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SELF-EFFICACY AMONG INDIVIDUALS WITH AND WITHOUT DISABILITIES: EFFECTS OF QUARANTINE

A AUTOEFICÁCIA ENTRE PESSOAS COM E SEM DEFICIÊNCIA: EFEITOS DA QUARENTENA

Gabriel Acácio pena de Menezes[1], Camila Cristina Duarte[2], Amanda Correia Rodrigues[3], Sarah Gabrielle Mariano Leão[4], Francisco de Rezende Baltar[5], Isabela Mie Takeshita[6]

[1]Bachelor's degree in Psychology from the Faculty of Medical Sciences of Minas Gerais – FCMMG, Belo Horizonte (MG), Brazil; [2]Bachelor's degree in Nursing from the Faculty of Medical Sciences of Minas Gerais – FCMMG, Belo Horizonte (MG), Brazil; [3]Student of the Psychology course at the Faculty of Medical Sciences of Minas Gerais – FCMMG, Belo Horizonte (MG), Brazil; [4]Student of the Physiotherapy course at the Faculty of Medical Sciences of Minas Gerais – FCMMG, Belo Horizonte (MG), Brazil; [5]Student of the Medicine course at the Faculty of Medical Sciences of Minas Gerais – FCMMG, Belo Horizonte (MG), Brazil; [6]Professor at the Faculty of Medical Sciences of Minas Gerais – FCMMG, Belo Horizonte (MG), Brazil.

***Corresponding author**: Gabriel Acácio Pena de Menezes– **Email:** gabriel.pena0212@gmail.com

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ABSTRACT: Objective: To assess resilience and self-efficacy using the Dispositional Resilience Scale (DRS) and General Self-Efficacy (GSE) in people with and without disabilities in a quarantine situation. Methods: The study evaluated the constructs of self-efficacy and resilience among people with disabilities, auditory and visual, and people without disabilities, through a quantitative, descriptive and cross-sectional approach. A non-probabilistic convenience sample was used, employing the "snowball" method, with data collection carried out by the DRS and GSE tools via Google Forms. Result: The mean of the self-efficacy variable was slightly higher in the people with disabilities group (31.8) compared to the people without disabilities group (30.0). Conclusion: There were no significant differences between the groups.

KEYWORDS: Disability Discrimination. Resilience Psychological. Self-Efficacy. Social Isolation.

RESUMO: Objetivo: Avaliar a resiliência e autoeficácia através das escalas Dispositional Resilience Scale (DRS) e General Self Efficacy (GSE) em pessoas com (PCD) e sem deficiência (PSD) em situação de quarentena. Métodos: O estudo realizado avaliou os constructos da autoeficácia e da resiliência entre PCD, auditiva e visual, e PSD, por meio de uma abordagem quantitativa, descritiva e transversal. Foi utilizado uma amostra não probabilística por conveniência, empregando o método de "bola de neve", com a coleta de dados realizada pelas ferramentas DRS e GSE via Google Forms. Resultado: A média da variável de autoeficácia foi ligeiramente maior no grupo das PCD (31,8) em comparação ao grupo de PSD (30,0). Conclusão: Não houve diferenças significativas entre os grupos.

PALAVRAS-CHAVE: Autoeficácia. Isolamento social. Pessoas com deficiência. Resiliência Psicológica.

INTRODUCTION

In 2020, the COVID-19 pandemic led nearly the entire planet into a sanitary and humanitarian crisis[1]. This was due to the fact that COVID-19 is a highly contagious and relatively unknown pathology; thus, the best non-pharmaceutical strategy to be adopted was horizontal social isolation2. In Brazil, through Law No. 13,979, quarantine, along with other methods, was included among the measures that could be implemented to combat the virus[3]. However, despite being the most recommended strategy to prevent the spread of the virus, isolation brought adverse consequences to individuals' mental health, an aspect often overlooked in the context of pandemic containment strategies. Therefore, it is essential to consider the implications of this measure for the mental health of those who experienced the consequences[4].

A meta-analysis study revealed a significant increase in the prevalence of anxiety and depression during periods of quarantine and social isolation, highlighting the negative impacts of restrictions on social interaction on mental health[4]. Additionally, a study conducted in China, with a large sample size (52,730 participants) - predominantly women from regions such as Hong Kong, Taiwan, among others - , showed that more than one-third of the participants experienced moderate to severe psychological distress due to pandemic-related events[5].

The constructs of self-efficacy and resilience can be correlated with mental health, being identified as protective factors[6]. In this context, beliefs act as facilitators and mitigators of various pressures imposed by the environment. Self-efficacy is defined as a person's belief in their ability to organize and execute tasks to achieve desired outcomes, with studies pointing to its association with disorders such as stress, anxiety, depression, and adverse situations[7,8,9,10,11]. Resilience, on the other hand, is defined as the ability to recover and maintain adaptive behavior when threatened by a stressful event[12].

In this regard, social isolation was characterized by a lack of accessibility, specifically the difficulty in accessing various essential spaces and services, including medical care, entertainment, and in-person social interactions. Understanding the effects of this scenario on perceptions of self-efficacy and resilience becomes crucial. However, people with disabilities already face a history of limited accessibility[13].

A study indicated that people with disabilities experienced disadvantages in various aspects during the pandemic, exacerbating the vulnerabilities of this population, particularly concerning informational accessibility, protocols, and the implementation of public policies[14].

As a result, in addition to physical and social barriers, changes in the emotional stress levels of people with disabilities were observed, especially in response to difficulties in comprehension, the absence of companions, and unprepared services[15].

Given the above, the hypothesis emerged that people with disabilities might exhibit higher levels of self-efficacy during isolation due to the close relationship between accessibility and self-efficacy, confirmed by the strong connection of both with mental health[16]. Thus, analyzing the coping strategies adopted by these groups can provide valuable insights into the intersection of self-efficacy, resilience, and accessibility during times of health crises[17], as well as essential reflections on the impacts on public health and health promotion.

This research aimed to assess resilience and self-efficacy through the Dispositional Resilience Scale (DRS) and General Self-Efficacy Scale (GSE) in individuals with and without disabilities during quarantine. The objective was to verify whether people with physical, auditory, and visual disabilities exhibit higher levels of resilience and self-efficacy compared to people without disabilities. Additionally,

it sought to understand whether the quarantine period affected individuals with and without disabilities differently. Therefore, by exploring the dynamics among these elements, this study aims to contribute to a more comprehensive understanding of the factors influencing mental health in challenging contexts and offer guidance for more effective and inclusive future interventions[18].

METHODOLOGY

The study conducted is classified as a quantitative, descriptive, and cross-sectional approach, with data collection carried out remotely through an online form created via Google Forms. This method was chosen primarily due to the impossibility of conducting in-person data collection, resulting from the isolation measures adopted by governments in response to the COVID-19 pandemic[3]. That said, evidence in the literature indicates that online data collection can be necessary and a viable alternative, especially when aiming to reach a broad and diverse sample[19].

The target population of the study consisted of individuals with and without physical, auditory, and/or visual disabilities, using a non-probabilistic convenience sample of 61 participants, randomly selected through the snowball sampling technique, where one individual with similar characteristics refers others to participate, without the need for affiliation with a specific institution, resulting in a diverse and comprehensive sample[20]. This type of sample was considered non-probabilistic, thus not requiring statistical calculations for its determination[21].

The selection cycle was repeated until an average sample of 30 individuals with disabilities, whether physical, auditory, and/or visual, was reached. Due to the difficulty in including individuals with disabilities in the sample, the data collection was concluded when an equivalent number of participants in both the group with and without disabilities, namely 30, was reached. Moreover, a similar sample size was considered in another study with a different population but also of a comparative nature[22].

Inclusion criteria required participants to be 18 years of age or older, and individuals with intellectual disabilities were excluded from the study due to potential limitations in understanding the research objectives. For the group without disabilities, inclusion criteria required that participants had no form of disability and were over 18 years old, maintaining the same age restriction and exclusion of participants with disabilities.

Data collection began after approval by the Ethics Committee of a Higher Education Institution, under the opinion number 4,199,508. The data collection instrument consisted of two scales: the Dispositional Resilience Scale (DRS) and the General Self Efficacy Scale (GSE), both adapted and validated for Portuguese[23,24]. These instruments were made available through Google Forms. The GSE assesses an individual's sense of personal efficacy through a 10-item questionnaire, answered on a Likert scale ranging from 1 (not at all true) to 4 (exactly true) [24]. The DRS, composed of 15 items, also utilized a Likert scale ranging from 0 (not at all true) to 3 (completely true). This tool aims to assess resilience as a personality trait, encompassing the three dimensions that define the concept of resilience: commitment, control, and challenge acceptance[23]. To ensure respondents' participation, the Google Forms link was sent out three times, with a one-week interval between each distribution.

The first stage of data collection involved presenting the Free and Informed Consent Form (FICF). Reading and accepting this form were prerequisites for filling out the questionnaires, ensuring adherence to the ethical principles established by Resolution 466/2012, and demonstrating the relevance of the research in the context of the pandemic. The research proceeded only after approval

by the Research Ethics Committee (REC), with participants completing the questionnaires following the prior reading and checking of the FICF box, ensuring the confidentiality and privacy of the collected data.

RESULTS

A total of 61 participants, of whom 30 were individuals with disabilities and 31 had no disabilities (Table 1), completed the questionnaires. A greater number of female respondents participated in the study, totaling 36 women compared to 25 men (Table 1). When analyzing the people with disabilities and people without groups separately, gender disparities became more pronounced. In the group of people with disabilities, 11 were women and 19 were men, while in the group of people without disabilities, 25 were women and 6 were men (Table 2). These discrepancies were considered statistically significant, as shown in Table 2 (Chi-square test p-value = 0.001).

Regarding the age range of participants, 44 individuals were found to be between 18 and 38 years old, representing 72.1% of the total sample (Table 1). However, this proportion did not show statistically significant relevance.

Table 1 – Descriptive Analysis of Study Participants

Data	Statistic - Absolute Number (Percentage)
Gender	
Female	36 (59%)
Male	25 (41%)
Age Range	
18 to 38 years	44 (72,1%)
39 to 59 years	16 (26,2%)
60 or older	1 (1,6%)
Do you have a disability?	
Yes	30 (49,2%)
No	31 (50,8%)
If yes, what type?	
Physical/Motor disability	23 (76,7%)
Auditory disability	5 (16,7%)
Visual disability	2 (6,7%)
GSE	30,0 (28,0 – 33,0)
Minimum – maximum	15,0 – 40,0
DRS-15	30,0 (27,0 – 36,0)
Minimum – maximum	20,0 – 42,0

Table 2 – Comparison of Variables between Patients with and without Disabilities

	Do you have a disability?		
	Yes	**No**	**p-value**
Gender			0,001[Q]
Female	11 (36,7%)	25 (80,6%)	
Male	19 (63,3%)	6 (19,4%)	
Age Range			0,884[F]
18 to 38 years	21 (70,0%)	23 (74,2%)	
39 to 59 years	8 (26,7%)	8 (25,8%)	
60 or older	1 (3,3%)	0 (0%)	
GSE	31,8 ± 4,4 31,5 (28,0 – 35,0)	28,8 ± 5,4 30,0 (27,0 – 31,0)	0,085[M]
DRS-15	31,4 ± 6,0 30,0 (27,0 – 36,0)	30,8 ± 5,5 30,0 (26,5 – 35,0)	0,784[M]

[Q] Test Chi-square; [F] Test Fisher's Exact; and [M] Test de Mann-Whitney

Categorical variables were presented as absolute and relative frequencies, while numerical variables were expressed as mean ± standard deviation and median (1st quartile - 3rd quartile). Associations between categorical variables were evaluated using Chi-square tests and Fisher's Exact Test, when applicable, and comparisons between groups were performed using the Mann-Whitney test. All analyses were conducted using R software version 4.0.3, with a significance level set at 5%.

The sample was analyzed in three different segments to ensure a more detailed and accurate analysis, as well as to allow for group comparisons and an overall view of the sample. In the first segment, only the responses from people with disabilities were analyzed, in the second segment only the responses from people without, and finally the responses from both groups together. Regarding the normality of the sample distribution, a parametric distribution was found in the group of people with disabilities, and a non-parametric distribution was found in the group of people without disabilities, thus justifying the use of different tests for the samples.

When analyzing Pearson's "r" correlation between the variables of self-efficacy and resilience in the group of people with disabilities, we found a positive, moderate, and statistically significant correlation (Pearson's r = 0.454; p = 0.012) (Table 3). In the group of people without disabilities, Spearman's correlation test was used, and a positive, moderate, and statistically significant correlation was also found between the variables (Spearman's rho = 0.439; p = 0.014) (Table 5). In the overall group, the correlation test results remained consistent (Spearman's rho = 0.440; p < 0.001) (Table 4).

Table 3 - Independent Sample T-Test and Pearson Correlations for the PCD Group

	Test	Statistic	df	p
Self-efficacy PSD	Student	0.261	29	0.796
	Mann-Whitney	68.000		0.743
Resilience PSD	Student	-1.299	29	0.204
Self-efficacy GER	Student	-2.365	59	0.021
	Mann-Whitney	345.500		0.085
Resilience GER	Student	-0.422	59	0.675
Self-efficacy PCD	Pearson's r	—	—	0.783
	p-value	—	—	—
Resiliência PCD	Pearson's r	0.454	—	—
	p-value	0.012	—	—

Table 4 - Pearson's r and Spearman's rho Correlation Table for PCD and PSD Groups

Variable		Has a disability	Self-efficacy GER	Resilience GER
1. Has a disability	Pearson's r	—		
	p-value	—		
	Spearman's rho	—		
	p-value	—		
2. Self-efficacy GER	Pearson's r	0.294	—	
	p-value	0.021	—	
	Spearman's rho	0.223	—	
	p-value	0.083	—	
2. Resilience GER	Pearson's r	0.055	0.400	—
	p-value	0.675	0.001	—
	Spearman's rho	0.036	0.440	—
	p-value	0.781	<.001	—

Table 5 - Pearson's r and Spearman's rho Correlation for the PSD Group

Variable		Auto-GER	Res_GER
1. Self-efficacy GER	Pearson's r	—	
	p-value	—	
	Spearman's rho	—	
	p-value	—	
2. Resilience GER	Pearson's r	0.366	—
	p-value	0.043	—
	Spearman's rho	0.439	—
	p-value	0.014	—

A comparison between the independent groups was also performed using the Mann-Whitney test. No statistical evidence was found to confirm significant differences in the constructs of self-efficacy ($p = 0.085$) and resilience ($p = 0.783$) between the groups of people with and without disabilities (Table 2). However, it is noteworthy that the average self-efficacy score was higher in the group of people with disabilities (31.8) compared to the group of people without disabilities (30.0).

DISCUSSION

The results obtained in this study reveal no significant differences between the groups. However, it is important to note that the average self-efficacy score was higher in the group of people with disabilities compared to the group of people without disabilities. Although the second hypothesis proposed by the authors was not confirmed, the relevance of these findings remains significant, as they demonstrate that, despite the challenges faced by people with disabilities in their daily routines, their perception of their ability to cope with everyday challenges is slightly higher than that of people without disabilities.

This effect may be attributed, as previously discussed, to the fact that people with disabilities have already encountered situations of limited accessibility, leading them to develop strategies to cope with the problems they experienced. Thus, the results suggest that these strategies may have been useful in facing the challenges posed by the pandemic context.

A third hypothesis formulated by the authors stated that resilience levels would be higher among people with disabilities than among people without disabilities. However, the data collected in this study could not confirm this hypothesis, suggesting that resilience may be a stable component of personality, remaining constant even in adverse contexts, which aligns with the findings of the scale's standardization study. In this light, resilience is currently understood to be influenced by social and family support[25].

Analyzing the data obtained, it was also found that the average self-efficacy scores are lower than those found in the sample from the instrument validation study[24]. However, the validation sample consisted of Portuguese teachers, predominantly female, working at primary, secondary, and special education levels, with varying academic qualifications. This raises the possibility that this population may

not be entirely representative of the current research, due to potential cultural, professional, academic, and age-related differences.

A previous study indicated that people with physical disabilities exhibited a neutral sense of self-efficacy[26]. However, due to the use of parameters related to physical ability in the instrument employed, it can be inferred that this group is aware of its limitations.

Additionally, another study noted that children with physical disabilities had a positive self-concept relative to cognitive, social, motor, behavioral, and general aspects[27]. However, these children showed lower levels of self-efficacy and satisfaction with their physical appearance. A systematic review highlighted studies that indicate no significant differences in self-efficacy levels among children when compared by school grade, gender, and age. However, a difference was observed between groups with different disabilities, with lower self-efficacy scores in children with physical disabilities. It is worth noting that parents and teachers rated these children as less competent compared to the children's own evaluations[28].

Another significant finding is the correlation between self-efficacy and resilience, which were observed as complementary variables in this study. Resilience is related to thinking and action, while self-efficacy pertains to perception and decision-making. When combined, these variables contribute to a better quality of life by overcoming adversities[29].

In summary, although the data were not statistically significant, it is valuable to understand that people with disabilities may exhibit variable patterns of resilience and self-efficacy. This variability demands attention from healthcare professionals to provide support, qualified listening, and other measures that can mitigate challenges related to everyday coping strategies.

CONCLUSION

This research concluded that there were no significant differences in self-efficacy and resilience between people with and without disabilities during social isolation, as the results from the Dispositional Resilience Scale (DRS) and General Self Efficacy (GSE) scales in individuals with physical, auditory, and visual disabilities were slightly higher when compared to those without disabilities. Additionally, it was possible to conclude that various other factors impact the mental health of these individuals and the constructs analyzed, such as physical appearance, socioeconomic and family situation, education level, cognitive ability, and gender, among others.

One of the limitations of the present study is the small sample size, which, despite being a non-probabilistic sample, could lead to errors when applying the study to a broader population. Furthermore, this may explain why no significant differences were observed between the groups.

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