



The Relationship Between Spirituality, Coping, and Quality of Family Life in Caring for a Schizophrenic Patient at Menur Psychiatric Hospital

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Abstract. Background: All changes in roles, responsibilities and nursing processes can cause stress to family members who live with patients so that it can reduce the family's ability to carry out care, if families with schizophrenia patients are not able to use effective coping to cope with these stressors, their quality of life can decrease but family is also required to survive.

Aim: The purpose of this study is to determine the relationship Between Spirituality, Coping, And Quality of Family Life In Caring For A Schizophrenic Patient At Menur Psychiatric Hospital.

Methods: This research used Analytical Observational with Cross Sectional study. The population there were 264 people from families who care for schizophrenic patients. The sampling technique used Simple Random Sampling as many as 160 respondents that met the research inclusion criteria. The instrument uses the Spirituality Index of Well Being, Family Coping Index and WHOQOL-Brief questionnaires. Data were analyzed used Spearman Rho test.

Results: The results showed that the majority of family spirituality was in the sufficient category of 109 (68.12%). The research also showed that the were relationship Between Spirituality, Coping, And Quality of Family Life in Caring For A Schizophrenic Patient At Menur Psychiatric Hospital.

Conclusion: Spirituality and coping with family quality of life are very influential in-patient care, the better the spirituality and coping owned by the family, the better the quality of family life in caring for schizophrenic patients.

It can be concluded that the accuracy of measuring body weight depends on gender.

Keywords: Spirituality · Coping · Quality of Life · Family · Schizophrenia

1 Introduction

Most people with schizophrenia live in the community are cared by their family. During treatment at home, people with schizophrenia are often unable to carry out their roles in the family, causing changes in the pattern of roles and responsibilities in caring for

patients [1]. All changes in roles, responsibilities and care processes can cause stress to family and reduce their ability to provide care and support for other families [2, 3].

The results of the Riskesdas survey in 2018 showed that the prevalence of severe mental disorders, including schizophrenia, was 1.7 per 1000 Indonesian population [4, 5]. In every 1000 households there are 7 households with mental disorders, so it is estimated that around 450 thousand suffer from severe mental disorders [5]. Data from the Menur Mental Hospital of the East Java Provincial Government from year to year the number of schizophrenia patients who are treated as outpatients continues to increase. In 2020, the number of schizophrenic patients who were treated as outpatients was 3,700 patients. Meanwhile, in 2021, the number of schizophrenic patients who are treated as outpatients is 22,000. Based on research conducted by Sustrami at Menur Hospital Surabaya, it was found that from 25 respondents, 72% of respondents had maladaptive coping strategies with moderate recurrence of 55.6%. Research shows that most family caregivers have a level of quality of life that is included in the moderate category as much as 54% and 26% are still classified as low [6, 7].

Someone who takes care of a schizophrenic patient will experience a drastic decline if they are already at a weak point in being a client companion so that it will interfere with his quality of life. The impact that occurs as a result of caring for people with schizophrenia can have a major impact on their quality of life. The decline in the spiritual level experienced by caregivers can make the quality of life of a caregiver less prosperous. As a caregiver for a schizophrenic patient, it is possible to experience life constraints both from outside and from within which can change, therefore a person who cares for a schizophrenic patient can adapt to certain conditions according to what is experienced by the caregiver [8]. Especially if the caregiver experiences significant stress, limited activity due to time to care, an increase in somatic symptoms, anxiety, and depressive symptoms. Stress that occurs in families caring for patients can reduce their ability to provide care for schizophrenic patients [9, 10].

Spirituality is a form of non-pharmacological care that can be given to families who care for schizophrenia patients, because spirituality is related to inner peace that can improve quality of life (8). Spiritual needs are very unique for each individual. In sick person, spirituality levels can increase or vice versa, depending on the individual how the coping strategies will be used to overcome the problem.

Based on the description of the background above, the researcher is interested in knowing the relationship between Spirituality, Coping, And Quality Of Family Life In Caring For A Schizophrenic Patient At Menur Psychiatric Hospital.

2 Methods

This research used Analytical Observational with Cross Sectional study. Independent variable consists of Spirituality and Coping. The dependent variable are Quality of Family Life in Caring for Schizophrenic Patients. This research was conducted from May 2022 to July 2022 at Menur Psychiatric hospital. Before this research was carried out, the researcher had obtained an ethical certificate from the Menur Psychiatric Hospital with certificate number 070/2117/102.8/2022.

The population there were 264 people from families who care for schizophrenic patients. The sampling technique used Simple Random Sampling as many as 160 respondents that met the research inclusion criteria. Inclusion criteria that used in this research are: families with Patients of productive age (20–60 Years), family living with patient, a family who can read and write, and member of health insurance. The instrument uses the Spirituality Index Of Well Being, Family Coping Index and WHOQOL-Bref questionnaires. Data were analyzed used Spearman Rho test.

3 Results

The results showed that most of the respondents were 46–65 years old (52.5%). As much as 61.9% of respondents are female, 38.1% were male. The results also show that the majority of respondents do not work (36%) and the last education is senior high school by 72%.

The result showed that there were 68.1% have a moderate quality of life, 23.1% have poor quality of life, 8.8% with good quality of life. There were 45% respondent with moderate coping level, 41.3% good coping rate and 13.8% with less coping level.

the results of statistical tests between spirituality level and quality of life show p value of 0.006 which means there is a relationship between spirituality level and quality of life. Spearman Rho Test between coping and quality of life showed p value 0.00001 which means there is a relationship between coping level and quality of life.

The results show that the lower the respondent's coping level, the worse the respondent's quality of life. The results of the cross tabulation also show that respondents with a low level of spirituality tend to have poor quality of life.

Tables and Figures

See Tables 1, 2 and 3.

4 Discussion

The results showed that family spirituality was in the poor category because spirituality could be influenced by the individual's age, length of care for the patient. The patient's family shows an attitude that believes in God, as can be seen from the way the patient's family says that they always surrender and pray to God to be given strength in overcoming all trials, besides that the patient's family also regularly attends religious activities. The results of this study are in line with research conducted by Gojer in 2018 which states that families who care for schizophrenia patients have a lower level of spirituality which can impact their quality of life [11].

The results of the study show that spirituality is influenced by the age of the family caring for schizophrenic patients with the highest results being at the age of 46–65 years. Research explained that the middle age group can affect the spirituality of individuals by having more time to carry out religious activities and trying to understand the religious values they believe in [11]. Long-term care for patients is considered a cause of stress [12]. The researcher assumes that the older the respondent, the better the individual

Table 1. Characteristics of Respondents

characteristics	n	%
Age		
18–25	9	5.6
26–45	53	33.1
46–65	84	52.5
>65	14	8.8
Gender		
Man	61	38.1
Woman	99	61.9
Work		
ASN	8	16.0
Jobless	62	36.0
Entrepreneur	42	12.0
Private Employee	47	37.0
Soldier	1	0.6
Education		
Primary school	23	14.4
Junior high school	34	21.2
Senior high school	72	45.0
Higher education	31	19.4
Total	160	100.0

Table 2. Cross tabulation of spirituality with quality of life

spirituality	Quality of life			
	Poor	Moderat	Good	Total
Less	16	63	0	79
Moderate	19	36	1	51
Good	2	10	13	25
Total	37	109	14	160

understands the meaning of life and the purpose of life and has confidence in himself to be able to face a problem [13, 14].

Coping is influenced by the gender of the family who treating schizophrenic patients, there are 42 women (26.3%) who caring with schizophrenic patients have good coping. In treating schizophrenic patients most of the respondents were female, it's because

Table 3. Cross tabulation of Coping with quality of life

Coping	Quality of life			
	Poor	Moderat	Good	Total
Less	10	11	1	22
Moderat	19	50	3	72
Good	8	48	10	66
Total				160

women were more caring and worrying about many things such as the patient's illness cannot be cured, feelings about the patient's condition that do not show changes or signs of improving, and think about the burdens faced because the patient will always be dependent on drugs [13, 15].

Coping can also be affected by the level of education. Respondents with good coping levels have a high school education level as many as 31 respondents (19.4%). The level of education has a positive relationship with family coping [16, 17]. Caregivers with higher levels of education provide potentially more access to work resulting in more support resources for help them solve their problems which can improve their quality of life in the social environment [18].

Family coping can also be influenced by the length of care the patient has. as many as 25 respondents (15.6%) with good coping took care of schizophrenic patients more than 10 years. The length of time a family cared for a schizophrenic patient would increase understanding of the family in caring for family members who are sick, so that the family will try to do treatment [18]. This situation can prevent the recurrence of the patient so as to be able to provide the best care for the patient. In treating schizophrenic patients, coping strategies are needed, especially when making decisions to fulfill the patient's needs. Good coping can help prevent schizophrenia recurrence. The better the coping strategies used by the family the better the way to deal with the problem [19, 20]. Based on the discussion above, it can be concluded that the level of spirituality and family coping skills are needed to maintain the quality of life of people who care for schizophrenic patients.

5 Conclusions

Spirituality and coping have a significant relationship with the quality of family life in caring for schizophrenic patients at Menur Psychiatric Hospital. Health workers must also provide education to families of schizophrenic patients about how to manage their stress. The family also expected to uphold to their spirituality because it's can create a peaceful condition in the heart so that it can reduce stress levels when caring for people with schizophrenia.

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