Nurse Media
JOURNAL OF NURSING

Social Support and Coping of Indonesian Family Caregivers Caring for Persons with Schizophrenia

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Background: Schizophrenia is considered a severe mental illness. People with schizophrenia may experience impairments in their thought processes, which influences their behaviors.
Purpose: The aim of the study was to examine the relationship between social support and coping of family caregivers caring for persons with schizophrenia in West Java Province, Indonesia.
Methods: This study used the correlational design. Eighty eight family caregivers who cared for persons with schizophrenia were recruited from the Outpatient Department of West Java Province Mental Hospital, West Java, Indonesia through purposive sampling technique. Data were collected by self-report questionnaires using the Perceived Social Support Questionnaire (PSSQ) and the Jalowiec Coping Scale (JCS). Then, data was analyzed by descriptive and Pearson's product-moment correlation statistic.
Results: Overall social support was perceived at a moderate level. The most often coping methods used was optimistic optimistic, followed by self-reliant coping, confrontative coping, and supportant coping. There were significant positive correlation between social support and confrontative coping ($r = .68$, $p < .01$), optimistic coping ($r = .42$, $p < .01$), and supportant coping ($r = .46$, $p < .01$). Social support was significantly and negatively correlate with evasive coping ($r = -.52$, $p < .01$) and fatalistic coping ($r = -.41$, $p < .05$).
Conclusion: For nurses**,** providing social support including emotional, informational, instrumental, and appraisal support were to be important for caregiver to determine effective coping strategies.

Key words: Social support, coping, family caregiver, schizophrenia

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Introduction

The prevalence of people with schizophrenia is increasing particularly in developing countries. In Indonesia, the prevalence of schizophrenic cases (over 15 years old) was reported to be approximately three among 1000 households in 1995 (National Health Household Survey as cited in Indonesia Department of Health and Social Welfare, 2001). In the West Java Province Mental Hospital of Indonesia, there were approximately 1,855 patients with schizophrenia in 2008 and among them, around 173 patients with schizophrenia were rehospitalized because of relapse (Nursing Department of West Java Province Mental Hospital, 2009). Schizophrenia is considered to be a severe mental illness. People with schizophrenia may experience impairments in their thought processes, which influences their behaviors. In addition, the disease may relapse during treatment and recovery period (Bostrom & Boyd, 2005).

Family caregivers are the most important caregivers for persons with schizophrenia. Approximately 60% to 85% persons with schizophrenia are cared by family caregivers (Clement-Stone, Gerber, & McGuire, 1995). Family caregivers usually help persons with schizophrenia in performing activities for daily living, such as, bathing, eating, cooking, dressing and taking medication. However, when caring is provided for long time periods, family caregivers may experience burdens (Caqueo-Urizar & Gutierrez-Maldonaldo, 2006; Grandon, Jenaro, & Lemos, 2008; Roick et al., 2007; Shu-Ying, Chiao-Li, Yi-Ching, For-Wey, & Chun-Jen, 2008).

Coping strategies play an important role in maintaining caregiver well-being. Effective coping strategies can act as a buffer for limiting stressors (Lazarus & Folkman, 1984). Although there are some factors related to coping in caring for person with schizophrenia, a person's appraisal toward stress determines their coping choice. Perceived social support can influence effort of coping to manage stressful situations (Lazarus & Folkman, 1984).

Nurses play a pivotal role in helping family caregivers who care for persons with schizophrenia. Nurses can provide support and teach effective coping strategies to deal with the stressful situations because a stressful situation during caring can result in negative caring and relapse and rehospitalization of a person with schizophrenia (Bostrom & Boyd, 2005). Therefore, nurses need to understand social support as perceived by family caregivers and coping strategies used during caring in order to provide appropriate nursing interventions.

Several studies in Western countries found that perceived social support influenced coping strategies used (Lopez-Martinez, Esteve-Zarazaga, & Ramirez-Maestre, 2008; Magliano et al., 2000; Tak & McCubbin, 2002). However there is a gap in the knowledge with regard to culture, socially and type of coping used in western may be different from coping used in Indonesian. In addition the researcher was unable to find a study about social support and coping in Indonesia. Therefore, this study was conducted using Lazarus and Folkman framework to examine the relationships between social supports and coping on family caregivers caring for persons with schizophrenia in West Java Province, Indonesia.

Methods

This is a correlational study. The number of subjects was determined by using power analysis at the significance (α) of .05 and power of test (1-β) of .80. As this was a correlational study, an effect size was equal with the correlation coefficient (r) from a previous study (Polit & Beck, 2008). Based on the previous research study findings (Chii, Hsing-Yi, Pin, & Hsiu, 2009; Dunkel-Schetter, Folkman, & Lazarus , 1987; Mengdan, Lambert, & Lambert 2007) the researcher used effect size of .30. Eighty-eight of the subjects were recruited purposively from the outpatient department, West Java Province Mental Hospital, Indonesia. The inclusion criteria were family caregivers who: a) were age over 18 years old; b) lived with the person being cared for; c) have provided full-time care voluntarily for at least six months; and d) were able to communicate in the Indonesian language.

Data were collected by set questionnaires which included three parts. Part 1 is Demographic Data Form (DDF*).* The DDF was developed by the researcher. It was grouped into demographic characteristics, patient characteristics, and caregiving characteristics. Part 2 is Perceived Social Support Questionnaire (PSSQ). The PSSQ was used to measure social support as perceived by the family caregivers. The PSSQ was developed by the researcher using House's conceptualization (as cited in Dunkel-Schetter et al., 1987). The PSSQ has four dimensions and 20 items. These dimensions were emotional support, informational support, instrumental support, and appraisal support. The score ranged from 0-3 (0 = never, 1 = seldom, 2 = sometimes, and 3 = often). The grater score, the higher perceived social support. The score was interpreted as low (0-1.00), moderate (1.01-2.00), and high (2.01-3.00). The researcher did content validity for the

PSSQ by five nurses who experts in community nursing and psychiatric nursing. To ensure equivalence in these instruments in the Indonesian language by three translators who are expert in English and Indonesian language. The reliability test was done on 30 subjects showing the PSSQ was reliable with an alpha of .74.

Part 3 is the revised Jalowiec Coping Scale (JCS). The original of of Jalowiec Coping Scale (JCS) was developed by Jalowiec in 1977 and was revised in 1987 (Jalowiec, 2003). In this study, part A of the revised JCS was used to measure coping methods often used by the subjects. The revised JCS has 60 items classified into 8 coping methods: 1) confrontative coping: constructive problem-solving; 2) evasive coping: doing things to avoid confronting a problem; 3) optimistic coping: maintaining positive attitudes about a problem; 4) fatalistic coping: pessimistic or hopeless attitudes toward a problem; 5) emotive coping: rely on expressing or releasing emotions to try to relieve stress; 6) palliative coping: doing things to make oneself feel better, such as eating, drinking, or taking medication; 7) supportant coping: using a support system to cope, such as personal, professional, or spiritual; and 8) self-reliant coping: depending on oneself to deal with a problem.

The degree of using the coping methods was rated on Likert rating scale ranged from 0 to 3 (0 = never used, 1 = seldom used, 2 = sometimes used, and 3 = often used). The greater the score, the more frequent the coping methods used. The score was interpreted as seldom used (0.01 – 1.00), sometimes used (1.01 – 2.00), and often used (2.01 – 3.00). The researcher used back translation technique to ensure equivalence these instruments in the Indonesian language by three translators who expert in the English and Indonesian language (Hilton & Skrutskowski, 2002). The reliability test conducted on 30 subjects showed the JCS was reliable with an alpha of .79.

Data were collected after receiving ethical approval from the Institutional Review Board, Faculty of Nursing, Prince of Songkla University Thailand, receiving permission from the director of the hospital, and getting agreement from the subjects through informed consent. The data were analyzed using Pearson product-moment correlation coefficients due to met assumtion of normality and linearity.

Results

Demographic characteristics

The majority of the subjects (72.7%) were 35-60 years old (M=51.8, SD=12.37), female (68.2%), married (83%). Most of them were Sundanese (92.1%), Islam (98.9%), and had elementary school level eductaion (61.4%). More than forty percent of them were housewifes (42.0%) and had an income less than 500,000 rupiahs per month (50%). Approximately five persons live in a household. Based on the patient's characteristics, the majority of the persons with schizophrenia (46.6%) were 25-34 years old (M=30.44, SD=9.03), male (70.5%), 1-2 times hospitalization (65.8%) (M = 1.98, SD = 1.87), and every month visited a doctor (100%). The majority of the subjects worried about violent behavior (61.6%) and perceived the patients' disease at a moderate level (45.5%). Based on caregiving characteristics, the majority of the subjects were mothers (51.2%), 1-5 years of providing care (53.4%) (M = 6.90, SD = 5.54), providing full day care (90.9%), only caring for the mentally ill members (89.8%), and had other family members helping them (61.4%).

Social support

The mean score of the overall social support was interpreted at a moderate level (M = 1.67; SD = .50). All social support dimensions was interpreted at a moderate level including emotional support (M = 1.95, SD = .75) and appraisal support (M = 1.95; SD = .66), informational support (M = 1.59, SD = .48) and instrumental support (M = 1.42, SD = .65). The percentage of the subjects according to the level of overall social support showed that 64.8% of the subjects perceived social support at a moderate level and 23.9% perceived social support at a high level, 11.4% perceived social support at a low level.

Coping

The following coping methods were rated from a high to low mean score: optimistic (M = 2.3, SD = .34), self-reliant (M = 1.95; SD = .36), confrontative (M = 1.74; SD = .50), supportant (M = 1.74; SD = .45), fatalistic (M = 1.62; SD = .56), evasive (M = 1.58; SD = .41), palliative (M = 1.53; SD = .33), and emotive (M = 1.14; SD = .50).

The relationship between social support and coping

The result of the correlation between social support and coping were presented as follows:

Table 1

Correlation between Social Support and Coping Using Pearson's Product-Moment Correlation (r) (N=88)

Variable	Social Support				
	1	2	3	4	5
Coping					
Confrontative	.72**	.03	.55**	.58**	.68**
Evasive	-.45**	-.13	-.47**	-.42**	-.52**
Optimistic	.44**	.05	.31**	.43**	.42**
Fatalistic	.38**	-.07	-.34	-.24	-.41
Emotive	-.06	.03	-.19	-.06	-.12
Palliative	.03	.03	.06	-.07	.03
Supportant	.47**	.14	.37**	.34**	.46**
Self reliant	-.22	-.11	-.17	-.04	-.10

Note. * p < .05 , ** p < .01; 1 = emotional support, 2 = informational support, 3 = instrumental support, 4 = appraisal support, 5 = overall support.

Discussions

The results of the study showed that there were significant positive correlation between perceived overall social support and confrontative coping (r = .68, p < .01), optimistic coping (r = .42, p < .01), and supportant coping (r = .46, p < .01). It means that the higher social support perceived, the more confrontative coping, optimistic coping, and supportant coping used. These findings are consistent with Tak and McCubbin (2002) study in the United State of America that perceived social support positively correlated with effective parental coping.

The present study findings may relate to a positive function of social support. Firstly, social support resources can facilitate the subjects to use confrontation. The caregivers may be supported by their own family as the data in the present study showed that 61.4% of the subjects had family who helped them in caring for persons with schizophrenia. This support can facilitate the subjects to set coping strategies through sharing problems, providing sympathy, and giving helpful suggestion which help the subjects to confront the situation, face up to the problems, and constructive problem solving (Suls as cited in Lazarus & Folkman, 1984).

Secondly, a relationship with God probably influenced the appraisal of the subjects towards a problem. The present study showed that 98.9% of the subjects were Muslim and all of the subjects prayed or put their trust in God. A relationship with God helped the subjects to perceive problems in a positive way, gave purpose and hope to help the subjects to cope with their problems. In this situation the subjects will more likely use positive thinking when dealing with problems while caring for their family member rather than letting emotional feeling get in the way.

Thirdly, the supportant in this study might relate to religious belief. In this present study, most of the subjects' seeked support from God, all of the subjects prayed or put trust in God. A relationship with God gave positive meaning to problems that are faced while caring which therefore may cause the subjects to rely more using on religious support to coping. This is in line with a study by Grant et al. (2006). They found that higher social support was associated with lower depression and general health was associated with a lower problem orientation. In addition, a literature review conducted by (Baldacchino & Draper, 2000) showed that a relationship with a God helped a person to cope with their problems because they found meaning, purpose, and hope.

The other findings showed that social support negatively correlated with evasive ($r = -.52$, $p < .01$) and fatalistic coping ($r = -.40$, $p < .01$) (Table 1). This means that the higher social support perceived, the less evasive and fatalistic coping used. Similar to Lopez-Martinez, Esteve-Zarazaga, and Ramirez-Maestre (2008) study that found a negative correlation between passive coping and perceived social support. Another study conducted by Kristofferson, Lofmark, and Carisson (2005) found that evasive coping was used more by women.

Social support negatively and significantly correlated with evasive and fatalistic coping and may correlate with social support functions to reduce negative emotional feelings. In this present study, 51.1% of the subjects' perceived support was at a moderate level and 61.4% of the subjects had family who helped them in caring for persons with schizophrenia. Support from the family was given without obligation, hence support might be perceived highly by the subjects. Data in the present study showed that emotional and appraisal support was perceived at high levels. This support may reduce negative emotional feelings of the subjects that resulted in less evasive and fatalistic coping. Social support can facilitate the subjects to share their problems and reduce feelings of hopelessness. It is consistent with the study by Grant et al. (2006). They found that higher

social support was associated with lower depression and better general health. Lower general health was associated with lower problem orientation.

The direction of the relationships between social support and emotive, palliative, and self-reliant coping are as expected but there was not statistical significance ($r = .-12$, $r = .03$, $r = -.10$; $p > .01$). It means that no matter how social support is perceived, emotive, palliative, and self-reliant coping are not affected.

In the present study, social support did not correlate significantly with emotive, palliative, and self-reliant coping. It may be due to threat appraisal and cultural social life of the subjects. Firstly, palliative coping in this study is trying to reduce tension by doing things, such as smoking, taking a drink, taking medication, relaxing, keeping busy, and distracting oneself by doing enjoy activities. Culturally, smoking, took a drink, took medication to reduce tension are not common in Sundanese, particularly in middle-aged women. However, relaxation (dzikir), keeping busy, or doing something is done as a routine activity. Secondly, self-reliance in this present study is depending on oneself to deal with the problems and emotive coping is worrying, releasing emotion, being impulsive and self-blame. These also may correlate with the culture of social life. Culturally, Sundanese do not talk about private problems openly. They usually feel hesitant or a shamed to talk their problems to others although social support is available for them and they generally look calm when face problems (Suryani, n.d).

In conclusion, perceived social support correlated positively with confrontative coping, optimistic coping and supportant coping. Social support correlated negatively with confrontative coping, optimistic coping, and supportant coping. However, emotive, palliative, and self-reliant coping did not correlate with social support. The positive effect of social support on coping effectively and reducing negative emotional feelings and the culture of social life of the subjects may relate to these present study findings.

This study has strengths and limitations. In terms of strength, the study was conducted in the West Java Mental Hospital which is representative for population in the West Java Province. This hospital is also the top referral in the West Java Province. However, the limitations of this study may relate to instrumentation. Firstly, the instruments are self report and the subjects tended to chose middle score. The second, most of the PSSQ items stated family and neighbors as source of support. In addition, the dimensions of this instrument had low reliability due to few items particularly in appraisal

support dimension. The third, sampling technique used in this study was not a random sampling technique due to the limitation of data record in the hospital.

The results of this study enhance nurses and nurses' educators to understand social support and coping of family caregivers caring for persons with schizophrenia. Providing social support including emotional, informational, instrumental, and appraisal support are important for caregivers to cope effectively during caring. For further study, it is suggested to investigate in-depth social support and coping on family caregivers caring for persons with schizophrenia using a qualitative study.

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