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Model of Potential Strengthening and Family Roles in Improving Family Members for ODGJ Adaptability

M. Suhron¹, Sitti Sulaihah² and Ah. Yusuf³

¹Doctoral Degree Program, Faculty of Public Health, Universitas Airlangga, Mulyorejo Street, Surabaya, Indonesia

²Faculty of Nursing, Ngudia Husada Madura Institute, R. E. Martadinata 9 Street, Bangkalan, Indonesia

³Faculty of Nursing, Universitas Airlangga, Mulyorejo Street, Surabaya, Indonesia

dsuhron@yahoo.co.id, sitti.sulaihah@gmail.com, ah-yusuf@fjkp.unair.ac.id

Keywords: Family potential strengthening, family roles, client adaptability.

Abstract: The recognition seekers, family nurses, providers, educators, and promoters have a family role that is one of the efforts to improve the adaptability of ODGJ family members. The purpose of this research was to analyze a model of potentially strengthening the family roles to improve the ability of adapted ODGJ family members. The design of this study was observational with a cross sectional approach. Exogenous variables are family potential strengthening, whereas the endogen variables are family role and client adaptability. The population was 55 families with 49 family samples using a cluster sampling method. The analysis used AMOS software. The family potential strengthening affected the family role, the family role affected the client's adaptability, and family potential strengthening did not affect the client's adaptability. This suggests that family potential strengthening will increase the family role, and the family role will increase client adaptability. The potential strengthening and family role model improves the ability of adapted ODGJ family members. Potential strengthening benefits the family by enhancing its role to improve adaptation of ODGJ family members.

1 INTRODUCTION

The family is the basic service unit in the community which is also the primary help to the family members. The family will play a lot, especially in determining the ways of care needed by family members (Bingham, 2017). Roles refer to some sets of behaviors that are more or less homogeneous, defined and normally expected from one's role in a given social situation (Amirsadri, 2017).

Mental health is still one of the most significant health problems in the world, including in Indonesia. One in four adults will experience mental health problems at one time in his or her life. In fact, there is a suicide every 40 seconds somewhere in the world (WHO, 2017). WHO data (2016) showed that there were about 35 million people affected by depression, 60 million people were bipolar, 21 million were exposed to schizophrenia, and 47.5 million were affected by dementia (Indonesian Doctors Association, 2016).

Based on the results of the Basic Health Research (Riskesdas) Kemenkes 2013, the

prevalence of emotional mental disorder shown with symptoms of depression and anxiety for the age of 15 years and over reached about 14 million people, or 6% of the total population of Indonesia. The prevalence of severe mental disorders, such as schizophrenia, reached approximately 400,000 people or as much as 1.7 per 1000 population. Furthermore, in East Java, there were as many as 728 people with mental disorders in 2016 (Indonesian Doctors Association, 2016).

People With Mental Disorders (ODGJ) Pamekasan District for the Last 3 Months of 2016.

It can be concluded from the above data that the number of People With Mental Disorders (ODGJ) in Pamekasan District is low compared with Sumenep and Sampang. However, the statute is still quite high because the East Java Provincial Government targets the free of pasca (a type of bread) in 2017. As is known, the raiding patient ODGJ is a violation of human rights in accordance with Law No.18 of 2014 about mental health, Article 86. In practice however, many psychiatric patients were stolen. The preliminary study conducted on December 4, 2017 by researchers at the Foundation Nurul Jadid,

Village Tanjung, District Pademawu, Pamekasan obtained the following data:

ODGJ (People With Mental Disorders) On December 4, 2017 Nurul Jadid Foundation, Tanjung Village, Pademawu Sub-district, Pamekasan District for 1 Month.

A survey was conducted, and the results show that there were as many as 21 people with mental disorders consisting of adolescents and adults. Patients are confined in cells and some are stolen. Patients who have started cooperatively are only placed in the room without it having to be locked.

Parents who are part of the family are actually aware and concerned about their child's development, but most of them choose not to respond and don't think about the condition of their child (Camacho, 2016).

Low social class, different forms of family, cultural background, stage of family development, role models, and situational events in families with family members with People With Mental Disorders (ODGJ) are treated at Nurul Jadid Foundation, Tanjung Village, Pademawu Subdistrict, Kabupaten Pamekasan which affects the role of both formal and informal roles. Intra-role or intra-parent conflicts can occur when family members are "forced" to accept new roles and have little opportunity to learn this role or to rearrange all other responsibilities of their roles. Tension or role stresses are often the end result (Friedman, Marlyn M., 2010).

The role of the family can be classified into two categories: formal or open roles and an informal or closed role. The formal roles of the family include: the role and relationship of marriage, the roles of women and men in the family, and the roles of grandparents in the family (Gonzales, 2016). Ideally, the role is based on prescriptions and role expectations that explain what individuals have to do in a given situation in order to meet their own expectations, or the expectations of others regarding those roles (Bj, A, 2017)

The following is the result of preliminary study on family roles performed on 10 respondents who have ODGJ family members in Kecamatan Larangan and Pademawu on December 12, 2016:

The result shows that, from 10 respondents, no respondents have high family roles, while 5 out of 10 respondents (50%) have medium family roles, and 5 out of 10 respondents (50%) have low family roles.

Based on the results of a survey conducted by researchers at Nurul Jadid Foundation, Tanjung Village, Pademawu Sub-district, Pamekasan Regency on December 4, 2017, when interviewed,

Ustad Mansur as Chairman of the Foundation said that the family's role does not run as an ideal family role. Limits on social and leisure activities, privacy violations, disruption to household routines and employment, dual and conflicting role demands have an effect on the formal role of families who have family members with ODGJ. However, the lack of support and assistance from other family members, disruption to family relationships, and lack of adequate assistance from human service agencies and personal agencies affect the informal family roles that have family members with ODGJ, such as the role of the recognition seeker, the family nurse, the provider or providers, family coordinators, harmonists, entertainers, educators, and supporters.

The relevant research that has been done relating to the role of the family (Kayama, 2014) studies which show a positive and significant relationship between family participation and post-hospitalization care in patients with mental disorders in the villages Gedangan, Grogol and Sukoharjo. Other research that has been carried out is by Gyamfi (2017), which shows that the attitude of the family to the action of the stock is mostly less support as much as 40 respondents or 50%. Other studies that have also been conducted are the research of Nuriyah (2016) which shows poor or very poor families having good skills to care for ODGJs that are locked up in terms of self-care needs.

There are major factors affecting both formal and informal roles. These factors include:

- social class;
- family form;
- cultural or ethnic background;
- family development stage;
- role model;
- situational events, pain (Friedman, 2010).

Factors that influence clients who have the ability to care include physical, self-concept, role function, and independence (Shechtman, 2009 in Suhron, 2017). In addition to several factors affecting the role, this role also impacts on family members who are burdened with new roles acceptance, often making some of them worried, anxious and guilty because they feel unable to do the job competently in their new role. Also, in addition to these responsibilities, their complex roles are highly demanding and unmanageable (Friedman, 2010).

Adaptation is adjusting to new needs or demands; it is an attempt to bring balance back into normal circumstances. It could mean adjustment to

environmental conditions, modification of organisms or accepting organ adjustments in the environment (Koschorke, 2014).

The following is the result of a preliminary study of clients' adaptation capabilities performed on 10 respondents who have ODGJ family members in Kecamatan Larangan and Pademawu on December 12, 2016:

It was found that none of the 10 respondents had a good adaptation ability, while 5 out of 10 respondents (50%) had enough adaptation ability, and 5 out of 10 respondents (50%) had less adaptation ability.

Factors that influence clients with low adaptability include physical, self-concept, role function, and independence (Konishi, 2018). Based on preliminary study results, the role function of the family contributes greatly to the lack of adaptability of ODGJ clients in the Pamekasan district, so efforts should be made to increase the role of the family in order to create a good adaptability to ODGJ clients (Mazor, 2017).

To overcome this problem, we need a model of potential empowerment for families who have family members with ODGJ (People With Mental Disorders), aimed at improving the role of families to improve the adaptability of family members with ODGJ. The most relevant research ever carried out related to the ability of the family to care for post-mental mentality is the research of Suhron (2017), which shows the influence of family psychoeducation on the ability of the family in caring for post-mental mental patients. This potential model is found in the Family Psychoeducation Therapy section of family assessment and empowerment. This therapy can be developed and modified in such a way so as to train family members to care for family members with mental disorders. The family is a wonderful source of positive support for maintaining and enhancing family coping with clients who have mental disorders (Loeb, 2017). Supported by Suhron's (2016) research that skills involving training interaction with the environment can reduce stress, it shows that the lack of interpersonal interaction in individuals can cause someone else stress.

Some research on Family Empowerment for various cases has been widely practiced. However, it cannot be fully applied to the case of improving the role of families who have family members with ODGJ (People With Mental Disorders) in the Pamekasan District. The research that has been carried out relating to Family Empowerment is Ardian research (Meepring, 2016), which shows the

significant influence of family empowerment to families coping with type 2 diabetes mellitus. It is still necessary to improve the family's ability in aspects of physical independence, therapeutic competence, and knowledge of health conditions.

Other research that has also been done is research by McGinty (2017) into the provision of nursing care in the form of a combination of sole specialist nursing actions that are CBT in patients, FPE in the family, supportive therapy for the group, and the implementation of care by cadres to improve self-sufficiency of patients with chronically low self-esteem, and can provide significant change. This empowers families here through FPE while in research, one component of FPE is called family empowerment (Stolzenburg, 2017).

The research that has been done in relation to family potency is the research (Pawar, 2013) of potential families in the form of early childhood care, which can vary by category of area setting, social status, ethnicity and religion. Patterns of parenting in families also experience differences ranging from permissive, authoritative, and authoritarian. The family potential here is in the form of the authoritarian, authoritative, and permissive parenting culture, so it is unsuitable to apply to family members with ODGJ.

2 METHODS

The research design used is observational with a Cross Sectional approach which is research done by taking a certain time (which is relatively short) and a certain place.

The population in this research is families who have a family member with ODGJ in Kabupaten Pamekasan, which could mean as many as 55 people. The sample size used in this research is 49 people with a sampling method using the cluster sampling technique. The research instrument used is the research questionnaire. The analysis used is descriptive analysis and structural model testing with Structural Equation Model AMOS.

3 RESULT

The result of the research shows that the strengthening of family potency has an effect on the family role and the family role influence to client adaptation ability, and strengthening of family potency has no effect on client adaptation ability.

The analysis results with Structural Equation Model AMOS can be seen in Tables 1, 2, 3, 4 and 5, while the description of load factor value and T-statistic value in both structural model and new model findings can be seen in Figures 1, 2, 3, 4, 5 and 6.

3.1 Significance Test Results Structural Model

It was found in the research data that the variables of strengthening the potential of the family role with coefficient (0.423) T Statistic (4,996), Family Role to Adaptability of clients with coefficient 0.265 T Statistics 2,491, while the potential of family on client adaptation ability is not significant (with $T < 1.96$).

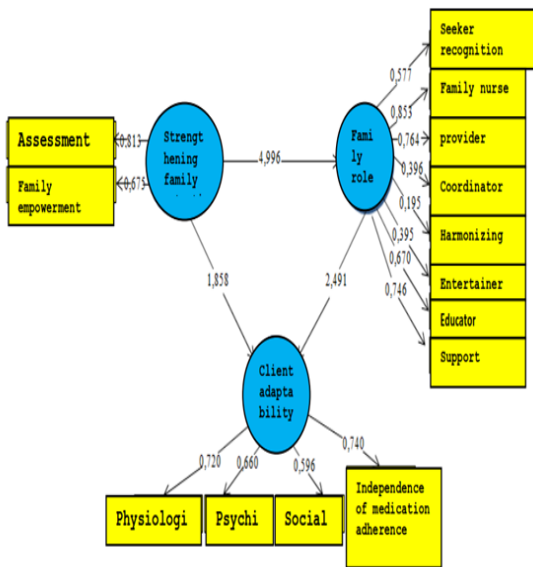


Figure 1: Description of loading factor loading lines on structural models (above)

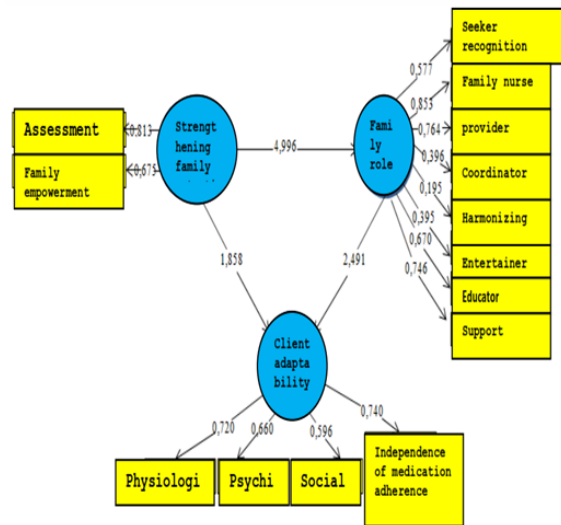


Figure 2: Overview of T-Statistic values in structural model

It can be seen from the figure above that the indicators of family role coordinator, harmony, and entertainer have a factor loading value of less than 0.5, so that the indicator is not good enough to form the endogenous variable of the family role.

It is also known that the indicators of family role coordinator, harmony, and entertainer have a factor loading value of less than 1.96, so that the indicator is not good enough to form the endogenous variable of the family role.

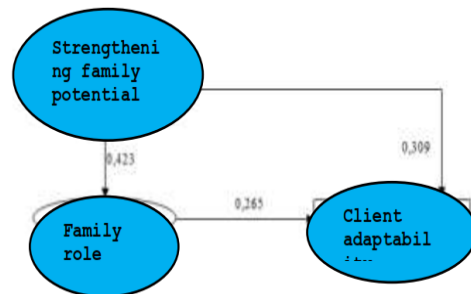


Figure 3: Overview of pathways and parameter coefficients pathway model strengthening potential and family role in improving adaptation capability of ODGJ family members.

The description of the path of the influence of exogenous variables to the above endogenous variables can explain the direct and indirect effects of strengthening the family's potential on family roles and adaptability of family members with ODGJ. The values of direct and indirect effects are described in Tables 2 and 3 above.

3.2 Direct Influence Line

The calculation of the value of the direct effect of strengthening the family potential in the family role is 0.423, the role of the family on the client's adaptability is 0.265, and the family's potential strengthening of client adaptability is 0.309. The calculation of an indirect effect value is described in Table 3 above.

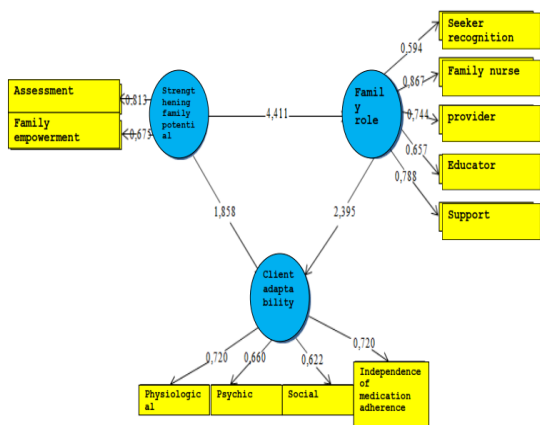


Figure 4: Description of the loading factor values lines on new structural model findings.

It can be seen from Figure 4 above that all factor loading values for each indicator of the family strengthening potential variables, family roles and client adaptability have values of greater than 0.5. In conclusion, the model in Figure 5 is feasible on a structural model.

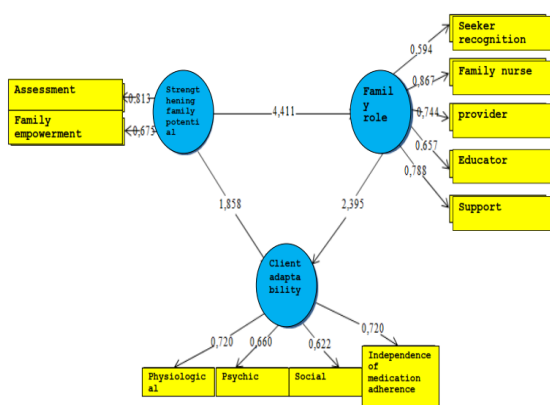


Figure 5: Description of the T-Statistic values lines in the new structural model of findings.

It is known from Figure 5 above, that all T-statistic values for each indicator of the family potential strengthening variable, family role and

client adaptability have a value of greater than $t_{table} = 1.96$. In conclusion, the model in Figure 5 is feasible on a structural model.

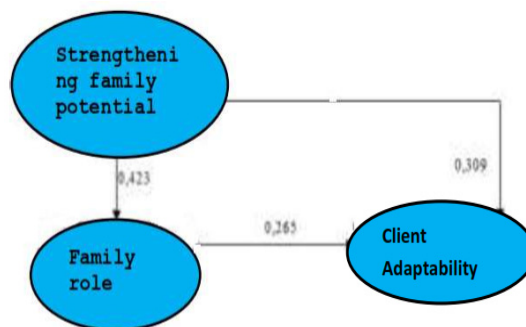


Figure 6: Overview of pathways and parameter coefficients new pathway findings model of family potential strengthening and role in improving adaptation capability of ODGJ family members.

The description of the path of the influence of exogenous variables to the above endogenous variables is Direct Influence Line New Model Findings.

The calculation of the value of the direct effect of strengthening the family's potential on the family role is 0.412, the role of the family on client adaptability is 0.275, and the family's potential strengthening of the client's adaptability is 0.309, while the calculation of indirect effect value is described in Table 5 above.

4 DISCUSSION

4.1 Effect of Strengthening Potential on Family Role

The Strengthening Construct Potential affects the role in the family. The role in the family is a consistent pattern of behavior towards a situation within the family that occurs as a result of interaction among family members (Zerger, 2014). The family is a wonderful source of positive support for maintaining and enhancing family coping with clients of mental disorders (Vancampfort, 2017), so the Strengthening Potential consists of indicators of assessment and family empowerment is very suitable to be applied to families in the Pamekasan District.

4.1.1 Family Empowerment Using A Transformational Model.

This model was developed by Virginia Satir, where, if there are family members who are considered problematic, then the family will be conditioned to create an environment that supports the person in question by empowering him or her to solve the problem (Gonzales, 2016).

The results of the research show that the strengthening of the potential in the assessment indicator found that most of the families have a good ability in the ODGJ assessment of themselves. The results of the research are in accordance with the research by Mazor (2017) to prove that family empowerment (family empowerment) significantly influences the increase of family coping (family coping). Family empowerment can be used to solve family psychological problems that are an item of adaptation needs. This is in accordance with the Minuchin model, the concept of which is that the family is an open sociocultural system as a means of meeting the needs of adaptation.

Strengthening the potential in general encourages the process of forming the role of the family as a form of internal factors that come from the family itself (Aidar, 2011). Strengthening of the potential affects the role of the family through the ability of family assessment and family empowerment that play a role in the adaptability of family members with ODGJ. The role of families who have members who are mentally disturbed focuses on the role of families as seekers of recognition, family nurses, providers, educators, and supporters.

Meanwhile, if the roles of the family include family coordinator, harmony, and entertainer, then the role as an indicator must be discarded, because the indicator is not good enough to form the endogenous variable of a family role. This may be due to a mismatch between the number of variables and the sample research. To use Smart PLS software, the sample quantity is ideally at least ten times the number of variables. However, the purpose of the research is the development of the model, even though the limitation of the sample is still used in Smart PLS software.

4.2 The Effect of Family Potential Strengthening on Client Adaptability

Potential strengthening has no effect on client adaptability. Potential strengthening with indicators

of family assessment and empowerment does not affect the client's adaptability. This may be influenced by one of the characteristics of the family based on the research of Konishi (2018), which shows that the average age of the client is 35.7 i.e. adult. According to Meepering (2016), maturity is the level of individual ability in doing physical and psychological tasks technically. Young clients do not have self-sufficient living experiences and feeling that they have a less developed personal identity than older clients. The research found that the potential strengthening of the assessment indicator showed that most of the respondents had a good ability in the ODGJ assessment effort in the family, while the indicator of family empowerment found that all respondents also have good skills. The results of research also found that the ability of client adaptation on physical indicators (physiological) showed that almost all clients have good ability, although the self-concept indicator (psychic) found that almost all clients have less ability. The role function indicator (social) found most clients have less ability, while the indicator of independence of treatment compliance also found that most clients have less ability.

Potential strengthening does not affect the formation of adaptation ability of family members with ODGJ. There needs to be an increase in family empowerment about drug management or a mediation in order to strengthen potential positive impacts on client adaptability. The mediation is the role of the family. Strengthening the potential affects the role of the family through the ability of family assessment and family empowerment, so that it will play a role in the adaptability of family members ODGJ.

The importance of care in the family environment can be viewed in many ways: family is a context in which individuals begin interpersonal relationships. The family affects the values, beliefs, attitudes, and behaviors of clients (Clemen and Buchanan, 1982) in (Yosep, 2011). While Spradey (1985) in (Yosep, 2011) suggests that families have basic functions such as giving love, sense of security, belonging, and preparing the role of adult individuals in society.

The adaptability of ODGJ is influenced by the role of the family. The role of the family is influenced by the strengthening of potential. So the role of family becomes the main factor in improving the adaptation ability of an ODGJ family member. Therefore, based on the results of research, it is found that the ability of good adaptation must be indirectly through a good family role where the

family role is influenced by the strengthening of potency.

4.3 The Influence of Family Role on Client Adaptability

The role of the family affects the client's adaptability. The research also found that the ability of client adaptation on physical indicators (physiological) found that almost all clients have good ability, while the self-concept indicator (psychic) found that almost all clients have less ability. The role function indicator (social) found that most clients have less ability, which is also in accordance with the Minuchin model; the concept is that the family is an open sociocultural system as a means of meeting the needs of adaptation (Korschorke, 2014)

According to researchers, the role of the family affects the ability of adaptation through the ability of recognition seekers, family nurses, providers, educators, and a good driver. Adaptability of ODGJ consists of physical (physiological) adaptation, self-concept (psychic), role function (social), and independence of medication adherence is influenced by family role, meaning that the role of the family can improve the adaptability of family members ODGJ.

4.4 Potential Reinforcement Model and Family Role in Improving Client Adaptability

The findings of the research model for strengthening the potential and role of the family in enhancing the adaptability of ODGJ family members are based on the analysis of the measurement model and the result of the structural model analysis. They are then compared to the initial model for strengthening the potential and role of the family in improving the adaptability of family members ODGJ.

In the new findings, the value of influence based on Standardized Coefficients has direct and indirect effects. Based on the results of research, it is found that the most indirect ability of adaptation is the influence of family roles. When compared with the value of direct influence, it becomes lower. The results of this study indicate that the direct influence in client adaptability is stronger than indirect influence.

Families with potential strengthening will increase their role directly in order to enhance the adaptability of ODGJ family members.

Strengthening the potential to shape, encourage and enhance the role of the family in carrying out its role as seeker recognition, family nurses, providers, educators, and supporters. The high family role will make ODGJ clients feel more meaningful and have confidence and be able to adapt well. This is in accordance with the benefits the family gains in providing family therapy that is to improve the function and structure of the family so that the role of each member of the family is better (Gyamfi, 2017).

The role within the family shows the behavioral patterns of all members in the family (Ardian, 2013). Roles based on hope or role-setting that limits what individuals must do in certain situations to meet self-expectations or others against them (Friedman et al, 2010). The role of families who have family members with People With Mental Disorders in Pamekasan District focuses on the role of families as seekers of recognition, family nurses, providers or providers, educators, and supporters.

5 CONCLUSIONS

Strengthening of family potency will increase the family role in Pamekasan Regency. Strengthening good potential can make family roles better. Strengthening the potential is necessary to enhance the role of the family.

Strengthening of family potency has no effect on adaptation ability of family members with ODGJ in Pamekasan Regency. Family assessment and empowerment significantly have no effect in directly shaping the client's adaptability capabilities.

The role of the family increases the adaptability of family members with ODGJ in the Pamekasan District. The role of the family directly affects the adaptability of family members who have ODGJ family members, so the role of the family becomes the main factor in improving the adaptation ability of an ODGJ family member.

The adaptability of family members to ODGJ is not directly influenced by the strengthening of the family's potential, but the need for good family roles for adaptability is also good.

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