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

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

1 INTRODUCTION

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

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

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

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

2 METHODS

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

Characteristics of caregiver

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

Experience

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

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

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

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

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

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

Table 1. Review of Journal

<table>
<thead>
<tr>
<th>The title, name of the researcher</th>
<th>Design, Sample, variable</th>
<th>Result</th>
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</thead>
<tbody>
<tr>
<td>Experiences of stigma and discriminatio n faced by family caregivers of people with schizophrenia in India.</td>
<td>Qualitative, 282 caregiver</td>
<td>The impact of stigma on the lives of families, need planning and intervention care for families.</td>
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<tr>
<td>Mirja Koschorke, 2017</td>
<td>Family qualitative</td>
<td>caregiver, 75 caregiver</td>
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<tr>
<td>The experience of caregivers of people living with serious mental disorders: a study from rural Ghana</td>
<td>Qualitative, 2015</td>
<td>Ayurebobi Kenneth et al</td>
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<tr>
<td>Experiences and Influencing factors of caregivers of Patients with mental disorders</td>
<td>Survey, 139 caregivers</td>
<td>Huang et al, 2014</td>
</tr>
<tr>
<td>Experiences of caring for a sibling with schizophrenia in a Chinese context: A neglected issue</td>
<td>Descriptive, qualitative, 10 caregiver</td>
<td>Cheng-I Yang, 2016</td>
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<tr>
<td>Relationship between Mental Health and</td>
<td>cross sectional</td>
<td>significant care burden associated with mental health outcomes directly, personality, coping style, and family functions affect</td>
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<td>Burden Among Primary Caregivers of Outpatients with Schizophrenia</td>
<td>355 primary caregivers experiences higher caregiver burden and mental health problems. Caregiver burden is influenced by caregiver personality (extroversion / introversion and psychoticism) no direct impact on caregiver burden, but it has a direct effect on the functioning of the family. Family function affects mental health as a result of caregiver burden.</td>
<td>The results showed caregiver stress (0.25 &lt; 0.05). Caregiver coping effort (12:17 &lt; 0.05), and the perception of caregivers about the family situation at this time (0.19 &lt; 0.05), which means that the adaptation of caregiver in treating Patients with schizophrenia is influenced by the characteristics of the family items, namely community resources, self-efficacy, coping caregiver effort, self-esteem and perception of family caregiver to the conditions experienced at this time.</td>
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<td>Family Experiences of Caring Among 154 caregivers of schizophrenic Patients in Kediri, East Java</td>
<td>- Family experiences, perceptions and family relations, family burden, family attitudes, and knowledge of family. Life skills a strong predictor of the positive and negative ratings.</td>
<td>The psychological trauma of a parent (caregiver), caring activities, coping with enduring illness Feelings of love and taste the responsibility of creating awareness in schizophrenia. Family-centered approach at the core of the plan of care.</td>
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<tr>
<td>Effect of Living With Patients on Caregiver Burden of Individuals With Schizophrenia in China</td>
<td>Living with a caregiver explained 6.7%, 8.3% and 6.7% of the variance in distress, disrupted routines and helpfulness. Living with patients is a strong correlation of the increased burden experienced by caregivers.</td>
<td>Living with patients is a strong correlation of the increased burden experienced by caregivers.</td>
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<tr>
<td>The Experiences of Carers in Taiwanese Culture Who Have Long-</td>
<td>Phenomenological qualitative research: The burden of care (helping clients professional and family conflict), the emotional burden (sad, worried and scared) and coping strategies.</td>
<td>The effects randomized controlled trial design of group psychoeducational program on family burden in caregivers of Iranian Patients with schizophrenia. M. Fallahi Khoshknab</td>
</tr>
</tbody>
</table>

**Note:** The table entries are not directly extractable due to the nature of the data presented. The information is best interpreted as a综合 of the presented data, highlighting the impact of caregiver burden, the role of family adaptation and the effectiveness of support interventions.
4 DISCUSSION

Schizophrenia is a severe mental disorder. This disorder is characterized by positive symptoms such as talks chaotic, delusions, hallucinations, impaired cognitive and perception, negative symptoms such as avolition (declining interest and encouragement), reduced desire to talk and poor contents of the conversation, show flat affect, and interrupted relations personal. Schizophrenia is a disease in parts of the brain that lead to persistent and serious psychotic behavior, concrete thinking, and difficulty in information processing, interpersonal relationships, and solve the problem (Stuart, 2006).

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

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

5 CONCLUSIONS

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

REFERENCES


