



**ANALYSIS OF FACTORS RELATING TO FAMILY SELF-EFFICACY IN CARE  
FAMILY MEMBERS WITH SKIZOPRENIA IN DR. RADJIMAN WEDYODININGRAT  
LAWANG-MALANG**

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**ABSTRACT**

Background: Schizophrenia is a mental disorder syndrome that will affect the life of the sufferer for life, thus requiring long-term care by the family. Long-term care creates a special burden for families that leads to a decrease in the physical and psychological condition of the family. This can lower the family's belief in providing care. Self-efficacy refers to one's belief in his ability to perform certain behaviors in various situations, and beliefs. Self-efficacy can be influenced by experience, social support, emotional intelligence, self stigma, and knowledge. Objective: To analyze factors related to self efficacy in treating family members with schizophrenia in RSJ. Radjiman Wedyodiningrat Lawang Malang. Method: The design used in this research is analytic observation with cross-sectional approach. The sample of the study is a family who delivered schizophrenia patients who meet the inclusion criteria of 100 responder taken with the technique of purposive sampling. Results: Spearman's rho statistic test results show the five independent variables (experience, social support, emotional intelligence, self-stigma, and knowledge) have p value = 0,000 indicating that the correlation between experience, social support, emotional intelligence, self-stigma, and knowledge self efficacy is meaningful. The results of multiple logistic regression tests show that families who have good knowledge will have eight times the chance to have high self-efficacy in caring for family members with schizophrenia compared to low family knowledge. Conclusion: experience, social support, emotional intelligence, self-stigma and knowledge have a meaningful relationship with self-efficacy. Knowledge is the most dominant factor associated with family self-efficacy in caring for family members with schizophrenia in RSJ. Radjiman wedyodiningrat Lawang Malang.

**KEYWORDS:** Knowledge, self efficacy, family.

**INTRODUCTION**

Schizophrenia is a mental disorder syndrome characterized by a decline or inability to communicate, a disturbance of reality (hallucinations and misunderstandings), unnatural or dull affects, cognitive impairment (incapacitated abstract) and experiencing difficulty in daily activities (Stuart, 2013; Videback, 2008; and Durand, 2007). This can prevent them from living a normal life, such as schooling, working, having close friends, getting married, or having children. Therefore, patients with schizophrenia need help from others to survive, or in other words rely on the help of others (Nirwan, 2015).

Based on the results of Basic Health Research (Riskesdas) Ministry of Health in 2013, the prevalence of

severe mental disorders, such as schizophrenia reached about 400,000 people or as many as 1.7 per 1,000 population. The incidence of schizophrenia each year has increased, and the incidence rate of schizophrenia is highest at the age of 16-25 years. In the outpatient clinic of RSJ Dr. Radjiman Wediodiningrat Lawang Malang, schizophrenia came in first in the list of diagnoses of patients from January-March period of 2017 that amounted to 5835 for hemefrenic type schizophrenia and 330 for paranoid type schizophrenia. These data are increasing from 2016 where for hemefenetic schizophrenia is 3,402 whereas paranoid schizophrenia amounts to 820 patients. Looking at the data, then a person's mental health problem is not something that can be considered trivial (Kemenkes RI, 2016). Treatment of schizophrenic patients is long-term, so this can lead to psychological burden on the family. The prolonged

exposure to stress in treatment will result in a decrease in the physical and psychological condition of the family. If the physical, behavioral, emotional, and cognitive functions are impaired, then the family will be more oriented to the inability of the self, the failure, and the difficulty of performing the maintenance activities that ultimately leads to lower motivation to provide care (American Psychiatric Association, 2015). The family is the main support system that provides direct care to every healthy and sick situation in the client. The family plays a role in determining the way or care that the client needs at home. The success of hospital care must be sustainable, conducted by the family at home. If treatment is not continued, there may be a recurrence in the patient. Recurrence can be prevented with good care of the family (Videback, 2008). Good care can be given to family members suffering from schizophrenia if the family has high self-efficacy in providing care to the patient. High self-efficacy is needed for families to work harder and persistent in the face of adversity, so that the treatment process can be done more optimally. Self-efficacy relates to the belief that self has the ability to perform the expected action, it can lead to different behaviors among individuals with equal abilities because self efficacy influences choice, purpose, problem solving, and persistence in trying. Various studies related to self efficacy has been widely practiced, but there has been no specific research on factors that affect family self efficacy in the treatment of schizophrenia. Though the family is a person who provides care to patients both before getting treatment from the hospital or after treatment from the hospital. Knowing the factors that influence the self-efficacy of the family is expected to be

able to provide optimal patient care, so as to prevent recurrence in patients. Based on the above matters, the researcher is interested to conduct research on factor analysis related to family self-efficacy in caring family member with schizophrenia.

## METHODS

The design of this study used observational analytics with cross-sectional approach. This study was conducted in outpatient clinic of RSJ Dr. Radjiman Wedyodiningrat Lawang. The study was conducted from May 14 to June 09, 2018. The sample of this study were 100 families who met the inclusion and exclusion criteria. The inclusion criteria of this study were Family who became care giver with schizophrenia patient who escorted to outpatient Poly dr. Radjiman Wedyodiningrat Lawang, has treated patients with schizophrenia for more than 6 months, at least patient contact once a week, over the age of 18, willing to be a respondent, a family of schizophrenic patients who are able to read and write. The study instrument used Experience Caregiver Inventory (ECI) to assess family experience, to measure family social support is multidimensional scale of perceived social support (MPSS), measurement of emotional intelligence using Emotional Intelligence, stigma assessment using family interview scale / stigma items, knowledge using Knowledge Questionnaire Home Care 36 Schizophrenics, and socio demographic questionnaires. Statistical test using Spearman rank correlation test with significance value ( $\alpha$ ) = 0.05. and logistic regression test.

## RESULTS

**Table 1: Univariate Analysis results of respondent characteristics.**

| Variable characteristics of respondents                 | Frekuensi (n) | Prosentase (%) |
|---------------------------------------------------------|---------------|----------------|
| <b>Age</b>                                              |               |                |
| 18-27 year                                              | 18            | 18             |
| 28-37 year                                              | 30            | 30             |
| 38-47 year                                              | 31            | 31             |
| >48 year                                                | 21            | 21             |
| <b>Sex</b>                                              |               |                |
| Male                                                    | 50            | 50             |
| Female                                                  | 50            | 50             |
| <b>Work</b>                                             |               |                |
| Employe                                                 | 17            | 17             |
| Farmer                                                  | 15            | 15             |
| self-employed                                           | 60            | 60             |
| TNI/POLRI/PNS                                           | 8             | 8              |
| Long-term care of families suffering from schizophrenia |               |                |
| < 1 year                                                | 28            | 28             |
| 1-4 year                                                | 38            | 38             |
| 5-10 year                                               | 22            | 22             |
| >10 tahun                                               | 12            | 12             |
| Information gained                                      |               |                |
| Never                                                   | 42            | 42             |
| Ever                                                    | 58            | 58             |

|             |    |    |
|-------------|----|----|
| Resources   |    |    |
| Magazine    | 4  | 4  |
| Health team | 52 | 52 |
| Others      | 2  | 2  |

Table. 1 shows that one-third of respondents (31%) are 38-47 years old, by sex between men and women have the same ratio of 50 respondents (50%) are male, and 50 respondents (50%) are women, most 60 respondents

(60%) work as self-employed, 38 patients (38%) have suffered schizophrenia for 1-4 years, 58 respondents (58%) have been informed and most 52 respondents (52%) have been informed of the health team.

**Table 2: Results of bivariate analysis on each variable.**

| variable               |          | self efficacy |    |     |    |       |     | P value |
|------------------------|----------|---------------|----|-----|----|-------|-----|---------|
|                        |          | high          |    | low |    | Total |     |         |
|                        |          | n             | %  | n   | %  | n     | %   |         |
| Experience of care     | Positive | 52            | 52 | 25  | 25 | 77    | 77  | 0,000   |
|                        | Negative | 4             | 4  | 19  | 19 | 23    | 23  |         |
|                        | Amount   | 56            | 56 | 44  | 44 | 100   | 100 |         |
| Social Support         | High     | 35            | 35 | 14  | 14 | 49    | 49  | 0,000   |
|                        | Medium   | 18            | 18 | 16  | 16 | 34    | 34  |         |
|                        | Low      | 3             | 3  | 14  | 14 | 17    | 17  |         |
|                        | Amount   | 56            | 56 | 44  | 44 | 100   | 100 |         |
| Emotional intelligence | High     | 37            | 37 | 17  | 17 | 54    | 54  | 0,000   |
|                        | Medium   | 19            | 19 | 14  | 14 | 33    | 33  |         |
|                        | Low      | 0             | 0  | 13  | 13 | 13    | 13  |         |
|                        | Amount   | 56            | 56 | 44  | 44 | 100   | 100 |         |
| Stigma                 | High     | 45            | 45 | 10  | 10 | 55    | 55  | 0,000   |
|                        | Medium   | 10            | 10 | 17  | 17 | 27    | 27  |         |
|                        | Low      | 1             | 1  | 17  | 17 | 18    | 18  |         |
|                        | Amount   | 56            | 56 | 44  | 44 | 100   | 100 |         |
| Knowledge              | Good     | 49            | 49 | 12  | 12 | 61    | 61  | 0,000   |
|                        | Enough   | 7             | 7  | 17  | 17 | 24    | 24  |         |
|                        | Less     | 0             | 0  | 15  | 15 | 15    | 15  |         |
|                        | Amount   | 56            | 56 | 44  | 44 | 100   | 100 |         |

Table 2 shows that 52 respondents (52%) had positive experiences and high self-efficacy, 35 respondents (35%) had high social support and high self-efficacy, 37 respondents (37%) had emotional intelligence high and

have high self efficacy, some 45 respondents (45%) have high self-stigma and have high self-efficacy, some 49 respondents (49%) have good knowledge and have high efficacy.

**Table 3: Results of bivariate analysis on each variable.**

| Independent variable   | Self efficacy               |         |
|------------------------|-----------------------------|---------|
|                        | Correlation coefficient (r) | p-value |
| Experience             | 0.425                       | 0.000   |
| Social support         | 0.366                       | 0.000   |
| Emotional intelligence | 0,359                       | 0.000   |
| Self stigma            | 0,611                       | 0.000   |
| Knowledge              | 0,638                       | 0.000   |

Table 3 above shows that each independent variable has a p-value value of 0.000 <0.001, so it can be concluded that there is a significant relationship between experience, social support, emotional intelligence, self-stigma, and self-efficacy knowledge. Next Correlation Coefficient of 0.425, then this value indicates the moderate level of relationship between experience with self efficacy, Correlation Coefficient of 0.366, then this value signifies a low level of relationship between social support and self efficacy. Correlation Coefficient of

0.359, then this value indicates the low level of relationship between emotional intelligence with self efficacy, Correlation Coefficient of 0.611, then this value indicates high level of relationship between stigma with self efficacy, Correlation Coefficient of 0.638, then this value signifies the level of relationship which is high between knowledge and self efficacy.

Furthermore, to determine the most dominant factor associated with family self-efficacy in caring for family

members with schizophrenia used logistic regression test. The requirement for the independent variables in this study to be included in bivariate analysis  $<0.25$ , where all independent variables can be incorporated into

multivariate analysis. Logistic regression analysis in this study through empirical modeling stage, which in stage four obtained the following results:

**Table 4: Results of multiple logistic regression analysis.**

| Variabel   | Correlation Coefficient | p     | Exp (B) |
|------------|-------------------------|-------|---------|
| Experience | 1.263                   | 0,93  | 3,583   |
| Stigma     | 1.442                   | 0,014 | 4,227   |
| Knowledge  | 2.085                   | 0,000 | 8,048   |

Based on table 4 results of final logistic regression modeling analysis found that the variables associated with family self-efficacy in caring for family members with schizophrenia is knowledge, and stigma. The strength of the relationship of the largest is the knowledge with the value  $\text{Exp (B)} = 8,084$ . These results indicate that knowledge is the most dominant factor associated with family self-efficacy in caring for family members with schizophrenia.

## DISCUSSION

a. Experience relationship with family self efficacy in caring for family members with schizophrenia.

Based on the results of bivariate statistical tests in table 2 shows that there is a significant relationship between experience with family self efficacy in caring for family members with schizophrenia with  $p$  value  $<0,05$ . The results are in line with the results of Alwisol research in 2015 which states that the mastery of experience is one source of determinants of high levels of self-efficacy. In the opinion of Feist and J. Georgory Feist (2010) mentions that the experience of solving problems is the most important source affecting one's self efficacy, since experience provides the most accurate evidence of what action is taken to achieve such a success built from strong belief in the individual, failure will determine the individual's self efficacy just experienced success easily, the individual will tend to expect quick and easy results to be weak because of failure.

In the result of bivariate statistic test in table 2, it was found that some respondents who have positive experience with high self efficacy (52%) mean that respondents with positive experience have 3 times chance of having high self efficacy in caring for family member with schizophrenia. The experience of family success in providing care to a family member experiencing schizophrenia will increase individual self-efficacy, whereas failure experience in providing care will lower it. After high self-efficacy in providing care develops through a series of successes, the negative impact of common failures will be reduced as recurrence in a schizophrenic family. Even then failure is overcome by certain efforts that can strengthen self efficacy when one finds through experience that even the most difficult obstacles can be overcome through constant effort.

b. The relationship of social support with family self-efficacy in caring for family members with schizophrenia.

Based on the results of bivariate statistical tests in table 2 shows that there is a significant relationship between social support with family self-efficacy in caring for family members with schizophrenia with  $p$  value  $<0,05$ . The result of this research is in line with Hendiani, Sakti, and Widayanti (2012) study about the effect of self efficacy on family support in schizophrenia patients at Semarang Mental Hospital, there is a positive and significant relationship between family support and self efficacy perception in performing care for family member with schizophrenia, where the higher the self efficacy the better the support provided by the family

According to Nirwan's research, Tahlil and Usman (2016), there is a positive and significant relationship between family support and self-efficacy perception in treating family members with schizophrenia. Where the higher the self efficacy, the better the support provided by the family in caring for schizophrenia patients at home. The results of other studies mentioned (Prime, 2009) that family support is very influential on the handling of schizophrenic patients. Where the family is the closest to the patient who will provide social support, provide assistance, advice, guidance and advice, thereby preventing mental health threats.

Verbal persuasion is the acceptance of someone and others or groups in the form of comfort, caring, appreciation or other assistance that makes the individual feel that he is loved, cared for and appreciated (Sarafino, 2011). Verbal persuasion is the formation of individual self-efficacy perceived through verbal expressions given by others there are two namely positive and negative. If persuasion is positive, such as praise, support, it will strengthen individual self-efficacy. Conversely, if the given persuasion is negative such as criticism, comment, it will weaken the individual's self efficacy (Bandura, 1997). It's easier to be sure of your own ability, when someone is supported, entertained by the nearest people around. Social support is information or feedback from others indicating that a person is loved and cared for, valued and respected, and involved in mutual communication and liabilities (King, 2012). Nothing or lack of support from the social environment can also

undermine self efficacy. In another study (Nuraenah, 2012) mentions that there is a relationship between emotional support and family burden in caring for members with a history of violent behavior. The results of this study indicate that the more emotional support the less the burden of the family. With reduced family burden, families will be able to increase family self-efficacy in providing care to family members with schizophrenia.

c. The relationship of emotional intelligence with the self-efficacy of the family in caring for family members with schizophrenia.

Based on the results of bivariate statistical tests in table 2 shows that there is a significant relationship between emotional intelligence with family self-efficacy in caring for family members with schizophrenia with p value  $<0,05$ . The result of research of emotional intelligence level of family shows that most of family have emotional intelligence level that is number 54 responden or 54% from total respondent 100 people, where age of respondent most with percentage 31% is age 38-47 year.

Meyer in Goleman (2003), mentions that emotional intelligence evolves with age and childhood experience to adulthood, more importantly that emotional intelligence can be learned, improved, and developed. Increasingly aged a person becomes more aware of the feelings of self and others. One can manage the expression of emotions in social situations and can respond to emotional distress that occurs in others (Santrock, 2007). Families with high emotional intelligence have the potential to know and handle their own feelings well and able to read, understand other people's feelings well, whereas families with low emotional intelligence is difficult to control the emotional state that will affect the ability to think clearly and destructively the ability to focus on the task at hand is to provide care to a family that is experiencing mental disorders. In a study conducted by Susilowati, 2016 states that knowledge, socioeconomic and emotional intelligence factors are associated with family support in treating schizophrenic patients so as to prevent patient recurrence. Similar research conducted by Setyaningrum, 2015 states that there is a very significant relationship between emotional intelligence and psychological well-being in care giver schizophrenia.

Self-efficacy determines the thinking patterns and reactions of individual emotions, especially during interaction with the environment. Individuals tend to think of deficiencies related to their ability to take action. These feelings will create stress and reduce the effective benefits of individual competencies. Individuals who have high self-efficacy will provide broad attention and strive to face and emerge larger efforts (Bandura, 1997)

d. Relationship of self-stigma with family self-efficacy in caring for family members with schizophrenia.

Based on the results of bivariate statistical tests in table 2 shows that there is a significant relationship between self-stigma with family self-efficacy in caring for family members with schizophrenia with p value  $<0,05$ . In the result of bivariate statistic test in table 2, it was found that some respondents who have high stigma with high self efficacy (45%) mean that respondent with high stigma about himself will have 4 chance to have high self efficacy in taking care of family member with schizophrenia.

Self-stigma is an internalized stigma that feeds on our self-esteem and self efficacy. It's like a voice inside our head that tells us that we're not good enough. Feelings of shame and guilt often come with self-stigma, as one is under control to believe that we have broken some rules about what it means to be a full member in a society. Individuals will have high self-efficacy, if they gain positive information about him, while the individual will have low self efficacy, if he gets negative information about himself. Stigma consists of four indicators, if all stigma indicators are addressed to individuals or groups then the individual or group will feel uncomfortable with the process of social interaction is done so that it affects the limited social relations of individuals with others. The stigma that individuals receive continuously can lead to depression, reluctance to activity and low self-esteem (Link & Phelan in Brown & Scheid, 2010). Individuals will have high self-efficacy, if they get positive information about him, while individuals will have low self efficacy, if they get negative information about him Bandura (1998). According to research by Corrigan & Miller (2004), the stigma received by families of patients with mental illness will cause family members to isolate themselves, thereby reducing existing coping resources such as social support.

The role of health workers, especially nurses is an important factor in the effort to remove negative stigma in mental patients. Nurses can give examples of how to behave and treat patients with mental disorders. The involvement of community leaders is also important to determine the success of the free-market program in the community. The process of internalization of positive values needs to be done by nurses both to community leaders and the community in general with socialization or stigma related to the family and people with mental disorders.

e. The relationship of knowledge to the self-efficacy of the family in caring for family members with schizophrenia.

Based on the results of bivariate statistical tests in table 2 shows that there is a significant relationship between emotional intelligence with family self-efficacy in caring for family members with schizophrenia with p value  $<0,05$ . Knowledge and trust are the components that underlie the implementation of individual and family self-management, as knowledge and trust impact on



more specific behaviors of self efficacy, outcome expectancy and goal congruence. According to research results Rias (2016) mentions that there is a relationship between knowledge and beliefs with self efficacy. In another study Pratama and Widodo, Arif (2017) mentions that there is a relationship of knowledge with self efficacy in caregiver family of mental patients in RSJD Dr. RM Soedjarwadi, where the higher the knowledge the higher the self efficacy. Similar results were also obtained from the research Podkova (2013) which mentions that there is a significant relationship between knowledge with self efficacy in the management of mental disorders.

According to Bandura that one's self efficacy will develop gradually over time as the ability to increase and increase experiences related to individual knowledge. The higher self-perceived self-efficacy will motivate the individual cognitively to act appropriately and purposefully. According Santrock, 2007 mentions that self efficacy also affects the great effort and resilience of a person in the face of adversity.

In the result of bivariate statistic test in table 2, it was found that some respondents who have good knowledge with high self efficacy (49%) means that respondents who have good knowledge have 8 times chance of having high self efficacy in caring for family member with schizophrenia.

## CONCLUSION

There is a significant relationship between knowledge with family self efficacy in caring for family members with schizophrenia in RSJ. Radjiman Wedyodiningrat Lawang Malang. Most respondents have high knowledge and have high self-efficacy in caring for family members with schizophrenia.

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## ETHICAL CONSIDERATION

Prior to data collection, ethical approval was obtained from the Research Ethics Committee of the Faculty of Medicine, Universitas Brawijaya (No. 96 / EC / KEPK-S2 / 04/2018). Informed consent and explanation of the research process are given to all respondents before data collection begins.

## AUTHOR'S CONTRIBUTION

All authors contribute to the concepts of study, design, data analysis and script preparation

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