

# The Influence of Family Psychoeducation on the Ability of Families in Careing for Schizophrenia Patients in Sumberpucung Village Community Health Center, Sambigede Village Kecamatan Sumberpucung, District. Poor

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## ABSTRACT

Schizophrenia sufferers usually tend to be unable to connect thoughts within themselves which results in the loss of ability and willingness to carry out activities, especially in aspects of fulfilling basic needs such as eating, sleeping and personal hygiene (Yosep, 2016). The inability of families and clients to carry out self-care can result in clients experiencing self-care deficits. The purpose of this study was to determine the effect of family psychoeducation on the ability of families to care for schizophrenics at the Sumberpucung Community Health Center, Sambigede Village, Sumberpucung District, Malang Regency. This study used a pre-experimental research design with a pretest posttest design approach. The population in this study was 100 families who cared for schizophrenia patients at Sumberpucung Health Center, Sambigede Village, Sumberpucung District, Malang Regency. A sample of 50 respondents was taken using the Simple Random Sampling technique. That is taking a simple random sample. The results of the research were that most (68%) of the respondents before being given psychoeducation were unable to care for schizophrenia patients, namely 34 people. Based on the Wilcoxon test, a p-value of  $0.000 < \alpha (0.05)$  was obtained. This indicated that  $H_0$  was rejected and  $H_1$  was accepted, meaning that there is an influence of family psychoeducation on the ability of families to care for schizophrenics at the Sumberpucung Health Center, Sambigede Village, Sumberpucung District, Malang Regency. In this study there is a Negative Rank, namely 28 respondents. Psychoeducation is very important to improve the ability of families to care for people with mental disorders, so that the quality of life for people with mental disorders is getting better.

## I. Introduction

Schizophrenia is one of the severe mental disorders characterized by a decrease or inability to communicate, disturbances of reality in the form of hallucinations and delusions, abnormal or blunted affect. Schizophrenia sufferers usually tend to be unable to connect thoughts within themselves which results in the loss of ability and willingness to carry out activities, especially in aspects of fulfilling basic needs such as eating, sleeping and personal hygiene (Yosep, 2016). The inability of families and clients to carry out self-care can result in clients experiencing self-care deficits.





Self-care deficit is one of the behaviors of clients with schizophrenia where individuals experience disturbances or obstacles in carrying out or completing daily activities independently (Yusuf, 2015). This will get worse if the family is not able to take good care of it. The phenomenon that has occurred a lot so far is related to the inappropriate way families treat family members with schizophrenia, such as being shackled and locked up with excuses, the family is embarrassed, so the family does not take care of themselves and allows the patient to be confined and shackled for a long period of time so that their condition worsens. This is bad evidenced by the increase in patients with mental disorders.

According to data taken from the World Health Organization (2017) it is estimated that around 450 million people from the global population suffer from depression, this number has decreased to around 23 million people worldwide experiencing schizophrenia (WHO, 2018). The prevalence in Indonesia refers to the results of Basic Health Research in 2013 showing the prevalence of households with members suffering from schizophrenia was 4.6 per mil and in 2018 it became 1.7 per mil with a treatment coverage of 84.9% (RISKESDAS, 2018). Schizophrenia with self-care deficits reaches 70% of all existing symptoms (Fitria, 2015). East Java Province ranks 4th with a value of 6% including Malang Regency with a number of people with mental disorders of 2.2% (Malang Health Office, 2020). The high number of people with mental disorders above occurs due to multifactors such as genetics, economics and the result of stressors.

The family is the second person after the client who is directly affected by family members who suffer from schizophrenia with DPD where this disease is a disorder that can last a lifetime, so that it will add to the heavy and prolonged financial and emotional burden for the family, besides that the family also bears the burden of stigma negative from society. Where the stigma will affect social relations in society. So it is necessary to embrace the family so that they are able to deal with these stressors with good coping responses and provide understanding regarding the illnesses suffered by family members so that they can play an active role in the healing process. The inability to take care of oneself in schizophrenic patients will have an impact on the emergence of new problems besides the psychiatric problems experienced, namely physical disorders such as damage to the integrity of the skin, disorders of the oral mucosa, infections of the eyes and ears, disorders of the nails, and disturbances in the psychosocial client, such as interactions social, self-esteem and self-actualization (Azizah, 2016).

So this is where the role of the family is needed in caring for family members who experience schizophrenia by providing motivation and support to families in self-care of clients and providing psychoeducation to families where family psychoeducation is one of the elements of the family mental health care program by providing information and education through communication. (Stuart Laraia, 2015). Where psychoeducation has been proven to be able to increase the ability of families to carry out self-care for clients, because in psychoeducation there is an educational element that is directly able to increase family knowledge related to disease as well as how to treat it, besides that training in psychoeducation is able to improve psychomotor or family skills in carrying out care daily self-care, and can increase family self-efficacy in carrying out self-care for clients. Because the family is the entry point in providing public health services and a healing center for clients, so to be able to carry out one of the tasks in the health sector, namely being able to provide care to sick family members requires high self-efficacy so that it can maximize the role of the family, especially in client self-care.

## **II. Methods**

In this study, the authors used a descriptive quantitative research method. Pre-experimental research design with a pretest posttest design approach. conducted in September

2021. This research uses primary data. Primary data comes from the results of the questionnaire. The population is 100 respondents, a sample of 50 respondents is taken based on the slovin formula using a random sampling technique in Sambigede Village, Sumberpucung District, Malang Regency.

### III. Results and Discussion

#### Characteristics of Respondents

Frequency distribution of respondents based on age at the Sumberpucung Health Center, Sambigede Village, Sumberpucung District, Malang Regency.

The characteristics of respondents at the Sumberpucung Health Center in Sambigede Village, Sumberpucung District, Malang Regency based on age are described in the table below:

Table 1. Age frequency distribution of respondents at the Sumberpucung Health Center, Sambigede Village, Sumberpucung District, Malang Regency, October 2022.

No	Usia	Frekuensi	Presentase
1	<20 years	0	0%
2	20-35 years	31	62%
3	>35 years	19	38%
	total	50	100%

Frequency distribution of respondents based on education at the Sumberpucung Community Health Center, Sambigede Village, Sumberpucung District, Malang Regency, October 2022.

No	Pendidikan	Frekuensi	Prosentase
1	Primary School- Junior High School	21	42%
2	Senior High School	21	42%
3	College	8	16%
	Total	50	100%

Frequency distribution of respondents based on work at the Sumberpucung Community Health Center, Sambigede Village, Sumberpucung District, Malang Regency, October 2022

No	Pekerjaan	Frekuensi	Prosentase
1	Work	20	40%
2	Unemployment	27	54%
3	Pension	3	6%
	Total	50	100%

Frequency distribution of respondents based on family history at the Sumberpucung Health Center, Sambigede Village, Sumberpucung District, Malang Regency, October 2022.

No	Riwayat Keluarga	Frekuensi	Prosentase
1	Ada	14	28%
2	There isn't	27	54%
	total	50	100%

#### Characteristics of Variables

Frequency distribution of respondents based on family capabilities before being given psychoeducation at the Sumberpucung Health Center, Sambigede Village, Sumberpucung District, Malang Regency, October 2022.

No	Pretest Kemampuan	Frekuensi	Prosentase
1	Able	16	32%
2	Inability	34	68%
	Total	50	100%

From table 5, it was found that the majority (68%) of the respondents before being given family psychoeducation were unable to care for schizophrenic patients, namely 34 people.

Frequency distribution of respondents based on family ability after being given psychoeducation at the Sumberpucung Health Center, Sambigede Village, Sumberpucung District, Malang Regency, October 2022.

No	Posttest Ability	Frekuensi	Prosentase
1	Ability	44	88%
2	Inability	6	12%
	Jumlah	50	100%

Data obtained that almost all (88%) of respondents after being given Psychoeducation families were able to treat schizophrenic patients, namely 44 respondents.

Cross tabulation of family ability to care for schizophrenic patients before and after being given psychoeducation at the Sumberpucung Health Center, Sambigede Village, Sumberpucung District, Malang Regency, October 2022.

No	Pretest Kemampuan	Posttest Kemampuan				Total	
		Mampu		Tidak Mampu			
		Σ	%	Σ	%	Σ	%
1	Ability	16	32	0	0	16	32
2	Inability	28	56	6	12	34	68
Total		44	88	6	12	50	100

P Value	:	0.000
Alpha	:	0.05
Positive Rank	:	0
Negative Rank	:	28
Ties	:	22

Based on the family's ability to care for schizophrenic patients before being given Family Psychoeducation, it was found that the majority (68%) of respondents before being given family psychoeducation were unable to care for schizophrenic patients, namely 34 people.

Kembaren, 2011 states that one of the functions of the family is health care, which is in the form of caring for family members, including the family's ability to improve and maintain the mental health of family members who have schizophrenia. The researcher's assumption is that sufficient family ability as a care giver can be increased to a good ability if an intervention is given in the form of Psychoeducational Therapy. The theory of family function in caring for members who experience schizophrenia explains that the increase in the ability of family members as care givers at home in this study is influenced by the implementation of psychoeducational therapy, where the therapist first identifies the ability of families to care for members who experience schizophrenia and teaches these family members how to take care of personal hygiene. his family members.

Based on the data above that the family's ability to care for schizophrenic patients is in the underprivileged category, this can be seen from the majority of respondents saying that families rarely teach patients to comb their hair or take care of themselves, rarely involve patients in family activities and leave it alone if the patient doesn't want to do daily work at home, and this ability is influenced by family education, in this study family education is mostly elementary and secondary, where education will affect a person's knowledge, the higher a person's education, the easier it will be to understand a lesson. Knowledge of the patient's family can be illustrated that basically the family understands the importance of caring for schizophrenic patients. The family thinks that if the symptoms decrease, it means that the patient has recovered, so no more medicine is needed.

Based on the ability of the family after being given family psychoeducation, it was found that almost all (88%) of the respondents after being given psychoeducation were able to care for schizophrenia patients, namely 44 respondents.

Family psychoeducation is a meeting with families to discuss issues that have been agreed upon according to the needs of the family. Family psychoeducation is able to improve cognitive abilities because psychoeducation contains elements of increasing family knowledge about illness and family ability to care for sufferers (Stuart & Laraia, 2005). The components in psychoeducation according to Marsh (2000) in (Stuart & Laraia, 2005) state that psychoeducation can increase the ability of didactic or educational elements. Much of the learning likely involves changes in neurons and synapses. Many researchers believe that the physiological basis of learning and cognitive development lies in the changes that occur in relation to neurons. (Gould, Beylin, Tanapat, Reeves & Shors, 1999; C. A. Nelson, Thomas, & de Haan, 2006; R. A. Thompson & Nelson, 2011) in ormrod (2008) states that the formation of neurons occurs throughout human life where the formation of new neurons This can be stimulated by previous experiences or learning experiences that are still new. In psychoeducational activities, respondents receive information about how to care for sufferers.

Based on the above data that increases the ability of families to care for schizophrenic patients after being given family psychoeducation in the capable category, this can be seen based on the results of the posttest of respondents which state that on average families involve patients in daily activities and take good care of them, giving praise when patients able to do

something good and calm the patient when the patient starts to get angry, this action is caused by the provision of psychoeducation itself, where the delivery of material or education provided by nurses or health workers is in accordance with the character of each respondent.

After being given education during two meetings (pretest and posttest), the researchers followed up the patients and their families on the posttest. Follow-up is carried out with the aim of helping the patient and family to recall the material that has been given, according to Edelman and Mandle (2010). Information given to someone will initially be stored in short-term memory. Information will last for 20 seconds before being forgotten or processed into long-term memory. Providing psychoeducation is very effective in increasing the ability of families to care for schizophrenia patients, this can be influenced by the level of family work, most of the patient's families do not work so they have free time to pay more attention to and care for patients, this is not due to the information provided by health workers.

The effect of family psychoeducation on the family's ability to care for schizophrenic patients at the Sumberpucung Health Center, Sambigede Village, Sumberpucung District, Malang Regency showed that the majority (56%) of respondents before being given family psychoeducation were unable to care for patients with schizophrenia but after being given psychoeducation, families were able to care for schizophrenic patients, namely 28 people. Based on the Wilcoxon test, a p-value of  $0.000 < \alpha (0.05)$  was obtained. This indicated that  $H_0$  was rejected and  $H_1$  was accepted, meaning that there is an influence of family psychoeducation on the ability of families to care for people with schizophrenia at the Sumberpucung Health Center, Sambigede Village, Sumberpucung District, Malang Regency. In this study there is a Negative Rank, namely 28 respondents. This means that the family's ability to care for schizophrenic patients after being given psychoeducation is better than before being given psychoeducation, while the Ties value is 22 meaning that after being given psychoeducation the category is the same as before being given psychoeducation.

Research shows that there is a significant increase in the ability of families to care for family members who experience schizophrenia before receiving family psychoeducation therapy and after receiving family psychoeducation therapy with a standard deviation of 0.250 (p-value = 0.000 or  $< 0.05$ ). The increase in the ability to care for family members who have schizophrenia occurs in different categories, namely the ability to care enough to the ability to care well.

The purpose of the psychoeducation program is to increase knowledge about mental disorders in family members so that it is expected to reduce relapse rates and improve family functioning (Stuart Laraia, 1998). This goal will be achieved through a series of educational activities about the disease, how to deal with symptoms and the capabilities of the family. Dyck et al (in Kembaren, 2011) found that the family group that received a psychoeducation program was more effective at treating negative symptoms than the standard group. This research is in line with the results of a similar study conducted by Sormin and Sulastrin in 2016 concerning Family Psychoeducation Increasing Knowledge of Controlling Violent Behavior of People with Mental Disorders in the Working Area of the Kedaton Health Center, Bandar Lampung, which showed that patient knowledge in the intervention group was better than the control group (  $p = 1.001$  ).

In this study there is a category of ties (fixed). This is due to the age factor of the schizophrenia patient's family, the average family who is still unable to care for schizophrenic patients are those who are  $> 35$  years old and work all day, so when they arrive home they are exhausted and care for these patients as necessary.

#### IV. Conclusion

1. Most (68%) of respondents before being given family psychoeducation were unable to care for schizophrenic patients, namely 34 people at the Sumberpucung Health Center, Sambigede Village, Sumberpucung District, Malang Regency.
2. Almost all (88%) of the respondents after being given Psychoeducation were able to treat schizophrenic families, namely 44 respondents at the Sumberpucung Health Center, Sambigede Village, Sumberpucung District, Malang Regency.
3. There is an influence of family psychoeducation on the ability of families to care for people with schizophrenia at the Sumberpucung Community Health Center, Sambigede Village, Sumberpucung District, Malang Regency.

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