CAREGIVER EXPERIENCES OF SCHIZOPHRENIA PATIENTS WITH SELF CARE DEFICIT: A SYSTEMATIC REVIEW

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Keywords: caregivers, schizophrenia, experience, self care

Abstract:

Caring for individuals with schizophrenia is a demanding task that impacts all aspects in families, particularly primary family caregivers. Given that families are vital to patient recovery, it is important to help primary family caregivers improve their daily living activities. The two main objectives of the systematic review were to identify articles outlining the experience of caring for a person with schizophrenia and secondly to identify articles concerning factors that affect caregiver with schizophrenia. Targeted literature searches were conducted in Scopus, Sciencedirect and PUBMED, using a combination of keywords. They were searched for period from 2012 until 2018. These findings suggest that caregiver experience in treating schizophrenia includes challenges of care, support, and future care concerns. While affecting the increase of self care that is age, sex, job, personality, family relationship, economy, onset and ability of self care. The family has the function to preserve and maintain the health (health care function) for family members who suffer from a disease. We identified experiences as improving patient self-care behavior. Factors sociodemografi, personality, economy, onset and ability of caregiver need support and support from family and health officer.

1 INTRODUCTION

Schizophrenia is a disease that is disturbing and distressing for patients and their families (Wai-Tong Chien et al, 2004). A study showed that a heavy burden on the family in caring for family members with schizophrenia because the family needs is replaced by the patient.

Studies in Asia indicate that about 70% of people with schizophrenia live with their families and depend on family members for care provision (Chan & Yu, 2004; Sethabouppha & Kane, 2005). Suhita (2016) in his dissertation states that families who care for patients with schizophrenia experiencing anxiety and confusion in caring for a family member suffering from schizophrenia. Some families who care for patients with schizophrenia are older people, who prefer and protect the healthy family members rather than family members of schizophrenia, some families are not ready to become caregivers for relatives with schizophrenia (Yang et al., 2017). Other research found a family with a person with schizophrenia (ODS) have difficulty in maintaining them,

Disturbance in the process of thought resulting in decreased self-care wishes. Some self-care deficit problem in patients with mental disorders such as disorders of personal hygiene, inability ornate, inability to eat / drink with self-contained, self elimination difficulties, this will require the help of family or other people to solve it (Keliat, 2010).

The family has an important role as the presence of people with schizophrenia in their families. Family support, treatment is relatively long, with the risk of recurrence (relapse) if psikofarmaka disconnected (Suhita, 2016). Caregivers are individuals, mostly family members of patients, who spend the most time caring for patients, providing support, and check medicines and other aspects of daily life of patients.

2 METHODS

This review was informed by three database searches: Scopus, ScienceDirect and PUBMED, using a combination of keywords. They were searched for the period from 2012 until 2018. Search terms included: caregiver or family members AND schizophrenia experience, family caregiver AND schizophrenia. Studies were included that focused on caregiver outcomes, the data collected from caregivers of Patients (of any age). Studies were excluded that caregivers recruited from out-patient settings or at home. A total of 25 journals are consistent with this theme. Literature with descriptive research design, qualitative, phenomenology and RCT.

The 9th International Nursing Conference 2018

3 RESULTS

Characteristics of caregiver

Caregiver characteristics presented in this article include age, gender, education level, occupation, relationship with the patient. On the characteristics of a family member with schizophrenia is a long illness. Overall caregiver is an adult as between the age of 17-65 years. Most of them are closely related to people with schizophrenia in their family-usually a spouse, parent or child (Wai-Tong Chien et al, 2004)

Experience

Parenting experience gained in schizophrenic patients that caregiver characteristics of women experience more burden than men, parents, especially mothers, had more of a burden than a spouse or other family members (Yanling Zhou et al, 2016)

More than a third of family caregivers report high levels of perceived burdens and difficulties facing their child or spouse disease (Alejandra Caqueo-Uríza et al, 2017). One of the most important aspects in response to the caregiver is the knowledge about schizophrenia. A negative perception relatives disease has been associated with high patient distress, shows the value of the assessment and understanding of adaptation caregiver to schizophrenia (Alejandra Caqueo-Uríza et al, 2017).

Different family environment affects families coping strategies used during episodes of acute schizophrenia. It can related with relapse episodes in the future and of course as a whole and the results of the disorder. attitudes towards patients. Psychosocial burden, level of social support, stigma experienced by family, financial condition.

Parents reported severe psychological distress when their child is diagnosed with schizophrenia, their deep sense of loss, followed by a reception. It arises because of feelings of love and responsibility of parents bore the meaning of concern in children with schizophrenia. Strategies and resources that assist caregivers in treating schizophrenia is an antipsychotic medication, social support, communication, activity, knowledge, fixed spirituality and adopt a positive attitude. The presence of a positive attitude is very important in the role of the participant as a nanny. Chang & Horrocks (2006) who also confirmed that adopt positive behaviors and attitudes that are important for the caregiver role as parents (Mc Auliffe et al, 2014).

Caregivers experienced emotional disturbance when a family member they become aggressive or abusive to them or their friends. This study reveals the challenges of the psychosocial, emotional, economic, physical and experienced nurses in caring for their relatives who suffer from mental illness.

The majority of caregivers are women who are psychologically distressed as a result of the great responsibility they face when caring for a family member sikzofrenia. Poor emotional impulse can lead to depression which would have a negative impact on family (Ayuurebobi Ae-Ngibise, 2015)

Table 1. Review of Journal

Th - 4:41 -	D:	
The title,	Design,	D 14
name of	Sample,	Result
the	variable	
researcher		
Experiences	Quantitative,	The impact of stigma on the lives
of stigma and	Qualitative	of families, need planning and
discriminatio		intervention care for families.
n faced by	282	The interview describes the
family	caregiver	caregiver with stigma, the impact
caregivers of		on relationships and emotional
		well-being is very high; blame
schizophreni		experiences, comments and
a in India.		avoidance of others,
	schizophreni	
Mirja	a,	
Koschorke,	caregiver	
2017	Family	
	qualitative	Caregivers reporting burden,
experience of	1	financial, social exclusion,
caregivers of	75 caregiver	emotion, depression, and a lack of
people living		time for other social
with serious		responsibilities
mental		
disorders: a		
study from		
rural Ghana		
Ayuurebobi Kenneth et		
al, 2015		
Experiences	Survey	ECI score influenced age, gender,
and		occupation, relationships with
Influencing	139	patients, caregivers economic
factors of	caregivers	status, and the first onset and
caregivers of		patient self-care ability
Patients with		
mental		
disorders		
Huang et al,		
2014		
		Step into a caregiver; parenting
of caring for	qualitative	challenges; Support; and worry
a sibling with	_	about future care.
schizophreni	10 caregiver	
a in a		
Chinese		
context: A		
neglected		
issue		
Cheng-I		
Yang, 2016		
Relationship	cross	significant care burden associated
	sectional	with mental health outcomes
Mental		directly. personality, coping style,
Health and		and family functions affect

D 1	255 .	. 1 1 1 (11 14
Burden		caregiver burden and mental health
Among	caregivers	caregiver parents experiencing
Primary		higher caregiver burden
Caregivers of		personality (extraversion /
Outpatients		introversion and psychoticism) no
with		direct impact on caregiver burden,
Schizophreni		but it has a direct effect on the
a		functioning of the family,
a		family function affects mental
Vu Waniun		health as a result of caregiver
Yu Wenjun,		
2018		burden
The	cross-	The results Showed caregiver
Adaptation	sectional	self esteem (-0.25 <0.05),
Model Of	design with	community resources (0.24
Caregiver In	nature	<0.05), self-efficacy (0:22>
Treating	explanatory	0.05), caregiver coping effort
Family	research	(12:17 < 0.05), and the perception
Members	l escur en	of caregivers about the family
With		situation at this time (0:19
	125	· · · · · · · · · · · · · · · · · · ·
Schizophreni		<0.05), the which means that
	respondents\	adaptation of caregiver in
East Java		treating Patients with
	Schizophreni	schizophrenia is influenced by
Melda Byba	a, caregiver,	the characteristics of the family
Suhita, 2017	adaptation	items, namely community
	^	resources, self-efficacy, coping
		caregiver effort, self-esteem and
		perception of family caregiver to
		the conditions experienced at this
		_
- "		time.
Family	-	negative votes; the patient's young
experiences		age, unemployment, income and
of caring		low skills. Positive assessment: are
among	154	married, have a skill, fixed income
caregivers of	caregiver	and urban residents. Life skills a
schizophreni		strong predictor of the positive and
a Patients		negative ratings
Mohamad et		negative ratings
al, 2013		D 11
Female	<u> </u>	Family experiences, perceptions
Families'		and family relations, family
Experiences		burden,
of Caring for	11 family	family attitudes, and knowledge of
Persons With	caregivers	family
Schizophreni		-
a.		
a. Eriko		
Mizuno,		
2013	C :	lining milet
Effect of		living with a caregiver explained
living with		6.7%, 8.3% and 6.7% of the
Patients on	243	variance in distress, disrupted
caregiver		routines and helpfulness.
burden of		Living with patients is a strong
individuals		correlation of the increased burden
with	_	experienced by caregivers
Schizophreni		
a in China.	Schizophreni	
	-	
Yanling	a	
Zhou et al,		
2016		
lens t		
The		the burden of care (helping clients
-		the burden of care (helping clients disease, lack of support
experiences	gical	disease, lack of support
experiences of carers in		disease, lack of support professional and family conflict),
experiences of carers in Taiwanese	gical qualitative	disease, lack of support professional and family conflict), the emotional burden (sad, worried
experiences of carers in	gical qualitative	disease, lack of support professional and family conflict),

term	10 cargivers	prevention of cognitive and
schizophreni		religion).
a in their		iongion).
families: a		
phenomenolo		
gical study.		
Huang et al,		
2009		
Emotions,	phenomenolo	positive attitude to feelings,
Ideas and	gical method	stress reduction family support.
Experiences	great memou	ideas, emotions, and experiences
of Caregivers	20	of caregivers
	caregivers.	or emegrees
With	Living	
Schizophreni		
a About	burden	
"Family to	with	
Family	Schizophreni	
Support	a	
Program"		
Bademli,		
2015		
	descriptive	The psychological trauma of a
experience of		parent (caregiver), caring
living with	quarrative	activities, coping with enduring
and caring		illness
for an		Feelings of love and taste
adult son or		the responsibility of creating
daughter		awareness in schizophrenia.
with		Family-centered approach at the
schizophreni		core of the plan of care
a at home in		core of the plan of care
Ireland: a		
qualitative		
study		
Mc Auliffe et		
al, 2014		
A A	randomized	support group interventions
randomized	controlled	can overcome / reduce the
controlled		burden and distress (identifying
trial of a	trial (RCT)	
		problems parenting and problem-
mutual	48	solving techniques). The
support	-	experimental group showed a
	caregivers.	significant decrease in the
family	F:1	duration of re-hospitalization of
caregivers of	ramily	patients at 3 months compared
Patients with		with the control group.
schizophreni	-	
a.	a	
Wei Ter-		
Wai-Tong		
Chien et al, 2004		
	randomized-	Caragiyare who receive nevels
	randomized- controlled	Caregivers who receive psycho- intervention intervention do not
of group psychoeducat		suffer from heavy family burden
ional	urar uesigii	anymore. Because of the
	71 coregivers	inorganic enhanced as
program on	71 caregivers	
family burden in	psychoeducat ional	intervention groups Psychoeducative programs could
caregivers of		be useful
Iranian	carcgiveis	oc uscrui
Patients with		
schizophreni		
a. M. Fallahi		
Khoshknab		
MIMITEORIE	l .	

et all, 2013		
Understandin	qualitative	The most frequently associated
	research	with the open sharing
complex		information component about
family		BFT and discussion of their
	40 of	family member's illness and a
Of	participants	greater understanding of both
Behavioral	(20 patient,	mental illness
Family	20 caregiver	montai miless
Therapy		
linerapy		
Brendan et		
al, 2016		
	cross	Family parameter of the hangita
Family Support	cross sectional	Family perception of the benefits, the ability to care for patients and
Mental		
Disorder	study,	interpersonal factors have a significant influence on the support
		9
Patients	70 C '1'	of family, while the family's
Treated With		perception of barriers, daily
	of patients	activities and situational factors do
Promotion	with mental	not have a significant influence of
Model	disorders	family support in the treatment of
Approach		mental patients
	family	
Nirwan et	support,	
all, 2016	mental	
	disorders	
Correlates of		a high level of load, low social
caregiving	cross-	support, and
burden in	sectional	poor tackle on caregivers
schizophreni		
a: A	75 caregivers	
cross-	Caregiver	
	burden,	
	coping	
analysis from	strategies	
India.	that come	
	into play, as	
Stanley, 2017	well as	
	social	
	support	
•		

4 DISCUSSION

Schizophrenia is a severe mental disorder. This disorder is characterized by positive symptoms such as talks chaotic, delusions, hallucinations, impaired cognitive and perception, negative symptoms such as avolition (declining interest and encouragement), reduced desire to talk and poor contents of the conversation, show flat affect, and interrupted relations personal. Schizophrenia is a disease in parts of the brain that lead to persistent and serious psychotic behavior, concrete thinking, and difficulty in information processing,

interpersonal relationships, and solve the problem (Stuart, 2006).

The family is the unit closest to the patient, and is a "primary caregivers" for patients. Families must have an adaptive coping in overcoming or dealing with schizophrenia to determine how or the necessary care of patients at home. The family has the function to preserve and maintain the health (health care function) for family members who suffer from a disease. Stress that gave rise to the expression of emotion from the care giver will affect the way care giver in providing care for patients with schizophrenia (Suhita, 2017)

Involvement of all family members, including siblings, in the treatment plan for people with schizophrenia, and provide psycho-education appropriate for all family members to reduce not only the tension and stress of parenting today, but also anxiety about the future care (Cheng-I Yang, 2016)

5 CONCLUSIONS

We identified experiences as improving patient self-care behavior. Factors sociodemografi, personality, economy, onset and ability of caregivers need support and support from family and health officer. Social support from the government and society to the caretakers will be very helpful in maintaining and improving the care of a caregiver to family members with schizophrenia (Ayuurebobi Ae-Ngibise, 2015)

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