



Relationship Between Family Functioning and Burden Among Family Caregivers of Schizophrenia Patients in Menur Mental Hospital Surabaya Indonesia

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Abstract. Background: The phenomenon of a family caregiver caring for family members with schizophrenia requires a balance of family functions. However, mental illness affects the entire family structure. Poor family functioning is associated with emotional changes and burdens. The burden among family is related to the physical, social, psychological, and financial.

Aim: The aim of the study was to analyze the relationship between family function and the burden of care for schizophrenia patients in the Outpatient Unit of the Menur Mental Hospital of the East Java Provincial Government.

Methods: The study design used probability sampling with simple random sampling. Data collection used ZBI (The Zarit Burden Interview) and FAD (Family Assessment Device) questionnaires. The sample of this study was family who caring for family members with schizophrenia with total sample was 160 respondents.

Results: The results of the study were the burden of care for schizophrenia patients was no burden –moderate family function was 84 people (52.2%). Based on the results of the statistical test, Spearman Rho was ρ 0.039 (ρ value \leq 0.005) which showed that there was a relationship between family function and the burden of treatment at the Menur Mental Hospital, East Java Province.

Conclusion: The implication of this study was family function is needed to decrease the burden among family caregiver.

Keywords: Family Function · Burden of Care · Schizophrenia

1 Introduction

Schizophrenic patients are caused by an imbalance of the neurotransmitter dopamine which gives rise to symptoms of impaired perception, emotions, problems with thought processes, hallucinations, feelings, and abnormal effects [1]. In process of the disease affects aspects of the life of schizophrenic patients resulting in serious deterioration, not only relating to the patient but also to the family because they need help from other parties, especially from family members [2].

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Treatment of schizophrenia patients by caregivers requires a balance of family functions. Family functioning in people with mental disorders has not worked effectively in maintaining a balance on the dimensions of problem-solving, communication, role, affective response, affective engagement, and behavioral control [3]. Family functions refer to relationships that operate within the family and are believed to be central to well-being. Dysfunctional family processes can cause psychological problems [4].

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 [5]. Poor-functioning families caring for patients with schizophrenia have been linked to an increased risk of depression and anxiety [6] and create communication disorders [4].

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. The heaviest mental disorder is called schizophrenic disorder [7]. The prevalence of schizophrenia disorders in East Java was 6.4% weighted 43,890. Based on data from the Menur Mental Hospital, the East Java, Indonesia has increased [8]. The functioning of families with mental disorders is in the less category as much as 12.9% and the sufficient category as much as 67.7% [7]. 52.5% of caregivers experienced medium-heavy loads because of caring for family members with schizophrenia [9].

The burden experienced by the caregiver is an event related to the symptoms, behavior, socio-demographic characteristics of the patient, and family functions [5]. The responsibility of caring for people with mental illness was generally shaped by Confucianism advocating interdependence, harmony, and family integrity in society [10]. Family functioning can reduce the burden and become supportive therapy [11]. However, this study highlighted the relationship between family functioning and burden among family caregivers of schizophrenia patients.

2 Methods

This procedure of this study was granted by ethical clearance from Menur Mental Hospital, Indonesia, number 070/1107/102.8/2022. The design of this study uses an analytical observational method and cross-sectional design to analyze the relationship between family functioning and burden among family caregivers of schizophrenia patients at the Menur Mental Hospital of the East Java Provincial Government. The study was conducted from July 7, 2022 to July 20, 2022 at the Outpatient Poly of the Menur Mental Hospital of the East Java Provincial Government, Indonesia. Data was collected from the patient's family in the outpatient room. The sampling technique in this study used simple random sampling and we used the Spearman Rho Correlation Test to analyze the data. The data collected through the self-report questionnaires in this study are questionnaires for demographic data, family function, and care burden. We used Family assessment device (FAD) to measure family functioning. It has 7 dimensions. This questionnaire is valid with item-total correlation between 0.385–0.745 [12]. We also used The Zarit Burden Interview with Cronbach alpha 0.93 [13]. The samples in this study were 160 families of Schizophrenic Patients who visited the Outpatient unit Menur Mental Hospital with inclusion criteria: a) Families who care for or live under the same house b)

Table 1. Cross-Tabulation between Family Function and Burden of Family with Schizophrenia Patients (N = 160)

Family functions	Burden Caregiver				Total
	No burden-little	Light-medium burden	Medium-heavy burden	Very heavy burden	
Low	8	3	2	0	13
	5.0%	1.9%	1.3%	0.0%	8.1%
Medium	21	27	8	5	61
	13.1%	16.9%	5%	3.1%	38.1%
High	50	26	10	0	86
	31.3%	16.3%	6.3%	0.0%	53.8%
Total	79	56	20	5	160
	54.4%	35%	20%	3.1%	100%

Spearman Rho Statistical Test Results = 0.039

Families of schizophrenic patients who are willing to be respondents c) Patients aged 20–60 years, and exclusion criteria: a) *Liponsos* patients (social cottage environment) b) Families who can't read and write c) The family who suddenly resigned at the time of being a respondent in the research process.

3 Results

Based on Table 1, it can be seen from the 160 respondents who contributed, as many as 50 people (31.3%) with the category of high family functions with no burden – few, as many as 27 people (16.9%) with the category of moderate family functions with light – medium burden, as many as 26 people (16.3%) with the category of high family functions with light – medium burden, as many as 21 people (13.1%) medium family functions with no burden – little, as many as 10 people (6.3%) family functions with medium – heavy burden, as many as 8 people (5%) medium family functions with medium – heavy burden, as many as 8 people (5%) low family functions with no burden – few, as many as 5 people (3.1%) medium family functions with very heavy burden, as many as 3 people (1.9%) low family functions with light – medium burden, as many as 2 people (1.3%) low family functions with medium – heavy burden, there were no respondents on the category of low family functions with very heavy burden and family functions.

The results of statistical tests using the Speraman Rho test, the result $\rho = 0.039$ was obtained. This shows that the ρ value ≤ 0.005 which means that there is a relationship between family function and the burden of treatment at the Menur Mental Hospital in East Java Province.

4 Discussion

The results of the statistical test showed that ρ value = 0.039. This shows that there is a relationship between family function and the burden of treatment at the Menur Mental Hospital in East Java Province, Indonesia. The results of the study can be seen from 160 respondents found in the criteria of no burden – a little with moderate family function as many as 84 people (52.2%), the criteria for light – medium load with medium family function 58 people (36.3%), while there are also those who have the lowest family function and care load with the criteria of no burden – a little with low family function as much as 1 person (0.6%).

According to previous study adaptability and excess of involvement that ultimately does not achieve a specific signification on the caregiver load of schizophrenic patients with the aim of a high family burden in emotions, work, leisure, relational, and economic at home but when correlated with the patient's condition on average only 50% that a relationship occurs [14].

From this study, we assume that the relationship between family function and family care burden is something that families face when caring for family members suffering from schizophrenia, but the burden of caregivers as stress if managed with good mechanisms then the optimal family function can be maintained. Sources of support and motivation that families can have such as support from spouses, friends, the surrounding environment, and psychiatric teams can play a role in responding to the stress felt in providing patient care so that they are more accepting which ultimately maintains the function of the caregiver family.

5 Conclusion

This study showed that there is a relationship between Family Function and the Burden of Schizophrenia Patient Care in the Outpatient Poly of the Menur Mental Hospital, East Java Province.

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