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The Relationship between Exploring New Meanings of Caregiving and Family's Ability to Care Schizophrenia

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ABSTRACT

Background: Families who care for patients with schizophrenia are still considered negative experiences. Families are less able to find new, positive meaning when caring for patients with schizophrenia. This condition increases the family's and patient's burden as well as the inability of families to care for patients with schizophrenia.
Purpose: This research aims to identify relationships between exploring the new meaning of caregiving with the family's ability to take care of patients with schizophrenia.
Methods: This research is a quantitative descriptive study with a cross-sectional approach. A sample of 135 families who were caregivers of patients with schizophrenia was selected using purposive sampling techniques. The questionnaire exploring the new meaning of caregiving was developed from the concept of integrative empowerment and the family's ability to care for schizophrenia from the Barthel Index questionnaire and the Caregiving Tasks in Caring for an Adult with Mental Illness Scale (CTiCAMIS). Data analysis used Spearman rank correlation with alpha 5%.
Results: This study's result is that the family's ability to explore new meanings of care is still in the sufficient category, both in the family aspect of having responsibility, the ability to assess positive aspects, acceptance of caring situations, and the family being part of the healer. Meanwhile, families' ability to care for patients with schizophrenia is still lacking to help with social interaction and productive skills.
Conclusion: There is a relatively strong and unidirectional relationship between exploring new meanings of caregiving and the family's ability to care for schizophrenia (p-value=0.000; rho=0.311). Nurses must train family skills to explore new meanings through family empowerment programs.

Keywords: caregivers, patient care, schizophrenia, social interaction

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BACKGROUND

Families play a central role in the home care of schizophrenia patients. The family's inability to care for schizophrenia patients can lead to relapses (Fitryasari et al., 2018). One of the factors causing this is that families are less able to find new, positive meaning when treating schizophrenia. The meaning of caring for schizophrenia is still considered a burden for the family (Fitryasari et al., 2018). The meaning of positive caregiving can be used as an inner resource and unique strength to treat schizophrenia (Kaakinen et al., 2015). Families do not realize that the meaning of positive caregiving from the family is a source of strength for schizophrenia recovery and caregiver health (Kaakinen et al., 2015).

There are 21 million schizophrenia out of 0.24 cases per 1000 population (Benjamin James Sadock, 2017). The incidence of schizophrenia in Indonesia itself continues to increase from 1.3 cases to 7 cases per 1000 population in 2018 (Ministry of Health of the Republic of Indonesia, 2018). The figure in Central Java is from 2.3% (2013) to 9% (2018) (Ministry of Health of the Republic of Indonesia, 2018). Meanwhile, Semarang City had the highest number of cases, 0.79 per 1000 people, in 2018 (Agency of Health Research and Development, 2018). Several previous studies stated that the family's ability to care for schizophrenia is still in the low category (Fitryasari et al., 2021). The results of a survey of 40 families at Dr. Amino Gondohutomo Regional Psychiatric Hospital in 2022 showed that the cause of the family's inability to care for schizophrenia, namely 85% of families, always made the experience of caring for patients a stressor and something negative.

The family experience of caring for schizophrenia is considered harmful and unpleasant (Akgül Gök and Duyan 2020; Campos, Cardoso, and Marques-Teixeira 2019). Limited family care for schizophrenia, according to the knowledge they have. The impacts arising from the family's inability to explore the new meaning of caring for schizophrenia patients are increased burden on the family patient, decreased quality of life cognition for both the patient and family (Yu, Mak, and Chio 2021), and the family's inability to care for schizophrenia patients (Indah Iswanti et al., 2023). Family care for schizophrenia patients can have a positive impact, helping to foster new meaning and the ability to care for schizophrenia. The family's ability to find new meanings in caring for schizophrenia is an important thing to explain, so this research aims to determine the relationship between exploring new meanings of caregiving and the family's ability to care for schizophrenia.

PURPOSE

This research aims to identify relationships between explore the new meaning of caregiving with the family's ability to take care of patients with schizophrenia

METHODS

This research is a quantitative descriptive study with a cross-sectional design. The sample consisted of 135 families who cared for schizophrenia patients. The sampling technique uses purposive sampling according to the predetermined inclusion and exclusion criteria. The inclusion criteria were as follows: 1). Nuclear family members (father/mother/child) living in the same household with a person with schizophrenia, 2) Families providing daily home care for the person with schizophrenia, 3). Families with at least one year of experience caring for a person with schizophrenia, 4). Family members aged 20-60 years, 5). Family members with schizophrenia who have undergone more than three treatments and follow-ups at Dr. Amino Gondohutomo Mental Hospital, Central Java Province. Exclusion criteria for the study sample included: 1). Families who cannot read and write, 2). Families with mental disorders and/or other chronic illnesses.

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The research instrument uses a questionnaire to explore new meanings developed based on the concept of integrative empowerment (Zhou et al., 2020), including a sense of responsibility for the actions and behaviour of family members, assessing the positive aspects of relationships and caregiving, accepting the situation of the results of caregiving and the family as one part of the healer consists of 8 statements on a 4-point Likert scale (1=never to 4=Always) with a score of 8-32. This questionnaire has been tested for validity and reliability in 20 families who cared for schizophrenia patients. The validity test results for each statement item have a calculated r of 0.614-0.833 (> r table = 0.361) with a Cronbach alpha of 0.910. Meanwhile, the family's ability to care for schizophrenia includes fulfilling Daily Living Activities (ADL) and helping with social interactions and productive skills. In fulfilling ADL from the Barthel index and Caregiving Tasks in Caring for an Adult with Mental Illness Scale (CTiCAMIS) developed by (Fitryasari et al., 2021) consists of 10 statements with a score of 10-40, validity test 0.472-0.824 (>r-table 0.361) with Cronbach alpha 0.912. The questionnaire helps social interaction, consisting of 5 statements with a score of 5-20, validity 0.448-0.648 (r-table 0.361) and Cronbach alpha 0.777. Meanwhile, helping with productive skills consists of 3 statements with a score of 3-12 with a validity of 0.618-0.771 (r-table 0.361) and Cronbach alpha 0.861.

Descriptive analysis uses frequency distribution in percentages, and inferential analysis uses Spearman rank correlation with a significance level of 95%. Data collection was carried out primarily with the caregivers' families by paying attention to research ethical principles and passing the ethical review from the Dr. Amino Gondohutomo Regional Psychiatric Hospital Ethics Committee number 420/12375.

RESULTS

Table 1. Characteristics of Families Caring for Patients with Schizophrenia (n=135)

Characteristics	**Indicator**	**f**	**%**
Gender	Man	68	50,4
	Women	67	49,6
	Total	135	100,0
Age	Early Adulthood (20-30 years)	20	14,8
	Middle Adult (31-55 years)	69	51,1
	Pre-Elderly (55-60 years)	46	34,1
	Total	135	100,0
Education	Not completed in primary school	1	7,7
	Elementary School	28	20,7
	Junior High School	29	21,5
	Senior High School	52	38,5
	University	25	18,5
	Total	135	100,0
Work	Civil Servants	6	4,4
	Retired	9	6,7
	Self-employed	24	17,8
	Private Sector Employee	51	37,8
	Housewife	31	23,0
	Laborer	9	6,7
	Doesn't work	5	3,7
	Total	135	100,0
Family Role	Father	22	16,3

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Characteristics	Indicator	f	%
	Mother	31	23,0
	Child	14	10,4
	Siblings	53	39,3
	Husband	8	5,9
	Wife	7	5,2
	Total	135	100,0

Demographic characteristics of families caring for schizophrenia at the Dr. Amino Gondohutomo Regional Psychiatric Hospital is predominantly male (50.4%), middle adult age (51.1%), high school/vocational education (38.5%), working as a private employee (37.8%) with a role in the family as siblings.

Table 2. Relationship between exploring new meanings of caregiving with the family's ability take care patients with schizophrenia (n=135)

Variable	Indicator	Category	f(%)	p-value
Exploring the new meaning of caregiving	Have responsibility	Not enough	9(6,7)	0,000 Rho=0,311
		Enough	102(75,6)	
		Good	24 (17,8)	
	Assess the positive aspects	Not enough	4(3,0)	
		Enough	102(75,6)	
		Good	29(21,6)	
	Accept the situation	Not enough	6(4,4)	
		Enough	101(74,8)	
		Good	28(20,7)	
	The family is part of the healing	Not enough	5(3,7)	
		Enough	89(65,9)	
		Good	38(28,1)	
Family ability to care for patients with schizophrenia	Fulfillment of ADL needs	Not enough	48(35,6)	
		Enough	50(37,0)	
		Good	37(27,4)	
	Helps social interaction	Not enough	72(53,3)	
		Enough	47(34,8)	
		Good	16(11,9)	
	Helps Productive skills	Not enough	66(48,9)	
		Enough	38(28,1)	
		Good	31(23,0)	

The family's ability to explore new meanings at at the Dr. Amino Gondohutomo Regional Psychiatric Hospital mainly in the sufficient category in the aspects of the family

having responsibility (75.6%), ability to assess positive aspects (75.6%), acceptance of caring situations (74.8%), and family being part of the healing of patients with schizophrenia (65.9%). While most families' ability to care for patients with schizophrenia is sufficient to meet ADL needs (37.0%), it is still lacking in helping with social interactions (53.3%) and productive skills (48.9%). There is a relatively solid and unidirectional significant relationship between exploring new meanings of caregiving and the family's ability to care for patients with schizophrenia, where the p-value is 0.000<0.05 with (rho=0.311). The better the family's skills in exploring new meanings of care, the better their ability to care for patients with schizophrenia.

DISCUSSION

The family's ability to explore new meanings is mostly still in the sufficient category in the aspects of the family having responsibility, the ability to assess positive aspects, acceptance of caring situations and the aspect of the family being part of the healing process for patients with schizophrenia. his could be because most families are unable to accept the condition of patients with schizophrenia, especially those who have severe symptoms. Families have difficulty providing for needs and are frustrated when patients with schizophrenia refuse treatment and food (Ntsayagae, Poggenpoel, and Myburgh 2019). Apart from that, the family does not realize they are part of the patient's recovery therapy. Meanwhile, families' ability to care for patients with schizophrenia is still lacking to help with social interaction and productive skills. This can occur due to behavioural impairment experienced by patients with schizophrenia (Budi Anna Keliat, 2020). Patients tend not to want to interact with other people, so families find it challenging to communicate and have limited social contact with the environment. The family only focuses on providing treatment without being aware of the patient's hobbies, so they are less able to fulfil the productive skills of patients with schizophrenia.

The research results showed that there was a relatively strong and unidirectional relationship between the skills to explore new meanings of caregiving and the family's ability to care for patients with schizophrenia. The ability to explore new, positive meanings in the meaning of caring for patients with schizophrenia can give rise to the family's desire to care for patients with schizophrenia. This is reinforced by (Darban et al., 2021) that the experience of caring for patients with schizophrenia causes positive consequences for the family. Families are expected to have the skills to explore new meanings of caring for patients with schizophrenia, such as one part of healing therapy so that it creates a desire or motivation to care for patients and in turn, the family will try to improve their ability to care for patients with schizophrenia. Four interactive components help family caregivers grow and find meaning in caregiving (Farran et al., 1991), essential antecedents to caregiving, stages of caregiving, responses to caregiving, and potential caregiving outcomes.

The ability to explore new meanings can support patients with schizophrenia in recovery. This was stated by (Farran et al., 1991) that family care for patients with schizophrenia does not only lead to adverse outcomes but can also bring positive things to care and inspire the family to grow by reflecting on the caregiving experience. Families who care for patients with schizophrenia have the potential and initial motivation to make meaning of caregiving. Allow the family to narrate the caregiving experience, accept the caregiving situation, make meaning in caregiving, and reframe caregiving with new meaning (Zhou et al., 2020).

A supportive family, a comfortable and safe environment and providing opportunities to carry out activities independently will give patients with schizophrenia a positive concept of self-esteem that can help heal other than psychopharmaceutical drugs. This is by the results

of several studies which state that the family as a source of social support can be a critical factor in healing patients with schizophrenia (Videbeck, 2020). Family support is one of the factors that minimize the potential for relapse in patients with schizophrenia after hospitalization (Pothimas et al., 2020).

The better the skills in exploring new meanings of care, the better the family's ability to care for patients with schizophrenia. This confirmed that the family's skills in exploring new meanings which are not yet optimal can have an impact on the family's ability to care for patients with schizophrenia (Iswanti et al., 2023). Families can improve their skills by making new and positive caregiving meaning in family empowerment programs by providing training and education. Family empowerment is a series of processes that enable changes in family capabilities as a positive impact of family-centred nursing interventions and health promotion actions, as well as cultural appropriateness that influences treatment actions and family development (Graves and Shelton 2007). Family skills to find new meaning in caregiving can be developed through several methods when caring for patients with schizophrenia, such as fulfilling basic needs for personal hygiene. When the family helps the patient comb their hair, bathe or change clothes, it means that the family is someone the patient needs, someone who can love and accept the patients with schizophrenia condition as it is. Eating together ensures the family maintains a warm and harmonious atmosphere and does not discriminate or stigmatize patients with schizophrenia. Involving patients in daily activities makes patients with schizophrenia grow confident in doing things; it is a psychological therapy that families can carry out to support the recovery of patients with schizophrenia. So mental health nurses also need to be trained on how to help and accompany families to find new meaning in caregiving for patients with schizophrenia.

CONCLUSION

There is a relatively solid and unidirectional significant relationship between exploring new meanings of caregiving and the family's ability to care for patients with schizophrenia. Family skills to explore new meanings of care need to be improved to support the ability to care for patients with schizophrenia. Further research is needed on the factors that influence the success of finding new meaning in families who care for schizophrenia patients. Nurses need to carry out psychoeducational interventions for families to help them find new meaning in caring for schizophrenia patients.

CONFLICTS OF INTEREST

There is no conflict of interest.

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