



DESCRIPTION OF ANXIETY IN THE PATIENT'S FAMILY CAREGIVER SCHIZOPHRENIA IN THE COMMUNITY HEALTH OF MANYAR, GRESIK DISTRICT

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Research Report

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ABSTRACT

Introduction: Schizophrenia is a disease process that affects perceptions, emotions, social behavior and the ability to accept reality correctly. Caregivers with schizophrenia often feel anxious. This study aims to determine the description of anxiety in family caregivers of schizophrenia patients. **Methods:** This research is a quantitative research with a descriptive approach. The number of respondents was 63 according to the inclusion and exclusion criteria. Using purposive sampling technique. This research was conducted at the Manyar District Health Center, Gresik Regency in March 2022. Processing and Data Analysis using Editing, coding, scoring, tabulating and percentages. In this study, the Hamilton Rating Scale for Anxiety (HARS) questionnaire was used. Ethical Approval by the Faculty of Health, University of Muhammadiyah Gresik number 029/KET/II.3.UMG/KEP/A/2022, February 25, 2022. **Results:** The results of this study indicate the level of anxiety experienced by family caregivers of schizophrenic patients, that most of them experienced severe anxiety as many as 40 respondents (40.9%), a small proportion had no anxiety as many as 5 respondents (4.6%). **Conclusion:** Family caregivers who treat schizophrenia patients mostly experience mild anxiety. It is expected that the family caregiver can do distraction and deep breath relaxation to reduce the level of anxiety experienced by the family caregiver.

INTRODUCTION

Schizophrenia is a severe and chronic mental illness with symptoms such as delusions, hallucinations, difficulty thinking and concentrating, and lack of motivation. (Rindayati et al., 2021). Anxiety is a psychological condition of a person who is full of fear and worry, where feelings of fear and worry about something that is not certain will happen (Irda Sari, 2020). Family caregivers are those who take care of schizophrenic sufferers who have an increased role which will eventually lead to consequences, namely a burden for the family. Anxiety in caring for schizophrenic patients is related to the quality of life that affects the health and activities of caregivers (Jusup et al., 2022). The patient's condition causes the family caregiver to experience objective anxiety such as family conflicts, recreational problems and problematic work activities in psychological and social health. Subjective burden describes the psychological reactions experienced by caregivers in addition to

financial difficulties. In addition, caregivers experience many negative impacts on the physical, in the form of shame, sadness, frustration and stress when dealing with disruptive patient behavior (Yusuf et al., 2020).

Schizophrenia is currently experiencing a very significant increase in parts of the world. According to the World Health Organization (WHO) 2018, there are about 20 million people in the world who are affected by schizophrenia. According to (Idaiani et al., 2019) by the Indonesian Ministry of Health revealed that the prevalence of mental disorders in Indonesia in the data obtained reached 450 thousand, and in East Java it reached around 64,285. Meanwhile, according to data (Sulastri et al., 2020) in Gresik Regency, the prevalence of schizophrenia is 1342. The highest number of schizophrenia patients in Gresik Regency is in the Manyar District Health Center, namely 75 people, Manyar Health Center 36 people, Sukomulyo Health Center 39 people. The number of family caregivers who experience

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anxiety in treating schizophrenia patients at the Manyar District Health Center is 150 people, Manyar Health Center 78 people, Sukomulyo Health Center 72 people.

Schizophrenia is a disorder in the way of thinking, will, emotions and actions, where individuals cannot adjust to other people and the environment (Gater et al., 2014). A schizophrenic caregiver is a person who cares for and supports a schizophrenic patient. One of the schizophrenic caregivers who play an active role in caring for schizophrenic patients is a family member or commonly called a family caregiver. The task of the schizophrenic family caregiver is not only to help provide food, change clothes, and prepare medicine for patients but also to provide support both materially and psychologically. The number of tasks that must be carried out by the family caregivers of schizophrenic patients often triggers the emergence of demands from them. Apart from the many tasks, demands from family caregivers also arise because schizophrenic patients need more attention from their families, so that the presence of patients tends to be felt as a burden for their families. Lack of family caregiver knowledge regarding the care of People with Schizophrenia (ODS) causes families to experience anxiety in directing ODS. fully accept ODS in the family, do not know the signs of recurrence, and are easily influenced by societal stigma about schizophrenia (Zulkarnaen et al., 2022). The stigma that arises is that schizophrenia is a disease that cannot be cured and treated and this disease poses a danger to others. (Zulkarnaen et al., 2022) mentions that ODS is believed to be a lazy and untrustworthy person and the symptoms they show are the result of a lack of self-motivation for ODS. For family caregivers, the bad stigma from the community can make the process of treating ODS even more difficult and make it a burden. Various kinds of problems faced by caregivers while caring for people with schizophrenia, based on research that has been done there are many problems felt by caregivers, among others, caregivers receive negative treatment and attitudes from the environment, where this is a form of environmental reaction to the presence of schizophrenic sufferers in their midst. Caregivers have to bear the financial burden due to the high cost of treatment for schizophrenic patients, the cost of treatment is not cheap is one of the problems for caregivers, especially if the caregiver comes from a family with a lower economic background. Caregivers also receive negative treatment from the environment when they treat people with schizophrenia as a form of environmental rejection of the existence of people with schizophrenia (Nenobais et al., 2020).

Schizophrenia can be cured with family support is very valuable and will add to the peace of life. Family support that is given to the patient with love and attention will be able to understand its meaning well as a supporter or support for his life, so it is clear in theory that the role and support of family has an effect on compliance (Nurjamil & Rokayah, 2019). Caregivers use a variety of coping mechanisms and techniques. The use of coping mechanisms has a significant effect on the level of load. Coping mechanisms in practice can be done constructively or destructively by involving ego defenses to protect themselves. The stress adaptation model by Calysta Roy explains that the use of coping mechanisms is influenced by stimuli. Caregivers caring for schizophrenic patients are stimulated by the patient's symptoms, health care and environmental attitudes. The process of coping mechanisms is influenced by the human system. The behavior that is formed affects the emergence of control mechanisms within the individual. This control mechanism consists of the regulator and cognator whose subsystems are involved. It consists of 4 modes, namely physiological, self-concept, role function and interdependence. The caregiver who cares for schizophrenic patients can use one of 2 types of coping mechanisms, namely *problem-focused coping*, and emotion-focused coping (Rindayati et al., 2021).

From the explanation above, the problem of this research is formulated as "What is the Picture of Anxiety in the Family Caregiver of Schizophrenic Patients at the Manyar District Health Center, Gresik Regency?". This study aims to determine the description of anxiety in the family caregiver of schizophrenia patients at the Public Health Center of Manyar District, Gresik Regency. The benefits of this research are to improve services and care for the surrounding community which is used as a place of research suggestions as well as carry out a description of anxiety in family caregivers of schizophrenic patients.

MATERIALS AND METHODS

The research method used in this study is a quantitative research method with a descriptive design. Descriptive research is research that aims to describe research variables (Zhafirah, 2019). This design is used to determine the description of anxiety in family caregivers of schizophrenic patients. The variables studied were the anxiety variable in the family caregiver and the respondent's characteristic variable. This research was conducted at the Manyar District Health Center, Gresik Regency. This research was conducted from January to March 2022 to prepare proposals for the final exam.

According to (Tola, 2015), population refers to the whole group, event, or everything that is of interest to researchers to investigate. Population is a collection of all elements or individuals from which data or information will be collected (Mida et al., 2017). The population in this study was 150 family caregivers. The sample is part of the population to be studied or part of the number of characteristics possessed by the population (Hidayat, 2021). The sample in this study was 108 respondents.

Sampling is the process of selecting a portion of the population to represent the population. Sampling technique is the method taken in taking samples, in order to obtain samples that are truly in accordance with the overall research subject (Ramadhan, 2015). In this study, the researcher used the purposive sampling method, namely the sampling technique where the number of samples was the same as the population. The sample in this study was the family caregiver at the Manyar District Health Center, Gresik Regency.

Sample criteria were determined based on, 1. Inclusion criteria, namely general characteristics of research subjects from a target population that is affordable and to be studied (Anjaswarni et al., 2020). The inclusion criteria in this study were: 1) Family caregiver who cared for schizophrenic patients, 2) Family caregivers who lived at home with schizophrenic patients, 3) Willing to become research participants voluntarily, 4) Able to read and write. The exclusion criteria in this study were: 1) Family caregiver who cared for schizophrenic patients in a shackled condition, 2) Family caregivers who did not live at home with schizophrenic patients, 3) Not willing to be research participants, 4) Age > 90 years. The sampling formula is as follows:

$$n = \frac{N}{1 + \frac{(N-1)d}{75}}$$

$$n = \frac{150}{1 + 75(0,05)^2} = 63$$

Information:

n = sample

N = Population

d = 95% precession value or = 0.05

Variables are behaviors or characteristics that give different values to something (objects, humans, etc.) (Fitryasari et al., 2018). The variable in this study is Anxiety Picture.

The data collection process is a process or flow of the licensing bureaucracy (Yuliana et al., 2019). In this study, after submitting the title to the academic supervisor for approval, the researcher then made a research proposal after the proposal was approved and tested by the supervisor, then submitted to the academic field for approval and

permission to collect data from the Dean of the Faculty of Vocational Studies, Airlangga University. After obtaining approval from the institution through the Ethics Commission, the permit will be submitted to the Gresik Regional Development Planning Research Agency to obtain a copy for the Health Office, then the Head of the UPT Puskesmas, Manyar District, Gresik Regency to obtain a permit. Research instruments are tools and methods needed in research to collect good data, so that the data collected is valid, reliable and accurate data (Anjaswarni et al., 2020). The tools used by this researcher in collecting data activities so that these activities become systematic and easier. In this study, the instrument used was a questionnaire sheet. The special instrument used is the HARS (Hamilton Anxiety Rating Scale).

The stages of data processing in this research are as follows, namely 1) *Editing* is an activity to check the contents of forms or questionnaires. The researcher checked the respondents' answers to the questionnaire and the respondents have provided answers to all the questions in the questionnaire. 2) *Coding* is to clarify the answers of the respondents into categories. According to *Word Health Organization (WHO)*, *Coding* is the process of clarifying data and determining the number, alphabet, and alphanumeric code (password) to represent it. ICD-10 uses a combination code, namely letters and numbers (*Alpha Numeric*). (1) Code 0 = no anxiety (never), Code 1 = mild anxiety (rare), Code 2 = moderate anxiety (sometimes), Code 3 = severe anxiety (often), Code 4 = panic (always). 3) *Scoring* Member score is an activity to give a score according to the answer chosen by the respondent. The assessment of the results of data collection from the questionnaire sheet is scored with a number code. (2) Total score < of 14 = no anxiety, score 14-20 = mild anxiety, score 21-27 = moderate anxiety, score 28-41 = severe anxiety, score 42-56 = panic. 4) *Tabulating* is an activity to enter data into tables that have been prepared and then calculate the number of frequencies for each data collected, both general and special data. The goal is that the compiled data is easy to read and analyze. Research ethics uses a format filled out by the respondent in the form of an *informed consent form*, maintaining confidentiality (*confidentiality*), and without a name (*anonymity*).

RESULTS

This research was conducted at the Manyar District Health Center in 2 health centers, namely: Manyar Health Center which is located at Jl. Raya Manyar No. 1 Tenger Roomo, Manyar Gresik District, East Java 61151, and Sukomulyo Health Center which is located at Jl. Kalimantan No. 104

Wonoreko Yosowilangun, Manyar Gresik District, East Java 61151.

The general characteristics of the respondent are the characteristics inherent in the

respondent. The characteristics of the respondents in this study consisted of demographic data of family caregivers of schizophrenic patients.

Table 1. Characteristics of Respondents Based on Demographic Data

Variable	Category	Frequency	Percentage
Age	20–30 years	10	9.2
	31–40 years	53	49.1
	41–50 years	27	25
	51–60 years	13	12
	> 60 years old	5	4.7
	TOTAL		108
Gender	Male	43	39.8
	Woman	65	60.2
	TOTAL	108	100
Education	No school	10	8.2
	Not completed in primary school	14	12.4
	Sd	28	25.9
	Junior high school	32	29.6
	Senior high school	18	16.6
	PT/Diploma	9	7.3
	TOTAL	108	100
Work	Doesn't work	11	10.1
	Farmer	7	6.4
	Businessman	17	15.9
	Private sector employee	21	19.5
	Health workers	16	14.8
	civil servant	9	8.3
	Housewife	27	25
	TOTAL	108	100

Based on Table 1, it shows that almost half the age of family caregivers for schizophrenic patients are 31-40 years old as many as 53 respondents (49.1%) and a small proportion of family caregivers aged schizophrenic patients >60 years are 5 respondents (4.7%).

Based on gender, it shows that most of the gender of family caregivers for schizophrenia patients are female as many as 65 respondents (60.2%) and almost half are male as many as 43 respondents (39.8%).

Based on education, it shows that almost half the education of family caregivers for

schizophrenic patients in junior high school as many as 32 respondents (29.6%) and a small proportion of family caregiver education with schizophrenic patients at PT/Diploma as many as 1 respondent (7.3%).

Based on the work, it shows that almost half of the work of family caregivers for schizophrenic patients are housewives as many as 27 respondents (25%) and a small part of family caregiver jobs for schizophrenic patients are farmers as many as 7 respondents (6.4%)

Table 2. Characteristics of Respondents Based on the level of family caregiver anxiety

Family Caregiver Anxiety Level	Frequency	Percentage
No anxiety	5	4.6
Mild anxiety	18	16.6
Moderate anxiety	41	37.9
Severe anxiety	44	40.9
Panic	0	0
TOTAL	108	100

Based on Table 4.2, it shows that most of the anxiety levels of family caregivers for schizophrenic patients are severe anxiety as many as 44 respondents (40.9%), a small portion of

anxiety levels for family caregivers with schizophrenia patients is no anxiety as many as 5 people (4.6%).

DISCUSSION

Characteristics of Respondents Based on Demographic Data

Age is a picture or level of simplicity of a person, the older a person is, the more mature his way of thinking is. So that it affects the role of the family and understands what should be done about the illness of family members (Hermisih et al., 2013) Age is the life span measured by years, it is said that early adulthood is 18-40 years old, middle adulthood is 41-60 years, elderly adults > 60 years (Siregar, 2013) . The results of this study are in accordance with, according to (Kurniawan, 2015) that almost half of family caregivers with schizophrenia are aged 31-40 years (47.7%). It can be concluded that age can also affect family caregivers in treating schizophrenic patients, because the older they get, the more mature they think so they can be wiser in respecting patients.

Gender is the difference between women and men biologically since they were born (Asti et al., 2016) . Gender is a concept used to identify differences between men and women from a non-biological point of view (Merritt et al., 2020) . The results of this study are in accordance with, according to (Ubolyam, 2017) that the majority of respondents are female, namely 41 people (58.6%). Women are important factors in family members, serve as the person in charge of the household and always play an active role when one of the family is sick.

Education is a tiered process and an effort to approach the perfection of science (Vespa et al., 2015) . Education is guidance or help given by adults to the development of children to reach maturity with the aim that children are capable enough to carry out their life tasks independently without the help of others (Situmorang, 2021) . The results of this study are in accordance with that the level of education that determines a person to have broader knowledge, abilities and skills and when health workers deliver health education related to patient health problems, families can understand the information provided which will be useful for treatment (Permatasari & Zahra, 2020) . With a high level of education, it will have a very broad insight ability. Higher education is indeed not an absolute requirement to achieve success, but higher education can provide a guarantee for one's life, especially the higher the demands and intense competition in the world of work.

Work is an activity that is carried out daily, the type of work carried out can be categorized as unemployed, self-employed, civil servants, and private employees in all fields of work in general, good social relations are needed (Vespa et al., 2015) . Work is an important role in determining human quality, work limits the gap between health information and practices that motivate a person to obtain information and do something to avoid health problems (Labora Sitinjak, S.kp., 2016) . The results of this study are not in accordance with, according to (Amidos et al., 2020) that the majority of the respondents are private employment, 39 respondents (51.8%). Family work is very important for people with schizophrenia because it is a motivation for sufferers to live healthier and always think positively. The special characteristic of the respondents in this study was the level of anxiety of the family caregiver of the schizophrenic patient.

Characteristics of Respondents Based on the level of family caregiver anxiety

Excessive anxiety or worry is an expressed symptom. Anxiety diagnosis is made if there is excessive worry with the presence of two or more symptoms and lasts for 6 months or longer (Hasanah et al., 2021) . Kaplan and Sadock's (2010) theory suggests that young individuals are more prone to anxiety disorders than older individuals (Kaplan and Sadock, 2010). Anxiety arises due to an excessive stimulus so that the individual exceeds his ability to cope with the stimulus and anxiety arises. Each family member has different anxiety. Families generally can experience behavioral and emotional changes that have an impact on the family's thoughts and motivation to develop their role (Neneng Astuti, 2012) . Anxiety is an emotion characterized by feelings of tension, anxious thoughts and physical changes such as increased blood pressure. People who experience anxiety usually have intrusive and recurring thoughts, avoiding things because of feelings of worry. Physical symptoms that appear include sweating, shaking, dizziness or a fast heart rate (American Psychiatric Association Division of Research, 2021) . The caregiver's anxiety in this study was mostly in the severe category. Severe anxiety is often described as not clinically significant but severe anxiety can affect emotional, social and professional functioning. Clinical symptoms that often appear with severe anxiety

can appear as social anxiety such as shame which if left unchecked will cause maladaptive coping or a more severe mental condition (Syarifah Nurul Fadilla et al., 2021). Anxiety that does not get treatment will cause depression in caregivers of schizophrenic patients (Indrayana, 2022). Anxiety on the caregiver if not addressed immediately will have an impact on the patient or the caregiver himself. Caregivers of schizophrenic patients in this study were given action in the form of family psychoeducation. Family psychoeducation is an action given to families that is carried out in a structured manner carried out by health workers who understand mental health (Strassnig et al., 2014). This therapy helps families in caring for schizophrenic patients by teaching them how to care for patients while at home, besides that families are also taught how to improve comfort while providing care. The results of this study are in accordance with, according to (Rindayati et al., 2021) that most of the anxiety and anxiety levels occur with the result that most respondents do not experience anxiety as many as 23 respondents (56%) and almost half occur anxiety as many as 18 respondents (44%) and all with mild anxiety. The results of this study are in accordance with, according to (Annisa & Fitri, 2016) the level of anxiety in caregivers, it was found that most of the respondents experienced anxiety, namely 173 people (67.05%). The most anxiety was at the level of mild anxiety, then followed by severe anxiety, moderate anxiety and very severe anxiety. These results indicate that most family caregivers who have family members as health workers, especially nurses, have anxiety due to having family members who have schizophrenia. Mild anxiety is related to the stresses of everyday life. This anxiety causes the individual to be alert and increases the individual's field of perception (Annisa & Fitri, 2016). Family caregivers can do distraction and deep breath relaxation to reduce the level of anxiety experienced by the family caregiver.

CONCLUSIONS

From the results of research that has been carried out on "Anxiety Descriptions in Family Caregiver of Schizophrenic Patients at Public Health Centers, Manyar District, Gresik Regency" it can be concluded as follows:

Anxiety experienced by family caregivers of schizophrenic patients at the Manyar District Health Center, Gresik Regency, that most of them experienced severe anxiety as many as 44 respondents (40.9%), and a small part of the anxiety level of family caregivers of schizophrenic patients was no anxiety as many as 5 people (4.6%).

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