

# The Effect of Family Psychoeducational Therapy on the Spiritual Well-being of the Caregivers of the Family Member with Schizophrenia in an area affected by a tidal flood

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## ABSTRACT

**Background:** Spiritual coping is one of the coping strategies of families with schizophrenic family members to create high spiritual well-being in the family.

**Aim:** To determine the effect of family psychoeducation therapy on spiritual well-being of the caregivers of the schizophrenic family members affected by tidal floods.

**Methods:** This study used a quasi-experimental pre-posttest with control group research design. Sampling was with a total population of 81 respondents. The data collection tool used the Braga & Da Cruz helpless screening questionnaire and the FACIT-SP version 4 questionnaire (The functional assessment of chronic illness therapy-spiritual well-being). Data analysis used independent t-test.

**Results:** The analysis results obtained p value 0.003. It means that there are significant differences in the spiritual well-being of the caregivers of the schizophrenic family members affected by tidal floods in the control and intervention groups.

**Conclusions:** Providing family psychoeducation therapy can improve the spiritual well-being of the caregiver of the schizophrenic family members. Therefore, nurses can provide family assistance with schizophrenia by doing home follow-up at least once a month by providing consulting services, health education, and collaborating with religious leaders and health cadres so that caregivers can feel comfort in the spiritual aspect through prayer, prayer, and dzikr as a coping mechanism.

**Keywords:** caregiver; family psychoeducational therapy; tidal flood; schizophrenia; spiritual well-being

## INTRODUCTION

Schizophrenia is a disease caused by abnormalities in brain structure that can affect the mindset, perception, emotions, and behavior of clients<sup>1</sup>. World Health Organization data (2016) shows that in the world of schizophrenia occurs in 21 million people. In Indonesia, based on basic health research (Risksedas) in 2018 shows the prevalence of Indonesian population who have suffered schizophrenia by 1.8 per 1000 population and 0.25% of them are residents living in Central Java<sup>2</sup>. The high prevalence of schizophrenia is a health problem in the community that needs attention. That is because schizophrenia can have a direct impact on sufferers and families who care at home.

Impacts felt by families caring for family members who have schizophrenia at home include difficulties facing the symptoms of schizophrenia that arise, community perceptions about schizophrenia, the cost of care and daily needs are increasing, and difficulties in establishing social relationships with the community. In addition, the perceived burden actually increases the stress experienced by the caregiver while providing care at home<sup>3</sup>.

Stress caregiver can be aggravated by external factors such as environmental conditions. Environmental caregiver and patients are living in coastal areas vulnerable to tidal flooding. Rob flood is a flood due to rising sea levels. The tidal flood increases the burden and stress experienced by the caregiver. The results of previous studies mention that tidal flooding causes increasingly disrupted health, social activities, economic activities, and family access to health services<sup>3</sup>. It can aggravate stress caregiver.

Stress experienced by caregivers has an impact on decreasing quality of life, physical and mental health, and care activities by the caregiver itself<sup>5</sup>. As a result, recurrence rates recur, and the severity of the client's condition becomes higher. It

was supported by Kaplan and Sadock<sup>6</sup>, who mentioned that one of the causes of patient recurrence was caregiver and family support.

Caregiver and family support are the triggers for harboring related to emotional expressions that arise when dealing with patients. Emotional expressions that trigger recurrence include hostility, speech, and rude behavior, criticizing, and accusing<sup>7-8</sup>. The results showed that high emotional expression in the family could increase the risk of recurrence up to 8 times<sup>9</sup>.

Caregiver and family support are essential to support the patient's recovery. Therefore, caregivers must have good coping to deal with the burdens and stresses that arise from caring for family members who have schizophrenia. The results of previous studies mentioned that one form of coping that was found in schizophrenia caregiver was one of them is spiritual coping. The spiritual coupling can help caregivers in achieving satisfaction with themselves, a good relationship with others, the environment, and God so that caregivers can have a good spiritual well-being. Spiritual well-being is a good indicator where individuals already have self-esteem and the ability to solve existing problems<sup>10-12</sup>. Previous research also explained that individuals who have a good relationship with God will have higher life satisfaction, experience stress less frequently, and be healthier psychologically<sup>13</sup>.

High spiritual well-being of the caregiver can be achieved with psychosocial support. One form of psychosocial support is the provision of family psychoeducation therapy to caregivers. The results of the study of Shah et al.<sup>14</sup> stated that intervention to families, especially families as caregivers was also important to do besides focusing on the recovery interventions of schizophrenic patients. Other research results indicate that the provision of psychoeducation therapy can increase understanding of the client's condition so that the client and family feel more controlled and improve coping<sup>15</sup>.

Research on the provision of family psychoeducation therapy and its effects on spiritual well-being of the caregiver has not been done much. Therefore, researchers are interested in research to determine the impact of family psychoeducation therapy on spiritual well-being of the caregivers of the family members who are schizophrenic affected by tidal floods.

**METHODS**

This study used a quasi-experimental research design pre-posttest with the control group. The control group in this study was the nursing intervention of helplessness. Meanwhile, the intervention group was helpless nursing care and family psychoeducation therapy. The study population was all caregiver family members who had schizophrenia who were affected by tidal floods in Pekalongan Regency, totaling 110 caregivers and scattered in the areas of *Puskemas* (Community Health Centers) Wonokerto and Tirta 2 in Pekalongan Regency. The sampling using a total population with caregiver inclusion criteria was a nuclear family member who directly treated other family members with schizophrenia, was over 18 years of age, lived in the same house as the patient, experienced nursing helplessness problems, and could read and write and could communicate well. The number of samples obtained was 40 respondents in the control group and 41 respondents in the intervention group.

Data collection used the Braga & Da Cruz research helpless screening instrument<sup>16</sup>, which was developed according to the research objectives into 23 statements. The measurement of spiritual well-being used the FACIT-SP version 4 questionnaire (The functional assessment of chronic illness therapy-spiritual well-being) consisting of 11 statements with a validity test score conducted by researchers ranging from 0.374 to 0.737 and reliability of 0.784. Measurement of the questionnaire using a Likert scale that is from 1 (not at all) to 5 (very). The Likert scale

used is 1 = Absolutely disagree (STS), 2 = Disagree (TS), 3 = Quite Agree (CS), 4 = Agree (S), and 5 = Strongly agree (SS).

The data analysis used a central tendency to analyze the age and economic status of respondents and independent t-test to investigate the effect of family psychoeducation therapy on spiritual well-being of the caregiver. This study was approved by the University of Indonesia Ethical Committee of the Faculty of Nursing (Number: 04/UN2.F12.D/HKP.02.04/2019). We maintained participants' privacy and confidentiality and other ethical principles throughout the study.

**RESULTS**

The average age of caregivers both in the control group and the intervention group approached the same mean. The mean age of both groups was middle adulthood (Table 1). Similarly, the average economic status in the control group and intervention group had a difference of Rp 133,000. The average economic status is still below the Minimum Wage value of Pekalongan Regency (UMK), which is Rp 1,859,885.05.

**Economic Status** The average value of spiritual well-being in the control group increased between before and after the nursing intervention was given to helplessness, which was 2.4% and in the intervention group, there was an increase of 9.13%. The results of paired t-test analysis showed that there was a spiritual change in well-being caregiver of schizophrenic family members affected by tidal floods between before and after the intervention both in the control and intervention groups (p-value <0.05) (Table 2).

The average value of spiritual well-being in the control group had a difference of 2.85 with the intervention group. The analysis results obtained p-value 0.003, which means that there are significant differences in the spiritual well-being of the caregiver of the schizophrenic family members affected by tidal floods in the control and intervention groups (Table 3).

Table 1: Demographic characteristics (n<sub>1</sub> = 40, n<sub>2</sub> = 41)

Variable	Group	n	Mean	Median	SD	Min - Max
Age	Control	40	47.35	48	9.328	29-68
	Intervention	41	48.83	49	9.729	33-70
Economic Status	Control	40	638,000	500,000	717,800	0-3,000,000
	Intervention	41	771,000	1,000,000	726,000	0-3,000,000

Table 2. The changes of the caregiver's spiritual well-being scores before and after the intervention

Spiritual Well-being		Mean	Median	SD	Min-Max	p-value
Control	Before	42	42	2.873	36-48	0.024
	After	43.32	43	4.335	33-53	
	Difference	1.32	1.00	1.462	-	
Intervention	Before	41.15	41	4.258	33-49	0.000
	After	46.17	46	4.018	38-55	
	Difference	5.02	5.00	0.24	-	

Table 3. The spiritual well-being scores between groups after intervention

Variable	Group	n	Mean	Mean Difference	SD	SE	p-value
Spiritual Well-being	Control	40	43.32	2.85	4.335	0.685	0.003
	Intervention	41	46.17		4.018	0.628	

**DISCUSSION**

The caregiver in this study was a caregiver in the adult age range who had reflected his duty as a caregiver according to the stage

and task of his development. Adult individuals have been faced with productivity in the family and work as well as training and caring for the next generation in the family<sup>17</sup>. The results of

previous studies explain that adulthood is an age that has reached emotional maturity and can make decisions<sup>18</sup>. The results of other studies state that adulthood is the stage where the maturity of a person's thinking patterns gets higher from education and daily experience<sup>19</sup>. The results of the analysis of researchers obtained that the age of caregiver is an internal factor that cannot be changed. Optimizing the role of the caregiver can be done by utilizing the level of maturity of the caregiver's mindset in receiving and processing information through health education as well as through personal experiences and other caregiver experiences.

The average monthly income of the caregiver is under Rp. 1,000,000.00. It shows that the caregiver has a low income below the Pekalongan Regency Minimum Wage (UMK) in 2019, amounting to Rp 1,859,885.05. In fact, economic status is an important aspect that influences caregivers in providing care for schizophrenic clients at home<sup>20</sup>. Low income can increase the economic burden of caregivers who are at risk of increasing stress, limited access to health services, and recurrence if caregivers have to pay for treatment<sup>21-24</sup>. It is reinforced by the statement of caregiver, who mostly stated that the reason for the difficulty of caregivers providing care both at home and in the hospital is limited economic conditions. Previous studies have explained that low income is the burden most caregivers feel in caring for family members with schizophrenia in addition to the burden due to changes in family routine activities, family and social disruption activities, damage to family interactions, burden of physical illness that arises in families, and psychological burdens that arise felt family<sup>25-26</sup>.

The analysis of researchers found that caregiver income can reflect the level of independence of caregivers in meeting the needs of schizophrenic family members. Optimizing the role of caregivers in caring for family members with schizophrenia can be done with the management of economic burdens by seeking the needs of schizophrenic family members who cannot be fully covered by caregivers alone. The caregiver needs support from other family members and even the environment in the form of material support to help with the costs of care and the needs of schizophrenic family members.

This study divides respondents between the control group and the intervention group. A control group is a group of respondents who were given the nursing intervention of helplessness, which includes health education about helplessness and the exercise of positive affirmation and decision making. Nursing helplessness is an attempt to explore experiences manifested in beliefs that cause individuals to feel unable to control problems and overcome them with emotional expression, modification of cognitive patterns, and involvement in decision making<sup>27</sup>.

The results of the in-depth exploration of caregivers showed that all caregivers in this study expressed feelings of helplessness in caring for family members who had schizophrenia so that they were more passive in making decisions and actions. In addition, the condition of sick family members also makes caregivers feel sad and worried. The researcher gave nursing intervention of helplessness during two visits. The first visit of the researcher focused on cognitive aspects and the second visit focused on caregiver skills. The researchers' first visit discussed the problems experienced by caregivers and how to overcome helplessness with positive affirmations and carry out activities that could still be done. The second visit to the researcher

conducted a cognitive caregiver evaluation and demonstrated positive affirmations and organized activities.

Nursing intervention of helplessness in this research is aimed at increasing spiritual well-being caregiver. Spiritual well-being covers the purpose of life, commitment to the relationship with God, and self esteem<sup>13</sup>. The results of the analysis showed that the average value of spiritual well-being in the control group had increased between before and after the nursing intervention was given helplessness that is from 76.36% to 78.76%. Spiritual well-being is related to spiritual social relations and individual optimism. The results of previous studies explain that spiritual well-being can motivate individuals to obtain good spirituality so that it can affect the improvement of physical health, psychological, and quality of life<sup>28</sup>. Increased physical health, such as meeting resting needs are met and complaints due to fatigue caring for schizophrenic clients can be reduced. Improved psychological health is indicated by avoidance of psychological stress such as anxiety, shame, and limited social relationships<sup>29</sup>.

The results of paired t-test analysis showed that there was a change in spiritual well-being of the caregiver of the family members of schizophrenia who were affected by tidal floods between before and after the administration of nursing interventions, helplessness (p value <0.05). Spiritual well-being describes an individual's relationship with God or a particular religious belief system and the meaning and purpose of life. Therefore, spiritual well-being is also closely related to oneself, social and society. A good spiritual well-being is characterized by self-satisfaction, good relations with others, the environment, and God. Spiritual well-being is a good indicator where individuals already have self-esteem and the ability to solve existing problems<sup>10-12</sup>.

Self-esteem is an evaluation that gives rise to attitudes toward oneself in the range of positive to negative dimensions<sup>30</sup>. Self-esteem is related to self-assessment of an individual's worth and self-esteem determines how individuals can behave. High self-esteem motivates individuals to solve problems as the self-esteem and positive ability existence evokes the urge to<sup>31</sup>. An individual with high self-esteem is characterized by their ability to overcome problems, have strong ambition, creative in seizing success and can foster good interpersonal relationships<sup>32</sup>.

A caregiver who has a good spiritual well-being can be defined as the caregiver who can find meaning in his/her life and has a clear purpose in life. The meaning and purpose of life are obtained through a good relationship with God. Previous researches have explained that an individual who has a good relationship with God will have higher life satisfaction, less stress frequently and more psychologically healthy<sup>13</sup>.

The results of the analysis of researchers had found that to create a more optimal spiritual well-being in the caregiver that reached 90% -100% in this study required effort to achieve peace and caregiver's life goal strengthen through the increased comfort in the faith. This effort can be achieved by setting adjustments to existing changes while continuing spiritual obligations in family and accepting changes condition. Religion plays an important role in managing stress, emotional support, and hope for each individual. Through prayer, rituals and beliefs can help a person in coping with life stress due to the presence of hope and comfort<sup>33</sup>.

Individuals with empowering comfort in faith can increase psychological comfort through self-control, self-esteem, and high self-confidence<sup>34</sup>. Strengthening comfort in faith can be enhanced through prayer activities per caregiver's beliefs. Sharp<sup>35</sup>

conducted research results states that prayer is a spiritual activity that can help an individual in controlling emotion. Another study suggests that prayer is an effective way to reduce life stress<sup>37</sup>. Prayer can be done through adoration, thanksgiving, and reception that would significantly increase self-esteem, optimism, the meaning of life, and life satisfaction<sup>38</sup>. Through prayer, rituals and beliefs would help a person in coping with life stress because of hope and comfort<sup>33</sup>. Prayer can be done through adoration, thanksgiving, reception that would significantly improve self-esteem, optimism, meaning of life, and life satisfaction<sup>37</sup>.

The intervention group in this study was given the treatment of nursing helplessness and family psychoeducation therapy. Family psychoeducation therapy is the therapy that provides education to family and broader programs with family created to reduce manifestations of conflict and change family communication patterns in problem-solving through therapeutic communication<sup>38-39</sup>. This therapy is important because some researches show that family-focused therapy can increase family dynamics and decrease family conflict<sup>40</sup>. Family psychoeducation is also a form of health promotion to family to increase the ability to participate in solving problems that occur within the family.

The family as a caregiver, in particular, has a major role in schizophrenic patients' treatment at home. This is proved by several research findings that reveal that schizophrenic patients' recurrence was caused by caregiver factors such as knowledge, support, quality of life, and caregiver burden while treating schizophrenic patients<sup>41</sup>. The results of this study indicate that there was an increase in the average value of spiritual well being between before and after the generalist nursing care and family psychoeducation therapy that was from 74.82% to 83.95%.

The results of this study are supported by previous research which reveals that family psychoeducation therapy is closely related to the quality of life and life functions<sup>42</sup>. Caregiver of the family member with schizophrenia might experience problems in providing care that can affect the quality of life and quality of care provided. These problems became a burden and stress for the caregiver. The burden perceived by the caregiver influenced emotional state<sup>43</sup>. This is in line with the results of in-depth exploration which states that caregivers experience 100% fatigue, 100% sadness, 100% confusion, 75% fear, 80% anxiety, and nonchalant that ultimately lead to guilty in oneself, anger drive, and ignorance.

The burden and emotion of the caregiver were aggravated by the tidal flood situation. Tidal flood increased the physical and psychological burden of the caregiver. Families who lived in tidal flood area experienced health problems that disrupted social-economic activity, decreased income, and disturbed the access to health services. This is in accordance with the result of in-depth exploration of caregiver who stated that tidal flood made access to health services and workplaces difficult and required a long time, worsened the economic condition of the family, hard to seek comfort, limited access to clean water, and the possibility of physical illness such as skin diseases and diarrhea.

The burden and stress felt by the caregiver could affect the caregiver's coping strategy during client care. Family psychoeducation therapy is family therapy as a form of support to develop and improve the ability of family to treat schizophrenic patients and overcome mental health problems in the family and also accelerate healing, prevent recurrence, increase family adaptive coping, and be able to handle psychosocial problems experienced by families in treating schizophrenics patients such as reducing burden, stress, and anxiety<sup>44-46</sup>. The study of Yu et

al<sup>47</sup> states that family psychoeducation therapy increases the role of the family in carrying out family functions.

Family psychoeducation therapy was given to caregivers for three sessions over three weeks for each caregiver. Family psychoeducation therapy carried out for three weeks could improve the ability to find and get access to better health services<sup>48</sup>. The psychoeducation therapy component provided consists of identifying family problems and schizophrenic client care, stress management, burden management, as well as utilizing the support system and evaluating the benefits of family psychoeducation therapy.

The results of the analysis in the intervention group showed that there was a change in the spiritual well-being of the caregiver of the family members with schizophrenia affected by tidal floods between before and after administering nursing care and family psychoeducation therapy with p-value <0.05. Research conducted by Dewi<sup>49</sup> states that caregivers have a perception of the quality of life by closing in to God and focusing on treating clients. Caregivers orientation in providing care to clients was exploring the meaning and purpose of life through self-approach to God as a coping strategy. Coping strategies used included spiritual support, acceptance, patience, and positive thinking<sup>49</sup>. The ability to treat clients was felt by caregivers after getting information through family psychoeducation therapy.

The result showed that the average value of spiritual well-being in the control group was 2.85 lower compared to the intervention group. This means that caregivers with nursing helplessness and family psychoeducation therapy could achieve better average values. The result also indicated that there was a difference in spiritual well-being caregivers' family members with schizophrenia affected by a tidal flood between caregivers with nursery care and families who obtained nursery care and family psychoeducation with p values <0.05.

Family psychoeducation therapy was given to the intervention group in three sessions which included identification of problems, steps to treat schizophrenic clients, stress and burden management, and utilization of resources and health services. Family psychoeducation therapy provided caregivers the opportunity to get closer and free to express the existed problems. Caregivers in this study revealed that most experienced concerns about the health and future of the client, fear, economic conditions, and environmental conditions due to tidal flood. Anxiety was a problem often faced by caregivers of family members with schizophrenia. Other studies state that families living in tidal floods experience socioeconomic problems and access to health care<sup>4</sup>.

Caregivers who obtained nursing helplessness therapy and family psychoeducation therapy had better life quality perception. Caregivers could close in to God and have meaning and purpose in life. Caregivers focused on treating clients and having a good coping strategy by accepting conditions, patient, praying, and fostering family to regular treatment. This is consistent with the result of research that mentions a coping strategy used by schizophrenic client caregivers are spiritual, accepting, patient, and positive thinking<sup>49</sup>.

## CONCLUSIONS

Providing family psychoeducation therapy can improve the spiritual well-being caregivers of schizophrenic family members. Therefore, nurses could provide family assistance with schizophrenia by following up once a month at the least amount

by providing consulting services, health education, and collaborating with local religious leaders to provide spiritual services. Cadres can support and remind caregiver family members with schizophrenia to optimize spiritual coping to find comfort in faith such as prayer and remembering God.

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