



FAMILY RESILIENCE AND CAREGIVER BURDEN WITH THE RELAPSE OF SCHIZOPHRENIA IN PADANG

Bunga Permata Wenny*, Rika Sarfika, Hema Malini, Dewi Eka Putri

Fakultas Keperawatan, Universitas Andalas, Limau Manis, Pauh, Padang, Sumatera Barat 25175, Indonesia

*bungapermata@nrs.unand.ac.id

ABSTRACT

To achieve good quality care as caregivers, families must have mechanisms to help them deal with difficult situations and minimize the risk of recurrence. Families often experience high emotional stress from seeing patients struggling with schizophrenic symptoms. Family resilience, often interpreted as the ability to overcome, adapt, and recover from challenges in caring for schizophrenic patients, involves various aspects, including emotional and social support, effective communication, understanding of schizophrenia, and the family's ability to manage challenging situations. .. This quantitative research is a cross-sectional design within three months at the Asylum Hospital. Prof. HB. Saanin Padang, with a total of 152 people, was analyzed using the Spearman rho test. The results showed that family resilience and caregiver burden had a reasonably strong relationship with the recurrence of schizophrenic patients in Padang City. Family resilience, which tends to be high, is influenced by the majority of the female sex group with child status and is not distracted by work because most decide not to work permanently. The condition of resilience is inversely proportional to the burden of caregivers, which are generally in the low category.

Keywords: family support; mental disorder; psychosocial factors

INTRODUCTION

Schizophrenia is a severe mental disorder that affects an individual's thoughts, feelings, and behavior (Caqueo-Urizar et al., 2017). This condition is rooted in severe neurobiological disorders of the brain that are persistent and have poor insight, which disrupts the functioning of individual, family, and community life (Fitryasari et al., 2021). According to the 2018 Basic Health Research study, the prevalence of schizophrenia or psychosis in Indonesia is around 6.7 per 1000 households. In other words, of every 1000 households, around 6.7 have a member with schizophrenia or psychosis. Weret and Mukherjee, through their global study, stated that schizophrenia, or a mental disorder, tends to experience recurrence with a prevalence of 50-92 (Budiono et al., 2021), caused by yourself, health workers, people who are responsible for the patient, family, and the environment (Peng et al., 2022). Schizophrenic patients often experience disturbing symptoms, such as delusions, (Hernandez et al., 2019) hallucinations, and thought disturbances (Clari et al., 2022) This condition can cause a significant burden on the family in terms of emotional, physical, social, and responsibility. (Weret & Mukherjee, 2014)

Families often experience high emotional stress from seeing patients struggling with schizophrenic symptoms. (Singkali, 2019) Families will feel sad, anxious, worried, and frustrated (Shiraishi & Reilly, 2019) looking at changes in patient behavior and mental health that affect psychological well-being and relationships among family members. (Hsiao et al., 2022) Caring for schizophrenic patients can also result in a physical burden for the family to carry out additional physical care, such as assisting in daily activities, monitoring diet and medication, and managing symptoms that arise (Nenobais et al., 2020). The patient's difficulties in social interaction, such as maintaining interpersonal relationships, holding a job, or participating in social activities, will limit the family's opportunities to lead an everyday social life. (Mardiah et al., 2020) Furthermore, the most challenging thing is the role of the family as

caregivers who must arrange medical visit schedules, monitor treatment, and deal with crises that may occur to disrupt the balance of family life.(Guan et al., 2020) and limiting the time and energy they can spend on other activities.(Hsiao et al., 2020)

Pratama et al explained that the recurrence of schizophrenic patients experienced a significant reduction of 40% when treated and received good support from the family at home. However, the limited ability of the family to cope with this burden is directly proportional to the recurrence rate of schizophrenic patients. Relapse in schizophrenic patients results in the treatment being unable to work as before or being resistant to several types of drugs. Repeated relapses can increase up to six times if schizophrenic patients do not get good support and care from their families.(Pratama et al., 2015) Family support is the key to recovery and recurrence of schizophrenia patients, considering that the patient's survival will depend on the family regarding housing, emotional, and financial.(Lauriello, 2020) Traditional treatment and community culture, such as shackling or limiting excessive patient interaction by confining the patient in a room, must be avoided because, in this condition, the family must be able to improve the quality of care to reduce the recurrence of schizophrenia patients.(Rodolico et al., 2022)

To achieve good quality care as caregivers, families must have mechanisms to help them deal with difficult situations and minimize the risk of recurrence.(Jo et al., 2021) Family resilience, often interpreted as the ability to overcome, adapt, and recover from challenges in caring for schizophrenia patients, involves various aspects, including emotional and social support, effective communication, understanding of schizophrenia, and the family's ability to manage challenging situations.(Al Sawafi et al., 2022) Families with a high level of resilience tend to be able to better deal with the pressure and stress caused by relapses of schizophrenia. They can maintain a better balance and quality of family life.(Fernandes et al., 2021). This study aims to determine the relationship between family resilience and caregiver burden with schizophrenia recurrence in Padang City.

METHOD

This research is quantitative research with a cross-sectional design. The research was carried out over three months at the psychiatric hospital, from February to May 2023—Prof. HB. Saanin Padang, which is a referral psychiatric hospital in West Sumatra. We determined the sample through purposive sampling with the results of 139 families from all schizophrenia patients who qualified according to the inclusion criteria: (1) lived with people with schizophrenia at the psychiatric hospital; (2) responsible for caring for people with schizophrenia (as a caregiver) in the family for at least one year; (3) not currently suffering from chronic disease. We collect data using Zarit Burden Interview (validity value 0.931), Family Resilience Assessment Scale (FRAS) (validity value 0.851), with the following instrument indicators:

Table 1.
Research instruments

Variable	Indicator	Measuring scale
Independent		
Family resilience	Beliefs, organizational patterns, communication processes (<i>Family Resilience Assessment Scale - FRAS</i>)	Ordinal
Caregiver burden	Problems and experiences (Zarit burden interview-ZBI)	Ordinal
Dependent		
Recurrence	The appearance of symptoms recurs, and the family treats it	Ordinal

Data analysis used a descriptive method to present an overview of data per variable and sample demographics. Furthermore, we analyze a bivariate using the Spearman rho test to measure the relationship between the independent and dependent variables. Ethical clearance at the Health Research Ethics Commission of the Faculty of Nursing, Andalas University, conducted ethical research feasibility tests

RESULTS

The overall characteristics of the research respondents in terms of age, gender, education, occupation, relationship with the patient, the length of time the patient has suffered, and the length of time caring for the patient in table 2.

Table 2.
Characteristics of research respondents (n=139)

Characteristics	f	%
Age		
Teenager	4	2.6
Adult	101	66.4
Elderly	47	30.9
Gender		
Male	37	24.3
Female	115	75.7
Education Level		
Low	73	48
High	79	52
Job-status		
Work	67	44.1
Not work	85	55.9
Relation with patient		
Husband	8	5.3
Wife	11	7.2
Parent	19	12.5
Son/daughter	85	55.9
Family	29	19.1
Duration suffered (years)		
< 5	21	13.8
6-10	47	30.9
> 10	84	55.3
Duration in caring (years)		
< 5	6	3.9
6-10	134	88.2
> 10	12	7.9

Tabel 2 most respondents were adults aged 26-45 years with a percentage of 66.4%, and the most gender is female at 75.7%. Based on education, most of the respondents with higher education (52%) with employment status did not work as much as 55.9%. All respondents have family relationships with patients as child status with a percentage of 55.9%. This study found that 55.3% of patients had had schizophrenia for > 10 years, with 88.2% experience caring for families of the majority 6-10 years.

Table 3.
Partial description of family resilience, caregiver burden, and recurrence of schizophrenia

Variable	Category			Total
	Low f (%)	Medium f (%)	High (f (%))	
Family Resilience	5 (3.3)	77 (50.7)	70 (46.1)	152 (100)
Caregiver burden	105 (69.1)	36 (23.7)	11 (7.2)	152 (100)
Relapse of skizofrenia	83 (54.6)	-	69 (45.4)	152 (100)

Tabel 3 A total of 77 families, or 50.7%, had moderate levels of resilience, followed by 70 families (46.1%) with high resilience, where this condition is inversely proportional to the low recurrence rate of schizophrenic patients. In contrast, 105 families, or 69.1%, felt the burden of caring for them was quite low and directly proportional to the low recurrence rate of schizophrenic patients, 83 people, or 54.6%. Based on the results of the study on 152 respondents with the above characteristics, the results of measuring the relationship were bivariate through the Spearman rho test, as shown in the following table :

Table 4.
Partial description of family resilience, caregiver burden, and recurrence of schizophrenia

Dependent Variable	Correlation coefficient	Sig.
Family Resilience	-0.256**	0.001
Caregiver burden	0.262**	0.001

Table 4, there is a relationship at a sufficient level with a coefficient range between 0.260-0.50 for each dependent variable with the recurrence of schizophrenic patients. Family resilience and the recurrence of schizophrenia patients have a negative correlation of -0.256 with a significance of 0.001. This study found that the correlation between caregiver burden and recurrence of schizophrenia patients was positive, with a value of 0.262 followed by a significance level of 0.001..

DISCUSSION

The relapse rate of schizophrenic patients in the psychiatric hospital Prof. HB. Saanin Padang, a referral hospital for mental illness in North Sumatra, is in a low category. The relapse of schizophrenic patients is because most families who become caregivers are adults who can manage their emotions well. After all, schizophrenic patients need caregivers with positive emotional expressions. (Pardede et al., 2016) Women with child family relationship status are the majority of caregivers of people with schizophrenia with a low relapse rate regarding their obligation to care for their parents. At the same time, the female sex tends to care for sick family members sincerely. Aldina's research stated that women are more able to accept the conditions of family members who experience soul disorders.(Aldina & Diah, 2018) Children are the majority of caregivers for schizophrenic patients, according to the results. Families who act as caregivers are generally highly educated but do not work or do not have permanent employment ties because schizophrenic patients need intensive care to meet their needs (Niman, 2019) so caregivers cannot consistently share their time to work outside the home.

The family, with all its roles, is often related to the recurrence of schizophrenic patients (Tanjung et al., 2022) and the results obtained in this study. The role of the family as a caregiver is related to the burden borne. The condition of the burden felt in a low category by the family as a caregiver has a reasonably strong relationship with the low recurrence rate of schizophrenia patients in the RSJ. Prof. HB. Saanin Padang. The burden measured includes the length of experience in caring for an extended period, namely 6-10 years, and the problems caregivers

face are not too heavy due to the positive emotions that arise from the sincerity of women as the majority of caregivers. These results are consistent with research by Nenobais et al which stated that schizophrenic patients with a high frequency of hospitalizations would result in a 100% increase in caregiver burden.(Nenobais et al., 2020)

Compared with the low caregiver burden on the study results, the resilience of families with schizophrenia tends to be moderate and high, which is a realization of the role of women and children as the leading group of caregivers. The attitude of acceptance and sincerity in caring for children and women as caregivers is the dominant stage in the resilience phase of families with schizophrenia.(TRI RUKMINI & SYAFIQ, 2019) Another study by Pesik, et al showed that family resilience with a majority level of support had reduced the relapse rate of schizophrenic patients in the Working Areas of the Poigar and Ongkaw Health Centers.(Pesik et al., 2021).

CONCLUSION

Family resilience and caregiver burden have a reasonably strong relationship with the recurrence of schizophrenia patients in Padang City. Family resilience, which tends to be high, is influenced by the majority of the female sex group with child status and is not distracted by work because most decide not to work permanently. The condition of resilience is inversely proportional to the burden of caregivers, which are generally in the low category

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