

Nurse's Perception about the Schizophrenic Patients Care Nurse's Perception about the Schizophrenic Patients Care in Menur Mental Hospital, East Java Province

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ABSTRACT---Introduction: Schizophrenia is a chronic mental disorder that can affect every 1% of the world's population. The unique characteristics of mental patients will affect the pattern of nursing care provision. The task of nurses caring for mental patients can affect the intellectual, emotional, and social environment of nursing because the quality of nursing services for mental patients is influenced by prejudice about mental illness by nurses. This study aims to determine nurse's perceptions during the patients care with schizophrenia.

Method: This study used a qualitative design with 7 nurses working at the Mental Hospital as samples. They have a job to treat schizophrenia patients. Data was collected by in-depth interviewing and a sociodemographic questionnaire. The method used to analyze was Collaizi's nine-step data interpretation method.

Result: The result of the data analysis were categorized as themes. There are three themes obtained from this study: 1) nurses' views on schizophrenia patients, 2) nurses' emotional responses during treating schizophrenia patients, and 3) the success of the mental nursing process.

Conclusion: Nurses' perceptions during treating schizophrenia patients were influenced by nurses' knowledge and experience during treatment. Every schizophrenia patient was difficult to predict, thus each nurse should give a different perception.

I. INTRODUCTION

Nurse is a professional human resources expert, risk manager, and qualified specialist in the provision of nursing care [1]. As a very close professionalism and daily contact with patients [2], nurse often appears to have difficulty undergoing their role. Generally, nurse is identical with the nature of humanity, caring, and positive attitude in patients.

Around 2011 to 2014, the Substance Abuse and Mental Health Services Administration collaborated to initiate concepts and standards for handling and treating mental patients [4]. Mental nurse will help patients to identify treatments for them, help patients to select appropriate interventions, choose the best treatment to obtain a degree of healing [4]. In its implication, the mental health nurse is also tasked to increase the healing process through several activities by multiplying abilities, willingness, and knowledge to be more optimal [5].

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Every human being is a unique creature in the world [6], as well as beings with mental disorders. Patients with schizophrenia experience different levels of mental health [7]. Schizophrenia is a chronic disease, a mental illness that can affect every 1% of the world's population [8] and still has a fairly high stigma in society. [9] The pathogenesis of this disease is unknown, but the causes of schizophrenia include a large number of genetic, environmental, and nervous system components [10].

Nursing services become one of the benchmarks of service at the hospital, because nurses do their job to the patients directly for 24 hours at the hospital. Mental patients have unique characteristics. The nurses duty in caring for mental patients can affect the intellectual, emotional, and social environment of nursing because the quality of nursing services for psychiatric patients was influenced by prejudice about mental illness by nurses [7,11].

The results of a previous study conducted by interviewing four nurses at Menur Mental Hospital, Surabaya, Indonesia obtained data that nurses already understood what a schizophrenic mental disorder was. The first experience until now in treating schizophrenia patients, such as: the nurse has anxiety because they feel their knowledge is still lacking, the nurse does not have the heart to patients who are still bound and feel happy if the patient can completely recover back to normal people, still confused with what treatment to be done, and still have to adapt with the differences of work environment. However, this has changed with a good perception of schizophrenic patients with the help of senior nurses and the training that the nurses participated in. Hence, the knowledge of these nurses can increase and improve their perceptions. This study was conducted to determine the nurse's perceptions during the care of patients with schizophrenia.

II. METHODS

Research Design

The method used in this study was a qualitative research method by using a phenomenological approach to explore and describe nurses' perceptions about the schizophrenic patients care by in-depth interpretation of the subjectivity of participants who are directly involved in providing care to schizophrenic patients [12,13]

This study has passed the ethical test with the certificate number 072/6723/305/2016 at Menur Mental Hospital, Surabaya, Indonesia. The population of respondents in this study was 137 nurses who worked at Menur Mental Hospital, Surabaya, Indonesia. Sampling in this study used a purposive sampling technique in which as many as seven participants according to inclusion criteria [13]

The instrument used in the collection process used interview guidelines, field notes (note the data obtained during the interview): such as participant expression and the others as well as a recorder or voice recorder in the form of MP3 voice recorder. The validity of the recording device was carried out using a trial recording the researcher's voice.

The process of data analysis in this study used the nine-step Collaizi data interpretation method [14]. The method was chosen because the data analysis steps in Collaizi were quite simple, clear, detailed, and in accordance with the qualitative research used.

III. RESULTS

Participants in this study were 7 participants, consisting of 4 women and 3 men. Age of participants is in the age range of 24 to 32 years. The average level of education of the participants was Nursing Diploma. Most of the participants were Javanese and there was one participant who was Maduranese. The religion adopted by the

participants was Islam. Participants have a working period of 2 to 6 years. Characteristics of participants can be seen from the table below:

Participant	Initial	Sex	Age (years old)	Race	Religion	Last Education (Nursing)	Work Period	Marriage Status	Room
1.	P1	Female	30	Java	Islam	D3	6	Married	P.Anggrek
2.	P2	Female	25	Java	Islam	D3	2	Married	Flamboyant
3.	P3	Female	25	Java	Islam	D3	4	Married	P.Anggrek
4.	P4	Male	25	Java	Islam	D3	2	Married	Kenari
5.	P5	Male	24	Java	Islam	D3	2	Married	P. Mitra
6.	P6	Male	24	Java	Islam	D3	3	Single	P.Anggrek
7.	P7	Female	32	Madura	Islam	D3	2	Married	Flamboyant

Writers got participants' expressions that schizophrenia patients can live normally and got a picture of the emotional response of the participants, such as the view of nurse self and view of other nurses. The nurse is someone who carries out care directly to the schizophrenic patient, treatment can be done with medical care, nursing care, and fostering a trusting relationship with the patient.

The first theme was the view of nurses in schizophrenic patients. Treatment for schizophrenia patients does not only require skill and knowledge, but also a feeling of need because the schizophrenic patient was also an ordinary person and can live normally. Schizophrenia patients were someone who was the same as an ordinary person, who can also live like a normal person. This can be seen in the post-participant statement.

"... to treat them not only requires skill and knowledge but also feeling because they are also a human ..." (P5)

"... The point is they are all human too ... They could also have been ... (leaning) ..." (P1)

"... can live like us who did not have that disturbance (right hand move) ..." (P1)

The second theme was emotional response. Writers found a variety of nurses' perceptions of schizophrenia patients in the form of emotional responses.

The initial feeling of the nurse when treating a schizophrenic patient is fear of the patient but after a long time working, this feeling will go away by itself. Emotional responses were also described in the strongest circumstances. This can be seen in the post-participant statement.

"... When I first came here, I saw that those who suffer from schizophrenia were afraid, but after a while, after knowing how their characteristics continued, they were not afraid anymore (see paper) ..." (P2)

"... At the first time I was here, I was surprised what it meant ..." (P6)

The third theme was the success of mental nursing. This theme was identified into five sub-themes such as, subthemes of the intervention success for patients, the success level, maximization level, the importance level, and the obstacles when providing care and how to overcome obstacles in patient care. This is seen in the participant's statement.

"... Nursing care for schizophrenic patients ... what do I do? (thinking) is already appropriate ..." (P2)

"... It can be said appropriate already. But, sometimes if it's not appropriate... (silent)" (P1)

"... For the nursing care process so far, here we guide using the SOP, so we adjust the SOP with the procedure, how do we do it according to the procedure ..." (P4)

The care process provided to schizophrenia patients by nurses get the results that the success rate was successful, quite successful, and unsuccessful. This was seen in the participant's statement below:

"... If the level of success in the system is TAK, rehabilitation may be greater than not done the success rate ..." (P5)

"... This is enough, if, for instance, we are painstaking to do it, nursing is quite successful ..." (P2)

"... The success of our patient's recovery cannot be ... this patient will recover no matter how many months, how many years, we cannot predict, because the schizophrenic patient is unique ..." (P5)

The process of providing care or intervention in schizophrenia patients obtained data by researchers that participants said that the delivery of care was not optimal, less than optimal, and not optimal. The participant's statement as follows:

"... Nursing care that I have done to schizophrenia patients, in my opinion, is still not optimal ..." (P3)

"... In my opinion, it is not optimal ..." (P6)

"... We are not optimally treating patients ..." (P6)

Another participant stated that the provision of activities during the treatment of schizophrenia patients was important because he was not silent and felt saturated, in addition, not only the importance of drug administration for patients, but also the patient's social interaction with nurses and other patients was also important, and prevention to prevent them recurs. It can be seen through the statement below:

"... The therapy is very important ..." (P3)

"... Important, because all of this is related to the patient's recovery anyway ..." (P6)

There are two types of obstacles in providing care; they are external barriers and internal nurses themselves. Internal barriers occur due to the graduate participants from general nurses, while external barriers arise due to less cooperative families. It can be proven below:

"... To be honest, the graduates are still common; working here is also still two years ..." (P2)

"... The obstacle is sometimes there are families who are less cooperative when we do nursing care, maybe because of lack of knowledge from the family ..." (P1)

Obstacles in providing care to schizophrenia patients were so many, but in this study obtained data that how to overcome these obstacles such as providing education or knowledge to the patient's family, relearning, consulting with doctors, looking for patient interruptions, and also asking seniors. It can be seen followed.

"... We still give knowledge about patients ..." (P1)

"... then you have to do this for the obstacles, you have to open the book again, you have to study again (laughing) ..." (P2)

"... Yes, it was a consultation with the doctor to give medication or how to treat it ..." (P4)

"... What is that ... sometimes there are still patients who don't want to talk, so we look for how to dig up the information ..." (P6)

"... I got the information from my seniors, how do patients like ..." (P7)

IV. DISCUSSION

Perception is the result of a visual system, which can be applied in the form of treatment and is not always being the best solution of a problem, the thought process of what is seen, heard, experienced or read, so that perception often influences behavior [15]. Another definition of perception is described as something that is subjective produced by non-temporal stimulus [16]. Positive perceptions will affect one's satisfaction in the form of attitudes and behavior towards health services and negative perceptions will be demonstrated through the performance. Both positive and negative perceptions are built and originated in the individual psychosocially [17]

Schizophrenia patients can also live like normal people, as expressed by participants. Perception is the individual experience that influences opinion, judgment, understanding of a situation or person, and how someone responds to a situation. A common way to define perception is "how we see things." [18]. By using the perception, one will easily understand reality [15] which results in an expression of the meaning of that perception.

The initial feeling of the nurse, when treating a schizophrenic patient is fear, but after a long time working this feeling will go away by itself. According to a participant's statement, the schizophrenic patient is a unique patient. Schizophrenia patients are patients who must be returned to reality slowly.

Nurses have different perceptions of the principles of schizophrenia patient care in conducting treatment in the hospital. There are nurses who have a good perception; it means that the nurse has a good opinion of the principles of schizophrenia patient care, while the perception is not good, if it is not in agreement with the principle of schizophrenia care. It turns out that the education level can affect someone in taking action on their patients, because the higher education level of a nurse, the higher knowledge level in providing nursing care. Work experience can also affect one's perception and one's experience at work can affect perception [18].

Schizophrenia is a serious mental illness with characteristics of psychotic symptoms such as delusions, hallucinations, as well as several other behavioral disorders [19]. Schizophrenia patients need to get treatment and maintenance because the symptoms that arise are often sudden recurrence [4]. This is what most often causes fear, misunderstanding, and punishment, not sympathy and attention. There are still many assumptions from the public who say that schizophrenia is the same as understanding of crazy [20]. This subjective concept makes schizophrenic patients who tend to be in a weak condition and recurrence of symptoms that are not infrequently criminal and frightening [21].

The schizophrenia prevalence that is undergoing treatment requires treatment which usually involves the treatment of antipsychotic drugs, administered together by psychosocial treatment with the aim of reducing the frequency of recurrence and correcting skill deficits and adherence to the rules of drug use. Non-compliance of taking medication shows that most schizophrenics stop taking medication from time to time. A good relationship between doctor and medical team is needed because in the treatment of schizophrenia patients supervision is needed for compliance with treatment [22].

As expressed by participants giving care for schizophrenia patients the most important thing is communication between schizophrenia patients and nurses [23]. This communication is carried out to foster a trusting relationship with the schizophrenic patient so as to explore the reasons why he was brought here so that further treatment can be done by nurses [24].

According to participants' explanations, the level of maximization of schizophrenia patients was not maximal, less than optimal, and not optimal. Many things affect the success rate of providing these interventions. Group therapy in general has the goal of increasing patients' awareness of themselves through interactions with other group members who provide feedback about their behavior and provide patients with improved interpersonal and social skills. This study is in line with previous studies that modality therapy for patients with schizophrenia is effective which is used in conjunction with pharmacological, psychological treatments because therapy is able to influence both the affective and cognitive sectors [25].

The family also plays a role in the healing process with therapy. Evidence base that family psych education practice is a therapy used to provide information to families. It used to improve their skills in caring their family members who have mental disorders; thus it is expected that families will have positive coping with stress and the burden they experience [26]. The educational program is an educational and pragmatics approach [27].

V. CONCLUSION

Perception is defined as a person's experience of a phenomenon and how that person retrieves information related to that phenomenon. This study confirms that nurses' knowledge and experience about schizophrenia patients can influence their perception. The level of education can affect person in taking action on their patients, because the higher education level of a nurse, the higher knowledge level in providing nursing care. The behavior of mental patients who are difficult to predict makes the nurses have the different perceptions.

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