

THE ILUSTATION OF PHYSICAL HEALTH AND SCIZOFRENIA PATIENTS' INDEPENDENCE IN PERFORMING PERSONAL HYGIENE AT BALI PROVINCE'S MENTAL HOSPITAL

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Abstract

Not only mental problem do the schizophrenia patients suffer, but also physical problems. a quantitative descriptive with a cross-sectional approach model was hired in this research. This research employed 113 schizophrenia patients at the psykiatric hospital in Bali Province as samples with simple random technique. The instrument used to measure independence in performing personal hygiene was an observation sheet with Gordon's assessment scale and physical health assessment used an observation sheet, sphigmomanometer, scales and a meter to measure height. The results showed from the physical health assessment of the Body Mass Index in the most schizophrenia patients with a normal weight were 83 persons (73.5%), the thin patients were 12 persons (10.6%), More Body Weight were 5 persons (4.4%), obesity were 13 persons (11.5%), without concomitant diseases were 104 persons (92%), hypertension patient were 9 persons (8%). Independence in performing self-care were 69 respondents (61.1%) in the category of needing help, the majority of respondents were 79 respondents (69.9%), the category of needing assistance, self-care eating were 94 respondents (83.2%), the category of needing help, toileting were 70 respondents (62.0%), Independence in performing personal hygiene was at 64 respondents (56.6%).

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1. Introduction

Mental disorder in present time becomes main issue, is caused by some various factors such as: social, organic, nerve disorder in the brain. One of mental disorders that becomes main issue is *schizophrenia* which is a chronic mental disorder signed with positive and negative symptoms (Maramis and Maramis, 2009).

Schizophrenia is psychological disorder which becomes the first rank of the mental disorders in the world. Based on the World Health Organization 2006 data, it suggested that there be 21 millions of people in the world getting *schizophrenia* and the number of the patients were bigger than the previous year (World Health Organization and International Council of Nurses, 2007). The prevalence of *schizophrenia* in USA was reported that the range was 1 person of 10 000 persons in each year. There were 300 000 patients getting acute *schizophrenia* in each year (Yosep, 2009). The result of 2018 basic health research suggested that the prevalence of severe mental disorder in Indonesia reach 14 millions of people or 7 of 1000 people. The 2017 basic health research suggested that it be 400 000 people or 1.7 of 1000 people. According to 2013 basic health research, the

number of people getting *schizophrenia* in Bali reached the third rank by 2.3 in each mile. The number got increased in 2018 at 12 per mile. Therefore, Bali occupied in the first rank of *schizophrenia* prevalence in Indonesia. It indicated that *schizophrenia* in Bali got increase (Dinas Kesehatan Provinsi Bali, 2018).

Various issues will happen in *schizophrenia* such as the appearance of positive and negative physiological symptoms. *Schizophrenia* patients will experience hallucination, violence action, isolated, low self-care and many others (Maramis and Maramis, 2009). *Schizophrenia* patients get low self-care such as lack of interest to do self-care like bathing, dressing, eating and drinking (Direja, 2011).

Besides having problem in mental disorder, *schizophrenia* patients get physical problems caused by poor diet. The patients prefer consuming high fatty food, alcoholic drink and smoke (McNamee *et al.*, 2013). Besides physical problems caused by poor diet, they have disease such as cardio metabolic disorder which is also caused by the side effect of psychological medical therapy (Rummel-Kluge *et al.*, 2010) rumm. The patients also get abnormality in cardio vascular such as: dysglycemia, blood pressure

increase, high triglyceride, low HDL (Alberti, Zimmet and Shaw, 2006).

The research done by Andayani (2012) at specific hospital located in South Sulawesi province (Andayani, 2012). The result suggested the number of respondents who were given high self-care were 12 persons (20%) consisting of 7 persons (11.7%) with good personal hygiene and 5 persons with poor personal hygiene. Whereas, the number of respondents who were given low self-care were 48 persons (80%) involving 10 persons (16.7%) with good personal hygiene and 38 persons (63.3%) with poor personal hygiene (Andayani, 2012). The research done by Meisaroh suggested that almost half of all respondents had strong personal hygiene as many as 32 respondents (42.1%) (Meisaroh, 2014).

The research done by Hardani (2009) concerned to self-care such as: eating, bathing, toileting and personal cleanliness for *schizophrenia* patients in a hospital suggested that 38 % *schizophrenia* patients be categorized light dependence, 28% mild dependence, 13% severe dependence, 13% total dependence and 3% independence. The research done by Andayani (2012) suggested that the level of self-care ability such as bathing and dressing be 40.7% and need tools or equipment. Whereas, the ability of self-care such as eating and eliminating were 61% and 66.1%. The analysis result of general self-care ability grade were 37.2 % which needed tools or equipment and 35.6% needed other's assistance for control, observation and education. The research done by Jalil (2015) suggested that there be 114 persons (40.1 %) getting increase in self-care. The research done by Andini and Jayanti (2017) suggested the average physical health valued from cardio vascular health be 31.8 m/kg/minute. It indicates that it be enough category.

Based on Bali's mental hospital data in 2018, the number of mental disorder patients who got hospitalized in the mental hospital of Bali were 2736 persons. The patients who were diagnosed to have *schizophrenia* were the first rank, namely, 1259 persons. Previous research within the last 3 months suggested that patients diagnosed to have *schizophrenia* in Bali province's mental hospital in 2018 be 163 persons in October, 207 persons in November and 191 persons in December (Rekam Medik RSJ Provinsi Bali, 2018).

The result of interview done the writer in the room of Bali province's mental hospital in December 2018 involved 3 nurses managing *schizophrenia* patients with personal hygiene management. It suggested that *schizophrenia* patients be categorized enough cooperative. They took a bath, brushed teeth, combed their hair because they were forced by the nurses. Unfortunately, they always avoided taking a bath with any reason. The patients felt lazy to get dressed and sometime they peed in a place where they wanted. The observation done for 8 patients suggested that there be 1 patient categorized

independence, the patient could do self-care. 6 patients needed assistance and 1 patient was not able to do self-care yet. Another result found that 4 patients did not want to brush and soap whole the body with the soap. 6 patients were give assistance to match bottom their shirt, 2 patients peed in a place where they wished, 4 patients did not wash their hands if they were not instructed by the nurses. The patients also got physical health problems such as: anemia, hypertension and there were some patients having problem in their balance. There was no approach concerned to physical problems because the focus on the problem was only mental disorder management.

Based on such a explanation mentioned above, the writer feels interested in observing about physical health and independency of *schizophrenia* patients in managing self-care with personal hygiene at Bali province's mental hospital.

2. Methode

This research used quantitative descriptive with cross-sectional framework. The samples for this research were the *schizophrenia* patients who got problem in personal hygiene and they were able to do *bina hubungan saling percaya* (BHSP) at Bali province's mental hospital. The number of the samples taken for this research were 113 patients. The technique used to take sample was probability sampling, namely with simple random sampling. The tool used to measure independency in performing personal hygiene was by *lembar observation*, namely Gordon scale and to measure physical health with balance, height gauge, spigmanometer.

3. Results and Discussion

Characteristics of research subject

Table 1. Respondent Distribution based on The Characteristics of Research Subject at Bali Province's Mental Hospital

No	Characteristics	Frequency (f)	Percentage (p)
Components			
1	Late teens	13	11.5
2	Early adulthood	19	16.5
3	Late adulthood	30	26.5
4	Early elderly	15	13.3
5	Late elderly	18	15.9
6	Old age	18	15.9
Education			
1	Never schooling	1	9
2	Not elementary school	22	19.5
3	Elementary school	62	54.9
4	Secondary school	21	18.6
5	Senior high school	7	6.2
6	College	0	0

Job			
1	Private	13	11.5
2	Entrepreneur	8	7.1
3	Farmer	19	16.8
4	Labor	0	0
5	Jobless	73	64.5
The length of therapy			
1	1-42 days	81	71.7
2	42-104 days	32	28.3
3	105-180 days	0	0
4	> 180 days	0	0
Sex			
1	Men	60	53.1
2	Women	53	46.9
Total		100	100

The table above suggests that the character of research subject based on age, the most respondents reached late adulthood as many as 30 patients (26.5%). Based on education, the most respondents were elementary school as many as 62 patients (54.9%). Based on job, the most respondents before being hospitalized in mental hospital were 73 patients (64.5%). Based on the length of therapy, the most respondents were 1-42 days as many as 81 patients (71.7%). Based on sex, the most respondents were men.

Physical Health Distribution in *schizophrenia* patients

Table 2. Respondent Distribution Based on Physical Health Viewed from IMT and Comorbidities

No	Variable	Frequency (f)	Percentage (p)
IMT			
1	Thin	12	10.6
2	Normal	83	73.5
3	Over weight	5	4.4
4	Obesity	13	11.5
Comorbidities			
1	No diseases	104	92
2	Hypertension	9	8
Total		113	100

Table 2 suggests that the most index of body mass be normal as many as 83 patients (73.9%) and without comorbidities as many as 104 patients (92%).

Table 3. Respondent Based on Physical Health Viewed from Body Height, Body Weight and Blood Pressure

Variable	n	Average	SB
Body Height (cm)	133	159.97	5.73
Body Weight (kg)		53.45	8.52
Blood Pressure			
Diastole (mmHg)		97.29	8.10

Table 3 suggests that the average of body height be 158.97+73 cm, the average of body weight be

53,45 +52 kg and the average of blood pressure systole be 121.4 +- 14.7 mmHg while diastole be 79.29+-8.10 mmHg.

Distribution of Personal Hygiene in *schizophrenia* Patients

Table 4. Indicator distribution in *Schizophrenia* Patients at Bali Province's Mental Hospital

No	Indicator of Personal Hygiene	Frequency (f)	Percentage (p)
Bathing care			
1	Independence	10	8.8
2	Assistance	69	69.9
3	Dependence	34	30.1
Dressing care			
1	Independence	7	6.2
2	Assistance	79	69.9
3	Dependence	27	23.9
Eating and drinking care			
1	Independence	19	16.8
2	Assistance	94	82.3
3	Dependence	0	0
Toileting care			
1	Independence	43	38.1
2	Assistance	78	62.0
3	Dependence	0	0
Total		113	100

Table 4 suggests that the independency of doing self-care like bathing in *schizophrenia* patients be 69 respondents (61.1%), need assistance of dressing as many as 79 respondents (69.9%), need assistance of eating and drinking as many as 94 respondents (83.2%), need assistance of toileting as many as 70 respondents (62.0%).

Independency of Performing Personal Hygiene

Table 5. Dependence Distribution of Performing Personal Hygiene in *Schizophrenia* Patients at Bali Province's Mental Hospital

No	Independence of Performing Personal Hygiene	Frequency (f)	Percentage (p)
1	Independence	49	43.4
2	Assistance	64	56.6
3	Dependence	0	0
Total		113	100

Table 5 suggests that independency of performing personal hygiene in *schizophrenia* patients be as many as 64 respondents (56.6%) in which they needed assistance.

Physical health of *schizophrenia* patients at Bali Province's mental hospital.

Physical health can be valued by measuring one of components physical fitness by measuring body fat

mass through IMT (Nala, 2016). IMT can be valued by seeing the comparison between body weight and body height in meter. The average of body weight obtained from *schizophrenia* patients at Bali province's mental hospital was 53.4+-52 kgs and the average of body height was 158.97 +- 5.73 cms. The most IMT occurred in normal category as many as 83 persons (73.5%). The condition suggested that physical health be categorized normal. Other gap found was that 5 of 113 patients were overweight (4.4%) and 13 patients (11.5%) obesity. The number was associated with age, the patients who got overweight belonged to be late elderly and the patients who got obesity belonged to be late elderly and old age. The data prevalence suggested that normal body weight occurred in younger age, namely in adult and teens ages. The research thinks that as the age grows, the physical activity done gets decreased. It influences body mass index. The data were supported by the research done by Inandia (2012) which suggested that late elderly have bigger fat in the body than early elderly. The comparison of IMT viewed from sex factor suggested that men have normal IMT as many as 41 persons (36.28%) and women have normal IMT as many as 42 persons (37.17%). The comparison of obesity is that men reached 11 persons (9.73%) and the women reached 2 persons (1.77%). Those data were different from the research done by Fatmah and Nasution (2016) which suggested that women have bigger fat prevalence in the body than men do. The perception was caused by that the number of respondent observed were bigger in men than women. In addition, the numbers of rooms for men are more than for women provided by Bali province's mental hospital.

Data indicating historical disease suggested that 104 patients not have comorbidity and 9 patients have hypertension. From blood pressure point of view, the average of systole was 121.40 +- 14.7 mmHg, while diastole was 79.29 +- 8.10 mmHg. The data in general indicated that the *schizophrenia* patients belonged to be good condition.

Independency of performing personal hygiene in *schizophrenia* patients at Bali province's mental hospital.

Independency of performing personal hygiene can be valued by 4 aspects, namely: bathing, dressing, eating and drinking, toileting as well. The result of this research indicated that the independency of performing bathing care in *schizophrenia* patients mostly, namely 69 respondents (61.1%) needed assistance. It means that the patients performing personal hygiene needed control and guidance to take a bath. The patients were asked to brush whole the body with a soap, used towel after taking a bath. Those activities were observed by the research. When the patients took a bath, the equipment such as soap, shampoo and towel were prepared. When the patients took a bath, they could do themselves such as

splashing whole the body with water. However, when they used soap, they needed guidance because they used soap only certain part of the body such as hand and stomach. When the patients were not given guidance how to use soap, they would end they only splashed the bodies with water. In other word, the patients had to be given guidance how to use towel and brush teeth. Keliat (2006) suggested that the patients who get *schizophrenia* get declination in their lives. The symptoms can be seen from the loss of motivation and responsibility, prefer to be apathies, avoid doing any activities get problem in performance.

The research done by Andayani (2012) suggested that the ability of bathing care was the most as many as 40.7% respondents who needed assistance. The research done by Hardani (2009) suggested that the most ability of bathing care done by *schizophrenia* patients at Puskesmas Gombong II happen in mild dependency as many as 9 patients (28%).

Dependency of dressing in *schizophrenia* patients suggested that most respondents as many as 79 respondents (69.9%) needed assistance in which the patients needed observation and guidance from nurses in performing dressing care. Based on observation done by the research, when the patients finished taking a bath, they had to be guided how to wear dress and assisted to patch button of shirt. When the patients were not guided, they preferred using the previous shirt. The result of observation in women patients, when they dressed, they were given guidance how to wear dress, comb the hair, unless they combed the hair as they wished. However, in men patients, the guidance how to comb the hair was not needed because the average of the patients was bald.

According to Videbeck (2008), *schizophrenia* patients needed some assistance in performing self-care such as dressing because mental disorder like *schizophrenia* is chronic psychological disorder. Severe disorder could not perform self-care, disturbance in social interaction, behavioral disturbance, Loss of concentration and ignore them. Those symptoms influenced the performance of personal hygiene. The patients needed some assistance how to wear shirt, Nurjannah (2004) suggested that the disturbance in performing personal hygiene be caused by self-ignorance, self-underestimation. The research done by Andayani (2012) suggested that the most inability to perform self-care like dressing be found in respondents who required some assistance from others for observation, education as many as 24 persons (40.7%). The research done by Hardani (2009) suggested that the dressing activity for the patients at Puskesmas Gombong II be found at the biggest percentage, namely 38%. The patients belonged to be light dependency.

The research result of performing self-care such as eating and drinking in *schizophrenia* suggested that most of respondents as many as 94 (83.2%) be categorized as require assistance. It indicated that the

patients needed some observation and guidance how to wash hands before eating and wash the plate by themselves after eating. The observation result done by the researcher suggested that some patients be educated to be independent such as how to some rice for themselves in the kitchen under control. The patients were also guided how to sit properly when eating and to pray before eating.

Stuart (2016) suggested that lack of self-care such as eating become a problem that often happened in *schizophrenia* patients because of cognitive function disorder which caused inability to control and arrange the activity independently. The research done Meisaroh (2014) suggested that the ability level of self-care such as eating be various. Most respondents required tools or equipment as many as 36 persons (61%). That research was in accordance with the research done by (2011) in which suggested that most respondents get lack of self-care as many as 22 respondents (59.5%). The patients who did self-care still required control and guidance from nurses in performing self-care such as eating.

The research result relating to the independency toileting care in *schizophrenia* patients as many as 70 respondents (62.0%) suggested that most of the patients need assistant. They needed control and guidance from nurses concerned to toileting care especially in eliminating feces and urine in the toilet.

The research done Meisaroh (2014) suggested that almost half of *schizophrenia* patients have strong personal hygiene as many as 32 respondents (42.1%). Generally, the research suggested that most of the patients as many as 64 respondents (56.6%) need assistance. It was caused by low interest of doing daily activity such as bathing, eating and drinking, dressing eliminating feces or urine.

4. Conclusion

The physical health of *schizophrenia* patients from IMT point of view was the most in thin category as many as 83 persons (73.5%), without comorbidities as many as 104 persons (92.0%), the average of body height was 158.97 cms tall, the average of body weight was 53.45 kgs, the average of blood pressure systole was 121.40 mmHg and the average of blood pressure diastole was 79.29 mmHg. The independency of performing personal hygiene in *schizophrenia* patients such as bathing were 69 respondents (61.1%) needed assistance, dressing were 79 respondents (69.9%) needed assistance, eating and were 94 respondents (83.2%) needed assistance, toileting were 70 respondents (62.0%) needed assistance. Generally, the independency of performing personal hygiene in *schizophrenia* patients needed assistance as many as 64 respondents (56.0%).

5. Suggestion

Hospital side applies appropriate care such as personal and group therapies to reduce the

independent level of the patients in performing personal hygiene. The families of the patients are expected to concern to personal hygiene for the patients at their house.

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