



## **Filial Value among Caregivers of Schizophrenia Patients in Outpatient unit of Menur Mental Hospital Surabaya, Indonesia**

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**Abstract.** The filial value from the caregiver of schizophrenic patients began to shift due to social changes and the burden of care experienced. The study aimed to describe the characteristics and caregiver filial value of schizophrenic patients. This study applied a descriptive study with a cross-sectional approach. Two hundred samples were selected using a quota sampling and obtained from outpatient unit of the mental hospital menur. The findings showed that most caregivers showed good filial value. The filial value was described by maintaining belief, knowing, being with doing for, and enabling. This attitude supported care for schizophrenic patients. Filial value caregiver schizophrenic patients in menur mental hospital outpatient units support in the treatment of ongoing schizophrenic patients. Risk management for social change was needed to maintain filial value caregivers.

**Keywords:** Acuyoga, fetal well-being, fetal heart rate, pregnancy hypertension, women pregnant.



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## **INTRODUCTION**

Traditional values in care were believed to increase motivation to provide care. In addition to personal values and motivations, complex socio-cultural norms and values influenced each other, social influences, or broader organizational structures were considered to influence the experience of caregivers and their decision to play a role as caregivers. Schizophrenia was one of the chronic diseases that fall into the category of severe mental disorders and required the caregiver's role in continuous care (1). Schizophrenia ranks 4th of the most significant diseases in the world, where an average of 1-2% of the world's population in a region has mental problems (2). The prevalence of schizophrenia in Indonesia is 1.7%, with the prevalence in East Java province at 2.2% per mile (3). Based on medical record data at Menur Mental Hospital Surabaya in 2018 in the third quarter, it was found that the number of patients with old cases was 335 patients, more compared to new cases (4). Recurrence of

schizophrenic patients can be significantly reduced from 65% to 25% if they receive maximum care from the caregiver while at home (5).

The construct of Filial Piety has a meaning as a positive condition in which a child is doing good to his parents, which includes meeting the needs of parents in behavior and emotions, in the form of behavior that provides for payment or financing, responsibilities, and sacrifice; and emotion, including love or affection, harmony, and respect. In other words, filial piety is expressed in the form of caring, showing respect, saying, pleasing, obeying, and providing financial support, which is done by the child towards his parents (6). Although Indonesia consists of a variety of cultures but broadly speaking, the filial values of the piety were the same.

Schizophrenia was a severe and chronic mental disorder characterized by a fundamental disorder in thought, perception, and emotion. This is one of the most burdensome diseases in the world. In addition to the direct burden, there was a considerable burden on relatives who care for patients. The presence of a person with schizophrenia in the home, especially after deinstitutionalization, can be generated load affects the work and social life of a family member or caregiver. Some families that care for schizophrenic patients were parents, who prioritize and protect healthy family members than family members of schizophrenia, some families were not ready to be caregivers for siblings with schizophrenia (7). As a result of the social changes experienced not infrequently begin to shift the values of care among caregivers (8). Family coping became ineffective, resulting in family failure in treating people with a mental health condition at home (9). Therefore, it was necessary to explore the filial values of family caregivers in treating schizophrenic patients

## **OBJECTIVE**

The study aimed to describe the filial value of schizophrenic patients' caregiver in the Outpatient Unit of Menur Mental Hospital

## **METHOD**

A descriptive study with a cross-sectional approach was applied in this study. The study was conducted in the Outpatient Unit of Menur Mental Hospital Surabaya, with a caregiver population of schizophrenic patients. Two hundred samples were selected by using a quota sampling technique. The inclusion criteria in the study were 1) family caregiver involved in patient care; 2) living with patients > 1 year; and 3) willing to become respondents by signing informed consent. Caregivers who had a history of mental disorders and were not cooperative were excluded in this study

The instrument used was a filial value questionnaire, which was developed from the theory of Swanson caring concept. The questionnaire has been tested for validity and reliability with 25 valid and reliable questions. Questions generated from five dimensions of caring Swanson including; 1) Maintaining belief, consisting of questions about caregiver instilling beliefs and hopes of facing illness, 2) knowing consists of questions about the sensitivity and ability of the caregiver to explore the patient's needs, 3) being with consists of questions about the presence of caregivers in providing comfort to patients, 4) doing for consists of questions about the caregiver's ability to care for and meet the patient's needs, and 5) enabling consisted of questions about patient empowerment by caregivers in facing the transition of their lives.

This research has been declared ethically feasible by the Ethics and Health Research

Committee of the Menur Mental Hospital, East Java Province No. 070/1061/350/2019. Data were analyzed descriptively by frequency and percentages.

## RESULTS

### Characteristics of respondents

Table 1 showed the characteristics of respondents. The results showed that most caregivers were women (52.0%) with an age range of 46-65 years (49.5%). The caregiver's knowledge of schizophrenia and its treatment are in a proper category (56.0%). The majority of caregivers received low stigma (53.0%) and included in the low-income category (77.0%)

Table 1. Characteristics of respondents

Characteristic	n	%
Age		
18-25 years' old	8	4.0
26-45 years' old	81	40.5
46-65 years' old	99	49.5
> 65 years old	12	6.0
Gender		
Male	96	48.0
Female	104	52.0
Knowledge		
Good	112	56.0
Deficiency	88	44.0
Stigma		
Low	106	53.0
High	94	47.0
Income		
Low (<3,8 Million)	154	77.0
High (>3,8 Million)	46	23.0

### Filial value of caregiver for schizophrenic patients in the outpatient unit of Menur mental hospital

Table 2 showed the filial value of caregivers for schizophrenic patients in the outpatient unit of Menur mental hospital. The results showed that the majority (52.0%) of caregivers were able to encourage optimism and hope in patients in facing (maintaining belief). About 54.0% of caregivers could explore the needs' sensitivity of patients to describe the knowledge dimension. As many as 93.5% of caregivers were able to attend to providing comfort to the patients described in the dimensions of being with. The majority of caregivers (53.5%) were able to demonstrate the ability to treat patients described in the dimensions of doing for. In the enabling dimension, most caregivers (65.0%) have not been able to do.

Characteristic	n	%
<i>Maintaining belief</i>		
Unable	93	46.5
Able	107	52.0
<i>Knowing</i>		
Unable	89	44.5
Able	101	54.0
<i>Being With</i>		
Unable	10	5
Able	187	93.5
<i>Doing for</i>		
Unable	10	5.0
Able	187	53.5
<i>Enabling</i>		
Unable	130	65.0
Able	67	33.5

## DISCUSSION

Caregiver demographic factors such as age, sex, income, and relationships with patients related to the filial values of caregivers (10). Filial value is a constructive indicator of empowerment in the family consisting of indicators of the family's ability to be responsible for caring for schizophrenic patients (responsibility), family ability to pay attention to schizophrenic patients (respect) and family ability to care for schizophrenic patients (care) (11). Empowerment was a process that runs continuously to improve ability and independence in improving their standard of living, the process was carried out by generating their empowerment, to improve life above their own strength. The purpose of empowerment was to make someone capable of solving their own problems, by providing trust and authority so as to foster a sense of responsibility

The results showed the majority of caregivers fall into the category of low income. Financial factors were a challenge for caregivers of patients with chronic diseases in Indonesia. Continuous maintenance costs and reduced caregiver productivity in financing a burden and negatively affect care concern for patients (12). Gender influenced on filial values are displayed, women or family members play a greater role in care for patients because of culture. Caring for dependent family members has become the main role of women in Asian countries such as Japan, Taiwan, Malaysia, the Philippines, and Indonesia. It has been reported that cultural problems dictate that wives, adult daughters, or daughters-in-law, especially first daughters in law are usually the main nurses for older relatives (13). Research showed that women as caregivers were more at risk for increased pressure and depression which affects caring given to patients. It can be concluded that the socio-economic factors possessed by caregivers were very supportive for the culture or caregiver filial values of the patient in addition to knowledge, stigma, and closeness of the relationship between caregiver and patient.

The caring concept that was integrated into the concept of filial value consists of five dimensions to maintain belief, knowing, being with, doing for and enabling. In this concept, it

was explained that care arises from healthy interpersonal relationships between individuals who care for and people who are cared for, and expressed through honesty, sincerity, respect, understanding, wisdom, and reciprocity to it, also incorporating elements that enable effective communication and listen. Caring, empathy, communication gentleness and compassionate caregiver to the patient will establish a therapeutic relationship (14). Good interpersonal relationships were shown from the results of research in which most caregivers are included in close relationships with patients. Gender also makes it easier for caregivers to establish close relationships with patients in care. Gender also affects the ability to treat schizophrenics. The sex of most respondents is women. The task of men who work more or leave the house makes it not too close to family members. Women who are in accordance with their nature as nurses or caregivers make them more familiar and easier to care for their family members. Familiarity and closeness that is established will make it easier for caregivers to instill trust in patients about passing the problem of disease and achieving recovery (15).

The results showed that most caregivers in the category had good knowledge. This can be related to caring dimensions, knowing. Knowing focuses on being centered on others which includes having a humanistic view of the person as well as trying to gain insight and understanding of other people's situations with processes of interpretation, sensitivity, conclusions, empathy, intuition, intellectual cognition, and imagination (16). Cognitive ability will shape a person's way of thinking to understand the factors that are related to his condition and related to behavior change (17). So when caregivers had good knowledge, in the process of intellectual cognition, interpretation, sensitivity, conclusion, empathy, and intuition will produce good care behavior from caregivers. Behavior change begins with the addition of knowledge and ends in increasing the ability so that the caregiver can take action doing for caring. Through learning, people are able to change the behavior of their previous behavior and display their abilities according to their needs (18). This dimension focuses on competence. Competency characteristics include clinical knowledge of professional quality and ongoing personal adjustment, as well as mixed skills and self-confidence. Competency indicators include detecting, preventing, listening, anticipating, educating, advocating, monitoring and practicing supervision that can produce positive and negative results.

The results showed that most caregivers have good filial values. Good values in the filial values will influence individuals to positively assess the experience of care experienced and improve the caregiver's ability to achieve the goals to be achieved (19). So that when the caregiver assesses positively, the results obtained by the patient in care were also good. Appraisal in giving care consists of cognitive, affective, and reassessment of the potential of stressors and the ability to form coping. Cognitive assessment of care is an attempt to give meaning to the care process and a person's part in it, giving meaning, can lead to positive behavior in relation to caregiving demands (20). In the concept of filial value from families who were caregivers, there was a reciprocal relationship between caregiver and patient, where the existence of this relationship will create an exploration activity that is nurtured. So that it was possible for caregivers to make use of existing resources in themselves, families, and communities for the treatment of Schizophrenia patients (21). Resources that are well utilized will support patient care.

## CONCLUSION

The background of the caregiver was a factor that is related to the filial value caregiver. Strengthening these factors were needed for positive results for filial value. Exploration of intervention for caregivers can be developed to form filial values

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