



# Self-efficacy and psychosocial functioning in schizophrenia: A mediational analysis

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## Abstract

The construct of self-efficacy has been hypothesized to mediate the relationship between efforts at coping with psychiatric illness and functional outcome. This study examined whether self-efficacy mediated the relationships between psychosocial functioning and important predictors of functioning: premorbid functioning, negative symptoms, and cognitive functioning. Although self-efficacy was positively associated with psychosocial functioning, it did not mediate the relationships between functioning and the other established predictors. Rather, negative symptoms were the strongest predictor of functioning and mediated the relationship between self-efficacy and functioning. The findings suggest that negative symptoms, and not self-efficacy, are the most critical determinants of psychosocial functioning in schizophrenia, and that psychosocial treatment should focus on the amelioration of these symptoms.

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## 1. Introduction

Almost four decades ago, Bandura (1966) introduced the construct of self-efficacy, which he defined as the belief that one has the ability to perform a behavior or task. Bandura suggested that decisions to enact most human behaviors depend heavily on beliefs about self-efficacy. Since its introduction, self-efficacy has been included in theoretical models and empirical studies examining a wide range of human behaviors, including drug avoidance (Martin et al., 1995), smoking cessation (Colletti, 1985), condom

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use (VanOss Marin et al., 1998), career choice (O'Brien, 2003), academic achievement (D'Amico and Cardaci, 2003), athletic performance (Lee, 1982), learning (Linnenbrink and Pintrich, 2003), and health behaviors (Hickey et al., 1992).

Bandura (1977, 1997) proposed that self-efficacy beliefs mediate the relationship between coping skills and successful emotional adjustment. Self-efficacy has been included in conceptual models designed to explain psychosocial functioning in a variety of psychiatric conditions, including depression (e.g., Stanley and Maddux, 1986), anxiety (e.g., Williams, 1992), substance abuse (DiClemente et al., 1995), and eating disorders (Clark et al., 2000). Although self-efficacy theory has been tested in many psychiatric populations, less research has examined it in individuals with schizophrenia.

Self-efficacy is included in one theoretical model of psychosocial functioning in schizophrenia (Liberman et al., 1986) in which it is hypothesized that self-efficacy determines coping effort and psychosocial functioning, which in turn impacts self-efficacy beliefs; however, that model was not tested. Efficacy for coping with negative symptoms was examined in individuals diagnosed with schizophrenia. Mueser et al. (1997) found that number of coping strategies correlated highly with coping self-efficacy; however, they did not examine the relationship between self-efficacy and psychosocial functioning. Finally, a study of individuals with recent onset schizophrenia found that self-efficacy was related to coping responses (Ventura et al., 2004). However, the measure of self-

efficacy used in this study was a dimension derived from measures of self-esteem, perceived social support, and perception of the stressful aspects of life events, and therefore represented a construct that differed from Bandura's definition of self-efficacy.

Understanding the relationship between self-efficacy and psychosocial functioning has implications for treatment of schizophrenia. Because conceptual models suggest that some individuals with schizophrenia have the capability to perform requisite behaviors but fail to do so because they perceive that they lack the ability, direct attempts at increasing self-efficacy perhaps should be included as part of treatment. Before doing this, however, more information is needed to evaluate whether self-efficacy does indeed mediate psychosocial functioning in this population, as hypothesized.

This study addressed this question by testing the model represented in Fig. 1, which includes several predictors of psychosocial functioning in schizophrenia: premorbid functioning, negative symptoms, and cognitive functioning. There is a substantial body of evidence demonstrating that premorbid functioning is an important and strong predictor of psychosocial functioning in schizophrenia (e.g., Breier et al., 1991; Penn et al., 1995). Therefore, premorbid functioning was included in order to improve overall prediction of functional outcome.

Negative symptoms are a hallmark feature of schizophrenia, and there is substantial evidence supporting the relationship between negative symptoms and psychosocial functioning (e.g., Breier et al.,

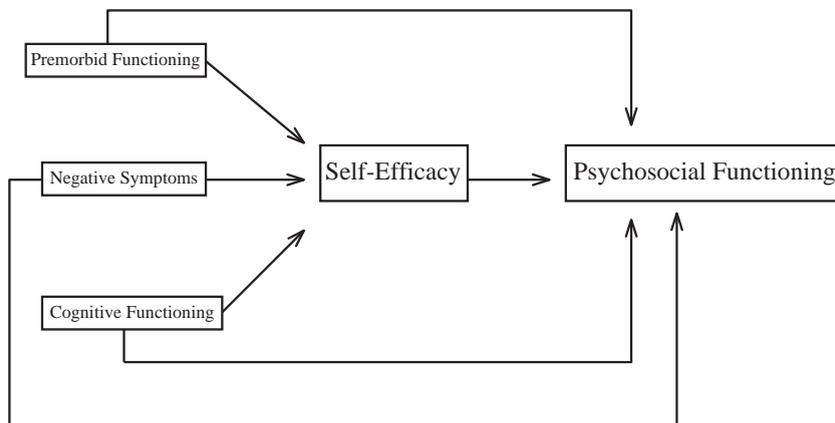


Fig. 1. Model for predicting psychosocial functioning in schizophrenia.

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