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## Resilience among Informal Caregivers of Patients with Schizophrenia in Western Visayas, Philippines

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### Abstract

Informal caregivers, often family members, of individuals diagnosed with schizophrenia face various challenges and burdens that pose significant psychological repercussions on their mental well-being. This study seeks to evaluate the resilience levels of informal caregivers of patients with schizophrenia in Region VI, Western Visayas, Philippines. Additionally, this examines the relationship between resilience and the informal caregivers' demographics, such as age, sex, and educational attainment. A quantitative research approach was adopted, specifically utilizing a descriptive-correlational method to evaluate the resilience levels among these caregivers and their correlation to demographic variables. Findings reveal that no statistical differences were observed, indicating that resilience levels remained at a stable, normal level across all demographic groups. These findings may be significant for clinical practice and research, underscoring the necessity of developing psychological programs aimed at bolstering resilience to enhance the overall well-being of family members caring for patients with schizophrenia, particularly in the Western Visayas region. Mental health practitioners may use this study to guide the implementation of psychological and psychiatric interventions that will assist informal caregivers in cultivating resilient coping strategies to prevent the onset of mental health concerns.

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### 1. Introduction

Resilience has emerged as a significant concept globally when understanding mental health, especially when facing adverse life events and recovering from negative life experiences such as crises. Researchers from the United States of America and China discovered that personal and familial resilience are linked to mental well-being <sup>[1]</sup>. Furthermore, research indicates that people with higher resilience cope more effectively with both natural and human-triggered disasters compared to those with lower resilience <sup>[2]</sup>. New estimates from the studies conducted in North Africa and across the Middle East suggest that 970 million people are impacted by different mental health conditions, with anxiety, depression, schizophrenia, and bipolar disorder being the most common <sup>[3]</sup>. Hence, caregivers are essential in providing support and managing the needs of people dealing with mental health conditions <sup>[4]</sup>. The prevalence of caregiving in the United States rose from 16.6% to 19.2% between 2015 and 2020 <sup>[5]</sup>. In the Asian context, various studies on the mental health of family caregivers of patients with schizophrenia have been conducted over the past years. Individuals with schizophrenia frequently struggle to meet their societal expectations, leading family members to assume the responsibility of providing care and support to patients. A relative takes on the caregiver role. Although family caregiving can involve significant challenges <sup>[6]</sup>, it is also recognized that the experience may be seen as fulfilling, as results of a comparative study in India indicated that both hope and perceived social support were significant predictors of reward perception among the said caregivers <sup>[7]</sup>. Given these conditions, family interventions that incorporate

coping strategies to manage stress and adverse emotions can assist caregivers in handling challenges <sup>[7]</sup>. A research study in Turkey about caregivers' mental well-being highlights the importance of integrating interventions in the support programs for the mentioned population <sup>[8]</sup>. Additionally, an Indonesian study recommends using the family empowerment module to help schizophrenic patients' families become more resilient <sup>[9]</sup>. At present, limited studies are focused on mental health in the Philippines. The subject of mental illness continues to carry a significant stigma, hence, the concerns of caregivers of those with mental health issues are not thoroughly examined. Chronic diseases, inherently, create enduring physical, emotional, and financial challenges for patients and their families <sup>[10]</sup>. In the Philippines, where familial connections are strongly embedded in cultural traditions, the effects of chronic illness reach beyond the individual and include the entire family unit <sup>[10]</sup>. Caring for patients with schizophrenia is a demanding task that requires significant energy and time over an extended period, leading to stress and fatigue among family caregivers <sup>[11]</sup>. The research findings of Derasin *et al.* revealed that providing care for a relative with a chronic illness in the Philippines led to emotional pressure, changes in family relationships, and financial burdens <sup>[10]</sup>. Hence, obtaining medical assistance and having the support of family offered essential comfort to the caregivers, allowing the latter to develop resilience, empathy, and personal development, which ultimately reinforced family connections <sup>[10]</sup>. Furthermore, one study suggests an immediate necessity for strength-focused or resiliency-oriented approaches at both individual and group levels for individuals and families affected by schizophrenia to cope with the negative emotional environment within their households <sup>[11]</sup>.

One of the researchers, who is a psychometrician by profession, previously worked in a testing center that offers various psychological services to clinical patients across different developmental age groups in Western Visayas. Countless encounters among the patients' guardians and family members were inevitable in the said profession. She witnessed the struggles of the patients' caregivers like financial constraints and emotional challenges in dealing with the patients' family members with mental illness wherein the majority were clinically diagnosed with schizophrenia. Caregivers of schizophrenic patients experienced difficulty when the patients threw tantrums and exhibited odd or bizarre behaviors during visits with the psychiatrist or psychologist. The mentioned challenges and personal observations of one of the researchers led to the conduct of this study.

The researchers investigated several studies concerning the mental health of family members caring for schizophrenic relatives in the Western Visayas region. A shortage of available literature on the mental health of informal caregivers was observed. Additionally, there was a significant lack of research focusing on the resilience levels of caregivers for patients with psychotic disorders within this region. Furthermore, insufficient existing interventions aimed at improving the well-being of both the patients and their caregivers were notable <sup>[11]</sup>. Hence, this study seeks to address the gap in the current literature by enriching scholarly understanding.

This study seeks to evaluate the resilience levels of informal caregivers of patients clinically diagnosed with schizophrenia in the Western Visayas region, considering factors such as sex, age, and educational attainment. Additionally, the study will examine the connection between the caregivers' demographics and degree of resilience. The results of this

research may provide a foundation for future investigations into the mental health of family members who care for relatives with severe mental illness, such as schizophrenia.

### 1.1 Framework of the Study

This study assumes that the resilience levels of caregivers for schizophrenic patients are influenced by their demographic characteristics: sex, age, and educational attainment. This assumption is based on Kumpfer's Resilience Framework (KRF), established by Karol L. Kumpfer. This framework analyzes various components and processes that enable individuals to be flexible and adaptable <sup>[12]</sup>. By exploring how demographic factors like sex, age, and educational background affect caregivers' resilience, we can gain insights into how individuals develop coping strategies and adapt through active engagement in their surroundings.

## 2. Methods

### 2.1 Research Design

This research employed a quantitative research design, focusing specifically on a descriptive-correlational methodology. The descriptive component evaluated the levels of resilience, while the correlational aspect explored the significant relationship between caregivers' resilience levels and their demographic factors.

### 2.2 Respondents

The study focused on Region VI, or the Western Visayas region in the Philippines, specifically on its three cities and five provinces. There were 31 respondents spread across the region. Having limited resources is one of the common reasons for the number of respondents in a study, wherein resource constraints limit the amount of data that can be collected at a reasonable cost <sup>[13]</sup>. Literature in a 2024 study by Farhati indicated that a sample size greater than 30 is generally adequate for quantitative research <sup>[14]</sup>, hence, the 31 respondents. Table 1 presents the demographic profile of informal caregivers for patients with schizophrenia. The mean age of the respondents is 52.6 years. A total of 48.4% (n=15) were aged 52 years and below, while 51.6% (n=16) were over 52. Among them, 80.6% (n=25) are female and 19.4% (n=6) are male. Regarding educational qualifications, 67.7% (n=21) are college graduates, 19.4% (n=6) are high school graduates, and 12.9% (n=4) have an elementary education.

**Table 1:** Demographic Profile of the Informal Caregivers of Patients with Schizophrenia

Variable	n	%
Age (M=52.6 years old)		
Younger (52 years old and below)	15	48.4
Older (over 52 years old)	16	51.6
<b>Sex</b>		
Male	6	19.4
Female	25	80.6
<b>Educational Attainment</b>		
Elementary	4	12.9
High School	6	19.4
College	21	67.7
Whole	31	100.0

### 2.3 Instrument

The researchers utilized the Brief Resilience Scale (BRS) <sup>[15]</sup> in measuring the degree of resilience among the respondents. The BRS is a 6-item measure of resilience, focusing on the ability to recover from stress and adversity. This measure was focused on the core and essential property of resilience, the

capacity to bounce back from stress and adversity. Responses are rated on a 5-point Likert scale from Strongly Disagree (1) to Strongly Agree (5). The higher the mean BRS score, the more resilient the respondent is. BRS is a single-factor instrument with 3 positively worded items and 3 negatively worded items to minimize or avoid social desirability response bias. The Brief Resilience Scale was among the scales with the most satisfactory psychometric properties. Internal consistency reliability was satisfactory  $\alpha = .80-91$ . Convergent, discriminant, and concurrent validity were estimated with three other measures of resilience, measures of personal characteristics, coping styles, social relationships and measures of health-related outcomes.

**Table 2:** Table of Interpretation for Brief Resilience (BRS) Scale

BRS score	Interpretation
1.00-2.99	Low resilience
3.00-4.30	Normal resilience
4.31-5.00	High resilience

**Note:** Add the scores for each of the six questions and divide by six to determine the overall BRS score.

## 2.4 Data Analysis

The data were analyzed using both descriptive and correlational methods. The descriptive analysis evaluated the resilience levels through the calculation of the mean and standard deviation. At the same time, the Shapiro-Wilk test was utilized to assess the normality of the variable. The normality test revealed that the variable was not normally distributed. Thus, the use of nonparametric statistics for inferential questions, the Mann-Whitney U test and Kruskal-Wallis H test correlated the caregivers' level of resilience and demographics.

## 2.5 Data Collection Procedure

The researchers explained the contents of the informed consent form to the respondents. After informed consent was obtained, the respondent was asked to answer a survey questionnaire. The data collection took place within the respondent's household to ensure privacy and confidentiality. After data collection, survey questionnaires were stored and kept securely. The tabulated data were forwarded to the statistician for processing and analysis. Finally, to ensure the integrity of the study, the researchers observed the fundamental ethical principles of respect for persons, justice, and beneficence. They assured the respondents of their privacy and confidentiality.

## 3. Results and Discussion

In this section, the first part discusses the level of resilience among informal caregivers of patients diagnosed with schizophrenia. This is followed by the second part, the examination of the statistical difference between the demographics (age, sex, and educational attainment) and the respondents' level of resilience. It ends with the theoretical analysis that validates or invalidates the theoretical underpinning of this study.

### 3.1 Resilience Level of Informal Caregivers of Patients with Schizophrenia

Table 3 displays the degree of resilience among informal caregivers of patients with schizophrenia in Region VI. Overall, the caregivers tend to exhibit a normal level of resilience ( $M=3.19$ ,  $SD=0.60$ ). According to age, both younger caregivers ( $M=3.20$ ,  $SD=0.56$ ) and older caregivers ( $M=3.19$ ,  $SD=0.66$ ) have normal resilience levels. Male caregivers ( $M=3.00$ ,  $SD=0.00$ ) and female caregivers

( $M=3.24$ ,  $SD=0.66$ ) showed normal resilience. By educational attainment category, elementary graduates ( $M=3.25$ ,  $SD=0.50$ ), high school ( $M=3.17$ ,  $SD=0.75$ ), and college ( $M=3.19$ ,  $SD=0.60$ ) are reported as normal resiliency. Resilience remains at a stable, normal level across all demographic groups.

Table 3 indicates comprehensive data on the resilience levels of informal caregivers of patients with schizophrenia in the Western Visayas region. Based on the Brief Resilience Scale, the overall level of resilience, with a mean of 3.19 and a standard deviation of 0.60, is classified as normal resilience. Moreover, there is no intriguing trend emerges when examining resilience levels based on different demographic factors.

The results of the study show that there is a small or insignificant disparity in the resilience levels between all variables under each demographic profile (age, sex, educational attainment) that are being assessed. The resilience levels of the respondents across various demographic groups in this study fall under normal resilience. Having a normal level of resilience means one can handle and recover from the difficulties and obstacles of life while preserving a sense of well-being and functionality. It is the ability to adapt successfully to difficult situations, hardships, and pressure without permitting these factors to determine the direction of one's life. According to Kate *et al.* cited in the 2024 study of Lök and Bademli, families may face challenges that lead to burden, such as feelings of embarrassment, helplessness, and guilt, alongside physical, emotional, and financial hardships while caring for a patient with schizophrenia [8]. Then, the individual attempts to use complex experiences due to stress, coupled with the person's strength to build psychological resilience. Psychological resilience can be described as a conscious effort to progress in a thoughtful and integrated positive way based on lessons learned from negative experiences, and it is also known as a process that utilizes resources to maintain a well-balanced life [8]. Hence, informal caregivers in this study are seen resilient than what is expected, garnering scores under the normal resilience category.

The findings of the research, when examining the differences in resilience levels between age, sex, and educational attainment, have significant implications for conceptualizing mental health program design for family members and guardians of patients with schizophrenia.

**Table 3:** Level of Resilience among Informal Caregivers of Patients with Schizophrenic in Region VI

Variable	M	SD	Interpretation
<b>Age</b>			
Younger	3.20	0.56	Normal Resilience
Older	3.19	0.66	Normal Resilience
<b>Sex</b>			
Male	3.00	0.00	Normal Resilience
Female	3.24	0.66	Normal Resilience
<b>Educational Attainment</b>			
Elementary	3.25	0.50	Normal Resilience
High School	3.17	0.75	Normal Resilience
College	3.19	0.60	Normal Resilience
<b>Whole</b>	<b>3.19</b>	<b>0.60</b>	<b>Normal Resilience</b>
Mean Range: 1.00-2.99=Low Resilience, 3.00-4.30=Normal Resilience, 4.31-5.00=High Resilience			

### 3.2 Difference between demographics and Resilience level

#### 3.2.1 Difference between the Informal Caregivers' Age and Resilience Level

The non-parametric statistical data analysis reveals no

statistical difference between informal caregivers' resilience levels and demographic characteristics (see Table 4). The Mann-Whitney U test indicated no significant difference between younger and older caregivers concerning resilience [ $U=119.500$ ,  $p=0.977$ ], suggesting that age does not affect resilience level. Thus, the null hypothesis is accepted and the alternative hypothesis is rejected since there is no significant difference between the informal caregivers' degree of resilience and age. The result of this study is different from the research findings of Vazquez *et al.* in Spain, wherein a significant direct correlation was found between informal caregivers' age and resilience [16]. This is also aligned with the study analysis of Feng *et al.* in China, in which they found that the age of the caregivers during the rehabilitation period had an impact on their resilience [17].

It is very likely that older individuals who assume the role of caregivers, despite their unwavering commitment in many instances, may encounter difficulties in fulfilling their responsibilities, either due to poor health or insufficient levels of resilience or readiness [18]. Hence, this research carries important consequences for the mental health of elderly caregivers. In more critical cases, a decline in mental or physical health can result in issues such as depression or chronic pain, among others [18]. Researchers from Spain found that older caregivers and those in worse health are more susceptible to facing obstacles in delivering care and may also experience additional health conditions that need to be addressed [18].

### 3.2.2 Difference between the Informal Caregivers' Sex and Resilience Level

Utilizing Mann-Whitney U test, it is revealed that there is no significant difference between sex and resilience [ $U=63.000$ ,  $p=0.384$ ], indicating that sex does not influence level of resilience. Consequently, the null hypothesis is accepted, and the alternative hypothesis is dismissed due to the absence of a significant difference in resilience levels between sexes. The results of this study, in terms of sex, are in line with the findings of Stanley and Balakrishnan [19], who did not report any significant gender-based difference in terms of resilience. This is in contrast with the findings from the 2024 study of Vazquez *et al.* [16], in which they observed significant differences in resilience based on the informal caregiver's gender.

Furthermore, this study revealed that a majority of caregivers for patients with schizophrenia were female. This observation supports the notion that women predominantly take on the caregiving role for family members with chronic medical conditions, disabilities, the elderly, and those suffering from severe mental illnesses [19]. This finding carries significant implications for mental health professionals in designing interventions aimed at enhancing resilience, particularly for female informal caregivers, who are more prone to experiencing depression [16].

### 3.2.3 Difference between the Informal Caregivers' Educational Attainment and Resilience Level

A lack of significant difference [ $\chi^2(2)=0.366$ ,  $p=0.833$ ] between informal caregivers' educational attainment and resilience level suggests that the latter is not directly influenced by the former. The result is derived using the Kruskal-Wallis H test. Therefore, the null hypothesis is rejected, and the alternative hypothesis is accepted since there is no significant difference between the degree of resilience and educational attainment. The findings of this study, in terms of educational attainment, are consistent with the

research of Vazquez *et al.*, which indicated that there was no connection between the educational level of informal caregivers and their level of resilience [16]. On the other hand, the study of Feng and colleagues revealed that educational attainment did influence caregivers' resilience levels [17]. Furthermore, research has indicated that caregivers with higher education tend to possess better cognitive and problem-solving skills, enabling them to utilize effective coping mechanisms and manage their emotions more successfully when dealing with stress and challenges associated with mental illness, ultimately boosting their resilience [17].

**Table 4:** Difference in the Level of Resilience among Informal Caregivers of Patients with Schizophrenia in Region VI

Variable	U	z	p
Age	119.500	-0.029	0.977
Sex	63.000	-0.871	0.384
	$\chi^2$	df	p
Educational Attainment	0.366	2	0.833
Note: the difference in the means is significant when $p \leq 0.05$			

The research theorized that informal caregivers' resilience is associated with their demographic factors: age, sex, and educational attainment. This assumption was based on Kumpfer's Resilience Framework by Karol L. Kumpfer [12]. This present study invalidates this theory because the findings showed that there is no significant difference between informal caregivers' level of resilience across targeted demographics. The findings imply that the respondents' demographics do not directly influence their degree of resilience. Nonetheless, the need for further investigation considering other factors is warranted.

## 4. Conclusion

The research offers insights into the resilience of informal caregivers and identifies several factors that may influence their capacity to recover or bounce back from life's difficulties and setbacks. Overall, informal caregivers of individuals with schizophrenia in the Western Visayas region exhibit a normal level of resilience across various demographic factors such as age, sex, and educational attainment. Additionally, the research revealed that the level of resilience among these caregivers does not have a statistically significant correlation with their demographic characteristics, indicating that factors like age, sex, and educational attainment do not affect resilience levels. Therefore, it is recommended that future studies explore other potential factors that could influence the resilience of informal caregivers. This study holds importance for both clinical practice and research, highlighting the necessity for the development of psychological intervention programs aimed at enhancing and bolstering resilience, ultimately improving the overall well-being of informal caregivers of people with schizophrenia. Thus, preventing the emergence of mental health challenges among them.

## 5. Limitations of the Findings

The research focused on three cities and five provinces within the Western Visayas region of the Philippines, specifically targeting informal caregivers of individuals diagnosed with schizophrenia. This study employed quantitative methods, utilizing both descriptive and correlational analysis. The results were based solely on information and data collected through a standardized questionnaire known as the Brief Resilience Scale. Additionally, the study explored the

relationship between the resilience levels of caregivers and various demographic factors, including age, sex, and educational attainment.

### 6. Practical Value of the Paper

The research is valuable in addressing particular issues that could enhance the resilience level of informal caregivers of schizophrenic patients, not only in Western Visayas but also in other areas of the Philippines and abroad. Additionally, government and non-governmental organizations may use this study as a reference to enhance mental health services for informal caregivers of patients with severe mental health conditions like schizophrenia. Furthermore, mental health professionals may utilize this study as a foundation for creating programs or interventions aimed at improving the overall well-being of family members or guardians caring for individuals suffering from schizophrenia.

### 7. Directions for Future Research

This research has quantitatively examined the resilience levels among informal caregivers of patients diagnosed with schizophrenia. While the findings are clear, qualitative research could be conducted to explore the underlying reasons for the data presented in this study. The respondents may be able to provide further insights regarding the results and significant details gathered through qualitative research. This approach could help answer the “why” and “how” questions related to the outcomes, as qualitative data could enhance the quantitative findings. In addition to qualitative studies, alternative research designs such as mixed-methods approaches may also be explored. Future studies investigating the degree of resilience of informal caregivers of patients with schizophrenia could benefit from a larger sample size drawn from a broader geographical area.

### 8. Declaration of Conflict of Interest

The authors reported that there were no potential conflicts of interest associated with the research, writing, or publication of this work.

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