



**ANALYSIS OF FACTORS RELATED TO THE ABILITY TO PERFORMING SELF CARE IN
PATIENTS WITH AUDITORY HALLUCINATION IN WORKING AREA OF UPTD
KARANGANYAR HEALTH CENTER GANDUSARY SUB-DISTRICT TRENGGALEK REGENCY**

Ariani Sulistyorini ¹⁾, Tutut Pujianto ²⁾, Dodik Arso Wibowo ³⁾
^{1,2,3)}STIKES Karya Husada Kediri
Corresponding e-mail : ariani.iqbal@gmail.com

ABSTRACT

BACKGROUND : Auditory hallucination in inability of individual to differ internal stimuli (mind) and external stimuli (the outside world). Patient with hallucination are giving perception or opinion about the environment without any object or real stimulus so it will affect their ability to fulfill their needs, including the need of self care. There are some factors related to their ability to performing self care. This study is conduct to analyze factors that related to the ability of performing self care in patients with auditory hallucination in working area of UPTD Karanganyar Health Center.

SUBJECT AND METHODE : It is an observational study conducted with cross sectional approach involving 20 patients taken by total sampling. The variables were observe by using checklist. This study were conduct at 13 May to 13 June 2019. The independent variables were factors related to ability of patients with auditory hallucination while the dependent variables were ability to performing self care. The correlation between these two variables were analyzed using Spearman Rank and continges coefficient with α 5%.

RESULTS : Statistical analysis show that factors which has no relation to the ability to performing self care in patients with hallucinationa are including age, education, gender, living with familly, marital status, duration of suffered mental disorder, history of being hospitalized and medical history. While factors related to the ability to performing self care are including occupation (p- value 0.012) and regularity of having medication (p-value 0.004). **DISCUSSION** : The patients were recommed to stay active to work and having medication regularly so that they could control the hallucination that affect the ability to performing self care. Family and health practitioners should support the patients so they will have motivation to performing self care.

Keywords : patients, halluciantion, auditory, self care

INTRODUCTION

Hallucination is a distortion of false perception which can arises from one of the senses (Keliat, 2016). Auditory halluconation is inability to differ internal stimuli (mind) and external stimuli (the outside world). Clientt with hallucination are giving perception or opiniion about the environment without any object or real stimulus so it will affect their ability to fulfill their needs, including the need of self care. For example, client say that he hear a voice even though no one speaking and it make him feel uncomfortable with the haluucination he experienced (Kusumawati Farida, 2012).

Clients with mental disorder are experience the change of mindset that will affect their ability to do something. Self care is one of problem that arise at people with mental disorder. This situation is a sign of negative behavior and cause the patient to be ostracized in the family or even the society



(Yusuf, 2015). One of the problems that happen in people with hallucination is decreasing of will and ability to performing self care which is a situation where someone that facing any difficulties to do or finish their daily activity independently such as : has no will to taking a bath regularly, no combing hair, dirty clothes, body odor, stinky breath, and not neat clothes. Incident of lack of self care are often experienced by people with auditory hallucination, due to preoccupied by the hallucination, so the they have no will and ability to performing self care.

Perry and Potter (2005) stated that som factors affected the ability to performing self care are including body image, social practice, social economical status, knowledge, culture, personal choice, physical condition, family support and hospital services. General performance could describe the meaning of hygiene. Body image could change often. Clients who looks not neat need a health education about the importance of hygiene. Social group is a forum where interaction happen and affect the personal hygiene practice. Economic resources will affect the type and level of hygiene practice since personal care praktice need some tools and materials and those need some money to afford. Faith, culture, and personal value also affect the self care performance. Someone from different cultural background will practice different way in performing self care. Some people in Indonesia believe that sick people should not be bathed. Some people in different situation or having certain disease or should facing the operation are often being in a condition which is lack of physical energy and dexterity to performing self care.

According to the data released by WHO stated by Yoseph (2013) that mental disorder has become a serious problems worldwide. WHO predict there are about 450 millions people all over the world are having mental disorders. Indonesia has become one of countries experiencing an increase in mental health disorders. Based on the data of Basic Health Research (Riskesdas) 2013 which is publish bay Health Ministry of Indonesia , it is stated that the prevalence of severe mental disorders are increase 1 -3% from all of Indonesians.

At mental hospital in Indonesia, about 70% of hallucination experienced by the clients are auditory hallucination. 20% are visual hallucination, 10% are halucinating hallucinations, tasting and touch. The incident of hallucinations in East Java are quiet high (Mamnu'ah, 2010). Basic Health Research (Riskesdas) 2013 in East Java shows the prevalence of severe mental disorders as much as 0.22% or about 56,602 people. Nationally, mental emotional is also reported in Riskesdas on East Java as much as 6% Or about 1,598,224 people.

According to the study conducted by Triariani Diah in Radjiman Wdiodiningrat Mental Hospital, the total ammount of patients with mental disorders in 2010 were about 4282 people and increasing in 2011 become 5213 people. In August – December 2011 percentage of patiens whos wa gruped by nursing problems are 1.42% with low self estee, 14.4% with self care deficit, 8.65% with social isolation; 5% with changing of mindset; 26.49% with violent behavior, 44.06% with cahnging of perception and 0% with suicidal risk and in Seruni Ward there were about 73.68% people are diagnosed by violent behavior.

Prelelimary study conduct in Karangayar Health Center show that there were 150 people were diagnosed by mental disorders and they were apreading in 5 village which is Widoro, Kanranganyar, Melis, Sukorame, and Krandekan. They are diagnosed as violent behavior (45



patients), social isolation (35 pasien), low self esteem (30 patients), auditory hallucination were in fourth place (20 patients) self care deficient (15 patients) and delusion (5 patients).

People with hallucination will give perception or opinion about their surrounding environment without any object or real stimuli. For example they will hear someone talking even though no one is speaking (Direja, 2011). One of the hallucinatory effects is self care deficit since the patients are no longer care about others' opinion about themselves and their performance, preoccupied by their hallucination and due to decrease of will and ability to perform self care. Wibowo (2009) stated that patients with hallucination especially auditory hallucination lack self care performance, due to lack of family support to the patients with family disorders.

Lack of self care performance will make an impact physically and biopsychosocial as well. Physical impact will cause skin integrity disorders, disorders of oral mucous membrane, risk of infection in the eyes and ears, and physical disorders of the nails. It also impacts psychosocial problems such as discomfort, disorders of need to love and be loved, self-actualization and social interaction (Darmawan, 2013).

Family support is very much needed for mental patients who are treated at home. About 65% of people with mental disorders live with family. Family and other care providers can be a major source of support for mental disorders (Keliat, 2016). Likewise in patients with auditory hallucinations who experience self care deficits, they need family assistance in meeting their bathing needs, need for food, need for clothes, and need for toileting. If family doesn't take part in self care performance, the patients will feel like no one cares, and it will greatly affect their condition.

The role of health workers is actively needed in giving health education about self care in patients with mental disorders or the family, so that patients with self care deficit could change the behavior of personal hygiene or self care to be willing and able to carry out activities in performing self care.

Based on the background above, we're interested to conduct a study with the title "Analysis of factors related to the ability performing self care in patients with auditory hallucination at Karanganyar Health Center Gandusari Subdistrict Trenggalek Regency"

METHODE

This is an observational study conducted with a cross-sectional analytic approach. This study involves 20 people in the working area of Karanganyar Health Center who were diagnosed with auditory hallucination taken by total sampling. The variables are observed by using check list instruments. The variables were observed by using checklist. This study was conducted from 13 May to 13 June 2019. The independent variables were factors related to the ability of patients with auditory hallucination while the dependent variables were ability to perform self care. The correlation between these two variables was analyzed using Spearman Rank and contingency coefficient with α 5%.



RESULT AND DISCUSSION

According to table 1 it can be seen that 65% respondents are 35 – 60 years old, 45% respondents are graduated from elementary school and junior high school, 60% respondents are farmer, 85% respondents living with family, 45% respondents are married, 60% respondents were sick for 6 – 10 years, 50% respondents were hospitalized, 70% respondents are taking medicine regularly and 90% respondents were treated in the hospital

Table 1. Characteristics of Respondents with Auditory Hallucination in Working Area of Karanganyar Health Center Trenggalek (Primary Data, 2019)

Variables	Category	N	%
Age (years old)	< 35	5	25,0
	35 - 60	13	65,0
	> 60	2	10,0
	Total	20	100
Education	Elementary school	9	45,0
	Junior High School	9	45,0
	Senior High School	2	10,0
	Total	38	100
Gender	Male	13	65,0
	Female	7	35,0
	Total	20	100
Occupatuin	Unemployment	6	30,0
	Farmer	12	60,0
	Enterpreneur	2	10,0
	Total	20	100
Living with the family	Yes	17	85
	No	3	15
	Total	20	100
Marital status	Married	9	45
	Single	8	40
	Divorce	3	15
	Total	20	100
Periode of having mental disorders	2-5 tahun	2	10
	6-10 tahun	12	60
	> 10 tahun	6	30
	Total	20	100
history of hospitalized	1-2 times	10	50
	2-5 times	8	40
	>5 times	2	10
	Total	20	100
Having medicine	Regularly	14	70
	Irregularly	6	30
	Total	20	100
History of medication	Hospital	18	90
	Community helath center	2	10
	Total	20	100



Table 2. Description Of Ability in Performing Self Care in Patients with Auditory Hallucination in Karanganyar Health Center Trenggalek

Ability	Ammount	Percentage
Good	13	65
Quiet good	3	15
Less	4	20
Total	20	100

According to the data in table 2 65 respondents are well performing self care and 20% respondents are lack of performing self care

Table 3. Bivariate Test Result of Factors Related to Ability to Performing Self Care in Patients with Auditory Hallucination in Karanganyar Health Center Trenggalek

No	Independent Variabel	Dependent Variabel	p value	Conclusion
1	Fulfillment of Needs	Age	* 0,532	No correlation
		Education	*0,267	No correlation
		Length of suffering	*0,568	No correlation
		History of hospitalisation	*0,710	No correlation
		Gender	**0,354	No correlation
		Job	**0,012	Correlation
		Marital Status	**0,696	No correlation
		Living with family	**0,438	No correlation
		Regularity of taking medicine	**0,004	Correlation
		History of medication	**0,494	No correlation

Information : * : Spearman rank analysis
 ** : contingen coefficient analysis

According to the data from table 3 we see that from all of dependent variables analyzed there were 2 variables that show p value < 0.05, which is variables of job and regularity of having medication. It means that job and regularity of having medication are related to ability to performing self care in patients with auditory hallucination.

According to the Spearman Correlational analysis, some results show no significant correlation with ability to performing self care in patients with auditory hallucination in Karanganyar Health Center Trenggalek. Those factors are age with p value 0.532; education with p value 0.267; periode of having mental disorders with p value 0.568 and history of being treated in hospital with p value 0.720.

Based on results of Contingency Coeffisient Analysis there are some factors that correlated significantly with ability to performing self care in patients with auditory hallucination in Karanganyar Health Centre Trenggalek which are job with p value 0.04 ang regularity of having medication with p value 0.004. some factors that has no correlation are gender with p value 0.354; marital status with p value 0.696; living with the familiy with p value 0.348 and istory of medication with p value 0.494.

Robins stated that ability consist of two factors, namely intellectual ability and physical ability. Intellectual ability is an ability that needed to do various kind activity of mind, tough, reasoning and problem solving. Physical ability are ability of tasks that train the stamina of skill, power and similiar characteristic (Sriyanto, 2010). Eventhough the patient's ability hasn't decresed physically, but they do experienced decreasing of intellectual ability due to decrease or cognitive distortion. In the other hand, the patients with auditory hallucination will facing inability to differ the internal stimuli (mind) and external stimuli (outside world). The clients giving responds or opinion about the environment without real object or stimulus (Dalami, 2010).



One of impacts arising in patients with auditory hallucination is self care deficit. Self care is a basic ability to fulfill their basic need to maintain their life, health and welfare according to their health conditions. The client is otherwise disrupted by his self care if he cannot perform self care (Darmawan, 2013).

The strategy of implementing self care in patients with auditory hallucination is by discuss the importance of personal hygiene, how to care for themselves and train patients how to care for personal hygiene such as bathing, grooming, eating and toileting. some syndromes that occur in the problem of lack of self care are difficulty in taking food or inability to carry food from the container to the mouth, inability to clean the body or body part, lack of interest in choosing apparel, abnormalities in the ability to wear clotching, and maintaining a staisfying appearance and the absence willingness to defecate or urinate without assistance (Farida, 2012).

Accordingto Potter and Perry (2005) there are several factors that affect the abiity of self care namely body image (age gender), socail practice, socioeconomic status (occupation), knowledge (education), culture, personal choice, physical condition (lperiode of suffering mental disorders), family support (living with family, marital status) and hospital service (history of medication, taking medication, history in hospital).

The results showed that occupation and regularity of taking medication were related to meetinf self care needs in hallucinatory patients. From table 1 and table 2 it is found that almost half of the respondents are 6 respondents (30%) are unempolyes and a small portion of respondents namely 3 respondents have sufficient ability and a small portion of respondents namely 4 respondents (20%) have less ability. Besides that most of the respondents are 12 respondents (60%) work as a farmers and there is a small portion of respondents namely 2 respondents working privately. The working environment can make a person gain an experience and knowledge both directly and indirectly (Mubarak, 2007). Respondents who work have a tendency to interact with others so that they will motivate patients to pay attention to themselves including their personal hygiene or care needs, and the place of work is alsı a social group that serves as a forum for someone to connect with others and will affect their personal hygiene practice.

Likewise someone who does not work like a respondent tends to spend more time at home, less socializing with the environment which will affect the lack of motivation in self care. Or it could be that respondents who are not working tend to prefer going outside the house without a purpose so that the desire for self care decreases. In addition, Potter (2005) stated that work is a person's economic resources that will affect the type and level of hygiene practice used because self care requires tools and materials that all require money to provide it. Thus patients who work will be able to provide the cost to purchase equipment needed for self care.

Another factor related to the fulfillment of self care in hallucinatory patients is a history of regular medication taking. Most respondents namely 14 respondents (70%) regularly take medication anf most respondents namely 13 respondents (65%) have good self care skills. In addition, it was also obtained data that almost half of the respondents were 6 respondents (30%) and a small portions of respondents namely 3 respondents (15%) had less ability and a small portion of respondents namely 4 respondents (20%) had less ability. The drug is one of the implementation strategies in hallucinatory patients to control the appearance of hallucinations. According to Stuart (2005), psychopharmacology is a set standart in dealing with neuro – biological disease. Respondents who regularly take medication will be able control their hallucinations so that hallucinations rarely appear and patients can pay more attention to their needs, including the needs in their care. Respondents who still often appear to have hallucinations have a tendency to follow more hallucination experienced than to pay attention to their care and this causes the willingness and ability of respondents in fulfilling their self care.



From the results above, it is also found that several factors are not related to the fulfillment of self care in hallucinatory patients namely, age, education, period of having mental disorders, history of hospitalisation, gender, marital status, living arrangement and history of medication.

Based on the data on table 1 it is found that respondents who live with the family are 17 respondents (85%) and living alone are 3 respondents (15%) but from the table 2 there are 3 respondents (15%) has sufficient ability and 4 respondents (20%) has less ability to performing self care. From table 1 it is also found that almost half of respondents are 9 respondents (45%) are married, 8 respondents (40%) are single, and 3 respondents (15%) are widowed/widower. This is possible even if they live with family or are married, but maybe they do not get support from family or their partners and the households atmosphere is not conducive so that it will affect the motivation of patients in fulfilling their care.

Suliswati (2005) stated that household atmosphere such as frequent fighting, misunderstanding among family members, lack of happiness and lack of trust with family members can have undesirable effects on individuals. In addition, the family functions as a safe and peaceful place for rest and recovery and helps individuals in mastering emotions, the family as a feedback, guiding and mediating problem solving and as an effort to motivate patients to function properly. Patients who live with family or partners should get a lot of support so that it will be easier for someone to carry out their activities, there are those who help directly the difficulties faced, for example, providing complete and adequate equipment in fulfilling patients self care, as well as the award given by the family when the patients is able to fulfillment of care himself. However, in reality on ground all these things are not done by families because there are still many families who consider that mental patients do not need to be considered, including their self care.

Potter (2005) stated that age, education, period of having mental disorder, history of hospitalization, gender, marital status, living arrangement and history of medication will affect someone in performing self care. However in mental patients these factors may not be related because patient with hallucination disorders occur perception that is perceiving something and in fact something absent or intangible. In patients with mental disorder also occur attention disorder called aprosexia which is a condition in which there is an inability to pay attention diligently to the situation / circumstance without regard to the importance of problem including self care problems. In addition, hallucinatory patients also like to be alone, unable to follow orders, engrossed in their hallucination and cannot distinguish reality, especially if the hallucinations instruct clients to do something like a ban on self care, even though they have been reminded by their families, patients still do not want to do it. So even though the patient had been hospitalized, was married, having history of medication, living with family, ripe age, higher education if hallucination are still active it will be difficult to fulfill his care.

Family participation is very important for patients healing, because family is the closest support system for patient. Family need to be involved in every activity at medication such as planning, caring and treatment, discharge planning and follow up plan at home. It will motivate the family to actively involved in resolving patient's problems (Suliswati, 2005). But it's all come back to the patients condition, since the hallucination is still active and clients could not control it so the fulfillment of their self care need is still disturbed or not fulfill since according to Law number 3/1996 in Nasir (2010) stated that mental disorder is a state of psychiatric dysfunction which includes thought processes, emotions, willpower, motoric behavior including speech.



CONCLUSION AND RECOMMENDATION

Some factors related to the ability of hallucinatory patients in performing self care in working area of Karanganyar Health Center are occupational factor and regularity in taking medication. And some factors that has no correlation with the ability of performing self care in halucinatory patients are age, educatoinal degree, period of having mental disorders, history of hosptallization, gender, marital status, living arrangement, and history of medication.

Patients are expected to actively work and medication regularly to control their hallucination that will affect their ability to performing self care. Health workers in working area of Karanganyar Health Center are expected to working together with the government to promote health information to the community about mental disorders especially auditory hallucination, and gradually able to reduce people's negative perception about mental disorders.

REFERENCE

- Dalami.dkk. (2010), *Asuhan Keperawatan Klien dengan Gangguan Jiwa*. Jogjakarta: Trans Info Media.
- Denden Dermawan, Rusdi. (2013). *Keperawatan Jiwa*. Yogyakarta : KDT Departemen Kesehatan. (2013). *Hasil Riskesdas 2013*. <http://www.depkes.go.id/resources/download/general/Hasil%20Riskesdas%202013.pdf>. (Diakses 19 Agustus 2018)
- Direja.Ade Hermansah Surya. (2011). *Asuhan Keperawatan Jiwa*. Yogyakarta: Nuha Medika
- Hidayat. A. Aziz Alimul , (2014), *Pengantar Kebutuhan Dasar Manusia*. Jakarta : Salemba Medika.
- Keliat Budi Ana, Jesika Pasaribu, (2016), *Prinsip dan Praktik Keperawatan Kesehatan Jiwa Stuart*, Ist Indonesia Edition, Elsevier Singapore Pte Ltd
- Kusumawati Farida, Hartono. Yud (2012). *Buku Ajar Keperawatan Jiwa*. Jakarta: Salemba Medika
- Lendra H, (2008), *Gambaran Pengetahuan Keluarga Tentang cara Merawat Pasien Halusinasi dirumah*. Universitas Riau.
- Mamnu'ah. (2010) *Stres dan Strategi Koping Keluarga yang Mengalami Halusinasi* Jurnal Kebidanan dan Keperawatan.Yogyakarta: Stikes 'Aisyiyah Yogyakarta.
- Mubarak, W.1. (2007), *Promosi Kesehatan Sebuah Pengantar Proses Belajar Mengajar dalam Pendidikan*. Yogyakarta : Graha Ilmu.
- Nasir Abdul (2011), *Dasar-Dasar Keperawatan Jiwa Pengantar dan Teori*, Jakarta: Salemba Medika
- Pooter, P.A, & Perry, A.G (2005), *Buku Ajar Fundamental Keperawatan ; Konsep, Proses, dan Praktik*, Edisi 4, Volume 2, Alih Bahasa : Renata Komalasari, dkk, Jakarta , EGC
- Sriyanto, (2010), *Pengertian Kemampuan*. <http://ian43.wordpress.com/2010/12/23/pengertiankemampuan>. Diakses 19 Agustus 2018.
- Stuart, G.W. & Laraia M.T (2005). *Principles and Practice of Psychiatric Nursing*. St Louis Mosby
- Sugiyono. 2010. *Metode Penelitian Pendidikan (Pendekatan Kuantitatif, Kualitatif dan R&D)*. Bandung: CV Alfabeta.
- Suliswati (2005), *Konsep Dasar Keperawatan Kesehatan Jiwa*, Cetkan 1, EGC, Jakarta
- Triariani.Diah. (2013). *Efektivitas Penerapan Terapi Anger Control Assistance Terhadap Kemampuan Mengontrol Perilaku Kekerasan Di Rumah Sakit Jiwa Dr. Radjiman Wediodiningrang Lawang.Skripsi*. Fakultas Ilmu Kesehatan Muhammadiyah Malang: 4-5



-
- Wibowo. Piet Ari. (2009), *Hubungan Dukungan Sosial Keluarga dengan Perilaku Perawatan Diri Pada Pasien Halusinasi di Rumah Sakit Jiwa Pusat Dr. Soeharto Heerdjan Jakarta 2009*. Skripsi. Jakarta: Unersitas Pembangunan Nasional "Veteran" Jakarta.
- Yusuf.Ah.dkk. (2015). *Buku Ajar Keperawatan Kesehatan Jiwa*. Jakarta Selatan: Salemba Medika
- Yosep, Iyus (2013) *Keperawatan Jiwa (Edisi Revisi)* Bandung : Refka Aditama