

Family Support and Client's Ability to Control Hallucinations: A Cross-Sectional Study

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Abstract

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Background: The high number of hallucinations encourages individuals to be able to recognize hallucination symptoms so that early detection can be known immediately, one of the factors that can create individual coping with hallucinations is the support of family, so the family should be more involved in every nursing action for mental disorders.

Objective: The purpose of the study was to determine the relationship between family support and the client's ability to control hallucinations in the Work Area of the Minasatene Health Center, Pangkajene Regency and the Islands in 2024.

Methods: This study used an analytical descriptive design with a cross-sectional study approach.

Results: The results of this study show that there are less than 18 clients who have family support, of which 72.2% are unable to control hallucinations and 27.8% are able to control hallucinations, while clients who have family support are quite 28 clients, of which there are 25.0% who are unable to control hallucinations and 75.0% who are able to control hallucinations. The results of the statistical test with *Chi-square* obtained a value of $p=0.004$.

Conclusion: The conclusion in this study is that there is a relationship between family support and the client's ability to control hallucinations in the Minasatene Health Center Working Area of Pangkajene and Islands Regency in 2021. For this reason, it is hoped that the patient's family needs to increase their concern in providing positive and consistent support to clients to carry out intense control.

Keywords: Client's ability; family support; hallucination

Introduction

The process of globalization and the rapid advancement of information technology have an impact on social and cultural values in society. Not everyone has the same ability to adjust to various changes, as well as process conflicts and stress, stressors that are the impact of mental problems on individuals. If the individual cannot cope adaptively, then the individual is at risk of experiencing mental disorders. Mental disorders in the world are serious problems that need attention because of the high number of sufferers (Rahmadani, 2017). The high incidence of hallucinations encourages individuals to be able to recognize hallucination symptoms so that early detection can be known immediately. A person is called hallucinating when he sees, hears, feels, or smells a scent that does not actually exist, these things are only in their mind. People with hallucinations often have a strong belief that what they are experiencing is a real perception so that it often causes problems in daily life. People who hallucinate may also be able to have deviant behavior (Andri, 2016). A whisper heard by a murderer may fall into the category of hallucinations. In schizophrenia patients, auditory hallucinations can usually be instructive or commentary about the patient, for example, most often the patient says that there are voices in his ear that say something about the patient, comment about the patient or just like a radio broadcast without having anything to do with the

patient. Hallucinations that are instructive can make the patient do something he does not want and it cannot be held back by the patient. Often psychiatrists need to ask in detail about this hallucination problem because it can often harm the patient and his environment, for example telling the patient to do bad deeds (Mulyono et al., 2017). One of the factors that is able to create individual coping with hallucinations is the existence of family support, lack of family support for patients with mental disorders, especially hallucinations, will affect the psychosocial state because the client is considered no longer needed and independent of the internal family and society. This condition will affect the rate of recurrence for clients, therefore individuals are an integral part of the family, so the family should be more involved in every nursing action for mental disorders (Mulyono et al., 2017).

Family support is very important for the treatment of patients with mental disorders, because in general, clients with mental disorders cannot manage and know the schedule and type of medication to be taken. The family must always guide and direct so that clients with mental disorders can take medication correctly and regularly (Karmila et al., 2016). Family support consists of verbal and non-verbal information or advice, real assistance or actions provided by social closeness or obtained because of their presence and have an emotional benefit or behavioral effect on the recipient. The goal of the family or social support process that affects the emotional and behavioral of the individual is a factor that can form individual coping to deal with hallucinations (Esmiati & Kusumadewi, 2017). Based on the theory above, this is strengthened by the research of Wigati (2016), by taking place in the Psychiatric Polytechnic of Dr. RM Soedjarwadi Hospital in Central Java Province with the results of the study that family support is not related to the level of the client's ability to control hallucinations. However, this is different from the results of a study that found a relationship between family support and the patient's ability to control hallucinations at the Psychiatric Clinic of Grhasia Hospital Yogyakarta. Therefore, the two researchers assumed that a new study related to the relationship with the two variables is needed to find a related analysis to explain the determinants of acceptance of the hypothesis of family support and the individual's ability to control hallucinations.

Schizophrenia is a chronic and severe mental disorder that affects 20 million people worldwide. Schizophrenia is characterized by distortions in thinking, perception, emotions, language, sense of self and behavior. Worldwide, schizophrenia is associated with considerable disability and can affect educational and employment performance. People with schizophrenia are 2-3 times more likely to die earlier than the general population. This is often caused by preventable physical diseases, such as cardiovascular disease, metabolic disease, and infection (WHO, 2019). Basic Health Research (RISKESDAS) 2018, shows that the prevalence of schizophrenia/psychosis in Indonesia is 6.7 per 1000 households, meaning that out of 1000 households there are 6.7 households that have household members (ART) with schizophrenia/psychosis (Ministry of Health of the Republic of Indonesia, 2019). South Sulawesi ranks 3rd in the province with a percentage of 0.26% of the number of severe mental disorders or psychosis/schizophrenia based on Riskesdas in 2013 (Hartanti, 2018).

The Working Area of the Minasatene Health Center in Pangkep Regency provides data on schizophrenia patients with hallucination symptoms in the last three years, where in 2022 the number of sufferers was 43 people, then in 2023 it increased to 88 sufferers and in 2024 it increased again to 96 sufferers. (Medical Records of the Minasatene Health Center, 2024). Looking at various problems in terms of quality and quantity in cases of schizophrenia with hallucination symptoms, then seeing the comparison between the explanation of theory and reality in the previous study, the researcher felt interested in conducting a study entitled The Relationship of Family Support with the Client's Ability to Control Hallucinations.

Methods

Study Design

This study uses an observational analytical research method with a cross-sectional study approach.

Samples

In this study, the samples were taken based on sampling techniques with the type of *total sampling*, namely the sampling technique where the number of samples is equal to the population, namely 46 samples (Sugiyono, 2017). The reason for taking the total sampling is because according to Sugiyono (2017), the number of the population is less than 100, so the entire population is used as a research sample. Inclusion criteria include patients who have a history of and/or are undergoing treatment with hallucination symptoms, patients who are cooperative to be used as respondents either through the BHSP process or directly and the patient's family who can provide good information about the support provided to the patient. And the exclusion criterion is that the patient and the patient's family are not cooperative as respondents.

Instruments

The questionnaire from family support was measured to contain as many as 29 statement items, using a *likert* scale. Questions no. 1-8 about award support, questions no. 9-14 about instrumental support, questions no. 15-21 about information support, questions no. 22-29 for emotional support. Each of these questions there are 4 alternative answers namely "always", "often", "sometimes" and "never". If answering "always" will score 4, answering "often" will score 3, answering "sometimes" will score 2, and answering "never" will score 1. The total score on this questionnaire is 1-116.

The questionnaire of the client's ability to control hallucinations cognitively and psychomotor was measured containing as many as 15 statement items, using *the Guttman scale*. The highest score is given 1 point, and the lowest score is given 0 points. The total score on this questionnaire is 0-15.

Data Collection

Identifying the research site and target population, submitting a letter of application for permission to conduct research in the Minasatene Health Center Working Area of Pangkajene and Islands Regency, after obtaining approval from the local area, the researcher will approach the prospective respondents and explain the purpose and objectives of the research. If the prospective respondent is not willing, then the researcher must respect the respondent's rights and after the respondent is willing, then the respondent is then welcome to fill out the questionnaire sheet.

Data Analysis

Univariate analysis was carried out on each variable from the research results. This analysis produces the distribution and percentage of each variable studied. Bivariate analysis was performed to see the relationship between the free variable and the bound variable using *the Chi-Square exact test*. The analysis is presented in the form of a 2 x 2 table with a significance level of $P = 0.05$.

Ethical Considerations

This research has gone through an ethical review process and obtained approval from the Research Ethics Committee (KEP) of the Muslim University of Indonesia (UMI) as a form of fulfillment of the principles of research ethics. The approval was marked by the issuance of an ethics graduation letter stating that this research was ethically feasible to be carried out.

Results

Based on table 1 data, it shows that out of 46 clients, the most clients are in vulnerable age 36-45 years as many as 17 clients (37.0%) and the least are in vulnerable age 46-55 years as many as 7 clients (15.2%). The gender characteristics of the most clients were women as many as 24 clients (52.2%) and men as many as 22 clients (47.8%). The most client education characteristics are high school with 27 clients (58.7%) and the fewest graduate with 4 clients (8.7%). The most client job characteristics are self-employed with 16 clients (34.8%) and the fewest are civil servants with 2 clients (4.3%).

Table 1. Distribution of Respondent Frequency in the Puskesmas Working Area Minasatene Pangkajene Regency and Islands

Characteristics of respondents	n	%
Age		
17-25 years old	10	21,7
26-35 years old	12	26,1
36-45 years old	17	37,0
46-55 years old	7	15,2
Gender		
Man	22	47,8
Woman	24	52,2
Education		
Elementary School	5	10,9
Junior High School	10	21,7
Senior High School	27	58,7
Graduate	4	8,7
Work		
IRT	9	19,6
PNS	2	4,3
Private employees	6	13,0
Self employed	16	34,8
Farmer	13	28,3
Total	46	100,0

Source: SPSS Processed Data, 2024

Univariate Analysis (Family Support)

Based on the data in table 2, it shows that out of 46 clients, 18 clients (39.1%) have insufficient family support and 28 clients (60.9%) have sufficient family support.

Table 2. Distribution of Respondent Frequencies Based on Support Families in the Work Area of the Minasatene Health Center Pangkajene and Islands Regency

Family Support	n	%
Less	18	39,1
Enough	28	60,9
Total	46	100,0

Source: SPSS Processed Data, 2024

Based on the data in table 3, it shows that out of 46 clients, 20 clients (43.5%) were unable to control hallucinations and 26 clients (56.5%) were able to control hallucinations.

Table 3. Frequency Distribution of Respondents Based on Ability Controlling Hallucinations in the Work Area of the Minasatene Health Center Pangkajene Regency and the Islands

The Client's Ability to Control Hallucinations	n	%
Unable to afford	20	43,5
Can	26	56,5
Total	46	100,0

Source: SPSS Processed Data, 2024

Based on table 4, it shows that there are less than 18 clients who have family support, where there are 13 clients (28.3%) who are unable to control hallucinations and 5 clients (10.9%) who

are able to control hallucinations, while clients who have family support are quite 28 clients, of which there are 7 clients (25.0%) who are unable to control hallucinations and 21 clients (75.0%) who are able to control hallucinations.

The results of the statistical test with Chi-square obtained a value of $p=0.004$, because the value of $p < \alpha$ (0.05), then an alternative hypothesis was accepted. Interpretation is that there is a relationship between family support and the client's ability to control hallucinations in the Minasatene Health Center Work Area of Pangkajene and Islands Regency.

Table 4. The Relationship of Family Support to Ability Clients Control Hallucinations in the Work Area Minasatene Health Center Pangkajene District and Islands

Family Support	The Client's Ability to Control Hallucinations				Total		P Value
	Unable to afford		Can		n	%	
	n	%	n	%			
Less	13	72.2	5	27.8	18	100.0	0.004
Enough	7	25.0	21	75.0	28	100.0	
Total	20	43.5	26	56.5	46	100.0	

Source: SPSS Processed Data, 2024

Discussion

Family Support on Hallucination Clients

Based on research carried out in the Minasatene Health Center Working Area of Pangkajene and Islands Regency, it shows that most of the respondents have sufficient family support as much as 60.9%. This can be because the family asks the client's opinion in determining the place to treat or have a health checkup, include the client in every family event, accept clients with all limitations, provide an atmosphere of calm and comfort to the client, explain to the client about the importance of activities for people with hallucinations, explain to the client about the importance of checking their health at the Puskesmas or Hospital, and often ask about complaints that are clients feel. In this study, there were also 39.1% who had less family support.

This is because the family does not listen to the advice given by the client, does not prepare special funds for the client's medical expenses, does not explain to the client about the importance of recognizing hallucinations, does not get full affection, and does not want to listen to the complaints that the client feels. The results of this study are in line with research conducted by Kusuma & Armiyadi (2017), which stated that most of the family support of patients with mental disorders has good family support. The family is the main support system that provides direct care to every client's (healthy-sick) situation. Therefore, family-focused nursing care not only rehabilitates clients but aims to develop and improve the family's ability to address health problems in the family. Gani (2019), explained that the family is a place where individuals start interpersonal relationships with their environment. The family is the primary education for individuals to learn and develop values, beliefs, attitudes and behaviors. If the family is seen as a system, then the disturbances that occur in one family member can affect the entire system. Mental health services are not lifelong clients but only facilities where clients and families develop the ability to prevent problems, overcome various problems and maintain an adaptive state. One of the causes of the recurrence of mental disorders is families who do not know how to handle the behavior of clients at home.

According to the researchers' assumption, the family is the most important part in helping a sick family. The family is used as a service unit because family health problems are interrelated with each other, affecting fellow family members and will also affect the families around them. Family support is one of the most influential supports in the healing process, and arouses the spirit to heal, but if family support is not provided optimally, it also affects the development of the client's health.

Client's Ability to Control Hallucinations

Based on research carried out in the Minasatene Health Center Working Area of Pangkajene Regency and Islands, it was shown that most of the respondents were able to control hallucinations as much as 56.5%. This can be because the client can name the way that has been used to overcome hallucinations, the client can name the activities that are usually done, the client can name two ways to control hallucinations, the client can name three ways to control and prevent hallucinations, the client can name five correct ways to take medication, and the client can mention the advantages of taking medication. In this study, there were also 43.5% who were unable to control hallucinations.

This is because the client has not been able to demonstrate hallucinations, the client has not been able to arrange a conversation schedule, and the client has not been able to mention the consequences of not taking medication. The results of this study are in line with research conducted by Ngapiyem & Kurniawan (2018), which suggests that most patients can control hallucinations. Individual therapy can affect the client's ability to control hallucinations. The implementation strategy of controlling hallucinations for individual therapy, in addition to the client being taught to control hallucinations, the family must also be taught about it. Purwanto (2015), explained that clients are said to have the ability to control hallucinations when they have cognitive, affective and psychomotor abilities. The client is said to be able to control the hallucinations if the client is familiar with the hallucinations he is experiencing, able to name the four ways to control hallucinations, able to practice the four ways that have been taught and perform exercises according to the schedule. The ability that the hallucinating client needs to have to control hallucinations is to reprimand, converse with others, engage in activities and obediently take medication

According to the researchers' assumptions, the client's ability to control hallucinations is a key success factor in the treatment of clients with hallucinogenic disorders. Clients controlling hallucinations have a lower risk of experiencing relapse.

The Relationship of Family Support to the Client's Ability to Control Hallucinations

Based on research that has been conducted in the Work Area of the Minasatene Health Center, Pangkajene Regency and the Islands, it shows that there is a relationship between family support and the ability of clients to control hallucinations in the Work Area of the Minasatene Health Center, Pangkajene and Islands Regency, because respondents with sufficient family support are more likely to be able to control hallucinations. The results of this study are in line with the research that has been conducted by Andika (2018), which stated that there is a relationship between family support and the patient's ability to control hallucinations in schizophrenia patients at the Integrated Mental Health Service Installation of Banyumas Hospital. Family support is very necessary and will be a very important factor for treatment and intervention efforts in controlling the problem of hallucinations, thus family support is needed by patients with hallucinations that can affect their psychosocial and mental status which will be shown by the expected behavioral changes to improve their health status. Sumah's research (2020) stated that the relationship between family support and the ability of schizophrenic patients to control hallucinations at the Maluku Provincial Hospital, where the better the family support, the schizophrenic patients, the more able schizophrenic patients can control hallucinations. A supportive family consistently has an impact on improving the patient's ability to control hallucinations, but if the family is unable to care for the patient, it will be difficult for the patient to control the hallucinations even to recover from them.

Family support is an external resource that can help individuals overcome a problem regardless of the form of support provided. Family support may explain why some people cope better than others when faced with the same stressful conditions. Family support is the availability of resources that provide physical and psychological comfort obtained through the knowledge that the individual is loved, cared for, valued by family members and is also a member of a group based on common interests. Forms of family support, including assessment support, informational support, instrumental support, and emotional support (Indriyani & Asmuji, 2014).

Support from families is very necessary in handling patients with mental disorders. Support from family is the most important factor in helping individuals solve problems. Family support will increase confidence and motivation to deal with problems and increase life satisfaction. In this case, the family must be involved in educational programs so that the family can meet the patient's needs, know when the family should seek help and support adherence to treatment. The role of the family that is still used in family nursing care is to know family health problems, make appropriate action decisions, provide care for sick family members, maintain or strive for a healthy home atmosphere and use existing health service facilities in the community (Dion & Betan, 2013).

According to the researchers' assumptions, family support has a significant relationship with the client's ability to control hallucinations. So, it can be concluded that the better the support of the hallucination client's family, the more able the client is to control the hallucination. The support of family or relatives is needed by the hallucination client to increase the client's motivation in the treatment of mental disorders because it can increase confidence and motivation to face problems and increase life satisfaction.

Conclusion

Based on the results of research and discussion on the relationship between family support and the ability of clients to control hallucinations in the Minasatene Health Center Working Area of Pangkajene Regency and Islands in 2024, it can be concluded that most of the hallucination clients in the Minasatene Health Center Work Area of Pangkajene Regency and Islands in 2024 have sufficient family support. Most of the hallucination clients in the Minasatene Health Center Working Area of Pangkajene Regency and the Islands in 2024 can control their hallucinations. There is a relationship between family support and the client's ability to control hallucinations in the Minasatene Health Center Working Area of Pangkajene Regency and Islands in 2024. It is expected that the next researcher will extensively examine other factors related to the client's ability to control hallucinations by using more samples and using different tests to obtain more significant results.

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