International Journal of Religion
2024
Volume: 5| Number 11 | pp. 8477 – 8483
ISSN: 2633-352X (Print) | ISSN: 2633-3538 (Online)
ijor.co.uk
DOI: https://doi.org/10.61707/2tjyrq74

Enhancing Family Caregiving Abilities for Schizophrenia Patients through Family-Centred Counselling

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Abstract

Schizophrenia is a severe mental illness that requires long-term care and family support. However, many families struggle with caring for a family member with schizophrenia. The purpose of this study was to investigate the impact of family centre-based counselling on families' abilities to care for schizophrenia patients. This study employed a pre-experimental design with a single-group pre-test and post-test. The sample consisted of 18 relatives of schizophrenia patients, selected through purposive sampling. The intervention, in the form of family centre-based counselling, was conducted over two meetings. Data on the family's ability to care for schizophrenia patients were collected using a questionnaire and analysed using the Wilcoxon Sign Rank test. After the intervention, the family's ability to care for schizophrenia patients improved significantly (p=0.001). Before the intervention, 72.2% of families had poor capabilities (average score 11.44), whereas after the intervention, 88.9% of families demonstrated good capabilities (average score 23.22). Family centre-based counselling was proven to be beneficial in enhancing the family's ability to care for schizophrenia patients. This approach is recommended for use in community-based mental health interventions.

Keywords: *Counselling, Family Centre Care, Family Ability to Care for Schizophrenia Patients*

INTRODUCTION

Schizophrenia is a severe mental disorder that places a significant burden on both society and those affected, characterised by disorganised thoughts, emotions, and behaviours (Sinaga, 2018). This disorder not only impacts individuals but also profoundly affects families and society as a whole (Caqueo-Urízar et al., 2017). According to the World Health Organization (WHO) data for 2021, it is estimated that 1% of the global population, or around 21 million people, have schizophrenia (Indonesian Ministry of Health, 2021). This figure is consistent with global findings that indicate the prevalence of schizophrenia ranges between 0.3% and 0.7% (Charlson et al., 2018).

In Indonesia, the prevalence of schizophrenia is 7 per 1,000 people, with Bali Province having the highest prevalence at 11 per 1,000 people (Indonesian Ministry of Health, 2018). The high prevalence rate in Bali is particularly concerning, given that schizophrenia impacts not only health but also social and economic aspects (Suryani et al., 2020).

The increasing number of people with mental disorders (ODGJ) necessitates comprehensive efforts to involve family members in treatment (Keliat, 2018). The family plays a crucial role in managing schizophrenia, particularly in preventing relapses and improving patients' quality of life (Caqueo-Urízar et al., 2017). However, research shows that families' ability to care for a relative with schizophrenia remains low. Rachmawati (2020) found that 59.7% of families had insufficient ability to prevent relapses in patients with schizophrenia, while Purwati (2020) reported that 57.9% of families had insufficient caregiving abilities. These findings align with international studies indicating that families often feel unprepared and inadequately trained to care for a relative with schizophrenia (Sin et al., 2017).

Caring for a family member with schizophrenia often places a significant burden on caregivers, including physical, mental, social, and financial stress (Suryaningrum, 2013). This burden can affect the family's ability

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to provide optimal care. A study by Yu et al. (2019) found that a high caregiving burden correlates with decreased family quality of life and an increased risk of mental health problems among caregivers. Therefore, interventions are needed to improve families' caregiving abilities while reducing the burden of care.

One potential approach is family-centred care counselling, emphasising family empowerment and collaboration between healthcare providers and families in patient care (Taylor, 2018). Family-centred care focuses not only on the patient but also on addressing the needs and well-being of the family as a caregiving unit (Coyne et al., 2018). Several studies have demonstrated the effectiveness of this approach in improving families' abilities to care for a relative with a mental disorder (Darmayanti, 2018; Erlinda, 2019). A meta-analysis by Sin et al. (2017) also confirms that family-based interventions are effective in increasing families' knowledge, caregiving skills, and psychological well-being.

However, there is limited research specifically examining the impact of family-centred care counselling on families' abilities to care for a relative with schizophrenia in Indonesia, particularly in Bali. The unique cultural context of Bali, with its robust kinship systems and communal values, makes this study particularly important (Suryani et al., 2020). Therefore, this study aimed to assess the impact of family-centred care counselling on the ability of families to care for a relative with schizophrenia in the Kuta 1 Community Health Centre. The results of this research are expected to contribute to the development of effective and contextually appropriate mental health interventions in Indonesia, particularly in Bali.

METHODS

This study was a pre-experimental one-group pre-post-test design. The participants were families of schizophrenia patients in the Kuta I Community Health Centre who met the inclusion criteria. Specifically, the respondents were families of schizophrenia patients who lived with the clients and were originally from the Kuta I Community Health Centre area. A total of 18 participants were selected using a purposive sampling technique. The study was conducted within the Working Area of the Kuta I Community Health Centre.

Intervention

The Standard Operating Procedure for Family Counselling is a structured approach to providing mental health services through interviews or face-to-face interactions. This process is designed to help families better understand the care of patients with mental disorders, particularly schizophrenia, and to support them in navigating and overcoming the challenges they face.

The objectives of this procedure are multifaceted. Firstly, it aims to assist families in identifying the health problems they are currently experiencing. It also helps families seek solutions to these problems, fostering an environment where each member can learn to appreciate and support one another emotionally. Additionally, the procedure educates family members about the mental health issues affecting one of their own, emphasising the importance of recognising and understanding schizophrenia. Ultimately, the goal is to empower the family to handle these issues independently, ensuring they have the knowledge and skills to manage the situation effectively.

Specific tools and materials are required to prepare for this counselling session, including writing instruments and a research permit from the community health centre. Additionally, the family must be adequately prepared. This involves ensuring that all family members are present and ready to participate in the intervention, with everyone actively involved.

The nurse, who plays a pivotal role in this procedure, must also undergo preparation. This includes conducting a thorough family assessment, formulating related diagnoses, and developing a comprehensive action plan or intervention strategy. The nurse must also assess their needs, requesting assistance from other nurses to ensure the intervention is successful.

The procedure begins with the nurse greeting the family, introducing themselves, and explaining their responsibilities. The nurse carefully identifies each family member and explains the procedure, its objectives,

and the expected duration of the intervention. Family members are encouraged to ask questions, and the nurse ensures all inquiries are addressed. The nurse maintains a comfortable environment for all family members throughout the session.

During the initial counselling stage, the nurse builds a trusting relationship with each family member, reassuring them that the nurse is a safe and supportive space to express their feelings and concerns. The nurse discusses the health issues affecting the family member with schizophrenia and listens empathetically to the family's concerns. Together, the nurse and the family identify the health-related tasks the family has already undertaken and consider the potential consequences of not making the right decisions in caring for the family member with schizophrenia. Positive reinforcement is provided to the family for their cooperation and efforts.

In the core counselling stage, the nurse and the family explore the solutions the family has already implemented to address the health issues. The nurse helps the family focus on the key discussion points and works with them to identify appropriate solutions to resolve the problem. Positive reinforcement is again provided to acknowledge the family's efforts.

The core counselling stage also includes a detailed explanation of the actions the family needs to take in caring for the patient with schizophrenia. This involves teaching the family to listen attentively to the patient and communicate that they care about their needs and concerns. The nurse emphasises the importance of practising attentive listening skills, such as maintaining eye contact when the patient speaks and encourages the family to assist the patient with daily activities like bathing, eating, and maintaining cleanliness. The nurse also guides the family in socialising with the patient, engaging them in activities like walks and regular exercise, and fostering a supportive and loving environment.

Additionally, the family is taught to monitor medications' side effects and recognise when referring the patient to a specialist might be necessary. The nurse allows the family to demonstrate the agreed-upon solutions and evaluates the process and outcomes. Finally, the nurse and the family conclude the results of the counselling process, with positive reinforcement given to the family for their cooperation throughout.

Data Collection

Participants were gathered in one area. They were asked to fill out the questionnaire before giving the intervention. The intervention was conducted 60 minutes in one session twice weekly for twelve weeks. At the end of the intervention, they filled out the questionnaire for the post-test.

The family's ability to care for the patient was measured using the family ability scale by Surayaningrum and Wardani (2013). The scale consists of 30 items and is grouped into four dimensions (physical care, social, emotional, and quality). The patients fill out the yes or no answers. The total score is categorised into good, adequate, and inadequate.

Data Analysis

Demographic data included age, gender, education, occupation, and family ability were described by frequency (f) and percentage (%).

Data analysis for the pre-post-test was done using the Wilcoxon Sign Rank Test. The significance value was $\alpha \leq 0.05$.

RESULTS

Characteristics of the Research Sample

Table 1. Distribution of Respondent Characteristics Based on Age

Age	Mean	Min	Max
	54.50	43	64

The table above shows that the average age of respondents was 54.50 years, with a minimum age of 43 years and a maximum age of 64 years.

Table 2. Distribution of Respondent Characteristics Based on Gender

No	Gender	f	%
1	Man	16	88.9
2	Woman	2	11.1
	Total	18	100.0

Based on the table above, most of the 18 respondents were male, with 16 individuals (88.9%).

Table 3. Distribution of Respondent Characteristics Based on Education

No	Education	f	%
1	Uneducated	0	0
2	Elementary School	4	22.2
3	Junior High School	10	55.6
4	Senior High School	4	22.2
5	College	0	0
	Total	18	100.0

The table above shows that most respondents (10 individuals or 55.6%) had a junior high school education.

Table 4. Distribution of Respondent Characteristics Based on Occupational

No	Work	f	%
1	Unemployment	0	0
2	Private	12	66.7
3	Self-employed	6	33.3
4	Civil servants	0	0
5	Farmer	0	0
6	Trader	0	0
	Total	18	100.0

The table above shows that most respondents (12 individuals or 66.7%) were employed in the private sector.

Table 5. Distribution of Family Ability to Care for Schizophrenia Patients Before Intervention)

No	Family Ability to Care for Patients *Schizophrenia* Pre Test	n	%	Mean
Pretest				
	Good	0	0	11.44
	Adequate	5	27.8	
	Inadequate	13	72.2	
Posttest				
	Good	16	88.9	23,22
	Adequate	2	11.1	
	Inadequate	0	0	

The results from the 18 respondents before the intervention showed that the majority (13 respondents or 72.2%) had an inadequate ability to care for schizophrenia patients, with an average score of 11.44.

After the intervention, the results showed that most respondents (16 respondents or 88.9%) had a good ability to care for schizophrenia patients, with an average score of 23.22.

Table 6. Analysis of the Influence of Family-Centred Counselling on Family Ability to Care for Schizophrenia

	Median (Minimum-Maximum)	**Z count**	**P value**
Family Ability (Pretest)	10.00 (7-19)	3,730	0.001
Family Ability (Posttest)	24.00 (16-27)		

The data analysis results from the Wilcoxon Sign Rank Test indicated a Z count of 3.730, more significant than the Z table value of 1.96, and a P value of 0.001, less than the significance level of 0.05. These results suggest that the null hypothesis (H0) is rejected, indicating a significant influence of family-centred

counselling on the family's ability to care for schizophrenia patients in the Kuta I Community Health Center Work Area.

DISCUSSION

Before the implementation of family-centred care counselling, the majority of families (72.2%) demonstrated inadequate abilities in caring for their relatives with schizophrenia. This finding is consistent with earlier research, which also highlighted the significant challenges families face in managing the long-term care of schizophrenia patients. These challenges emphasise the critical need for effective interventions to support families in this role.

Various factors contribute to a family's caregiving ability. Stress management is a crucial element, as families often face physical and emotional exhaustion due to the demands of caregiving. This stress can significantly reduce their capacity to provide quality care, a finding supported by studies that link the caregiving burden with reduced family well-being and care quality. In addition, the stigma associated with schizophrenia and the emotional reactions of families to patient behaviours further complicate caregiving. Stigma can hinder help-seeking behaviours and negatively impact the care provided, as families may feel isolated or ashamed, affecting their willingness to engage fully in the care process.

Knowledge and information also play a crucial role in caregiving. Families with a limited understanding of schizophrenia and its treatment may adopt ineffective caregiving practices. This lack of knowledge can lead to misconceptions about the illness and its management, reducing the overall effectiveness of care. Demographic factors such as education level, age, and employment status influence caregiving abilities. For example, older caregivers may struggle with the physical demands of care or accessing necessary resources. At the same time, those employed full-time may have less time and energy to dedicate to caregiving tasks.

The researchers observed that family caregiving challenges often stem from the physical and mental exhaustion experienced by caregivers. The behaviours of patients, such as frequent outbursts or refusal to take medication, can be particularly taxing for families, leading to negative attitudes and inadequate care. Many families lack a thorough understanding of the importance of continuous treatment, often believing that symptom reduction indicates recovery, which leads to lapses in medication adherence. This misunderstanding can result in neglectful care, as some families may assume that the illness is chronic and unchangeable, thus diminishing their efforts to provide comprehensive care.

The COVID-19 pandemic exacerbated these issues, as educational activities for families were disrupted, and there was a shortage of experienced mental health professionals to provide guidance. The program manager in charge of mental health services during this time lacked proper training, and the reassignment of trained staff without adequate knowledge transfer further complicated the situation.

However, the introduction of family-centred care counselling significantly improved the caregiving abilities of families. After receiving this intervention, 88.9% of families demonstrated improved caregiving skills, with notable enhancements in physical, social, emotional, and overall quality of care. This improvement aligns with previous studies demonstrating the effectiveness of family-centred approaches in managing schizophrenia. The family-centred nursing model, which emphasises empowering families as the primary caregiving unit, was pivotal in this success. Providing families with the necessary knowledge, skills, and psychosocial support helped alleviate the caregiving burden and foster a more holistic approach to care.

The effectiveness of this intervention can be attributed to several factors. First, the concept of family-centred care empowers families, enhancing their self-efficacy in managing the care of schizophrenia patients. Counselling interventions offer comprehensive information and practical skills and further contribute to this empowerment. Additionally, the emotional support provided through these interventions is crucial, as it helps families cope with the stress and stigma associated with schizophrenia care.

The researchers also highlighted the importance of a holistic approach to care, which addresses all aspects of caregiving, including physical, social, emotional, and quality of care. This approach aligns with the World Health Organization's recommendations for comprehensive and integrated mental health care. In the context

of family-centred nursing, this model strengthens the ability of nurses to support family independence in caregiving, ultimately improving the overall health outcomes for schizophrenia patients.

The family-centred care counselling intervention also facilitated interprofessional collaboration between healthcare professionals and families, creating a more integrated approach to care. This collaboration is essential for ensuring that families receive the support they need to manage the complex demands of schizophrenia care. The family counselling sessions were designed to help family members develop their potential and address caregiving challenges effectively, believing that involving the entire family in the care process leads to better outcomes.

CONCLUSION

The study provides strong evidence of the effectiveness of family-centred care counselling in improving the caregiving abilities of families managing schizophrenia patients. The intervention led to significant improvements in all aspects of caregiving, reflecting the potential of this approach to enhance community-level schizophrenia care in Indonesia, particularly in Bali. The findings support the implementation of family-based mental health policies and suggest that family-centred care counselling should be a standard component of schizophrenia management in Indonesia.

To further improve family-based care for schizophrenia patients, the researchers recommend enhancing the capacity of healthcare professionals through intensive training on family-centred care counselling techniques. Integrating these concepts into nursing and mental health education curricula is also essential to prepare future healthcare professionals. Additionally, ongoing research is needed to evaluate these interventions' long-term effects and explore the factors influencing their successful implementation across different cultural contexts in Indonesia.

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