

Relationship Between Family Acceptance And Support With Quality Of Life Of PWS (People With Schizophrenia) At The Polyclinic Of Jambi Province Hospital

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Abstract

Background: The quality of life of people with schizophrenia (ODS) impacts an individual's physical health, mental health, level of dependence, trust as well as relationship with the surrounding environment. Factors affecting ODS quality of life are poor family acceptance of ODS and low family support. This study aims to determine the relationship between acceptance and family support with the quality of life of ODS. This type of research is a correlation study with a cross-sectional study approach. Res criteria. The criteria for respondents were families who lived with ODS, cared for and carried ODS controls, were 20 years old and over, and could read and write. Respondents were taken using purposive sampling techniques. A total of 329 ODS families have contributed and completed all stages of this research. The variables in this study were quality of life as measured by the Schizophrenia Quality Of Life Scale (SQOLS), family acceptance and family support variables. Research data analyzed using person product moment correlation test and multiple linear regression test. The results found that there was a significant relationship between family acceptance with ODS quality of life ($p\text{-value} = 0.000$), and family support with ODS quality of life ($p\text{-value} = 0.000$). The factor most associated with quality of life was family support (1,319). It is expected that the involvement of health services and families in caring for ODS to improve the quality of life of ODS so that Can improve family coping strategies as a support system in overcoming health problems.

Keywords: Family Acceptance, Family Support, ODS Quality of Life

INTRODUCTION

Schizophrenia is one of the mental disorders that is a major problem in developing countries. People with schizophrenia (ODS) are ranked fourth in the world which is multifactorial in nature which can disrupt thought patterns, thought content and cause chaos in the process of perception and behavior of each individual in social functions so that it affects the quality of life of ODS itself and has a standard of living significantly worse than others. Quality of life as an indicator includes several things including physical health, psychosocial, level of dependency, individual trust and relationships with the surrounding environment manifested in the spirit of obtaining sources of income, maintaining oneself and independence (Karame et al, 2018; Wardani & Dewi, 2018; Da Silva et al, 2011). Based on several studies, ODS has a low quality of life, this is known from the results of the study which states that the quality of life of ODS is in the low classification including general quality of life and the environment, namely 66.92 (SD = 11.60) (Hayhurst et al, 2014; Wardani & Dewi, 2018).

Another study in Nigeria found that the average quality of life of ODS was low at 76.19 (SD = 10.34) (Adelufosi et al, 2013). The impact on quality of life and having a standard of living that is significantly worse than others includes several things including physical health, mental health, level of dependency, individual trust and relationships with the surrounding environment (Afconneri, Y & Puspita, W. G, 2020)

A family is two or more individuals who come together to relate to each other, share experiences and make emotional approaches and make themselves part of the family (Wulandari & Fitriani, 2019).

Problems that arise in family acceptance related to ODS conditions are the amount of time wasted on work and spending a lot of living expenses and limited time to socialize so that feelings of stress, depression, shame, guilt and stigma from the family arise (Rahman & Permana, 2020). The phenomenon that occurs is that family support will affect the quality of life of ODS, where quality of life is associated with life satisfaction, happiness, morals and health related to functional abilities, thereby reducing relapse in ODS. A preliminary study in the outpatient service unit of the Jambi provincial mental hospital, efforts made by the hospital included instructing to bring every ODS for control treatment to the Jambi provincial RSJD. There were several ODS families who were interviewed, 6 out of 10 families said that ODS looked desperate, families said they often saw ODS panicking, families said that ODS looked difficult to concentrate, families said that ODS looked restless, 6 out of 10 ODS families said they were ashamed of family members who had disorders, families said that ODS got angry when asked about the past and families said that ODS seemed uncomfortable with other people who always judged him as sick.

Based on the description above, the quality of life of people with schizophrenia (SCH) is influenced by several dominant factors, namely demographic data, community stigma, family acceptance and family support. In this case, the researcher is interested in conducting research on "The Relationship acceptance and family support with quality of life of ODS at the RSJD polyclinic of Jambi province.

RESEARCH METHOD

The research design used is quantitative with descriptive correlation, which is study that explains or relationships, and tests based on existing theories. The research design used in this study is a *cross-sectional study*. Measurements in this research are conducted only once using acceptance questionnaires, support questionnaires, and SQOLS questionnaires to respondents to simultaneously gather data without any *follow-up*.

The sample in this study was 329 caregivers who met the inclusion criteria set by the researchers to avoid deviations. The research is conducted from May to June 2024 for one month at the provincial mental hospital in Jambi, and it is necessary to determine inclusion criteria for families accompanying ODS for control and care, families of ODS who live with and care for ODS, and families of ODS who can read and write as well as understand the meaning expressed in the questionnaires.

RESULTS AND DISCUSSION

Table 5.1. **Frequency Distribution of Respondent Characteristics (Age, Gender, Education, Occupation, Marital Status, Relationship with ODS, Frequency of Relapse, Length of Treatment) at the Jambi Province RSJD Polyclinic (n=329)**

Respondent Characteristics	(f)	(%)
Age		
Late Adldescence (17-25 years)	41	12,5
Early Adulthood (26-35 years)	99	30,1
Late Adulthood(36-45 years)	73	22,2
Early Erderly (46-55 years)	65	19,8
Late Elderly (56-70 years)	51	15,5
Gender		
Man	194	59,0
woman	135	41,0
Education		
No school	17	5,2
Elementary school	38	11,6
Junior High School	64	19,5
Senior High school	188	57,1
College	22	6,7
Work		
Work	220	66,9
Doesn't work	109	33,1
Marital status		
Marry	227	69,0
Not married	71	21,8
Widow / Widower	31	9,4
Relationship with ODS		
Farther	50	15,2
Mother	41	12,5
Child	66	20,1
Husbandi	40	12,2
Wife	23	7,0
Brother / Sister	109	33,1
Relapse Frequency		
1 time per year (low)	187	56,8
More than 1 time per year (high)	142	43,2
Long care period		
Less than 5 years	183	55,6
More than 5 years	146	44,4

Source : Primary data 2024

Based on the table above, almost half (30.1%) are aged 2635 years (early adulthood), (33.1%) relationship status with patient is older/younger siblings, and the majority (59.0%) are male, (57.1%) education level is high school (66.9%) already working (69.0%) already married (56.8%) respondents said the frequency of relapse was low (55.6%) 1times per year, maintaining ODS for less than 5 years.

Tabel 5.2 Mean Quality of Life for ODS, Acceptance, and Support Families at the Jambi Province Mental Hospital Polyclinic (n = 329)

Variabel	Mean	SD	Min-Maks	95%CI
ODS Quality of Life	84,00	23,306	30-145	81,47-86,53
Family Acceptance	77,00	10,545	54-96	75,86-78,14
Family Support	60,00	7,886	45-72	59,14-60,86

Source : Primary data 2024

Based on the table above, it shows the average quality of life of ODS 84.00 which means the quality of life of ODS is moderate with the quality of life of ODS lowest 30 and highest 145 and standard deviation 23.306. Acceptance average family 77.00 which means moderate family acceptance with lowest family acceptance 54 and highest 96 and standard deviation 10,545. Average family support is 60.00 which means family support is while with the lowest family support of 45 and the highest 72 with standard deviation 7.886.

Tabel 5.3 Analysis of the Relationship between Family Acceptance and Support Families with ODS Quality of Life at the Provincial RSJD Polyclinic Jambi (n = 329)

Quality of Life				
Variabel	Coefficient correlation (r)	P value	r ²	r Adjusted
Family Acceptance	0,975	0,000		
Family Support	0,969	0,000	0,983	0,965

Source : Primary data 2024

Based on the table above, the results of the statistical test analysis show a significant p-value = 0.000 (0.005) between family acceptance and family support, with the quality of life of ODS.

Tabel 5.4. Analysis of Family Acceptance and Family Support with Quality of Life of ODS at the Jambi Province RSJD Polyclinic

research variabel	Unstandar dized B	Coefficient s S.E	Exponen (B)	t	Sig
constant	-74,425	2,794		-26,639	0,000
Reception family	1,180	0,092	0,534	13,278	0,000

Family Support	1,319	0,124	0,446	11,155	0,000
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Source : Primary data 2024

Based on the table above, it shows the results of the multivariate analysis of the regression test. multiple linear equations with linear equations and obtained through 1 step modeling and obtained the most dominant variables related to ODS quality of life is family support where the p-value is 0.000 and the unstandardized B value is 1.319 which means that family support is...The family has a 1.319 times chance of the quality of life of ODS.

DISCUSSION

1. Respondent Characteristics (Age, Gender, Education, Occupation, Marital Status, Relationship with ODS, Frequency of Relapse, Duration treating) at the Jambi Province RSJD Polyclinic.

The results of the study showed that the age of early adulthood most in treating ODS, but has no effect on perceive the individual's own abilities, so that older individuals or younger tend to have a longer time span and experience as well different knowledge in helping to overcome something that occurs in treating ODS. The results of research conducted by Nepta et al, (2022), show that the age of respondents is in the category early adulthood (26-35 years), as a person gets older, the pattern of a person's thinking and comprehension will increasingly develop to produce good knowledge (Mubarak, 2012). The results of the study, the male gender has a great responsibility in providing support to ODS in terms of taking ODS control to the clinic and in supervising home care in addition to women who help with care at home. The analysis of this study is dominant in taking ODS for treatment/control to the mental health polyclinic, the male family is responsible for ODS conditions in the hospital, while the role of women is almost partly also in terms of caring for ODS at home in terms of self-care. The results of the study explain that education is closely related to caring for ODS from the caregiver's ability to care for ODS, the higher a person's education, the better they are at knowing how to care for ODS at home and the broader a person's insight into the knowledge gained so that it can increase insight, influence someone in behaving and forming the right understanding. This is in line with research conducted by Nepta et al, (2020), almost half (44.4%) are high school students.

The research results explain that work is closely related to a family's income or economy, where a close relationship with the family's socio- economic status will help ODS to seek treatment. Compared to women who act as housewives where time and activities are carried out, accompanied by time and energy spent expecting a reward or just an obligation to others. The results of the study explain that marital status,the relationship of caregiver attachment with ODS in providing care and family support for ODS, the closest person who provides motivation to ODS in undergoing treatment and care, that the relationship with ODS is a blood relationship or marriage relationship that plays a role in providing care and family support.

This is proven after analyzing the questionnaire, the average relationship of respondents with ODS is an older sibling who always interacts closely with ODS,

Milevsky (2011) revealed that the relationship that has the most durable and long-lasting bond for a lifetime that can be developed by someone is a sibling relationship or older sibling, the frequency of relapses is related to perceiving how to care for ODS at home and getting knowledge and information from health services about preventing relapses so that it can be reduced.

2. Average quality of life of ODS in the polyclinic of the Jambi Province Mental Hospital

The results of the study explain that the quality of life of ODS worsens or improves ODS is related to three domains of the ODS quality of life questionnaire, so that the quality of life of ODS can be improved, especially for ODS who live with family and live in the community, it is necessary to increase the attention and support of the family for ODS. This is proven after the questionnaire analysis was conducted where ODS felt very mixed stirred/slumped and their sleep patterns are not restful and they feel they are not living a normal life, it is hoped that health services and families can improve the quality of life of ODS so that it can be better by maintaining and increasing attention and support from the family and from health services in cross-sectoral cooperation in the region in cooperation to monitor the condition of ODS in the family and community environment

3. Average family admissions at the Jambi Province Mental Hospital polyclinic

The results of the study explain the acceptance shown by the active involvement of the family in accepting the activities that can be given to ODS, happiness for ODS by giving attention, reinforcement from the family in plans and ideals, participating in thinking about things that can develop and make ODS more advanced and better. showing affection and efforts to be able to meet both physical and psychological needs and providing positive feelings. According to Friedman, the family is an affective function, namely helping the need for affection and emotional warmth, a socialization function, namely helping family members interact with others, a reproductive function, namely giving birth and raising children, an economic function, namely meeting the family's economic needs, a health care function, namely maintaining the health of family members, this is proven after a questionnaire analysis was conducted where the family tried to find out about ODS, the family paid full attention to healing and what needed to be considered by health workers and the approach in terms of accepting ODS, the results of the analysis that had not yet been achieved were families who had never (0.3%) tried to find out about ODS, there were still families who sometimes (36.3%), trained to control ODS symptoms and there were still families who sometimes (27.2%) paid attention to healing efforts.

4. Average family support at the Jambi Province Mental Hospital polyclinic

The results of the study explained that family support that needs to be improved is emotional support where the family said they never (8.5%) gave attention by creating a comfortable environment for patients, so that they can improve the quality of life of ODS with positive support, the family said they always (54.1%) helped patients when they had difficulty in activities such as eating, drinking, defecating/urinating and the family said they always (54.1%), had adequate income for daily needs and could help individuals overcome their problems to improve physical and mental well-being in maintaining self-care for ODS, Family support at the Mutiara Suka Mental Hospital, NTB

in 2021 was included in the category of moderate family support. The results of the study according to Pardede, (2020) that the amount of family support was good for the majority (65.2%) and poor support (34.8).

5. The relationship between family acceptance and the quality of life of ODS at the Jambi Province Mental Hospital polyclinic.

The results of this study indicate that there is a significant relationship between family acceptance and the quality of life of ODS based on *the Pearson product moment* correlation statistical test with a significant value ($p\text{-value} = 0.000$). Between family acceptance and quality of life of ODS there is a positive relationship, meaning the stronger ($r = 0.975$) family acceptance, the higher the quality of life of ODS, explaining that there is a relationship between family acceptance and quality of life of ODS, it is expected that family involvement in accepting ODS conditions and caring for them can change the quality of life of ODS to increase. It is necessary to emphasize the quality of life of ODS from health services and families, where ODS feel depressed (15.2%), ODS feel very mixed up/chaotic (12.5%), restless sleep (49.8%), while from the results of the family acceptance questionnaire that needs to be addressed immediately, there are still families who provide attention occasionally (27.2%), families who sometimes control ODS symptoms (36.2%), there are still families who do anything so that ODS recovers quickly (35.0%), and those who need attention in terms of families accepting all the shortcomings and advantages of ODS (26.4%) so that researchers expect the function of the family in recognizing their family's health problems, making health decisions for their sick family, caring for sick family, modifying the environment inside and outside the home that has an impact on family health, and utilizing service facilities health, by providing socialization about the function of the family, it is hoped that family acceptance will improve so that the quality of life of ODS will also improve.

6. The relationship between family support and the quality of life of ODS at the Jambi Province Mental Hospital polyclinic

Based on the results of this study, it shows that there is a significant relationship between family support and the quality of life of ODS based on *the Pearson product moment* correlation statistical test with a significant value ($p\text{-value} = 0.000$). Between family support and the quality of life of ODS there is a positive relationship, meaning that the stronger ($r = 0.969$) family support, the higher the quality of life of ODS. The results of the study by Pardede and Purba, (2020), a significant value (0.004) shows that there is a significant relationship between family support and the quality of life of ODS, families who have good family support are mostly (65.2%) with almost half (34.8%) the quality of life of ODS. According to Ayubu, (2020) family support is a process that occurs throughout life where the nature and type of support vary in various stages of the life cycle.

Family support is a source of support provided by the family in the form of emotional support, instrumental support and informational support, support is positive and helps individuals cope with stress, improve physical and mental well-being and improve quality of life (Waluyo, 2022). For family support that needs to be considered based on the results of the researcher's questionnaire analysis of emotional support where the family never (8.5%) pays attention by creating a comfortable environment for patients and family information support sometimes (38.3%) seeks information about mental health problems of ODS and good family support and is maintained in ODS self-care such as family helping patients when they have difficulty in carrying out activities such as eating, drinking, urinating/defecating, as well as other than assistance from the guarantee health from the government, the family also has an income adequate for daily needs, and in assessment support The family always guides ODS to maintain their condition health, it was concluded that family support was related to quality of life of ODS

7. Dominant factors affecting the quality of life of ODS in the RSJD polyclinic Jambi Province

The results of this study show the dominant factors in ODS quality of life was found in 3 variables that were included in the *Test requirements Multiple Linear Regression*, namely community stigma, family acceptance and family support. Dominant or strong factors influencing quality ODS life is a family support factor because it has a *p-value* = 0.000 and the unstandardized value *B* = (1.319) compared to other variables. According to Pardede, et al, (2020), family support was obtained for quality of life of ODS where the better the family support The more ODS is obtained, the better the quality of life of ODS.

Based on the analysis, the researcher explained that family support become a dominant factor in the quality of life of ODS because of information support was obtained (54.1%) families sought information about ODS health problems, (54.1%) help in experiencing difficulties in eating, drinking, urinating/defecating activities, and (54.1%) have sufficient income for daily needs. confidence and enthusiasm as well as support given by the family to both those within themselves /ODS to recover are very strong. maintained in ODS self-care such as family help patients when they experience difficulties in carrying out activities such as eating, drinking, urinating/defecating, as well as other than health insurance assistance from government, families also have adequate income for daily needs, and on family assessment support always guide ODS to maintain their health condition, so that it is very necessary to increase motivation and support from the family in improving the quality of life of ODS due to belief and support family can provide high motivation in caring for and providing family support for ODS in the Jambi province area.

CONCLUSION

After conducting research on 329 caregiver respondents, namely the relationship between family acceptance and support and the quality of life of ODS in Jambi provincial polyclinic can be concluded that:

1. Respondent characteristics: almost half are (26-35) young adults, their relationship with ODS is as brother/sister, most are of the same sex. male, high school education, married, working, ODS relapse frequency 1 times (low) and length of care less than 5 years.
2. Family acceptance and family support for quality of life ODS at the Jambi Province RSJD polyclinic is in the moderate category.
3. There is a relationship between family acceptance and the quality of life of ODS, the strength of the relationship is strong with a positive direction of the relationship which means The higher the family acceptance, the higher the quality of life ODS
4. There is a relationship between family support and the quality of life of ODS, the strength of the relationship is strong with a positive direction of the relationship which means
5. The higher the family support, the higher the quality of life. ODS.
6. The dominant factor that influences the quality of life of ODS is the family support factor.

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