



The Effect of Psychoeducation Therapy on Burnout Level of Caregivers in Schizophrenia

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Abstract

Schizophrenia is one of chronic diseases where sufferers need other people to provide assistance in fulfilling their lives and caring them. Carrying out the role as a caregiver for person with schizophrenia brings various demands and tasks related to caring the sufferers besides also doing their own individual tasks. These demands are likely to be a source of conflict that can cause tension and pressure which lead to anxiety, stress, frustration, psychological exhaustion, depression, and even burnout. One of the efforts that can be done to treat or prevent burnout in caregivers of persons with schizophrenia is psychoeducation therapy. The purpose of this study was to determine the effect of psychoeducation therapy on burnout level of caregivers in schizophrenia. The method used in this study was quasi-experimental model with pretest-posttest control group design with one treatment and one group time series design in the intervention group. Before and after being given the treatment of psychoeducation therapy, burnout level of caregivers in schizophrenia in both intervention and control groups was measured using Maslach Burnout Inventor-Human Services Survey (MBI-HSS) which consist of 22 questions. Total sample size of this study were 16 respondents in each group. Comparative analysis using Wilcoxon test resulted in $p\text{-value}=0.0002$ which means that there were differences in caregivers burnout level before and after psychoeducation treatment was given to intervention group. Comparing differences using The Mann Whitney U test resulted in $p\text{-value}=0.0000$. In other words, there were differences in caregivers burnout level between intervention group and control group after intervention was performed. Thus, it can be concluded that psychoeducation was effective in reducing burnout level of caregivers for person with schizophrenia in Kersamanah village, Garut regency.

Keywords: schizophrenia, psychoeducation, caregiver, burnout

Introduction

Currently, many people are not ready to face problems that burden their lives, starting from family issues, economic difficulties, unemployment, marriage crisis, social relationship, office pressure, discrimination, and some people are not even ready to accept the fact of being cut off from their relationship. All these matters can have a negative impact on their mental health. Frequently among these people, some of them experience mental illnesses causing the number of people suffer mental health issues to increase.

The prevalence of mental disorders worldwide based on World Health Organization (WHO, 2019) estimated that there were 20 million people who suffer from schizophrenia.

Based on Indonesian Basic Health Research (Riskesdas) in 2018, the prevalence of mental disorders reached 450,000 people and showed that 7 in 1,000 households in Indonesia have members who experience mental disorders. Besides, the prevalence of severe mental disorders (schizophrenia/psychosis) increased from 0.15% to 0.18% and the prevalence of depressive symptoms over the age of 15 increased from 6.1% in 2013 to 9.8% in 2018. According to Rubyana (2012), schizophrenia is a mental disorder that ranked top of the existing types of psychosis. This is in accordance with data from National Institute of Mental Health (NIMH) which stated that schizophrenia is one of the top 15 leading causes of disability worldwide (NIMH, 2019).

Psychosis is a mental condition when a person having personality disorganization, damaging in social function, and losing contact or distortion of reality. In this condition, the person will not realize that other people do not experience what he does and feel alarmed to the fact that other people do not react the same way as him (Stuart, 2013). Schizophrenia is also considered a disease any less dangerous compared to other chronic physical diseases. Schizophrenia is the most confusing and most tragic disease that threatens life and might as well the most destructive disease according to Ho, Black, and Andreasen (2003, as quoted in Townsend, 2009).

Schizophrenia is a mental disorder characterized by profound impairment in functioning related to employment, social relationship, and the ability to engage in self-care (Bentsen, 2001; Lefley, 2001; Kaplan & Sadock, 2007). In this case, people who suffer from schizophrenia need assistance and depend on others (caregivers) in meeting their life needs (National Institute of Mental Health [NIMH], 2012). Rubin and Peyrot (2002) in their research stated that 77% of patients with chronic and severe diseases need help from their families as caregivers.

Carrying out the role as a caregiver for person with schizophrenia brings various demands and tasks related to caring the sufferers besides also doing their own individual tasks. These demands are likely to be a source of conflict that can cause tension and pressure which lead to anxiety, stress, frustration, psychological exhaustion, and even depression in caregivers (Yusuf, Nuhu & Akinbiyi, 2009). The tension and desperation

in the family are not temporary (Freadman, Bowden, & Jones, 2003). These conditions lead caregivers to experience burnout.

Burnout is a psychological tension that specifically related to chronic stress experienced by individuals from day to day and characterized by a state of physical, mental, and emotional exhaustion (Etzion, as quoted by Lailani, 2012). Based on *National Alliance on Mental Illness* [NAMI] (2008), *caregivers* often feel isolated, lonely, anxious, and burned out. Maslach, Schaufeli, and Leiter (2001) divided burnout into three dimensions; emotional exhaustion, depersonalization, and low personal accomplishment.

If not handled, the condition of burnout in caregivers will have an impact not only felt by the patients but also by the caregivers themselves. The impact received by caregivers can be in form of a decrease in life quality which will affect their mental health condition and even lead to mental disorders (Takai et al., 2011). Meanwhile, the impact felt by patients is in the form of inadequate care provided or even negligence and abandonment by caregivers in meeting clients' needs and healing process thus it will increase the rate of relapse and readmission.

One of the efforts that can be done to treat or prevent burnout in caregivers of persons with schizophrenia is psychoeducation therapy. According to Cartwright (2007), psychoeducation is a therapeutic modality carried out by professionals, which integrates and synergizes psychotherapy and educational intervention. Psychoeducation program is an educational and pragmatic approach (Stuart & Laraia, 2005). In addition, Cartwright (2007) also stated that psychoeducation intervention can reduce symptoms of mental health problems particularly anxiety and depression.

Methods

The design used in this study was a quasi-experimental model with pretest-posttest control group design. The intervention carried out in this study was psychoeducation therapy for caregivers in schizophrenia. Before and after being given the treatment of psychoeducation therapy, burnout level of caregivers in schizophrenia in both

intervention and control groups was measured using Maslach Burnout Inventor-Human Services Survey (MBI-HSS) which consisted of 22 questions.

The population in this study were caregivers for schizophrenia patients in Kersamah Village, Garut Regency. Sampling in this study were caregivers with the inclusion criteria; 1) family member as primary caregiver for schizophrenic patient; 2) caregiver was able to read and write; 3) caregiver experienced burnout in moderate and severe level; 4) caregiver had assisted patient for at least 6 months; and 5) caregiver lived in the same house with a schizophrenic patient. Meanwhile, the exclusion criteria in this study were caregiver who was sick and required further treatment (being hospitalized or needed to complete rest at home) during the intervention, and caregiver whose patient experienced a relapse so the caregiver had to treat and take the patient to the hospital. From the result of data collection to obtain respondents who matched with inclusion and exclusion criteria, total respondents gained by random sampling for this study were 32 caregivers. Sampling technique used was random sampling with the number of respondents of 16 caregivers for control and intervention group respectively.

Results

A normality test was performed to determine the difference of level of caregiver burnout before and after the intervention in the intervention group. With the normality test using Shapiro Wilk (small sample of 16), it was obtained that p-value or significance = 0.000 which is < 0.05 , it can be concluded that the data for pretest and posttest in the intervention group was not normal. Thus, the comparison test between pretest and posttest used Wilcoxon test and the result is as follow:\

Table 1.
The difference in burnout level of caregivers for schizophrenia patients in intervention group (N=16)

	Mean	Std. Deviation	Std. Error Mean	P value
Before	1.375	0.5	0.125	
After	2.5	0.5164	0.1291	0,0

From the table above, it can be seen that burnout level of caregivers in intervention group after the intervention showed a bigger score (2.5 compared to 1.375) which means

the level was decreased compared to the level before the intervention. The decrease was significant based on Wilcoxon test (p-value=0.002). Because the significance value is smaller than 0.05, it means that there was a difference in burnout level of caregivers before and after the psychoeducation therapy was carried out in the intervention group.

Table 2.
The difference in burnout level of caregivers for schizophrenia patients in control group (N=16)

	Mean	Std. Deviation	Std. Error Mean	P value
Before	1.375	0.5	0.125	
After	1.375	0.5	0.125	1,000

From the table above, it can be seen that caregiver burnout in control group showed the same score (1.375) before and after the intervention or did not show any level difference. Based on Wilcoxon test, p-value= 1 (definitely no difference because before-after score was the same), so it means that there was no difference in burnout level of caregivers in control group before and after the psychoeducation therapy was carried out.

The result of normality test after the intervention in the intervention group and control group using Shapiro Wilk statistical test obtained p-value or significance =0.000 which is <0.05, it can be concluded that the data from normality test in intervention group and control group is not normal. Thus, the comparison test used Mann Whitney. The calculation result of statistical test for average difference of burnout level in caregivers for schizophrenia patients after psychoeducation therapy for the intervention group and control group in Kersamanah village, Garut regency is as follow:

Table 3.
The difference in burnout level of caregivers for schizophrenia patients in control group and intervention group after the psychoeducation intervention

	Mean	Std. Deviation	P value
Control	1.375	0.5	
Intervention	2.5	0.5164	0.000

From the table above, it can be seen that the score in intervention group (2.5) was bigger compared to control group (1.375) which showed that the score in intervention group increased and means that the burnout level was decreased. The decrease is a significant one according to Mann Whitney test with $p\text{-value}=0.000$. In other words, there was a difference in caregiver burnout level in the intervention group and control group after the intervention.

Discussion

Caregivers who experience burnout are closely related to their psychological condition, which can cause them to suffer from psychosocial problems. Mental nurse is one of the professionals who takes responsibility for handling psychological problems experienced by caregivers so that these will no longer become a cause of mental disorders in the future.

The study conducted by Jusuf (2006) titled “Need Assessment for Caregivers in Schizophrenia” found that the caregivers in schizophrenia need to master coping skills to overcome burdens in carrying out their roles. Among various aspects that play a role in achieving an effective coping, knowledge and information are the important ones as they are needed in a problem solving process and in determining emotional reactions to arise. Therefore, caregivers in schizophrenia need to have sufficient information about schizophrenia disorders as well as burdens carried by the patients’ family and how to overcome them. One of the treatments which can be done is through psychoeducation therapy. This is in line with a study by Dixon, et al (2001) which stated that psychoeducation is an evidence-based practice to handle burdens experienced by caregivers in mental disorders.

The result of the effectiveness analysis of psychoeducation intervention for caregiver burnout level showed that the score in intervention group was increased thus it means that the level of burnout was decreased with $p\text{-value}=0.002$. Meanwhile, the score for caregiver burnout level in control group did not differ. Although similar studies have never been conducted either in Indonesia or other countries, Sharief, et al (2012) suggested that performing psychoeducation treatment for caregivers for schizophrenia

patients gave a positive impacts in reducing both the caring burden and patients' symptoms after one month of intervention.

Research about psychoeducation therapy for caregivers in schizophrenia are still limited to its effect on the burden of caring, emotion, and patient care management. Psychoeducation intervention for caregivers in schizophrenia, as stated in various researches, gives a positive impact on caregivers' problems in caring for a patient. Researches conducted by Magliano, et al. (2000), Chruch (2005), Sharief, et al. (2012), Tanriverdi & Ekinci (2012), Ozkan et al., (2013) and Fallahi, at al., (2014) mention that psychoeducation is effective in increasing families' ability to care for patients so as to decrease the rate of relapse and readmission, reduce caregivers' burdens, emotion, and depression. This supports the result of this study which revealed that psychoeducation is effective in reducing the burnout level of caregivers for schizophrenia patients significantly with $p\text{-value}=0.000$.

Conclusion

In intervention group, there was a significant decrease in level of caregiver burnout after the psychoeducation therapy was performed. The decrease of average score of caregiver burnout after psychoeducation was carried out was doubled compared to the average score before the therapy was carried out with $p\text{-value}=0.002$. In control group, there was not any difference in burnout level between pretest and posttest. It can be concluded that psychoeducation was effective in reducing the burnout level of caregivers for schizophrenia patients in Kersamanah village, Garut regency. Therefore, psychoeducation can be developed to be used as a form of therapy to overcome burnout experienced by caregivers for schizophrenia patients and is given by specialist nurses or nurses who have completed a training. In addition, there is also a need of training for nurses at Community Healthcare Center (Puskesmas) about psychoeducation to overcome psychosocial problems experienced by caregivers.

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