

CHAPTER I

INTRODUCTION

A. Background

Mental health is a condition where an individual can develop physically, mentally, spiritually, and socially in order to the individual is aware of their own abilities. Those make lead pressure, reduce productivity and reduce ability to contribute to the community. People with mental disorders are people who experience a disturbance in their thoughts, behaviors and feelings, manifested in the form of a set of meaningful behavioral symptoms and changes. In addition, those might cause suffer and lead the barrier in carrying out human functions (Sra et al, 2014).

According to *Riset Kesehatan Dasar* / Center of Basic Health Research (*Riskesdas 2007*) the prevalence of severe mental disorders in Indonesia in 2007 was 0,5% of the total population in Indonesia in that year or around 1,2 million people. There are 7 provinces that have a prevalence of severe mental disorders above the national prevalence, there are Nanggroe Aceh Darussalam, West Sumatra, South Sumatra, Bangka Belitung, Riau Islands, DKI Jakarta and West Nusa Tenggara (*Kemenkes RI, 2007*).

According to *Riset Kesehatan Dasar* / Center of Basic Health Research (*Riskesdas 2013*) the prevalence of severe mental disorders in Indonesia in 2013 was 6,0% of the total population in Indonesia in that year or around 15,1 million people.

There are 5 provinces that have a prevalence of severe mental disorders above the national prevalence, there are Central Sulawesi, South Sulawesi, West Java, DI Yogyakarta and East Nusa Tenggara. Those data showed an increased in the number of patients with severe mental disorders as many as 13,9 million people over the past 6 years (*Kemenkes RI, 2013*).

Schizophrenia is a serious mental disorder that affects thought, feels, and behavior. Schizophrenic people characterized have lost connection with the facts. They might hear voices that other people did not hear. They might think that other people are attempting to rack them. Sometimes they do not make any sense when they converse. Symptoms of schizophrenia might more severe in person that have interacting with other people, rather than people with their own activities. The symptoms might very disable, but with effective care, schizophrenic patients have an opportunity to be cured (*Pridmore, 2016*).

According to *Riset Kesehatan Dasar* / Center of Basic Health Research (*Riskesdas 2007*) the prevalence of schizophrenia in Indonesia was 0,46% or around 1,1 million people. The prevalence of schizophrenia in Central Java is 0,33% or around 107 thousand people (*Kemenkes RI, 2007*).

According to *Riset Kesehatan Dasar* / Center of Basic Health Research (*Riskesdas 2013*) the prevalence of schizophrenia in Indonesia was 0,17% or around 400 thousand people. The prevalence of schizophrenia in Central Java is greater than the national prevalence of Schizophrenia, which is 3,3% or around 122 thousand people. Based on these data it could be seen that the number of schizophrenia in Central Java in 2013 was greater than 2007. The rate of increased was 15 thousand people over a period of 6 years (*Kemenkes RI, 2013*).

According to medical record at RSJD Dr. Arif Zainudin Surakarta, the number of schizophrenic hospitalized patients over the past three years showed a fairly high number. In 2015 there were 2.136 patients, in 2016 there were 2.034 patients, and in 2017 there were 2.136 patients (*Rekam Medis RSJD Surakarta*).

Negative symptoms of schizophrenia are loss or reduction in normal function such as anhedonia (loss of interest in pleasant activities), avolition (loss of ability), asociality (loss of ability to interact socially), apathy (loss of feeling), alogia (poor speech output) and attention disorder (Straling et al, 2012).

In addition to medical treatment techniques, the patient's healing process must be supported by effective communication techniques. The purpose of therapeutic communication is to foster a trusting relationship, achieve personal goals that are reality and enhance interpersonal

relationships. The advantages of therapeutic communication are to encourage and support cooperation between nurses and patients by identifying, expressing feelings, examining problems and evaluating actions taken by nurses to patients (Agustina, 2015).

To achieve the effective therapeutic relationship, based on Peplau's theory (1952) mentioned about relation of interpersonal. They are consist of four psycho_biological such as responses of need, frustration, conflict, and anxiety. In therapeutic relationship the nurses should apply four phases start from orientation, identification, exploitation and resolution (Guedes de Pinho, 2017).

There are several barriers to applicate the therapeutic relationship between nurse and schizophrenic patients. Such as the patients do not realize that they need help with mental disorders experienced, patients experience feelings and attitudes towards nurses that are related to the characters in the patient's life in the past, the inaccuracy of the patient's emotional response when the therapeutic relationship can be very loving, very hateful and very anxious (Afnuhazi, 2015).

Based on the preliminary study activities carried out by the author on Tuesday, 03 December 2018 at the Kresna ward of RSJD Dr. Arif Zainudin Surakarta there is a nurse who performs therapeutic communication on schizophrenic patients with the aim to reduce the asociality behavior in a schizophrenic patients. Therapeutic communication that has been carried out

consists of three phases including orientation phase, work phase and termination phase.

In addition, based on a survey conducted by researcher at RSJD Dr. Arif Zainudin Surakarta on 29 April 2019 there were 168 inpatients diagnosed with schizophrenia and there were 84 nurses at the inpatients ward of RSJD Dr. Arif Zainudin Surakarta.

Based on those problems above, and consider there is limited study about therapeutic relationship of schizophrenic patients in Indonesia, it is very important and necessary to conduct study about relationship between therapeutic communication of nursing with negative symptoms of schizophrenic patients.

B. Problems Statement

Based on the background above, several problems formulated include:

1. What the nurse client relationship phase?
2. What the the level of negative symptoms of schizophrenic patients?
3. Any relations between nurse client relationship phase and the leve of negative symptoms of schizophrenic patients?

C. Research Purpose

1. General Purpose

The purpose of this study was to explore the relationship of nurse client relationship phase with the level of negative symptoms of schizophrenia.

2. Specific Purpose

- a. To identify the nurse client relationship phase.
- b. To identify the level of negative symptoms of schizophrenic patients.

D. Research Advantages

1. For research and studies:

- a. Provide information and input to the University of Muhammadiyah Surakarta, especially the Faculty of Health Science, School of Nursing, about the importance of implementing nurse client relationship phase with the level of negative symptoms of schizophrenic patients.
- b. Improve the quality and development of knowledge about the implementation of nurse client relationship phase with the level of negative symptoms of schizophrenic patients.
- c. Increase the knowledge and understanding of researchers in conducting research.
- d. As a reference for further research.

2. For clinical:

- a. Used by RSJD Dr. Arif Zainudin Surakarta specifically or other mental hospital as a reference in improving the quality of nurse client relationship phase to mental patients, especially patients with schizophrenia.

- b. Improve the functions of patients and health care provider in conducting therapeutic communication relationships.

E. Research Authenticity

Based on the results of a search of the author of previous researches related to therapeutic communication in schizophrenic patients, the author found that there were several researches that had been conducted in this regard. These research studies become reference material for the author to find new problems that have not been conveyed in previous researches. In addition, these research add to the author's knowledge of the approach used, the methods and analytical techniques used to review therapeutic communication implemented in schizophrenic patients. The previous researches there are:

1. Gina Oktaria (2017) conducted a research at Riau about *Komunikasi Terapeutik Perawat dalam Proses Penyembuhan Pasien Psikosis Di UPT Bina Laras Provinsi Riau*. These research studied about the process of healing psychosis patients with therapeutic communication.
2. Lara Guedes de Pinho, Anabela Pereira, and Claudia Chaves (2017) conducted a research at Portugal about *Nursing Interventions in Schizophrenia: The Importance of The Therapeutic Relationship*. These research studied about schizophrenia and therapeutic relationship in nursing care.

3. Cecilia Penda (2017) conducted a research at Finlandia about *Establishing Therapeutic Nurse-Client Relationship with Mentally ill Patients in a Community*. These research studied about the application of therapeutic communication in mental ill patients in the community.