



SOCIAL SUPPORT AS A DOMINANT FACTOR INFLUENCING THE PSYCHOLOGICAL WELL-BEING IN CAREGIVERS OF PATIENTS WITH SCHIZOPHRENIA

Siti Nur Hadiyah*¹, Wisnu Barlianto² and Rinik Eko Kapti³

¹Master's Program of Nursing, Faculty of Medicine, Universitas Brawijaya, Indonesia.

^{2,3}Faculty of Medicine, Universitas Brawijaya, Indonesia.

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Corresponding Author: Siti Nur Hadiyah

Master's Program of Nursing, Faculty of Medicine, Universitas Brawijaya, Indonesia.

ABSTRACT

Schizophrenia is a severe mental disorder that causes distress for both patients and families, especially caregivers. The physical and psychological impact caused by the daily tension in providing care could generate such poor psychological well-being. The purpose of this study is to analyze the factors that influence the psychological well-being and to seek the dominant factors affecting the psychological well-being in caregivers of patients with schizophrenia in Puskesmas Bantur, Malang. This research used observational-analytic design with cross-sectional approach. There were 90 respondents taken by using purposive sampling technique. The research instruments used were questionnaires of respondent data and standard instruments that measure the psychological well-being, social support, caregiver's burden, and self-efficacy that have been modified and validated. The results showed that social support, caregiver's burden, and self-efficacy significantly affect the psychological well-being ($R^2=0.401$; $p<0.05$). It is known that social support ($Beta=0.344$; $p<0.05$) most dominantly contributes to psychological well-being. There is a significant influence between social support, caregiver's burden, and self-efficacy to the psychological well-being. Social support is the most dominant factor which affects psychological well-being. The caregiver of patients with schizophrenia disease as a home health care provider can utilize a system of social support to improve its psychological well-being so as to provide adequate treatment for patient.

KEYWORDS: Psychological Well-being, Social Support, Schizophrenia Caregiver.

INTRODUCTION

Schizophrenia is a mental disorder (chronic psychosis) that causes the patients to lose reality and social function which some patients may experience limitations of independence in various psychosocial functions (Shamsaei, 2015; Koujalgi & Patil, 2013). WHO (2016) stated that schizophrenia has afflicted more than 21 million people worldwide. According to Riskesdas (2013), the prevalence of severe mental disorder (schizophrenia) in Indonesia is about 1.7%. In Indonesia itself, East Java Province has a high rate of schizophrenia patients as many as 2.2% which for the district of Malang, there are 644 people known to experience schizophrenia.

People with schizophrenia certainly need long-term support and treatment that may be incriminating for caregivers who regularly stay, interact, and help the daily activities of the patients. Performing the role of a

schizophrenia caregiver is not an easy task because it can have an impact on personal lives (Koujalgi & Patil, 2013). Schizophrenia caregivers may suffer stress which could lead to poor quality of life if they are unable to cope with the stress during the treatment (Adeosun, 2013, Grover, 2015). In this case, the caregiver must be able to cope with the stressor which will further affect the quality of its psychological well-being (Imran & Dilawer, 2016; Nainggolan & Hidajat, 2013).

A psychological well-being is the optimal condition of individual function as the embodiment of all its potential, that is to accept the strength and weakness of oneself as it is, have a positive relationship with others, able to direct its own behavior, able to develop self-potential in a sustainable manner, able to regulate the conditions in an environment, and have a purpose in life. There are several factors which affect one's psychological well-being including age, gender, family experience (Ryff,

2014), social support (Moe, 2012), caregiver's burden (Anum & Dasti, 2016), and self-efficacy (Siddiqui, 2015). However, some previous studies have shown inconsistent results on the factors as stated above. These conflicting research results need a reassessment to determine whether these factors affect the psychological well-being or not.

Based on the previous study conducted in October 2017, the highest number of schizophrenia in Malang Regency is found at Bantur Village (134 patients). Of the 134 people, it is known that the main caregiver is their own family members. Based on the results of the assessment of 4 caregivers of schizophrenia patients, it is obtained that they all experience stress and anxiety. Ryff (2014) said that being a relative to a family member with a mental disorder is associated with poor and more depressed well-being. Poor well-being is characterized by the absence of happiness, stress, anxiety, and depression.

The psychological conditions experienced by the caregivers can be said as an emotional mental problem that requires attention from various parties, especially health workers such as nursing. Therefore, they will be able to optimize its positive psychological function. This research is focused on various characteristics of factors that affect the caregiver's psychological well-being in order to improve the quality of life. If the caregiver has a good mental condition, the treatment given to the people with schizophrenia disease will have an adequate and good quality. Based on this background, the formulation of the problem in this research is the "analysis of factors affecting the psychological well-being of caregivers of patients with schizophrenia in Puskesmas Bantur, Malang".

MATERIALS AND METHODS

Research Design

This research used an *observational-analytic* design with *cross-sectional* approach. The study was conducted in Puskesmas (Public Health Center or *Pusat Kesehatan Masyarakat*) Bantur, Malang, consisting of Bantur, Wonorejo, Srigonco, Sumberbening, and Bandungrejo from April 14 to May 10, 2018. The independent variables consisted of age, gender, social support, caregiver's burden, and self-efficacy while the dependent variable is the psychological well-being. The research hypothesis is the influence of age, sex, social support, caregiver's burden, and self-efficacy to psychological well-being.

Samples

There were 90 respondents taken with purposive sampling technique. The inclusion criteria is a caregiver who gave treatment for one schizophrenia patient in a family, willing to be a respondent, physically healthy, and has the experience in treating the patients for more than 2 years (Koujalgi & Nayak, 2016).

Research Instruments

This study used questionnaires of respondent data such as age and gender. The research instruments were in the form of *Ryff Scale of Psychological Well-being*, *Multidimensional Scale of Perceived Social Support*, *Burden Scale for Family Caregiver*, and *General Self Efficacy Scale* which has been translated into Indonesian Language. In addition, the instruments have been modified to suit the condition of the respondents in the research location. Validity and reliability test was done on 20 caregivers of schizophrenia patients taken from Puskesmas Bantur, Malang with the consideration that the characteristics of the respondents are similar and are not involved in other research.

The validity test of the research instruments (questionnaires of social support, caregiver's burden, self-efficacy, and psychological well-being) is valid because $r\text{-count} > r\text{-table}$ that is > 0.444 . From the reliability test, it is obtained that the values of $r\text{-alpha}$ on the questionnaires of social support, caregiver's burden, self-efficacy, and psychological well-being are 0.897, 0.882, 0.907, and 0.939 respectively. By that, the whole research instrument is declared reliable.

Ethical Consideration

This study was approved by the Commission of Medical Research Ethics at Medical Faculty, Universitas Brawijaya with the issuance of letter number 71/EC/KEPK-S2/03/2018. The written informed consent is obtained from all respondents. In filling out the questionnaires, respondents were accompanied by the researchers. The process of data collection took 30 to 60 minutes for each respondent.

Data Analysis

A bivariate analysis was used to identify the effect of age, caregiver's burden, and self-efficacy on psychological well-being such as the *Pearson* correlation, in order to examine the effect of sex on psychological well-being by using *independent sample t-test* and to assess the effect of social support on psychological well-being by using *Kruskal Wallis*. The level of significance is known to be $\alpha \leq 0.05$. On the other hand, a multivariate analysis was performed by using linear regression to find the most dominant factor affecting the psychological well-being.

RESULTS

Table 1: Results of Univariate Analysis.

| Variable | N | % | Mean | SD | Min-Max | 95% CI |
|--------------------|----|------|-------|--------|---------|-------------|
| Age | - | - | 48.47 | 12.374 | 20-70 | 45.88-51.06 |
| Sex | | | | | | |
| a. Male | 38 | 42.2 | - | - | - | - |
| b. Female | 52 | 57.8 | | | | |
| Social Support | | | | | | |
| a. Low | 22 | 24.4 | - | - | - | - |
| b. Moderate | 52 | 57.8 | | | | |
| c. High | 16 | 17.8 | | | | |
| Caregiver's Burden | - | - | 23.78 | 4.815 | 12-36 | 22.77-24.79 |
| Self-Efficacy | - | - | 29.02 | 3.480 | 15-38 | 28.29-29.75 |

The results presented in Table 1 show that female respondents are more than the male respondents (57.8%) with an average age of 48.47 years. The social support

received by the majority of the respondents is moderate (57.8%) while the average level of caregiver's burden and self-efficacy is 23.78 and 29.02 respectively.

Table 2: Results of Bivariate Analysis.

| Variable | Psychological Well-being | |
|--------------------|--------------------------|-------|
| | R | p |
| Age | -0.031 | 0.773 |
| Sex | - | 0.570 |
| Social Support | - | 0.000 |
| Caregiver's Burden | -0.392 | 0.000 |
| Self-efficacy | 0.394 | 0.001 |

From the Table 2 above, it can be known that social support, caregiver's burden, and self-efficacy have a p-value < 0.05 thus H0 is rejected. It is concluded that there is an influence in between social support, caregiver's burden, and self-efficacy to the psychological well-being of schizophrenia patient caregivers in

Puskesmas Bantur, Malang. On the one hand, age and sex have a p-value > 0.05 so that H0 is accepted. It can be said that there is no influence between age and sex on the psychological well-being of schizophrenia patient caregivers in Puskesmas Bantur, Malang.

Table 3: Results of Multivariate Analysis.

| Variable | β | t | p | R | R2 | F | p |
|--------------------|--------|--------|-------|-------|-------|--------|-------|
| Social support | 0.344 | 3.953 | 0.000 | | | | |
| Caregiver's Burden | -0.325 | -3.852 | 0.000 | 0.633 | 0.401 | 19.172 | 0.000 |
| Self-efficacy | 0.287 | 3.330 | 0.001 | | | | |

The results of the multivariate analysis presented in Table 3 indicate that social support, caregiver's burden, and self-efficacy have a p-value < 0.05. The value of the coefficient of determination (R Square) is 0.401 which means that the variables of social support, caregiver's burden, and self-efficacy can explain the variation of psychological well-being that is equal to 40.1%, which the value of F-test shows a p-value (sig) = 0,000. The regression model fits the existing or significant data to predict the psychological well-being variable. The variable of social support has the highest β value that is 0.344. Based on the linear regression analysis, it can be concluded that the variable of social support is the most dominant independent variable affecting the psychological well-being in caregiver of patients with schizophrenia in Puskesmas Bantur, Malang.

DISCUSSION

The results showed that age has no effect on psychological well-being. This means that any age change is not related to an increase or decrease in one's psychological well-being. Myers & Diener (1995) mentioned that well-being is not affected by chronological age. They claim that knowing the age of a person does not give a clue to their psychological well-being. Psychological well-being which is a person's positive psychological function will certainly show a high level if one is able to withstand the stressor, able to use autonomy, have a positive attitude towards self, have a purpose in life, able to adjust to the environment, and able to relate with others. Akashi (2012) explained that the average psychological well-being varies only slightly based on the age group in which this age group has no significant influence in explaining the dimensions of

happiness and anxiety or depression symptoms. These dimensions are the manifestation of psychological well-being. This can be said that in order to achieve such high psychological well-being, it cannot be measured by how mature a person is, but through every success of achieving the psychological well-being dimension itself. Therefore, when the caregiver of a schizophrenia patient is able to achieve every dimension of psychological well-being, it will show the achievement of positive psychological function which will further affect the quality of care to be received by the patient.

Furthermore, it is known that there is no significant difference in the psychological well-being of both male and female respondents. This is in line with the research from Casey & Rebecca (2011) which believed that there is no difference between sex on the level of anxiety, depression, and well-being. Salleh & Mustaffa (2016) also wrote that in all dimensions of psychological well-being (autonomy, environmental mastery, positive relationships with others, self-acceptance, and personal growth), there is no difference by sex. In addition, Khumalo *et al.*, (2012) described that there is no difference in psychological well-being between men and women. The similarity of psychological well-being among men and women is probably caused by the same living conditions. Based on the results of the research conducted in Puskesmas Bantur, Malang, these respondents come from the same culture that is the culture of Java. This may be one of the factors contributing to the similarity of results in addition to other factors.

Unuoha & Bada (2016) proposed that evaluating gender differences in psychological well-being is important because it can affect the efforts to empower the individuals in optimizing their potentials toward achieving self-actualization. Self-actualization as one of the key elements to realize the maximum potential of oneself can influence and enhance the quality of one's life. This quality of life is a concept that encompasses personal life and aspects (Tripathi & Moakumla, 2018). By that, both male and female, to achieve high psychological well-being and good quality of life, they depend on the ability of each individual in optimizing all his potential to undergo any changes in life.

Social support is found to have a significant impact on the psychological well-being of the schizophrenia caregiver in Puskesmas Bantur, Malang with a value of $p = 0.000$. This result is in line with several previous studies that have been conducted to analyze the effect of social support on psychological well-being. The research that has been done by Bakhshi & Sood (2012) described that the perceived social support is significantly related to psychological well-being. This suggests that social support contributes to the well-being that produces a positive influence. Individuals who have high social support are more likely to experience positive relationships with others (Rani, 2016). This is in

accordance with the theory developed by Ryff on the dimensions of positive relationships with others. In other words, when someone has a high social support, they will have a warm relationship with others, mutually satisfying, able to empathize, able to give and take, and concerned with the well-being of others.

Psychological well-being is a combination of positive attitudes and optimal functioning of individual and social life. A person who has high psychological well-being will feel happiness, satisfaction, and has a good support (Deci & Ryan, 2008). Shumaker and Brownell (1984) defined social support as an exchange of resource in between two individuals at least and perceived by the giver or recipient with the aim of improving the well-being of the recipient (Lirio *et al.*, 2007).

In one's life, someone will depend on the support of others when life resources begin to decline. This can reduce stress and directly contribute to the emotional well-being. In addition, social support plays a role to improve well-being and give a sense of self-esteem to an individual. This is consistent with the statement of Md-Sidin, Sambasivan & Ismail (2010) that in stressful situations, psychological well-being can be enhanced by the quality of social support. When a person receives good social support, it is associated with a positive psychological well-being which further leads to a better quality of life.

In the context of mental health, individuals with chronic mental disorders can cause severe tension in the family (Yildirim *et al.*, 2014) and have adverse effects on both patient and family which could increase stress (Li *et al.*, 2007, Addington, 2005). To cope with the stress, the family claimed that they use coping mechanisms such as crying, anger, denying, behaving aggressively, withdrawing from social life, positive thinking, getting information, receiving support from friends and neighbors, and seeking social support (Huang *et al.*, 2008). With adequate social support, schizophrenic families, especially caregivers, will be able to pass every challenge in treating the patient and reduce the burden so that they will be able to optimize their positive psychological function. This is consistent with the assertion that the perceived support of families with schizophrenia disease (caregiver) can develop skills in dealing with stressors, improving family well-being, and being effective in maintaining psychological well-being (Rummel & Kissling, 2008; Glynn *et al.*, 2006).

The result of this research proves that there is an effect of caregiver's burden on psychological well-being with $p = 0.000$. This is similar to previous studies that analyzed the effect of caregiver's burden on psychological well-being. Anum & Dasti (2016) reported that the perceived burden of care has a direct and significant effect on psychological well-being. When a person has to bear such heavy burden, its psychological well-being will be lower and eventually will worsen the quality of life. In

addition, Grant et al., (2013) mentioned that caregiver who has a high burden is known to have a decrease in the psychological well-being and quality of life.

Treating a family member with a mental health problem is not a static process because of the changing conditions and needs of the patient. The impact of providing care can be more demanding if the mental disorders are associated with behavioral problems or functionality decline. The burden of the caregiver will rise along with the increasing contact with patients or when the patients live with the family (Raj, 2016). Not only providing care for the patient, a caregiver also needs to give emotional support. The changes in caregiver mood usually will be seen and will affect its health and well-being (Koujalgi & Nayak, 2016). These are the things which can worsen the psychological well-being if the burden becomes increasingly heavy. This is also supported by the research from Adeosun (2013) that the family members of schizophrenia patients have a major role in the care of their patients which can adversely affect their well-being.

The burden of the caregiver is a subjective assessment of the emotional state which is found to be associated with high psychological distress (Jorge et al., 2009). The burden felt by caregivers can affect the relationship of husband and wife, the relationship with other family members, satisfaction from care/nursing, the severity of perceived illness, and well-being (Weimand et al., 2010). This is also in line with (White-Means & Thornton, 1996) stating that if the caregiver increasingly feels the physical and emotional burden, the well-being of the caregiver will be low. Therefore, it is concluded that the high psychological well-being in the caregiver of patients with schizophrenia depends on the amount of burden felt.

In Puskesmas Bantur, Malang, there is an effect of self-efficacy on the caregiver's psychological well-being with $p = 0.001$. This supports the research conducted by Siddiqui (2015) which said that self-efficacy has a positive and significant influence on psychological well-being. A high self-efficacy contributes to high involvement and life satisfaction. When a person's self-efficacy is high, its psychological well-being will eventually be high. Otherwise, if one's self-efficacy is low, its psychological well-being will also be low. Self-efficacy relates to optimistic beliefs about the ability to cope with various stressors. Individuals with high self-efficacy might see the problem as a challenge to be solved not as a threat to avoid. Self-efficacy makes a difference in how individuals perceive, think, and act. When an individual encounters stressful situations, self-efficacy will make the individual becomes confident so as to achieve the desired results which further affects its psychological well-being.

The concept of self-efficacy refers to individual beliefs about its ability to use the cognitive resources, motivations, and actions to successfully perform certain tasks (Luthans, 2005). Self-efficacy which plays a major

role in how the objectives, tasks, and challenges can have an impact on everything from psychological conditions to the behavior and motivation of one's self. Self-efficacy as a cognitive mechanism is an important mediator to improve psychological well-being. High self-efficacy is associated with stress management, higher self-esteem, better physical condition, illness recovery, better adaptation, and a positive psychological mood (Srimathi & Kumar, 2011).

The results of the multivariate analysis point out that social support is the most dominant factor affecting the psychological well-being of caregivers of patients with schizophrenia in Puskesmas Bantur, Malang with $\beta = 0.344$. The results of this study are in accordance with the study of Mishra et al., (2014) which found that social support is a dominant factor related to psychological well-being. Teoh & Rose (2001) argued that the lack of social support is a critical determinant of psychological problems (stress, anxiety, depression, and others). Due to the condition that mental health problems have a negative impact on the quality of life (Knop et al., 2008), social supports (family, friends, and other relatives) are proved to reduce the impact of psychological problems (Calvete & Connor-Smith, 2006).

As the most dominant factor affecting one's psychological well-being, it is hoped that social support can be used as a primary source in optimizing the positive psychological function of a caregiver which in turn will affect the quality of care given to the patient.

CONCLUSION

There is a significant influence between social support, caregiver's burden, and self-efficacy to the psychological well-being of schizophrenia patient caregivers in Puskesmas Bantur, Malang. It is known that social support is the most dominant factor affecting the psychological well-being compared to other factors. For further research, it is expected to develop this research through a qualitative approach. Therefore, a deeper data about the quality of psychological well-being in caregivers of patients with schizophrenia can be obtained.

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