

Family Empowerment in Specialized Case Management of Social Isolated and Low Self-Esteem Clients Using Theories of Peplau, Henderson and King in Tulungagung

By Evi Tunjung Fitriani

Family Empowerment in Specialized Case Management of Social Isolated and Low Self-Esteem Clients Using Theories of Peplau, Henderson and King in Tulungagung

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ABSTRACT

Severe mental disorder not only affecting the individual client but also the family. Different family burden have been identified during providing nursing care to the mentally problem clients, including social burden which is called stigma. The family under stressful situation when taking care of the client for a long period of time required coping strategies either positive or negative. Coping strategies used by the family in caring for the client with mental problem would affect the different stage of clients' recovery. The purpose of this scientific paper was to describe the family empowerment in case management of social isolated and low self-esteem clients using the theories of Peplau, Henderson and King as an approach. Analysis of Cognitive Therapy (CT), Commitment Therapy (ACT) and Social Skills Training (SST) applied to 7 individual clients and Family Psycho Education (FPE) and Triangle Therapy were conducted to the clients' family. The result of family empowerment showed the improvement of family participation and client's ability in boosting self-esteem and social skill, to become more independent and productive.

Keywords:

Family empowerment
Low self-esteem
Social isolation
Family psycho education
Triangle therapy

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I. INTRODUCTION

The prevalence of severe mental disorder clients in East Java province is 1.6% with emotional disturbance rate (9.3%), this is the second highest after Central Sulawesi (11.6%). The survey results show that there is a tendency to increase the prevalence of mental disorder in East Java (1). The estimation of incidence of mental disorder client in Tulungagung City with population 981,403 (0,16%) that is 1,570, while in Kalidawir Village number of client of mental disorder in 30 people.

Severe mental disorders experienced by individuals will have a major impact on their lives, become unproductive and very dependent on the family and the people around him. The impact of this disorder causes the family to lose a lot of time to treat, emotionally and emotionally burdened, and social consequences of stigma. Discloses the condition of unproductive, unproductive clients causing stigma in society and even families and affecting stigma so that clients tend to experience low self-esteem and social isolation (2,3).

Severe mental disorders in addition to affecting themselves, also affects the family, and surrounding communities. Based on the research results Helena, we identified various family burdens in caring for clients with hallucinations, namely psychological burden, financial burden, problems in health facilities, social support, family support, and disappointment with the support giver. The stress experienced by the family in caring for a long-term mental disorder client will make the family use a very varied coping strategy, both positive and negative (4). The coping strategies used by the family in providing care to the client's mental disorders, varying impact on client's healing.

The family is the nearest source of coping with clients that can help clients deal with the problem. Socialization skills require support from families and the environment around clients to help clients retrain their abilities, and help clients get productive again, to improve their self-esteem (4).

In implementing case management of social isolation and low self esteem, the author looks at Family Empowerment and combines with the theory of Peplau, Virginia Henderson and Imogene King.

The peplau theory explains the process of relationship between nurses and clients starting from the orientation stage to the resolution stage. Henderson's theory sees the process occurring within the family due to the inability of the family to manage the existing resources in the patient, whereas with King's theory as a benchmark view as a support system, resources for clients (5,6). This research are using selecting a template. This template has been tailored for output on the A4 paper size. Maintaining the integrity of the spesifications. The head margin in this template measures proportionately more than is customary.

II. METHOD

Respondents were 7 clients (100%) mental disorder In Kalidawir Urban Village. This final scientific work is carried out with a pre-post test design to measure chronic low self-esteem signs and symptoms and social isolation, CT capabilities, SST and ACT clients. Sign and symptom variables are measured by checklist instruments with 'yes' and 'no' answers. Data is converted into instruments based on the evaluation format of each client's nursing care. The analysis is done by presenting the mean data, minimum-maximal value, and standard deviation.

III. RESULTS AND DISCUSSION

Decreased signs and symptoms of Low Self Esteem and Social Isolated in clients who are given CT, SST and ACT is better than those who only get Ct and SST. SST and CT lower signs and symptoms of low self-esteem. During the CT and SST processes, emphasizing disclosure of solutions, identifying client resources and re-training so that clients are able to integrate the need for collaboration, self-empowerment and others, enhancement of interpersonal relationships .Find that ACT improves client engagement in identifying abilities after training helps clients optimize the results of psychotherapy.

Table 1 Decrease of symptoms Low Self Esteem after given CT,SST,ACT

	Ability of the client	Mean	Min	Max	St. Dev
Change Sign and Symptoms in client with CT, SST and ACT (n=3)	Before FPE & TT	30,7	18	26	6,027
	After CT+SST+ACT	7,3	0	22	12,701
	Score difference	23,4	18	4	-6,674
Change Sign and Symptoms in client with CT, and SST (n=4)	Before CT + SST	33,5	31	35	1,914
	After CT + SST	8,5	0	13	5,802
	Score difference	25	31	22	-3,888
Change Sign and Symptoms in client with FPE and TT (n=4)	Before FPE + TT	33,7	30	37	2,986
	After FPE + TT	10,7	0	22	8,995
	Score difference	23	30	15	-6,009
Change Sign and Symptoms in client with FPE and TT (n =3)	Before FPE	30,3	25,0	35	5,033
	Ater FPE	4,3	0,0	13	7,505
	Score difference	25,7	25	22	-2,472

Table 2 Decrease of symptoms Social Isolated after given Family Psychoeducation (FPE) & Triangle Therapy (TT)

	Ability of the client	Mean	Min	Max	St. Dev
Change Sign and Symptoms in client with FPE and TT (n=3)	Before FPE + TT	23	18	28	5,000
	After FPE + TT	1,7	0	5	2,886
	Score difference	21,3	18	23	2,019
Change Sign and Symptoms in client with FPE and TT (n=4)	Before FPE	24,7	23	26	1,500
	After FPE	5,3	0	15	7,088
	Score difference	19,4	23	11	-5,588

Decreased signs and symptoms of Social Isolated & Low Self Esteem and also occurs in clients who are given FPE and Triangle Therapy. Family therapy can help families perform roles and functions against family members who are experiencing health problems. Comprehensive nursing care increases family empowerment. Family therapy can improve family friendliness and attitudes, actions and family acceptance of clients. Optimal family empowerment, resulting in maximum care for clients.

During the CT and SST process, the writer applies the Virginia Henderson model by emphasizing expressing solutions, identifying client resources and re-training so clients are able to integrate the need for collaboration, self-empowerment and others, interpersonal relationship enhancement using stories as the basic force. The results of found that involvement.

The client in identifying the abilities he possesses after the exercise helps the client optimize the results of the given psychotherapy. One of the roles and functions of the family is to provide affective function to fulfill the psychosocial needs of family members in giving affection. Family support is the attitude, action and acceptance of the family to the sufferer (client) (7). The function and role of the family is as a support system in providing relief and assistance for members of his family who have mental disorders. With the optimal family empowerment, will get the results of maximum care for clients mental disorders (8). The existence of communication disturbances between family members may affect the support provided to clients. Providing a triangle therapy approach during the exploitation phase of the family, can help improve communication between family members through conflict resolution efforts that occur in the family so that triangulation does not occur (9). This can overcome the authors' barriers in providing family psychoeducation.

IV. CONCLUSION

The existence of communication disturbances between family members may affect the support provided to clients. Providing a triangle therapy approach during the exploitation phase of the family, can help improve communication between family members through conflict resolution efforts that occur in the family so that triangulation does not occur. This can overcome the authors' barriers in providing family psychoeducation. Precipitation factors causing chronic low self-esteem and social isolation are most commonly found in the biological aspects (with Low Self Esteem and history of mental disorders). The origin of the stressor is mostly internal. The most common predisposing factors found in chronic low self-esteem clients and social isolation are biological aspects (drug dropouts). The assessment of stressors on chronic low self esteem clients is largely cognitive response is failing and useless, unable to perform daily activities.

Changes in chronic low self-esteem symptoms, in 3 clients receiving CT, SST and ACT of 21.3 (92.6%) of the 23 signs and symptoms of chronic low self-esteem found, while signs and symptoms of social isolation decreased by 23, 4 (75.4%) of 31 signs and symptoms of social isolation found. Changes in chronic low self-esteem symptoms, in 4 clients whose families received FPE and Triangle Therapy of 22.6 (89.3%) of 25.3 signs and symptoms of low chronic self-esteem were found, while signs and symptoms of social isolation decreased by 25 (74.1%) of 34 signs and symptoms of social isolation were found. The success of case management on client mental disorders in the community, not only determined by individual therapy given to the client, but also how nurses CMHN, mental health cadres and family in particular able to be a good support system for clients, so that care nursing on clients mental disorders provided holistically and comprehensive.

V. ACKNOWLEDGMENT

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Thanks to public health office, which has facilitated this research. According to this research, it is advisable to: increasing the continuity of the optimal family empowerment and comprehensive cooperation with health workers in the local area, either mental health cadres, nurses or doctors, will obtain maximum care results for clients mental disorders. It is also necessary to educate the surrounding community about mental health so as to minimize stigma against the client's mental and family disorders, so that the family will be more open with the psychological problems experienced by his family, not afraid of labeling, which makes the high number of clients mental disorder. and is expected with the public able to accept clients mental disorder who are in the rehabilitation phase, client mental disorders able to survive, re-productive and not become a lifetime family burden

VI. REFERENCES

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