

ISSN 2354-8428
e-ISSN 2598-8727

JURNAL KEPERAWATAN

KOMPREHENSIF

COMPREHENSIVE NURSING JOURNAL

Published by :

**Sekolah Tinggi Ilmu Keperawatan
PPNI Jawa Barat**

Vol. 9 No. 3, July 2023



JURNAL KEPERAWATAN KOMPREHENSIF	VOL. 9	NO. 3	Bandung July 2023	ISSN 2354-8428	e-ISSN 2598-8727
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Research Article

The Effect of Mindfulness on Family Stress and Anxiety in Caring for Schizophrenia Patients in City of Sukabumi

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Received : 12/07/2023

Revised : 28/07/2023

Accepted : 29/07/2023

Online : 31/07/2023

Published : 31/07/2023

Abstract

Aims: To determine the effect of mindfulness on family stress and anxiety in caring for schizophrenia patients.

Methods: This research design is a quasi experiment using a pretest-posttest control group design approach. The study population, families who care for schizophrenia patients with a sample of 30 people using purposive sampling technique. Data analysis using univariate analysis with mean value, and standard deviation, bivariate analysis using paired t-test and independent t-test.

Results: Shows that mindfulness practice affects anxiety of control & intervention group (p: 0.000) and stress of control & intervention group (0.000). There is a difference in the mean value of anxiety of the control & intervention group (0.000) and stress of the control & intervention group (0.000).

Conclusion: Mindfulness is a psychological intervention that promotes acceptance, understanding, and self-efficacy in families caring for schizophrenia patients, reducing stress, burden, and anxiety it is concluded that there is an effect of mindfulness therapy on family stress and anxiety in caring for schizophrenia patients.

Keywords:

Anxiety, Family, Mindfulness, Schizophrenia, Stress

INTRODUCTION

One of the four major health problems in developed, modern, industrialized countries, including Indonesia, is mental disorders. Mental disorders according to the American Psychiatric Association (APA) are psychological patterns of disability and a significant increase in death, loss of freedom, and death (1). Mental disorders can be divided into two, namely emotional mental disorders and severe mental disorders. Emotional mental disorders include depression and anxiety, while severe mental disorders are schizophrenia (2).

Data on the world's population experiencing schizophrenia is 7 in 1000

people with a prevalence of 20 million people worldwide (WHO, 2019). Schizophrenia in Indonesia has increased from 1.7% in 2013 to 7% in 2018 (3). RISKESDAS data shows the prevalence of people who have had schizophrenia in Indonesia is 1.8 per 1000 population (4). RISKESDAS (2018) stated that the province of West Java experienced an increase in the number by 3.5%, which ranked third, reaching 1.6 out of 1000 population (5).

Schizophrenia is a group of psychotic reactions that affect individuals including thinking and communication, perceiving and interpreting reality, feeling and promoting emotions and attitudes with socially unacceptable behavior. Schizophrenia is generally characterized by

<https://doi.org/10.33755/jkk>

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mental aberrations and features of thought and perception, and by morbid or blunt effects (6). Not only People with Schizophrenia (PPS) suffer from the disease, but their family members as well. Changes in ODS behavior can cause stress, anxiety, or guilt for family members of a person with schizophrenia (7).

Wahyuni states that stress is a condition of tension due to human interaction that affects emotions, thought processes, and the ability to respond to external demands in a forced manner (8). Families who care for ODS experience a high increase in burden, such as feelings of sadness and worry over the patient's condition and financial burden so that ODS families can experience severe stress. Prolonged stress will make a person experience anxiety. Anxiety is an emotional state and subjective experience that responds to external or internal stimuli and has behavioral, emotional, cognitive, and physical signs (1). One form of non-pharmacological intervention in reducing stress and anxiety levels is *mindfulness* practice. *Mindfulness* is a practice of self-acceptance of what is happening now and building self-awareness (8). By doing *mindfulness* therapy, a person can overcome stress and anxiety because by doing *mindfulness* therapy, either by doing meditation or by focusing the mind while doing activities, a person is learning to develop awareness of negative feelings and thoughts that make a person stressed or anxious (1).

Based on data from the Sukabumi City Health Office in 2022, the Baros Health Center is the health center with an estimated number of 54 first severe ODGJ and 60 ODGJ who received health services.

Based on data from the Baros Community Health Center of Sukabumi City in 2022, it shows that ODGJ is almost evenly distributed across 4 urban villages. The majority of ODGJ cases occurred in Baros Village with 23 people (39%), and Sudajaya Hilir with 15 people (25%). The smallest number of ODGJ cases occurred in Jaya

Raksa and Jaya Mekar Villages, totaling 11 people (18%) each.

The purpose of this study was to determine the effect of mindfulness on family stress and anxiety in caring for schizophrenia patients in the working area of the Baros Health Center, Sukabumi City.

METHODS

Research design

This research uses quasi-experimental. with a pretest-posttest control group design approach where observations are made twice, namely before treatment (Pre-Test) and after treatment (Post-Test).

Population and Sample

The population of this study were families who cared for schizophrenia patients and registered for treatment at the Baros Health Center, Sukabumi City. The population in this study was 90 people, and by using purposive sampling, 30 samples were obtained. 15 respondents in the control group and 15 respondents in the intervention group, while 4 respondents as a substitute if there are respondents who cannot continue their participation in the study, namely 2 respondents in the control group and 2 respondents in the intervention group. This study used purposive sampling with the following inclusion criteria: Willing to be a respondent, Caring for family members who suffer from schizophrenia.

Procedure

The body scan is a mindfulness meditation practice involving scanning body for pain, tension, or anything out of the ordinary. The mindfulness implementation will be conducted 7 times within 2 weeks with a duration of 10-15 minutes with an interval of one day, in accordance with operational standards. Meanwhile, the control group will not be given any action.

Instrument

The instrument in this study uses participatory observation where the observer actively follows the activities carried out by the respondent, then during

the mindfulness intervention the observer observes directly.

Analysis

The data normality test consists of three common tests that are not rarely used by researchers, namely the Shapiro-Wilk test. The results of the normality test shared that the data were normally distributed with a $p\text{-value} > 0.005$, so the data analysis in this study used Paired sample t-test. This research has been ethically tested by the research ethics commission of STIKes Sukabumi, with number: 000122/KEP.STIKES.SUKABUMI/2022. This study is designed to examine the effect of mindfulness on family stress and anxiety in caring for schizophrenia patients as measured by giving stress and anxiety questionnaires to families caring for schizophrenia patients before and after the

application of mindfulness. Based on the normality test that will occur, the statistical test used is the paired sample T test because the data is normally distributed. This study was conducted using a pre-test to measure the level of stress and anxiety, followed by the implementation of mindfulness and posttest to measure back the level of stress and anxiety to see if there is an improvement or not.

RESULT

Research time from January to September 2022, researchers measured the effect of *mindfulness* on family *stress* and anxiety in caring for schizophrenia patients. The effect of mindfulness was divided into two groups, the control group and the intervention group, which yielded the following results.

Table 1. Distribution of Respondents by Sex, Age, Education, Occupation, Number of Families, Family Position, Duration of Suffering, Duration of Treatment, Time of Treatment

Characteristics	Category	n	%
Gender	Male	7	23,3
	Female	23	76,7
Age	21-47	9	30
	48-74	21	70
Education	SD	21	70
	SMP	5	16,7
	HIGH SCHOOL	4	13,3
Jobs	Work	6	20
	Not Working	24	80
Number of Families	>5 people	6	20
	3-5 people	20	66,7
	2 people	4	13,3
Family Position	Children	4	13,3
	Parents	20	66,7
	Couple	1	3,3
	Brother	5	16,7
Duration of Suffering	>5 Years	25	83,3
	2-5 Years	5	16,7
Length of stay	>5 Years	24	80
	2-5 Years	6	20
Treatment Time	1-6 Hours	1	3,3
	7-12 Hours	1	3,3
	13-24 Hours	28	93,3
Total		30	100

Table 1 shows that of the 30 respondents, most were female as many as 23 people (76.7%), aged between 48-74 as many as 21 people (70%), 21 people (70%) had elementary school education, 24 people (80%) did not work, the number of families 3-5 people as many as 20 people (66.7%), the position of the family of parents as many as 20 people (66.7%), the length of suffering >5 years as many as 25 people (83.3%), the length of treatment >5 years as many as 24 people (80%), and the time of treatment 13-24 hours as many as 28 people (93.3%).

Table 2 Univariate analysis of stress before and after intervention

Stress	N	Mean	SD	p
Intervention Group				
Pre	15	36,93	2,28	0,000
The post	15	24,73	2,31	
Control Group				
Pre	15	23,60	2,41	0,079
The post	15	24,80	2,98	

Table 2 provides the average stress variable in the intervention group before the intervention was 36.93, with a standard deviation of 2.28. the average stress variable after the intervention was 24.73 with a standard deviation of 2.31. the results of the paired T test showed a value of $p = 0.000$ ($p < 0.05$). Furthermore, the average stress variable in the first treatment control group was 23.60 with a standard deviation of 2.41, after the second treatment the average stress variable was 24.80 with a standard deviation of 2.98. in the control group, the results of statistical analysis using the paired T test conveyed a value of $p = 0.079$ ($p > 0.05$). according to the results of the analysis it can be concluded that there is a difference in the average stress variable between the intervention group and the control group which provides that mindfulness has an influence on the stress of the patient's family in caring for schizophrenic patients.

Table 3. Univariate analysis of anxiety before and after intervention

Anxiety	N	Mean	SD	p
Intervention Group				
Pre	15	51,93	2,22	0,000
The post	15	34,40	3,73	
Control Group				
Pre	15	32,60	3,40	0,052
The post	15	32,47	3,14	

Table 3 shows that the average anxiety variable before the intervention was 51.93 with a standard deviation of 2.22. After the intervention, the average anxiety variable was 34.40 with a standard deviation of 3.73. Statistical analysis using the paired T test in the intervention group resulted in a p value = 0.000 ($p < 0.05$). The average anxiety variable in the control group before the first treatment was 32.60 with a standard deviation of 3.40. After being given the second treatment, the average anxiety variable was 32.47 with a standard deviation of 3.14. In the control group,

statistical analysis using the paired T test resulted in a value of $p = 0.052$ ($p > 0.05$). according to the results of the analysis it can be concluded that there is an effect of mindfulness on family anxiety in caring for schizophrenic patients.

DISCUSSION

Mindfulness is one of the psychological interventions that individuals can implement by focusing on being aware of the problems that are being carried out, accepting them gracefully without making negative judgments and also not having

excessive reactions (9). This result is in line with Firstiyanti's research which states that mindfulness affects stress reduction (10). Stress is a form of individual response that is influenced by adaptation reactions from an internal or external event that can interfere with a person's psychological and physical well-being (17). Stress is also a state of a person's way of thinking that is disturbed and affects emotional, excessive thought processes (11). Family stress can increase due to various reasons, one of which is the family burden factor. The family's burden in addition to caring for schizophrenia patients is overwhelming and complex. The family can get a lot of burden and have a negative impact on the family. This certainly triggers higher family stress. There is a family burden known as objective burden, which is related to the burden of financial costs for care and treatment, housing, food and transportation for schizophrenia patients. How the family is burdened with the needs of patients ranging from financial, having to take the patient, having to prepare the patient's needs and having to control the patient's medication schedule. The patient's financial needs are the most common complaints from the treating family. Lack of family economic support can also hinder the patient's treatment (19).

Mindfulness will be useful in reducing stress in a person, in this case the stress that occurs is stress on the family due to the pressure felt when caring for schizophrenia patients (12). Mindfulness allows individuals to know and realize how their thoughts, affections and behaviors affect their physical and psychological health, and the importance of the ability to regulate emotions and thoughts (13). Duncan, explained that mindfulness programs show improvements in emotion regulation, affection, and positive changes in family relationships. When the family focuses on the schizophrenic patient without judgment, the family becomes more responsive to the patient's needs and will better understand the schizophrenic

patient's condition (14). Corhorn & Millicic, revealed that mindfulness therapy trains individuals not to make automatic judgments about events that are being experienced, which will make individuals not make objective judgments, so that the coping carried out becomes effective. In the family context, mindfulness can reduce negative affect. Being able to teach families to observe, and realize stress before it develops into something negative so that stress will decrease (18). The level of stress and burden faced by families is influenced by mindfulness training. Mindfulness interventions provided to families by utilizing cognitive and behavioral strategies are able to reduce conflict, improve skills and increase self-efficacy or confidence in caring for schizophrenia patients (21). Another thing that can arise in families when caring for schizophrenia patients is anxiety. Anxiety is an emotion characterized by feelings of tension, anxious thoughts, and physical changes such as increased blood pressure. Anxiety is divided into subjective cognitive (anticipatory anxiety), attitudinal (avoidance behavior) and psychological (worry, fear). Somatic aspects of anxiety or comorbidity are frequent signs (15).

This research is supported by Santoso & Rinaldi who argue that there is an effect of mindfulness intervention on family anxiety (16). Scientifically, being mindful will result in changes in amygdala activity. Mindfulness is associated with decreased bilateral amygdala activation as well as prefrontal cortical activation suggesting that mindful individuals may be better able to regulate emotional responses through prefrontal cortical inhibition of the amygdala. Individuals experience increased amygdala and insular cortex activity resulting in anxiety (16). Ma & Fang, state that mindfulness can encourage an approach of openness, curiosity, and acceptance and avoid or suppress emotions. Mindfulness helps families to be able to fully accept what they are facing without judgment or judgment of their feelings or situations. Whether they are sad, scared or

anxious in the face of unpredictable situations (20).

Zinn, argues that this Mindfulness Based Cognitive Therapy (MBCT) intervention is useful for increasing emotional sensitivity and self-acceptance of various emotional expressions in individuals. Individuals who apply mindfulness will feel some changes such as being able to control negative emotions and thoughts, feel calmer and get a lot of positive emotions. So that the anxiety condition begins to decrease from a sense of anxiety, anxiety, fear begins to experience changes such as being able to feel calm, and can control negative emotions. From the Mindfulness Intervention, the family can better understand the thought patterns and feelings of schizophrenic patients so that they can help recognize the patient's negative and positive conditions or situations and this will not cause excessive worry or anxiety in the family while providing care to schizophrenic patients. Furthermore, mindfulness also teaches families to be able to accept patients, adapt to changes and be able to establish good relationships with people around without fear of being ostracized or stigmatized by the community. Therefore, mindfulness intervention can reduce anxiety (13).

CONCLUSION

Mindfulness is a psychological intervention that helps individuals recognize and accept problems without negative judgments and excessive reactions. It reduces stress and burden in families, particularly those caring for schizophrenia patients. Mindfulness helps individuals understand how their thoughts, affections, and behaviors affect their physical and psychological health. It also helps families become more responsive to the patient's needs and better understand their condition. Mindfulness training can reduce conflict, improve skills, and increase self-efficacy in caring for schizophrenia patients. Anxiety, characterized by tension, anxious thoughts, and physical changes, can arise in families

caring for schizophrenia patients. Mindfulness can increase emotional sensitivity and self-acceptance, allowing individuals to control negative emotions and feelings, feel calmer, and control negative emotions. By implementing mindfulness, families can better understand the thoughts and feelings of schizophrenic patients, reducing excessive worry and anxiety. Mindfulness has an effect on family stress and anxiety in caring for schizophrenic patients and there are differences between family stress and anxiety in caring for schizophrenic patients in the control group and the intervention group.

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