The Influence of Economic Status and Resilience on Family Caregiver's Anxiety of Schizophrenia Patients During Covid 19 Pandemic
at Plosoklaten Comunity Health Center Kediri

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Abstract: Schizophrenia is a severe mental disorder characterized by strange behavior, delusions and hallucinations. To fullfill the schizophrenia needs, of course, need others helps. The other words, the patients who are caring at home, Family caregiver has important roles in caring them. The aim of this research is to know the influence of Economic status and Resilience on family caregiver anxiety of schizophrenia patients during covid 19 Pandemic at Plosoklaten Comunity Health Center Kediri. The subjects of the research are 50 family givers of schizophrenia patients. There are 3 variables in this research. Variable 1 is using the Economic Status Scale, Variable 2 is using a resilience scale, and Variable 3 is measuring anxiety by the DASS test. The significance value of X1 and X2 on Y is 0.001 <0.05 and the calculated F value is 8.254 > F table 3.18, which means that there is a simultaneous effect between economic status (X1) and resilience (X2) on anxiety.The value of 2 is 0.260 which is equal to 26%. So, it means that there is a simultaneous influence between economic status (X1) and resilience (X2) on anxiety (Y) by 26%. While the remaining 100% - 26% = 74% is influenced by other variables outside of this research.

Keywords: Schizophrenia, Economic, Status, Resilience, Anxiety, Caregiver.

1 INTRODUCTION

Based on global data, 1% of the world's population has schizophrenia.(APA, 1995). While in Indonesia as many as 400,000 people / 1.7 per 1000 population in Indonesia get schizophrenia or psychosis.The family prevalancies who have schizophrenia patients is around 6.4% in East Java province, in rural areas is around 7,0%, and 6,4% in cities (Ministry of Health Basic Health Research Data, 2018). In the district of Kediri in 2014 schizophreniawas the first ranked in mental disorders in east Java, with the population of the patients are 1,374 males and 813 females. Then in 2020, the patients of schizophrenia were increased. They were 3,399 patients. (Special Health Section of the Kediri District Health Office, 2014).

To response the increasing of schizophrenia in Kediri regency, the goverment formed Community Mental Health Implementing Team, SK TPKJM (Tim Pelaksana Kesehatan Jiwa Masyarakat) which has function solving mental problems across sectors. UPT Plosoklaten community health center is a health center located in Brenggolo Village with a population around 36,112. the geographical conditions, some societies stay in the highlands and others are in the lowlands. the Plosoklaten health center is one of the health centers that has 61 patients with schizophrenia active who were detected, suspected and the patients who have not detected. The Plosoklaten Public Health Center became the health center which has selected to participate in the Kediri District Mental Health Jamboree in 2019.

The current pandemic condition is a new situation for family caregivers in the Plosoklaten area, therefore it is necessary to have the ability to respond to this condition wisely to be able to rise and survive (resilience). Revich and Shatte (in Tahamata, n.d) argue that resilience is the ability to be able to respond positively and constructively when individuals are faced with a severe and psychologically pressing problem.

The ability to manage themselves to get spirit back to rise on the family caregiver will certainly affect on accompaniment which have given to patients. When the caregiver has not been able to rise up, then he/she feels hopeless in caring the patient, the most likely the caregiver will leave the patient alone without continuing treatment. Especially, in the abnormal condition such as phisical distancing. It means that the limitation space to preventing COVID-19, as the government command.

Novi says that anxiety in caring of schizophrenia patients is new challenge for family caregivers to deal with the pressures they are faced. Based on previous research, a person with psychological stress / anxiety requires the ability on himself to be able to reduce anxiety with resilience.The close relation between resilience to anxiety was also conveyed in a research result. From the hypothesis test carried out, it was obtained a significant value of 0.018 ($p < 0.05$), which means that there is a significant relationship between resilience and anxiety.

The existence of anxiety in family caregivers is the main basis for this research. This is to determine the effect of economic status and resilience on anxiety variables in the area of the Plosoklaten Health Center, exactly in Brenggolo Village, Plosoklaten District, Kediri Regency. Caregivers with high socio-economic conditions and good self-management will reduce the anxiety level and vice versa,or even caregivers with high or low socioeconomic status, good or bad self-management, have relatively the same level of anxiety.

2 MATERIALS AND METHODS

This research used quantitative research. which was the process of gaining knowledge by using data in the form of numbers as an instrument that could be used to find information that you wanted to know with descriptive statistical approach and inferential. The technique of this research was regression or influence because it consisted of three variables, so it used multiple linear regressions. This technique aimed to determine the magnitude effect of variable X with variable Y.

The spesification of this research method was non-experimental quantitative research which was focused on survey research. The variables of this research were economic status, resilience, and anxiety. The purpose of the reseach was to determine the effect of economic status and resilience on anxiety in family caregivers of schizophrenia patients during the COVID-19 pandemic at the Plosoklaten Public Health Center, Kediri Regency.

The population in this research were 61 family caregivers of schizophrenic patients at the Plosoklaten Health Center, Kediri Regency. However, for several reasons, namely 3 subjects had physical limitations in filling out questionnaires, 3 subjects could not be found at their homes, 2 subjects had unspecific addresses, so that they could not be found and 3 subjects filled out the questionnaire incompletely so that they could not be analyzed. Based on those obstacles, there were 50 families as research subjects.

The research instruments used in this research, were:
a)   Economic Status Scale
The economic status scale is a scale that is used to measure economic status based on the aspects expressed by Soekanto & Soerjono (2010) namely the measure of wealth, the measure of power, the measure of honor, and the measure of knowledge.
b)   Resilience Scale
The resilience scale is a scale used to measure resilience based on the theory of Reivich & Shatte (2002) with resilience aspects, namely, emotion regulation, impulse control, realistic optimism, causal analysis, empathy, self-efficacy, reaching out.
c)   The Anxiety of Caregiver Family of schizophrenic
Anxiety in caregiver families of schizophrenic in this research was measured using the DASS test, consisting of 42 items divided into three scales, namely depression, anxiety and stress with a total of 14 items on each scale.

3 RESULTS

a) This The results of Anxiety of Family Caregivers of Schizophrenia Patients on covid 19 pandemic at the Plosoklaten Public Health Center were catagorized by 5 levels. Those were very severe (20%), severe (6%), moderate (24%), mild (2%), and normal (48%).

b) The results of Economic status of Family Caregiver of Schizophrenia Patients During the Covid-19 Pandemic at the Plosoklaten Public Health Center, Kediri Regency were catagorized by 5 levels. Those were very high categorization of economic status (6%), high (12%), moderate (48%), low (34%), and very low (0%), so that the average economic status of the family caregivers of Schizophrenia patients was at a moderate level. It was 48%.

c) The results of Resilience Level of Family Caregivers of Schizophrenia Patients During the Covid-19 Pandemic at the Plosoklaten Public Health Center, Kediri Regency were very high (10%), high (20%), moderate (26%), low (42%), and very low (2%). It could be concluded that the average resilience level in family caregivers of schizophrenia patients during the covid-19 pandemic at the Plosoklaten health center was low (42%).

The F test in this research aimed to determine whether there was an influence between the independent variable (X) on the dependent variable (Y) simultaneously or together. It was known that the significance value of the influence of independent variable (X) on dependent variable (Y) simultaneously is 0.001 and the calculated F value is 8.254. It was based on: The significance value of X1 and X2 on Y is 0.001 <0.05 and the calculated F value is 8.254 > F table 3.18. It meant that there was a simultaneous influence between economic status (X1) and resilience (X2) on anxiety(Y) so that Ha was accepted and Ho was rejected.

The determination coefficient was the next stage in multiple linear regression analysis after the t test and F test, the determination coefficient aimed to investigate what percentage of the economic status influence (X1) and resilience (X2) on anxiety (Y) simultaneously or together. This was the percentage result from determination coefficient:

Table 1. Model Summary Table

Model	R	R Square	Adjused R Square	Std. Error of the Estimate
Global	.510ᵃ	.260	.228	14.866

a. Predictors: (Constant), economic status, Resilience
b. Dependent Variable: anxiety

From the model summary table above, it was known that the value of R Square is 0.260, which was derived from squaring the value of the determination coefficient (R) which was 0.510 x 0.510 = 0.260. The value of R2 was 0.260, it equaled to 26%. So it meant that there was a simultaneous influence between economic status (X1) and resilience (X2) on anxiety (Y) of 26%. While the remaining 100% - 26% = 74% was influenced by other variables out of this research.

4 DISCUSSIONS

Having family members of schizophrenia patients is not easy. There are many adjustments that the family caregivers were faced time by time. Previous research study was conducted by Mirza, Raihan, and Hendra which showed the measurement results on family caregivers of schizophrenia patients using the DASS (Depression Anxiety Stress Scale) obtained normal results even though the caregivers had been in care for patients for a long time (Mirza, at al, 2015). The family caregivers said that when they first found out if their family members had schizophrenia, they felt sad, worried, anxious, until they didn't expect it. But over time these feelings began to decrease this was because they had begun to accept the patient's condition.

The condition or cycle is experienced by the family caregiver of schizophrenia patients is in accordance with the theory of The Five Stages of Grief, which is a theory that explained the emotional response when a person

was in a state of sorrowingbecause of death or illness. The five stages weredenial, anger, bargaining, depression, then acceptance.That was a process that had been passed by family caregivers of schizophrenia patients which results in their anxiety levels being normal or very low because they were already at the acceptance stage. (Hango, 2015)

Based on the results of this research, it was known that the economic status of family caregivers of schizophrenia patients was at a moderate level, this could be seen from the observation that there were family caregivers of moderate economic conditions who still had pets such as cows, goats. It was proved by when researchers visited the caregiver's house, they had just returned home from grazing, even though 50% of them worked as farm laborers.

Besides farming, there were also those who opened a workshop business, sold vegetables around, hadcages of hens, had a rengginan business. Even though this was a pandemic period of course it was affecting their income but in reality the caregivers were still doing their activities to earn income, including the family caregivers who worked in the fields. They were assumed that when they were in the fields and under the sun, it made them healthier and able to avoid viruses.

However, for family caregivers who worked in schools, such as teachers, the economic impact was not felt. The reason was they could do online learning and still get a salary, even though there were caregivers who were honorary teachers. For family caregivers of schizophrenia patients in the Plosoklaten area as long as they could still work and earn income to buy foods, they would feel bless and traquil. On the other hand what made family caregivers of schizophrenia patients were more traquil was treatment for their schizophrenia patients given less of payment by community health centers, either by injection or by taking the medichines. And others patients got Indonesia Health Card, KIS (Kartu Sehat Indonesia) from goverments.

Resilience is a person's ability to adapt and manage himself/ herself from negative situations or difficult situations. Based on the distribution of questionnaires resultsin this research, the average family caregiver had a low resilience level. The low resilience of the family caregiver of schizophrenia patients at the Plosoklaten Public Health Center could be interpreted through the resilience aspect. There was found that the lower aspect was found in empathy aspect. In the empathy aspect, although the caregivers had been caring for patients for a long time, their lack of knowledge about mental disorders made it difficult to them to understand what the patient feelings were. For example, when the patients suddenly screamed or even stayed silent until they cried or even talked by themselves the caregivers had not been able to understand what the patients wanted. So that when the patient was relapsed by starting to talk to himself or getting angry, it meant that the medicine was late or it was time to take medicine, that is all. That was the reason why the caregiver was necessary to have better skills to understand schizophrenia patients. Then the bored feeling when caregivers had to listen to patients' stories. Family caregivers complained about uncomfortable feeling if the patient kept talking. This means that caregivers hadlow self-adjustment. Whereas, the role of the family was very important in improving the recovery of the patient, one of the ways was family as a place for the patients to share the stories.

The actions that showed a lack of empathy for the family caregiver of schizophrenia patients was the effect of low anxiety in the caregiver. Based on Eisenberg's Empathy Theory, it was explained that empathy was manifested in two ways, namely sympathy and personal pressure (Fitria, et.al., n.d). Sympathy could be interpreted as an attention to people who needed help or were in a sad or pleasant situation. While personal pressure was an aversive emotional reaction that existed in the individual to others' emotions or others' conditions such as "anxiety or discomfort", in personal pressure involved an egoistic motive to reduce the pressure on him. When the emphaty in a person existed in personal pressure, it meant that he/ she had the lower his moral reasoning. (Eisenberg, 2000)

Family caregivers of schizophrenia patients who had difficulty in understanding the condition of schizophrenia patients bored feeling when they had to listen to the patients' talk was a form of empathy in the personal pressure form. So, this caused the low resilience condition of family caregivers. Because the reaction of appearing of aggressive emotions schizophrenia patients wasan anxiety of egoistic motives could reduce anxiety in them.

5   CONCLUSIONS

Low anxiety is caused by the length of time caring for the patients. Then the condition of economic status at a moderate level can affect anxiety because of the accepting personality on the family caregiver. In this research,

resilience with anxiety had a positive influence because the aspect of forming resilience, namely empathy, respondents tended to have empathy in personal pressure. It could be concluded that simultaneously economic status and resilience affected anxiety by 26% and the remaining 74% was influenced by another variables out of this research.

REFERENCES

APA"American Psychiatric Association". (1995).

Eisenberg, Nancy et. Al. (2000) "Dispositional Emotionality and Regulation: Their Role in Predicting Quality of Social Functioning", *Journal of Personality and Social Psychology*" 1

Hango, Christopher R., HU. (2015). "The Five Stages Of Grief "*Worceste rPolytechnic Institute.* 13.

Fitria, Novy Noviekayati & Evita, Dyan (n.d). "Dukungan Sosial, Resiliensi, dan Kecemasan dalammenghadapiCovid-19" *Professional Psicology Study Program* 17 Agustus 1945 University of Surabaya,7.

Ministry of Health Basic Health Research Data. (2018).

Mirza, Raihan, & Hendra. (2015)."Hubungan Lamanya Perawatan Pasien Skizofrenia Dengan Stres Keluarga", *Kedokteran Syiah Kuala,*3, 186.

Reivich, Karen & Shatte, Andrew. (2002) The Resilience Factor, (New York: Three Rivers Press) 54

Soekanto & Soerjono. (2010) .*Sosiologi Suatu Pengantar*. Jakarta: Rajagrafindo Persada.

Special Health Section of the Kediri District Health Office. (2014).

Tahamata, Valentino Marcel. (n.d) "Pengaruh Pelatihan Resiliensi Terhadap Penurunan Negative Emotional States Pada Caregiver Orang Dengan Skizofrenia (ODS)" Fakultas Psikologi Universitas Diponegoro, Diponegoro.