

The Relationship of Family Resilience with Relapse in the Schizophrenia Patients at Psychiatric Unit

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Abstract

Schizophrenic patients experience relapse after returning from the Hospital. The family is the immediate neighborhood with schizophrenic patients. Families who can not adapt to stress, then can not perform its functions properly, including the function of family care. The functioning of the family care can be seen from the level of resilience. The aim of this study was to identify the relationship between family resilience and recurrence in schizophrenic patients. This research uses correlational design with cross sectional survey. The population in this study was the family of schizophrenic patients at RSUD Arjawinangun District Cirebon. Sample determination using power analysis with alpha 0.05 and power 0.08 got sample counted 88 family. The sampling technique uses consecutive sampling. The correlation test used is Rank Spearman test. The instrument used is Family Resilience Assessment Scale which has been modified by previous researchers in Indonesia. The results of the research showed that most of the resilience of the family were tough (76.1%) and some were not tough (23.9%). The recurrence of schizophrenic patients rarely relapsed (73.9%) and a small fraction (26.1%). Rank Spearman correlation test results obtained p value = 0.001 and correlation coefficient value of 0.88, which means there is a significant relationship between family resilience with recurrence in schizophrenic patients. The conclusions of the study are resilient family resilience, allowing a rare relapse in schizophrenic patients. Arjawinangun Hospital Management Cirebon Regency in making policies to not only pay attention to the needs of patients, but also the needs of families.

Keywords: Family resilience, recurrence, schizophrenia patients.

Introduction

Recurrence in schizophrenic patients is experienced by 60–70% of clients who are not receiving medication therapy, 40% of patients who are only medicated and 15% in patients receiving medical, psychotherapy, and social therapy from health workers, families and communities. Family resilience is the responsibility of the family as a unit to withstand the stressor or state of crisis and the ability of the family to adapt positively, by becoming stronger in dealing with family problems.

Families who have resilience are tough, then they can use the service for people who can help them to get positive benefits. Previous research conducted at RSJ. Dr. Radjiman Wediodiningrat Malang City East Java by Poegoeh and Hamidah (2016), the result of which there is a relationship between roles and responsibilities with family resilience of schizophrenic patients. Suggestions given by Poegoeh and Hamidah (2016) for subsequent investigators to conduct research on the relationship of family resilience with recurrence in schizophrenic patients. The results of preliminary study conducted in Psychiatry Room Arjawinangun Hospital, obtained recurrence data in patients with schizophrenia during 2015 is as much as 77.66%. Patients who recur more than 2 times during the operation as much as 30.06% and patients who relapse 1–2 times during the operation of 69.94%. Patients also conducted interviews with 10 patients from patients who underwent treatment and were in the Psychiatric Room of Arjawinangun Hospital who had repeatedly treated in the hospital. From the results of the interview, as many as 5 people said that they are able to treat patients at home and not ensure that schizophrenic patients can recover. Five others say they are schizophrenic, people who care in schizophrenic patients at home.

Predictors of recurrence in schizophrenic patients include patient condition, family factors, treatment factors and health care providers. Research conducted by Farkhah et al. (2017) found the results of a significant relationship between caregiver factor with recurrence in schizophrenic patients. Researchers wanted to study family factors

associated with recurrence in schizophrenic patients, this is because other factors have been widely studied, while family factors, especially from resilience has not been widely conducted research in Indonesia.

The problem formulation in this research is “Is there any relation between family resilience with recurrence in schizophrenic patient in psychiatric unit of RSUD Arjawinangun Kabupaten Cirebon?”. The purpose of this study was to identify the relationship between family resilience with recurrence in schizophrenic patients in Psychiatric Unit Arjawinangun District Hospital Cirebon.

Method

This research uses correlational design with cross sectional survey. The population in this study was a family of schizophrenic patients as many as 202 families. The technique of determining sample using power analysis with alpha 0.05 and power 0.08 got sample counted 88 family. Sampling technique using consecutive sampling. The data were collected using a family resilience questionnaire that had been used by previous researchers (Poegoeh & Hamidah, 2016) and medical record records of recurrence of schizophrenic patients. Resilience questionnaire consists of three variables, namely belief system, organizational pattern and family communication process. The results of the reliability of the questionnaire test obtained alpha cronbach value 0.996. Recurrence data in schizophrenic patients was taken from hospital medical record documentation within one year before the study was conducted. The correlation test used is Rank Spearman test.

Result

A. Univariate Analysis

1. Family Characteristics

Characteristics of 88 families in this study can be seen through the frequency distribution that includes age, gender, education and occupation of respondents are illustrated in the table as follows:

Table 1 Distribution of Frequency of Family Characteristics

No	Characteristics	Category	Frequency	Percentage(%)
1	Age (Mean = 47.3295)	18–25 yers	2	2.3
		26–65 years	81	92.0
		>65 years	4	5.7
2	Sex	Man	45	51.1
		Women	43	48.9
3	Education	Not Elementary SD	12	13.6
		SD	45	51.1
		SMP	16	18.2
		SMA	14	15.9
		Academy/high Education	1	1.1
4	Work	Not Working	19	21.6
		Labor	24	27.3
		Trader	12	13.6
		Farmers	17	19.3
		Private Employer	2	2.3
		PNS/Retired	1	1.1
		Entrepreneurs	13	14.8

Based on table 1 above, it can be seen that the first distribution of family characteristics is age. Most of the aged families are in the range of 26–65 years old (older adults) of 81 families (92%) and a small percentage of family life spans 18–25 years (young adults) of 2 families (2.3%), the average age of the family in this study was 47 years 3 months. The second distribution of family characteristics is gender. Most of the sexes of the family are male as many as 45 families (51.1%) and the rest are women as many as 43 families (48.9%), but the percentage difference between male and female sex is not much, that is 2.2%.

The third distribution of family characteristics is education. The family education is varied, but the majority of family education is graduated from elementary

school as many as 45 families (51.1%) and a small part of family education is a college / college graduate of 1 family (1.1%) and the rest with high school, junior high school and some even did not finish primary school. The fourth distribution of family characteristics is work. Family employment also varies, but the majority of family employment is 24 families (27.3%) and a minority family employment (1%). The rest of the family works as traders, farmers, private employees and some even do not work.

2. Family Resilience

The distribution of family resilience in this study can be seen in the table as follows:

Based on table 3 above, it can be seen that family resilience in the first sub variable is

Table 2 Frequency Distribution of Family Resilience Category

Family Resilience	Frequency	Percentage (%)
Resilience	67	76.1
Not Resilience	21	23.9
Total	88	100.0

Table 3 Distribution of Sub-Variable Frequency, Indicator, High Low category, Frequency and Percentage

Sub Variable	Indicator	Category	F	%
1. Trust system	a. Meaning of the problem	High	68	73.3
		Low	20	27.7
	b. Positive view	High	59	67.0
		Low	29	33.0
	c. Faith and spirituality	High	67	76.1
		Low	21	23.9
2. Organizational patterns	a. Flexibility	High	64	72.7
		Low	24	27.3
	b. Attachment	High	69	78.4
		Low	19	21.6
	c. Social resources & economy	High	72	81.8
		Low	16	18.2
3. Communication process	a. Message clarity	High	66	75.0
		Low	22	25.0
	b. Open emotional expression	High	69	78.4
		Low	19	21.6
	c. Problem solving	High	62	70.5
		Low	26	29.5

belief system. The highest level of confidence in families with high category is in the meanings of 68 families (73.3%) and the most in the low category are positive indicators of 29 families (33%).

The second sub variable is the organizational pattern. The highest number of organizations in the family with the high category is in the indicator of social and economic resources that is 72 families (81.8%) and the most in the low category is in the indicator of flexibility ie 24 families (27.3%). The third sub variable is the communication process. The process of communication in most families with high category is in the open emotional expression indicator that is 69 families (78.4%) and the most with the low category is in the problem

solving indicator that is 26 families (29.5%).

3. Recurrence in Schizophrenic Patients

The frequency distribution of recurrence in schizophrenic patients in this study can be seen in the table as follows:

Based on table 4 above, it can be seen that the majority of schizophrenic patients experience recurrence with a rare category (recurrence 1-2 times within a year) as many as 65 patients (73.9%) and a small fraction of schizophrenic patients experience frequent recurrence (relapse > 2 times within a year) as many as 23 patients (26.1%).

B. Bivariate Analysis

Bivariate analysis in this study using Rank Spearman test. The result of bivariate analysis

Table 4 Distribution of Frequency of Recurrence of Schizophrenic Patients

Patient Recurrence	Frequency	Percentage (%)
Rarely	65	73.9
Often	23	26.1
Total	88	100.0

Table 5 Results of Spearman Rank Test Relative Family Resilience Relations with Recurrence in Patients Schizophrenia (N = 88)

	r	P
Family Resilience		0.000
Patient Recurrence	0.880	

* p < 0.05

can be seen on the tabel as follows:

Based on table 4.7 above, the result of Rank Spearman test is significancy value (p) = 0.000 (<0.05) indicating there is significant correlation between family resilience and relapse in schizophrenia patient. Spearman correlation (r) value of 0.88 indicates the direction of positive relationship and strong relationship strength.

Discussion

The family resilience of the schizophrenic patients in the Psychiatric Unit of RSUD Arjawinangun Cirebon District is mostly in the tough category, that is 76.1% and the rest are in the non-tough category which is 23.9%. Recurrence in schizophrenic patients in psychiatric unit of RSUD Arjawinangun Cirebon District within one year, most of schizophrenia patients are in the rare category of relapse that is equal to 73.9% and the rest are in frequent category of relapse that is equal to 26.1%.

The interesting question that arises from the results of this study is why the family resilience of schizophrenic patients is mostly in a strong family category, whereas their education and occupation levels are in the low category? Researchers will discuss it from various perspectives, both sociological approach, cultural approach, and the theory of family resilience itself.

In a sociological approach, the city of Cirebon is a city in which there are many activities, including trade, shipping and services. Cirebon is also known as City Guardian, because its founder is a Wali, namely Shaykh Sharif Hidayatullah or better known as Wali Sunan Gunung Jati. Wali Sunan Gunung Jati has instilled Islamic teachings and values to the people of Cirebon (Dewi, 2013). The teachings of Sunan Gunung Jati were adopted in daily activities by the people of Cirebon city and the royal family in the

city of Cirebon, namely Kasepuhan Palace, Kanoman Keraton and Kacirebonan Palace until now (Wardiya, 2006).

Cirebon District where the place of this research is one city in West Java Province, Indonesia. Indonesia is one of the countries in Asia that holds Eastern adat (Friedman, 2010). The values in life adopted by the eastern and western countries have a fundamental difference. These values affect a family in behaving, communicating and solving problems, thus determining the level of family resilience.

The values in the eastern countries are: harmony with nature, conformity, harmonious interpersonal relationships, avoidance of conflict and self-control, in a neutral position, not directly in expressing ideas, thoughts and emotions, enduring the suffering experienced without showing it, older people, shared orientation in group achievement, interdependence and formality. Values in western countries include: mastering nature, high competition, expressing thoughts and feelings directly, being able to accept disagreements, showing emotions, liking change and innovation, thinking complaints, this shows a high degree of dignity to the family (Friedman, 2010). This allows family resiliency to be resilient in families with schizophrenic patients.

Families in Asia have a very strong familism, where family interests are above individual interests. The needs of the individual (family members) are under the care of the family, so that the culture in the east is family-focused, in contrast to western culture where the focus is individual (Friedman, 2010). This strong familial attribute makes families tough when faced with problems.

The family resilience of the schizophrenic patient in the Psychiatric Unit of RSUD Arjawinangun Cirebon District is found mostly in the family category of respite, that is equal to 76.1 %% and the rest belongs to

family category not tough, that is 23.9%. This is in accordance with the results of Hamdi et al. (2013) research on family resilience relationship with the implementation of family health care function as pulmonary TB PMO in Kecamatan Sumber Cirebon District, which resulted in 67.5% resilience of Pulmonary TB family in the tough category and the rest are in the non-tough category. Families in Cirebon District are mostly in the category of resilient resilience, because it is influenced by the Eastern adat adopted by Asian countries including Indonesia. Also influenced by the teachings of Sunan Gunung Jati and the existing culture in the city of Cirebon.

Approach the family resilience theory, family resilience can be judged from the level of resilience of the family in facing changes and problems in life experienced. Family resilience consists of three sub-variables that are key to the family in facing the problem or crisis situation, namely family belief system, family organization pattern and family communication process. Each sub variable of family resilience has indicators, that is sub variable of belief system consist of meaning indicator to problem, positive view and faith and spirituality. The organizational variable sub-variables consist of indicators of flexibility, attachment as well as social and economic resources. Sub process variable communication consists of an indicator of message clarity, open emotion expression and problem solving.

Conclusion

Family resilience of schizophrenic patients is largely in the resilient category of family resilience and a small percentage is in the non-resilient family resilience category. The frequency of recurrence occurring in schizophrenic patients is largely in the category of rare recurrence and only a small proportion of patients are in the frequent recurrence category. Statistical test results in this study there is a significant relationship between family resilience with recurrence in schizophrenic patients. The level of the relationship is very strong and positive. Resilient family resilience, allowing a rare

relapse in schizophrenic patients, on the contrary resilience of families that are not resilient, allows frequent recurrence in schizophrenic patients.

Suggestion for management of Arjawinangun Hospital of Cirebon Regency should pay attention to family needs of schizophrenic patients. The nurse may perform nursing interventions for the family of schizophrenia patients such as Family Group Discussion (FGD), Family Group Therapy (FGT) or family gathering. Efforts that can be made by the local government of Cirebon district can be the formation of a policy to form a gathering for families of schizophrenic patients. Researchers are further advised to examine the factors affecting the resilience of schizophrenic patient families in Indonesia and the analysts difference in resilience rates between care giver and other family members who provide treatment to schizophrenic patients or family experience in treating recovering schizophrenic patients.

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