Original Research

Factors Related To Schizoprenia Patients' Ability In Performing Self-Treatment

Desak Made Ari Dwi Jayanti[1*], Dewa PutuArwidiana[2]

[1,2] Department of Nursing STIKes Wira Medika Bali

ABSTRACT

Background: Schizophrenia is one of mental disorder occurring and raising number of problems. One of which is the ability in performing self-treatment. This phenomenon suggests that there be declination of motivation in performing self-treatment.

Methods: The research purposed to know the factors related to schizophrenia patient's ability in performing self-treatment. This research used descriptive correlation with cross-sectional approach. The samples taking were done by random sampling with 155 persons with schizophrenia as samples. The bivariate examination used Spearmen test.

Results: The result of the research suggested that p value = 0,771; 0,959; 0,473; 0,500; 0,818; 0,837; 0,956 for each variable; sex, age, hallucination, delusion, violence behavior risk, the length of treatment, and the length of getting mental disorder with ability in performing self-treatment. It indicates that there is not any relationship between one variable with another. Meanwhile, variable in social isolation disturbance in body image and frequency related to how many times getting treatment with the ability in performing self-treatment. Each variable was found that p value were at 0,001; 0,001; 0,002 (p value <0, 0005).

Conclusion: Those values indicate that there is relation between one variable to another. Further nursing intervention is needed to improve the ability of schizophrenia patients to perform self-care

CONTACT
Desak Made Ari Dwi Jayanti
✉
djdesak@gmail.com
Jurusan Keperawatan STIKes Wira Medika Bali, Jln. Kecak No.9A Gatot Subroto Timur Denpasar

Cite this as: Dwi Jayanti, D. M., & Arwidiana, D. (2021). Factors Related To Schizoprenia Patients' Ability In Performing Self-Treatment. *Interest : Jurnal Ilmu Kesehatan*, 10-17. https://doi.org/10.37341/interest.v0i0.301

INTRODUCTION

Mental disorder is not a disorder which does not cause death. However, mental disorder becomes serious problem in developing countries. If the phenomenon is not managed well, more serious problems will emerge continuously. Persons who get schizophrenia will not be productive (Maramis, 2015). The data gotten from World Health Organization (2016) suggested that the occurrence of mental disorder in the world be 21 million of patients with schizophrenia, 300.000 of whom get acute episodic

(Yosep, 2016). (Kementerian Kesehatan Republik Indonesia, 2018) *Riset Kesehatan Dasar* 'Basic health research' (2018) indicated that the occurrence of mental disorder got increased in Indonesia in 2018. It was at 7 persons in each of 1000 populations in Indonesia. In 2013, it was at 1,7 of 1000 populations in Indonesia. The data of mental disorder occurrence found in Bali in 2018 showed that there were 11 of 1000 persons. In 2013, it was at 2,3 of 1000 persons occurring in Bali.

The problem that often emerges in communities are the problems related to persons who get mental disorder. The mental disorder is called schizophrenia. Schizophrenia is inability in performing self-treatment, in which the patients get low motivation in performing self-treatment (Keliat, 2015). The problems that can happen due to this phenomenon are such as: disturbance of skin disintegration, infection in mucus membrane, problems in eyes and ears, social psychology, under self-esteem, and social isolation (Parendrawati, 2014). The research done by (Jalil, 2015) showed that 114 persons (40,1%) got decreased in performing self-treatment. There are some factors that cause inability in performing self-treatment, namely; sex, age, the length of getting treatment (Basuki, 2019). Personal ability in performing self-treatment is influenced by some factors, namely; age, sex, level of development, healthy status, family system, environment, social culture, sources, and facilities. Positive and negative impacts resulted from schizophrenia can also cause very low self-treatment. Hallucination, delusion, the risk of physical violent behavior, social isolation, and worry can decrease the ability in performing self-treatment (Jalil, 2015).

Based on the background, the last 3 month data related to patients with schizophrenia at *Rumah Sakit Jiwa Provinsi Bali* 'mental disorder hospital of Bali province' in 2019, namely it was at 266 persons in October and November, the number got increased from 266 person with schizophrenia to 237 persons. In December the number of person with schizophrenia was at 278 persons. Therefore, the total of persons with schizophrenia within last 3 months at *Rumah Sakit Jiwa Provinsi Bali* was 781 persons, and the monthly average is 261 persons .

The result of interview which the researcher performed in the inpatient room of *Rumah Sakit Jiwa Provinsi Bali* 'mental disorder hospital of Bali Province' in December 2018 stated that there were three nurses who treated independence of patient with schizophrenia. *Personal Hygiene* indicated that the patients with schizophrenia who can be asked cooperatively, for example, taking a bath, brushing teeth, and combing the hair. Those activities were done since the patients were forced to perform by the nurses. However, they always refused to do it because of many reasons. If they were forced to take a bath, they were lazy to change the clothes. Sometime the patients peed at anywhere they wanted. The result of observation performed in eight patients indicated that one person (12,5%) who could perform self-treatment, six persons (75%) needed some assistance, and one person (12,5%) could not be independent in performing self-treatment. The result of the research also indicated that there were four persons (50%) who did not clean whole body with soap and when taking a bath. Six persons (75%) must be given assistance in fastening the buttons of their clothes. Two persons (25%) peed at anywhere, and four persons (50%) did not wash their hands if they were not asked to do when they ate. These data show schizophrenia patients had deficits in self-care even though they have been treated

Based on those explanations above, the researcher wants to know phenomena more accurately. Therefore, this researcher focuses on the factors related to

schizophrenia. This paper is entitled Factors Related To Schizophrenia Patients' Ability In Performing Self-Treatment.

MATERIALS AND METHOD

This is quantitative research with research descriptive correlation design with model of cross-sectional approach. The samples were 252 persons. The calculation was done by Solvin formula. The total was 155 persons, sampling technique, simple random sampling. The measurement tool for self-treatment used sheet of Gordon analysis scale observation and sheet of observation in measuring variables such as: age, sex, the length of getting treatment, hallucination, isolation, delusion, and the risk of physical violence behaviors. Bivariate analysis test using Sperman Rho. The research was conducted at the Mental Hospital of Bali Province on April 20-28 2020

RESULTS

Table 1. Cross tabulation of Internal Variable with Personal Hygiene Ability

Variables		Indepen-dence	%	Assistance	%	Depe-dence	%	Total	%	P Value
Sex	Men	56	36,13	18	11,61	5	3,23	79	50,97	0,771
	Women	55	35,48	17	10,97	4	2,58	76	49,03	
Age	Early Teenager	9	5,81	4	2,58	1	0,65	14	9,03	
	Early Adult	32	20,65	8	5,16	1	0,65	41	26,45	
	Latest Adult	39	25,16	14	9,03	5	3,23	58	37,42	
	Early Elderly	19	12,26	6	3,87	2	1,29	27	17,42	0,959
	Latest Elderly	9	5,81	3	1,94	0	0,00	13	8,39	
	Very Old persons	13	8,39	0	0,00	0	0,00	3	1,94	
Hallucination	No	42	27,10	14	9,03	5	3,23	61	39,35	0,473
	Yes	69	44,52	21	13,55	4	2,58	94	60,65	
Delusion	No	76	49,03	20	12,90	7	4,52	103	66,45	0,500
	Yes	35	22,58	15	9,68	2	1,29	52	33,55	
Social isolation	No	91	58,7	14	9	0	0	105	67,7	0,001
	Yes	20	12,9	21	13,5	9	5,8	50	32,3	
RPK	No	56	36,13	18	11,61	5	3,23	79	50,97	0,818
	Yes	55	35,48	17	10,97	4	2,58	76	49,03	
Disturbance Body image	No	18	11,61	16	10,32	6	3,87	40	25,81	0,001
	Yes	93	60,00	19	12,26	3	1,94	115	74,19	
Total		111	71,6%	35	22,6%	9	5,8%	155	100%	

Based on Table 1, it shows that there is a corelation between social isolation variables and body image disorders with personal hygiene abilities and on the variables gender, age, hallucinations, delusion, the risk of violent behavior has no corelations with personal hygiene abilities.

Table 2. Cross Tabulation of Internal Variables with Personal Hygiene Ability

Variables		Indepen-dence	%	Assistance	%	Dependence	%	Total	%	P Value
The frequency of getting treatment at	1-26 Times	111	71,6%	35	22,6%	9	5,8%	155	100%	0,002

Variables		Self-Treatment Ability						Total	%	P Value
		Indepen-dence	%	Assistance	%	Dependence	%			
RSJ The length of getting treatment at RSJ (week)	1-6 Weeks	111	71,6%	35	22,6%	9	5,8%	155	100%	0,837
The length getting mental disorder (year)	1-20 Years	111	71,6%	35	22,6%	9	5,8%	155	100%	0,956

Based on table 2, it shows that there is a corelation between the frequency variable how many times have been treated with personal hygiene abilities and there is no corelation between the variable length of treatment days and length of suffering from illness with personal hygiene abilities.

DISCUSSION

There are number of variables used as measurements as showed in table 1 and table 2. Both of the tables involve personal hygiene ability associated with schizophrenia in interdependency in performing self-treatment. Based on the research, the sex indicates p value is at 0,771 (p>0, 05). It means that there is unrelationship between sex and patient's ability of hygiene personal. This research is in accordance with the research done by (Andayani, 2012) related to the characteristics of patients with ability of personal hygiene, p value is obtained at 0,647 which is more than alpha. For that reason, it can be concluded that there is unrelationship between sex and personal hygiene ability. Gender is a physical character that can affect self-care. This is because the subject with schizophrenia is difficult to concentrate and difficult to use the available information, the emergence of difficult behavior in activities that cause the patient to experience a self-care deficit(Stuart & Laria, 2016).

Based on the age, p value is at 0,959. It means that there is relationship between sex variable and patient's hygiene personal ability. This research is in accordance with the research done by Andayani (2012) focusing on the relationship between the patients' characteristics and personal hygiene ability. The research suggested that p value be at 0,327, more than alpha. It means that there is not any relationship between age and personal hygiene ability. Astutik & Kiptiyah,(2016) also performed research in which there is not any relationship between sex and age was regarding to self-treatment ability in ex-leprosy in Ngaget, Tuban, East Java.Another study entitled the relationship between age and the incidence of pediculosis capitis showed p value of 0.003, which means that there is a relationship between age and pediculosis capitis, where age affects knowledge and wisdom so that a person's abilities will be better (Patimah et al., 2019). This difference is due to differences in the research sample, which in this study used schizophrenia patients who had experienced problems in their ability to concentrate and were difficult to focus and had positive or negative symptoms that resulted in patients being engrossed in these symptoms, so that their self-care abilities were neglected.

Based on hallucination variables, p value is at 0,473, it means that there is unrelationship between hallucination and patient's ability in performing personal hygiene related to self-treatment. The result of the research is different from the research done by (Jalil, 2015) which suggested that there be relationship between the declinations of self-treatment ability with significance at 0,006. The table presenting in

cross analysis showed that 21,8% of patients who got hallucination got declination of self-treatment ability. Another study on self-care in patients with hallucinations showed data that 62.5% were clean in self-care, 75% were able to make up, 96.6% were able to self-care eating and toileting. Generally shows good patient self-care (Herawati & Afconneri, 2020)

Based on delusion variable, p value was obtained at 0,500, it means that there is not any relationship between delusion variable and patient's self-treatment ability. The result of the research is not in accordance with the research done by Jalil (2015) which stated that there is relationship between delusion and the declination of self-treatment ability with significance at 0,033. It means that there is relationship between delusion and personal hygiene ability. Delusion is misunderstanding or misbelieving permanently experienced by the patients. It is not based on the fact or reality (Videbeck, 2015). Patients who get delusion have false idea, thought, and truth hence they cannot concentrate to entity or phenomenon well. They are influenced easily by very poor phenomenon so they have low quality in making decision, have difficulty solving problem, cannot think of reality (Townsend, 2011). Persons who get delusion called *waham* have difficulty adapting with their daily activities. This phenomenon is due to the disturbance of thinking of reality. Therefore, it can increase the level of the patients' worry in their life (Stuart, G.W. & Laraia, 2013).

Based on social isolation, p value is at 0,001. It means that there is relationship between social isolation and ability in performing personal hygiene. This research is in accordance with the result of the research done by Jalil (2015) which suggested that social isolation give influence 2,755 twice. It also influences the occurrence of self-treatment deficit with p value at as many as 0,006. It is at 93,8% of clients, it indicates that social isolation behaviors also gets declination in self-treatment ability. The effect of patients' social isolation behaviors cause reaction repetitive, loss of spirit in performing activities, expressing experience, and rejection. Those effects make the patients get difficulty performing self-treatment (Townsend, 2011). Researchers believe that social isolation can cause patients to experience self-care deficits because patients are too focused on their aloof and avoidant behavior, the patient's tendency to be silent, affect is flat and blunt, causing patients to neglect their own care.

RPK (Reksiko Perilaku Kekerasaan) 'violence behavior risk' showed that there is not any relationship between patients' ability in performing self-treatment with p value is at 0,818. The result of the research is different from the research done by Jalil (2015) which showed that there is relationship between violence behavior risk and the declination of self-treatment ability with significance at 0,004 and the analysis of cross table showed that 94,8% of patients who violence behavior risk experience the declination of self-treatment ability. The risk of violent behavior is a condition where the patient shows behavioral symptoms such as a tense face, bulging eyes, clenched hands and harsh and threatening words (Keliat, 2016). In schizophrenia patients the emergence of these symptoms is caused by a problem with the amygdala which functions in controlling the patient's emotions, this condition can affect the patient's ability to perform self-care (Stuart, 2016). The opinion of the researcher that the difference between the results of the study and previous studies was caused because the patient had been treated for a long time and had often received intervention. Patients have been trained how to do self-care, this can also be influenced by the availability of facilities in the hospital, this is supported by data, most of the 71.6% of patients have been independent in performing self-care.

Based on body image disturbance, p value is at 0,001 which indicates that there is relationship between body image and personal hygiene ability in schizophrenia patients who get deficit or degradation in performing self-treatment. This result of the research is in accordance with the research done by (Setyawan, 2012) about the factors influencing behavior of low self-treatment in schizophrenia patients. The result indicates that 18 (60,3%) respondents get self-treatment caused by body image disturbance. P value is at 0,001. It means that there is significant relationship between body image and personal hygiene ability in schizophrenia patients.

The researcher thinks that the difference of the research result done by Jalil, (2015) is caused by the length of the patients getting treatment in the hospital. The patients have been hospitalized for long time. The patients have been given treatment in mental disorder hospital for many times, the rank is about 1-26 being hospitalized back and forth to the hospital. Based on the length of getting treatment, it is various. The patients have been given treatment for several weeks, namely 1-6 weeks. Based on the length of getting mental disorder, the patients have been getting mental disorder for long time, namely 1-20 years. This phenomenon influences the patients' experience and the families' ability in giving treatment for part of the family member who gets schizophrenia. The character of room also influences the process of treatment since they will get rehabilitation and therapy in rehabilitation room. This statement is supported by data showing that most of the patients, 71.6%, had self-care independently. During 1-6 weeks in hospital, patients received training on how to take care of themselves and maintain personal hygiene by proper bathing, dressing, proper eating and toileting. Of course, it has been supported by the availability of facilities in the hospital in carrying out self-care. The Bali Province Mental Hospital has provided facilities and equipment in the form of adequate bathing places, adequate toiletries, the availability of soap, clothing and eating utensils for patient training.

Based on the frequency, how many times the patients are given treatment in mental disorder hospital. P value is at 0,002 which means that there is relationship between the frequencies how many times the patients are given treatment in mental disorder hospital and the ability in performing personal hygiene. The result of the research is in accordance to the research done by Andayani, 2012) which states that there is relationship between the frequencies of patients getting treatment and the ability in performing self-treatment such as: clothing, taking a bath, dressing up, and elimination. In the length of getting treatment, p value is found at 0,837. It means that there is not any relationship between the length of getting treatment in the mental disorder hospital and the ability in performing personal hygiene. The result of the research is supported by the result of the research done by Andayani, 2012) which states that there is not any significant relationship between the length of getting treatment and the ability in performing self-treatment such as: dressing, elimination, eating, and treating in general. The variable of the length of getting mental disorder indicates that p value is at 0,956. That value means that there is not any relationship between the length of getting mental disorder and the ability of performing self-treatment. According to Andayani (2012)), the result of the research indicates that there is not any relationship between the length of the patients getting mental disorder and the ability in performing self-treatment such as; eating, taking a bath, elimination, and other general treatment. Generally, the patients' ability in self-treatment can be seen from the percentage, namely; independent patients are 71,6%, patients with the assistance are at 22,6%, and dependent patients with assistance are 5,8%. Those result were different from the

research done by (Dwijayanti & Arwidiana, 2020)which states that the ability of the patients in performing self-treatment are at 56,6%. The differences occurs due to the samples in the research. The used samples were taken from the patients who often get some self-treatment and often back and forth to the hospital. This causes most of the patients to do self-care, as many as 71.6% and 5.8% who are still dependent, this is because these patients are new patients who have not received much training in self-care.

CONCLUSION

There is not ay relationship between variables such as: age, sex, length of getting treatment, length of getting mental disorder, halusination, violence behavior risk, and delusion with the ability in performing self-treatment for schizophrenia patients with p value 0,959; 0,771; 0,837;0,956; 0,473; 0,818; 0,500. There is ay relationship between variables such as: disturbance body image, frequency of getting treatment, Social isolation with the ability in performing self-treatment for schizophrenia patients with p value 0,001; 0,002; 0,001

It is suggested for other following researchers doing deeper and more comprehensive analysis for further research about dominant factors influencing the ability in performing self-treatment in qualitative research. This research is expected to be very useful for mental rehabilitation which gives direct contribution for not only for the hospital and academic sides, but also for communities.

The hospital is expected to determine and appoint the right nurses to improve the patients' ability in performing self-treatment in which involves the patients' families.

REFERENCES
Andayani, S. (2012). *Hubungan Karakteristik Klien Skizofrenia Dengan Tingkat Kemampuan Perawatan Diri Di Ruangan Rawat Inap Psikiatri Wanita Rumah Sakit Marzoeki Mahdi Bogor* [Universitas Indonesia]. http://lib.ui.ac.id/file?file=digital/20311742-S43366-Hubungan karakteristik.pdf

Astutik, E., & Kiptiyah, N. M. (2016). Faktor-Faktor yang Berhubungan dengan Perilaku Perawatan Eks-Penderita Kusta di Unit Pelaksana Teknis Rehabilitasi Sosial Eks-Penderita Kusta Nganget, Tuban, Jawa Timur. *Jurnal Epidemiologi Kesehatan Indonesia*, *1*(1), 15–21. https://doi.org/10.7454/epidkes.v1i1.1312

Basuki, K. (2019). 済無No Title No Title. *ISSN 2502-3632 (Online) ISSN 2356-0304 (Paper) Jurnal Online Internasional & Nasional Vol. 7 No.1, Januari – Juni 2019 Universitas 17 Agustus 1945 Jakarta*, *53*(9), 1689–1699. www.journal.uta45jakarta.ac.id

Dwijayanti, D. A., & Arwidiana, D. P. (2020). The Ilustation of Physical Health and Scizofrenia Patients' Independence in Performing Personal Hygiene at Bali

Province's Mental Hospital. *Jurnal Keperawatan Respati Yogyakarta*, *7*(2), 66–71. https://doi.org/http://dx.doi.org/10.35842/jkry.v7i2.539

Herawati, N., & Afconneri, Y. (2020). Perawatan Diri Pasien Skizofrenia dengan Halusinasi. *Jurnal Keperawatan Jiwa*, *8*(1), 9. https://doi.org/10.26714/jkj.8.1.2020.9-20

Jalil, A. (2015). Faktor Yang Mempengaruhi Penurunan Kemamapuan Pasien Skizorenia Dalam Melakukan Perawatan Di Rumah Sakit Jiwa. *Jurnal Keperawatan Jiwa*, *3*(2), 154–161. https://doi.org/https://doi.org/10.26714/jkj.3.2.2015.70-77

Keliat, B. . (2015). *Proses Keperawatan Kesehatan Jiwa*. EGC.

Keliat, B. . (2016). *Model Praktik Keperawatan Profesional Jiwa*. EGC.

Kementerian Kesehatan Republik Indonesia. (2018). *HASIL UTAMA RISKESDAS 2018 Kesehatan [Main Result of Basic Heatlh Research]*. http://www.depkes.go.id/resources/download/info-terkini/materi_rakorpop_2018/Hasil Riskesdas 2018.pdf

Maramis. (2015). *Catatan Ilmu Kedokteran Jiwa*. Airlangga University Press.

Parendrawati, D. . (2014). *Pengaruh Terapi Token Ekonomi Pada Klien Defisit Perawatan Diri di Rumah Sakit Dr. Marzuki Mahdi Bogor* [Universitas Indonesia]. http://lib.ui.ac.id/file?file=digital/2016-10/126565-Dwi Putri Parendrawati.pdf

Patimah, P., Arifin, S., & Hayatie, L. (2019). Hubungan Usia dan Personal Hygiene dengan Kejadian Pedikulosis Kapitis. *Homeostasis*, *2*(1), 139–146. https://ppjp.ulm.ac.id/journals/index.php/hms/article/view/441/431

Setyawan, E. . (2012). *Faktor-Faktor Yang Mempengaruhi Perilaku Defisit Perawatan Diri Pada Pasien Skizofrenia Di Rumah Sakit Jiwa Daerah Dr. Amino Gondo Hutomo semarang* [Universitas Sultan Agung Semarang]. http://repository.unissula.ac.id/3862/1/Cover.pdf

Stuart & Laria. (2016). *Principle and Practice of Psychiatric Nursing ,8th Ed. St.* Mosby Year Book.

Stuart, G. . (2016). *Prinsip dan Praktik Keperawatan Kesehatan Jiwa*. Elsevier.

Townsend. (2011). *Buku Saku Diagnosis Keperawatan Psikiatri*. EGC.

Videbeck. (2015). *Buku Ajar Keperawatan Jiwa*. EGC.

Yosep. (2016). *Keperawatan Jiwa (Edisi Revisi)*. Refika Aditama.