

Research Article

Coping Strategies of Caregivers of Patients with Schizophrenia in Malang Districts

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Abstract.

Schizophrenia is a disease that not only puts a burden on the afflicted individual but also poses a significant challenge to their caregivers. Caregivers of patients with schizophrenia use coping strategies to deal with these struggles. This study aimed to identify coping strategies used by family caregivers of patients with schizophrenia. This was a descriptive correlational study. Participants were 57 family caregivers of patients with schizophrenia who were referred to the general hospital in Malang Districts. They were selected through a purposive sampling method. The data collection tools were demographic and brief cope (BC). The scores of family caregivers using different types of coping strategies were: Self Direction 41.23%, Active Coping 85.75%, Denial 26.32%, Use of Emotional Support 89.25%, Use of Instrumental Support 96.49%, Behavioral Disengagement 35.09%, Venting 28.95%, Positive Reframing 95.18%, Planning 95.18%, Humor 95.18%, Acceptance 94.30%, Religion 91.45%, Self-Blaming 26.54%. The results showed that the most used adaptive coping strategy was instrumental support. Family caregivers of patients with schizophrenia have used adaptive and maladaptive coping strategies. Mental health professionals should make a program that supports family caregivers in making adaptive coping strategies.

Keywords: caregivers, family, schizophrenia

1. Introduction

Schizophrenia is a disease that not only puts burden on the individuals who suffer but also on the people who care for them. Caregivers of patients with schizophrenia who are unable to cope with the overwhelming pressure of care will often lead to psychological disturbances, and decreased quality of life [1]. Caring for family members with mental disorders, especially patients with a diagnosis of schizophrenia, is often a stressor for family life, especially for individuals who are in charge of caring for them directly that the stressors faced cause stress and burden for the family [2].

Schizophrenia is a type of chronic mental disorder that often occurs in individuals with a relatively young age range and this type of disease can affect brain function, such

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as disrupting thought patterns, perceptions, and behavior [3]. An estimated 21 million people worldwide have schizophrenia. In Indonesia, from 2013 to 2018, the number of people with schizophrenia increased from 5.3 per mile to 7 per mile [4].

This paradigm of stress faced in caring can use the paradigm of stress appraisal coping (or stress coping) that was proposed by Lazarus and Folkman (1984). The concept of this theory describes the process of dealing with stress. This theoretical model was later developed and adopted by other researchers with the aim of explaining the caregiving process carried out by family members with chronic psychiatric disorders, especially those with a diagnosis of schizophrenia [5]. This model assumes that caring for people with schizophrenia will cause stress for those who care for them directly, and this stress is usually associated with changes in the patient's behavior, the inability to interact, and the burden of life felt by the family.

2. Materials and methods

The research was performed as a descriptive approach. The population was family members who cared for patients with schizophrenia at Malang, Indonesia. This study involved 57 family members with schizophrenia sufferers as respondents who were obtained by purposive sampling technique. Inclusion criteria are family members who are in charge of caring for the patient directly, and have cared for the patient for at least 6 months. The patient must be diagnosed with schizophrenia for at least one year, as evidenced by the medical record. The participant is a family member who accompanies the patient in the outpatient unit of the Kepanjen Hospital. The participants were recruited based on ethical principles. Participants who were involved in previous research had received a written explanation regarding the research objectives, procedures, rights and obligations, benefits, and disadvantages during the research. Only participants who have given informed consent are involved in the study. This research has received ethical approval from the Ethics Committee of the Kepanjen School of Health Sciences number 072.1/EA.KEPK.007/35.07.208/2021

3. Results

Among 57 caregivers, a slightly higher proportion of caregivers were males 48 (84.2%). Most caregivers were middle aged adults 34 (59.6%) and clustered in 'per capita income per month' lower than Rp 2.000.000 (96.5%); the educational background of all caregivers was almost evenly distributed across three categories, i.e., elementary

TABLE 1: Descriptive characteristics of the caregivers (N=57).

Variables	Frequency (%)	(Median) Maximum	Minimum
Gender Male	9 (15.8%)	1	1
Female	48 (84.2%)	2	2
Age ≤ 30 years old	11 (19.3%)	1	1
31-50 years old	34 (59.6%)	2	2
≥ 51 years old	12 (21.1%)	2	2
Education background Elementary school or below	53 (94.0%)	1	1
Middle or high school	3 (5.3%)	1	1
Junior college or above	1 (1.8%)	55	55
Per capita income per month ≤ Rp 2.000.000	2 (3.5%)	4	4
Income > Rp 2.000.000	7.0%	17	17
The relationship with patients in care Child	63.2%	26	26
Spouse	7.0%	17	17
Parent	29.8%	36	36
Duration of caring 1-3 years	45.6%	31	31
> 3 years	54.4%		

school or below (94.0%), middle or high school (5.3%), and junior college and above (1.8%); the relationships between the caregivers and patients in care included ‘parent’ caregivers (63.2%) , ‘child’ caregivers (7.0%)and ‘spouse’ caregivers (29.8%); Duration of caring 1-3 years (45.6%), > 3 years (54.4%).

TABLE 2: Descriptive coping strategy of the caregivers (N=57).

Concepts and domains/subscales	Number of items	Score range per item	Frequency (%)
Coping strategy	2 2 2 2 2 2	1-4 1-4 1-4 1-4 1-4 1-4	(41,23%) (85,75%)
Self Direction	2 2 2 2 2 2	4 1-4 1-4 1-4 1-4 1-4	(26,32%) (89,25%)
Coping Denial	2	1-4 1-4 1-4 1-4	(96,49%) (35,09%)
Use of emotional support			(28,95%) (95,18%)
Use Of instrumental support			(95,18%) (95,18%)
Behavioral disengagement			(94,30%) (91,45%)
Venting			(26,54%)
Positive reframing			
Planing			
Humor			
Acceptance			
Religion			
Self-Blaming			

4. Discussion

The present study included 57 primary caregivers of patients with schizophrenia. Being diagnosed with schizophrenia is a challenging time for the patient and especially for the caregiver. Although literature on treatment abounds, literature on how best to support caregivers is scarce. This review was conducted to better understand the experience of coping strategies used by caregivers. Understanding coping strategy in primary caregivers of schizophrenic patients is of great importance for developing innovative interventions to promote their ability of providing care to schizophrenic patients.

Coping strategies are defined as individual responses when they experience stress when levels of stress exposure increase. Coping strategies can be classified into Problem-Focused Coping (PFC) and Emotion-Focused Coping (EFC). Family caregivers who tend to use PFC will face the problems or burdens they face by looking for

alternative solutions. PFC consists of planned problem solving, confrontational coping, and seeking social support. Another study showed that the most frequently used coping strategy by family caregivers was seeking social support, while the least used coping strategy was confrontation. Family caregivers tended to seek social support and planned problem-solving to reduce their burden in sharing the difficulties they face their loved ones another can reduce the perceived pressure and another advantage that family caregivers may have when using this coping strategy is obtaining additional information to resolve them [2]. Other study that have higher religiousness spirituality or a strong personal belief system more frequently used positive reappraisal to cope with their illness becomes important, positive reappraisal is described as a dimension that includes giving positive meaning to a situation by focusing on one's personal growth experience [6]

This study expands on the existing literature on coping with families caring for people with schizophrenia by examining their coping strategies. Overall the strategy he uses consists of positive and negative coping, which consists of Self Direction, Active Coping, Denial, use of emotional support, use of instrumental support, Behavioral disengagement, Venting, Positive reframing, Planning, Humor, Acceptance, Self-Blaming. The use of coping strategies by caregivers of people with schizophrenia is associated with a better perception of the existence of social support in the form of having sources to get advice and guidance from those closest to them, either from close family or people around them considered influential in their family. In contrast, the use of disengagement strategies was associated with lower perceptions of family support and increased family tension. In addition, disengagement strategies are associated with symptoms of anxiety and depression [7]. Based on a study of high-risk adolescents with a family history of psychosis, a positive family environment had a significant protective effect on the development of psychosis perceived by sufferers [8], [9]. Being in a positive family environment and having good parenting characteristics can create a harmonious family climate and healthy emotions [10]. Constructive communication and problem-solving skills and problem-oriented are often associated with a decrease in symptoms in sufferers and an increase in social functioning [11]. In another study, it was also stated that in families with highly functional relationships in carrying out family functions and roles, individuals with schizophrenia will be more obedient to the treatment they are undergoing and Parenting knowledge and skills in people with schizophrenia are reliable predictors of psychological well-being and active coping among primary family caregivers [12].

Other caregivers of schizophrenia stated that the coping strategy used was that more frequent use of adaptive coping mechanisms (such as seeking social support, accepting responsibility, planned problem solving, and positive reassessment) was associated with lower rates of sequelae and patient functioning. better, and lower rates of psychological morbidity as per GHQ-12 among caregivers. Based on the level of symptoms experienced by sufferers such as higher negative symptoms, general psychopathology, and total PANSS scores were associated with lower use of positive religious coping, which means that caregivers of schizophrenic patients relatively used a mixture of adaptive and maladaptive coping strategies including coping strategies. religious. The use of adaptive coping is associated with better patient-related outcomes and lower rates of psychological morbidity/stress among caregivers. More frequent use of maladaptive coping was associated with patient and caregiver outcomes [1]. This study consistent with the main caregivers of schizophrenic patients are larger and often use positive coping styles [13] and gathering information followed by positive communication and patient's social involvement [14]. This is to reduce the burden and stigma which are risk factors that must be managed by the family in order to survive, rise, and become better in caring for schizophrenic patients [15].

5. Conclusion

This study describes the coping strategies used by caregivers in treating people with schizophrenia. Nurses as health care workers have a central role in assessing coping used by families as well as assessing problems that may be experienced by family members in order to assist families in caring for people with schizophrenia properly.

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