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The Effectiveness of Mindfulnes Based Stress Reduction (MBSR) Increasing Resilience in Review of the Economic Social Status of ODGJ Companion Families at the Oepoi Health Center, Kupang

Ratnasari Kinanggi , Suroso, Niken Titis Pratititis
Magister Profesi Psikologi, Universitas 17 Agustus 1945, Surabaya, Indonesia

ABSTRACT

This study aims to analyze the effectiveness of Mindfulness Based Stress Rreduction (MBSR) in increasing resilience and test the difference in resilience levels reviewed from the socioeconomic status of ODGJ companion families at the Oepoi Health Center, Kupang City. Resilience is the ability of individuals to manage themselves both within individuals such as individual emotions and thoughts as well as from outside individuals in overcoming problems, difficulties and unpleasant experiences in a good way. MBSR helps individuals manage stress and reduce impulsive reactions to emotions, as well as focus attention on the present moment, which reduces anxiety about the future. Socioeconomic status is the classification of people in social classes based on the same level of economic status.the number of samples in this study is 54 subjects, the sampling technique uses purposive sampling so that the subjects who received MBSR intervention were 19 people with The data analysis method uses the Mann Whitney U Test and the Kruskal Wallis test. The results of this study proved that there was a significant difference between the results of pre and post test resilience and found that there was no significant difference in the level of resilience after receiving the MBSR intervention reviewed from socioeconomic status. This research is expected to provide the benefits of science and understanding as well as improve the development of clinical psychology science related to Mindfulness Base Stress Rduction (MBSR) in increasing resilience for families of ODGJ companion.

Keywords: *ODGJ companion family, Resilience, Mindfulnes based Stress Reduction, Socioeconomic status*

Corresponding author
Name: as Ratnasari Kinanggi
Email: alaminibnu@gmail.com

INTRODUCTION

Mental health is a crucial issue that significantly impacts individuals and those around them. It refers to a person's ability to grow physically, mentally, spiritually, and socially, recognizing their self-capacity to cope with stress, collaborate productively, and contribute to society. Mental disorders, on the other hand, affect emotional, cognitive, behavioral, and perceptual functions, leading to a decline in interest and motivation, which disrupts an individual's life (World Health Organization, 2023). Individuals diagnosed with psychosis or mental illness (ODGJ) often face stigma and lack community support, exacerbating their condition (Corrigan, 2021).

Families are vital social support for individuals dealing with physical or psychological challenges. In cases of severe psychological disorders, families play an essential role in caregiving. However, ODGJ patients often experience violence, discrimination, and stigmatization, with families sharing the burden (González et al., 2022). Caring for a family member with a serious mental illness, like schizophrenia, often leads to tensions, routine disruptions, and financial strain (Sánchez et al., 2021).

Globally, the number of people with mental disorders is on the rise. Approximately 450 million people suffer from mental health issues, including schizophrenia. In Indonesia, 1.8 per 1,000 people are diagnosed with severe mental disorders, with many cases occurring in rural areas. Women are more likely to be affected than men, and most sufferers belong to lower economic classes (Pratama et al., 2020).

At Puskesmas Oepoi in Kupang, NTT, many families struggle with the stigma attached to having a family member with a mental disorder, and some are unable to access consistent treatment due to economic constraints (Setiawan et al., 2022). Research shows that the resilience of family caregivers plays a crucial role in the recovery and relapse prevention of ODGJ patients (Fauzi et al., 2021).

Families often feel burdened by financial pressures and social stigma, which can lead to emotional strain. Despite this, some families with lower economic status manage to facilitate treatment, while wealthier families may not support their loved ones' medical care. Family knowledge, emotional regulation, and social challenges significantly impact caregiving quality (Tay et al., 2020). Mental health care access is sometimes hindered by financial constraints, leading families to turn to alternative treatments like traditional healers (Iskandar & Asmara, 2019).

Resilience, or the ability to adapt and grow through hardship, is vital for families dealing with mental illness. It is influenced by various factors, including socioeconomic status, education, and income, which can enhance a family's ability to cope with adversity. Studies highlight the importance of family support in overcoming traumatic events and maintaining psychological well-being amidst ongoing crises (Zhao et al., 2023).

METHOD

In this study, the population consists of family caregivers of people with mental health disorders (ODGJ) at the Oepoi Health Center, totaling 113 individuals. These caregivers were selected because they met specific criteria, which include having a medium to low resilience score according to the Resilience Quotient Scale. A total of 21 subjects qualified for the study, but only 19 participated in the experiment, while 2 were unable to join due to health reasons. The participants were further categorized based on their socioeconomic status, which was determined by their monthly household income, into four groups: low, medium, high, and very high (Johnson & Smith, 2021).

To select the sample, the study used purposive sampling, which involves choosing participants who align with the specific goals of the research. The criteria for selecting participants included being family caregivers of ODGJ patients at the Oepoi Health Center, being able to communicate effectively, and having a resilience score that falls within the

low to medium range. Additionally, subjects were categorized into the previously mentioned socioeconomic groups, with participants willing to provide informed consent (Creswell, 2018).

The research design followed a pre-experimental approach, specifically a "one-group pretest-posttest" model. This design aimed to assess whether MBSR (Mindfulness-Based Stress Reduction) could effectively improve resilience in caregivers, particularly in relation to their socioeconomic status. The study included a pretest, an intervention phase, a posttest, and a follow-up one week after the intervention. The independent variables in this study were MBSR therapy (X1) and socioeconomic status (X2), while the dependent variable was the caregivers' resilience (Y) (Smith & Jones, 2019).

The intervention program consisted of several stages. Initially, the preparation phase involved reviewing relevant literature, selecting participants, and evaluating the intervention modules with expert input. In the implementation phase, caregivers were screened using the Resilience Scale, and those who met the criteria were invited to participate. After informed consent was obtained, participants engaged in an eight-session MBSR program. Each session lasted approximately 60 minutes, and the content focused on teaching caregivers mindfulness techniques to reduce stress, increase awareness, and improve emotional regulation (Kabat-Zinn, 2013).

Following the intervention, a posttest was administered to assess changes in resilience, and a follow-up was conducted one week later to observe any lasting effects of the MBSR intervention. Data collected throughout the study were analyzed using SPSS software to determine the effectiveness of the MBSR therapy in improving the resilience of family caregivers of ODGJ patients (Field, 2018).

In this data analysis, the researcher follows Sugiyono's (2015) guidelines, explaining that data analysis is the process of simplifying collected data to make it easier to read and interpret. Prior to analysis, assumption tests were conducted, including a normality test to determine whether the data followed a normal distribution. The Shapiro-Wilk test was used because the sample size was less than 50. The result showed a significance value of 0.920 ($p > 0.05$), indicating that the data was not normally distributed

The researcher also performed a homogeneity test to ensure that the data variances were homogeneous. The ANOVA test results showed a significance value of 0.153 ($p > 0.05$), indicating homogeneity. For hypothesis testing, the Mann-Whitney U test was used to examine if there was a significant difference between pretest and posttest scores in the experimental group. The results showed a significant difference ($Z = -5.275$, $p = 0.000$), indicating that the MBSR (Mindfulness-Based Stress Reduction) intervention effectively improved resilience

Furthermore, a Kruskal-Wallis test was conducted to assess if there were significant differences in resilience scores based on socioeconomic status. The test results showed no significant difference ($H = 0.570$, $p = 0.903$), although the mean rank values suggested that participants with higher socioeconomic status had lower resilience scores compared to those with lower socioeconomic status. Descriptive analysis revealed that the average pretest score was 92.5, and the posttest score increased to 220.8, showing a 1.4%

improvement. These results indicate that all participants in the experimental group showed improved resilience after the MBSR intervention

FINDING AND DISCUSSION RESEARCH RESULT

Table 1. Result Pre Test And Post Test Experiment Group

No	Inisial	Pre Test	Criteria	Post Test	Kriteria	Gain
1	RA	98	Very low	217	Very high	-119
2	AN	81	Very low	225	Very high	-144
3	S	84	Very low	223	Very high	-139
4	TB	87	Very low	219	Very high	-132
5	PH	82	Very low	202	High	-120
6	AL	83	Very low	203	High	-120
7	YP	96	Very low	209	High	-113
8	IT	88	Very low	209	High	-121
9	I	87	Very low	221	Very high	-134
10	TN	92	Very low	229	Very high	-137
11	TM	83	Very low	226	Very high	-143
12	BFP	83	Very low	230	Very high	-147
13	YN	86	Very low	227	Very high	-141
14	VT	86	Very low	225	Very high	-139
15	YH	83	Very low	224	Very high	-141
16	NG	99	Very low	229	Very high	-130
17	ET	112	Low	224	Very high	-112
18	S	129	Low	227	Very high	-98
19	RF	119	Low	227	Very high	-108
Total		1758		4196		-2438
Average		92,5		220,8		
		Percentage gain				1.4%

Table 2. Result Kruskall Wallist Test

Status Sosial Ekonomi	N	Mean
Resiliensi Sangat Tinggi	3	7.83
Tinggi	6	10.17
Sedang	4	10.25
Rendah	6	10.75
Status Sosial Ekonomi	**N**	**Mean**

Source: SPSS 24 IBM For Windows

Table 3. Statistic Kruskal-Wallis Test

Hasil Post-test	
Kruskal Wallis H 0.570	0,570
df 3	3
Asymp.Sig. 0.903	0,903

Source: SPSS 24 IBM For Windows

This study aimed to investigate the effectiveness of Mindfulness-Based Stress Reduction (MBSR) therapy in improving the resilience of family caregivers of people with mental health disorders (ODGJ) at the Oepoi Health Center. The findings reveal significant improvements in resilience among participants following the intervention, providing evidence of the therapeutic potential of MBSR for this population.

The most notable finding of this study was the significant improvement in the resilience scores of the caregivers after the MBSR intervention. The pretest resilience score averaged 92.5, while the posttest score increased to 220.8, indicating a substantial enhancement of 1.4% in resilience. The statistical analysis, through the Mann-Whitney U test, revealed a significant difference ($Z = -5.275$, $p = 0.000$) between the pretest and posttest scores, confirming that MBSR therapy effectively improved the caregivers' resilience. This supports previous research suggesting that mindfulness interventions can positively affect emotional regulation, stress management, and resilience, especially in populations dealing with high caregiving demands.

While MBSR proved to be effective in enhancing resilience across all participants, the impact of socioeconomic status (SES) on resilience did not show a significant statistical difference. The Kruskal-Wallis test revealed no significant difference in resilience based on socioeconomic status ($H = 0.570$, $p = 0.903$), even though descriptive statistics suggested a trend where caregivers with higher SES had lower resilience scores compared to those with lower SES. This finding warrants further investigation, as it may indicate that other factors, beyond SES, play a more significant role in shaping resilience in this caregiver population. It could be possible that the stressors associated with caregiving for ODGJ patients, such as emotional strain or lack of support, may have a more profound impact on resilience than economic factors alone.

The pre-experimental, one-group pretest-posttest design used in this study was a valuable approach for assessing the immediate effects of MBSR on caregivers' resilience. However, the lack of a control group and randomization limits the generalizability of the findings. The small sample size of 19 participants further restricts the robustness of the results. Future research could benefit from a larger, more diverse sample and the inclusion of a control group to strengthen the evidence for MBSR's effectiveness.

Although the study showed promising results regarding the positive impact of MBSR on caregiver resilience, several limitations should be considered. The sample size was relatively small, and the participants were selected based on specific inclusion criteria, which may limit the external validity of the findings. Additionally, the follow-up period was

only one week, which provides limited insight into the long-term effects of MBSR on caregiver resilience. Future research could explore the long-term benefits of MBSR by extending the follow-up period and examining how the intervention affects caregivers over several months or even years.

DISCUSSION

This study was conducted at the Oepoi Health Center. The training was held in a hall equipped with fans, chairs arranged in a circle, and other training materials such as an LCD projector, sound system, laptop, mats, and office supplies. Each session lasted about 120 minutes. The intervention was carried out over 15 days, with 4 days for therapy, 2 days for assignments, and 7 days post-intervention. The first two sessions were on Thursday, December 16, 2024, from 3:00 PM to 5:00 PM. The next sessions followed on December 19 and 21, 2024, and December 23, 2024. Prior to the experiment, a pilot test was done a day earlier with five subjects to ensure the feasibility and quality of the developed module.

The subjects were 21 family members of ODGJ (people with mental disorders) at the Oepoi Health Center, with 19 participating due to health conditions of the others. The participants included 16 women (84%) and 3 men (16%), aged 20 to 45 years and above. They had varying income levels: 9 with low income (47.36%), 2 with medium income (10.52%), 3 with high income (15.78%), and 5 with very high income (26.31%). Following the intervention, data analysis using Mann-Whitney U Test revealed a significant difference between pre-test and post-test scores ($Z = -5.275$, $p < 0.05$). The average score increased from 92.5 (pre-test) to 220.8 (post-test), showing a 1.4% improvement. Kruskal-Wallis Test showed no significant difference in resilience levels based on socioeconomic status, suggesting that socioeconomic status did not influence the outcomes of the intervention.

This study confirms that Mindfulness-Based Stress Reduction (MBSR) effectively increased resilience among family members of ODGJ at Oepoi Health Center. The results showed a significant improvement in resilience levels, with pre-test and post-test scores differing greatly. MBSR, based on mindfulness meditation, helps individuals manage stress and improve their quality of life, making it a valuable tool for resilience training. The study also found that resilience improvement was not influenced by socioeconomic status, as families from various income groups showed similar improvements after the intervention. This suggests that resilience can be cultivated through mindfulness, regardless of economic background.

CONCLUSION

The research aimed to assess the effectiveness of the Mindfulness-Based Stress Reduction (MBSR) intervention in improving resilience among families supporting people with mental health disorders (ODGJ) at Oepoi Health Center in Kupang. Data analysis was conducted using the Mann-Whitney U Test and Kruskal-Wallis Test. The results of the Mann-Whitney U Test showed a significant difference between pretest and posttest scores, with

the experimental group's average score increasing from 92.5 to 220.8, representing a 1.4% improvement.

Despite the significant pretest-posttest difference, the Kruskal-Wallis Test revealed no significant variation in resilience levels across different socioeconomic statuses (low, medium, high, very high) after the intervention. With an Asymp. Sig. value of 0.903 ($p>0.05$), the study concluded that socioeconomic status did not impact the effectiveness of the MBSR intervention on resilience.

The study also acknowledged limitations, such as the potential influence of external factors, like participants' focus, ability, and commitment to applying mindfulness principles in daily life, which may have impacted the intervention's effectiveness. Consequently, the hypothesis suggesting a difference in resilience based on socioeconomic status was rejected.

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