

# Resiliency Experiences of Family Members Who Take Care of Patients with Schizophrenia

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**Keywords:** Family Resilience, Family Members, Schizophrenic Patients.

**Abstract:** While caring for schizophrenic patients, families experience stressful situations. They need resilience skills, the ability to survive, rise above, and become better at managing perceived stress. This study aimed to describe family resilience from family members' perspective. The research used qualitative design with a phenomenology approach. The subjects were 15 family members who were primary caregivers of schizophrenic patients treated at Menur Mental Hospital, Surabaya; a purposive sampling technique was utilized. Data were collected by in-depth interviews and field notes and then analyzed using thematic analysis based on Collaizi. The results showed that families achieve resiliency through five stages: surviving their existing situation, changing family structure, trying to accept the family member, looking for positive meaning, and providing support to others in the family. The families' ability to find positive meaning is the turning point for families when building resiliency. Families become rational, have self-confidence, rise from stressful situations, and develop positive behaviors. Health workers, especially nurses, may review the stages of family resilience to develop appropriate intervention for improving family resilience. Subsequent research, focused on a family-based resilience model of nursing, is important to improve the treatment of patients with schizophrenia.

## 1 BACKGROUND

The presence of schizophrenic patients in a family is a source of stress and affects the family's systems. The inability to survive and deal with stress due to various issues causes problems when treating patients with schizophrenia at home, causing them to relapse. Based on a preliminary study of 100 families at the Menur Mental Health Hospital outpatient unit, Surabaya, from February 2017 to April 2017, it was found that 65% of families felt moderate stress and 16% experienced severe stress. Families experienced stress and 67.8% perceived a variety of expenses both subjectively and objectively (Darwin et al., 2013).

Perceived burdens include subjective burdens such as feeling worried about the condition of the patient regarding health status, future, financial condition, and fulfilling daily needs (Djarmiko, 2007; Ennis & Bunting, 2013; Hadryś et al., 2011). Objective burdens are experienced through situations such as declining caregiver health status, decreasing interpersonal relationships, and

experiencing instability of marital relationships (Chou et al., 2011; Fitrikasari et al., 2012).

Families who treat patients with schizophrenia experience stigma: a negative view of society and the environment. Families try to cover up the existence of patients and isolate themselves from community activities. Stigma is caused by limited understanding within society regarding mental disorders, influenced by tradition, deep-rooted culture, and local beliefs (Syaharia, 2008). Because of the stigma attached to patients and their families, 37.5% of families still have a negative perception of the illness suffered by patients with schizophrenia. Stigma is also experienced when feeling pity towards a patient, alongside feeling insecure, alert, and afraid of the existence of patients. Therefore, there is a tendency to avoid patients and their families (Ariananda, 2015). Stigma also causes burdens, affecting the support from family and society in the healing process of people with schizophrenia (Wiharjo, 2014).

Schizophrenia is a considerable burden, accounting for 8.1% of the global burden of disease

(World Health Organization, 2008). The family, as the primary caregiver, is susceptible to psychological problems and 76.7% of families exhibit negative symptoms and depression and influence the family's behavior when treating patients at home. The family often induces irritation, due to its inability to cope with the burden, by blaming the patient and disregarding the patient's condition (Brillianita & Munawir, 2014; Metkono et al., 2014).

The magnitude of the burden, the stigma both from family and society, and the lack of support for the family is a cause of family stress during caring for patients with schizophrenia. Family members need to be able to manage their stress situation, survive, and rise from their difficulties. Stress experienced by the family can be mediated by resilience (Lee et al., 2011; Sun et al., 2012).

Family resilience is the process of adapting and coping in the family as a functional unit. Resilience involves a dynamic process between risk factors and protective factors, which help people to adapt to significant problems. Family resilience is a combination of positive behavioral patterns and functional competencies belonging to each individual in the family and family unit as a whole (Dehaan et al., 2013). Positive attitudes and individual competencies are needed when reacting to a stressful and detrimental environment (such as addressing problems during the treatment of schizophrenic patients). It also determines the ability of the family to recover by maintaining its integrity but by improving the welfare of family members and family units.

Walsh (2016), in line with Dehaan (2013), explains that resilience refers to the family process as a functional unit, overcoming and adapting to difficult circumstances. Family resilience is not just the ability to survive in difficult situations, but also overcoming difficulty in developing themselves and connecting with others. Walsh explains that resilience can be grown using three key family resilience processes: belief systems, organizational patterns, and communication. Each key to the resilience process explains the strength of a family's potential to cultivate family resilience.

The belief system is the first key process and is the core of family functioning that provides a strong power for resilience (Walsh, 2016). The belief system includes three areas that give meaning to difficulties: positive views, transcendence, and spirituality. The second key process is the pattern of family organization that is shaped based on external and internal norms and is influenced by the culture and belief systems of the family. Elements of

organizational patterns include flexibility, connectedness, and a family's social economic resources. The third key process is communication within the family as a functioning component in facilitating the realization of resilience (Walsh, 2016). Communication can support the problem-solving process while the family is in a crisis. Communication aspects include clarity, emotional expression, and collaborative problem-solving.

Families need help from health professionals, such as a psychiatric nurse, to use family power to achieve resilience. Some studies already discuss the family resilience process and indicators but has not yet classified the stages of family resilience (Amagai et al., 2016; Deist & Freeff, 2015; Faqurudheen et al., 2014; Walsh, 2016). Our research expects to complement the pre-existing theory by Walsh, who believes that resilience involves three key family strength processes. Families can use three family strengths to balance the risk factor with the protective factor. So, the family reaches a balance, wakes up from a family crisis, and can deal with problems. The family regains function and develops more power to grow into a resilient family. This study aims to describe family members' experiences in relation to resiliency, while taking care of schizophrenic patients using qualitative research with a phenomenological approach. Understanding the steps of family resiliency will support psychiatric nurses in helping families to quickly achieve family resilience.

## 2 METHODS

### 2.1 Research Design

This qualitative research was based on the phenomenological approach. The qualitative research design was used to answer the research objective related to family resilience, experienced by family members taking care of patients with schizophrenia. This study has obtained ethical approval from the Ethical Committee of Menur Health Mental Hospital with the reference number 423.4/72/305/2017.

### 2.2 Participant and Recruitment

The participants were family members who cared for patients with schizophrenia, at the outpatients unit of Menur Mental Health Hospital Surabaya, Indonesia. The study involved 15 families as participants obtained by purposive sampling techniques. The

inclusion criteria were as follows: family members as primary caregivers of patients, more than 20 years old, living in one house with a patient, and caring the patients for at least one year. The patient should also have been diagnosed with schizophrenia at least three years before, proven by medical records, and already experienced at least one recurrence. Participants involved in the research previously received a written explanation regarding the purpose of the research, procedures, rights, obligations, benefits, and disadvantages of the study. Only participants who gave informed consent were involved in the study. This study obtained ethical approval from the Ethical Committee of Menur Mental Health Hospital with the reference number 423.4/72/305/2017.

### 2.3 Data Collection and Analysis

The data collection process was carried out using in-depth interviews, which were guided by a semi-structured interview instrument and completed with field notes. Interviews took between 44 and 60 minutes to conduct for each participant. Participants were asked the question: "What steps are taken by the family to overcome various difficulties during the care of patients with schizophrenia?" Questions were open-ended and interviews were recorded by a voice recorder. The interview data and field notes were written in verbatim and then analyzed and interpreted using thematic analysis according to Collaizi (1978), cited in Yusuf et al. (2017). They are comprised of nine steps: 1) describing the phenomena to be studied; 2) collecting descriptions of the phenomena through participants' opinions; 3) reading transcripts of the phenomena submitted by participants; 4) outlining meaningful statements; 5) organizing collections of meanings formulated into groups of themes; 6) writing complete descriptions; 7) meeting participants to validate the compiled descriptions; and 8) incorporating valid data results into full descriptions. Demographic data were calculated in relation to the number and percentage to be presented in the form of a frequency table. Two researchers conducted the interviews and analytical process, i.e., R.F. and R.D.T. Both researchers were experienced in conducting in-depth interviews and had undertaken qualitative research before. The two researchers met regularly to compile the analysis results with the supervision of three other researchers, N, A.Y., and R.H.

## 3 RESULT

### 3.1 Demographic Data

The demographic data of participants are shown in Tables 1 and 2. This study followed 15 family members as the primary caregivers of schizophrenic patients (10 females and 5 males), aged between 26 and 58 years. The participants' educational level varied from non-schooled to university. Most of them (10 people) work, as civil servants, privately, or are self-employed, and five people were unemployed. Most participants were parents (seven mothers and two fathers), two spouses, one child, two siblings and one sister-in-law. Family members suffering from schizophrenia (six female and nine male) were aged between 20 and 60 years. Most schizophrenic patients did not work; only two people worked at home as a tailor and a painter. Most of them (12 people) regularly attended health services and took regular medication. All patients experienced a recurrence more than three times in one year and were diagnosed with schizophrenia at least five years ago.

Table 1: Demographic profile of participants (family).

Characteristics		n	%
Sex	Female	10	66.67
	Male	5	33.33
Age (Years)	26–35	1	6.67
	36–45	3	20
	46–55	7	46.67
	56–65	4	26.66
Relationship to schizophrenic patients	Mother	7	46.67
	Father	2	13.33
	Spouse	2	13.33
	Child	1	6.67
	Siblings	2	13.33
	Sisters-in-law	1	6.67
Educational level	Elementary	5	33.34
	Junior High	2	13.33
	Senior High	3	20
	University	3	20
	Non-schooled	2	13.33
Employment	Civil-government	1	6.67
	Private employment	7	46.67
	Self-employed	2	13.33
	Not working	5	33.33

Table 2: Demographic profile of participants (patients).

Characteristics		n	%
Sex	Female	6	40
	Male	9	60
Age (Years)	20–25	6	40
	26–35	4	26.67
	36–45	2	13.33
	46–55	2	13.33
	56–65	1	6.67
Employment	Painter	1	6.67
	Tailor	1	6.67
	Not working	13	86.66
Control pattern	Regularly	12	80
	Unregularly	3	20
Duration of illness (years)	5–10	11	73.34
	>10	4	26.66
Frequency of relapse within 1 year	3-5	8	53.33
	>5	7	46.67

### 3.2 Phase of Family Resilience

Five themes were abstracted from the family’s experiences related to family resilience when taking care of patients with schizophrenia. The themes are: surviving the existing situation, trying to make changes in the family structure, trying to accept family members experiencing schizophrenia, looking for positive meaning in the difficulties, and providing support to the family and others who care for patients with schizophrenia. The details of each theme are described in the following sections.

#### 3.2.1 Surviving the Existing Situation

The families of Schizophrenic patients face high levels of stress and struggle with their lives by surviving the existing situation. Surviving the various problems of the family is grouped into three sub-themes, namely seeking information, fostering family attachment, and reviving family spirituality. Seeking information is done by the family to understand the schizophrenia disease, how to treat it, and how to care for patients suffering from schizophrenia.

Searching for information about schizophrenia is done by asking and searching various sources, for example, one participant stated, "... I read on the internet, what is schizophrenia? And I understand our family lives with big problems... it is not easy to overcome ..." (P2)

Attempts to seek information about treatment, health care, and other alternatives, are carried out by families as other participants explain "... every consultation to my doctor, we always ask the doctor, we really want to know, if all of these drugs can immediately heal her (the patient), and the nurses also explained that she should not stop taking the drugs ..." (P13).

"... my neighbors said in another city, there is someone who can cure the disease like this (schizophrenia)... all our information is collected, discussed with all family members and we decide... which one is the best" (P2).

The families collect information on how to treat schizophrenia patients by asking health workers and other families who also treat patients with schizophrenia, according to the following statement: "... my question to the nurse (every nurse) every hospitalization, is always the same ... how to not relapse again ... the answer is the same, must take medicine and give activities at home ..." (P8). "... The family from another patient said if we can give him a simple job and make him (the patient) happy with his job, so finally we created a kiosk of a gallon ... alhamdulillah, he enjoys it ... he can manage the gallons’ distribution, count the money, he sometimes needs help, but he is happy and indeed his recurrence is not often..." (P6).

Families try to survive by growing attachment involving all family members, growing mutual ownership, and are always convinced that the family is a strong team to overcome various arising problems. Three participants explained family efforts to foster attachment involves all family members.

Families always maintain a sense of belonging to strengthen attachment within the family as follows: "... at the beginning of every month I gather my children, I let them know so many times that our mother was sick (schizophrenia), there are no others that may help her, we are family ... we must be together, don’t forget to greet your mother every day ... so all of you (children) still remember that of having a mother..." (P15).

The families evoked the thought that they are a strong team in treating patients with schizophrenia, as the following expression explains:

".. after having a shower in the morning, he gets breakfast, which is prepared by my wife (patients sister-in-law), drinks coffee and smokes some cigarettes ... then he (patient) help me open the shop, he takes care of it. I will give some money to him and the money also saves for medicine and his daily needs. Another brother, he works in Jakarta always

supplies money for us. He is far away in the distance, ... but we are like a solid team. No matter, we have treated him (the patient), but the fund already exists (from the brother) ... because we do not have parents already.... We should be helping each other..." (P12).

When faced with stressful situations, families try to survive using spiritual aspects. Families think that each situation that occurs is related to the caring process is an ordeal from God; it is fate, so the family should surrender to God. Five participants said that many problems that arise today are temptations from God, as these participants stated: "... It is the ordeal... It is hard for us... but we believe it is really from God..." (P6).

Eight participants claimed that the presence of a schizophrenic patient in the family was God's destiny as per the following quote:

"... we understand... it is our destiny ... to be given a child like this (with schizophrenia) ..." (P7).

Ten participants expressed a sense of acceptance during the care of a schizophrenic patient, according to the following phrase:

"... it becomes easier after we are willing to accept this condition; however, he is a member of our family" (P15)

### 3.2.2 Trying to Make Changes in The Family Structure

Families efforts to achieve family resilience by changing the family structure includes three sub-themes: flexibility, creativity, and initiative. Flexibility in the family is achieved by dividing roles and time in the family to treat patients with schizophrenia. Role distribution is presented by the following participants:

"... realizing that taking care of mother is not easy, I asked my second child to tidy the house, cook, cleanup, and buy daily needs. She already does a lot for us (family). My first child had to create the money for the treatment... and I will always stand beside of my wife. You can imagine if we did not divide the role of the family, it will be hard for everybody... it is not good for her (patient)..." (P15)

Flexibility in the family is also achieved by sharing and dividing the time to treat patients with schizophrenia, as in the following statement: "... I have to work, so it's impossible for me to accompany my sister (the patient) in the afternoon, so I ask my brother who lives in the alley next door, he is working at home, has a catering business. I leave him (the patient) ...in the afternoon we go home and that's my turn to guard my sister ... I must

divide my time, because all of us must work, yeah... seek money, you see... we do not have parents now..." (P14).

Family adjustments are made by fostering creativity through seeking diversions and finding new ways to cope with high levels of stress in the family. Seeking diversions as an effort to decrease boredom during caring is conveyed by four participants as in the following quote:

"... when it is saturated, I even participate in routine recitation in the mosque, I can be freed thinking of my child's behavior, ... it really entertained me... I met many people and refreshed my mind." (P10)

The families foster creativity by finding new ways to keep up their spirits and overcome problems, such as the following participant's expression:

"... since my child was sick (schizophrenia), I stopped sewing, my concentration is for my child, ... but instead I was saturated, so I try ... initially not sure, I invited him (patient) to join in sewing... I ask him to sew ship napkin. Just simple sew, it turns out and he likes it. We all are really happy to see him and his new job. We are doing it together, I make the pattern and he continues to sew. He gets money for it" (P13).

Family adjustments are made by stimulating initiatives among family members to undertake treatment planning for schizophrenic patients together and to help each other with ideas to improve the situation. Planning of treatment for schizophrenic patients was suggested by two participants in the following quote:

"... sometimes there are times that we are stuck (at a dead end), so we are calling my auntie and my uncle, we are thinking together finding the best way for her (patient). We bring her to a psychiatrist near our auntie's house. We feel not alone..." (P5)

Family initiatives such as openness to ideas are valued in assisting family adjustments to stressful situations, as three participants in the following statement explain:

"... the tension in caring does make us think what a misfortune this life is, but there's always an idea to make us feel happy. Sometimes my son invites all of the family for family picnics to Bromo, included him (patient).... he (the patient) is very happy and wants more.... praise to God... we release our stress together (smiles)" (P9).

### 3.2.3 Trying to Accept Family Members Experiencing Schizophrenia

Family resilience requires families to accept

schizophrenic patients and their situations. Family acceptance is illustrated in the sub-theme of family communication and a strong commitment to struggle together and solve all problems with the family. Two-way communication in the family means listening to each other's complaints about heavy burdens, recounting the success and difficulties of caring for the patient. Listening to each other's complaints can create a sense of relief as stated in the following quotation:

"...if it's annoying me (the patient's behavior), I will call my husband, telling him everything. When he (husband) arrives home, I tell him again (smiles)... until I feel relief... and ready to face another problem (the son with schizophrenia)" (P6).

Telling success in dealing with unruly patients' behavior fosters pride and motivation for the family to stand upright and always treat patients well, like the following participant expresses:

"... the house was overwhelmed by how to face him (patient), I was wondering when he would be invited for a hospital visit, I talked to him, that was nice, and I promise him, will buy anything he wants ... anyway, there is money sorted out ... (laughs)" (P11).

Admitting difficulties during patient care is another way of evaluating and fostering a unique feeling of sharing stories within the family, as the following participants say:

"... ever it is a failed story, I told my sister when she gets hallucinations ... I say, do not listen, it is a devil and she is getting angry, throwing the sandals at me. At the other times, my brother also does it to my sisters and she threw a new branded backpack at my brother and he gets the new backpack, really branded backpack (laugh). So, I have a plan to get some other branded things from her (laugh). It's funny for us" (P14).

Adjustment of family situations requires a commitment from the family. Family commitments are grouped into two parts: agreeing on situations as a common problem and trying to resolve them. Agreements about realizing it is a joint problem was described by six participants in the following statement:

"... we talked well, there must be willingness and openness, that this is not the fault or the truth of one, but this is a problem for all... and we feel better..." (P14).

### 3.2.4 Looking for Positive Meaning in Difficulty

Family resilience requires a turning point during which the family can rise from stressful situations

they experience. The ability of families to find positive meaning in their difficulties makes the family grow stronger. It is divided into two parts: positive judgment and positive behavior. Positive judgment is described by participants through expressions of patience, sincerity, bravery, and confidence after experiencing extraordinary tension during the care of patients with schizophrenia. Patience was discussed by 12 participants as in the following statement:

"... all the problems because of him (patient), makes me able to be extraordinary patient, my friend said, I have bought a lot of patience" (P7) Sincere expression was discussed by eight participants, for example: "... I was willing if my life was only for my sick child ... I suppose sincerely I live ...." (P3).

A positive judgment of the situation was said to be a family's strength, as the following participant discloses:

"... we all can learn... all the problems will find a way ... so many problems become common and resolved..." (P8).

Participants also conveyed growing confidence when experiencing difficult times and state that it is a family strength in the face of further challenges, as the following quote suggests: "... I feels proud... proud of my family, when my sister gets relief, willing to help the family... I really want to inform another family (who are already taking care of a patient) ... she (the patient) is getting better. ... God willing, if there is a problem again we are better prepared..." (P14).

### 3.2.5 Providing Support to Other Families Who Also Care for Patients with Schizophrenia

Families who have attained resilience can also independently provide support to other families who experience similar situations. Eight participants delivered extraordinary achievements: the ability to help other families through emotional, informational, and strengthening support. Emotional support is provided in the form of a willingness to be a good listener and provide a positive response when other families need support, such as quotes from the following participants:

"... I've experienced what they (other families) experienced, my neighbor was very sad (his son suffered from schizophrenia) ... I listened to him, he is crying, yes... I let him cry a lot... and he feels better soon" (P3)

"... my aunt, her son was the same as my son (schizophrenia), my aunty often come to my house.

She tells me all of her thoughts... just listening to her ... she will get better" (P9)

Informational support is provided by participants around treatment information, how to deal with patients in relapse and prevent recurrence, such as the following participant expressed: "... sharing about the medicine, because they (the patients with schizophrenia) easily get bored taking the medicine" (P4).

"... I always tell them (another family) ... the important thing is staying calm when the patient relapses ... once she is in stable condition, give the activities that make her feel happy and appreciated ..." (P7).

Support is also given by participants related to the reinforcement to keep the family upbeat and unyielding, such as the following participant states: "... caring for her (schizophrenic patient) is not easy. Talking with another family always gives the spirit ... that will always be the best topic... (laughs)" (P15).

## 4 DISCUSSION

### 4.1 Surviving the Existing Situation

While caring for patients with schizophrenia, families face high stress but still strive to live: this is called survival. Surviving various problems of the family is grouped into three sub-themes, namely seeking information, fostering family attachment, and reviving family spirituality. The findings of this study are in line with Lietz (2016) who explains that families will try to survive when faced with severe problems and may not have thought to try new skills to find solutions to existing problems. Families when caring for schizophrenic patients will try to struggle through life, facing a lot of problems. Families try to find information about schizophrenia, ask parties who they feel can help, but have not yet acted to overcome the existing problems. Obtaining information about the pain experienced by family members keeps the family surviving for a while without solving the problem (Amagai et al., 2016).

Families try to survive by strengthening bonds between family members. An awareness of the fact that the problems they face are common, and unifying the view that families should provide protection to patients with schizophrenia, makes families feel better and able to survive (Amagai et al., 2016). Spirituality is the potential possessed by the family to foster strength. Families believe that all the problems that exist with the presence of the

schizophrenic patients are trials and fate of God. The family recognizes power beyond the strength of the family that will give way out. The families' spirituality fosters tranquility so they can survive.

### 4.2 Trying to Make Changes in the Family Structure

Families achieve family resilience by modifying the family structure. According to Lietz (2007), the family will attempt to create various changes in the function of the family, thus helping the family face problems. This is called family adaptation. Families that treat patients with schizophrenia will re-map the roles and functions of their existing family. They will try to arrange agreements with the family to share roles.

The role of parenting tends to be a burden to close family members and understand with the patient and not in working condition. The role of workers is charged to family members who can sustain family life by working. The division of roles and duties within a family is adjusted to change the perception of the family to be more positive in taking care of schizophrenia patients.

This research explains that families develop flexibility, creativity, and initiative. Alternative solutions are delivered by family members when discussing what the family should do. Unprecedented attempts, such as bringing patients to traditional and alternative medicine, often become 'family pruning'. All efforts are made to cure the patient with schizophrenia.

### 4.3 Accepting Family Members Experiencing Schizophrenia

Family resilience requires families to manage schizophrenic patients and situations due to the presence of a patient within the family. The acceptance stage will be passed by the family where the family will, in time, receive a new reality for the family (Lietz et al., 2016). As a result, the family will declare acceptance that one member of his family is experiencing schizophrenia and must be shared along with existing constraints. Family acceptance is illustrated in the sub-theme of family communication and a strong commitment to work together and solve the problems within the family.

Families develop an open communication pattern among its members to convey the anxiety, sadness, failure, and success achieved during caring for a schizophrenic patient. Good communication will foster a sense of mutual understanding, not feeling

alone, and fostering a strong commitment. Family awareness of the strength and commitment of the family also decreases the expectation gap, in which the family is willing to accept the patient's condition of schizophrenia as it is (Amagai et al., 2016). Achievement of the acceptance of the family needs to be supported so that the family becomes stronger when facing difficulties.

#### **4.4 Looking for Positive Meaning in Difficulty**

Family resilience requires a turning point at which the family can rise from the stressful situation. The family's ability to grow stronger is achieved once the family can find positive meaning in the difficulties. Lietz (2016) explains that the family situation can become stronger due to various problems and families find the meaning of the struggle that has been undertaken. The positive meaning that the family feels was discussed by most participants and can be observed in two areas: positive judgment and positive behavior. This situation requires the ability of families to provide deep meaning within the difficult problems.

This study suggests that families are beginning to provide positive judgment of the difficulties they experienced, such as being more patient, brave, confident, and surrender to God. A positive judgment stimulates the family to think clearly and behave positively. Problems that initially felt difficult to perceive are a thing that leads to good, so they can find a way out. Families who treat patients with schizophrenia understand that having family members with schizophrenia has constraints, but they are not all negative. These constraints can provide wisdom that makes families grow stronger.

#### **4.5 Providing Support to Other Families Who Also Care for Patients with Schizophrenia**

Families who have attained resilience are not only able to survive and rise from the stress that has been experienced during the care of schizophrenic patients but are also able to independently provide support to other families experiencing similar situations and conditions. Eight participants delivered an extraordinary achievement: the ability to help other families through emotional, informational, and strengthening support. Families stand firm and strong with the ability to overcome various problems and obstacles, and have proud

experience in the process of solving problems and so have the desire to help others in solving problems (Lietz 2007).

This research explains that families are willing to listen to others as a form of empathy and emotional support. Families in this study provided a variety of information about treatment and how to care for patients at home and share their experiences with other families who are overcoming similar problems during the care of patients. Families do not hesitate reward and praise the actions of other families with whom they give spirit and reassurance that they are not alone and that there are many who solve similar difficulties.

## **5 CONCLUSIONS**

Families caring for schizophrenic patients require resilience: to survive, overcome, and get better. Families achieving resilience experienced five stages: surviving the existing structure, trying to accept family members experiencing schizophrenia, looking for positive meaning in difficulties, and providing support to the families of others who also care for patients with schizophrenia. Families who have attained family resilience have a formidable ability to deal with various problems. Finding positive meaning will become a turning point for a family to grow stronger and achieve resilience. These aspects empower families to think rationally, build self-confidence, rise from stressful situations and crises, and develop more positive behaviors.

Health workers, especially mental nurses, may review the stages of family resilience to develop appropriate intervention strategies for improving family resilience. Subsequent research should focus on developing a family-based resilience model for nursing to improve the treatment of patients with schizophrenia.

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## REFERENCES

- Amagai, M., Takahashi, M. & Amagai, F., 2016. Qualitative study of resilience of family caregivers for patients with schizophrenia in Japan. *Mental Health in Family Medicine*, 12, pp.307–312.
- Ariananda, R.E., 2015. *Public stigma toward to schizophrenia patients*. Universitas Negeri Semarang, Semarang.
- Brilliantita, K.A. & Munawir, A., 2014. *Hubungan antara gejala positif dan negatif skizofrenia dengan tingkat depresi pada caregiver pasien skizofrenia*, Jember. Available at: <http://dspace.unej.ac.id/bitstream/handle/123456789/67526>.
- Chou, Y.-C., Fu, L.-Y. & Lin, L.-C., 2011. Predictors of subjective and objective caregiving burden in older female caregivers of adults with intellectual disabilities. *International Psychogeriatrics*, 23(4), pp.562–572. Available at: <http://www.scopus.com/inward/record.url?eid=2-s2.0-80051746275&partnerID=40&md5=730dde536417bbfe45cacc4b4088db05>.
- Darwin, P., Hadisukanto, G. & Elvira, S.D., 2013. Burden of care and emotional expression of nurses work with schizophrenia patient in mental hospital. *Journal of Indonesian Medical Association*, 63(2), pp.46–51.
- Dehaan, L.G., Hawley, D.R. & Deal, J.E., 2013. Handbook of Family Resilience. , pp.17–30. Available at: <http://link.springer.com/10.1007/978-1-4614-3917-2>.
- Deist, M. & Freeff, A., 2015. Living with A Parent with Dementia : A Family Resilience Study. *Dementia*, 85, pp.1–16.
- Djarmiko, 2007. Berbagai Indikator Taraf Kesehatan Jiwa Masyarakat. Available at: <http://pdkjijaya.com> [Accessed January 5, 2016].
- Ennis, E. & Bunting, B.P., 2013. Family burden , family health and personal mental health. *BMC Public Health*, 13(1), p.1. Available at: BMC Public Health.
- Faqurudheen, H., Mathew, S. & Kumar, T.M., 2014. Exploring family resilience in a community mental health setup in South India. *Procedia Economics and Finance*, 18(September), pp.391–399. Available at: [www.sciencedirect.com](http://www.sciencedirect.com).
- Fitrikasari, A., Kadarman, A. & Woroasih, S., 2012. Gambaran beban caregiver penderita skizofrenia di Poliklinik Rawat Jalan RSJ Amino Gondohutomo Semarang. *Medica Hospitalia*, 1(2), pp.118–122.
- Hadryś, T., Adamowski, T. & Kiejna, A., 2011. Mental disorder in Polish families: is diagnosis A predictor of caregiver's burden? *Social Psychiatry and Psychiatric Epidemiology*, 46(5), pp.363–372.
- Lee, E.K., Ryu, E.J. & Kim, K.H., 2011. Structural Equation Modeling on Adjustment of Cancer Patients Receiving Chemotherapy. *Journal Korean Oncology Nursing*, 11(2), pp.101–107.
- Lietz, C. et al., 2016. Cultivating resilience in families who foster: understanding how families cope and adapt overtime. *Family Process*, x, pp.1–13.
- Lietz, C.A., 2007. Uncovering Stories of Family Resilience : A Mixed Methods Study of Resilient Families , Part 2. *Family in Society: The Journal of Contemporary Social Services*, 88(1), pp.147–155.
- Metkono, N.B.S., Pasaribu, J. & Susilo, W.H., 2014. *Hubungan tingkat pengetahuan dan beban caregiver dengan perilaku caregiver dalam merawat pasien relaps skizofrenia*. STIK Sint Carolus, Jakarta.
- Sun, J., Buys, N. & Tatow, D., 2012. Ongoing health inequality in Aboriginal and Torres Strait Islander population in Australia : stressful event, resilience, and mental health and emotional well-being difficulties. *International Journal of Psychology and Behavioral Sciences*, 2(1), pp.38–45.
- Syaharia, A.R.H., 2008. *Mental illness stigma from metal islamic health persepective*. Universitas Islam Negeri Sunan Kalijaga Yogyakarta.
- Walsh, F., 2016. *Strengthening Family Resilience* 3rd ed., New York: The Guilford Press.
- Walsh, F., 1998. The Concept of Family Resilience: Crisis and Challenge. *Family Relations*, 35, pp.261–281.
- Wiharjo, G.F., 2014. *Hubungan Persepsi dengan Sikap Masyarakat terhadap Penderita Skizofrenia di Surakarta*. Universitas Muhammadiyah, Surakarta.
- World Health Organization, 2008. Investing in mental health.
- Yusuf, A. et al., 2017. *Riset Kualitatif dalam Keperawatan*, Jakarta: Mitra Wacana Media.