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Family Functioning of Schizophrenia Patients in the Outpatient Unit of Menur Mental Hospital, East Java Province

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ORIGINAL ARTICLE

Family Functioning of Schizophrenia Patients in the Outpatient Unit of Menur Mental Hospital, East Java Province

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ABSTRACT

The phenomenon of a family caregiver caring for family members with schizophrenia requires a balance of family functions. Imbalances in family functioning can affect caregivers in caring for schizophrenic patients. The aim of this study was to describe family function of schizophrenia patients. Methods: The research design used probability sampling with simple random sampling. Data collection using FAD (Family Assessment Device) questionnaires. Using a sample of families caring for family members experiencing schizophrenia that met the inclusion and exclusion criteria with 160 respondents. Results: The result of the study was the family function criteria were found in good family function criteria of as many as 86 people (53.8%). Conclusion: The implication of this study was family function among schizophrenia patients is needed to decrease the family burden.

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Introduction

Schizophrenia is one of the psychotic disorders (Cho, 2019). It was caused by an imbalance of the neurotransmitter dopamine and had effects on impaired perception, emotions, problems of thought processes, hallucinations, feelings, and abnormal effects (Bansal & Chatterjee, 2021). Furthermore, schizophrenia had impacted not only the patient but also the family members who are responsible for the patient's care (Tamizi et al., 2020). Schizophrenia patients when carrying out daily activities need help from other parties, especially from family members (Angraini & Novitasari, 2021; Kertapati, 2019; Patricia, Rahayuningrum, & Nofia, 2019).

A family caregiver is someone who cares for others who most of the time is contributed to the patient without asking for financial rewards and is fully responsible for the patient's needs (Tamizi et al., 2020). Treatment of schizophrenia patients by caregivers requires a balance of family functions. However, a previous study mentioned that family functioning in people with mental disorders has poor especially related to problem-solving, communication, role, affective response, affective engagement, and behavioral control. Dysfunction families can affect caregivers in caring for schizophrenic patients (Okefor & Chukwujekwu, 2017). Changes in the emotions and behavior of schizophrenic patients often cause a burden. The burden experienced by a caregiver is related to physical, social, psychological, and financial burdens (Hinojosa-Marqués, Domínguez-Martínez, & Barrantes-Vidal, 2022).

Based on WHO (World Health Organization) data in 2018 that more than 450 million individuals experience mental disorders around the world. Data on mental disorders according to Riskesdas (Basic Health Research) in 2018 on Indonesians 7 per mile per 10,000 (Hinojosa-Marqués et al., 2022). Based on data from the Menur Mental Hospital, East Java showed that the number of schizophrenia has increased. In 2020, the number of outpatient



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schizophrenia patients was 0.37% (3,700 patients). Meanwhile, in 2021, 0.84% (22,000 patients) were carried out outpatient. Our pilot study showed that the functioning of families with mental disorders in the poor category was 12.9%, and the good category was 67.7%.

Factors that can affect family functioning are age, education (level of education, educational background, knowledge, way of thinking), emotions, and religion (Mikolajczak, Raes, Avalosse, & Roskam, 2022). Various impacts that arise on their family such as financial problems become disrupted, emotional disorders, and social problems as well as the stigma in society (Tamizi et al., 2020). In addition, a lot of energy is spent on caring for the patient's family members. To improve family functioning and reduce the burden, it was needed supportive therapy (Chi, Demiris, Lewis, Walker, & Langer, 2016), and psychoeducation to reduce stress and the burden of care during family care. Psychoeducational therapy contains elements of increased knowledge about the disease, introduction, teaching how to treat symptoms in deviant behavior, as well as increased support for patients. The components of the therapy were skills in communication, problem-solving exercises, assertive exercises, and dealing with anxiety (Cheng, Chair, & Chau, 2018; Frias et al., 2020). Based on this background, the aim of this study was to describe the family function among family members with schizophrenia.

Methods

The design of this study used analytical observational methods with a cross-sectional study approach. This type of research emphasized the measurement or observation of variable data only once at a time. The population in this study was families caring for family members who had schizophrenia in the outpatient unit of the Menur Mental Hospital in East Java province. The sample was calculated using the slovin formula with total sample 160 respondents according to the inclusion. The inclusion criteria were patients have health insurance, age between 20-60 years old, living with the family, also can read and write. The exclusion criteria were patients living in social house (LIPONSOS) and not cooperative. The sampling technique used in this study was probability sampling using a simple random sampling method.

This research instrument in this study was a FAD (Family Assessment Device) questionnaire to assess the function of the family. It had 53 items with 7 dimensions: problem solving, communication, role, responsive, active in the affective, behavior control, general functioning. This instrument also used Likert scale (from 1-4), score ≥ 212 was good family function, score 160-211 was moderate function, and score < 160 was low function (Mansfield, Keitner, & Dealy, 2015). This researcher conducted a univariate analysis with descriptive analysis which was carried out to describe each of the variables studied separately by making a frequency table of each variable.

Result

Table 1. Characteristics of Family Respondents Based on Age in Menur Mental Hospital, East Java Province on July 7 - July 20, 2022

Family age (year)	Frequency (f)	Percentage (%)
18-25	9	5.6
16-45	53	33.1
46-65	84	52.5
>65	14	8.8
Total	160	100

Based on table 1, data was obtained that the families of patients aged 18-25 years were 9 people (5.6%), aged 16-45 years as many as 53 people (33.1%), aged 46-65 years as many as 84 people (52.5%), aged more than 65 years as many as 14 people (8.8%).



Table 2. Characteristics of Family Respondents Based on Gender in the Menur Mental Hospital, East Java Province on July 7 – July 20, 2022

Gender	Frequency (f)	Percentage (%)
Male	61	38,1
Female	99	61.9
Total	160	100

Based on table 2. Data was obtained that most of the respondents were female, 99 respondents (61.9%).

Table 3. Characteristics of Family Respondents Based on Religion in the Menur Mental Hospital, East Java Province on July 7 – July 20, 2022

Religion	Frequency (f)	Percentage (%)
Muslims	156	97.5
Christians	3	1.9
Catholics	1	0.6
Total	160	100

Based on table 3, data was obtained that the majority of family religions of patients who were respondents in the study were 156 (97.5%) Muslims, 3 (1.9%) were Christians, 1 (6%) were Catholics.

Table 4. Characteristics of Family Respondents Based on Last Education at the Menur Mental Hospital, East Java Province July 7 – July 20, 2022

Last Education	Frequency (f)	Percentage (%)
Elementary School	23	14.4
Junior High School	34	21.3
Senior High School	72	45
Bachelor degree	31	19.4
Total	160	100

Based on table 4, data was obtained that the elementary school category was 23 people (14.4%), junior high schools were 34 people (21.3%), high schools were 72 people (45%), and universities were 31 people (19.4%).

Table 5. Characteristics of Family Respondents Based on Work at the Menur Mental Hospital in East Java Province on July 7 – July 20, 2022

Work	Frequency (f)	Percentage (%)
Not working	62	38.8
Civil Service	8	0.5
Private	47	29.4
TNI/Polri	1	0.6
Self-employed	42	26.3
Total	160	100

Based on table 5, data was obtained that respondents who were not working were 62 people (38.8%), civil servants were 8 people (5%), private sector was 47 people (29.4%), TNI/POLRI was 1 person (6%), and self-employed people were 42 people (26.3%).

Table 6. Characteristics of Family Respondents Based on Relationships with Patients at the Menur Mental Hospital, East Java Province on July 7 – July 20, 2022

Patient Relationships	Frequency (f)	Percentage (%)
Father/Mother	50	31.3
Husband/wife	25	15.6
Child	31	19.4
Siblings	54	33.8
Total	160	100



Based on table 6, data were obtained that entering the category of fathers/mothers were 50 people (31.3%), spouses were 25 people (15.6%), children were 31 people (19.4%), siblings were 54 people (33.8%).

Table 7. Characteristics of Family Respondents Based on Length of Treatment at the Menur Mental Hospital, East Java Province on July 7 – July 20, 2022

Length of Care	Frequency (f)	Percentage (%)
<3 year	41	25.6
2-5 year	30	18.8
6-10 year	31	19.4
>10 year	58	36.3
Total	160	100

Based on table 7, data were obtained that the category of fewer than 3 years was to 41 people (25.6%), the category of 2-5 years was to 30 people (18.8%), the category of 6-10 years was to 31 people (19.4%), the category of more than 10 years was 58 people (36.3%).

Table 8. Characteristics of Family Respondents Based on Patient Gender in Menur Mental Hospital, East Java Province on July 7 – July 20, 2022 (n=160)

Gender Patient	Frequency (f)	Percentage (%)
Male	91	59.6
Female	69	43.1
Total	160	100%

Based on table 8, data was obtained that the male category was 91 people (59.6%), women was 69 people (43.1%).

Table 9. Characteristics of Family Respondents Based on the Age of Patients at the Menur Mental Hospital, East Java Province on July 7 – July 20, 2022

Age Patient (year)	Frequency (f)	Percentage (%)
18-25	44	27.5
16-45	69	43.1
46-65	43	26.9
>65	4	2.5
Total	160	100

Based on table 9, data were obtained that the age category of 18-25 years amounted to 44 people (27.5%), the age of 26-45 years amounted to 69 people (43.1%), the age of 46-65 years amounted to 43 people (26.9%), the age of >65 years amounted to 4 people (2.5%).

Table 10. Characteristics of Family Respondents Based on Treatment Routines at the Menur Mental Hospital, East Java Province on July 7 – July 20, 2022

Treatment Routines	Frequency (f)	Percentage (%)
Routine	156	97.5
Not Routine	4	2.5
Total	160	100%

Based on table 10, data was obtained that the routine category was to 156 people (97.5%), and non-routine was to 4 people (2.5%).

Table 11. Characteristics of Family Respondents based on Family Function in the Menur Mental Hospital, East Java Province on July 7 – July 20, 2022

Family functions	Frequency (f)	Percentage (%)
Poor	13	8.1
Moderate	61	38.1
Good	86	53.8
Total	160	100



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Based on table 11. Data was obtained based on family functions from 160 respondents who had good family function categories 86 people (53.8%), moderate family functions were 61 people (38.1%), and poor family functions were 13 people (8.1%).

Discussion

The results of the study found that family functions with family members of schizophrenia patients was good family functions with 86 people (53.8%), there were also moderate family functions was 61 people (38.1%), while with poor family functions as many as 13 people (8.1%). A previous study mentioned that most caregivers with a family of schizophrenia disease tend to become dysfunctional families (Hsiao & Tsai, 2015; Koutra et al., 2016). The family is centered on strength and it was expected becomes control, caring for schizophrenia patients, and positive challenge rather than a threat. In addition, the family also as an active effort to work together in adapting to stressful living conditions (Caqueo-Urizar, Rus-Calafell, Urzúa, Escudero, & Gutiérrez-Maldonado, 2015).

The functioning of the family is also believed to be a well-being center for all family members (Kertapati, 2019) and dysfunctional family processes can cause psychological problems. Positive and supportive family processes can facilitate therapeutic changes (Alexander & Robbins, 2019). Based on the interview there were families had good family functions because they can adapt for caring family members with schizophrenia and have been caring for a long time \pm 2 years. It was similar with previous study (Sustrami, Yusuf, Fitriyasaki, & Suhadingsih, 2022).

Based on the results of the study, the family function can also be influenced by the gender. Most of the respondents were female with good family functions. Previous study mentioned that females tend to want harmony in family relationships and women tend to consider providing care to sick family members (Cohen, Sabik, Cook, Azzoli, & Mendez-Luck, 2019; Finch & Groves, 2022; Hsiao, 2010). Meanwhile, males rarely follow the health care process to the end and lack of care and attention to sick families.

Based on this study, the family function can also be influenced by relationships with patients. The results showed siblings with good family functions 28 people (17.5%), fathers/mothers with good family functions 28 people (17.5%). A previous study showed that siblings as part of a family with mandatory responsibilities for their brothers/sisters when parents are absent (Namkung, Greenberg, & Mailick, 2017; Ngangana, Davis, Burns, McGee, & Montgomery, 2016; Sin, Murrells, Spain, Norman, & Henderson, 2016). We assumed that siblings are the closest people to the patient and are considered trustworthy when the parents are absent or died.

Based on the results of the study, the family function may also be influenced by the last education. Most of the respondents at the high school level with moderate family function were 35 people (21.9%). Families with higher levels of education will significantly improve family functioning. Family functions with good education show roles, communication, and control behavior well (Alexander & Robbins, 2019; Hanushek, 2020). Involving the family is required to understand the illness among family members Family function provides problem-solving, communication, role, affective responsiveness, and behavioral control. Developing family function needs time, so the family can adapt during caring for family members with schizophrenia.

Kesimpulan

This study can be concluded that family functions in families of schizophrenic patients in the outpatient unit of the Menur Mental Hospital of the East Java Provincial were good family functions while treating patients. Family function among schizophrenia patients is important to support and prevent relapse among them. In addition, this study was needed to assist recovery



among schizophrenia patients, and as an evidence to prove a number of the function of family among schizophrenia patients.

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Ethics approval and consent to participate

We already obtained the informed consent from participants and we ensured confidentiality. This study was granted by ethical clearance by Menur Mental Health Hospital Surabaya, Indonesia, number No. 070/1119/102.8/2022.

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