

Management of Occupational Hygiene Therapy on the Ability to Perform Self-Care on Deficient Self-Care Patients Who are Cared for in RSKD, South Sulawesi Province

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Abstract

Occupational therapy is a therapy that directs a person to participate in carrying out certain tasks that have been given or assigned, occupational hygiene therapy forms a person to be independent, not dependent on the help of others. So that clients with self-care deficits can do ADL such as eating, dressing, grooming, defecating, and getting pregnant independently. This study aims to determine the effect of occupational hygiene therapy on the ability to perform self-care for deficient self-care patients who are treated at RSKD, South Sulawesi Province. This research is a quantitative research with a quasi-experimental approach with pre-post test one group test which was conducted at the Hospital of South Sulawesi Province. The sample size in this study was 10 respondents. Based on the results of the study, it was found that the effect of personal hygiene occupational therapy on the ability to perform self-care in patients with self-care deficits, the p value of bathing needs: 0.004, the need to dress and dress = 0.004, eating and drinking = 0.004 and defecation = 0.006 using the Wilcoxon rank test. Occupational therapy needs to be applied to self-care deficit clients because this therapy teaches the introduction of existing abilities in a person so that clients can return to independence.

Keywords: Occupational therapy, Self-care deficits, Personal hygiene.

Introduction

Mental health is a feeling of being healthy and happy and being able to overcome life's challenges, being able to accept other people as they are and having a positive attitude towards oneself and others 1. About 35 million people affected by depression, 60 million people with bipolar disorder, 21 million affected by schizophrenia, and 47.5 million affected by dementia^{2,3}. In Indonesia, with a variety of biological, psychological and social factors with a diverse population, the number of cases of mental disorders continues to increase which has an impact on increasing the burden on the country and decreasing human productivity in the long term.

Riskesdas 2018 data shows the prevalence of mental emotional disturbance which is indicated by symptoms of depression and anxiety for ages 15 and over reaching around 14 million people or 6% of the total population of Indonesia. Meanwhile, the prevalence of serious mental disorders, such as schizophrenia, reaches around 400,000 people or 1.7 per 1,000 population^{3,4}. According to Riskesda in 2018, South Sulawesi was among the top five people with mental disorders after Aceh Province and the special area of Yogyakarta, the prevalence of mental disorders in South Sulawesi was 2.7 per thousand people with a female prevalence ratio of 7.4 compared to 4.5 for men. Mental disorders begin with unresolved stress, this condition is a physical and psychological reaction to any demands that cause tension and disrupt the stability of everyday life⁵. Continuous stress conditions will cause individuals to suffer from schizophrenia, which is a condition where there is a serious mental disorder characterized by decline in communication due to loss of contact with reality and deterioration in work functions, social relationships or self-care from the previous level⁶.

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Group activity therapy is carried out in a group manner, where each participant must have the same problem. While occupational therapy can be carried out in groups and individually so that the therapist can provide intervention to therapy participants in detail according to the needs of the client compared to using group activity therapy⁷. The further rehabilitation process in patients who experience cognitive decline, the inability to interpret stimuli so that reactions to stimuli are unnatural and who are easier to express feelings through activities and who are easier to understand the learning process in direct practice should be done individually⁸.

Materials and Method

This type of research is a quasi-experimental quantitative study with a one group pretest posttest design approach carried out in RSKD South Sulawesi Province with a sample size of 10 respondents who were taken using purposive sampling method.

Results

In this study using the Wilcoxon Runk Test with a significance level of $\alpha = 0.01$ this is because the observation data is not normally distributed which is determined by looking at the Shapiro-Wilk value of 0,000 so it does not meet the requirements for using the t test, if the p-value is obtained smaller than the α value, $p < \alpha = 0.01$ then H_0 is rejected or H_a is accepted. If the p-value obtained is greater than the value of α $p > \alpha = 0.01$, then H_0 is accepted or H_a is rejected. From the results of data processing carried out, it is presented in the form of demographic data on the characteristics of the respondents as follows:

Table 1. Distribution of the frequency of respondents based on education for deficient self-care patients who are treated at the Regional Special Hospital of South Sulawesi Province in 2020

Education Level	n	%
Basic	5	50.0
Junior high school	3	30.0
Senior high school	2	20.0
Total	10	100.0

From Table 1, it shows that the frequency of education of the most respondents was at the elementary level of education as many as 5 (50.0%) respondents and the least was in the high school education group as many as 2 (20.0%) respondents.

Table 2. Frequency distribution of respondents based on age in patients with deficit self-care who are treated in the ylang room at the Regional Special Hospital of South Sulawesi Province in 2020

Age	n	%
Early mature	3	30,0
Elder mature	6	60,0
Adult	1	10,0
Total	10	100.0

From Table 2, it shows that the age frequency of the most respondents is in late adulthood as many as 6 (60.0%) of respondents and the least in the early adolescent age group is 1 (10.0%) of respondents.

Table 3. Frequency distribution of respondents based on length of stay in clients with self-care deficits in the ylang room at the South Sulawesi Provincial Special Hospital in 2020

Length of stay	n	%
1 month	6	60,0
2 month	3	30,0
3 month	1	10,0
Total	10	100.0

From Table 3, it shows that the frequency of length of stay of respondents at most is in the length of stay of 1 month as many as 6 (60.0%) of respondents and the least is the length of stay of 3 months as much as 1 (10.0%).

Table 4. Frequency distribution of respondents based on the need for bathing before intervention in clients with self-care deficits in the ylang room at the Regional Special Hospital of South Sulawesi Province in 2020

Need for bathing before intervention	n	%
Fully assisted	7	70.0
Partially assisted	3	30.0
Total	10	100.0

From Table 4. The frequency distribution of respondents based on the need for bathing before the intervention in clients with self-care deficits in the cananga room of the Regional Special Hospital of South Sulawesi Province, showed that respondents who were less fortunate based on the need for bathing that were partially assisted were 3 (30.0%) of respondents and those who needed to be helped a total of 7 (70.0%) respondents.

Table 5. Frequency distribution of respondents based on the need for bathing after intervention in clients with self-care deficits in the ylang room at the South Sulawesi Provincial Special Hospital in 2020

Need for bathing before intervention	n	%
Partially assisted	2	20,0
Self	8	80,0
Total	10	100.0

From Table 5. Frequency distribution of respondents based on the need for bathing after the intervention. In the self-care deficit in the ylang room at the Regional Special Hospital of South Sulawesi Province, it shows that respondents who need bathing are partially assisted by 2 (20.0%) of respondents and those who need a bath who are able to independently as many as 8 (80.0%) respondents.

Table 6. Frequency distribution of respondents based on the need to dress and dress before the intervention in clients with self-care deficits in the Kenanga room at the Regional Special Hospital of South Sulawesi Province in 2020

The need to dress and dress before the intervention	n	%
Fully assisted	8	80,0
Partially assisted	2	20,0
Total	10	100.0

From Table 6, the frequency distribution of respondents based on the need to dress up and dress before the intervention for clients with self-care deficits in the cananga room of the Regional Special Hospital of South Sulawesi Province shows that respondents who are based on the need to dress and dress assisted by a total of 8 (80.0%) respondents and Partially assisted were 2 (20.0%) respondents.

Table 7. Frequency distribution of respondents based on the need to dress and dress after the intervention in clients with self-care deficits in the ylang room at the Regional Special Hospital of South Sulawesi Province in 2020

Dress up and dress after intervention	n	%
Partially assisted	5	50,0%
Self	5	50,0%
Total	10	100.0

From Table 7, the frequency distribution of respondents based on the need to dress up and dress after intervention in clients with self-care deficits in the ylang room of the South Sulawesi Provincial Special Hospital in 2018 shows that respondents who need to dress and dress are partially assisted and who are able to be independent as many as 5 (50, 0%) of respondents.

Discussion

Needs a Shower: From the frequency distribution of respondents based on the need for bathing before the intervention to deficient clients of self-care in the Kenanga Room at the Special Regional Hospital of South Sulawesi Province, it shows that respondents who are less fortunate based on the need for bathing who are partially assisted are 3 (30.0%) respondents. From the data, it was found that respondents were not able to apply bathing twice a day in the morning and evening, and were unable to brush their teeth at least 2 times a day. Meanwhile, respondents with the need for bathing were assisted by 7 (70.0%) respondents. From the data obtained, the client was unable to apply the need for bathing 2 times a day, using shampoo, and the client was also unable to brush their teeth at least 2 times a day.

The client's inability is because some clients are patients with social problems with social isolation so that the client is lazy to do activities, the client just lies on his bed so that other needs are not done. Clients need special guidance from officers to direct so that their needs can be met. From the frequency distribution of respondents based on the need for bathing after the intervention on self-care deficits in the cananga room of the Regional Special Hospital of South Sulawesi Province, it shows that respondents who need bathing are partially assisted by 2 (20.0%) respondents. This is because the data obtained by the client is not able to apply bathing 2 times a day, is not able to brush their teeth twice a day and is not able to prepare toiletries independently, so that respondents still need guidance in fulfilling their bathing needs. The inability of the respondent to apply a bath twice a day is supported by a feeling of laziness to take a bath, and the respondent feels that he does not need to take a shower in the afternoon because he does not have activities outside the room. In addition, the inadequate change of clothes available in the room makes patients lazy to take a shower because there are no changing clothes for the afternoon available after the patient has bathed.

Meanwhile, 8 (80.0%) respondents who need independent bathing have been able to take care of their bath needs, but there is one need that has not been able to be implemented, namely bathing 2 times a day in the morning and evening. Respondents only showered in the morning because they did not feel smelly and dirty. In addition, the unavailability of toiletries in the room such as soap, toothbrush, toothpaste, shampoo and towels makes patients lazy to take a shower in the afternoon. The condition of the fully closed bathroom makes it difficult for officers to guide patients in the bathroom as well as the number of bathrooms that do not match the number of patients so that it takes a long time to complete bathing activities for patients in the ward. While the client's toiletries are in the treatment room, this is because there are patients who cannot be oriented in terms of recognizing toiletries so it is dangerous if they are placed in the patient's room ward or in the bathroom. Based on the results of the study, it can be seen that schizophrenic clients who experience self-care deficits before doing activity therapy, the perception stimulation group is less able to perform personal hygiene care with an average value of 8.05. This is due to the lack of motivation given to clients regarding personal hygiene care to be done at any time so that clients think that personal hygiene care is not so important to him based on research conducted⁹⁻¹².

As a nurse, what you can do is discuss it with patients, check the needs of patient hygiene practices and provide accurate and adequate information to patients. This illustrates that the level of independence of the need for bathing after after occupational therapy with the partially assisted category has increased to the independent category, and overall assistance has increased to the partially assisted category. The increase in patient independence is due to the patient's concern for himself and because the patient's understanding of what has been taught by nurses and researchers so that it can be applied properly by patients. Needs to dress up and dress. From the frequency distribution of respondents based on the need to dress up and dress before the intervention, clients with self-care deficits in the recall room of the Regional Special Hospital of South Sulawesi Province, it shows that respondents who are based on the need to dress and dress assisted are 8 (80.0%) respondents.

The data obtained from respondents are not able to do the need to button and zip their own clothes and are unable to apply combing their hair, this is because

the client is still confused, unable to remember and restore the abilities he had before he was sick so that clients need special guidance from nurses or officers in the room. Meanwhile, the respondents who needed some assistance were 2 (20.0%) respondents, the client was only able to choose and prepare the clothes to be used, the suitability of clothes for the time, and to use sandals if they were prepared. The client's inability to fulfill other needs is influenced by the client's awareness that he has not fully recovered so that the client still sometimes experiences disorientation towards reality, so that the client needs special guidance from the nurse or officer in the room to restore his basic abilities. From the frequency distribution of respondents based on the need to dress and dress after the intervention in clients with self-care deficits in the Kenanga Room at the Regional Special Hospital of South Sulawesi Province, it shows that respondents who need to dress and dress are assisted in part by 5 (50%) respondents, the data is obtained that the client has not able to choose and prepare clothes to be used, and not able to adjust the clothes to be used with the time of use.

The client's inability to orientate towards reality is still lacking even though the client has received special guidance from a nurse or officer in the room, this is due to the length of time the client has had mental disorders, so it requires a long time and continuous guidance during rehabilitation. There were 5 (50.0%) respondents who had been able to be independent, the data was obtained that overall they were able to make grooming and dressing needs, but there is one need that has not been able to be applied, namely the mismatch between the clothes you want to use and the time. The need for clothes at the hospital is provided in the same container between one patient and another patient with a sufficiently minimal number of clothes, so that the patient is clothed with shared clothes, making it difficult to assess the patient's independence in sorting and wearing clothes according to time. In the activity of implementing occupational therapy, the researcher prepares his own clothes with several kinds of clothes which are then chosen by the patient so that the researcher can assess the patient's independence in terms of dressing, for the purposes of dressing the client is also in the treatment room. the recognition of dress up tools so that they are dangerous if placed in the patient ward.

The results of this study are in line with research conducted by Prasetyo, 2018 concerning the application of personal hygiene occupational therapy in

schizophrenic patients with nursing problems with self-care deficits at the Menur Mental Hospital, Surabaya. In 6 days, the client was cooperative, the appearance was neat, the client looked confident, there was eye contact, the client was able to self-care independently. So that the more frequent personal hygiene occupational therapy is done, the client will always be more accustomed to being independent in terms of self-care, especially in terms of appearance.

1. Needs to eat/drink From the frequency distribution of respondents based on the need to eat/drink before the intervention to clients with self-care deficits in the Kenanga room at the Regional Special Hospital of South Sulawesi Province, it shows that respondents who need to eat/drink who are assisted are 6 (60.0%) respondents from the data obtained by clients. unable to apply washing hands before eating and after food and taking food from the container and putting it in the mouth. Loss of memory and confusion that is felt due to mental disorders experienced causes a reduction in the patient's basic abilities in small things such as feeding food into the mouth, so that when the patient eats, the patient's food is scattered. Meanwhile, 4 (40.0%) respondents were partially assisted, the client was only able to take the food that had been provided by himself, eat in the space provided, and be able to chew the food. The client's inability to implement other needs such as washing hands is due to only one wastapel in the room, so it requires a long queue to wash hands, this causes respondents to be lazy to wait for washing hands besides the habit patterns that have been implemented make respondents accustomed to eating without washing their hands first .

Independence is the ability or situation in which individuals are able to manage or overcome their own interests without depending on other people. The independence of an elderly person can be seen from the quality of life itself, where the quality of life can be assessed by the ability to carry out daily activities. The independence referred to in this study is the independence of patients in taking care of themselves such as eating, dressing, defecating/urinating, and bathing in reaction with fellow patients. Occupational therapy or occupational therapy is the science and art of directing one's participation to carry out certain predetermined tasks. This therapy focuses on the introduction of abilities that still exist in a person, maintenance and improvement aims to form a person to be independent, not dependent on the help of others.

The purpose of occupational therapy is to restore mental function to create certain conditions so that clients can develop the ability to be able to relate to other people and the surrounding community, as well as restore physical function, increase movement, muscles, joints, and teach ADL such as eating, dressing, defecating and so on¹⁴⁻¹⁹.

By giving directions to clients to help adjust themselves, improve their abilities, provide various activities for clients to try to find out their mental and physical abilities, habits, social skills, direct talents and hobbies to be used after the client returns to the community, it is hoped that the client can become more independent. This study explains that self-care occupational therapy has a positive impact on changing the client's ability to meet daily needs independently, this is because okupai therapy focuses on routine problems carried out by respondents in the form of directions that are carried out repeatedly so as to help clients change their behavior from being unable to become independent. However, the application of this therapy must be done repeatedly in terms of direct guidance to patients. The facilities that support the implementation of this activity greatly contribute to the development of the respondent's capacity. So that consideration of facilities is very important before doing therapy to patients.¹⁹⁻²¹

Conclusion

1. The results obtained prior to occupational therapy show that most of the respondents were assisted partly in terms of bathing needs and overall assistance in terms of grooming and dressing needs, food/drinking needs and defecation needs.
2. The results were obtained after occupational therapy, most of the respondents were able to be independent in terms of bathing needs and eating/drinking needs and most of them were partially assisted in dressing and dressing and defecation needs.
3. There is an effect of occupational hygiene therapy with the ability to perform self-care for deficient self-care patients who are treated at RSKD, South Sulawesi Province.

Ethical Clearance: Obtained from the University of Islam Makassar ethical committee

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Conflict of Interest: Nil

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