



CAREGIVER COPING MECHANISMS ON THE ABILITY TO CARE FOR INDIVIDUAL WITH SCHIZOPHRENIA (IWS)

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ABSTRACT

The health condition of individual with schizophrenia (IWS) needs special attention because it shows a high number and has a bad impact on IWS and caregivers and families. Meanwhile, the handling of IWS takes a long time and causes the caregiver's self-defense to weaken and decrease. Purpose to determine the relationship between coping mechanisms and the caregiver's ability to treat IWS. Method using a non-experimental quantitative research design with a cross sectional method. Sampling was done by total sampling with a total sample of 53 caregivers. Data was collected using a questionnaire on coping mechanisms and cognitive and psychomotor abilities and then analyzed by univariate and bivariate. Univariate analysis using frequency distribution, bivariate analysis using chi-square test. Mean age 41-60 years 69.8%; female 94.3%; high school education below 92.4%; caregiver working as a laborer 66%, relationship with IWS as a parent 66% and length of care >10 years 41.5%. As many as 64.2% of caregivers have adaptive coping mechanisms, caregivers know how to treat IWS 75.5% and are able to care for 54.5% quite well. Data analysis using chi-square test showed that there was a relationship between coping mechanisms and cognitive abilities (p-value 0.019), there was a relationship between coping mechanisms and psychomotor abilities (p-value 0.001). There is a relationship between caregiver coping mechanisms and the ability to care for IWS, caregivers need to get help to improve psychomotor abilities in providing care for IWS.

Keywords: caregiver coping mechanism; cognitive ability; psychomotor ability

First Received

20 August 2022

Revised

14 September 2022

Accepted

22 September 2022

Final Proof Received

20 October 2022

Published

12 November 2022

How to cite (in APA style)

Rochmawati, D., Febriana, B., & Ellyawati, H. (2022). Caregiver Coping Mechanisms on the Ability to Care for Individual with Schizophrenia (IWS). *Indonesian Journal of Global Health Research*, 4(4), 795-802. <https://doi.org/10.37287/ijghr.v4i4.1317>.

INTRODUCTION

Schizophrenia is a chronic psychotic disorder, often recurs with wide and varied clinical manifestations, has varied symptoms and course of the disease (Kaplan et al., 2010). Schizophrenia is a disease that causes strange thoughts, perceptions, emotions, movements and behaviors (Videbeck, 2015). Signs and symptoms caused consist of positive symptoms and negative symptoms. Positive symptoms are violent behavior, hallucinations, delusions, changes in thought flow, bizarre behavior (aggressive, agitated, repetitive, stereotypical behavior) (Stuart et al., 2016). Negative symptoms in the form of blunted affect, inability to think, loss of motivation, being ignorant, speech stops suddenly, withdrawing, decreased performance, decreased social activities, not paying attention to personal hygiene (Stuart et al., 2016). Chronic schizophrenic patients, frequent relapses, long treatment, the patient's condition is difficult to communicate, cannot take care of themselves and likes to tantrum,

causing caregivers to experience stress (Rochmawati, 2019), requiring a long time to treat them.

The length of mental health service efforts carried out on schizophrenic patients has an impact on the burden of disease for caregivers. Caregivers who live with and care for schizophrenic patients often face daily stress (Chien et al., 2013). The burden of illness borne by the caregiver is an internal burden, namely the economy, fear of the future of schizophrenic patients, loss of concentration and daily productivity (Stuart et al., 2016). The external burden experienced by the caregiver is the absence of support from neighbors, extended family and negative assessments from the community towards schizophrenic patients (Windarwati, 2018), causing anxiety and stress for caregivers (Rochmawati, et al., 2021). Internal and external burdens are stressors that can cause health problems for caregivers.

Schizophrenia prevalence in Central Java increased from 0.23% (Riskesdas, 2013) to 0.25% (Riskesdas, 2018), Semarang City with an estimated population of 1,650,000 people (Central Statistics Agency, 2021) with an estimated schizophrenia of 4,125 people, while data from the Central Java Provincial Health Office found that there were 4,172 schizophrenic patients in Semarang City, so the number of schizophrenic patients identified was greater than the estimate. This means that as many as 4,172 caregivers are also affected by caring for schizophrenic patients. A preliminary study conducted on 10 IWS caregivers in Semarang City, found that 6 caregivers had difficulty caring for IWS and left IWS. Caregivers feel stressed in caring for IWS and do not know what to do in dealing with IWS when it relapses. Self-defense efforts / coping mechanisms have not been identified by the caregiver, as well as the caregiver's ability to treat IWS.

Caregivers need good coping methods to overcome the problems they are experiencing. Coping mechanisms are efforts made in dealing with stress or signs and symptoms that come as well as efforts to protect themselves from problems, with positive or negative coping mechanisms. Coping resources at the individual level include one's education, income, self-esteem, sense of mastery, and psychological violence (Stuart, et al., 2016). Several coping mechanisms that can serve as ego defense to face challenges that come from biological or psychological. Coping strategies refer to various efforts, both mental and behavioral, to master, tolerate, reduce, or minimize a stressful situation or event (Townsend, 2018). Based on the theoretical basis and the phenomena above, this study was conducted to determine the relationship between coping mechanisms and the ability to care for individual with schizophrenia (IWS).

METHOD

This research is a non-experimental quantitative research using cross sectional method. Where data collection or measurement is carried out at the same time. Sampling was done by total sampling, as many as 53 respondents. Respondents were selected according to the inclusion criteria, namely: are IWS's nuclear family, provide daily care for IWS, cooperative and willing to participate in research. Data collection used a coping mechanism questionnaire and a caregiver ability questionnaire. The coping mechanism questionnaire contains 35 questions, the answer choices range from 1 to 4. The score is scored with the conditions 1: never, 2: sometimes, 3: often and 4: always. The caregiver ability questionnaire was adopted from Sulistiawati (Sulistiawati, 2010), consisting of cognitive and psychomotor abilities. Cognitive ability consists of 17 statement items, scoring with conditions 1: strongly disagree, 2: disagree, 3: agree and 4: strongly agree. The psychomotor ability questionnaire consists of

16 statement items, with scores ranging from 1 to 4 based on the selected answers, with the provisions of 1: never, 2: sometimes, 3: often and 4: always. Data analysis using SPSS Chi-Square Test.

RESULT

Table 1.
Description of Research Subject Characteristics (n=53)

Characteristics	f	%
Age		
<40	13	24,5
41 – 60	37	69,8
61 – 80	3	5,7
Gender		
Man	3	5,7
Woman	50	94,3
Education		
No school	6	11,3
Elementary School	15	28,3
Junior High School	13	24,5
Junior High School	15	28,3
Diploma	1	1,9
Bachelor	3	5,7
Work		
Doesn't work	7	13,2
Laborer	35	66
Private sector Employee	3	5,7
Vegetable seller	8	15,1
Relationship with IWS		
Child	9	17
Parent	35	66
Couple	7	13,2
Siblings	2	3,8
Length of Caring for IWS		
≤ 1 year	11	20,8
1-4 years	15	28,3
5-10 years	5	9,4
>10 years	22	41,5
Coping Mechanism		
Maladaptive	19	35,8
Adaptive	34	64,2
Cognitive Ability		
Know How To Take Care	40	75,5
Don't Know How To Take Care	13	24,5
Psychomotor Ability		
Able to take good care	24	45,2
Capable Enough	29	54,8

The results of the study describe univariate analysis and bivariate analysis. Univariate analysis was used to identify caregiver characteristics which included age, gender, education, occupation, relationship with IWS, length of care, mechanisms and cognitive abilities and psychomotor abilities. Bivariate analysis to determine the relationship between the independent variable of the coping mechanism and the dependent variable of the caregiver's ability which consists of cognitive ability and psychomotor ability.

Table 1, most caregivers are between 41-60 years old, namely 37 people (69.8%), female, 50 people (94.3%), high school education below 49 people (92.4%). . Most of the caregivers work as laborers, namely 35 people (66%), relationships with IWS as parents, as many as 35 people (66%), taking care of IWS >10 years 22 people (41.5%). Most of the caregivers have adaptive coping mechanisms, namely 34 people (64.2%), caregivers know how to care for IWS as many as 40 people (75.5%) and are quite able to care for ODS as many as 29 people (54.5%).

Table 2.
Cross Tabulation of Stress Levels with Cognitive Ability (n=53)
Kemampuan Kognitif

Coping Mechanism	Kemampuan Kognitif		Total	p-value
	Don't Know How to Take Care	Know How to Take Care		
Adaptive	4	30	34	0,019
Maladaptive	9	10	19	

Table 2, it shows that there are adaptive coping mechanisms but do not know how to care for 4 people and know how to care for 30 people. Meanwhile, maladaptive coping mechanisms and lack of knowledge of how to treat as many as 9 people and know how to care for as many as 10 people. On the results of the chi-square statistical test with an error rate (alpha) = 0.05. From the tests that have been carried out, the results obtained are p value = 0.019 which means it is smaller than 0.05 (p <0.05) so it can be interpreted that Ha is accepted and Ho is rejected, which means that there is a relationship between coping mechanisms and the caregiver's cognitive ability to care. IWS.

Table 2.
Cross-tabulation of Stress Levels with Psychomotor Ability (n=53)
Psychomotor Ability

Coping Mechanism	Psychomotor Ability		Total	p-value
	Capable Enough	Able to take good care		
Adaptive	10	24	34	0,001
Maladaptive	19	0	19	

Table 3 above shows that the coping mechanism is adaptive but sufficient to treat as many as 10 people and is able to properly care for as many as 24 people. Meanwhile, caregivers who are able to take good care of IWSS do not have maladaptive coping mechanisms. The maladaptive coping mechanism is owned by caregivers with sufficient caring skills, as many as 19 people. On the results of the chi-square statistical test with an error rate (alpha) = 0.05, the results obtained p value = 0.001 which means it is smaller than 0.05 (p <0.05) so it can be interpreted that Ha is accepted and Ho is rejected. which means that there is a relationship between coping mechanisms and the psychomotor ability of the caregiver to treat IWS.

DISCUSSION

Coping Mechanism Relationship with Ability to Care for IWS

Caregivers who know how to treat IWS (measured using cognitive abilities) mostly have adaptive coping mechanisms (56.6%), but some have maladaptive coping mechanisms (18.9%). Caregivers have maladaptive coping mechanisms because they experience severe pressure while living with IWS (Gitasari, 2015). Caregivers are required to spend most of their time caring for and providing social support to improve the condition of IWS. Caregivers are also faced with negative community assessment of IWS which is the shame of caregivers.

Caregivers who do not know how to treat IWS have maladaptive coping mechanisms (9 people), another interesting phenomenon is that caregivers do not know how to treat IWS but have adaptive coping mechanisms (4 people). This is because caregivers all have diploma and undergraduate education levels, education can influence a person in using self-defense mechanisms against a problem. The higher the level of education, the greater a person's understanding of something, the higher the level of knowledge, the greater a person's ability to absorb and receive information and have broader insights (Rochmawati, 2022). Caregivers have good insight on how to overcome problems in themselves even though they have to keep taking care of IWS.

The results of the bivariate analysis using the chi-square statistical test showed that the p-value was 0.019, meaning that there was a significant relationship between coping mechanisms and cognitive abilities (p-value <0.05). Caregivers who experience severe stress but know how to care for IWS are known to have cared for IWS for less than one year. Even though the caregiver knows how to take care of IWS, they still experience severe stress, this is because IWS behavior during relapse or symptoms of tantrums and throwing things cannot be controlled, causing stress for the caregiver.

Caregivers who are able to treat IWS (measured using psychomotor abilities) all have adaptive coping mechanisms (45.3%). This was conveyed by the caregiver that in dealing with problems when caring for IWS, caregivers prefer to use positive things such as expressing requests for help to partners or exchanging opinions and they also carry out constructive activities. The psychomotor ability of the caregiver in caring for IWS is carried out well by meeting the needs of IWS and helping to take medication and assisting control. Even though they are working, caregivers still provide good care including providing and providing for IWS needs, including clothing and food, shelter, bathing needs, toileting. Caregivers also bring control IWS to health care centers, both puskesmas and mental hospitals if IWS relapses and behaves detrimentally to other people and the environment, although some control activities are routine and some are not. Also practice how to prevent IWS recurrence.

Bivariate analysis of coping mechanisms associated with psychomotor abilities of caregivers in caring for IWS using statistical tests, it is known that the p-value is 0.001. This means that there is a significant relationship between stress levels and psychomotor abilities (p-value <0.05). It is evident from the research results that caregivers who have adaptive coping mechanisms are able to treat IWS well. In accordance with research conducted by Ariasti (Ariasti, 2016), that the use of coping that focuses on emotions by regulating the emotional response of stress through individual behavior such as eliminating unpleasant facts, self-control, distance, positive assessment, accept responsibility, run from reality (avoid). While coping strategies focus on problems by learning ways or skills that can solve problems such

as planning problem solving and increasing social support, other techniques for dealing with stress are relaxation, cognitive restructuring, meditation, multi-model therapy and others.

CONCLUSION

This study aims to determine the relationship between coping mechanisms and the caregiver's ability to treat IWS which includes cognitive abilities and psychomotor abilities. The results obtained that there is a relationship between the mechanism with cognitive abilities p-value 0.019 and there is a relationship between coping mechanisms and psychomotor abilities p-value 0.001 in treating IWS. Research respondents are mostly 41-60 years old, female, with high school education and below. Most of the respondents work, relationship with IWS as a parent, length of care for IWS >10 years. Most of the respondents have adaptive coping mechanisms, know how to treat and are able to treat IWS. The conclusion is that caregivers need to get help to improve their psychomotor abilities in providing care for IWS.

REFERENCES

- Abdullah, A. A. (2020). Self-Help Groups On Stress Level Of Inmates In Correctional Institutions. *JURNAL ILMU KESEHATAN STKES DUTA GAMA KLATEN*, 12(1). <https://doi.org/https://www.e-journal.stikesdutagama.ac.id/index.php/e-journal/article/view/476>
- Ariasti, D., Pawitri, T. N. (2016). *Hubungan Antara Mekanisme Koping terhadap Stres dengan Kejadian Hipertensi pada warga Desa Ngelom Sroyo Jaten Karanganyar*. Jurnal Ilmu Kesehatan KOSALA. Volume 4 Nomor 1.
- Badan Pusat Statistik. (2021). *Jumlah Penduduk Jawa Tengah*. BPS Jawa Tengah.
- Chien, W. ., & Chan, S. . (2013). The effecwtiveness of mutual support group intervention for Chinese families of people with schizophrenia: A randomised controlled trial with 24-month follow-up. *Int J Nurs Stud*. <https://www.semanticscholar.org/paper/The-effectiveness-of-mutual-support-group-for-of-a-Chien-Chan/0542ef7d23e231d653880aa1d4c35326e245a50b>
- Dharma, K. . (2015). *Metodologi Penelitian Keperawatan (Panduan Melaksanakan dan Menerapkan Hasil Penelitian)*. Trans Info Media.
- Efendi, S. (2021). Pengaruh Tindakan Keperawatan Ners, Kognitif Behaviour Therapy dan Psikoedukasi Keluarga terhadap Pencegahan Faktor Risiko Kekambuhan Klien Perilaku kekerasan dan Halusinasi di Rumah Sakit Jiwa. *Tesis FIK UI*.
- Gitasari, N. (2015). *Pengalaman Family Caregiver Orang Dengan Skizofrenia*. Jurnal Penelitian Psikologi. Volume 03, Nomor 2.
- Gunawan, H. (2014). *Pendidikan Islam Kajian Teoretis dan Pemikiran Tokoh*. PT Remaja Rosdakarya. Bandung
- Hamalik, O. (2013). *Psikologi Belajar dan Mengajar*, Sinar Baru Algensindo, Bandung.
- Kaplan, H. ., & Sadock, B. . (2010). *Sinopsis Psikiatri, Jilid 2 (Dr. Widjaja Kusuma, Trans.)*. Binarupa Aksara.
- Kaplan, H. ., Sadock, B. ., & Grebb, J. . (2010). *Sinopsis Psikiatri Ilmu Pengetahuan Perilaku Psikiatri Klinis. Jilid Satu*. Binarupa Aksara Publisher.
- Riskesdas. (2013). *Hasil Riset Kesehatan Dasar Badan Penelitian dan Pengembangan Kesehatan Kementerian Kesehatan Republik Indonesia*. <https://www.litbang.kemkes.go.id/laporan-riset-kesehatan-dasar-riskesdas/>

- Riskesdas. (2018). *Hasil Riset Kesehatan Dasar Badan Penelitian dan Pengembangan Kesehatan Kementerian Kesehatan Republik Indonesia*. Kementerian Kesehatan RI.
- Rochmawati, D. H., Febriana, B., & Prasetyo, A. (2019). The Influence of Self Help Group to Family Anxiety Levels in Caring Mental Disorder Patients. *Indonesian Journal of Global Health Research*, 2(2). <https://doi.org/10.37287/ijghr.v2i2.119>
- Rochmawati, D. H., Huda, A. N., Kuncoro, J., & Setyowati, W. E. (2021). Family psychoeducation (FPE) therapy for family anxiety in caring for family members with mental disorders. *Enfermería Clínica*, 31, S165–S169. <https://doi.org/10.1016/j.enfcli.2020.12.015>
- Rochmawati, D. H., Susanto, W., & Ellyawati, H. C. (2021). Stress Management on Senior High School Students in Semarang. *Indonesian Journal of Global Health Research*, 3(1), 73–80. <https://doi.org/10.37287/ijghr.v3i1.373>
- Rochmawati, D.H., Susanto, H., & Ediati, A. (2022). Tingkat Stres *Caregiver* terhadap Kemampuan Merawat Orang Dengan Skizofrenia (ODS). *NURSCOPE: Jurnal Penelitian dan Pemikiran Ilmiah Keperawatan*, 8 (1), 1-9
- Stuart, G., Keliat, B. A., & Pasaribu, J. (2016). *Prinsip dan Praktik Keperawatan Kesehatan Jiwa Stuart.(1st ed)*. Elsevier Singapore Pte Ltd.
- Sudijono, A. (2013). *Pengantar Evaluasi Pendidikan*. PT. Rajagrafindo Persada. Jakarta.
- Syah, M. (2013). *Psikologi Belajar*. Rajawali Pers. Jakarta. Cetakan ke-13.
- Townsend, M. ., & Morgan, K. . (2018). *Psychiatric Mental Health Nursing Concept of Care in Evidence-Based Practice(9th ed)*. F.A. Davis Company.
- Videbeck. (2015). *Psychiatric Mental Health Nursing*. Wolters Kluwer Health|Lippincott Williams & Wilkins.
- Wahyuningsih, D., Subagyo, W., & Mukhadiono, M. (2020). Reduksi Stres *Caregiver* Pasien Gangguan Jiwa dengan Pelatihan Manajemen Stres. *Jurnal Keperawatan Mersi*, 9(1). <https://ejournal.poltekkes-smg.ac.id/ojs/index.php/jkm/article/view/5852>
- Windarwati, H. . (2018). *Pelepasan Pasung Berbasis Masyarakat pada Orang dengan Skizofrenia*. Disertasi 2018. Perpustakaan Universitas Indonesia.

