ARTICLE

Determinants of family independence in caring for hebephrenic schizophrenia patients

Herlin Ferliana,1,3 Nyoman Anita Damayanti,2 Diana Nurfarida Aisyah,3 Nuh Huda,4 Dwi Ernawati4

1Doctoral Program of Public Health; 2Department of Health Policy and Administration, Faculty of Public Health, Universitas Airlangga, Mulyorejo; 3Menur Mental Hospital; 4Hangtuah Institute of Health Science, Surabaya, Indonesia

Abstract

Background: Schizophrenic patients are very susceptible to recurrent incidences, therefore the family plays a key role in providing care as a part of the recovery team. This study aimed to determine the relationship between knowledge, perceptions, attitudes and support with family independence in caring for hebephrenic schizophrenic patients.

Design and Methods: It was used a correlational analytic design with cross sectional approach, and consecutive sampling technique was used, which attained 57 respondents. The independent variables were knowledge, perceptions, attitudes, and support, while independence was the dependent variable, and both were measured using questionnaires, and Spearman rank test was used for data analysis.

Results: The results indicate the presence of a relationship between knowledge, perceptions, attitudes, as well as support and family independence in caring for hebephrenic schizophrenia. In addition, the spearman rank test showed P-values of 0.008, 0.011, 0.032, and 0.027 in family knowledge, perception, attitudes and support, respectively, at <0.05.

Conclusions: This study indicates the importance of family support in attempts to improve the self-esteem of schizophrenic patients. Based on this data, the hospital is expected to improve the family-based patient recovery program.

Introduction

Schizophrenia is a type of psychosis which ranks highly amongst all mental disorders,1 at an incidence of 1 per 1,000, although recurrence is experienced in about 80% of cases.2 In addition, many patients at the Menur Mental Hospital, Surabaya, that were declared cured and sent home often experience relapse. This is due to the ignorance on the part of the family regarding how to care for and deal with the behaviors exhibited by patients, characterized by avoidance of medication and regular check-ups with the doctor. Furthermore, patients also tend to personally stop the medication without authorized approval, while some families even attempt reducing the drug dosage. The withdrawal of support from the family and community is also a problem. However, patients in the hospital have been properly trained and coached on how to optimize treatments through regular medication.3,4

A preliminary study showed 127 hebephrenic schizophrenia patients, which was characterized by 60 old cases, and 67 new ones, comprising of 35 (52%) male and 32 (48%) female patients.5 Furthermore, an interview with 10 and 6 families indicated a deficiency in the understanding of how to teach independence to patients leading to the poor desire to regularly take medication and subsequent relapse.6

The factors attributed to the recurrence of Schizophrenia are both internal, encompassing age, sex, education, occupation, economic situation, onset, and type of schizophrenia,6,7 and external, including family knowledge, the role of the family and health workers, physical factors, medication dosage regularity, and the type of treatment.7,8 Moreover, the practice of intensive positive behavior in the family is one of the efforts adopted to reduce patient recurrence rate, because family is a part of the treatment and recovery team.9,10 This supportive role is performed both during hospital treatment and at home.10 Also, there is need for families to accept the experience as well as possible means to maintain the condition after psychologists, psychiatrists, neurologists, doctors, nutritionists, and therapists have declared a good state of health. This practice is essential, in order to accelerate the patients return to normal living with the family and the community.11,12 In addition, a stigma has been attributed to sufferers, including the assumption that mental illness is a difficult disease to cure, which brings disgrace to the family.13 This tends to cause undesirable consequences to patients, as well as negative perceptions regarding the affected family, which raises the attitudes of rejection, denial, exclusion and isolation.13,14

Some factors influencing family independence in the delivery of patient care include knowledge, perception, attitude, and support factors.15 In addition, the level of knowledge in this area is

Significance for public health

Schizophrenia as a chronic psychotic disorder can affect the independence of the families in treating their relatives. Self-reliance of family depends on making decisions on family development and health care efforts so that various forms of family independence need to be improved for best quality of life schizophrenia patients. This study describes the correlation between knowledge, perception, attitude and support with family independence in caring for hebephrenic schizophrenic patients. The results of this study are expected to contribute in providing interventions for family independence in caring for patients with mental disorders, especially schizophrenia.
very important for the formation of an individual’s action, while
the reduction of negative and discriminatory perceptions of family
members possibly supports recovery. The attribution of warm
and caring attitude to the patient assist the treatment process and
also minimizes the likelihood of recurrence. Being the closest unit,
the family serves as a ‘primary nurse’ for patients to provide the
support needed. This study, therefore, aims to determine the
relationship between knowledge, perceptions, attitudes and support
on family independence in caring for hebephrenic schizophrenia patients of Menur Mental Hospital.

Design and Methods

This study uses correlational analytic design with cross
sectional approach, and consecutive sampling technique, where
about 57 respondents were selected. In addition, the inclusion
criteria comprise of families living with patients at home, where
relatives delivers care to hebephrenic schizophrenia patients, aged
between 18 and 60 years, characterized by the willingness to fill
the informed consent form and questionnaire provided. The
exclusion criteria include families that are not willing to participate
in an interview, as well as those having more than one family
member with hebephrenics schizophrenia. The independent
variables include knowledge, perceptions, attitudes, and support,
while independence was dependent. The data were collected
through a questionnaire using closed questions, and Spearman rank
test was used for analysis.

Results and Discussion

Table 1 shows the association between knowledge, perceptions, attitudes, support and family independence in caring for hebephrenic schizophrenic patients. The results of Spearman show a P<0.05, which concluded the presence of a relationship
between knowledge, perceptions, attitudes, support, and family
independence.

This study showed the presence of an association between
knowledge and respondents’ independence in caring for a
hebephrenic schizophrenic family member. Knowledge of mental
disorders was identified as the most determining factor

for attitudes and actions exhibited during the helping healing
process. The family’s understanding of symptoms and signs of
mental disorders also determines the preventive actions to be taken
while making treatment decisions. Also the level of independent-
ence for less knowledge was one, as families lacked the ability to
handle the existing problems, although the health workers and care
were accepted accordingly. Another factor affecting the treatment
was lack of information and less active participation in hospital
counseling activities.

Individual perceptions and respondents independence in
caring for hebephrenic schizophrenic patients are other factors
related to recovery, hence it is necessary for families to reduce
negative perceptions and discrimination against mentally ill indi-
viduals, and provide social support, empathy, acceptance, and
encouragement to start social interaction and also to not give up. Most families tend to demonstrate positive perception, which
proves the capacity for adequate control and acceptance of the
mental condition. In addition, there is a high tendency to provide
love and meet daily needs, as families try to restore health to the
individual suffering mental disorders. A good attitude towards
the necessity to care independently for patients was needed to
support the patients in terms of actions and acceptance. Therefore,
family members are perceived as an inseparable part of the
environment, characterized by the role played in providing
supports in conducting treatment because of the feeling of
responsibility to optimize healing efforts. Patients are
requested to socialize with other relatives and the environment,
in order to facilitate proper socialization and subsequently increase
self-esteem. There is a significant relationship between support
and family independence in caring for hebephrenic schizophrenic
patients. This refers to the attitude, actions and acceptance


towards the affected individual. Friedman reported on the
assumption that family members are people who are always ready
to provide the needed help and assistance. In addition, the
provision of emotional support to a sick individual is very
important in the healing process, which is achieved by enhancing
the feeling of safety and love at home. Also, the family tends to
continuously assist with daily activities, and tender praises on
occasions where the patient conducts specific tasks. Moreover, social support is also provided in terms of increased
empathy, acceptance, and encouragement to initiate interactions
and to not give up, in order for the clients not experience a relapse,
which demand hospitalization.

Table 1. Knowledge, perceptions, attitudes, support and family independence (n=57).

| Variables         | 1 (n) | %    | 2 (n) | %    | 3 (n) | %    | 4 (n) | %    | Total (n) | %    | P-Value |
|-------------------|-------|------|-------|------|-------|------|-------|------|-----------|------|---------|
| Knowledge         |       |      |       |      |       |      |       |      |           |      |         |
| Good              | 4     | 10.5 | 5     | 13.2 | 11    | 28.9 | 18    | 47.4 | 38        | 100  | 0.008   |
| Medium            | 1     | 9.1  | 4     | 36.4 | 4     | 36.4 | 2     | 18.2 | 11        | 100  |         |
| Less              | 3     | 37.5 | 2     | 25.0 | 2     | 25.0 | 1     | 12.5 | 8         | 100  |         |
| Perceptions       |       |      |       |      |       |      |       |      |           |      |         |
| Positive          | 3     | 6.5  | 9     | 19.6 | 15    | 32.6 | 19    | 41.3 | 46        | 100  | 0.011   |
| Negative          | 5     | 45.5 | 2     | 18.2 | 2     | 18.2 | 2     | 18.2 | 11        | 100  |         |
| Attitudes         |       |      |       |      |       |      |       |      |           |      |         |
| Positive          | 4     | 8.3  | 9     | 18.8 | 16    | 33.3 | 19    | 39.6 | 48        | 100  | 0.032   |
| Negative          | 4     | 44.4 | 2     | 22.2 | 1     | 11.1 | 2     | 22.2 | 9         | 100  |         |
| Support           |       |      |       |      |       |      |       |      |           |      |         |
| Good              | 1     | 4.0  | 6     | 24.0 | 7     | 28.0 | 11    | 44.0 | 25        | 100  | 0.027   |
| Medium            | 2     | 9.1  | 3     | 13.6 | 8     | 36.4 | 9     | 40.9 | 22        | 100  |         |
| Less              | 5     | 50.0 | 2     | 20.0 | 2     | 20.0 | 1     | 10.0 | 10        | 100  |         |

[page 150] [Journal of Public Health Research 2020; 9:1828]
Conclusions

Based on the result and discussion, it is concluded that knowledge and support have a good correlation with family independence in caring for hebephrenic schizophrenia patients, while perceptions and attitudes have positive correlation. This study also recommends the improvement of family-based patient treatment programs by hospitals management, through the creation of health promotion programs to reduce the negative perceptions of families and the community.

Correspondence: Nyoman Anita Damayanti, Department of Health Policy and Administration, Faculty of Public Health, Universitas Airlangga, Jl. Mulyorejo, Surabaya, Jawa Timur 60115, Indonesia, Tel.: +62315920948 - Fax: +62315924618, E-mail: nyoman.ad@fkm.unair.ac.id.

Key words: Family independence; hebephrenic schizophrenia; knowledge; perception; support.

Contributions: The authors have equally contribution to this study.

Conflict of interest: The authors declare no potential conflict of interests.

Funding: This study was supported by Faculty of Public Health, Universitas Airlangga.

Acknowledgments: The authors are grateful to every person that contributed to this study, especially teachers in Hangtuah Institute of Health Science, Faculty of Public Health, Universitas Airlangga and all the staff of Menur Mental Health for their support.

Clinical trials: This research does not involve any clinical trials.

Conference presentation: Part of this paper was presented at the 4th International Symposium of Public Health, 2019 October 29-31, Griffith University, Gold Coast, Australia.

Received for publication: 6 March 2020. Accepted for publication: 13 June 2020.

©Copyright: the Author(s), 2020
Licensee P AGEPRESS, Italy
Journal of Public Health Research 2020; 9:1828
doi:10.4081/jphr.2020.1828
This work is licensed under a Creative Commons Attribution NonCommercial 4.0 License (CC BY-NC 4.0).

References

1. Gupta S, Isherwood G, Jones K, et al. Assessing health status in informal schizophrenia caregivers compared with health status in non-caregivers and caregivers of other conditions. BMC Psychiatry 2015;15:162.

2. Pfohl B, Winokur G. The evolution of symptoms in institutionalized hebephrenic/catatonic schizophrenics. Br J Psychiatry 1982;141:567–72.

3. Inogbo CF, Olotu SO, James BO, et al. Burden of care amongst caregivers who are first degree relatives of patients with schizophrenia. Pan Afr Med J 2017;28:284.

4. Khankeh H, Rahgozam M, Ranjbar M. The effects of nursing dischar-

ge plan (post-discharge education and follow-up) on self-care ability in patients with chronic schizophrenia hospitalized in Razi psychiatric Center. Iran J Nurs Midwifery Res 2011;16:162–8.

5. Sibitz I, Amering M, Kramer B, et al. The course of illness and problems of schizophrenic women and men from the relatives’ perspective. Therapie 2015;60:22–32.

6. Siddiqui S, Khalid J. Determining the caregivers’ burden in caregivers of patients with mental illness. Pakistan J Med Sci 2019;35:1329–33.

7. Dassa D, Boyer L, Benoit M, et al. Factors associated with medication non-adherence in patients suffering from schizophrenia: A cross-sectional study in a universal coverage health-care system. Aust N Z J Psychiatry 2010;44:921–8.

8. Carbonell A, Mestre M. Risk factors associated with the family care of people with serious mental illness 2019;24:e438–43.

9. Chen J, Chen J, Li S, et al. Comparisons of family environment between homeless and non-homeless individuals with schizophrenia in Xiangtan, Hunan. Shanghai Arch Psychiatry 2015;27:175–82.

10. Bagge EN, Esbjörnsson E, Sunnerhagen KS. Cognitive screening and behavioural observation of functional ability in patients with multiple episode schizophrenia: an exploratory study 2017;7:e014783.

11. Submitted D, Medicine DOF, Tamilnadu The. A Study Of Risk Factors For Violence In Schizophrenia. 2016. Available from: http://repository-tamilnmu.ac.in/10447/. Accessed on: 6 September 2019.

12. Liu N, Zhang JG. Experiences of caregivers of family member with schizophrenia in China: A qualitative study. Perspectives in Psychiatric Care 2019;56:1–12.

13. Preisig M, Strippoli MP, Castelao E, et al. The specificity of the familial aggregation of early-onset bipolar disorder: A controlled 10-year follow-up study of offspring of parents with mood disorders. J Affect Disord 2016;190:26–33.

14. Chen L, Zhao Y, Tang J, et al. The burden, support and needs of primary family caregivers of people experiencing schizophrenia in Beijing communities: A qualitative study. BMC Psychiatry 2019;19:1–10.

15. Ventura J. Relationships between perceptions of the family environment and of negative life events in recent-onset schizophrenia patients. Schizophr Res 2011;127:266–7.

16. Livana PH, Mubin MF. The Relationship Between Family Burden with Frequency of Recurrence Patient with Paranoid Schizophrenia. 2017. Available from: http://prints.poltkekkesjogia.ac.id/31711/ Naskah%20P01.%20Dewi%20Marfuah%20PROCEEDING%20 BOOK%202017.pdf. Accessed on: 6 August 2019.

17. Balaji M, Chatterjee S, Brennan B, et al. Outcomes that matter: A qualitative study with persons with schizophrenia and their primary caregivers in India. Asian J Psychiatr 2012;5:258–65.

18. Pernice-duca F, Biegel DE, Hess HR. Family Members’ Perceptions of How They Benefit When Relatives Living with Serious Mental Illness Participate in Clubhouse Community Programs 2015;64: 446–59.

19. Akpan-idok P. Attitude Of Nurses In Federal Psychiatry Hospital Calabar In Cross River State Towards The Application Of Nursing Process In The Care Of Schizophrenic Patients. Eur J Biomed Pharm Sci 2017;4:53–5.

20. Hooley JM, Hiller JB. Personality and expressed emotion. J Abnorm Psychol 2000;109:40–4.

21. Santos MM, Kupelowicz A, López SR. Recovery From Schizophrenia: The Case of Mexican-Origin Consumers and Family Caregivers. J Nerv Ment Dis. 2018;206:439–45.