

The Relationship of Self-Efficacy Between Resilience and Life Quality of Caregivers Toward Schizophrenics

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Abstract--- *Taking over the responsibility of caring for schizophrenics without training and limited resources causes a lack of confidence in caregivers. Physical activity, emotional, social pressure felt continuous, and these will have impacts on resilience and life quality of caregivers. This study aimed to reveal the relationship of self-efficacy between resilience and life quality of schizophrenic caregivers. Cross-sectional with quantitative data of 216 schizophrenia caregivers who visited the mental clinic. This sample was taken based on a purposive sampling technique. The instruments used were Generally Self-Efficacy Scale (GSES) Questionnaire, Connor-Davidson Resilience Scale (CD-RISC) Questionnaire, and Schizophrenia Caregiver Quality of Life Questionnaire (SC-QoL) questionnaire, and then these instruments were analyzed by Spearman Rho statistical correlation test. In this study, the first variable shows a significant relationship between self-efficacy toward resilience in schizophrenic caregivers with $p\text{-value} = 0,000$ and $r = 0.435$. It indicates the higher the self-efficacy of caregivers, the higher the resilience. In the second variable, there is a significant but inversely related to self-efficacy and the life quality of schizophrenic caregivers. It can be seen from the $p\text{-value} = 0.039$ with $r = -0.141$. It indicates the higher the self-efficacy of caregivers, the worse the quality of life.*

Keywords--- *life quality, resilience, schizophrenic caregiver, self-efficacy*

I. INTRODUCTION

Schizophrenia is a combination of disturbances of thought, perception, behavior, mood disorders, inability to socialize, frequent relapses, and are lifelong [1]. The role of caregivers is highly expected in treating schizophrenics. Caregivers that referred to the researcher are individuals from families who provide informal assistance in supporting and caring for individuals who have health problems, financial problems, guidance, friendship, and social interaction [2].

Caregiver towards one of the family members with schizophrenia can do basic tasks such as eating, wearing clothes, bathing, and toileting. The caregiver also has to do daily tasks such as shopping, cooking, and other household chores [3]. Negative emotions often occur in a caregiver, such as fear if the patient relapses with symptoms such as uncontrolled emotions and anxiety about the patient's future [4]. The combination of physical work, emotional, social pressure is a consequence and burden for a caregiver. Caregiver burden that is felt continuously will

have an impact on the quality of the caregiver's life such as the loose relationship with a partner, lack of sleep, cannot concentrate, fear due to uncontrolled patient emotions, disruptive behavior, lack of time for personal entertainment and social involvement [5].

The caregiver burden is somewhat high, which is at 8.1% of the global burden of disease [6]. The main caregiver experiences psychological problems at 76% and shows negative symptoms of depression. Caregiver quality in Shandong Province, China, the family experiences financial problems (68.3), role-physical aspects (61.3), emotional (57.6), and mental health (63.0) [7]. Psychological distress is discovered at 79.84% of caregivers in Katsina, Nigeria.

According to basic health research in 2018, the prevalence of schizophrenia in Indonesia reaches 1.7 per 1000 population [8]. A preliminary study which is conducted by a researcher reveals the data in the poly of psychiatric at Dr. Soetomo General Hospital Surabaya, and it shows that there are 7,786 cases of mental disorders treated both in outpatient and inpatient care in 2018. In addition, 384 of them have schizophrenia with paranoid type.

Burdens and uncertainties are felt by a caregiver because of taking responsibility directly without training and limited resources. The caregiver also provides various kinds of self-care assistance tasks to schizophrenics and financial sufferers [9], whereas caregivers require considerable emotional adjustment because they have to try to make peace with the negative feelings that arise in them. Resilience is closely related to the quality of life. The life quality of a caregiver will be good if the caregiver can survive [10]. The unpreparedness of caregivers to deal with problems has an impact on mental health and decreased quality of life [11]. The results show a significant direct relationship between resilience and quality of life [7]. Experience with behaviors that create successes and failures is an important source in the development of self-efficacy [12].

Self-efficacy is self-mastery to achieve success in determining individuals involved in certain behaviors. Self-efficacy is a major component of social cognitive theory [13]. Based on Albert Bandura's social cognitive theory, there are three components (The triadic relationship) that influence and are sustainable, namely internal processes (self-efficacy), behavior (resilience), and environment. These three components constantly interact to form behavior. One change in one component will affect other components. According to Bandura, the manifestation of self-efficacy is behavior that refers to an adaptive process, and resilience can be interpreted as an adaptive process, where an individual can solve the problem properly [14]. One example of an adaptive process is that it is more flexible in all situations, the ability of individuals to interpret difficulties, reducing the tendency to blame others, empathy, seeing situations become normal; thus caregivers can make meaning out of the experience [15] interpreting from adversity is an important factor in caregiver resilience. In this way, caregivers can change their world views and get positive views of life.

Considering the high prevalence of psychological pressure on caregivers, the researcher wants to take a mental dipole study at Dr. Soetomo General Hospital Surabaya regarding the relationship of self-efficacy with resilience and life quality toward caregivers who care for schizophrenics. The purpose of this study is to analyze the relationship of self-efficacy with resilience and life quality toward caregivers who care for schizophrenics.

II. METHODS

Design: This study used a cross-sectional design. Respondents: 216 caregivers who visited the poly of psychiatric. **Data collection process:** sampling with a purposive sampling technique with caregiver inclusion criteria that were still related, one home, in Indonesian, and can read and write. **Instruments:** this study Generally used the Self Efficacy Scale (GSES) Questionnaire, Connor Davidson Resilience Scale (CD-RISC) Questionnaire, and Schizophrenia Caregiver Quality of Life Questionnaire (SC-QoL) questionnaire. **Ethics:** This study was tested for ethics at Dr. Soetomo General Hospital with the number ethics 1635 / KEPK / XI / 2019 dated January 9, 2020. **Analysis:** this study was analyzed using the Spearman Rho statistical correlation test.

III. RESULTS

Table 1. Demographic characteristics of the caregiver sufferer of schizophrenia

Demography Characteristics of Respondents	Category	Respondents (n=216)		Mean 42,56 years
		n	%	
Age	17-25 years old	29	13.4	
	26- 45 years old	94	43.5	
	46-65 years old	80	37.0	
	> 65 years old	13	6.0	

Gender	Men	85	39.4	82,23 month or 7 years
	Women	131	60.6	
Education	No education	1	0.5	
	Elementary school	14	6.5	
	Middle school	21	9.7	
	High school	115	53.2	
	Higher education	65	30.1	
Occupation	Unemployment	93	43.1	
	Private employee(s)	79	36.6	
	Entrepreneur(s)	40	18.5	
	Government employee(s)	4	1.9	
Duration of treatment	3 months -1 year	14	24	
	1 - 3 years	40	18.5	
	3 - 6 years	41	19.0	
	6 – 9 years	40	18.5	
	> 9 years	57	26.4	
Relationship	Parents	73	33.8	
	Couple	68	31.5	
	Children	26	12.0	
	Relatives	49	22.7	
Insurance	BPJS	151	69.9	
	General	65	30.1	

Based on table 1, it explains that the dominant number of respondents in the age demographic data is caregivers at 26-45 years old, which is 43.5% with an average age of caregivers 42.56 years. Most caregivers are women by 60.6%. The dominant level of education in caregivers is high school graduates by 53.2%. Most caregivers who do not have jobs is at 43.1%. The duration of treatment for caregivers is > 9 years by 26.4%, with an average of 7 years. The relationship between caregivers and sufferers is as parents by 33.8%. 69.1% of schizophrenics use BPJS as health insurance.

Table 2. Measurement results by category of self-efficacy, resilience and life quality of schizophrenic caregivers in the psychiatric clinic

Self-Efficacy	Category	Respondent (n=216)	
		n	%
Self-Efficacy	Low	38	17.6
	High	178	82.4
Resilience	Low	34	15.7
	High	182	84.3
Life Quality	Worse life quality	1	0.5
	Bad life quality	71	32.9
	Medium life quality	108	50.0
	Good life quality	34	15.7
	Very good life quality	2	0.9

Based on table 2, it can be understood that all respondents' self-efficacy is in the high category, or there are 178 respondents (82.4%) in it. Most respondents are in the high resilience category as many as 182 respondents (84.3%). Whereas, the highest quality is the medium life quality category with 108 respondents (50.0%).

Table 3. The relationship of demographic data with self-efficacy, resilience, and life quality toward caregiver patients with schizophrenia in poly of psychiatric

Category	Spearman Rho Test					
	Self-efficacy		Resilience		Life Quality	
	p-value	r	p-value	r	p-value	r
Age	0,266	-0,076	0,419	-0,055	0,725	0,024
Gender	0,108	-0,110	0,735	-0,023	0,000	0,258
Education	0,009	0,177	0,001	0,221	0,007	-0,183
Occupation	0,289	0,072	0,075	0,121	0,160	-0,096

Duration of treatment	0,009	0,177	0,017	0,162	0,005	-0,191
Relationship of caregiver	0,289	0,072	0,340	0,065	0,107	-0,110
Insurance	0,001	0,226	0,064	0,126	0,172	-0,093

Based on table 3, the demographic data shows that it has a significant relationship with self-efficacy are education with p-value = 0.009 and r = 0.177, duration of treatment with p-value = 0.009 with r = 0.177 and insurance with p-value = 0.001 and r = 0.226. In addition, it has a significant relationship with resilience are education with p value = 0.001 and r = 0.221 and duration of treatment with p value = 0.017 and r = 0.162. Demographic data that has a significant relationship with life quality are education with p value = 0.007 and r = -0.183, duration of treatment with p value = 0.005 and r = -0.191 and gender with p value = 0,000 and r = 0.258.

Table 4. Crosstab self-efficacy with resilience and life quality toward caregiver patients with schizophrenia in the poly of psychiatric

Variable	Category	Resilience			Life Quality					
		Low	High	Total	Worse	Bad	Not bad	Good	Very good	Total
Self-Efficacy	Low	19	19	38	1	7	20	9	1	38
	High	15	163	178	0	64	88	25	1	178
Spearman Rho	<i>p value</i>	0,000			0,039					
	Correlation Coefficient	0,435			-0,141					

Table 4 shows the relationship between self-efficacy with positive resilience and self-efficacy with negative quality of life.

IV. DISCUSSION

This study shows a sufficient positive relationship between self-efficacy and resilience of caregivers who care for schizophrenics. In other words, there is a direct relationship between self-efficacy and resilience. The higher the self-efficacy of caregivers, the higher the caregiver resilience, and vice versa. This finding is in line with the previous study, which is conducted by Putri, and she states that a positive relationship between caregiver self-efficacy and caregiver resilience [16]. This study is also in line with Bandura's theory, which is the triadic relationship model theory, which has three components, namely self-efficacy, resilience, and the environment. These components are mutually influencing each other and are significantly and unidirectional [14].

Demographic data that related and aligned to self-efficacy are education, duration of treatment, and insurance. The higher the caregivers' education, the higher the self-efficacy toward caregivers. Education is related to knowledge and attitude. The higher the caregiver's education, the more mature, wise, and able to solve problems because it is supported by their knowledge [17]. The longer caregiver care for schizophrenics, the higher the self-efficacy of a caregiver because the longer the caregiver is, the more experienced, skilled in caring for family members suffering from schizophrenia, and it has led to an increase in self-efficacy of caregivers [18]. Caregivers who use Badan Penyelenggara Jaminan Sosial-Penerima Bantuan Iuran (BPJS – PBI) have a high level of self-efficacy compared to the general one. Caregivers who have BPJS-PBI do not need to think about the costs for treatment. The physical and psychological health of schizophrenics is more stable because schizophrenics can routinely control each month without thinking about and incur costs because they have BPJS-PBI insurance whose contributions have been borne by the government. Therefore, the self-efficacy of caregivers is increased.

Additionally, educational demographic data has a significant relationship with resilience because a person's behavior can also be seen from the level of education and knowledge of caregivers. Duration of treatment also has a significant relationship with resilience, with the duration of treatment for patients with caregivers more able to analyze and change the outlook to be more positive and increase the ability to control themselves.

The results show that a significant relationship between self-efficacy and life quality, yet it is very weak and inversely proportional to self-efficacy with the life quality of caregivers who care for schizophrenics. It means that if the caregiver's self-efficacy is high, the quality of life is poor. This is in line with Huang's study, which explains that the quality of a caregiver's life is significantly related to self-efficacy in parents as caregivers [19]. According to demographic data in the poly of psychiatric, the relationship of caregivers and patients is as parents. Based on the researcher's opinion, caregivers as parents who care for schizophrenics have high hopes for the recovery of their children, so that caregivers are never giving up by seeking treatment information or taking advice from a person who can be trusted, or imitating from successful people who have the same problems like caregivers. It makes the life quality of caregiver parents poor because they are too tired [20]. In the medium life quality on variable data, if caregivers feel tired in treating patients at situational times, older schizophrenics are usually more stable, but sometimes schizophrenics get angry when there are triggers, so caregivers are required to efficiently handle unexpected situations. Caregivers with poor quality is a caregiver who always feels tired, always feels powerless over their daily life. They always succumb and give up on things they want to do and do not have free time to relax. The poor quality of caregivers' life leads to high self-efficacy by investing all abilities to solve problems in treating schizophrenics. Poor quality of caregivers' life also occurs when the support of family, friends or spouse does not exist, so that the caregiver's self-efficacy is high because the caregivers have to think about and find a solution by themselves because there is no family to help or the couple to negotiate in solving the solution. Caregivers' life quality is good if the caregivers are supported by their partners or families; thus, self-efficacy is low because the caregivers do not need to try hard to overcome the problem because their partners or families are ready to provide support both financially, physically and emotionally. The longer caregivers take care of schizophrenics, the worse the life quality of caregivers because caregivers feel there is no time and no power over themselves, and gender has a meaningful relationship with the caregiver's quality of life. The life quality of women caregivers is usually worse because apart from carrying out daily activities, caregivers must also treat schizophrenics [21]. According to Riff & Singer, the location of women's welfare is more to the positive relationship aspects of having an intimate and satisfying emotional life from their partners, feeling supported, assisted, supported by their partners, friends, and families [22]. According to demographic data, gender is associated with the life quality of correlation is very significant. According to the researcher's opinion, a woman caregiver who has a leading role in treating schizophrenics, the caregiver must perform daily activities, and they must treat schizophrenics as well. Although the burden of activity is somewhat tiring, if you get moral, material support, support, they are very helpful in improving the welfare of caregivers. If you have high expectations, then the caregiver will try as hard as possible to achieve his or her goals. This caregiver's hard-working attitude is what causes the caregiver's quality of life to become worse because the caregiver has a lot of effort that causes fatigue.

V. CONCLUSION

There is a positive relationship between self-efficacy and resilience toward caregivers who care for schizophrenics. However, there is a negative relationship between self-efficacy related to the life quality of caregivers who take care of schizophrenics. Hospital institutions, it is necessary to improve mental care service for schizophrenia caregivers by providing information/counseling regularly such as two weeks about mental health, stability, and improvement of physical, mental health to caregiver patients with schizophrenia. Psychological caregivers have very big influences on the stability, recurrence, and recovery rates of family members diagnosed with schizophrenia. Therefore, caregivers are also expected to be considered by the medical team to improve mental health caregivers. To further researcher, it is necessary to research with a gap between parents and children as caregivers, as well as the need for research into what factors affect the life quality of children as caregivers who take care of their parents.

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