

## Original Research Article

# THE RELATIONSHIP BETWEEN THE ROLES OF THE FAMILY OF SCHIZOPHRENIA PATIENTS DURING A RELAPSE AT THE PSYCHIATRIC HOSPITAL OF RADJIMAN WEDIODININGRAT LAWANG MALANG

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### Abstract

**Background:** Schizophrenia is a sign of a disorder characterized by loss of thought processes, perceptual disturbances, and low emotional response. With a client who has schizophrenia, the family has a significant role. Families can carry out positive stimulus support as a feeling of affection and appreciation, guiding positive communication, spending time together, and heading in spiritual practice to schizophrenic patients.

**Objectives:** The purpose of this study was to see whether there was a relationship between the role of the schizophrenia patient's family at the time of relapse.

**Methods:** This research method used cross-sectional consisting of 21 populations where the respondents were families who accompanied patients when they were going to be hospitalized because of a relapse at Radjiman Wediodiningrat Hospital Lawang Malang. sampling using the Accidental Sampling technique by distributing questionnaires and the data was analyzed using Chi-Square.

**Results:** Researchers used age, education, occupation, gender, family role with schizophrenic clients, domicile, how often was hospitalized, clients had previously done alternative medicine or medical treatment, family roles, and Relapse. The results of this study indicate that there is no significant relationship between the role of the family in schizophrenic patients and the occurrence of relapse because the results show ( $p = 0.238 > 0.05$ ) H1 is rejected and H0 is accepted.

**Conclusion:** The results of the conclusions show that there is no relationship between the role of the schizophrenic patient's family at the time of relapse in the RSJ. Radjiman Wediodiningrat Lawang.

**Keywords:** Relapse, Schizophrenic Mental Disorder, Medical Treatment

## INTRODUCTION

Mental disorders are the main cause of the highest incidence rates worldwide and are

widespread in various countries ranging from 4.3-26.4% experiencing mental disorders per year. Prevalence In 2019, data from WHO

worldwide obtained that there were 264 million people with mental disorders with depression, 24 million people with bipolar disorder, 50 million people with dementia, and around 20 million people with schizophrenia. Although the total number of schizophrenia registered is lower than the total number of other types of mental disorders (Hasannah, 2019). Based on the National Institute of Mental Health (NIMH), schizophrenia is one of the 15 major causes of disability worldwide, people with schizophrenia have a greater tendency to increase the risk of suicide (National Institute of Mental Health, 2019). Data from the American Psychiatric Association (APA) in 2014 stated that 1% of the world's population suffers from schizophrenia.

Schizophrenia mental disorder is a disease that lasts for a long time requires a long-term treatment management strategy and enters into brain disease, and there are symptoms that often appear simultaneously characterized by one's thoughts, perceptions, emotions, movements, and behavior (Keliat, 2008). Schizophrenia is a psychotic condition that can affect individual processes including how to think and interact, the process of accepting, the process of accepting reality, and the process of feeling, and the client can show emotions that are characterized by random thoughts, and the client cannot distinguish between what is real and what is not hallucinations, and clients can behave difficult to adapt themselves to the environment. (Pardede et al., 2020).

In patients with mental disorders depression, 75% will experience a relapse, one of the factors causing relapse in patients with mental disorders is the family who does not understand how to behave towards patients at home. Clients with a diagnosis of schizophrenia in the first year are predicted to experience a relapse of 50%, in the second year they experience a relapse of 70%, and in the fifth year, it will increase by around 100% after returning from hospital care due to failure during treatment while at home or in the community Sullinger (1998, Yosep & Sutini, 2016)

Clients need primary care and the most important role in care is the family. When the client is in the family home, it plays a very important role in determining the treatment needed. The healing process carried out in the hospital will be in vain if it is not continued at home so the client has to do re-treatment (relapse). If the family participates in care from the start at the hospital, it will increase the family's ability to care for clients while at home so that it is possible to prevent a recurrence. Family responsibilities to clients with mental disorders can be considered from various perspectives. First, family relationships are individual environments for starting interpersonal bonds. The family is the first place to seek knowledge for individuals to learn and improve morals, beliefs, actions, and character (Nurdiana. et al., 2007).

In clients with mental disorders (schizophrenia), the family is a very important part of the treatment process, and the closest to the client is the family. With the support of the client's healing process, it is hoped that the client's recovery period can be maintained as long as possible. Conversely, if the family does not help and support, the relapse process will be faster. The recurrence rate based on research on clients with schizophrenia without family support is 25-50%, but in patients who receive family support, it is 5-10% (Nurdiana. et al., 2007)

The purpose of this study was to determine the role of the schizophrenia patient's family during a relapse

## **METHODS**

### *Study Design*

This study used descriptive research using a cross-sectional design.

### *Setting*

This research was conducted in RSJ. Radjiman Wediodiningrat Lawang, Malang City, East Java. The research was carried out from September 2017.

### *Research Subject*

The population in this study are families who have family members who suffer from schizophrenia of 200 people at the Radjiman Wediodiningrat Lawang Mental Hospital.

Sampling in this study used a type of non-probability sampling with the technique of taking accidental sampling

The sample in this study were families who had family members who had schizophrenia but had been declared cured and returned to the mental hospital Radjiman Wediodiningrat Lawang due to recurrence with inclusion criteria are respondents in the RSJ. Radjiman Wediodiningrat Lawang Malang, respondents are families of schizophrenia patients who have been declared cured and returned to the mental hospital due to relapse, respondents had been treated at the Radjiman Wediodiningrat Lawang mental hospital, respondents can read and write and willing to be a respondent. f. Able to communicate well.

### *Instruments*

The data collection tool in this study used written questions (questionnaires) and questionnaires about the role of families of schizophrenia patients at the time of relapse by testing the validity and reliability before conducting the study. Data collection for validity and reliability tests was carried out at the PICU Anggrek room at the Radjiman Wediodiningrat Lawang mental hospital.

The validity test using the person product moment correlation lysis technique was carried out with the help of SPSS (Statistic Product for the Social Science) computerization. The validity test on this questionnaire was carried out on 15 respondents, namely namely the Role of Families of Schizophrenia Patients During a Relapse at Radjiman Wediodiningrat Lawang Hospital. The number of questions on the family role variable is 13 items and recurrence is 10 items. The questionnaire uses a significance level of 0.05 with an r-table value of 0.4821.

The results of calculations using the SPSS Questionnaire on the relationship between the

role of the family of Schizophrenia patients at the time of relapse with Product-Moment Pearson correlation value of the family role questionnaire are in the range 0.659-0.501 and the recurrence questionnaire is in the range 0.846-0.623, with these results the Pearson Product-Moment correlation value  $> r$  table. So that the questionnaire on the relationship between the role of the family of Schizophrenia patients at the time of relapse was declared valid and feasible to be used as a research instrument, while the  $r$  table value was 0.4821. These data indicate that the Pearson Product-Moment correlation value  $> r$  table, so it can be concluded that the questionnaire on the relationship between the role of the family of Schizophrenia patients at the time of relapse is valid and feasible to be used as a research instrument.

The statistical reliability test uses the Cronbach's Alpha formula with the help of SPSS (Statistic Product for the Social Science) computerization.

With measurement criteria using a limit of 0.60, among others:

1. Reliable If Cronbach's Alpha value is  $> 0.60$
2. Not Reliable If Cronbach's Alpha value is  $< 0.60$

The results obtained from the reliability test by using a questionnaire relating the role of the family to the incidence of recurrence in schizophrenic patients with 23 statement items, 13 statement items for the family role questionnaire have a Cronbach's Alpha value of  $0.788 > 0.4821$  and 10 statement items for the recurrence questionnaire have a Cronbach's Alpha value of  $0.926 > 0.4821$ . So that the family role relationship questionnaire on the incidence of recurrence of schizophrenia patients is stated to be reliable.

### *Data Analysis*

There are two data analysis in this study consisting of univariate analysis and bivariate analysis. Univariate analysis in this study was carried out by analyzing 8 (eight) categories including name, age, gender, education, and relationship with the patient, living at home

with the patient, how many MRS patients, where had the patient been treated before. Bivariate analysis in this study was to determine the relationship between the role of families of schizophrenic patients at the time of relapse.

Analysis of the data used using the Chi-Square Test, because the scale used is a nominal and nominal scale using a 95% degree of confidence where the value  $\alpha = 0.05$ ; significant if  $p > 0.05$  which is calculated using computerized assistance with the SPSS (Statistic Product for the Social Science) application. Significant results if H1 is accepted then the  $p\text{-value} \leq \alpha$  which means there is a relationship while if H0 is rejected then the  $p\text{-value} \geq \alpha$  which means there is no relationship.

Chi-Square is performed on two variables, and both data scales are nominal (if of the 2 variables there is 1 variable on a nominal scale, the test still uses the chi-square test). After conducting a bivariate analysis test using the Chi-square test, it was found that it did not meet the requirements for the family role relationship in schizophrenia patients at the time of relapse, so this study used the Fisher Exact test.

*Ethical Consideration*

Ethics that must be considered include consent to conduct research was given at the time before the research was conducted by giving a statement agreeing to be a respondent. The purpose of informed consent is so that the subject understands what is meant by the research and its purpose. If the subject agrees, they must sign the consent form and anonymity (No name) The problem of nursing ethics is a problem that provides guarantees in research subjects without having to provide or include the respondent's name on the measuring instrument sheet and the respondent may only provide a code on the consent sheet. c. The problems in this research will be kept confidential by providing ethical guarantees on the results of the research, related to information problems or other problems.

**RESULTS**

Explanation of the results of the research obtained by using bivariate hypothesis testing which was carried out with the Chi-Square test is intended to determine the relationship between the role of families of schizophrenia patients at the time of relapse.

Table 1. Characteristics Responden of Age

Variabel	n	Mean	Min	Maks	Std. Dev
Age	21	48,43	28	76	12,34

Based on the data table 1, age characteristics of the respondents were collected from data on the age range of 28-76 years, minimum age 28 years, maximum age 76 years, and average age 48 years.

Table 2. Characteristics Responden of gender, education, work, and Characteristics Responden of Family Relationships

Characteristics	%
<b>Gender</b>	
Male	67
Femele	33
<b>Total</b>	<b>100</b>
<b>Work</b>	
Employee	4
Village appartus	5
Farmer	5
Civil servant	5
Doesn't work	14
Army	5
Self-employed	62
<b>Total</b>	<b>100</b>
<b>Education</b>	
Scholer	28
Primary school	29
Secondary school	9
Senior High school	29
No school	5
<b>Total</b>	<b>100</b>
<b>Family Relationship</b>	
Child	38
Brother/sister	33
Nephew	5
Cousin	5
Husband and Wife	19
<b>Total</b>	<b>100</b>

Based on the data in table 2 Characteristics of the distribution of the sexes of the respondents were uneven for each sex. As many

as 21 respondents and most of the respondents were male, namely 14 respondents. Based on the data characteristics of the distribution of the work of respondents, as many as 21 respondents have self-employed jobs which are equal to 62%. Based on the data characteristics of the Percentage of educational history that dominates is Primary School (Primary School) and High School which is similar to 29% and based on the data characteristics of family relationships that dominate are children with a percentage of 38%, brothers and sisters with a rate of 33%.

Table 3. Characteristics Responden of Residence with Patients, Number of Hospital Admissions, Characteristics Responden of Based on Where the Patient Has Previously Been Treated, Characteristics, Responden of Based on Family Role

Characteristics	%
<b>Residence with Patients</b>	
Yes	67
No	33
<b>Total</b>	<b>100</b>
<b>Number of Hospital Admissions</b>	
12 Responden	8
2 Responden	13
2 Responden	19
2 Responden	23
2 Responden	27
1 Responden	10
<b>Total</b>	<b>100</b>
<b>Responden of Based on where the Patient has Previously been Treated</b>	
Alternative	29
Medical	71
<b>Total</b>	<b>100</b>
<b>Characteristics Responden of Based on Family Role</b>	
Yes	95
No	5
<b>Total</b>	<b>100</b>

Based on table 3 data, the characteristics of the distribution of residences with patients are at most 21 respondents, namely 14 (67%) respondents living in the same house. While the data characteristics of the number of hospitalizations in the hospital were 2 respondents (12x), and 2 respondents (14x). Data from the study of patients who were

treated through medical personnel were the most dominant, namely treatment of 15 people (71%) respondents and the characteristics of family roles in schizophrenic patients in table 6 showed the results of a good family role for 20 people (95%).

Table 4. Characteristics Responden of Based on Recurrence in Schizophrenic Patients

Recurrence in Schizophrenic Patients	%
Relapsed	76
Not relapse	24

The characteristics of recurrence in schizophrenic patients in table 7 showed that the results dominated the most, namely relapse of 16 people (76%). The relationship between family roles in schizophrenic patients at the time of relapse in the RSJ. Radjiman Wediodiningrat Lawang.

Table 5. Cross Tabulation of the Role of the Family with the Incidence of Relapse in Schizophrenic Patients

Family Role	Recurrence		Score
	Relapse	No Relapse	
Good	16	4	20 (95%)
Bad	0	1	1 (5%)
Amount	16	5	21 (100%)

Out of 21 respondents, 20 respondents gave a good family role with recurrence (n = 16) and no relapse (n = 4). Meanwhile, respondents who gave a bad family role to patients with no relapse (n = 1).

Data analysis was carried out to determine whether or not there was the relationship between family roles in schizophrenic patients at the time of relapse in the RSJ. Radjiman Wediodiningrat Lawang. Data analysis in this study used Fisher's test because the Chi-Square test did not meet the requirements, this test used SPSS 16 software.

Table 6. Results of the Fisher Exact Test on the Relationship between Family Roles in Schizophrenic Patients at The Time of Relapse in The Mental Hospital. Radjiman Wediodiningrat Lawang.

Variable	<i>p-value</i>	Information
The Relationship between Family Role and Recurrence in Schizophrenic Patients	0, 238	Not significant

The Fisher Exact test results obtained a probability value (Exact. sig.) = 0.238 which is greater than  $\alpha$  (0.05). The results of the probability value (Exact. sig.) which is greater than  $\alpha$ , then H1 is rejected, this means that the results of this study indicate that there is no relationship between the role of the family in schizophrenia patients at the time of relapse because the role of the family is not the only thing that can trigger relapse in schizophrenic patients besides the family, namely clients, doctors and case managers.

## DISCUSSION

The results of research conducted by researchers at the Radjiman Wediodiningrat Lawang Hospital found that the Asymp. Sig. (2-sided) < alpha (0.238>0.05), then the hypothesis H0 is accepted. So, it can be said that the insight factor within the patient is lacking. Insight is very important to determine the success of therapy in schizophrenic patients. If the patient's insight is low, then the patient's level of awareness and understanding of their illness will also be low. If the patient's insight is good, the level of awareness and understanding of the patient about the disease will also be better.

His is following Kristin, (2012), In schizophrenic patients there are several factors that can lead to recurrence at the RSJD Dr. Amino Gondohutomo Semarang that the better the role of family participation in schizophrenic patients, the recurrence of schizophrenia can be

minimized. However, from this study, there was also a 5% recurrence with 2 respondents who played a high role. This shows that the role of the family is not the only thing that can trigger relapse in schizophrenic patients besides the family which is the client, doctor, and case manager (Keliat, 2008).

According to Madriffa'i, (2015), in his study on the relationship between the role of families of schizophrenic patients in the work area of the Carwash 1 Health Center in Klaten, the results of the analysis showed that there was a relationship. the results of the analysis showed that there was a relationship. In this study, it was found that in most of the family roles 46% of respondents were in a low category. The part of the family given to schizophrenic patients can be influenced by differences in social class such as low-income families, working-class, and middle-class families. In this study, it was found that most of the schizophrenia relapses 63% of respondents were in the frequent category. Psychotropic drugs and family factors influence relapses that occur. Families who regularly coordinate with health workers in implementing aftercare treatment programs for people with schizophrenia will reduce the recurrence rate

Fisher's test shows results with a probability value (Exact.sig.) = 0.238 which is greater than  $\alpha$  (0.05). The results of the probability value (Exact. sig.) which is greater than  $\alpha$ , then H1 is rejected, meaning that the results of this study prove that there is no continuity between the role of the family of schizophrenia patients and the relapse process. This is because the role of the family in caring for schizophrenic patients is not good, for example the family always takes the patient to aftercare, the family always reminds them not to forget to take their medicine, and the family also always reminds them to worship and pray to Allah SWT. Besides that, the family always provides motivation to schizophrenic patients in order to rebuild the patient's sense of pride and independence, and the family also always has a positive effect on schizophrenic patients. Supported by research conducted by Nurdiana.

et al., (2007), the low recurrence rate of schizophrenic clients may be caused by family participation factors which increase the client's belief in healing about themselves, thus causing the client to have enthusiasm and motivation in the process of healing and rehabilitating himself, because according to theory of a family atmosphere that is mutually supportive, appreciative and has a positive outlook will result in positive and meaningful feelings.

## CONCLUSION

The role of the family in schizophrenic patients will influence the patient's desire and enthusiasm to recover. Because patients without their family's role are more likely to experience a relapse. The better the participation of their families in schizophrenic patients, the recurrence of schizophrenia can be minimized. The role of the family is not the only thing that can trigger relapse in schizophrenic patients besides the family which is the client, doctor and case manager. It was found that there was no relationship between the role of the family of schizophrenic patients at the time of relapse at the Mental Hospital. Radjiman Wediodiningrat Lawang because the insight factor that is in the patient is lacking, so that patients with low insight have a low level of understanding of the patient about their illness. in this case the role of the family is needed to treat schizophrenic patients because a good family role can provide positive changes.

## SUGGESTIONS

Further Researchers, it is hoped that future researchers will do more research on insight, spirituality, and self-concept toward recovery in schizophrenic patients. Nursing Making self-motivation a new reference for nurses in mental nursing actions for patients with mental disorders, especially schizophrenia.

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## DECLARATION OF CONFLICTING INTEREST

There is no conflict of interest

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## AUTHOR CONTRIBUTION

### Author 1:

Drafting main concept, data collection and processing this manuscript.

### Author 2:

Data collection, helped prepare research report

### Author 3:

Editing manuscript and added literature.

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