

Posttraumatic Growth and Self-Efficacy among Caregivers of Patients with Schizophrenia

Doaa Taha Elsherbiney Mokbil¹; Amal Sobhy Mahmoud²; Abeer Elsayed Berma³; Nadia Mohamed Wahba⁴

¹B.Sc. of Nursing, Faculty of Nursing, Mansoura University; ^{2,3} Professor of Psychiatric and Mental Health Nursing; ⁴ Assist. Prof. of Psychiatric and Mental Health Nursing, Faculty of Nursing, Port Said University, Egypt.

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ABSTRACT

Background: Caring for patients with schizophrenia can be a traumatic experience for caregivers. The negative impacts of this experience have been widely assessed. However, the data about self-efficacy and posttraumatic growth of caregivers are limited. **Aim:** Investigate the relation between posttraumatic growth, and self-efficacy among caregivers of patients with schizophrenia. **Subjects and methods: Design:** A descriptive correlational research design was applied. The study subjects comprised 143 caregivers of patients with schizophrenia who presented at the outpatient clinic for follow-up, recruited from Port Said Psychiatric Health and Addiction Treatment Hospital. **Tools:** Data were collected using two validated tools: the General Self-Efficacy Scale, the Post-Traumatic Growth Inventory, and a Personal and Characteristic Data Sheet, which was used to collect demographic information about caregivers. **Results:** Nearly three-quarters of caregivers reported a high degree of post-traumatic growth, while less than half of them had a high degree of general self-efficacy. **Conclusion:** There was a positive relation between the total scores of caregivers' posttraumatic growth and their general self-efficacy. **Recommendations:** Designing and implementing counseling programs based on caregivers' experiences and needs. These programs should enhance knowledge about resilience, managing stress, efficient coping strategies, and social support. Promoting post-traumatic growth and self-efficacy among caregivers of patients with schizophrenia can lead to meaningful improvements in the quality of care provided to patients with schizophrenia.

Keywords: Caregivers, Posttraumatic Growth, Schizophrenia, Self-Efficacy.

INTRODUCTION

Schizophrenia is a chronic and severe mental disorder that affects cognition, perception, emotions, and behavior. Its symptoms include disorganized thinking, persistent delusions, auditory hallucinations, lack of motivation, social withdrawal, and apathy. It affects 20 million people worldwide. Schizophrenia is a severe mental disorder induced by many reasons, such as the interaction between environment and genetic factors (Beidel & Frueh, 2018).

Families experience confusion when a schizophrenia diagnosis is made, followed by the reactive stage of sadness, disappointment, worry, denial, and guilt. Then, a period of adaptation and coping with the situation, and they begin to plan how to help and support their patients (Wierzbicka & Sawicka, 2020). Families start to develop their skills and knowledge and make plans for themselves and their patients. After trauma, they will experience growth in one or more of these areas; personal strength, improved relationships, new possibilities, and spiritual growth (Özateş, Özpolat, & Göğüş, 2022).

Posttraumatic growth is defined by Wierzbicka and Sawicka (2020) as a positive cognitive, emotional, and behavioral transformation occurring due to a traumatic event and efforts to combat it. Posttraumatic growth involves a change in three dimensions; a positive change in self-perception (change in cognitive processes and raising self-understanding, altruism, self-reliance, and self-sufficiency), a positive change in interpersonal relationships (being more tolerant, social support networks, establishing better relations with family and friends and more positive perception of the environment), and a positive change in life philosophy (ability to live the moment, appreciation for life, developing a new way for one's life and more attention about spiritual issues (Aziz, & Anis, 2021).

One powerful quality of the self is self-efficacy. Since it has a greater influence on action than other factors like self-esteem and self-concept. Self-efficacy also shows how hard people work to overcome obstacles and how resilient they are in the face of hardship. There are five characteristics associated with efficacy that enhance one's capacity. The first is the capacity to take on challenging tasks and establish lofty

objectives. The second and third qualities are self-motivation and thriving on challenges, while the fourth attribute is choosing and applying the right amount of effort to accomplish goals. Persistence, or the ability to continue despite obstacles, is the fifth (Manea, Zaki, & Morsi, 2020).

A strong sense of self-efficacy enhances personal accomplishments and overall well-being. Individuals with a firm belief in their capabilities tend to view complex tasks as opportunities to overcome rather than threats to evade and maintain a deeper intrinsic motivation and become more absorbed in their pursuits. They establish ambitious objectives, remain dedicated to these goals, and persistently amplify their focus and determination even when encountering setbacks or challenges (Chen et al., 2019). On the contrary, persons with low self-efficacy may think that things are harder than they are, which is a belief that enhances stress, depression, and a narrow vision of how to solve a problem effectively. They have decreased aspirations and weak commitment to the goals they set to pursue. When faced with difficult tasks, they focus on their deficiencies and the obstacles they will meet.(Khalil, Elbatrawy, Saleh, & Mahmoud, 2021).

Sources for developing efficacy include enactive mass experience, which facilitates the visualization of a successful scenario when a task has been completed. Success at a task can enhance efficacy, lower the frequency of failure, and increase the sense of control over the circumstances. Levels of efficacy can alter depending on a perception of many factors such as the task's difficulty, capabilities, the amount of help, and the needed effort (Özateş, Özpolat, & Göğüş, 2022).

Psychiatric healthcare workers, as nurses, have a vital role in supporting patients and their families and teaching them to determine stressors, understand and recognize how to deal with troubles and problems, and decrease suffering, thus enhancing their readjustment. Psychosocial interventions can decrease psychological distress and its burden. It also improves posttraumatic growth and self-efficacy for caregivers (Khalil, Elbatrawy, Saleh, & Mahmoud, 2021).

Significance of Study

For some patients, severe dysfunction in every area of everyday life is directly caused by persistent psychotic symptoms (Ozen, Orum & Kalenderoglu, 2018). Family caregivers of patients with schizophrenia experience significant levels of stress and burden, they are also more likely to suffer from social, emotional, and behavioral problems. Additionally, compared to other mental illnesses, family members experience social role sacrifice and isolation more frequently (Mchugh, Brown, & Lindo, 2016).

In Egypt, the majority of psychotic disorder patients live with a family caregiver because of the deficiency of community resources for the attention of these patients, the demands of caring include paying for supervising the patient, psychiatric treatment, dealing with the societal stigma related to mental illness, and emotional distress that may occur from symptoms of a family member's disorder (Mahmoud, 2018). The World Health Organization (2020) revealed that about 40-90% of schizophrenic patients live with their families. Family caregivers have a vital role in schizophrenic patients' recovery by assuring and maintaining their stability and preventing relapses in the community.

The beneficial changes that family members of patients with schizophrenia endure in addition to the negative ones are not fully understood. So, this study could be crucial to gain information about posttraumatic growth and self-efficacy among caregivers of patients with schizophrenia. This will allow for the development of interventions to help caregivers provide care effectively and efficiently, and enhance posttraumatic growth and self-efficacy.

AIM OF THE STUDY

This study aimed to investigate the relationship between posttraumatic growth and self-efficacy among caregivers of patients with schizophrenia.

Objectives:

The study accomplished these objectives:

1. Measure degrees of posttraumatic growth by family caregivers of patients with schizophrenia.
2. Assess degrees of self-efficacy among family caregivers of patients with schizophrenia.
3. Investigate relation between posttraumatic growth and self-efficacy among family caregivers of patients with schizophrenia.

Conceptual Definitions:

For this study, *a family caregiver* is a person who is directly responsible for providing care to a schizophrenic patient and has been closely involved in his activities of daily living and afford all responsibility of caring for the schizophrenic patient for a minimum of one year and living with the patient in the same substantial home.

Post-traumatic Growth is a positive psychological change that occurs due to fighting strong, stressful, and challenging life circumstances. These circumstances illustrate crucial challenges to the individual's adaptive resources and show important challenges to their understanding of the world and their position in it.

SUBJECTS AND METHODS

Study Design

A descriptive correlational study design was employed in this study.

Study Setting

This study was conducted at an outpatient clinic in the Port Said Psychiatric Health and Addiction Treatment Hospital. The hospital is affiliated with the General Secretariat of Psychiatric Health and Addiction Treatment (GSMHAT), Ministry of Health. This hospital serves patients from Port Said and nearby governorates, making it a representative setting for the study population.

Study Subjects

The study included 143 either male or female caregivers of patients with schizophrenia who presented at the outpatient clinic of the beforehand declared setting for follow-up. They were enrolled from the outpatient clinic of the previously mentioned hospital **based on the following criteria:**

1. A family caregiver age not less than 30 years old.
2. A family caregiver who provides care to a schizophrenic patient for at least one year.
3. Revealing an interest and willingness to participate in the study.

Sample Size:

The sample size was calculated by using a single population proportion formula (Krejcie & Morgan, 1970):

$$\text{Sample size (n)} = \frac{X^2 N P (1 - P)}{d^2 (N - 1) + X^2 P (1 - P)}$$

Where:

S: Sample size

N: Population size (196) (Mahmoud, 2018)

p: The probability (30% – 60%) or =50%= 0.50

d: Error proportion = 0.05

X: Confidence level at 95% (standard value of 1.96) $X^2 = 3.841$

$$n = \frac{3.841 \times 196 \times 0.50 (1 - 0.50)}{(0.05)^2 \times (196 - 1) + 3.841 \times .50 (1 - .50)} = 130.003 \cong 130 \text{ caregivers.}$$

A sample size of 130 caregivers was determined. Because of the anticipated dropout rate of 10%. The ultimate sample size consisted of **143** family caregivers of patients with schizophrenia.

Tools for Data Collection:

The succeeding two tools were employed to gather data:

Tool I: Post-Traumatic Growth Inventory (PTGI)

The Posttraumatic Growth Inventory was designed by Tedeschi and Calhoun, (2006) in the English language and translated into the Arabic language by Abu Aisha, (2017). It is used to measure positive changes experienced by persons after strong life stressors. This inventory is a self-reported scale that includes 21 items and has five dimensions, including new possibilities (5 items from 6 to 10), relationship to others (7 items from 11 to 17), personal strength (4 items from 18 to 21), spiritual change (2 items from 1 to 2), and appreciation of life (3 items from 3 to 5).

Scoring system

Dimension items are rated on a six-point scale that represents the degree of experience change which represents the increasing degree of posttraumatic growth: (0=I did not experience this change as a result of my crisis, 1=I experienced this change to a very small degree as a result of my crisis, 2= I experienced this change to a small degree as a result of my crisis, 3= I experienced this change to a moderate degree as a result of my crisis, 4= I experienced this change to a great degree as a result of my crisis, 5= I experienced this change to a very great degree as a result of my crisis) with a range from 0 to 105. This indicates that scores less than 35 which converted to a percent score (less than 40% represented a low degree), 36 to 70 (from 40% to less than 60% represented a medium degree), and 71 to 105 which converted to a percent score (equal to 60% or more represented a high PTG degree) (Cann et al., 2010).

Tool II: General Self-Efficacy Scale (GSES)

It was developed by Schwarzer and Jerusalem (2005) in the English language and translated into the Arabic language by Baker & Berma (2016). It is used to calculate the degree of overall self-efficacy among patients' family caregivers. The scale is composed of 10 items.

Scoring system

Responses are rated on a four-point Likert scale, extending from 1 "Not at all true," 2 "Hardly true," 3 "Moderately true," and 4 "Exactly true." Responses to all

items are summed up to yield the final composite score, with a total varying from 10 to 40, with a mean cut of point equal to 20. The total score was converted to a percent score, higher self-efficacy is indicated by higher scores. Since a low degree of self-efficacy is less than 60 %, a moderate degree ranges from 60% to less than 75 %, and a high degree is equal to or greater than 75 % (Baker & Berma, 2016).

Besides the **Personal and Characteristic Data Sheet**, it was related to family caregivers of patients with schizophrenia formed by the researcher in the Arabic language. It included personal characteristics of family caregivers such as sex, age, level of education, working status, marital status, and monthly income.

Tools' Validity

The validity of the study tools is assessed by a panel of five nursing specialists from the Department of Psychiatric Nursing and Mental Health, comprising two professors and three assistant professors. The experts who reviewed the instruments made sure they were clear, relevant, thorough, and understandable. Their remarks and recommendations were taken into consideration. As a result, the appropriate changes, clarifications, and corrections were made to the items comprising the elucidation of potentially confounding concepts and the modification of certain terminology to more accurately represent local cultural circumstances.

Tools' Reliability

The reliability of the two tools used in this study was assessed with the Cronbach's alpha coefficient test to assess the internal consistency of the study tools. The internal consistency reliability for Tool I (Posttraumatic growth inventory) was 0.86, and the internal consistency reliability for Tool II (General self-efficacy scale) was 0.93.

Pilot Study:

Prior to the data collection phase, fifteen caregivers of patients with schizophrenia, representing 10% of the total sample were chosen at random to participate in a pilot trial. The goals of the pilot study take account of determining the appropriate time needed to fulfill the questionnaire and elucidating the viability and

application of the study tools. Similarly, it helps to identify any issues that could prevent data collection. It was conducted in early December 2023 and ended at the end of that month. Following the pilot study's findings, the tools were relevant and vibrant, and no modifications were made. The entire research work sample did not comprise those who participated in the pilot study.

Field Work

Originally, a formal letter was delivered from the Dean of the Faculty of Nursing at Port Said University to the Director of the aforementioned setting, asking for cooperation and a commitment to carry out the study, after duly illuminating the intent of the study. Subsequently, the director referred the researcher to the outpatient clinic's responsible nurse, the researcher attended the responsible nurse's office to introduce herself, elucidate the study's aim, and seek consent. Subsequently, the days that the schizophrenic patients and their caregivers visited the Port-Said Psychiatric Health Hospital's outpatient clinic for follow-up were obtained to identify the data collection days. Over two days per week, on Sunday and Thursday, the data were collected. Data were gathered during four months from the start of January 2024 to the conclusion of April 2024.

The data collection process was done through a face-to-face interview on an individual basis and in a secretive place in the outpatient clinic to guarantee the confidentiality and privacy of the obtained data. A number fluctuating from 4 to 5 caregivers of patients with schizophrenia were interviewed from 10 a.m. to 1.00 p.m. Depending on the subjects' responses, each interview lasted between thirty and forty-five minutes. After that, gratitude was expressed to the schizophrenia patients and their caregivers for their kind donation of time and effort.

Ethical Considerations

The Scientific Research Ethics Committee of the Faculty of Nursing at Port Said University granted ethical approval with code number NUR (46) (2/2/2025). Following a clear demonstration of the study's purpose, the aforementioned hospital's director gave his approval to carry out the study. Additionally, informed consent to participate in the study was requested from caregivers of patients with schizophrenia.

By assigning a code number to each questionnaire, anonymity was rigorously preserved. The caregivers who were being studied were assured of their ability to withdraw from the study at any time without facing any repercussions, ensuring their voluntary participation. Every study participant was guaranteed that the information gathered would be kept confidential and used exclusively for research purposes.

Statistical Analysis:

Data were recorded to the computer and analyzed via IBM SPSS software package version 23.0. (Armonk, NY: IBM Corp). Qualitative data were described through frequencies and percentages. Quantitative variables were presented using descriptive statistics, including means and standard deviations. The questionnaire's internal consistency was evaluated by measurement of Cronbach's alpha coefficient. Additionally, quantitative variables were correlated using Spearman's correlation analysis. The associations between various variables were examined using correlations. The p-value for significant results was set at less than 0.05.

RESULTS

Table 1, demonstrates the personal data of the studied family caregivers. Results showed that less than two-thirds of caregivers (63.6 %) were males, and less than three-quarters (72.7%) were 50 and older. With marital status, 78.3 % were married. Regarding the educational levels, it was found that 19.6% of them were secondary education, while only 6.9% reached university education, and there were 31.5 % not read and write. Concerning working status, around two-thirds of them (66.4%) were working. Concerning income, more than half (58%) of the studied caregivers had enough monthly income from their point of view.

Table 2, reveals the degrees of post-traumatic growth and its dimensions among the studied caregivers. The ranking of experiencing a high degree of change in the post-traumatic growth dimensions was as follows from the highest to the lowest; personal strength, relationship to others, spiritual change, appreciation of life, and new possibilities which constituting (64.3%, 62.9%, 61.5%, 59.4%, and, 31.5%) respectively.

Table 3, demonstrates the experience change in the total post-traumatic growth among caregivers of patients with schizophrenia. Nearly three-quarters (74.1%) of the schizophrenia patients' caregivers had a high degree of experience change of posttraumatic growth, 3.5 % of them had a low degree, and only 22.4 % of them had a medium degree. This means that there is a high experience change in post-traumatic growth.

Figure 1, shows that less than half of the studied caregivers (44.1 %) had a high degree of general self-efficacy, while 27.3 % had a moderate degree, and 28.6% had a low degree.

Table 4, illustrates that there was a statistically significant positive correlation identified between total scores of post-traumatic growth and general self-efficacy among the studied caregivers of patients with schizophrenia, where $r=.672$.

Table 1: Frequency and percentage distribution of the studied family caregivers of patients with schizophrenia according to their personal data(n=143).

Personal data	No.	%
<u>Gender:</u>		
Male	91	63.6
Female	52	36.4
<u>Age (years):</u>		
<50	39	27.3
≥50	104	72.7
<u>Educational Levels:</u>		
Not read and write	45	31.5
Read and write	20	14.0
Basic education	40	28.0
Secondary education	28	19.6
University education or more	10	6.9
<u>Marital Status:</u>		
Single	4	2.8
Married	112	78.3
Divorced / Widow	27	18.9
<u>Working Status:</u>		
Non-working	48	33.6
Working	95	66.4
<u>Income(month) “from caregiver point of view”:</u>		
Not enough	5	3.5
Enough	83	58.0
Enough and overflowing	55	38.5

Table 2: Frequency and percentage distribution of the caregivers of patients with schizophrenia according to degrees of post-traumatic growth and its dimensions (n=143).

Post-Traumatic Growth Inventory	Low experience change		Medium experience change		High experience change	
	No.	%	No.	%	No.	%
New possibilities	23	16.1	75	52.4	45	31.5
Relationship to others	27	18.9	26	18.2	90	62.9
Personal strength	16	1.2	35	24.5	92	64.3
Spiritual change	10	7	45	31.5	88	61.5
Appreciation of life	11	7.7	47	32.9	85	59.4

Table 3: Frequency and percentage distribution of the caregivers of patients with schizophrenia according to degrees of total post-traumatic growth (n=143).

Post-Traumatic Growth Inventory	Low Experience Change		Medium Experience Change		High Experience Change	
	No.	%	No.	%	No.	%
Total Post-traumatic Growth Inventory	5	3.5	32	22.4	106	74.1

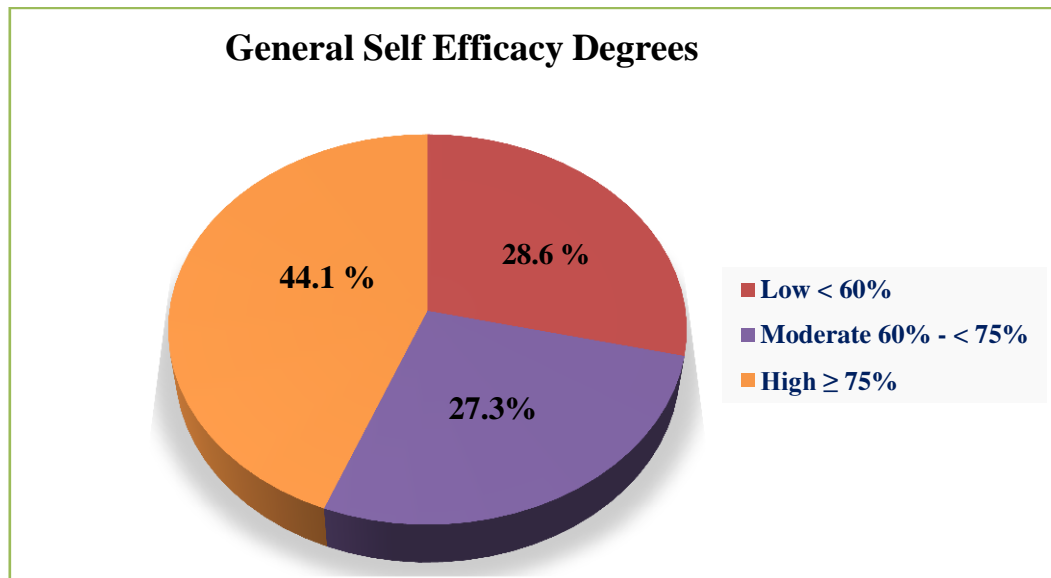


Figure 1. Percentage distribution of the studied caregivers of patients with schizophrenia according to degrees of general self-efficacy (n=143).

Table 4: Correlation between total scores of posttraumatic growth, and general self-efficacy among the studied caregivers of patients with schizophrenia (n=143).

Total Scores of	Post-Traumatic Growth		General Self-Efficacy	
	r_s	P-value	r_s	P-value
Post-Traumatic Growth	—	—	.672	.000
General Self-Efficacy	.672	.000	—	—

r_s : Spearman coefficient

*: significant at $p \leq 0.05$ level

DISCUSSION

Schizophrenia is considered a chronic mental disorder affecting about 1% of the population in the world and has three categories of symptoms, including general, positive, and negative psychological symptoms. The family may feel burdened by providing care for a family member who has a mental condition, especially schizophrenia, and many families are forced to modify their lifestyle and coping skills, especially during a potentially stressful period. This experience can be considered a crisis. In general, hope and self-efficacy are significant elements that can lessen the strain and burden on caregivers (Bhoi, & Kumari, 2024).

Caring for patients with schizophrenia can be a traumatic experience for caregivers. The negative impacts of this experience have been widely assessed. However, the data about self-efficacy and posttraumatic growth of caregivers are limited. The current study was carried out to investigate the relationship between posttraumatic growth, and self-efficacy among caregivers of patients with schizophrenia.

Schizophrenia is considered a traumatic diagnosis for patients and also causes harmful consequences for their primary caregivers. However, valuable changes may be acquired during the struggles of caring for these patients which drive the caregivers to a higher degree of psychological functioning than what existed before, namely post-traumatic growth. Caregivers learn how to cope with the difficulties of providing care and adjust to the treatment of mental disorders, they could utilize their experiences to serve others and discover a new purpose in life, or undergo positive changes in their personalities and characters. This result was which supported the posttraumatic growth theory developed by Dijkxhoorn, Padmakar, Bunders, & Regeer (2023).

The current study results accentuated that the experience change in total post-traumatic growth for caregivers is nearly three-quarters. The personal strength field ranked first with high degrees among caregivers. Experience change in relationship with others ranked second. Experience change in spiritual change ranked third with a high degree. Appreciation of life ranked fourth with a high degree. New possibilities ranked fifth with a medium degree. That is supported by Aziz, and Anis (2021) who reported that posttraumatic growth among caregivers is more than half.

It can be explained that those who care for individuals with schizophrenia may not merely endure detrimental effects on their mental health, but similarly might experience benefits as the Posttraumatic growth's advancement as they adjust to having a patient diagnosed with schizophrenia. They most likely confront hardships and distress during the journey of caregiving. Nevertheless, the caregiving experience may stimulate the caregivers' internal resources. Consequently, positive consequences can happen by directing the stress and pain from such traumatic experiences into meaningful and positive growth by finding meaning in the experience, demonstrating positive changes, and psychosocial growth. In the same track, Dijkxhoorn (2020), who studied growth, hardship, and support among family caregivers of patients with mental illness in Chennai, reported that caregivers revealed that they acquired personal strength, growth, and resilience due to experiencing hardships.

The present study verified a statistically significant difference in post-traumatic growth across the age of the caregivers. The degree of Posttraumatic growth is higher in older caregivers. This result can be associated with the fact that older age is a time of more wisdom and the capacity to handle stress and burden. Also, they have a sense of duty toward their family members and have a deeper understanding of life by fighting against difficulties more than younger caregivers. While younger caregivers experience a serious burden of caregiving, they can't tolerate tension, anxiety, and resentment. Unlikely, a research paper directed by Ng et al., (2021) noted that the degree of post-traumatic growth in young caregivers of patients with schizophrenia is higher.

The existing study also confirmed that post-traumatic growth is significantly higher among caregivers who are married. This may be illuminated by that, the presence of a partner who is willing to bear responsibility with the caregiver for the caregiving of a patient can enhance social support, lessen the burden, and lead to positive experiences. Also, family structure, which includes close family ties and social relationships, may help family members deal with traumatic illnesses like schizophrenia with empathy, handle the illness with strength, take on the caregiving responsibilities more compassionately, and mature after traumatic events. Analogous with the foregoing findings, Dijkxhoorn (2020), conveyed that support from family members for both persons suffering from mental illness and their caregivers is a

protective factor and an underused resource. Contrarily, Lu et al., (2022) discovered that posttraumatic growth did not vary substantially based on marital status.

The existing study also confirmed that the general self-efficacy for schizophrenia patients' caregivers is nearly half, which is a high degree because of low psychopathological symptom levels among patients, caregiver educational level, being married, older age, sufficient monthly income, and a high degree of posttraumatic growth. In this regard, an Egyptian study conducted by Ebrahim, Fayad, Shehata, and Atta (2024), conveyed that most of the family caregivers of psychotic patients exhibited moderate to low degrees of self-efficacy. Additionally, Banitalebi, Etemadifar, Kheiri, and Masoudi (2022) conveyed that family caregivers of schizophrenic patients had higher degrees of self-efficacy, experienced low levels of subjective burden resulting from caregiving.

One of the important objectives of the current work was to assess the relation between post-traumatic growth, and self-efficacy among caregivers of patients with schizophrenia. The results denoted a positive relationship between the total scores of general self-efficacy and post-traumatic growth among the studied caregivers. The major explanation for such a finding is that caregivers with higher posttraumatic growth obtained a sense of accomplishment and were capable of understanding the meaning of the experience upon handling pressure-related traumatic events, which heightened the sense of self-efficacy. This finding was equivalence with Doris, Cheng, and Wang (2018), who clarified that caregivers who have greater degrees of self-efficacy may have a more positive attitude toward their caregiving position and handle the stressors and challenges that come with caring for a patient with schizophrenia, increase optimism and positive experiences. Unlikely, this result disagreed with an Indian study conducted to assess posttraumatic growth and its correlates in primary caregivers of patients with schizophrenia, which demonstrated that there was no significant relation between post-traumatic growth and caregivers' self-efficacy (Balaban, Yazar, Aydin, Agachanli, & Yumrukal, 2017).

This study is unquestionably important for clinical and theoretical applications since the results enhance our understanding of posttraumatic growth among the caregivers of schizophrenic patients. Also, it clarified the significance and

requirement of taking into account that psychological professionals should focus on the assessment and intervention of self-efficacy degree, coping style, and resilience, as well as the ensuing impact on posttraumatic growth , to better assist caregivers in managing stress, seeking professional assistance, and improving the quality of life and treatment for both families and patients. Furthermore, the staff of medical rehabilitation facilities and specific education institutions must concentrate on the primary caregivers of schizophrenic patients because their recovery depends on the collaboration of health professionals and primary caregivers. Lastly, the results likewise affect upcoming studies, which may concentrate on interventions that address service gaps, resource scarcity, and caregivers' needs.

CONCLUSION

In inference, it is obvious from the current study results that there was a statistically significant positive correlation detected between the total scores of general self-efficacy and posttraumatic growth among the caregivers of patients with schizophrenia.

RECOMMENDATIONS

The present study's findings led to the following recommendations being proposed:

1. This study's results deliver treasured insights into the crucial role of guiding caregivers from a positive perspective, inspiring their possibilities, enhancing communication and social support, promoting positive coping to advance the caregivers' posttraumatic growth degree, and developing approaches to preserve unwavering psychological well-being.
2. Designing and implementing continuous counseling programs based on caregivers' experiences and needs. These programs should enhance knowledge about resilience, managing stress, efficient coping strategies, and social support.
3. Promoting post-traumatic growth and self-efficacy among caregivers of patients with schizophrenia can lead to meaningful improvements in the quality of care provided to patients with schizophrenia.

4. Planning and implementing public health awareness programs to develop, test, and implement strategies to improve social support. These programs should be available to people of all social classes and cultures in schools, universities, social groups, religious institutions, and the media.
5. Further research should conduct longitudinal studies to assess long-term outcomes of posttraumatic growth and self-efficacy among caregivers and explore the effectiveness of targeted interventions.

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نمو ما بعد الصدمة، والكفاءة الذاتية لدى مقدمي الرعاية عند مرضى الفصام

دعاء طه الشربيني مقل¹؛ أ.د/ أمل صبحي محمود؛ أ.د/ عبير السيد برم^{2،3}؛ أ.م.د/ نادية محمد وهبة⁴

¹ بكالوريوس التمريض - كلية التمريض - جامعة المنصورة، ^{2،3} أستاذ التمريض النفسي و الصحة العقلية بورسعيد، ⁴ أستاذ مساعد التمريض النفسي و الصحة العقلية - كلية التمريض - جامعة بورسعيد- مصر

الملخص

بعد الفصام اضطراب عقلي مزمن شديد يؤثر علي طريقة تفكير الشخص وشعوره وسلوكه. يحتاج الأشخاص المصابون باضطراب الفصام إلى رعاية طويلة الأمد، وتقع مسؤولية هذه الرعاية على عاتق مقدمي الرعاية من أفراد الأسرة، من الممكن أن يظهر لدى مقدمي الرعاية ما يسمى بنمو ما بعد الصدمة وهو التغير الإيجابي الذي يشهده الفرد نتيجة تعرضه للصدمة والشدائد، والذي يؤدي إلى إحداث تغيرات إيجابية في شخصيته، فضلاً عن تحسين الكفاءة الذاتية لديه. **الهدف:** استكشاف العلاقة بين نمو ما بعد الصدمة والكفاءة الذاتية لدى مقدمي الرعاية عند مرضى الفصام. **طرق وأدوات البحث؛ منهج البحث:** تم استخدام التصميم الوصفي الارتباطي. **مكان الدراسة:** أجريت الدراسة الحالية في العيادات الخارجية بمستشفى بورسعيد للصحة النفسية وعلاج الإدمان، مصر. **عينة الدراسة:** شملت 143 من مقدمي الرعاية لمرضى الفصام الحاضرون مع المرضى للمتابعة في المستشفى سألوا الذكر. **الأدوات:** تم استخدام اثنين اداه لتجميع البيانات شملت؛ مقياس النمو ما بعد الصدمة، ومقياس الكفاءة الذاتية العام، بالإضافة إلى استمارة البيانات الشخصية لمراقبين مرضى الفصام. **النتائج:** أوضحت النتائج أن ما يقرب من ثلاثة أرباع من مقدمي الرعاية لديهم تغير إيجابي بدرجة عالية في الدرجة الإجمالية لنمو ما بعد الصدمة، وأقل من نصفهم لديهم درجة عالية من الكفاءة الذاتية العامة. **الاستنتاج:** خلصت الدراسة إلى أنه وجدت علاقة ارتباطية إيجابية بين الدرجات الكلية لنمو ما بعد الصدمة لمقدمي الرعاية، وكفاءتهم الذاتية العامة. **التوصيات:** تصميم وتنفيذ برامج إرشادية مستمرة بناءً على تجارب مقدمي الرعاية واحتياجاتهم، علي أن تتضمن تنمية المهارات فيما يتعلق بالمرونة النفسية، تقنيات إدارة الضغوط، استراتيجيات التكيف الفعالة، وكيفية الحصول علي الدعم الاجتماعي مما قد يساهم في تعزيز النمو ما بعد الصدمة والكفاءة الذاتية لديهم، والتي سيؤدي تباعا إلي التغيير البناء في عملية رعاية مرضى الفصام.

الكلمات المرشدة: مقدمي الرعاية، النمو ما بعد الصدمة، الفصام، الكفاءة الذاتية.