

The Relationship of Family Burden with the Family Ability to Care for Post- Restraint Skizofrenia Patients in Jambi Indonesia: Cross Sectional Study

Muhammad Pauzi¹, Adnil Edwin Nurdin², Basmanelly³

¹Program Studi Magister Keperawatan, Andalas University, West Sumatra, Indonesia

²Faculty of Nursing, Faculty of Medicine, Andalas University, West Sumatra, Indonesia

Corresponding author: Muhammad Pauzi

Abstract:- Schizophrenia is a severe mental disorder that disrupts the mind characterized by strange behavior, emotions, thought processes and perceptions that interfere with other people, so that people who are schizophrenic often get various negative thoughts and discrimination such as being abandoned to be put in by the family. One of the responsibilities that must be carried out by health workers, the family to patients with schizophrenia post restraint is to prevent recurrence to begin involvement in controlling symptoms. This becomes a burden and ability for families when treating schizophrenic patients after restraint. This study aims to see the relationship between the burdens of the family's ability to care for post-passive patients in the Bungo District. This research is descriptive analytic with cross sectional approach. A total of 91 families, taken using proportional rand sampling technique. Chi square test results obtained there is a relationship of burden (financial, physical, mental, social) with the family's ability with a value of value = 0,000. The variable that is most related to family ability is physical burden with OR = 41,366. Physical burden greatly affects the ability of families to treat schizophrenic patients. Physical health problems include fatigue, headaches, physical problems resulting from recurrence of schizophrenic patients, and other physical problems caused by psychological distress and lack of attention to the family's own health. The results of the study also have an impact on families, communities, health workers in the community and other related parties in the effort to treat schizophrenia patients post restraint.

I. INTRODUCTION

Schizophrenia is interference the heavy of mentally ill, where is someone unable to recognize or not have contact with reality or have insight. The bad(Espinosa, 2016;Risksedas, 2013). According to Abdel, Hassan, Mohamed, Ezzat, dan Elnaser, (2011), schizophrenia is disturbance in the function of the mind in the form of disorganization (chaos) in the content of the mind be mark in others; symptom of understanding disorders (delusion, understand), perception disorder, and disturbed reality the disturbed be marked with strange behavior, emotion, process of mind and perception disturbed to other people.

According to World Health organization On, (2014)there is around 35 million people depression, 60 million people bipolar, 21 million schizophrenia, and 47,5

million dementia. In Nigeria show that schizophrenia occurs in all populations with prevalence in the range of 1,4 and 4,6 per 1000 population. The study revealed that on average 58,19 % from patients treated is schizophrenic patients (Afolayan, Peter, & Amazueba 2015).

In indonesia prevalence the heavy of mentally ill, as schizophrenia as much 1,7 per 1.000 population or around 400.000 people suffering of schizophrenia. The high amount from Yogyakarta and Aceh the bigger 2,7 per 1.000 population. Next the second bigger amount on the Riau island that is as much 2,2 per 1.000 population, while in the Jambi province as much 0,9 per 1000 population experience in the Jambi (Risksedas, 2013)

In the research Robila dan Studies, (2016), prevalence schizophrenia which is very severe and make economic burden which is very large throughout out the world, in America as much 2-5 % spending care of mental health which issued and costs with schizophrenia can't work and unemployed. People schizophrenia will show strange symptom that is positive (delusion) and negative (flat affect, isolation social). So that people schizophrenia often getting various negative stigma and discrimination as abandoned to restraint of family.

Based on Risksedas (2013), in Indonesia as much 14,3 % or around 57.000 sufferers of schizophrenia in restraint. The highest is in Papua that is 50 % from sufferers of schizophrenia in Indonesia, until 2009, amount sufferers interference of mental in restraint they found 213 people and 170 among freed and getting service medically until 2014, 57.000 sufferers interference of mental in restraint, but only 5.846 people or around 10 % freed from restraint and handled by health medical. The last data until October 2015 amount case sufferers interference of mental in the restraint found as much 8.543 with 7806 case of free and getting medical treatment (Kemenkes, 2016). This shows that there are still many found sufferers interference of mental in the restraint of society so that to resolve that matter the government of Indonesia have planning of free restraint.

Indonesia is one of country in the Southeast Asia region the brave declare program of free restraint, this program has been planned by the government since 2010 and targeted reached at 2019 (Kusumadewi, Kristanto, dan Sumarni 2016). Indonesia has 34 amount of province which has participate in Indonesia of program restraint free amount 32 provinces from 34 provinces. Amount of health centers

giving health services is 4.182 from 9.005 health centers or 46,44 %, the last data until October 2015 amount case people with interference of mental that found be 8.543 with 7.806 case free restraint and getting medical treatment. Amount of hospital that gives good health service outpatient and inpatient amount 249 from 445 hospital of district / city (55,95 %) (Risksdas, 2013).

After Patient was restraint and then treated in psychiatric hospital and back to family is patient in period of treatment and healing because they still drinking of drug and do health control, at hospital or health center, still showing aggressive behavior like irritability and rampage so that have an impact on family back doing restraint(Reknoningsih, Daulima, &Putri 2015)

After being restraint it is a person has been freed from storage, even though people are with schizophrenia already free from storage, burden on the families with patient of schizophrenia not yet (Goulet & Larue 2016).

Families are faced with various experiences in treating patients' schizophrenia; especially experience of load family is becoming a global problem at this time (Marquez & Ramírez 2011). Level load experience of family in caring patient schizophrenia at the middle and high level (Bai et al., 2014;Geriani, Savithry, Shivakumar, & Kanchan, 2015). Research Yazici et al., (2016), state that due high the experience of family, 68 % the family experience interference of a general mental so that to have the idea of suicidal. Load experienced by family getting in the form of physical load, psychological and social (Ellah, Pohan, & Sugiarti, 2013).

Research of Robila dan Studies (2016), about load and response family with family, members of families, schizophrenia after restraint in Ethiopia state 75 % patient's family with schizophrenia experience load of social, while 65 % causes responses of family always pray to increase coping of process healing patient.

In the general problem of facing family with schizophrenia at three groups, it is problem of emotional, problem of finance and problem of physic health. Problem of emotional among of helplessness, worry, frustrate, feel isolated, worries, stressfully, pressure, feel alone and there is no social support. Problem of finance among interference routines of works productivity, problem of money in household and the height maintenance costs for long periods of time. Problem of healthy physic includes fatigue, headache, and problem of physic result of the patient schizophrenia, and problem of other physic caused by psychological pressure and lack of attention to health condition from family (Azeem, Aujla, Rammerth, Binsfeld, & Jones, 2011).

The load is financial burden in maintenance costs, mental burden in dealing with patient behavior, and social burden especially stigma from the society about members of family the experience interference of soul and impact from the burden in the felt of family, will affect ability of family to care of patient. If family burden, the family possibility

unable to care patient well soon (Suryaningrum &Yuliawardhani 2013).

Result Risked as Jambi province 2013 is 41,8 % the highest occupies of incidence in 5 of 34 province in Indonesia, seen from the results, it can be concluded that increase of interference mental in Jambi province. At 2016 to patient after restraint as much 308 people and 2017 as much 348 people. District Muaro Bungo is an area having 18 health centers and one hospital, and was having mental psychology. From data 2016 as much 393 patient schizophrenia, 28 people restraint and after restraint as much 112 and 2017 from January until July as much 396 patients and after restraint as much 119 people. Based on condition above, researcher interested to do research about "the relationship of burden with the family's ability to treat patients with schizophrenia after restraint in the region district of Muara Bungo".

II. METHOD

The research is research quantitative with design of Cross Sectional the aims to know burned of relationship family with ability to care patient schizophrenia after restraint in the district of MuaraBungo 2018. Population at the research is family will take care patient of schizophrenia after restraint as much 119 with the sample 91 respondent. Sample the research is using proportional random sample. Getting data is obtained in a way interview, using questionnaire. Analyzed data univariate and bivariate using test chi-square.

III. RESULTS AND DISCUSSION

Characteristic	Category	Amount	Percentage
Beban financial	Heavy	48	52.7 %
	Not heavy	43	47,3 %

Table 1. Distribution Frequency Characteristics Burned of Family Take Care Patient Schizophrenia After Restraint In Region District of Bungo 2018.

Based on table 1.5 know that more respondent to express feeling the burden heavy, on financial burden as much 48 people (52,7 %) declare a heavy burden on physical burden as much 56 people (61,5%) declare heavy burden. Kurata and Ojima (2014) also mentioned that level of ability in the family treating schizophrenia patient after restraint most are iow (55,6%).

According to Richieri et al (2011) ability is one of the elements in maturity associated with knowledge or skill that can be obtained from education. Ability is skill someone in mastering skill and used to work on various tasks in a job, overall ability of someone basically cons is of two grolip that intellectual ability and phisyc ability (Ribe et al., 2017).

The results of the questionnaire analysis conducted by the researchers about ability of family in caring schizophrenia patient after restraint in region Bungo district with 49 question the instruments about ability cognitive 44.27% psychomotor ability 40,88% and attitude 40,74%.

Distribution of questionnaires obtained family ability in the Bungo district the least. Cognitive in terms is questionnaire number 2 and 15 as much 71,43% respondent lacking attention to mental patients in the room will cause replace and tea choc patient after restraint to control emotions is a step to avoid recurrence. Results Ribe at al, (2017) family said sometimes let the patient in the room 72% case schizophrenia 64% less family teaches patients to control emotions therefore can be concluded that 72% the patient has a problem always being alone and lack emotional control this will cause a elapse.

According to Sari (2009), skill of family to care the patient after of restraint. From cognitive is ability of family on a cognitive (science) in doing to care of patient after restraint. In the home according mental, Weekly, and June (2008) said insight of family related to care of patient schizophrenia someone has an unfavorable cognitive will be less tolerant or eager to I read patients of schizophrenia (Smith, Reddy, Foster, Asbury and Brooks, 2011).

So the skill and insight of family which is very needed in caring of patient schizophrenia after restraint. Like the ability need to know by the family is how to care for and how to control the emotions of former mental disorder sufferers so that with family knowledge they are able to care patient schizophrenia after restraint in the Bungo district. Distribution of questionnaire obtained family ability in the Bungo district the least good in terms of psychomotor is the number questionnaire as much 37. 4% respondent less able to train patient after restraint to tidy up the bed. This is because the family lack of motivation gives to clients about tidying the bed is a positive activity and channeling the hobby of the patient.

Characteristic	Category	Amount	Percentage
Skill	Not Good	43	47.3%
	Good	48	52.7%

Table 2.Frequency Distribution Characteristics of Family Ability Caring For Schizophrenia Patient In The Bungo District.

From the table 1.2 is known that many respondents revealed felt as much poon as the family ability 43 people (47,3%) and while good ability as much 48 people (52,7%) respondent feel the ability to care patient schizophrenia after restraint very bad.

The results of this research support by research Rafiyah and Sutharangsee (2011) at family care giver client schizophrenia in inhalation out patient psychiatric hospital west java sard that majority caregiver felt burden financial as much 43,2%.

Burden financial is burden of treatment decreased work productivity for example financial burden is a burden that is felt by the family in term of financial cost of treatment decreased works productivity for example debt, it's difficult to find money for a care medical expenses that feel expensive. In hibit the expenditure work greater than income, not being able to financial the treatment of patient, the daily needs are not fulfilled and are unable to facilitate transportation costs to the hospital (Zahid and Ohaeri,

2010). According to Friedman, Bowden and Jones (2010) income of family is one form of instrumental support that will be used in finding health services for sick of the family members. Economy of family is the support used to seek health services in caring for family with disturbance of mental.

Research results from Marson, Savage and Philips (2016) about financial burden is the family experience expenses medical. As much 54,6% with the results of interview with researchers in families, families complain that medical expenses were too high and expensive during treatment. Robila and Studies (2016) prevalence schizophrenia which is very severe and becomes a huge economic burden throughout the world. In the united states as much 2-5%. Incurred to care health of mental and cost around so billion dollars every years, 75% people with schizophrenia can't work and unemployed the results of the distribution of them.

Questionnaire found that the financial burden in the Bungo district which was heavy in the financial burden was questionnaire number 10 as much 69,23% respondent said. During caring the family disturbance of mental after stock.The need daily at home are not enough Nuraenah (2012) support this research that the burden of the family in caring of family with history schizophrenia that 95%. Heaving loads are insufficient of daily need at home, the result of this research be support by research caregiver client schizophrenia in the outpatient of pshiatric hospital west java said that majority caregiver felt burden financial as much 43,2% the needs daily.

I ow income impact stressors that influence stress during service to sick of family. Other than the family provides care for sick they also have to solve financial problem and find of our financial resources Matkono, Pasaribu, and Sosilo (2014) stated that the financial burden problem contributes to causing a heavy burden on the family because it is not only caused by financing that treatment process of patient schizophrenia but also income of family be decreases when families have to stop working outside the home to care for family of schizophrenia.

Burden Financial	Family Ability				Total		P value	OR (CI (95%))
	Not good Ability		Good Ability					
	n	%	n	%	N	%		
Heavy	40	93.0	8	16.7	48	100	0.000	66.667 (16.5-269.6)
Not Heavy	3	7.0	40	83.3	43	100		
Total	43	100	48	100	91	100		

Table 3. Relationship of Financial Burden And Family Ability To Care For Patients Schizophrenia After Stock In The Bungo Districk 2018

Based on the table 1.3 the results of an analysis of the relationship between financial burden and the ability of families to care patients of schizophrenia after stock it was obtained that of the 48 respondents had a heavy financial burden of 40 (93.0%) family ability not good and only 8 (16.7%) from 13 respondent have burden financial not heavy only 3 (7,0%) ability not good as much 40 (83.3%) ability of good family. Statistical test results are obtained nil $p=0,000$ it can be relationship between financial burden and family ability.

This research is in line with research conducted by Marson, Savage and Philips (2006) said that there is a significant relationship between financial burden and family ability to care of patients with schizophrenia after stock. Research conducted by Khonwood and Wilson (2005) said that there was a significant relationship between financial burden and family ability in coring of schizophrenia. The research Lai (2012) said that financial burden is significantly related to the ability of families to care for patients with schizophrenia so it can be concluded that there is a significant relationship between financial burden and family ability in treating schizophrenia patients after stock.

Financial burden is the burden felt by the family in terms of maintenance costs and medical expenses for family (Rafiyah, 2011), usually this financial burden come from the high price of drugs, the high cost of health services and the cost of everyday life of clients. According to Caqueo-Urizar et al. (2015) said that burden financial be differences of focus attention for each family this is due to costs in different areas such as drug therapy and health services. This is because parents are usually responsible for treating patients after stock, most aspects of everyday patient care such as supervising treatment therapy ensure that a calm environment helps patient to manage their free time and deal with everyday problems which are all significant sources of stress.

With a high financial burden will have an impact on the family's ability to treating patient with schizophrenia after stocks. Blanthorn-Hazell et al. (2018) stating that financial problems contribute to causing a heavy burden on families because it is not only caused by financing the treatment process of schizophrenia patients but also family income decreases when families have to stop working outside the home to care for family with schizophrenia.

IV. CONCLUSION

More than half the family of schizophrenia patient who express feeling a heavy burden. When viewed from each burden, the majority of families feel a heavy burden for all

expenses namely the physical burden of financial, physical burden of mental burden and social burden a heavy especially felt by families is a physical burden overall the family's ability to feel the ability to treat schizophrenia patients after restraint is not good. When viewed from the ability of the family, respondent feel that the ability to care is lacking because the burden with ability is very much related to the financial burden physical burden of mental burden and social change. Much less good ability is felt by the family on psychological health.

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