



ORIGINAL RESEARCH PAPER

Psychiatry

DESCRIPTION OF FACTORS RELATED TO READMISSION RSJ PADANG WEST SUMATERA

KEY WORDS: (readmission, Non- compliance treatment, Family Burden, Family Support)

Erma Erfiana

Master Program of Nursing Faculty of Nursing Andalas University Limau Manis, Padang, West Sumatera, Indonesia

ABSTRACT

Readmission can occur in psychiatric patients in RSJ Padang West Sumatera is still very high, this can be due to various things, including lack of family support, burdened families, stigma that dihadapi family, even non-compliance treatment of patients. Readmission itself can improve the financing and quality of hospital services. The purpose of this study is to know the description of factors related to the incidence of readmission in mental disorders patients at RSB HB Sa'anin Padang. The type of this research is descriptive The sample in this study is 106 respondents sampling with the technique of purposive sampling, according to the inclusion criteria where the family who do readmission <1 month and ≥ 1 month in RSJ Hb Sa'anin. Data collection using questionnaire. It may be advisable for health professionals to improve in the provision of family therapy both generalists and specialists such as FPE and supportive family group therapy thereby reducing readmission to family members with mental disorders.

INTRODUCTION

The most severe mental disorders include schizophrenia, which according to WHO (2012), states that 24 billion people worldwide suffer from schizophrenia between the ages of 15 to 35 years. Schizophrenic cases are common and often repeated readmission with a 30-day return indicator (Heslin, Ph, Weiss, & Ph, 2015).

Prevalence of mental disorders in some countries experiencing readmission after 30 days of repatriation occurred in the United States, Japan and Brazil. Most unionized Americans are diagnosed with mood disorder and schizophrenia ranging from 12.6% (Heslin et al., 2015). Japan 62% Japan in 2014, prevalence of mental disorder with diagnosis schizophrenia 62% doing readmission (Shimada, Nishi, & Yoshida, 2016).

Readmission occurring in psychiatric patients 30 days post-discharge with the same diagnosis is a negative result for psychiatric patients (Shimada et al., 2016). This can occur many factors, among others, due to illness or recurrence, low social support, low family income, increased stigma accompanying schizophrenic patients (Simbolon, Teacher, Medical, Islam, & North, 2014), family inability to treatment of patients, disobedience of patients to the treatment that has been given from the hospital (Bodén, Brandt, Kieler, Andersen, & Reutfors, 2011), in addition, the family feels burdened in caring for family members with mental disorders (Zhou & Rosenheck, 2017).

Readmission is the main source of costs for the health system, where re-enrollment is specific to the hospital as an indicator of hospital performance that may impact on the quality of health services (Golmohammadi & Radnia, 2016). Community mental health services can be a solution for families by providing information and education through therapeutic communication, thereby increasing the ability of families to care for family members with mental disorders, thereby reducing the prevalence of hospital readmission in psychiatric patients (Kalseth, Lassemo, Wahlbeck, Haaramo, & Magnussen, 2016).

Based on the data of RSJ HB Sa'anin quality indicator report in 2017 related to Readmission event <1 month in the last 5 months including July 5.5%, August 6.0%, September 4.3%, October 5.7% and in November 5.6% , for the hospital after the Accreditation of Plenary Readmission <1 month with the indicator ie must be <5%. This study aims to determine the relationship of support and family burden with the incidence of readmission in mental patients in RSJ HB Sa'anin Padang.

METODA PENELITIAN

This research uses descriptive analytic design. Place of study at RSJ HB Sa'anin Padang. The variables are family support, family burden, medication disobedience, and readmission. The measuring instrument is said to be valid r count> r table and reliability when croncbach alpha> 0.6. The research respondents

were the families of patients who visited the RSJ HB Sa'anin Padang. Sampling with purposive sampling technique as many as 106 families who do readmission on family members with mental disorders.

Data collection was done with questionnaires guidance given to every family who visited RSJ either readmission <1 month and ≥ 1 month. question all questionnaires have been tested validity and reliability. Respondents are willing to participate in the research and sign the informed consent. Furthermore, the researcher gives opportunity to the respondents to fill out the questionnaire that has been provided, then seen the next completeness is done by the frequency picture analysis using SPSS 20 software.

RESULTS

Analisis Univariat

Characteristics based on the results of the study in which families with readmission family members who obtained from 106 respondents, showed almost half of elementary school education 34%.

Table 1: Description of Factors Associated With Readmission IN RSJ HB Sa'anin Padang Year 2018

No	Variabel	f	%
1	Non-compliance Treatment		
	Obedient	31	29,2
	Not Obey	75	70,8
	Family Suport		
2	Good	52	49,1
	Not Good	54	50,9
3	Family Burden		
	Weight	56	52,8
	Light	50	47,2

Based on table 1. The results showed that of 106 respondents, most recurrence was 73.6%, most of the non-compliance of treatment was categorized non-compliance 70,8%, half of family support categorized poor support 50,9%, most of family burden categorized weight 52 , 8%.

Table. 2 Frequency Distribution of Readmission Occurrences At RSJ HB Sa'anin Padang Tahun 2018

Readmission	F	%
Occurred: Readmission <1 bln	17	16
Not happening: Readmission ≥ 1 month	89	84
Total	106	100

Based on table 2. research results obtained that of 106 respondents revealed a small 16% of readmission events <1 month. From result of HB Sa'anin Readmission quality indicator <1 month after plenary with limit <5%.

DISCUSSION

1. Description Factors Associated With Readmission

Non-compliance Treatment With Readmission

The results of non-compliance treatment with readmission showed that 70.8% of patients were not adherent to treatment and 29.2% of patients were obedient to treatment.

Based on the questionnaire analysis that patients who are not adherent to treatment are almost completely 82.1% of patients feel bored to undergo treatment and take routine drugs, almost 84% of all patients forget to take medication, and almost 87.7% of patients on the go do not accompany to take medicine.

Noncompliance with treatment may occur in family members with mental disorders for patients who have health insurance may also occur, due to the individual itself relating to the perceived experience at the time of taking the drug (Erwina, et al., 2015).

Non-adherence to treatment that increases recurrence in patients can be affected by several factors such as those associated with patients who are bored of taking medication and forgetting to take medication, this can be improved with good family support, where this occurs almost entirely 84.9% of families it is unfavorable to help the patient to take medication and supervise medication actually taken by the patient.

Based on research conducted by Rawa, Felly. (2017) stated that a good family environment in providing support to family members with mental disorders is almost half that 44.4% of patients adhere to treatment. Patients who do not adhere to treatment can increase recurrence that can make the patient treated again if the family becomes a burden in caring for family members with mental disorders both objectively and objectively.

Family Support With Readmission

The results obtained from family support with readmission in family members with mental disorders where most of the 50.9% less good family support in caring for family members with mental disorders and almost half the 49.1 good family support on family members with mental disorders.

Based on the questionnaire analysis of poor family support to family members with mental disorder where almost all of 86.9% of families spend less time with patients to train patients routine activities at home so that patients are accustomed to do it and almost all 84.9% of families less help patients to take medicine and watching the drugs actually be drunk by the patient.

The lack of family support for the treatment of patients, causing most of the 70.8% of patients not adhere to treatment. The family is the power of home patients in a home patient care compliance approach in the prevention of recurrence, but this is little done by families for various reasons given the family (Tlhowe & Koen, 2016).

Various reasons put forward by respondents that nearly half of families work as farmers and Arisandy's research results (2014) show that most families working as farmers have a negative motivation in treating family members with mental disorders, this situation will cause the family less receptive patients of mental disorders, the family said better people with the disorder made its own place, instead of having to gather with the family it is also related to the psychological burden of the family, the family also thinks people with mental disorders post-care soul better in the hospital than the family gathered.

Family Burden With Readmission

The results of the study of family burden in caring for members with readmission where most of the 52.8% heavy family burden in caring for family members with mental disorders, and almost half the 47.2% small family burden in caring for family members with mental disorders.

Based on the questionnaire analysis the weight of the family burden in which almost all 87.7% of families said they felt

uncomfortable with family members with mental disorders, and almost 79.3% of family members' thoughts were always focused on sick family members, even with patient behavior change almost all 86.8% of the family's sleep is disturbed to be with family members mental disorder is also almost half the 45.3% of emotional changes in caring for family members with mental disorders.

The family burden that the family feels in caring for family members with mental disorders will have frequent readmission (Yu Yu, 2017), besides research conducted by Wang, Xia. (2017), suggested that a significant relationship of readmission levels for family members who feel a high emotional psychological burden in caring for family members with mental disorders compared with low-emotional caregivers.

Aside from the psychological burden of the family, the family relies on taking care of the family members with readmission, whereas based on the questionnaire analysis almost all 82.1% of families feel the financial burden of caring for family members with mental disorders, which is similar to the research conducted by Yu Yu. (2017), reveals that repeated readmission of 76% care giver senses the financial burden of financial problems.

2. Description Related Readmission Di RSJ HB Sa'anin Padang Tahun 2018

The results showed that the readmission occurred in family members with mental disorder in which the results of the analysis of 106 respondents, most of the family economic status is categorized as low 73.3%, most recurrence of 73.6%, also most of the family knowledge is categorized as low 72, 6%, most non-adherence treatment categorized non-compliance 70,8%, half of family support categorized poor support 50,9%, most of family burden categorized weight 52,8%, and most of 52,8% have heavy stigma against family member with mental disorders.

Readmission happened to family member with mental disorder where happened readmission <1 month and happened ≥ 1 month, readmission <1 month happened 16% where based on RSB HB Sa quality indicator, anin padang where after plenary must less than 5%.

Based on several factors influencing the increase of readmission <1 month in psychiatric patient where the influencing factor is heavy burden of family in caring for family member so that it can cause stigma in patient with mental disorder thus family give poor support to patient's medication compliance.

Treatment compliance can have an immediate effect on the immediate recurrence in psychiatric patients, whereby taking long-term medication that can make patients saturated, by harnessing the power of the family can be a valuable approach in treating patients for the prevention of patient recurrence (Yu Yu 2017).

CONCLUSION

Good family support will affect patient care compared to families who provide poor support. Improper family support for patients will affect patient non-compliance with treatment, lack of family support can also occur from a variety of reasons including the burden of caring for clients, stressful, stressful families, and low family understanding of how to care for family members with disorders soul even with heavy family burden will affect the family member with mental disorder so do readmission.

SUGGESTION

Community mental health services that can be done for the hospital can be a solution for families by providing information and education to the family through therapeutic communication through FPE therapy and family support group therapy, so as to improve the ability for families in caring for family members with mental disorders thus , the family will understand that treatment assistance in patients with disorders is so important that the family does not become a burden in caring for family members with

mental disorders so as to reduce the prevalence of readmission in the hospital in mental patients.

REFERENCES

1. Arisandy. (2014). Motivasi Keluarga Menerima Kembali Klien gangguan Jiwa Pasca Perawatan Di RSJ Dr. Radjiman Wediodiningrat Lawang 2012: Journal Keperawatan Jiwa
2. Bodén, R., Brandt, L., Kieler, H., Andersen, M., & Reutfors, J. (2011). Early non-adherence to medication and other risk factors for rehospitalization in schizophrenia and schizoaffective disorder. *Schizophrenia Research*, 133(1–3), 36–41. <https://doi.org/10.1016/j.schres.2011.08.024>
3. Erwina. dkk. (2015). Faktor - Faktor Yang Berhubungan Dengan Kepatuhan Minum Obat Pasien Skizofrenia Di RSJ HB sa'anin Padang : Ners Jurnal Keperawatan Volume 11, No 1, Maret 2015 : 72-78 ISSN 1907-686X
4. Golmohammadi, D., & Radnia, N. (2016). Int . J . Production Economics Prediction modeling and pattern recognition for patient readmission. *Intern. Journal of Production Economics*, 171, 151–161. <https://doi.org/10.1016/j.ijpe.2015.09.027>
5. Heslin, K. C., Ph, D., Weiss, A. J., & Ph, D. (2015). STATISTICAL BRIEF # 189, (13).
6. Kalseth, J., Lassemo, E., Wahlbeck, K., Haaramo, P., & Magnussen, J. (2016). Psychiatric readmissions and their association with environmental and health system characteristics : a systematic review of the literature. *BMC Psychiatry*, 1–9. <https://doi.org/10.1186/s12888-016-1099-8>
7. Rawa, Felly. dkk. (2017). Faktor - Faktor Yang Berhubungan dengan Kepatuhan Minum Obat pada Penderita Skizofrenia di Rumah Sakit JIWA PROF. DR. V. L. RATUMBUYSANG PROVINSI SULAWESI UTARA. Fakultas Ilmu Kedokteran: Jurnal Kesehatan Masyarakat
8. Shimada, T., Nishi, A., & Yoshida, T. (2016). ScienceDirect Factors Influencing Rehospitalisation of Patients with Schizophrenia in Japan : A 1-year Longitudinal Study. *Hong Kong Journal of Occupational Therapy*, 28, 7–14. <https://doi.org/10.1016/j.hkjot.2016.10.002>
9. Simbolon, J., Pengajar, S., Kedokteran, F., Islam, U., & Utara, S. (2014). STIGMA PADA KELUARGA DENGAN PERAWATAN, 3(2), 450–461.
10. Tlhowe, T. T., & Koen, M. P. (2016). Science Direct Strengths of families to limit relapse in mentally ill family members. *Health SA Gesondheid*, 22, 28–35. <https://doi.org/10.1016/j.hsag.2016.09.003>
11. Wang, Xia. dkk. (2017). Effect of caregivers' expressed emotion on the care burden and rehospitalization rate of schizophrenia.
12. World Health Organization (WHO) (2012). Schizophrenia. Diambil dari http://ww.who.int/mental_health/management/schizophrenia/en/
13. Yu. Yu. (2017). Reported family burden of schizophrenia patients in rural China
14. Zhou, Y., & Rosenheck, R. (2017). Author ' s Accepted Manuscript the year after hospital discharge . *Psychiatry Research*. <https://doi.org/10.1016/j.psychres.2017.01.036>