

Original Article

The Relationship Between Objective Family Burden And Family Ability To Care For Schizophrenia

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ABSTRACT

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Background: Schizophrenia is one mental illness type. Family interactions are impacted by this disease because it leads individuals to behave erratically. Family caregivers will be less able to care for patients because of the strain this condition puts on them. The researchers at Dr. Amino Gondohutomo Hospital in Central Java Province set out to find out how family caregivers' capacity to care for their loved ones with schizophrenia correlated with their own subjective burdens.


Methods: Using a cross-sectional method and a purposive sample technique, this study utilized a quantitative correlational type with a maximum of 38 respondents. A family burden questionnaire and the ability to care for one's family using the Spearman Rank test were the research instruments used.

Results: The Spearman Rank test results reveal a significant value of 0.008 < 0.05 between the objective load of the family and the ability to care for the family, and a unidirectional correlation coefficient value of -0.427 between the two variables.


Conclusion: The conclusion of this study is that there is a significant relationship, and the higher the perceived burden, the worse the family's ability to care. It is recommended to provide support and resources to families to alleviate their perceived burden, thereby enhancing their ability to provide effective care.

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
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Introduction

One type of severe mental disorder is schizophrenia, schizophrenia disease can last a long time and reduce the quality of life of sufferers (Buhar et al., 2023). The highest ranking of schizophrenia in the world is occupied by Indonesia with a total of 829,735 people (Zauderer, 2023) with the highest city experiencing schizophrenia cases in Central Java, namely Semarang with a weighted N value of 1,463 (Risksedas Jawa

Tengah, 2018). Schizophrenia is ranked as the tenth most common outpatient disease suffered by patients at the outpatient clinic of Dr Amino Gondohutomo Hospital, Central Java Province, with a total of 4,979 patients in the period January-December 2022 (Istiadzah, 2023).

The results of a preliminary study conducted at RSJD Dr. Amino Gondohutomo Central Java Province, obtained data based on medical records in July - October 2023



there were 5,856 schizophrenia cases so that the average schizophrenia case was 1,464 for one month.

The high number of patients diagnosed with schizophrenia requires the implementation of effective therapeutic strategies to improve their quality of life (Wijoyo et al., 2021). This schizophrenia disease will have a negative impact on sufferers and their families. Patients with schizophrenia will be at risk of suicide, while the families who care for them will experience stress and have a high burden (Chen et al., 2019).

In people with schizophrenia, they have difficulty behaving normally in the social environment, at work, fulfilling obligations, and complying with medical advice. This will result in patients not being able to live independently, thus reducing their quality of life (Ranjan et al., 2022). Based on these conditions, schizophrenia patients need caregivers (Tamizi et al., 2019) so that families will play a role in fulfilling ADLs and the financial, emotional, and social needs of patients ((Ranjan et al., 2022), which will trigger family stress and pressure in carrying out (Ranjan et al., 2022).

Families caring for schizophrenia patients will experience considerable challenges, resulting in the onset of caregiving burden, which can negatively affect health, well-being, and quality of care (Rahmani et al., 2022). In addition, the family will also experience changes in roles and responsibilities, causing changes in family dynamics. This condition will also cause family burden (Suharsono et al., 2023). This family burden can be divided into objective burdens such as internal family problems, finances, and treatment (Pardede et al., 2020) and subjective burdens, which can include feelings of hopelessness, guilt, depression, and helplessness in sick family members

(Rahmani et al., 2022). The family burden can act as one of the factors that affect the family's ability to care for schizophrenia patients (Suryani et al., 2019).

In the research of Mokwena & Ngoveni, (2020), the interview results showed that respondents experienced a psychological burden or subjective burden; they felt that it was difficult to live because they had to take care of people who were mentally ill. This may arise due to the family's perception that the patient is a burden because of his inability to care for himself (Wijoyo et al., 2021). Previous research found similar results: families providing care to people with schizophrenia are influenced by the burden they bear, with a value of ($b = 0.611$, $p = 0.000$, $R^2 = 0.522$) (Kusumah, 2022). This finding is consistent with the research of Patricia et al., (2019), who found that respondents who do not feel overburdened will have good care skills.

Family burden has a negative impact on families, which in turn will affect how they care for their family members (Novianty & Arisandria, 2021). When families care for schizophrenia patients, they will feel stressed due to the family burden, so their ability to care decreases and causes failure of home care (Tristiana et al., 2019). Not only that, the ability to care for schizophrenia patients can also affect the patient's quality of life (Wijoyo et al., 2021), so if the family feels unable to care, the patient will often experience relapse and be difficult to cure (Napolion et al., 2022).

After reading this, I would like to know more about the connection between the objective stress on families and their capacity to care for people with schizophrenia in the Outpatient Clinic of Dr. Amino Gondohutomo Hospital in Central Java Province.

Methods

Using a cross-sectional approach, this study employs a correlational quantitative design. People whose loved ones were receiving treatment for schizophrenia at the Central Java Province outpatient clinic of RSJD Dr. Amino Gondohutomo made up the population studied. We used a purposive sampling strategy and a formula from Dahlan (2019) to arrive at a total sample size of 38 respondents.

Family care ability is the dependent variable and family objective burden is the independent variable in this study. Based on revisions made by the researcher and validation and reliability tests, the family burden questionnaire and the ability to care for the family were adapted from Avelina & Angelina (2020). The r-count value was greater than the r-table value, and Cronbach's alpha value was greater than 0.60.

Data analysis in this study included univariate analysis to analyze variable characteristics in the form of frequency distribution and percentage, and then bivariate analysis using the non-parametric Spearman rank test to see the relationship between variables. Ethical Clearance Number of letters: 420/15626.

Results

Tabel 1. Distribution Frequency of Respondent Characteristics

No	Data	Frequency	Percentage (%)
1.	Age		
	36-45 years	11	28,9%
	46-55 years	9	23,7%
	56-65 years	18	47,4%
	Total	38	100%
2.	Gender's		
	Female	24	63,2%
	Male	14	36,8%
	Total	38	100%

No	Data	Frequency	Percentage (%)
3.	Education's		
	No School	5	13,2%
	Elementary school	10	26,3%
	Junior high school	3	7,9%
	Senior High School	18	47,4%
	Bachelor	2	5,3%
	Total	38	100%
4.	Employment		
	Doesn't work/housewife	19	50,0%
	Laborer	5	13,2%
	employee	3	7,9%
	ect	11	28,9%
	Total	38	100%
5.	Long time caring		
	1-10 years	20	52,6%
	>10 years	18	47,4%
	Total	38	100%
6.	Income		
	<1 million	17	44,7%
	1-2 million	17	44,7%
	3-5 million	4	10,5%
	Total	38	100%
7.	Relationship		
	Parent's	24	63,2%
	patner	4	10,5%
	brother/sister	10	26,3%
	Total	38	100%
8.	Frequency of patients ever being treated in a mental hospital		
	<5x	33	86,8%
	>5x	5	13,2%
	Total	38	100%

The characteristics of respondents in this study based on tabel 1 in the age range of 56-65 years (47.4%), the majority were female (63.2%), with a high school education level (47.4%), with the respondent's job not working or being a housewife (50.0%), and the length of time the respondent took care of the patient for 1-10 years (47.4%) with a monthly income

of <1 million (44.7%) and 1-2 million (44.7%), and the majority of respondents had a relationship with the patient as a parent (63.2%) and (86.8%) the patient had been hospitalized less than 5 times.

Tabel 2. Distribution Frequency of Level Objective Burden

No	Data	Frequency	Percentage %
1.	<u>Level of burden</u>		
	Nothing	12	31,6%
	mild	19	50,0%
	Moderately	6	15,8%
	Severe	1	2,6%
	Total	38	100%

Based on table 2, the results showed that half of the respondents had a mild objective burden level with 19 (50.0%) respondents, and at the lowest frequency, respondents had an objective load level in the severe level with a total of 1 (2.6%) respondents.

Tabel 3. Distribution Frequency of Family Ability to Care

No.	Data	Frequency	Percentage %
1.	<u>Family ability</u>		
	Bad	15	39,5%
	good	17	44,7%
	very good	6	15,8%
	Total	38	100%

Based on table 3, it was found that the highest frequency of respondents had a good level of ability to care with a total of 17 (44.7%) respondents and the lowest respondents were 6 (15.8%) respondents who had a very good level of ability.

Tabel 4. Crosstab Objective Burden and Family Ability

Family Ability	Objective Burden				
	Nothing	Mild	Moderately	Severe	total

Bad	2	8	5	0	15
Good	6	9	1	1	17
Very Good	4	2	0	0	6
Total	12	19	6	1	38

Based on table 4, it was found that out of 38 respondents, 9 had an objective burden in the a mild level and had good family care ability, while in the bad ability category, there were 5 respondents who had a moderately level of objective burden.

Tabel 5. Spearman Rank Correlation Test Results

		Family Ability	Objective Burden
Family Ability	Correlation Coefficient	1.000	-.427**
	Sig (2-tailed)	.	.008
	N	38	38
Objective Burden	Correlation Coefficient	-.427**	1.000
	Sig (2-tailed)	0,008	.
	N	38	38

Based on table 5, the results of the Spearman rank correlation test obtained a significance value of 0.008 (<0.05, then H0 is rejected). Based on the output results, the correlation coefficient value of the objective burden with the ability to care is -0.427**, which means that the level of correlation between variables is moderate with a negative correlation coefficient value, so it can be interpreted that if the objective burden of the family increases, the ability to care for the family decreases.

Discussion

Description of the Objective Burden of Families Caring for Schizophrenic Patients

According to the results of the study, out of 38 respondents, most experienced objective burden in the mild level (50.0%).



In the Suharsono et al., (2020) research also found that the burden felt by families in the mild level was 36%.

The results of this study can be proven by the results of the questionnaire analysis: the majority of respondents never felt a lack of time for themselves, sick family members never depended on respondents, never felt limited activities, never felt that social life was reduced because of caring, never felt uncomfortable when friends came to the house because of sick family members, never felt that the family was shunned from social circles and the environment because they had sick family members, and never felt their health was reduced after caring. Based on the results of the analysis, it was also found that respondents felt burdened with reduced finances after caring and felt burdened with transportation costs for treatment.

The results of this study are in line with the study of Kusumawardani et al., (2019), with the results of the highest objective burden found in the weak category as many as 15 (71%) of 21 respondents and 57% of respondents felt burdened by the amount of costs incurred to meet patient needs such as treatment, daily expenses, hospital transportation, and inpatient fees. In the, Pardede et al., (2020) obtained similar results, where there were 12.7% of respondents who reported low levels of objective burden on their families. The ease with which families can access health services has an important influence on their ability to care, and vice versa. If mental health services are difficult to access, the patient's condition may worsen, which in turn will place a greater burden on the family caregiver.

The findings in the questionnaire analysis results are in line with the research of Chen et al., (2019), where 14 out of 20 respondents felt burdened due to the high cost of patient care, so they felt a high

economic burden. In their research, Martini et al., (2021) obtained similar results: economic factors are the main problem in healing people with mental disorders; this is due to poverty factors, which can worsen the patient's condition. Another study revealed similar results: although respondents had a universal health coverage program from the Indonesian government, they still felt burdened by transportation costs during visits to the hospital for treatment because they were not covered by the program (Tristiana et al., 2019).

In the results of this study, it was found that the majority of respondents experienced a mild burden. The researcher assumed that this might be because, based on the results of the questionnaire analysis, the caring family did not feel too burdened by the presence and condition of the patient. Another assumption from the researcher is that families can feel burdened to provide care. This is due to economic factors, which include financial and transportation costs for treatment, so that families with low economies pose a greater risk of experiencing burden than families with high economies.

Description of The Level of Caring Ability in Families Caring for Schizophrenic Patients

The results showed that out of 38 respondents, the majority had a good level of ability to care (44.7%). The results of this study could be influenced by the characteristics of the respondents, where 47.4% of respondents had a high school education. Based on the results of the questionnaire analysis, it was found that the family has good ability; they always remind and supervise family members with people with mental disorders to take medicine according to the dose, time, and method of drug administration, and they always take

and accompany patients for routine control of health services. Another finding was that the family always provides knowledge to the people with mental disorders family members on how to rebuke, always invites the people with mental disorders family members to talk when signs of relapse appear, and the family always gives praise to the people with mental disorders family members.

The results of this study are in line with research by Molle et al., (2019) on schizophrenia patients with violent behavior, which found that most respondents had good family abilities as much as 73.3%, which shows that families can effectively provide care for individuals who show violent behavior. The results of this study are in line with the family ability theory. This theory reports that a person's measurement of an object can be good or bad. The resulting judgment is influenced by previous information or personal experience (Wijoyo et al., 2021).

Based on the researcher's assumption, the ability to care for families in the good category is because most respondents have a high school education. This assumption is in accordance with the statement that family ability can be influenced by knowledge; the higher the level of knowledge about schizophrenia, the better the ability to care for patients (Alfackri et al., 2022). Apart from knowledge, the ability to care can be influenced by the perceived burden, so this can lead to negative family attitudes, which can have an impact on success in caring for schizophrenic patients (Wijoyo et al., 2021). Families with strong caring skills can build a supportive environment, view patients individually, and contribute to solving the difficulties faced by patients so that they can rebuild social interactions with patients (Kusumah, 2022).

Based on the researcher's assumption, the majority of respondents have good caring skills; this can be caused by their level of education. In this study, the majority of respondents had a sufficient level of education, namely high school, so that they could receive better information regarding how to cope with the burden and how to improve their ability to care.

The Relationship Between Family Objective Burden and Family Ability To Care for Schizophrenia Patients

The results showed that there was a relationship between the objective burden and family ability to care schizophrenia patients at the outpatient clinic of Dr. Amino Gondohutomo Hospital, Central Java Province. The results of the correlation test using Spearman rank show that the significance value is 0.008 (<0.05), so it can be concluded that H_0 is rejected and H_a is accepted. The coefficient correlation value of the objective load with the ability to care is -0.427, which means that the level of correlation between variables is moderate and shows a negative value. It can be concluded that the correlation between the objective load and the ability to care is not unidirectional, and thus it can be interpreted that if the family's objective load increases, the ability to care for the family decreases.

The results of this study can be proven in the crosstab results, where there are 5 respondents with moderate objective burden levels and bad care skills, while 4 respondents with levels burden is nothing and have very good care skills.

This study is in line with the research of Agustina et al., (2022), which shows that there is a strong and negative correlation between family burden and family ability to care. This means that if the family burden is low, the ability to care for schizophrenia patients will increase, increase, which

which can support the success of treatment. Research by Molle et al., (2019) showed similar results: there was a relationship between family burden and the family's the family's ability to care for patients with violent behavior at Rumah Sakit Khusus Daerah Provinsi Maluku 2019 with a p-value of 0.000 (<0.05). This study is inversely proportional to the research the research conducted by Pratiwi & Edmaningsih, (2023) obtained the results of the chi-square test ($p\text{-value}=0.525>0.05$), ($p\text{value}=0.525>0.05$), then H_0 is rejected, which means that there is no relationship between family burden and family ability to care for schizophrenic family members.

The patient's family is the closest source of information, knows the patient's condition best, and can have a significant impact on patient care and recovery (Pardede et al., 2020). If the family experiences family burden, it can result in a decrease in the caregiver's quality of life. This will affect the patient's condition, resulting in reduced care, non-compliance, and the onset of aggressive behavior in patients (Abbaslou et al., 2023).

Based on the results of the crosstab, the majority of respondents who had a mild objective burden were 9 respondents and had a good level of care ability. This is in line with the assumption that if families have a low burden, then they can provide good care (Kusumah, 2022). Other studies have found that families can take better care of schizophrenia patients when their burden, stress levels, and stigma are reduced or lowered, and the better a family accepts schizophrenia patients, the greater their ability to care for schizophrenia patients (Agustina et al., 2022).

Families who have a severe burden are at risk of treatment failure, which affects the quality of life of schizophrenia patients (Wijoyo et al., 2021). Therefore, families caring for schizophrenia patients need to

get formal and informal support from other family members, relatives, friends, and the government to maintain their welfare and health (Rahmani et al., 2022).

Based on this, the researcher argues that families need special action or empowerment to overcome the burden they feel. One of the actions that can be taken, based on Zhou et al., (2021), is to increase knowledge and skills in caring. This action can alleviate psychological pressure such as stress, anxiety, and depression so that it can increase their confidence and competence in dealing with difficulties.

Based on the results of the study, the researcher argues that family burden can affect the ability to care for the family; if the perceived burden is heavy, the ability to care for the family will deteriorate, so that it will have an impact on the quality of life of schizophrenia patients. Based on this, the action that can be taken is to empower the family. In addition to this, health services should conduct periodic assessments of the difficulties and burdens felt by families and provide assistance related to strategies to overcome them so that family burdens can be minimized.

Conclusion

The objective burden level in this study was in a mild levels, with the majority of respondents having good caring skills. This study shows that there is a relationship between the family's objective burden and the family's ability to care for schizophrenia at the outpatient clinic of Dr. Amino Gondohutomo Hospital patients. If the objective burden is severe, so the family's ability to care is bad.

Authors Contributions

The three authors collaborate to prepare the article. Authors 1 and 2 oversee the preparation of research proposals, collection of research data, analysis of data,

compilation of discussions of research results, and compilation of research journal articles by author 3.

Conflicts of Interest

There is no conflict of interest

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