

Journal of Intellectual Disability - Diagnosis and Treatment

Journal of Intellectual Disability
Diagnosis and Treatment

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Introduction: Schizophrenia is a serious mental illness that affects the thinking, emotions, relationships and decision-

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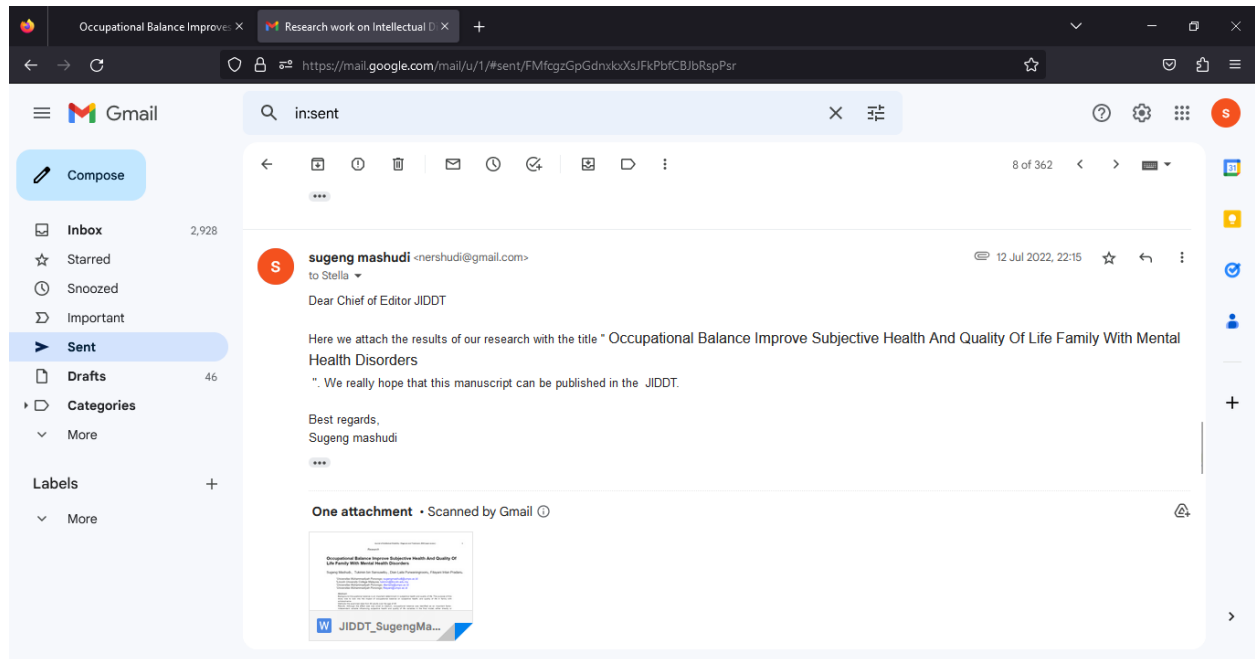
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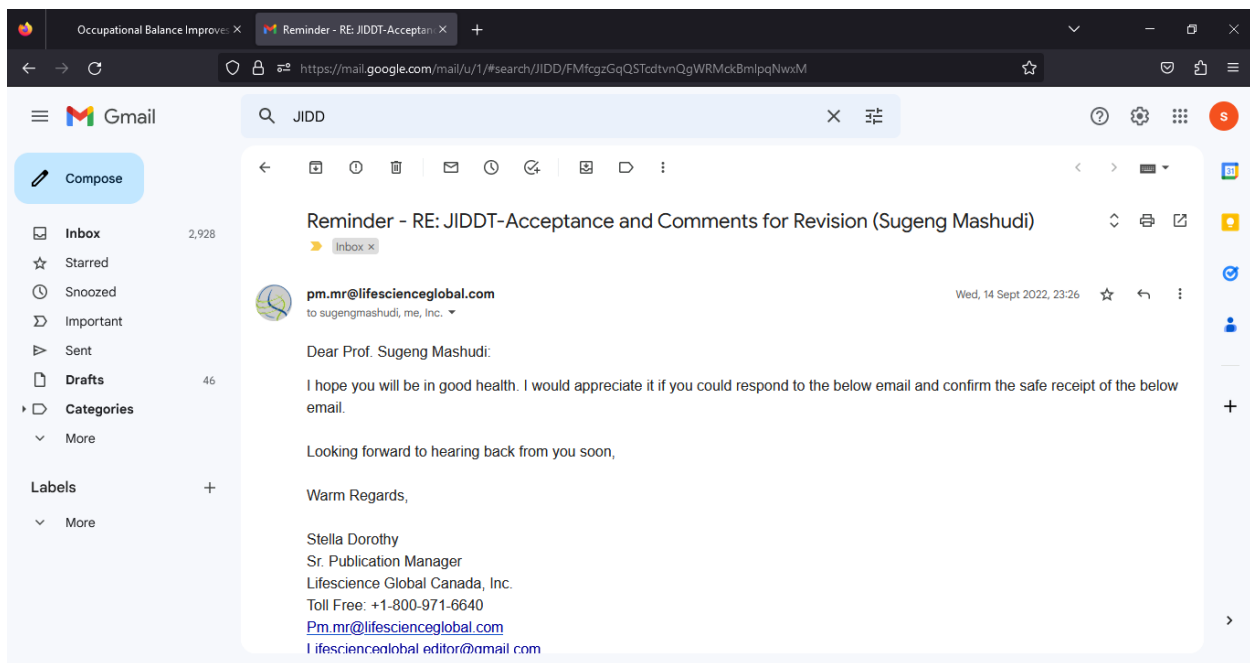
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Dear Prof. Sugeng Mashudi:

Research

Occupational Balance Improve Subjective Health And Quality Of Life Family With Mental Health Disorders

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Abstract:

Background: Occupational balance is an important determinant in subjective health and quality of life. The purpose of this study was to look into the impact of occupational balance on subjective health, and quality of life in family with schizophrenia.

Methods: We examined data from 60 adults over the age of 45.

Results: Although the effect size was small to medium, occupational balance was identified as an important factor. Independent variable influencing subjective health and quality of life variables in the final model, either directly or indirectly.

Conclusions: Our findings indicate that promoting better occupational balance can improve subjective health and quality of life. Further research in developing intervention programs based on occupational balance is needed to confirm the feasibility of the intervention and its effects on subjective health and quality of life of family members with schizophrenia.

Keywords: family with schizophrenia, model, occupational balance, quality of life, subjective Health

INTRODUCTION

In occupational therapy, occupation refers to the meaningful activities that people [1]–[3]. The occupations encompass all aspects of human life [4], [5]. Personal health, subjective health, quality of life, happiness, and wellbeing are all positively related to work-life balance [6], [7]. However, occupational imbalance can lead to illness and dissatisfaction [8]. Occupational imbalance is defined as stress or boredom caused by an insufficient level of occupational engagement [9], [10]. There is a negative relationship between happiness and occupational imbalance [8], [11]

Previous studies on occupational balance involved measuring it [12], [13], comparing groups with varying levels of occupational balance [14][10][15], and examining the relationship between occupational balance and other variables [6], [10], [16].

Define occupational balance as balance on and off the job, as a "individual's perception of having the right number of occupations and the right variation" of active and restful occupations based on personal preference, which leads to personal happiness [17], [18]. Workplace engagement that leads to happiness Occupational balance can also be defined as a subjective perception of having a proper level of occupation in terms of diversity and quantity [19]. a common feature of its concept, such as personal subjectivity and its relationship to health, wellbeing, and satisfaction[8]. Life balance is a concept similar to occupational balance [20], [21]. The life balance model defines life balance as a daily activity pattern that is healthy, meaningful, and sustainable in the current environment, resulting in satisfaction[22].

Patterns of daily occupation change as life cycles change [23]. Individuals go through occupational transition when a life event occurs, such as the death of a loved one or

retirement [23]. During this transitional period, occupational balance approaches can be beneficial [8], [24]. Balance between occupations, particularly for older adults, can aid in the development of new daily routines while experiencing successful occupational transition [24]. As family with schizophrenia, Their daily activities become less varied, and bringing their patients' health first [25]. It is recommended that family with schizophrenia try new activities to get as much active time as possible [23][26]. A daily routine devoid of meaningful activities and characterized by a low level of activity can result in a decline in physical or cognitive functions in the family with schizophrenia[27]. Population Furthermore, maintaining participation in daily activities is critical for personal development. Well-being and life quality [28]. People who work in a variety of occupations can achieve a state of harmonious participation. It is advantageous to engage in a variety of occupations. People must have a balanced occupational status [29]. Family-specific interventions are required to reduce the burden on family caregivers [26]. For the family with schizophrenia over the age of 45, achieving occupational balance has a positive effect on their health status.

Other advantages of achieving occupational balance include lower levels of stress and higher levels of productivity of happiness or health [22], [30], [31].

Previous studies [8], [23], [32], reported the importance of occupational balance as a health-related factor and suggested that the concept of occupational balance could be used to improve health [14]. However, research on the impact of occupational balance as an independent variable that can affect subjective health or quality of life is limited. The goal of this study was to look into the effects of occupational balance on subjective health and quality of life on family with schizophrenia.

MATERIALS AND METHODS

The study included a total of 60 participants. Adults aged 45 and up who had been living independently in their homes for at least a year were eligible. Convenience sampling and snowball sampling were employed. The majority of the participants were recruited from a rural area in Ponorogo city. The respondents voluntarily participated in this study after they read the information on flyers in their community health centers. We assigned desks to the participants. to complete the questionnaire, and at least one researcher was present to assist the participants when they had a research question or needed help filling out questionnaires. We gathered When participants who visited desks requested interviews, the data was collected through interviews. method rather than self-reporting. This was completed.

Measurements

Korean version of Life Balance Inventory (K-LBI). To assess occupational balance, the Korean version of the Life Balance Inventory (K-LBI) [33] was used. A significant correlation between the K-LBI and the Korean version of the WHOQOL-BREF was found in a validation study. The average item-level content validity indices of 15 K-LBI items were 0.79 [33]. The Life Balance Inventory (LBI) [22], includes 13 daily activities such as getting enough sleep, working for pay, cooking, or caring for pets, which are divided into four subcategories: health, identity, relationship, and challenge and interest. Participants self-rate their time use congruence by determining whether they spent enough time on each task.

Korean versions of the World Health Organization Disability Assessment Schedule Korean version of the WHO Quality of Life-Brief (WHOQOL-BREF). To assess quality of life, twenty-five items from the Korean version of the WHO Quality of Life-Brief (WHOQOL) [36] were used. The WHOQOL-BREF [34] originally contained 26 items: one question for general quality of life, one

question for overall health, and 24 items divided into four subcategories: physical, psychological, social, and environmental quality of life.

Except for one question about overall health, 25 items measured on a five-point-Likert scale were analyzed in this study. A higher score was interpreted as better quality of life. Cronbach's $\alpha = .898$ was the reliability. Cronbach's $\alpha = .937$ was used to calculate reliability in this study.

Korean versions of the World Health Organization Disability Assessment Schedule 2.0

(KWHODAS 2.0). To assess subjective health, twelve items from the Korean versions of the World Health Organization Disability Assessment Schedule 2.0 (KWHODAS 2.0) [35] were used. The KWHODAS 2.0 includes 12 items divided into six subcategories: cognition, mobility, selfcare, coping, life activities, and participation. KWHODAS 2.0 subcategory scores reflect how much functional limitation the individual perceived in his or her daily activities. The high level of correlation ($r = .77$) between the KWHODAS and the Korean Functional Rating Index [36] confirmed the KWHODAS's concurrent validity.

The intra-class correlation coefficient (ICC) was .94 (self-rated score), and the inter-scoring reliability was .94–1.00 (interviewer rated score) [34]. We used raw scores on a five-point Likert scale in this study.

Statistical analysis

For the analysis, we used raw data from the survey. The Statistical Package for the Social Sciences (SPSS) version 22 was used for descriptive analysis, and Smart PLS version 3.1 was used for structural examination, path analysis, and effect analysis.

The coefficient of direct path was estimated using maximum likelihood. The significance of effectiveness via indirect path was investigated using nonparametric bootstrapping with maximum likelihood. A 1000-repetition limit and a 95% confidence interval were established.

RESULTS

Table 1. Demographic data of respondents

Demographic	Data	Total	Control group	Treatment group
Gender (%)	Male	31(100)	16 (52)	15(48)
	Female	29 (100)	14 (48)	15(52)
Education level (%)	Low education	42 (100)	20 (48)	22 (52)
	High education	18 (100)	10 (56)	8 (44)
Age (%)	Productive	38 (100)	18 (47)	20 (53)
	Not productive	22 (100)	12 (55)	10 (45)
Occupation (%)	Self-employed	37 (100)	18 (49)	19 (51)
	Employee	8 (100)	3 (60)	5 (54)
	Unemployment	15 (100)	7 (47)	8 (53)
Marital status	Single	10 (100)	6 (60)	4 (40)
	Married	45 (100)	23 (51)	22 (49)
	Widow/widower	5 (100)	1 (20)	4 (80)

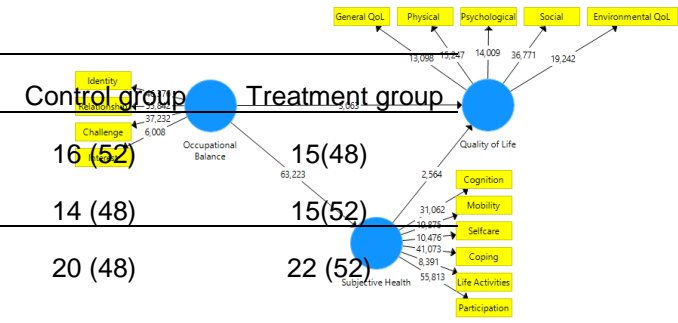


Figure 1. T-Statistic Value Effects Of Occupational Balance On Subjective Health And Quality Of Life

DISCUSSION

To the best of our knowledge, this is the first study to use structural equation modeling to confirm the effect of occupational balance on subjective health and quality of life.

The final model's pathways explain the relationship between occupational balance and subjective health and quality of life. Based on the findings of the effects analysis, we identified the value of occupational balance as an independent variable. The findings support the concept of occupational balance being used to improve subjective health and quality of life in family with schizophrenia.

Gaining satisfaction is required for achieving occupational balance [15], [22], and is necessary for improving health [8], [37]. Previous studies on occupational balance focused on life satisfaction [10], [15]. We hypothesized in the study's research model that Occupational balance affects subjective health and quality of life. Occupational balance was measured using questions about satisfaction experienced in the previous three months. The previous occupational balance in this cross-sectional study, three months had little effect on the overall life satisfaction of family with schizophrenia.

Subjectivity is currently regarded as an important structure in the concept of occupational balance [15]. However, objectivity must also be considered when applying the concept of occupational balance to protect people's health. Because the occupational balance measurement score is subjective, family with schizophrenia may believe they are occupationally balanced if they are satisfied with their daily activity pattern, even if the diversity, amount, or intensity of daily activities are insufficient. Additional objective guidelines, such as professional counseling based on the physical and cognitive functions of family with schizophrenia, are required to achieve an occupational balance that will help this population protect and improve their health and well-being.

There are some limitations to the current study. First, despite all latent variables being measured using validated

Table 2. Total effect model

	Original sample	Sample mean	SD	T Statistic	p
OB → QoL	0.902	0.904	0.024	3.063	0.00
OB → SH	0.929	0.930	0.015	63.223	0.00
SH → QoL	0.419	0.415	0.163	2.564	0.011

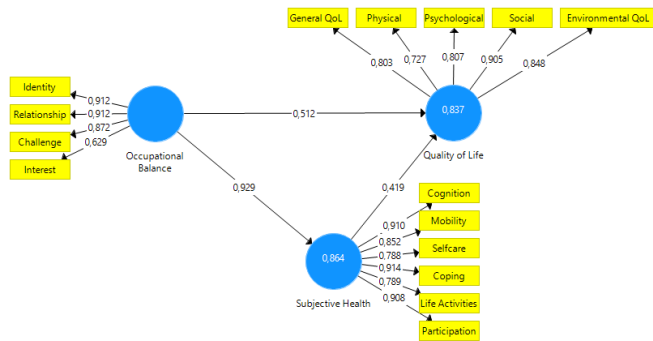


Figure 1. Koeficient Value Effects Of Occupational Balance On Subjective Health And Quality Of Life

assessment tools and having confirmed discriminant validity, high correlations between them may have an impact on the results. Further research on occupational balance in different groups is required to determine the effect of occupational balance on health-related variables. Future studies should look into additional health and wellbeing variables to better understand the impact of occupational balance on health and wellbeing. Furthermore, we propose developing an intervention program based on occupational balance in order to validate its practical effect on the lives of older adults.

CONCLUSION

This study's final model depicts the relationships between occupational balance and subjective health and quality of life. Among relatively healthy older adults, higher levels of occupational balance have a positive effect on the observed variables. These findings support the importance of using the concept of occupational balance to protect family with schizophrenia's subjective health and quality of life.

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CONFLICTS OF INTEREST

The authors declare they have no conflicts of interest

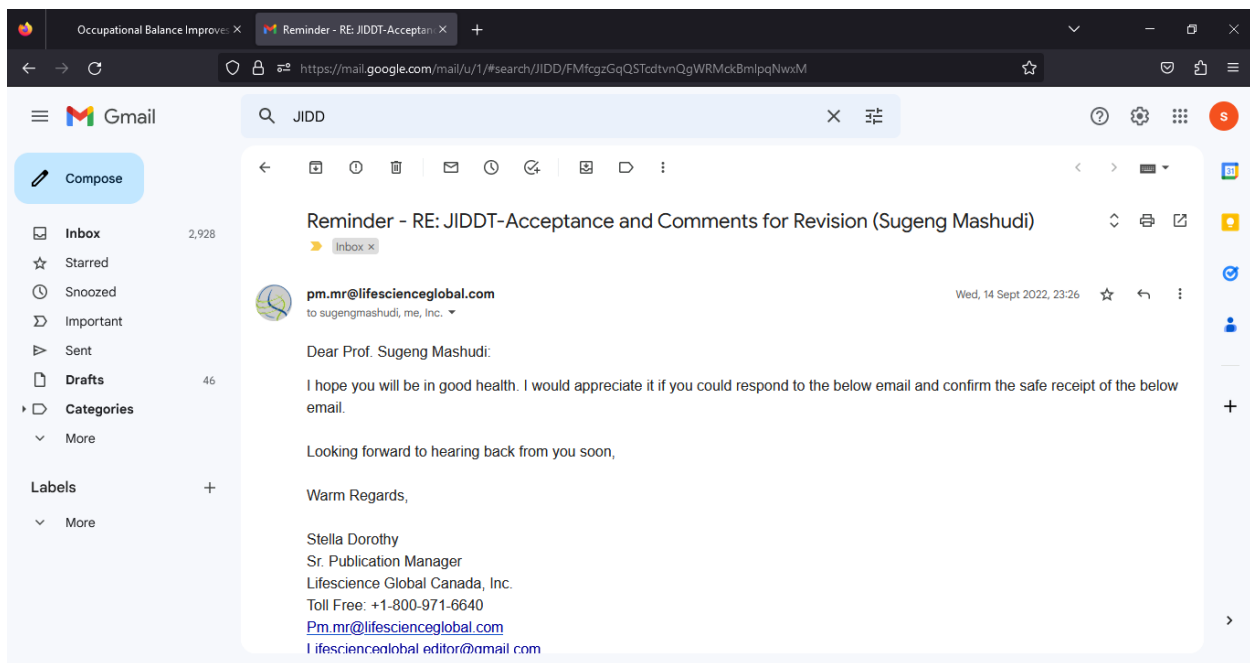
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1. Referee Comments:

- Please read our author guidelines carefully and incorporate it. See at our website: <https://www.lifescienceglobal.com/guidelines-for-authors-jiddt>
- Language
 - please review grammatical, syntax, and punctuation errors, and typos throughout the manuscript and revise accordingly.
 - Pay attention of using capital or lowercase, example: Table 1. Koefficient (-> Coefficient) Value Effects Of (-> of) Occupational Balance On (-> on) Subjective Health And (->and) Quality Of (-> of) Life
 - Professional proof read is needed
- Abstract:
 - What is the aim of study?
 - Methods: Provide research design and what instruments had been used to measure occupational balance ad QoL. We examined data from 60 adults over the age of 45.
 - Results: How many participants were included? sex and mean age?
- Please manage/arrange paragraph of your introduction to become:
 - urgency of your study
 - short review associated with occupational balance to show what is the GAP between theory and fact
 - state of art what is the HYPOTHESIS should be tested and add aims of your study in the end of your introduction section
- Materials and Methods:
 - Please arrange sub title of Materials and Methods: Participants, Measurements, Statistical Analysis
 - Please describe the design of your study (cross sectional?)
 - Do you have approval from ethical committee? Please describe the number of ethical approval
- Results: Please describe in the text general information about the study participants (although some information already in the table) such as number, sex, mean age. Important information of each table and figure should describe in detail in the text and cite the table/figure. Example: see table 1 etc. Result is not only presenting table and figure without any explanation

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3. materials and methods.

- Please arrange sub title of Materials and Methods: Participants, Measurements, Statistical Analysis
- Please describe the design of your study (cross sectional?)
- Do you have approval from ethical committee? Please describe the number of ethical approval

6. Results: Please describe in the text general information about the study participants (although some information already in the table) such as number, sex, mean age. Important information of each table and figure should describe in detail in the text and cite the table/figure. Example: see table 1 etc. Result is not only presenting table and figure without any explanation

7. The discussion section is too short. The purpose of the discussion is to interpret and describe the significance of your findings. Please discuss your highlight finding scientifically and try to give explanation based on previous works, that is why the discussion section is the critical part of scientific paper and author need to read a lot of papers related with the study and cite it appropriately in discussion section.

2. Referee Comments:

Interesting study but Schizophrenia is not a developmental disorder or intellectual disability.

This is an interesting topic but its connection is unclear with the scope of this journal. The plagiarism is too high, i.e., 49%. Author need to reduce the Author should mention a clear connection of this study with the intellectual disability. plagiarism below 20%

The tables do not make sense and there is no results section.

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Review response letter

Methodological considerations on Psychological diagnosis in clinical settings

We thank the Editor and the Reviewer for giving us the opportunity to review and improved the quality of the manuscript.

Comment about # Reviewer 1.

1. Referee Comments:

There are some issue (minor) should be clarify:

Figure 1 (please add title of Figure 1. Prisma Diagram of Paper Selections), this diagram usually is presented in the results section to show the article selection

We modified this and presented Prisma in results section.

Table 1: do you think this is necessary to include in this article? I suggest translating this Table 1 to the text and include in the methods section (which I think already mention?)

According to the reviewer we explained table 1 in the main manuscript, in methods section.

Table 2, this is the results of this systematic review. I would suggest this table move to the results section.

We moved this table in results section.

Discussion section is too short (while the introduction is too long): Revise it accordingly and discuss of each important results and try to give an important description based on previous/related article, and thus author can get the conclusion not only based on the results but also based on discussion.

We agree with the Reviewer, we have been corrected, as suggested.

2. Referee Comments:

The title of the article should be more specific and explanatory.

We modified.

The article's abstract is clear, concise, and precise summary.

Thank you so much.

The Method Section needs to be sufficiently detailed and substantiated with arguments about the procedure followed and the criteria for eligibility. This section should include all the information and PRISMA protocol gathered for the study.

We modified.

The modules referred to clinical counseling, psychodynamic approach, and psychological assessment tools (selectively for some skill areas and age range) must be clearly linked to this effort to systematically review and meta-analysis.

We agree with the referee, but in the scientific literature there are studies centered on testological and psychiatric diagnosis, and theoretical books that talk about psychological and clinical diagnosis.

References to modern trends in psychological diagnosis (e.g., interdisciplinary evaluation, intercultural evaluation, online assessment, positive characteristics, and quality of life), as well as social and ethical issues are absent from the text.

There are no studies in the literature that rightly take into consideration the new way of working in clinical settings. In fact we have included it as one of the limits of this review, in the scientific literature there are studies centered on assessment and psychiatric diagnosis, and theoretical books that talk about psychological and clinical diagnosis.

The author explores the significance of the results of the work and presents a reproducible procedure.

Thank you so much.

The author gives a short paragraph that summarizes the contents of the article. But the author does not elaborate on the limitations of the research under the Conclusion section.

We add limitations section.

The author should submit preferably in the Vancouver style. All references must be complete and accurate.

We apologize for the lack of accuracy in references. The references section has been revised.

Thank you very much for your attention and the Reviewers' evaluation and comments on our manuscript: again, we appreciate all your insightful comments, and we tried to be responsive to them.

Thank you for taking the time to help us to revise and improve our manuscript.

We look forward to hearing from you at your earliest convenience.

Author

Research

Occupational Balance Improve Subjective Health And Quality Of Life Family With Mental Health Disorders

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Abstract:

Background: Occupational Balance (OB) is an important determinant of subjective health and quality of life. This study aimed to look into the impact of occupational balance on subjective health and quality of life in families with schizophrenia. Methods: We examined data from 60 adults over the age of 45.

Results: Although the effect size was small to medium, OB was identified as an important factor. Independent variables influencing subjective health and quality of life variables in the final model, either directly or indirectly.

Conclusions: Our findings indicate that promoting better occupational balance can improve subjective health and quality of life. Further research in developing intervention programs based on occupational balance is needed to confirm the feasibility of the intervention and its effects on subjective health and quality of life of family members with schizophrenia.

Keywords: family with schizophrenia, model, occupational balance, quality of life, subjective health

INTRODUCTION

In occupational therapy, occupation refers to the meaningful activities that people [1]–[3]. The occupations encompass all aspects of human life [4], [5]. Personal health, subjective health, quality of life, happiness, and wellbeing are all positively related to work-life balance [6], [7]. However, occupational imbalance can lead to illness and dissatisfaction [8]. Occupational imbalance is defined as stress or boredom caused by an insufficient level of occupational engagement [9], [10]. There is a negative relationship between happiness and occupational imbalance [8], [11]

Previous studies on occupational balance involved measuring it [12], [13], comparing groups with varying levels of occupational balance [14][10][15], and examining the relationship between occupational balance and other variables [6], [10], [16].

Define occupational balance as balance on and off the job, as a "individual's perception of having the right number of occupations and the right variation" of active and restful occupations based on personal preference, which leads to personal happiness [17], [18]. Workplace engagement that leads to happiness Occupational balance can also be defined as a subjective perception of having a proper level of occupation in terms of diversity and quantity [19]. a common feature of its concept, such as personal subjectivity and its relationship to health, wellbeing, and satisfaction[8]. Life balance is a concept similar to occupational balance [20], [21]. The life balance model defines life balance as a daily activity pattern that is healthy, meaningful, and sustainable in the current environment, resulting in satisfaction[22].

Patterns of daily occupation change as life cycles change [23]. Individuals go through occupational transition when a life event occurs, such as the death of a loved one or retirement [23]. During this transitional period, occupational balance approaches can be beneficial [8], [24]. Balance

between occupations, particularly for older adults, can aid in the development of new daily routines while experiencing successful occupational transition [24]. As family with schizophrenia, Their daily activities become less varied, and bringing their patients' health first [25]. It is recommended that family with schizophrenia try new activities to get as much active time as possible [23][26]. A daily routine devoid of meaningful activities and characterized by a low level of activity can result in a decline in physical or cognitive functions in the family with schizophrenia [27]. Population Furthermore, maintaining participation in daily activities is critical for personal development. Well-being and life quality [28]. People who work in a variety of occupations can achieve a state of harmonious participation. It is advantageous to engage in a variety of occupations. People must have a balanced occupational status [29]. Family-specific interventions are required to reduce the burden on family caregivers [26]. For the family with schizophrenia over the age of 45, achieving occupational balance has a positive effect on their health status.

Other advantages of achieving occupational balance include lower levels of stress and higher levels of productivity of happiness or health [22], [30], [31].

Previous studies [8], [23], [32], reported the importance of occupational balance as a health-related factor and suggested that the concept of occupational balance could be used to improve health [14]. However, research on the impact of occupational balance as an independent variable that can affect subjective health or quality of life is limited. We hypothesized in the study's research model that OB affects subjective health and quality of life. This study aimed to clarify the effects of occupational balance on subjective health and quality of life on families with schizophrenia.

MATERIALS AND METHODS

Participants

Research using cross sectional design. The study included a total of 60 participants. Respondent criteria include; 1) respondents aged between 17 -60 years, 2) treat people with mental disorders for at least 1 year. Purposive sampling were employed. The majority of the participants were recruited from a rural area in Ponorogo city. The respondents voluntarily participated in this study after they read the information on flyers in their community health centers. We assigned desks to the participants to complete the questionnaire, and at least one researcher was present to assist the participants when they had a research question or needed help filling out questionnaires. We gathered When participants who visited desks requested interviews, the data was collected through interviews. method rather than self-reporting this was completed. Data collection started after approval from the HREC with REC Code 145/KEPK/FKM-UNEJ/XII/2021.

Measurements

Korean version of Life Balance Inventory (K-LBI). To assess OB, the Korean version of the Life Balance Inventory (K-LBI) [33] was used. A significant correlation between the K-LBI and the Korean version of the WHOQOL-BREF was found in a validation study. The average item-level content validity indices of 15 K-LBI items were 0.79 [33]. The Life Balance Inventory (LBI) [22], includes 13 daily activities such as getting enough sleep, working for pay, cooking, or caring for pets, which are divided into four subcategories: health, identity, relationship, and challenge and interest. Participants self-rate their time use congruence by determining whether they spent enough time on each task.

Korean versions of the **World Health Organization Disability Assessment Schedule Korean version of the WHO Quality of Life-Brief (WHOQOL-BREF).** To assess quality of life, twenty-five items from the Korean version of the WHO Quality of Life-Brief (WHOQOL) [36] were used. The WHOQOL-BREF [34] originally contained

26 items: one question for general quality of life, one question for overall health, and 24 items divided into four subcategories: physical, psychological, social, and environmental quality of life.

Except for one question about overall health, 25 items measured on a five-point-Likert scale were analyzed in this study. A higher score was interpreted as better quality of life. Cronbach's $\alpha = .898$ was the reliability. Cronbach's $\alpha = .937$ was used to calculate reliability in this study.

Korean versions of the World Health Organization Disability Assessment Schedule 2.0

(KWHODAS 2.0). To assess subjective health, twelve items from the Korean versions of the World Health Organization Disability Assessment Schedule 2.0 (KWHODAS 2.0) [35] were used. The KWHODAS 2.0 includes 12 items divided into six subcategories: cognition, mobility, selfcare, coping, life activities, and participation. KWHODAS 2.0 subcategory scores reflect how much functional limitation the individual perceived in his or her daily activities. The high level of correlation ($r = .77$) between the KWHODAS and the Korean Functional Rating Index [36] confirmed the KWHODAS's concurrent validity.

The intra-class correlation coefficient (ICC) was .94 (self-rated score), and the inter-scorer reliability was .94–1.00 (interviewer rated score) [34]. We used raw scores on a five-point Likert scale in this study.

Statistical Analysis

For the analysis, we used raw data from the survey. The Statistical Package for the Social Sciences (SPSS) version 22 was used for descriptive analysis, and Smart PLS version 3.1 was used for structural examination, path analysis, and effect analysis.

The coefficient of direct path was estimated using maximum likelihood. The significance of effectiveness via indirect path was investigated using nonparametric bootstrapping with maximum likelihood. A 1000-repetition limit and a 95% confidence interval were established.

RESULTS

Table 1. Demographic data of respondents

Demographic	Data	Total	Control group	Treatment group
Gender (%)	Male	31(100)	16 (52)	15(48)
	Female	29 (100)	14 (48)	15(52)
Education level (%)	Low education	42 (100)	20 (48)	22 (52)
	High education	18 (100)	19 (56)	8 (44)
Age (%)	Productive	38 (100)	18 (47)	20 (53)
	Not productive	22 (100)	12 (55)	10 (45)
Occupation (%)	Self-employed	37 (100)	18 (49)	19 (51)
	Employee	8 (100)	5 (66)	3 (34)
	Unemployment	15 (100)	7 (47)	8 (53)
Marital status	Single	10 (100)	6 (60)	4 (40)
	Married	45 (100)	23 (51)	22 (49)
	Widow/widower	5 (100)	1 (20)	4 (80)

Table 1 describes the research respondents by gender, education level, occupation, and marital status. The results of the analysis show that the majority of respondents are male (31%), low education level (42%), productive age (38%), self-employed (37%), and almost half of respondents have married status (49%) .

Figure 1. Coefficient Value Effects of Occupational Balance on Subjective Health and Quality of Life

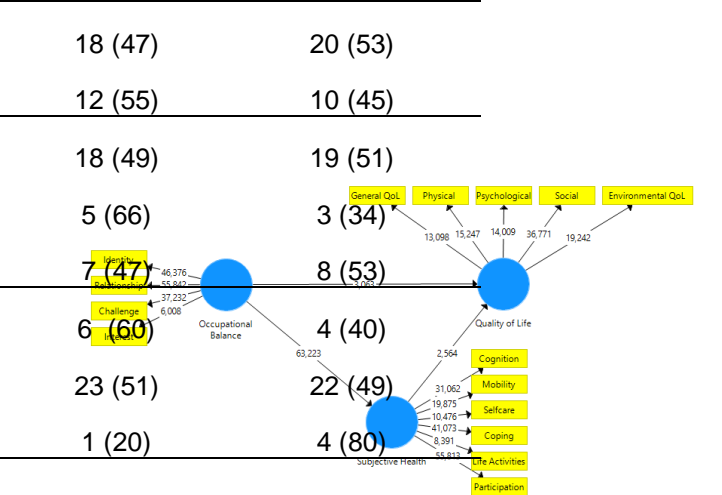


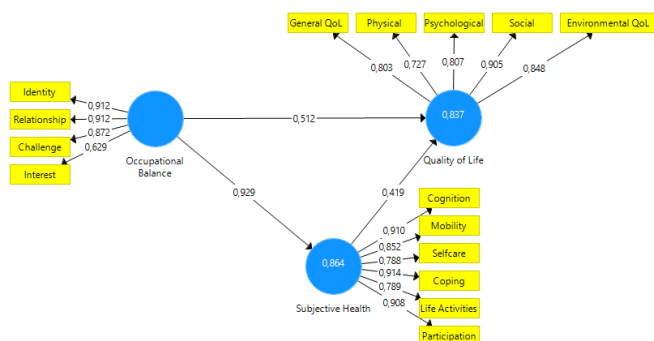
Figure 2. T-Statistic Value Effects of Occupational Balance on Subjective Health and Quality of Life

Figure 2 shows the T-Statistic Value Effects of Occupational Balance on Subjective Health and Quality of Life. QoL variable is influenced by OB and SH.

Table 2. Total effect model

	Original sample	Sample mean	SD	T Statistic	p
OB → QoL	0.902	0.904	0.024	3.063	0.00
OB → SH	0.929	0.930	0.015	63.223	0.00
SH → QoL	0.419	0.415	0.163	2.564	0.011

Table 2 is the result of the T test with the SMART PLS tool. The results showed that OB had an effect on QoL (p=0.00), OB had an effect on SH (0.00), and SH had an effect on QoL (p=0.011).



DISCUSSION

To the best of our knowledge, there are currently few studies confirming the effects of work balance on subjective health and quality of life using structural equation modeling. The final model's pathways explain the relationship between occupational balance and subjective health and quality of life. Based on the findings of the effects analysis, we identified the value of occupational balance as an independent variable. The findings support the concept of occupational balance being used to improve subjective health and quality of life in family with schizophrenia. Furthermore, the occupational balance of people who care for schizophrenia has not been studied so far. However, previous research has found links between schizophrenia people's occupational balance and health determinants. The relationship between occupational balance and quality

of life in male nursing home residents was studied [1]. Occupational balance, subjective health, health quality, and other health determinants in community-dwelling adults [2]. OB affects SH through leisure satisfaction [2]. Gaining satisfaction is required for achieving occupational balance [15], [22], and is necessary for improving health [8], [37]. Previous studies on occupational balance focused on life satisfaction [10], [15]. We hypothesized in the study's research model that OB affects subjective health and quality of life. Occupational balance was measured using questions about satisfaction experienced in the previous three months. The previous occupational balance in this cross-sectional study, three months had little effect on the overall life satisfaction of family with schizophrenia. Subjectivity is currently regarded as an important structure in the concept of occupational balance [15]. However, objectivity must also be considered when applying the concept of occupational balance to protect people's health. Because the occupational balance measurement score is subjective, family with schizophrenia may believe they are occupationally balanced if they are satisfied with their daily activity pattern, even if the diversity, amount, or intensity of daily activities are insufficient. Additional objective guidelines, such as professional counseling based on the physical and cognitive functions of family with schizophrenia, are required to achieve an occupational balance that will help this population protect and improve their health and well-being.

There are some limitations to the current study. First, despite all latent variables being measured using validated assessment tools and having confirmed discriminant validity, high correlations between them may have an impact on the results. Further research on occupational balance in different groups is required to determine the effect of occupational balance on health-related variables. Future studies should look into additional health and wellbeing variables to better understand the impact of occupational balance on health and wellbeing. Furthermore, we propose developing an intervention program based on occupational balance in order to validate its practical effect on the lives of older adults.

CONCLUSION

This study's final model depicts the relationships between occupational balance and subjective health and quality of life. Among relatively healthy older adults, higher levels of occupational balance have a positive effect on the observed variables. These findings support the importance of using the concept of occupational balance to protect family with schizophrenia's subjective health and quality of life.

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CONFLICTS OF INTEREST

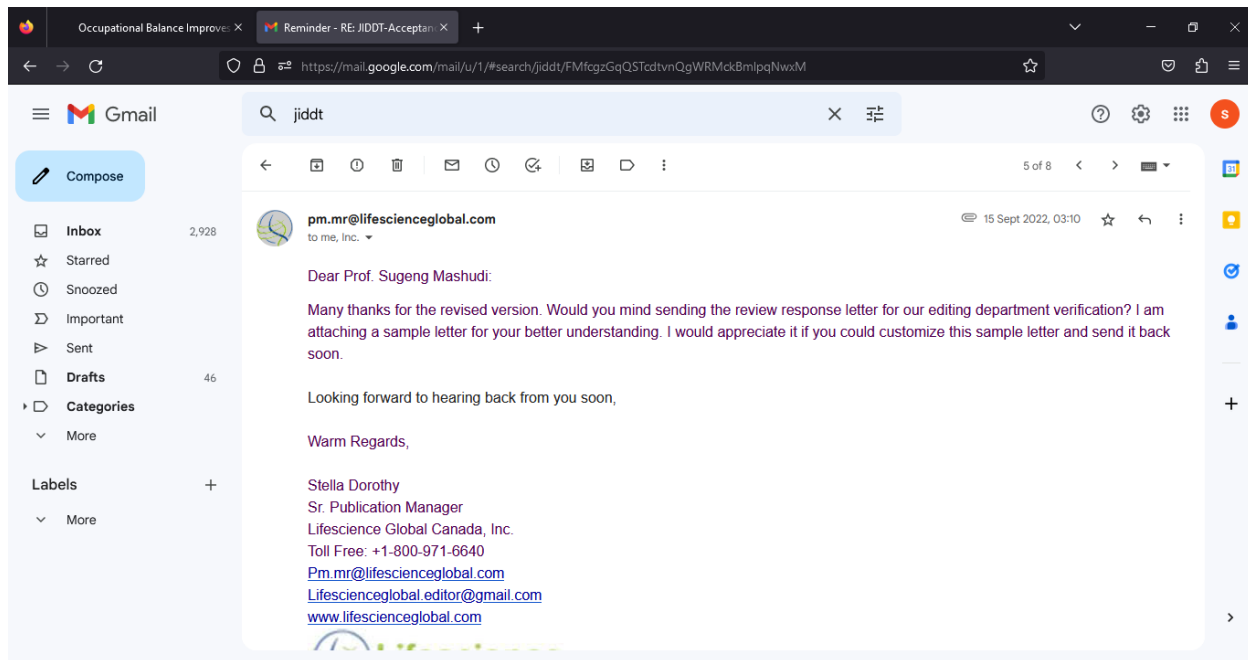
The authors declare they have no conflicts of interest

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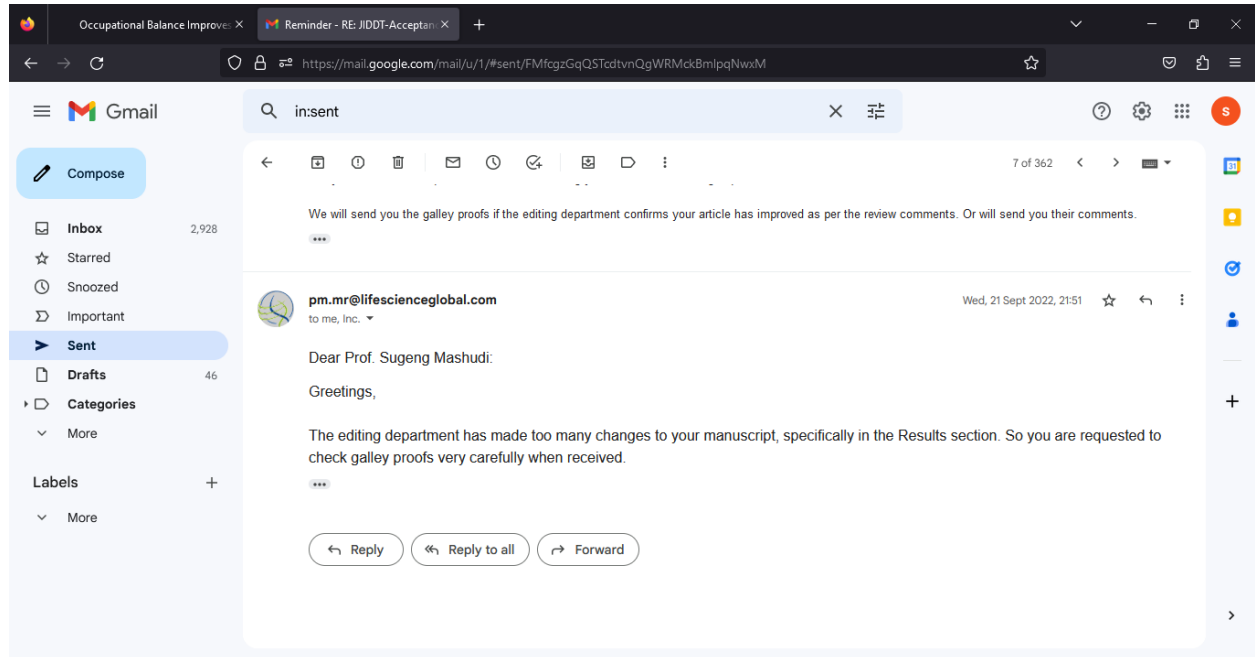
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3. Editor Decision Accepted and proofreading dari Jurnal JIDDT 21 September 2022



5. Publish dari JIDDST

Volume 10 No. 5 Oktober 2022 p. 232-237

The screenshot shows a web browser displaying the article page for "Occupational Balance Improves Subjective Health and Quality of Life Family with Mental Health Disorders" on the Journal of Intellectual Disability Diagnosis and Treatment (JIDDST) website. The page includes the journal's logo, navigation menu, article title, authors (Sugeng Mashudi, Tukimin bin Sansuwito, Dian Laila Purwaningroom, and Fitayani Intan Pradani), their affiliations, DOI, keywords, and a PDF download button for USD 50. The right sidebar contains subscription and information links.

Occupational Balance Improves Subjective Health and Quality of Life Family with Mental Health Disorders

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The screenshot shows a web browser window displaying the Scopus author profile for Mashudi, Sugeng. The browser's address bar shows the URL: <https://www.scopus.com/authid/detail.uri?authorId=57192302206>. The page header includes the author's name, "Mashudi, Sugeng", and an "Edit profile" button. Below the header, there are navigation tabs for "Documents", "Preprints", "Co-Authors", "Topics", and "Awarded Grants". The "Documents" tab is active, showing "Documents (4)" and "Cited by (5)". A "Note" section states: "Scopus Preview users can only view an author's last 10 documents, while most other features are disabled. Do you have [access](#) through your institution? Check your institution's access to view documents and features." Below the note, it says "4 documents". There are options to "Export all" and "Add all to list". The "Sort by" dropdown is set to "Date (newest)". On the right, there are links for "View list in search results format", "View references", and "Set document alert". The first document listed is an article titled "Occupational Balance Improves Subjective Health and Quality of Life Family with Mental Health Disorders" by Mashudi, S., Sansuwito, T.B., Purwaningroom, D.L., and Pradani, F.I., published in the *Journal of Intellectual Disability - Diagnosis and Treatment*, 2022, 10(5), pp. 232-237. It shows 0 citations. There are also options to "Show abstract" and "Related documents".

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Occupational Balance Improves Subjective Health and Quality of Life Family with Mental Health Disorders

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Abstract: *Background:* Occupational Balance (OB) is an important determinant of subjective health and quality of life. This study aimed to examine occupational balance's impact on subjective health and quality of life in families with schizophrenia.

Methods: We examined data from 60 adults over the age of 45.

Results: Although the effect size was small to medium, OB was identified as an important factor. Independent variables influence subjective health while quality of life variables in the final model, either directly or indirectly.

Conclusions: Our findings indicate that promoting better occupational balance can improve subjective health and quality of life. Further research in developing intervention programs based on occupational balance is needed to confirm the feasibility of the intervention and its effects on subjective health and quality of life of family members with schizophrenia.

Keywords: Family with schizophrenia, model, occupational balance, quality of life, subjective health.

INTRODUCTION

In occupational therapy, occupation refers to people's meaningful activities [1-3]. The occupations encompass all aspects of human life [4,5]. Personal health, subjective health, quality of life, happiness, and well-being are all positively related to work-life balance [6,7]. However, the occupational imbalance can lead to illness and dissatisfaction [8]. Occupational imbalance is defined as stress or boredom caused by an insufficient level of occupational engagement [9,10]. There is a negative relationship between happiness and occupational imbalance [8,11]

Previous studies on occupational balance involved measuring it [12,13], comparing groups with varying levels of occupational balance [10,14,15], and examining the relationship between occupational balance and other variables [6,10,16].

Define occupational balance as balance on and off the job, as an "individual's perception of having the right number of occupations and the right variation" of active and restful occupations based on personal preference, which leads to personal happiness [17,18]. Workplace engagement that leads to happiness Occupational balance can also be defined as a subjective perception of having a proper occupation level in terms of diversity and quantity [19]. A common

concept feature is a personal subjectivity and its relationship to health, well-being, and satisfaction [8]. Life balance is a concept similar to occupational balance [20,21]. The life balance model defines life balance as a daily activity pattern that is healthy, meaningful, and sustainable in the current environment, resulting in satisfaction [22].

Patterns of daily occupation change as life cycles change [23]. Individuals go through an occupational transition when a life event occurs, such as the death of a loved one or retirement [23]. During this transitional period, occupational balance approaches can be beneficial [8,24]. A balance between occupations, particularly for older adults, can aid in developing new daily routines while experiencing successful occupational transition [24]. As a family with schizophrenia, their daily activities become less varied, bringing their patients' health first [25]. It is recommended that families with schizophrenia try new activities to get as much active time as possible [23,26]. A daily routine devoid of meaningful activities and characterized by a low level of activity can result in a decline in physical or cognitive functions in a family with schizophrenia [27]. Population Furthermore, maintaining participation in daily activities is critical for personal development. Well-being and life quality [28]. People who work in various occupations can achieve a state of harmonious participation. It is advantageous to engage in different professions, but people must have a balanced occupational status [29]. Family-specific interventions are required to reduce the burden on

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family caregivers [26]. For the family with schizophrenia over the age of 45, achieving occupational balance positively affects their health status.

Other advantages of achieving occupational balance include lower stress levels and higher happiness or health productivity [22,30,31].

Previous studies [8,23,32] reported the importance of occupational balance as a health-related factor and suggested that the concept of occupational balance could be used to improve health [14]. However, research on the impact of occupational balance as an independent variable that can affect subjective health or quality of life is limited. We hypothesized in the study's research model that OB affects subjective health and quality of life. This study aimed to clarify the effects of occupational balance on subjective health and quality of life in families with schizophrenia.

MATERIALS AND METHODS

Participants

Research using a cross-sectional design. The study included a total of 60 participants. Respondent criteria include; 1) respondents aged between 17-60 years, 2) treating people with mental disorders for at least one year. Purposive sampling was employed. Most participants were recruited from a rural area in Ponorogo city. The respondents voluntarily participated in this study after they read the information on flyers in their community health centers. We assigned desks to the participants to complete the questionnaire. At least one researcher was present to assist the participants when they had a research question or needed help filling out questionnaires. When participants who visited desks requested interviews, the data was collected through the interviews method rather than self-reporting. Data collection started after approval from the HREC with REC Code 145/KEPK/FKM-UNEJ/XII/2021.

Measurements

The Korean version of the Life Balance Inventory (K-LBI) [33] was used to assess OB. A significant correlation between the K-LBI and the Korean version of the WHOQOL-BREF was found in a validation study. The average item-level content validity indices of 15 K-LBI items were 0.79 [33]. The Life Balance Inventory (LBI) [22] includes 13 daily activities such as getting enough sleep, working for pay, cooking, or caring for

pets. These are divided into four subcategories: health, identity, relationship, and challenge and interest. Participants self-rate their time use congruence by determining whether they spent enough time on each task.

Twenty-five items from the Korean version of the WHO Quality of Life-Brief (WHOQOL) [36] were used to assess the quality of life. The WHOQOL-BREF [34] originally contained 26 items: one question for general quality of life, one for overall health, and 24 items divided into four subcategories: physical, psychological, social, and environmental quality of life.

Except for one question about overall health, 25 items measured on a five-point Likert scale were analyzed in this study. A higher score was interpreted as better quality of life. Cronbach's $\alpha = 0.898$ was the reliability. Cronbach's $\alpha = 0.937$ was used to calculate reliability in this study.

To assess subjective health, twelve items from the Korean versions of the World Health Organization Disability Assessment Schedule 2.0 (KWHODAS 2.0) [35] were used. The KWHODAS 2.0 includes 12 items divided into six subcategories: cognition, mobility, self-care, coping, life activities, and participation. KWHODAS 2.0 subcategory scores reflect how much functional limitation the individual perceived in his or her daily activities. The high level of correlation ($r = 0.77$) between the KWHODAS and the Korean Functional Rating Index [36] confirmed the KWHODAS's concurrent validity.

The intra-class correlation coefficient (ICC) was 0.94 (self-rated score), and the inter-scoring reliability was 0.94-1.00 (interviewer rated score) [34]. We used raw scores on a five-point Likert scale in this study.

Statistical Analysis

For the analysis, we used raw data from the survey. The Statistical Package for the Social Sciences (SPSS) version 22 was used for descriptive analysis, and Smart PLS version 3.1 was used for structural examination, path analysis, and effect analysis.

The coefficient of the direct path was estimated using maximum likelihood. The significance of effectiveness via indirect path was investigated using nonparametric bootstrapping with maximum likelihood. A 1000-repetition limit and a 95% confidence interval were established.

Table 1: Demographic Data of Respondents

Demographic	Data	Total	Control group	Treatment group
Gender (%)	Male	31(100)	16 (52)	15(48)
	Female	29 (100)	14 (48)	15(52)
Education level (%)	Low education	42 (100)	20 (48)	22 (52)
	High education	18 (100)	10 (56)	8 (44)
Age (%)	Productive	38 (100)	18 (47)	20 (53)
	Not Productive	22 (100)	12 (55)	10 (45)
Occupation (%)	Self-employed	37 (100)	18 (49)	19 (51)
	Employee	8 (100)	5 (66)	3 (34)
	Unemployment	15 (100)	7 (47)	8 (53)
Marital status	Single	10 (100)	6 (60)	4 (40)
	Married	45 (100)	23 (51)	22 (49)
	Widow/widower	5 (100)	1 (20)	4 (80)

RESULTS

Although the effect size was small to medium, OB found as an important factor. Moreover, independent variables influencing subjective health and quality of life variables in the final model, either directly or indirectly, were also observed.

The results of the analysis show that the majority of respondents are male (31%), have a low education level (42%), are of productive age (38%), are self-employed (37%), and almost half of the respondents have married status (49%). Table 1 describes the research respondents by gender, education level, occupation, and marital status.

The T-test results showed that OB had an effect on QoL ($p=0.00$), OB had an impact on SH (0.00), and SH had an effect on QoL ($p=0.011$) (Table 2). Table 2 shows the T-test results with the SMART PLS tool.

Figure 1 shows that in the OB variable, identity and relationship are the dominant factors that make-up OB. Social is the main factor forming the QoL Variable. Coping is the dominant factor forming the SH variable.

Results also revealed the T-Statistic value effects of occupational balance on subjective health and quality

of life. QoL variable is influenced by OB and SH (Figure 2).

DISCUSSION

To the best of our knowledge, few studies currently confirm the effects of work balance on subjective health and quality of life using structural equation modeling.

The final model's pathways explain the relationship between occupational balance and subjective health and quality of life. Based on the findings of the analysis of the effects, we identified the value of occupational balance as an independent variable. The findings support the concept of occupational balance being used to improve subjective health and quality of life in a family with schizophrenia.

Furthermore, the occupational balance of people caring for schizophrenia has not been studied. However, previous research has found links between schizophrenia people's occupational balance and health determinants. The relationship between occupational balance and quality of life in male nursing home residents was studied [1], and Occupational balance, subjective health, health quality, and other health determinants in community-dwelling adults [2]. It

Table 2: Total Effect Model

	Original sample	Sample mean	SD	T Statistic	p
OB QoL	0.902	0.904	0.024	3.063	0.00
OB SH	0.929	0.930	0.015	63.223	0.00
SH QoL	0.419	0.415	0.163	2.564	0.011

occupational balance in different groups is required to determine the effect of occupational balance on health-related variables. Future studies should look into additional health and well-being variables to better understand the impact of occupational balance on health and well-being. Furthermore, we propose developing an intervention program based on occupational balance in order to validate its practical effect on the lives of older adults.

CONCLUSION

This study's final model depicts the relationships between occupational balance and subjective health and quality of life. Among relatively healthy older adults, higher levels of occupational balance positively affect the observed variables. These findings support the importance of using the concept of occupational balance to protect a family with schizophrenia's subjective health and quality of life.

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CONFLICTS OF INTEREST

The authors declare they have no conflicts of interest

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