

# Resilience, Self-Esteem, and Self-Efficacy in Caregivers of Schizophrenia Patients

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## ABSTRACT

**Background:** Schizophrenia is a severe mental disorder that leads to significant functional impairment, necessitating substantial long-term care from informal caregivers. While the burdens of caregiving are well-documented, there is limited research from India on the protective psychological resources that enable caregivers to cope effectively. **Objective:** To evaluate the levels of resilience, perceived social support, self-esteem, and self-efficacy among caregivers of patients with schizophrenia, and to examine the correlations between these variables and their association with caregiver duration. **Methods:** A cross-sectional study was conducted at the Department of Psychiatry, Timargara Teaching Hospital from June 2025 to December 2025. A total of 150 caregivers of patients diagnosed with schizophrenia (ICD-10 criteria) were recruited using convenience sampling. Data were collected using a semi-structured proforma and four standardized scales: the Connor-Davidson Resilience Scale (CD-RISC), Rosenberg Self-Esteem Scale (RSES), General Self-Efficacy Scale (GSE), and Multidimensional Scale of Perceived Social Support (MSPSS). Statistical analysis employed descriptive statistics, Pearson's correlation coefficient ( $p < 0.001$ ), and appropriate tests of significance. **Results:** The majority of caregivers were female (52.7%), married (72.7%), and had middle school education (43.3%). Most caregivers demonstrated moderate resilience (44.7%, mean  $61 \pm 14.6$ ), with 28.7% showing high resilience and 26.7% low resilience. Perceived social support was moderate overall ( $47.34 \pm 12.33$ ), with family support ( $21.22 \pm 4.5$ ) being substantially higher than friend support ( $7.11 \pm 3.4$ ). Mean self-esteem and self-efficacy scores were  $20.22 \pm 3.4$  and  $19.34 \pm 2.3$  respectively. Significant positive correlations were found among all psychological variables ( $p < 0.001$ ), particularly between resilience and perceived social support ( $r = 0.856$ ). Caregiver duration showed significant negative correlations with all study variables, most strongly with perceived social support ( $r = -0.724$ ,  $p < 0.001$ ). **Conclusion:** Caregivers of schizophrenia patients demonstrate moderate resilience and family support but markedly low support from friends, likely attributable to stigma. The significant decline in all protective factors with increasing caregiver duration highlights the progressive toll of long-term caregiving. The strong intercorrelations among resilience, social support, self-esteem, and self-efficacy suggest these factors are mutually reinforcing. Community-based psychoeducational interventions are recommended to enhance these protective resources and reduce stigma.

**Keywords:** Resilience, Self-Esteem, Self-Efficacy, Schizophrenia

## INTRODUCTION

Schizophrenia is a severe and disabling mental disorder characterized by distortions in thinking, perception, and affect, which significantly impairs an individual's ability to function in daily life [1]. This functional impairment often results in a substantial dependence on caregivers for assistance with activities of daily living. The paradigm shift in psychiatric care from institutionalization to community-based management, a process known as deinstitutionalization, has profoundly increased the role and responsibilities of these informal caregivers [2]. Caregivers are typically defined as non-professional individuals within the community who are most involved in the day-to-day care of a patient and are the primary providers of ongoing support [3]. Research by Magliano et al. has underscored that the quality of care provided by family members is directly correlated with the patient's level of functioning and clinical outcomes [4]. The caregiver's role encompasses a wide array of psychological, financial, and social responsibilities, presenting immense challenges. In

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developing countries like India, where the caregiver is often the sole breadwinner, caregiving represents a significant additional burden that can profoundly impact their psychological well-being and financial stability. Given these considerable demands, it is crucial to understand the personal and social resources that enable caregivers to cope. Resilience, defined as the ability to withstand, adapt to, and recover from threatening and challenging situations, is one such critical resource [5]. Wright et al. conceptualize resilience as a dynamic process of effectively negotiating and managing significant life stressors [6]. The chronic nature of schizophrenia, coupled with factors such as the patient's poor insight and fluctuating symptomatology, makes it a major long-term challenge that demands high levels of caregiver resilience. Another vital resource is social support, which Thoits et al. defined as information that leads an individual to believe they are loved, esteemed, and part of a network of mutual obligations [7]. It can take various forms, including emotional, tangible, and informational support. For caregivers, reduced social support can act as a significant psychosocial stressor. Miklowitz et al. found that insufficient social support for the patient and family can contribute to incomplete recovery and prolonged hospitalization, thereby intensifying the caregiver's burden [8]. Furthermore, the internal psychological resources of self-esteem and self-efficacy are fundamental to a caregiver's well-being. Rosenberg defined self-esteem as an affective evaluation of one's self-worth [9]. In the caregiving context, low self-esteem has been linked to an inability to find meaning in the role [10]. Self-efficacy, as defined by Albert Bandura, refers to an individual's perception and confidence in their own competency beliefs [11]. A study by Kate et al. demonstrated a significant positive association between self-esteem and the positive aspects of caregiving [12]. Conversely, research by Merluzzi et al. indicated that self-efficacy is negatively associated with the stress and burden experienced by caregivers of individuals with mental illness, suggesting that higher self-efficacy contributes to better caregiver well-being and, consequently, the quality of care provided [13]. While the burdens of caregiving are well-documented, there is a paucity of Indian research focusing on the protective factors for caregivers. Studies examining social support and resilience in this population are limited, and the assessment of self-esteem and self-efficacy in caregivers of schizophrenia patients represents an underexplored area requiring extensive investigation. Therefore, this study aims to evaluate the levels of social support, resilience, self-esteem, and self-efficacy among the caregivers of patients with schizophrenia

## MATERIALS AND METHODS

This cross-sectional study was conducted at the Department of Psychiatry, Timergara Teaching Hospital over a seven-month period from June 2025 to December 2025, following ethical approval from the Institutional Ethics Committee. A convenience sampling method was employed, and 170 caregivers of patients diagnosed with schizophrenia according to ICD-10 criteria were approached, of whom 150 provided written informed consent and completed the study assessments. Caregivers aged 18-65 years who had been involved in caregiving for at least six months were included, while those with primary psychiatric illness, psychoactive substance dependence, or responsibility for another chronically ill patient were excluded. Data were collected using a semi-structured proforma for socio-demographic variables, along with four standardized scales: the Connor-Davidson Resilience Scale (CD-RISC) to assess resilience, the Rosenberg Self-Esteem Scale (RSES) for self-esteem, the General Self-Efficacy Scale (GSE) for self-efficacy, and the Multidimensional Scale of Perceived Social Support (MSPSS) for social support. Statistical analysis was performed using SPSS version 28.0, employing descriptive statistics, independent t-tests, one-way ANOVA (significance set at  $p < 0.05$ ), and Pearson's correlation coefficient (significance set at  $p < 0.001$ ) to examine associations and relationships between the study variables.

## RESULTS

The study included 150 caregivers, the majority of whom were female (52.7%), married (72.7%), and had a middle school education (43.3%), with a nearly even split between rural (48%) and urban (52%) residences. The analysis revealed strong, statistically significant positive correlations among all the psychological variables, indicating that higher resilience is closely associated with greater perceived social support ( $r = 0.856$ ), higher self-efficacy ( $r = 0.532$ ), and increased self-esteem ( $r = 0.632$ ).

Conversely, a longer duration of caregiving was significantly correlated with lower scores across all measures, particularly showing a strong negative association with perceived social support ( $r = -0.724$ ). In terms of specific scores, caregivers reported the highest level of support from family ( $21.22 \pm 4.5$ ) compared to friends. While the majority exhibited moderate resilience (67 caregivers,  $61 \pm 14.6$ ), a notable portion (40 caregivers) reported low resilience levels ( $44 \pm 13.6$ ). The mean scores for self-efficacy ( $19.34 \pm 2.3$ ) and self-esteem ( $20.22 \pm 3.4$ ) provide further context on the psychological profile of the sample.

*Table 1: Sociodemographic characteristics of caregivers (N=150)*

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	71	47.3
	Female	79	52.7
Education	Uneducated	16	10.7
	Primary school	14	9.3
	Middle school	65	43.3
	High school	15	10.0
	Intermediate	27	18.0
	Graduate	13	8.7
Marital status	Married	109	72.7
	Single	15	10.0
	Divorced	16	10.7
	Widow	10	6.7
Domicile	Rural	72	48.0
	Urban	78	52.0
Socioeconomic status	Lower	14	9.3
	Upper lower	74	49.3
	Lower middle	28	18.7
	Upper middle	28	18.7
	Upper	6	4.0
Employment	Unemployed	24	16.0
	Unskilled	40	26.7
	Semiskilled	66	44.0
	Skilled	20	13.3

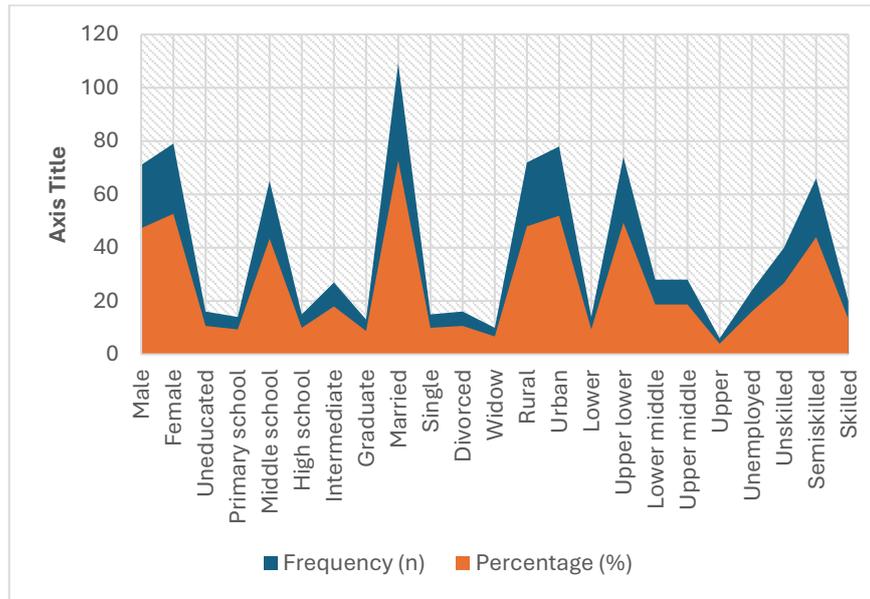


Table 2: Correlation between resilience, perceived social support, self-efficacy, and self-esteem (N=150)

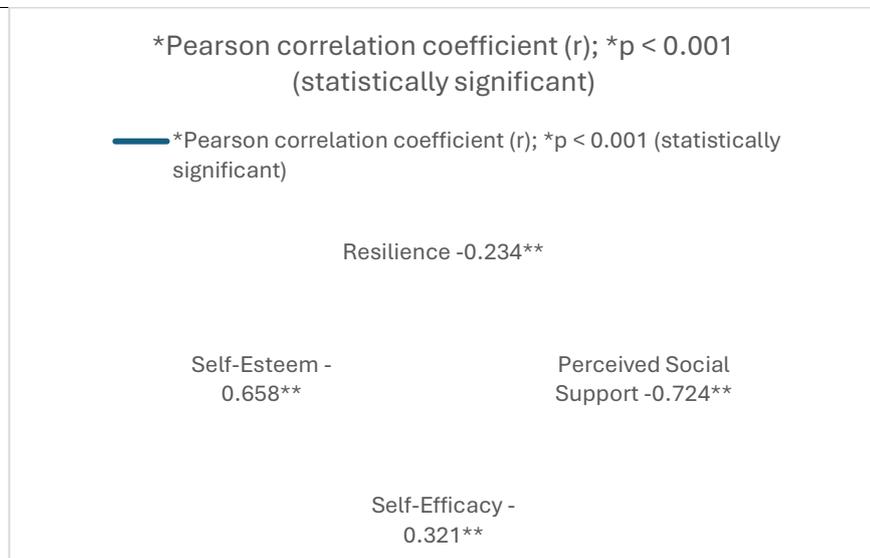
Variables	Resilience	Perceived Support	Social	Self-Efficacy	Self-Esteem
Resilience	1	0.856**		0.532**	0.632**
Perceived Social Support	0.856**	1		0.657**	0.823**
Self-Efficacy	0.532**	0.657**		1	0.823**
Self-Esteem	0.632**	0.823**		0.823**	1

\*Pearson correlation coefficient (r); \*p < 0.001 (statistically significant)

Table 3: Association between caregiver duration and study variables (N=150)

Variable	Resilience	Perceived Support	Social	Self-Efficacy	Self-Esteem
Caregiver duration	-0.234**	-0.724**		-0.321**	-0.658**

\*Pearson correlation coefficient (r); \*p < 0.001 (statistically significant)



**Table 4: Perceived social support scores among caregivers (N=150)**

Scale	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 levels among caregivers (N=150)**

Scale	Level	Mean ± SD	Frequency (n)
Resilience score	Low resilience (< 50)	44 ± 13.6	40
	Moderate resilience (50-75)	61 ± 14.6	67
	High resilience (> 75)	76 ± 13.5	43

**Table 6: Self-efficacy and self-esteem scores among caregivers (N=150)**

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 resilience, perceived social support, self-esteem, and self-efficacy in the caregivers of patients with schizophrenia. Our study found that 44.7% of caregivers had moderate resilience, 26.7% had mild resilience, and 28.7% had high resilience. In accordance with our findings, a study conducted by Souzan et al. in 2018 reported that 47.7% of caregivers had moderate resilience, 26.5% had mild resilience, and 25.7% had high resilience [11]. In contrast to our study, research by Sahar Mahmoud in 2016 found that 56.6% of caregivers had low resilience, 30.9% had moderate resilience, and only 23% had good resilience [12]. This observed difference could be attributed to the use of a different instrument that measured collective family resilience, whereas the present study evaluated individual resilience. Similarly, Gupta et al. in 2019 reported low resilience in 50% of caregivers, which was attributed to increased psychological and financial burden [13]. The relatively higher resilience observed in our study may be explained by the presence of adequate and quality community mental health programmes, which have a significant role in decreasing the psychological and financial burden on caregivers. A study conducted by Neslishan et al. in 2019 demonstrated high resilience ( $88.15 \pm 11.62$ ) among caregivers, which is considerably higher than our findings [14]. This discrepancy can be attributed to geographical differences, as the study was conducted in a European country where the standard of living and mental health care infrastructure is more advanced than in India. They also found that male and married caregivers had significantly higher resilience, although such an association could not be established in our study [14]. In contrast, a study by Bektas et al. in 2019 found no significant association between any sociodemographic parameters and resilience, which is consistent with our findings [15]. Regarding perceived social support, our study revealed that caregivers overall had moderate levels of perceived social support ( $47.34 \pm 12.33$ ). They reported moderate support from family ( $21.22 \pm 4.5$ ) and significant others ( $16.24 \pm 7.3$ ), but notably low support from friends ( $7.11 \pm 3.4$ ). This pattern is likely attributable to the Indian cultural and family system, where family members are typically loving and supportive toward their loved ones, with a strong sense of commitment

to support other family members. The low perceived social support from friends may be due to the stigma associated with mental illness. This finding underscores the need for psychoeducation programs in the community to reduce stigma. Our results are consistent with a study by Lok et al. in 2011, which also found that caregivers had moderate social support [16].

In contrast, Raj et al. in 2016 reported high perceived social support among caregivers [17]. This discrepancy may be explained by differences in the sociodemographic composition of the study samples, as most participants in their study came from joint families, whereas our study had an equivalent distribution of participants from nuclear and joint families. In Indian culture, members from joint families typically have closer and stronger emotional bonds with other family members, leading to higher perceived support. Similarly, a study conducted by Lee et al. in 2004 in Singapore reported high resilience and social support among caregivers, which can be attributed to Singapore's status as an economically developed country with advanced mental health service systems compared to India [18].

Consistent with our findings, Laurence et al. in 2020 also reported that social support from family was higher compared to support from friends [19]. Our study found that education, employment, and socioeconomic status had significant associations with perceived social support, which aligns with the findings of Neslishan et al. in 2019, who reported higher social support among educated caregivers [14]. However, in contrast to our study, they also found that females had higher social support than males, which may be due to cultural differences, as their study was conducted in Europe where females have greater social equality. A study by Yeliz et al. in 2022 demonstrated moderate perceived social support ( $44.36 \pm 22.88$ ) among caregivers, with family support being the highest compared to support from friends and significant others, which is consistent with our findings [20]. The present study demonstrated a statistically significant positive correlation between resilience and perceived social support ( $r = 0.856$ ,  $p < 0.001$ ). This finding suggests that caregivers who receive higher social support from family and friends are better able to adapt to the challenging situations they face. They also have more opportunities to discuss their issues openly, and effective communication helps mitigate their distress. Self-esteem and self-efficacy in caregivers of schizophrenia patients represent underexplored areas requiring further research. The mean self-esteem score in our study was  $20.22 \pm 3.4$ , and the mean self-efficacy score was  $19.34 \pm 2.3$ . In a study by Scholz et al. in 2002, the international average for self-efficacy was reported as 29.55, indicating that the caregivers in our study had relatively low self-efficacy [21]. A study by Durmaz et al. in 2014 reported self-efficacy scores among caregivers of schizophrenia patients that were similar to our findings [22]. They also found a negative correlation between self-efficacy and caregiver burden, suggesting that caregiver self-efficacy plays a significant role in their quality of life. Similarly, a study by Ramzani et al. in 2019 reported a mean caregiver self-efficacy score of  $28.79 \pm 5.60$  and also found a significant negative correlation between caregiver burden and self-efficacy [23]. Research by Kate et al. in 2013 demonstrated a significant correlation between self-efficacy and positive aspects of caregiving [24]. These studies collectively indicate that caregiver self-efficacy is significantly important for the quality of care provided. Caregivers with high self-efficacy can more effectively adapt to the challenges they face during caregiving. In a study by Zing et al. in 2019 conducted among HIV patients on ART treatment, the mean self-esteem and self-efficacy scores were 27.66 and 24.98 respectively [25]. Consistent with our study, they also found positive correlations between resilience, perceived social support, self-esteem, and self-efficacy [25].

Our study revealed a significant negative correlation between caregiver duration and all study variables: resilience ( $r = -0.234$ ,  $p < 0.001$ ), perceived social support ( $r = -0.724$ ,  $p < 0.001$ ),

self-efficacy ( $r = -0.321$ ,  $p < 0.001$ ), and self-esteem ( $r = -0.658$ ,  $p < 0.001$ ). This indicates that as the duration of caregiving increases, these protective factors significantly decrease, highlighting the progressive toll that long-term caregiving takes on individuals.

## CONCLUSION

The present study concludes that caregivers of patients with schizophrenia have moderate levels of resilience and perceived social support from family, but notably low social support from friends. The study also demonstrates that as the duration of caregiving increases, perceived social support, resilience, self-esteem, and self-efficacy significantly decrease. Furthermore, significant positive correlations were found between resilience, perceived social support, self-esteem, and self-efficacy, indicating that these factors are interconnected and mutually reinforcing. Based on these findings, we recommend the implementation of psychoeducational intervention programmes at the community level, which may help enhance resilience, self-esteem, and self-efficacy among caregivers. Such programmes may also help reduce stigma, which in turn could improve social support for caregivers.

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## DECLARATIONS

**Ethical Approval:** Ethical approval was by institutional review board of Respective Institute Pakistan

**Informed Consent:** Informed Consent was taken from participants.

**Authors' Contributions:**

Concept: SIA; Design: SIA; Data Collection: SIA, I, WK; Analysis: SIA; Drafting: SIA

**Conflict of Interest:** The authors declare no conflict of interest.

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**Data Availability:** The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

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