Nurses' Experience in Providing Nursing Care to Patients with Schizophrenia at a Psychiatric Hospital in Abepura, Papua

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Abstract

Mental health problems are among the most serious health concerns facing people today, according to various viewpoints on mental health settings. Nurses play a critical role in the treatment of individuals suffering from mental illnesses. The purpose of this study is to learn about nurses' experiences caring for patients with schizophrenia at a mental hospital in Abepura, Papua. This is a qualitative study using a descriptive approach. Five nurses who were working in the psychiatric hospital were selected using purposive sampling. The data were collected through telephone and video call interviews and analyzed using the Clarke and Braun thematic analysis method consisting of six steps. Qualitative analysis of the data revealed three themes namely, nurse's response, patient handling problems and strategies for success in treating patients schizophrenia. Rejection of patients with schizophrenia by their families, because of the stigma in the surrounding community and the lack of nurses' skills in communicating to patients are the main obstacles to the provision of nursing care to the patients. Cooperation between fellow mental nurses and the health team as well as the involvement of the families of patients in mental hospitals needs to be improved through planned and continuous communication related to the development of mental patients' health until their return home.

Keywords: nurse; experience; schizophrenia; care.

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1. Introduction

Mental health problems are among the health concerns facing people today, according to various viewpoints on mental health settings [1]. In general, people still consider mental health problems not as a disease, even though mental health is the same as physical health, since, if not addressed immediately, psychiatric disorders can be life threatening [2]. Globally, the number of patients with mental disorders including schizophrenia reached 450 million people in 2017 [3]. According to the *World Health Organization South-East Asia Region* (WHO SEARO) in 2017 the highest number of cases of depressive disorder was in India 56,675,969 cases or 4.5% of the total population, the lowest was in the Maldives with 12,739 cases or 3.7% of the total population and in Indonesia 9,162,886 cases or 3.7% of the total population [3].

In Indonesia, people with mental disorders are often referred to as crazy or mentally ill and often receive unpleasant treatment from people around their homes and even their own families. In some areas in Indonesia, people who experience mental disorders are usually shackled so they don't disturb the people in their environment [4]. This shows that in Indonesia there is still very little treatment of mental health disorders, including services and facilities in various regions in Indonesia. This causes many people with mental health disorders that have not been treated properly. The gap in the treatment of mental disorders in Indonesia has reached more than 90%, which means that less than 10% of people with mental disorders receive therapy services by health workers [5].

Cases of people with mental disorders (PWMD) in Indonesia increased until 2018, as evidenced by the increase in the prevalence of households with PWMD [5]. Data from Riskesda show that there is an increase to seven per mil in Indonesia, meaning that there are seven PWMD in every 1000 households in Indonesia [5]. There are several types of mental disorders, with schizophrenia a common occurrence. Schizophrenia is a disorder of brain function, which can be caused by stress. Schizophrenia causes instability of emotions, cognitive disorders, perceptual disturbances and a confused style of thinking, resulting in psychosis [6]. Psychosis is defined by a discontinuity between imagination and feeling. Schizophrenic patients can experience hallucinations which affect a person's perception of hearing, feeling, smelling aromas, seeing things that are not real and things that only exist in their minds [7]. In addition, schizophrenic patients also often experience *mood swings,* psychosocial disorders thataffect the relationship between a person's social condition and mental health [8].

The three Indonesian provinces that have the highest number of patients with schizophrenia or psychosis are Bali with 11.1 per 1000 households, Yogyakarta with 10.4 and East Nusa Tenggara with 9.6 [9]. There are many types of mental disorders that exist in mental hospitals today. Of the approximately 3.76% of patients with anxiety disorders, 3.44% suffer depression, 0.6% suffer bipolar and 0.25% suffer schizophrenia [10]. The prevalence of schizophrenia in the world continues to increase every year, with 50 million people in the world suffering from schizophrenia in 2017 [3]. More than 50% of people with schizophrenia do not receive attention, of which 90% are in developing countries [3]. In Southeast Asia, the prevalence of people with schizophrenia reached 6.5 million people in 2017 and as many as 0.3% to 1% are in Indonesia [3]. (WHO, 2017). It is estimated that around 2 million people suffer from schizophrenia [9]. The presentation of depression in

Indonesia reached 8% or around 16 million people, while the prevalence of severe mental disorders such as schizophrenia reached 1.8 per 1,500 population [5].

Based on data from the Abepura Mental Hospital, in the 2 years to 2018 there were 4697 outpatients with schizophrenia and 572 inpatients with schizophrenia. In 2019 the number of outpatients with schizophrenia rose to 4729 and the number of inpatients with schizophrenia rose to 650 patients [11]. The provision of mental health services is inextricably linked to hospitals and the people that work in them, particularly nurses. Nurses outnumber all other health employees in a hospital [12]. Nurses at mental health institutions are responsible for providing nursing care to patients in line with established protocols [13]. Nursing care is one of the elements that influence the quality of health services for patients since nurses are the health workers that have the most contact with patients [14], as the care they offer includes biological, psychological, social, and spiritual support directly to patients in order to enhance their health and help them recuperate [14]. There are few studies on nurses' experiences in delivering nursing care to schizophrenia patients in Jayapura, Papua. Given the significance of nursing care in the improvement of the quality of life of patients, this study into the experiences of nurses giving nursing care to schizophrenia patients at the Abepura Papua mental hospital provides valuable information .

2. Methods

2.1 Data Collection

This study used a descriptive qualitative design to conduct a qualitative investigation. Nurses' experiences in delivering care during the COVID-19 epidemic were investigated via video call interviews. The participants in this study were five nurses who worked in a mental health institution and were purposefully selected and satisfied the study's inclusion and exclusion criteria. Braun and Clark's six-step theme analysis approach was used to analyze the data [15].

2.2 Participants' Profiles

Nurses who worked at a mental health facility took part in this study. The total number of five nurses satisfied the inclusion and exclusion criteria. The participants' profiles are presented in Table 1 below.

Table 1: Participants' profiles

No	Pseudonym	Gender	Age (years)	Education background	Clinical experience (years)
1	R1	Female	41	Bachelor of Nursing	13
2	R2	Female	40	Bachelor of Nursing	15
3	R3	Female	44	Bachelor of Nursing	11
4	R4	Male	37	Diploma of Nursing	6
5	R5	Male	41	Bachelor of Nursing	17

2.3. Data Analysis

The researcher transcribed the interview tapes and then coded the data after checking for consistency between the audio and the transcripts. Themes were obtained from the data using Braun and Clark's thematic analysis steps [15]. Clarke and Braun [15] describe thematic analysis as a method for identifying, analyzing, and reporting theme patterns in data. This method is commonly used by researchers to focus on detailed analysis of certain aspects of the data that are most relevant to the research question or provide a rich description of the data as a whole. This thematic analysis allows the researcher to engage with the theory for a more in-depth analysis of the data.

3.   Results

Data obtained provide insight into the nurses' experiences in providing nursing care to patients with schizophrenia. The data analysis revealed three themes and each theme has several sub-themes:

Theme 1. Nurse's response, with sub-themes: expressing feelings, caring for schizophrenic patients, anxiety and worry. Theme 2. Obstacles in handling schizophrenic patients, with sub-themes: rejection by family and patient behaviour towards their nurses. Theme 3. Strategies for success in treating patients, with sub-themes: forms of nurse cooperation, family support, focus on patients. The themes, and sub-themes are listed in the table below:

Table 2: Themes and sub themes

NO	Themes	Sub Themes
1	Nurse's response	1. Expression of feelings 2. Caring for schizophrenic patients 3. Anxiety and worry
2	Patient handling problems schizophrenia	1. Rejection by family 2. Rough behaviour of patients towards nurses
3	Strategies for success in treating patients	1. Forms of nurse cooperation 2. Family support 3. Focus on the patient

3.1. Theme one: Nurse's response

This theme describes how nurses respond to positive and negative emotions when treating patients with

schizophrenia in mental health hospitals. Three sub-themes that emerged from this theme: expression of feelings, patients with schizophrenia, anxiety and worry. Participants gave positive and negative emotional responses to nurses while caring for patients. They also said that they felt anxious and worried when treating patients with schizophrenia.

Participants expressed a variety of feelings when treating patients with schizophrenia. Participants said they felt sorry, happy, and even troubled when caring for patients. Some expressions of feelings from participants are as follows:

At first, I cared for schizophrenic patients, and I felt terrible for them since many of them were young, though others were elderly. (R 1)

Often we are happy because the patient can be invited to interact or communicate with them. The challenge is when the patient is restless and exhausted, in this condition it is difficult to communicate with them. (R 2)

Participants revealed how nurses provide care and treatment for schizophrenic patients. Participants also explained how the patient responded to the nurse's actions:

To care for schizophrenic patients, the role of nurses is very important, because, in addition to accompanying patients to be able to carry out their activities, nurses must also maintain therapeutic communication, so that there is a trusting relationship and a reciprocity between patients and nurses. So, the role of nurses is very important because nurses are there for 24 hours to care the patients. (R 2)

Participants expressed their current anxiety and worries when treating patients with schizophrenia. They explained that they feel fear and worry when dealing with patients with agitation. However, they also said that anxiety and worry did not affect their care of schizophrenic patients. As two of the participants stated below:

We always have challenges. Fear sometimes arises in us as nurses, afraid if the patient suddenly gets angry and hurts us. (R 1)

There are often feelings of fear and worry but a sense of wanting to help patients and a sense of responsibility is also within me, so I must continue to provide good care to patients as much as I can. (R 4)

Theme 2 Obstacles in handling schizophrenic patients

This theme reveals the obstacles faced in the treatment of schizophrenic patients. One of the obstacles in this theme is family, with two sub-themes: 1. Rejection from family, 2. Rough behaviour of patients towards nurses. Participants explained that they encountered obstacles when taking patients home and there was a rejection by the family. Some participants also suffered violent behavior from patients when preparing them to return home.

Participants revealed that they experienced obstacles where there was rejection from the family because the

family felt disturbed and felt ashamed in front of the community, as expressed by the following two participants:

There are some patients who do not have family and there are also those who actually have family but have not been visited by their families for years. (R 1)

Many families feel ashamed to bring their famil membery home, because there is a stigma from society towards people with mental disorder. (R 2)

Almost all participants said that they had experienced direct violence from patients when taking care of them, as expressed by the following two participants:

I myself have often been beaten by schizophrenic patients, but that is the risk of our work as nurses. They are the joys and sorrows of being a nurse in psychiatric hospital. (R5)

We experienced some injuries, but we consider that part of our job as nurses. (R 1)

Theme 3 Strategies for success in treating patients

This theme reveals the successful strategies of nurses to improve the quality of their performance in psychiatric hospitals. Three sub-themes emerged:: 1. Forms of nurse cooperation, 2. Family support, 3. Focus on the patients. Participants explained that they cooperate in teams as well as with family support in providing care to patients, and focussing on patients in the psychiatric hospital.

Participants revealed that every nurse who treats schizophrenic patients always participates in teamwork in the nursing care until the patient is cured, as expressed by participants below:

We as nurses carry out a strategy to optimize care for schizophrenic patients. For example, we always work with the rehabilitation team by conducting group activity therapy on a regular basis. (R1)

We also teach these patients to do handicrafts that will keep them busy so as to reduce their hallucinations and so that they don't have time to daydream. (R4)

Participants said that family support is very important for the patient's recovery. If the family does not provide support in terms of monitoring drugs and providing encouragement, there will be repeated relapses. The following are the expressions of participant 3 and participant 5:

Many of the patients are married, and we really expect full support from the patient's family, because some patients who really get support from their families will slowly be able to return home and undergo home therapy. (R3)

Without the support of the patient's family, we will not be able to optimally implement nursing care. The family should come to visit the patient who is still in the hospital, as this means a lot to the patient. (R5)

Participants said that the treatment provided was focused on the patient's recovery and the actions were in accordance with the existing procedures, such as group activity therapy and patient's treatment as a whole, as expressed by the following two participants:

Build a trusting relationship. So, in this phase, we first get to know the patient better, we work together first, build trust so that patients can trust us, because most patients don't trust other people. This is the point that the nurse must be able to achieve in order to implement nursing care to patients. (R1)

What is very important in providing care to patients is that we must remember that our focus is the total patient; this requires skills and abilities as nurse. (R3)

4. Discussion

4.1. Theme I: Nurse's Response

Response is a reaction that depends on the situation. An emotional response is behavior that appears after a *stimulus* in the form of acceptance through the five senses which will later form new behavior in the form of approval or rejection of something. The response only arises when the individual is faced with a situation that requires the individual's reaction, and a response can be good or bad, positive or negative, pleasant or unpleasant [16]. Emotions are divided into two, namely positive emotions and negative emotions. Positive emotions are positive feelings experienced by a person that affect thoughts and actions to be happy, excited and enthusiastic. Negative emotions are the opposite, involving negative thoughts and actions such as sadness, anxiety, fear, anger and worry. Meanwhile, individuals who are able to manage emotions well will be better able to handle emotional tension in dealing with and solving conflicts [17].

The results of the study indicate that participants experienced positive and negative emotional responses. They revealed that there were feelings of pleasure and enjoyment when treating schizophrenic patients. This was conveyed by most of the participants. *Psychological well-being,* according to Der Kinderen and Khapova [18] , is a condition in which individuals have a positive attitude towards themselves and others, can make their own decisions, fulfill life goals, make their lives more meaningful, try to explore and develop themselves, and develop good relationships. Participants also explained that they sometimes have negative emotional responses. The nurses in this study said they experienced feelings of feelings of fear and anxiety when caring for patients with schizophrenia.

Nurses need to examine their own emotions, as patients are very sensitive to emotions that are transferred from interpersonal communication, which is where communication occurs between two or more people [19]. Robbins [20] said that nurses are closely related to workers in the service sector who are required to express organizationally desired emotions during interactions with patients in hospitals. Nurses are also required to be able to manage their emotions in order to improve their performance.

The results of research conducted by Restia [21], show that for a nurse to have a good relationship with mental disorder patients there are obligatory actions. A nurse is obliged to provide comfort to the patient by giving

greetings and compliments. A nurse must also establish a trusting relationship with the patient and the patient's family. Nurse should be able acts as a communicator by communicating in a way that can be understood by the patient.

Participants in this study explained that therapeutic communication within a trusting relationship is the main factor in the successful provision of nursing care for schizophrenic patients. This study shows that therapeutic communication, that is, the development of a trusting connection, is a prerequisite to undertaking care of the patient. So, at the beginning of patient care, we cooperate and build trust with patients so that they open up and share their tales. This is in line with Supratman [22] who said that humans gather data from their surroundings, then analyze it to generate mutual understanding when engaging with one another. Trust is at the heart of a successful connection.

Implementing nursing care to patients should be done with caution and without resorting to violence, because if the nurse behaves inappropriately, the patient will refuse to listen. If the activity is done correctly, the patient will listen to and obey the nurse's instructions. The application of communication carried out by several nurses is in accordance with the concept of therapeutic communication according to Stuart and Laraia [23], who stated that therapeutic communication is applied to patients with mental disorders so that they can express problems through a problem solving approach. For this reason, communication is an important tool for fostering a therapeutic trusting relationship because it includes the delivery of information and the exchange of thoughts and feelings [24].

Nurses' positive and negative emotional responses are expressions of nurses' feelings when caring for schizophrenic patients. Nurses' positive and negative emotional responses have a significant impact on their performance in psychiatric hospital. As a result, while caring for patients, nurses must limit negative emotional reactions and offer positive emotional responses, which will have a beneficial influence in treating schizophrenia patients when nurses carry out nursing activities in mental patient care.

4.2. Theme II: Obstacles in treating schizophrenic patients

Participants in this study explained that there were many obstacles experienced by nurses in psychiatric hospital. One of them is the rejection by the family of the condition of their family members who have mental disorders. The refusal or lack of family acceptance of schizophrenic patients who are hospitalized both in general hospitals and mental hospitals is still one of the problems found in the treatment of schizophrenic patients today. In addition to the problems commonly experienced by families of schizophrenic patients, such as behavioral issues of the schizophrenic member, it is not uncommon for families to experience fear. These come from the societal stigma against their families and assessments of individuals with schizophrenia and their families that can affect relationships with neighbors and friends. Fear of social stigma can make family members distance themselves from people with schizophrenia [25]. The results of the study show that the rejection by the family was based on the patient who embarrassed the family and interfered with activities at home. This study supports previous findings that the shame felt by the family plays a role in the formation of stigma within the family. Families who feel high stigma will avoid and hide relationships with family members who suffer

from mental disorders [26].

Another obstacle expressed by the participants was the limited space provided for the process of transferring patients. This is due to the lack of supporting facilities, so that the process of transferring patients occurs in the emergency room. For this reason, the process of transferring patients from the emergency room to another room is problematic, because schizophrenic patients are not only treated in the treatment room but also temporarily in the emergency room. Furthermore, the participants revealed that there were obstacles in returning patients from the hospital to the family, because there were many patients who were ready to go home but their families did not come to pick them up. This supports a previous finding that the process of returning home from a mental hospital or transferring is not an easy thing for patients and their families, especially for patients undergoing long-term treatment such as schizophrenia [27].

Another obstacle is the difficult behaviour of the patient towards the nurse. Previous of research has also found that the obstacles that direct violence from schizophrenic patients is part of the nurses' experience in taking care of them The violence includes beatings, being grabbed by the hair and being clawed. Violence is one of the serious consequences of mental disorders and results in self-harm, harm to the health workers and others due to uncontrolled emotions [28].

Health workers, especially nurses who work in psychiatric hospitals, often suffer violent behavior from mental patients. This is increasingly risky for nurses' work safety, because nurses are health workers who spend the most time with the patients. Health workers, especially nurses, are at risk of becoming victims of violence [29]. To overcome this problem, nurses need to understand and implement therapeutic communication strategies for mental disorder patients [30].

Cooperation between other health teams, nurses and patients' families is very important in overcoming the obstacles experienced by nurses in carrying out nursing care for mental disorder patients in both hospital and home. Therapeutic communication and the application of professional nursing care and understanding and acceptance of the patient's family as well as the community are crucial in supporting the quality of health care for patients.

4.3. Theme III Strategies for successful treatment of patients

Based on the results of the study, there are some strategies that nurses implemented for the recovery of schizophrenic patients. They devise a mental health nursing implementation guide for use as a reference when communicating therapeutically to clients with mental disorders [31]. From the results of the study, the participants used several implementation strategies to treat schizophrenic patients, including group activity therapy which is comprises four types of therapy: 1) from 1 to 7 socialization sessions, 2) self-care deficit activity therapy, 3) reality orientation groups ranging from time to place and person, and 4) for hallucinations, general group activity therapy and sensory perception. A nurse must be able to carry out group activity therapy appropriately and correctly [32]. Therapy is given in groups and continuously. In the case of schizophrenia, group activity therapy stimulates the perception of hallucinations [33].

One type of SOP (standard operating procedure) used is the implementation strategy of nursing actions on patients. Implementation strategy nursing action is a standard model of nursing care approach for clients with mental disorders, including patients who experience the main problem of hallucinations [34]. The implementation strategy includes patient and family and involves helping clients recognize hallucinations including content, the time when hallucinations occur, the frequency, triggering situations, and feelings when hallucinations occur. The strategy includes assessment of patient responses to hallucinations and training of patients to control hallucinatons by rebuking hallucinations.

Reference [35] found that the implementation strategy for hallucinating patients must be in accordance with the planned sequence, starting from building a trusting relationship, recognizing hallucinations, controlling hallucinations, encouraging patients to converse with other people and perform scheduled activities, explaining about drugs and applying the implementation strategy to the family.

The strategy for successful treatment of patients involves nurse cooperation, family support and focus on patients. The results of this study show that every nurse who treats schizophrenic patients applied teamwork in caring for schizophrenic patients. One of the activities was group activity therapy. Group activity therapy was carried out in collaboration with the rehabilitation room, where patients are taught to make handicrafts.

A group is a collection of individuals who have a relationship with one another, are interdependent and have the same norms [23]. Group activity therapy is one of the modalities of therapy performed by nurses on a group of patients who have the same health problem. Activities are used as therapy and groups are used as targets of care [36]. Group activity therapy aims to stimulate all five senses (sensory) in order to produce an adequate response. Group therapy is a method of treatment when the client is provided a certain time plan requiring client to make efforts to meet certain requirements. The focus of therapy is to develop self-awareness and improve interpersonal relationships [33].

According to [37] , 50% of chronic schizophrenic sufferers who undergo rehabilitation programs can return to productivity and are able to readjust to their families and communities. In line with this, Reference [38] explained that the role and support of the family are very important in the effort to heal people with hallucinations after being hospitalized. Participants in this current revealed that patients with mental disorders in psychiatric hospitals on average had relapsed repeatedly. This is due to the lack of family support, especially in conducting drug control at the polyclinic, as a participant explained. Furthermore, participants showed that while most individuals with schizophrenia healed, they did not entirely recover and had to continue taking medicine on a daily basis in order to avoid a relapse. Among the supporting elements for the patient's recovery are medication compliance and family support. Thus, the mental hospital visits the patient's home to assess his or her development and to present the family with an implementation strategy.

The successful approach for treating patients is to enhance the quality of nursing care, particularly for schizophrenia and mental disorder patients in general. Reference [39] shows that the provision of systematic, consistent nursing care for mental clients in hospitals is extremely successful. Some of the strategies that have been established to aid patients in the rehabilitation process include following the nurse's orders and

participating in various activities in mental institutions, such as group activity therapy. In addition, family support and medication monitoring are key components of a successful healing plan for schizophrenia patients [40]. Then, on a regular basis, nurses must teach families and patients with schizophrenia on how to take care of themselves, schedule medicine, and plan control visits to the psychiatric polyclinic so that patients may resume their normal activities when they return home.

5. Conclusion

The findings of this study show that hospital nursing care for patients with schizophrenia has not been executed optimally. For example, therapeutic communication with patients, where developing a trusting connection with schizophrenic patients is required prior to nursing care implementation is lacking. The application of group activity therapy, which is a routine therapy for patients with mental disorders, has not been optimally implemented by nurses due to lack of skills, and lack of cooperation from patients and families. The cooperation of other hospital health teams as well as the patient's family in order to administer nursing care in hospitals is essential because family support is crucial in the rehabilitation of schizophrenia patients. Family assistance is very important when the patient goes home to be monitored for medication. If medication is not managed by the family, it is extremely probable that relapses occur. The findings of this study indicate that nurses confront challenges when providing nursing care, especially rejection of patients with schizophrenia by their families who are distressed and embarrassed in front of the surrounding community. The lack of nurses' abilities in interacting with mental patients was another barrier to successful treatment of patients.

6. Recommendations

Cooperation between mental nurses and the health team, as well as involvement of families of patients with schizophrenic mental disorders, must be improved in mental health hospitals through planned and continuous communication about the patient's health until the plan to return home is in place. A team of professional nurses must continuously evaluate and examine the application of nursing care to mental clients in mental health institutions and when patients return home, in accordance with the most recent advancements in mental nursing science. The mental health hospitals need to provide opportunities for further short- and long-term training to nurses in psychiatric hospitals in order to raise their skills, especially in the implementation of nursing care to schizophrenia patients.

Acknowledgment

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