Spiritual Care Intervention on Emotional Regulation in Caregivers with Schizophrenic: A Systematic Review

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ABSTRACT
Schizophrenic client caregivers are faced with various problems caused by the abnormal behavior of schizophrenic clients that can trigger stress. The stress experienced by the schizophrenia client caregiver is indicated by the decrease in emotional control which has an impact on the treatment of schizophrenic clients. This research aimed to determine the effectiveness of spiritual care in improving the emotional regulation of caregiver clients with schizophrenia. The sources of the articles used were obtained from searches through the Scopus database Google Scholar, Science Direct, and Proquest. The search for articles is limited from 2015 to 2020. After the articles are obtained, they are then reviewed until the stage of making a systematic review. The keywords used in the article search were "spiritual care", "Emotional Regulation" "Caregiver". This systematic review uses 15 articles that fit the inclusion criteria. The spiritual care intervention from the reviewed research is very significant in increasing the emotional regulation of the caregiver in schizophrenic clients. Spiritual care strategy can increase emotional regulation and calm attitude so that it will have a good impact on the recovery process for schizophrenic clients. We recommend spiritual care strategies to be implemented by health workers in the community as an intervention to improve the caregiver's ability to improve emotional regulation.

Keywords: Spiritual Care, Emotion Regulation, Caregiver

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BACKGROUND
A severe mental illness such as schizophrenia not only affects the sufferer but also the caregiver (Von Kardorff, Soltaninejad, Kamali, & Shahrbabaki, 2016). Caring for schizophrenia in the long term creates a burden for caregivers who care for schizophrenia clients at home (Marlindawani Purba & Karota Bukit, 2017).

According to WHO data (2016), there are about 35 million people affected by depression, 60 million people with bipolar disorder, 21 million affected by schizophrenia, and 47.5 million affected by dementia. Based on Riskesdas 2018 data, the prevalence of the Indonesian population with severe mental disorders schizophrenia/psychosis is 7.0 per mil, this data has increased where the prevalence of Riskesdas 2013 data is 1.7 peril. While in East Java the prevalence was 5.2 peril, increased from Riskesdas in 2013 which was 2.2 peril.

Among mental illness, schizophrenic patients have the highest level of burden on their caregivers (Altamura, Fagioli, Galderisi, Rocca, & Rossi, 2014). Stress causes emotional dysregulation, which in turn will cause disturbances to their psychological and physiological health (Compare, Zarbo, Shonin, Van Gordon, & Marconi, 2014).

Spirituality can be a strong source of support for individuals and can have a huge effect on their health, including their mental health (Nikseresht et al., 2016).

METHODS
Database searches include Scopus, Google Scholar, Science Direct, and Proquest with the keywords spiritual care, emotional regulation, schizophrenic client caregiver. The next step is to select articles according to the criteria, namely published in 2015-2020 with full text and in English, in the preparation of this systematic review based on Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). The articles that were found were then synthesized and analyzed according to the inclusion and exclusion criteria. The inclusion criteria in this systematic review are (1) caregivers who have family members with schizophrenia. (2) The study that examines spiritual care intervention in caregivers who cares for schizophrenic clients, (3) the same study design is quasi-experimental, experimental and randomized controlled trial (RCT), while the exclusion criteria in this systematic review are (1) articles that use qualitative research methods, (2) studies that focus on treating schizophrenic clients without involving caregiver interventions. Search for articles starts from June 2020 to July 2020, with keywords that have been determined by the researcher. The articles found by the researcher were selected according to inclusion and exclusion criteria, with the keywords spiritual care, emotional regulation, schizophrenic client caregiver. The researcher removes the same articles, examines articles that meet the criteria, and classifies them according to the results of the research to be continued with the discussion.

RESULT
The initial literature search found 95 articles. Researchers select articles with the same title, then the remaining 85 articles. The screening based on the title was then adjusted to the theme of a systematic review, which resulted in 50 articles. Selection based on abstract were excluded and obtained 40 articles. From 40 articles then selected according to the eligibility criteria and obtained 15 articles which were subsequently used in a systematic review as shown in Figure 1.
Figure 1. Flow diagram and article selection

Research articles are limited from 2015 to 2020. Three articles are published in 2016, three articles are published in 2017, five articles are published in 2019, and four articles are published in 2020. All research articles are quantitative research with a quasi-experimental, experimental, and randomized controlled trial research design. All studies have shown significant results in reducing stress and improving psychological well-being. Spiritual care therapy can improvement in symptoms of anxiety and depression (Sankhe, Dalal, Save, & Sarve, 2017). Spiritual care can enhance the self-efficacy of the family caregivers of people who suffer from Alzheimer’s disease, Spiritual care can enhance the self-efficacy of the family caregivers of people who suffer from Alzheimer’s disease (Salamizadeh, Mirzaei, & Ravari, 2017). The hope, life satisfaction, and spiritual well-being of elderly patients with mild or moderate dementia could significantly be improved (Wu & Koo, 2016), and the spirituality therapy using techniques such as knowing values and a deep belief in God can decrease social stigma and worry (Mousavi Najafi & Rasouli Jozi, 2019). Research sites were carried out in various countries, namely India, Taiwan, Iran, Spain, and California.

This systematic review research study identifies the spiritual care can reduce stress and improving psychological well-being with improving emotion regulation. Ten of the fifteen studies have shown that spiritual care can reduce stress and improving psychological well-being. Among mental illness, schizophrenic patients have the highest level of burden on their caregivers. Stress causes emotional dysregulation, which in turn affects their psychological and physiological health. Therefore, preventive interventions to reduce stress, anxiety, anger, and depression are very important in reducing the occurrence of other disorders in the caregiver's life, and emotional regulation is one of the factors that
have the potential to reduce the incidence of negative emotions in the caregiver. The results of this study can be seen in Table 1.

Table 1. Characteristics of research articles

<table>
<thead>
<tr>
<th>Research Title</th>
<th>Research methods</th>
<th>Results</th>
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<tr>
<td>Evaluation of the effect of Spiritual care on patients with generalized anxiety and depression: a randomized controlled study (Sankhe et al., 2017)</td>
<td>Design: RCT, Sample: 110 participants, Variables: Spiritual care, patients with generalized anxiety and depression, Intervention: Spiritual care therapy, Analyze: Descriptive statistics, Friedman test.</td>
<td>This suggests a significant improvement in symptoms of anxiety and depression in the spiritual care therapy group than the control group.</td>
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<td>The Impact of Spiritual Care Education on the Self-Efficacy of the Family Caregivers of Elderly People with Alzheimer’s Disease (Salamizadeh et al., 2017)</td>
<td>Design: RCT, Sample: 60 family caregivers, Variables: Spiritual Care Education, Intervention: Spiritual Care Education, Family Caregivers of Elderly People with Alzheimer’s Disease, Analyze: Chi-square and independent t-test.</td>
<td>Spiritual care can enhance the self-efficacy of the family caregivers of people who suffer from Alzheimer’s disease.</td>
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<td>Randomized controlled trial of a six-week spiritual reminiscence intervention on hope, life satisfaction, and spiritual well-being in elderly with mild and moderate dementia (Wu &amp; Koo, 2016)</td>
<td>Design: RCT, Sample: 103 patients, Variables: spiritual reminiscence intervention, Intervention: hope, life satisfaction, and spiritual well-being, Analyze: Chi-squared test.</td>
<td>The hope, life satisfaction, and spiritual well-being of elderly patients with mild or moderate dementia could significantly be improved with a 6-week spiritual reminiscence intervention.</td>
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<td>Effectiveness of Spirituality Therapy on Social Stigma and Worry in the Mothers of the Children with Autism (Mousavi Najafi &amp; Rasouli Jozi, 2019)</td>
<td>Design: quasi-experimental study, Sample: 40 mothers were participating, Variables: Spirituality Therapy, Social Stigma and Worry in the Mothers, Intervention: Spirituality Therapy, Analyze: ANOVA.</td>
<td>The spirituality therapy using techniques such as knowing values and deep belief in God can decrease social stigma and worry in the mothers of the children with autism.</td>
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<td>Effects of Spiritual Group Therapy on Caregiver Strain in Home Caregivers of the Elderly with Alzheimer’s Disease (Mahdavi, Fallahi-Khoshkhab, Mohammadi, Hosseini, &amp; Haghi, 2017)</td>
<td>Design: experimental study, Sample: 100 caregivers, Variables: Spiritual Group Therapy, Caregiver Strain in Home, Intervention: Spiritual Group Therapy, Analyze: Chi-square, Fisher's exact test.</td>
<td>In the intervention group mean of the posttest care strain score 32.43±2.73 was significantly lower than pretest 37.16±1.26 (P&lt;0.001). The mean posttest score of care strain was significantly lower in the intervention group.</td>
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The Effectiveness of Spiritual Therapy on Spiritual Well-Being, Self-Esteem and Self-Efficacy in Patients on Hemodialysis (Darvishi, Otaghi, & Mami, 2020)

**Research Title**

The Effectiveness of Spiritual Therapy on Spiritual Well-Being, Self-Esteem and Self-Efficacy in Patients on Hemodialysis (Darvishi, Otaghi, & Mami, 2020)

**Research methods**

Exact test, one-way analysis of variance and paired t-test

**Results**

Spiritual therapy can be used as an effective intervention to improve spiritual well-being, self-esteem and self-efficacy in patients on hemodialysis. This intervention is directed to holistic care. It can be done by interdisciplinary participation in caring and psychological teams. The implementation of spiritual care in mothers of children with cancer can improve their mental health.

The Effect of Spiritual Care on Mental Health in Mothers of Children With Cancer (Nikseresht et al., 2016)

**Research Title**

The Effect of Spiritual Care on Mental Health in Mothers of Children With Cancer (Nikseresht et al., 2016)

**Research methods**

Design: quasi-experimental study

**Results**

The implementation of spiritual care in mothers of children with cancer can improve their mental health.

The Impact of Spiritual Care Education on Anxiety in Family Caregivers of Patients with Heart Failure (Borji, Mousavimoghadam, Salimi, Otaghi, & Azizi, 2019)

**Research Title**

The Impact of Spiritual Care Education on Anxiety in Family Caregivers of Patients with Heart Failure (Borji, Mousavimoghadam, Salimi, Otaghi, & Azizi, 2019)

**Research methods**

Design: quai-experimental study

**Results**

The result showed a difference between the level of anxiety in two groups after the intervention (P = 0.001). Anxiety level in the experimental group three weeks after intervention (27.88 ± 7.10) was significant in comparison with before intervention (45.06 ± 5.79) (P = 0.001).

Effect of Spiritual Care Based on Ghalbe Salim on Anxiety in Adolescent with Cancer (Vazifeh doust, Hojjati, & Farhangi, 2019)

**Research Title**

Effect of Spiritual Care Based on Ghalbe Salim on Anxiety in Adolescent with Cancer (Vazifeh doust, Hojjati, & Farhangi, 2019)

**Research methods**

Design: experimental study

**Results**

There was no difference the score of anxiety before intervention in any of the dimensions of anxiety and the general dimension of anxiety in the case and control (P < 0.01). However, the mean of anxiety score in the SC group before and after intervention was significantly (75.25 ± 15.2) (44.55 ± 7.62), respectively. So that 50% of the post-test changes are due to the effect of the intervention spiritual care training.
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<td>Mothers of Children with Cancer: Effects on Quality of Care and Mental Health of Caregivers (Borjaliu, Shahidi, Mazaheri, &amp; Emami, 2016)</td>
<td>Sample: 42 mothers of children with cancer Variables: Spiritual Care Training, Quality of Care and Mental Health of Caregivers Intervention: Spiritual Care Training Analyze: ANOVA</td>
<td>program promotes spirituality, personalized care, religiosity and spiritual care as well as decreasing anxiety in mothers of children with cancer and decreases anxiety. It may be concluded that spiritual care training could be used effectively in reducing distressful spiritual challenges in mothers of children with cancer.</td>
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<td>The Effect of Emotion Regulation Training on Stress, Anxiety, and Depression in Family Caregivers of Patients with Schizophrenia: A Randomized Controlled Trial (Behrouian, Ramezani, Dehghan, Sabahi, &amp; Zarandi, 2020)</td>
<td>Design: RCT Variables: Emotion Regulation Training, Stress, Anxiety, and Depression in a Family Caregivers of Patients Intervention: Emotion Regulation Training Analyze: Chi-Square test, independent t-test, and Mann–Whitney U test</td>
<td>The results showed that stress, anxiety and depression scores significantly reduced in the intervention group compared to the control group. Emotional regulation training with cognitive methods has significantly reduced the anxiety, stress, and depression of caregivers of patients with schizophrenia. Following the intervention, there was a significant decrease in scores associated with emotional regulation, and an improvement in the identification of affect on facial recognition tasks. The results suggest that despite ADHD children and adolescents having social and emotional deficits secondary to the core symptom triad, emotional regulation in this group can be improved by the application of socio-emotional intervention</td>
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<td>Emotion Regulation in Participants Diagnosed With Attention Deficit Hyperactivity Disorder, Before and After an Emotion Regulation Intervention (Sánchez, Lavigne, Romero, &amp; Elósegui, 2019)</td>
<td>Design: quasi-experimental variables: Emotion Regulation, Participants Diagnosed Attention Deficit Hyperactivity Disorder Intervention: Emotion Regulation Intervention Analyze: paired sample t-test</td>
<td>Following the intervention, there was a significant decrease in scores associated with emotional regulation, and an improvement in the identification of affect on facial recognition tasks. The results suggest that despite ADHD children and adolescents having social and emotional deficits secondary to the core symptom triad, emotional regulation in this group can be improved by the application of socio-emotional intervention</td>
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<td>Randomized Controlled Trial of a Facilitated Online Positive Emotion Regulation Intervention for Dementia Caregivers (Moskowitz et al., 2019)</td>
<td>Design: RCT Variables: Facilitated Online Positive Emotion Regulation, Dementia Caregivers Intervention: Emotion Regulation Intervention</td>
<td>This randomized controlled trial of the online facilitated positive emotion regulation intervention in dementia caregivers demonstrated small to medium effect sizes on caregiver well being and</td>
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| Effect of Emotion Regulation Training Based on the Gross Model on Anxiety among Parents of Children with Cancer (Bahrami, Sheikhi, Bagloo, & Mafi, 2020) | Design: RCT  
Sample: 60 parents  
Variables: Regulation  
Intervention: Emotion Regulation Training Based on the Gross Model  
Analyze: analysis of variance (ANOVA) and independent t-test. | Our findings demonstrated that the mean age of participants was 32.5±5.09 and 32.26±4.9 years in the intervention and control groups, respectively. Total anxiety scores of the intervention and control groups pre-intervention were obtained as 33.9±7.1 and 34.3±7.4, respectively. This score changed to 19.2±1.47 in the test group and 33.73±1.36 in the control group immediately post-intervention. Moreover, three months post-intervention, the scores of 22.17±5.8 and 34.03±6.96 were observed in the control and intervention groups, respectively. The repeated measures ANOVA revealed a significant difference between the two groups in terms of the effect of the intervention (P<0.001). |
| The effect of emotion regulation training on family relationships of hyperactive children (Arabi, Moghadam, &Sahebalzamani, 2020) | Design: RCT  
Sample: 80 participants  
Variables: Emotion regulation training, family relationships  
Intervention: Emotion regulation training  
Analyze: Descriptive statistics and the analysis of covariance. | The emotion regulation training approach in mothers with hyperactive children improved both the mother–child relationship and the interactive spousal styles and can be considered by the managers of treatment and rehabilitation field as an adjunctive therapy for the families of these children. |
DISCUSSION
In conducting this systematic review, fifteen research articles were evaluated to find out how spiritual care plays a role in reducing stress levels so that they can improve emotional regulation while caring for schizophrenic clients. Through this systematic review, we try to show that fifteen research articles have a positive role in spiritual care to increase positive emotions, there are five articles discussing emotion regulation.

A caregiver is defined as someone who lives with the patient and is directly involved in the patient's care for at least six months and does not experience mental disorders (Ali & Bokharey, 2015) or for 1 year (Hegde, Chakrabarti, & Grover, 2019). Most of the caregivers in several studies were women and were housewives (Salamizadeh, Mirzaei, and Ravari 2017). Caregiver relationships with clients who receive care can be very close, such as spouses, daughters, or sons-in-law (Ali & Bokharey, 2015). Relationships make it easier for caregivers in schizophrenic clients to suffer psychological morbidity due to the burdens that are carried during the care and care of schizophrenic patients (Brillianita & Munawir, 2014). Feelings of burden are often experienced by someone caring for family members diagnosed with mental illness so that they are often impatient and insincere in providing daily care for schizophrenic patients, as well as being stigmatized by others that can affect the entire family structure (Betül & Küçük, 2015). Stigma from others and oneself is very detrimental to the continuity of caregiving from the schizophrenia client caregiver, this can hurt the emotional development of the schizophrenic client caregiver.

Emotional changes in the schizophrenic client caregiver are influenced by the psychological stress experienced by the caregiver in caring for schizophrenic clients (O'Toole et al., 2020). The caregiver's inability to regulate emotions causes negative emotions to emerge which can lead to negative consequences, including depression and anxiety while providing care and nurturing (Bahrami et al., 2020). Stress causes emotional dysregulation, which in turn will disrupt their psychological and physiological health (Compare et al., 2014). Emotional dysregulation experienced by caregivers will hurt their physical and psychological health, this will also affect the recovery process for schizophrenic clients. Therefore, a strategy is needed to improve the emotional regulation of the schizophrenic client caregiver while providing care for relatives who suffer from schizophrenia at home.

The spiritual role is very important to improve the psychological well-being of the caregiver for chronic disease clients so that it can prevent pathological influences such as hopelessness, depressed mood, anger, anxiety, and the burden of care (Anum & Dasti, 2016). Besides, in a study conducted by Gruhn & Compas, (2020), it was explained that spiritual care plays an important role in the recovery process for depression. Anxiety, stress, and anger can be well managed by involving spiritual care in everyday life including providing care for schizophrenic clients.

CONCLUSION
Spiritual care is carried out by providing spiritual-based education to the schizophrenic client caregiver by focusing on spiritual values such as maintaining a relationship with God while caring for schizophrenic clients, this will have a good impact on the recovery process for schizophrenic clients.
REFERENCES
Betül, K., & Küçük, L. (2015). *Archives of Psychiatric Nursing Care Burden Level and Mental Health Condition of the Families of Individuals With Mental Disorders*. https://doi.org/10.1016/j.apnu.2015.10.004


