

Exploration Of Caregiver Stress In Treating Individu With Schizophrenia (Iws), A Qualitative Study

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Abstract

Background: IWS care by caregivers takes a long and long time. Chronic schizophrenia patients, frequent relapses, varied clinical manifestations, the patient's condition is difficult to communicate, unable to take care of themselves and likes to tantrum, causing caregivers to experience stress. **Purpose:** The purpose of this study was to explore stress, the causes of stress, the efforts made by health services and caregivers in dealing with stress and health problems experienced by caregivers while treating IWS. **Method:** This research is a qualitative type, collecting data using structured in-depth interviews on 20 IWS caregivers aged 44 to 67 years and analyzed using thematic analysis. Five health cadres and five nurses. **Results:** The analysis identified five main themes. 1). Caregivers have differences in understanding stress, 2). The causes of caregiver stress consist of predisposing and precipitation factors, 3). Signs and symptoms of caregiver stress include cognitive, affective, behavioral, social and physiological, 4). Sources of coping with caregiver stress and 5). Caregiver stress coping mechanisms. Caregivers express their ignorance in dealing with IWS recurrence and want attention for caregivers while treating IWS. Caregivers need help and support from others for the stress they are experiencing. Finally, the need for support to cope with stress becomes a central theme, caregivers feel more comfortable talking to someone with similar experience or knowledge about their situation. **Conclusion:** The findings in this study reinforce that nursing therapy and further management are needed to overcome caregiver stress in treating IWS.

Keywords: caregiver stress; schizophrenia; qualitative.

Introduction

Schizophrenia is a chronic and severe mental disorder that affects 20 million people worldwide (IHME, 2018). The prevalence of schizophrenia in Central Java increased from 0.23% (Riskesdas, 2013) to 0.25% (Riskesdas, 2018). The prevalence of schizophrenia in Central Java is 0.25%, Semarang City has an estimated population of 1,650,000 people (Central Bureau of Statistics, 2021) with an estimated schizophrenia of 4,125 people, while data from the Central Java Provincial Health Office found schizophrenia patients in Semarang City as many as 4,172, so the number of schizophrenic patients identified is greater than estimated. This means that as many as 4,172 caregivers were also affected by treating schizophrenic patients.

Schizophrenia is a chronic, recurring psychotic disorder with wide and varied clinical manifestations, has varied symptoms and disease course (Kaplan et al., 2010). Signs and symptoms caused consist of positive symptoms and negative symptoms. Patients with chronic schizophrenia, often relapse, take a long time to treat, the patient's condition is difficult to communicate, unable to care for themselves and likes to rage, causing caregivers to experience stress.

Caregivers who live with and care for schizophrenic patients often face daily stress (Chien et al., 2008). The burden of disease borne by caregivers is an internal burden, namely the economy, fear of the future for schizophrenic patients, loss of concentration and daily productivity (Stuart et al., 2016). The external burden experienced by caregivers is the lack of support from neighbors, extended family and negative judgments from society towards schizophrenic patients (Windarwati, 2018). Internal and external burdens are stressors that can cause stress for caregivers.

The stress experienced by caregivers results in certain biological responses in the body. When you feel threatened, pressured, or face a big challenge, several stress hormones will be released throughout your body. Caregiver stress has not received attention and treatment from health services. The focus of treatment from health services is still given only to IWS. But the treatment for caregivers that has been done is the provision of psychotherapy to improve family functioning and provide social support (Chien & Chan, 2013). Caregiver stress management is needed to provide mental support and maintain caregiver mental health through a stress management handling model. No efforts have been developed to deal with caregiver stress in caring for IWS.

Research on relaxation therapy to deal with caregiver stress shows that relaxation is effective in reducing caregiver stress (Sandani & Rohmah, 2020). Research on affirmative therapy on schizophrenia caregivers shows that therapy is effective in reducing caregiver stress (Mulyanti et al., 2020). Research on relaxation therapy and hypnotherapy on schizophrenia caregivers shows that the therapy is successful in reducing caregiver stress (Wahyuningsih et al., 2020). Specific therapy to deal with caregiver stress in caring for schizophrenic patients has not been used to deal with stress in caregivers of schizophrenic patients.

Community participation to help and strengthen caregivers in coping with stress is urgently needed. The model that will be used to support research is the adaptation stress model (Stuart et al., 2016). This model assumes that nursing provides biological, psychological, sociocultural, environmental fulfillment in a legal and ethical context. The Stuart concept model examines patients from several aspects which include predisposition, precipitation, assessment of stress/responses to stress, examines abilities possessed from several aspects, looks at the efforts that have been made to determine medical approaches and nursing approaches to solve caregiver problems. The Stuart adaptation stress model views human behavior in a holistic perspective consisting of biological, psychological, sociocultural and these aspects are integrated with each other in treatment. The biopsychosocial component of the model includes predisposing factors, precipitation, assessment of stressors, coping sources and coping mechanisms (Stuart et al., 2016). The Stuart model is very appropriate to be applied in exploring stressors and caregiver stress in treating schizophrenic patients.

A preliminary study conducted on 110 IWS caregivers in Semarang City, found that 66 caregivers experienced stress in caring for IWS and did not know what to do in dealing with IWS when they relapsed. It has not been explored in terms of internal and external burdens on caregivers that cause stress. Also in terms of physical and mental health problems in caregivers have not been identified as a whole. The purpose of this study was to identify stress, stressors, health problems and the efforts made by caregivers and health services to deal with caregiver stress.

Methods

Research question

The research questions used to guide the implementation of this research are: how is caregiver stress, what causes stress on caregivers, what are the efforts made by health services and caregivers themselves in overcoming caregiver stress and what health problems are experienced by caregivers while treating IWS?

As a first researcher, I have a professional and personal interest in this research as a community psychiatric nurse and doctoral candidate for community health in Central Java and an important aspect of my position in research focused on exploring the stress of IWS. I am an active interviewer in the data collection process.

As a second researcher, I am interested in the management of IWS in the community. Based on my professionalism in society and my position as a psychologist from the psychology faculty at Diponegoro University and also a lecturer at the psychology faculty. I work a lot on mental health issues from a psychological perspective and contribute to identifying psychological aspects that affect caregiver stress in treating IWS.

As the third researcher, I believe the results of this research can have an impact on local government policies and improve efforts to deal with IWS caregiver stress so that caregivers have an increased ability to care for IWS and care for themselves. Health services not only humanize people with schizophrenia and provide appropriate treatment for people with schizophrenia. I have competence as a psychologist from the psychology faculty at Diponegoro University and also a lecturer at the psychology faculty.

As the fourth researcher, I am a doctor who does a lot of research in the health sector and has the capacity as a professor in the department of medicine at Diponegoro University and analyzes stress, causes of stress, health problems and efforts made by health services and caregivers in treating individual with schizophrenia (IWS)

We are a team of mental health professionals with different backgrounds, namely mental health nurses, psychologists, doctors and lecturers/academicians. The partnership in this study is aimed at getting an overview of caregiver stress in caring for IWS according to the background of each researcher to provide a more comprehensive understanding in research.

Methodology

We explore stress, causes of stress, efforts made by health services and caregivers in overcoming stress and health problems experienced by caregivers while caring for IWS using a qualitative study with a phenomenological approach. We conducted our research in Central Java, which is the third most populous province in Indonesia. People with schizophrenia amount to 0.25% of the total population of Central Java. Approximately 4,172 people with schizophrenia were cared for by caregivers.

We chose to use a phenomenological approach in this study because it is a methodology that directly explores, analyzes and describes phenomena, stimulates the perception of life experiences in a richer, deeper and clearer way from an experience. The goal is to confirm the stress and the cause of the stress experienced. Qualitative research is a way to study problems based on a complex and holistic picture, embodied in words, presented in the form of detailed information and placed in natural situations (Creswell, 2013). This study describes the typical phenomena or forms of things as life experiences.

Research Participants

This study involved 30 participants. This is the number at which we reach data saturation. The participants were 20 people who cared for people with schizophrenia, five cadres, and five health workers involved in handling cases. We interviewed about the meaning of stress, causes of stress, efforts made by health services and caregivers in dealing with stress and health problems experienced by caregivers while treating IWS. All participants were over 40 years old and able to speak Indonesian or Javanese. Caregivers who treat IWS (P1) must meet certain criteria; providing care to schizophrenic patients at home, able to communicate well, willing to become participants, able to express feelings and conditions felt and experienced as caregivers. The five cadres (P2) who took part in this study were volunteers who lived in caregiver environments and helped and were involved in caring for IWS. Five health workers (P3) are health service providers or health workers in charge of the mental

health program. Nurses must meet specific criteria; they become mental health workers in health services or mental health nurses who treat IWS.

Phenomenology is a qualitative data analysis methodology for developing theoretical frameworks that describe and explain the phenomena of social processes of interest. We emphasize the personal values conveyed by the participants from existing realities and are presented in a narrative form. Researchers in this study acted as research instruments in interpreting data with validation from participants. We aim to describe the stressors of caregivers caring for people with schizophrenia.

We identify and recruit participants based on the following stages. First, we coordinated with the regional health office to obtain data on the presence of IWS. Second, we selected participants using purposive sampling, participants namely caregivers or families who live with IWS and provide care to IWS and have been predetermined into inclusion and exclusion criteria. The caregiver must be the main caregiver who takes care of the daily needs of IWS (P1). The third step is to determine the data for cadres (P2) and health workers (P3) based on the area that has been determined based on data from the health office. Cadres and nurses were selected by purposive sampling based on inclusion and exclusion criteria.

We have ensured that in the results and discussions, we discuss collectively and adjust to the group. We guarantee the confidentiality of the participants in this study by writing a code for each participant including the participant's identity, notifying that all participants will remain anonymous. Preparation and collection of data begins with providing an explanation to the participants regarding the purpose of the research being conducted, then the participants are given informed consent. Researchers conducted semi-structured in-depth interviews with participants who agreed to take part in the study. The researcher recorded with an audio recorder and wrote field notes immediately after the interview. We completed data collection and analysis simultaneously so that analytical interpretations could be further explored through the views and experiences of subsequent participants. We conducted interviews with a duration of 60-90 minutes according to the agreement with the participants, and we conducted the interviews in a closed room to maintain privacy. The environmental settings are arranged in such a way as not to give the impression that the participants are being interrogated. The use of this closed room is so that the participants' concentration is not disturbed during the interview. We have ensured that the data analysis process is fully explained in the data analysis section. We made changes to the data analysis process which consisted of 2 stages, namely the concept formulation stage and the concept development stage. The first step is to formulate the concept, which consists of three stages: substance coding, categorization, and identification.

Sampling and Recruitment

This research on caregiver stress is located in the work area of the Central Java Provincial Health Office, Indonesia. We chose Central Java as the research location because as many as 4,172 residents experienced schizophrenia and there was no treatment for the stressful conditions experienced by caregivers while treating IWS. We use in-depth exploration to find out how stress, stressors, efforts and health problems are experienced by caregivers. Participant sample triangulation was selected from a heterogeneous sample using a purposive sampling technique. The study of stress, stressors, efforts and health problems experienced by IWS caregivers reached data saturation for the twentieth participant.

There were three groups of participants in this study. The first group is twenty IWS caregivers. The second group is five mental health cadres. The third group is five health workers as holders of mental programs at the health office and puskesmas. The first group of caregivers, all are over 40 years old, and most of them are women. Most caregivers have a high school level of education, are married and work. Six caregivers cared for IWS for less than five years and the rest for more than five years.

The second group is cadres, all of whom are over 40 years old and are female, only one person is male. All cadres have high school education, are married, are not working and have been cadres for more than five years. All cadres are Muslim.

The third group, health workers, consisted of one general practitioner, one psychiatrist, two nurses and one public health master's nurse. All health workers are graduates in their fields, married and have worked as health workers for more than 10 years. All health workers are Muslim.

We use a qualitative research design based on a phenomenological approach (Chreswell, 2013). We explore caregivers' insights and experiences about stress, stressors, efforts made and caregiver health problems. We collected data from November 2021 to April 2022. When collecting data, we used in-depth interviews with field notes for us to document the results of interviews with IWS caregivers. Table 1 outlines the interview guide.

No	Interview Guidance	P1
1	According to you, what is meant by stress?	√
2	Have you ever experienced stress in caring for people with schizophrenia?	√
3	If so, please describe how you experience stress.	√
4	If not, what causes you not to experience stress?	√
5	What do you think about the causes of stress that you feel/experience?	√
6	Can you explain other causes of stress for you besides caring for people with schizophrenia?	√
7	Do all of these conditions interfere with your daily activities?	√
8	Did you experience health problems/illness while caring for people with schizophrenia?	√
9	If you have experienced, what illness did you experience?	√
10	How long have you been suffering from this illness?	√
11	Can you tell me how this health condition interferes with your activities and work?	√
12	How does this health condition affect you in caring for people with schizophrenia?	√
13	If you have never been sick, what efforts have you made so that you can stay healthy until now?	√
14	Apart from the physical or bodily pain that you are experiencing, is there any other pain that you are experiencing? What bothers your thoughts or feelings?	√
15	Can you tell me about this condition? Is it disturbing and causes what kind of circumstances or feelings?	√
16	What efforts have you made to overcome your problems and illnesses?	√
17	Is there anything you would like to do to overcome your problems and illnesses, but it hasn't been implemented yet?	√
18	Did you convey to your family or other people about your problems and illnesses?	√
19	Can you tell me how the efforts you have made have affected your problems and illnesses?	√
20	What are your hopes for the role of your family and other people in the conditions you are experiencing and feeling?	√
21	Have you told your neighbors and health workers about your problems and illnesses?	√
22	How do you ask neighbors for help from health workers regarding your condition?	√
23	Can you tell me, did neighbors and health workers provide assistance or action or treatment for your condition?	√
24	What kinds of assistance/actions/therapy have been carried out and given by health workers to you to overcome your physical and psychological problems in treating people with schizophrenia?	√
25	What kind of assistance/actions/therapy do you expect from health workers to overcome your physical and psychological problems in treating people with schizophrenia?	√
26	What kind of help/support do you expect from your family and neighbors to overcome your physical and psychological problems in caring for people with schizophrenia?	√
27	What assistance/actions/therapy do you expect from health workers to deal with and care for people with schizophrenia?	√

We obtained informed consent from the participants before we conducted the study. Researchers conducted interviews and recorded them with a voice recorder. Then, write field notes immediately after the interview is conducted. We carry out data collection and data analysis simultaneously, so that we can explore further analytical interpretations through the perspectives and experiences of subsequent participants. Each interview takes 60-90 minutes. Interviews were conducted by appointment, when participants were not preoccupied with daily tasks and routines. The interview is conducted indoors (such as in the living room) so that the caregiver remains focused and not distracted. Only the researcher (interviewer) and participant (interviewee/caregiver) were in the room during the interview.

Data analysis

Data processing with qualitative analysis, because the data obtained is qualitative data. In this technique an inductive thinking process is used, meaning that it starts from the data collected and then concludes. The inductive thinking process starts from specific decisions and then general conclusions are drawn. Data analysis was carried out after the transcripts of the interview recordings were made. Qualitative data analysis is a process of applying steps from the specific to the general with different levels of analysis (Creswell, 2013). The data analysis process was carried out through the following stages: preparing raw data (transcripts, field data, images), processing and preparing data for analysis, reading all data, coding data, identifying themes and describing them, connecting themes and interpreting themes.

a) Prepare raw data (transcripts, field data, images), process and prepare data for analysis. Interview transcription, scanning material, typing field data or sorting and organizing the data into different types depending on the source of the information. b) Reading the entire data, building a general sense of the information obtained and reflecting on its overall meaning. c) Coding data, namely the process of processing material/information into written segments before interpreting them. d) Identify themes and describe the settings, people, categories and themes to be analyzed. e) Linking themes, done to show how these descriptions and themes will be restated in the narrative/qualitative report. f) Interpreting themes, namely interpreting or making sense of the data. Asking questions, which will help researchers uncover the essence of an idea (Moleong, 2010). Qualitative researchers in conducting data analysis use the analytical model initiated by Miles and Huberman which is often referred to as the interactive data analysis method (Creswell, 2013). Activities in qualitative data analysis are carried out interactively and continuously until complete, until the data is saturated (reaches saturation).

Ethical Issues

This research has received ethical approval from the Ethics Committee of the Faculty of Medicine, Diponegoro University (number 422/EC/KEPK/FK-UNDIP/XI/2021). All participants received written information from the researcher explaining the purpose of the study, the interview process, and the voluntary nature of participation. All participants' answers were anonymous, and all participants who agreed to participate gave informed consent to the researcher to be involved in this study. The researcher gave the participant a code number as an anonymity principle intended to protect the participant's privacy.

Results

Data were identified from all caregivers through in-depth interviews, resulting in four major themes in the study. The themes generated in this exploration are: 1) caregiver's understanding of stress, 2) caregiver stressors consisting of predisposing and precipitation factors, 3) caregiver stress signs and symptoms including cognitive, affective, behavioral, social and physiological, 4) coping sources caregiver stress related to abilities, beliefs, support and finances as well as health care facilities.

1) Theme 1: The caregiver's understanding of stress

The results of the exploration of stress experienced by the caregiver identified two categories

a) The understanding of caregiver stress has not been widely understood,

Participants expressed their knowledge about stress, most of them said they understood stress according to their understanding

"...Stress is stress, Sis. Yes, stress is suppressed, 'bludrek niku mbak, ingin ngamuk, rasane jengkel. Pokoke mboten karuanlah', Sis" (P4, P5, P7, P12, P15, P17)
 "...I'm stressed, I'm under pressure, I feel like you're feeling abysmal" (P8)
 "Wow, stress is stressful, miss, every day you are always bad-tempered, 'koyo meh edan, wis jan koplak tenan, mboten karuan pokoke,' Sis" (P10, P11, P20)

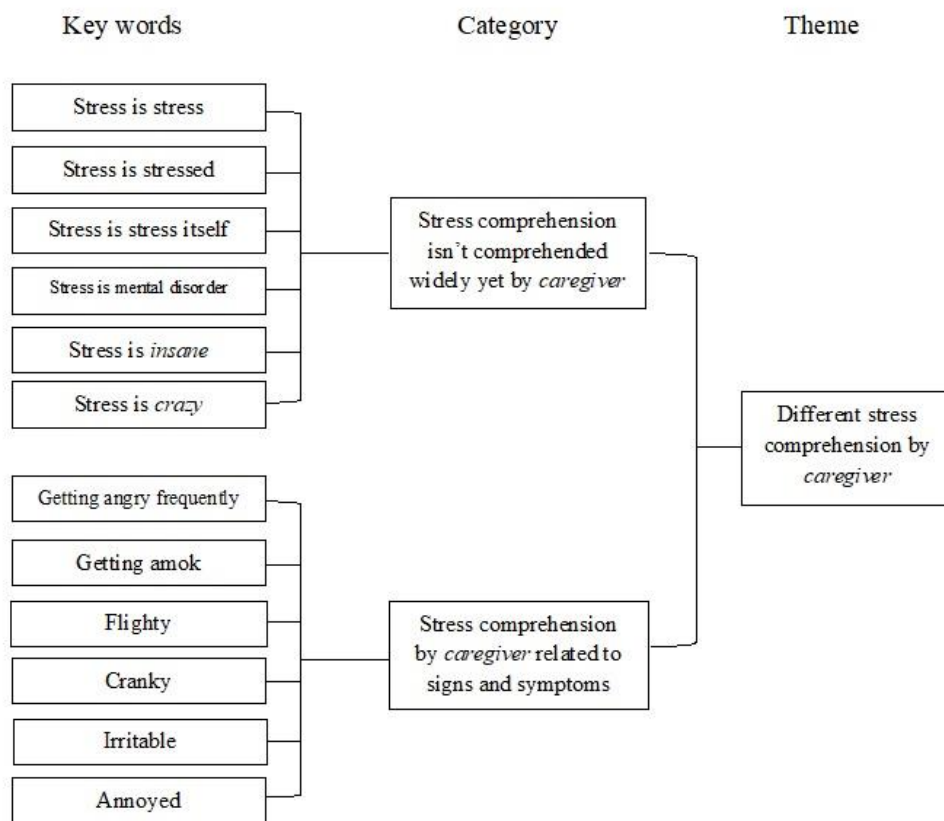
b) Understanding of caregiver stress related to signs and symptoms.

Participants conveyed their understanding of stress by mentioning signs of stress symptoms according to what participants felt and knew.

"...Stress is stress, Sis. Yes, stress is suppressed, 'bludrek niku mbak, ingin ngamuk, rasane jengkel. Pokoke mboten karuanlah', Sis" (P4, P6, P9, P10, P14, P16, P17)
 "... My stress is suppressed... irritated... I feel a mess" (P7, P8)
 "Wow, stress is stressful, miss, every day you are bad-tempered, 'koyo meh edan, wis jan koplak tenan, mboten karuan pokoke,' Sis " (P11)
 "Stress often gets angry, keeps wanting to throw tantrums" (P13, P19)

The results of the analysis of the first theme, categories and keywords can be seen in scheme 5.1.

Scheme 5.1. Theme Data Analysis Process 1



2) Theme 2: causes of caregiver stress related to predisposing and precipitation factors

The exploration of caregiver stressors that the researchers succeeded in identifying resulted in two categories, namely predisposing factors and precipitation factors. Predisposing factors consist of biological, psychological and social predisposition, as well as precipitating factors consisting of biological, psychological and social precipitation.

a) Biological Predisposition to Caregiver Stress

The biological predisposition of caregiver stress is related to physical health problems complained by caregivers while treating IWS.

"...I get short of breath when I think about it. After all, I have high blood pressure... that's it. Sometimes pretending to have a chest doesn't feel good, sometimes you're nervous too much... and so and so... throbbing... headaches. Am I due to any stress... what is it..." (P1, P2, Q10, Q11, Q14, Q15)

"... since when did you... since taking care of Yogi... I often have heartburn... if there are no physical problems... healthy... just throbbing..." (P5, P16)

"...I had a mild stroke the doctor said... just throbbing... if yes... Manto has relapsed... like that... since treating Manto... it's been five years... I have diabetes" (P3, P7)

b) Biological Precipitation Stress Caregiver

The biological precipitation of caregiver stress as expressed by the caregiver is

"...I get short of breath when I think about it. After all, I have high blood pressure... that's it. Sometimes pretending to have a chest doesn't feel good, sometimes you're nervous too much... and so and so... throbbing... headaches. Am I due to any stress ... what is it..." (P1, P4, P8, P9, P10, P19)

"... it's been a long time since I... high blood pressure. I don't feel good in my chest... I'm nervous, confused, have a headache..." (P2, P13)

"... since when...since taking care of Yogi... I often have heartburn... if there are no physical problems... healthy... just throbbing..." (P5, P18)

"... no ma'am... there's no problem what it is... physical... just a headache or a headache what is it..." (P6, P14, P15)

"... yes, high blood pressure... then.... What is it... sorry... my chest doesn't feel right... it keeps getting worse... it's nervous... I keep getting dizzy... headaches..." (P11, P12, P17)

"...I am... you know... what... high blood pressure... well... heartburn. Then you don't feel your chest, you get dizzy..." (P16)

"I fell, sis... then I couldn't walk... the problem was... physical... o... body aches... nothing... dizziness is normal" (P20)

c) Psychological Predisposition to Caregiver Stress

The psychological predisposition that causes stress is that caregivers don't know how to care for patients, don't know what to do and feel miserable.

"I was stressed because... it was difficult to treat patients. I was assisted by his older brother. Well, I have to work. Sometimes don't know what to do. What to do. I'm bored... so what's the point of being stressed?" (P1)

"Yes, it's been a long time. Getting married too... that's Niki Putrane. I don't like the neighbors, because Waniti suddenly helps neighbors and keeps asking for wages. I don't know how to take care of... because it's hard to take care of... it's a pity I don't know what to do... so it bothers me" (P2, P3, P5)

"...I don't know how to treat. As far as I know, it's correct, but how come it keeps on like this" (P5)

"...do not know what to do. Especially if Asep is hard to tell" (P6, P13)

"I don't know how to treat it... so it sucks" (P4, P7, P18, P19)

"Lha priipun gih. Indeed, I know about medical treatment... I don't know what to do for Agus. In fact, I get bored when I think about it" (P8)

"How to take care of him. Moreover, Salim is very difficult to care for" (P9)

d) Psychological Precipitation of Stress Caregiver

Psychological precipitation that causes caregiver stress is being a victim of the patient's actions, feeling bad for neighbors, having difficulty caring for patients.

"I became a victim of Rondhi's actions. This is where I was hit against the wall by my head sis..." "Rondhi likes to wander around, I don't like the neighbors, I'm worried that if Rondhi takes food I haven't paid for it... it's hard to take care of him... so he misses me" (P10)

"I'm the victim. Rozak's fury. I was beaten... Rozak was screaming, I didn't feel comfortable with the neighbors right and left. It's hard to take care of Rozak. I keep feeling really sad... annoying" (P11)

"Ngenes sis. Want to be felt (P12)

"It's hard to take care of Manto. Happy to go out... even though he has been sick for a long time" (P16)

"It's sad to say. It's hard to open up..." (P17)

"... yes, I am the victim. If Lekan takes things... steals, I'm the one who is billed by the neighbors... make me pay. I don't feel comfortable with my neighbors... sometimes I think... I'm stressed... I'm afraid Lekan will steal or steal..." (P20)

e) Social Predisposition to Caregiver Stress

The social predisposition of caregiver stress, as stated by several caregivers, includes having no money, not having their own income and having difficulty caring for IWS.

"I don't have my own income. Waiting for it to be given to my child, but my child also works hard, the results are also not much, even though I have to take care of Waniti, her child and feed me. I want to work old people. So, how about it sis..." (P2)

"Everyone needs money... yes for the family... then for Yogi if he wants treatment, but I don't have money. My husband works out of town, that driver, you know... an Inter-Sumatra bus driver. In the past, Yogi Niku had to drive my father and sis... I served as a driver. If I don't have my own income" (P5)

"Pripun malalih Ma'am... I am old, sickly. No job, no income. Bapake nggih sampun tuo, mboten kerjo. Only rely on Kusmanto's younger brother, Niki To, for pulses. The result is clever, the name is quite madang..." (P7)

"I don't work, I'm old. Ngopeni my sister ... yes... rely on my child number two. Well, I don't have any income. Nak jane... Salim niku really has a child... in Kendal. Married, working, but he doesn't care about his father." (P9)

"I... don't have my own income... often don't have money" (P10, Q13, Q14, Q15)

"Her sister Rozak is responsible for everything... Gemati is with me, with her son Rozak. But you have your own family. Have a wife and children... I never asked. Given it myself, I... just... don't be late. Afraid that Rozak will be angry, angry. I'm afraid, ... I don't have money, I don't work, there's no result" (P11)

f) Precipitation Social Stress Caregiver

Precipitation of social stress from caregivers, namely IWS not wanting to take medication, forcing them to ask for pocket money, often nagging and saying harshly, likes to hit and throw tantrums.

"...I get stressed when I think about my child. Especially when he gets angry, smashes dishes, screams, wow... how come it doesn't get better like that" (P1)

"...Women always nag when they have a relapse. Speak rudely ma'am... I'm afraid if I get angry. How come it doesn't heal... it makes me stressed" (P2)

"Yes, I get stressed if Gayo relapses and continues to get angry" (P3)

"It makes me stressed... especially when Sri relapses... when I remember her child keeps wanting to meet. Even though I had taken medicine, but it didn't get better" (P4)

"If Yogi has a relapse, you know ma'am. Not recovering..." (P5)

"My stress, his mother too... Asep when he relapses, he grumbles... he speaks harshly. Keep screaming, huh... so angry. That must be when the cigarettes run out. Recurrence... the point is... if it relapses, it's hard to control. That's why I keep... that... don't be late for a cigarette... It's fun to be angry..." (P6)

"...increasing my stress...if Kusmanto relapses. Smashing glasses, plates, kept on... screaming. So angry..." (P7)

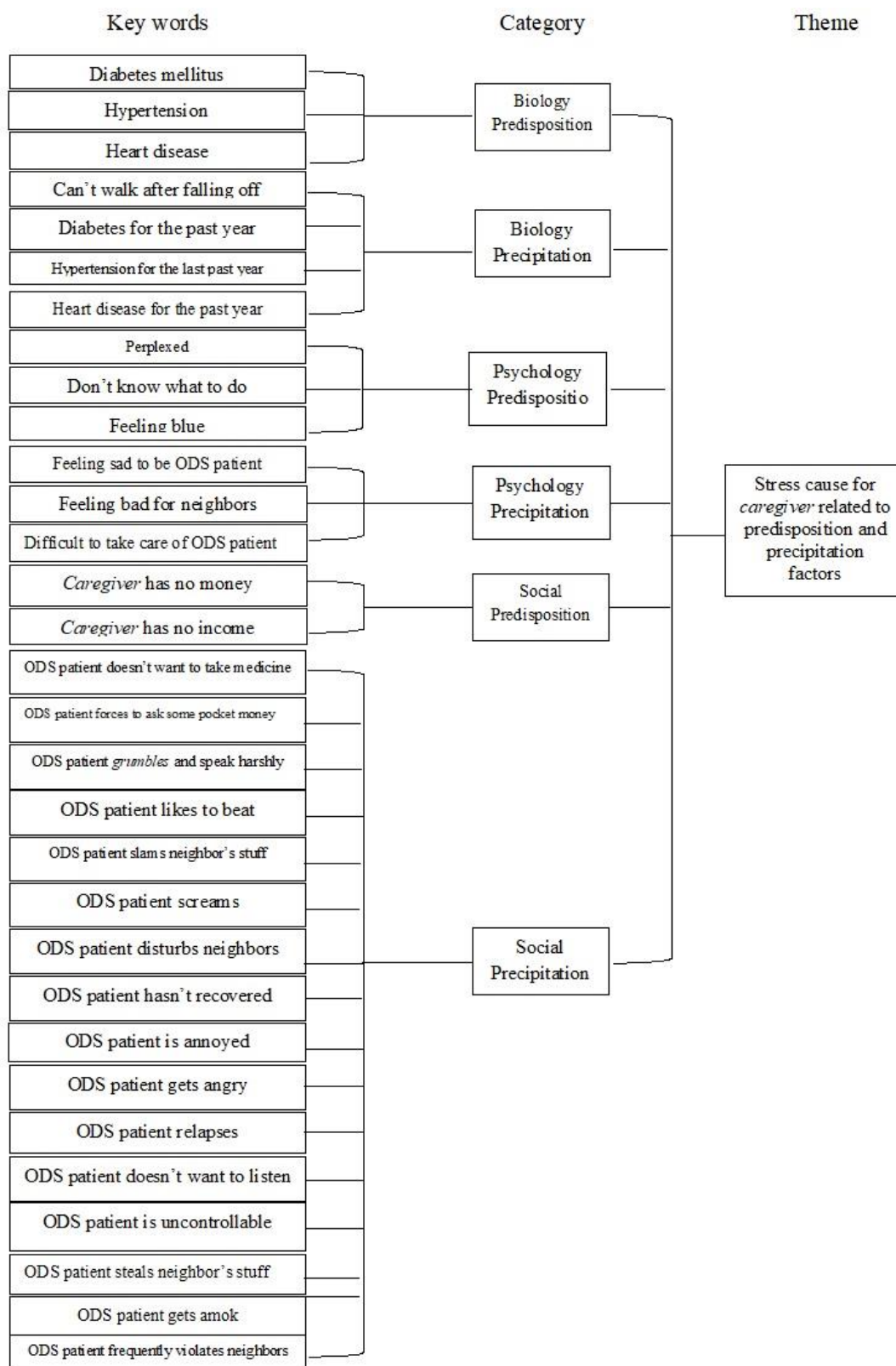
"Yes... it's me... I'm stressed... how come the people are not getting better, Agus. But yeah... already taking medication... Agus is already working... but the status is disruptive right..." (P8)

"Wow... if Salim gets angry, that must be it... must continue... I just give up... you don't want to take medicine... yes, I have... I was treated by Ayumi... I was taken to Ndurungan hospital..." (P9)

"I'm stressed... I feel sorry for that... But yes, it's annoying... you often hit me... it hurts, doesn't it. If Rondhi gets angry..." (P10)

- “...Nggih stress niku...Rozak likes to beg for pocket money, just like children. What to buy... iced tea. Later, when I relapsed, I would beat myself up, hit my head against the wall... kept wandering around, disturbing the neighbors. Lha yes... why isn't it getting better... Rozak” (P11)
- “...Nana has been treated. But yes, what makes me sad is... maybe if I remember, Nana wants to get married. Recurrence, often grumbles... continues to speak harshly... as if irritated...” (P12)
- “My stress. Sari often screamed when she relapsed. I'm her sister, Sari used to have a boyfriend, your parents didn't approve, so they broke up. Then three years, you have passed away, you used to... mother a year ago. Lha... Sari continues to look for her boyfriend. Jebul... nganu... already married... Sari went home all the time... that... set fire to the house. Wow, my stress... Sari keeps getting angry... angry with her boyfriend. Mosquitoes...” (P13)
- “I've never been medicated. Badrus often grumbles... keeps saying harsh words... yes, that's why it doesn't heal, you know... yes... it's hard to say...” (P14)
- “Salma wants to get married... but her boyfriend is married to someone else. It continues to be a mental disorder... it's easy to be forced to ask for pocket money... I keep slamming things... I get stressed. And then... disturbing the neighbors... Salma was annoyed because she failed...” (P15)
- “Well, yeah... I'm stressed. Especially when Manto gets angry... right... that's hard to control... runs off... loves to rage...” (P16)
- “I... uh... stress niku... Right... yes, Mardi gets irritated... it's hard to control... Mardi... likes to go berserk...” (P17)
- “How do you... have to... yes... right... slam things... keep getting angry... yes... he is my son... who is mentally ill...” (P18)
- “I am so... stressed niku. If Gi screams... gets angry...” (P19)
- “Oh God... yes, how do you do that sis... It's awkward when you steal... disturb... blame the neighbors like that... get water... keep... like that...” (P20)

The results of the analysis of the second theme, categories and keywords can be seen in scheme 5.2



3) Theme 3: Signs and symptoms of caregiver stress include cognitive, affective, behavioral, social and physiological.

a) Signs of cognitive symptoms.

An exploration of the signs of cognitive symptoms of caregiver stress is

“How can I... I'm stressed about my child. I keep thinking about my child... thinking what it was, thinking when it will heal. Until when do I have to be like this” (P1)

"Kulo niku is stressed... on and on... I can only stay silent. Thinking of Waniti all the time. Kulo niku thinks... when can he recover" (P2)

"I thought when my child could recover, how long should it be like this... oh my God... I couldn't think of anything else" (P4)

"What do you do ma'am... yes I was stressed, I often got angry earlier right... right, I kept thinking about Asep all the time... what can I do, I can't think of anything else" (P6, P16)

"Well, just keep quiet... how come you don't finish it. Until when should this be" (P5, P7, P9, P20)

"I keep thinking about the child... I think... when will he recover. That's me, yeah... then... I can't think of anything else... I wonder how long it should be like this" ((P3, P8, P10, P11, P13, P14, P15)

b) Signs of affective symptoms,

Participants expressed signs and symptoms when experiencing stress based on affective aspects

"Yes, frankly, I often cry sis. My child doesn't cry, oh God, urip jokes... I keep thinking about Agus... I think... when will he recover. I am... well... I can't think of anything else" (P8, P10, P11)

"When I'm stressed, I can't do my homework, ma'am. Yes, this is how it is, ma'am... The other children are not paid attention to, yes, because you keep paying attention to Salim, ma'am" (P9, P17)

c) Signs of behavioral symptoms,

Signs and symptoms shown, namely changes in behavior when participants experience stress, are

"I can't work at the shop, I don't come in, work is delayed..." (P1, P3)

"I see... I can't do my homework. Mboten saget clean up. ..." (P2)

"I'm selling birds... well, but then... the work gets delayed..." (P4)

"Work is getting delayed ma'am. I'm a laborer who scrubs clothes, you know, ma'am." (P8, P15)

"Ngih pripun nggih ma'am. I can't do my homework, so... the house is a mess" (P13, P14)

d) Signs of social symptoms

Changes that occur and are social signs and symptoms are conveyed by the giver

"...can't earn money... even though you have to support your family too... but that's not it..." (P1, P3, P4, P20)

"Anyway, when it's right... what is that... I'm stressed, so I take a day off selling vegetables. Delayed work, can't find money. Yes, I see..." (P6)

"I can't work, work is delayed, I'll work on it tomorrow. You wash clothes... so you can't earn money" (P8, P12)

"Ngih pripun nggih ma'am. Cannot pay attention to other children. I can't do my homework so... the house is a mess" (P5, P7, P10, P13, P14, P15, P19)

e) Signs of physiological symptoms.

Changes that occur physically also mark the stress experienced by caregivers. Starting from the emergence of physical complaints that are felt as well as changes in activities or activities from usual.

"...I get short of breath when I think about it. After all, I have high blood pressure... that's it. Sometimes pretending to have a chest doesn't feel good, sometimes you're nervous too much... and so and so... throbbing... headaches. Am I the result of what stress... what is it..." (P1)

"... it's been a long time since I... high blood pressure. I don't feel good in my chest... I'm nervous, confused, have a headache..." (P2, P4)

"Yes... the last five years really... I have sugar... dizzy... headaches..." (P3)

"... since when did you... since taking care of Yogi... I often have heartburn... if there are no physical problems... healthy... just throbbing..." (P5)

"... no ma'am... there's no problem what it is... physical... just a headache or a headache what is it..." (P6, P12, Q13, Q17, P18)

"...I had a mild stroke the doctor said... just throbbing... if so... Manto has relapsed... like that... since treating Manto... he has been getting five years..." (P7)

“... only shortness of breath... what is the problem ma'am... physical... nothing...” (P8, P9, P14, P15, P19)

"Yes...you have high blood pressure...sometimes that's it...shortness of breath..." (P10)

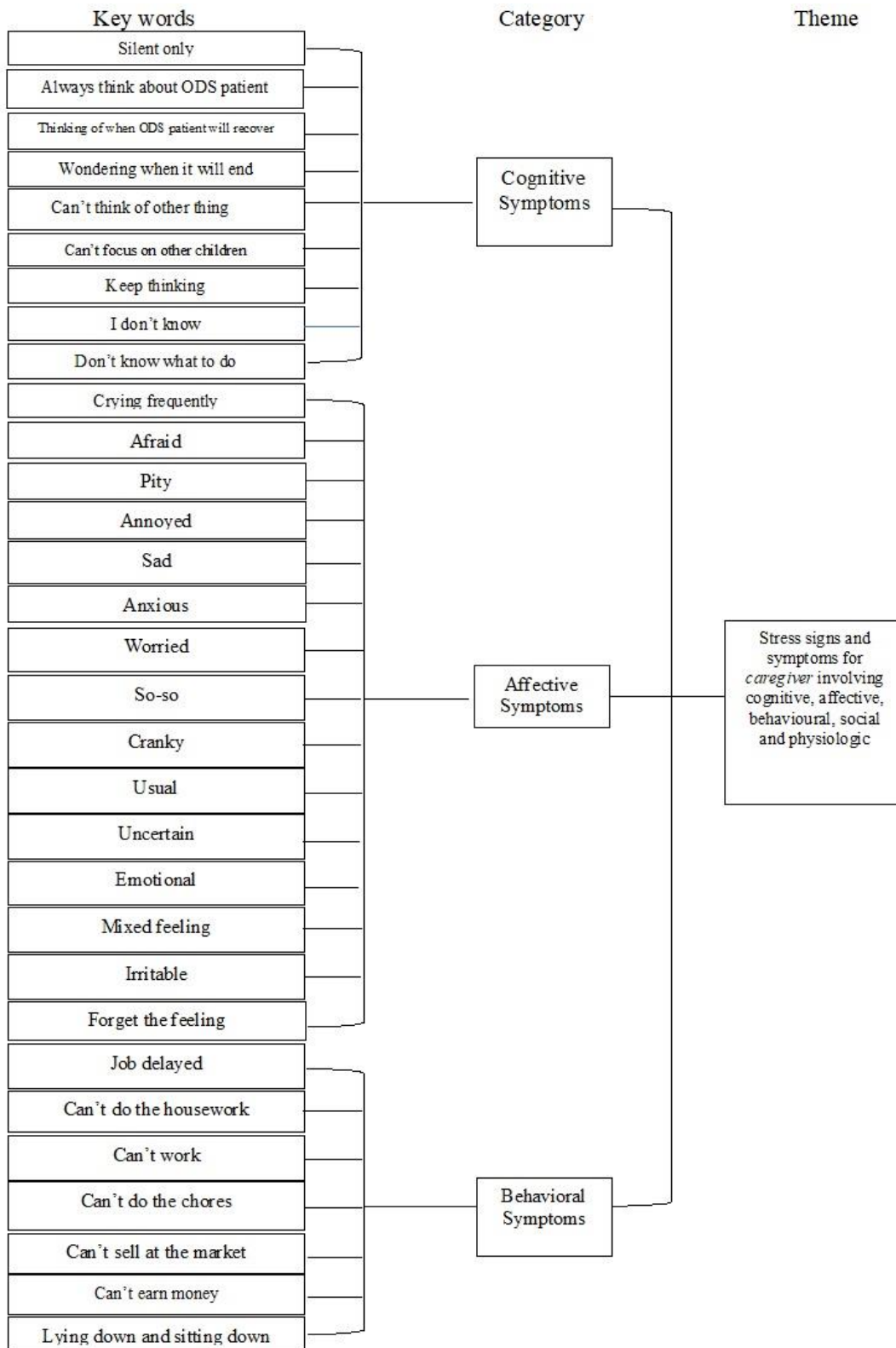
“... yes, high blood pressure... then.... What is it... sorry... my chest feels bad... it keeps getting worse... it gets nervous... I keep getting dizzy... headaches...” (P11)

“...I am... you know... what... high blood pressure... well... heartburn. Then you don't feel good in your chest, you get dizzy...” (P16)

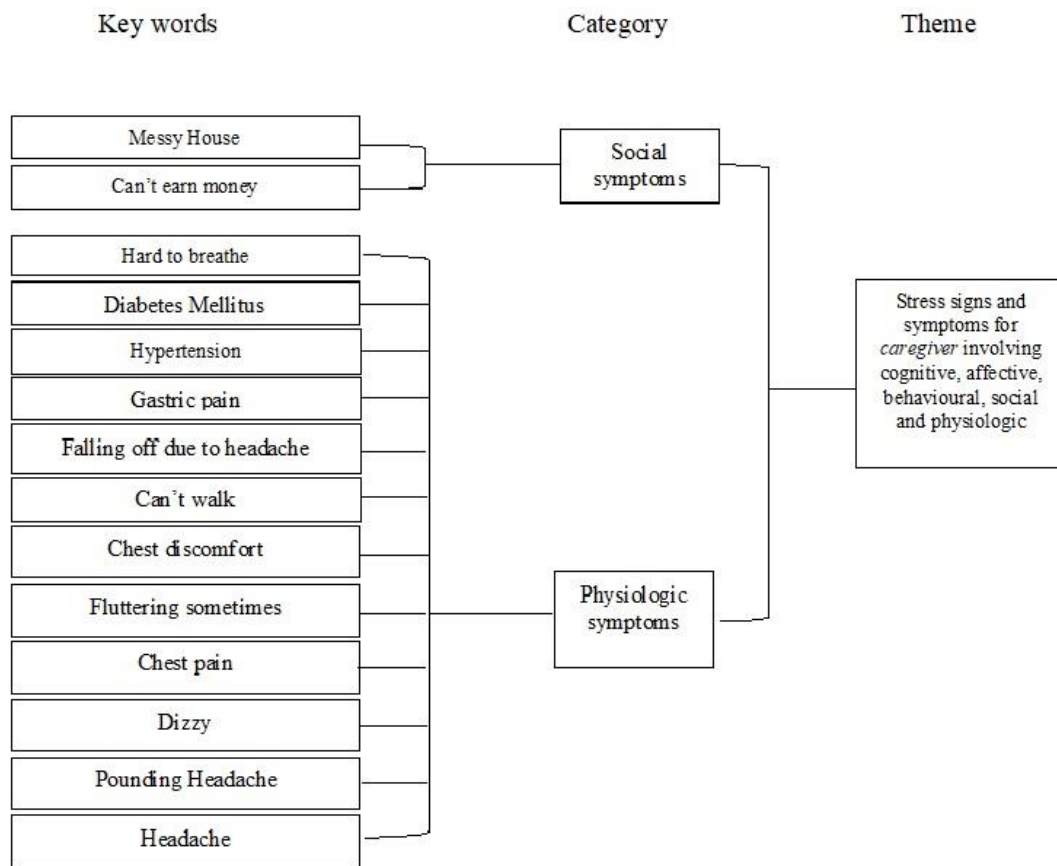
"I fell, sis... then I couldn't walk... the problem was... physical... o... body aches... nothing... dizziness is normal" (P20)

The results of the analysis of themes, categories and keywords can be seen in schemes 5.3.1 and 5.3.2.

Scheme 5.3.1. Theme Data Analysis Process 3



Scheme 5.3.2. Theme Data Analysis Process 3



4) Theme 4: Sources of caregiver stress coping related to abilities, beliefs, support, finances and health service facilities.

Sources of coping stress for caregivers in providing care to IWS are related to several things, including: a) personal caregiver abilities, b) positive beliefs, c) social support, and d) material assets including financial and health care facilities.

a) The ability of personal caregivers,

The caregiver's abilities consist of two, namely the ability to deal with sources of stress (the ability to care for IWS) and the ability to deal with stress (the ability to care for the caregiver himself). The caregiver's ability to care for IWS is:

"Who else wants to take care if not me. Even though I'm sick or in trouble, whether I want it or not, I still take care of it. What are you going to do, it's already happened. The important thing is to keep working and keep caring. What else can you do, it's already like this" (P1)

"Well, it can't be helped... it's like this. I'm used to dealing with it. If not me, who wants to take care of it, all work. What to do with it, it's happened, I don't want to take care of it, it's my own child. Yes, I still cook, I still wash, I'm fine too." (P2)

"It can't be helped... yes... like this... maybe you're used to... facing. It's happened right. Don't know what to do. The important thing is to keep working, while yeah... keep taking care of it" (P3, P11, P16, P17, P18, P20)

"Who wants to take care of it if not me... because yes... what do you want to do... it's already happened. What else can you do" (P4, P7, P8, P10, P13, P14)

"Like it or not, I'll take care of it. While still cooking, still doing housework... washing clothes. It can't be helped" (P5, P6, P9, P12, P15)

While the caregiver's ability to deal with stress, is

"...nothing, it will heal on its own... it's normal, you don't need to be treated..." (P1, P3, P4, P10, P15, P16, P17)

"Yes... nothing... later it will heal itself. It's normal, you don't need to treat it, it's okay. I tried to take the medicine for my child. That woman. All I drink one by one. Lha even broke and kept me drunk. Keep sleeping... hahaha" (P2).

"Yes... I drink mixagrip...the hot fresh... cured" (P5, P8, P12)

"... at least... drink oskadon..." (P6, P19)

"...I checked at the puskesmas..." (P7, P20)

"Only buy medicine at the shop... don't mess around" (P9, P13, P14)

"I... buy herbs... hehehe" (P18)

b) Positive belief,

The caregiver's positive beliefs in caring for IWS consist of the caregiver's beliefs and expectations for IWS and the caregiver's beliefs and expectations for health workers. The caregiver's beliefs and expectations for IWS are:

"I want my child to get well. It doesn't relapse, what's that... stay healthy... and recover... my hope is yes... recover... don't relapse... want to take medicine, obey if told" (P1, P5, P7, P9, P11, P13, P15, P16, P20)

"I wish... my child is healthy... normal, no mental disorders" (P2, P3)

"What is it... yes... let it be healthy and healed" (P4, P6, P10, P14)

Meanwhile, caregivers' beliefs and expectations for health workers are:

"Yes... pay attention to my child, or some kind of help so that he can recover. Ask Mrs. Ayumi to tell Mr. Iqbal to make a referral letter. Later you won't take him for treatment, if you pay a high price... I work alone... confused"... "... what kind of program is there, you know... from the puskesmas to handle it... so you don't get dizzy yourself... at least pay attention" (P1)

"I don't know, but if it's possible, right... a referral letter will be made, so that it can lighten the burden. Lha ... if not right, what should I do. So... what... what is that... is there a program from the puskesmas or what is that... so that there is attention for the crew members of ngeten niki" (P2)

"There is concern for my child... make a referral letter... be advised... or what kind of assistance so that he can recover... then what kind of program does the health center have... attention, mitigating assistance" (P3, P4, P5, P6, P7, P10, P11, P12, P13, P15)

"I don't know ma'am... a referral letter was made... was advised... yes, what kind of assistance is mitigating... for example there is a program from the government" (P8, P9)

"Concern for Manto, given assistance from the government... is that so... so I don't get stressed" (P16)

"... I don't know... what to do" (P18)

"There is attention for Gi... being advised... being reminded of control... there is also attention for me... what should I do so I don't get stressed all the time" (P19)

c) Social support,

Social support expected by caregivers to be a source of coping comes from family and cadres. The caregiver's expectations for the family regarding the role of caring for IWS are:

"...help take care of his younger sibling... take turns taking care of... don't be me alone... I'm tired. Delivering treatment... I work... pay attention" (P1, P5)

"My family doesn't know that I'm stressed..." (P1, P2, P3, P4, P6, P8, P9, P10, P11, P12, P13, P14, P15, P19, P20)

"...to help take care of his older brother, then I was told to keep an eye on his older brother, don't go out. Delivering treatment... well, but if you don't have money, you can't get treatment, right...money is given" (P2, P5)

"Yes... I was advised... ordered to take me for treatment... please pay attention" (P3, P8, P12, P19)

"I was advised... told to be patient. But sometimes it's just left alone... What do people with mental disorders ask...mbokyo is assisted in caring for her...isn't she tired when she's alone...gets stressed too, you know" (P4)

"Advised... told to be patient... same as told to take medication. If you can take turns caring for yourself... so you don't get stressed and tired yourself" (P6, P16, P18)

"You already know you're sick. When I'm stressed... I get massages... I'm told to be patient, I'm told to watch" (P7, P14, P15)

Meanwhile, the caregiver's expectations for cadres to participate in caring for IWS are:

"We don't want our child to have a disorder... don't sneer... don't make fun of... who asked for this" (P1, P11)

"Support it... but don't tease. Little children, you know... their parents can dress up... don't tease" (P2, P4, P8, P9, P10, P12)

"...don't stay away..." (P3, P15, P18)

"...yes...don't tease Lekan...don't sneer and mock...moreover that...yes...don't accuse me of stealing...it hurts me" (P20)

d) Material assets

Material assets that are expected to be a source of coping for caregivers consist of finances and health care facilities. Even though IWS has health insurance, for the purposes of control and treatment, caregivers need transportation and accommodation costs. The caregiver's financial condition data is

"... take turns taking care of it... don't be me alone... yes, I'm tired. Medication delivery... I work... pay attention" (P1, P19)

"... I can be helped to take me for treatment... given money to ride a Daihatsu" (P2, P5)

"Yes... pay attention to me, give money, I'll take care of it, can't earn money" (P3)

"... you can take turns caring for yourself... so you don't get stressed and tired yourself" (P4, P6, P16, P18)

"...given money...I'm waiting for the child to give money. It's also necessary for my needs, I don't work" (P7, P9, P10, P11, P13)

"...helped to look after...keep giving money...it's also stressful if you don't have money (P14, P15)

"Instead of caring for and financing. You also need money to take your child for treatment" (P17)

While the existence of health service facilities for caregivers is

"I don't know, but if it's possible, right... the Puskesmas will make a referral letter, so that it can lighten the load. Lha... if not, what should I do?" (P2)

"... made a referral letter... advised..." (P3, P4, P5, P6, P8, P12)

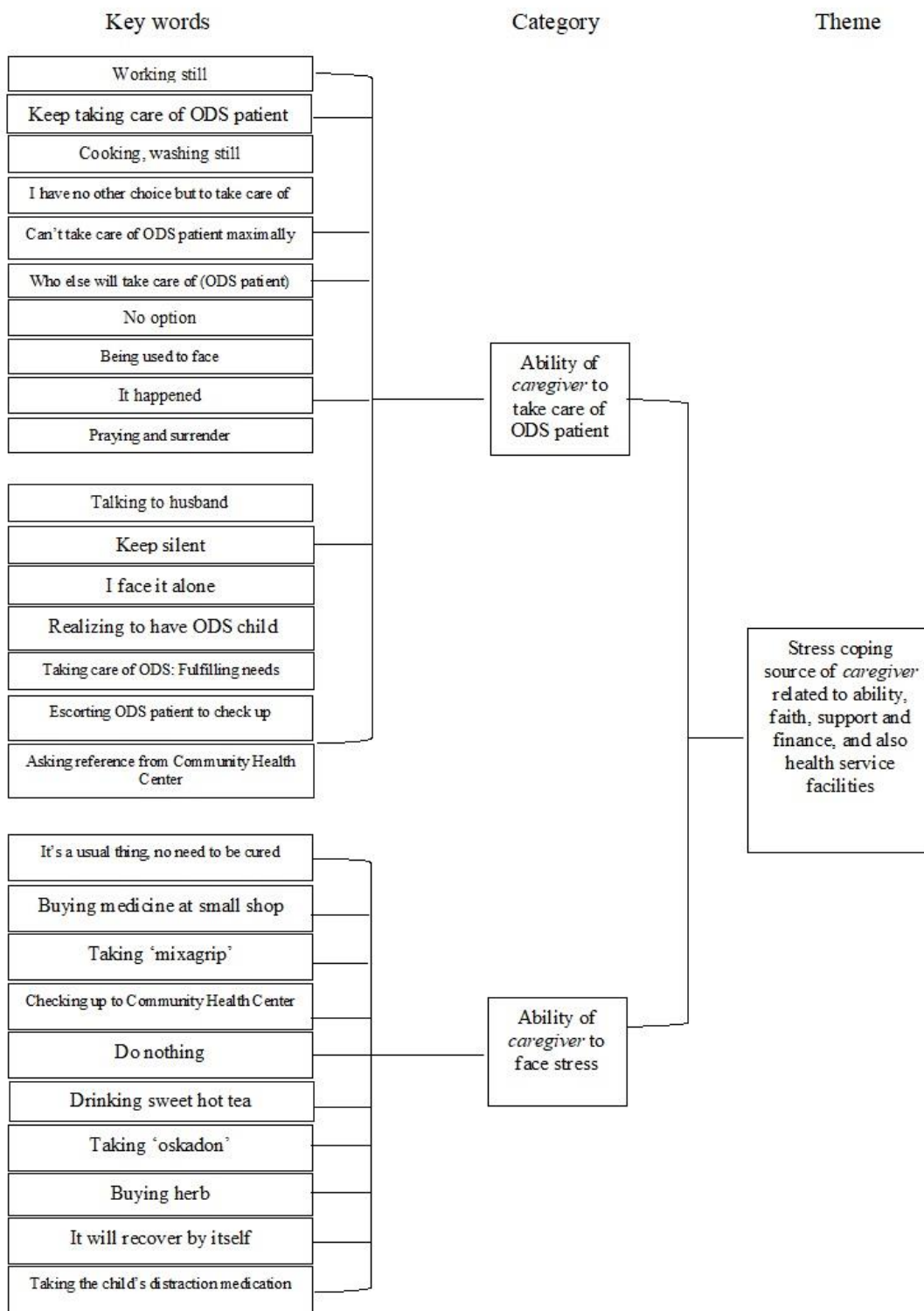
"... I don't know, ma'am, I don't know... what is it... maybe it's a program from the puskesmas. I took him to the puskesmas for treatment" (P4)

"Given assistance to relieve... told what to do. I took him to the hospital for treatment" (P10, P11)

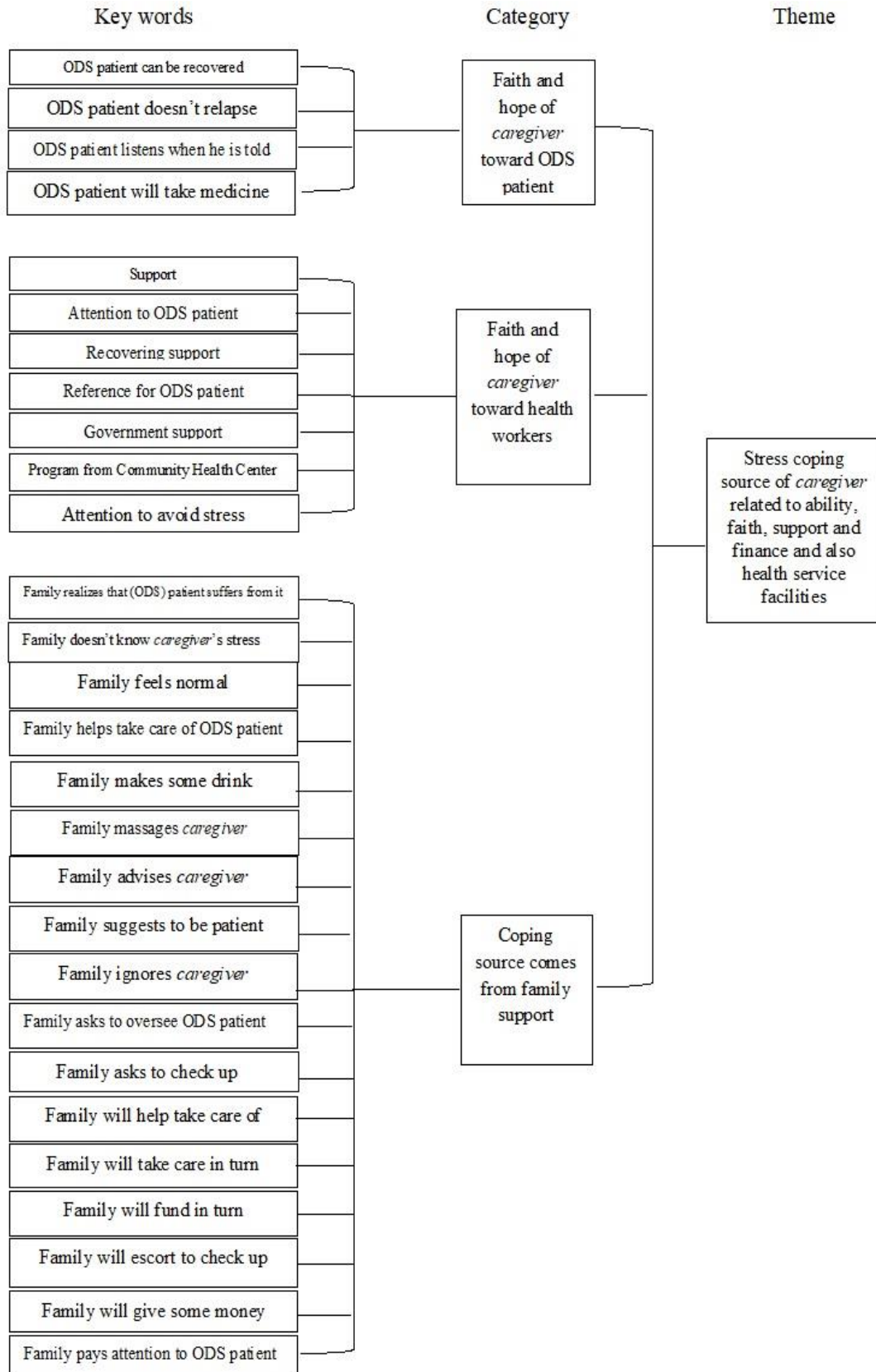
"There is concern for Gi... there is also concern for me... what should I do so I don't get stressed all the time. Yes, I am still stressed... advised... reminded to control" (P19)

The results of the analysis of themes, categories and keywords can be seen in schemes 5.4.1, 5.4.2 and 5.4.3.

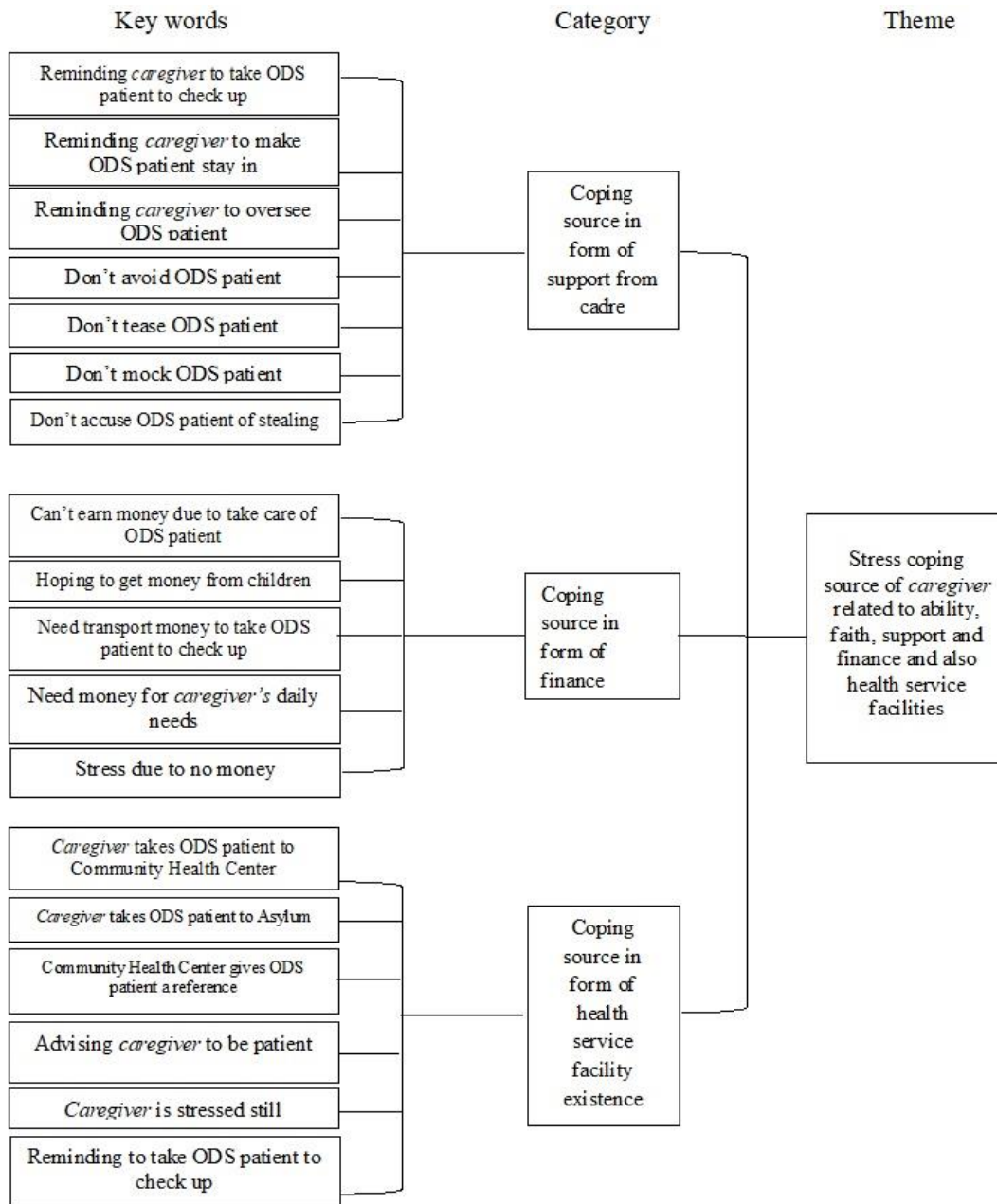
Scheme 5.4.1. Theme Data Analysis Process 4



Scheme 5.4.2. Theme Data Analysis Process 4



Scheme 5.4.3. Theme Data Analysis Process 4



Discussion

Several themes have been obtained related to the purpose of this study, namely exploring stress, stressors, health problems and health care efforts and caregivers in overcoming caregiver stress, including: 1) Caregiver understanding of stress, 2) Caregiver understanding of causes of stress, 3) Caregiver knowledge about signs and symptoms of stress, and 4) Sources of coping related to stress. The discussion is based on the themes and categories found in the first stage of the research.

1. Theme 1: Caregivers' understanding of stress

The following describes the theme of caregiver stress, namely the caregiver's understanding of different stress and the caregiver's understanding of stress related to signs and symptoms.

a. Caregiver Knowledge of Stress.

Caregivers' knowledge about stress is divided into two, namely caregivers who know about stress and caregivers who do not know about stress. As many as 19 people (95%) caregivers understand stress. Caregivers mention that they know about stress in their own terms. Some caregivers say that stress is a feeling that is not good and difficult to define. There is only one caregiver who does not know about stress (5%). The caregiver understands that stress is the same as a mental disorder, he does not experience stress, because it is his child who has a mental disorder who experiences stress so that he becomes a mental disorder. In accordance with the theory put forward by Stuart (Stuart et al, 2022) stress is a condition that causes a person to face challenges that threaten the individual, but the caregiver conveys his understanding of what is meant by language and understood terms that describe a condition of feeling uncomfortable that threatens.

b. Caregiver Stress related understanding of Signs and Symptoms.

The caregiver's perception of stress includes signs and symptoms of stress, the caregiver does not mention the meaning of stress but signs and symptoms when experiencing stress which is understood as the meaning of stress. This understanding was conveyed by caregivers with the terms angry, bludrek, irritated, judek, crazy, kolak and mental disorders. Signs of stress symptoms stated by Stuart are in accordance with the understanding of stress conveyed by caregivers (Stuart et al, 2022). Caregivers do not understand the true meaning of stress and need explanations or health education about stress.

2. Theme 2: Caregiver's Understanding of the Causes of Stress

The following describes the theme regarding caregiver stressors, namely the causes of stress on caregivers which include predisposing and precipitation factors.

a. Predisposing Factors Causes Stress in Caregivers

Causes of caregiver stress seen from predisposing factors related to biological conditions, psychological conditions and social conditions of caregivers. This is in accordance with the theory put forward by Stuart that one of the causes of stress is a predisposing factor (Stuart et al, 2022). The biological condition of the caregiver is related to the factors of chronic chronic disease experienced, this disease has been suffered since before treating IWS. Among them are diabetes, high blood pressure and heart disease. The psychological condition of the caregiver, feeling unsure about what to do and feeling bored. Social conditions, some caregivers do not work and rely on other family members for IWS care costs. Caregivers have no income, while caring for IWS requires money, even though they already have a BPJS card, but for transportation costs and other facilities as a component of treatment. Caregivers feel embarrassed if they have to keep asking, but if they don't ask, then the caregiver can't even pay for IWS. Some caregivers who work and have income also feel that their income is not only for IWS, but for other families. The insufficiency of economic factors causes caregivers to experience stress while caring for IWS

b. Precipitating Factors Causing Stress in Caregivers

The cause of caregiver stress seen from the precipitation factor is also related to biological conditions, psychological conditions and social conditions of caregivers. In accordance with the theory put forward by Stuart that one of the causes of stress is the precipitation factor (Stuart et al, 2022). The biological condition of the caregiver is related to the disease experienced, which has been suffered since before treating IWS until now while treating IWS is still being experienced. These diseases are experienced in connection with a healthy lifestyle that is not routinely carried out by caregivers (Ministry of Health Republic of Indonesia, 2017). Among them are diabetes, high blood pressure and heart disease, one of which is doing physical activity, exercising and carrying out health checks. Caregivers are constrained because they do not have much time for themselves related to the time spent caring for IWS. Psychological conditions, namely feelings of sadness and discomfort with neighbors and feelings of difficulty felt by caregivers while caring for IWS. The caregiver's social conditions consist of IWS habits, IWS behavior and IWS conditions. The IWS habit of not wanting to take medicine, forcing them to ask for pocket money, often nagging and saying harsh words, likes to hit and throw tantrums. The behavior of IWS is often shouting, disturbing neighbors, getting angry and slamming household items. IWS conditions that experience recurrence, with uncontrolled behavior. Caregivers feel afraid and threatened, caregivers also feel

ashamed of neighbors because some are victims of IWS relapse. become victims of IWS actions, feel bad for neighbors

3. Theme 3: Signs and Symptoms of Caregiver Stress Covering Cognitive, Affective, Behavioral, Social and Physiological

The following describes the theme regarding the signs and symptoms of caregiver stress which includes cognitive aspects, affective aspects, behavioral aspects, social aspects and physiological aspects.

a. Signs and symptoms of cognitive aspects of stress.

Signs of caregiver stress symptoms based on cognitive aspects, namely caregivers can only be silent, always thinking about IWS, thinking when IWS will recover, how long should it be like this, can't think of anything else, can't think of other children and is thinking. This is in accordance with the theory presented by Stuart (Stuart et al., 2022). However, there are signs of new symptoms conveyed by the caregiver, namely not knowing what to do. This is related to the caregiver's thinking ability, because caring for IWS caregivers cannot think of what to do. This condition is in accordance with the theory that cognitive changes experienced by a person are in the form of thought disorders, namely the inability to assess and explain something (Boyd, 2018). Caregivers don't know what to do, caring for IWS takes a lot of time and effort.

b. Signs and symptoms of affective stress.

Signs of caregiver stress symptoms based on affective aspects, namely fear, compassion, sadness, worry, anxiety, irritation, frequent crying, bludrek, judek, feeling emotional, feeling uncertain, mixed together. This is consistent with the theory that an affective response is a feeling that arises such as feelings of joy, fear, sadness, anger, acceptance, disbelief, amazement, and anticipation (Stuart et al., 2022). There are also caregivers who say that they feel normal or normal and some forget how it feels when they experience stress. Caregivers feel this because they are too bored to experience feelings and live the consequences of caring for IWS for a long time. The average experience is experienced by caregivers who provide care for more than 5 years.

c. Signs and symptoms of behavioral aspects of stress.

Signs of caregiver stress symptoms based on behavioral aspects, namely homework being delayed, unable to do homework, unable to work, unable to clean up, unable to earn money and just lying down or sitting around. According to the theory that behavioral responses are the impact of cognitive assessments of stressful conditions, as well as forms of emotional and physiological responses (Stuart et al., 2022). Changes in behavior experienced by caregivers as a result of thoughts and signs of cognitive symptoms experienced by caregivers in treating IWS.

d. Signs and symptoms of social aspects of stress.

Signs of caregiver stress symptoms based on social aspects include messy home conditions and caregivers unable to earn money. This condition is a condition that occurs when caregivers experience stress. The theory put forward by Stuart that social responses can be seen in caregiver activities in seeking information about the problems faced, then comparing the abilities and strengths of other people who experience the same difficulties as themselves, and trying to get to know the factors involved in the situation experienced by the caregiver. (Stuart et al., 2022). Signs of symptoms of social aspects that exist in caregivers are shown by not being able to carry out household and work activities that generate money, so that the family's financial resources are disrupted.

e. Signs and symptoms of stress physiological aspects.

Signs and symptoms of the physiological aspects of caregiver stress are related to physical health problems identified by caregivers related to physical complaints experienced by caregivers. Physical complaints experienced and disrupted the caregiver's health while treating IWS were dizziness, headache, throbbing, recurrence of ulcer disease, shortness of breath, increased blood sugar levels, increased blood pressure, chest discomfort, chest pain, frequent palpitations, even there is a caregiver who fell. According to the theoretical concept that stress can also have an impact on the immune system, thereby affecting the caregiver's ability to fight disease (Stuart et al., 2022). Physiological signs and symptoms conveyed by the caregiver cannot be observed

directly because they are related to physiological changes in the body that are felt and experienced by the caregiver.

4. Theme 4: Sources of Caregiver Stress Coping related to Ability, Confidence, Support and Financial and Health Service Facilities

The following describes the theme regarding the source of caregiver stress coping. Sources of caregiver stress coping related to the ability, belief, support, financial situation and health care facilities in dealing with caregiver stress.

a. Ability.

Sources of coping related to the caregiver's ability consist of the caregiver's ability to care for IWS and the caregiver's ability to treat or deal with the stress experienced. In accordance with the theoretical concept that the caregiver's abilities are a source of coping that a person might do to identify ways to deal with stress (Stuart et al., 2022). The caregiver's ability to care for IWS is that the caregiver continues to work, continues to care, continues to carry out household activities (cooking, washing), meets the needs of IWS, takes control of IWS and performs worship (praying, praying, surrendering). Meanwhile, the caregiver's ability to deal with stress, that is, the caregiver mentions the ability that has been carried out is related to dealing with physical symptoms due to stress, not the ability to deal with stress itself. The caregiver takes drugs to relieve physical symptoms due to stress (drinking mixagrip, drinking oskadon, drinking herbs, drinking sweet tea). One of the caregivers who realized that he was stressed, took medication belonging to IWS to deal with it because he thought that stress is the same as mental disorders. Some caregivers don't make any effort to deal with the stress, thinking that one day it will heal on its own.

b. belief

Sources of caregiver stress coping related to beliefs consist of caregiver beliefs and expectations of IWS as well as caregiver beliefs and expectations of health workers. In accordance with the theoretical concept that beliefs are related to positive beliefs (positive beliefs) which serve as a basis for caregiver expectations in the most undesirable circumstances and can maintain caregiver coping efforts in the worst conditions (Stuart et al., 2022). Caregiver's belief in the form of hope for IWS conditions. IWS does not relapse, can recover, obeys when told and wants to take medicine. Even though the caregiver understands and reveals that mental disorders are a disease that cannot be cured, this understanding does not break the caregiver's hopes for IWS recovery. If the IWS recovers by taking medication and the physical condition allows the IWS to carry out independent activities, then the caregiver can carry out other work activities that must also be completed. IWS conditions that relapse make caregivers feel stressed and hampered in carrying out their activities. Caregivers have a wish for IWS conditions, that IWS can recover as before, can be healthy, can return to normal as before. While the expectations for health workers are support, attention and treatment programs for IWS recovery, caregivers are given mitigating assistance, assistance from the government or programs from puskesmas, activity programs or providing health education or other forms of activities that can be carried out and are useful and useful for caregivers, caregivers do not specify the desired assistance. Caregivers also hope to be noticed, a referral letter is made for IWS treatment. Caregivers' expectations of health workers because the successful management of IWS cannot be separated from the role of health workers. In addition, caregivers also hope that there will be attention for caregivers so that they are not stressed in caring for IWS. Activities such as gathering together to listen to directions or lectures or new knowledge so you don't always experience stress.

c. Support

The source of caregiver stress coping related to support consists of family support and cadre support. Support according to theory is related to social support which is the first prevention strategy, helps solve problems by involving other people, increases the possibility of cooperation and obtains support from others and provides greater social control to caregivers (Stuart et al., 2022). The role of the family towards the caregiver because the family is a very important support system for the caregiver's recovery. The hope that caregivers attach to families in caring for IWS caregivers is that families can take turns caring for IWS, so that caregivers don't feel tired and stressed alone, because caring for IWS requires a lot of time. The family provides medical expenses for IWS,

takes care of reminding them to bring IWS under control and pays attention to the caregiver's health problems and conditions. The cadre support expected by caregivers based on the results of the research, stated that caregivers hope for attention and concern from cadres for the conditions experienced. Support in the form of cadres' willingness to remind and even accompany IWS control to health services. Other support that caregivers hope for is that cadres can tell residents not to insult, tease, sneer, walk away, ridicule and accuse IWS of stealing. Caregivers said that they also only live under conditions that have been ordained by God, and if they may choose, they don't want their children to suffer from mental disorders. Having a family member with a mental disorder is a condition that makes you sick and sad, so we hope you don't get sick and sad because of the bad treatment of the residents.

d. Financial

The source of coping stress for caregivers in the form of financial comes from the family and caregivers themselves. Caregivers said that the family gave money to bring IWS to treatment, the family also used their income to bring IWS to treatment and meet family needs. In accordance with the theory presented by Stuart that finance is related to material assets which refer to money, goods and services that can be purchased with money. Finance is a source that can increase caregiver coping choices for almost all types of stress (Stuart et al., 2022). IWS treatment is long-term and requires a lot of money (Videbeck, 2015). The need for IWS treatment that must be carried out every month, transportation and accommodation costs during treatment have the potential to cause an increase in costs that must be borne by caregivers.

e. Health service facilities

The existence of health service facilities is a source of coping for caregiver stress. The health service facilities are in the form of health centers and mental hospitals which are within reach. Caregivers can bring IWS for control or treatment. Caregivers also receive warnings from health workers to bring IWS controls, and obtain the required referral letters. In accordance with the theoretical concept that the existence of health service facilities and the distance from home to health service facilities can affect IWS compliance in participating in treatment programs (Stuart et al, 2022). Even though the caregiver said there was no puskesmas program to be able to deal with stress.

Research Limitations

Limitations in this study related to the selection of sample participants. All interviews were conducted in Central Java as part of all provinces in Indonesia. Central Java is a large province, and researchers needed more time in the interview process. Even so, the participants in this study consisted of three groups (caregivers who treat IWS, mental health cadres, and health workers consisting of doctors and nurses), all of whom are closely related to schizophrenia. The study reached data saturation for the twentieth participant. This finding has implications for providing therapy to deal with caregiver stress in treating IWS.

Conclusion

The conclusion that can be made based on the results of this study is that the description of caregiver stress is that most caregivers experience and express stress while caring for IWS. Only one caregiver said he did not feel and experienced stress according to his understanding. The results of the caregiver stressor exploration consist of predisposing and precipitation factors. Caregiver discloses signs and symptoms of stress according to cognitive, affective, behavioral, social and physiological aspects (which are caregiver health problems). Caregivers have the ability to care for IWS and treat stress even though according to caregivers they still feel stressed. Efforts are needed to handle caregiver stress that can relieve stressful conditions and improve the caregiver's ability to care for IWS.

Data Availability

Data are available on request to the corresponding author, Hardhono Susanto, hardhonususanto2022@gmail.com. Note that all data are in Indonesian

Conflicts of interest

The authors declares that there is no conflict of interest regarding the publication of this article.

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