

The Relationship of Health Professional Support to the Quality of Life of *Schizophrenia* Patients Hospitalized at Mutiara Sukma Mental Hospital NTB

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ABSTRACT

Schizophrenia is a severe mental disorder characterized by distorted reality, delusions, hallucinations, and disruptions in thought processes and content. According to the 2018 National Basic Health Research (*Riset Kesehatan Dasar: Riskesdas*) data, schizophrenia remains a challenge in Indonesia, and West Nusa Tenggara (NTB) ranking third after Bali and the Special Region of Yogyakarta (DIY). The impact of schizophrenia on patients' quality of life is significant, particularly regarding the support provided by healthcare professionals, especially during inpatient care. This study explored the correlation between healthcare professionals' support and the quality of life of inpatient schizophrenic patients at RSJ (*Rumah Sakit Jiwa: Mental Health Hospital*) Mutiara Sukma, NTB. Validated and reliable questionnaires were used for data collection using an observational analytic design with a cross-sectional approach. The sample comprised 73 respondents, selected through simple random sampling. The collected data underwent analysis using the Spearman rank correlation test. The findings of this study indicate a predominantly high level of support from healthcare professionals, with 46.6% reporting a good quality of life. Notably, a significant relationship was observed between healthcare professionals' support and the quality of life of hospitalized schizophrenic patients at RSJ Mutiara Sukma, NTB, with a P-value of 0.00 and a correlation coefficient of 0.624. In conclusion, this study confirms a direct relationship between healthcare professionals' support and the quality of life of hospitalized schizophrenic patients at RSJ Mutiara Sukma, NTB.

Keywords: Health Workers' Support; Quality of Life; *Schizophrenia*.

INTRODUCTION

Schizophrenia, or psychosis, is a severe mental illness marked by an individual's altered perception of reality, accompanied by delusions, hallucinations, and disruptions in thought processes (Brannan et al., 2021; Carpenter, 2016; Chan, 2017; Koblan et

al., 2020). It is a highly concerning condition in society due to its potential long-term impact, including the persistence of disability and the risk of severe mental impairment (Marwick, 2018).

Discussions surrounding mental disorders seem to form an ongoing loop

without a clear resolution. To this day, mental disorders persist as a significant issue, both on a global and national scale, encompassing a range of psychiatric problems and disorders. This notion is reinforced by prevalence data indicating that mental disorders remain among the top five global health concerns, alongside cardiovascular diseases, neoplasms, maternal and neonatal issues, respiratory infections and tuberculosis. When considering *years lived with disabilities* (YLDs), mental disorders hold the highest rank globally, including in Southeast Asia. It was estimated that in 2108 a staggering 450 million individuals worldwide were affected by mental disorders, including schizophrenia 2018. Specifically, according to World Health Organization (WHO) data from 2019, approximately 20 million individuals worldwide grappled with schizophrenia (Nugraha K.W. et al., 2022)

Nationally, based on RISKESDAS data for 2007, the prevalence rate (per 1,000) of households with schizophrenia or psychosis in household members (*Anggota Rumah Tangga: ART*) in West Nusa Tenggara (NTB) ranks 4th after the Special Capital Region (*Daerah Khusus Ibukota: DKI*) Jakarta, Aceh, and West Sumatra, with a percentage reaching 9.90, which was much higher than the national percentage at that time, which was 4.60. Meanwhile,

RISKESDAS data for 2013 showed that NTB ranks 8th after the Special Region of Yogyakarta (*Daerah Istimewa Yogyakarta: DIY*), Aceh, South Sulawesi, Bali, Central Java, East Java, and Bangka Belitung, with a percentage reaching 2.20, which is much higher than the national percentage at that time, namely 1.70. The data shows that the total population in Indonesia is around 236 million, with 68% of them experiencing schizophrenia. Then the latest RISKESDAS data for 2018 shows that households with mental disorder schizophrenia or psychosis in NTB are in third place after Bali and DIY, with a percentage reaching 9.60, which is certainly much higher than the percentage nationally (Indonesia) at that time, which is 6.70. This data shows that 1.8 per 1,000 Indonesian population have experienced schizophrenia (Nugraha et al., 2022; RISKESDAS, 2013, 2018; WHO, 2019).

In West Nusa Tenggara, according to the 2019 annual report of Mutiara Sukma NTB Mental Hospital (*Rumah Sakit Jiwa: RSJ*), the highest prevalence of mental disorders observed among inpatients and outpatients is under code F2, which includes schizophrenia, schizotypal disorder, and delusional disorder. The total number of inpatient visits for this category was 1,059 (73.39%), while outpatient visits

amounted to 11,019 (36.04%). Similarly, in the 2020 annual report of RSJ Mutiara Sukma, the highest prevalence remained under code F2, with 952 (71.69%) inpatient visits and 9,839 (33.13%) outpatient visits. The data indicates a decrease in the number of schizophrenic patients, both inpatients and outpatients, between 2019 and 2020. However, based on preliminary studies conducted in 2022, the data shows an increase in hospitalizations, with a total of 1,360 inpatient visits for code F2, of which 811 were specifically related to schizophrenia and related disorders. This increase in hospitalizations can be attributed to various factors, including the impact of the Covid-19 pandemic and the implementation of service restrictions to control the virus's spread. Additionally, the establishment of a tiered referral system through a collaboration program with the Health Social Security Administering Body (*Badan Penyelenggara Jaminan Sosial: BPJS*) has also influenced patient data (EVI KUSTINI SOMAWIJAYA, 2019; KEMENKES RI, 2020; Mutiara Sukma, 2020; WHO, 2020).

The global and regional data confirm the ongoing issue of high schizophrenia prevalence. Therefore, one of the primary objectives in treating individuals with schizophrenia is to enhance their quality of life (Pietrini,

2019). Numerous factors and domains influence the quality of life for these patients. Among them, the support provided by healthcare professionals within the environmental domain plays a crucial role in addressing health and social concerns, particularly during hospitalization in which the healthcare workers interact and supervise the patients (KEMENKES RI, 2014; WHO, 2012). According to Barnett (2018), adequate support from healthcare workers reduces the recurrence rates in schizophrenic patients. However, inadequate support leads to higher recurrence rates, linearly affecting the patient's quality of life. Consequently, the support provided by healthcare workers is of utmost importance as they serve as a bridge to fulfil the patient's needs and facilitate their treatment.

Healthcare professionals offer various forms of support to patients, including informational, physical or instrumental, assessment, and emotional support. Informational support from healthcare workers aids patients in receiving relevant information, suggestions, or feedback about their condition (Azizah Arumsari, 2018). However, Fakhriyah et al. (2020) research reveals that the lack of effective therapeutic communication between healthcare workers and patients can contribute to patient relapse, particularly

during hospitalization. Sometimes, healthcare workers use technical language or terminology that patients may need help comprehending, resulting in difficulty understanding the directions or information provided. According to Eka Lestari et al. (2020), healthcare workers involved in mental health programs require experience to enhance their ability to fulfil their responsibilities in patient care, including developing proficiency in effective communication. In this context, the provision of information by healthcare workers may need to be more effectively conveyed to patients due to these challenges.

The support provided by healthcare workers also includes therapy for patients, both individual and group therapy. Patient relapses are often associated with factors such as discontinuation of treatment due to feeling healthy, irregular treatment-seeking behaviour, inability to afford medication, forgetfulness, intolerance to side effects, perception of inappropriate dosage, unavailability of drugs, or other reasons (INFODATIN HEALTH, 2019). In addition to treatment, group therapy conducted by healthcare workers with a group of patients who share the same condition can also impact the social interaction skills of individuals with schizophrenia, as stated by Prasetyo et al. (2021).

However, the extent to which the support of healthcare workers influences the quality of life of schizophrenic patients still shows some gaps in research findings. Tanjung et al. (2022) indicate that patients can still experience relapses even with the support of competent healthcare workers. This is supported by the research conducted by Fakhriyah et al. (2020), which reveals that many healthcare workers have limited interaction with patients due to work-related pressures. If this situation persists, patients may not receive the proper physical or instrumental support, assessment, and emotional support from healthcare workers.

Patients experiencing this condition during hospitalization indirectly highlight the inadequate support provided by healthcare professionals. Thus, enhancing the quality of patients' lives relies primarily on the support of healthcare workers, particularly for those undergoing hospitalization. More support from healthcare workers can help the effectiveness of therapeutic processes for patients. Conversely, if external efforts, such as the support provided by healthcare workers, are commendable, it is anticipated to correlate with the patient's quality of life positively.

Prevalence data indicates that schizophrenia remains a global issue,

including in this region. One crucial aspect to consider is patients' quality of life, as it plays a pivotal role in minimizing mental disabilities resulting from external factors. Healthcare workers who assist patients in meeting their needs and managing their care while hospitalized serve as vital bridge. However, there exists a gap indicating that the support provided by healthcare workers is insufficient in enhancing the patient's quality of life. Paradoxically, even with good support from healthcare workers, it can still lead to a diminished quality of life, as evident from relapses in schizophrenic patients. This concern compels researchers to investigate the correlation between health worker support and the quality of life of schizophrenic patients at RSJ Mutiara Sukma, NTB.

Based on the issues elaborated in the introduction, the research question is formulated: "Does a correlation exist between the support provided by healthcare workers and the quality of life of schizophrenic patients admitted to RSJ Mutiara Sukma ?"

The objective of this study was to ascertain the connection between the support offered by healthcare workers and the quality of life experienced by hospitalized schizophrenic patients at RSJ Mutiara Sukma.

RESEARCH METHOD

This study employed an observational analytic design with a cross-sectional approach to investigate the correlation between specific factors and the occurrence of diseases or health issues. It aligns with the research objective of determining whether the support provided by healthcare workers is linked to the quality of life of hospitalized schizophrenic patients at RSJ Mutiara Sukma, NTB. The research was conducted at RSJ Mutiara Sukma. The study population consisted of all patients diagnosed with schizophrenia who were currently undergoing an inpatient program at RSJ Mutiara Sukma. Sample selection utilized a probability sampling technique known as stratified random sampling, resulting in 73 respondents.

Data collection for this research was done through questionnaire interviews utilizing two research instruments. The first instrument was a health worker support questionnaire comprising 24 questions, while the second instrument was the WHOQOL-BREF quality of life questionnaire comprising 26 questions. Subsequently, the collected data were analyzed using computer software. The software was the Statistical Package for the Social Sciences (SPSS) version 22. Data analysis included both univariate and

bivariate analyses. The bivariate analysis employed the Spearman rank statistical test. This study adopted a significance level ($\alpha = 0.05$) of 95% for decision-making purposes. If the P-value $> \alpha$ ($\alpha = 0.05$), the research hypothesis (H_0) would be accepted, indicating no significant relationship based on the statistical tests. Conversely, if the P-value $\leq \alpha$ ($\alpha = 0.05$), the research hypothesis (H_0) would be rejected, signifying a significant relationship based on the statistical tests.

RESULTS

The research occurred between 11th August and 12th September 2022 at Mutiara Sukma Hospital, NTB. The sampling method employed was probability sampling, specifically simple random sampling, with a sample size of 73 individuals. The selected sample consisted of participants who fulfilled the predetermined inclusion criteria. Subsequently, the collected data were subjected to both univariate and bivariate analysis.

Table 1. Respondents' Characteristics

| Respondents' Characteristic | Frequency | Percentage (%) |
|-----------------------------|-----------|----------------|
| Age | | |
| 17-25 years | 8 | 11 |
| 26-35 years | 23 | 31,5 |
| 36-45 years | 28 | 38,4 |
| 46-55 years | 9 | 12,3 |

| | | |
|------------------------------|----|------|
| 56-65 years | 4 | 5,5 |
| >65 years | 1 | 1,4 |
| Sex | | |
| Men | 48 | 65,8 |
| Women | 25 | 34,2 |
| Education | | |
| Didn't attend school | 11 | 15,1 |
| Elementary School | 17 | 23,2 |
| Junior High School | 12 | 16,4 |
| Senior high school | 27 | 37 |
| College | 2 | 2,7 |
| University | 4 | 5,5 |
| Employment Status | | |
| Unemployed | 50 | 68,5 |
| Farmer | 10 | 13,7 |
| Laborer | 7 | 9,6 |
| Fishermen | 1 | 1,4 |
| Private business owner | 2 | 2,7 |
| Personal Household Assistant | 3 | 4,1 |
| Marital Status | | |
| Married | 21 | 28,8 |
| Unmarried | 36 | 49,2 |
| Widow | 8 | 11 |
| Widower | 8 | 11 |
| Address | | |
| Mataram | 11 | 15,1 |
| Lombok Barat | 8 | 11 |
| Lombok Utara | 2 | 2,7 |
| Lombok Tengah | 18 | 24,7 |
| Lombok Timur | 19 | 26 |
| Bima | 7 | 9,6 |
| Dompu | 5 | 6,8 |
| Sumbawa | 2 | 2,7 |

| | | |
|----------------------------------|-----------|------------|
| Sumbawa Barat | 1 | 1,4 |
| Type of Schizophrenia | | |
| Paranoid | 69 | 94,5 |
| Hebephrenic | 1 | 1,4 |
| catatonic | 0 | 0 |
| Post-Schiophrenic | 1 | 1,4 |
| Depression | | |
| Residual | 0 | 0 |
| Simplex | 2 | 2,7 |
| Other | 0 | 0 |
| YTT | 0 | 0 |
| Patient Status | | |
| New | 34 | 46,6 |
| Repeated | 39 | 53,4 |
| Inpatient Duration (Days) | | |
| 8-25 | 65 | 89 |
| 26-42 | 8 | 11 |
| Total | 73 | 100 |

Source: 2022 Primary Data

The results of the descriptive analysis of the respondents' characteristics revealed the following findings: Regarding age, there were eight individuals (11%) in the late adolescence group (17-25 years old), 23 individuals (31.5%) in the early adulthood group (26-35 years old), 28 individuals (38.4%) in the late adulthood group (36-45 years old), nine individuals (12.3%) in the early old age group (46-55 years old), four individuals (5.5%) in the late old age group (56-65 years old), and one individual (1.4%) in the >65 years old group. Regarding gender, there were 48 male respondents (65.8%) and 25 female respondents (34.2%). In terms of education, 11 individuals (15.1%) did not

attend school, 17 individuals (23.3%) had an elementary school (SD) education level, 12 individuals (16.4%) had a junior high school (SMP) education level, 27 individuals (37%) had a senior high school (SMA) education level, two individuals (2.7%) had a college education level, and four individuals (5.5%) had a bachelor's degree. Employment status showed that 50 individuals (68.5%) did not work, ten individuals (13.7%) worked as farmers, seven individuals (9.6%) worked as labourers, one individual (1.4%) worked as a fisherman, two individuals (2.7%) were a private business owner. Three individuals (4.1%) were housewives (IRT). Marital status revealed that 21 individuals (28.8%) were married, 36 individuals (49.3%) were single, eight individuals (11%) were widows, and eight individuals (11%) were widowers. Regarding residential addresses, 11 individuals (15.1%) were from Mataram City, eight individuals (11%) were from West Lombok Regency, two individuals (2.7%) were from North Lombok Regency, 18 individuals (24.7%) were from Central Lombok Regency, 19 individuals (26%) were from East Lombok Regency, seven individuals (9.6%) were from Bima Regency/City, five individuals (6.8%) were from Dompu Regency, two individuals (2.7%) were from Sumbawa Regency. One

individual (1.4%) was from West Sumbawa Regency. In terms of schizophrenia type, 69 individuals (94.5%) had paranoid schizophrenia, one individual (1.4%) had hebephrenic schizophrenia, one individual (1.4%) had post-schizophrenic depression, and two individuals (2.7%) had simple schizophrenia. Additionally, 34 individuals (46.6%) were new patients admitted to the hospital, while 39 individuals (53.4%) were repeat patients admitted to the hospital. Lastly, based on the duration of hospitalization, 65 individuals (89%) had a stay of 8-25 days, and eight individuals (11%) had a stay of 26-42 days.

Table 2. Univariate Analysis of Health Worker Support in Schizophrenia Patients

| Support from Health Worker for Schizophrenia Patients | Frequency | |
|---|---------------|-------------------|
| | Number (n) | Percentage (%) |
| Good | 62 | 84,9 |
| Moderate | 9 | 12,3 |
| Low | 2 | 2,7 |
| Total | 73 | 100 |

Source: 2022 Primary Data

The results of the descriptive analysis for the support of health workers in schizophrenia patients revealed the following findings: 62 individuals (84.9%) reported good support from health workers, nine individuals (12.3%)

reported moderate support, and two individuals (2.7%) reported poor support.

Tabel 1. Analisis Univariat Berdasarkan Kualitas Hidup Pasien Skizofrenia

| Kualitas Hidup Pasien Skizofrenia | Frekuensi | |
|--|---------------|-------------------|
| | Jumlah (n) | Persentase (%) |
| Sangat baik | 34 | 46,6 |
| Baik | 30 | 41,1 |
| Sedang | 5 | 6,8 |
| Rendah | 4 | 5,5 |
| Total | 73 | 100 |

Sumber: Data Primer Tahun 2022

The descriptive analysis revealed the following findings regarding the quality of life in schizophrenic patients: 34 individuals (46.6%) reported an excellent quality of life, 30 individuals (41.1%) reported a good quality of life, five individuals (6.8%) reported a moderate quality of life, and four individuals (5.5%) reported a low quality of life.

The bivariate analysis (Table 4) between the support of health workers and the quality of life in schizophrenic patients at RSJ Mutiara Sukma showed that among those with good support from health workers, 34 individuals (46.6%) had an excellent quality of life. An additional 28 individuals (38.4%) had a good quality of life. Among those with moderate support, two individuals (2.7%) had a good quality of life, three individuals (4.1%) had a moderate

quality of life, and four individuals (5.5%) had a poor quality of life. Finally, among those with poor health support, two individuals (40%) had a moderate quality of life.

The Spearman rank test yielded a significant correlation between the support of health workers and the quality of life of schizophrenic patients, with a P-value of 0.00 ($P\text{-value} \leq 0.05$) and a correlation coefficient of 0.624. This

rejection of the null hypothesis (H_0) indicates a significant relationship. The correlation coefficient of 0.624 suggests a strong positive correlation. These results indicate a unidirectional relationship between the support of health workers and the quality of life of schizophrenic patients. Increased support from health workers is associated with improved quality of life in schizophrenic patients.

Table 4. Bivariate Analysis of Health Worker Support and Quality of Life in Schizophrenic Patients

| Health Worker Support | Quality of Life of Inpatient Schizophrenic Patients at RSJ Mutiara Sukma | | | | | | | | | Number | P-value | r _s |
|-----------------------|--|------|------|------|----------|------|-----|------|----|--------|---------|----------------|
| | Very Good | | Good | | Moderate | | Low | | | | | |
| | n | % | n | % | n | % | n | % | | | | |
| | | | | | | | | | | | | |
| Good | 34 | 46,6 | 28 | 38,4 | 0 | 0 | 0 | 0 | 62 | 85 | 0,00 | 0,624 |
| Moderate | 0 | 0 | 2 | 2,7 | 3 | 4,1 | 4 | 5,5 | 9 | 12,3 | | |
| Low | 0 | 0 | 0 | 0 | 2 | 2,7 | 0 | 0 | 2 | 2,7 | | |
| Total | 34 | 46,6 | 30 | 67,4 | 5 | 73,3 | 4 | 44,4 | 73 | 100 | | |

Source: 2022 Primary Data

DISCUSSION

The descriptive analysis results on the characteristics of the study respondents revealed that the age range of 36-45 years, known as late adulthood, was dominant. These findings align with Kaplan, S., & Sadock's theory (2015), stating that approximately 90% of individuals receiving schizophrenia treatment fall within the 15-55 age range. Furthermore, the high prevalence of schizophrenia within this age range corresponds to the research conducted by

Puspitasari et al. (2020), which suggests that this period encompasses physical, intellectual, and environmental transitions. The transitional period necessitates self-adjustment to lifestyle habits, which can have psychological implications. A similar study by Darsana, I. W., & Suariyani (2020) also confirmed that most diagnosed schizophrenia patients are adults.

Regarding gender, Kaplan, S., & Sadock (2015) stated that schizophrenia occurs equally among males and females.

However, upon considering the onset and course of the disorder, it becomes evident that over half of schizophrenia cases involve males, while females account for only one-third. This theory aligns with the findings of this study, where male respondents dominated the sample. Another supporting theory suggests that schizophrenia is more prevalent in men than women, with a ratio of 1.4:1 (Liwang, 2020). The results of this study are consistent with the research conducted by Wardani & Dewi (2018), which also observed a male-dominated sample of schizophrenic patients. Additionally, a similar study by Zaman (2022) attributed the higher prevalence among men to increased life pressures, including education and employment.

Regarding education levels, the respondents in this study were primarily high school graduates (*SMA*). These results correspond to the research conducted by Puspitasari et al. (2020), which also found that high school graduates are dominant among the respondents. Similarly, Wardani & Dewi (2018) observed a predominance of high school education among their sample, as did Prasetyo et al. (2021), who noted that higher education levels positively influence interaction abilities but may present challenges in pursuing formal education. These findings are supported by Stuart's theory (2013), which

highlights education as a coping mechanism that reduces the risk of escalating stressful conditions associated with mental disorders and aids in recovery.

Not only education but also the presence of numerous risk factors and their clinical manifestations significantly impact the capabilities of individuals with schizophrenia. In this study, the majority of respondents were unemployed. These findings align with the research conducted by Puspitasari et al. (2020), which indicates that employment does not affect the relapse rate in schizophrenic patients. However, the high prevalence of unemployment among schizophrenic patients can be attributed to the manifestation of relapse signs, such as deviant behaviour, outbursts, anarchy, or causing harm to others. These behaviours hinder patients with schizophrenia from receiving societal acceptance and make finding employment challenging. Another study by Widyarti et al. (2019) supports this notion by suggesting that unemployed patients neglect their health. Additionally, individuals without employment face stigmatization and discrimination, which diminishes their self-motivation and restricts their employment opportunities. Darsana and Suariyani (2020) also highlight the negative consequences of

unemployment, including stress, depression, and mental deterioration, which increase the risk of developing mental disorders like schizophrenia.

Furthermore, according to Wahyudi, A., and Fibriana (2016), schizophrenic patients often struggle with building and maintaining relationships. Most of them face difficulties adapting to others, leading to a lower likelihood of marriage. Unmarried or single individuals are considered to be at a significantly higher risk, approximately 4,747 times, of experiencing schizophrenia compared to those who are married. This finding aligns with the results of this study, where the respondents were primarily unmarried. Maramis (2012) supports this observation, emphasizing the significance of marital status in establishing a reciprocal exchange of egos for attaining peace. Attention and affection are crucial in leading a meaningful and satisfying life.

The residential addresses of the respondents in this study are predominantly located in East Lombok Regency. Research by Darsana, I. W., and Suariyani (2020) suggests that the origin of schizophrenic patients is associated with poverty in the area. Areas with a low socioeconomic status can be attributed to limited educational opportunities and difficulties finding

employment, which can contribute to heightened stress levels. Similarly, Pravitasari (2015) conducted a study highlighting environmental factors contributing to mental disorders, particularly schizophrenia. In the case of schizophrenic patients, a phenomenon known as downward drift occurs, where individuals affected by schizophrenia experience a downward shift in socioeconomic status or struggle to improve their socioeconomic standing. These findings align with data from the Central Statistics Agency (*Biro Pusat Statistik: BPS*) for the Province of West Nusa Tenggara, indicating that East Lombok Regency has the highest poverty rate compared to other districts/cities in the Province of NTB based on data from 2018 to 2021 (BPS Province of West Nusa Tenggara, 2021).

Given that this study focuses on a sample of schizophrenic patients, it is crucial to understand the prevailing characteristics of schizophrenia types in the inpatient program. Among the different types of schizophrenia, the paranoid type dominates among the research respondents. According to Saputra (2014), paranoid schizophrenia is the most stable and commonly presents with distinct delusions and auditory hallucinations, while cognitive and affective functions are relatively preserved. These findings are consistent

with the research conducted by Puspitasari et al. (2020) and Putri (2016), where patients with paranoid schizophrenia were predominant in their studies.

Furthermore, understanding the characteristics related to the patient's status is essential, as schizophrenia is prone to relapses. In this study, most respondents were patients admitted to the hospital (MRS) multiple times. Recurrent MRS conditions indicate relapses occurring at different intervals. Gender plays a role in relapses, as men tend to have a worse prognosis than women, which can be attributed to a poorer response to treatment and higher resistance levels due to the sensitivity of dopamine receptors to neuroleptic dopamine antagonism. Conversely, women may benefit from the antidopaminergic effects of natural estrogen (Widyarti, E. P., Limantara, S., & Khatimah, H., 2019).

Additionally, Siringoringo & Haerati (2019) suggest that relapses are influenced by factors such as lack of family support, age of onset, and medication adherence. These factors can lead to outbursts, destructive behaviour, self-injury, or harm to others. These findings align with the research conducted by Nofriyanto (2018), which indicated a higher prevalence of relapses among the research respondents

compared to non-relapsed or new patients.

The final respondent characteristic is the duration of their inpatient program, which is predominantly between 8-25 days. According to Kaplan, S., & Sadock (2015), hospitalization of schizophrenic patients serves diagnostic purposes, medical stabilization, improvement of quality of life, ensuring patient safety from self-endangerment or harm to others, and assisting patients who are unable to meet their basic needs such as food, clothing, and shelter. Also, hospital treatment can help reduce patient stress and aid their daily activities. This is supported by research, as seen in the study conducted by Nisfi (2018), where patients had a length of stay ranging from 1-28 days and 29-42 days. Similar findings were also reported by Tubagus et al. (2016), where respondents had short (> 15 days) and moderate (15-22 days) durations of hospitalization. The duration of hospitalization required by a patient can be influenced by the effectiveness and efficiency of mental health services provided, as well as the patient's age and severity of symptoms. As the patient's age increases, their hospitalization duration tends to be longer.

In bivariate analysis regarding the relationship between health worker support and the quality of life of

schizophrenic patients, the results showed that good support from health workers was associated with an excellent quality of life for patients. Spearman's rank correlation coefficient analysis indicated a significant and robust positive correlation between the two variables. This means that the relationship between health worker support and the quality of life of schizophrenic patients is unidirectional, implying that increased health worker support improves the quality of life of schizophrenic patients.

Health worker support refers to the assistance provided by individuals engaged in healthcare, possessing knowledge and skills acquired through education in specific healthcare fields, and having the authority to engage in healthcare activities (KEMENKES RI, 2014). Mercer, as cited in (Azizah Arumsari, 2018), classifies health worker support into four types: informative support, which involves providing information, suggestions, or feedback regarding individual situations and conditions; physical/instrumental support, which entails providing direct material assistance, such as facilities, monetary aid, food provision, or services that alleviate stress by addressing material needs; appraisal support, which involves informing individuals about their performance in a specific role, allowing self-evaluation about others'

performance in the same role; and emotional support, which encompasses providing individuals with a sense of being loved, cared for, trusted, and understood by sources of social support, facilitating better problem-solving capabilities. On the other hand, quality of life refers to an individual's perception of their position in life, considering cultural context, value systems, life goals, expectations, standards, and other relevant factors. It encompasses various aspects such as physical health, psychological well-being, degree of freedom, social relationships, and environmental conditions (WHO, 2012).

This study's significant relationship between these two variables aligns with previous research. Studies by Barnett et al (2018) and Tanjung & Sarfika (2022) reported similar results, indicating that good support from health workers leads to a lower recurrence rate in schizophrenic patients. In contrast, poor health worker support correlates with higher recurrence rates and negatively affects patients' quality of life. Health workers indirectly play a vital role in providing support and motivation to patients and their families, influencing their attitudes and behaviours related to therapy. Additional supporting research by Setyaji et al. (2020) emphasized the impact of good health worker support on the condition of schizophrenia patients,

particularly in terms of providing valuable information that enables effective symptom management and medication adherence. Another study by Afconneri & Puspita

CONCLUSION

Based on the research findings concerning the correlation between health worker support and the quality of life of hospitalized schizophrenic patients at RSJ Mutiara Sukma, NTB, several conclusions can be inferred:

1. Good health worker support dominates among schizophrenia patients (84.9%).
2. A good quality of life dominates among schizophrenic patients (46.6%).
3. There is a significant relationship between health worker support and the quality of life of hospitalized schizophrenic patients at RSJ Mutiara Sukma. The analysis results show a P-value of 0.00 ($P\text{-value} \leq 0.05$) and a correlation coefficient of 0.624, indicating a strong positive correlation. This suggests that increased support from health workers will enhance the quality of life for schizophrenic patients.

Future researchers should investigate the relationship between the length of stay and caregiver support with

the quality of life of schizophrenic patients or explore the dominant factors in both health worker support and quality of life domains.

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