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**PREPARE FOR UPGRADING SKILL
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PHENOMENOLOGY STUDY: FAMILY EXPERIENCE IN MANAGING
MENTAL DISORDERS IN PANTI DISTRICT

ANXIETY OF ACUTE CORONARY SYNDROME PATIENTS IN REGIONAL
PUBLIC HOSPITAL OF DR.T.C.HILLERSMAUMERE

MANAGER'S STRATEGY IN IMPROVING THE QUALITY OF NURSING
DOCUMENTATION

EARLY DETECTION OF PRESSURE SORES AND HEALTH EDUCATION IN
PREVENTING THE OCCURRENCE OF PRESSURE SORES

FAMILY SOSIAL SUPPORT AND ANXIETY LEVEL OF HOSPITALIZATION
TO PRESCHOOL CHILDREN

THE CONDITION OF THE BABY IN EXCLUSIVE BREASTFEEDING FOR
WORKING MOTHERS AT STIKES RS. BAPTIS KEDIRI

MOTIVATION RELATED TO COMPLIANCE MANAGEMENT OF NON
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MEDAN

INCIDENCE OF INSOMNIA IN THE ELDERLY AT WREDHA NURSING
HOME

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FOREWORD

Thanks to God Almighty for his abundance of grace so that the Proceedings Of Update Comprehensive Nursing Care For Diabetes Mellitus Patients With A Multidisciplinary Approach can be solved well. This Proceeding is a collection of research results that are expected to contribute in improving health status in the community. Research results can be a point of reference for developing other research for the welfare of Indonesian society. This Proceeding contains research papers and is created with the aim of providing knowledge to the general public regarding the latest research and scientific developments so that it is expected to increase knowledge, communication and further motivation for the filing of Intellectual Property Rights.

We would like to thank **Mrs. Selvia David Richard, S.Kep., Ns., M.Kep as Chief of STIKES RS. Baptis Kediri, Libest Asia Consultans, Social Welfare Corporation Prefectual Welfare Society, Asia Kyoei Jigyou Kyodokumiai, Kumiai/AO Japan, Seiyukai Foundation, Rakurakuen Foundation and Southeast Asia Ministers of Education Organization Regional Open Learning Center (SEAMEO SEAMOLEC)** in publishing the proceedings that we have held. We realize that this Proceeding certainly does not escape the deficiencies, for that all suggestions and criticism we expect for the improvement of proceedings in the next issue. Finally we would like to thank all those who have assisted in this activity, and we hope that this proceeding can be useful for researchers, academics and the development of science.

Kediri, 29th November 2019
Committe

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PHENOMENOLOGY STUDY: FAMILY EXPERIENCE IN MANAGING MENTAL DISORDERS IN PANTI DISTRICT

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Abstract. Clients with mental disorders are clients who need ongoing and ongoing care. The family as the closest person to the client becomes the determining factor of treatment in clients with mental disorders to be cured or not. This study aims to explore the experiences of the family in managing people with mental disorders; the research design used is a qualitative research design using an interpretive phenomenology approach. The technique of collecting data uses in-depth interviews with a semi-structured interview guide involving seven participants, and the data were analyzed using interpretive phenomenology analysis. This research has passed the ethical test with ethical approval No.595 / UN25.8 / KEPK / DL / 2019. This research conducted five themes. First is the difficulty in time management; the second theme is physically and psychologically exhausted; the third theme is the difficulty in accessing health services; the fourth theme has accepted that God leaves this. Considering the impact that will arise from this condition if it does not get proper treatment, it is needed the role of health workers in providing services to the family to be able to increase visits to health services in order to improve the recovery of people with mental disorders.

Keywords: *family, mental health disorders, management of mental disorder*

1. Introduction

Mental disorder is a disease that has an increasing number of cases each year. Management of mental disorders is a national instruction that can be accessed in primary health services or health centers, but the problem occurs when the number of cases of low number of visits is because families are still reluctant to conduct examinations and management related to routine mental problems to health services (Schoonover et al., 2012).

Cases of mental disorders have increased in Indonesia. Riskesdas (2018) explains that the number of family members with mental disorders in Indonesia is 7%. In East Java the number of family members with mental disorders amounts to 6%. Increasing cases of mental disorders every year

makes people with mental disorders (ODGJ) interactions with the community more frequent. Jember as one of the cities that has quite a number of mental disorders in East Java is 514 cases in 2018, where as many as 22.1% or 114 cases are found in the Panti sub-district.

Community views that tend to be negative for ODGJ often hamper clients with ODGJ from coming to health services for treatment. Poor social support makes families with ODGJ feel experiencing unpleasant experiences whether it is shame or feelings of isolation from the social environment. Based on the results of observations and interviews conducted with families with ODGJ in July 2019 it is known that one of the reasons the family is still not intense in conducting the process of

treatment and mental therapy is the presence of negative stigma from the surrounding community (Tse et al, 2012).

Nurses have an important role in providing mental nursing care to ODGJ. Holistic nursing actions are given to all aspects, namely biopsychosocial and cultural. An approach to the family is also needed so that families can increase visits related to the treatment of family members who have mental disorders quickly to the health service (Porter & Fitzpatrick, 2014).

2. Method

2.1 Design

A qualitative study guided by the phenomenological approach was incorporated to explore the disaster experience of the farmers. Using rigorous, critical and systematic methods, phenomenologic studies create a plethora of rich data that facilitate a better understanding of the participants' lived experience. Phenomenology attempts to describe the experience in conditions of essential structures embedded in individual phenomena (Moleong, 2006).

The theory underlying phenomenology posits that in order to understand social realities, it is necessary for the researcher to investigate knowledge that the interviewees put forth to describe that reality. Husserl's descriptive phenomenological method, emphasizes that researchers must thus put aside or 'bracket' prior knowledge or experience about the phenomenon.

2.2 Setting

Purposive sampling was used to select participants. All participants

provided written informed consent after researchers explained the study purpose, assured privacy, and informed them that they could withdraw at any time. Participants were interviewed in their home environment until data saturation occurred.

2.3 Sample

Participants in this study are family or caregiver people with mental disorders who have or are currently taking care of family members who have mental disorders. The number of participants involved in this study was five people. The method of selecting participants is done by purposive sampling or purposive sampling; that is, the sample chosen is oriented towards the research objectives. Deliberately, individuals are selected or chosen because they have experience by caring for people with mental disorders (Sugiyono, 2012).

At the recruitment stage, the researchers used the inclusion criteria, so those prospective participants matched the research objectives. The inclusion criteria include: 1) families who live in the same house as ODGJ, 2) Family members who are the decision-makers in conducting ODGJ care, 3) are willing to participate as a participant by signing a letter of willingness to become a participant, 4) can tell his experience well / cooperatively.

2.4 Data Collection

Participants were interviewed using a semi-structured approach that allowed them to elaborate on their personal experiences. After an initial introductory period during which the participant gained familiarity and trust, the interviewer asked an open-ended

question relative to their current experience of flood disaster in general.

The researcher who collected the data was trained in conducting qualitative interviews. Predictive techniques such as probing, reflection, and paraphrasing were used to indicate understanding of the participants' experiences, which were often of a sensitive and emotional character. Follow up questions were asked only if essential for clarification. Interviews were terminated when participants indicated that they had exhausted their descriptions. All interviews were audio-recorded and transcribed. The interviews lasted between 45 to 90 minutes and were conducted over an three-month period. Following all interviews, the researcher conversed with the participants related to neutral topics to reduce any emotional activation that may have occurred that was associated with the discussion of disaster's experience topics.

2.5 Data Analysis

The audiotapes were reviewed several times and transcribed verbatim. Researchers examined transcripts line-by-line, highlighting key statements describing participants' experiences and coding them for content. Content codes were defined, categorized, and formulated into thematic clusters. To explore the hidden meanings, the data were 'interrogated': For example: What was said?; how was it said?; What do you mean by this sentence? (Spradley, 1979).

Two levels of phenomenological reduction to reduce study bias were incorporated to ensure scientific rigor, and to maintain the assumptions of the phenomenological approach. The first

assurance was via bracketing to reduce investigator bias. The second level of rigor included continuous study during the interviews; allotting adequate time and building trust in the relationship between the interviewer and interviewee; review and revision of the content and translation by senior investigators; and finally, participants' view of notes and descriptions. Data analysis and validation were done as a research team to increase the study credibility. Theme categories were initially derived individually by members of the study team, and then compared as a group until theme consensus was attained.

3. Results

A total of 100 content units about the family experience were extracted from the data for analysis. We derived four major themes with corresponding sub-themes: (a) difficulties in time management; (b) physical and psychological exhaustion; (c) difficulties in accessing health services; (d) deposit from God. The following is a detailed description of the themes related to each sub-theme. We used pseudonyms to protect participant anonymity.

3.1 Difficulties in time management

The participants expressed the sub-theme of time management difficulties because many families of people with mental disorders work from morning to evening and night, so this makes the management of ODGJs not optimal. Two examples provided are :

"ya itu mas...kerja soale...piye neh...dadi yo sakmampune wae..lek sempet baru nang puskesmas" (participant 1)

well.. that's bro ... because of work ... how else ... so well as much as possible,, if I have time so i went to the health care center“ (participant 1)

"isuk iku biasane wes nyiapno mangan arek-arek mas....terus awan titik ngono budal kerjo dari yo arek'e gak kecandak" (participant 4)

In the morning, I usually prepare my children to eat ... after that I go to work, so I do not have time to take care“ (participant 4)

3.2 Physical and psychological exhaustion

The impact of caring for people with mental disorders is addressed by families with the appearance of physical fatigue and emotional upheaval felt by the family. This impact is in the form of physical and psychological fatigue. It was as expressed by several participants.:

"ya mas,,kadang yo kesel ngene tok iki mas,,gak mari mari lorone..sampek kesel aku,,tapi piye maneh“ (participant 3)

“Of course, bro ... sometimes it has tired like this, bro ... the pain does not heal ... I cannot stand it, but what else can I do“(participant 3)

"kadang yo ngerungokne omongane tonggo mas,dadi yo rodok loro ati,,dadi iso stres lek dipikir terus ... (participant 2)

“sometimes I always listen to the conversation of neighbors which makes me more stressed“... (participant 2)

3.3 difficulties in accessing health services

"jeuh bungkona bulleh cong...mon ka puskesmas lambek nyampek'a" (Participant 6)

“I am far away from my house ... if I go to the puskesmas it will not arrive“ (Participant 6)

The statement above shows that families have difficulty in accessing health services due to the remote location. several participants stated are:

"gak duwe motor mas,,dadi piye lek kate mrono (puskesmas)" (Participant 5)

“I don't have a motorcycle, how do I go there, bro“(Participant 5)

3.4 titipan dari tuhan

The family still tries to manage ODGJ because the family thinks that even though this activity is difficult and physically and psychologically draining, the family will still do their best because this incident is the will of Allah S.W.T. As expressed by participants:

"Yo...meski ngono ngono yo tetep keluarga mas..dadi yo tetep tak rumat,,wes dalane soko gusti allah ... (Participant 7)"

“despite his circumstances, he remains family and must still be treated“(Participant 7)

"iki jenenge yo cobaan mas...seng kuoso (ALLAH) wes nitipne arek iki nang aku yo kudu tak rawat ...(Participant 5)"

“this is all the trials of Allah, all the deposit so we have to remain patient“ (Participant 5)

4. Discussion

The results of this study found that the whole family almost had the same problem where the family felt the impact of having family members who experience mental disorders. Families feel they have more burdens when caring for people with mental disorders.

Inadequate time management that occurs in families due to family members still has to work to meet the needs of life in the morning, with the average income of the community or families with family members who experience mental disorders are still included in the category of middle to lower society. This statement is as expressed by (Purnama, Yani, & Sutini, 2016), where the Indonesian people have a pattern of working as much as 8 hours. This statement will undoubtedly have an impact on the existence of family members who need care.

Crowe (2015) also explained that people with mental disorders need a special companion to be able to take care of mental health problems. Of course, the time required is not small and intensive. Physical fatigue experienced by the family in the form of fatigue affects the emergence of complaints of dizziness, decreased blood pressure, weakness, fever, and decreased body weight. Whereas emotional upheaval is reflected in the diversity of family emotions when treating patients mental disorders include anger, boredom, annoyance, and shame. Physical fatigue or exhaustion experienced by participants illustrates that caring for family members with mental disorders requires considerable energy. Loss of energy in the participant's body can affect the adequacy of oxygen in the blood and all organs of the body, thereby triggering the emergence of other complaints such as dizziness, weakness, decreased blood

pressure, fever. Loss of energy or energy will also be responded by the participant's own body to release energy reserves through the breakdown of body fat, and this condition will eventually make the body lose weight. Physical fatigue experienced by the family and emotions felt by the family is the negative impacts experienced by the family due to caring for sick family members or better known as family burdens. This is supported by research conducted by (Grover, Sahoo, Chakrabarti, & Avasthi, 2017) which states the burden is the negative impact felt by the family due to caring for family members who are sick.

Besides, Hayes et al (2015) explained that caregivers or families who are responsible for caring for family members who suffer from psychiatric disorders would experience the burden of life because of the complex responsibilities of caregivers on funding, patient health care and freedom and caregiver activity itself. Tan (2013) explain that the burden of caring is the impact and consequences received by caregivers, which include emotional aspects, physical aspects, psychology, and economic impacts. (Shamsaei, Cheraghi, & Bashirian, 2015) define burdens in objective and subjective categories where objective burdens are events or activities related to the experience of caregiver, Whereas subjective load is the feeling experienced by the caregiver while caring. The results of the supporting studies above support the theme of this study where the physical fatigue of the family followed by complaints of dizziness, weakness, decreased blood pressure, and thin body is a measurable impact or burden while the emotional upheaval is a subjective caregiver's impact or burden. Emotional upheaval found in

this research is anger, annoyance, boredom, and shame. This effect is in line with the results of research conducted by Hayes et al., (2015), which states that caregivers who treat schizophrenic patients in Taiwan experience anxiety, shame, and sinful and disturbed while treating patients. Anxious emotions that appear as the most dominant emotion in supporting research are also in line with the emergence of angry emotions as the most dominant emotion felt by families in caring for post-pasung patients, which is also a further response to anxiety.

Difficulties in accessing health services are also an obstacle for the community or families with family members who experience health problems. This is as revealed by Purnama (2016) that the reason people are concerned with accessing health services is the inadequate facilities and infrastructure as well as the distance between residents' homes and health care centers. This problem will undoubtedly be one of the factors that can reduce the interest and willingness of families who have family members with mental problems to be able to go to health care centers routinely.

Family behavior, although directly seen as less active in managing people with mental disorders, inwardly they still think family members who have mental disorders are entrusted from the Almighty and must be cared for properly and optimally. We, as humans, can only pray that all will be okay.

5. Limitations

The study is limited by its small sample size and a homogenous sample. The limitation on taking participants is that the researcher only looks at family perspective, the researcher does not see his family type, the researcher does not

look at the family's economic background in detail and the researcher does not see the stage of his family's development.

6. Conclusion

This research produced four themes, there is: 1) human-caused disasters, 2) accepting the reality that happened, 3) getting closer to God, 4) having the desire to farm again,

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