

Research Article

The Relationship Between the Family's Knowledge and Hallucination Relapses of Patients

Kens Napolion*, Weni Siatang, and Nurlaela Thamrin

Nursing Program, STIKes Panakkukang Makassar, Indonesia

ORCIDKens Napolion: <https://orcid.org/0000-0002-9453-709X>

Abstract. Mental health problems have become global health issues in every country, including in Indonesia. Mental disorders include broad spectrum ones such as psychotic mental problems or schizophrenia, anxiety, depression and drug abuse (narcotics, psychotropics and addictive substances), which are all categorised as mental health issues. The aim of this research was to determine the correlation between the family's knowledge and the hallucination relapses of patients. This research involved an analytical survey with a cross-sectional approach, and it took place at the psychiatric polyclinic RSKD in the Dadi Province of South Sulawesi with 16 respondents. The results showed that the better the respondents' knowledge, the fewer the relapses ($p = 0.024$). Therefore, we can conclude that there is a correlation between family knowledge and the hallucination relapses of patients. It is recommended that other studies investigate other variables with larger samples.

Keywords: knowledge, relapse, hallucinationsCorresponding Author: Kens
Napolion; email:
daeng_kens1@yahoo.com

Published: 7 February 2022

Publishing services provided by
Knowledge E

© Kens Napolion et al. This article is distributed under the terms of the [Creative Commons Attribution License](#), which permits unrestricted use and redistribution provided that the original author and source are credited.

Selection and Peer-review under the responsibility of the IVCN Conference Committee.

1. Introduction

Mental health is still a significant health problem in the world, including in Indonesia. Mental health is a healthy emotional, psychological and social condition that can be seen from satisfying interpersonal relationships, effective behavior and coping, positive self-concept and emotional stability. Mental health efforts can be carried out by individuals, the family environment, school environment, work environment, community environment supported by mental health service facilities and other facilities such as family and social environment. This environment in addition to supporting mental health efforts is also a stressor that can affect a person's mental condition, at a certain level it can cause a person to fall into a mental disorder condition [19].

Hallucinations are disturbances in a person's sensory perception, where there is no stimulus. People with mental disorders who hallucinate can show various behavioral manifestations. Changes that occur such as talking and laughing alone, pacing, and

OPEN ACCESS

experiencing disturbances in orientation to people, time, and place. Patients who experience hallucinations are caused by the patient's inability to deal with stressors and lack of ability to control hallucination [4], [5].

Indonesia has experienced an increasing number of people with mental disorders quite a lot. The prevalence of severe mental disorders in 2012 with those aged over 15 years reached 0.46% and this means that there are more than 1 million people in Indonesia suffering from severe mental disorders. Based on these data, it is known that 11.6% of the Indonesian population has mental and emotional problems. In 2013 the number of people with mental disorders reached 1.7 million people [18].

The high number of patients experiencing hallucinations and patient relapses requires efforts including intervention and therapy programs whose implementation is not in hospitals but in the community (community based psychiatric service). Several factors influence the relapse of people with schizophrenia, including the expression of family emotions, family knowledge, availability of health services, and medication adherence [11].

Family is a factor that determines the success of nursing care in patients with hallucinations. Families who consistently support patients will enable patients to maintain optimal treatment programs. However, if the family is not able to care for the patient, the patient will relapse and even recovering it will be difficult. This of course cannot be separated from the level of family knowledge and the ability of the family to care for their family members [16].

Therefore, knowledge and family participation in caring for family members who experience hallucinations are needed to reduce the incidence of hallucinations.

Based on the description above, the authors are interested in conducting research with the title "The Relationship of Family Knowledge with Relapse in Hallucinating Patients at the Psychiatric Polyclinic RSKD Dadi Province. South Sulawesi".

2. Methods

2.1. Study Design

The type of research used in this study is an Analytical Survey, using a Cross Sectional Study approach, which is a type of research that emphasizes the time of measurement/observation of independent and dependent variable data only once at a time. With this study, it will be obtained the prevalence or effect of a phenomenon (dependent variable) associated with the cause (independent variable).

2.2. Population and Sample

The population in this study were 35 families who came to take family members to the psychiatric policlinic of RSKD Dadi who experienced hallucinations and the sample was 33 families who met the inclusion criteria of the study.

2.3. Instrument

The research instrument used in this study was a questionnaire sheet. Questionnaires are data collection techniques that are carried out by giving written questions or statements to respondents to answer (Donsu 2016). Before data collection begins, the researcher asks prospective respondents to fill out the respondent's consent form. The data collection tool in this study used a questionnaire which consisted of two questionnaires, namely 12 statements to assess the family's knowledge and 15 statements to assess the patient's relapse. The data collected is processed and analyzed using computer software.

2.4. Data Collection Procedures

In obtaining primary data, it is done by direct observation and reading out questionnaires that will be filled or answered by respondents with the following steps: Before the questionnaire was submitted to the respondent, the researcher gave an explanation of the purpose of the study. After the respondent understands the purpose of the research, the respondent is asked to be willing to fill in the questionnaire, If the respondent has agreed, the questionnaire is read by the researcher and the respondent is asked to answer the question on the questionnaire. After the questionnaire is completed by the respondent, it is then collected and prepared to be processed and analyzed.

2.5. Data Analysis

The analysis used is in the form of univariate and bivariate analysis. Univariate analysis is used to see the frequency distribution of each variable. Bivariate analysis is used to analyze the relationship between the independent variable and the dependent variable. Bivariate analysis calculations on the two variables using chi-square, see the magnitude of the p-value with a degree of significance (α) 0.05. If the value of $p < \alpha$ (0.05) means that the relationship is significant.

TABLE 1: Distribution of Based Frequency. Frequency distribution based on respondent's family knowledge in the Psychiatric Polyclinic of RSKD Dadi Province South Sulawesi

Family's Knowledge	n	%
Good	22	66,7
Less Good	11	33,3
Total	33	100

TABLE 2: Frequency distribution based on respondent relapse. Frequency Distribution Based on Respondents' Relapse in Psychiatric Polyclinic RSKD Dadi Province South Sulawesi

Relapse	n	%
High Risk	14	42,4
Low Risk	19	57,6
Total	33	100

3. Result

The results of research conducted on 33 respondents obtained univariate analysis and bivariate analysis as follows:

3.1. Univariate Analysis

Based on the results of the frequency distribution of the respondent's family knowledge at the Psychiatric Clinic of RSKD Dadi Prov. Sul-Sel obtained data from 33 respondents. Respondents with good knowledge were 22 (66.7%) respondents while respondents with less knowledge were 11 (33.3%) respondents.

Based on the results of the frequency distribution of respondents in the Psychiatric Polyclinic RSKD Dadi Province South Sulawesi obtained data from 33 respondents. Respondents who have a high risk relapse are 14 (42.4%) respondents while respondents who have a low risk relapse are 19 (57.6%) respondents.

3.2. Bivariat Analysis

Based on the table above, it shows that 33 respondents who have good knowledge are 22 (66.7%) respondents, some have high risk as many as 6 (18.2%) respondents and 16 (48.5%) low risk respondents. While respondents who have less knowledge are 11 (33.3%) respondents, some have high risk relapse as many as 8 (24.2%) respondents and low risk relapse as many as 3 (9.1%) respondents.

Based on the results of statistical test analysis using the Chi Square test with Fisher's exact test the value of value = 0.024, when compared with = 0.05 then value < 0.05.

TABLE 3: Relationship between family knowledge and relapse in patients with hallucinations at the Psychiatric Polyclinic of RSKD Dadi Province. South-Sulawesi

Family's Knowledge	Relapse				Total		p-value
	High Risk		Low Risk		n	%	
	n	%	n	%			
Good	6	18.2	16	48.5	22	66.7	0.024
Less Good	8	24.2	3	9.1	11	33.3	
Total	12	36.4	21	63.6	33	100	

These results indicate that H_a is accepted. Thus, it can be concluded that in this study there is a relationship between family knowledge and relapse in hallucinating patients at the psychiatrist polyclinic RSKD Dadi Province South Sulawesi.

4. Discussion

4.1. Univariate Analysis

4.1.1. Family's Knowledge

Based on the results of the study indicate that most of the respondents have good knowledge and a small proportion of respondents have less knowledge. This research is in line with research conducted by Khristina Andriyani (2015), where of 59 respondents, 43 (72.8%) respondents have good knowledge while 16 (27.1%) respondents have less knowledge. According to the researcher's analysis, the level of knowledge is very important for families in caring for their families who experience depression hallucinations because families who have good knowledge must be more awake than those with less knowledge.

4.1.2. Patients Relapse

Based on the results of the study showed that from 33 respondents, 14 (42.4%) respondents experienced a high risk of recurrence while 19 (57.6%) respondents experienced a low risk of recurrence. This study is in line with research conducted by Khristina Andriyani (2015), where out of 59 respondents, 20 (33.8%) respondents experienced a high risk of recurrence while 39 (66.1%) respondents experienced a low risk of relapse.

According to the researcher's assumptions, recurrence is where the reappearance of symptoms that previously had progressed. Recurrence is at risk for arising one of

them because of family factors where the family plays an important role in healing patients who experience hallucinations, if the family has good knowledge then the risk for relapse is reduced and vice versa.

4.2. Bivariate Analysis

Based on the results of statistical data analysis, the relationship between family knowledge and relapse in patients with hallucinations at the RSKD Dadi Province South Sulawesi using the Chi-square test there are cells 1 (25.0%) which have an Expected Count <5 with Fisher's exact test, then the value of $p = 0.024 < \alpha (0.05)$.

The level of knowledge of the patient's family at the Psychiatric Poly RSKD Dadi Prov. Sul-Sel found that most of the respondents who had good knowledge had a low risk of relapse. While respondents with high risk of relapse. respondents who have less good knowledge.

The majority of respondents in this study have good knowledge because most respondents have high school and college education so that their abilities and understanding are classified as good and easy to think in obtaining information. However, not many respondents with elementary education have good knowledge, that's because knowledge is not only obtained from formal education but also obtained from non-formal education such as obtained from electronic media. According to Lestari (2015), the factors that influence knowledge are the level of education, information, experience, culture and socio-economics. This study is in line with research conducted by Yudi Pratama (2013), regarding the relationship between family knowledge and the recurrence of hallucinations in the BLUD RSJ Aceh. Based on the results of this study, the results of the Chi-square test analysis showed that there was a significant relationship between family knowledge and the recurrence of hallucinations in patients, with p -value = 0.011 which was smaller than 0.05. Based on the test results, it can be concluded that respondents who have low knowledge have a tendency to relapse compared to respondents who have high knowledge. This can be caused by various factors, including differences in the characteristics of respondents, access to information obtained by respondents about hallucinations in Aceh and elsewhere may be different and this can certainly affect the results of the study.

In another study, Wahyuningrum (2015) entitled family relationship with the duration of relapse of schizophrenia patients at the Regional Mental Hospital Dr. Amino Gondohutomo Semarang stated that family influences the recurrence of schizophrenia. The

results of this study are also in line with Ryandini's research (2015) which states that knowledge is one of the factors that influence the relapse of schizophrenic patients.

This result is also in accordance with Nurdiana's research (2014) which found that one of the factors causing the recurrence of schizophrenia sufferers, especially hallucinations, is the lack of family participation in the care of family members who suffer from the disease. One reason is because the family does not know how to handle hallucinations at home. The family plays an important role in determining the method or nursing care needed by the patient at home so that it will reduce the relapse rate.

Based on some of the results of the research and literature above, the researchers assume that families who have good knowledge will reduce the risk of recurrence in patients with hallucinations and hallucinations. On the other hand, if the family has poor knowledge, there will be a high risk of relapse. Therefore, the family plays an important role in healing and relapse in patients. Families who consistently support patients will enable patients to maintain optimal treatment programs. However, if the family does not understand and does not understand what he will do to the patient, the patient will relapse and even recover it will be very difficult. This of course cannot be separated from the level of family knowledge in knowing relapse in hallucinating patients.

5. Conclusions And Recommendation

5.1. Conclusion

Family knowledge of patients with hallucinations showed that most of the respondents had good knowledge. Relapse in patients with hallucinations showed that most of the respondents had a low risk of recurrence. There is a relationship between family knowledge and recurrence in patients with hallucinations at the Psychiatric Polyclinic of RSKD Dadi Province South Sulawesi.

5.2. Recommendation

For Hospitals It is expected to provide counseling to families or the community about hallucinations. And the results of this study should be used as input or evaluation for health workers in order to always provide direction about the risk of recurrence in hallucinating patients. For Educational Institutions should be used as a reference or consideration in providing knowledge and insight to families about hallucinations in community service programs carried out to the community. For Family It is expected to

increase knowledge and information about hallucinations so that families can provide support to patients or family members who experience mental disorders in preventing relapse.

References

- [1] Andri A. Closing the treatment gap for schizophrenia. Paper presented at: National Congress of Schizophrenia V; 2014.
- [2] Carolina. The effect of applying standard nursing care for hallucinations on the client's ability to control hallucinations at the Mental Hospital DR. Journal of Suharto Heerdjan Jakarta. 2008.
- [3] Damaiyanti M. Mental nursing care. Bandung: PT. Aditama Refika; 2014.
- [4] Dermawan D, Rusdi R. Psychiatric nursing: The concept and framework of mental nursing care. Yogyakarta: Goshen; 2013.
- [5] Dermawan D. Textbook of mental nursing. Yogyakarta: Gosyen; 2017.
- [6] Donsu JDT. Nursing research methodology. Yogyakarta: New Library; 2016.
- [7] Hidayat AAA. Nursing and health research methodology. Jakarta: Salemba Medika; 2018.
- [8] South Sulawesi Health Office. Health profile of South Sulawesi. South Sulawesi: 2015.
- [9] Makassar City Health Office. Health profile of Makassar City Sul-Sel. Makassar: 2016.
- [10] Friedman, M. M., Bowden, V. R., & Jones, E. G.. Textbook of family nursing: Research, theory and practice. Jakarta: EGC; 2010.
- [11] Fadilah N. Factors affecting recurrence of mental patients in the regional special hospital (RSKD) PROV SUL-SEL. Faculty of Medicine and Health Sciences (UIN) State Islamic University Alauddin; 2016.
- [12] Harmoko H. Family nursing. Yogyakarta: Learning Library; 2016.
- [13] Iskandar I. Mental nursing care. Bandung: PT Refika Aditama; 2012.
- [14] Johnson L, Leny R. Family nursing. Yogyakarta: Nuha Medika; 2010.
- [15] Doli J. Nursing psychology. Yogyakarta: PT New Library; 2017.
- [16] Keliat BA, Pawirowiyono A. Mental health nursing community. Jakarta: EGC; 2013.
- [17] Andriyani K, et al. The relationship of family knowledge levels about treatment of hallucinations with recurrence rates of patients with hallucinations at RSJD Surakarta. Journal STIKes Kusuma Husada Surakarta. 2015.

- [18] Indonesian Ministry of Health. Basic health research (Riskesmas) 2013. Jakarta: Health Research and Development Agency, Ministry of Health, Republic of Indonesia; 2013.
- [19] Widya W. The effect of group activity therapy with perceptual stimulation on the ability to control hallucinations in schizophrenic patients. *Scientific Journal of Batanghari University Jambi*. 2019;19(2):426-431.