

# The Influence of Self Efficacy Based Family Psychoeducation on Family Caregiving Skills for Patients with Paranoid Schizophrenia

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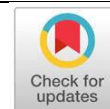
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## Abstract

**Background:** Schizophrenia is one of the top leading causes of disability worldwide. Among various types of schizophrenia, Paranoid schizophrenia is the most common type, which occurs about 40.8%. This type of prognosis has a better response to treatment and many patients are still in a stable condition. Patients with paranoid schizophrenia need long term care and supervision from their significant others, especially family members. In this situation, the role and support of the family becomes important, one of nonpharmacological management for paranoid schizophrenia involving the family is family psychoeducation. In this research, psychoeducation was corrected and enhanced by presenting self-efficacy as part of family psychoeducation.

**Objective:** The aim of self efficacy-based family psychoeducation is to provide better understanding of changes in a person's behavior on long term treatment of mental illness.

**Methods:** This study used quantitative and pre-experimental designs with one group pretest and posttest. This study was conducted in working area of Jenangan Public Health Center. The research period started on October continued until November 2023. The authors used purposive sampling technique. Respondents in this study were family members of paranoid schizophrenia patients whose also their care giver. This family psychoeducation used a guideline module to guide the therapist how to perform self efficacy-based family psychoeducation to respondent. The family caregiving skills for patients with paranoid schizophrenia was assessed using five family health tasks questionnaires and statistically tested with Wilcoxon test. The total number of respondents of this study was 48 respondents.

**Results:** The results of the statistical analysis showed that the P value was 0.000. This indicated a statistically significant difference, meaning that overall, the Family Psychoeducation intervention based on Self-Efficacy had a positive impact on the family's ability to care for individuals with paranoid schizophrenia.

**Conclusion:** It can be concluded that self-efficacy-based psychoeducation influences caregiving skills for paranoid schizophrenia. This therapy is highly recommended for patients with mental health conditions. This therapy can be applied in hospital settings and in community family nursing. These findings highlight the importance of incorporating family psychoeducation as a part of the comprehensive treatment plan for patients with schizophrenia.

**Keywords:** family psychoeducation; mental illness; schizophrenia; self-efficacy

## INTRODUCTION

Schizophrenia is defined as a serious mental disorder that is a lifelong illness with significant disabilities and can affect all areas of life, including personal, family, community, school, and work functioning. This disease typically develops in young adulthood ([Mueser et al., 2022](#)). There are 40.8% cases of paranoid schizophrenia, which is the most

prevalent kind. Prognoses of this kind respond well to treatment, and many patients maintain stable conditions (Rizal & Muttaqin, 2021). "Ad vitam dubia ad bonam" is another prognosis for paranoid schizophrenia that indicates improvement in quality of life for individuals with adequate therapy and family support ([Landra & Anggelina, 2022](#)).



The end of psychiatric hospitals care has led to an emphasis on the importance of emotions and affections within the family and the recognition of the high level of burden on relative ([Okpokoro et al., 2014](#)). A family approach is essential in the care of patients with paranoid schizophrenia. This approach focuses on emotional aspects, such as physical or verbal behaviors that express affection, encouragement, and positive communication ([Caqueo-Úrizar et al., 2015](#)). Research demonstrates that family engagement in mental disorder treatment reduces the risk of relapse, reduces hospital referrals, and boosts adherence to drug therapy ([Pulungan et al., 2022](#)). In this situation, the role and support of the family become important, as the family is the smallest unit in society and the closest to the patient, providing the necessary psychosocial support. Therefore, the actions taken by the family towards the patient become a significant form of support in the patient's care ([Maria et al., 2022](#)).

Schizophrenia impacts around 24 million individuals, or about 1 in every 300 people (0.32%) globally. Among adults, the prevalence increases to 1 in 222 people (0.45%). Although it is not as prevalent as several other mental health conditions, it typically emerges in late adolescence or the twenties, with an earlier onset generally observed in men compared to women ([The Institute for Health Metrics and Evaluation \(IHME\), 2022](#)). In Indonesia, the prevalence of individuals with paranoid schizophrenia has increased from 1.2% in 2013 to 6.7% in 2018 ([Kementrian Kesehatan, 2019](#)). In Ponorogo Regency, there were 3,195 cases reported according to data from P2PTM and Keswa of the East Java Provincial Health Office in 2020. The number of visits to healthcare services in Ponorogo Regency in 2020 was 2,769, all of whom received treatment.

One of the non-pharmacological management strategies involving families is family psychoeducation. This family-based intervention approach helps family members develop knowledge and skills to alleviate the burden of mental illness, reduce caregiver distress, manage challenges, and support the recovery of individuals with mental health conditions ([Claxton et al., 2017](#); [McFarlane, 2016](#); [Sari & Duman, 2022](#); [Yesufu-Udechuku et al.,](#)

[2015](#)). In chronic schizophrenia, it has been found that family psychoeducation can reduce the risk of relapse with a significant effect observed at the 12-month follow-up. Additionally, it reduces the burden, decreases the level of depression, enhances knowledge about schizophrenia, and strengthens the therapeutic relationship ([Tessier et al., 2023](#)).

To provide family psychoeducation interventions, self-efficacy is necessary as a form of support that contributes to a better understanding in changing an individual's behavior. This is beneficial for enhancing knowledge, behavior, and skills (Jumain et al., 2020). Chronic mental illnesses, such as schizophrenia, require high levels of confidence and self-efficacy to care for family members who often experience relapses, necessitating long-term therapy ([Pardede et al., 2021](#)). Based on the results of the research mentioned above, self-efficacy is crucial in supporting family care for both chronic physical and mental illnesses.

This study utilizes one of the sources from Bandura's Theory, specifically vicarious experience. An individual's observation of others successfully completing a task can strengthen their belief that they too can perform the same task and possess similar abilities as their role models ([Ferianto et al., 2016](#)). The extent to which a role model influences a person's self-efficacy depends on how similar that person is to the role model they wish to emulate and compare themselves to. Modeling involves more than merely imitating the behavior of the model; it can be developed by adding to or modifying the observed behaviors and generalizing them as reactions that involve cognitive processes ([Pratiwi & Yuwono, 2014](#)). Self-efficacy derived from the experiences of others (vicarious experience) is represented by families who successfully care for individuals with paranoid schizophrenia, enabling them to resume activities, integrate into their environment, and live productively.

Based on the phenomenon described above, the author aimed to conduct a study aimed to investigate the influence of self efficacy based family psychoeducation on family caregiving skills for patients with paranoid schizophrenia.

## METHOD

### Research design and samples

This research uses quantitative data with pre-experimental one group pretest-posttest design model. The population of families with members suffering from paranoid schizophrenia receiving home care in Jenangan District, Ponorogo Regency, consists of 48 and sampling was carried out by purposive sampling which considered inclusion and exclusion criteria. The research was conducted in the working area of the Jenangan Public Health Center in Ponorogo District. The research period started on October continued until November 2023.

### Research instrument and procedures

Data collection in this study used two research instruments, a module and questionnaires. The first instrument was family psychoeducation module. Inside the module, there is a monitoring sheet which contains evaluation and documentation. In this study, family psychoeducation were held in two meetings. Each meeting contains of five sessions which take a total of 60 minutes. Starting from the second to fifth sessions, role models are shown as a source of self-efficacy. This role model is a family that has the same characteristics as the respondent and has been successful in caring for paranoid schizophrenia patients. The pre-test was carried out on the first day the respondent signed the informed consent.

The post-test was conducted after the respondents had cared for a patient with paranoid schizophrenia at home for 2 weeks. The difference between self-efficacy-based family psychoeducation and general psychoeducation is the presence of self-efficacy role models that are demonstrated, one of which is a role model (vicarious experience). The use of role

models will be aligned with family psychoeducation through the observation of real models derived from other people's experiences. The validity of the Self-Efficacy Based Family Psychoeducation module was examined by a mental health nursing expert from Brawijaya University in Malang. In addition to the module testing, a competency test as a therapist was also evaluated by a mental health nursing expert from Brawijaya University.

The second instrument was a five tasks of family health. All instruments have been tested as valid and reliable. The results of the Cronbach alpha test were recognizing health 0.895, making decisions 0.845, caring for sick family members 0.797, environmental modification 0.700 and utilization of health service facilities 0.868.

### Data analysis

The univariate analysis was used to show the distribution of frequency of respondents based on demographic characteristic data including gender, age, education and length of treatment as well as descriptive data on the Family Caregiving Skills for Patients with Paranoid Schizophrenia. The data was then analyzed using the Wilcoxon Signed Rank Test.

## RESULT

Table 1 showed that the majority of respondents were female (58.3%) and between 46-55 years old (41.7%). Most respondents had education background of Junior High School (54.2%), and werehousewife (41.7%). In the category of the length of treatment family of 2-5 years (60.4%). To see more complete characteristics and demographic data can be seen in Table 1.

**Table 1. Characteristics and Demography Data Patients Family**

Respondent Characteristics	Results	
	(n)	(%)
<b>Age (Year)</b>		
26-35	9	18.8
36-45	18	37.5
46-55	20	41.7
56-65	1	2.1
<b>Gender</b>		
Male	20	41.7
Female	28	58.3
<b>Education level</b>		
Elementary school	1	2.1
Junior high school	26	54.2
Senior high school	17	35.4
Higher Education	4	8.3
<b>Work</b>		
Labourer	12	25.0
Farmer	6	12.5
Self employed	8	16.7
Housewife	20	41.7
Private employed	2	4.2
<b>Long treatment</b>		
0-1 year	8	16.7
2-5 years	29	60.4
6-10 years	9	18.8
11-15 years	2	4.2
<b>Total</b>	48	100.0

Primary Data Source (2023)

#### **Family Caregiving Skills to Recognize the Health Problems of Families patients with Paranoid Schizophrenia**

The family caregiving skills to recognize the health problems before intervention was carried out was mostly in the negative category (56.3%) respondents. After intervention, most of the positive categories were (64.6%) respondents. To see more description of the family caregiving skills to recognize the health problems data can be seen in Table 2.

#### **Analysis of Family Caregiving Skills to Recognize the Health Problems of Families patients with Paranoid Schizophrenia**

The results of the statistical analysis of the Wilcoxon Signed Rank Test on respondents who had been given intervention were found to be ( $p < 0.05$ ), which means there was a significant difference, can be seen in Table 2.

#### **Family Caregiving Skills to Making Decisions for Family Health Actions for Patients with Paranoid Schizophrenia**

The family caregiving skills to make decisions for family health actions before intervention was carried out was mostly in the negative category (52.1%) respondents. After the intervention, most of the positive categories were (56.3%) respondents. To see more description of the family caregiving skills to make decisions for family health actions data can be seen in Table 2.

#### **Analysis of Family Caregiving Skills to Making Decisions for Family Health Actions for Patients with Paranoid Schizophrenia**

The results of the statistical analysis of the Wilcoxon Signed Rank Test on respondents who had been given intervention were found to be ( $p < 0.05$ ), which

means there was a significant difference, can be seen in Table 2.

#### **Family Caregiving Skills to Caring for Patients with Paranoid Schizophrenia**

The family caregiving skills to caring for patients to before intervention was carried out was mostly in the negative category (50.0%) respondents. After the intervention, most of the positive categories were (60.4%) respondents. To see more description of the family caregiving skills to caring for patients, data can be seen in Table 2.

#### **Analysis of Family Caregiving Skills to Caring for Patients with Paranoid Schizophrenia**

The results of the statistical analysis of the Wilcoxon Signed Rank Test on respondents who had been given intervention were found to be ( $p < 0.05$ ), which means there was a significant difference, can be seen in Table 2.

#### **Family Caregiving Skills to Modify the Family Environment of Patient with Paranoid Schizophrenia**

Family caregiving skills to modify the family environment before intervention was carried out was mostly in the negative category (52.1%) respondents. After the intervention, most of the positive categories were (56.3%) respondents. To see more description of family caregiving skills to modify the family environment, data can be seen in Table 2.

#### **Analysis Family Caregiving Skills to Modify the Family Environment of Patient with Paranoid Schizophrenia**

The results of the statistical analysis of the Wilcoxon Signed Rank Test on respondents who had been given intervention were found to be ( $p < 0.05$ ), which means there was a significant difference, can be seen in Table 2.

#### **Family Caregiving Skills in Utilizing Health Service Facilities for Families of Patient with Paranoid Schizophrenia**

Family Caregiving Skills to utilizing health service facilities before intervention was carried out was mostly in the negative category (52.1%) respondents. After the intervention, most of the positive categories were (62.5%) respondents. To see more description of family caregiving skills in utilizing health service facilities, data can be seen in Table 2.

#### **Analysis of Family Caregiving Skills in Utilizing Health Service Facilities for Families of Patient with Paranoid Schizophrenia**

The results of the statistical analysis of the Wilcoxon Signed Rank Test on respondents who had been given intervention were found to be ( $p < 0.05$ ), which means there was a significant difference, can be seen in Table 2.

**Table 2. Pre-Post Scores and Inter-Item Influence**

Family Health Tasks		Self-Efficacy Based Family Psychoeducation				P value
		Pre		Post		
		Negative	Positive	Negative	Positive	
1.	Family Caregiving Skills to recognize the health problems of families patients with paranoid schizophrenia	27 (56.3%)	21 (43.8%)	17 (35.4%)	31 (64.6%)	0.002
2.	Family Caregiving Skills to making decisions for family health actions for patients with paranoid schizophrenia	25 (52.1%)	23 (47.9%)	21 (43.8%)	27 (56.3%)	0.046
3.	Family Caregiving Skills to caring for patients with paranoid schizophrenia	24 (50.0%)	24 (50.0%)	19 (39.6%)	29 (60.5%)	0.025
4.	Family Caregiving Skills to modify the family environment of patients with paranoid schizophrenia	23 (47.9%)	25 (52.1%)	18 (37.5%)	30 (62.5%)	0.025
5.	Family Caregiving Skills in utilizing health service facilities for families of patients with paranoid schizophrenia	25 (52.1%)	23 (47.9%)	18 (37.5%)	30 (62.5%)	0.008

Primary Data Source (2023)

### **The Influence of Self Efficacy Based Family Psychoeducation on Family Caregiving Skills for Patients with Paranoid Schizophrenia**

The results of the statistical analysis of the Wilcoxon Signed Rank Test on respondents who had been given intervention were found to be ( $p < 0.05$ ), which means there was a significant difference meaning that overall the self-efficacy based family psychoeducation intervention had an effect on Family Caregiving Skills for paranoid schizophrenia patients, can be seen in Table 3.

**Table 3. Results of the Wilcoxon Signed Rank Test on Family Caregiving Skills for Patients with Paranoid Schizophrenia**

	Family Caregiving Skills for Patients with Paranoid Schizophrenia
Significance Value	0.05
<i>p</i> value	0.001

## **DISCUSSION**

Based on the results of research related to self-efficacy based family psychoeducation to recognizing health problems in families with paranoid schizophrenia patients, there was an increase in 10 respondents in the positive category. This shows that families have become more capable of identifying health problems related to mental illness. Poor family health duties are also directly proportional to the family's caregiving skills to recognize mental health problems or negative knowledge, which affects decision-making inappropriately in caring for family members at home ([Saifah & Febriyanti, 2021a](#)). A good knowledge and information from the family will help health workers in determining the diagnosis and treatment of the patient (Blandina & Atanilla, 2019). This family psychoeducation process based on self-efficacy can enhance the family caregiving skills to recognize health problems due to the process of receiving information from therapists, respondents' experiences, and role model experiences. This therapy not only involves providing health education through materials but also includes the adoption of role model care and directed demonstrations by therapists. According to Gymfiel's research, there are three factors that must be addressed in the educational process: adoption, implementation, and maintenance ([Rosmaharani et al., 2019](#)). Adoption can be done by using appropriate behavior examples in the care of paranoid schizophrenia as a role model and implementing them within the family at home. Self-efficacy has an impact on how individuals feel, think, motivate themselves

and behave ([Zlatanović, 2016](#)), the higher a person's self-efficacy in recognizing health problems, the better they will be in understanding and dealing with health problems.

The results of research related to Self-efficacy-based family psychoeducation in making problem decisions for health action in families with paranoid schizophrenia patients, there was an increase in 4 respondents in the positive category. Family decision making is influenced by the knowledge and information obtained by the family. If the information obtained is inadequate, it will have an impact on the support provided by the family in the recovery process of schizophrenia sufferers. The above statement is supported by research conducted by Viana, et al, that respondents have two categories, such as good and bad stigma which is influenced by low education, lack of information obtained when undergoing treatment. Statistical tests in research conducted by Viana, et al. found a p value of 0.001 or p value <  $\alpha$  value (0.05), which means that respondents who had an unfavorable stigma had a 3 times greater chance of not taking action in making the respondent's treatment decision ([Viana et al., 2023](#)).

In this family psychoeducation process, presenting family role models who have been successful in providing care for patients with paranoid schizophrenia has an influence on other families. By involving role models as examples of other people who have the same background, similar cases and almost the same life, it makes other families more enthusiastic, confident and able to care for their family members with paranoid schizophrenia. The higher the vicarious experience, the higher the self-efficacy of parents. Self-efficacy will also determine whether changes in health behavior will begin, how much effort will be expended, and how long it will be maintained in the face of obstacles and failures ([Sutarto et al., 2019](#)). Self-efficacy is a person's perception of their abilities to carry out and determine the actions needed to solve problems or achieve certain goals. Self-efficacy is an important factor in self-control, including control over personal health conditions ([Sedjati, 2013](#)).

Based on the results of research related to self-efficacy-based family psychoeducation in providing care for family members with paranoid schizophrenia, there was an increase in 5 respondents in the positive category. The research conducted by Avelina & Angelina (2021), states that a family caregiving skills to caring for patients with mental illness can be observed through the family's efforts to provide activities at home, involve the patient in community activities, give positive feedback on successful achievements, and take the patient for routine check-ups at the health center. The family's ineffective role in the self-care of patients with mental disorders also impacts the patient's social interactions. For instance, if the patient's personal hygiene needs are not met, it can lead to physical consequences such as susceptibility to illness, body odor, dirtiness, and an unattractive appearance. Consequently, others may be reluctant to interact with the patient, leading to their rejection by society (Harsono et al., 2022). Based on theory, the higher the vicarious experience, the higher the self-efficacy of parents. This research shows that parents get support from other parents so that parents continue to motivate themselves to be successful by studying the experiences of other parents who have been successful ([Nurhidayah, 2023](#)). Research which resulted in a positive correlation analysis relating to the results of self-efficacy on the a family caregiving skills to caring to deal with things that affect the lives of mental disorder patients ([Carpendale et al., 2022](#)).

Based on the results of research related to self-efficacy-based family psychoeducation in modifying the environment for family members with paranoid schizophrenia, there was an increase in 5 respondents in the positive category. In the study conducted by Restiana (2019), the majority of respondents were able to modify the environment (61.2%). This was due to the family's experience in handling patients during episodes of aggression, leading them to secure sharp objects, matches, and other items that could potentially endanger both the patient and the family. The separation or isolation of a room for the patient's living and interaction with the family, including withholding support, does not benefit the patient ([Panjaitan & Dewi, 2022](#)). The family's inability to modify the environment leads to the worsening of the mental illness over time ([Rosdiana, 2018](#)).



The study findings also showed that there was a relationship between the emotional expression of the family with the family's caregiving skills to care for schizophrenic patients. Emotional expression is a feeling that is shown by the family when caring for the patient, if the family is indifferent or expresses negative emotions, it will certainly affect the family's ability to care for the patient ([Wongpakaran et al., 2022](#)). This is related to the ethics of speaking. Families often speak or interact with patients using a harsh and loud tone. This can be influenced by the caregiver's feelings of fatigue and boredom from caring for the patient over an extended period, as well as frustration. As a result, caregivers may express themselves in a raised voice when the patient is uncooperative during the care process ([Reknoningsih et al., 2015](#); [Setiawan, 2018](#)). In Hidayat & Ramli's research, it is stated that when families have less understanding or limited experience, the presence of role models as a source of self-efficacy for families can make them more sensitive to similar experiences, which can be adopted from role models who are considered to have more abilities from them ([Hidayat & Ramli, 2019](#)).

Based on the results of research related to self-efficacy-based family psychoeducation in utilizing health services in families of paranoid schizophrenia, there was an increase in 7 respondents in the positive category. Families' use of health services reflects the community's efforts to use health services that are considered reliable service providers to overcome the health problems they face. Aspects that families need to pay attention to involve the existence of health service facilities, the type of service received, the family's level of trust in these services, and experience with health workers ([Saifah & Febriyanti, 2021b](#)). Utilization of health facilities in the form of facilities for taking routine medication for mental patients at community health centres. According to Ziller, people prefer health services from basic health facilities compared to special health services on the grounds that basic health facilities are more accepting of psychotherapy services that are easily accessible to the public. This statement is supported by ([Pitayanti & Hartono, 2020](#)) that families who choose to be embarrassed and keep the condition of their family member who has schizophrenia a secret will make the condition worse, their social functioning worse and the loss to their social environment increasingly uncondusive. In Ponorogo, the health department collaborates with the "Lentera Kesehatan Nusantara" Foundation, which focuses on addressing mental health issues, particularly individuals with schizophrenia. Foundations like this help improve understanding of care for individuals with schizophrenia, assist in problem-solving, and support the empowerment of people with schizophrenia. The role models in this study also joined the Lentera Foundation.

The research results showed that self-efficacy-based family psychoeducation has a significant impact on Family Caregiving Skills in caring on patient with paranoid schizophrenia supported by research by Heri et al. (2020), that providing psychoeducation using the audio-visual (video) method has a significant increase compared to the SOP method because it is the main source of information that can be used as a tool to grow self-efficacy in a person, a source of self-efficacy including: sources of success experience or mastery experience, other people's experiences or vicarious experience, verbal persuasion or verbal persuasion. Researchers assume that the use of role modelling tools has a significant effect in the process of providing psychoeducation because it is not only done through visuals and audio but also through direct re-enactments on the spot.

Self-efficacy is presented because it becomes a stimulus for other families to imitate the successes carried out in this model. Starting from providing information about how to care for paranoid schizophrenic patients, there are discussion sessions in each session regarding problems within the family, sharing experiences on how to manage stress and families demonstrating it, discussing and sharing experiences related to managing family burdens as well as sharing experiences regarding community empowerment in society. The results of this research are supported by research by Koerniawan & Frisca (2023), basically the role of self-efficacy is the main actor in changing health behaviour because people with higher self-efficacy will influence behaviour to change to a healthy lifestyle and show greater commitment in facing difficulties. Apart from that, Nurhidayah ([2023](#)), explains that by observing the model's behaviour and mindset, families will gain



understanding and learn about strategies for dealing with various environmental demands. These role models are parents who openly share their experiences with each other during chemotherapy treatment and during treatment.

The factors that shape self-efficacy come not only from family support, but also from knowledge, attitudes, high levels of self-esteem, confidence in one's own abilities, and belief in the ability to change (Wahyudi, 2018). In the context of long-term treatment, patient compliance is very important, and this includes understanding the patient's attitudes and behaviour towards the treatment program that has been determined by health workers (Thummak et al., 2023), and better clinical outcomes in chronic illnesses (Aremu et al., 2022). The role of health workers and mental health cadres at community health centres is very crucial in increasing self-efficacy in families of schizophrenia patients, one of which is through empowering families in various aspects such as health, economic and social. This empowerment will be successful if it is carried out comprehensively across sectors with support from local governments.

## CONCLUSION

Self efficacy based family psychoeducation therapy has a strong influence on the family health tasks of recognize the health problems of families. The presence of self-efficacy-based family psychoeducation therapy, along with the development of the Friedman Health Tasks, is highly effective in providing interventions for families facing health issues. Time is considered for additional study in order to create a control group and make each family psychoeducation session more effective. This therapy is highly recommended for patients undergoing long-term treatment, including mental health conditions and other chronic illnesses. This therapy can be applied in hospital settings and in community family nursing. These findings highlight the importance of incorporating family psychoeducation as a part of the comprehensive treatment plan for patients with schizophrenia.

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