



Original Research

SELF-REFLECTION OF FAMILIES ON THEIR ABILITY TO CARE FOR INDIVIDUALS WITH SCHIZOPHRENIA: A DESCRIPTIVE STUDY

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ABSTRACT

Introduction: The family's inability to care for schizophrenic patients can be caused by a lack of self-reflection in the form of self-control over the family's emotional expression, the desire to overcome care problems, and self-evaluation of the care that has been provided. Self-reflection is an inner resource in the family's ability to care for schizophrenia patients. The aim of the research is to describe the ability of family self-reflection to care for schizophrenic patients.

Method: The research method uses a quantitative descriptive design using a cross-sectional approach. A sample of 135 families caring for schizophrenia patients was selected using purposive sampling. The variable are the family's self-reflection and ability in caring for schizophrenia patients. Data was collected using questionnaire adapted from the Pearline Mastery Scale (PMS) and then analyzed descriptively.

Results: The research results show that family self-reflection abilities are still in the sufficient category in terms of the desire to overcome care problems (54.1%) and self-evaluation of care (64.4%).

Conclusions: The family's low self-reflection ability can be improved by providing training and education through counseling.

Keyword: Ability to care; Counseling; Self-reflection; Schizophrenia

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1. INTRODUCTION

Schizophrenia is a serious and persistent neurobiological brain disease characterized by abnormal cognition, perception, and affect (Stuart and Laraia 2009). Symptoms that occur in schizophrenic patients cause their own problems for the family and the environment around them (Akgül Gök & Duyan, 2020). Several studies showed that families experience difficulties in caring for schizophrenia patients at home, difficulty providing for their needs, and frustration when schizophrenia refuses medication and food (Ntsayagae, Poggenpoel & Myburgh, 2019). Families are also less able to

create a comfortable and conducive environment for schizophrenia patients (Kusumawardani et al. 2019).

There are 21 million cases of schizophrenia in the world, reaching 0.24 cases per 1000 people (Benjamin James Sadock 2017). The prevalence of schizophrenia cases in Indonesia itself was 1.3 cases to 7 cases per 1000 population in 2018 (Ministry of Health of the Republic of Indonesia 2018b). Meanwhile, Central Java experienced a very significant increase, namely 2.3% (2013) to 9% (2018) (Ministry of Health of the Republic of Indonesia 2018a) and in Semarang City, the highest number of cases was 0.79 per 1000 population in

2018 (Agency of Health Research and Development 2018). In 2022, there will be 865 schizophrenics undergoing treatment at Amino Hospital, with a re-admission rate of 0 days. This is due to the inability of families to care for schizophrenic patients when they return home (Kandar 2017).

Families care for Schizophrenia patients with limited information and training from professionals, so without realizing that the family's self-reflection on caring abilities is a source of positive strength for Schizophrenia through family empowerment (Kaakinen et al. 2015). Family self-reflection can bring positive results in parenting and inspire families to grow by evaluating the parenting experience of caring for schizophrenic patients (Farran et al. 1991). Self-reflection is also useful to help families explore new meaning in the caregiving process by assessing positive aspects of caregiving and emphasizing contributions to the relationship (Zhou et al. 2020).

The family's inability to care for schizophrenia patients can result in chronic symptoms (Fitryasari et al. 2018), sleep problems, higher rates of depression, and a lower quality of life (Zhou et al. 2020) so it is important to meet the health needs of family caregivers (Chien et al. 2020). The family's ability to self-reflect is one of the inner resources for the inside-out empowerment of families caring for schizophrenia (Indah Iswanti et al. 2023). So the aim of this research is to explain the family self-reflection on the ability to care for schizophrenic patients.

2. MATERIALS AND METHODS

2.1. Design

This research is a quantitative descriptive with cross-sectional approach

2.2. Population and Sampling

Population were families who care for schizophrenia patients in the Regional Mental Hospital, Dr. Amino Gondohutomo. The sample were 135 families who care for schizophrenia patients obtained using the purposive sampling technique. The inclusion criteria included nuclear family living in the same house with the patient and caring for at least 7-8 hours per day. And the exclusion was family or caregiver who has a chronic illness, unable to read and write and who has a mental disorder.

2.3. Variable

The research variable is the family's self-reflection and ability in caring for schizophrenia patients.

2.4. Instrument

The data collection tool uses a self-reflection questionnaire adapting the Pearline Mastery Scale (PMS) from (Shateri et al. 2018) Validity and reliability tests were carried out on 30 families. The PMS was used to assess perceived control over the family caregiving situation. Families are asked to respond on a 4-point scale (1=never to 4=always), including self-control, desire to cope, self-awareness, and self-evaluation, with 15 statements with a score of 15–60. The questionnaire blueprint is presented in Table 1 as follows:

2.5. Procedure

The research was conducted at the Adult and Psychogeriatric Outpatient Clinic at Regional Mental Hospital, Dr Amino Gondohutomo, Central Java Province, especially at the Psychogeriatric and Adult Polytechnic in October 2022. The research was conducted for approximately 2 months from September-October 2022. respondents were given an explanation of the purpose of the study and informed consent, if they were willing to voluntarily then fill out a questionnaire accompanied by researchers and facilitators.

2.6. Analysis

The data that has been collected is then processed and analyzed descriptively using frequency and percentage distributions.

2.7. Ethical Clearance

This research has received ethical approval from the Ethics Committee of the Regional Mental Hospital, Dr. Amino Gondohutomo, Central Java Province, with number 420/12375.

3. RESULT

The characteristics of families caring for schizophrenia patients in Table 2 are that the majority are male (50.4%), aged in the middle adult category (51.1%), have a high school or vocational school education (38.5%), work as private employees (37.8%), have an income < minimum wage for Semarang City (65.9%), use government insurance (95.6%), and are related to the patient as a sibling (39.3%).

The family's self-reflection ability when caring for schizophrenic patients is shown in Table 3. The majority are in the good category of self-awareness (76.3%) and self-control of families caring for schizophrenia (65.2%), but the indicator of the desire to overcome treatment problems (54.1%) and self-evaluation of treating schizophrenia (64.4%) is still in the adequate category

Tabel 1. Blueprint Parenting self-reflection questionnaire

Sub variabel	Favourable	Unfavourable	Validity (<i>r-tabel=0,361</i>)	Reliability (<i>Cronbach alpha</i>)
Self control		1,2	0,363-0,825	0,930
The desire to overcome	3	4,5		
Self awareness		6-9		
Self Evaluation	10-11, 14-15	12-13		

Table 2 Characteristics of Families Caring for Schizophrenia Patients (n=135)

Characteristics of Families	Indicator	Frequency (f)	Percentage (%)
Gender	Men	68	50,4
	Women	67	49,6
Age	Early Adulthood (20-30 Year Old)	20	14,8
	Middle Adulthood (31-55 Year Old)	69	51,1
	Pre Elderly (55-60 Year Old)	46	34,1
Education	Not attending 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
Work	Government employees	6	4,4
	Retired	9	6,7
	Private employee	24	17,8
	Self-employed	51	37,8
	Housewife	31	23,0
	Laborer	9	6,7
	Doesn't work	5	3,7
Income (Socioeconomic)	< regional minimum salary	89	65,9
	= regional minimum salary	14	10,4
	> regional minimum salary	32	23,7
Family Structure	Father	22	16,3
	Mother	31	23,0
	Child	14	10,4
	Siblings	53	39,3
	Husband	8	5,9
	Wife	7	5,2
Insurance	Government insurance	129	95,6
	No insurance	6	4,4

Table 3: Description of family self-reflection on the ability to care for schizophrenia patients (n = 135)

Indicator	Category	Frequency (f)	Percentage (%)
Self control	Low	15	11,1
	Medium	32	23,7
	High	88	65,2
	Total	135	100,0
The desire to overcome	Low	10	7,4
	Medium	73	54,1
	High	52	38,5
	Total	135	100,0
Self awareness	Low	11	8,1
	Medium	21	15,6
	High	103	76,3
	Total	135	100,0
Self evaluation	Low	15	11,1
	Medium	87	64,4
	High	33	24,4
	Total	135	100,0

4. DISCUSSION

The research results showed that the self-reflection ability of families caring for schizophrenic patients was mostly still in the adequate category in terms of self-control, desire to overcome, and self-evaluation. This could be because the family is not used to it and has carried out a self-evaluation of their ability to care for schizophrenia patients so far. The family considers that providing care, such as complying with medication and routine control, is enough to make the patient recover. Families do not realize that their

treatment is part of healing therapy for schizophrenia patients. Research result (Wang et al. 2021) that schizophrenia patients who live in families with an environment that provides encouragement and praise can increase life satisfaction, which supports the patient's recovery (Iswanti, Lestari, and Hapsari 2018).

A supportive family environment can be created through self-reflection and good self-control, namely expressing family emotions normally when dealing with the mental condition of schizophrenia patients (Iswanti et al. 2023). Some things that families can do

to control normal emotional expressions are by relaxing when they are angry, setting a soft tone of voice when speaking, calming facial expressions, writing what they want to express (journaling), sharing (confiding) and learning to be grateful by all conditions of schizophrenia patients (Mubin et al. 2020). Self-control, the desire to care for patients, and family self-evaluation enable families to function optimally to carry out family health duties, namely caring for schizophrenia patients at home. Normal family emotional expression will provide a therapeutic and conducive environment for schizophrenia recovery and reduce relapse rates (Ahmad et al. 2017).

The family has a crucial role in caring for schizophrenia patients, both in physical, psychological and social aspects. The family's self-reflection ability is an important factor in determining the quality of care and the psychological well-being of family members who care for patients. Self-control refers to the ability of family members to manage emotions, stress and psychological pressure when caring for schizophrenia patients. Challenges in care, such as aggressive behavior or changes in the patient's mood, can trigger high levels of stress. Therefore, families need to have good emotional management strategies, such as relaxation techniques, mindfulness, or social support (Jansen et al., 2021). The desire to overcome the challenges in caring for schizophrenic patients is the main motivation for families. This motivation can arise from a sense of responsibility, compassion, or hope that the patient's condition will improve. Studies show that families with high levels of motivation are more likely to seek information, participate in caregiver training programs, and utilize available mental health services (Gutiérrez-Maldonado et al., 2020). Self-awareness in this context includes the family's understanding of feelings, limits of abilities, and the psychological impact they experience while caring for the patient. This awareness is important for preventing burnout and improving emotional well-being. Research shows that families who have high self-awareness are better able to access professional help and develop adaptive coping strategies (Foldemo et al., 2018). A self-evaluation is carried out by the family to assess the effectiveness of their way of caring for the patient and identify areas that need improvement. This process can involve reflection on treatment strategies, communication patterns with patients, and the emotional impact experienced. Good self-evaluation helps families adapt treatment approaches to make them more effective and sustainable (Kuipers et al., 2022).

The self-reflection ability of families who care for schizophrenic patients is very important in determining the quality of care and the psychological well-being of caregivers. By having good self-control, the desire to overcome, self-awareness, and self-evaluation, families can be more effective in facing treatment challenges and maintaining their own

mental health. The family's self-reflective ability to care for schizophrenia patients is still not optimal, so it needs to be improved with family empowerment interventions through inside-out empowerment. Where not only self-reflection is an inner resource, but the ability to interpret caregiving is also important in order to improve the family's ability to care for schizophrenic patients. Several research results showed that narrative groups that received inside-out empowerment were superior in increasing inner resources, perceived control, and levels of hope. Narrative groups empower caregivers to use the process of independent exploration, self-actualization, and the search for meaning from the inside out (Zhou et al. 2020). This is because the indicators that form inside-out empowerment, namely self-reflection, are an inner resource that families can use as an inner resource to care for schizophrenia patients (Iswanti et al. 2018). So it can be concluded that families need to be trained and accompanied by mental health nurses on how to improve self-reflection in caring for schizophrenic patients during counseling.

5. CONCLUSION

The family's self-reflection ability is not yet optimal regarding the desire to overcome care problems and self-evaluation of the ability to care for schizophrenic patients. Nurses are expected to provide education and practice self-reflection skills to families caring for schizophrenia patients through counseling.

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