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ARTICLE

Determinants of family independence in caring for hebephrenic schizophrenia patients

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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,⁵⁻⁷ 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 schizophrenic 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.¹⁶ 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.¹⁵⁻¹⁷ 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 important 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.^{17,18} Also the level of independence 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,¹⁷ hence it is necessary for families to reduce negative perceptions and discrimination against mentally ill individuals, and provide social support, empathy, acceptance, and encouragement to start social interaction and also to not give up.¹⁸ 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.^{18,19} 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,¹⁹ characterized by the role played in providing supports in conducting treatment because of the feeling of responsibility to optimize healing efforts.^{18,19} 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.²⁰ 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.^{20,21} 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	Family independence								Total		P-Value
	1		2		3		4		(n)	%	
	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%	
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	

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.

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

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References

- 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.
- Pfohl B, Winokur G. The evolution of symptoms in institutionalized hebephrenic/catatonic schizophrenics. *Br J Psychiatry* 1982;141:567-72.
- 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.
- Khankeh H, Rahgozar M, Ranjbar M. The effects of nursing discharge 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.
- Sibitz I, Amering M, Kramer B, et al. The course of illness and problems of schizophrenic women and men from the relatives' perspective TT- Krankheitsverlauf und Probleme schizophrene erkrankter Frauen und Männer aus der Sicht der Angehörigen. *Psychiatr Prax* 2002;29:148-53.
- Siddiqui S, Khalid J. Determining the caregivers' burden in caregivers of patients with mental illness. *Pakistan J Med Sci* 2019;35:1329-33.
- 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.
- Carbonell Á, Mestre M. Risk factors associated with the family care of people with serious mental illness 2019;24:e438-43.
- 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.
- Bagge EN, Eshjörnsson E, Sunnerhagen KS. Cognitive screening and behavioural observation of functional ability in patients with multiple episode schizophrenia: an exploratory study 2017;7:e014783.
- Submitted D, Medicine DOF, Tamilnadu The. A Study Of Risk Factors For Violence In Schizophrenia. 2016. Available from: <http://repository-tnmgrmu.ac.in/10447/>. Accessed on: 6 September 2019.
- 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.
- Preisig M, Strippoli MPF, Castelo 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.
- 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.
- 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.
- Livana PH, Mubin MF. The Relationship Between Family Burden with Frequency of Recurrence Patient with Paranoid Schizophrenia. 2017. Available from: <http://eprints.poltekkesjogja.ac.id/317/1/Naskah%20P01.%20Dewi%20Marfuah%20PROCEEDING%20BOOK%202017.pdf>. Accessed on: 6 August 2019.
- 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.
- 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.
- Akpan-idiok 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.
- Hooley JM, Hiller JB. Personality and expressed emotion. *J Abnorm Psychol* 2000;109:40-4.
- Santos MM, Kopelowicz A, López SR. Recovery From Schizophrenia: The Case of Mexican-Origin Consumers and Family Caregivers. *J Nerv Ment Dis*. 2018;206:439-45.

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