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The family role model in self-care at schizophrenic patients

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Abstract

This study aims to analyze the Family Role Model in improving Self Care in schizophrenic patients using the Theory of Planned Behavior Approach. This study used a cross-sectional design, a sample of 126 families in Ponorogo, Indonesia. Results: Significantly behavioral influences on family roles (t = 3.304> 1.96); intent have an effect on family role (t = 2.885> 1.96). In conclusion, families with schizophrenic patients felt still experience obstacles in relation to mental health services.

Keywords: Family, Role, Schizophrenia, Self-Care, Behaviour.

El modelo del rol familiar en el autocuidado de pacientes esquizofrénicos

Resumen

Este estudio tiene como objetivo analizar el modelo de rol familiar para mejorar el autocuidado en pacientes esquizofrénicos utilizando el enfoque de la teoría del comportamiento planificado. Este estudio utilizó un diseño transversal, una muestra de 126 familias en Ponorogo, Indonesia. Resultados: Influencias significativas del comportamiento en los roles familiares (t = 3.304> 1.96); la intención tiene un efecto en el rol familiar (t = 2.885> 1.96). En conclusión, las familias con pacientes esquizofrénicos todavía sienten obstáculos en relación con los servicios de salud mental.

Palabras clave: familia, papel, esquizofrenia, autocuidado, comportamiento.

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1. INTRODUCTION

Schizophrenia is a global mental health problem that has serious implications not only for patients but also for families and one type of mental health disorder, which is still a complicated problem. Schizophrenia disorder is the government burden in the pay of care and has a high risk of death almost worldwide (AVASTHI & SINGH, 2004). Studies in Asia showed that around 70% of people with schizophrenia live with their families and depend on family members for the provision of care. It takes a family role as the primary caregiver to treat schizophrenic patients. WHO explains the clinical manifestations of schizophrenia, namely, hallucinations, mental disorders, difficulty expressing emotions, withdrawing, losing motivation, not interested in carrying out daily activities, and self-care deficits such as bathing, dressing, eating/drinking, so that it needs family help.

The family is the smallest unit in society; it has a role in the process of healing schizophrenia. Families care for schizophrenic's experience anxiety, confusion and daily parenting difficulties. Some families prioritize and protect healthy family members than family members of schizophrenia. One of the models that researchers want to develop is the role model of families in the self-care of schizophrenic patients through the AJZEN (2005) behavioral theory integration approach theory of Planned Behavior (TPB). TPB conveyed that the behaviors displayed by individuals arise because of the intention to

behave. The appearance of an intention to behave is determined by three determinants, namely behavioral beliefs (individual beliefs about the results of a behavior), normative beliefs (beliefs about other people's normative expectations) and control beliefs (beliefs about the existence of things that support or inhibit the behavior). The purpose of the study is to analyze family role model in improving self-care in schizophrenic patients using the theory of planned behavior (TPB).

2. METHODOLOGY

This study uses the design of explanative observational to determine the causal relationship of two variables, the form of the relationship, the influence, prevalence, distribution, and the relationship between variables in the population (BENGTSSON-TOPS & HANSSON, 2001). This study uses a cross-sectional approach because the dependent and free variables are simultaneously observed. This study examines the influence of background factors, intention, behavior, knowledge, attitude with the family role. This research was conducted in the Jambon Ponorogo region of Java Timur, Indonesia.

A total of 187 people with mental disorders were the target population for research. Samples taken by simple random sampling were 126 respondents. The inclusion criteria were families aged 35-65 years old, communicating well, while exclusion criteria were family experiencing a mental disorder, number of patients more than one

mental disorder, uncooperative family. Before the data collection stage, permission to conduct research was obtained from the university administration and research administration at the location of this study. This study was approved by the university health research ethics committee (ethical approval no: 675-KEPK). Participants were notified before starting the study, and informed consent. In addition, written permission was obtained from the author for the measuring instrument used in the study.

The instrument used is a modification of AJZEN (2005), the TPB Questionnaire. The instrument includes attitudes, subjective norms and perceptions, the types of questions include favorable and unfavorable using answer ratings strongly agree = 1, agree = 2, disagree = 3, and strongly disagree = 4, then score. Data collection with permission was obtained; the researcher visited the respondent to distribute questionnaires that had previously been written in writing. After being given an explanation, we request that the questionnaire is filled in by the respondent. The collected data were analyzed using SEM - PLS (Structural Equation Modeling – Partial Least Square).

3. RESULTS

Based on table 1, the Sociodemography has been seen by age, gender, education, income. The psychology depicted by personality

and emotion. The information had 3 indicators: knowledge, experience, and media, Behavior factor was measured through three aspects of indicators: attitude, subjective norm, and perception. Intention measured by the content, and lastly the family role was measured by caregiver, mediator, and followers.

Table 1: Results Calculation Outer Model

Variable	Sub Var.	Loading Factor	Description.
Sociodemography	Age	0.975	Valid
	Gender	-0.387	Invalid
	Education	-0.161	Invalid
	Income	0.319	Invalid
Psychology	Personality	-0.152	Invalid
	Emotion	0.999	Valid
Information	Knowledge	0.837	Valid
	Experience	-0.518	Invalid
	Media	0.222	Invalid
Behavior	Attitude	0.822	Valid
	Subjectif Norm	0.881	Valid
	Perseption	0.202	Invalid
Intention	Content	1,000	Valid
Family Role	Caregivers	0.915	Valid
	Mediator	0.626	Invalid
	Followers	0.908	Valid

Some indicators of gender, education, income, personality, experience, media, perception, intermediaries are not valid. Invalid indicators can be omitted because the value is <0.6 or not significant. Invalid sub-variables and variables will be removed from this model. In this study the AVE value in the sociodemographic variable was invalid (0.307 <0.6), information (0.340 <0.6), behavior (0.497 <0.6). The composite reliability value in sociodemographic variables is not reliable (0.167 <0.6), information (0.129 <0.6).

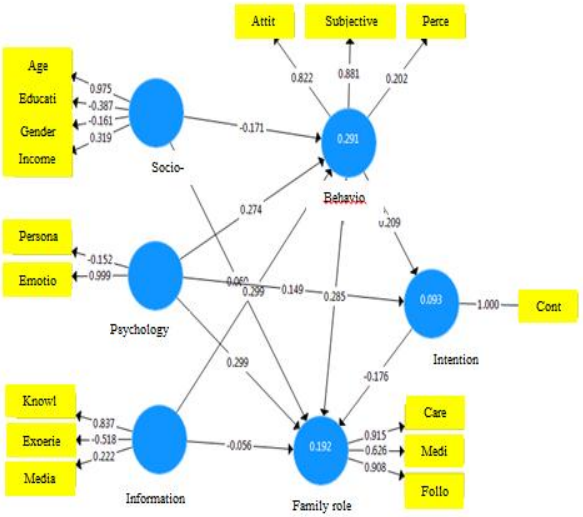

Figure 1: Measurement model

This test uses a t-test comparison (t-test) if the t-value is greater than t-table, t-value> 1.96 means significant testing (table 2).

Table 2: Result of t-Test Calculation on Family role model in self-care

Relation variables	T statistic	Description
Psychology -> Behavior	2.919	Significant
Psychology -> Family role	3.533	Significant
Psychology -> Intention	2.426	Significant
Information -> Behavior	3.983	Significant
Information -> Family role	1.424	Not Significant
Behavior -> Intention	1.778	Not Significant
Behavior -> Family role	3.197	Significant
Intention -> Family role	2.819	Significant

This stage is to do structural model testing, at this stage has the aim of knowing the influence between variables. This test uses a comparison of the t test (t-test), if the t value is greater than t table, t-value> 1.96 means significant testing.

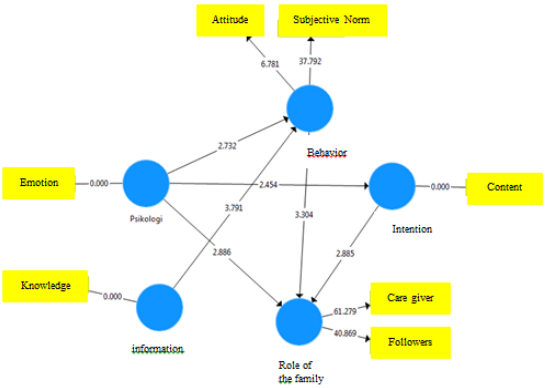

Figure 2: Structure Model

4. DISCUSSION

This study stated good psychology supported by good emotions that affect behavior. Positive emotions arise in positive psychology which is one of the strengths in the process of human development**.** Emotions accompanied by appropriate and appropriate intentions can make a person behave positively for what he or she is up to, including providing care to the patient at home. Another similar study states that caregivers have high levels of burden, especially parents, with low knowledge level, without a job and must take care of patients (CAQUEO-URÍZAR & GUTIÉRREZ-MALDONADO, 2006)**.**

This will affect the psychological aspects of the family as the caregiver of the patient, in addition to the burden of care, treatment, and social responsibilities also add to the psychological changes. Emotional support, namely by providing emotional support to family members with schizophrenia, it will form a sense of empathy, feeling valued, loved, comfort, confidence, and family functioning as a provider of places to stay (CANTOR, 1989). The family or caregiver was given a positive expectation to family members with schizophrenia, including in this case support in improving patient self-care so that patients will understand their own care needs optimally.

This study found psychology in the form of positive personalities and good emotions that affect the role of the family. The family as an emotional supporter is a safe and peaceful place for rest

and recovery and helps mastery of emotions. This is in line with research conducted that patients who come from families who do not care, recovery period and treatment are longer. In Indonesia, families play the role of caregivers to people with mental illness.

Support provided by the family to patients includes four aspects, namely emotional support, information support, instrumental support, assessment support. Of these four aspects can be mutually sustainable in practice. When individuals get the support to the maximum, then the individual will learn to use positive coping against the pressure that exists within individuals and from outside. Emotional support is a form of support given by the family in the form of giving attention, affection, and empathy. This support is part of a family affective function that benefits the patient (CANTOR, 1989).

The results of this study found that emotions have an influence on intentions in self-care of schizophrenic patients. The embarrassment of stigma, environmental abuse and negative perception of the family lead to attitudes and behaviors that cause emotional expression in the family. High emotions are generally owned by families who have family members with mental disorders, this is because the family has a negative perception and feeling burdened by the presence of family members who suffer from schizophrenia. With these feelings of shame and burden, the family will usually affect emotions in the family in caring for the day-to-day care of the patient (AMELIA & ANWAR, 2013).

The intention is the basis of behavior that appears and has normative and efficacy beliefs. Human behavior is guided by three kinds of beliefs, namely behavioral beliefs, normative beliefs and control beliefs (ANDREASON & BANDURA, 1985). Behavioral beliefs will produce attitudes toward behavior, normative beliefs produce subjective beliefs, and control beliefs result in perceived behavioral control. This research is supported which states caregiver mental patients are a major support system other than hospitals and health workers (CHADDA, 2014).

This study found that information factors namely good knowledge produces good attitudes that influence behavior. In accordance with Green's theory in which says that knowledge is one of the predisposing factors that underlie changes in one's behavior. Good respondent's knowledge can be used as a basis for forming respondent behavior in treating schizophrenic patients at home because knowledge is the lowest domain in the formation of a person's behavior. The presence of the caregiver was the most important factor that affects the patient condition. A caregiver who have low education lack of faith in antipsychotic treatment, this is a reason many patients, not life remaining.

This study found good knowledge, good experience, and good media exposure influence family behavior in caring for family members of schizophrenia. Finishing the family is an entry point in providing health services. Families whose members suffer from mental

illness still experience obstacles in mental health services. Psychiatric nurses and other health workers who have played a role in providing mental health services such as study, care and recovery include educational support for families.

In this study found the role of families influences behavior. The informal role of the family; followers are passively receiving other people's ideas, listeners, during discussion or group decisions. Family plays a role in improving the quality of life of patients, supportive therapy is one of the positive things that must give by caregivers.

Social support provided by both family, work environment, society in the social sphere minimizes the appearance of positive symptoms in schizophrenic patients. Belief is a subjective statement of someone who concerns a distinguishable aspect of his world, which corresponds to an understanding of himself and his environment. Social support is an intervention to increase mental health, can come from family, friends, professionals, and another can become from family, friends, professionals, and another.

Statistically, this study found that intention influences the role of the family. TPB has a basic beliefs approach that forms intentions and encourages individuals to display or perform certain behaviors. Intention to give an individual a feeling related to what he will do, proof of intention constructed in the form of human behavior. Attitude and behavior will influence intention, which forming a habit that underlies behavior (BAMBERG, AJZEN & SCHMIDT, 2003). It can

be said that the intentions of the family will determine attitudes towards people with mental disorders where the attitude is believed by the family and shown in behavior in treating patients with mental disorders.

The emergence of behavioral intentions is determined by three determinants, namely a) Behavioral beliefs, namely individual beliefs about the results of a behavior, b) normative beliefs, namely beliefs about expectations and normative motivation of others, c) Control beliefs, namely beliefs about existence things that support or inhibit the behavior that will be displayed. The role of families in treating schizophrenic patients is the fulfillment of needs and caring for clients, meeting the needs of rest and emergency, emotional support (ANTAI-OTONG, 2016). Therefore, the harmony of intentions and the role of the family is due to the belief in the family to help solve health problems.

5. CONCLUSIONS

This model explains behavior and intentions that influence the role of the family in providing self-care for schizophrenic patients. Intentions followed by positive behavior foster the role of families as caregivers and followers for schizophrenics. By giving attention and support to education to the family, cross-sector cooperation with

related education/services is in the form of assistance and gathering so that patients get complete care.

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