

PROCEEDING

“Harmony of Caring and Healing Inquiry for Holistic Nursing Practice; Enhancing Quality of Care”

Semarang, 20 – 21 August 2015



Organized by
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PROCEEDING
3rd JAVA INTERNATIONAL NURSING CONFERENCE
2015

*“Harmony of Caring and Healing
Inquiry for Holistic Nursing
Practice; Enhancing Quality of
Care”*

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“HARMONY OF CARING AND HEALING INQUIRY FOR HOLISTIC
NURSING PRACTICE; ENHANCING QUALITY OF CARE”

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2015

“Harmony of Caring and Healing Inquiry for Holistic Nursing Practice; Enhancing Quality of Care”

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PREFACE

The 3rd Java International Nursing Conference (JINC-2015) is a leading forum which provides opportunities for the delegates to exchange knowledge, new ideas, best practices and application experiences face to face, to establish academic and research relation and networking, and to find global partners for future collaboration on various of interest in health education field. This conference conducts a series of scientific activities including a keynote speech, plenary speeches, concurrent sessions, and poster presentations. It is a continuing program after twice JINC which successfully held by School of Nursing, Faculty of Medicine, Diponegoro University on 2010 and 2012. Moreover, this event is attended by speakers from domestic and also from other countries who are experts in their fields. Also, we invite participants from all regions in Indonesia and foreign countries.

The theme of this conference is *“Harmony of Caring and Healing Inquiry for Holistic Nursing Practice; Enhancing Quality of Care”*. This theme developed from the fact where the achievement of quality health care can only be obtained with a holistic integrated health services. Holistic health care includes the shape of health services that address the needs of biological, psychological, social, and spiritual. To achieve optimum service, there are some things to consider such aspects reliability, i.e. the ability to perform the promised service as consistent and reliable, as well as aspects of assurance (certainty) that includes the knowledge and hospitality of the employees and their ability to create trust and confidence, courtesy and trustworthiness that of the staff, and free from danger, risk or doubt. In addition, it is also required well-planned programs, and at the same time several important provisions in providing health services to the public, so that both service providers or recipients are equally benefited. So that, health care team (multidiscipline) should discuss together about innovation of their field according to develop an ideal collaborative relationship across culture in holistic health care framework.

We do hope that this conference can answer the challenge. Finally, we welcome you, our respected guests and participants, in Semarang, Indonesia and enjoy the conference.

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ATTACHMENTS

RESTRAINT TO SCHIZOPHRENIC FAMILY MEMBER AT HOME: FAMILY EXPERIENCE IN KENDAL DISTRICT CENTRAL JAVA

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ABSTRACT

Background: Schizophrenic is functional psychological disorder with main disruption on thinking process and disharmony. Schizophrenic patients often suffer deprivation by their family.

Objective: This study aimed to identify in-depth description of family's experience in restraint of schizophrenic patients treated at home in Kendal District Central Java.

Method: This research used descriptive phenomenological design and in-depth interview as data collection method. Participants involved in this study were family member of schizophrenic patients that are being restrained and selected by purposive sampling. Data that has been collected was in the form of recorded interviews and field notes and analyzed by Collaizi technique.

Results: Themes identified from this study are chronic sorrow; 2) effective social interaction; 3) enhanced spiritual wellbeing; 4) decisional conflict; 5) health seeking behaviours; and 6) economic burden.

Conclusion: The results showed similarities on family experience starting from chronic sorrow, effective social interaction; enhanced spiritual wellbeing; decisional conflict; health seeking behaviours; and economic burden. The care providers have to improve the family coping mechanism to be adaptive by a counseling of the problem.

Keywords: Schizophrenic, family, restraint.

BACKGROUND

This contextual research is based on preliminary studies by the researcher towards two families. The reason of these families to do the restraint is resolving the violence problem and injury because of the action taken by the sufferer. These families said that their family member was on psychiatric disorder and they did not only rampage but also injured people around them. So their family was obliged to restrain them in a beam of wood and binding with chains in a wooden couch.

In Indonesia, some people choose to handle the sufferer of psychiatric disorder by doing restrain. Even their family deliberately dislocate the sufferers because of they are regarded as a disgrace. Thus when the family knows one of

their members starts to develop the symptoms of psychiatric disorder and considering possessed by spirits, their family would take them to a shaman. (Depkes, 2011)

According to the Basic Health Research or Riset Kesehatan Dasar (Riskesdas) in 2007, the numbers of mental and emotional disorder (anxiety and depression) on ≥ 15 years old people was around 19 million people. Whereas the numbers of hard psychiatric disorder was a million people. The sufferers who came to get health facilities was $< 10\%$. These data was developed by the estimation of restraint by the family toward people with psychiatric problems or Orang Dengan Masalah Kejiwaan (ODMK) was around 13.000 until 18.000 psychiatric disorder sufferers who restraint in all around Indonesia. (Depkes, 2011)

According to Minas and Diatri (2008), their research showed that the causes of the family restrained the sufferers to prevent the violence, preventing suicide, and the disability to treat the sufferers. The research from Nurdiana and friends mentioned that the family has an important role to determine what kind of action that client needs at home so it will decrease the recurrence rate.

Based on this fact, the researcher formulated the research problem "How is the family experiences on restraining towards their family member who suffers from schizophrenia at home in Kendal, Central Java?"

OBJECTIVE

Getting information deeply about restrain towards schizophrenic family member at home in Kendal, Central Java.

METHODS

This research used qualitative research. The research design used phenomenology studies. Phenomenology used as research method to find the essence of an experience. (Raco, 2002)

The research sampling used purposive technique. The purposive sampling technique is a part of non-probability sampling technique. Hance on Polit & Beck (2006) stated that the principle to determine the numbers of informants is the achievement of data saturation. According to Daymon, C. & Holloway I. (2008) the numbers of samples on a phenomenology research were about not more than 10 informants. This research used 6 informants as the samples.

The process of analysis used the steps from Colaizzi. The arguments from Streubert & Carpenter (1999), the reasons of choosing analysis method based on the suitability of Husserl's philosophy, that an appearance of phenomenon will only exist when the subject experience the phenomenon itself (informants). There are 7 steps of Colaizzi analysis by Polit & Beck (2006), as stated bellow:

1. Reading all the transcripts to feel what is delivered by the informants.
2. Reviewing every transcript and looking for some important and meaningful statements.
3. Formulating the meaning of every single statement which important and meaningful.
4. Set the data that has been formulated in a group of theme.

5. Combining all results into a complete description from phenomenology studies that has been done.
6. Formulating a complete description and illustrate it based on statements from the informants clearly.
7. Asking questions to the participants about the themes appear as a step of final validation. The clarification of theme will be valid if that theme has been analyzed.

RESULTS

The research data in the form of transcript and field notes that analyzed using phenomenology method was developed by Collaizi. The researcher identified 6 themes as the results of this research. There are:

1. **Theme 1. Chronic Sorrow/ Grieving the Loss of a Family Health Status (Family Member)**

Chronic sorrow stated by all informants to express their sadness and grief. Some informants showed non-verbal aspects glistened with tears and some other informants cried in their interview. Here is the statements from an informant related to the problem : "...yes I'm so sad,... the sadness is more then anything"

2. **Theme 2. Effective Interaction**

Social interaction arises related to fulfill the family socialization with people or society. This theme is identified by the expression that shows uncomfortable feeling to the neighbor. Nevertheless, all informants could manage a good relation with the society. That data can be seen as follows:

"...I'm not comfortable with my neighbor when my child rampaged or when he walked everywhere, although mostly of my neighbor understood this condition..."

3. **Theme 3. Enhanced Spiritual Wellbeing**

Enhancing spiritual wellbeing for the informants and their family was identified where all the informants said about increasing of spiritual respond. They did it in some ways for examples being patient, being resigned, praying and preserving the worship to God. This statement was drawn on the expression bellow:

"...we could only be resigned and pray to God..."

4. **Theme 4. Decisional Conflict**

The decisional conflicts for the informants and their family arose on the theme after analysis process. The expression from informant was in form of restrain although it was not justified. Although they did not have the heart to do the restraint but they did not have another way to solve this condition. The restraint was considered to save the sufferer from injury, self-destructive and environment destructive. Here is the statement from one of the informants:

"Actually, I do not have the heart to do this. Yet, when I remembered the incident he came home with a battered face, it made me think maybe it would be better if I tie him than he go everywhere and bad things happened to him..."

5. **Theme 5. Health Seeking Behaviours**

Health seeking behaviours was identified after the analysis process because there are statements from the informants. The statement was about they took the patient to a Muslim cleric or “kyai”, a doctor, a community health clinics or “puskesmas” and an asylum. The effort to look for health assistance will be shown in the statement bellow:

“...I went to “pak kyai” or a shaman...”

6. Theme 6. Economic Burden

The economic burden of the family arose from the data analysis based on the statements identification from the informants. This theme could be in a form of statements about poor family. They had to sell their soil or their important things to pay the medication and they had to work hard for it. This statement was explained by an informant as follows:

”We are a poor family, we sold our garden... we live from hand to mouth,... we tried to ikhtiar...”

DISCUSSION

1. Tema 1. A Chronic Sorrow/ Grieving the Loss of a Family Health Status.

A chronic sorrow is a pattern of a deep sadness experience which recurrent progressive potential in responding to the continue loss. The characteristic limitation of chronic sadness is a great feeling of sadness and repeatable and could affect the personal ability with one expression or more of their sadness, depression, anger, frustration, fear and the feeling of helpless (NANDA, 2005).

The deep sadness in a long term or chronic sorrow can be categorized that the informant is in the depression stage. The end of Kubler-Ross coping cycle that happens in someone is receiving, continue with reorganizing and managing their emotional for their survival, showing the new hope, and new spirits in a save and comfortable condition. (Susan, et, al, 2005)

2. Tema 2. The Effective Interaction

The damage of social interaction according to NANDA (2005), is not an enough number or ineffective social interaction quality. The characteristic limitation of this problem is an existing of the expression that shows an uncomfortable in social situation. The related factors towards ineffective social interaction is the lack of knowledge about how to improve quality, the incompatibility socio-cultural and environmental barriers (NANDA, 2005)

Kelliat’s argument (1996) on Sari (2009) there is one of family member with mental disorder automatically will affect the relation pattern and the family behavior towards the environment. The interference of social interaction occurs because of a response from the family that the environment looked a family member with mental disorder as an individual who is considered diverge from the values and norms in society that are considered dangerous and should be shunned.

3. Tema 3. Enhanced Spiritual Wellbeing

Enhancing spiritual wellbeing is an ability to experience and integrate the meaning and the purposes of someone life that will be related to himself, people, and God or the power that stronger than him. The characteristics limitation that

related to himself is the lack of hope and surrender or being resigned to God, and also an increasing coping. Whereas something that related to God or the stronger power is by showing the diligence and obedient of worship and praying (NANDA, 2005)

This similar to what is written by Subandi and Utami (1996) in their research that mentioned the statements from the informants about being resigned to God. The coping form by the family and the informants is facing the reality and doing self transcend. The family considers that all the problems are a trail from God.

4. Tema 4. Decisional Conflict

Decisional conflict is uncertainty of the effect of the action when the choice between those actions involve the risks, loss or challenging of the value of people's life. The characteristics limitation of this phenomenon is the distress feeling when they take action related to the lack of relevant resources.

According to Carpenito (2000) about decisional conflict is a condition where an individual or a group experiences an uncertainty about the process of action if they face the choices that involve risks, loss or challenging. Both of these definitions are appropriate with the statement from the informants. The informant knows that restrain is not true. Yet they had to do this because of safety reason of the sufferer, people around them and the environment.

The research by Minas and Diatri (2008) states that the reason why the family and the society restrain is preventing the suicide and the family inability to treat the mental disorder person. The similar reason stated by Puteh and friends (2010) on their research, the family do restrain because of the aggressiveness of the patient and because of the safety reason. This restrain by the family is also similar with what stated by Depkes (2011) about another reason of doing restrain is the mental disorder patient endanger himself, people around him and the environment, medical treatments are affordable, financial problem and also people and the family have minimum knowledge about mental disorder.

5. Theme 5. Health Seeking Behaviours

The health seeking behaviors are actively seeking behavior (by people with a stable health status) to change someone and or environment health status for achieving a better health status. (NANDA, 2005). The result of Subandi and Utami's research (1996) identified the place to find health assistance can be moved from one professional to the other. For example from an orderly to a doctor or from a doctor to the other one. From a non professional to the other for example from a shaman to the other shaman or from a Muslim cleric or "kyai" to the other one. This effort can be moved from a professional one to a non professional one and vice versa. The research by Suryani and friends (2011) stated that the effort of taking a medication by people can be done in two ways there are cultural approach and religion in Bali by spiritual therapy and medical approach.

6. Theme 6. Economic Burden

People in under economic class often get difficulties to adjust themselves in solving problems. (Gunawan, 2002). Kelliat's argument (1996) in Sari (2009) is a person with mental disorder in a family is not directly bring internal conflict on that family includes physical aspect, mental and financial aspects. Depkes (2011) stated that one of the reasons of restraint is economic problem.

Economic burden according to WHO (2008) on Sari (2009), the family is the main part of economic or financial burden because of their family member is a mental disorder person. Financial burden will appear when the sufferer or the family cannot fulfill the medication needs.

CONCLUSION

1. A chronic sorrow/ grieving the loss of a family health status is identified by the appearance of feeling sad, crying, and being glistened with tears. The sadness will be different if the measurement is done in an acute phase where the family is in a short time to overcome the loss phase compared with the family that has been in chronic phase.
2. The effective interaction in this research there are a social relation that do not change or do not have any problems to socialize with the society.
3. Enhancing spiritual wellbeing is identified because of the expression from the participants or the informants who state that the problem between a family and a schizophrenic family member is a trail from God. The reactions are being patient, being resigned, pray to God and always try to be closer with worship.
4. The decisional conflict is identified because of the family is forced to do restrain although it is unjustified. The family reasons of doing this to save the sufferer from injury, self-destruction, people destruction and environment destruction.
5. The health seeking behaviors is identified by all participants and families. The effort of looking for a medication to improve a health status is done through the facilities of health caring such as a doctor, a community health clinic or "puskesmas" and an asylum. Whereas the effort through non-medical by following a therapy in an Islamic boarding school and a Muslim cleric "kyai" or a shaman.
6. The economic burden in this research is affected by the family economic condition. The informants are under economic community. People in under economic class often get difficulties to adjust themselves in solving problems.

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