

## Resilience among Family Caregiver Caring for Chronic Illness Patients Insight from Javanese Culture

Ike Wuri Winahyu Sari<sup>1,\*</sup>), Ferianto<sup>2</sup>, Tika Sari Dewi<sup>3</sup>

<sup>1,2,3</sup> Faculty of Health, Universitas Jenderal Achmad Yani Yogyakarta, Jalan Brawijaya Ring Road Barat  
Ambarketawang, Gamping, Sleman, Yogyakarta, Indonesia

### Abstract

Chronic illnesses impose significant burdens on patients and their families, particularly family caregivers, who play a crucial role in providing long-term care. The resilience of caregivers is essential to manage the physical, emotional, and psychological challenges associated with caregiving. This study aimed to identify resilience among family caregivers caring for chronic illness patients in Javanese culture. This study utilized a descriptive cross-sectional design. One hundred family caregivers of chronic illness patients were recruited through purposive sampling. Resilience was measured using the 10-item Connor-Davidson Resilience Scale (CD-RISC). Scores ranged from 10 to 40, with higher scores indicating better resilience among family caregivers. Data were analyzed descriptively. The findings indicate moderate to high resilience levels among caregivers, with a mean score of  $29.83 \pm 1.89$  (from a range of 10-40). These results reflect the caregivers' adaptive capabilities, influenced by Javanese cultural values such as "nrimo ing pandum" (accepting fate) and "gotong royong" (mutual cooperation). The study highlights that resilience among Javanese caregivers is shaped by their cultural and religious frameworks, which prioritize social harmony and spiritual endurance over individual self-focus. This study contributes to nursing by highlighting how cultural values of resilience can guide nurses in designing culturally sensitive interventions that support caregivers, alleviate their burden, and enhance the quality of care for patients with chronic illness.

**Keywords:** Chronic Illness; Family Caregiver; Javanese; Resilience

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\*) Corresponding author: Ike Wuri Winahyu Sari  
E-mail: [ike.wuri@yahoo.com](mailto:ike.wuri@yahoo.com)

### 1. Introduction

Chronic illnesses are long-lasting conditions that result from genetic, physiological, environmental, and behavioral factors (World Health Organization, 2023). The major types of chronic diseases include cardiovascular diseases (such as heart attacks and strokes), cancer, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma), diabetes, and chronic kidney disease. Cardiovascular diseases account for the highest number of chronic disease-related deaths, causing 17.9 million deaths annually, followed by cancer (9.3 million), chronic respiratory diseases (4.1 million), and diabetes (2.0 million, including deaths due to diabetes-related kidney disease). These four groups of diseases collectively contribute to over 80% of all premature deaths caused by chronic diseases (World Health Organization, 2023).

Globally, chronic diseases are responsible for 41 million deaths annually, equivalent to 74% of all deaths. Of these, 17 million people die before the age of 70, with 86% of premature deaths occurring in low- and middle-income countries. Additionally, 77% of all chronic disease-related deaths are reported in these same regions. These diseases arise from unplanned rapid urbanization, globalization of unhealthy lifestyles, and population aging. Unhealthy diets and physical inactivity manifest in risk factors like elevated blood pressure, increased blood glucose, high blood lipids, and obesity. These metabolic risk factors significantly contribute to cardiovascular diseases, which remain the leading cause of premature mortality (World Health Organization, 2023).

Individuals living with chronic diseases require long-term care and support, not only for themselves but also for their family members and dependents who are indirectly impacted (Schenker

& Costa, 2019). Chronic disease care has shifted from aiming for a cure to focusing on comfort and improving quality of life, posing challenges for family members caring for individuals with chronic conditions (Wolff & Jacobs, 2015).

The responsibility for providing care to chronically ill patients often falls on family members, known as family caregivers (Sari & Nirmalasari, 2020). Family caregivers serve as an extension of professional healthcare providers, voluntarily offering care and assistance to family members with health conditions (Teixeira, Abreu, Costa, & Maddocks, 2020). While caregiving can yield positive outcomes for patients and caregivers, it impacts various aspects of their lives (Coe, Guo, Konetzka, & Van Houtven, 2019). They must balance the caregiving role with their responsibilities, which can lead to substantial physical, emotional, and psychological strain (Camicia, Lutz, Markoff, & Catlin, 2019).

The complex challenges of caring for chronically ill family members often burden caregivers (King et al., 2021; Perdana & Kusumawati, 2021). This burden, marked by stress and exhaustion, can significantly affect the quality of life of family caregivers (Perdana & Kusumawati, 2021). Studies suggest caregivers often experience a poorer quality of life than their patients (Mustaqfiroh & Tobing, 2022), underscoring the importance of building resilience among family caregivers.

Resilience is the ability to endure and recover from difficult situations. It is the capacity to adapt positively, persist, and overcome challenges (Walsh, 2020). According to the American Psychological Association, resilience involves the processes and outcomes of successfully adapting to complex or challenging life experiences, often through mental, emotional, and behavioral flexibility and adjustment to internal and external demands (American Psychological Association, 2024). For family caregivers, resilience refers to their ability to adapt positively to the challenges of long-term caregiving. Research indicates that resilient family caregivers experience reduced depression, improved health, positive social support, and better caregiving quality (Hwang et al., 2018; Palacio, Krikorian, & Limonero, 2018; Sorayyanezhad, Nikpeyma, Nazari, Sharifi, & Sarkhani, 2022).

Being a resilient family caregiver does not mean becoming a "superhero" who never feels fatigued or overwhelmed by their responsibilities. Instead, resilient family caregivers can recognize and utilize available resources to adapt to stressful situations. Even in challenging and unexpected circumstances, resilient family caregivers can continue to perform their roles effectively. Building

resilience allows caregivers to maintain their well-being and support their loved ones better (Mustaqfiroh & Tobing, 2022).

One of the critical predictors of family resilience is culture. Culture shapes family structures, rituals, and practices, influencing how families function within a specific cultural context. Recognizing cultural differences can enhance the development of culturally appropriate interventions to support and strengthen family resilience. Consequently, the role of culture can serve as a vital resource in fostering resilience within families (Munawaroh et al., 2021).

In Indonesia, particularly on the island of Java, the majority of the population identifies as Javanese. According to the 2020 population census, Java is home to 77.21 million Javanese people, making them the predominant ethnic group on the island (Statistic Indonesia, 2021). Family resilience within this cultural context can be nurtured through belief systems that promote alternative problem-solving, healing, and growth. Family belief systems play a significant role in helping members derive meaning from crises, instill hope, and foster a sense of transcendence or spirituality (Walsh, 2020).

A family's belief system influences how it perceives crises and suffering and its capacity to identify viable solutions to overcome challenges. A strong and cohesive belief system within the family equips its members to navigate difficulties more effectively, providing them with the strength and resources necessary to overcome life's adversities. This study aims to identify resilience among family caregivers caring for chronic illness patients in Javanese culture. Understanding resilience in this unique cultural context provides valuable insights for developing culturally appropriate support interventions to empower family caregivers and enhance their well-being so that family caregivers can manage the challenges of chronic illness care.

This study contributes to nursing by providing evidence on the cultural dimensions of resilience in caregiving. Understanding how cultural values strengthen resilience enables nurses to design family-centered interventions that are culturally sensitive and supportive of caregivers' adaptive strengths. The findings can guide nursing practice in developing education, counseling, and community-based programs that reinforce resilience, reduce caregiver burden, and ultimately improve the quality of care for patients with chronic illness. Moreover, integrating cultural perspectives into nursing care enhances holistic approaches, ensuring that both patients and caregivers receive support aligned with their values and lived experiences.

## 2. Method

This study employed a descriptive design with a cross-sectional approach. The population in this study consisted of 297 family caregivers of patients with chronic illnesses living in Balecatuur Village, Sleman. The sampling technique used was purposive sampling, involving one hundred respondents who met the inclusion criteria: family members caring for chronic illnesses, confirmed by the patients as the primary caregivers responsible for meeting daily needs, aged 18 years or older, and signed informed consent forms.

The research process was conducted through five structured stages. It began with a literature review to identify research gaps, conduct a preliminary study, develop a timeline, prepare a proposal, and form a research team. The second stage involved preparing the research instrument, which included developing a questionnaire covering demographic characteristics and the CD-RISC scale, duplicating the questionnaire, and obtaining ethical approval. Data collection involving 100 respondents. Prior to data collection, respondents were informed about the study's objectives and procedures. After providing informed consent, they were guided through the process of completing the questionnaire. The collected data were then analyzed using descriptive statistics. Finally, the research concluded with the preparation of the final report, manuscript drafting, and proofreading in preparation for publication. The flow of this process was illustrated in Figure 1.

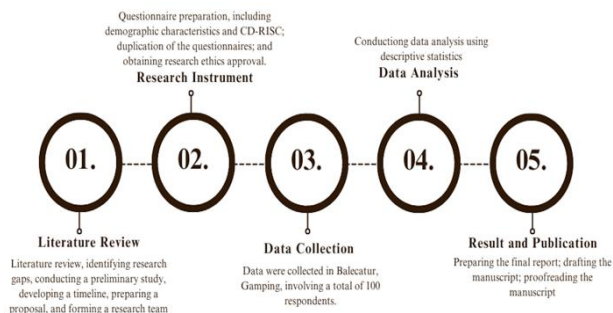


Figure 1. Research Process

The questionnaires used in this study included a demographic characteristics questionnaire and the 10-item Connor-Davidson Resilience Scale (CD-RISC) to assess resilience in family caregivers. The CD-RISC instrument was validated ( $r = 0.398-0.670$ ) and reliable (Cronbach's Alpha = 0.868) (Gina & Fitriani, 2022). Scores ranged from 10 to 40, with higher scores indicating better resilience among family caregivers. Data were analyzed using descriptive statistics.

This study was approved by the Research Ethics Committee of Universitas Jenderal Achmad

Yani Yogyakarta under reference number Skep/116/KEP/V/2024. All respondents signed informed consent forms, and confidentiality was assured following the recommendations of the Declaration of Helsinki.

## 3. Results and Discussion

Demographic characteristics of respondents are detailed in Table 1. The study indicated that the average age of family caregivers was  $44.82 \pm 17.97$  years, with males accounting for 51.0%. A high school education was prevalent among 51.0% of respondents, all of whom practiced Islam. Additionally, 80% were married, 89.0% earned below the Regional Minimum Wage, and all identified as Javanese. The primary recipients of care were parents (58.0%), with hypertension being the most common chronic illness (65.0%). The duration of caregiving ranged from 4 months to 120 months (10 years), while daily caregiving varied between 2 hours and 24 hours. Family caregiver resilience is listed in Table 2. The mean resilience score of family caregivers caring for family members with chronic illness is  $29.83 \pm 1.89$ , within a range of 10-40.

In this study, the mean resilience score of family caregivers caring for family members with chronic illnesses indicates a moderate to high level of resilience, reflecting their ability to adaptively and positively cope with the challenges of caring for a family member with a chronic illness. This study aligns with previous studies, which found moderate to high resilience in family caregivers caring for patients with congenital disorders (Poejo, Gomes, Granjo, & dos Reis Ferreira, 2024), family caregivers caring for cancer patients during the COVID-19 pandemic (Mihic-Gongora et al., 2022), and family caregivers of patients undergoing hemodialysis, whether they had physical or mental health issues (Perdana & Kusumawati, 2021). However, this study contrasts with earlier research conducted in Iran, which reported low resilience among family caregivers caring for patients with chronic illnesses (Sorayyanzhad et al., 2022).

Table 1. Demographic characteristics of respondents (N=100)

Characteristics	f (%)	Mean ± SD	Median (Min-Max)
Age (years)	-	44.82 ± 17.97	-
Gender		-	-
Female	49 (49.0)		
Male	51 (51.0)		
Education		-	-
No school	1 (1.0)		
Elementary	18 (18.0)		

Characteristics	f (%)	Mean ± SD	Median (Min-Max)
school			
Junior high school	24 (24.0)		
Senior high school	51 (51.0)		
College	6 (6.0)		
Religion		-	-
Islam	100 (100.0)		
Ethnicity		-	-
Javanese	100 (100.0)		
Married status		-	-
Single	17 (17.0)		
Married	80 (80.0)		
Widower/ Widow	3 (3.0)		
Income		-	-
< Regional Minimum Wage	89 (89.0)		
≥ Regional Minimum Wage	11 (11.0)		
The person being cared for		-	-
Spouse	35 (35.0)		
Parent	58 (58.0)		
Child	1 (1.0)		
Parent-in-law	1 (1.0)		
Grandparent			
Relatives	1 (1.0) 4 (4.0)		
Illness suffered		-	-
Hypertension	65 (65.0)		
Diabetes Mellitus	13 (13.0)		
Stroke	13(13.0)		
Heart disease	6 (6.0)		
Kidney disease	2 (2.0)		
Chronic gastric acid	1 (1.0)		
Length of caregiving (months)	-	-	35.0 (4.0-120.0)
Duration of caregiving (hours)	-	-	24.0 (2.0-24.0)

Source: Primary data, 2024; f: frequency; SD: Standard deviation

Resilience plays a crucial role in shaping how individuals navigate life and can significantly impact their health status and ability to cope with chronic or life-threatening illnesses (Mihic-Gongora et al., 2022; Mustaqfiroh & Tobing, 2022). Resilience is not only related to physical

capacity but also encompasses emotional and psychological aspects. It is a buffer, enabling family caregivers to face and overcome challenges (Walsh, 2020). This resilience helps them care for the patient and improves their mental and emotional well-being.

**Table 2.** Resilience among family caregivers (N=100)

Variable	Range	Mean ±SD
Family caregiver resilience	10-40	29.83 ±1.89

Source: Primary data, 2024; SD: Standard deviation

The resilience score, which falls within the moderate to high range, may also be influenced by the dominant Javanese culture in this study. Research on resilience in Javanese and Sundanese cultures has shown that families from these backgrounds possess belief systems for facing life's challenges, manifested in their ability to find meaning in life's difficulties, maintain a positive outlook, and uphold religious values (Munawaroh et al., 2021; Rahmati, Khaledi, Salari, Bazrafshan, & Haydarian, 2017). In Indonesian culture, especially Javanese culture, resilience is closely related to cultural values that encourage individuals to remain strong in life's hardships, passed down through generations. Javanese culture has a strong philosophy shapes mental and social resilience (Munawaroh et al., 2021), enhancing an individual's ability to cope with difficult situations, including caring for a sick family member or facing chronic illness. In Javanese culture, patience is highly valued and expressed through proverbs such as “wong sabar pasti subur” (those who are patient will prosper) and “wong sabar rejekine jembar, wong ngalah uripe berkah” (those who are patient will gain fortune and live a blessed life). Patience, as a core characteristic of Javanese families, serves as a protective factor that strengthens family resilience, reflecting the close link between patience and resilience (Munawaroh et al., 2021). These values shape how Javanese people adapt to circumstances and face life's challenges. When faced with issues such as caring for a family member with a chronic illness, these values help them remain patient, calm, and steadfast in accepting the situation.

Moreover, the concepts of “gotong royong” (mutual cooperation) and “nrimo ing pandum” (accepting fate) ingrained in Javanese culture may influence resilience. Many family caregivers feel that enduring difficult situations are part of their

moral and social responsibility which makes their resilience more rooted in cultural and religious values rather than individual psychological factors. Those who do not have a favorable view of themselves or do not actively practice self-love can still endure because they feel motivated by social obligations, family expectations, or spiritual drives (Munawaroh et al., 2021).

The findings of this study can also be connected to the idea that in Asian societies, there is a tendency to prioritize the harmony of interpersonal relationships over self-focus as a form of duty (Kariyawasam, Ononaiye, Irons, & Kirby, 2022). This research contributes to a deeper understanding of the role of culture in shaping resilience. It highlights the need for a contextual approach in interventions to support family caregivers within Asian cultures, particularly Javanese.

#### 4. Conclusions and Suggestions

This study shows that family caregivers in Javanese culture have moderate to high resilience when caring for chronic illness patients. Cultural values and social support systems are essential in strengthening their coping abilities. Psychological factors, like emotional control and problem-solving, are crucial to their resilience. It is suggested that future research consider cultural aspects to support family caregivers better. Creating programs that respect Javanese cultural values can help improve caregiver well-being.

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