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Concept analysis of self-efficacy among schizophrenia

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ABSTRACT

The concept of self-efficacy is a core development concept of social cognitive theory. Self-efficacy is needed by schizophrenia patients to overcome problems. The initiation aims are to analyze concepts and clarify the conceptual meaning of self-concepts for schizophrenic patients. Walker and Avant's concept analysis procedure was used in this administration. A Literature review was carried out using online databases such as Science Direct, PubMed, EBSCHO, and Proquest with the keywords "Schizophrenia" and "Self Efficacy". The concept of self-efficacy is important for schizophrenic patients to be confident in their ability to solve problems and achieve goals. This is preceded by the concept of self-efficacy in schizophrenia: outcome expectations, efficacy expectations, and outcome values. Concept attribute: efficacy in negative symptoms, social interactions, and efficacy in positive symptoms. The consequences of the concept: changes in behavior and performance. Patients with a high level of efficacy can produce good behavior and performance to overcome both positive and negative symptoms.

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Analisis Konsep Efikasi Diri Pada Skizofrenia

A B S T R A K

Konsep efikasi diri merupakan pengembangan konsep inti dari teori social cognitive. Efikasi diri dibutuhkan oleh pasien skizofrenia untuk mengatasi masalah. Tujuan dari penulisan ini adalah untuk menganalisis konsep dan mengklarifikasi makna dari konsep efikasi diri bagi pasien skizofrenia. Prosedur analisis konsep dari Walker dan Avant digunakan dalam penulisan ini. Literature review dilakukan menggunakan database online seperti Science Direct, PubMed, EBSCHO dan Proquest dengan kata kunci "Schizophrenia" dan "Self Efficacy". Konsep efikasi diri penting untuk pasien skizofrenia agar dapat yakin akan kemampuan nya untuk mengatasi masalah dan mencapai tujuan. Antecedent dari konsep efikasi diri pada skizofrenia: Outcome expectancy, Efficacy expectancy, dan outcome value. Atribut konsep: efikasi dalam gejala negatif, efikasi dalam interaksi sosial dan efikasi dalam gejala positif. Konsekuensi dari konsep: perubahan perilaku dan kinerja. Pasien dengan tingkat efikasi yang tinggi dapat menghasilkan perilaku dan kinerja yang baik untuk mengatasi baik gejala positif dan negative.

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Kata kunci:

Skizofrenia Kesehatan mental Efikasi diri

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Introduction

Self-efficacy is an individual's belief in his capacity to carry out a specific task (Hodges, 2018). The concept of self-efficacy was first discovered by Albert Bandura. Self Efficacy Model is the development of the core concept of a social cognitive theory which emphasizes how cognitive, emotional, social abilities are obtained and how a person can manage behavior (Bandura, 1994).

The psychological theory of Self Efficacy Model is structured to explain the effect of self-efficacy on behavior and performance (Bandura, 1997). Although self-efficacy is sometimes used to refer to competencies that individuals have in general, self-efficacy is more useful when used to describe and measure individual behavior in a more specific context (Maddux JE., 1995). Good self-efficacy is needed by patients with psychotic disorders such as schizophrenia to be able to overcome the problems that arise related to their illness. Low self-efficacy can result in maladaptive coping (Leon-Perez, Medina, & Munduate, 2011).

The low self-efficacy of patients, of course, must be a special concern for nurses, considering that the success of the treatment is also largely determined by the level of patient self-efficacy. Based on previous research, patient selfefficacy can affect adaptive patient coping so that good selfefficacy is needed by patients to be able to control behavior that will support the healing process (Leon-Perez et al., 2011). High social self-efficacy in daily life has a significant relationship with the quality of life of schizophrenic patients (Lee et al., 2019) Self-efficacy is how individuals believe in their ability to organize and carry out tasks to achieve the expected results (Bandura, 1994) . Self-efficacy can help schizophrenic patients to make choices, strive for progress, persistence, and persistent in maintaining tasks that support their recovery (Dwidiyanti, Wiguna, & Ningsih, 2018). Based on the explanation above, the purpose of this writing is to describe an explanation, concept analysis, to clarify the meaning of the concept of self-efficacy for schizophrenic patients.

Method

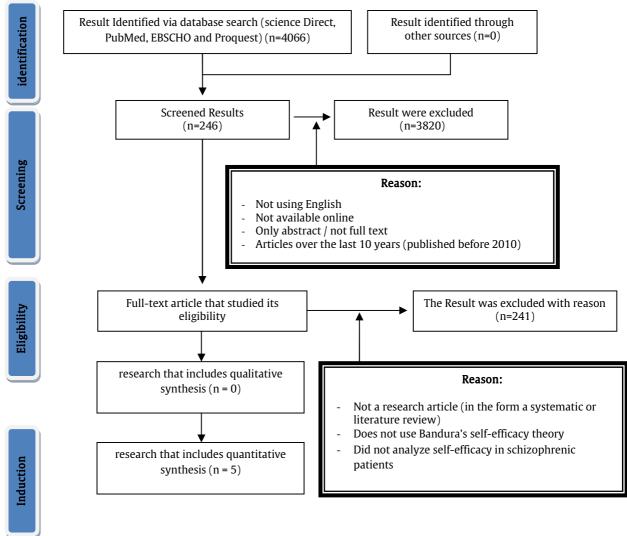




Table 1 Research Characteristics

Literature	Goal	Research Setting	Research Design	Participants	The main variable being measure	Research Result
Smith, K., &	Analyze the relationship between medication adherence, behavior, and self-efficacy of patients with Schizophrenia Spectrum Disorders (SSDs)	mental health	Cross sectional descriptive study			57 participants had levels of antipsychotic treatment in the therapeutic range, while 42% of respondents were below the therapeutic range. The results showed that there was no relationship between treatment adherence with age, diagnosis, gender, race, lifestyle, live of education, typical and atypical antipsychotic treatment. Symptom levels were negatively nd significantly associated with self-reported treatment adherence and self-efficacy in treatment adherence
Rossell, S. L., Lee, S. J., Lawrence,	Evaluating the impact of computer- assisted "drill-and-strategy" cognitive remediation (CR) on individuals with schizophrenia on awareness, daily self-efficacy, and ability to live independent		Randomized controlled trial	schizoaffective	which is measured using MATRICS Consensus Cognitive	mixed effect of global cognition after receiving CR (p =
	Dig deeper knowledge of the processes that contribute to negative symptoms and social function of schizophrenic patients, especially theoretical models that predict that self-efficacy can mediate the relationship between internalization of negative symptom stigma and social function of patients	Australia	Cross sectional study		Negative Symptoms, self efficacy, Quality of Life, Depression	Initial analysis shows that all variables are related. more specifically, stigma internalization is closely related to negative symptoms, social function and self-efficacy. furthermore, self-efficacy was strongly associated with negative symptoms and moderately associated with social functioning
Lawrence, R., Bryce, S., Ponsford, J., Tan, E. J., &	community functioning and	The Alfred hospital (project)	cross- sectional study	52 communities with schizophrenia	Community functioning, Self- Efficacy	High social self-efficacy in daily life has a significant relationship with subjective quality of life, community functioning, and low emotional discomfort in schizophrenic patients (p <0.05). Social self-efficacy has a relationship with negative symptoms. the relationship of both aspects to both self-efficacy and subjective quality of life was mediated by emotional discomfort. High self-confidence in socializing indirectly affects the quality of life which can reduce emotional discomfort

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Literature	Goal	Research Setting	Research Design	Participants	The main variable being measure	Research Result
Vaskinn, A.,	Analyzing the relationship between	NORMENT	cross-	51 patients aged 17-	positive and	Social self efficacy was not associated with
Ventura, J.,	self-efficacy, negative symptoms,	KG Jebsen	sectional	60 with	Negative Syndrome,	neurocognition and non-social functional capacity.
Andreassen,	neurocognition, and social and non-	Center for	study	schizophrenia or	self efficacy	Social self-efficacy was significantly associated with
O. A., Melle,	social functioning in schizophrenic	Psychosis		schizoaffective		negative symptoms and capacity for social functioning.
I., & Sundet,	patients	Research at		disorder		negative symptoms mediate the relationship between
K. (2015)		the				social self-efficacy and capacity for social functioning.
		University				The results support that social self-efficacy can help
		of Oslo,				schizophrenic patients improve their social functional
		Norway				capacity through control of negative symptoms.

This writing uses the concept analysis method which aims to describe understanding and clarify the concept of self-efficacy. Walker and Avant's concept analysis explains the clarification, identification, and meaning of concepts. The concept of analysis from Walker and Avant consists of nine steps, including : 1) Choosing a concept to be analyzed, 2) Explaining the purpose of the analysis, 3) Identifying all uses of the concept, 4) Determining an attribute description based on a literature review, 5) Building or identification a case model, 6) Identification of cons, boundary lines, a relationship of findings, legitimate cases, 7) Identification of attendance and consequences associated with the concept, 8) Determining empirical references, and 9) Making a final definition of the concept (Fitspatrick & McCarthy, 2016). A Literature review was conducted through the online database Science Direct, PubMed, EBSCHO and Proquest with the keywords "Schizophrenia" and "Self Efficacy", the inclusion criteria for articles written in English, full text, developed based on Bandura's self-efficacy theory, are research articles from quantitative research and published in the last 10 years.

Results and Discussion

Choose the concept to be analyzed

The concept that will be analyzed in this concept analysis is the concept of self-efficacy based on Bandura's theory for schizophrenic patients. Based on Bandura's theory, self-efficacy is how individuals believe in their ability to organize and carry out tasks to achieve the expected results (Bandura, 1994). Good self-efficacy in schizophrenic patients can produce adaptive coping so that there will be positive behavior changes and increased performance that support the healing process of schizophrenic patients (Leon-Perez, Medina, & Munduate, 2011).

Purpose of analysis

The purpose of conducting this concept analysis is to describe and provide a more in-depth explanation of the self-efficacy concept for schizophrenic patients. The explanation of this concept is expected to help schizophrenic patients to make choices, strive for progress, persistence, and persistent in maintaining tasks that support their recovery.

Usability of the concept

Bandura compiled a psychological theory regarding the Self Efficacy Model to explain the effect of self-efficacy on behavior and performance. The main concern in this theory is self-efficacy which is the level of a person's belief in his ability to make decisions regarding the level of performance chosen in overcoming problems that affect his life (Bandura, 1994).

The use of self-efficacy theory in mental nursing aims to help patients with schizophrenia and other mental disorders to increase their confidence in their ability to face and overcome their problems. Increasing self-efficacy is an important goal of giving interventions to patients with chronic diseases such as schizophrenia (Ramadhani, 2018). Self-efficacy is needed by schizophrenia patients to function properly (Vaskinn, Ventura, Andreassen, Melle, & Sundet, 2015). Patients with high efficacy can produce good behavior and performance to support their recovery (Bandura, 1997; Dwidiyanti et al., 2018).

Attributes of the concept of self-efficacy in schizophrenia

The attributes of the concept of self-efficacy in schizophrenic patients are efficacy in negative symptoms,

efficacy in social interactions, and efficacy in positive symptoms.

Patient efficacy in negative symptoms is the patient's belief in being able to control cryptic symptoms that appear in schizophrenics, including withdrawing from the environment, flat affect, and having no will (Bandura, 1997; Sheila L. Videbeck, 2016). Research states that efficacy self is closely related to weakening the effect of negative symptoms that arise on schizophrenia (Hill & Startup, 2013; McDermott, 1995)

Efficacy in social interaction is a patient's belief in being able to interact with others, and to function socially well (Bandura, 1997; Hill & Startup, 2013; McDermott, 1995). Self-efficacy is closely related to the ability of schizophrenic patients to function properly in everyday life (Bryce et al., 2018)

Efficacy in positive symptoms is an individual's belief in being able to overcome the real symptoms of schizophrenia which consist of restlessness, hallucinations, irregular behavior, disorganization of thoughts, and delusions (Bandura, 1997; Sheila L. Videbeck, 2016). Schizophrenic patients with good self-efficacy are more confident in being able to control the unreal suras or hallucinations they hear (McDermott, 1995).

Definition of self-efficacy in schizophrenic patients

Self-efficacy in schizophrenic patients is the patient's belief to be able to overcome negative and positive symptoms that appear in schizophrenics and be able to interact socially and function socially well (Bandura, 1997; Lee et al., 2019).

Case models

Examples of cases of using self-efficacy attributes are: Victor is an artist who was diagnosed with schizophrenia since two years ago and is currently undergoing inpatient therapy at a mental hospital. recommended by the hospital. After two weeks of treatment, Victor said that he was now able to communicate and interact well with others (efficacy of social interactions), Victor was able to express his feelings well (efficacy of negative symptoms) and Victor said he felt calmer and could scold sounds and images not evident that has been interfering with the drinya (efficacy in positive symptoms). Seeing the good progress experienced by Victor, the doctor finally allowed Victor to go home and undergo outpatient therapy.

Based on the above case example, Victor can optimize all attributes of self-efficacy. Victor showed that he was able to increase self-efficacy in positive symptoms, self-efficacy in negative symptoms, and self-efficacy in social interactions.

Related cases

Examples of related cases are: Ana is a housewife who has been diagnosed with schizophrenia for five years. So far, Ana has been undergoing outpatient treatment with the support of her family. Ana regularly takes medication, looks calmer, doesn't talk to herself (efficacy in positive symptoms), Ana wants to smile at others, and doesn't withdraw (efficacy in negative symptoms), But Ana only wants to talk when invited to communicate, Ana can't start talk (weak efficacy in social interactions).

The case of Ana shows that Ana can optimize two of the three attributes of self-efficacy. Ana can overcome selfefficacy in positive and negative symptoms, but Ana is not good enough in optimizing self-efficacy in social interactions, as indicated by Ana who has not been able to initiate conversations with other people.

Case boundary

An example of a case line in the use of self-efficacy attributes in schizophrenic patients is: Sinta is a student who was diagnosed with schizophrenia since six months ago. Two months ago, Sinta finally came home after being treated for 3 weeks in a mental hospital. After being at home, Sinta looks calmer and spends a lot of time in the room, Sinta never screams and talks to herself (efficacy in positive symptoms). Sinta is more silent and looks gloomy (the efficacy in negative symptoms is weak). Sinta refuses to return to college because she feels ashamed of her friends (low efficacy in social interactions).

Sinta's case shows that Sinta can only optimize one of the three attributes of self-efficacy in schizophrenic patients. Sinta showed that self-efficacy in negative symptoms and social interactions was not good enough, it was shown by being more silent, gloomy, refusing to return to college.

The opposite case

Examples of cases that contradict the use of attributes of self-efficacy in schizophrenic patients are: Rudi is a BANK employee who was diagnosed with schizophrenia one month ago. Rudi still felt denial that he had schizophrenia, so he refused to take medication. Rudi often paced screaming that he was a messenger of God (low efficacy in positive symptoms). Rudi's effect was always flat, and there was no eye contact (low efficacy in negative symptoms). It has been one week that Rudi has locked himself in his room and does not want to be spoken to by his family (low efficacy in social interactions).

Rudi's case demonstrated a failure to use self-efficacy attributes in schizophrenic patients. Rudi was unable to optimize self-efficacy in positive, negative, and self-efficacy in social interactions as indicated by delusional behavior, shouting, flat affection, lack of eye contact, and poor family interactions.

Antecendent of the concept

The attributes of the concept of self-efficacy in schizophrenia are outcome expectancy, efficacy expectancy, and outcome value. Outcome Expectancy will form self-efficacy which is a form of cognitive predictions related to the possible results that will be obtained or the likelihood of achieving goals (Bandura, 1997; Karwowski & Kaufman, 2017). The goal that schizophrenic patients want to achieve is to have effective coping to prevent relapse or recurrence (Ventura, Nuechterlein, Subotnik, Green, & Gitlin, 2004).

Efficacy expectancy is the expectation of the expected behavior which is influenced by a person's perception of his / her belief in one's abilities. If a patient tends to fail a particular task frequently, the efficacy of that patient on that task is likely to be low (Bandura, 1997).

The result value or outcome value can shape the selfefficacy of schizophrenic patients where the greater the value of the results to be obtained, eating will provide a strong motivation for individuals to fight for it. (Bandura, 1997).

Consequences

Changes in behavior and performance are the result of self-efficacy (Bandura, 1994). Stressful life events will significantly increase the risk of psychotic relapse and exacerbation of depression in schizophrenia. Therefore, schizophrenic patients need good self-efficacy to be able to see difficult problems as challenges that must be faced not as threats that must be rejected. Patients with high levels of efficacy can produce good behavior and performance to support their recovery (Bandura, 1997; Dwidiyanti et al., 2018; Ventura et al., 2004).

Empirical references

Empirical references refer to classes or categories of actual phenomena whose existence indicates the emergence of concepts. Measurement of self-efficacy in schizophrenic patients is divided into two subscales, namely positive symptoms and negative symptoms, which contain social interaction skills and social functioning (McDermott, 1995).

The study showed that in 185 schizophrenic patients self-efficacy in medication adherence was negatively associated with positive and negative symptoms in schizophrenia. The higher the self-efficacy of schizophrenic patients in adherence to treatment, the positive and negative symptoms that arise will be lower (Beebe, Smith, & Phillips, 2016., Wahida, D., & Paramastri, I. 2020).

Final definitions

Self-efficacy in schizophrenic patients is the patient's belief to be able to overcome problems consisting of three attributes, namely the belief that they can overcome negative symptoms, the belief that they can overcome positive symptoms, and the belief that they can interact socially and function socially well (Bandura, 1997; Lee et al., 2019).

The self-efficacy of schizophrenic patients was formed from the outcome expectancy, efficacy expectancy, and outcome value. The expected outcome of good self-efficacy in schizophrenia is a change in bad behavior and an increase in the performance of schizophrenic patients (Bandura, 1997).

Conclusions and Recommendations

Self-efficacy is an individual's belief about his ability and capacity to solve problems and achieve goals. Schizophrenic patients need good self-efficacy to be able to see difficult problems as challenges that must be faced, not as threats that must be denied their presence. Patients with a high level of efficacy can produce good behavior and performance to support their recovery.

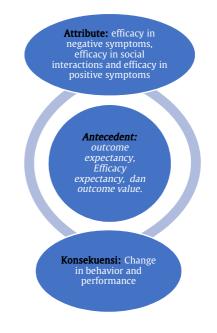


Figure 2. Self efficiacy on Scizophrenic

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