PSYCHOEDUCATIVE FAMILY THERAPY UNTUK MENINGKATKAN SIKAP KELUARGA TERHADAP PASIEN TB PARU

(Psychoeducational Family Therapy To Improve Family Attitudes Towards Pulmonary TB Patients)

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ABSTRACT

Tuberculosis(TB) remains a major global health problem. This leads to poor health among millions of people every year and is now ranked second leading cause of death from infectious disease world wide, after the Human Immunodeficiency Virus (HIV). The objective of this study was to analyze the effectivenes of family therapy psycoeducative to to improve family attitudes of patients with pulmonary tuberculosis. This study used quasy experiment pre-post test control group design. Total sample was 32 respondents taken using purposive sampling, the sample divided into experiment and control group. The data were analyzed by Paired T Test, and Independent T Test, with significance value of 0.05. Paired T Test analysis showed that psychoeducative family therapy had effect on increasing family attitude of towards pulmonary TB patients (p =0,000). Psychoeducative family therapy improved family attitudes.

Keywords: psychoeducative family therapy, attitudes of family, Pulmonary TB Patients

INTRODUCTION

Tuberculosis (TB) remains a global health problem. The most recent estimate that there are 8.6 million new TB cases in the world in 2012 and 1.3 million deaths from TB (just under 1.0 million among HIV-negative people and 0.3 million deaths associated with HIV-TB). Most of these TB cases and deaths occur among men. In 2012, there were an estimated 2.9 million TB cases and 410,000 deaths among women, as well as the estimated 530,000 cases of dan74.000 death in children. The actual number of TB deaths could be reduced given that most could be prevented if people can use health services for diagnosis and appropriate treatment. The program of short-term treatment of first-line drugs available and can cure about 90% of cases for decades (WHO, 2013).

Indonesia take on fourth place in the world for the number of TB cases after India, China, and South Africa. In 2012 there were 460,000 new cases of TB in Indonesia or 185 per 100,000 population. There are about 67,000 deaths from pulmonary tuberculosis or 27 people per 100,000 population. The prevalence of pulmonary tuberculosis in Indonesia 730,000 cases or 297 cases per 100,000 population. According to WHO tendency of new cases of pulmonary TB in Indonesia increased that in 2000 there were 430,000 cases of pulmonary tuberculosis and in 2012 there were 460,000 new cases (WHO, 2013).

TB eradication in Indonesia has been implemented since 1969 through the National Program Tuberculosis Eradication Program (P2TB) by the Ministry of Health, and since 1995 further intensified by means of treatment strategies using Directly Observed Treatment Short course (DOTS) recommended by WHO. But in reality after running 9-10 years of DOTS, treatment success rate has yet to reach the target set by the Ministry of Health is able to cure 85% of TB patients with Acid Resistant Bacteria (BTA) (+) were treated. From global surveillance results have been reported TB germ resistance against Anti-Tuberculosis Drugs (OAT) in patients with TB for one type of OAT (DR-TB Drug Resistant-TB) by 12.6% and for more than 2 types of OAT (MDR TB, Multi-Drug Resistant TB) of 2.2% (Depkes, 2002).

At the national level, East Java is one contributor to the invention of the number of pulmonary tuberculosis patients under the second highest in West Java Province. In 2012, the figure Case Detection Rate (CDR) of 63.03% with the number of new cases (positive and negative) as many as 41 472 people and as many as 25 618 new smear-positive cases. These conditions are still far from the target CDR stipulated that 70% (east java public health office, 2013).

Data in the East Java Public Health Office in 2012 showed the results of treatment of TB patients can be seen from the cohort of patients in 2011. The number is calculated by summing the new smear positive TB patients with the final results of treatment to heal and complete treatment is divided with smear-positive TB patients treated in cohort same period and multiplied by 100%. The results of treatment in East Java showed a pretty good number, because it has achieved treatment success rate of over 90%. Only 9 (nine) districts / cities that have not yet reached a success rate of 90%. Target 2014, a treatment success rate of 90% can be achieved by 100% of districts / cities (East Java Public Health Office, 2013).

In 2012 the number of new cases in Blitar is 180 cases per 100,000 population. The mortality rate of pulmonary TB in Blitar is 17 people per 100,000 population. Of the 104 patients with pulmonary tuberculosis treated, the number of people who recover is 80, meaning that the level of success in the treatment of pulmonary tuberculosis in Blitar is 80%, whereas the target is 90% success rate. Cure rate in Blitar reached 76.92% of the target of 85%. Data of patients drop out as much as 5 patients (4.8%). The figure is still within the target of <5% (East Java Public Health Office, 2013).

To improve discipline and prevent non-adherent patients in the treatment program needs the support of the family. The support given to family members who suffer from pulmonary tuberculosis in the form of psychosocial support which could be a positive support to any activity undertaken. By providing information to families about the disease and advise on effective coping mechanisms, psychoeducation program reduces the tendency of clients to relapse and reduce the effects of this disease on other family (Townsend, 2009) .Berdasarkan research conducted by Sulistiowati (2012) that psycoeducative family therapy effective in enhancing the ability of families both psychomotor and cognitive in treating patients with pulmonary TB disease.

Based on evidence based practice, psychoeducation is a therapy that is used to provide information to families to improve their skills in caring for their family members, it is expected that the family will have a positive coping to stress and load experienced (Goldenberg & Goldenberg, 2004). In the family psychoeducation there are 5 sessions: identification of problem, client care, stress management, load management family, community empowerment. Thus, one alternative solution to optimize the support is to use psychoeducative family therapy. Psychoeducative family therapy with means to facilitate local social structures (families, groups, and communities) are likely defunct so as to re-provide effective support to the needy related stressful life experiences.

MATERIALS AND METHODS

The design of this study was Quasi Experiment with pre and post test control group design. The Population was pulmonary TB patients and families (PMO) in the city of Blitar. The sampling technique used purposive sampling with a sample 16 respondents of treatment group and 16 respondents of control group.

The independent variable was Psycho Educative Family Therapy, while the dependent variable is the attitude of pulmonary TB patient's family. Instruments used: 1) The questionnaire to collect demographic data of respondents including sex, age, education, occupation, marital status, religion, income, relationship with the PMO patients, the number of families and family-type, 2) questionnaire to measure the attitude of the family. The data collected then processed and analyzed using statistical test Paired t Test, and Independent t test with significance level $p \leq 0,05$.

RESULT

This chapter describes the results of research, which includes:

1. The effectiveness of psycho educative family therapy to family attitudes

Statistical test results in the group treated with Paired T Test p = 0.000, which showed no change attitudes before and after treatment, the control group Paired T Test results p = 0.333 showing no change in attitude. Statistical test results Independent T Test after intervention was obtained p = 0.000 in both groups showing that there is a significant influence on attitudes between the treatment group and the control group (see table 1).

Table 1. The effect of psycho educative family therapy to family attitudes

	Treatment		Control		Difference (Δ)	
	Pre test	*Post Test*	*Pre Test*	*Post Test*	Treatment	Control
N	16	16	16	16	16	16
SD	4,195	2,872	3,074	3,146	3,492	0,25
Mean	28,44	34,38	21,13	21,19	5,94	0,06
	Paired T Test p=0,000		*Paired T Test* p=0,333		*Independent T Test* p=0,000	

DISCUSSION

1. The effect of psycho educative family therapy to family attitudes.

Most respondents in the treatment group were 9 respondents (56.3%) before being given psychoeducative family therapy have a negative attitude. Attitude is the response of someone who is still closed to a stimulus or object. Components of attitude consists of the trust (confidence), the idea and the concept of an object, the emotional life or emotional evaluation of an object and a tendency to act. According to Wright & Leahay (1994) trust is a sub category of assessment which is something underlying ideas, opinions and assumptions are owned by the family. Changes in the domain knowledge is an intermediary changes in attitudes and behavior. In the affective domain is facilitated family to share the experience of caring for a family member suffering from pulmonary tuberculosis and provide family support.

The attitude of the family treatment group on average have increased from the previous negative to positive. In the first session found a problem that most of the patient's family or the PMO did not want to help remind patients to take medication time. If the family does not help remind patients when to take medication, patients forget to take medication for a very large. This is then followed up, especially in the second session of therapy. In the second session is given psychoeducation about the attitude that should be done by the family (PMO), and the roles of the family in the treatment program undertaken by the patient. Improved attitudes in the treatment group this may occur because of the continuous interaction between researchers and respondents during the study. Attitudes can be influenced by one's personal experience, the attitude is formed when a personal experience involving emotional factors.

The attitude of the family in the control group there were 1 rise respondents and 15 respondents remain. Respondents who experienced an increase in the value of the attitude though not obtain the intervention can be caused, because the respondents still interact socially with others, such as health care workers, other family or those that are considered important.

CONCLUSIONS AND SUGGESTIONS

Conclusions

Psychoeducation can improve the attitude of the family (PMO) patients suffering from pulmonary tuberculosis in Blitar through the provision of psycho-education about the care of patients with pulmonary TB.

Suggestions

For nurses can be used as a study to consider the psychoeducational family therapy as an alternative solution in order to optimize treatment program at psien pulmonary tuberculosis. Provide activities that are psychologically based on the family of pulmonary tuberculosis in an effort to improve medication adherence. Family is expected to cooperate with the health care

team in monitoring the development of the condition of patients with pulmonary tuberculosis, and provide optimal support to family members suffering from pulmonary tuberculosis.

LITERATURE

Azwar, S. (2003). Sikap Manusia : Teori dan Pengukurannya. Edisi Kedua. Yogyakarta: Pustaka Pelajar.

Balai Pengobatan dan Pemberantasan Penyakit Paru (BP4) Surabaya. Dinas Kesehatan Propinsi Jawa Timur.(2003).*Laporan perkembangan Pelayanan tahun 2002-2003*. Surabaya.

Brunner & Suddart.(2002).*Buku ajar keperawatan medikal bedah*.Jakarta: EGC.

Carpenito, L.J. (2000). *Diagnosa Keperawatan; Aplikasi pada praktik klinis.* Ed. 6. Jakarta: EGC.

Dahlan, Sopiyudin.(2011). *Statistika untuk Kedokteran dan Kesehatan*. Jakarta: Salemba Medika

Dinkes Provinsi Jawa Timur. (2013).*Profil Kesehatan Provinsi Jawa Timur 2012*.http://dinkes.jatimprov.go.id/, diakses pada tanggal 16 November 2013

Friedman, M. (2001).*Family Nursing: Research, Theory & practice, fourth edition.* Stamford: Appleton & Lange.

Gerungan. (2002). Psikologi Sosial. Bandung: Refika Aditama.

Goldenberg, H. Goldenberg, I. (2004). *Family Therapy: An Overview,* Cangage Learning.

Guyton & Hall.(2006). *Textbook Of Medical Physiology. 3rd Ed.* St Louis: Mosby Elsevier. Inc.

Hutapea, Tahan P. (2009).*Pengaruh Dukungan Keluarga terhadap Kepatuhan Minum Obat Anti Tuberkulosis*.www.googlescholar.com. diakses pada tanggal 21 November 2012.

Kasran, S. (2006). *Penatalaksanaan rasa nyeri pada lanjut usia*: Universa Medicina.

Kemenkes RI.(2011).*Pedoman Nasional Penanggulangan Tuberkulosis*.Jakarta.

Larasati, Tika. (2009).*Jurnal Kualitas Hidup pada Wanita yang Sudah Memasuki Masa Menapause*. Universitas Gunadarma. http://www.gunadarma.ac.id diakses pada tanggal 10 Februari 2013.

Notoatmodjo, S.(2007).*Ilmu kesehatan masyarakat*. Jakarta: Rineka Cipta.

Nursalam.(2013).*Metodologi Penelitian Ilmu Keperawatan*. Jakarta: Salemba Medika.

Pieter, H. & Lubis, N.L. (2010). *Pengantar Psikologi dalam Keperawatan*. Jakarta:Kencana.

Potter, P.(2005).*Fundamental of Nursing* Edisi I.Jakarta : EGC.

Rachmawati. (2006). *Nyeri musculoskeletal dan hubungannya dengan kemampuan fungsional fisik pada lanjut usia*.Jakarta: Universa Medicina

Smeltzer, J.M., & Bare, BG. (2002). *Textbooks of Medical Surgical Nursing*, 10th edition. Philadelphia: Lippincott William & Wilkins Publisher.

Stuart G. W.,& Laraia M. T. (2005). *Principles and Practice of Psychiatric Nursing (8th Ed)*. Missouri : Elsevier Mosby.

Sulistiowati, ni made dian. (2012). *Effect of family psyco-education therapy for family capability in caring the family member with mental disorder. Proceeding of international nursing conference, the association of indonesian nurse education center*

(AINEC). jawa timur. surabaya.

Suprajitno.(2002).*Asuhan Keperawatan Keluarga*. Jakarta: EGC.

Townsend, Lisa. Groza, Victor,. Crystal, Stephen. (2009). Guidelines for Psychiatrists Providing Treatment for Foster Youth.http://guilfordjournals.com/doi/abs/10.1521/capn.2009.14.5.5?journalCode=capn. Diakses pada tanggal 15 November 2013

WHO.(2013).*Global Tubeculosis Report 2013*.http://www.who.int/en/. diakses pada tanggal 15 November 2013.

Wright, LM & Leahay,M.(1994).*Nurses and families a guide to family assessment and intervention*. second edition. Philadelphia: FA.Davis Company.