

Original Research Article

Analysis of Burnout in Caregivers of Schizophrenic Patients in the Psychiatric Intensive Care Unit of the Regional Hospital

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Abstract: Burnout in caregivers of schizophrenic patients continues to increase with unrecovered cases of schizophrenia. Therefore, this study aims to determine the factors associated with burnout in caregivers of patients with schizophrenia in the Psychiatric Intensive Care Unit. A cross-sectional study design was used with a sample of 350 respondents through demographic questionnaire, Way of Coping (WOC), Multidimensional Scale of Perceived Social Support (MSPSS), Morisky Medication Adherence Scale (MMAS-8), Visual Analogue Scale For Anxiety (VAS-A), and Maslach Burnout Inventory (MBI). The results showed that most caregivers were male (68.6%), married (66%), had long cared for patients (81.4%), had moderate economic status (47.1%), had adaptive coping mechanisms (87.4%), moderate social support (68.6%), moderate anxiety (44.0%) and severe burnout (72.9%). The schizophrenic burnout factors analyzed were marital status, length of caregiver, and the coping mechanisms.

Keywords: Burnout, Caregiver, Schizophrenia.

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1. INTRODUCTION

Globally, mental health is a severe problem in society and occupies the top 10 non-communicable diseases. This condition affects families and communities by causing burnout in caring for schizophrenic patients. Schizophrenia is a serious problem that requires attention from all levels of society, especially families. This is because the disease can reduce the productivity of the population at productive age (Stuart, 2012). The increasing incidence is caused by physical, mental, social, and financial pressure. The problem most often encountered by caregivers with schizophrenia is that the patient's condition never recovered (Zarit & Zarit, 2015).

Some related studies show that the ability to prevent recurrence is perceived to be deficient as families become bored when caring for patients (Singkali, Nihayati, & Margono, 2019). From this result, burnout in caregivers is at a moderate level in families that care for schizophrenic patients at home (Wardani, 2017). The intensity in caring for patients affects the caregiver's stressors subjectively and increases distress (Hegde, Chakrabarti, & Grover, 2019). In addition, a study conducted in Indonesia

stated that burnout in caregivers of people with schizophrenia is still high (Patricia, 2018; Yulianti, Iskandarsyah, & Rafiyah, 2018). The incidence does not only occur in schizophrenia but in certain conditions, where it causes cancer (Sharma, Rathi, Verma, & Bishnoi, 2020) and substance and alcohol abuse (Vadher *et al.*, 2020).

This condition aggravates the sufferer and disrupts the family's condition when assisting schizophrenic patients in meeting their basic needs. Therefore, families have their burdens in caring for the patient (Von Kardorff, Soltaninejad, Kamali, & Eslami Shahrabaki, 2016)

2. METHOD

The cross-sectional study was conducted from August 31 to October 30, 2021 using 350 Caregivers. Data was collected by filling out a questionnaire assisted by the room nurse. Furthermore, a Socio-Demographic questionnaire and Coping Mechanisms using the Ways of Coping Questioner (WOC) were used. The questionnaire consisted of 50 question items with a Likert scale of 1-4, while Social Support Questionnaire using the Multidimensional Scale of

Perceived Social Support (MSPSS) consisted of 7 questions with a Likert scale of 1-7. In addition, medication adherence using the Morisky Medication Adherence Scale (MMAS-8) consisted of 8 question items, and the level of anxiety using The Visual Analogue Scale for Anxiety (VAS-S) with an observation scale anxiety ranged from 0-10. The Burnout Questionnaire using the Maslach Burnout Inventory (MBI) consisted of 22 question items with a Likert scale of 1-7. This study was approved by the ethics committee, and the respondents were taken after signing the informed consent

3. STATISTIC ANALYSIS

Descriptive statistics determined caregiver characteristics such as gender, marital status, length of care, economic status, coping mechanisms, social support, caregiver anxiety, and burnout. Furthermore, data analysis was conducted using SPSS version 20 software.

4. RESULT

a. Respondents characteristics Summary

Table 1: Summary of patient characteristics and condition (n=350)

No	Variable	Frequency (f)	Percentage (%)
1	Gender		
	Male	240	68.6
	Female	110	31.4
2	Marital status		
	Marry	231	66.0
	Not married yet	81	23.1
	Divorced	38	10.9
3	Length of care		
	New	65	18.6
	Long	285	81.4
4	Economic Status		
	High	107	30.6
	Middle	165	47.1
	Low	78	9.4
5	Coping Mechanism		
	Adaptive	306	87.4
	Maladaptive	44	12.6
6	Social Support		
	High	77	22.0
	Moderate	240	68.6
	Low	33	9.4
7	Anxiety		
	Mild	65	18.6
	Moderate	154	44.0
	Severe	131	37.4
8	Burnout		
	Mild	95	27.1
	Severe	255	72.9

The majority of 350 respondents given a questionnaire were male (68.6%), married (66%), had long cared for patients (81.4%), had middle economic status (47.1%), adaptive coping mechanisms (87.4%), moderate social support (68.6%), moderate anxiety level (44%) and have a severe burnout level (72.9%).

5. DISCUSSION

This study described burnout on caregivers of schizophrenic patients at the dr. Fauziah Bireuen Hospital. The burnout experienced was severe (72.9%), and most were male (68.6%), married (66.0%), took long to care for schizophrenic patients (81.4%), experienced complications of Diabetes mellitus (67.3%)., used oral medication (88.1%), middle

economic status (47.1%), adaptive coping mechanisms (87.4%), moderate social support (68.6%), and anxiety (44%). The risk factors are internal or external causes that increase a person's chance of suffering from the disease. This is related to burnout problems when someone becomes a professional and volunteers to care for others without realizing the significant impact on the existing workload (Bahrer & Kohler, 2019). A study conducted by Supiyarti, Noerhidayati, & Julianti (2020) found that gender, education, and age are related to burnout. There is also a relationship between caregiver characteristics such as marital status and patient care length. Furthermore, there is a relationship between marital status and caregivers burnout. Married caregivers are associated with additional work and time needed to provide optimal health services. Meanwhile,

the length of time caring for schizophrenic patients is related to the period the caregivers need; therefore, they should spend special time caring for sufferers.

Fitriani, Theresa, & Aprilia (2020) stated that coping strategies have a relationship with stress levels in caregivers of schizophrenic patients. Stress-triggering conditions can provide a defense response for the individual, and coping mechanisms will naturally be formed from experiencing stress. The condition of schizophrenic patients shows a different psychological impact, and the length of treatment can influence the adaptation to the environment. Moreover, attention should be paid to the basic needs of schizophrenia patients, such as safety, comfort, and cleanliness during treatment. They should also cope with stress when experiencing changes in situations such as patient behavior, routine care needed, and long treatment times.

According to Nayak, Mallik, Hembram, & Dash (2019); Pardede & Hasibuan, (2019); and Sebayang (2020), social support has a significant relationship with the frequency of relapse in schizophrenic patients. Consequently, it also affects caregivers burnout that suspected to have influence on their social relationship. The primary caregiver does not get a bad stigma for caring patients with schizophrenia. In general, their surrounding communities are characterized by close community associations and open about problems experienced. This reflects that the caregivers feel warmth in the community and are well received while caring for schizophrenic patients.

(Suaryana, Aryani, & Lesmana, 2020) stated that caregiver anxiety is related to burnout and they will think about the continuity of the patients' lives while receiving treatment at home. Subsequently, caregivers will certainly provide assistance to patients at home. Some are confused and afraid of the family's inability to treat patients due to scheduled activities and failure to control their health care system.

6. CONCLUSION

The results concluded that the majority of respondents are male (68.6%), married (66%), have long cared for patients (81.4%), have moderate economic status (47.1%), adaptive coping mechanisms (87.4%), moderate social support (68.6%), moderate anxiety level (44%), and severe burnout level (72.9%).

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