

## THE RELATIONSHIP BETWEEN FAMILY SUPPORT AND FAMILY BURDEN CARING FOR CLIENT WITH VIOLENCE BEHAVIOR IN TAMPAN MENTAL HEALTH HOSPITAL OF RIAU PROVINCE

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### Abstract

One of the roles and the functions of family is to provide affective function to fulfill the psychosocial needs of each family members and also to give affection. Supporting the family member who suffered from mental illness is one of the manifestations of that function. Family support can be measured by family's attitude, action, and family's acceptance toward family member who suffered from mental illness. This research aimed to describe and analyze the relationship between family support and family burden in caring for client with violence behavior. This study used analytic quantitative method with *cross sectional* design approach. Using an *accidental sampling* method, 45 samples were recruited in this study. The result showed that there was a significant relationship between family support and family burden ( $p = 0,004$ ;  $p < 0,05$ ). Based on the result, this study recommend recommends that the family nursing care standard arrangement is crucial for family support program. Arranging the health education program schedule and specialist therapy can be regularly implemented and developed individually or groups through utilizing the outpatient ward for nursing consultation properly.

**Keywords:** Behavioral Violence, Family Support, Family Burden, Mental Illness

### BACKGROUND

Mental health, according Videbeck (2008) is a healthy state of emotional, psychological and social visible from satisfying interpersonal relationships, behavior and effective coping, positive self-concept and emotional stability. The prevalence of mental disorders in Indonesia in 2000 is likely to increase, data showed mental disorders by 12%, in 2001 increased to 13%, and is expected in 2020 increased to 15% of the total population of Indonesia (WHO, 2001). High rates of mental health disorders is a major health problem compared with other public health problems.

Problems often occur in mental health according to Keliat (2009) influenced by various factors in life which are stress, unemployment, violence, conflicts that exist in society, natural disasters, inability to cope with sources of stress that may lead to a person experiencing mental emotional disorder. Schizophrenia is a mental disorder

characterized by a decrease or an inability to communicate, impaired reality (hallucinations and delusions), affective unnatural or blunt, cognitive impairment (not capable of abstract thinking) and has difficulty with daily activities (Keliat, 2006). One of the symptoms shown by patients with schizophrenia or mental illness are violent behavior. Violent behavior is an incorrect assessment of the situation received by a person who causes anger, as violent behavior is a result of extreme anger (anger) or fear (panic) as a response to feeling threatened (Stuart & Laraia, 2005). Based on research conducted at the University of Helsinki and the Helsinki University Central Hospital Psychiatry Centre, obtained data from 1,210 clients, 32% of people with schizophrenia commit acts of violence, and 16% of violent behavior on the client resulting in death (Virkunen, 2009). Based on the survey conducted in the documentation of Mental Hospital (RSJ)

Handsome Riau province, the data obtained during the year 2011, of 350 patients treated with violent behavior, 60% control back to the clinic the soul.

Videbeck (2008) explains that violent behavior can hurt or injure themselves or others, it can even lead to death committed by the culprit. Clients with violent behavior are treated in a psychiatric hospital is in dire need of support from nurses and doctors, while the client with violent behavior are treated in urgently need the support of the family in treatment. The family is the closest to the client, where families need to know the process of the emergence of violent behavior experienced by family members, and the need to keep an eye on the behavior of clients who show signs of anger, amok, rowdy restless and aggressive. The family also has a responsibility to care for, but in practice these circumstances pose a burden to the family. Based on research conducted by Siregar, Arijanto and Wati (2008) found that there is a significant relationship between the burden of care giver with positive and negative symptoms in schizophrenia clients.

According to Mc. Donel, Berry and Dick (2003), the burden of families of patients with schizophrenia related to patient care, including medical expenses, monitor the patient's mental condition, interacting with the public in connection with the stigma of mental patients as well as the emotional distress result of the symptoms of schizophrenia. One of the roles and functions of the family is to provide functionality to meet the needs of psychosocial affective family members in giving affection (Friedman, 2010). One manifestation of this function is to provide support to family members who experience mental illness. Family support is an attitude, action and family acceptance towards pain sufferers. Based on research conducted by Herlina (2011), family support can be divided into four dimensions of emotional support, support assessment, information support and instrumental support.

Based on preliminary studies conducted on 7 family of a client with a history of violent behavior on family support to family members who experience mental illness with violent

behavior known that three families give love and attention in any condition, while four families say they have to care for clients by way of delivering treatment to Tampan Mental Health Hospital Of Riau Province, supervise taking medication, but sometimes families also experience the perceived burden on the violent behavior of family members with mental illness, the family also felt confused by stigma or negative label of the surrounding community.

## METHODS

The design of study was a descriptive cross sectional correlation (Notoatmodjo, 2010). This study was conducted to determine the relationship between the independent variables, namely the support of families with dependent variable is the burden of the family. The population in this study is a whole family of clients with violent behavior who come to visit the clinic mental Psychiatric in Tampan Mental Health Hospital Of Riau Province in January - February 2015. The samples were taken using a non-probability sampling with accidental sampling technique. The number of samples in this study were 45 respondents. This is caused by the number of families client with violent behavior who come to visit the clinic mental Psychiatric in Tampan Mental Health Hospital Of Riau Province is uncertain, so the number of samples in this study only 45 respondents.

This research was conducted at the clinic Mental Psychiatric in Tampan Mental Health Hospital Of Riau Province as a mental hospital only in the province of Riau. Data collection was conducted from March 12 until the date of April 4, 2015. The data collection tool used in this study was a questionnaire developed by Suwardiman (2012) and has been tested for validity and reliability. Fill in the questionnaire is divided into 3 parts: family characteristics data, data on family support and data about the family burden. Data was analyzed by univariate and bivariate (chi square).

## RESULTS

Univariate Analysis

**Table 1**  
**Analysis of Age Respondent**  
**Tampan Mental Health Hospital Of Riau**  
**Province in 2015 (n=45)**

Variab le	Mea n	Media n	SD	Min - Mak s	95 % CI
Age	37,9 8	38.00	6,66 9	26 - 52	35,9 7 - 39,9 8

**Table 2**  
**Distribution Characteristics of Respondents**  
**Tampan Mental Health Hospital Of Riau**  
**Province in 2015 (n=45)**

Variable	Frequency	Percentage (%)
<b>Gender</b>		
a. Male	27	60,0
b. Female	18	40,0
<b>Total</b>	<b>45</b>	<b>100</b>
<b>Education</b>		
a. Low	25	55,6
b. Intermediate	18	40,0
c. Height	2	4,4
<b>Total</b>	<b>45</b>	<b>100</b>
<b>Work</b>		
a. Does not work	8 37	18,8 82,2
b. Work		
<b>Total</b>	<b>45</b>	<b>100</b>
<b>Income</b>		
a. Low	16	35,6
b. Moderate	24	53,3
c. Height	5	11,1
<b>Total</b>	<b>45</b>	<b>100</b>
<b>Relationship with clients</b>		
a. Father	8	17,8
b. Mother	4	8,9
c. Mother	8	17,8
d. Younger sister	10 2	22,2 4,4
e. Older brother	8 5	17,8 11,1
f. Husband		
g. Wife		

g. Child	Total	45	100

**Table 3**  
**Analysis of Family Support Caring For**  
**Client With Violence Behavior In Tampan**  
**Mental Health Hospital Of Riau Province (**  
**(N=45)**

Variable	Me an	Medi an	SD	Min - Mak s	95% CI
Informati on Support	12, 91	13,00	1,2 0	9 - 15	12,5 5 - 13,2 7
Emotion al Support	9,9 3	10,00	1,8 8	8 - 13	9,37 - 10,5 0
Instrume ntal Support	10, 87	11,00	0,6 9	10 - 13	10,6 6 - 11,0 8
Assessm ent Support	10, 73	11,00	1,4 6	7 - 13	10,2 9 - 11,1 7
Family Support	44, 44	44,00	2,2 9	35 - 50	43,7 6 - 45,1 3

**Table 4**  
**Analysis of Family Burden Caring For Client With Violence Behavior In Tampan Mental Health Hospital Of Riau Province (N=45)**

Variable	Mean	Median	SD	Min - Max	95% CI
Objective Burden	10,48	10,00	1,50	9 – 16	10,04 – 10,92
Subjective Burden	14,31	14,00	0,92	13 – 17	14,04 – 14,58
Family Burden	24,79	25,00	2,01	23 – 33	24,21 – 25,38

#### Bivariate Analysis

**Table 5**  
**Relationship Between Family Support And Family Burden Caring For Client With Violence Behavior In Tampan Mental Health Hospital Of Riau Province (N=45)**

Variable	Variable	R	P Value
Family Support	Family Burden	-0,426	0,004

#### DISCUSSION

The results provide information that the respondents in this study age 37.9 years, which is included in the life of the adult category. Adulthood is regarded as old enough to care for patients with violent behavior by one's level of maturity and strength in logical thinking and working. This is in accordance with the opinion of Siagian (1995), which explains that a person will be able to demonstrate the maturity of the soul, the more prudent in making decisions, capable of rational thinking, able to control the emotions and more tolerance toward others as we age.

Respondents in this study the majority of the male sex where men tend to have a limited time to deliver and care for family members with a history of violent behavior. Education respondents in this study are mostly poorly educated, namely primary and secondary school. A person with low education lack sufficient information and knowledge in treating patients with violent behavior. According to WHO (2003) a person with low education would be at risk of not being able to take care of his health.

Most respondents in this research work. In general, a person who works certainly does not have enough free time to care for family members who have a history of violent behavior. Respondents in this study have an income between Rp. 1,500,000 s / d 2,500,000. Income or income is one of the socio-economic factors that influence family support. Where families with higher economic level will be to provide support and take decisions in caring for family members with a history of violent behavior. This is supported by the opinion of Friedman (2010), which explains that families with socio-economic level of excess would have this level of family support adequate where the family income is one manifestation of instrumental support that will be used in the search for mental health services in caring for family members with behavioral violence.

A small portion of the respondents in this study had a sister relationship (22.2%). One of the factors that influence family support is a client relationship with the family. Sister as a nuclear family can provide support to a family member who suffered violent behavior. This is in line with the opinion of Friedman (2010) which revealed that one family function is to provide health care in the family, so the family will provide support in addressing the care of family members with a history of violent behavior.

The results showed that family support has an average value of 44.44 with the lowest value of the support 35 and top support with a value of 50 with a scale score of 0 - 72. Based on the average value indicates that support for large families in the category, where it is explained that the family is still carrying out

its functions, especially affective functions. This is supported by the opinion of Friedman (2010), which explains that one of the functions of affective family is to meet the psychosocial needs of family members, among others by giving affection, mutual caring, warmth and mutual support between family members.

Forms of family support given to family members who have a history of violent behavior among other things: accept the conditions of the family members are, inform the outgrowth of care to family members, give an explanation to the patient about the importance of taking medication and accompanying family members to the doctor every month control.

Family burden in this study was 24.79 with the lowest value of the family load 23 and the highest score was 33. The family burden consists of the burden of the family burden of subjective and objective burden. In this study, perceived subjective burden of family among others feel discomfort stigma in the community, emotionally disturbed by the presence of sick family members, as well as the attention and thought. While the objective burden perceived by respondents include the perceived financial difficulties with their sick family members.

The results are consistent with the opinion of Teschinsky (2000) which explains that families caring for family members with a history of violent behavior will experience emotional reactions to disturbances and social stigma caused due to violent behavior and its impact. WHO (2008) also states that family members are the main parties who bear the burden of subjective and objective both emotionally and financially due to one of the family members who were treated with a history of violent behavior.

In this study showed that family support relationships with family expenses shows the relationship with the medium strength and patterned negative, it means increasing family support decreasing the burden on families. Results of statistical tests also found no significant relationship between family support with the family burden ( $p = 0.004$ ;  $p > 0.05$ ). The research results provide information that

is critical of family support in caring for family members with a history of violent behavior.

Family support consists of information support, emotional, instrumental and assessment. Emotional support is a form of support by providing a sense of security, affection, motivate family members to prevent despair, low self-esteem due to the inability of a disorder experienced. Families who provide direct emotional support to family members with a history of violent behavior will reduce the burden on families both subjective and objective burden such as feeling sad, anxious, frustrated, annoyed and bored.

One form of family health care function in maintaining the health status of family members to keep a high productivity is to provide information support given to the family members of a family with a history of violent behavior is. According to Friedman (2010), the support information that can be provided by the family is to give advice, advice, input or direction and provide relevant information to those required by family members with a history of violent behavior in an effort to increase the need for family support through his mental health status. With the support information directly to reduce the burden on families that had been perceived. Clear information about the care and treatment of family members must be understood so as to reduce the burden on families that had been perceived.

Instrumental support is a function of the economic and health care functions are applied families in caring for sick family members (Friedman, 2010). According Nuraenah (2012), is highly influential instrumental support in responding to family expenses, especially the burden on families who are objective such as how to seek mental health services, medical expenses, food, shelter, transportation and how to care and treatment of family members with a history of violent behavior. The instrumental support should be given by the family even though the burden of families to access mental health facilities is very difficult.

Provide feedback and appreciation to family members who have a history of violent

behavior by giving a positive response is one form of support from the family assessment. Dukunga Through this award, a family member with a history of violent behavior will gain recognition for its capabilities.

## CONCLUSION

Characteristics of respondents in this study more men is 32 (60%), low education, namely primary and secondary school as many as 25 people (55.6%), most respondents working is 37 people (82.2%), the majority of respondents moderate income (Rp. 1,500,000 - Rp 2,500,000) as many as 24 people (53.3%), ten respondents (22.2%) have a relationship as a sister, and the average respondent age of 37.9 years.

The average family support is 44.44 with a standard deviation of 2.29. The average family burden of 24.79 with a standard deviation SD 2.01. There is a significant relationship between family support with the family burden ( $p = 0.004$ ;  $p < 0.05$ ). Seeing the results of the analysis of this study, it is suggested to the nurse at the clinic nursing soul Mental Hospital Handsome Riau province should be able to improve nursing service life, especially for the intervention of the family were expected to be able to further improve family support in caring for clients with violent behavior. Preparation of family nursing care standards for family support programs need to be there, scheduling programs and health education specialist therapies that can be implemented and developed regularly and can be done individually or in groups to the utilization of the nursing consultation polyclinic fairly precise.

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