

Family Support Relationships with Patient Adaptation Ability above with Diagnosis Hallucination of Post Care

Lela Nurlela, Meiana Harfika and Laelani Eka Novitasari
Sekolah Tinggi Ilmu Kesehatan Hang Tuah Surabaya

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Abstract: Hallucinations are one of the most common symptoms of mental disorder, considered a peculiarity of others in relation to society and conditions in the family. Family is the main support system that plays a role to provide direct care in good health and illness. The purpose of this study identified the relationship of family support to the adaptability of outpatients with post hospital hallucinatory diagnosis. Design of quantitative research in form of descriptive correlation, using non probability sampling technique with purposive sampling approach. Samples taken were patients of post-treatment hallucination, as many as 10 people. Independent variable is family support, and dependent is adaptability. Instruments of family support are questionnaires of Friedman and adaptation skills using questionnaires from Nursalam. Data were analyzed using Spearman rho test with result $p < 0.005$. The result of the study show that most families provide good support, and the adaptability of patients with hallucinations is largely adaptive. Based on correlation results obtained $r = 0,807$, which means good family support associated with adaptive ability of adaptation patients. The implications of this study indicate that family support has an effect on the adaptability of post-treatment hallucination patients, so families need to provide good family support to enable patients to adapt adaptively.

1 INTRODUCTION

Mental disorder according to PPGDJ III is a syndrome of a person's behavioral pattern typically associated with a symptom of distress or impairment in one or more important functions of human beings, psychological, behavioral, biological, and disorder functions not only lies in the relationship between the person but also with society (Maramis, 2010). Schizophrenia is a disease that affects the brain and causes strange and disturbed thoughts, perceptions, emotions, movements, and behaviors (Videbeck, 2010). This schizophrenia shows both negative and positive symptoms. Positive symptoms or real symptoms that include delusions, hallucinations, disorganization of the mind, disorderly speech and irregular behavior (Videbeck, 2008). Based on these positive symptoms that drew considerable attention to the problem of mental nursing is a matter of hallucinations.

Signs and symptoms of hallucinations are often shown, among others, by the change in behavior as often laugh alone, hear something and speak for themselves. sensory function. Other changes that occur are a decrease in problem-solving ability,

orientation to time, place, and people, anxiety, and changes in Hallmarks and hallucinations must be an abnormal condition of a person who will be considered an oddity of others in relation to society and conditions in the family, such as sadding a head in a certain direction, talking and laughing, and pacing (Suwardiman, 2013)

The family is the main support system that plays a role in providing direct care to every healthy and ill situation of schizophrenic patients. Generally families request the help of health workers if they are unable to care for it (Keliat, 2002).

According to WHO (2007), estimates there are about 450 million people in the world who have mental health problems, at least 1 (one) out of 4 (four) people in the world experiencing mental problems. One of the most common mental disorders is schizophrenia, which ranks 4th out of 10 major diseases around the world, regarding this, reports that 25,000,000 people worldwide are experiencing schizophrenia (Stuart, 2007). Indonesia based on mental health data PUSLITBANG Depkes RI (2007), as much as 0.46% of Indonesian people suffering from schizophrenia and experiencing severe psychotic disorders. While the prevalence of severe

mental disorders, such as schizophrenia is 1.7% or 400,000 people (Depkes, 2014). Our preliminary study at Mental Hospital Menur Surabaya, on January 17, 2017 in the last three months, there are 5,816 people who are registered as outpatient patients, and 237 people who are inpatient at Menur Mental Hospital. While patients with hallucinatory nursing diagnosis there are 98 people who do hospitalization.

Previous studies have found that 70% of the ten families of patients do self-care patients sincerely, usher patients treated, supervise patients taking medication and invite patients to activity. It shows that family support that includes emotional, informational, instrumental and research support is done by the client's family in following the therapeutic regimen (Friedman, in Suwardiman 2013).

Hospital-based care is excluded from planning for nursing action. Therefore, families are included in the preparation to go home. The purpose of home planning is not only aimed at patients so that family-focused nursing care not only restores the patient's condition but aims to develop and improve the family's ability to cope with family health problems (Keliat In Wahyuningrum, 2013)

Home services reinforce and enhance the services provided by family members and relatives also maintain the independence and dignity of quality clients that are often lost even from the best institutions (Videbeck, 2010). The family is the unit closest to the patient, and is the "primary nurse" for the patient. The family plays a role in determining the care necessary for the patient at home. The success of nurses in the hospital will be in vain if it is not continued at home which then leads the patient to be treated again (relapse). Participation will increase the ability of the family from the beginning of home care, so the possibility of relapse can be prevented (Wahyuningrum, 2013).

Family social support can weaken the impact of stress and directly strengthen the mental health of individuals and families. Social support is an important coping strategy for a family experiencing stress. Family social support can also serve as a preventive strategy to reduce stress and its negative consequences. A person with schizophrenia with the inability to perform a social function surely needs support to become a stronger individual and self-respecting, so as to achieve better healing and improve social functioning. Without the support of the patient's family will be difficult to recover, experiencing worsening and difficult to adapt in the community environment.

Family interventions need to be structured and coordinated in a comprehensive care model to be more effective in helping patients adapt. Based on the phenomenon, the authors want to know whether there is a relationship of family support on the ability of adaptation in patients hallucinations post-care Mental Hospital Menur Surabaya.

2 METHODS

This research design is Non-Experimental (correlation analytic research) which aims to reveal correlation relationship between family support with adaptation ability, with cross sectional approach, that is as a research to study correlation dynamics between risk factors with effects that emphasize time measurement/ observation family support data with adaptability only one time at a time without any follow-up.

The population in this study were: outpatients with post-treatment hallucinogenic diagnosis of RSJ Menur Surabaya for 15 people and family of patients living in Surabaya area of 15 people.

The samples in this study were some outpatients with post-hospitalized hallucinatory diagnoses. For independent variables are family support and variables dependent is the ability of adaptation. Data collection with questionnaire filling and analyzed using SPSS Rank Spearman statistical test at significance level $<0,05$.

In conducting the research, the researcher submits a research request to the Education Installation and is followed up with a research permit application from the education side to the Mental Hospital Menur Surabaya.

3 RESULTS

The distribution of family characteristics including age, sex, recent education, occupation, outpatient relationships with hallucinatory diagnoses in Poli Jiwa Mental Hospital Menur Surabaya are shown on table 1.

From the tabulation results show that the relation of family support with the ability of adaptation of outpatient with hallucinatory diagnosis in psychiatric Mental Hospital Menur and obtained data that from 10 respondents who were given good family support and have adaptive adaptation capability of 6 people (100%), which provided good family support and adaptive adaptive adaptability of 1 person (25%),

Table 1: Distribution of family characteristics.

| Category | Frequency | Percentage |
|----------------------------|-----------|------------|
| Age | | |
| a. 15 – 35 years | 2 | 20% |
| b. 36 – 55 years | 5 | 50% |
| C. 56 – 75years | 3 | 30% |
| Gender | | |
| a. Male | 4 | 20% |
| b. Female | 6 | 80% |
| Last education | | |
| a. Junior | 2 | 20% |
| b. Senior | 8 | 80% |
| Employment | | |
| a. Work | 7 | 70% |
| b. Does not work | 3 | 30% |
| Relationship with patients | 4 | 40% |
| a. mother | 1 | 10% |
| b. Husband | 1 | 20% |
| c. Brother | 2 | 10% |
| d. Brotherk | 1 | 10% |
| e. Children | | |

Table 2: The Correlation between family support with adaptability of patients with hallucination.

| Family Support | Adaptability | | | | Total | |
|--------------------------|--------------|-----|-------------|----|-------|-----|
| | Adaptive | | Maladaptive | | f | % |
| | f | % | f | % | | |
| Good | 6 | 100 | 0 | 0 | 6 | 100 |
| Medium | 1 | 25 | 3 | 75 | 4 | 100 |
| Total | 7 | 70 | 3 | 30 | 10 | 100 |
| Sperman Rho Test p=0.005 | | | | | | |

which provided good family support and had maladaptive adaptability of 3 people (75%). Based on rho spearman test result obtained $p = 0,005$ where H_1 accepted if $p < 0,05$ mean there is relation of family support with ability of adaptation patient hallucination.

4 DISCUSSION

Family support is a process that occurs over a lifetime with varying nature and type of support (Friedman, 2010). Among them are emotional support, information support, instrumental support and assessment support. Such support forms a single family support unit, especially for family members who have health problems such as hallucinations.

Family support has a value of each (60%) for good support, and (40%) for moderate support. This is supported by Friedman's (2010) research, that family support is very important to meet the psychosocial needs of family members such as, caring for each other, love, warmth and mutual support among family

members (Friedman, 2010). Researchers assume, family support is very useful for hallucination patients, especially affective function as an internal function of the family

The results showed (60%) of the family provided good emotional support. According to Friedman (2010), it can be explained that emotional support as the primary family coping goal to meet an adaptation. Researchers assume that, emotional support can be realized in the form of affection, trust, attention, listening and listening. So this emotional support that encourages an atmosphere of feeling achieves compliance in the adaptability of the hallucinatory patient. Emotional support is also needed to strengthen the family in order to avoid the psychosocial impact due to family members who have hallucinations.

The results showed (60%) of the family provided good information support. According to Friedman (2010), the form of information support provided by the family is to provide advice or advice, advice or directions and provide important information that is needed by the patient hallucinations in improving health status. Researchers assume that, the support of information provided to the family hallucinations of patients is one form of family health care function in maintaining the state of health of family members in order to maintain high productivity. Thus, it is important that information relief efforts for hallucinations patients to improve the spirit and motivation of patients hallucinations in order to improve their adaptability optimally.

The results showed (60%) of the families provided good instrumental support. According to Friedman (2010), the objective family burden includes the family burden in the conduct of caring for one family member experiencing hallucinations, including in this objective family burden the financial cost, for care and treatment, shelter, food and transportation. The instrumental support of the family is a function of the economy and the function of health care that the family applies to sick family members. The researcher assumed that, paying attention to regularly escorting the patient to a mental health facility, consulting the progress of patient care and maintaining medication adherence and providing activity to the hallucinator. This should be done even if the burden of families to access mental health is very difficult, especially related to family finances..

The results showed (60%) of the families provided good assessment support. According to Friedman (2010) family assessment support is a form of affective function of the family against hallucinating patients who can improve the health

status of patients hallucinations. Through the support of this assessment, patient hallucinations will gain recognition of their ability as small and simple as anything. Researchers assume that the patient's ability to observe activities from the family as a form of direct assessment support will increase self-esteem and patient recognition in the eyes of the family and the environment. Thus, the adaptability of patients with hallucinations will gradually improve with improved assessment support.

Adaptability has a value of each (70%) for adaptive adaptability, and (30%) are maladaptive. This is supported by Ambari's research (2010), there are several factors that can affect the ability of individual adaptation, namely the existence of social, spiritual, assessment, and psychological needs. Researchers assume that maladaptive adaptability is affected by a lack of basic needs to adapt, such as lack of family support, and unfulfilled desires.

Adaptation research results show (70%) of adaptive social responses. This is in accordance with research Ambari (2010), which states that high adaptability is greatly influenced by social response. Researchers assume that, social response can describe the individual can interact with the environment well, so the environment can provide an assessment of the individual, whether adaptive adaptive or maladaptive.

Adaptation study results show (70%) of adaptive psychological responses. This is in accordance with the research Ambari (2010), adaptability depends on the level of stress a person. Researchers assume that, the adaptability of patients hallucinations tend to change, because the level of stress experienced by patients hallucinations tend to change.

Adaptation study results show (70%) assessment responses in adaptive family support. In accordance with Ambari's (2010) study, it shows that, patients with hallucinations are not easy to remember the stigma of society against "madmen" who consider as individuals with strange behavior and difficult to recover and experience social isolation, thus making patients feel inferior and avoid social contact. Researchers assume that, the patient's assessment response is very important to be heard by the family. so that families are able to provide better support and patients can reinteract with their environment

Adaptation research results show (70%) spiritual response in adaptive family support. In accordance with the research of Ambari (2010), that patient hallucinations can surrender to God for what trials are given. Researchers assume that, hallucinations who have adaptive spiritual responses, are able to accept circumstances and submit to God

Performed statistical test of spearman rho obtained result $\rho = 0,005 < \alpha = 0,05$, with value $r = 0,802$ which belong to perfect category (0,8 - 1) so it can be concluded that H1 accepted, and H0 rejected. The results showed that, hallucinations patients were given good family support and had adaptive adaptability of 6 people (60%). According to Friedman (2010), the result of providing good family support can make the hallucination patient has adaptive adaptability. This shows the functioning of the family of the hallucination patient, especially the affective function as the internal function of the family to meet the psychosocial needs of family members such as caring for each other's love of warmth and mutual support among family members.

Researchers assume that the family is the most comfortable person for the hallucination patients. The family can boost the spirit and motivation to behave adaptively by providing good family support. As well as providing appropriate care and treatment facilities. Family support is the attitude, action, and acceptance of the family to members of the family experiencing hallucinations with varying nature and type of support, including emotional support, information support, instrumental support and assessment support. Such support forms a single family support unit, especially for family members who have health problems such as hallucinatory problems with the involvement of family support.

Good family support has a significant effect on the rate of adaptation of hallucinatory patients (85.7%). The results are supported by Friedman's (2010) study, which shows the functioning of the patient's family in the sub-province, especially the affective function as the internal function of the family to meet the psychosocial needs of family members such as caring for each other, love, love, warmth and mutual support among family members.

5 CONCLUSIONS

Most families of hallucinations give good family support that provided in the form of emotional support, information, instrumental and assessment. Most post-treatment hallucinations have adaptive adaptability in social, psychological, judgmental, and spiritual responses. Good family support is highly correlated with adaptive post-treatment adaptive adaptability..

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