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The Identification of Families Stress Level with Adversity Quotient in Caring Schizophrenia Family Members in Kediri City

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ABSTRACT

Schizophrenia, as one of mental disorders, not only causes suffering for the patient but also for the close people especially her/his family. Stress can appear among the family members in caring for the patient. It is because the high cost that needed, more attention and support in the family. Therefore the family members also require a power of struggle or adversity quotient in caring patients with schizophrenia. The purpose of this study is to determine the influence of family stress level toward adversity quotient family in caring for family members with schizophrenia in Kediri. The study design used is Cross Sectional. The population are families in Kediri, and by using cluster random sampling technique it was obtained some families who have family members with schizophrenia. There are 87 families that fulfilled the criteria. The data were collected by using questionnaire sheets, and then the results were analyzed by using the Spearman rank test at $\alpha = 0.05$. The results showed that almost a half of the care givers have stress in the light level, namely 36 respondents (41.4%), and most of the care givers have adversity quotient in the climbers category namely 49 respondents (56.3%). Correlation test results showed that there is a significant correlation between (p-value $< \alpha$) and negative ($\rho = -0.432$), it is between the level of stress with adversity quotient of the families in caring for family members with schizophrenia in Kediri. Caregiver who has a good adversity quotient is not easy to feel stress because he/she can manage the stress effectively, and it last the continuously successful experience in treating stress create her/his tolerance toward stress.

KEYWORDS: Stress Level, Adversity Quotient, Family, Schizophrenia

INTRODUCTION

Mental disorder is a condition in which the physiological or mental process has less function so it bothers the daily life. This disorder is often also called as a psychiatric disorder or mental disorder, and common people sometimes call it as a neurotic disorder. Mental disorder can have many kind of symptoms either explicitly or implicitly. They can be the avoidance from environment, pull themselves from society, and refuse to eat until uncontrolled raging with no reason. The other symptoms are keeping silent, unclear talking and even no pay attention at all with the surrounding. Based on these conditions, the clients must be hospitalized to recover their mental condition^[1]. Most of people with mental disorders are schizophrenics. Schizophrenia is a severe mental disorder that is characterized by impaired reality (hallucinations and delusions), inability to communicate, abnormal affection, cognitive impairment (not capable of abstract thinking) and have difficulties doing daily activities^[2]. Schizophrenia is generally characterized by mind distortion and perception followed by abnormal affection. The manifestations may include positive symptoms, negative symptoms, affective symptoms and cognitive dysfunction^[3].

Schizophrenia was derived from the two words "Skizo" which means cracked or broken (split), and "frenia" which means soul. Thus a person suffering from Schizophrenia is a person who has cracks or fractures of his/her mentalor personality (splitting of personality). Classically, paranoid-type schizophrenia is characterized mainly by their delusions of grandeur or delusions chase, the progress of disease is rather constant^[4]. Wandering thoughts (Flight of ideas) are more often found in mania, in schizophrenia more often incoherence^[5]. The criteria of time based on Townsend theory^[6] which states "the psychological condition of the client is difficult to predict because it can change anytime". Schizophrenia patients dominate the number of people with mental disorders, and it is 99% of all mental disorders in psychiatric hospitals. The prevalence of schizophrenia patients in Indonesia is 0.3-1% and it can appear at the age of 18-45 years, in among 11-12 years old child^[15]. If Indonesian population are 200 million people, it is estimated 2 million people suffer from schizophrenia. Based on the data from the National Institute of Mental Health, the prevalence of schizophrenia in the US is approximately 1%. It is the same percentage with the prevalence in the world. Schizophrenia is the most severe functional psychoses, and pose the biggest personality disorganization, the patient has no reality. The incidence of schizophrenia in the world of 0.1 per mil regardless of cultural differences in social status^[7]. At

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2009 based on data from 33 psychiatric hospital in Indonesia mentioned that people with mental disorders weight reached 2.5 million people .In Indonesia, approximately 1% - 2.14% of the total population suffered from schizophrenia, reaching 3 per 1000 population, the prevalence of 1.44 per 1000 population in urban areas and 4.6 per 1000 population in rural areas means the number of people with schizophrenia 600,000 people productive. Epidemiological studies mention that the estimates of the prevalence of schizophrenia in Indonesia was 0.3 to 1 percent and usually occurs around the age of 18-45 years, but there is also a new age of 11-12 years already suffer from schizophrenia. If Indonesia has 200 million people, it is estimated that there are 2 million people have schizophrenia^[8]

The basic research of national health in 2007 stated, about one million people in Indonesia suffered severe mental disorder, while 19 million others suffered from mild to moderate mental disorders. There are no more recent figures from this research, but according to global trends such as the WHO forecast, the number of people with mental illness will continue to increase until it will reach 450 million people worldwide in 2013. In Indonesia, the number of these patients increase significantly because there are many people who don't know much about that disease compare with those who understand well^[9]

Schizophrenia is a severe mental disorder which can be found all over the world with a prevalence about 7 per 1000 adult population. Based on the data from basic research of basic health issued by the Health Ministry of Indonesia in 2007 several provinces showed larger numbers. The Scope of cases of schizophrenia are still very low, it is under 30% of the total cases. If it is viewed in terms of managing cases of schizophrenia, sequence management of this disorder is widely variable and not really answer the needs of patients with schizophrenic disorders and their families^[10]. The prevalence of patients with schizophrenia in Indonesia is 0.3-1%. It means if Indonesia has 200 million people, so it is estimated that about 2 million people suffer from schizophrenia and approximately 99% of them are treated in mental hospital. One of the problems in the treatment of schizophrenia is relapse. Relapse is the return of the disease after it is apparently subsided. Relapse deals with with schizophrenia happen to 60-70% of patients who did not get therapy treatment, 40% of patients only receive treatment, 15.7% in patients receiving combination treatment therapy and received. support from health professionals, family, community^[11]

Schizophrenia, as one of mental disorders, not only causing suffering for the patients but also for people who are closest. Usually the family is the most affected by the presence of a mental disorder in their family. In addition to high treatment costs of patients also require more attention and support from the society, especially the family, while the treatment of mental disorders requires a relatively long time, if the patient does not continue the treatment will relapse^[8]. Several factors can affect mental patients relapse among others, namely, knowledge, education, information, social, economic, and family roles. Relapses that occur on the client with schizophrenia is influenced by: the client himself, the doctor, the party responsible for the client (the nurse) and family^[2] Schizophrenia as one of mental disorders is suffered not only for the patient but also give more burden for the family and close people. Usually the nuclear family is the most affected by the presence of a mental disorder in their family. In addition the high cost of treatment, the patients also require more attention and support from the society especially the family. On the other side, the treatment of mental disorder patients take a long time, so if the patient does not continue the treatment.

One of the causes of mental illness recurrence is because the families do not know how to treat their patients at home^[12]. According to Sullinger^[12] a client with schizophrenia system was estimated to recur 50% in the first year, 70% in the second year and 100% in the fifth year after discharge from the hospital due to wrong treatment during at home or in the community.

Based on research in the UK^[13] and in the US^[14] showed that the families with high emotional expression toward the patients, they are estimated to recur within 9 months. The results were 57% of patients who resent to hospitals were from families with high emotional expression and 17 % were from families with low emotional expression. After coming home, it is better that the clients get further treatment in local public health center (Puskemas) which mental health programs. Of course the role of family is needed on healing process of the clients who treated at home^[15]

In a family unit, any kind of dysfunctions (disease, injury, separation) can affect one another, and it influences other family members also the unit as a whole. Family is a network that has a close relationship and independent, where the problems of an individual "infiltrated" and affects other family members and the entire system^[16]. There is a kind of strong relationship between the family and the health status of its members, that the role of the family is very important for every aspect of health care individual family members, ranging from strategies to the rehabilitation phase. The importance of care in a family environment can be viewed from various aspects, namely: the family is a context in which individuals begin interpersonal relationships. Family influence values, beliefs, attitudes and behavior of the client^[17]. While Spradley^[18] suggested that the family has the basic functions such as giving affection, a sense of security, a sense owned and prepare the adult roles of individuals in society.

The biggest challenge for the treatment of mental disorder problem depends on the acceptance of families and communities, and also their role to involve the patients in social activities^[19]. The presence of family

member who suffer mental illness will influence the system requirements of the family. This is in line with the results of a survey conducted by Biegel et al. [20] and quoted from Stuart and Laraia [11] that the family who have residual schizophrenia patient increase the level of stress and anxiety of the family. It can be characterized by the different responses from every member of the family in their readiness to accept family member who suffer mental illness. [21]. The family who has schizophrenic patient get high risk of conflicts, to be objective and subjective burden, blame each others, and also the involving in conflicts among family members [22]

Schizophrenic patients who cannot do their activities normally need a caregiver. He or she who generally can treat and support patients in their daily life [23]. In this case the closest care giver for the patient is her/his family's member, because the family's members are the "primary caregivers" for patients. One of the social problems among patients with schizophrenia that needs most attention is the role of the family's members as caregivers. There are many obstacles faced by family members in giving treatment and living togetherness with schizophrenic patient. The lack of knowledge about schizophrenia matters, stigma, social alienation, cost of treatment, the decreasing of family healthy, anxiety, depression, and also other things are a series social problems in the family with schizophrenic patient. [24]. The relapse of schizophrenic patients will cause the increasing of family's burden, care givers and health care providers. This led to the saturation of the family in caring for the patients. Psychosocial relapse will bring consequences that will occur socio-toxic called burn-out of family, guilt, bad impact in financial terms, the increase in the expression of emotion, decreased social support, medical personnel disappointment and certainly will cause disruption in family interactions [25]

In line with the cost must be spent to treat the schizophrenic patients which is chronic and deteriorating, the Family's need can't be fulfilled optimally. On the other hand, either patients or the family's member need mental and emotional wellbeing. They need strength and support to encounter stress, but this need seems is ignored. The basic needs such as food, clothes, housing, health, education and security are also neglected. The other needs such as social relationship, use of leisure time and recreation also can't be fulfilled because they focus on their energy and time to care the patient's in their family. According to Laurie Flynn, former executive director of the National Alliance for the mentally ill (NAMI), patients with schizophrenia and their families need more than just psycho-pharmacological and doctor visits. [26]

There is correlation between disruptive schizophrenic patients and the raise of negative response among family's members who treat the patients. The patients behavior can emerge high tension in the family, and then this condition can bring negative influence also trigger psychological stress and their relapse. The comments and criticism from the family's members in high emotion expression emerge more unusual thought which can trigger the harder comments and complaint from the family. The high emotional tension is the significant stressor in patients' life [27]

The family of patients also feel stigma and discrimination from the environment. Some of families give reaction by hiding the fact. They don't tell anything about the presence of schizophrenic patients for many years, even more also to their close friends .. Ironically, the family who discuss openly about this case openly, they get insulting from society. The family give response the deny by throwing away from social activities, avoid their friends and even move to new place. Although there is a tend from new members to refuse alienation, but feeling ashamed will bring them to social isolation. [28]

In theory ABCX, Hill in Rice [29] states that an event (A) interacts with family members and create a crisis (B), and the interpretation of the family about the incident (C), can create a crisis (X). In a family, a stressor is present only if the family interpret what happened to them as a threat (family appraisal), and family resources (family resources) that can not face the threat of (secondary appraisal). There are two (2) fundamental concepts in ABCX model proposed by Hill in Rice [29]. First, the magnitude of changes caused by events that cause stress. Second, the vulnerability of families to stress.

If the family is regarded as a system, the mental disorder in one family member will disrupt the whole of family system. In line with the treatment of patients with schizophrenia, the family will get physical and emotional exhaust. To overcome these, the family needs to do coping strategies for caring for people with schizophrenia. Lazarus and Folkman [30] define coping strategies as a change from a condition to another as a way to deal with unexpected situations where it is called the empirical process, and divide it into problem focused coping (PFC) and emotion focused coping (EFC). Problem focused coping consists of planful problem solving, coping confrontative, and seeking social support, whereas emotion focused coping consists of distancing, escape / avoidance, self-control, accepting responsibility, and positive reappraisal. It can be concluded that the coping strategies have an important role in the interaction between stressful situations and adaptation. Leman [31] defines adversity quotient (AQ) briefly, is as a person's ability to deal with problems. Some definitions above are quite diverse, there is a focus or pressure point, ie the ability of a person, whether physical or psychological in dealing with the problems or the problems being experienced. Someone with a high AQ will be able to face the difficulties or challenges, and this is in accordance with the conditions experienced by the family in which families who have family members with schizophrenia because they have to deal with the problem of the health condition of their family members.

With the help of a nurse, the family is expected to have the ability to resolve problems and maintain stability of health status as much as possible. Newman describes family care intervention strategies that focus more on primary and tertiary prevention [15]. Family support patients consistent will make patients able to maintain an optimal treatment program and in particular is able to improve the independence of patients, one of them is able to care for himself or have the skills to produce something or productive.

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METHODS

This study uses explanatory research, based on the perception of respondents, which explain the causal relationship between variables based on respondents' answers through hypothesis testing. The research was conducted in May 2015 in the town of Kediri.

The population in this study is all the families who have family members with schizophrenia post hospitalization of Mental Hospital in the town of Kediri, and by using cluster random sampling technique it was obtained 87 samples of respondents. Inclusion criteria for the study sample: The families live together with schizophrenic patient, The families that studied are major "Care Giver", Family structure is still complete, There is only one schizophrenic patient in the family, The patients were the patients from mental disorder hospital post hospitalization.

RESEARCH RESULTS

Stress levels Care Giver That Caring Family Members with Schizophrenia

Table1. Stress Care Giver is Caring Family Members with Schizophrenia Kediri

No.	Level Stress	F	%
1	Light Stress	36	41,4
2	Midle Stress	34	39,1
3	Heavy Stress	17	19,5
Total		87	100

Adversity Quotient Caregiver Caring for Family Members with Schizophrenia

Table 2. Adversity Quotient Caregiver Caring Family Members with Schizophrenia Kediri

No.	Adversity Quotient	F	%
1	Champers	38	43,7
2	Climbers	49	56,3
Total		87	100

Data Analysis

Based on the analysis of stress levels identification with Adversity Quotient family in caring for family members with schizophrenia in the town of Kediri obtained the following results:

Table 3. Identification of Stress Level Analysis with Adversity Quotient Family in Caring for Family Members with Schizophrenia Kediri 2015

Stress Level	Adversity Quotient				Total	
	Champers		Climbers		F	%
	F	%	F	%		
Light Stress	3	7,9	33	67,3	36	41,4
Mid Stress	28	73,7	6	12,2	34	39,1
Heavy Stress	7	18,4	10	20,4	17	19,5
Total	38	100,0	49	100,0	87	100,0
P-Value = 0,000 $\alpha = 0,05$ $\rho = -0,432$						

The analysis showed that the most prominent results are for respondents who experienced mild stress tend to have Adversity Quotient in the Climbers category, namely 33 respondents (67.3%). Correlation test showed a

significant relationship (p -value $< \alpha$) and negative ($\rho = -0.432$) between the level of stress to the Adversity Quotient Keluarga in Caring for Family Members with Schizophrenia Kediri 2015.

DISCUSSION

Caring for Caregiver Stress levels Family Members with Schizophrenia Kediri

Caring for Caregiver Stress levels Family Members with Schizophrenia in the town of Kediri in mind that nearly half the care giver stress in the lightweight category, namely 36 respondents (41.4%).

The behavior of schizophrenics who can not function normally causes the need for caregiver. Caregivers are individuals who generally care for and support other individuals (patients) in life [23]. The addition of the role of being a caregiver in the family would be a source of stress for couples both psychologically and economically [32]. Family life will be disrupted when the need to care for someone who is supposed to be normal at his age, the family relationship would be unbalanced from normal to care for sick family members. Besides a change in the roles and responsibilities of husband to wife and the changing relationship between the couple [33]

According to testimony, the families of patients experiencing stress-related mental health condition of the patient. Hamsyah [34] states that 63% of families of patients worried about the condition of their families can not be recovered again, worrying about the cost of care of the old and worried about the rise of the burden on the family if the patient does not recover. Conditions of schizophrenic patients will push against the total functional impairment, even in some cases lead to total dependence, it is an impact on the emergence of pressure on the family, especially if the patient is the head of the family, associated with kekambuhan patients and the emergence of an additional burden on the family

The impact of mental illness will also impact on the patient's family. Their families who suffer from schizophrenia impact the patient's family so that economic and social burden that caused by the patient's family is also so great. Patients suffering from schizophrenia after recovery could have 22% relapse at any time there is even experiencing a total functional problems causing total dependence on family to be able to meet their daily basic needs. In general, they will try many ways that people with schizophrenia can be recovered. With a variety of medical and non-medical businesses will be in error. Stress faced experienced by one family member affects the whole family. Stress caused by the crisis situation, unmet needs, feelings of helplessness and lack of control in life situations. Schizophrenia obviously a shocking event for families, especially those who have schizophrenia are the backbone of the family suddenly helpless, lost the role and usually become a burden to the family.

Further research Winefield and Harvey [35] schizophrenia caregiver as much as 68.6% are parents, brothers or sisters-in-law (17.4%), spouses (7.4%), children (4.1%) and brother Another biological (2.5%). Studies comparing caregiver pairs by gender, shows that men tend to add caregiver informal caregiver or using home care services to care for his wife [36]. But not a bit schizophrenic who have been married have a partner as caregiver. Duty as a caregiver always been seen as the responsibility of women for the role of women are considered less permanent than the duty of men who usually has the task remains as those that provide for the financial needs of families and achieve success in the job [37].

Generally, 5 main functions family described by Friedman in Setiadi [38] are as follows affective function, is a major family function to teach everything to prepare family members to relate to others, the function of socialization, is a function to develop and train the child to social berkehidupan before leaving the house to connect with others outside the home, reproductive function, is a function to maintain and sustain the generation of the family, the economic function, is a function to meet the economic needs of the family and a place to develop the ability of individuals to increase income to make ends meet families, and care or health maintenance function, is a function to maintain the state of health of family members to keep a high productivity.

Data showed that all respondents had experienced stress from mild to severe. Results of the study in accordance with the theory that the impact on one of the family members of schizophrenics is their anxiety either mild, moderate, or severe.

Adversity Quotient Caregiver Caring for Family Members with Schizophrenia Kediri

Adversity Quotient Caregiver Caring for Family Members with Schizophrenia in the town of Kediri in mind that most of the care giver has Adversity Quotient in the category climbers that 49 respondents (56.3%).

The role of a caregiver often confronted with a wide range of responsibilities and obligations associated with the heavy task of assisting people with schizophrenia. Caregiver required to master a variety of mental processes that occur in people, while studying mental process is something that is abstract and not easy to understand. This requires great effort from the caregiver to be able to complete the task well and can provide the maximum assistance to the family members who suffer from schizophrenia, not to mention the pressure that arises as a result of the psychological relationship of the patient. Furthermore, social responsibility assigned to a caregiver, where people assume that people with schizophrenia to be a burden and lead to social problems. Surely this is not easy, it takes adequate readiness and ability to run a wide range of duties and responsibilities.

Various kinds of roles and responsibilities that are not matched by the ability of qualified personal caregiver will cause the gap between the demand and the fact that there is, so the caregiver to position themselves in a situation of stress, conflict, and frustration. In order for caregivers to avoid failure in the face of stress, but on the contrary, managed meghadapi continually stress that eventually form the stress tolerance of a caregiver is required to have the ability to understand, recognize, as well as manage the difficulties or problems that it faces, until, in turn, does not make the individual experiencing distress. Here, the role of adversity quotient (AQ) will be needed caregiver to deal with the stressor.

Adversity quotient is one of the psychological concepts of intelligence developed by Paul Stoltz were cored ability to face difficulties confronting someone. Stoltz^[39] adds that adversity quotient important role in predicting how far a person can survive in the face of adversity and how much its ability to resolve the issue. As revealed by Widyaningrum^[40] that the power struggle plays a major role in influencing one's efforts in overcoming difficulties experienced. Individuals who have a strong Adversity Quotient will be able to overcome the difficulties it faces.

If the caregiver has the ability to face the difficulties experienced by the various difficulties that there are not easy to make him feel depressed (stress), and further establish tolerance to stress because the individual is able to deal with stress effectively. Intelligence adversity has three forms. First, AQ is a new conceptual framework to understand and improve all facets of success. AQ is based on weighty and important research, which offers a combination of practical and new, which redefined what it takes to achieve success. Secondly, AQ is a measure to determine the response to adversity. During these subconscious patterns have actually been held. This time for the first time these patterns are measured, understood, and changed. Third, AQ is a series of appliances that have a scientific basis to improve a person's response to adversity, which will result in improve one's personal and professional effectiveness overall. In order for success to be real, then Stoltz^[39] argued that the modification of these three elements, namely, new knowledge, benchmarks, and practical tools is a complete whole to understand and improve the basic components to success.

Identification of Stress Levels with Adversity Quotient Family in Caring for Family Members with Schizophrenia Kediri 2015

The analysis showed that the most prominent results are for respondents who experienced severe stress tend to have Adversity Quotient in the Climbers category, namely 10 respondents (20.4%), while for respondents who experienced mild stress and was not seen notable differences in the Adversity Quotient. Correlation test showed a significant relationship ($p\text{-value} < \alpha$) and negative ($\rho = -0.432$) between the level of stress to the Adversity Quotient family in Caring for Family Members with Schizophrenia Kediri 2015.

The relationship between adversity quotient with tolerance to stress above results in accordance with what is stated by Stoltz^[39] that the situation is difficult and obstacles in life can be overcome by adversity quotient are qualified, because adversity quotient will make a qualified individual as a person who resilient, and unyielding determination. Individuals who have a high adversity quotient would make it immune to helplessness and not easy to get stuck in a state of despair. This is reinforced by the statement Lasmono^[40] that the adversity quotient is high, someone will be increasingly tough to face difficulties and overcome adversity appropriately so that it can withstand the range of difficult conditions experienced.

As revealed by Widyaningrum^[41] that the power struggle plays a major role in influencing one's efforts in overcoming difficulties experienced. Individuals who have a strong adversity quotient will be able to overcome the difficulties it faces. So it can be concluded that the caregiver who has a good adversity quotient is not easy to feel stressed (stress) because the individual is able to deal with stress effectively and ultimately experience continuous success in the face of stress will increasingly shape tolerance to stress. Adversity quotient was able to make an individual managing a difficult situation into something positive. Individuals who have a good adversity quotient will be unavoidable failures in dealing with stress and successfully encounter continuous stress, which eventually form a tolerance to stress.

CONCLUSIONS

1. The level of stress among Care Givers who treat schizophrenic patients happens to almost half of care giver, who have stress level in light category, namely 36 respondents (41.4%).
2. Adversity Quotient of Care Givers who care schizophrenic patients in Kediri are in climbers category namely 49 respondents (56.3%).
3. The analysis showed that the most prominent results are for respondents who have mild stress tend to get Adversity Quotient in the Climbers category, namely 33 respondents (67.3%). Correlation test showed a significant relationship ($p\text{-value} < \alpha$) and negative ($\rho = -0.432$) between the level of stress to the Adversity Quotient Kelurahan in Caring for Family Members with Schizophrenia Kediri 2015.

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