

DESCRIPTION OF FAMILY SUPPORT ON WORSHIP ACTIVITIES IN SCHIZOPRENIA PATIENTS IN PSYCHIATRIC HOSPITAL POLYCLINIC

Ari Budiati Sri Hidayati^{1*}, Rinatalia², Laili Nur Hidayati³

¹ Professional Nurse Program, Universitas Muhammadiyah Yogyakarta

^{2,3} Nursing Study Program, Universitas Muhammadiyah Yogyakarta

*E-mail: ari.bening72@gmail.com

ABSTRAK

Latar Belakang: Skizofrenia adalah gangguan jiwa yang menyebabkan gangguan dalam berpikir dan berperilaku yang mengakibatkan penurunan fungsi kognitif dan sosial pada seseorang. Dukungan yang diberikan oleh keluarga kepada pasien sangat penting untuk kesembuhan pasien. **Tujuan:** Penelitian ini bertujuan untuk mengetahui bagaimana gambaran dukungan keluarga terhadap aktivitas keagamaan pada pasien skizofrenia di Klinik Poli RSJ Grhasia Yogyakarta. **Metode:** Penelitian ini menggunakan metode kuantitatif dengan desain penelitian cross sectional. Sampel penelitian terdiri dari 82 responden yang diambil dengan menggunakan teknik Acidental Sampling. **Hasil:** Penelitian ini menunjukkan gambaran dukungan keluarga terhadap kegiatan keagamaan pada pasien skizofrenia dalam kategori baik yaitu 77 responden (93,9%) dan cukup yaitu 5 responden (6,1%). **Kesimpulan:** Penelitian ini pada akhirnya menyimpulkan dukungan keluarga terhadap aktivitas ibadah pada pasien skizofrenia baik.

Kata kunci: aktivitas ibadah, dukungan keluarga, skizofrenia

ABSTRACT

Background: Schizophrenia is a mental disorder that causes disturbances in thinking and behavior which results in decreased cognitive and social functions in a person. The support provided by the family to the patient is very important for the patient's recovery. **Objective:** This study aims to determine how the description of family support for religious activities in patients with schizophrenia at the Poli Clinic of RSJ Grhasia Yogyakarta. **Method:** This study used a quantitative method with a cross sectional research design. The research sample consisted of 82 respondents who were taken using the Acidental Sampling technique. **Results:** The results of this study indicate a description of family support for religious activities in schizophrenia patients in the good category, namely 77 respondents (93.9%) and sufficient, namely 5 respondents (6.1%). **Conclusion:** The description of family support for worship activities in schizophrenia patients is good.

Keywords: family support, schizophrenia, worship activities

Introduction

Mental disorders are the kind of disorders of thought patterns as well as behavior patterns in social roles that cannot be used properly. Those who suffer this condition cannot carry

out activities to socialize and carry out their abilities completely and cause suffering and obstacles in carrying out their functions as humans (Palupi et al., 2019). Schizophrenia is one of the mental disorders that involves

almost all psychological aspects and is a functional disorder that has no physical characteristics to be observed (Sefrina, 2016). The World Health Organization notes that around 23 million people in the world experience schizophrenia (World Health Organization, 2019). The prevalence of mental disorders such as schizophrenia in Indonesia shows that 7 out of 1000 family members have patients with schizophrenia (Kementerian Kesehatan RI, 2018). In Indonesia, 40-90% of people who experience schizophrenia live with their closest people, namely family. The highest prevalence distribution is in Bali and Yogyakarta, with 11.1 and 10.4 per 1,000 households having a family member that are suffering from schizophrenia, respectively (Kementerian Kesehatan RI, 2019; World Health Organization, 2018).

The family has an important role to help cure schizophrenia patients. One of the family support that can be given is through worship or spiritual activities to getting closer to the God (F. S. Sari, 2017; S. P. Sari & Wijayanti, 2017).

Based on a preliminary study at the Grhasia Psychiatric Hospital Yogyakarta Polyclinic on 9 family members of schizophrenic patients, 6 of them said that family support was important to the patient's condition and affected the health of the patient. Of the 6 family members, they believe that getting closer to Allah, their God, will help the healing process, while the other 3 families say that the family is not important to the patient's healing process, and the patient can only be

cured by drugs. Some families also said that they did not know the benefits and importance of worship activities for patients with mental disorders, especially schizophrenia. The family considers that patients with mental disorders are inappropriate to carry out daily worship activities such as praying, reciting the Koran and dhikr. Based on these description, the researcher is interested in analyzing the description of family support for the worship activities of schizophrenic patients at the Grhasia Psychiatric Hospital Yogyakarta Polyclinic.

Methods

This research was a quantitative research using a cross sectional design. This research was conducted in March 2021. The sample in this study was taken by accidental sampling technique, totaling 82 respondents with inclusion criteria, namely family members of schizophrenic patients, literate, and Moslem. This research instrument, furthermore, used a family support instrument for worship activities in schizophrenic patients which was made by the researcher with a reliability value with an alpha value of 0.905. This data collection was realized by means of respondents filling out a questionnaire that had previously been explained by the researcher.

Results

The characteristics of the respondent age, profession, gender, marital, long time care, and number of family show in Table 1.

Table 1. Frequency distribution of the characteristic of respondents with mental disorders are the Grhasia Hospital Yogyakarta Polyclinic.

Characteristics	Frequency (n)	Percentage (%)
1. Gender		
Male	45	54.9%
Female	37	45.1%
Total	82	100%
2. Age		
Late teens	5	6.1%
Early adulthood	30	36.6%
Late adulthood	32	39.0%
Early elderly	12	14.6%
Late elderly	3	3.7%
Total	82	100%
3. Profession		
Employee	30	36.6%
Housewife	12	14.6%
Laborer	1	1.2%
Civil servants	10	12.2%
Farmer	2	2.4%
Student	5	6.1%
Trader	6	7.3%
Driver	2	2.4%
entrepreneur	9	11.0%
teacher	3	3.7%
nutritionists	1	1.2%
security	1	1.2%
Total	82	100%
4. Material status		
Not married	11	13.4%
Marry	70	85.4%
widow	1	1.2%
Total	82	100%
5. Number of family		
1 - 4 member	49	59.8%
5 -8 member	33	40.2%
Total	82	100%
6. Education		
No school	4	4.9%
Primary school	1	1.2%
Junior high school	13	15.9%
Senior high school	39	47.6%
College	25	30.5%
Total	82	100%
7. Relationship		
Child	12	14.6%
Younger brother	6	7.3%
Older brother	18	22.0%
father	11	13.4%
mother	9	11.0%
husband	6	7.3%
wife	3	3.7%
cousin	1	1.2%

Characteristics	Frequency (n)	Percentage (%)
nephew	4	4.9%
uncle	1	1.2%
brother in law	2	2.4%
son in law	9	11.0%
Total	82	100%
8. Long time caring		
1 – 5 year	73	89.0%
6 -10 year	8	9.8%
11- 15 year	1	1.2%
Total	82	100%

Based on table above, it can be seen that the sexes are mostly male with a percentage of 54.9%; the age of most were late adults with a percentage of 39.0%; the working type was dominated by employees as much as 36.6%; the most marital status was married with a percentage of 86.4%. Furthermore, the average of respondent's last education was high school with 47.6%; the most kind of relationship with the patient was as brother with a percentage of 22.0%. Meanwhile, the families length of care for patients, mostly, between 1-5 years.

Description of family support for patient worship activities show on Table 2.

Table 2. Description of family support for patient worship activities

Family support	Frequency(n)	Percentage(%)
Not enough	0	0%
Enough	5	6.1%
Good	77	93.9%
Total	82	100%

Table above shows that most of the family support provided by respondents is in the good category, with a total of 77 respondents with a percentage of 93.9%. Meanwhile, those who provide support in the sufficient category are 77 respondents with a percentage of 93.9%.

Discussion

Based on the results, the majority of family support for worship activities in schizophrenic patients were in the good category, namely 77 respondents (93.9%). Families provided sufficient family support as many as 5 respondents with a percentage of 6.1%. This trend is in line with a research conducted by Purba & Pardede, which states that the most families provide support in the good category as many as 60 respondents (65.2%), and sufficient family support as many as 32 respondents (34.8%) (Pardede & Purba, 2020). Similarly, in the research conducted by Widyawati & Ginting, which conducted research on the relationship of family support to social skills in schizophrenia patients at the Mental Hospital Polyclinic of North Sumatra Province, Medan, which stated that the majority provided support in good categories to patients as much as 70% (Widyawati & Ginting, 2018).

Furthermore, the family support forms that in the good category could not be separated to a program from the Grhasia Hospital Polyclinic for family members every 3 months to discuss several family-related discussions in caring for members of patients with mental disorders. According to Rahmayanti, the encouragement of family support is good because the family is able to provide support to patients, willing to accept patients, as well as introduce and understand the needs of patients needed (Rahmayanti,

2020).

Research conducted by Khamida, et.al. shows that family support is given to patients with good categories as many as 22 respondents (62.9%), who provide sufficient support as many as 8 respondents (22.9%), and those who provide less support are 5 respondents (14.3 %) (Khamida et al., 2018). This is because the majority of those who provide support to their sick families are employees. Employees are considered to be able to divide their time to do other work, besides their work (Shabrina & Ratnaningsih, 2019). Employees can divide their time to provide support to patients by taking patients for treatment or carrying out control at the hospital, and assisting with other activities while at home.

In addition, according to Pradini et al., as many as 46 (46%) respondents provide poor family support. Pradini, et.al. consider that this is related to the family education average that is only elementary school graduate (Pradini et al., 2020). For Neolaka, education is important to assist the process of care and providing support to families, because if the education we have is high, it will make easier for us to receive information related to patient treatment (Neolaka, 2019). Evenmore, family is the closest person to us consisting of several people who live in one house and depend on each other (Gani, 2019). Therefore, as Friedman explained, the health care function in the family must always be ready to help sick family members and provide support and

assistance (Friedman, 2017). People with mental disorders who get good family support will be able to quickly recover from their illness and can have a more productive life than people with mental disorders who do not have good family support (Sudirman & Jama, 2019). The more family support is carried out, the higher the patient's recovery rate will be.

Anggraeni et. al., explain that family support is the attention given by the family to give each other a good attitude between families, provide help, and provide affection between families to each other (Anggraeni et al., 2017). Family support is family support to give each other love and support each other (Hariani, 2019). The existence of good family support will make people with mental disorders feel cared for and cared for and make people with mental disorders get encouragement from those who provide support. Good family support will help improve the patient's quality of life (Sanchaya et al., 2018).

Family support can be done by providing informational support, assessment support, instrumental support and emotional support (Friedman, 2017). Informational support is support provided by the family in the form of information and advice needed by the patient (Sinurat, 2019). Appraisal support or appreciation is support given by the family to facilitate the patient in dealing with problems such as giving attention, good supervision, and helping to solve problems (Agustia et al., 2015).

Instrumental support is support provided by the family in order to meet the patient's needs such as eating, drinking, dressing, and other needs that the patient needs (Ernia et al., 2020). Emotional support is support provided by the family in the form of support in getting closer to the creator, support in giving attention to fellow family members, and support to help manage one's feelings and emotions (Friedman, 2017). Sick family members really need family support because when the family provides family support, the patient will feel valued by his family. One of the family support that can be given is to help related to their worship activities. Support for worship activities provided by the family will help patients get closer to the creator (Mulyanti & Massuhartono, 2018). This is in accordance with research conducted by Susmiatin & Apriliani that worship activities in mental patients will help patients feel closer to God and feel calm in their hearts, so that patients experience good development in their treatment (Susmiatin & Apriliani, 2015).

Conclusion

Based on the results of data analysis and discussion in the study, it can be concluded that the characteristics of the family include the age of the majority aged 36-45 years, male gender, employee occupation, last high school education, married status, length of care 1-5 years, number of family 1 -4 members, and the relationship with the family is Big Brother. The description of the family support provided

to the patient is in the Good category.

Families who always pay attention to the client's activities, support what the patient does, and praise the patient when they want to carry out daily activities, can create a sense of self-confidence of the patients. Good family support can be in the form of information, advice in words or deeds, real help and action will create a feeling that the presence of other people has emotional benefits. When the family pays attention to the patient's condition when sick, provides support with sympathy and empathy, love and trust and respect for the patient, the patient will feel that the people around him still care and that can encourage him to carry out daily activities. This kind of supports can help patients increase knowledge and patient acceptance of their disease.

Furthermore, in fulfilling spiritual needs, family is the closest environment where individuals have views, experiences of the world which are colored by experience with family. Therefore, families have a role in teaching about religious life and behaving to others which can help reduce tension in the nervous system spontaneously and encourage patients to be more comfortable and calm.

Acknowledgments

The author would like to thank the Chancellor of Yogyakarta Muhammadiyah University, editors and reviewers who have given permission and support to publish this publication.

References

- Agustia, Y., Putri, T. H., & Fahdi, F. K. (2015). Hubungan Dukungan Keluarga Dengan Pencegahan Kekambuhan Pada Pasien Skizofrenia Rawat Jalan Di RSJD Sungai Bangkong Pontianak. *Jurnal ProNers*, 3(1), 1–9. <https://doi.org/http://dx.doi.org/10.26418/jpn.v3i1.42332>
- Anggraeni, K. N., Sarwono, B., & Sunarmi, S. (2017). Hubungan Dukungan Keluarga dengan Tingkat Depresi pada Pasien yang Menjalani Terapi Hemodialisa di Unit Hemodialisa Rumah Sakit Tentara Dr Soedjono Magelang. *Jurnal Keperawatan Soedirman*, 12(2), 109. <https://doi.org/10.20884/1.jks.2017.12.2.692>
- Ernia, N., Indriastuti, D., & Risnawati, R. (2020). Hubungan Dukungan Instrumental Keluarga Dengan Kepatuhan Kontrol Pasien Orang Dengan Gangguan Jiwa (ODGJ). *Jurnal Ilmiah Karya Kesehatan*, 1(1), 1–7.
- Friedman, M. M. (2017). *Keperawatan Keluarga Teoridan Praktik*. Rineka Cipta.
- Gani, A. (2019). Dukungan keluarga terhadap kekambuhan pasien gangguan jiwa di rumah sakit jiwa prof. Dr.soeroyo di magelang. *JPP (Jurnal Kesehatan Poltekkes Palembang)*, 14(1), 59–64. <https://doi.org/10.36086/jpp.v14i1.399>
- Hariani, K. (2019). Hubungan Dukungan Keluarga Dengan Pemenuhan Kebutuhan Spiritual Lansia Di Desa Tanak Tepong Utara Wilayah Kerja Puskesmas Sedau. *PrimA : Jurnal Ilmiah Ilmu Kesehatan*, 5(1). <https://doi.org/10.47506/jpri.v5i1.138>
- Kementerian Kesehatan RI. (2019). *Situasi Kesehatan Jiwa di Indonesia*. <https://pusdatin.kemkes.go.id/resources/download/pusdatin/infodatin/InfoDatin-Kesehatan-Jiwa.pdf>

- Kementerian Kesehatan RI. (2018). *Hasil Utama Riset Kesehatan Dasar (RISKESDAS)*.
<https://www.litbang.kemkes.go.id/hasil-utama-riskesdas-2018/>
- Khamida, K., Muhith, A., & Safitri, R. D. (2018). Dukungan Keluarga Dengan Kemandirian Orang Dengan Gangguan Jiwa (ODGJ). *Wiraraja Medika*, 8(2), 3–7. <https://doi.org/10.24929/fik.v8i2.645>
- Mulyanti, M., & Massuhartono, M. (2018). Terapi Religi Melalui Dzikir Pada Penderita Gangguan Jiwa. *JIGC (Journal of Islamic Guidance and Counseling)*, 2(2), 201–214. <https://doi.org/10.30631/jigc.v2i2.17>
- Neolaka, I. A. (2019). *Isu-isu kritis pendidikan: utama dan tetap penting namun terabaikan*. Prenada Media.
- Palupi, D. N., Ririanty, M., & Nafikadini, I. (2019). Karakteristik Keluarga ODGJ dan Kepesertaan JKN Hubungannya dengan Tindakan Pencarian Pengobatan bagi ODGJ. *Jurnal Kesehatan*, 7(2), 82–92. <https://doi.org/10.25047/j-kes.v7i2.81>
- Pardede, J. A., & Purba, J. M. (2020). Family Support Related To Quality of Life on Schizophrenia Patients. *Jurnal Ilmiah Permas*, 10(4), 645–654.
- Pradini, S. A., Kurniawan, E. H., & Wuryaningsih, E. W. (2020). Hubungan Dukungan Sosial Keluarga dengan Stres Kerja pada Petani Tembakau di Kecamatan Kalisat Kabupaten Jember. *Pustaka Kesehatan*, 8(1), 24. <https://doi.org/10.19184/pk.v8i1.11117>
- Rahmayanti, Y. (2020). Hubungan Dukungan Keluarga dengan Tingkat Kekambuhan pada Pasien Skizofrenia di Poli Rawat Jalan RSJD Dr. Arif Zainudin Surakarta. *Stethoscope*, 1(1), 58–64.
- Sanchaya, K. P., Sulistiowati, N. M. D., & Yanti, N. P. E. D. (2018). Hubungan Dukungan Keluarga Dengan Kualitas Hidup Orang Dengan Gangguan Jiwa. *Jurnal Ilmu Keperawatan Jiwa*, 1(2), 87. <https://doi.org/10.32584/jikj.v1i2.151>
- Sari, F. S. (2017). Dukungan keluarga dengan kekambuhan pada pasien skizofrenia. *Jurnal Pembangunan Nagari*, 2(1), 1. <https://doi.org/10.30559/jpn.v2i1.11>
- Sari, S. P., & Wijayanti, D. Y. (2017). Spirituality Nursing Among Patients with Schizophrenia. *Jurnal Ners*, 9(1), 126–132. <https://doi.org/10.20473/jn.v9i1.3262>
- Sefrina, F. (2016). Hubungan Dukungan Keluarga dan Keberfungsian Sosial pada Pasien Skizofrenia Rawat Jalan. *Jurnal Ilmiah Psikologi Terapan*, 4(2), 140–160.
- Shabrina, D., & Ratnaningsih, I. Z. (2019). Hubungan antara work life balance dengan kepuasan kerja pada karyawan PT. Pertani (Persero). *Jurnal Empati*, 8(1), 27–32. <https://doi.org/10.14710/empati.2019.23570>
- Sinurat, E. A. (2019). Hubungan dukungan keluarga dengan kekambuhan penderita skizofrenia di poliklinik jiwa rumah sakit prof.dr Muhammad Ildrem Medan tahun 2019. *Jurnal Keperawatan*, 2, 1–11.
- Sudirman, S., & Jama, F. (2019). Pelatihan Terapi Pijat Oketani Ibu Postpartum Pada Perawat/ Bidan Di RS Bersalin Masyita Makassar. *Jurnal Pengabdian Kesehatan*, 2(2). <https://doi.org/10.31596/jpk.v2i2.49>
- Susmiatin, E. A., & Apriliani, L. (2015). Studi Fenomenologi Pengalaman Ritual Ibadah Bersama (Dzikir dan Do'a) pada Pasien Gangguan Jiwa dalam Meningkatkan Peran Sosial di Wilayah Kabupaten Trenggalek. *Konferensi Nasional (Konas) Keperawatan Kesehatan Jiwa*, 4(1), 313–322.
- Widyawati, & Ginting, B. B. (2018). Dukungan keluarga dalam meningkatkan kemampuan sosialisasi penderita

skizofrenia di poliklinik rumah sakit jiwa daerah provinsi Sumatera utara Medan. *Jurnal Ilmiah Binalita Sudama Medan*, 2(1), 1–10.

World Health Organization. (2018). *Mental Health*.

https://www.who.int/mental_health/world-mental-health-day/2018/en/

World Health Organization. (2019). *Schizoprhenia*.
<https://www.who.int/news-room/fact-sheets/detail/schizophrenia>