SJIF Impact Factor: 3.458

WORLD JOURNAL OF ADVANCE HEALTHCARE RESEARCH

ISSN: 2457-0400
Volume: 2.
Issue: 4.
Page N. 53-58
Year: 2018

Original Article www.wjahr.com

# NURSE EXPERIENCES IN IMPLEMENTING CMHN (COMMUNITY MENTAL HEALTH NURSING) IN BANTUR DISTRICT OF MALANG REGENCY

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**Received date:** 23 April 2018 **Revised date:** 14 May 2018 **Accepted date:** 04 June 2018

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## ABSTRACT

**Background:** CMHN is part of one of Community Health Center development program. This program will be implemented if nurses are able to convince the relevant Office that the program is urgent to be implemented based on real data in the field. In 2011, a *Puskesmas* nurse found data gaps in the Health Office. The data in the report mentioned that there was no incidence of mental disorders in there. However, in the field, it was found many People with Mental Disorders (PWMDs) experiencing physical restraint or confinement (called *'pasung*' in Indonesia). Although nurses often encounter various obstacles because the program is still a development program, they can still persist with it. Currently, the program is still running and even becomes a pioneer in East Java Province. **Objective:** To explore in depth the meaning of nurse experiences when running CMHN program. **Methods:** Qualitative method with an interpretive phenomenological approach are used as the research design. The research also used in-depth interview technique with semi-structured interview guidelines as a data collection strategy. The researcher conducted data analysis using Intepretative Phenomenological Analysis (IPA). **Results:** The research found five themes; 1) Maximization of PWMD Health Degree; 2) Nurses' inner conflicts/dilemmas; 3) Nurse Motivation; 4) Obstacles faced by nurses; 5) Cross-sectoral cooperation in caring for PWMD. **Conclusion:** The themes of this study are a cycle of the implementation of CHMN program and can run continuously due to the commitment of nurses to treat PWMD.

**KEYWORDS:** Experience, CMHN, Nurse.

## INTRODUCTION

The cases of mental disorders experience a significant change, especially in developing countries (Keliat, 2011). Indonesia is a developing country, where the highest number of mental disorder cases is in rural areas (*RISKESDAS*, 2013). Negative stigma about mental disorders mostly occurs in rural areas and is associated with a growing culture in the area (Agusno, 2011). The negative stigma developing in society becomes one of the obstacles faced by nurses to do nursing care for PWMD. The current growing trend is the mental disorder treatment that focuses on community and family areas. Mental disorders can be prevented if a person in his family is able to get through the developmental stage and has positive coping in solving various problems of his life.

Community-based mental health program in Indonesia or the so-called CHMN (Community Mental Health Nursing) was initially implemented in Aceh after the Tsunami disaster in 2004, where many people were at risk of mental disorders due to PTSD (Mawarpury & Safrina, 2017). CHMN in Java Island began in 2009, precisely in Jakarta, due to the high prevalence rate of mental disorders (Winahyu & Wardani, 2014). Bantur District is the first area in East Java implementing CMHN program. The program was implemented on the initiative of a nurse whose heart was moved when he saw many PWMD roaming the streets, and due to the high number of PWMD physical restraint or confinement. However, the data of illness prevalence reported by the Health Office on mental disorders stated that there was no incidence of mental disorders (Soebagijoyono, 2017).

The real data of mental disorders in the field can be used by nurses as the basis for proposing the establishment of a mental health program to the Health Office (Soebagijono, 2017). *Puskesmas* has excellent programs, such as *KIA (Kesehatan Ibu Anak*) [Health of Mothers

and Children] and *PHBS (Pola Hidup Bersih Sehat*) (Healthy Clean Lifestyle), as well as mental health program that is still a developmental program. This developmental program will be approved by the relevant Office as long as the health team is able to provide real data in the field where the program is urgent to implement. And that is what the nurse successfully convinced to the Health Office based on the real data related to mental disorders so that CMHN program initially began to be implemented in 2011 and still running until today (Soebagijono, 2017).

In the course of CHMN program in Bantur District, the *Puskesmas* nurses often encounter several problems, such as the negative stigma developing in the community that complicates the nurses' approach to PWMD. The next problem is related to the program itself, where such a program is still a developmental program. Therefore, the funds obtained from the Office for implementing this program are very limited, and the nurses often use their own expenses for the operation of the program (Soebagijono, 2017). The implementing nurses of this program must also work hard because they are not only responsible for CMHN program but also many other programs.

CHMN program in Bantur District has been running for 7 years in which the number of nurses involved remains the same as the program started. The program is also increasingly recognized by the wider community and has been used as a pioneer for other *Puskesmas* (Community Health Centers) which also want to run such a community mental health program. Moreover, the nurses who implement this program should still hold on to continuously treat the PWMDs although the problems faced are not different from those occurring when this program was first started in 2011. Research of CHMN program implementation needs to be done to explore more deeply nurse experiences when running the mental health program.

## METHODS

### *Study design*

This research used qualitative research design with interpretative phenomenology approach. This interpretative phenomenology approach is based on philosophy from Heidegger which emphasizes that the phenomena experienced by individuals is not only described but also interpreted and the researchers are able to understand the phenomenon (Polit & Beck, 2012).

### *Research subject*

Characteristics were determined in the selection of participants according to the research objective (Polit & Beck, 2012). The participants selected in this research were nurses who conducted CMHN program since 2011 to 2018 and were willing to be involved in this research by signing the informed consent.

The sample of this study consisted of seven participants with the age range of 26-35 years old, 6 of which have D3 Nursing education background, the other 3 participants are in the process of continuing their study to Bachelor Degree (S1) of Nursing, and another one is a graduate of Bachelor Degree (S1) of Nursing. All the participants come from Malang Regency and reside in Bantur District.

### *Instrument*

The main instrument in this research is the researcher her self. The supporting instruments are paper media and electronic which is used to helpin taking notes and record the experiences conveyed by participants. The researcher used field notes to take notes on non-verbal communication and environmental situation which support the interview result. The supporting instrument used in this research is a sound recorder.

### *Data collection*

The data in this research are collected using in-depth interview technique with semi-structured interview guidelines. The strategy of data collection in this research are; (1) Researcher fosters a relationship of trust with participants, (2) The researcher explains the research objectives, research benefits, and research process of the participants, (3) After the participants agree, the participant signs the informed consent and makes an appointment for the interview, (4) Researcher prepares instruments for interview ranging from field notes and sound recorders, (5) Researcher begins to conduct interview with open questions in accordance with interview guidelines, and (6) During the interview, the researcher noted the participants' non-verbal and emotional responses.

### *Ethical considerations*

This research has been approved by Research Ethics Committee of Brawijaya University Medical Faculty with approval number: 07/EC/KEPK-S2/01/2018. The researcher highly values the dignity of the participants by maintaining the confidentiality of the participant's identity, confidentiality of data, respecting privacy and dignity, and respecting the autonomy of the patient. The researcher also pays attention to the welfare of participants by taking into the benefits (beneficence) and minimize the risk (non-maleficence) of the research process by paying attention to freedom from danger (free from harm), exploitation (free for exploitation), and discomfort (free from discomfort). In this research, the researcher keeps the principle of justice for all participants. The researcher received informed consent from all participants after the researcher gave an explanation of the purpose of the research, the research procedure, the time of the participant's involvement, the participant's rights, and the participation form in the research process.

***Data analysis***

The researcher transcribed word for word from interviews that were recorded and coded manually by the researcher. After data encoding, the researcher conducted data analysis using Intepretative Phenomenological Analysis (IPA) (Jeong & Othman, 2016). In the first step the researcher reread the transcript result until the researcher find information that has not been recorded in the initial reading. The researcher used different fonts or underlinings to identify information related to their research on each text. In the second step, the researcher indentified which theme appears by referring to the three types of comments that have been made in the first step. In the third step, the researcher looked for connection from the various themes that have been found and create a chart, so that the relationship to thetheme is obvious. In the fourth step, the researcher did a repetition from step one to step four for the next participant. In the last step, the researcher searches the patterns and relationships between cases and themes found.

***Trustworthiness***

Researcher conducted peer checking to preserve high credibility, which is can be done with panel discussions with experts to re-analize obtained data from this study (Afiyanti & Rachmawati, 2014).

## RESULTS

From seven participants, the researcher found five themes which is correlated with Nurse experiences in implementing CMHN in Bantur District 0f Malang Regency, there are:

**Theme 1: Maximization of PWMD Health Degree**

The participants, as nurses who are responsible for their work, were required to develop innovations in the mental health program. They also felt concerned about the PWMD situation and wanted them to have skills so that they can live independently, productively and mingle with the community.

*"we are encouraged to develop innovations, indeed..."* (P4).

*"As for the personal reason, of course, I want to help and rescue them as my fellow beings who can be said less fortunate. Yes, yes... I really want to help them. Through TAK (Group Activity Therapy), we can help them to be more productive because they are mostly in the productive ages. How can they do nothing in that age phase?" (P6).*

*"Yes, they must be productive as long as they are taught a skill that can make them able to create products which can be marketed so that they can earn money."(P1).*

**Theme 2: Nurses' Inner Conflicts/Dillemas**

Nurses are required to work accordingly with the decree of the Office. However, when directly dealing with mental disorder patients, the participants still felt the fear because patients with mental disorders are emotionally unstable and possibly endanger the nurse. Moreover, at the time of doing the nursing care, the participants experienced difficulties because some families did not allow the patients (PWMD) to be visited.

*"When going down directly to the field, having a face-to-face talk with them and doing a direct observation, I often have cold feet because I may be still strange to them. And, since we do not really yet know about them such as what the patient's history is like, whether they have ever done violent behavior or not. It is possible that they can suddenly offend us. We don't ever know what will happen, right?"(P3).*

*"At first, I was depressed because the way we approach people with mental disorders is really different from those suffering physically. That is why it takes more patience and time to persuade them to follow our instruction, so do when they should have some checks or controls. Yaa, of course, it needs big patience." (P4).*

**Theme 3: Nurse Motivation**

Nurse motivation comes from internal and external factors. In this research, the participant's internal factor was the commitment to run the program continuously. Meanwhile, the external factors were the existence of a figure of program leader who always gives spirit and way out of problems happened as well as the demand or responsibility of nurses to work in accordance with the decree to get a salary.

*"Oh no... No influence at all. Even, no such a thought has ever come to my mind. From my salary still amounted to IDR 500,000 to date, there is no any change. All is still the same. It has been my intent, insyaAllah." (P7).*

*"Yes, if we stop, the community automatically will complain to us..." (P7)*
*"First is because we are paid for that, hahaha... ee....(just kidding) because this is a developmental program of Puskesmas. But, above all, it is more because, hmm (thinking), because of Mr. X (P4).*

**Theme 4: Obstacles faced by nurses**.

Geographical conditions of rocky roads, long distances, spreading locations where people with mental disorders existed as well as negative public stigma regarding mental disorders made it difficult for the participants to approach the PWMD.

*"Well, the accesses are both pretty good and hard. Some are still made of stone and soil. The extreme ones are those to Bandungrejo and Sumber Bening." (P7).*

*"You will go up and down to mountains with rocky roads. This is truly struggling."(P3).*

*"If a person suffers a mental disorder, his family and society will definitely isolate him and they won't socialize with him. That is the difficult thing to do until now." (P7).*

**Theme 5: Cross sectoral cooperation in caring for a PWMD**

Cross-sectoral cooperation was conducted by the nurses to overcome obstacles occurring. The nurses invited health cadres, practical students, PWMD families, the community, and village apparatus to jointly care for PWMD.

*"And for the cross-sectoral cooperation, we also invited health woman cadres. The cadres, so far, are all women because they concurrently run two duties." (P4).*

*"Student actions such as TAK (Group Activity Therapy) or any others are also very helpful. That is indeed what students need. If there is no assessment from the beginning, they will know nothing, right?" (P7).*

*"Furthermore, cross-sectoral support is increasingly active because it may already be informed in the regency, in the province as well. They are also required to always get involved in every activity, either in Posyandu (Integrated Service Post) or in other programs such as exemption from 'pasung' or any others." (P4).*

## DISCUSSIONS

Mental health is a derivative program. Therefore, proposing this program requires the willingness of nurses in generating real data in the field showing that the problem is feasible to be handled (Winahayu & Wardani, 2014). In this research, the first data sought by the nurses were the incidence of *pasung* done by family members in rural areas. This is in line with the Basic Health Research or *RISKESDAS* (2013) data stating that the largest number of *pasung* cases occurs in rural areas. The phenomenon occurring in Bantur society supports the previous research results in which nurses try to find solutions to the problem by initiating to propose a mental health program or CMHN. *Puskesmas* nurses run CMHN program in accordance with the decree of the relevant Office, which is to care of PWMD (Act No. 36, 2009). One of the problems arising in the rehabilitation of PWMD is the negative stigma developing in society causing PWMD not acceptable to work in offices or other business entities. Most people still assume that PWMD will cause problems while working (Muhlisin, 2015). There often occurs a phenomenon in which one with a mental disorder has been declared cured and able to be productive but then the society still assume that he as the former PWMD will experience a recurrence which possibly affects its working environment (Purnama, 2016). Against this negative stigma, nurses should conduct a group activity therapy for PWMD with the aim to make them able to socialize and learn certain skills because such an environmental therapy is considered appropriate for PWMD healing (Ermalinda, 2015). The group therapy done by the *Puskesmas* nurses in PWMD is a modality therapy, in which all PWMD are gathered for skill provision. The nurses named this therapy as "*bengkel artis"* (artist workshop). This activity can be said to be successful with evidence of many PWMD are currently living independently and productively. Besides, the PWMD are also enthusiastic to participate in this therapy.

The implementers of CMHN program, both male and female nurses, experience the same problem, namely double roles (Sastrohadiwiryo, 2003). In addition to work as a nurse, they also serve as a family member at home, and when there is a problem, it will affect their jobs (Indriani, 2009). The other problem faced by nurses is dealing with routine in their work, and it causes physical, emotional, and mental stress which can lead to decreased productivity if left to continuously happen without any settlement (Rante, 2013). A person is said to have a role conflict if they get a contradictive role pressure from his family and his job at the office (Almasitoh, 2011). The problem of role conflicts leading to inner conflicts due to the double roles, serving as a nurse working with routine and family member at home, is definitely experienced by nurses. However, some nurses can still run CMHN program because of their strong commitment, and the nurse commitment is consistent with the commitment of CMHN program, which is to do care for PWMD on an ongoing basis (Andini, 2006).

Based on this research, in implementing CMHN program, the nurses have a figure who always gives motivation, support, and spirit every time they feel tired when treating PWMD. A leader who has a closeness with his subordinates will make a program can reach the target properly (Sulastri & Eryando, 2008). The way a leader leads and guides directly affect someone in carrying out his obligation to an organization (Koesmono, 2007). Another nurse motivation is that to care for patients is indeed their obligation for being paid as a nurse. One of the participants of this research stated that since the beginning of the program until now, although their salary has increased, their spirit remains the same. The participant's statement differs from that of Zenah (2014) stating that incentives affect the performance of nurses. Thus, it can be concluded that nurse spirit is not merely influenced by salary but also commitment.

The negative stigma developing in society is considered difficult for nurses to treat PWMD (Girma et al, 2013). This is supported by Bryrne's (2001) study explaining that this negative stigma can affect community behavior although it is not yet certain to be true. The influence of the stigma also has a direct impact on the quality of life of PWMD (Yanos, 2001). The other obstacle encountered by nurses in running CMHN program is the locations of PWMD (Stuart, 2016). The statement is consistent with the result of this research indicating that

the nurses experienced difficulties when visiting PWMDs due to difficult geographical conditions, such as rocky and slippery roads during rain. The difficulty was felt mainly by the female nurses.

CMHN is a community-based mental health program, therefore it will involve all elements of society to achieve the goal (Marchira, 2011). Cadres are people who are trained to perform treatment on PWMD, under the program of CMHN. Kurniawan et al (2017) explained that the cadres of mental health have a feeling of compassion for PWMD, and are glad to be given the opportunity to help treat PWMD. The steps taken by the *Puskesmas* nurses of Bantur when running CMHN program by involving the government apparatus including the heads of *RTs*, *RWs*, and Villages are considered appropriate. If the government apparatus is given education related to mental health and then they share their knowledge to the society, the society will implement it and the negative stigma of mental disorders developing in the society will be reduced (Muhlisin, 2015). This cooperation is considered effective because the community and family of PWMD more trust the influential figure in the community, rather than nurses who are not every day meeting with the community.

## CONCLUSIONS

The interrelationship between the themes explained above is a continuous cycle of CMHN program implementation and is based on the commitment of nurses to improve PWMD health status.

The results of this research indicate that the biggest obstacle of nurses in doing mental nursing care for the community is a negative stigma about mental disorders, and to overcome the negative stigma needs community-based nursing care in which the intervention collaborates with community leaders.

The results of this research can provide the following information for further research: Quantitative research is needed to analyze the dominant factors associated with nurse resilience in implementing CMHN program. Ethnographic Qualitative research is needed to observe nurses while performing nursing care in community areas.

## ACKNOWLEDGEMENTS

I would like to thank the participants of the research especially to the CMHN program leader in Bantur, and all those who have helped complete this qualitative research.

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