.6% has moderate resilience 26.7% has mild resilience where as 28.7% has high resilience. In par with our study.

A study done. By Souzan *et al*. in 2018 [24] shows that 47.7% care givers has moderate resilience, 26.5% has mild resilience whereas 25.7% has high resilience.

In constant to our study a study done by Sahar Mahmoud in 2016 found that 56.6% has low resilience, 30.9% has moderate resilience and 23% has good resilience [13]. This observed results could be due to use of a different instrument which measures collective resilience in the family whereas present study evaluated individual resilience.

In contrast to our study Gupta in 2019 reports low resilience in 50% of the cat takers which is attributed to increased psychological and financial burden in the caregiver. Adequate and quality community mental health programme might be one of the reason for increasing resilience in the care givers in our study. Community mental health programmes have a significant role in decreasing the psychological and financial burden in care givers.

A study done by Neslishan *et al*. in 2019 [25] shows high resilience (88.15+/-11.62) in the care givers. This difference can be attributed to the geographical difference as the study is conducted in European country where the standard of living and mental health care is higher than India. They also found that males and married caregivers have significantly high resilience but such an association could not be found in our study [14]. In a study by Bektas in 2019 [27] in no significant association exists between any socio demographic parameters and resilience which is in par with our study.

In our study it has been showed that overall caregiver have moderate perceived social support.

They have moderate social support from the family as well as private person, but low support from friends. This is mainly due to our culture and family system where family members are loving and supportive toward their loved ones and there exist a sense of commitment to support other members of the family where as low perceived social support from friends can be due to the stigma associated with the illness. This also implies that psych education should be given to the community about mental illness in order to reduce the stigma associated with the illness. The result is in par with the study done by Lok in 2011 [15]. Who found that the caregivers are having moderate social support? In contrast Raj *et al*. in 2016 found high perceived social support in the caregivers [16]. This can be due the difference in the socio demographic patterns of the study as most of the participants were from joint family whereas our study had an equivalent distribution of participants in nuclear as well as joint family. In Indian culture members from joint families usually have a closer and stronger emotional bond with other family members compared to nuclear families that leads to higher perceived support. In a study conducted by Lee *et al*. in 2004 [28], shows high resilience and social support in the care givers [17]. This can be due the fact that Singapore is an economically developed country and mental health service systems are advanced compared to India.

Similar to our study Laurence in 2020 [29] also reports that the social support from family is high compared to support from friends [18]. In our study it found that education, employment and socioeconomic status had significant association with perceived social support. In par with the above study done by Neslishan *et al*. in 2019 [25], shows higher social support for educated care givers. In contrast to our study they also found that females have higher social support than male. This can be due the cultural differences existing across the continents, as the study was conducted in Europe where females have comparable social equality to males. A study done by Yeliz *et al*. in 2022 shows moderate perceived social support (44.36+/-22.88). They also found that perceived supporters from family is the highest compared to support from friends and other significant person. This is in par with our study which also has similar result.

The present study also showed a statistically significant association been resilience and perceived social support. This implicate that the care takers receiving high social support from the family and friend adapt well to the challenging situations they face as care givers. They also get opportunity to talk openly about their issues and effective communication would mitigate their distress.

Self-esteem and self-efficacy in the care givers of schizophrenia are grey areas of research and requires more research. The mean score of self-esteem is. 20.22+/-3.4. In a study done by Scholz *et al*. in 2002 [19], the international average of self-efficacy is found to be 29.55 which implies that care takers of our study have low self-efficacy [19]. In a study done by Durmaz *et al*. in 2014 [26], the care givers of schizophrenia self-efficacy score is similar tour study [20]. They also found a negative correlation between self-efficacy and burden of care givers. This implies that self-efficacy of the care givers has a significant role in the quality of life of the care giver. Similar to the above study a study done Ramzani *et al*. in 2019 [21], the mean of caregivers' self-efficacy score is 28.79±5.60. They also found that there is a significant negative correlation between care giver burden and self-efficacy [21]. A study done by Kate *et al*. in 2013 [22] showed significant correlation between self-efficacy and positive care giving [22]. The above studies indicate that self-efficacy of the care givers has significant importance in the quality of the care given by them. A care giver with high self-efficacy can effectively adapt to the challenges they face during care giving. In a study done by Zing *et al*. in 2019 [30], the mean self-esteem and self-efficacy score are 27.66 and 24.98 respectively, but, this study is being done in HIV patients on ART treatment. In par with our study they also found that there is a positive correlation between resilience, perceived social support self-esteem and self-efficacy *et al*. [23].

Our study has curtain limitation. This is a single centred

study and generalisation of results requires further mutti centred research. Since this is cross sectional study causal inferences cannot be made. Hence follow up studies are required.

Conclusion.

The study shows that care takers have moderate resilience and perceived social support from family, but low social support from friends. The study also shows that as the duration of care taking increase, the perceived social support, resilience self-esteem and self-efficacy of the care takers significantly decreases. The study also found that resilience, perceived social support, self-esteem and efficacy are significantly correlated to one another. We recommend psycho educational interventional programmes in the community level which help to increase resilience self-esteem and self-efficacy. Such programmes also decrease the stigma which in turn increases the social support to the caregivers.

Conflict of Interest: Nil

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